

# Notice of Meeting and Agenda



## Midlothian Integration Joint Board

**Venue:** Virtual Meeting,

**Date:** Thursday, 15 December 2022

**Time:** 14:00

**Morag Barrow**  
**Chief Officer**

**Contact:**

Clerk Name:	Mike Broadway
Clerk Telephone:	0131 271 3160
Clerk Email:	mike.broadway@midlothian.gov.uk

**Further Information:**

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

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**1 Welcome, Introductions and Apologies**

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**2 Order of Business**

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

**3 Declaration of Interest**

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

**4 Minute of Previous Meeting**

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|------------|--|---------|
| <b>4.1</b> | Minutes of the MIJB held on 13 October 2022 - For Approval                     | 5 - 14  |
| <b>4.2</b> | Minutes of Audit & Risk Committee held on 1 September 2022 - For Noting        | 15 - 22 |
| <b>4.3</b> | Minutes of the Strategic Planning Group held on 14 September 2022 - For Noting | 23 - 28 |

**5 Public Reports**

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|------------|---|-----------|
| <b>5.1</b> | Chair's Update – Val de Souza, Chair (2.10 - 2.20)  |           |
| <b>5.2</b> | Chief Officer Report – Morag Barrow, Chief Officer (2.20 – 2.30)<br>For Decision  | 29 - 36   |
| <b>5.3</b> | Midlothian IJB Medium Term Financial Plan 2022/23 – 2026/27 - Paper presented by Claire Flannagan, Chief Finance Officer (2.30 - 2.45)  | 37 - 42   |
| <b>5.4</b> | Midlothian Integrated Joint Board Governance Documents - Paper presented by Alan Turpie, Standards Officer (2.45 - 3.00)<br>For Discussion                                    | 43 - 74   |
| <b>5.5</b> | Chief Social Work Officers Report - Paper presented by Joan Tranent, Chief Social Work Officer (3.00 - 3.15)  | 75 - 146  |
| <b>5.6</b> | Improving the Cancer Journey & the Wellbeing Service - Presentation by Sandra Bagnall, Macmillan Programme Manager (Improving the Cancer Journey) (3.15 - 3.35)<br>For Noting | 147 - 148 |
|            | Papers for Noting (3.35 - 3.55)   | 149 - 150 |

<b>5.7</b>	Finance Update – Quarter 2 2022/23 - Paper presented by Claire Flannagan, Chief Finance Officer	151 - 154
<b>5.8</b>	IJB Improvement Goals - Report from Elouise Johnstone, Programme Manager for Performance	155 - 174
<b>5.9</b>	Alcohol and Drug Partnership (MELDAP) Annual Report 2021/22 - Report from Nick Clater, Head of Adult Services	175 - 188
<b>5.10</b>	Community Payback Order Annual Report 2021/22 - Report from Nick Clater, Head of Adult Services	189 - 196
<b>5.11</b>	East Lothian and Midlothian Public Protection Committee Annual Report 2021/22 - Report from Nick Clater, Head of Adult Services	197 - 236
<b>5.12</b>	Multi-Agency Public Protection Arrangements (MAPPA) Report for Edinburgh, the Lothians, and Scottish Borders - Report from Nick Clater, Head of Adult Services Manager	237 - 258

( ) Indicative timings.

## **6 Private Reports**

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No private reports to be discussed at this meeting.

## **7 Date of Next Meeting**

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

- 12th January 2023 at 2.00 pm - Development Workshop
- 9th February 2023 at 2.00 pm - Midlothian Integration Joint Board





# Midlothian Integration Joint Board

Midlothian Integration Joint Board  
Thursday 15 December 2022  
Item No: 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 13 October 2022	1.00pm	Virtual Meeting held using Microsoft Teams.

## Present (voting members):

Val de Souza (Chair)	Nadine Akta	Cllr Colin Cassidy
Jock Encombe	Angus McCann	Cllr Derek Milligan
Cllr Kelly Parry	Cllr Pauline Winchester	

## Present (non-voting members):

Morag Barrow (Chief Officer)	Hannah Cairns (Allied Health Professional)	Grace Chalmers (Union Representative)
Keith Chapman (User/Carer)	Wanda Fairgrieve (Staff side representative)	Claire Flanagan (Chief Finance Officer)
Rebecca Green (Clinical Director)	Joan Tranent (Chief Officer Children's Services, Partnerships and Communities)	Miriam Leighton (Volunteer Midlothian)
Fiona Stratton (Chief Nurse)		

## In attendance:

Nick Clater (Head of Adult Services)	Emma-Jane Gunda (Assistant Programme Manager)	Gill Main (Integration Manager)
Cllr Stuart McKenzie	Elouise Johnstone (Programme Manager)	Claire Yerramasu (Advance Practice Physiotherapist and Team Lead Physiotherapist)
Mike Broadway (Democratic Services Officer)	Andrew Henderson (Clerk)	

## Midlothian Integration Joint Board

Thursday 13 October 2022

### 1. Welcome and Introductions

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### 2. Order of Business

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

### 3. Declarations of interest

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No declarations of interest were submitted.

### 4. Minute of Previous Meetings

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#### 4.1 Minutes of the MIJB held on 25 August 2022

The minutes of the meeting of the MIJB of the 25 August 2022 were approved as correct record.

#### 4.2 Minutes of the Special MIJB held on 15 September 2022

The minutes of the meeting of the MIJB of the 15 September 2022 were approved as correct record.

#### 4.3 Minutes of Audit and Risk Committee held on 29 June 2022

The minutes of the Audit and Risk Committee of the 29 June 2022 were noted.

#### 4.4 Minutes of the Strategic Planning Group held on 3 of August 2022

The minutes of the Strategic Planning Group of 3 of August 2022 were noted.

## Midlothian Integration Joint Board

Thursday 13 October 2022

### 5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.1 Chair's Update</b></p> <p>By way of a Chair's update Val de Souza made reference to the NHS Scotland awards in which the Partnership from Midlothian had performed the best nationally and further highlighted that the partnership had been nominated for two awards including two nominations including for the voluntary sector and care home support. Members then took the opportunity to congratulate and thank staff for their efforts.</p> <p>Val de Souza continued to reference service pressures and provided an update in relation to the reclamation of unspent Scottish Government COVID funds given to the MIJB throughout the pandemic.</p>	<p>a) Members noted the chair's update.</p>	<p>All to note.</p>	
<p><b>5.2 Chief Officer's Report – Morag Barrow, Chief Officer</b></p> <p>Morag Barrow provided a brief overview of the chief officer's report making reference to ongoing discussions regarding future arrangements for Internal Audit. Morag Barrow then took the opportunity to respond to members questions.</p> <p>In response to a questions on increased capacity of Older Peoples Care, Morag Barrow referenced the aim to increase capacity of the hospital at home service from 21 to 30 beds and acknowledged that</p>	<p>a) Increase in prevalence of younger dementia patients to be considered in directions and;</p> <p>b) 'Matter of focus' to be added to list of future development session topics and;</p> <p>c) To otherwise note the Chief Officers report.</p>	<p>Chief Officer.</p> <p>Chief Officer</p> <p>All to note.</p>	

## Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>recruitment is a potential risk.</p> <p>A brief discussion ensued in relation to age bracketing for services and further comments were raised in relation to the number of people being diagnosed with dementia and Morag Barrow agreed to look at factoring this into the directions going forward.</p> <p>Gill Main provided an update in relation to 'matter of focus' and it was agreed that this topic would be added to the list for future development sessions.</p> <p>Responding to comments on system pressures, Morag Barrow confirmed that as of the 13<sup>th</sup> of October 2022, there are 16 delayed discharges with 8 awaiting a package of care work being done to ensure these cases are addressed. Morag Barrow further clarified that both traditional and innovative methods of advertisement are being used to attract new staff.</p>			
<p><b>5.3 Appointment of Audit and Risk Committee Member – Morag Barrow, Chief Officer</b></p> <p>In providing an overview of the report Morag Barrow sought approval from board members to appoint Nadin Akta to the MIJB Audit and Risk Committee and also took the opportunity to advise board members of the recent resignation of the Independent member of the Audit and Risk Committee and further advised board members that she would begin the process of recruiting a new independent member.</p>	<p>a) Board Members approved the appointment of Nadin Akita as a member of the MIJB Audit and Risk Committee and;</p> <p>b) Board members thanked Pam Russell for her work as independent member of the MIJB Audit and Risk committee and;</p>	<p>Chief Officer.</p> <p>Board Members.</p>	

## Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Board members then approved the appointment of Nadin Akta to the MIJB Audit and Risk Committee and members took the opportunity to thank Pam Russell for her work as the Independent member of the audit and risk committee.	c) Noted and endorsed the Chief Officers intention to start the process to recruit a new independent member for the Audit and Risk Committee.	All to note.	
<b>5.4 Annual Performance Report 2021-22 - Gill Main, Integration Manager.</b> Gill Main provided an overview of the report highlighting that board members were being asked to grant the Chief Officer the delegated authority to publish the Annual Performance report and continued to highlight an anomaly in the 21/22 performance target data. After a brief discussion members granted the Chief Officer the delegated authority to publish the Annual Performance Report.	a) Board members granted delegated authority for Morag Barrow, Chief Officer, to publish the Annual Performance Report by 31st October 2022 and;  b) Noted an anomaly in the 2021/2 performance target data for the MSG target for Delayed Discharge and Occupied Bed Days.	Chief Officer   All to note	
<b>5.5 IJB Board Meeting Options - Roxanne Watson, Executive Business Manager</b> With reference to the report Roxanne Watson made reference to the recommendation that the MIJB continue to meet virtually over the winter period and continued to outline the possible options for future meetings of the MIJB including virtual and hybrid forums.  After some discussion board members agreed that continuing in the virtual forum over the winter period would be beneficial and that following this a virtual solution would be preferred to allow better access, visibility and transparency. Board members also	a) Board members agreed to the recommendation of continuing to host the IJB Board Meeting virtually throughout winter and;  b) Agreed to proceed with a hybrid solution, the associated cost and;  c) Agreed to test the hybrid system at a development session in advance of it being used at a board meeting.	Board members  Chief Officer  Chief Officer	

## Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
suggested that any hybrid system could be initially tested at a development session in advance of being used at a full board meeting.			
<p><b>5.6 IJB Draft Performance Framework (Phase 1) - Elouise Johnstone, Programme Manager for Performance</b></p> <p>Elouise Johnstone provided an overview of the IJB Draft Performance Framework Report, reassuring board members that going forward scrutiny would sit with the new Performance and Assurance Group.</p> <p>A discussion ensued in relation to the level of operational tasks within the IJB directions and acknowledgement was given that in certain cases directions may be too operational and could be tweaked whilst others where operational for a reason.</p> <p>Following comments in relation to recruitment and risk, Elouise Johnstone confirmed that vacancies generally appeared all over and that this generally applied to smaller highly specialised teams and that recognising gives the opportunity to ensure that the appropriate measures are place to retain staff wherever possible. In response to comments relating to a lack of a safe data warehouse Elouise Johnstone confirmed that exploratory work was being conducted around data lock with work also being conducted by partner organisations.</p>	<p>a) Board members noted the IJB Draft Performance Framework.</p>	<p>All to note.</p>	

## Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.7 The CRT Dashboard: informing Practice and Improving Outcomes Presentation (Verbal Update) from Claire Yerramasu, Advance Practice Physiotherapist and Team Lead Physiotherapist</b></p> <p>Claire Yerramasu and Eloise Johnstone spoke to the presentation making reference to the Midlothian CRT, CRT activity, service specific feedback and the monitoring, activity and incites of the Community Respiratory team.</p> <p>A brief discussion ensued and Claire Yeramassu responded to comments in relation to risk factors in relation to hospital at home and the CRT. Val de Souza requested that the presentation be brought to an NHS board meeting in the future.</p>	<p>a) Board members noted the CRT Dashboard presentation and;</p> <p>b) CRT Dashboard presentation to be brought to an NHS board meeting in the future.</p>	<p>All to note.</p> <p>Claire Yeramassu</p>	
<p><b>5.8 IJB Improvement Goals - Elouise Johnstone, Programme Manager for Performance</b></p> <p>Elouise Johnstone provided a brief overview of the IJB Improvement goals referencing the data outlined in appendix 1 as validated by the data support team.</p> <p>Following comments in relation to on the cost of living crises and impact on fuel poverty, Morag Barrow confirmed that health would determine the demand increases and that she had also engaged with Midlothian Council's cost of living task force.</p>	<p>a) Board members noted the performance against the IJB Improvement Goals for 2022/23.</p>	<p>All to note.</p>	

## Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.9 Integrated Care Assurance Report - Fiona Stratton, Chief Nurse</b></p> <p>Fiona Stratton provided a brief overview of the integrated Care Assurance Report and continued to open to members questions.</p> <p>In response to comments around reporting for hosted services, Fiona Stratton clarified that certain services would adopt the AHP framework and Morag Barrow confirmed that the lack of standardised reporting across hosted services was being picked up as part of the performance reporting review.</p>	<p>a) Noted the assurance measures in place across MHSCP and;</p> <p>b) Noted, and support planning in place for Winter 2022/23.</p>	<p>All to note.</p> <p>All to note.</p>	
<p><b>5.10 Implementation of Medication Assisted Treatment Standards in Midlothian - Nick Clater, Head of Adult Services</b></p> <p>Nick Clater provided a brief overview of the report making reference to the MAT standards implementation plan and continued to provide a brief overview of the MAT standards. Nick Clater then opened to members comments.</p> <p>Val da Souza commented that MAT standard 10 should also take into account the trauma of children who were living with effected parents.</p>	<p>a) Noted this report on the implementation of Medication Assisted Treatment Standards in Midlothian in relation to appendix 1.</p>	<p>All to note.</p>	
<p><b>5.11 Finance Update – end of August 2022 - Claire Flannagan, Chief Finance Officer</b></p> <p>In providing the finance update for the end of August 2022 Claire Flanagan made reference to the financial</p>	<p>a) Noted the end of August 2022 financial forecast position for the IJB and;</p>	<p>All to note.</p> <p>All to note.</p>	



## Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
forecast position at the end of August 2022, Claire Flanagan highlighted the Scottish Governments previous correspondence in relation to unspent COVID funding and highlighted that the report outlined official receipt of the letter from Scottish Government.	b) Noted the COVID correspondence from Scottish Government		

### 6. Any other business

On behalf of the board Val de Souza extended further thanks to Pam Russell for her work as Independent member on the MIJB Audit and Risk Committee and the MIJB as a whole.

### 7. Private Reports

No private reports were submitted for consideration.

### 8. Date of next meeting

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

- Thursday 17 November 2022 2.00pm Development Session (Public Protection)
- Thursday 15 December 2022 2.00pm MIJB Board

**(Action: All Members to Note)**

The meeting terminated at 16:00



# Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Audit and Risk Committee	Thursday 1 September 2022	2.00pm	Virtual Meeting held using MS Teams.

## Present (voting members):

Cllr Colin Cassidy(Chair)	Jock Encombe	Councillor Kelly Parry
Pam Russell (Independent Member)		

## Present (non-voting members):

Nick Clater (Head of Adult Services)	Claire Flanagan (Chief Finance Officer)	

## In attendance:

Grace Scanlin (EY, External Auditor)	Roxanne Watson (Executive Business Manager)	Mike Broadway (Clerk)

## Apologies:

Morag Barrow (Chief Officer)	Stephen Reid (EY, External Auditor)	Derek Oliver (Chief Officer - Place)
Elaine Greaves (Principal Internal Auditor)		

## Audit and Risk Committee

Thursday 1 September 2022

### 1. Welcome and introductions

The Chair, Councillor Colin Cassidy, welcomed everyone to this virtual meeting of the MIJB Audit and Risk Committee.

### 2. Order of Business

The Order of Business was as detailed in the agenda.

### 3. Declarations of interest

No declarations of interest were received.

### 4. Minutes of Meeting

4.1 The Minutes of Meeting of the Audit and Risk Committee held on 29 June 2022 was submitted and approved as a correct record.

4.2 Matters Arising – With regards item 5.1 in the minutes, Jock Encombe suggested that with regards the flow of information from Partners to the MIJB what was required was evidence of progress or failing that details of plans to progress, which was noted and agreed by the Committee.

(Action: Chief Officer/Chief Internal Auditor)

### 5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<b>5.1 Annual Audit Report to Members and the Controller of Audit - year ended 31 March 2022 – Report by EY, External Auditors.</b>  The purpose of this report was to present the external Annual Audit report to the IJB and the controller of Audit for the year ending 31 March 2022.	Noted the External Auditors report on the MIJB's Annual Accounts		

## Audit and Risk Committee

Thursday 1 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>In accordance with the Local Government (Scotland) Act 1973, the Accounts Commission appointed EY as the external auditor of Midlothian Integration Joint Board (IJB) for the five year period 2016/17 to 2020/21. As a result of the impact of Covid-19 EY's appointment was extended by a further 12 months to include the financial year 2021/22. This Annual Audit Report was designed to summarise the key findings and conclusions from the audit work. It was addressed to both members of the IJB and the Controller of Audit, and presented to both IJB management and those charged with governance. After consideration by the IJB, this report would be provided to Audit Scotland and published on their website.</p> <p>Grace Scanlin, EY, External Auditors, provided the Committee with an outline of the report highlighting the key messages detailed within the Executive summary which included Financial Management, Financial Sustainability, Governance and Transparency, Value for money and Best Value. An Action Plan summarises specific recommendations included within the Annual Audit Report was set out in Appendix D.</p> <p>The Committee, having heard from Grace, who thereafter responded to Members' questions and comments, discussed the Annual Audit Report 2021/22.</p>			

## Audit and Risk Committee

Thursday 1 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
With regards the Action Plan, the Committee acknowledged the recommendations made and the management response, welcoming in particular the work being currently being undertaken to develop a standalone longer term financial plan for the IJB and plans to enter into discussion with its Partners to ensure that corporate support arrangements remain adequate and fit for purpose.			
<p><b>5.2 2021/22 Audited Annual Accounts – Report by Chief Finance Officer.</b></p> <p>The purpose of this report was to present for the Committee’s consideration and approval the Annual Accounts for financial year 2021/22, which had been reviewed by the IJB’s Independent Auditors.</p> <p>The report explained that as a statutory body, the IJB was required to produce a set of annual accounts at the end of its financial year (31 March). These accounts were then reviewed by the IJB’s external auditors who reported their opinion of the IJB’s Annual Accounts to the IJB’s Audit and Risk Committee. This report having been agreed by the Committee and presuming that there were no outstanding issues, the Committee could then recommend the annual accounts to the IJB. The accounts would then be signed by the Chair of the IJB, the Chief Officer of the IJB and the Chief Finance Officer of the IJB</p> <p>Claire Flanagan, Chief Finance Officer in presenting</p>	Having noted the earlier report of the Independent Auditors, agreed to recommend to the MIJB approval of the 2021/22 Audited Annual Accounts.	Chief Finance Officer	

## Audit and Risk Committee

Thursday 1 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
the Annual Accounts highlighted the high level points contained within the Accounts and thereafter responding to Members questions and comments.			
<p><b>5.3 Risk Register – Report by Chief Officer - Place</b></p> <p>The purpose of this update report was to provide the Audit &amp; Risk Committee with an overview of plans to review the MIJB Strategic Risk Profile so that it focused on the risks associated with ensuring the successful delivery of the MIJB's key objectives, as detailed in the Strategic Plan rather than the operational risk facing the partners.</p> <p>The Committee, having heard from Executive Business Manager, Roxanne Watson, who responded to Members' question and comments, welcomed plans to ensure that the Strategic Risk Profile focused on the IJB. With regards a specific request regarding opportunities for Members of the Committee to view and possibly input into the review process, Roxanne undertook to circulate details to Members directly.</p>	<p>(a) Noted the update; and</p> <p>(b) Welcomed the review of the current Strategic Risk Profile.</p>	Executive Business Manager	
<p><b>5.4 CIPFA Financial Management Code Self-Assessment – Report by Chief Finance Officer.</b></p> <p>With reference to paragraph 5.5 of the Minutes of 3 March 2022, there was submitted a report the purpose of which was to consider how the guidance</p>	<p>(a) Noted the self-assessment; and</p> <p>(b) Noted and endorsed the actions for improvement.</p>	Chief Finance Officer	

## Audit and Risk Committee

Thursday 1 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>in the CIPFA Financial Management Code, 2021/22 pertains to the operations of the IJB and to provide a self-assessment update on the principles in the Code. The report also highlighted that it should be noted that the adoption of this guidance was an element in the assurance processes of the IJB in its delivery of best value.</p> <p>The Committee, having heard from Chief Finance Officer, Claire Flanagan who responded to Members' questions and comments, discussed the summary of the self-assessment against the principles in the Code (those relatable to IJB operations) and the areas highlighted for improvement.</p>			

### 6. Private Reports

No private business to be discussed at this meeting.

### 7. Any other business

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>7.1 External Auditors, EY</b></p> <p>The Committee having noted that this would be the final meeting of current External Auditors, EY, joined the Chair in thanking Grace Scanlin and Stephen Reid for their valuable input into the work of the Committee and the MIJB.</p>	Recorded an expression of thanks to Grace Scanlin and Stephen Reid for their contributions to the work of the MIJB Audit and Risk Committee.		



## Audit and Risk Committee

Thursday 1 September 2022

### 8. Date of next meeting

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The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 2 December 2021 at 2 pm.

**(Action: All Members to Note)**

The meeting terminated at 3.06 pm.



# Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Strategic Planning Group	Wednesday 14 September 2022	14.00	Virtual Meeting held using MS Teams.

## Present (MIJB members):

Morag Barrow (Chair)	Councillor Colin Cassidy	Grace Chalmers
Kelly Parry	Angus McCann	Nadin Akta
Jo Simpson		

## Present (HSCP):

Gill Main	Elouise Johnstone	Grace Cowan
Wanda Fairgrieve	Matthew Curl	Lianne Swadel
Frieda Cadogan	Jake Murray	Claire Flanagan
Jim Sherval		

## In attendance:

Graeme McGuire	David Mayne	Luke Wisenal
Nick Bradbury	Rebecca Miller	

## Strategic Planning Group

Wednesday 14 September 2022

<b>Apologies:</b>		
Joan Tranent	Karen Darroch	Kirsty McLeod
Lesley Kelly	Lois Marshall	Lynne Douglas
Keith Fiskien	Nick Clater	Roxanne Watson

### 1. Welcome and introductions

Morag Barrow (Chair) welcomed everyone to the meeting and introduced Frieda Cadogan and Jake Murray, the new Assistant Strategic Programme Managers to the group.

### 2. Order of Business

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

### 3. Minutes of Meeting

The Minutes of Meeting of the Strategic Planning Group held on 3 August were reviewed and approved.

### 4. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<b>4.1 Chairs Update</b> Morag Barrow discussed the significant pressures Lothian are currently under and expressed concern for the winter months. Morag thanked the Midlothian HSCP team for their hard work.			

## Strategic Planning Group

Wednesday 14 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Morag confirmed the Midlothian HSCP Quality Management sessions to support staff have started. Progress will be reported back to SPG at a future date.			
<b>4.2 SoapBox</b> <b>Midlothian Bus Improvement Appraisal – David Mayne &amp; Luke Wisenal</b> David provided an overview of the paper which discusses the potential for introducing enhanced bus priority measures along four key bus corridors in Midlothian by Spring 2023. A report will be sent to Transport Scotland for review and Midlothian Council who are part of the Midlothian Bus Alliance. Morag asked David to send a briefing note to Jac Kinnaird to circulate with the minutes.		DM	14/09/2022
<b>4.3 For Decision</b> <b>Draft Annual Performance Report 2021/22 – Elouise Johnstone</b> Elouise provided an overview of the report which covers the period from April 2021 to March 2022. Elouise asked for any feedback or input to the draft report. Angus McCann suggested updating the population graph on page 38 to show the growth in population. Gill Main discussed the use of a traffic light system to compare			

## Strategic Planning Group

Wednesday 14 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>data to the previous year. Gill commented that some data is not reportable as the numbers are too small.</p> <p>Morag asked for any other comments to be submitted to Elouise and Gill by Monday 19 September.</p>		<p>MEJ/GM</p> <p>ALL</p>	
<p><b>4.4 Directions 2022-23 part year update – Gill Main</b></p> <p>Gill introduced this part year update of the 2022-23 Directions with planning and performance having supported a series of meetings with each HSCP directions sponsor to establish progress and agree a RAG rating. A number of Directions were proposed for amendment. The group agreed to recommend these proposals to the Board.</p> <p>Gill also discussed the ongoing review of Midlothian IJB Directions in line with statutory changes to guidance along with a description of the plan to develop 2023/24 Directions. Pending agreement with IJB Chair, this would commence with a workshop in late November.</p> <p>Morag stated this has been a complex exercise, with a different approach adopted than previous years. Morag asked the group if they were in agreement with the contents of the report and if they agree to take this to the IJB. All agreed.</p>		<p>GM</p>	

## Strategic Planning Group

Wednesday 14 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<b>4.5 For Discussion</b>  <b>Set-Aside Financial update – Nick Bradbury &amp; Graeme McGuire</b> Nick Bradbury and Graeme McGuire provided an overview of the slides and welcomed any feedback. Morag thanked both for attending and said the IJB would welcome regular updates. Nick to link with Claire Flannagan (CFO) to agree dates and report for SPG.		CF	

### 6. Any other business

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<b>Community Planning Conference – Gill Main</b> Gill confirmed the above conference is taking place in November and asked the group if anyone would like to attend. Gill to email the group with further information, those who are interested to reply confirming their attendance.		GM	14/09/22

### 7. Date of next meeting

The next meeting of the Strategic Planning Group will be held on 24 November 2022 at 2.00pm.

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

The meeting terminated at 4.00pm





**Thursday 15<sup>th</sup> December 2022, 14.00-16.00**

## **Chief Officer Report**

**Item number: 5.2**

### **Executive summary**

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The paper sets out the key strategic updates for Midlothian IJB Board meeting December 2022.

**Board members are asked to:**

- *Note the content of the report*

## Chief Officer Report

### 1 Purpose

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- 1.1 The paper sets out the key strategic updates for Midlothian IJB Board meeting December 2022.

### 2 Recommendations

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

### 3 Background and main report

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#### 3.1 Chief Officer

##### **System pressure**

There continues to be a sustained and significant pressure on the Health and Social Care system, which is becoming increasingly challenging as we progress through the winter months. Despite this, the HSCP teams continue to be responsive and innovative to find solutions to improve patient flow.

A Midlothian HSCP systems pressures group has been established to provide oversight and assurance, ensuring that Home First principles and recommendations from the Scottish Governments Discharge Without Delay programme are at the core of the improvement work underway. This group is also a channel for driving forward a comprehensive action plan to improve capacity and flow.

##### **Chief Internal Auditor**

Progress has been made to develop a shared Audit service between Midlothian and East Lothian Council. It is anticipated that the relevant governance will be complete at the end of this month, and the IJB will be supported by a new Chief Internal Auditor in January 2023.

##### **Resignation from IJB Board**

It is with great regret that Jock Encombe has announced his resignation from NHS Lothian Board as a Non-Executive Director, and subsequently as a Midlothian IJB Board member. Jock leaves us to progress with a career as an author, and we wish him every success in this new chapter. Jock will be missed on the Board, and I would like to thank him for his commitment and support over the last few years.

## Midlothian IJB Scheme of Integration

This has now been amended following feedback from Scottish Government, and resubmitted to the Scottish Government for approval, along with Edinburgh, East, and West Lothian schemes.

Morag Barrow, Chief Officer - [morag.barrow@nhslothian.scot.nhs.uk](mailto:morag.barrow@nhslothian.scot.nhs.uk)

### 3.2 Head of Adult Services

#### Midlothian Medicated Assisted Treatment (MAT) Implementation Plan

The MAT standards aim is to improve access, choice and care for people affected by problematic substance use across Scotland. Midlothian's implementation plan is intended to ensure that services in the Integration Authority area are delivering and meeting the standards incorporating the respective criteria for each standard as set out in the Drug Deaths Taskforce report. This Plan has been developed by a range of partners and has taken account of the voices of lived and living experience.

On 18 October 2022, Midlothian's plan had final approval from the HSCP and IJB to progress with the implementation of the plan to ensure safe, effective, acceptable, accessible and person-centred care. As part of the implementation plan there was a new annual investment. This funding package (total £303,876) will assist with the delivery of Midlothian's MAT Standard Implementation Plan through expanding the capacity of the workforce within the services. Recruitment of HSCP/Third Sector staff is underway, to date the HSCP have successfully recruited to:

##### Expanding capacity:

B7 Clinical Nurse Leads NMP x 2	Recruited
Band 6 RMN	Recruited
Band 6 RMN 0.8	Recruited
Recover practitioners MELD x 2	In progress

Progress has already begun to deliver on the MAT Standard Implementation plan, and this will be monitored by Midlothian HSCP and MELDAP through co-ordinated monthly meetings of a new MAT implementation Group, membership of which will include all partners with responsibility for delivery of actions. This group will review progress against the agreed actions and will ratify a quarterly progress report.

##### Inspection preparation

The Care Inspectorate and Healthcare Improvement Scotland share a common aim that the people of Scotland should experience the best quality health and social care. They work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. They provide assurance that gives people confidence in services and where they find that improvement is needed, they support services to make positive changes. In preparation for a Midlothian adult inspection, benching marking work against the jointly produced quality improvement framework is underway. The teams currently participating in a self-evaluation programme are the Learning Disability Team, the Adult Support and Protection Team, the Physical Disability Team and the Hospital In-Reach Team. This work will allow services to consider their performance against the 10 key indicators as outlined in the Quality Improvement Framework.

## **Annual HSCP Staff Awards Ceremony**

The HSCP Learning and Development, team along with Children and Families' services were delighted to host their bi-annual award ceremony. This ceremony has not taken place for three years due to Covid however the ceremony was held face to face in St Johns Kings Park Church on Dalkeith on 23<sup>rd</sup> November.

There have been around 165 people who have achieved qualifications in the last 3 years. The qualifications gained ranged from Foundation and Modern Apprenticeships in Social Services, Children and young people and Social Services Health Care, where the HSCP have seen an increased uptake of young people interested in pursuing a career in health and social care. Many frontline care staff completed the SVQ 2 in Care award, as well as others achieving the HNC and SVQ 3 in Social Services. In addition, there are a number of staff in team leader/supervisory roles completing an SVQ 4 as well as completing a PDA in supervision. As Midlothian continues to host a Social Worker traineeship, the HSCP are delighted to have 3 staff completing their degree in Social Work in the last three years and many staff members across the HSCP and children's services currently undertaking the traineeship to achieve their degree in Social Work over the next couple of years. Other qualifications gained include PG certificate in Child Protection, Adult support and Protection, Management and Leadership, Practice Education and Mental Health Officer award.

We are looking to develop this award ceremony to encompass a broader range of awards and capture other qualifications gained through National Education Services within NHS Lothian.

## **New Escalating Concerns Procedures for Adults at Risk of Harm**

East Lothian and Midlothian Public Protection Committee has approved a new Escalating Concerns Procedure. The procedure provides guidance on managing cases relating to adults where existing frameworks are not appropriate or able to reduce levels of risk and where a multi-agency approach may be beneficial. It provides an operational risk management framework for adults (over the age of 16) who have been formally assessed as not meeting the three-point test (which is the criteria for formal, legislative risk management under Adult Support and Protection), but where the agency involved is still concerned that that the adult is at risk of harm.

The Procedure recognises that professionals are often dealing with long-term, entrenched behaviours and complex circumstances of adults, and therefore the framework aims to provide an effective, co-ordinated and multi-agency response to these 'critical few' cases. It also can be used when risk is unmanageable using existing ASP procedures, with the process being triggered by the Chair of an ASP Case Conference. It promotes multi-disciplinary responsibility for risk management, thereby removing responsibility from a single professional or agency.

Nominated Service Managers in East Lothian and Midlothian will assess the referral under the procedure and if an Escalating Concerns Meeting is needed this would take place within 28 days.

A series of briefings to raise awareness of the new Procedure between September 2022 and January 2023, alongside a presentation to Midlothian SMT on 21<sup>st</sup> November 2022. For more information, contact Alan Laughland, Adult Protection Lead Officer.

Nick Clater, Head of Adult Services - [Nick.clater@midlothian.gov.uk](mailto:Nick.clater@midlothian.gov.uk)

### 3.3 HSCP Performance

#### **Planning, Performance, and Programme**

To effectively support and develop both the contribution of strategic planning and transformation within the HSCP and ensure the professional development of these teams, the HSCP SMT has approved a Planning, Performance and Programme business unit to be established under the line management of the Integration Manager.

Creating an operational connection between planning, performance and programme will strengthen each of the other processes by allowing for better integrated delivery of information management and support services, provide professional accountability and assurance across these functions, and more effectively support operational services.

#### **Equality and Human Rights Commission**

The Planning, Performance and Programme Team has been working alongside the Equality and Human Rights Commission (EHRC) to ensure the IJB is compliant with its duties under the Public Sector Equality Duty. The EHRC initially led 2 national workshops for all IJBs, which highlighted opportunities to improve EHRCs knowledge of integrated authorities. Midlothian has proactively led on this work and supported EHRC to better understand the role and function of IJBs, and the available mechanisms to influence change. This outcome of this work will be reflected in the IJB Mainstreaming Equalities Action Plan Update that will come to the Board for approval in early 2023.

#### **HSCP Workforce Plan**

Following the receipt of positive feedback from Scottish Government on the HSCP Workforce Plan, work has been undertaken to address four areas where additional information was requested to augment the plan. The final plan was published on the HSCP webpages on the 5 December and resubmitted to Scottish Government.

#### **Human Rights Base Approach**

The Anticipatory Care Planning Project with the Frailty Programme has been coordinating work with the British Institute of Human Rights to strengthen our knowledge of people's human rights in care home settings. Using this knowledge, the HSCP are developing an approach to improve anticipatory care planning, aligned to the [Scottish Government's 'Healthcare framework for adults living in care homes'](#). During November 55 Midlothian health and social care practitioners and care home staff were trained with a plan to support the Care Academy to develop a Lothian wide approach.

#### **Third Sector Summits**

Following the introduction of the Third Sector Summits, a scoping exercise is underway to review and evaluate this key piece of partnership working. A listening exercise is underway that will result in an options appraisal and recommendation on how to progress this work in a way that ensures the needs of all partners are met and help services, organisations and groups better work together to serve our communities.

Gill Main, Integration Manager - [gill.main3@nhslothian.scot.nhs.uk](mailto:gill.main3@nhslothian.scot.nhs.uk)

### 3.4 Chief Allied Health Professional

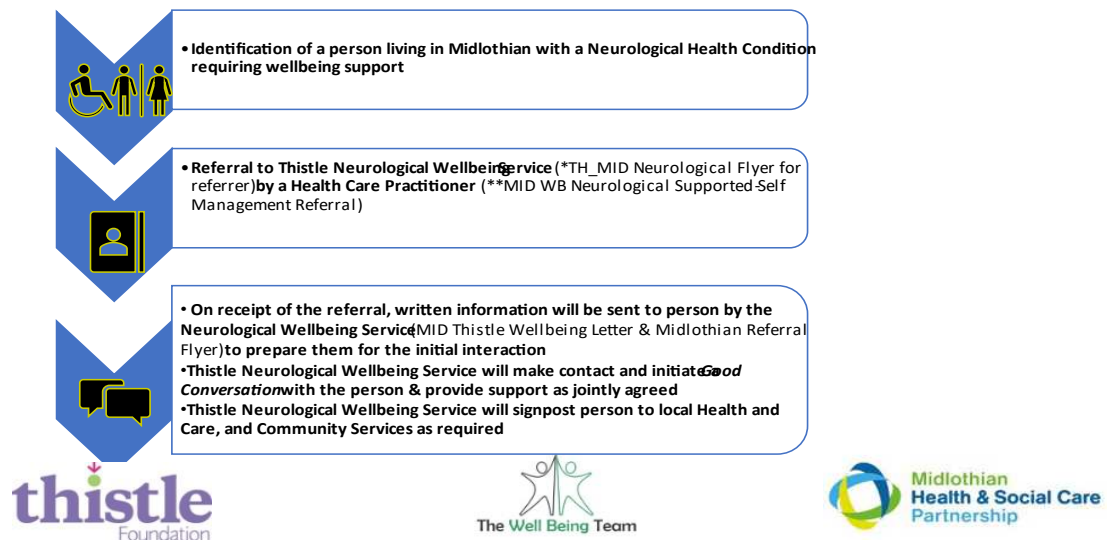
#### **Launch of the Midlothian Neurological Wellbeing Pathway**

The Thistle Wellbeing Service is a well-established service supporting many people across Midlothian to cope with their long-term health conditions. As part of the Neurological

Midlothian Integration Joint Board

Conditions Project, Midlothian HSCP, has enhanced this service by partnering with Thistle to develop an enhanced pathway (see below) for those living with Neurological conditions. This enhanced pathway will run for 12 months and will support the project aims by;

- Listening to people living with neurological conditions in Midlothian, and work in partnership to support them in navigating the health, social care and local community assets to access practical, emotional and social support to live well.
- Providing a clear easily accessible Wellbeing Pathway and point of contact for people living with neurological conditions and all teams and services supporting them.
- Co-ordinate the collection of data to improve our knowledge and understanding of the needs of people with neurological conditions and how these can be met longer term.
- Provision of a targeted pathway for those living with Cerebral Palsy in partnership with *Cerebral Palsy Scotland*



## Progress of the Digital Transformation Programme

In May 2022, Midlothian HSCP approved a *Digital Implementation and Delivery Plan*, and Matthew Curl was appointed as Digital Programme Manager for the HSCP. At the recent Senior Management Team meeting, Midlothian Council Digital First Board and the Strategic Planning Board, an update was presented on the first quarter of the Digital Programme (see below). The significant progress made in the initial quarter was recognised and commended at all boards and work will continue to progress Digital Transformation in partnership with colleagues and teams in Digital Services in Midlothian Council and NHS Lothian eHealth.

### Summary Of Current Status

Midlothian Health & Social Care Partnership has committed to a programme of Digital Transformation as outlined in the *Digital Implementation and Delivery Plan* approved by the Senior Management Team earlier this year. Digital Transformation is a key focus of the Scottish Government. [A changing nation: how Scotland will thrive in a digital world](#), and [Scotland's Digital Health & Care Strategy \(refreshed 2021\)](#) provide guidance from the Scottish Government about how we can best use digital to provide optimal services. The use of digital is positioned in the Midlothian Integration Joint Board Strategic Plan 2022-2025 as an enabler to deliver on the strategic priorities.

The *Digital Plan* outlines a programme of work under eight priority areas as outlined in the detailed information that follows. A permanent Digital Programme Manager has been appointed and Executive Sponsorship secured through the Chief Allied Health Professional. Work has commenced on the priority areas and an update on each is outlined in the following update.

### Completed Actions This Quarter

- Digital Academy Programme— Leading in a Digital World completed by Digital SRO and Programme Manager
- Secured support of Digital Academy Coach and Trainer for leadership development
- Launch and realignment of the Digital Programme Oversight Board
- Q1 and Q2 Testing of the AHP Governance & Assurance Framework
- Support secured for development of Midlothian HSC Governance & Assurance Framework Application and Tableau Dashboard (eHealth)
- Input to the developing HSCP Workforce Plan
- Senior Management decision regarding the alignment of Telecare and Analogue to Digital Transition (A2D)
- Input into a Data Management Strategy
- Various presentations of the Community Respiratory Team (CRT) in relation to the learning and development of LENUS/Dynamic Scot selfmanagement platform and recognition of the service dashboard as a national exemplar
- Continuing involvement in SelfManagement Platforms and Pathways including CRT LENUS / Dynamic Scot, LongCovid CHSS Project, MyDesmondTEC Pathfinder
- Input to NHS Corporate Objectives
- Initial involvement in Midlothian Council M365 implementation
- Recruitment of Project Managers for LENUS and LongCovid Projects (successful)
- Recruitment of A2D Project Manager for Midlothian, East Lothian and Scottish Borders (unsuccessful)

### Planned Actions for Next Quarter

- Executive SMT Development Session on Digital Transformation
- Presentation to the Strategic Planning Group on progress with the Digital Plan and key messages
- Exploration of implementation of ParLothian HSCP Digital Forum
- Management of change of the line management of the Midcare/Telecare operational service to align with A2D
- Further involvement in Midlothian Council M365 implementation
- Recruitment of A2D Project Manager for Midlothian, East Lothian and Scottish Borders
- Onboarding of 2 x Project Managers
- Digital Programme Oversight Board
- Q3 Testing of the AHP Governance & Assurance Framework
- Begin Data Strategy exploration inc. Data Loch Opportunities
- Work with Planning & Performance Lead to develop next service dashboard (building foundation for Trak development business case)
- Discovery on staff digital training opportunities within NHS Lothian and Midlothian Council
- Build prototypes for TEC Pathfinder and extend partnership between DHI and Midlothian HSCP for further 15 months from January 2023.



Hannah Cairns, Chief AHP - [hannah.cairns@nhslothian.scot.nhs.uk](mailto:hannah.cairns@nhslothian.scot.nhs.uk)

## 3.5 Primary Care in Midlothian

### Primary Care Improvement Plan

The HSCP has worked with local GP stakeholders and the Local Medical Committee to agree the latest version of Midlothian's Primary Care Improvement Plan, including development and resource of the multidisciplinary team - pharmacotherapy services, community treatment & assessment clinics (CTAC), vaccination, urgent care and additional health roles (physiotherapy and mental health nurses). These roles are invaluable in practices to provide the right care to patients at the right time by the most appropriate professional, and also allows GPs to focus on patients with the most complex needs.

Rebecca Green, Clinical Director – [rebecca.green@nhslothian.scot.nhs.uk](mailto:rebecca.green@nhslothian.scot.nhs.uk)

## 3.6 Nursing

Midlothian HSCP were well represented at the annual Queen's Nursing Institute of Scotland Awards ceremony on 2<sup>nd</sup> December 2022.

Kenny Barber, Community Mental Health Nurse in the Midlothian Substance Use Service and Lynsey Buchan, Team Manager in Health Visiting and pre-school Immunisations (pictured) were both presented with their awards.

The programme provides a transformational professional and personal development programme for leaders and innovators in their fields. Competition for places is high, and places are only available to around 20 nurses per year.

The programme has the objective of building a social movement for change, and for nursing and nurses to mobilise to address inequality and the social determinants of health.

I know you will join me in congratulating Lynsey and Kenny in this prestigious achievement. More information can be found at <https://www.qnis.org.uk/queens-nurse-programme/>

Fiona Stratton, Chief Nurse – [Fiona.stratton@nhslothian.scot.nhs.uk](mailto:Fiona.stratton@nhslothian.scot.nhs.uk)



## 4 Policy Implications

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

## 5 Directions

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

## 6 Equalities Implications

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

## 7 Resource Implications

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

## 8 Risk

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

## 9 Involving people

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

## 10 Background Papers

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<b>AUTHOR'S NAME</b>	Morag Barrow
<b>DESIGNATION</b>	Chief Officer
<b>CONTACT INFO</b>	0131 271 3402
<b>DATE</b>	December 2022

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### Appendices:



**Thursday 15<sup>th</sup> December 2022, 14:00 – 16:00**

## **Midlothian IJB Medium Term Financial Plan 2022/23 – 2026/27**

**Item number: 5.3**

### **Executive summary**

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*The IJB's partners (Midlothian Council and NHS Lothian) have developed a financial plan for future years. This has been utilised to produce a medium-term financial plan (2022/23 to 2026/27) for the IJB.*

**Board members are asked to:**

- 1. Note the medium-term financial plan (2022/23 to 2026/27),*
- 2. Note the future work required to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance.*

## Midlothian IJB Medium Term Financial Plan 2022/23 – 2026/27

### 1 Purpose

- 1.1 This report presents the Board with a 5-year financial plan (2022/23 to 2026/27). The plan has been prepared utilising the in-year financial information and the financial plans and assumption of Partners for future years.

### 2 Recommendations

- 2.1 As a result of this report Members are being asked to: -
- Note the medium-term financial plan (2022/23 to 2026/27),
  - Note the future work required to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance.

### 3 Background and main report

- 3.1 As in previous years, the IJB produces a longer-term financial outlook and updates the IJB members on this throughout the financial year. Following acceptance of the formal budget offers for 2022/23 from both partners the IJBs rolling 5-year financial plan has been developed.
- 3.2 This financial plan is developed utilising the Scottish Government's Medium Term Financial Framework for Health and Social Care (published in October 2018). The financial plan has also been developed utilising the financial projections of our partners NHS Lothian and Midlothian Council.
- 3.3 The full financial plan summary is shared in Appendix 1 and a high-level overview of the overall projected position for the IJB is summarised in Table 1 below:

	22/23 £k	23/24 £k	24/25 £k	25/26 £k	26/27 £k
Total Income	156,772	150,903	151,723	152,610	153,515
Total Expenditure	158,375	155,372	158,489	162,218	166,050
<b>Gap before savings plans</b>	<b>(1,603)</b>	<b>(4,469)</b>	<b>(6,766)</b>	<b>(9,608)</b>	<b>(12,535)</b>
<b>Gap (%)</b>	<b>-1%</b>	<b>-3%</b>	<b>-4%</b>	<b>-6%</b>	<b>-8%</b>

Table 1: IJB rolling five-year financial plan

- 3.4 The rolling 5-year financial plan is based on formal budget offers for 2022/23, and indicative budgets for the remaining years. Midlothian Council budget letter for 2022/23 included only an 2022/23 budget and therefore a flat cash budget for next 4

years has been assumed. Worth noting currently there is no inclusion of any share of the £140m national funding to support the Local Authority pay settlement being passed from Midlothian Council to the IJB budget in the plan. We are still awaiting Midlothian Council to confirm this position still stands.

- 3.5 Similar to Midlothian Council, NHS Lothian's budget offer letter also only included the in-year budget detailing the position for 2022/23. For future years, indicative budgets have been collated from the NHS Lothian Financial Plan. The NHS Lothian Financial Plan assumes a level of funding uplift from Scottish Government, and this is assumed at 2%. Table 2 summarises total anticipated delegated budgets over the next 5 years.

	22/23 £k	23/24 £k	24/25 £k	25/26 £k	26/27 £k
NHSL Delegated Base Budget	95,068	92,782	94,469	95,339	96,226
Additional Contributions	1,430	1,738	870	887	905
Covid	2,257				
<b>Total NHS Income</b>	<b>98,755</b>	<b>94,519</b>	<b>95,339</b>	<b>96,226</b>	<b>97,131</b>
MLC Delegated Base Budget	47,752	56,384	56,384	56,384	56,384
Additional Contributions	8,958	0	0	0	0
Covid	1,307	0	0	0	0
<b>Total MLC Income</b>	<b>58,017</b>	<b>56,384</b>	<b>56,384</b>	<b>56,384</b>	<b>56,384</b>
<b>Total Income</b>	<b>156,772</b>	<b>150,903</b>	<b>151,723</b>	<b>152,610</b>	<b>153,515</b>

Table 2: Indicative IJB delegated budget 2022/23-2026/27

- 3.6 The projected costs of delegated services across the same period are shown below in Table 3. The modelling assumptions used to estimate future costs are described below.

	22/23 £k	23/24 £k	24/25 £k	25/26 £k	26/27 £k
Base Expenditure	143,117	151,190	154,860	158,489	162,218
Price Effects	2,733	3,082	2,497	2,563	2,630
Demographic Change	0	1,099	1,132	1,166	1,201
Non-Demographic Growth	8,962	0	0	0	0
Covid	3,564	0	0	0	0
<b>Total Expenditure</b>	<b>158,375</b>	<b>155,372</b>	<b>158,489</b>	<b>162,218</b>	<b>166,050</b>

Table 3: Projected cost of delegated services 2022/23-2026/27

- 3.7 Future NHS Lothian costs within the financial plan are based on the detailed financial planning exercise conducted by NHS Lothian. All ongoing COVID related costs have now been included in the baseline costs, for the IJB this is prescribing only. NHS Lothian presented their Financial Plan to their Finance & Resources Committee on 26<sup>th</sup> October 2022, this was a first iteration of their financial plan, and this will be refined, and we will use those refinements to develop the IJBs plan further.
- 3.8 For Midlothian Council a starting position of baseline expenditure for Social Care at £955k overspent (being the Q2 forecast projection for 2022/23) was assumed. Future years increased expenditure was based on a combination of sources for pay awards it assumes in future years a 2.5% uplift similar to assumptions made within Midlothian Councils longer term projections. In addition, demographic growth is assumed at 3% and includes growth for any transitions into Adult Services.

- 3.9 There is a significant financial challenge on the horizon and the IJB should ask Officers within the partnership to develop financial recovery plans and update the IJB on progress against this at a future meeting. The IJB financial plan will also be refined early in the new year as further information is made available.

## 4 Policy Implications

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- 4.1 There are no policy implications from this paper.

## 5 Directions

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- 5.1 There are no direction implications from this paper.

## 6 Equalities Implications

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- 6.1 There are no equalities implications from this paper.

## 7 Resource Implications

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- 7.1 **Financial** – discussed above.  
7.2 **Personnel** – none

## 8 Risk

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- 8.1 Projections for future years inherently relies on several assumptions and estimates, thus introducing a degree of risk as figures are subject to change.

## 9 Involving people

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- 9.1 The IJB papers are publicly available.

## 10 Background Papers

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- 10.1 None

<b>AUTHOR'S NAME</b>	Claire Flanagan
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	Claire.Flanagan@nhslothian.scot.nhs.uk
<b>DATE</b>	December 2022

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### Appendix 1 – Midlothian IJB Financial Plan 2022/23 – 2026/27

## Appendix 1 - Midlothian IJB Financial Plan 2022/23 - 2026/27

Midlothian IJB 5 Year Financial Plan	2022/23			2023/24			2024/25			2025/26			2026/27		
	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k
<b>Income</b>															
Recurring budget	138,556	4,264	142,820	149,166	0	149,166	150,853	0	150,853	151,723	0	151,723	152,610	0	152,610
Uplifts	855	0	855	1,688	0	1,688	870	0	870	887	0	887	905	0	905
Other adjustments	9,103	430	9,533	0	50	50	0	0	0	0	0	0	0	0	0
Covid	0	3,564	3,564	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Income</b>	<b>148,514</b>	<b>8,258</b>	<b>156,772</b>	<b>150,853</b>	<b>50</b>	<b>150,903</b>	<b>151,723</b>	<b>0</b>	<b>151,723</b>	<b>152,610</b>	<b>0</b>	<b>152,610</b>	<b>153,515</b>	<b>0</b>	<b>153,515</b>
<b>Expenditure</b>															
Baseline expenditure	138,793	4,324	143,117	151,161	29	151,190	154,860	0	154,860	158,489	0	158,489	162,218	0	162,218
<i>Anticipated cost increases:</i>															
Pay awards	807	20	827	1,627	0	1,627	1,472	0	1,472	1,487	0	1,487	1,499	0	1,499
Demographics	0	0	0	1,099	0	1,099	1,132	0	1,132	1,166	0	1,166	1,201	0	1,201
SG social care commitments	8,632	302	8,934	0	0	0	0	0	0	0	0	0	0	0	0
Non pay inflation	516	0	516	140	0	140	115	0	115	117	0	117	119	0	119
Medicines and prescribing growth	1,389	0	1,389	1,475	0	1,475	910	0	910	959	0	959	1,012	0	1,012
Investment decisions	28	0	28	-160	0	-160	0	0	0	0	0	0	0	0	0
Covid	0	3,564	3,564	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Expenditure</b>	<b>150,165</b>	<b>8,210</b>	<b>158,375</b>	<b>155,343</b>	<b>29</b>	<b>155,372</b>	<b>158,489</b>	<b>0</b>	<b>158,489</b>	<b>162,218</b>	<b>0</b>	<b>162,218</b>	<b>166,050</b>	<b>0</b>	<b>166,050</b>
<b>Gross Position</b>	<b>(1,651)</b>	<b>47</b>	<b>(1,603)</b>	<b>(4,490)</b>	<b>21</b>	<b>(4,469)</b>	<b>(6,766)</b>	<b>0</b>	<b>(6,766)</b>	<b>(9,608)</b>	<b>0</b>	<b>(9,608)</b>	<b>(12,535)</b>	<b>0</b>	<b>(12,535)</b>





**Thursday, 15<sup>th</sup> December 2022, 14.00 – 16.00**

## **Midlothian Integrated Joint Board Governance Documents**

**Item number: 5.4**

### **Executive summary**

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This report sets out key action required to ensure statutory governance requirements are fulfilled. The pandemic and associated pressures resulted in some statutory requirements being granted an extension to completion. Integration Joint Boards must now review all governance arrangements and ensure updates are made where required.

#### **Board members are asked to:**

1. Note the action taken to update the Code of Conduct and Integration Scheme; and
2. Note the action plan and timelines to review the Standing orders and Scheme of Delegation.

## Midlothian Integrated Joint Board Governance Documents

### 1 Purpose

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- 1.1 This report sets out an update on the action currently being undertaken to ensure statutory governance requirements are fulfilled. The pandemic and associated pressures resulted in some statutory requirements being granted an extension to completion. Integration Joint Boards must now review all governance arrangements and ensure updates are made where required.

### 2 Recommendations

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- 2.1 As a result of this report Members being asked to:-
- Note the action taken to update the Code of Conduct and Integration Scheme
  - Note the action plan and timelines to review the Standing Orders and Scheme of Delegation

### 3 Background and main report

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- 3.1 The Ethical Standards in Public Life (Scotland) Act 2000 provides for Codes of Conduct for local authority councillors and members of relevant public bodies. As a Public Body listed in schedule 3 of the Act, the Midlothian Integration Joint Board is required to produce a Code of Conduct in line with the Model Code. This work has been completed and the updated Code of Conduct was approved by the Scottish Government on 11<sup>th</sup> July 2022.
- 3.2 In 2016 Midlothian Council entered into the Midlothian Integration Scheme with NHS Lothian to establish the Midlothian Integration Joint Board ('MIJB'). Section 44 of The Public Bodies (Joint Working) Scotland Act 2014 requires the Council and the NHS to carry out a review of the integration scheme within five years from the date the Scottish Ministers approved the scheme.
- 3.3 For the Midlothian scheme, the review should have been completed by late May 2020. Plans initially considered in early 2020 to review the Midlothian Integration Scheme were halted and made unfeasible at that stage by the coronavirus pandemic. Scottish Government accepted this delay (which had affected many Board and Council areas), however in mid-2021 Scottish Government requested that the statutory reviews were taken forward without further delay. NHS Lothian, in coordinating the current joint review of schemes pan-Lothian, has continued to liaise with the Scottish Government policy team to both involve them and to communicate ongoing progress.



- 3.4** Initial consideration of the Integration Schemes with colleagues in NHS Lothian, other Local Authorities and Health & Social Care Partnerships, taken forward before the pandemic, did not identify a fundamental problem with the existing integration schemes.
- 3.5** Building on this in 2021 an Oversight Group was convened with participation of nominated senior officers representing all the parties to the Lothian schemes. This group provided strategic guidance on the scope and focus for the necessary review to be undertaken. The review was duly remitted to essentially 'Tidy Up' the existing schemes, rather than to consider anything more transformational with regard to delegated functions, scope, and the operations of Lothian IJBs. This scope was set in recognition of the emerging national policy landscape in Health and Social Care particularly arising from the Independent Review of Adult Social Care, and the consideration of a new National Care Service. The Oversight Group also recognised that operational management arrangements for hosted services had changed significantly since the initial Integration Schemes had been written, and therefore requested that the operational detail be removed from the revised schemes (as such was out of date and unnecessary).
- 3.6** The main areas reviewed in the 2021/22 review exercise are:
- A refresh of the Aims, Vision, Values, Outcomes of the IJB in line with current strategic plans
  - A general refresh of all out of date text in the scheme - Operational Role of the IJB; Support for Strategic Planning; Professional Technical and Administrative support services; Performance Targets & Improvement Measures, Complaints processes, etc.
  - The core Clinical and Care Governance element of schemes has largely been retained in the revised scheme in the existing form.
  - An extensive update to the finance section of schemes has been completed collaboratively by finance leads across all of the parties, updating detail on Financial Governance; Payments to MIJB; Financial Reporting; Process for Addressing Variance; Redetermination of Payments; Redetermination of Set-aside Amounts; Use of Capital Assets; Financial Statements; and External Audit etc.
  - An extensive update to the Information Governance and Data Sharing section has been completed collaboratively across Information Governance leads, to better reflect the current protocols and arrangements in place across Lothian.
  - As necessary subject expert input from council teams, Health, and Social Care Partnership Teams, and from within NHS Lothian was gained to inform review work. / etc.
  - Legal review of the revised schemes was led by Midlothian Council's Legal and Governance Manager, working with the coordinating manager for the review in NHS Lothian. The NHS Scotland Central Legal Office nominated solicitor has also reviewed and inputted to the revision.

- 3.7 Following the statutory consultation process required in terms of section 46 of The Public Bodies (Joint Working) Scotland Act 2014, the revised Scheme was presented to Lothian NHS and Midlothian Council for consideration. Both bodies approved the Scheme for submission to the Scottish Government and it was duly submitted on 7<sup>th</sup> July 2022.
- 3.8 The Scottish Government referred the Scheme back on 13 September with some 12 pages of comments. It has taken some time to work through the comments, but this has now been done and the Scheme, duly amended was once again submitted to the Scottish Government on 23<sup>rd</sup> November 2022. Final confirmation that the Scheme is accepted is now awaited from the Scottish Government.
- 3.9 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the provisions which apply to the membership, proceedings, and operation of all Integration Joint Boards. The Board has agreed Standing Orders to regulate the conduct and proceedings of meetings of the Board in terms of the above Order. The current Standing Orders and associated Scheme of Delegation were approved on 1<sup>st</sup> March 2018 and given the passage of time and change to working practices it would be appropriate to review the Standing Orders to ensure the Orders still reflect good governance.
- 3.10 Given there is a statutory requirement to review both the Code of Conduct and the Integration Scheme, it was agreed to prioritise these actions before any review of Standing Orders. The Code of Conduct has been approved by the Scottish Government and it is hoped that the Integration Scheme can now also be approved, it is now intended to commence the review of Standing Orders.
- 3.11 The review will require consultation and feedback from the members of the IJB. The current Standing Orders and Scheme of Delegation are attached, and it is hoped that any proposed changes can be considered at the Development Session on 12 January 2023. This will allow the Standing Orders and Scheme of Delegation to be amended, an Integrated Impact Assessment prepared, and the amendments considered at the IJB Meeting on 09 February 2023

## **4 Policy Implications**

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- 4.1 Implementation, updating and maintenance of the above IJB governance is a statutory requirement.

## **5 Directions**

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- 5.1 There are no implications regarding Directions.

## **6 Equalities Implications**

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- 6.1 There are no equalities implications arising from this report

## **7 Resource Implications**

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- 7.1 There are no resource implications.

## 8 Risk

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- 8.1 These tasks are required to support the proper governance of the Board.

## 9 Involving people

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- 9.1 The IJB's meetings are recorded and available to the public and all of its papers are available on the internet.

## 10 Background Papers

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<b>DATE</b>	29/11/2022

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### Appendices:

**Appendix 1:** Standing Orders

**Appendix 2:** Scheme of Delegation





**Midlothian Health & Social Care Partnership**

**MIDLOTHIAN INTEGRATION JOINT BOARD**

**STANDING ORDERS**

**March 2018**

## **STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF AN INTEGRATION JOINT BOARD**

### **1 General**

- 1.1 These Standing Orders regulate the conduct and proceedings of the Midlothian Integration Joint Board. The Midlothian Integration Joint Board is the governing body for what is commonly referred to as the Midlothian Health & Social Care Partnership. These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (No 285) (“the Order”). The Integration Joint Board approved these Standing Orders on 1<sup>st</sup> March 2018.

#### Membership of the Integration Joint Board

- 1.2 The Integration Joint Board shall have two categories of members:
- (i) Voting Members; and
  - (ii) Non-Voting Members
- 1.3 Midlothian Council and Lothian NHS Board have elected to nominate 4 members each to the Integration Joint Board, who shall be the voting members.
- 1.4 The Order prescribes a list of non-voting members who are to be included in the membership, and these members shall be appointed as described by the Order. The Integration Joint Board may appoint additional non-voting members as it sees fit.
- 1.5 Midlothian Council and the Lothian NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Order.
- 1.6 If a voting member is unable to attend a meeting of the Integration Joint Board, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting. If a non-voting member is unable to attend a meeting of the Integration Joint Board, that member may arrange for a suitably experienced substitute to attend the meeting subject to prior agreement with the Chair.

### **2 Varying, Revoking or Suspending Standing Orders**

- 2.1 Any statutory provision, regulation or direction by Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

- 2.2 Any one or more of these Standing Orders may be varied, suspended or revoked at a meeting of the Integration Joint Board following a motion moved and seconded and with the consent of the majority of voting members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly indicates that there is a proposal to amend the standing orders, and the proposal itself does not result in the Integration Joint Board not complying with any statutory provision or regulation.

### **3 Chair**

- 3.1 The Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order. The Chair will preside at every meeting of the Integration Joint Board that he or she attends.
- 3.2 If both the Chair and Vice Chair are absent, the voting members present at the meeting shall choose a voting Integration Joint Board member to preside.

### **4 Vice-Chair**

- 4.1 The Vice-Chair of the Integration Joint Board will be appointed in line with the terms agreed within the Integration Scheme and the Order.
- 4.2 In the absence of the Chair the Vice-Chair shall preside at the meeting of the Integration Joint Board.

### **5 Calling and Notice of Integration Joint Board Meetings**

- 5.1 The first meeting of an Integration Joint Board is to be convened at a time and place determined by the Chair.
- 5.2 The Chair may call a meeting of the Integration Joint Board at any time. The Integration Joint Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.
- 5.3 A request for an Integration Joint Board meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of voting members, and presented to the chair. . If the Chair refuses to call a meeting, or does not do so within 7 days of receiving the requisition, the members who signed the requisition may call a meeting. They must also sign the notice calling the meeting. However no business shall be transacted at the meeting other than that specified in the requisition.
- 5.4 Before each meeting of the Integration Joint Board, a notice of the meeting (in the form of an agenda), specifying the date, time, place and business to be transacted and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be delivered electronically to every member (e.g. sent by email) or sent by post to the members' usual place of

residence so as to be available to them at least five clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

5.5 With regard to calculating clear days for the purpose of notice:

Delivery of the Notice	<p>Days excluded from the calculation of clear days:</p> <ul style="list-style-type: none"><li>✓ The day the notice is sent</li><li>✓ The day of the meeting</li><li>✓ Weekends</li><li>✓ Public holidays</li></ul> <p>Example: If a meeting is to be held on a Tuesday, the notice must be sent on the preceding Monday. The clear days will be Tuesday, Wednesday, Thursday, Friday, and Monday. If the notice is sent by post it must be sent out a day earlier.</p>
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5.6 Lack of service of the notice on any member shall not affect the validity of a meeting.

5.7 Integration Joint Board meetings shall be held in public. The Chief Officer shall place a public notice of the time and place of the meeting at the designated office of the Integration Joint Board at least five clear days before the meeting is held. The designated office of the Midlothian Integration Joint Board is Midlothian House, Buccleuch Street, Dalkeith.

5.8 While the meeting is in public the Integration Joint Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

5.9 The Integration Joint Board may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons:

5.9.1 The Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

5.9.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

5.9.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection



Principles.

- 5.9.4 The business necessarily involves reference to exempt information, as determined by Schedule 7A of the Local Government (Scotland) Act 1973.
- 5.9.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.10 The minutes of the meeting will reflect the reason(s) why the Integration Joint Board resolved to meet in private.
- 5.11 A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by a video link or other communication link. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.

**6 Quorum**

- 6.1 No business shall be transacted at a meeting of the Integration Joint Board unless there are present at least one half of the voting members of the Integration Joint Board.
- 6.2 If a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed by the Chair.

**7 Authority of the Chair at meetings of the IJB and its Committees**

- 7.1 The duty of the person presiding is to ensure that the Standing Orders or the Committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 7.2 Any member who disregards the authority of the Chair, obstructs the meeting, or conducts himself/herself offensively shall be suspended for the remainder of the meeting, if a motion (which shall be determined without discussion) for his/her suspension is carried. Any person so suspended shall leave the meeting immediately and shall not return without the consent of the meeting.
- 7.3 The Chair has the right to adjourn a meeting in the event of disorderly conduct or other misbehaviour at the meeting.
- 7.4 No business shall be transacted at any meeting of the Integration Joint Board other than that specified in the notice of the meeting except on grounds of urgency. Any

request for the consideration of an additional item of business must be made to the Chair at the start of the meeting and the majority of voting members present must agree to the item being included on the agenda.

## **8 Adjournment**

- 8.1 If it is necessary or expedient to do so for any reason, a meeting may be adjourned to another day, time and place. A meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned to such day, time and place as may be specified in the motion.

## **9 Voting and Debate**

- 9.1 The Board may reach consensus on an item of business without taking a formal vote and the formal voting process outlined in paragraphs 9.2-9.10 would not need to be used.
- 9.2 Where a vote is taken, every question at a meeting shall be determined by a majority of votes of the members present and voting on the question. A vote may be taken by members by a show of hands, or by ballot, or any other method determined by the Chair. In the case of an equality of votes, the person presiding at the meeting does not have a second or casting vote.
- 9.3 Any voting member may move a motion or an amendment to a motion. Every notice of motion must be in writing, signed by the Member giving the notice and countersigned by at least one other Member. The terms of the motion must be clearly stated and the notice delivered to the Chief Officer five working days in advance of the meeting.
- 9.4 Any voting member may second the motion and may reserve his/her speech for a later period of the debate.
- 9.5 Once a motion has been seconded it shall not be withdrawn or amended without the leave of the Integration Joint Board or by the mover with the consent of their seconder.
- 9.6 Where a vote is being taken, except for the mover of the original motion, no other speaker may speak more than once in the same discussion.
- 9.7 After debate, the mover of any original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering previous observations and, immediately after his/her reply, the question shall be put by the Chair without further debate.

- 9.8 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.
- 9.9 Where there has been an equality of votes, the Chair of the Integration Joint Board on reflection of the discussion will give direction to the Chief Officer on how the matter should be taken forward. The Chief Officer will then be obliged to review the matter, with the aim of addressing any concerns, and developing a proposal which the integration joint board can reach a decision upon in line with Standing Order 9.
- 9.10 Where the matter remains unresolved, and the Chair concludes that the equality of votes is effectively a representation of a dispute between the two constituent parties, then the dispute resolution process which is set out in the integration scheme shall take effect. If the unresolved equality of votes is not a representation of a dispute between the two constituent parties, then the Chair and the Chief Officer must work together to arrive at an acceptable position for the integration joint board.

## **10 Changing a Decision**

- 10.1 A decision of the Integration Joint Board cannot be changed by the Integration Joint Board within six months unless notice has been given in the notice of meeting and:
- 10.1.1 The Chair rules there has been a material change of circumstance: or
- 10.1.2 The Integration Joint Board agrees the decision was based on incorrect or incomplete information.

## **11 Minutes**

- 11.1 The names of members present at a meeting of the Integration Joint Board, or of a committee of the Integration Joint Board, shall be recorded. The names of any officers in attendance shall also be recorded.
- 11.2 The Chief Officer (or his/her authorised nominee) shall prepare the minutes of meetings of the Integration Joint Board and its committees. The Integration Joint Board or the committee shall receive and review its minutes for agreement at its following ordinary meeting.
- 11.3 Once agreed, the minutes of meetings of the Integration Joint Board will be submitted to Midlothian Council and Lothian NHS Board, whilst the minutes of Committee meetings will be submitted to the Integration Joint Board, for noting and consideration of any recommendations.

## **12 Matters Reserved for the Integration Joint Board**

### Standing Orders

- 12.1 The Integration Joint Board shall approve its Standing Orders.

### Committees

- 12.2 The Integration Joint Board shall approve the establishment of, and terms of reference of all of its committees.
- 12.3 The Integration Joint Board shall appoint all committee members, as well as the chair of any committees.

### Values

- 12.4 The Integration Joint Board shall approve organisational values, should it elect to formally define these.

### Strategic Planning

- 12.5 The Integration Joint Board shall establish a Strategic Planning Group ([Section 32](#) of Public Bodies (Joint Working) Scotland Act 2014), and appoint its membership (except for the members nominated by each constituent party).
- 12.6 The Integration Joint Board shall approve its Strategic Plan ([Section 33](#)) and any other strategies that it may need to develop for all the functions which have been delegated to it. The Integration Joint Board will also review the effectiveness of its Strategic Plan ([Section 37](#)).
- 12.7 The Integration Joint Board shall review and approve its contribution to the Community Planning Partnership for the local authority area. The Integration Joint Board shall also appoint its representative(s) at Community Planning Partnership meetings.

### Risk Management

- 12.8 The Integration Joint Board shall approve its Risk Management Policy.
- 12.9 The Integration Joint Board shall define its risk appetite and associated risk tolerance levels.

### Health & Safety

- 12.10 In the event that the Integration Joint Board employs five or more people, it shall approve its Health & Safety Policy.

### Finance

- 12.11 The Integration Joint Board shall approve its annual financial statement ([Section 39](#)).
- 12.12 The Integration Joint Board shall approve Standing Financial Instructions and a Scheme of Delegation.
- 12.13 The Integration Joint Board shall approve its annual accounts.
- 12.14 The Integration Joint Board shall approve the total payments to the constituent bodies on an annual basis, to implement its agreed Strategic Plan.

### Performance Management

- 12.15 The Integration Joint Board shall approve the content, format, and frequency of performance reporting.
- 12.16 The Integration Joint Board shall approve its performance report ([Section 43](#)) for the reporting year.

## **13 Integration Joint Board Members – Ethical Conduct**

- 13.1 Voting and non-voting members of the Integration Joint Board are required to subscribe to and comply with the Code of Conduct which is made under the [Ethical Standards in Public Life etc \(Scotland\) Act 2000](#). The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Chief Officer (or his/her authorised nominee) shall maintain the Integration Joint Board's Register of Interests. When a member needs to update or amend his or her entry in the Register, he or she must notify the Chief Officer (or his/her authorised nominee) of the need to change the entry within one month after the date the matter required to be registered.
- 13.2 Substitutes, of both voting and non-voting members, should be aware of the Integration Joint Board's Code of Conduct and should ensure that they comply with its requirements and the duties it places on members.
- 13.3 The Chief Officer (or his/her authorised nominee) shall ensure the Register is available for public inspection at the principal offices of the Integration Joint Board at all reasonable times.
- 13.4 Members and substitutes must always consider the relevance of any interests they may have to any business presented to the Integration Joint Board or one of its committees and disclose any direct or indirect pecuniary and non-pecuniary

interests in relation to such business, before determining whether to take part in any discussion or decision on the matter.

- 13.5 Members shall make a declaration of any gifts or hospitality received in their capacity as an Integration Joint Board member. Such declarations shall be made to the Chief Officer (or his/her authorised nominee) who shall make them available for public inspection at all reasonable times at the principal offices of the Integration Joint Board.

#### **14 Committees and Working Groups**

- 14.1 The Integration Joint Board shall appoint such committees, and working groups as it thinks fit. The Integration Joint Board shall appoint the chairs of these committees. The Board shall approve the terms of reference and membership of the committees and shall review these as and when required. The terms of reference of these committees and working groups, where appropriate, will be incorporated into a Scheme of Administration (Appendix 1 to these Standing Orders). This Standing Order should be read in conjunction with the Scheme of Administration.
- 14.2 The committee must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.
- 14.3 The Integration Joint Board shall appoint committee members to fill any vacancy in the membership as and when required.
- 14.4 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.
- 14.5 The Standing Orders relating to the calling and notice of Integration Joint Board meetings, conduct of meetings, minutes and conduct of Integration Joint Board members shall also be applied to committee meetings but not working groups.
- 14.6 The Integration Joint Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Integration Joint Board.
- 14.7 The Integration Joint Board may authorise committees to co-opt members for a period up to one year. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of the Integration Joint Board, cannot vote and is not to be counted when determining the committee's quorum.

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

15 Urgent Decisions

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







**Midlothian Health & Social Care Partnership**

**MIDLOTHIAN INTEGRATION JOINT BOARD**

**SCHEME OF ADMINISTRATION**

**(Relative to Standing Order 14.1)**

Approved by Midlothian Integration Joint Board on: 1<sup>st</sup> March 2018

## **MIDLOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP**

### **AUDIT AND RISK COMMITTEE TERMS OF REFERENCE**

#### **INTRODUCTION**

1. The Audit and Performance Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders. The Committee will be a Standing Committee of the IJB.
2. The Financial Regulations for the IJB were approved Integration Board on 29<sup>th</sup> October 2015. Section 3.11 of the Financial Regulations state that the IJB will have an Audit and Risk Committee

#### **CONSTITUTION**

3. The IJB shall appoint the Committee. The Committee will consist of (at least) four members of the IJB, excluding professional advisors. At least four Committee members must be IJB voting members, 2 from the Health Board and 2 from the Council
4. The Committee may at its discretion set up working groups for review work.  
Membership of working groups will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Risk Committee.

#### **CHAIR**

5. The Chair of the Committee will be a voting Member nominated by the IJB, noting that the Chair of the IJB cannot also chair the Audit and Risk Committee.

#### **QUORUM**

6. Three Members of the Committee will constitute a quorum.

#### **ATTENDANCE AT MEETINGS**

7. The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other professional advisors or their nominated representatives will normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.
8. The external auditor will be invited to all meetings.

#### **MEETING FREQUENCY**

9. The Committee will meet at least three times each financial year.

### **MINUTES**

10. The Committee shall receive and review its minutes for agreement at its following ordinary meeting. The minutes, once agreed, will then be submitted to the IJB for noting and consideration of any recommendations.

### **AUTHORITY**

11. The Committee is authorised to request reports and make recommendations to the IJB for further investigation on any matters which fall within its Terms of Reference.

### **DUTIES**

12. The Committee will review the overall internal control arrangements of the IJB and make recommendations to the Board regarding signing of the Governance Statement.
13. Specifically it will be responsible for the following duties:

### **GOVERNANCE, RISK AND CONTROL**

1. To review the IJB's corporate governance arrangements against the good governance framework and consider annual governance reports and assurances.
2. To review the Annual Governance Statement prior to approval and consider whether it properly reflects the risk environment and supporting assurances, taking into account internal audit's opinion on the overall adequacy and effectiveness of the IJB framework of governance, risk management and control.
3. To consider the IJB arrangements to secure value for money and review assurances and assessments on the effectiveness of these arrangements.
4. To consider the IJB framework of assurance and ensure that it adequately addresses the risk and priorities of the IJB.
5. To monitor the effective development and operation of risk management in the IJB.
6. To monitor progress in addressing risk-related issues reported to the committee.
7. To consider reports on the effectiveness of internal controls and monitor the implementation of agreed actions.

**INTERNAL AUDIT**

8. To approve the internal audit charter.
9. To review proposals made in relation to the appointment of external providers of internal audit services and to make recommendations.
10. To approve the risk-based internal audit plan, including internal audit's resources requirements, the approach to using other sources of assurance and any work required to place reliance upon those other sources.
11. To approve significant interim changes to the risk-based internal audit plan and resource requirements.
12. To make appropriate enquiries of both management and the head of internal audit to determine if there are any inappropriate scope or resource limitation.
13. To consider reports from the head of internal audit on internal audit's performance during the year, including the performance of external providers of internal audit services. These will include:
  - a) Updates on the work of internal audit including key findings, issues of concern and action in hand as a result of internal audit work.
  - b) Regular reports on the results of the Quality Assurance and Improvement Programme.
  - c) Reports on instances where the internal audit function does not conform to the Public Sector Internal Audit Standards and Local Government Application Note, considering whether the non-conformance is significant enough that it must be included in the Annual Governance Statement.
14. To consider the head of internal audit's annual report:
  - a) The statement of the level of conformance with the Public Sector Internal Audit Standards and Local Government Application Note and the results of Assurance and Improvement Programme that supports the statement – these will indicate the reliability of the conclusions of internal audit.
  - b) The opinion on the overall adequacy and effectiveness of the IJBI's framework of governance, risk management and control together with the summary of the work supporting the opinion - these will assist the committee in reviewing the Annual Governance Statement.
15. To consider summaries of specific internal audit reports as requested.

16. To receive reports outlining the action taken where the head of internal audit has concluded that management has accepted a level of risk that may be unacceptable to the authority or there are concerns about progress with the implementation of agreed actions.
17. To contribute to the Quality Assurance and Improvement Programme and in particular, to the external quality assessment of internal audit that takes place at least once every five years.
18. To consider a report on the effectiveness of internal audit to support the Annual Governance Statement.
19. To support the development of effective communication with the head of internal audit.

#### **EXTERNAL AUDIT**

20. To consider the external auditor's annual letter, relevant reports, and the report to those charged with governance.
21. To consider specific reports as agreed with the external auditor.
22. To comment on the scope and depth of external audit work and to ensure it gives value for money.
23. To commission work from internal and external audit.
24. To advise and recommend on the effectiveness of relationships between external and internal audit and other inspection agencies or relevant bodies.

#### **FINANCIAL REPORTING**

25. To review the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the IJBI.
26. To consider the external auditor's report to those charged with governance on issues arising from the audit of the accounts.

#### **ACCOUNTABILITY ARRANGEMENTS**

27. To report to those charged with governance on the committee's findings, conclusions and recommendations concerning the adequacy and effectiveness of their governance, risk management and internal control frameworks; financial reporting arrangements, and internal and external audit functions.

28. To report to the IJB on a regular basis on the committee's performance in relation to the terms of reference and the effectiveness of the committee in meeting its purpose.



**Midlothian Health & Social Care Partnership**

**MIDLOTHIAN INTEGRATION JOINT BOARD**

**SCHEME OF DELEGATION**

**March 2018**

## **1 Introduction**

- 1.1 The Midlothian Integration Joint Board (MIJB) is a statutory corporate body with its own legal personality. It is established under the Public Bodies (Joint Working) (Scotland) Act 2014 and has the responsibilities and powers conferred by that Act and associated statutory regulations.
- 1.2 The MIJB only has one member of staff - the Chief Officer, known locally as the Joint Director, Health and Social Care. It has other officers who are not members of its staff but who carry out duties for it (for example, the Chief Finance Officer, the Standards Officer, the Chief Internal Auditor). It also receives support from officers and employees of the Council and the Health Board. They are not employed by the MIJB but are managed by the Joint Director in his complementary roles in the management structures of those two organisations.
- 1.3 To help ensure sound decision-making, adequate control and good governance the MIJB has approved this Scheme of Delegation to its officers. The Scheme sets out the powers and responsibilities of significance to the MIJB's discharge of its statutory responsibilities which it has chosen to delegate to those officers.
- 1.4 It does not contain any delegation of powers or duties in relation to the Council or the Health Board or their members of staff. They are separate legal bodies with different duties, powers and interests in relation to the integration of health and social care. They will have their own internal rules and delegations of powers in relation to their own interests.
- 1.5 Each of the posts covered by the Scheme has its own role description that were used when the posts were first filled. It is not the Scheme's purpose to replace those or duplicate them or repeat them. The Scheme is part of a governance framework for efficient, effective and accountable decision-making amongst the MIJB, its committees and its officers.

## **2 General considerations**

- 2.1 The Scheme is not an exhaustive list of things that officers can do on behalf of the MIJB. It records the significant and standing delegations of powers and responsibility to officers.
- 2.2 It does not record temporary or one-off instructions or delegations to officers. Those are recorded in minutes of MIJB and committee meetings. As a general rule, delegations which will last for more than six months are included, and others are not.
- 2.3 Subject to the specific provisions in the Scheme and the MIJB's Standing Orders and Financial Regulations, powers delegated include anything which is calculated to facilitate, or is conducive or incidental to, their discharge.
- 2.4 In using a delegated power, officers must have regard and comply with the following over-arching considerations:-
  - a) They must comply with the law



- b) They must have regard to statutory guidance
- c) They must act within the terms of the Integration Scheme
- d) They must not depart from the terms of the Strategic Plan
- e) They must comply with the MIJB's Standing Orders and Financial Regulations
- f) They must not act where matters are reserved to the MIJB or delegated to a committee
- g) They must act in accordance with MIJB policies, procedures and instructions
- h) They must not act in relation to issues which are politically sensitive or controversial

2.5 Officers may delegate the use of their powers to other officers or employees of the Council or Health Board providing support to the MIJB. If they do so, they must ensure adequate controls and reporting arrangements are in place. Notwithstanding any such sub-delegation, they remain accountable directly and personally to the MIJB.

### **3 Joint Director**

- 3.1 As a matter of law, the Joint Director is employed by either Midlothian Council or NHS Lothian and seconded to the MIJB as its only member of staff.
- 3.2 The Joint Director is accountable to the MIJB as its Chief Officer and also holds positions of authority and responsibility in both the Council and Health Board. He is managed jointly by the Chief Executives of the Council and the Health Board.
- 3.3 The Joint Director has the following delegated powers and responsibilities:-
  - a) The statutory position of Chief Officer in terms of section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014
  - b) Providing corporate and strategic advice and direction to the MIJB
  - c) Liaising with the Chair and Vice-Chair in relation to meetings of the MIJB and its committees, and ensuring the timeous preparation, delivery and publication of agendas and reports for those meetings
  - d) Implementing the Integration Scheme
  - e) Developing, implementing and reviewing the Strategic Plan and other policies determined by the MIJB
  - f) Implementing decisions, instructions and directions made by the MIJB
  - g) Establishing and supporting the Strategic Planning Group
  - h) Appointing a competent substitute to act in his or her absence or incapacity

- i) In consultation with the MIJB Chair, determining whether a matter is politically sensitive or controversial
- j) In consultation with the MIJB Chair, Vice-Chair and Standards Officer, taking urgent action on behalf of the MIJB under Standing Order 15
- k) Collecting, monitoring and periodic reporting to the MIJB and the public of service performance and providing service information for the annual statutory performance report
- l) Collating service and financial performance information and providing the annual statutory performance report for MIJB approval
- m) Issuing directions to the Council and Health Board on the MIJB's instructions and monitoring and reporting on compliance by the council and health board
- n) Liaising and negotiating with the Council, Health Board and the other NHS Lothian IJBs in relation to the efficient and economical use of premises and other assets
- o) Maintaining the MIJB's risk register, monitoring risk and taking mitigating action, reporting on risk to the MIJB
- p) Representing the MIJB on the Community Planning Partnership Board and ensuring the MIJB's participation in the community planning process
- q) Clinical and care governance and adherence to professional standards and regulatory regimes
- r) Workforce development
- s) Ensuring adequate provision of professional, technical and administrative support services by the Council or Health Board
- t) Ensuring the MIJB's compliance with statutory regimes such as best value, public sector equality duties, freedom of information, data protection, climate change
- u) Providing and operating a complaints handling procedure and liaising with and complying with the requirements of the SPSO
- v) Implementing a public and stakeholder engagement strategy and communications and public relations arrangements (including an MIJB website)
- w) Business continuity planning
- x) Liaising with other IJBs in the NHS Lothian area, and with the Council and the Health Board, in relation to both integrated and non-integrated functions
- y) Dealing with inspections by regulatory authorities

- z) Responding to consultations on non-controversial or technical issues, subject to those responses being reported to the next MIJB meeting for information

3.4 The Joint Director is a non-voting member of the MIJB, and a member of the Strategic Planning Group

#### **4 Chief Finance Officer**

4.1 The Chief Finance Officer cannot be a member of staff of the MIJB and does not have to be an officer of the Council or the Health Board. It is for the MIJB to determine the appropriate appointment and contractual arrangements in consultation with the Council and the Health Board.

4.2 The local authority financial and accounting regime is applied as a matter of law to the MIJB. The Chief Finance Officer therefore carries the duties of what in Council terms is the "Section 95 Officer". That position includes ensuring compliance with relevant legislation and guidance, including Part VII of the Local Government (Scotland) Act 1973, Part I of the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014.

4.3 The Chief Finance Officer has the following delegated powers and responsibilities:-

- a) The statutory responsibility for the proper administration of the MIJB's financial affairs in terms of section 95 of the Local Government (Scotland) Act 1973, as applied by section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014
- b) Establishing, maintaining, applying and reviewing Financial Regulations
- c) Accounting record-keeping, financial management and accounting control systems
- d) Ensuring that proper accounting practices are observed in the financial administration of the MIJB
- e) Providing strategic financial advice, planning, forecasting and direction
- f) Liaising and negotiating with the Council and the Health Board in relation to their annual budget contributions, efficiencies, budget pressures and in-year and end-of-year adjustments
- g) Financial performance and budgets - monitoring, periodic reporting and providing financial information for the statutory annual performance report
- h) Provision of the annual financial statement required to accompany the Strategic Plan
- i) Preparing the Annual Accounts and abstract and accompanying statements, signing them and securing their submission for external audit
- j) Publishing the unaudited Annual Accounts for public inspection, advertising their availability and responding to any objections made to them

- k) Reporting the audited Annual Accounts and external auditor's report to the MIJB for approval, arranging for their signature, submitting them to the external auditor and publishing them
- l) Securing compliance with relevant statutory financial regimes in relation to the financial administration of the MIJB
- m) Reporting to the MIJB and publishing any report or special report or the findings of the Accounts Commission following any hearing on a report or special report, in terms of Part VII of the Local Government (Scotland) Act 1973
- n) Liability insurance and other indemnity arrangements
- o) Banking arrangements
- p) Procurement and contracts, including if required Standing Orders for Contracts
- q) Liaison with and supporting the MIJB's Internal Auditor and the Audit and Risk Committee in relation to the internal audit function
- r) Liaison and cooperation with the MIJB's external auditor and the Accounts Commission

4.4 The Chief Finance Officer is a non-voting member of the IJB.

4.5 The role of Chief Finance Officer is currently undertaken on a shared basis with East Lothian IJB.

## **5 Chief Internal Auditor**

5.1 The Chief Internal Auditor cannot be a member of staff of the MIJB and does not have to be an officer of the Council or the Health Board. It is for the MIJB to determine the appropriate appointment and contractual arrangements in consultation with the Council and the Health Board.

5.2 The local authority financial and accounting regime is applied as a matter of law to the MIJB. That requires the MIJB to establish and maintain a professional and independent internal auditing service in accordance with recognised standards and practices in relation to internal auditing. The post is also governed by Part VII of the Local Government (Scotland) Act 1973, Part I of the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014.

5.3 The Chief Internal Auditor has the following delegated powers and responsibilities:-

- a) Ensuring the provision of a professional and independent internal auditing service in accordance with recognised standards and practices in relation to internal auditing
- b) Obtaining approval of the MIJB Internal Audit Charter

- c) Preparing, submitting for approval, implementing and reporting on an annual Internal Audit Plan
- d) Supporting and advising the Audit and Risk Committee in fulfilling its remit
- e) Liaising with and supporting the Chair of the Audit and Risk Committee in relation to that role
- f) Conducting audits and investigations as required by the Internal Audit Plan or as directed by the Joint Director or the Audit and Risk Committee
- g) Reporting to the Audit and Risk Committee on audits and investigations carried out and on other matters within its remit
- h) Reviewing the MIJB's system of internal control
- i) Liaising and cooperating with the Internal Auditors for the Council, the Health Board and other IJBs in the NHS Lothian area
- j) Liaising and cooperating with the MIJB external auditors

5.4 The Internal Auditor is not a member of the MIJB.

## **6 Standards Officer**

- 6.1 The Standards Officer cannot be a member of staff of the MIJB and does not have to be an officer of the Council or the Health Board. It is for the MIJB to determine the appropriate appointment and contractual arrangements in consultation with the Council and the Health Board.
- 6.2 The Standards Officer is a statutory position required under regime of ethical standard in public life in Scotland. It carries statutory duties as well as additional duties contained in guidance by the Standards Commission.
- 6.3 The Standards Officer has the following delegated powers and responsibilities:-
  - a) The statutory role defined in the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003
  - b) Having regard to and applying the Standards Commission's Advice on the Role of a Standards Officer
  - c) Ensuring MIJB members are eligible for membership
  - d) Establishing, maintaining, reviewing and publishing a Register of Interests for MIJB members
  - e) Adoption, approval, maintenance and review of a Code of Conduct for MIJB members
  - f) Advising and assisting MIJB members in relation to the Register of Interests and the Code of Conduct

- g) Ensuring MIJB compliance with its other general duties under the Ethical Standards in Public Life etc. (Scotland) Act 2000 and related statutory regulations and guidance
- h) Liaising with the Commissioner for Ethical Standards in Public Life and the Standards Commission
- i) Establishing, reviewing and reporting on a local Code of Corporate Governance
- j) Consulting with the Joint Director in relation to the taking of urgent action on behalf of the MIJB under Standing Order 16
- k) Preparation of the annual governance statement to accompany the Annual Accounts
- l) Liaising with the Internal Auditor in relation to the internal audit function

6.4 The Standards Officer is not a member of the MIJB.



# Midlothian Chief Social Work Officer

## Annual Report

### 2021/22



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# Introduction

I am pleased to present the Chief Social Work Officer's annual report for 2021/22. The report provides a high level summary of social work and social care activity, including key developments and information on statutory decisions made by the Chief Social Work Officer on behalf of the Council and Council services. The report is not intended to be exhaustive but gives an indication of trends, priorities, challenges and opportunities over the past year.

In recognition of the arrival and impact of the COVID 19 pandemic, the report includes a summary of how our services have responded and adapted during this time.

Staff have worked incredibly hard to meet the challenges of fulfilling their roles within the context of COVID-19, and I want to express my sincere thanks and appreciation to them for their commitment and dedication to protecting and improving the lives of the most vulnerable people in our Midlothian communities.

Joan Tranent

CSWO & Chief Officer Children's Services, Partnerships & Communities

# Background

The Chief Social Work Officer (CSWO) role ensures the provision of appropriate professional advice in the discharge of a local authority's statutory functions as set out in Section 3 of the Social Work (Scotland) Act 1968. The role also has a place set out in integrated arrangements brought in through The Public Bodies (Joint Working) (Scotland) Act 2014. The CSWO's responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements. However, the responsibility of appointing a CSWO cannot be delegated and must be exercised directly by the local authority itself.

The CSWO's annual report is a means of reporting to the Council and Integration Joint Board (IJB) on the delivery of social work and social care services within Midlothian, highlighting key activities, developments, and challenges. In light of the COVID-19 pandemic over the past two years, the agreed template, has been reduced taking cognisance of the ongoing and current pressures being experienced across the sector.

The reporting period is from of 1<sup>st</sup> April 2021 until 31<sup>st</sup> March 2022.

During this very challenging reporting period we saw the national lockdown and introduction of emergency legislation (Coronavirus Act 2020, Coronavirus (Scotland) Regulations). Some services remained operational whilst adjusting to new regulations and guidance, however all were impacted and disrupted having to adapt to new working environments with some workers working remotely whilst others having to attend their workplace due to the level of risk and need. There was a significant move to digital working, including the use of MS Teams which has now become part of our everyday working practice.

In the early stages within Midlothian we focussed on continuing essential services, supporting the most vulnerable children, families and older people within our communities. This was very much a balancing act around responding to COVID-19 whilst trying to provide core social work and social care services as well as protecting and supporting our staff.

Throughout the last year there has been significant evidence that demonstrates true partnership working within the council and IJB services including working with other agencies, families, and volunteers across social work and social care services.

As recovery begins, learning from the changes to service delivery are being considered, but the impact of the pandemic on staff and services will continue for many months if not years.

## Next Steps

A draft of this report will be shared with the Chief Social Work Advisor to the Scottish Government by the end of September 2022. The report shall go to both the Midlothian Council Meeting and the IJB for noting.



**94,680** people live in Midlothian

18% are over 65  
19% are under 16



The **over 75 age group** will see the largest increase of **41%** over the next 10 years



**167** children or young people are  
**looked after**

# Governance

The strategic direction for the role and contribution of social work and social care services in protecting and improving the wellbeing and outcomes of Midlothian residents sits within the context of community planning, and the integration of health and social care. The Midlothian Community Planning Partnership deliver the Single Midlothian Plan which has 4 priorities:

- Reducing the gap in learning outcomes
- Reducing the gap in health outcomes
- Reducing the gap in economic circumstances
- Reducing carbon emissions in Midlothian to net zero by 2030

Social work services in Midlothian are delivered between Midlothian Council and the IJB. Adult social work and social care services, including health visiting and school nursing services and justice social work are delegated to the IJB and delivered and managed by the Midlothian Health and Social Care Partnership. Children's social work services are managed and governed by the council and are part of the People and Partnership Directorate.

The role of the Chief Social Work Officer sits with the Chief Officer of Children's Services, Partnerships and Communities.

During the reporting timeframe of this report, services had to adapt to reflect the change to legislation and guidance from Public Health Scotland, providing essential services, whilst protecting staff, service users and the wider community.

The Scottish Government reminded partnerships that Chief Officer Groups had a central role in the oversight of risk management in respect of public protection, suggesting increased frequency of meetings and supporting oversight by introducing a weekly data set.

- Responding to this crisis initially the CPP Board met weekly.
- Within the local authority there were daily meetings with senior officers to ensure oversight of our risk register.
- Senior officers from the Public Protection Committee met weekly. This multi-agency approach offered assurance and scrutiny within the high risk areas of work.
- Within the Health and social care partnership there were daily meetings and updates on care homes. The level of reporting remains high in this area of work due to the ongoing transmission of Covid-19.
- The Justice Team contributed local data into both Scottish Government and Social Work Scotland, Justice Standing Committee. This happened along with increased reporting related to external funding.

As we progressed through the pandemic meetings began to reflect the national picture and reduce to fortnightly then monthly to ensure there was an overview and awareness of any new trends or potential areas of concern that required action.

## **Duty of Candour Statement for 2021/22**

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

An important part of this duty is the requirement for organisations to provide an annual statement detailing how the duty of candour is implemented across services. This brief statement describes how Midlothian Council has operated the duty of candour during the period 1 April 2021 to 31 March 2022. During this period, there were no incidents where the duty of candour applied. (These are unintended or unexpected incidents that result in death or harm as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition).

# **Financial pressures**

Throughout 2021-22, the impact of the pandemic was most acute for those who had health and social care needs as services were disrupted.

Budgets continued to be stretched as we needed to both increase and backfill staff roles. Additional funding was made to local authorities to meet some COVID-19 pressures, however some of this was often restricted in nature and timescales often very tight for spending.

There continues to be significant financial pressures around the provision of care for adults with Learning Disabilities. There are two areas of pressure, the increasing number of young adults with complex needs and more people with a Learning Disability living longer. While there is some scope to provide services differently the increased number of people with complex care needs requiring individual or shared support 24/7 is the main source of pressure.

Within Children's services the financial impact on external agencies who offer short breaks for children with additional support needs has been significant, as children and young people we which in turn has resulted in us being unable to support several children locally due to the lack of resources. This has resulted in more expensive packages of support being required.

Justice continued to receive funding directly from the Scottish Government and received additional funding to support Bail Supervision, Diversion from Prosecution and Structured Deferred Sentence.

# Looking ahead

The last year has highlighted the need for sufficient provision and quality of social work and social care services. 2022/23 will be dominated by the ongoing financial and operational impact of the pandemic. In addition rising fuel and cost of living costs are a major concern which will impact significantly on many within our communities including our workforce.

We need to ensure we continue to work collaboratively within the council, IJB and with our 3<sup>rd</sup> sector colleagues to provide a holistic support service to those most at risk and in need.

There are also real concerns around the recruitment and retention of the workforce both in social work and social care which although a national issue impacts on our ability to provide high quality services.

The National Care Service has undertaken a consultation process resulting in the introduction of the National Care Service (Scotland) Bill in June 2022. Over the coming year there will be many discussions and debates around the NCS which shall require a significant amount of time and resources from officers wishing to influence and contribute to the design of a National Care Service.

# Quality & Performance

## Justice Social Work:



**276** **Christmas Hampers** were delivered by the Unpaid work team, on behalf of foodbanks, benefiting 459 adults and 551 children.



**55** clients gained **qualifications**.



**18** women were supported by the **Spring Service**.



**208** referrals were completed by the unpaid work team - including assisting vulnerable people with **house & garden clear ups**.

The Community Justice (Scotland) Act 2016 places a legal duty on a range of statutory partners to plan and decide how services should support prevention and reduce the number of people reoffending following a conviction.

This was a difficult year for the Justice Service with the ongoing pressures of the pandemic, and the death of a member of staff. The service continued the use of a locum worker and used COVID-19 recovery monies to recruit 3 new members of staff on fixed term contracts from September 2021 until the end of the financial year.

COVID-19 impacted staff development – with limited numbers of staff able to attend mandatory training and a reduction of staff in the team with the skills and knowledge to assess and manage individuals convicted of a sexual or domestic violence offences. This is an issue which continues to be discussed with Community Justice Scotland.

The community justice outcome and improvement plan contains 40 actions. To date the partnership have completed 34 of these actions.

- **Improving Links to Education**

The community justice team worked with Edinburgh College Media students to facilitate lectures on areas of justice including a survivor led justice system. Students produced films, animations and documentaries.

- **Restorative Justice**

Midlothian was selected as part of the Sheriffdom pilot area for generic Restorative Justice and we worked with a third sector organisation, Thriving Survivors, to develop a national hub for restorative justice in cases of sexual harm. This promoted a survivor led justice system and facilitated research in determining motivation and suitability of those who have caused harm within the restorative process. These findings (including the benefits Restorative Justice can have on recidivism) have been shared at national events including the National Organisation for the Treatment of Abuse conference.

Midlothian is the only Scottish council to take forward this innovative partnership work. Consultation, engagement, research, training and development all contributed to an effective, person centred and trauma informed pilot that is available for people who request it. As such, we have actively promoted and prioritised the voice of survivors to ensure they are facilitated in their journey to recovery.

- **Training & Awareness Raising**

We provided a range of training and input locally and nationally:

- The Scottish Voluntary Sector 'The gathering' event – Restorative Justice in cases of sexual harm
- StopItNow! conference – Technology assisted harmful sexual behaviour
- East and Mid Public Protection Office – Harmful sexual behaviour
- Community Justice Scotland network event – Autism & sexual offending
- Community Justice Scotland network event – Minor attracted people
- Edinburgh College – Community justice mini lecture series



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

The impact of COVID-19 presented challenges for staff assessing and managing people who pose a significant risk of harm to others. Individuals subject to MAPPA include people subject to Sex Offender Notification Requirements and people considered to pose an 'Other Risk of Serious Harm'. At 31<sup>st</sup> March 2022, 55 people were managed under MAPPA and of these the Justice Service were the Responsible Authority for 19 individuals; this meant that they were subject to supervision as part of a Community Payback Order, Throughcare Licence or Supervised Release Order.

The oversight and governance of the effectiveness of multi-agency working arrangements is reviewed on a quarterly basis through random selection of cases managed by Police and Justice Social Work. The findings of these audits continues to highlight positive examples of both good practice and information sharing as means to manage the risk to, and from, individuals.

- **Services to the Court**

In September 2021 a Structured Deferred Sentence (SDS) was made available as a sentencing option for people over 18 - primarily for people posing a low to moderate risk of re-offending. Since its introduction, up to the end of the financial year, six disposals were imposed. Services supporting the Justice Service in providing support and interventions include the Substance Use Service, Spring Service, Venture Trust and Change Grow Live.

We worked closely with colleagues in the Court, Bail and Diversion Team at Edinburgh Sheriff Court to review the delivery of supervised bail. Previously this was provided on our behalf by City of Edinburgh. To ensure that those living in Midlothian have access to local resources we brought this service in house from 1<sup>st</sup> April 2022 to ensure we meet the Scottish Government commitment of increasing the use of Supervised Bail and reducing the number of people placed on remand.

- **Unpaid Work**

The Unpaid Work Team were able to get group work back up and running as soon as lockdown restrictions eased in April 2021. Group sizes remained at a maximum of 3. Another full time supervisor was recruited to work through our backlog of hours and keep group sizes small. People fed back that anxiety was reduced when group sizes were small and this allowed for more meaningful relationships. Pre-COVID-19 we provided 42 supervised client spaces Monday to Friday and 20 spaces Saturday and Sunday. This reduced to 33 spaces Monday to Friday and 14 spaces Saturday and Sunday. To further address our backlog of hours we procured services from the Cyrenians Charity to supervise a further 12 Spaces per week with placements at the Community Garden at the Bonnyrigg Community Hospital.

- We ran an **8 week course in Newbattle Abbey**. We were successful in a funding bid in partnership with the DWP, Newbattle Abbey College and our Council's Communities and Lifelong Learning team. The course ran for 3 days per week for 6 clients between May through June 2021. Clients achieved the Forest and Outdoor Learning award, First Aid at Work, CPR and Defibrillator Award, Health and Safety in the workplace Award at Level 5 and The Adult Achievement Award.
- We completed **208 referrals from Health and Social care services**, assisting vulnerable users with general house and garden tasks. These helped frontline workers deliver care packages.
- We supported **Foodbanks** with projects such as the Gorebridge and Mayfield Christmas Hamper project. Clients helped put together and deliver 276 Christmas Hampers for 459 Adults and 551 Children.
- We re-engaged with **placement providers** including the Salvation Army, Barnardos and new placements with Nivensknowe Boarding Kennels & Cattery, Mayfield and Easthouses Development Trusts (MAEDT) Community Café, Food Pantry and Garden.
- We ran our **Waste Amnesty Project** in October 2021 targeting areas of unregulated fire incidents and completing 107 uplifts – removing and recycling 395 items.
- We continued to deliver Scottish Credit and Qualifications Framework (SCQF) awards for clients - including Level 4 in Health and Safety in the workplace and courses that would be of value to the client. **83 Accredited Awards were achieved by 55 clients**; 63 of the Certificates were delivered by the Unpaid Work Team In-House. We continue to work in partnership with Communities Life Long Learning (CLL) Team to ready clients for the CSCS Card.

- **Men's Group Work Service - Stride**

Stride supports men to desist from offending by using a psychoeducational group programme that focuses on strengths. The delivery is underpinned by the 'Decider Skills' framework that promotes resilience and clients gain new skills and share coping strategies. Stride started in September 2021 with the majority of referrals coming from justice social work. The group environment promotes equality and allows individuals to reflect on areas of their life including past or existing relationships. The skills and strategies that are central to the programme support participants to consider how their behaviour impacts others allowing the group dynamic to break down barriers of masculinity and challenges.

The Men's Group is facilitated by social workers from Justice and the Substance use Service and a recently appointed support worker and co-ordinator with lived experience. All men placed on a Community Payback Order will be considered for the Men's Service.

- **Women's Group Work Service – Spring Service**

Over the last reporting period both the Spring Team Leader and Spring Social Worker moved to secondments at The Willow Service in Edinburgh and The National Trauma Improvement Service. With this change in staffing we reviewed the pathway into service and the roles of the workers.

In November 2021 a full time social worker was introduced to supervise court orders. Research from the Female Offender Strategy recognised that 60% of female offenders have experienced domestic abuse and the complexity of female criminality is often embedded in family disputes, trauma and mental health. Providing continuity with the Spring social worker preparing the court report and then supervising the community based disposal is beneficial as it avoids women having to repeat information that is often traumatic. It is positive that both voluntary and statutory agencies refer into Spring. Work continues to engage teams who are located in the No 11 Health & Social Care Hub to help promote the multi-agency support that Spring offers.

# Children's Services



**167** children or young people are **looked after**



**9** young people secured **a permanent tenancy.**



Our Income Maximization Officer supported families apply for the equivalent of **£234,330** in unclaimed benefits.



**183** **young carers** were supported.

The strengthened partnership working within the Children, Young People and Partnership Directorate was key to us being able to offer the right support at the earliest opportunity to children, young people and their families.

Throughout 2021/22 children's services were impacted by the pandemic and experienced a higher than normal number of absences. Even so, we delivered services through creative and flexible solutions. For the most part, especially in our care homes, we relied heavily on the commitment and dedication of our staff to go above and beyond. Equally impressive was that the staff located in our children and families centre at Eskdail Court continued to provide a high level of support to children and families by adopting an office based rota so that staff were readily available and able to visit safely.

- **Referrals into Services**

Unsurprisingly, there was a **significant increase in referrals**. While some were linked to the growth in our population many were from people seeking financial support due to lost income and a rise in fuel and food costs. We used a variety of methods to manage these referrals as well as simplifying the process for providing support and assistance. We also employed an Income Maximization Officer who supported families apply for the equivalent of £234,330 in unclaimed benefits.

- **Child Protection**

Despite the rise in referrals into children's services we maintained a lower than Scottish average number of children on the child protection register and the number of children who are required to be 'looked after' away from their families remains low. This continues to indicate that our models of early intervention are working.

We were a key partner in the **National Child Protection Guidance** and are part of the national implementation group responsible for implementing the actions locally. We rolled out our Safe and Together programme to keep people, primarily women and children safe from domestic abuse. During the pandemic we offered 7 briefings on domestic abuse to over 100 staff and trained 7 staff in the Safe and Together model.

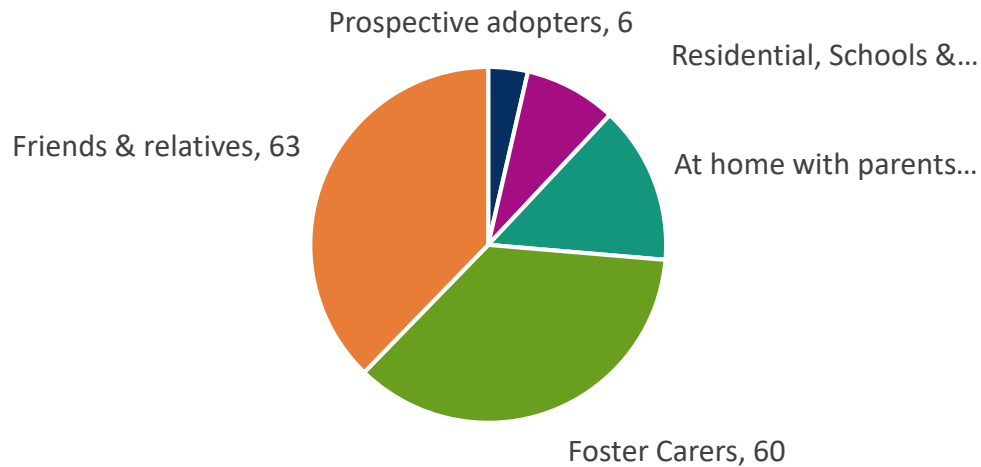
- **Youth Justice**

There were **202 referrals** to youth justice and out of these 54 were referred to children's services for an assessment of need and 7 were referred directly to Scottish Children's Reporter Administration with only one young person proceeding to a Children's Hearing. Our data shows that our repeat offenders has remarkably reduced which would suggest our multi agency diversion approach is working.

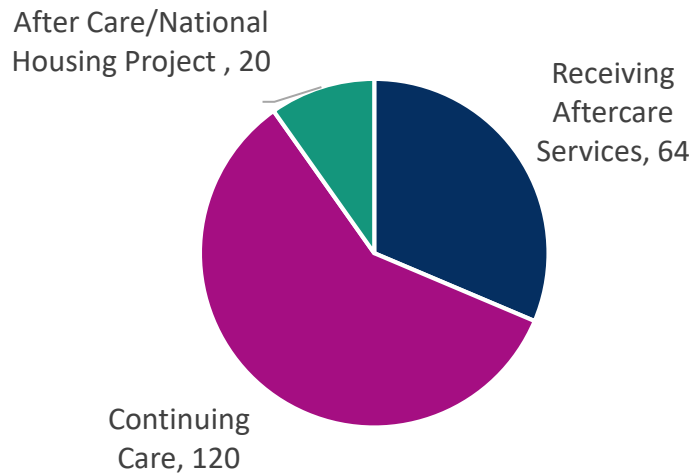
- **Midlothian's looked after children and young people**

As of 31<sup>st</sup> March 2022 there were **167 looked after children in Midlothian**. Our underpinning principle is that wherever it is safe to do so children and young people will live in a safe, stable and nurturing family environment. If it is not possible for a child to remain within their birth families we would always seek to place the child with their own kin before exploring any other alternative family arrangement.

**Place of residence for looked after children**



**Aftercare/Continuing Care**



- **The National Housing Project**

In the first year of the national housing project we successfully supported 9 care experienced young people move on from their care setting into their own permanent tenancy. As year two progresses we have identified a further 10 young people who we are currently working with, supporting them to secure their own tenancy with the ongoing support from the project team. The fact that all of the young people to date have sustained their tenancy with no significant issues is a great achievement and testament to the efforts of all of those involved. The project will come to an end in 2023 so we will explore how we can continue to offer the same level of support. The evidence is overwhelming that if young people are fully supported in a secure and stable tenancy their outcomes and future economic chances improve.

- **Family Group Decision Making/Kinship Carers**

This service has become a core part of children's services and **the service is growing** due to an external funding bid for additional staff. The work aligns with the Promise and supports a rights based approach. Given the success of the Family Groups Decision Making team we need to ensure that kinship carers have adequate support.

- **Family Placement Team**

The team **supported, recruited and trained a range of carers**. In keeping with the Promise and its 'language of care' the team are changing its name to Family Centred Care. This decision involved consultation with groups, children and young people. This service was successful in bidding for external funding to work with birth parents whose children have been permanently removed and a worker will be in place soon.

- **Local Children's Homes – Woodburn Court & Lady Brae**

The staff in our local care homes adjusted their working week to twelve hour shift patterns to make sure the children and young people were cared for during the pandemic. This was so successful staff have agreed to continue with this, knowing this is what the young people preferred. Over the last year staff have **provided care to a range of children, including children with complex needs, sibling groups and younger children**. Staff have also supported children to return home by providing a high level of outreach to those who were at risk of being accommodated away from home. Our local care homes are Woodburn Court (5 beds) and Lady Brae (4 + 1 emergency bed).

There continues to be a reduction in children and young people being placed externally. However data suggests that there is a national crisis in recruitment which is having a bearing on the ability of providers to provide care.

- **Hawthorn Family Learning Centre**

The centre provided a range of supports to the local community during the pandemic which led to an increase of referrals. The ability of the service to provide a range of supports which included **food hampers, meals, group work and drop in sessions** changed the community's perception of Hawthorn as much more than a

social work resource. Hawthorn now receives universal referrals and has increased their capacity to support children from birth until primary school.

- **Young Carers**

We worked alongside our Communities and Lifelong Learning colleagues to support **183 young carers**. Support is offered in various forms from 1:1 support, summer activities in which 43 young people accessed activities over a 6 week period, and many other different groups over the year including 25 applications to support children and young people to have a wee break from their caring role.

- **Looked After Children - Attainment Fund**

The support from the team is having a direct impact on the **attendance and attainment of children and young people**. Over the last 12 months 68% of children and young people had an improvement in their attendance and for 61% of those children and young people this increase was an improvement of 5% or more. However the impact of the pandemic cannot be ignored as many children were unable to have formal transitions to their high schools, this has resulted in high levels of anxiety and a reluctance to engage. The team have been signposting and supporting meetings with families and young people.

- **Foodbanks & Vouchers**

As part of the Child Poverty Strategy, our Early Intervention & Prevention Development Officers were involved in the co-ordination and supply of food to families by strengthening links with partners such as Churches, Dalkeith & Penicuik Storehouse and Penicuik North Kirk and the Trussell Trust. Throughout the pandemic we supported the co-ordination and the supply of food in school holidays as well as family food supplies throughout the year. In addition to food, many families received Christmas gifts via Mission Christmas as well as School Uniforms, camp funding and vouchers so that children and families could participate in a range of activities.

- **Mental Health Services**

The increase in requests for mental health support continued to be a challenge, not just within Midlothian but across the country. Additional funding from central government enabled us to work with our 3<sup>rd</sup> Sector colleagues to develop a range of less stigmatising services that children and families can access at an early stage.



# Health & Social Care Partnership



**1,492 carers** received an **adult** carer support plan



**100,586 care hours** were delivered by our internal care at home service.



**152 carers** accessed a **short break** through wee breaks service.



**Cowan Court & Newbyres Care Village** were rated as **'Good' (level 4)** for supporting people's wellbeing

The IJB has governance responsibility for the services that the Health and Social Care Partnership delivers and manages the allocation of the budget. It aims to ensure everyone has the right support, in the right place, at the right time to enable them to live longer and healthier lives.

- **COVID-19 Response**

The COVID-19 pandemic brought many challenges with increased anxiety and pressure on many service users, unpaid carers and staff. While the challenges changed over 2021, they continued into 2022. Our priority was the safety of clients, communities and staff. Staff continued to see people face-to-face where this was clinically essential, but to reduce face-to-face contact, where feasible, teams made a number of changes to how they delivered services.

- **Duty Social Work**

The Duty Social Work Team provided a first point of contact crisis service to adults who may be at risk of harm. The team responded to **274 requests for urgent assistance over the year**. They provided crisis interventions including Social Work assessments, support to access Self-Directed Support and signposting to resources and support, for example emergency food or financial assistance.

- **Care Homes for Older people**

- **Newbyres Care Village** is a local authority managed Care Home in Gorebridge, and provides long-term care for 61 individuals. During 2021-22 a significant focus was supporting COVID-19 recovery, including infection control and supporting families to visit safely. The most recent inspection was initiated in November 2021 with a follow-up inspection in April 2022. It was identified that progress had been made in every area, with a focus on ensuring robust governance and quality assurance for delivery of medication, processes and management of skin integrity, and ensuring individuals were supported to engage in meaningful activities. Upon completion of the follow-up inspection, the service was evaluated as Good (4) for supporting people's wellbeing.
- **Cowan Court Extra Care Housing** includes 32 extra care housing units for individuals and families in Penicuik. A respite flat was introduced in February 2022 to reduce carer stress. Feedback has been positive, with one client stating there were "all the comforts of home with extras to make it a first class care package. The staff are outstanding".

- **Drug Misuse deaths**

In 2021 the National Records of Scotland recorded 23 drug-related deaths in Midlothian - 16 males and 7 female. This represents an increase of 2 from 2020. The 2021 figures are the most current and were published in July 2022. The Midlothian IJB Strategic Plan 2022-25 sets out the strategic direction for Substance Use Services in Midlothian and places a strong emphasis on the need for prevention and early intervention, support and treatment for those in need and a robust and timely response for those in crisis and requiring emergency interventions. There are a range of services to assist those individuals who face issues related to their own or others substance use. It is worth noting that a number of drug related deaths involve people not involved in services so the assertive outreach model and drive to get people into engaging with services is key. Moreover, a significant number of these deaths are people who have used drugs for a number of years and have a range of complex health issues.

The local substance use team has robust links with the fortnightly Lothian wide drug related death meeting where trends, data, and up to date intelligence around street drugs are discussed. Standard harm reduction and Take-Home Naloxone training are part of one to one work in the service. Pathways are established to support people being released from prison and a new initiative to provide medication assisted treatment to people in police custody is in development.

- **Care at Home**

Care at Home services were delivered by our internal Care at Home service and in collaboration with three external providers. External Care at Home provision was recommissioned in September 2021. Both internal and external providers worked collaboratively to ensure good communication and continuity of Care at Home services in Midlothian.

In 2021 the internal Care at Home service delivered **100,586 care hours**. An inspection was carried out in March with the service with a focus on what progress had been made for the areas of improvement previously identified. The service was evaluated as Good (4) for supporting people's wellbeing and leadership.

- **Older People**

The Older People's Social Work team provided a range of support to individuals over 65 within the community. The team worked with services, including the Older People's Occupational Therapy team, the Care Home Support Team, Vocal, and care providers. The team is responsible for undertaking statutory responsibilities under the Adults with Incapacity Act, Community Care and Health (Scotland) Act, Adult Support and Protection, and Self-Directed Support, as well as providing support for Large Scale Investigation work.

- **Support to Unpaid Carers**

During the pandemic, many people became carers for the first time or may have found their caring role was significantly changed. COVID-19 affected the way service offers and support could be delivered, and peoples care needs changed. Not all service offers and supports were available or able to work at full capacity due to restrictions and people had to take on tasks which the Care at Home services were unable to provide. Restrictions in the availability of some support services accessed by carers, e.g. residential respite for older people, led to alternative solutions being piloted. Additionally, more people recognised they carried out a caring role and the demand for support, information and advice for unpaid carers increased.

Recommissioning of carer support services in 2021 increased funding and enabled newly commissioned work to be underpinned by the duties, responsibilities and principles of the Carers (Scotland) Act 2016 implemented in 2018. We awarded new and increased contracts to local organisations to support carers. The British Red Cross, Dalkeith Citizens Advice Bureau and VOCAL increased capacity to support carers with financial advice and grants as well as improving earlier identification of those in a caring role. 7% more carers were supported by VOCAL with 1,492 people completing Adult Carer Support Plans, 152 people accessing a short break through wee breaks, and 500 people going on a day-attraction break.

- **Services to People under 18 Years**

Health visiting recruitment continued on a rolling basis with two intakes per annum for training. The birth rate across Scotland and across Lothian as a whole is dropping, however the population of Midlothian is growing and is increasing faster than any other area in Scotland. While we are almost at full establishment for Health visitors, we anticipate this growth to impact caseload numbers in the coming years. Health Visitors continue to be supported by Nursery Nurses and admin in the delivery of the Universal Pathway. The service has seen two staff retire and return, maternity leave and sickness absence continue to impact staffing levels.

Work continues to achieve full implementation of the Universal Pathway; with the support of Strategic Programme Managers, Modernisers and Data Analysts there will be a greater focus on the data produced by the Health Visitor workforce and analysis on how we use this to improve outcomes for children and families. We are focusing on and improving collaboration between Health and Education post pandemic.

- **Mental Health Services**

Across Scotland there is a shortage of Mental Health Officers (MHO) and additional funding has been offered to train more officers. Within Midlothian there are 3 full time MHO's and 1 team leader all of whom participate on the MHO duty rota as well as dealing with reports under the adults with incapacity act. Over the past year we have trained 2 new MHO's who will start in September. 2 more workers will start their training in December 2022.

During 2021-22, **256 statutory Mental Health** episodes were recorded. This is a 20% increase the previous year. This includes completing Compulsory Treatment Orders applications, reviews and short term detention orders. The service also provided input to Park Cottage, our residential rehabilitation resource and worked with housing and other agencies to ensure that people were discharged from hospital as quickly and safely as possible.

There were **55 completed guardianship applications**, an increase of 30% on last year. The MHO's complete guardianship reports for both local authority and private guardianship applications. They work with social workers from other teams and staff from other agencies to provide support and guidance in terms of the process and timescales. Requests for MHO reports were prioritised in accordance with the level of risk and other factors such as preventing or minimising a delayed discharge.

- **Learning Disability**

Teams worked to re-establish day services at pre-COVID-19 capacities. A key element of this was embedding positive aspects of service redesign that were identified during COVID-19 and ensuring services are more tailored and person centred. Closer and more integrated working with health services provided a more holistic approach to supporting people. Nurses with specialist skills in positive behavioural support worked closely with social work teams and care providers to increase early intervention and support when individuals display challenging behaviour. This resulted in a reduction in the number of care placements at risk of breakdown.

- **Physical Disabilities**

Development of more integrated health and social care service provision for people with Physical Disabilities and long term conditions was impacted by COVID-19. A dedicated social care team was established to support this client group. This is showing benefits in terms of staff being able to develop more in depth knowledge and skills and is enabling more integrated models of care to be developed.

# Learning & Development



**8** **Social Work student placements,**  
from the OU, Stirling, Edinburgh and Napier.



**1** **new Staff Health and Wellbeing lead**  
started to support staff in Health and Social Care.



**2** social workers completed **Practice  
Educators**

Developing the workforce is a priority for both Children's services and Health & Social Care. In the previous year due to the constrictions due to COVID-19 and face to face training the Practice Learning and Development team delivered training/assessment in alternative ways.

- **We invested in a number of new staff:**

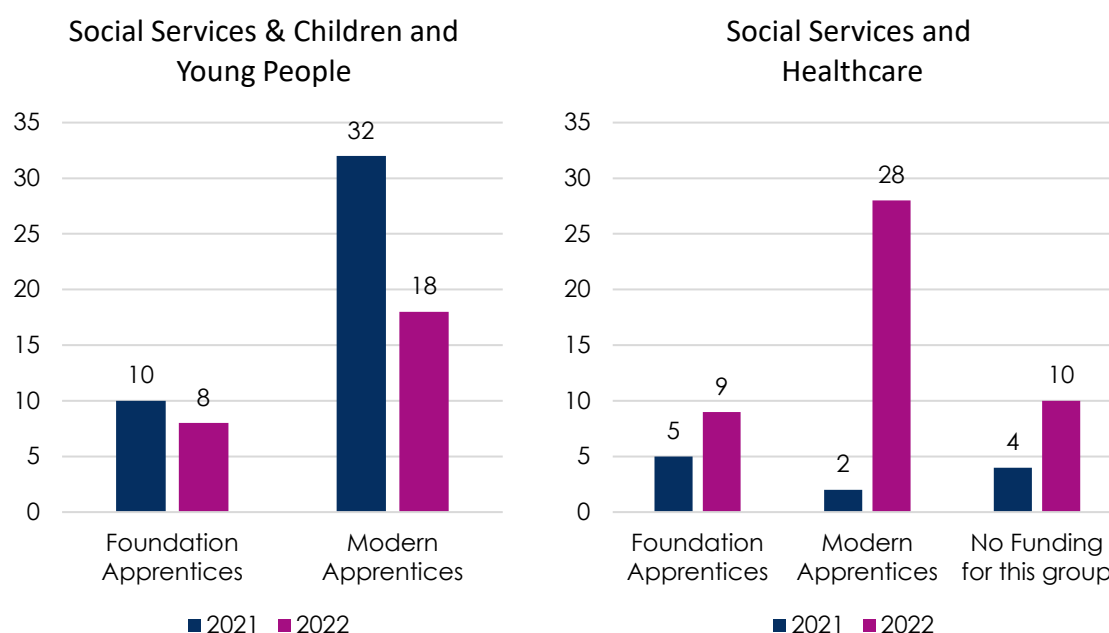
- **Staff wellbeing lead** to improve health and wellbeing for staff in health and social care through resources and supports such as free leisure access passes, staff focus support groups, one to one sessions and developing Rest, Refresh and Refuel hubs for community workers.
- **Additional 1.5 FTE SVQ assessors** to support the increased demand on SVQ programmes. The increase came from an uptake of the Foundation and Modern apprenticeship programmes which have been popular with "Social services and young people" and "Social services and healthcare" programmes. Due to an increase in staff turnover within front line social care staff roles who require to undertake an SVQ to become registered in their role with the SSSC, additional SVQ level 2 and 3 programmes were required.
- **A full time learning and development assistant** to develop LearnPro (the learning platform) to provide performance reports for managers on the qualifications and training for their teams as well as keeping an overview of training to assist with forecasting and planning future training and learning and development.

- **Social Work student placements**

- 8 student placements, from the OU, Stirling, Edinburgh and Napier.
- 2 sponsored students completed their SW training.
- 19 NQSWs. The team supported the NQSWs with face to face sessions which proved to be the most popular and effective forum. The team worked with Borders and East Lothian to offer a bi-monthly joint session.
- 6 members of staff completed the Link Work course
- 2 members of staff completed the Stirling PE course.
- 2 members of staff completed the Leadership & Management course at Stirling and 3 completed the Child Welfare and Protection course.
- 2 members of staff completed their Mental Health Officer training.

- **SVQ programme**

Despite COVID-19 many SVQ programmes continued and moved to on line learning. Although the number dropped in 2021 we are seeing an increase take up for 2022 completion across the Foundation and Modern apprenticeship programmes. There are a range of SVQ programme across level 2, 3 and 4 in both adult and children's services along with some teams in Education with learning assistant posts. Community Justice in partnership with the SVQ team have developed a programme for unpaid work individuals to support them to gain a qualification.



There has been a real commitment and enthusiasm from social work and social care staff, especially Children’s services staff to undertake further training related to their post, both at undergraduate and post graduate level. The Learning and Development team will continue to offer support/guidance and feedback to team leads and individual staff members to offer a range of options and learning programmes to enable individuals and teams to gain knowledge, experience and competence to deliver high quality services to citizens in Midlothian.



# Public Protection

The East Lothian and Midlothian Public Protection Committee (EMPPC) is the local strategic partnership responsible for the overview of policy and practice in relation to Adult Protection, Child Protection, Offender Management and Violence Against Women and Girls. The primary aim of the Committee is to provide leadership and strategic oversight of Public Protection activity and performance.

Over the past year due to the impact of COVID-19, we established a senior managers' partnership meeting on a weekly, then fortnightly basis. This provided the opportunity for information sharing about the impact of the COVID-19 pandemic restrictions on service delivery, staffing and the work of the East and Midlothian Public Protection Office (EMPPO) in its support of the work of the EMPPC. This arrangement enabled us to have a dynamic and early response to emerging issues and risks.

- **Child Protection**

The Scottish Government Child Protection Annual Return Data highlighted that the rate of Inter-agency referral discussion in Midlothian is the third highest at 22.9 per 1,000 children, which is above the national average of 12.8. Assumptions cannot be made that is problematic, however, as we consider that our processes are aligned with the National Guidance for Child Protection. Within Midlothian, we operate an IRD Oversight Group, consisting of the core agencies who undertake these discussions (Police, NHS and Social Work) and chaired by the Child Protection Lead Officer.

The number of Child Protection registrations have remained fairly consistent within Midlothian over the past year

- **Audit Activity**

The EMPPC undertook an audit on the relationship between Marac and IRD (Interagency Referral Discussion) focusing on children's services records across East Lothian and Midlothian. A Multi-Agency Risk Assessment Conference (Marac) is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. The audit outlined that the majority of cases did not trigger an IRD. Whilst this was appropriate for some in light of measures already in place to address the risks, for some there was evidence to suggest an IRD should have taken place of at least, should have been considered. Discussion of the findings at the Performance and Quality Improvement Sub-groups prompted a change to the Operating Marac Protocol where by all referrals to Marac are now sent to Children and Families for screening and active consideration of the need for an IRD to allow more robust information gathering, assessment and transparent recording of the decision making process.

- **Improvement Activity**

The EMPPC worked on the Cumulative Neglect agenda and established a multi-agency short life working group.

- **Adult Support and Protection (ASP)**

The data reported here is a combination of the annual reporting to the Scottish Government and EMPPC's local performance indicators.

There were 674 referrals categorised as Adult Protection in the year, an increase of 48.8% (221) from the previous year.

The Adult Support and Protection (Scotland) Act 2007 requires Councils to make inquiries into an adult's wellbeing and financial affairs if it believes the adult might be an adult at risk and they might require measures of protection. The Act requires other agencies to assist the Council with such inquiries. A specially trained social worker called a Council Officer undertakes the Duty to Inquire (DTI). In line with an increase in referrals, there was a corresponding increase of 65.8% (129) in the number of DTIs completed. As part of an inquiry, the Council Officer may decide, on a single or multi-agency basis, that further investigation is required. The purpose of an Investigation by the Council is to establish if the adult at risk is suffering harm and to establish what measures can be provided to protect the adult from further harm. The number of Investigations increased by 50, an increase of 89.3%. 48.2% of referrals badged as ASP converted to a DTI, a year on year percentage increase since 2017/18. 32.6% of DTIs led on to an ASP Investigation, a year on year increase since 2018/19.

Of the 674 referrals received under ASP, the most frequent referral source was NHS, who made 21.4% of all referrals under ASP. Other organisations made 19.0% of referrals and Police 18.4%. This was a shift from the previous three years, where the most common referrer was Police.

In Midlothian, Council Officers completed 97.2% of Duty to Inquire within our standard of within seven calendar days. This standard is achieved through a well-embedded culture of prioritisation of this aspect of ASP work, and the majority of the DTIs being completed by the dedicated ASP team. This was an improved performance from 2020/21 (89.8%), in spite of an increase of 129 DTIs undertaken in the year, with no additional resources.

An Inter-agency Referral Discussion (IRD) may be initiated by any of the statutory agencies in line with the local Adult Support and Protection Procedures. They are a vital stage in the process of joint information sharing, assessment and decision making about adults at risk of harm. In the year, there were 73 Inter-agency Referral Discussions (IRDs) for Adult Protection. We have seen an increase in IRDs for the past three years, with a 65.9% (44) increase from 2020-21. Some of the increase can be explained by way of Large Scale Investigations in care homes, and concerned relatives/neighbours becoming more aware of adults at risk as lockdown restrictions eased. Within Midlothian, we operate an IRD Oversight Group, consisting of the core agencies who undertake IRDs (Police, NHS and Social Work) and chaired by the Adult

Protection Lead Officer. The Group meets every four weeks to review all IRDs that have taken place during the period, or remain open, authorise closure of the IRD and undertake quality assurance activity.

- **ASP Case Conferences**

There were 31 ASP Case Conferences in the year, of which 22 were Initial Case Conferences and 9 were Review Case Conferences. 87% of Initial Case Conferences took place within the timescale standard; where the Case Conference did not take place within the standard, the reason was to ensure attendance from professionals, and there was no identified detriment to the adult by delaying the date of the meeting. There is a timescale standard for completion of the Council Officer report, within three days of the Initial Case Conference. In all but one case, the standard was met in the year, and in all cases, a single agency chronology was available for the Initial Case Conference. In all cases where there was a first Review Case Conference (nine cases) a comprehensive multi-agency risk assessment was completed within 28 calendar days of the Initial Case Conference.

Adult Support and Protection Case Conferences continued to adopt a hybrid approach of Virtual Meetings, with the adult supported to attend, and where not in attendance, advocacy was offered. Health and Police personnel attended where invited.

# Conclusion

This reporting year has continued to be a challenge for social work and social care staff with COVID-19 remaining the focus of much of our work. The competing demands of having to manage, for some on a daily basis, the impact of COVID-19 and the impact this has on our workforce remain very much a live issue. Whilst the vaccination programme has been a success and invaluable in protecting us by reducing the numbers of people being admitted to hospital, we continue to face many challenges as we enter another winter. This coupled with the very busy landscape in social work services around new national policies and the National Care Service Consultation, which has just arrived in our inboxes means that the year ahead will require significant input from us as leaders.

The NCS and the proposed reforms around social care and social work represent one of the most significant pieces of public service reform to be proposed. The proposed inclusion of children's service and justice were not foreseen at the beginning of these discussions, and I hope when writing the next CSWO report in 2022 we have had the opportunity and time to fully consult and appreciate both the positives and the risks such proposals may bring. Finally, my thanks once again to all staff during what has and continues to be a very challenging time.

## **APPENDIX 1**

### **The Midlothian Community Justice Outcome Improvement Plan 2020-2023**

[Community Justice improvement plan | Community Justice 2020-23 Delivery framework \(midlothian.gov.uk\)](#)

## **APPENDIX 2**

### **Report of a joint inspection of service for children and young people in need of care and protection in Midlothian - August 2020**

<https://www.careinspectorate.com/images/documents/5788/Joint%20insp%20children%20&%20young%20people%20services%20Midlothian%20August%202020.pdf>

## **APPENDIX 3**

### **Integrated Children's Services Plan- September 2020**

[https://www.midlothian.gov.uk/downloads/file/4492/final\\_childrens\\_services\\_plan\\_2020-2023](https://www.midlothian.gov.uk/downloads/file/4492/final_childrens_services_plan_2020-2023)

## **APPENDIX 4 (see attached)**

### **East and Midlothian Public Protection Annual Report 2020**



## **East Lothian and Midlothian Public Protection Committee Annual Report (April 2021 – March 2022)**

### **Introduction by the Chair**

I am pleased to present the East Lothian and Midlothian Public Protection Committee's (EMPPC) eighth annual report, which seeks to outline key achievements and areas for improvement in the year ahead. Established in 2014 the EMPPC operates within the context of Public Protection national policy and legislation.

The past year continued to pose significant operational pressures across services, as a result of the ongoing impact of COVID on staffing levels, and the resource requirements for developing approaches to respond to the Ukrainian Crisis. This was alongside increased activity in relation to Violence against Women and Girls and increased referrals for adults at risk of harm. Notwithstanding this, operational and strategic staff worked hard to ensure that the highest risk aspects of our public protection responsibilities were prioritised and there was a continued commitment to partnership working to ensure the safety of children and adults at risk of harm and abuse.

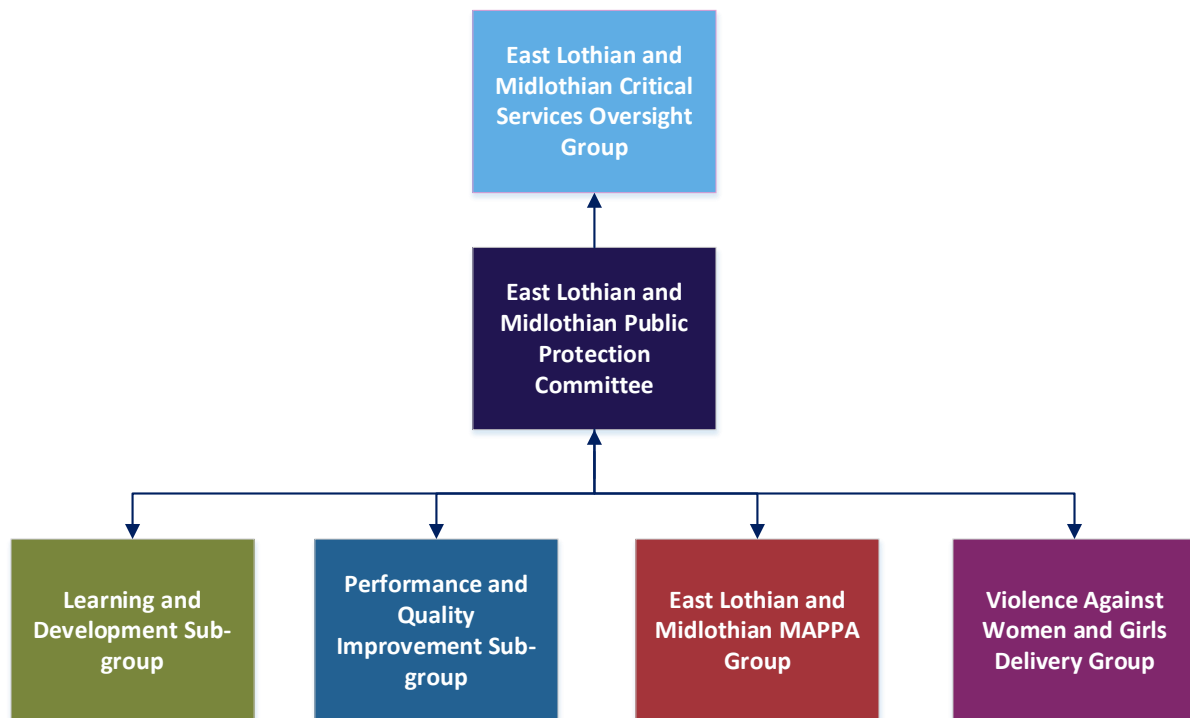
Despite the operational pressures, children and adults at risk of harm and abuse continued to have their needs assessed and supported on a face-to-face basis.

As a Public Protection Committee, we continued to meet on a virtual basis for all the quarterly meetings of our Committee and its associated Sub-groups.

I would like to thank partners for their support, resources, and continued commitment to the EMPPC and associated subgroups in working together to improve public protection services.

Anne Neilson,  
Chair, East Lothian and Midlothian Public Protection Committee

## Strategic Structure for Public Protection in East Lothian and Midlothian



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

The **East Lothian and Midlothian Public Protection Committee (EMPPC)** is the local strategic partnership responsible for the overview of policy and practice in relation to ASP, Child Protection, MAPPA and Violence Against Women and Girls. The primary aim of the Committee is to provide leadership and strategic oversight of Public Protection activity and performance across East Lothian and Midlothian. It discharges its functions through four sub-groups. The Chair is Anne Neilson, Director of Public Protection, NHS Lothian.

The **Learning and Practice Development Sub-group (L&PD)** oversees the development and delivery of the Learning and Development strategy, and our multi-agency training programme. Our Chair for the year was Trish Carlyle, Group Service Manager, East Lothian Health and Social Care Partnership.

The **East Lothian and Midlothian MAPPA Group (EMMG)** ensures that the statutory responsibilities placed on local partner agencies for the assessment and

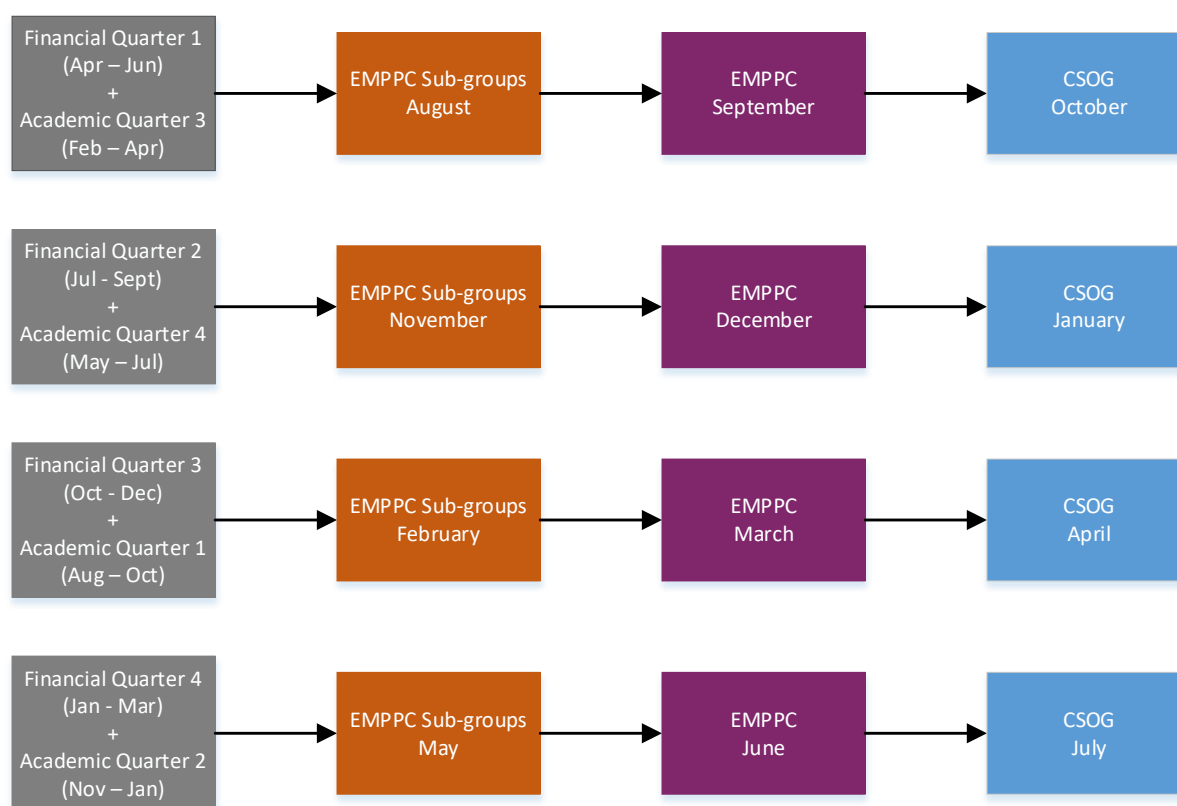
management of risk posed by offenders subject to MAPPA are discharged effectively. The Chair is Judith Tait, Chief Social Work Officer/ Chief Operating Officer, Children's Services, East Lothian Council.

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

The **Violence Against Women and Girls Delivery Group (VAWG)** works to support the delivery of Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls in line with the local context and priorities. The Chair is Keith Mackay, Detective Chief Inspector, J Division, Police Scotland.

## Reporting Cycle of EMPPC

Our Committee runs based on quarterly cycles, as shown in the attached diagram, and the reporting therefore covers the quarters detailed below.



The reporting of data and performance follows the academic quarters for Child Protection. We introduced the use of the national dataset of performance indicators (supported by



CELCIS) in Academic Quarter 2, 2020 – 21. At the time we recognised a potential challenge in considering a mix between financial and academic quarterly reporting, noting that the timeframe between the Academic-end quarter and reporting to EMPPC is almost five months. We introduced a Child Protection Minimum Dataset Sub-group to support more detailed consideration and early scrutiny of the data. This meets prior to the Performance and Quality Improvement (P&QI) Sub-group and worked well during the year.

The reporting of all our other data (ASP, Violence Against Women and Girls, Drug and Alcohol, MAPPA and Learning and Development) follows financial quarters. In the year, we introduced a new reporting format, laying out our data in graphs and charts for easier reading. For ASP data, we introduced a pre-meeting to support the development of the reporting to our P&QI Sub-group, and are taking forward a similar pre-meeting for VAWG data reporting. All our data reports are reviewed and considered by our P&QI Sub-group, and thereafter to EMPPC. Our EMPPC members have welcomed the new format.

## **East Lothian and Midlothian Public Protection Office**

The East Lothian and Midlothian Public Protection Office (EMPPPO) supports the delivery of the operational and strategic objectives and priorities of the EMPPC and its Sub-groups. The EMPPPO is jointly funded by East Lothian and Midlothian Councils, Police Scotland and NHS (Health and Social Care Partnerships in East Lothian and Midlothian). Its operational base is the Brunton Hall, Musselburgh.

Staff include Senior Business Support Administrator, Business Support Assistant (0.5), Lead Officer for ASP, Lead Officer for Child Protection, Violence Against Women and Girls Co-ordinator, Marac Co-ordinator and Public Protection Manager. The staff within the office are responsible for:

- Working with multi agency partners to promote effective inter-agency policy and practice, by providing consultation, advice and guidance;
- Supporting the implementation of national policies, and developing local procedures and guidance;
- Maintaining an independent overview of inter-agency activity in ASP, Child Protection and Violence Against Women and Girls;
- The co-ordination, delivery and evaluation of multi-agency training, learning and development in the different areas of Public Protection;
- Supporting the collation and review of data and performance information and contributing to the identification and development of improvement actions;
- Co-ordinating the scheduling of meetings of the EMPPC and associated groups, and providing secretariat services to support their smooth functioning;
- Developing and delivering key communications and messages about Public Protection;
- Supporting and co-ordinating the process of carrying out learning reviews and ensuring learning is embedded into practice and policy;

- The operational delivery of the Domestic Abuse Service through the co-location of Domestic Abuse Staff employed by Women's Aid; and
- The operational delivery of Marac.

The EMPPO saw some staffing changes over the reporting period, with a new Lead Officer for ASP joining in March 2021, and a new Lead Officer for Child Protection joining in June 2021 (after a six month vacancy in the post). The Marac Co-ordinator took a period of absence from the post in September 2021, which was filled on a temporary basis the following month. The Domestic Abuse Service staffing complement was increased to three posts with the provision of the new Scottish Government Delivering Equally Safe Funding from October 2021, but we were unable to recruit to this and the other two posts when they became vacant in the latter part of the year. Discussions commenced in the reporting period about the options for a different delivery model for the Domestic Abuse Service, which continued into the year commencing April 2022.

## Adult Support and Protection (ASP)

### Data and performance information

The data reported here is a combination of the annual reporting to the Scottish Government and EMPPC's local performance indicators.

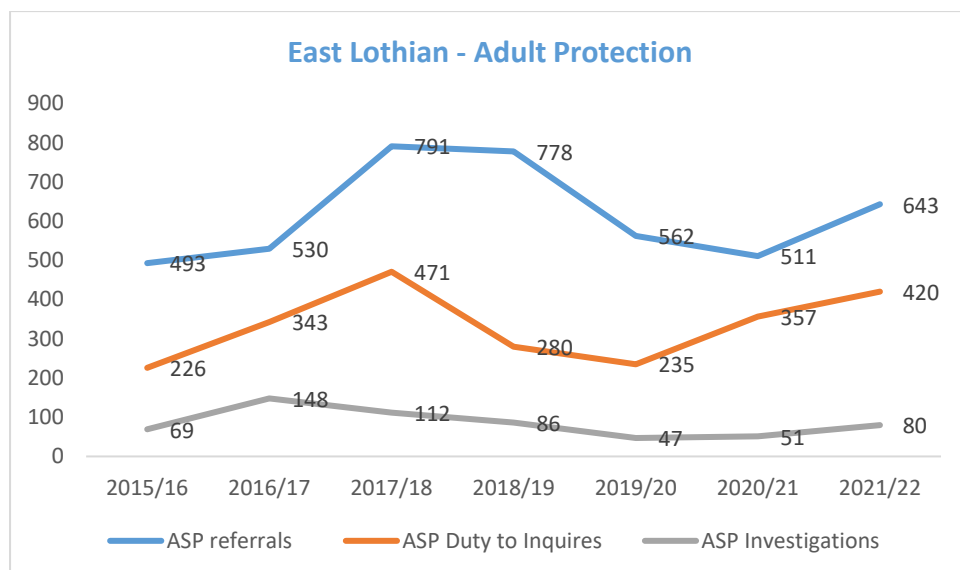
The Adult Support and Protection (Scotland) Act 2007 requires the Council to make inquiries into an adult's wellbeing and financial affairs if it believes the adult might be an adult at risk and they might require measures of protection. The Act requires other agencies to assist the Council with such inquiries. In both areas, a specially trained social worker called a Council Officer participates in a duty rota to undertake referral screening and the Duty to Inquire (DTI). As part of an inquiry, the Council Officer may decide that further investigation is required on a single or multi-agency basis. The purpose of an Investigation by the Council is to establish if the adult at risk is suffering harm and to establish what supports and measures can be used to protect the adult from further harm.

An Inter-agency Referral Discussion (IRD) may be initiated by any of the statutory agencies in line with the local Adult Support and Protection Procedures. This is a vital stage in the process of joint information sharing, assessment and decision making about adults at risk of harm. The core agencies involved in IRD are Social Work, Police and Health. In each area, we operate an IRD Oversight Group, consisting of the core agencies who undertake IRDs (Police, NHS and Social Work) and chaired by the ASP Lead Officer. The Group meets every four weeks to review all IRDs that have taken place during the period, or remain open, authorise closure of the IRD and undertake quality assurance activity.

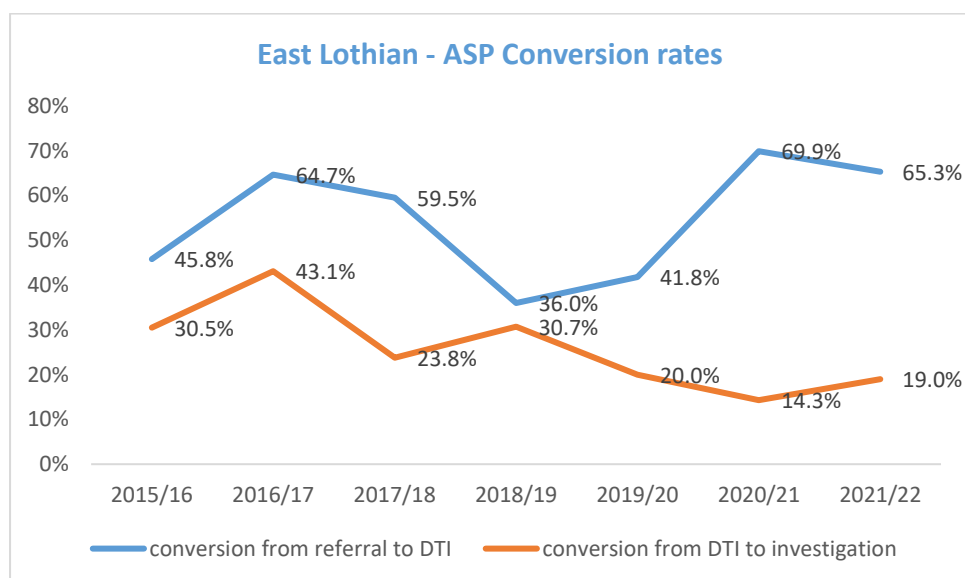
Over the coming year, we will engage in the work that is being undertaken by IRISS and the Scottish Government to develop a national dataset of performance information. We already have a well-established structure through our P&QI Sub-group to support taking this work forward.

## East Lothian ASP Data and Performance Information

### Number of ASP Referrals, Duty to Inquires and ASP Investigations



There were 643 referrals categorised as ASP in the year, an increase of 25.8% (132) from the previous year. In the year, there was an increase of 17.6% (63) of the number of DTIs completed. The number of ASP Investigations increased by 29, which was an increase of 56.9%.



65.3% of referrals badged as ASP converted to a DTI, a slight decrease from the previous year, when 69.9% of referrals converted to a DTI. In the year, 19% of DTIs led on to an ASP Investigation, a slight increase from 14.3% the previous year.

### Referral source

Of the 643 referrals received under ASP, the three most frequent sources were Police (24.9%, 160), other organisations (16.5%, 106) and NHS (14.0%, 90). Police have been the most frequent referrer for the past four consecutive years. Other organisations (e.g. third

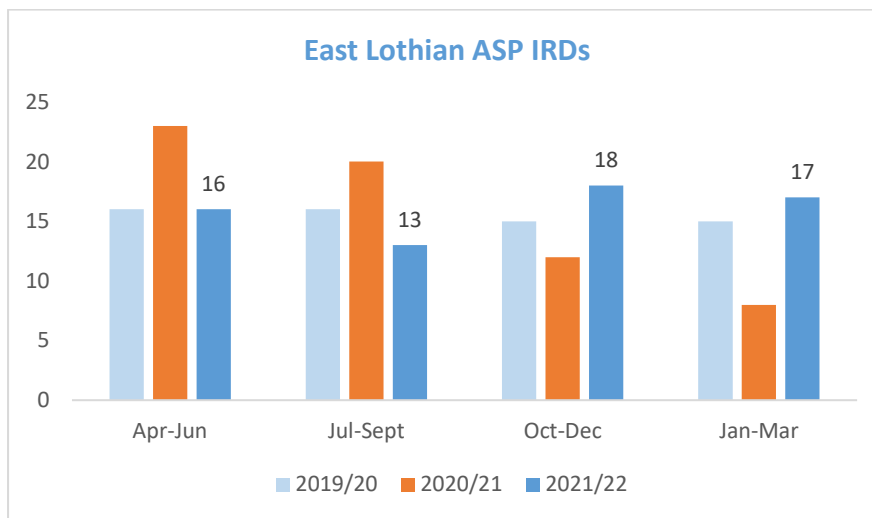
sector care at home providers) remained as one of the top three referrers of ASP to the Council with an increase in the proportion of their referrals from the previous year. This appears to reflect the increase in face-to-face contact with adults when lockdown restrictions eased.

Source of referrals East Lothian	Number of referrals
Police	160
Other organisation	106
NHS	90
Others	79
Social Work	60
Family	29
Scottish Fire & Rescue Service	27
Scottish Ambulance Service	25
Council	25
Friend/Neighbour	16
GPs	10
Care Inspectorate	8
Anonymous	5
Office of Public Guardian	<5
Self (Adult at risk of harm)	<5
Other member of public	<5
<b>Total</b>	<b>643</b>

### Duty to Inquire

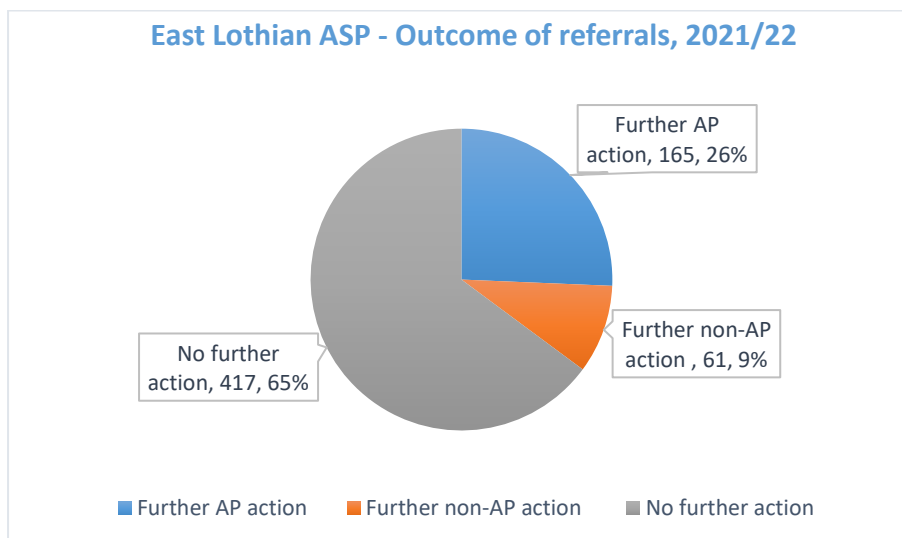
In the year, there was an increase of 17.6% (63) of the number of DTIs completed. In East Lothian, Council Officers completed 81.0% of Duty to Inquires within our local standard of seven calendar days. The two main reasons identified for the standard not being achieved were absence of the Council Officer who commenced the DTI (leave and sickness absence) and awaiting information from other professionals (most commonly health professionals). Whilst this was a similar percentage to the previous year (81.8%), there was an increase of 63 DTIs undertaken in the year, with no additional staffing resources to meet the increased demand around ASP work in East Lothian in the year. During the latter part of 2021/22, there has been a strengthening of the oversight arrangements for ASP work, and we should anticipate increased performance in the coming year.

## Inter-agency Referral Discussions



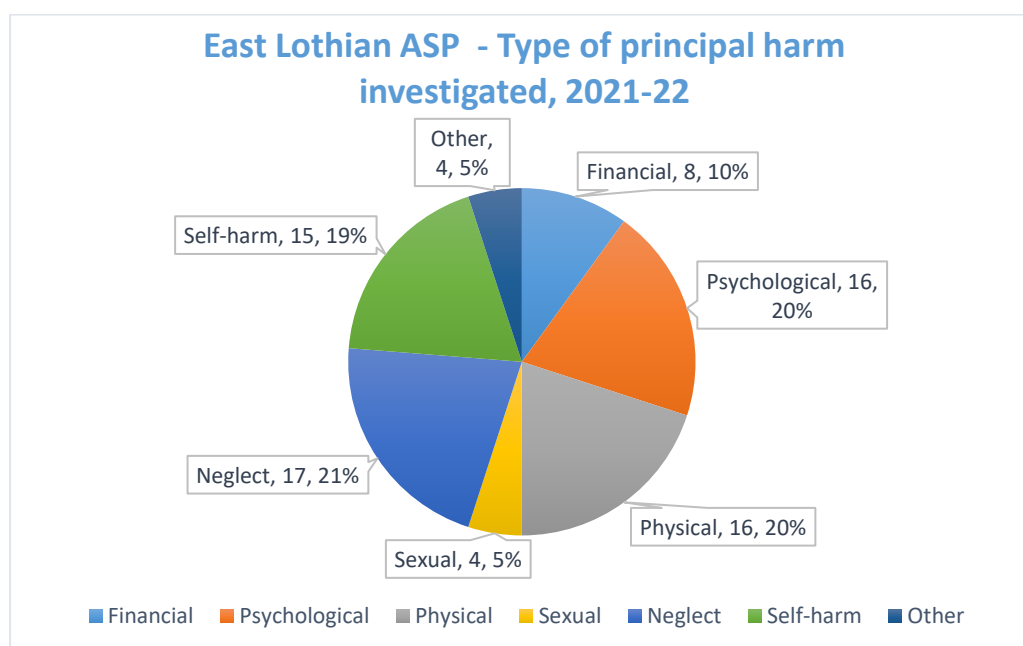
In the year, there were 64 Inter-agency Referral Discussions (IRDs) for ASP, with an even spread over the four quarters. We have not seen an increase in IRDs correlating to the increase in referrals, DTIs and Investigations, and have seen little change over the three years in the number of IRDs undertaken.

## Outcome of ASP referrals

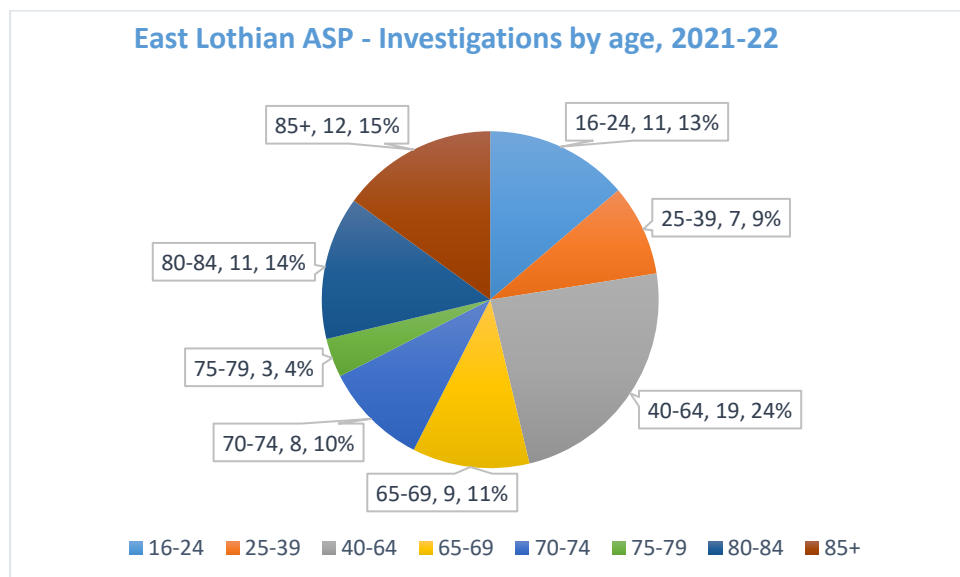


35% of ASP referrals made in the year had some form of further action. This was only a slight decrease from 38% the previous year.

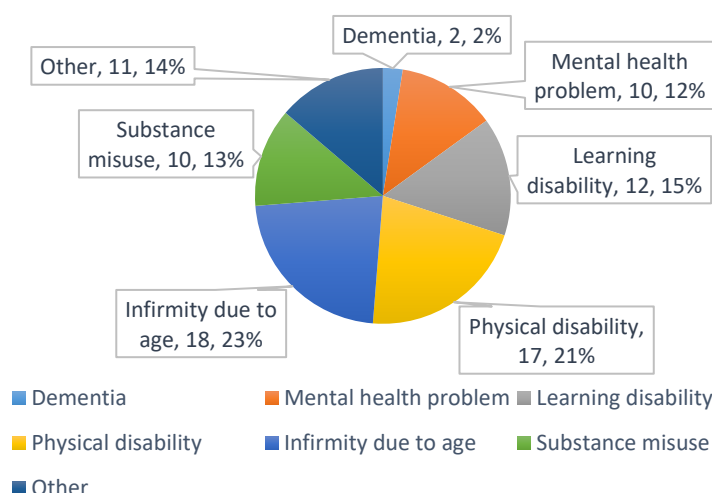
## Profile of Investigations



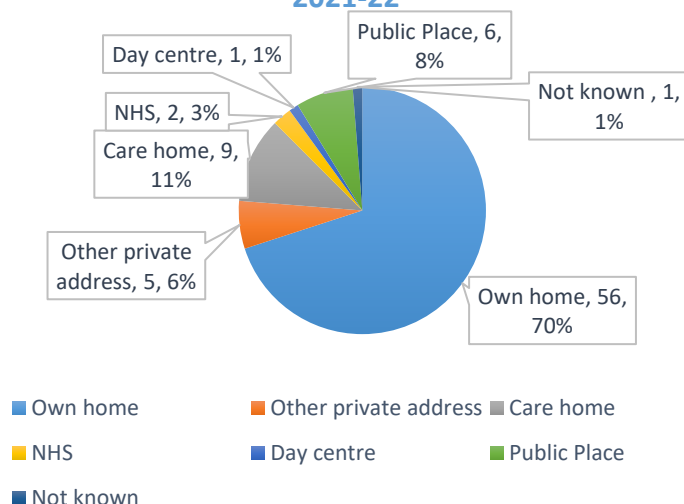
There are seven major categories of harm reported annually under ASP. In East Lothian, the most common type of harm investigated under ASP in 2021-22 was neglect (including self-neglect), followed by psychological and physical harm. This was a shift from the previous year, where the most common type of harm investigated was financial harm. Financial harm has been the most common type of harm investigated in four of the last six years. This was the theme for our successful Adult Support and Protection Learning Event for ASP Day in February 2022.



### East Lothian ASP - Investigations by client group, 2021-22



### East Lothian ASP - Investigations by location of harm, 2021-22



The location of harm experienced by the adult was the adult's own home for 70% (56) of ASP Investigations. There was no shift in gender balance from the previous year, with females accounting for 61% (49) of all ASP Investigations and 35% (28) being male (three cases where the gender was recorded as not known, which is likely to be explained as a recording error). 29% of ASP Investigations were for adults over the age of 80, with a pattern of Investigations in this age group more likely to be for females.

There is a notable under-recording (by 51%) of the ethnic group of adults who are the subject of an ASP Investigation. This is a similar percentage to the previous year and is a recording issue to be addressed in the coming year.

### ASP Case Conferences

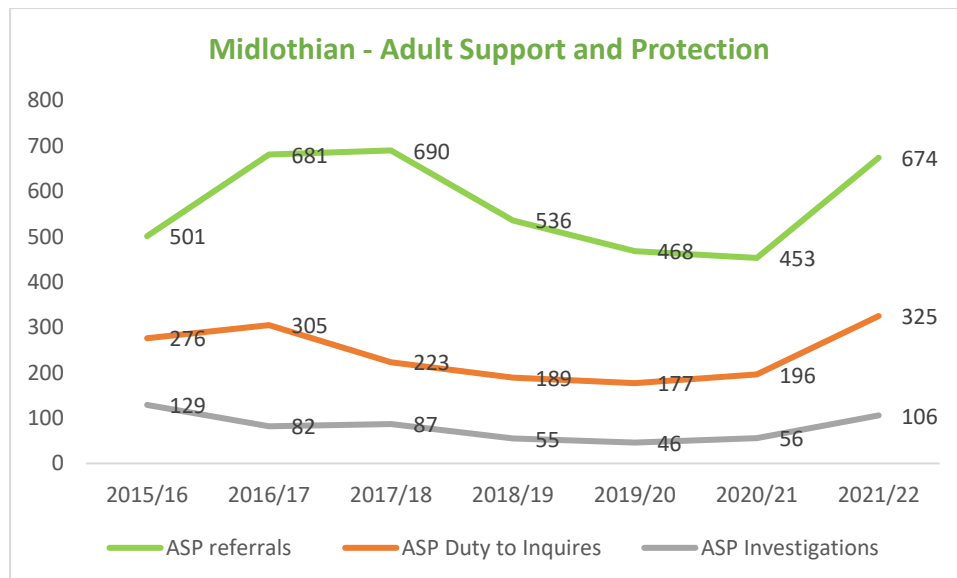
In East Lothian, there were 51 ASP Case Conferences in the year, of which 26 were Initial Case Conferences and 25 Review Case Conferences. The standard is to hold these within 21 days from the date of the IRD to the Initial Case Conference, and within three months for



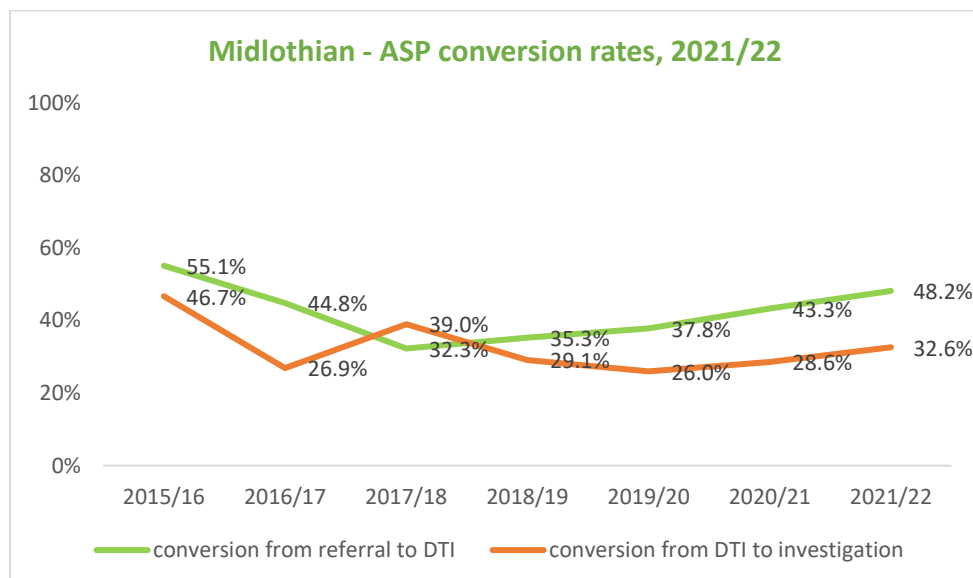
the Review Case Conference. 66.7% of Case Conferences were held within our timescale standards. Where timescales standards were not met, in 17 cases, this was due to a combination of staffing absences arising from COVID, and in some instances ensuring that the meeting had the right people in attendance. There was no identified detrimental impact to the adult where the Case Conference did not take place, as there was an interim safety plan in place. The timescale standard for completion of the report by the Council Officer no later than three days before the Initial Case Conference was met in 80.8% of cases (21 of 26 cases), and again, where not met, this was due to staffing absence. Adult Support and Protection Case Conferences continued to adopt a hybrid approach of Virtual Meetings, with the adult supported to attend where appropriate, and Health and Police personnel attending virtually. Through our P&QI performance reviews and self-evaluation activity, we identified that there was a need to improve the consideration and use of advocacy in ASP cases, and took steps to promote advocacy services to Council Officers.

## Midlothian ASP Data and Performance Information

### Number of ASP referrals Duty to Inquires and ASP Investigations



In Midlothian, there were 674 referrals categorised as ASP in the year, an increase of 48.8% (221) from the previous year. In line with an increase in referrals, there was a corresponding increase of 65.8% (129) in the number of DTIs completed.



48.2% of referrals badged as ASP converted to a DTI, a slight increase from the previous year, when 43.3% of referrals converted to a DTI. In the year, 32.6% of DTIs led on to an ASP Investigation, a slight increase from 14.3% the previous year.

### Referral source

Of the 674 referrals received under ASP, the most frequent referral source was NHS, who made 21.4% of all referrals under ASP. Other organisations made 19.0% of referrals and

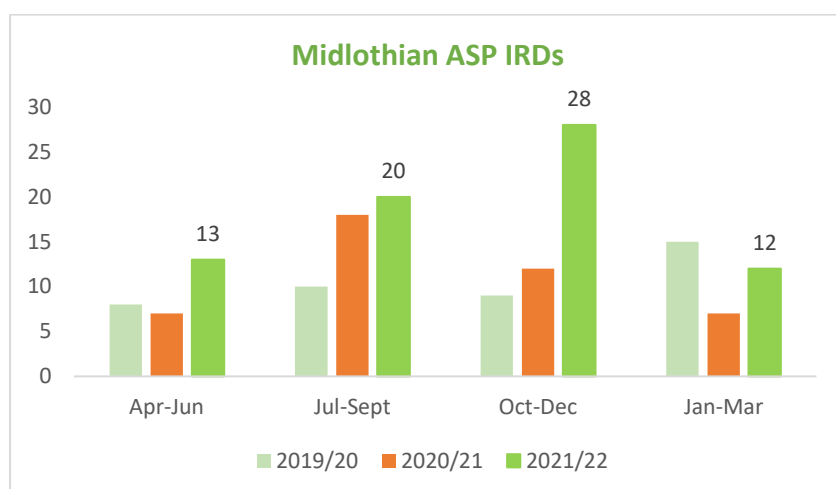
Police 18.4%. This was a shift from the previous three years, where the most common referrer was Police.

Source of referrals Midlothian	Number of referrals
NHS	144
Other organisation	128
Police	124
Social Work	87
Family	42
Others	24
Council	22
Other member of public	20
Scottish Fire & Rescue Service	17
Scottish Ambulance Service	15
Self (Adult at risk of harm)	14
Care Inspectorate	10
Friend/Neighbour	8
GPs	7
Unpaid carer	6
Anonymous	6
Office of Public Guardian	<5
Mental Welfare Commission	<5
Healthcare Improvement Scotland	<5
Total	674

### Duty to Inquire

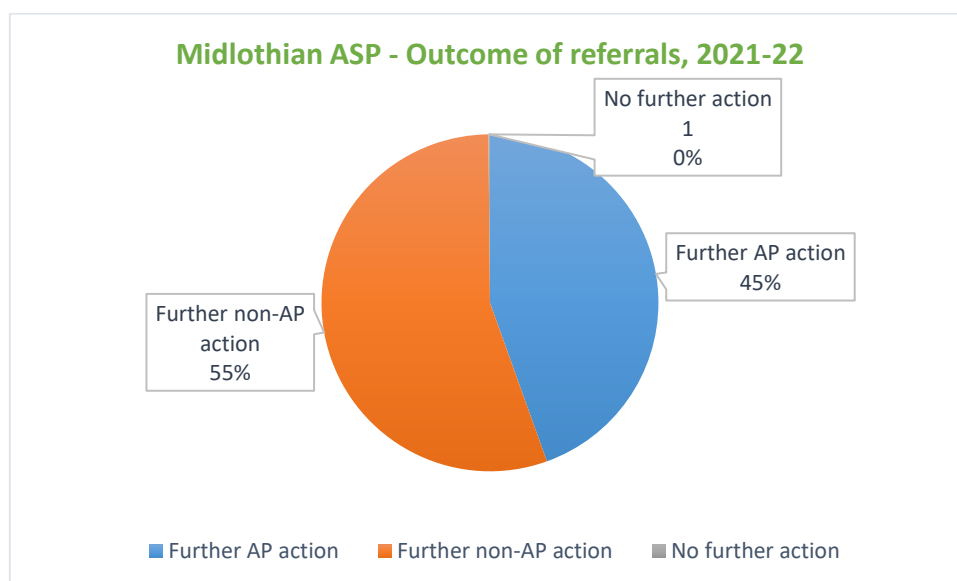
In Midlothian, Council Officers completed 97.2% of Duty to Inquires within our standard of within seven calendar days. This standard is achieved through a well-embedded culture of prioritisation of this aspect of ASP work, and the majority of the DTIs being completed by the dedicated ASP team, with close oversight and tracking of the progress of DTIs. There was an improved performance from 2020/21 (89.8%), in spite of an increase of 129 DTIs undertaken in the year, with no additional resources.

## Inter-agency Referral Discussions



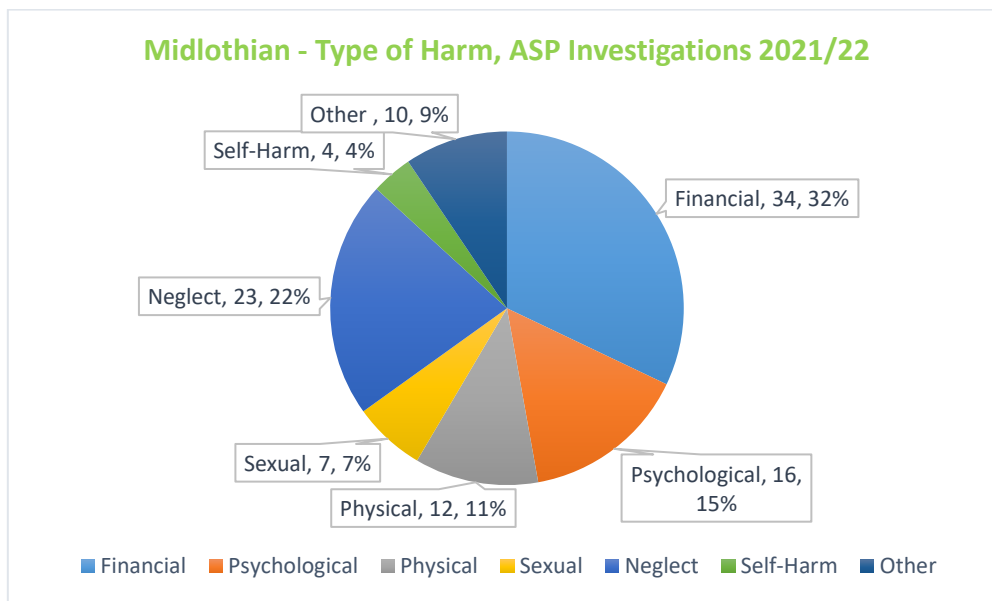
In the year, there were 73 Inter-agency Referral Discussions (IRDs) for ASP. We have seen an increase in IRDs for the past three years, with a 65.9% (44) increase from 2020-21. Some of the increase can be explained by way of Large Scale Investigations in care homes, and concerned relatives/neighbours becoming more aware of adults at risk as lockdown restrictions eased.

## Outcome of ASP referrals

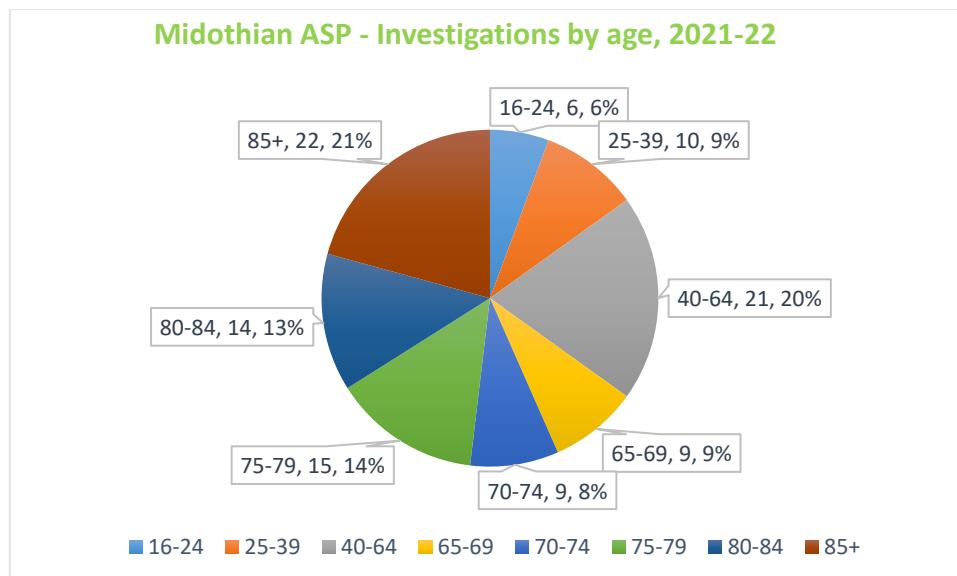


99% of ASP referrals made in the year had some form of further action. This is almost the same as the previous year (98%), and reflects the tight processes around initial screening of referrals being identified as ASP, with the vast majority of ASP referrals being handled by the ASP team that operates within the Midlothian Health and Social Care Partnership.

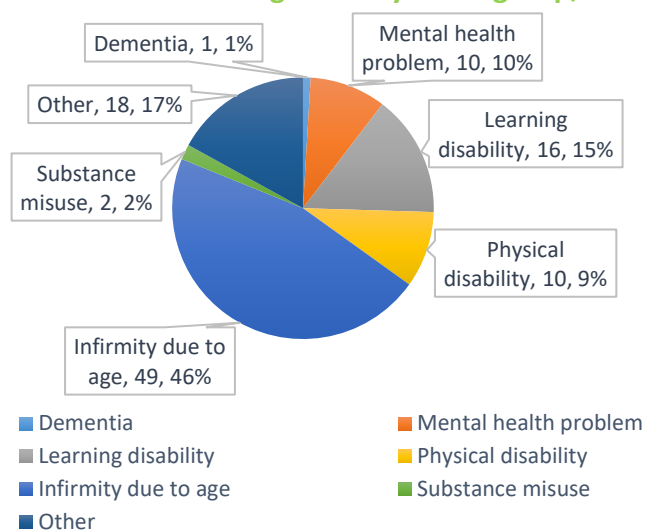
## Profile of Investigations



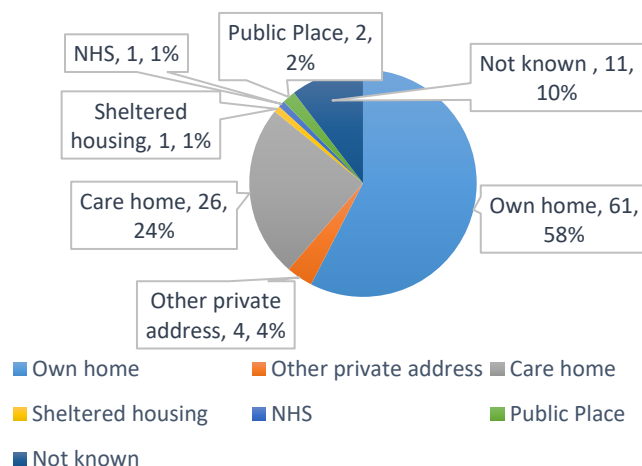
There are seven major categories of harm reported annually under ASP. In Midlothian, the most common type of harm investigated under ASP in 2021/22 was financial harm, followed by neglect (including self-neglect). Financial harm has been the most common type of harm investigated in five of the last six years.



### Midlothian ASP - Investigations by client group, 2021-22



### Midlothian ASP - Investigations by location of harm, 2021-22



53% of ASP Investigations were for females (56) and 47% (49) were for males. In the previous year, 71% of ASP Investigations related to females, and 29% related to males. There is no identified explanation for the shift in gender balance.

38% of adults who were the subject of an ASP investigation in the year had their ethnic group recorded as not known. This is the same percentage as the previous year, and is a recording issue to be addressed in the coming year.

### ASP Case Conferences

In Midlothian, there were 31 Case Conferences, of which 22 were Initial Case Conferences and nine Review Case Conferences. The standard is to hold these within 21 days from the data of the IRD to the Initial Case Conference, and within three months for the Review Case Conference. 87.1% of Case Conferences were held within our timescale standards, with only four being held out with that timescale. Where the standard was not met, the timescale was extended to ensure that all the appropriate people attended to support good

decision making, and there was no detriment to the adult involved, with an interim safety plan in place.

We operate a timescale standard for completion of the Council Officer report, within three days of the Initial Case Conference. In all but one case, the standard was met in the year, and in all cases, a single agency chronology was available for the Initial Case Conference. In all cases where there was a first Review Case Conference (nine cases), a comprehensive multi-agency risk assessment was completed within 28 calendar days of the Initial Case Conference.

Adult Support and Protection Case Conferences continued to adopt a hybrid approach of Virtual Meetings, with the adult supported to attend, and where not in attendance, advocacy was offered. Health and Police personnel attended virtually when invited.

## **Supporting Practice in ASP**

### **Learning and Development**

A change in the focus of, and arrangements for, the Council Officer Forums in East Lothian and Midlothian took place during the year. They moved from service updates and intermittent case studies, towards regular briefings on key topics delivered by the Adult Support and Protection Lead Officer, and the development of an approach to present case studies to promote the transfer of learning to practice. The development of this derived from self-evaluation activity in East Lothian, which highlighted areas of developmental need and informed the content of the programme that started in East Lothian during the year. The content of the programme is sufficiently flexible to respond to developmental need, but covers core topics including analytical risk management, evidential risk analysis, professional curiosity in ASP and chronologies. We also agreed to implement the same approach in Midlothian from April 2022.

Formal training for Council Officers was redesigned, the inspiration for this being taken from the pilot run in Dundee and Angus, which was presented to the National ASP Lead Officer's Learning and Development forum towards the end of the year ending March 2021. This was one of the key priorities identified in our previous year's annual report. Moving from a one-day training course to a modular approach of nine half days over nine months, the Adult Support and Protection Lead Officer delivered this from October 2021. The first six sessions were taught modules on key areas of ASP legislation and practice, with input from key partners, and the final three sessions were aimed at supporting the transfer of learning to practice through reflective presentations. We originally started out with 11 Social Workers from East Lothian and Midlothian, four left the programme due to changing jobs/personal circumstances, which resulted in seven Social Workers successfully completing this training and able to act as Council Officers. Evaluation of the training was positive and we used this to revise the programme for the second round of training during the year commencing April 2022, including reducing the length of time to complete the full training.

## **Audit Activity**

The Lead Officer and a Senior Operational Manager in East Lothian carried out an audit of the last year's chronologies and Multi-Agency Risk Assessments (MARA). The MARA takes place after the initial APCC when it is agreed there will be a review APCC.

The chronology audit found that recording was generally good, however, there needed to be a greater focus on including the point of view of the adult as per the principles of ASP legislation. The MARA audit identified that most risks were appropriately identified and managed; however, there was a need for increased granularity in the analysis of risk. The learning from both audits is being progressed via Council Officer Forums and ASP training.

Similar audit activity in Midlothian was planned for the year commencing April 2022.

Every IRD is reviewed at the monthly IRD Overview Group. This is chaired by the Adult Support and Protection Lead Officer and has representation from the NHS, Police Scotland and operational Social Work staff. There was a strengthening to the work of this group over the year, to ensure that the learning is captured and quality assurance activity is robust. An audit of IRDs in each area over a six-month period between November and March was completed, reporting to the P&QI Sub-group shortly into the next year. Strengths in information sharing were evident in both areas, with some improvements around SMART planning identified. Observational learning opportunities for all IRD participants at the IRD Overview Group was also established and will continue into the coming year.

## **Self-evaluation of ASP**

In East Lothian, we commenced some self-evaluation activity in relation to ASP, using the Care Inspectorate Quality Indicator Framework for ASP. A staff survey and focus groups highlighted areas of strength and improvement, which we used to refresh our improvement activities. Along with a strengthening of the operational management and oversight of ASP work this programme of activity is continuing into the year commencing April 2022.

In Midlothian, similar self-evaluation activity in relation to ASP will be undertaken over the course of the next year.

## **Guidance and Procedures**

During the year, we began work to develop our approach for escalating concerns for managing cases relating to adults where existing frameworks are not appropriate or able to reduce levels of risk and where a multi-agency approach may be beneficial. Implementing this new guidance and monitoring its use and effectiveness will continue into this year.

We engaged in the consultation to the proposed refresh of the ASP Code of Practice by analysing the implications of the proposed changes from a local perspective and consulting with ASP staff. In the coming year we will take forward the development of our local ASP procedures to reflect the changes in the new Code of Practice.



## **National ASP Day**

84 staff from across East Lothian and Midlothian attended our on-line learning event in February, to hear about financial harm from a number of different perspectives, its impact and how to tackle it. We received positive feedback about the content and structure of this event. Our focus on financial harm arose from our recognition that financial harm has been the principal type of harm investigated in recent years in each of our two areas. Our keynote speaker, Keith Brown, emeritus Professor from Bournemouth University, delivered a stimulating presentation on financial harm by scams, how to recognise this and its impact. He was ably supported with further presentations from Trading Standards in East Lothian, and Police Scotland who provided an overview of how the Police can help investigate a crime of financial harm and of the Banking Protocol, where staff in financial institutions are trained to recognise and respond to concerns. Our speaker from the charity Surviving Economic Abuse told us about the experience of economic abuse as a form of gender based violence. The ASP Lead Officer also promoted our Practitioner's Guide to Financial Abuse at the event.

## **Herbert Protocol**

During the year, we undertook some communications activities to raise awareness of the Herbert Protocol, through our newsletter, social media communications, development of a video by East Lothian Health and Social Care Partnership and a radio interview in December 2021 by the ASP Lead Officer and Alzheimer's Scotland on Black Diamond FM (serving the Midlothian area). Our local Missing Persons Co-ordinator with Police Scotland commenced some on-line briefings for staff, which will continue in the coming year.

## **Large Scale Investigations**

A Large Scale Investigation is a multi-agency response where an adult who is a resident of a care home, supported accommodation, NHS hospital ward or other facility, or receives services in their own home, has been referred as at risk of harm; and where investigation indicates that the risk of harm could be due to another resident, member of staff or some failing or deficiency in the management or operation of the service. In the year, there were four LSIs pertaining to older people's care homes, three of which started and concluded in the year. One remains ongoing. One of the care homes closed following issues being raised in the LSI process around the suitability of the environment and standards. The need for improvements in the leadership within the environments was a key feature of the LSIs, and in each, standards were restored whilst under the LSI process. The ASP Lead Officer commenced a piece of work to review the themes and learning arising from LSIs, which is continuing into the year commencing April 2022.

## **Care at Home Service Provision Challenges**

There was a significant challenge in meeting the demand for care at home services in the second half of 2021, due to the impact of staffing absence arising from COVID. This arose particularly in East Lothian, where a significant proportion of the providers are third sector organisations. The ASP Lead Officer supported the oversight and monitoring of the

response in East Lothian to this by developing a risk assessment framework for the allocation of care at home services and proposed a new risk assessment framework to complement existing processes. This led to the implementation of the T.I.L.S. risk assessment framework that looks at the interaction between types of harm; imminence of harm; likelihood of harm and the severity of impact of harm. This helped support the risk assessment processes in the allocation of pressured care at home resources. The Care at Home Oversight Group in East Lothian, a multi-disciplinary group of senior partnership managers and the ASP Lead Officer, met weekly to monitor and support performance in the sector to ensure safe delivery of services to an extremely vulnerable client group. This was effective in managing the service provision challenges. Whilst there were pressures in Midlothian arising from staffing absence due to COVID, the higher proportion of in-house provision rather than private sector made the co-ordination of response easier to manage. The approach and framework used in East Lothian was subsequently shared with managers in Midlothian.

### **Initial Case Reviews and Significant Case Reviews**

Whilst we awaited the publication of the new Learning Review Guidance for conducting a Learning Review we continued to follow our Significant Case Review (SCR) Guidance. This sets out the processes for conducting a review where an adult has been harmed or died, and where abuse or neglect was a factor, or where the adult was involved in ASP processes, and the incident(s) give(s) rise to serious concerns about service involvement. An Initial Case Review (ICR) is carried out in order to inform the decision about the need for a full SCR. We commenced and concluded one ICR in the year, concluding that the learning points had been addressed without the need to progress further to a full SCR. Our CSOG was assured that improvements identified had been implemented.

We commenced a further two ICRs in the year, concluding and reporting on these in the year commencing 2022, and taking forward the sharing of learning further in ASP training and other learning opportunities to raise awareness of identification of ASP risk of harm.

## Child Protection (CP)

### CP Data and Performance Information

EMPPC follows academic quarterly reporting for Child Protection, and we have fully implemented the national child protection minimum dataset (along with some additional local measures). A separate multi-agency Sub-group of the P&QI Sub-group reviews the data and performance, and prepares the report for the P&QI Sub-group.

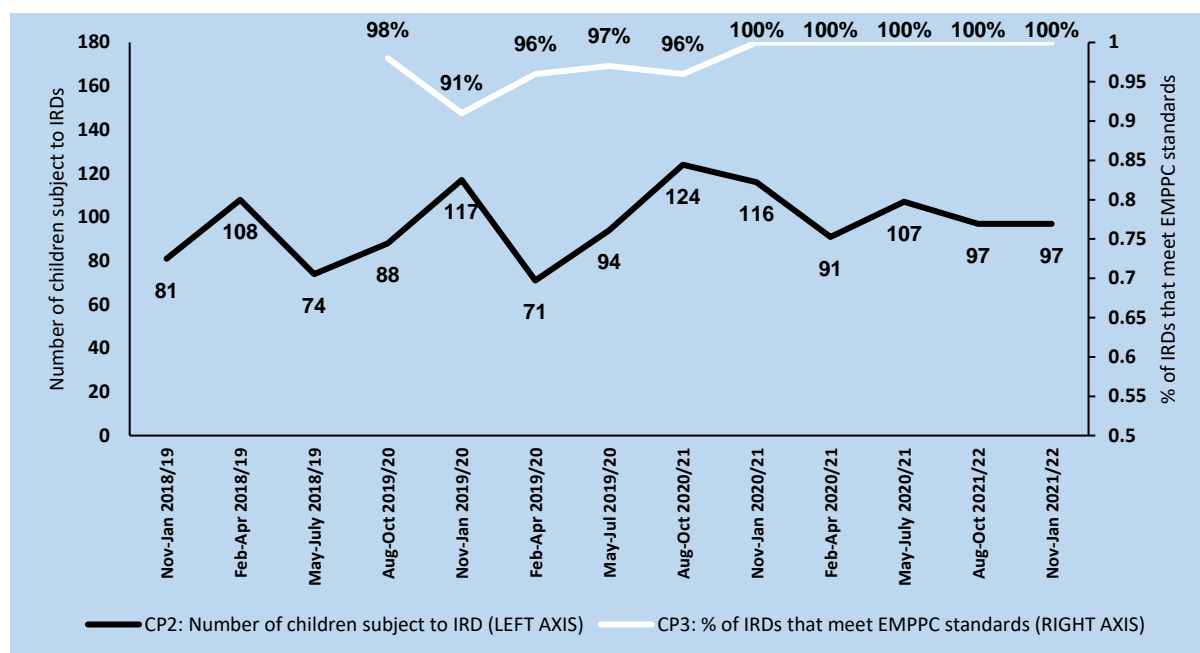
Inter-agency Referral Discussions (IRDs) involve a discussion between the 'core' agencies of Police, NHS and Social Work, and we have the benefit in both our areas of having the same Police and NHS personnel involved, creating a consistency of approach. Our IRD Overview Group operates four weekly in each area and again has the same Police and NHS personnel, which supports consistency of approach and shared learning opportunities. The Child Protection Lead Officer attends this to support the drawing out of learning themes and quality assurance.

East Lothian uses the Signs of Safety approach to their Child Protection assessment and planning, and consequently, it was agreed that the timescale for holding an Initial Case Conference is within 28 days from the raising of the IRD.

Vulnerable children and children on the Child Protection Register continued to be seen on a face-to-face basis by professionals in both areas. East Lothian and Midlothian continued to strive for 'going back to business as usual' in terms of Child Protection Case Conferences and aimed to have meetings face-to-face where possible. A blended approach of virtual meetings and face-to-face meetings have been used for Case Conferences, with the majority of professionals joining the meeting on line but the family, Chair and Social Worker being in the same room.

## East Lothian CP Data and Performance Information

### IRDs

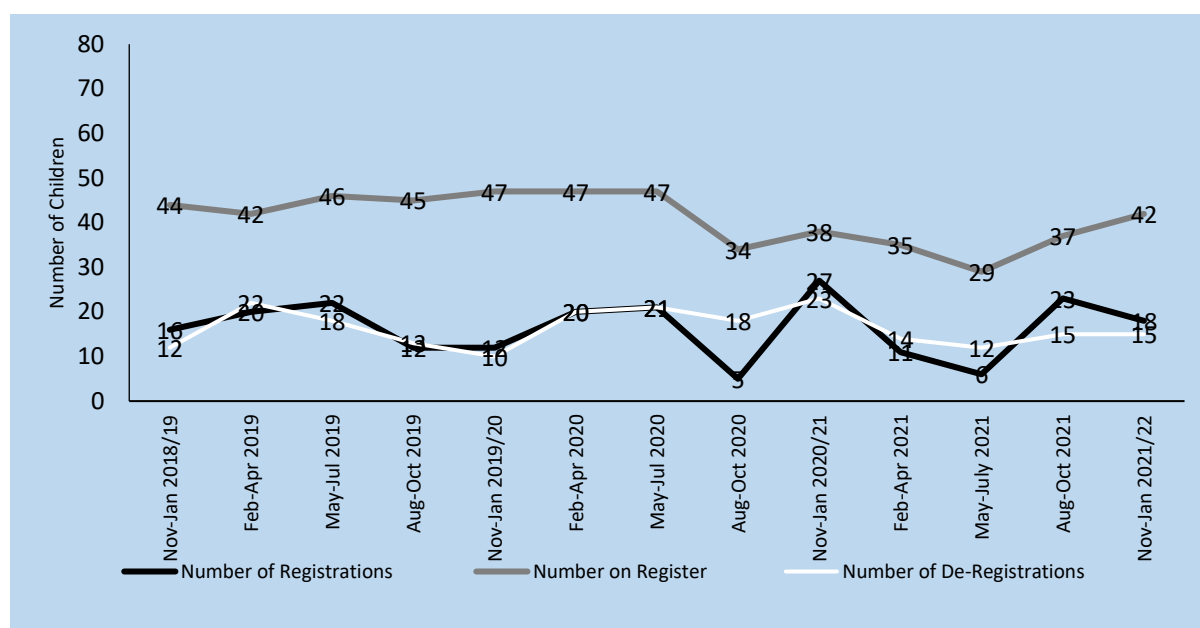


Levels of IRDs over the last year have remained consistent in East Lothian, with over two thirds of IRDs being for children and young people between the ages of 5 and 15 each quarter. The largest single age category each quarter was the 11 to 15 age group, highlighting the increased challenges and vulnerabilities for this age group. The EMPPC Vulnerable Young Persons Protocol gives a helpful framework for supporting and protecting this age group; this has been promoted and used more during the past year in East Lothian.

The publishing of the Scottish Government Child Protection Annual Return Data in March 2022 (for year ending 31<sup>st</sup> July 2021) sparked a comprehensive discussion of the rates in East Lothian in comparison to other local authorities. East Lothian had the fourth highest rate in Scotland, at 22.9 per 1,000 children. The national average was 12.8 per 1,000 children.

On review and consideration of various hypotheses, we were not overly concerned about our higher rates in East Lothian, as we consider that our IRD processes are well aligned with the 2021 National Guidance for Child Protection, and the IRD Overview Group considered that local standards for IRD were consistently met. We recognise that comparison with other local authority areas should be made with caution, and we will continue to keep a watching brief on this via our IRD Overview Group and P&QI Sub-group.

## Child Protection Registrations



The number of Child Protection registrations at each quarter-end remained below pre-lockdown levels in East Lothian. The flow of children being placed on the Register and removed is shown in the above graph, and on review of this data throughout the year, nothing exceptional or concerning has come to our attention. Through our P&QI Sub-group, we review the number of children who are re-registered within periods of up to 24 months, and nothing exceptional has stood out from this.

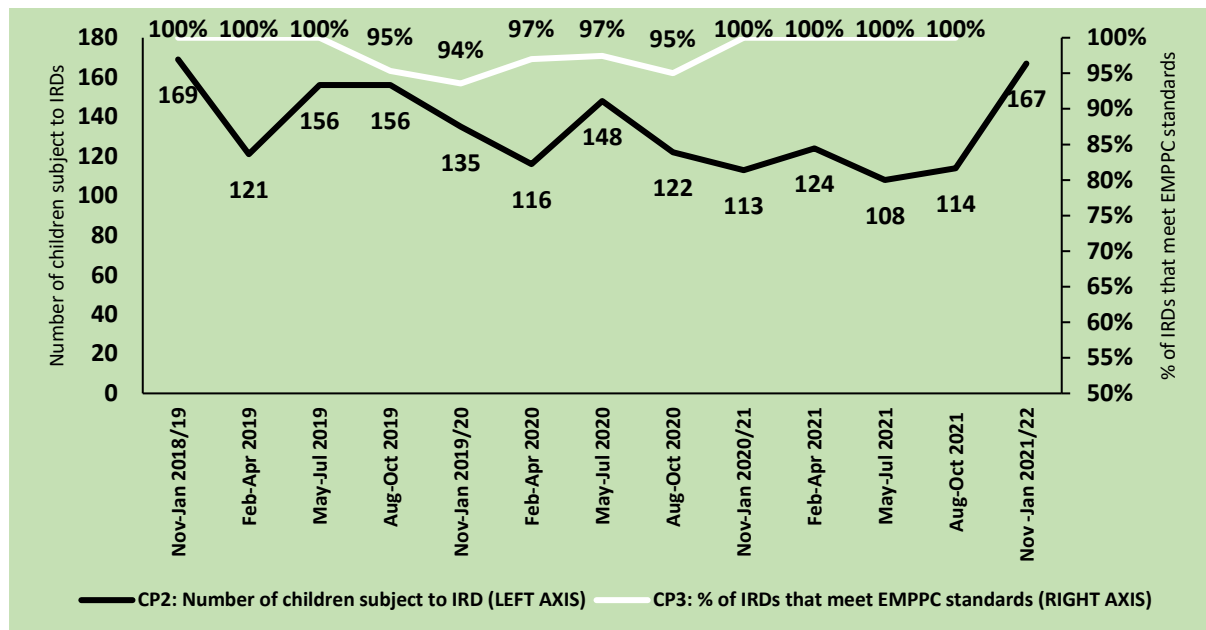
In East Lothian, the most common concerns raised at registration over the year were parental drug misuse and domestic abuse, followed by emotional abuse. Domestic abuse featured as the most common reason the previous year.

Where East Lothian did not meet the standard for holding an Initial Case Conference within 28 days, or an Initial Core Group within 15 calendar days of the Initial Case Conference, staff absence due to COVID was the primary reason. Meetings were held at the earliest opportunity thereafter, with no adverse impact on the child being identified. Parental attendance at Case Conferences was supported primarily by Social Workers. Over the year, we have seen a quarter-on-quarter improvement in the sharing of plans with children, which has been supported by a re-launch with training for staff to embed Signs of Safety.

The use of Multi-agency Chronologies within Child Protection continues to be well-established in East Lothian. The CP Lead Officer and Social Work staff in East Lothian are linked into the wider work of the Pan Lothian Chronology Groups and the standard Pan-Lothian template is in use for Initial and Review Case Conferences. Over the coming year, some audit and peer-review of Multi-agency Chronologies will be undertaken, supported by the CP Lead Officer.

## Midlothian CP Data and Performance Information

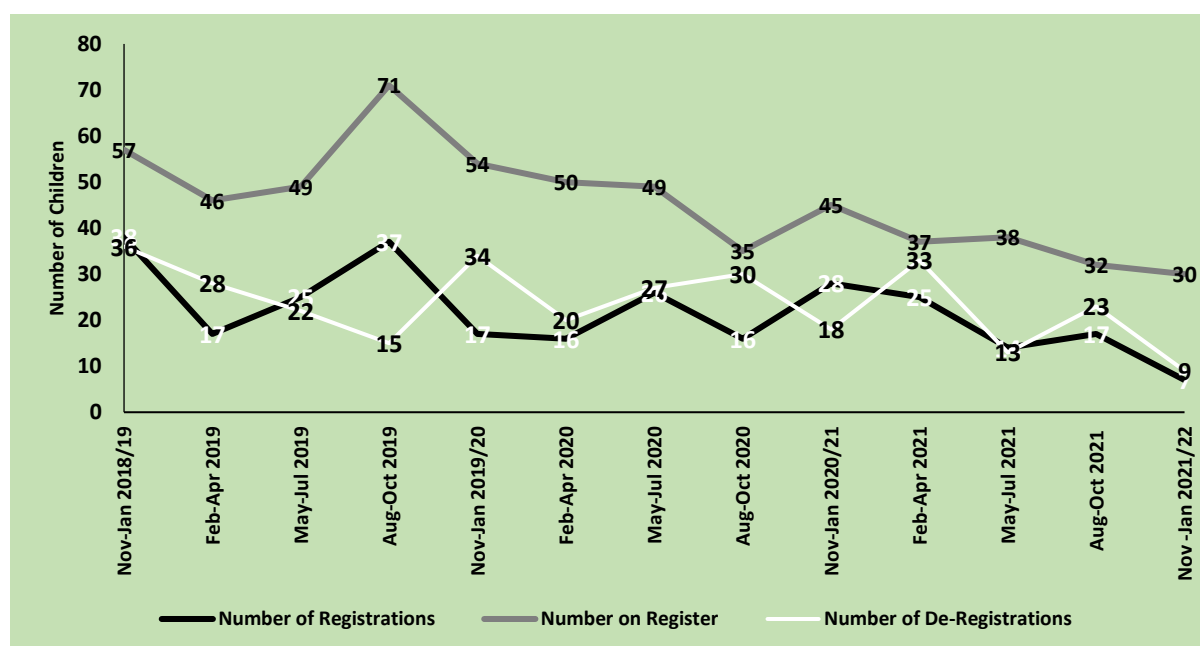
### IRDs



IRDs in Midlothian ranged from 108 to 167 per quarter in the year. There was a significant increase in the academic quarter 2 (November 2021 to January 2022), occurring around the New Year period, with double the number of IRDs for the 5 to 10 year old age group, and an increase in the 0 to 4 age group.

The comparative rates of IRDs to other local authority areas as published in the Scottish Government Child Protection Annual Return Data in March 2022 (for the year ending 31<sup>st</sup> July 2021) saw a similarly high rate, with Midlothian sitting at the third highest rate at 17.7 per 1,000 children (in comparison to the national rate of 12.8). Processes in Midlothian are aligned to the National Guidance for Child Protection 2021, and we will engage in further monitoring and scrutiny of local processes and practice over the coming year to ensure that IRDs are appropriately instigated. The IRD Overview Group monitors whether threshold guidance is met, and assessed that IRDs routinely did meet local standards. We will continue to monitor this over the coming year.

## Child Protection Registrations



In Midlothian, conversion rates from ICPCC to CP Registration decreased in the two quarters during the year. Whilst we exercised caution about interpreting percentages where the number is small, the CP Lead Officer and Clinical Nurse Manager, Public Protection Team, NHS Lothian undertook a small audit to explore any themes. The findings highlighted the need to undertake and evidence a robust assessment and child's plan to justify decision making about registration, incorporate the child's voice within that, and the need to further explore how we ensure that all agencies are clear on their roles and responsibilities within the Case Conference processes. The CP Lead Officer and partners will share the learning from this work over the coming year to support improvement activity, in training, partnership work and development of local procedures.

In two of the four quarters, domestic abuse featured as the most common reason for a child being placed on the CP register, but across the year, the concerns noted at registration were multi-faceted, reflecting the complexity of circumstances facing children and families.

## Supporting Practice

### Audit Activity

During the year, the CP Lead Officer undertook an audit on the relationship between Marac and IRD, focusing on Children's Social Work records across East Lothian and Midlothian. A Multi-Agency Risk Assessment Conference (Marac) is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder due to domestic abuse. The audit outlined that the majority of cases did not trigger an IRD. Whilst this was appropriate for some in light of measures already in place to address the risks, in a third of cases there was evidence to suggest an IRD should have taken place, and in a further third, an IRD should have been considered. We have subsequently implemented a change to our local processes and practice around Marac,

whereby all referrals to Marac are now sent to Children and Families Social Work for assessment and active consideration of the need for an IRD.

### **Improvement Activity**

In the year, we commenced work on the Cumulative Neglect agenda, establishing a multi-agency short-life working group to develop our approach in East Lothian and Midlothian. We have agreed to adopt City of Edinburgh's Neglect Toolkit, which will support a consistent approach by partner agencies working across Edinburgh and the Lothians.

East Lothian and Midlothian sought to take part in a Harmful Sexual Behaviour Framework Audit, which will be facilitated by the NSPCC and funded by the Scottish Government. In both areas, there has been an increase in incidences involving Harmful Sexual Behaviour (HSB) and the aim of the audit is to further develop and improve multi-agency responses to children displaying HSB.

### **Initial Case Reviews and Significant Case Reviews in Child Protection**

We had one Significant Case Review that continued during the year; delays in the light of COVID and changes of professionals in the review group membership impacted on bringing this to conclusion. Face-to-face practitioner and manager workshops were held to inform the findings and learning. We will take forward the learning from this over the coming year.

### **Development of Child Protection Procedures**

During the year, an agreement was reached by Chief Officers in East Lothian and Midlothian to collaborate with our partners in City of Edinburgh, Scottish Borders and West Lothian to develop our local procedures in line with the National Guidance for Child Protection that was published in October 2021. An independent writer was commissioned to undertake this work, which commenced in the last quarter of the year, and will continue through the coming year.

### **Age of Criminal Responsibility (Scotland) Act 2019**

The Act raised the age of criminal responsibility from the age of eight to 12, with children under 12 no longer being held criminally responsible for their actions. To support the implementation of the changes introduced in December 2021, a short-life multi-agency working group was established. The CP Lead Officer produced communication materials, including a seven minute briefing, flowchart to outline the key changes and what they would mean for practice. This was made available to all partner agencies across East Lothian and Midlothian.

### **Scottish Child Interview Model for Joint Investigative Interviewing**

In preparation for going live with the new Scottish Child Interview Model (SCIM) for Joint Investigative Interviewing in April 2022, East Lothian and Midlothian joined the Scottish Borders to develop our approach. This new approach is designed to minimise re-traumatisation for the child as well as improving the quality of evidence gathered to avoid



children having to give evidence in person as part of court or children's hearing processes. The model recognises that the forensic interviewing of children is a specialist skill. To support implementation, eight staff (four social workers from East Lothian, Midlothian and the Scottish Borders, and four Police Officers from our 'J' Division) completed the specialised training. The CP Lead Officer supported the launch of this approach by developing communication materials, including a seven-minute briefing, to enhance multi-agency understanding of the approach. We also hosted a launch for all services and partner agencies across all three Local Authorities. There is a multi-agency steering group in place, led by the Police to oversee the operational delivery of SCIM.

## **EMPPC IRD Threshold and Outcome Guidance**

Our IRD Threshold and Outcome Guidance was revised within the year to reflect the Promise and New National Child Protection Guidance, and specifically refer to the Safe & Together principles to ensure their consideration within the earliest stages of child protection risk assessment and planning.

## Violence Against Women and Girls (VAWG)

There are two operational elements of the delivery of services for victims of gender-based violence that come under the oversight and governance of EMPPC, Multi-agency Risk Assessments (Marac) and the Domestic Abuse Referral Pathway (DARP). EMPPC has developed and implemented supporting guidance, the former of which was updated during the year.

### **Marac**

A Marac is a multi-agency meeting where information is shared about the victims who are at the highest risk of serious harm or murder due to domestic abuse. The aims of Marac are to work with victims of domestic abuse to help keep them safer and respond to their needs, manage perpetrators' behaviour to reduce risk, and ensure that risk and support needs attached to family members or extended networks are identified.

We operate Maracs every four weeks in each of the two areas, with additional meetings to respond to demand as required. Our model for delivery of Maracs closely follows the design and approach recommended by SafeLives, the national organisation that provides resources, training and quality assurance framework for Maracs.

In the year ending March 2022, we continued to hold our meetings virtually over Microsoft Teams, and held 16 Marac meetings for 123 cases in East Lothian, and 15 in Midlothian for 115 cases. In East Lothian, we saw an increase for the fourth year in a row (albeit an increase by four from the previous year) and in Midlothian, the number of cases discussed was the same as the previous year. In both areas, two thirds of referrals to Marac were made by Domestic Abuse Services. In both areas, there were fewer cases than SafeLives would anticipate, estimating that for the adult female populations, which indicates that there is more work to do to promote Marac as one response for supporting the highest risk victims of domestic abuse.

In both areas, just over 84% of cases involved children (defined as under the age of 18 with an association to the victim/perpetrator). This was an increase of 19.7% in East Lothian, and an increase of 7.8% in Midlothian, compared to the previous year. This rise may reflect a shift in the understanding of the impact of domestic abuse on children as the Safe & Together model is becoming embedded in practice in each area.

An increase in the number of victims referred with a disability in both areas brings us closer to the SafeLives indicator that 18% of cases would be representative of the UK population. 10.5% (13) cases in East Lothian had a known disability in the year. This is more than double the number of cases from 2020/21. 14% (16) cases in Midlothian had a known disability in the year.

There were no recorded male and/or LGBT+ referrals; increasing awareness of Marac, its benefits and referral processes will be an area of development over the coming year.

Following our first Marac self-assessment in the year, our improvement plan was developed and is progressing. In the year, we agreed to develop a separate Marac Steering Group and made arrangements for its operation during the year commencing April 2021.

## **Domestic Abuse Referral Pathway**

The Domestic Abuse Referral Pathway is a partnership arrangement whereby following a Police attendance arising from a domestic abuse incident the victim consents to a referral to a specialist service for advocacy and support.

In the year, in East Lothian, there were 244 referrals to the DARP, and in Midlothian, there were 208. The number of referrals reduced significantly from the previous year, by 99 from 343 in East Lothian and by 107 from 315 in Midlothian. As the service operates based on consent and is offered at the time of the Police involvement, it is not clear why there was such a reduction, albeit we had seen an increase in referrals the previous year.

One of the specialist services that supports the DARP has been the Domestic Abuse Service, whereby specially trained staff employed by Women's Aid East and Midlothian were located within the Public Protection Office. Due to challenges in recruitment to these posts, we commenced discussions about alternative options for this service provision, which have continued into the year beginning April 2022.

## **Delivering Equally Safe Funding**

The VAWG Co-ordinator worked with partners in East Lothian and Midlothian to prepare an application for funding from the national Delivering Equally Safe (DES) Fund, commencing for a three year period from October 2021 to September 2024 (this was subsequently extended to March 2025). We secured funding for three Domestic Abuse Support posts to support the DARP and Marac, safety equipment and leaflets for victims of domestic abuse, and training for staff in the Safe & Together approach.

## **Supporting Practice**

### **16 days of activism 2021**

The 16 days of activism is an annual international campaign that runs from 25 November, the International Day for the Elimination of Violence against Women, until 10 December, International Human Rights Day. It is used as an organising strategy by individuals and organisations around the world to call for the prevention and elimination of violence against women and girls. It provides an opportunity to increase awareness of violence against women and girls, galvanize advocacy efforts, and share knowledge and innovations.

For the 2021 campaign we co-ordinated with the Scotland-wide campaign which focused on #WhatWillYouDo and #LightUp. The campaign encouraged leaders and staff to make their pledges #WhatWillYouDo. Midlothian Council Cabinet approved a groundbreaking Equally Safe Housing and Homeless Policy in November 2021.

## **Safe & Together**

East Lothian and Midlothian have been committed to embedding the Safe & Together approach since 2018. It is an internationally recognised suite of tools and interventions designed to help child and adult professionals become domestic violence informed. In light of COVID, the Safe & Together Institute developed virtual programmes. We purchased licences with the DES funding as our approach to the training delivery.

In the year, 32 practitioners across East Lothian and Midlothian (32 East Lothian Council, 13 Midlothian Council and 6 Third Sector staff) completed the four-day practitioner-training course. The number completed was well below the annual target of 65, and completion of the four days proved challenging in the light of operational demands arising throughout the year, undoubtedly impacted by staffing pressures during COVID. At the end of the year, 37 staff were registered for the training but had not completed this. Through the two implementation groups in each area, and our L&PD Sub-group, we took time to understand the barriers to completing the training and we piloted a blended approach for staff to physically meet together to undertake the virtual training. Eight staff successfully completed this, feeding back that they would not have completed the training had they not been able to come together to undertake the training. Although a resource intensive approach for a small group, we are continuing this approach in the year commencing April 2022 to support some practitioners to undertake the training.

We have 38 managers who have completed the Supervisor Training, three of whom completed the programme, with a further eight starting the training in the year.

Audits have evidenced that supervisors who have undertaken the training programme are more likely to use the approach and associated tools within supervision. The implementation groups have assessed that there is evidence that training is having a positive impact on practice. The Implementation Groups are now well established and linked with the Improvement Service and national forum for Safe & Together to start exploring the evaluation framework.

## **Learning and Development**

We introduced on-line briefings for staff in the year, our first being on the Domestic Abuse Disclosure Scheme for Scotland (DSDAS), led by our Police partners. This proved to be popular, with 109 people attending our first briefing, and it has proved to be an efficient use of staff time (lasting one hour) and resource as no booking was required.

Our specialist agency partners at Edinburgh Rape Crisis Centre and Shakti Women's Aid supported our learning and development on VAWG by delivering four sessions on specific topic areas around gender based violence. These complemented our core training on VAWG and we will continue to raise awareness of some of the issues covered in these events – specifically around Black and Minority Ethnic Women's experiences of Domestic abuse, no recourse to public funds, responding to disclosures of rape and sexual assault and sexual violence and the justice process.

## **Development of Equally Safe in East Lothian and Midlothian**

To complement the work of our VAWG Delivery Sub-group, we commenced discussions with partners about ways to take forward an Equally Safe Strategy for each local authority area, focusing on prevention through culture change and education, and enhanced service response for survivors and their families. In November 2021, Midlothian Cabinet agreed to establish a Midlothian Equally Safe Strategy, the development of which was delayed due to operational and strategic capacity challenges arising from COVID and the response to the Ukrainian crisis. This will be taken forward in the year commencing April 2022 with support from the Improvement Service. East Lothian considered embedding Equally Safe into existing planning structures and will take forward their approach under their revised structural arrangements for the Community Safety and Justice Partnership.

## East Lothian and Midlothian MAPPA Group

One of our four Sub-groups is the East Lothian and Midlothian MAPPA Group (EMMG). Previously operating as the Offender Management Group since 2008, the Group had not met consistently during the previous year due to the impact of COVID. We undertook some developmental work to re-establish this Sub-Group, and changing its name was an important step in re-focusing its scope and purpose. The Group, with a new Chair from August due to the departure of the previous Chair, took time to properly consider its scope and relationship to the wider Edinburgh, Lothians and Scottish Borders Strategic Operating Group and MAPPA Operational Group. There are long established effective links.

The terms of reference for EMMG were revised and approved by EMPPC in March 2022, and the membership was reviewed. On a quarterly basis, the EMMG reviews the national dataset of 51 indicators relating to the different MAPPA levels, and we commenced work to review our local dataset that is considered by the P&QI Sub-group.

Over the year we have noted that in general, the data in relation to MAPPA in both East Lothian and Midlothian is stable, reflecting that quality assurance processes are working efficiently and effectively.

## Training and Learning and Development

During the year, we developed and published our [Learning and Development Strategy for 2021-23](#). Our Learning and Practice Development Sub-group is responsible for implementing and overseeing the strategy.

The overall aim of our strategy is to support our workforce across East Lothian and Midlothian to become increasingly competent and confident over time in their specific areas of responsibility and across all areas of Public Protection. We aim to promote a multi-agency learning culture and best possible practice. The focus of the strategy is on creating opportunities for delivering multi-agency training and learning, through training courses and online briefings. Our training is free to staff and carers from East Lothian and Midlothian.

The strategy covers a two year period from 2021-23, reflecting the changing landscape in how we design and deliver our services and the work of EMPPC, particularly given the challenges that the COVID pandemic posed on a traditional model of face-to-face training.

Our focus in the past year was on delivering a training schedule that provided 'recovery' from the impact of the operational challenges posed by the pandemic. Our key priority was to re-establish our 'core' training courses, which had not been taking place the previous year, and adapt our approach and training materials for on-line delivery. All our training in the year was delivered over Microsoft Teams, the details of which are shown in the table

below. Re-establishing training has taken up a significant amount of Lead Officer resource in the year.

We streamlined our approach to seeking feedback from attendees on training, moving to an electronic survey, which is easy to access on various devices and quick to complete. Our L&PD Sub-group reviewed evaluation reports of all training courses and we have used the feedback to make any necessary changes. Feedback has been overwhelmingly positive, particularly the multi-agency facilitation and mixture of presentations, case studies, short videos and input from different agencies. Some staff have commented that face-to-face training would be beneficial, and we will seek to introduce more face-to-face training over the coming year, blending this alongside on-line training.

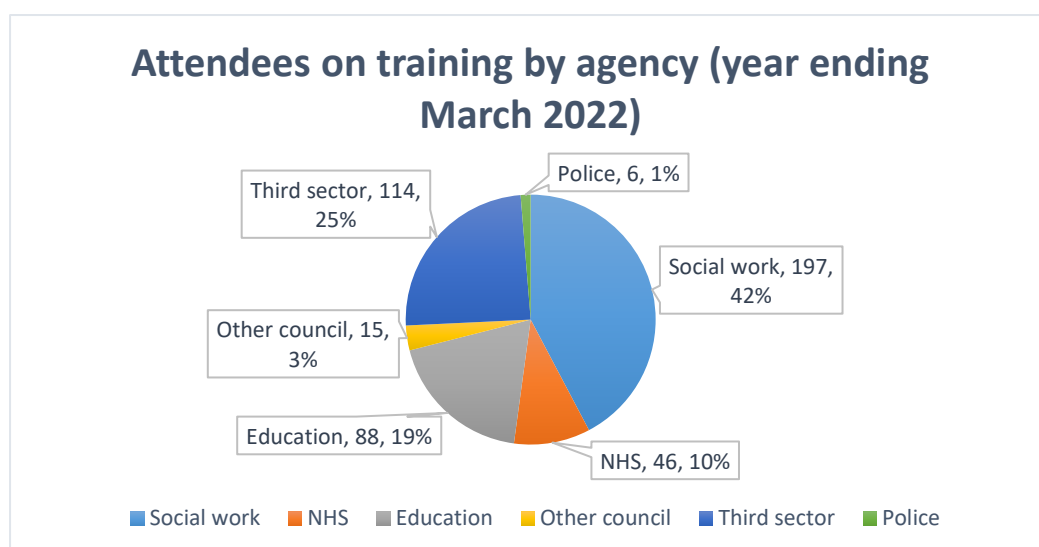
In the year, we streamlined our learning and development performance indicators and made improvements to the quantitative data collation, data quality and data presentation for the new reporting period of 2022/23.

We have good support from, and thank, our multi-agency partners who support and co-deliver our training with our ASP Lead Officer, CP Lead Officer and VAWG Co-ordinator.

### Our Training in the year – key highlights

- We delivered 20 training courses, three more than 2020-21;
- 466 staff, volunteers and carers from East Lothian and Midlothian attended training courses, which was an increase by 83.5% from the previous year; and
- 60.5% (282) of attendees at training provided feedback, with almost all reporting that they had increased their knowledge as a result of attending.

Time period	Number of attendees	Number of courses
Quarter 1, Apr - Jun	58	3
Quarter 2, Jul - Sept	68	3
Quarter 3, Oct to Dec	180	7
Quarter 4, Jan to Mar	160	7



Course	Number delivered	Partners involved in delivery
Child Protection Risk Assessment and Processes (Core training)	5	Education – East Lothian and Midlothian, Social Work – East Lothian and Midlothian, Scottish Children’s Reporter Administration, Public Protection Unit Police Scotland, NHS Lothian, Lead Officer, Public Protection Office
Improving our Practice on Violence Against Women (Core training)	4	Women’s Aid East and Midlothian, Public Protection Office
Adult Support and Protection Roles and Responsibilities (Core training)	2	Public Protection Unit Police Scotland, Social Work – East Lothian and Midlothian, Scottish Fire and Rescue Service, NHS Lothian
Public Protection is Everyone’s Responsibility (Core training)	2	Public Protection Office
Trauma, Domestic Abuse and Children and Young People	1	Caledonian Service
Domestic Abuse and Migrant Women who have No Recourse to Public Funds	1	Shakti Women’s Aid
Sexual Violence and the Justice Process	1	Edinburgh Rape Crisis Centre
Protecting Children and Young People with Disabilities	1	NHS Lothian
Protecting People from Serious Harm from Domestic Abuse – Assessing Risks and Referring to Marac	1	Women’s Aid East and Midlothian, Public Protection Office
Black and Minority Ethnic Women’s Experiences of Gender Based Violence	1	Shakti Women’s Aid
Responding to Disclosures of Rape and Sexual Abuse	1	Edinburgh Rape Crisis Centre



## Communications

### EMPPC Newsletter

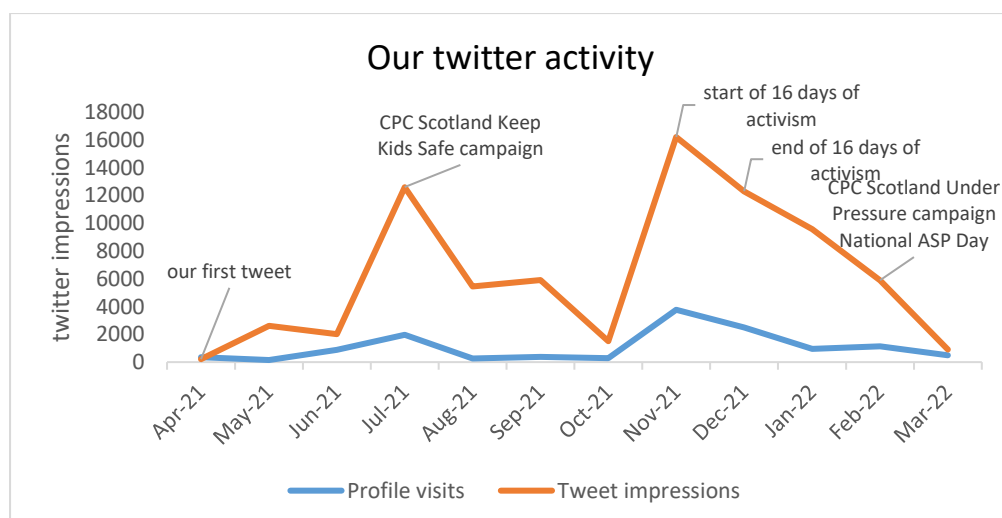
We launched our quarterly EMPPC Newsletter in November 2021, and our second in February 2022. It is distributed widely across our public and third sector partners and is primarily for staff working in East Lothian and Midlothian. Our aims are to provide an opportunity for staff to learn more about:

- The work of the Committee and its sub-groups and to help see its relevance and link to their day to day work. Our 'Meet the Committee' section gives an opportunity to hear direct from a Committee member about their role and contribution to the work of the Committee;
- Key practice topics through our 'Spotlight on' section – in our November edition we did a Spotlight on Prevent and Online Harm for Safer Internet Day in our February edition; and
- What is happening in the worlds of ASP, Child Protection and Violence Against Women and Girls, both locally and nationally – we covered a range of practice issues, with links to research, podcasts and videos.

We have had some positive and constructive feedback about our newsletter which we will use to build our approach over the coming year.

### Twitter

We made a modest foray into the world of twitter when we launched our twitter page in April 2021. The graph below shows some of the analytics from our twitter feed in the year, with our biggest audience reach at the launch of the 16 days of activism in November, and supporting national campaigns such as those from Child Protection Committees Scotland.



*Key: A Twitter impression (or impact) is generated when someone sees our tweet - e.g. if my tweet has been seen 10 times it means it has 10 impressions (or impacts). Profile Visits – The total number of users visiting your Twitter profile. Twitter Analytics will not count your own visits to your own profile. It does not include multiple visits from the same user*

## Some examples from our Twitter page

Apr 2021 • 30 days

TWEET HIGHLIGHTS

**Top Tweet** earned 213 impressions

Wondering what cuckooing is after [#LineofDuty](#)? It's when drug dealers take over the home of a vulnerable person to deal drugs. Worried about someone you know? Phone local social work or the police on 101 (or 999 in emergencies).

[#AdultProtection](#) [#Cuckooing](#)

[@ELHSCP](#) [@MidGov](#)

[pic.twitter.com/DmhhuKkmg2](https://pic.twitter.com/DmhhuKkmg2)



Nov 2021 • 30 days

TWEET HIGHLIGHTS

**Top Tweet** earned 5,256 impressions

Today is the global launch of 16 days to end violence against women and girls - it's everyone's business to take action!

[#whatwillyoudo](#) [#LightUp](#)

[@ELCouncil](#) [@midgov](#) [@ELHSCP](#)

[@MidlothianHSCP](#) [@PoliceScotland](#)

[@WomensAidEML](#) [@EdinRapeCrisis](#)

[@QMUniversity](#)

[pic.twitter.com/mziMLTgWoN](https://pic.twitter.com/mziMLTgWoN)

Violence Against Women Worldwide



## Our approach to Communications

We had planned on a workshop with Committee and Sub-group members during the year, but had to cancel this due to technical difficulties in delivering this by Microsoft Teams. Nonetheless, we completed the planning for this to take place in early April 2022, the outputs of which we will use to further develop our approach to our communications as a Committee.

## Looking Ahead

There is a lot of work underway in East Lothian and Midlothian, via the Sub-groups of EMPPC and partnership activities. Our high-level aims are outlined overleaf. In addition to continuing to deliver training, learning and development activities and support communications about Public Protection, some of our current priorities include the following:

### **Adult Support and Protection**

- Support self-evaluation activity in East Lothian and Midlothian, and work with our partners in East Lothian to prepare for and engage in an external Adult Support Inspection
- Revision of our ASP Procedures and other associated documents in light of changes to the Code of Practice
- Implement an Escalating Concerns Protocol for use where other existing frameworks and legislation are not appropriate or feasible, but where concerns still exist about an adult at risk of harm

### **Child Protection**

- Work with NSPCC to undertake a Harmful Sexual Behaviour Framework (HSB) Audit to identify and develop an action plan to improve our responses to children displaying HSB
- Continue to work with partners in City of Edinburgh, Scottish Borders and West Lothian to develop revised Child Protection Procedures and will develop plans for implementation
- Implement the Scottish Child Interviewing Model

### **Violence Against Women and Girls**

- We will work with East Lothian and Midlothian to progress local strategies for Equally Safe
- We will develop supporting guidance to support staff and leaders in embedding the Commercial Sexual Exploitation Position Statement into practice
- Continue to support the embedding of the Safe & Together approach

## Our Strategic Priorities

What will we do (our high level aims)	What we are working to achieve	What difference will it make (outcome and impact)
<b>Continue to strengthen our leadership arrangements in Public Protection</b>	<p>To have effective partnership working arrangements and shared responsibility for Public Protection</p> <p>To have and communicate a shared vision for the delivery of Public Protection services across East Lothian and Midlothian</p> <p>To work with the planning partnership arrangements to identify issues and influence responses within local plans</p>	<p>We can demonstrate that children, young people and adults are safer and better protected from risk of harm:</p> <ul style="list-style-type: none"> <li>• Children, young people and adults receive the right support at the right time to prevent harm and reduce the impact of harm</li> <li>• Child and ASP concerns are recognised and responded to in a trauma informed way (with compassion, care and protection)</li> <li>• We are meeting and improving our agreed performance standards in key processes and practice</li> <li>• Staff are competent and confident in recognising risk and harm and responding appropriately</li> </ul>
<b>Provide and support the implementation of multi-agency procedures and guidance for staff working in Public Protection</b>	<p>To lead and guide staff in their practice</p> <p>To promote a collaborative and integrated approach to reducing harm</p>	
<b>Continue to develop our performance framework and approach to quality improvement</b>	To ensure that we are collating and analysing the right type of information to support performance monitoring and continuous improvement	

## Our Strategic Priorities

What will we do (our high level aims)	What we are working to achieve	What difference will it make (outcome and impact)
<b>Promote and support a learning culture by providing staff with multi-agency learning and development opportunities in Public Protection</b>	To ensure that we are influencing services to respond to emerging risks and trends	
	To support the transfer of learning into practice	
	To promote and embed a culture of learning	
	To support the workforce in East Lothian and Midlothian to become increasingly competent in their specific areas of responsibility and across all areas of Public Protection, through the provision of shared learning opportunities	
	To support staff to build effective working relationships and shared understanding of roles and responsibilities	



**Thursday, 15<sup>th</sup> December 2022, 14:00 – 16:00**

## **Improving the Cancer Journey & the Wellbeing Service**

**Item number: 5.6**

### **Executive summary**

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This brief outline supports a presentation delivered within the IJB meeting. The purpose of this presentation is to provide an update on the progress made so far since going live in March 2021 and to outline the future plans to strengthen alignment with the existing Wellbeing Service in Midlothian.

The presentation highlights:

- Activity Data
- Outcomes and Case Studies
- How ICJ & Wellbeing are working collaboratively, evidencing where there is common ground and where there are differences

The Wellbeing Service is an integral backdrop to the Improving the Cancer Journey (ICJ) work. The Wellbeing/MIDWAY approach, which Midlothian ICJ workers apply in their work, and its existing position in primary care has enabled the ICJ project to embed in Midlothian and is influencing ICJ practice in other areas, both across the Lothians (as part of the Pan-Lothian ICJ Programme) and ICJ services across Scotland.

Current funding arrangements:

- Thistle Foundation concludes 31/10/2023
- Improving the Cancer Journey (Macmillan) concludes November 2024

**Board members are asked to:**

- Note the progress made to date by the Improving the Cancer Journey Service
- Note how this work aligns with the existing Wellbeing Service
- Consider the direction of travel in terms of ICJ & Wellbeing and how this should inform options for the exit strategy.





# Midlothian Integration Joint Board



**Thursday 15<sup>th</sup> December 2022, 14:00 – 16:00**

## Papers for Noting

**Agenda Item numbers: 5.7 – 5.12**

### Executive summary

The following papers are highlighted for noting at this IJB meeting:

- **5.7 Finance Update – Quarter 2 2022/23** – Claire Flannagan, Finance Officer.
- **5.8 IJB Improvement Goals** – Elouise Johnstone, Programme Manager for Performance
- **5.9 Alcohol and Drug Partnership Annual Report 2021-22** – Nick Clater, Head of Adult Services
- **5.10 Community Payback Order Annual Report 2021-22** – Nick Clater, Head of Adult Services
- **5.11 East Lothian and Midlothian Public Protection Committee Annual Report 2021-22** – Nick Clater, Head of Adult Services
- **5.12 Multi-Agency Public Protection Arrangements (MAPPA) Report for Edinburgh, the Lothians, and Scottish Borders** – Nick Clater, Head of Adult Services

Should you have any questions or queries on their content, please forward to Gill Main, Integration Manager ([gill.main3@nhslothian.scot.nhs.uk](mailto:gill.main3@nhslothian.scot.nhs.uk)), prior to the Board.

#### **Board members are asked to:**

- Review all papers & note any recommendations





**Thursday 15<sup>th</sup> December 2022, 14:00 – 16:00**

## **Finance Update – Quarter 2 2022/23**

**Item number: 5.7**

### **Executive summary**

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*Both the IJB's partners (Midlothian Council and NHS Lothian) have undertaken quarter two financial reviews. This process requires the available financial information to be analysed and subsequently used to project a forecast outturn position.*

#### **Board members are asked to:**

- 1. Note the quarter two financial review undertaken by partners.*

## Finance Update – Quarter 2 2022/23

### 1 Purpose

- 1.1 This report lays out the results of the partner's (Midlothian Council and NHS Lothian) quarter two financial reviews and considers how these impact on the projected financial position of the IJB for 2022/23.

### 2 Recommendations

- 2.1 As a result of this report Members are being asked to:
- Note the quarter two financial review undertaken by partners.

### 3 Background and main report

- 3.1 At the IJB meeting during September 2022, we reported on the quarter one financial review which provides a forecast financial outturn for 2022/23. The Midlothian Council and NHS Lothian quarter one financial reviews were based on information to the end of June 2022.
- 3.2 The quarter one financial review position for the IJB was a projected overspend of £0.9m this position has deteriorated and the quarter 2 (Q2) financial review position for the IJB is reporting a projected overspend of £1.6m and a breakdown is shown below

	Annual Budget as at end of September 2022 £k	Forecast Expenditure £k	Q2 Forecast Under/(Over) Spend £k
Core	66,715	66,648	67
Hosted	12,763	12,593	170
Set Aside	19,277	20,161	(884)
Health	98,755	99,403	(648)
Social Care	56,710	57,665	(955)
<b>Total</b>	<b>155,465</b>	<b>157,068</b>	<b>(1,603)</b>

(Fig 1 : IJB Quarter 2 review forecast)

- 3.3 The budget movements from the partners budgets offers at the start of the financial year to the budget position at Q2 are a combination of additional funding allocations from Scottish Government and some COVID funding being drawn down from the

reserve to support the remaining COVID costs in 2022/23. Further drawdowns of COVID funding are anticipated throughout this year.

- 3.4 The forecast position reflects the projections for both partners. NHS Lothian are due to present their Q2 financial projections to their Finance & Resources Committee on the 21<sup>st</sup> December 2022. Midlothian Council presented their Q2 financial projections to their Council meeting on the 15<sup>th</sup> November 2022.
- 3.5 The forecast highlights projected overspends within our set aside budgets. This continues to be Gastroenterology drugs, the drugs pressure across acute is significant and has been growing due mainly to new medicines. Within Medicine of the Elderly there are overspends in medical pays predominantly at the RIE. Similarly General Medicine are also facing increased costs in medical staffing.
- 3.6 The social care forecast is projecting a £0.9m overspend, specifically there are financial challenges within Newbyres Care Home where the high use of agency staff has increased expenditure significantly. Similar underlying financial pressures sit in our Home Care services with additional staff required to support increasing care packages. A change since quarter one review has also seen the resource panel budget now swing into a projected overspend position, this area can be volatile so a quarter three update will be required.
- 3.7 Given the financial overspend projected particularly within social care Officers within the HSCP are actively pulling together financial recovery plans to look to recover this position in year. We will assess any impact on this as part of the quarter three forecasting.
- 3.8 As reported to the IJB in September and October 2022 Scottish Government are looking to reclaim surplus IJB COVID reserves and we await further correspondence on the detail of this.
- 3.9 We have through the routine reporting to Scottish Government submitted our Q2 COVID cost projections for Midlothian HSCP this is summarised in the table below.

	2021/22	Q1 2022/23 Return via NHS Lothian	Q2 2022/23 Return via NHS Lothian
	£k	£k	£k
COVID Reserve as at March 2022		9,703	9,703
COVID cost projections	5,488	2,857	3,564
<b>Balance</b>		<b>6,846</b>	<b>6,139</b>

(Fig 2: COVID Cost Projections)

- 3.10 The above cost projections are for the 4 remaining areas that we still supporting with COVID funding from the IJB COVID reserve.
  - Health
    - costs relating to the additional ward open within Midlothian Community Hospital,
    - and additional costs in Primary Care (GMS and Prescribing).

- Social Care
  - costs relating to the ongoing sustainability payments to our external providers
  - and the loss of income from core services.

3.11 We will continue to update the IJB at future meetings on this reclaim of funding.

3.12 The outturn projections will continue to be monitored, and updates will be brought back to the IJB. The main outstanding risk not included in the above projections is the settlement of the pay awards. We await clarity to assess the impact of this with our Partners both in terms of cost projections and any additional funding.

## 4 Policy Implications

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4.1 There are no policy implications from this report.

## 5 Directions

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5.1 The utilising of our COVID funding is in line with our direction to Partners, Direction 25 Financial Instruction.

## 6 Equalities Implications

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6.1 There are no equalities implications from this report.

## 7 Resource Implications

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7.1 The resource implications are laid out above.

## 8 Risk

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8.1 The risk regarding the pay awards settlement is raised above in report

8.2 The “business as usual” risks raised by this report are already included within the IJB risk register.

## 9 Involving people

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9.1 The IJB papers are publicly available.

## 10 Background Papers

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10.1 None

<b>AUTHOR'S NAME</b>	Claire Flanagan
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	claire.flanagan@nhslothian.scot.nhs.uk
<b>DATE</b>	December 2022

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**Thursday 15<sup>th</sup> December 2022, 14:00 – 16:00.**

## **IJB Improvement Goals**

**Item number: 5.8**

### **Executive summary**

---

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals for the financial year 2022/23.

#### **Board members are asked to:**

- Note the performance against the IJB Improvement Goals for 2022/23.

## IJB Improvement Goals

### 1 Purpose

---

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals (2022/23).

### 2 Recommendations

---

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

- Note the performance against the IJB Improvement Goals for 2022/23 (Appendix 1);

### 3 Background and main report

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3.1 The IJB has previously identified improvement goals to monitor progress on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care (find out more [here](#)).

3.2 At the IJB meeting in June 2022 the Performance Assurance & Governance Group recommended that the improvement goals for 2022/23 were set in order to prioritise an increase in system stability, focussing on workforce recovery and wellbeing.

3.3 The Members approved the following goals, based on a continuation of the target rates set for 2021/22:

MSG Indicator	2022/23 Target Rate per 100,000	2022/23 Running Average per 100,000
A&E Attendances	2,629 / month	2,820 (at Aug 2022)
Emergency Admissions	767 / month	799 (at Aug 2022)
Unplanned Bed Days	5,074 / month	4,779 (at Aug 2022)
Delayed Discharge Occupied Bed Days	820 / month	1158 (at Aug 2022)



End of Life - Percentage of Last Six Months Spent in Large Hospitals	<8.7%	7.5% ( <i>provisional</i> )
Balance of Care	>96.4%	96.7% ( <i>provisional</i> )

- 3.4 An updated report describing progress against each improvement goal is attached in Appendix 1. This report is produced by the Local Intelligence Support Team (LIST) on behalf of the Midlothian HSCP. Members are asked to note the information in Appendix 1, specifically with regard to data completeness (slide 4). Due to the processes required to validate these data, there is an inbuilt reporting delay and this information is not taken from a “live” system. This means that we are not yet in a position to calculate the full year average performance for 2021/22.

## 4 Directions

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- 4.1 There are no implications on the Directions.

## 5 Equalities Implications

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- 5.1 There are no equality implications from focussing on these goals but there may be implications in the actions that result from work to achieve them.

The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are groups of people that make more use of hospitals than others – for example older people, people living in areas of deprivation or people who live alone.

## 6 Resource Implications

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

## 7 Risk

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- 7.1 The main risk is that the IJB fails to set improvement goals that take cognisance of the continued instability of health and care systems, and the ongoing challenges of supporting workforce wellbeing.

## 8 Involving people

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

## 9 Background Papers

---

<b>AUTHOR'S NAME</b>	Elouise Johnstone
<b>DESIGNATION</b>	Performance Manager
<b>CONTACT INFO</b>	<a href="mailto:elouise.johnstone@nhslothian.scot.nhs.uk">elouise.johnstone@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	28/11/2022

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**Appendix 1:** LIST Report describing progress against the IJB improvement goals 2022/23.

# Midlothian HSCP MSG Indicators

Performance from April 2019 to August 2022,  
with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST),  
November 2022



# Contents

1. Methodology
2. Data completeness
3. 2020/21 MSG targets and actuals
4. A&E attendances
  - a) weekly figures by age group
  - b) monthly proportions by age group
  - c) 4 hour performance
  - d) admission conversion rates
3. Emergency admissions
4. Unplanned bed days:
  - a) Acute
  - b) Mental Health
5. Delayed discharges occupied bed days
6. End of life

# 2020/21 MSG Targets - Methodology

- The MSG Objectives Performa was submitted in February 2020 which specified the 2020/21 targets and an action plan on how those targets were to be achieved
- 2017/18 MSG data was used as the baseline to calculate the 2020/21 targets

# Data completeness

Source: MSG data release Oct-22, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Aug-22	n/a	-
2. Emergency admissions	Mar-22	Aug-22	(SMR01) Nov-20 = 93%, Nov-21 = 95%
3a. Unplanned bed days (acute)	Mar-22	Aug-22	(SMR01) Nov-20 = 93%, Nov-21 = 95%
3b. Unplanned bed days (GLS)	n/a	Aug-22	(SMR01E) Quarters ending: Sep-21 = 97%; Dec-21 = 97%; Mar-22 = 98%; Jun-22 = 91%
3c. Unplanned bed days (MH)	Mar-21	Aug-22	(SMR04) Quarters ending: Jun-22 = 91%
4. Delayed discharges occupied bed days	Aug-22	n/a	-
5. Last 6 months of life (% in community setting)	2020/21	2021/22	-
6. Balance of care (% at home)	n/a	2020/21	-

# 2020/21 targets and actuals

Source: MSG objectives 2020-21 template - Midlothian IJB; MSG data release Oct-22, PHS

Indicator	2020/21 target	2020/21 target (rate per 100,000)		2020/21 (rate per 100,000)		Target met
		Annual	Monthly	Annual	Monthly	
1. A&E attendances	Maintain	31,543	2,629	26,391	2,199	✓
2. Emergency admissions	5% decrease	9,207	767	9,208	767	✓
3a. Unplanned bed days (acute)	10% decrease	60,888	5,074	57,459	4,788	✓
3b. Unplanned bed days (GLS)	Decrease	<13,733	<1,144	14,122 (p)	1,177 (p)	X
3c. Unplanned bed days (MH)	Decrease	<15,910	<1,326	12,805	1,067	✓
4. Delayed discharges occupied bed days	20% decrease	9,836	820	9,779	815	✓
5. Last 6 months of life (% in large hospital)	Decrease	<8.7%	-	7.9%	-	✓
6. Balance of care (% at home)	Increase	>96.4%	-	97.%	-	✓

(p) = provisional

- Indicators 3b and 6 are still provisional.

# Data Sources

## **2020/21 MSG Targets**

- Source: MSG data release v1.59, Oct-22; Public Health Scotland
- These are official monthly figures released by PHS and will be nationally published (some data is provisional and not yet published)
- Next data release: Nov-22

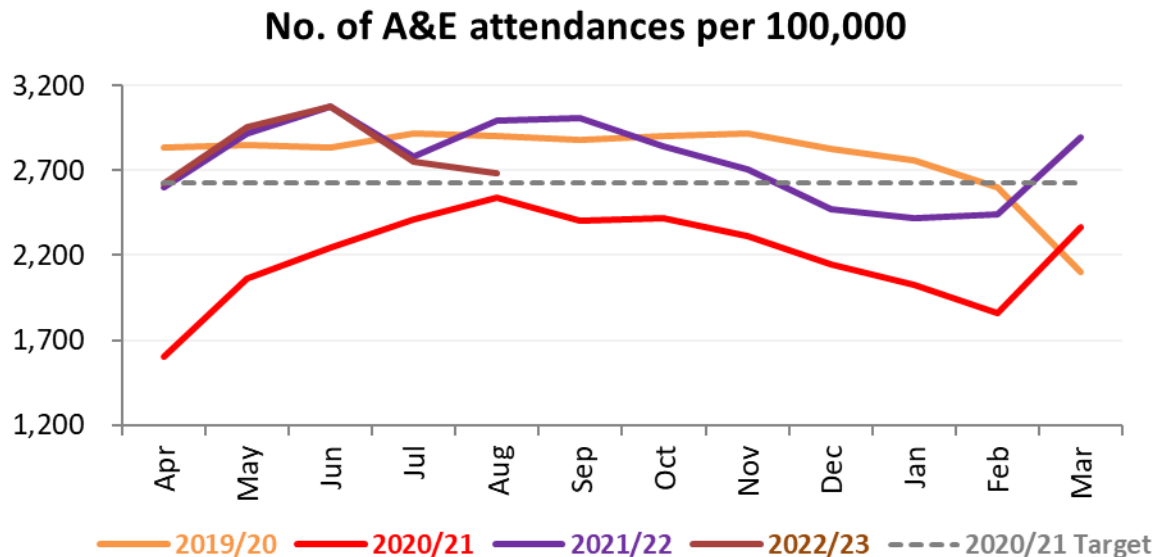


# A&E Attendances

Source: MSG data release Oct-22; data published up to Aug-22

Target = maintain	Annual	Monthly
2020/21 Target Rate (per 100,000)	31,543	2,629
2019/20 Rate (per 100,000)	33,319	2,777
2020/21 Rate (per 100,000)	26,391	2,199
2021/22 Rate (per 100,000)	33,147	2,762
2022/23 Running average (Aug)		2,820

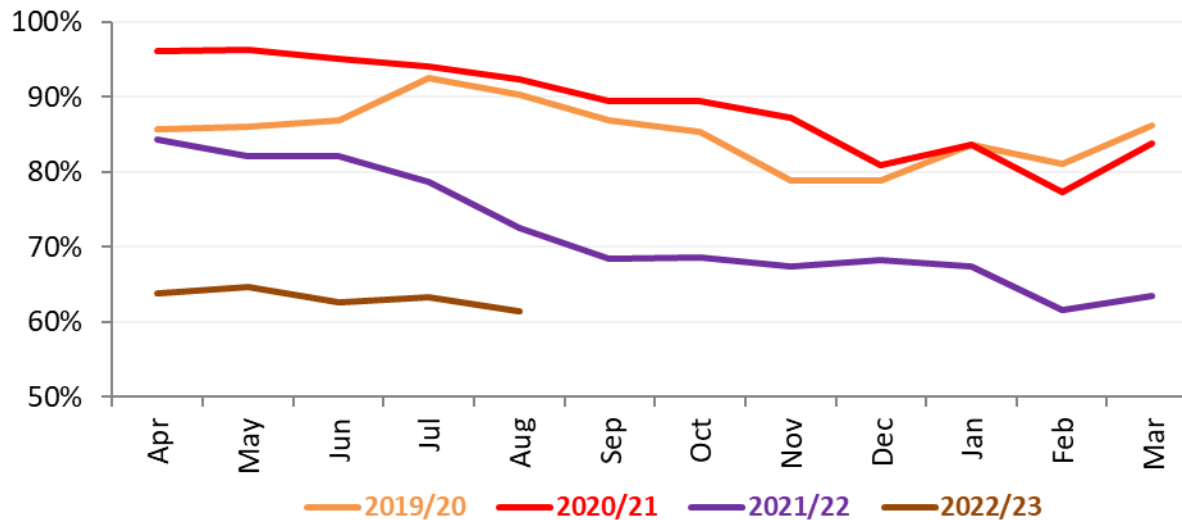
- The 2020/21 target was met
- The rate of attendances in 2020/21 was 21% lower than 2019/20, and **17% lower than the 2017/18 baseline year**. Much of this may be due to covid-19.
- The rate of attendances had increased back to typical levels by Aug-20, but steadily decreased again until Mar-21 when it started increasing.
- From May-21 – Nov-21 it exceeded the 2020/21 target level. Between Dec-21 and Feb-22 it dipped below the target again.



# A&E 4 hour performance

Source: MSG data release Oct-22; data published up to Aug-22

**A&E % discharged, admitted or transferred within 4 hours**



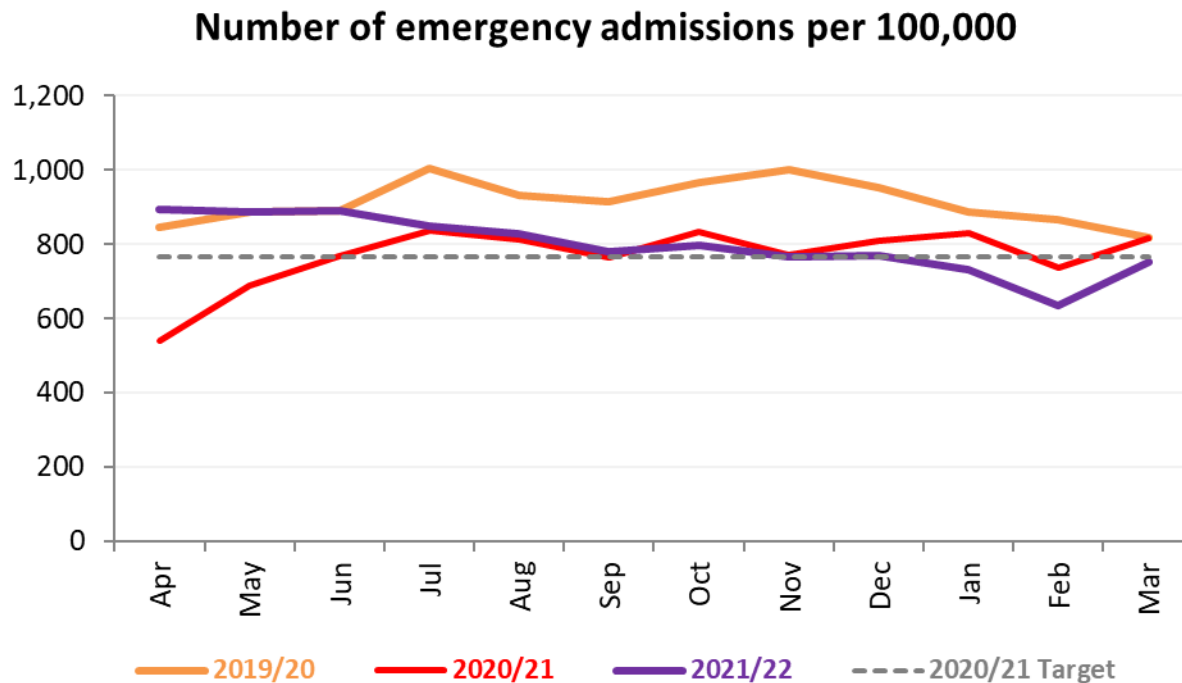
- Four hour performance was steady through the winter of 2020-21
- **Overall four-hour performance for 2020/21 was 79.9%**, a slight decrease from the 2019/20 level (85.2%)
- Performance through 2021/22 steadily declined, and has been around 62-65% since Feb-22

# Emergency Admissions

Source: MSG data release Oct-22; data published up to Mar-22

Target = 5% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,207	767
2019/20 Rate (per 100,000)	10,969	914
2020/21 Rate (per 100,000)	9,208	767
2021/22 Rate (per 100,000)	9,586	799

- The 2020/21 target was met
- The rate of emergency admissions dropped in Apr-20 due to Covid-19, but quickly returned to more typical levels – although remained lower than 2019/20 until March-21
- In the first quarter of 2021/22 the admissions rate increased above the 2020/21 target level and above 2020/21 levels; this discrepancy has reduced since



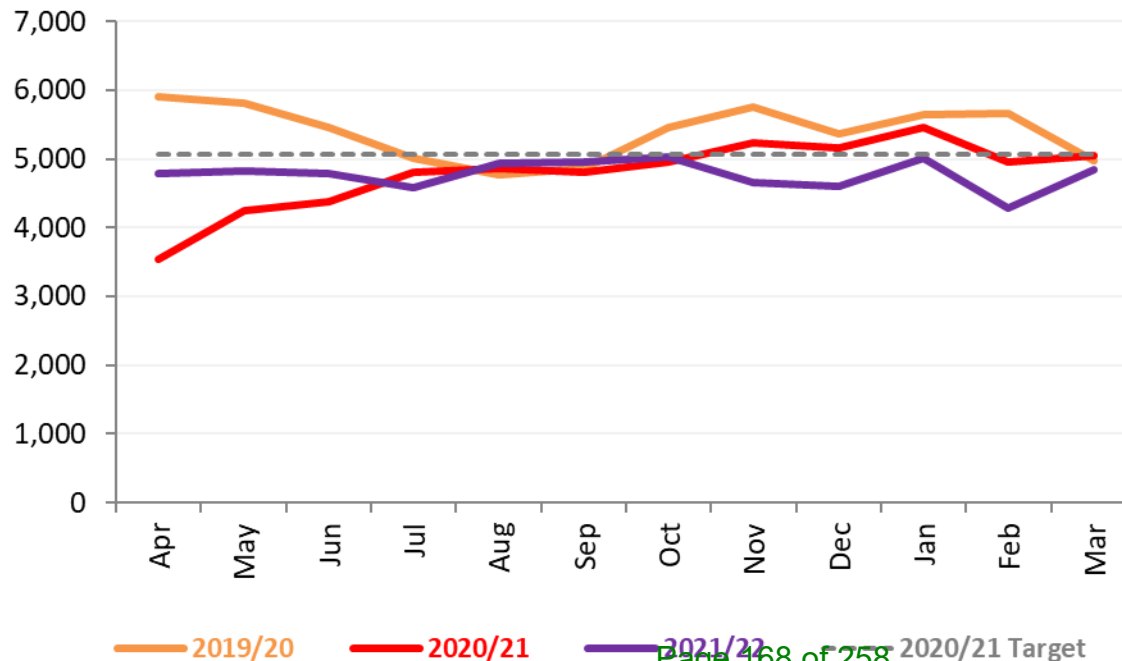
# Unplanned Bed Days - Acute

Source: MSG data release Oct-22; data published up to Mar-22

Target = 10% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	60,888	5,074
2019/20 Rate (per 100,000)	64,683	5,390
2020/21 Rate (per 100,000)	57,459	4,788
2021/22 Rate (per 100,000)	57,351	4,779

- The 2020/21 target was met
- The rate dropped drastically in Apr-20 due to Covid-19, but was back to a more typical level by Jul-20.
- The rate has remained stable since then

Acute unscheduled bed days per 100,000

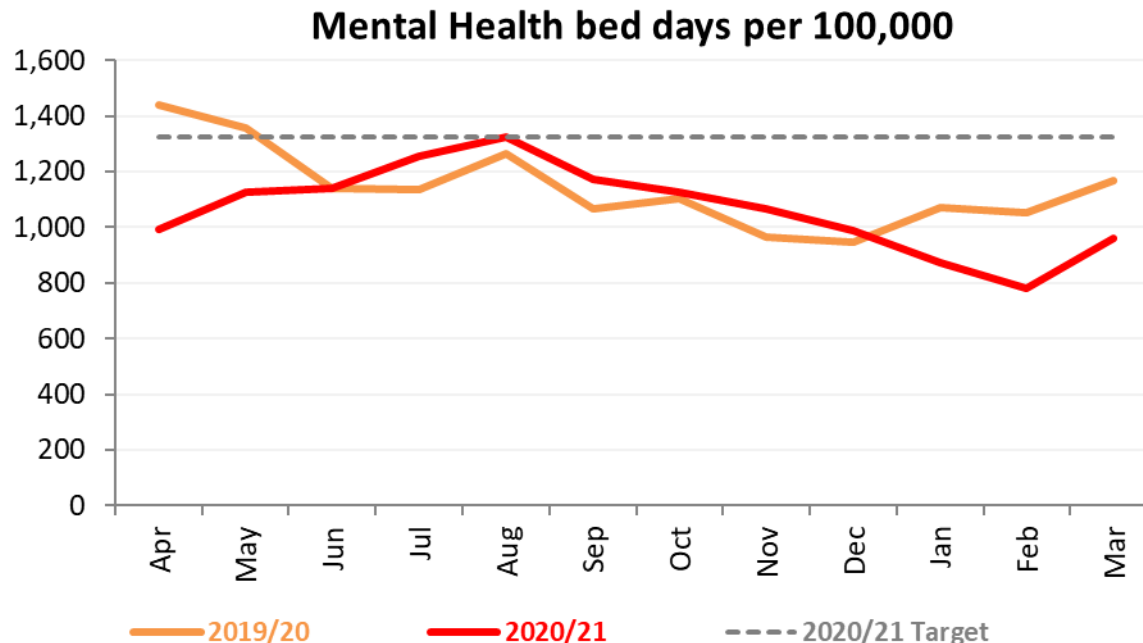


# Unplanned Bed Days – Mental Health

Source: MSG data release Oct-22; data published up to Mar-21

Target = decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	15,912	1,326
2019/20 Rate (per 100,000)	13,714	1,143
2020/21 Rate (per 100,000)	12,805	1,067

- The 2020/21 target was met
- The rate of MH bed days has been lower than the target level since Jun-19

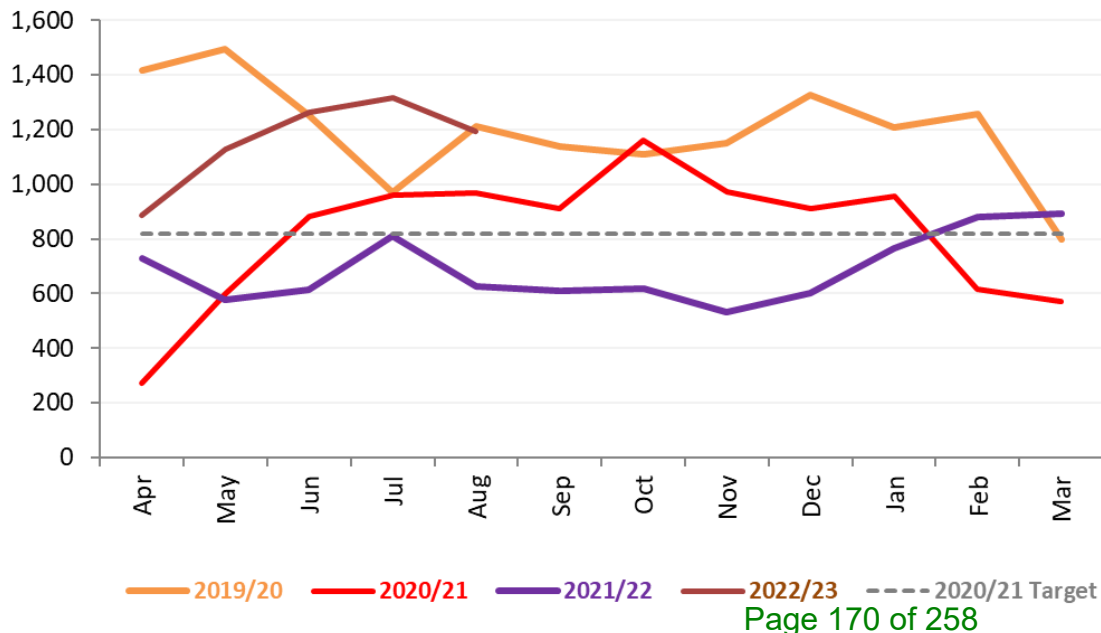


# Delayed Discharges Occupied Bed Days

Source: MSG data release Oct-22; data published up to Aug-22

Target = 20% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,836	820
2019/20 Rate (per 100,000)	14,336	1,195
2020/21 Rate (per 100,000)	9,779	815
2021/22 Rate (per 100,000)	8,249	687
2022/23 Running average (Aug)		1,158

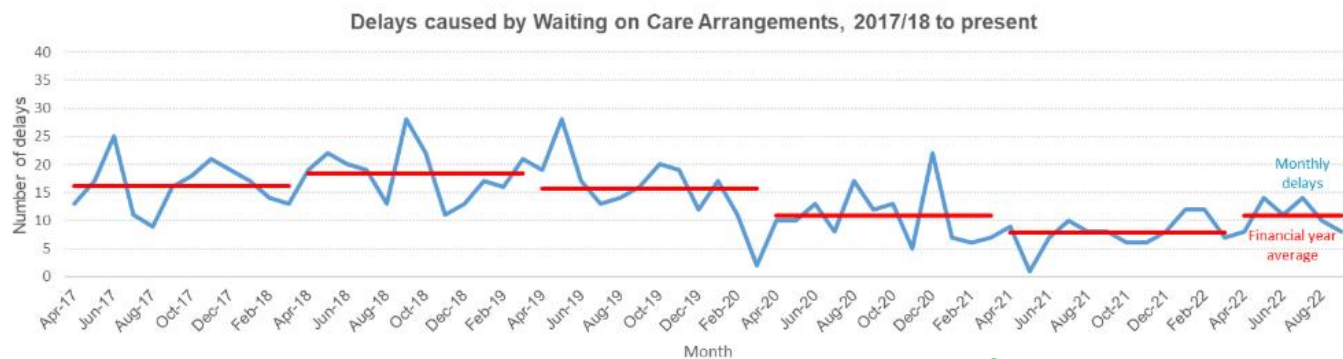
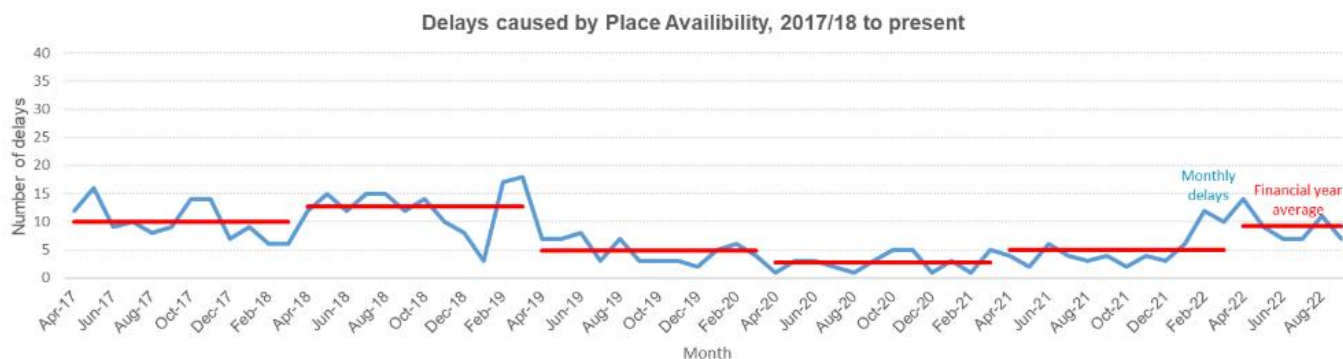
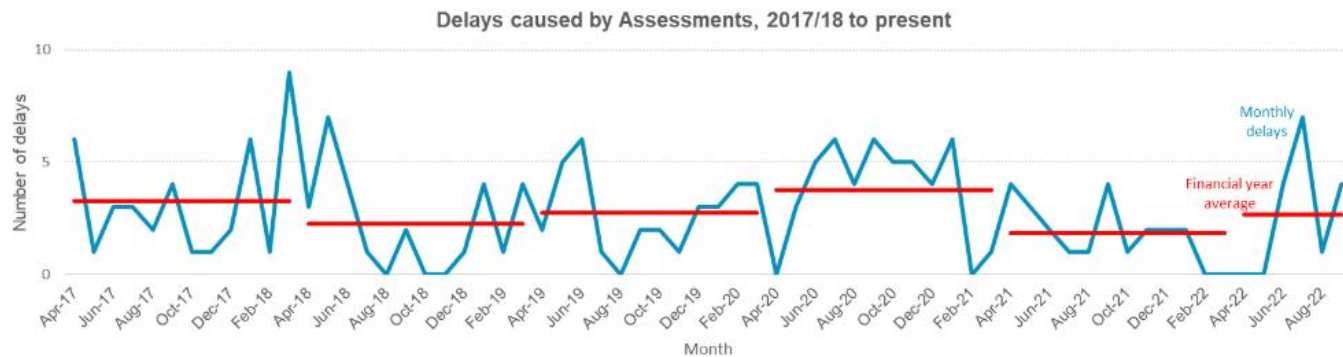
Delayed discharge bed days per 100,000, all reasons (18+)



- The 2020/21 target was met
- The rate of delayed discharge occupied bed days in Apr-20 was about 80% lower than the previous April's rate due to Covid-19
- The rate has remained mostly lower than the previous year ever since; during much of 2021/22 it was lower than the 2020/21 target level, although it has now exceeded it since Feb-22 and has risen substantially over the last 4 months

# Delayed Discharges: Trends by Reason for Delay

Data Source: Public Health Scotland Delayed Discharge Census November 2022 Publication

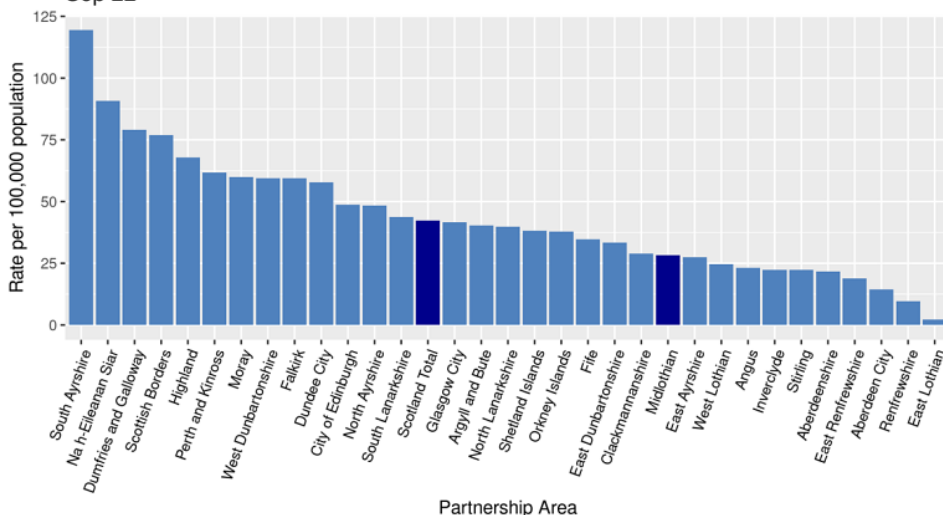


- These charts show the long term trend and the yearly average of the number of delays caused by: Assessments; Place Availability and Waiting on Care Arrangements.
- Data has been taken from the monthly Census from Public Health Scotland.
- Performance has been improving since before the pandemic, although the last few months have seen a substantial uptick in delays.

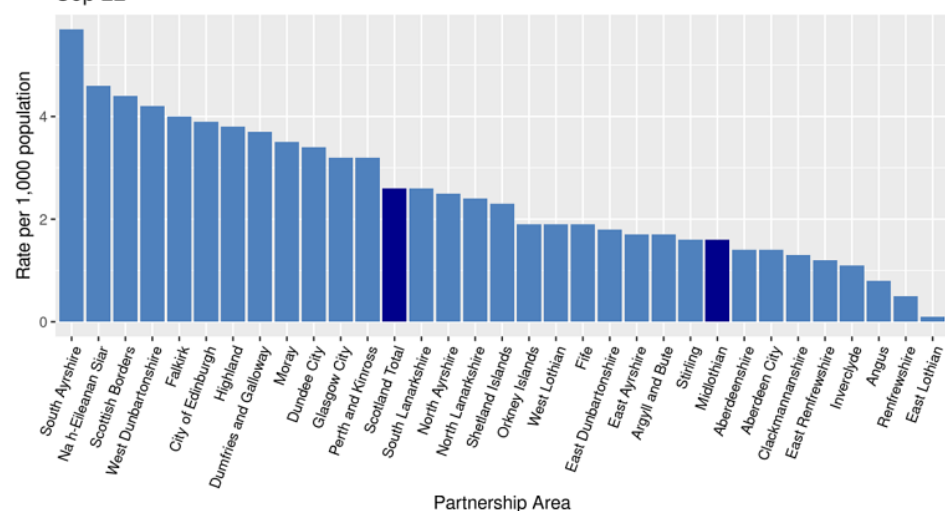
# Delayed Discharges (all reasons): Midlothian Position

Data Source: Public Health Scotland Delayed Discharges November 2022 Publication

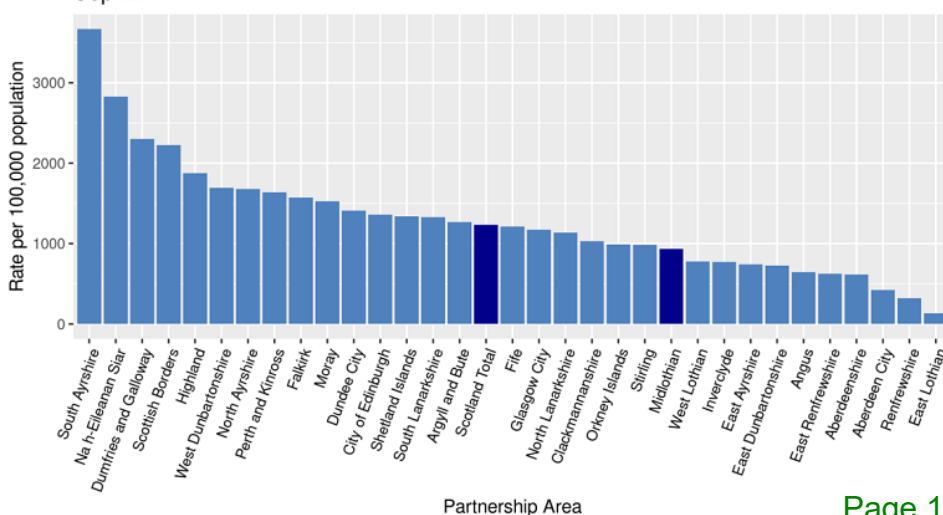
Delayed Discharge Rates per 100,000 Population, Aged 18+  
Sep 22



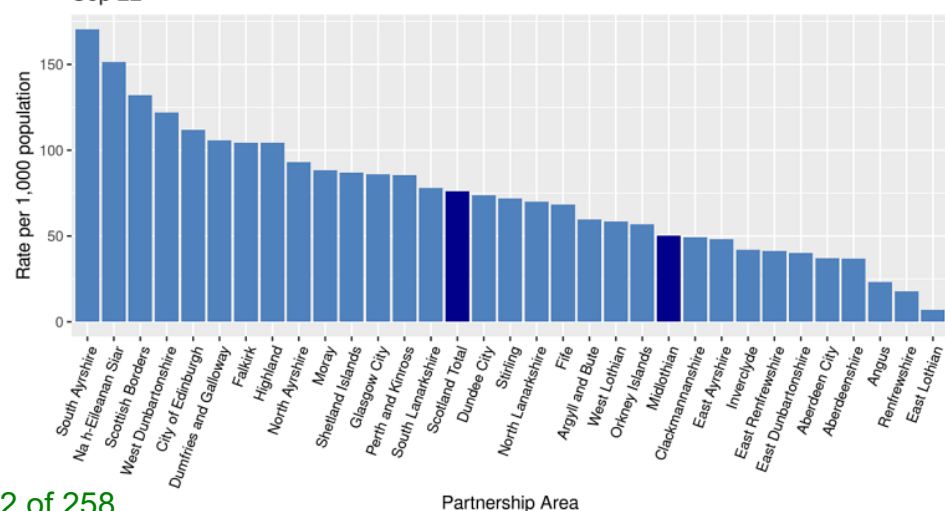
Delayed Discharge Rates per 1,000 Population, Aged 75+  
Sep 22



Occupied Bed Days for Delayed Discharges - Rate per 100,000 Population, Aged 18+  
Sep 22



Occupied Bed Days for Delayed Discharges - Rate per 1,000 Population, Aged 75+  
Sep 22



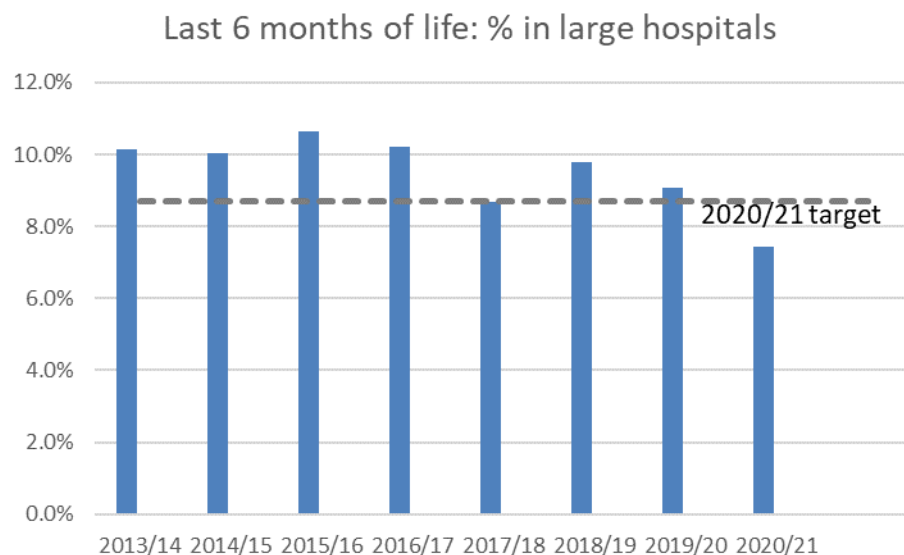


# End of Life - Percentage of Last Six Months Spent in Large Hospitals

Source: MSG data release Oct-22; data published up to 2020/21

Target = decrease	Annual
2020/21 Target	<8.7%
2019/20	9.1%
2020/21	7.5%

- The 2020/21 target was met





## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:  
alcoholanddrugsupport@gov.scot

**NAME OF ADP:** Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP)

**Key contact:**

**Name:** Martin Bonnar  
**Job title:** MELDAP Team Manager  
**Contact email:** mbonnar@eastlothian.gov.uk

### I. DELIVERY PROGRESS REPORT

#### 1. Education and Prevention

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please select those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input type="checkbox"/>
Events/workshops	<input checked="" type="checkbox"/>

MELDAP has funded a Recovery Festival in Dunbar in 2021/22. The event had been planned as an on-line [as a result of Covid restrictions] in 2021/22 however, it was agreed to deliver this in September 2022 as a public physical/face to face event

Accessible formats (e.g. in different languages) ☐

Please provide details...

Other ☐

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
----------------	---------------	----------	-------

General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Overdose Awareness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Please specify...Children Affected by Parental Substance Use (CAPSU) training for Foster and Kinship Carers. Online training to support Positive Approaches to Risk (alcohol and drugs) document developed in partnership with MYPAS and Midlothian Council as part of GIRFEMC working Group.

Click or tap here to enter text.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

Teaching materials ☐

Youth Worker materials/training ☒

Promotion of naloxone ☒

Peer-led interventions ☒

Stigma reduction ☒

Counselling services ☒

Information services ☒

Wellbeing services ☒

Youth activities (e.g. sports, art) ☐

Other ☒ Please see 1.2 above with regards to Positive Attitudes to Risk document.

1.4 Please provide details of where these measures / services / projects were delivered.

Formal setting such as schools ☒

Youth Groups	<input type="checkbox"/>	
Community Learning and Development	<input type="checkbox"/>	
Via Community/third Sector partners or services	<input checked="" type="checkbox"/>	
Online or by telephone	<input checked="" type="checkbox"/>	
Other support	<input checked="" type="checkbox"/>	Please provide details...Community based 1:1

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes ☒

No ☐

1.6 What proportion of license applications does Public Health review and advise the Board on?

All ☒

Most ☐

Some ☐

None ☐

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words). Midlothian Council in partnership with Midlothian Young People's Advice Service (MYPAS) has developed a Positive Approaches to Risk document for all relevant services. This document covers areas such as substance use, sexual health, gambling and mental health. The document has been supported by a series of online training events. East Lothian Council has also adopted the document. The same service (MYPAS) has developed specific support in terms of LGBT+ young people's use of substances, alcohol in particular. As the service provides a range of related services; mental health, sexual health it is able to provide holistic support in areas of young people's behaviours such as alcohol use/sexual health, cannabis use/mental health.

## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

Fibro scanning	<input type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input type="checkbox"/>
Psychosocial counselling	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/> MELD as well as providing psycho- social interventions offers a range of complimentary therapies including auricular acupuncture.

2.2 Please indicate which of the following approaches services used to involve lived experience / family members (select all that apply).

For people with lived experience:

Feedback / complaints process	<input checked="" type="checkbox"/>	
Questionnaires / surveys	<input checked="" type="checkbox"/>	
Focus groups / panels	<input checked="" type="checkbox"/>	
Lived experience group / forum	<input checked="" type="checkbox"/>	
Board Representation within services	<input type="checkbox"/>	
Board Representation at ADP	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	A third sector partner conducted a piece of local research through interviewing 20 people about their drug use. The group involved in the research identified were people at high risk because of their long-term use, poly-drug use and being socially isolated. The research was provided as evidence to the MAT Implementation Support Team [MIST] as part of the assessment of the MELDAP areas preparations for the full delivery of the Medication Assisted Treatment Standards. MELDAP, through Third Sector partners, employs a number of peer workers. Because of their unique role, peer workers provide 'informal' feedback from their work with people to managers on a range of service related issues. An annual Service User Survey is carried out by MLSUS in Dalkeith. There is also a survey carried out with a focus on access and use of services within the No11 collective service provision. MELDAP commissioned two advocacy services run by CAPS and Access to Industry. Through QI meetings themes are identified, for example, complaints about quality of treatment received.

*For family members:*

Feedback/ complaints process	<input checked="" type="checkbox"/>	
Questionnaires/ surveys	<input checked="" type="checkbox"/>	
Focus groups / panels	<input type="checkbox"/>	
Lived experience group/ forum	<input type="checkbox"/>	
Board Representation within services	<input type="checkbox"/>	
Board Representation at ADP	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	MELDAP's programme of QI meetings with Circle, Children 1st and Midlothian Family Support Group, ensure family related issues and concerns are highlighted. Services such as CAPS (Advocacy Service) collect in a planned and systematic way through structured interviews, the views of people who have used their service including reporting on the main reasons people sought an advocate.

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

Feedback from previous consultation and stakeholder events has been used to shape service provision. COVID has meant that few face-to-face events have taken place over the last 12 months. The local action research mentioned earlier was used to develop the idea of low threshold cafes, which are in the process of being set up in locations across East Lothian and Midlothian.

The MELDAP Commissioning and Performance Group has two peer workers as members. These are people with lived experience. There is a commitment to include people with lived and living experience on the MELDAP Strategic Group. This process was delayed because of COVID restrictions and the introduction of the Lived and Living Experience panels, which will play an increasingly important role. MELD through its team of peer workers has been involved in formative discussions about the development of L&LE Panels.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

Planning, I.E. prioritisation and funding decisions	<input type="checkbox"/>	
Implementation, I.E. commissioning process, service design	<input checked="" type="checkbox"/>	
Scrutiny, I.E. Monitoring and Evaluation of services	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Please provide details...

Please give details of any challenges (max 300 words)

2.5 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

a) Yes ☒  
No ☐

b) If yes, please select all that apply:

Peer support / mentoring ☒  
Community / Recovery cafes ☒  
Naloxone distribution ☒  
Psychosocial counselling ☐  
Job Skills support ☒  
Other ☐ Please provide details...

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

Click or tap here to enter text.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes ☒  
No ☐

Please provide details (max 300 words)

Number 11 (Recovery Hub) is an integrated building housing mental health, SUS, Justice and Third Sector services. There are shared care pathways between each service, and lead agency standard operational procedure. No 11 has a no wrong door approach, partners work collaboratively and in partnership, provide joint shared care when required for each individual who access the services within No 11.

Number 11 has a standard operating pathway for dual diagnosis. Mental health support is routinely available as all registered nursing staff are trained mental health nurses. They also engage with other mental health specialist staff if a person requires shared care. The treatment, care and support provided includes Third Sector and peer support for psychosocial intervention, and lived experience support.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

MELDAP provides funding for Health in Mind Community Mental Health & Wellbeing Team. The service can support people with multiple difficulties/diagnoses at the same time or in taking early recovery steps. The service takes a holistic approach to support people with the focus not on a diagnosis but on phenomena/difficulties experienced by people. The support provided includes one to one support, peer one to one and group support, peer volunteer matches, community wellbeing, arts & crafts groups, psychoeducational groups, art psychotherapy and befriending - all these activities/supports are accessible to people with substance use and mental health difficulties. This support includes peer one to one and group support for BAME people experiencing mental health and substance use difficulties, overcoming language and cultural barriers. Health in Mind also provides opportunities for people who experience mental health and substance use difficulties by providing support to gain access to unpaid and paid employment. People are supported to access other services when appropriate. This is delivered by working in partnership and collaboration with other statutory and Third Sector services to provide a network of support for people to address their both substance use and mental health issues. SMART Recovery groups and healthy lifestyle self-management groups are also provided.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes ☒  
No ☐

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

MELDAP has developed a ROSC over a number of years and the system continues to evolve. The services provided include two recovery cafes, the Recovery College, peer workers and a variety of support groups including SMART groups linked to the recovery groups, online support and mutual aid groups such as AA and NA. The Lothian and Edinburgh Abstinence Programme (LEAP) provides ongoing support to those completing the 12 week programme as well as to family members. Over the last 12 months MELDAP has introduced the Innovation Fund aimed at encouraging grass root groups and communities to develop new ideas to deal with substance use and promote recovery. For example, through the MELDAP Innovation Fund the Ridge project based in Dunbar commenced work on the development of a Recovery Festival, the initial festival being delayed because of COVID 19, though plans are now in place for a September 2022 Recovery Festival. If successful, it is hoped that this model of Recovery Festival will be replicated in communities across the MELDAP area.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

All services ☐



The majority of services ☒  
Some services ☐  
No services ☐

Please provide a summary of progress (max 300 words)

Planning commenced to undertake a trauma informed 'walk through' of MELDAP's two recovery hubs and a trauma informed training programme linked to the MAT standards has been developed. No 11 is also a trauma informed building and Midlothian was the pilot site for Trauma informed training

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

Alcohol harms group ☐  
Alcohol death audits (work being supported by AFS) ☐  
Drug death review group ☒  
Drug trend monitoring group / Early Warning System ☐  
Other ☐ Please provide details...

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)  
Alcohol related deaths of people who were in receipt of specialist service are reviewed by a significant adverse event meeting where a local case review is completed. If there is any learning identified, it is shared and implemented into practice  
As a consequence of the COVID19 pandemic, suitably qualified staff could not be identified either through Public Health/NHS Lothian or through universities to undertake a wider review of deaths in Lothian. This pan Lothian work will continue into 2022/23.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)  
In 2021/22, Drug Related Deaths (DRD) were reviewed in Midlothian and East Lothian. Previously the Lothian Substance Misuse Directorate which instigated an internal review process based on a "peer scrutiny" model, reviewed the deaths of people who were involved with an NHS service. Following the localisation of this process for governance purposes, DRDs cases are reviewed by a local HSCP SAE meeting for case review. Any lessons identified are shared and implemented into practice. Currently, there is a re-development of the process that previously reviewed those deaths of people not in service. Learning and trends are reported to the MELDAP Strategic Group and to the Drugs Harm Oversight Group at an NHS Lothian level. This work also informs developments and service changes at a Lothian as well as a Midlothian and East Lothian level.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

The nature of the template does not fully support reporting of the wide range of activities undertaken by the partnership aimed at reducing harm, supporting people most at risk and support to families and promoting recovery.

For example, MELDAP continued to provide digital support to those most in need through the provision of mobile phones, tablets and digital top-ups, an approach that continues to evolve to include engaging people who have experienced a Non Fata Overdose (NFO). The work of teams in providing assertive outreach to the most vulnerable including homeless and hostel accommodation and primary care with a specific emphasis on young people. The role of support provided to families for example, the role of adult carers and family members in supporting treatment and recovery goals is not fully captured.

### 3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes ☒  
No ☐

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes ☒  
No ☐

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

- Yes ☒  
No ☐

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

MELDAP contributed to Children's Services planning and activities linked to both council's respective GIRFEC/CSP boards. A series of core risk messages around alcohol and drug use were developed by Midlothian as part of a broader GIRFEC agenda to address risk-taking behaviours. MELDAP is represented on the East Lothian and Midlothian Public Protection Quality Group (EMPPQ) and reports on a number of performance measures on a quarterly basis. MELDAP also provided thematic reports to management groups in both Health and Social Care Partnerships as well to both Integrated Joint boards.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

- Improved ☒
- Stayed the same ☐
- Scaled back ☐
- No longer in place ☐

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

- Improved ☒
- Stayed the same ☐
- Scaled back ☐
- No longer in place ☐

3.6 Did the ADP have specific support services for adult family members?

- a) Yes ☒
- No ☐

b) If yes, please select all that apply below:

- Signposting ☒
- One to One support ☒
- Support groups ☒
- Counselling ☐
- Commissioned services ☒
- Naloxone Training ☒
- Other ☐ Please provide details...

3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved ☐
- Stayed the same ☒
- Scaled back ☐
- No longer in place ☐

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area.

MELDAP currently funds two services, Circle and Children 1st both of which use family inclusive approaches. This funding was used to appoint additional staff, including peer workers to increase service capacity and reduce waiting times for support.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words) Circle have received £50k for one full time Family Outreach Worker from this fund. This post is funded for one year. This post holder worked with 15 whole families intensively over the course of the year with a caseload of around ten families at any one time. Outcomes include reduction or stability in relation to parental substance use; support into recovery services and to access routine appointments; reduced risk of harm from parental substance use; improved safety and parental emotional availability and efficacy via Parents under Pressure programme and wider parenting work. Advocacy for family members to have their views heard informally and within service systems. Ecological work around living conditions, housing, access to benefits, rights and entitlements. This is always strengths based and solution focused. Children's views are also expressed (by creating safety) and with support focusing on their development and potential. Circle worked alongside many partners across the whole of East Lothian on an outreach basis. Children 1st provided a similar whole family based service in Midlothian and two family project workers were added to the core service. Children 1st successes were measured against an agreed outcomes framework. Like Circle, it was the strength of relationships Children 1st had have made with whole families for outcomes that have transformed lives. i.e. Families will have improved financial stability.

Outcomes achieved included:

Improved communication between family members: 87% success

Families report better conflict resolution, Families listen to each other more

Families understand each other better

Families are more connected to local community: 63% success

Attendance at local events i.e. weekend activity sessions, cooking on a budget group

Greater connection with partner agencies

Numbers of families attending support sessions

Numbers of parents / families engaging with support from partner agencies

Parents will be providing a safer, more stable environment for their children: 100% success (child will be safer). 68% (parents more able to recognise the impact)

Parents will be more able to recognise the impact substance use has / had on their family

Children will feel safer

Children will be more able to express their feelings and have a voice within their family: 87% success

Children will have a better understanding of parental substance use

Children will feel less anxious

Children will feel happier.

b) If no, when do you plan to do this?

Click or tap here to enter text.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		

#### 4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes ☐
- No ☐
- No prison in ADP area ☒

Please provide details on how effective the arrangements were in making this happen (max 300 words)  
Click or tap here to enter text.

4.2 Has the ADP worked with community justice partners in the following ways? *(select all that apply)*

- |   |   |
|---|---|
| Information sharing   | <input checked="" type="checkbox"/>             |
| Providing advice/ guidance                                      | <input checked="" type="checkbox"/>             |
| Coordinating activities   | <input type="checkbox"/>                        |
| Joint funding of activities                                     | <input type="checkbox"/>                        |
| Access is available to non-fatal overdose pathways upon release | <input checked="" type="checkbox"/>             |
| Other   | <input type="checkbox"/> Please provide details |

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? *(select all that apply)*

- |                             |   |
|-----------------------------|---|
| Information sharing         | <input checked="" type="checkbox"/>             |
| Providing advice/ guidance  | <input checked="" type="checkbox"/>             |
| Coordinating activities     | <input type="checkbox"/>                        |
| Joint funding of activities | <input type="checkbox"/>                        |
| Other                       | <input type="checkbox"/> Please provide details |

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| Diversion From Prosecution      | <input checked="" type="checkbox"/> |
| Exercise and fitness activities | <input checked="" type="checkbox"/> |
| Peer workers                    | <input checked="" type="checkbox"/> |
| Community workers               | <input checked="" type="checkbox"/> |

Other

☐ Please provide details...

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution ☐

Exercise and fitness activities ☒

Peer workers ☒

Community workers ☐

Naloxone ☒

Other ☒

Exercise and

fitness activities –Where this is identified as a need services in East Lothian have provided gym and swimming passes to service users. However, data on the legal position of the recipient (whether it is community disposal or following a period of custody) is not collected. Although, East Lothian Justice do not employ peer workers directly they do refer and signpost to appropriate services including Heavy Sounds and Aid & Abet, as well as colleagues providing direct SUS peer support/services. Community workers – East Lothian Justice Social Work employ Social Work Assistants who deliver Voluntary Throughcare. Naloxone is also provided by workers within JSW service) Other:•JSW provide VTC to anyone released from custody and not subject to Statutory Licence/Order for 12 months after release (more details below)• TRANSITION – pre-release multi-agency meetings are provided to focus on service user needs including SUS, housing, ETE, Health .

...

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

East Lothian Justice Social Work Service provide support, referral, advocacy, guidance and direction to service users where substance use (drugs or alcohol) is related to their offending behaviour. They are person-centred and always seek community-based disposals for those affected by substance use as we recognise this as a health and wellbeing issue often rooted in trauma and adverse childhood experiences. They undertake a whole person assessment and try to match provision to individual need.

Although they complete risk assessments they also focus on outcomes using the Justice Outcomes Star to support the service user to identify their goals and motivation for change. The service recognises that there is not a single solution to substance use issues and aims to work with partners to look at alternatives – assessments take cognisance of educational programmes, substitute prescribing, residential support, counselling, drop-in provisions etc. so the individual can then engage on their own terms to increase likelihood of a positive outcome.

TRANSITION supports pre-release planning and aims to make sure services have and/or, can be accessed in advance of release. We also work closely with housing colleagues to reinforce and implement SHORE where possible; engaging at point of sentence to prevent or reduce the likelihood of homelessness.

Social Work Assistants support service users to engage in wellbeing activities, including drop-in sessions, counselling and addressing isolation where substance use is clearly indicated. The intervention is user driven and we work on motivation and empowerment. The voluntary nature of this provision also supports 'stickability' where the SWA will continue to seek engagement on a regular basis – this increases the chances of the worker being available when the individual starts to become change ready.

Midlothian Justice Service works in collaboration with Third Sector partners to ensure that they are able to meet the needs of those who reside in Midlothian at the earliest possible point in their journey through the Justice system. For those identified as having risk and needs related to

alcohol and/or drug treatment, interventions are provided by Change Grow Live (CGL) as part of Fresh Start and EMORS. They work together to meet and engage with individuals who have been arrested and detained at St Leonard's Police Station Edinburgh, three times per week. This service is also available for those detained at Dalkeith Police Station but access to the cells has not been consistent. When EMORS/Fresh Start staff are not physically present at the cells; referrals are made by the custody nursing team and by police. For the year 2021 - 2022 this involved:

No. of people seen at St Leonard's by EMORS or Fresh Start: 771 (all areas), number assessed (Edinburgh, Midlothian and East Lothian)

- 63 community referrals (includes arrest referral), 97 supported
- 6 structured deferred sentence referrals, 6 supported (includes those referred prior to the start of the year)
- 11 throughcare referrals, 14 supported (includes those referred prior to the start of the year)
- 1 HDC referral, 4 supported (includes those referred prior to the start of the year)
- 2 ROLO referrals, 3 supported (includes those referred prior to the start of the year)
- Release from custody;

The Number 11 Allocation Service provides a holistic service to all those leaving custody using pro-active in reach work with individuals, prior to release, to provide co-ordinated, person centred and solution focused support to maximise a successful transition back into the community. Those referred through the Number 11 Allocation Service also includes individuals whose cases have been dealt with by the Alcohol Problem Solving Court and those subject to Community Payback Orders and who have an identified alcohol or drug treatment related need. Over the course of 2021 - 2022 Fresh Start and EMORS provided the following data:

- 8 community (includes 6 arrest referral) referrals, 14 people supported (includes those referred prior to the start of the year).
- 161 phone calls attended, 32 face to face appointments attended
- 8 throughcare referrals (includes 2 referred via arrest referral), 16 people supported (includes those referred prior to the start of the year)
- 144 phone calls, 40 face to face

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## Midlothian

### II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

#### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	909,677
2021/22 Programme for Government Funding and National Mission Funding	217,396
Additional funding from Integration Authority	
Funding from Local Authority	60,870
Funding from NHS Board	242,913
Total funding from other sources not detailed above	74,893
Carry forwards	231,370
Other	
<b>Total</b>	<b>1,559,482</b>



**B) Total Expenditure from all sources**

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	23,455
Community based treatment and recovery services for adults	785,021
Inpatient detox services	6,809
Residential rehabilitation (including placements, pathways and referrals)	111,338
Recovery community initiatives	138,618
Advocacy services	0*
Services for families affected by alcohol and drug use (whole family Approach Framework)	0*
Alcohol and drug services specifically for children and young people	308,047
Drug and Alcohol treatment and support in Primary Care	28,563
Residential Rehab	0*
Whole family Approach framework	0*
Outreach	0*
Other	
<b>Total</b>	<b>1,401,851</b>

Please note "0\*" figures above. It is not clear what the Scottish Government wants us to report on. For example, you note different funding sources from expenditure sources. Consequently, we have reported on core spends. Midlothian Health & Social Care Partnership/MELDAP are content to report further on other specific new funding if required.

**Additional Finance Comments** –The spend programme is cast over a 3-year period, to ensure financial sustainability, however due to the level of carry forward the HSCP will accelerate investments in 2022/23. The carry forward will be used to:

- 1] Providing a 3% uplift to all local services for 3 years.
- 2] Implement recommendations from the Midlothian and East Lothian Health Needs Assessment.
- 3] Expand women specific responses to reduce barriers to access and ensure services are women and friendly focused.
- 4] Provide funding for "Low threshold" cafés in community locations in Midlothian
- 5] Carry out an Alcohol Death review.
- 6] Fund MLSUS Admin increase from 0.8 WTE to 1 WTE.
- 7] Fund MLSUS 1.8 WTE Band 6 Nurses.

It should be noted that the impacts of Covid 19 and recruitment challenges have effected spending plans in 2021/22.

In addition, please note the "0\*" figures above. The spend for these areas fall under the new allocations that were received and as such are not reported in the document. The funding and spend only relates to the core ADP funding.



# COMMUNITY PAYBACK ORDER ANNUAL REPORT

FINANCIAL YEAR: **2021/22**

LOCAL AUTHORITY: **Midlothian Council**



1) In this section, please give examples of work with people subject to CPOs specifically to **address offending behaviours and the risk of reoffending**. (Bullet points will suffice. Max 300 words.)

One to one work undertaken with all individuals subject to a CPO. Those on a Supervision requirement receive interventions which are trauma informed, informed by ongoing research and related to identified risk and needs. In addition:

Women:

Structured interventions provided by Spring Service and composed of three elements:

1. One to one support to prepare the person for group work
2. A structured 11 week group programme, to support women to manage their emotions by building confidence, developing skills and to develop a future plan.
3. Health and wellbeing sessions.

Men:

Structured interventions for men aged 18+ designed to be delivered in 3 phases:

Phase 1: 4-session course based on thinking and Decider Skills.

Phase 2: Emotional Resources Group (ERG). 6-session course developed by the NHS

Phase 3: 'Survive and Thrive' 10-week, psycho-educational course for people who have experienced trauma, focusing on their safety and supporting efforts to create stability

Unpaid Work:

We continue to work innovatively to ensure that 'payback' is meaningful and supports rehabilitation through:

- Partnership working to provide an 8 Week course 3 days per week for a max of 10 clients to work in Newbattle Abbey's grounds. Clients who attended achieved the FOLA (Forest and Outdoor Learning award), First Aid at Work, CPR and Defibrillator Awards, Health and Safety in the workplace Award at Level 5 and The Adult Achievement Award
- Delivered (SCQF) award, Level 4, in Health and Safety in the workplace. 83 Accredited Awards were achieved by 55 clients; 63 of the Certificates were delivered by the Unpaid Work Team In-House.

Delivery of the following accredited programmes: Moving Forward: Making Changes and Caledonian Programme

Venture Trust offers a valuable resource for young people. Through outdoor learning encouraging young people to think about what they would like to achieve and help work towards goals. It also offers community based outreach support as part of an intensive personal development programme to build skills in problem solving, decision making and conflict resolution.

Young people under 18:

- education and training
- help with family issues & parenting
- advocacy – benefits and housing
- participation in offending behaviour programmes
- participation in drug and alcohol programmes
- constructive use of leisure time; and
- Physical and mental health.

2) In this section, please give a summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of a Supervision Requirement**. (Bullet points will suffice. Max 300 words.)

Feedback is sought at the start and the end of the CPO and during the course of an order:

*"Looking at my accountability, I felt different after being at Court and hearing what the victims said. Hearing the victim's account has made me see things from a different perspective and I need to keep doing this"*

*"I don't want to be seen as an angry person. I want to be better and not have to put my children in a situation that would arise if I lost my temper, I would end up in custody".*

*"stealing had become a bit of a habit and wanted to change this, coming in and talking to Rachel about my finances and getting into trouble is helping me".*

*"I was really nervous coming to Stride the first time, well actually I didn't even go! I thought then I would have a mark against my name but the team were great. They meet me on my own and made me feel comfortable to come along to group. I'm really glad I done it cause it was great meeting new people and sharing some stuff that could help us all get a better life. I wouldn't have got that if I hadn't went to Stride"*

*"gives me structure and routine and I meet new people"*

*"helps me understand emotions "*

*"I have learned skills to keep calm and walk away"*

A service user identified positive changes he had made during his order, listing the following as having a direct impact on his use of time, mental health and stability: *"Completing stride; referred to Cyrenians Activities Group. At the end of his completion questionnaire he noted "really pleased to be finsinhing order – proud"*

Another service user commented on the changes that made to his use of substances by learning alternative coping strategies, *"separated from Shirley and didn't have any alcohol, "still smoking cannabis but only use at weekends....compared to start of the order when ...drinking and getting stoned every day". At the end of the feedback form he highlighted the following statements as applying to him: I learnt new skills; I gained confidence; Helped me feel like I had given something back and learned from my mistakes; I made changes to my behaviour and life; I helped my community.*

Young people under 18:

- Support to access training opportunities and apply for college courses
- Support with finances which in turn supported young people to move back with family

3) In this section, please report on the following:

- Types of **unpaid work projects** carried out
- Example(s) that demonstrate(s) **how communities benefited** from unpaid work (Bullet points will suffice. Max 300 words.)

The Midlothian Unpaid Work team focus on the three areas of Midlothian most affected by crime and anti-social behaviour to ensure that reparation is made those communities who have suffered most. Projects include:

- Supporting individual beneficiaries with referrals to the Unpaid Work Team from services across the Health and Social Care partnership. 208 referrals completed in the reporting year. The support of the Unpaid Work Team has been integrated into care packages where we assist vulnerable people with: gardening tasks; removals and general house and garden clear ups. The work enabled those on unpaid work to have a positive impact on the wellbeing of beneficiaries by supporting them to remain safely in their own homes and fully access their garden areas. An example of this work is a referral from the Joint Mental Health Team to assist with a house clearance to support a beneficiary who had been hoarding. This improved the living environment of the beneficiary and improved their safety by reducing fire risk.
- Supporting Foodbanks across Midlothian. This has included collecting donations once a week from local supermarkets and transporting these to the foodbank before helping arrange donations into parcels. In addition to this weekly support we assisted one Foodbank with a Christmas Hamper project, where clients helped package and deliver 276 Christmas Hampers for 459 Adults and 551 Children over the 2021 festive period.
- We continued our Annual Waste Amnesty project targeting Midlothian's 3 highest areas of unregulated fires in the build up to bonfire night; completing 107 uplifts which accounted for 395 combustible items being removed and recycled. The fire service reported a reduction in unsolicited fires and attributes this to the work of the Team.

**4) Summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of an Unpaid Work Requirement**. (Bullet points will suffice. Max 300 words.)**

We incorporate learning opportunities into unpaid work and prioritise the most vulnerable beneficiaries in our communities. This promotes rehabilitation and reintegration into communities whilst creating meaningful opportunities to make reparation.

*"It was good to help the community by delivering food parcels. We helped people who were desperate and struggling"*

*"Unpaid Work saved my life! It would have been a completely different story if I never had UPW. It has changed my routine and pulled me into the light. It has opened my eyes and helped me learn new skills. I gained qualifications including lifesaving and after 4 years of being unemployed has developed my confidence to apply for work."*

Two case studies evidencing the positive impact of UPW:

- 1) DW spoke about thinking that they were just doing an uplift of furniture but realised that it was more than that. He described attending the home of a beneficiary to help make space for a hospital bed by uplifting furniture with the aim being help someone get discharged home. He was positive and animated when talking about his unpaid work not just in terms of the certificates that he was gaining (H&S cert & CSCS card) but the impact of the work on him: *"the work I done made a difference to someone" and "made me feel acknowledged"*
- 2) SN: advised that he has enjoyed being on unpaid work and has been out in the van *"doing a bit of everything from pickups for the bonfires to collecting food for foodbanks*. He stated

that *“what I am doing is helping other people”*. He reflected that the biggest benefit to him as *“I have not worked in 10 years and his is helping me to get back into a work routine by getting me up and out early”*. He stated that through unpaid work he achieved an H&S certificate which enabled him to apply for his CSCS card. *“What we are doing, the people we are helping can’t do it themselves and being a small part of something bigger is really rewarding”*.

Young people under 18:

Unpaid work gave a structure to the days of young people, offering predictability and routine to support young people get a sense of normality. This can be as simple as getting up in the morning, self-travel and setting goals.

Often young people spoke of enjoying unpaid work as they got on with the other adults and often they felt a sense of achievement e.g. contributing to a product such as making/painting benches.

**5) Types of ‘Other Activity’** carried out as part of an Unpaid Work Requirement. You may want to comment on the impact of completing Other Activities, for individuals or for the community. (Bullet points will suffice. Max 300 words.)

See section 1 also.

The Unpaid Work team has continued to develop and implement training pathways for clients undertaking an Unpaid Work Requirement. This starts with all clients completing SCQF award at level 4 in Health & Safety as part of their standard induction onto the Order. Clients have opportunity to undertake further SCQF qualifications including: First Aid, Advanced Health & Safety Training and Manual Handling. Working with the Community Lifelong Learning Team (CLL) a further pathway has been developed for clients to undertake a variety of training courses including; an Adult Achievement Award, CSCS Card, Digital Skills, An Introduction to Wellbeing or to undertake work improving their literacy and numeracy Skills. After completing the partnership run intensive 8 week Programme at Newbattle Abbey, 3 of the clients applied to College and continued into further and higher education.

Clients benefited from increased self-esteem and confidence as evidenced in the following case study:

Ms X completed SCQF Level 4 Health and Safety in the Workplace qualification as part of Unpaid Work ‘other activity’. Following this, Ms X successfully achieved an Emergency First Aid qualification. Ms X was interested in working in the Construction Industry and was supported by the Unpaid work team to apply for her Individual Training Account (ITA) funding online and liked in with the Communities Life Long Learning Team to complete her CSCS course. Ms X was also supported to apply for labouring jobs and was offered three different labouring positions, accepting one of the full time contracts. Ms X successfully completed her Unpaid Work requirement, gained qualifications and transferrable skills and is now in full time employment and been made permanent.

**6) Summary of feedback, may include quotes, from beneficiaries about the impact of Unpaid Work on the community.** (Bullet point will suffice. Max 300 words.)

100% of beneficiaries felt the service they received from the Justice Services was excellent or good. Quotes received about the work to the team include:

*"They responded extremely promptly to my request to help a service user. The team communicated well and completed the house move very quickly."* (Learning Disability Team – Social Worker)

*"They were very helpful and friendly"* (direct beneficiary)

*"The team supported a care experienced young person by collecting and delivering 2 sofas to her new tenancy. Good service provided and this has helped the young person to continue to settle into her new home."* (Children's Services 12plus Team)

*My client is a looked after young person by the CF department. Without the support of the unpaid work team he would not have been able to secure this move to his own home. Great work by all. I appreciate the time and support given to move my young person."* (Children's Services 12plus Team)

*"The Community Payback Team has worked with us for a few years now and continues to provide help and support to our organisation and our community. They provide a team of able bodied people who can work with our staff and volunteers to move food donations, build and maintain structures within the garden and improve the facilities we provide. Some of the payback participants have come to volunteer and even work with us after their orders have completed and so this has further strengthened our organisation and the services we provide to our community. This is a valuable and fruitful partnership for both parties, which greatly contributes to our community wellbeing. We aim to continue and develop this partnership."* (Community Trust Manager)

7) What **organisational challenges** have there been in completing orders effectively this year, both those with Unpaid Work and those with Supervision Requirements? Issues may or may not be related to the covid pandemic. (Bullet points will suffice. Max 300 words.)

Workforce Planning: This was a difficult year for the Justice Service due to the ongoing pressures of working through the pandemic and impact on the physical and mental wellbeing of staff. Lockdown restrictions and requirements for staff to isolate for periods of time, alongside annual leave and sickness absence, has had an impact on staff resilience and our ability to deliver a consistent service. We have utilised additional funding to support service delivery through recruitment of fixed term temporary posts. Whilst an effective short-term measure it does not offer job security. Due to staff absences towards the end of the reporting year, we paused delivery of phase two and phase three of the Stride Service.

Workforce Development: Covid-19 has had an impact on staff development as there have been limited numbers able to attend mandatory training and the frequency of the delivery of these courses has also been reduced. A consequence of this has been fewer staff in the team with the skills and knowledge to assess and manage individuals convicted of a sexual or domestic violence offence. This is an issue which continues to be discussed with Community Justice Scotland.

8) Outline the **main barriers, if any, to accessing community support and wider services** (eg drug and alcohol services, mental health services). How have these barriers been addressed?

Covid -19 has impacted services in terms of service delivery. Staff have indicated that the services we work alongside have worked hard to implement ways of working to reduce the negative impact, including joint working and use of digital technology. The co-location of Justice with colleagues in Mental Health and Substance Use teams has also supported collaborative working.

The third sector have highlighted a range of growing challenges that include the long term impact of COVID-19. Resource and staffing is a shared area of significant concern, in particular the short term fund streams that third sector are finding increasingly unhelpful to deliver essential services with such uncertainty around longer term funding.

An issue and barrier to accessing community support is age. There are no services in place for under 18's to access effective substance misuse services for those who are requiring medical intervention to support abstinence. Children Services are in contact with the Substance Use Service and MYPASS to consider how to increase support.

9) Is there **any other relevant information** you wish to highlight? For example, this may include:

- Areas for improvement and planned next steps
  - New ways of working and benefits achieved from these.
  - Examples of work carried out in collaboration with community justice partners and wider community partners, including the third sector, to deliver CPOs
- (Bullet points will suffice. Max 300 words).

An internal audit of Criminal Justice Social Work Reports led to us delivering training on the following:

- Trauma-Informed Court Report Writing Training,
- Working with people with Autism and Sexual Harm
- Minor Attracted People training
- Staff development days have been held to continue to deliver on staff wellbeing and service development.

We have worked closely with staff in the NHS to allow us to more effectively gather qualitative data on the journey of our service users subject to interventions, including a CPO. Training on Transformational Evaluation (TE) commenced in the reporting year and will continue into 2022-2023; delays in completion occurred as a consequence of staff changes and absence.

Given the ongoing and growing concerns of poverty and the links to crime it was felt DWP could provide additional support to individuals involved with justice services. DWP and Midlothian Community Justice created a bespoke monthly drop in within No11 to give individuals the opportunity to seek advice and discuss a number of factors including benefits and alternative supports. The drop-in has been live for 6 months within the reporting period, in this time 17 people have been supported while attending appointments at No11. Supports have ranged from referrals to bespoke DWP services through to debt management.

COMPLETED BY: Julie Jessup, et al

DATE: 23<sup>rd</sup> September 2022

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## **East Lothian and Midlothian Public Protection Committee Annual Report (April 2021 – March 2022)**

### **Introduction by the Chair**

I am pleased to present the East Lothian and Midlothian Public Protection Committee's (EMPPC) eighth annual report, which seeks to outline key achievements and areas for improvement in the year ahead. Established in 2014 the EMPPC operates within the context of Public Protection national policy and legislation.

The past year continued to pose significant operational pressures across services, as a result of the ongoing impact of COVID on staffing levels, and the resource requirements for developing approaches to respond to the Ukrainian Crisis. This was alongside increased activity in relation to Violence against Women and Girls and increased referrals for adults at risk of harm. Notwithstanding this, operational and strategic staff worked hard to ensure that the highest risk aspects of our public protection responsibilities were prioritised and there was a continued commitment to partnership working to ensure the safety of children and adults at risk of harm and abuse.

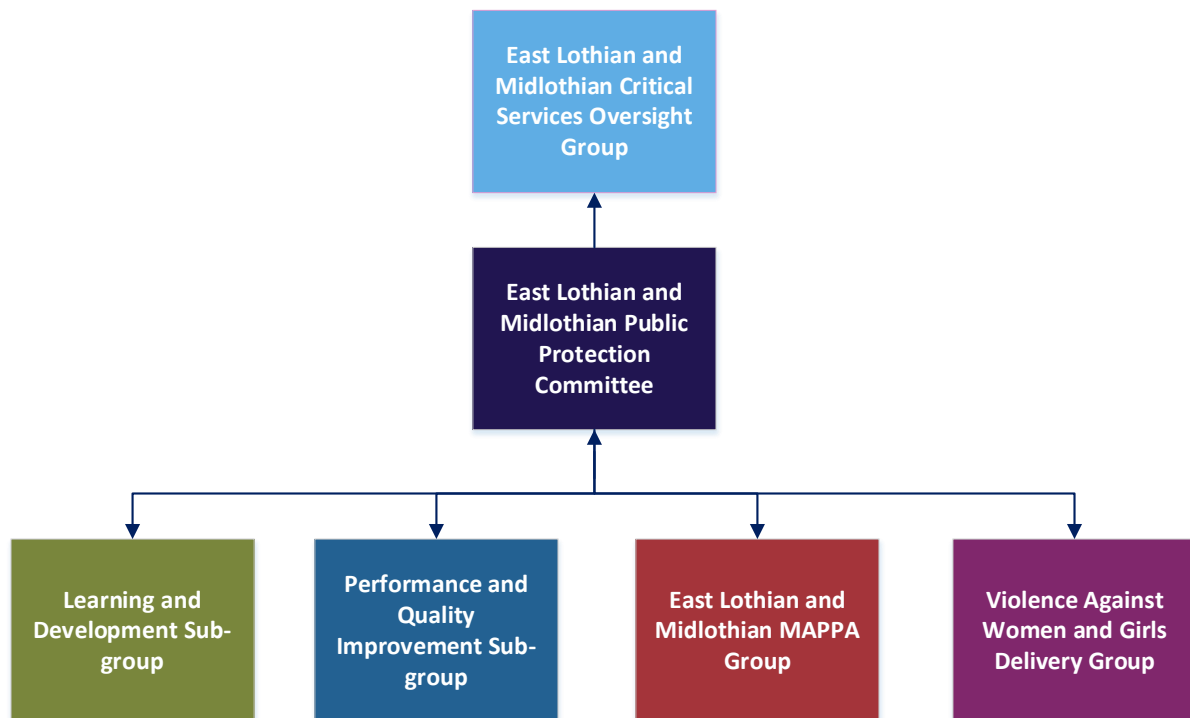
Despite the operational pressures, children and adults at risk of harm and abuse continued to have their needs assessed and supported on a face-to-face basis.

As a Public Protection Committee, we continued to meet on a virtual basis for all the quarterly meetings of our Committee and its associated Sub-groups.

I would like to thank partners for their support, resources, and continued commitment to the EMPPC and associated subgroups in working together to improve public protection services.

Anne Neilson,  
Chair, East Lothian and Midlothian Public Protection Committee

## Strategic Structure for Public Protection in East Lothian and Midlothian



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

The **East Lothian and Midlothian Public Protection Committee (EMPPC)** is the local strategic partnership responsible for the overview of policy and practice in relation to ASP, Child Protection, MAPPA and Violence Against Women and Girls. The primary aim of the Committee is to provide leadership and strategic oversight of Public Protection activity and performance across East Lothian and Midlothian. It discharges its functions through four sub-groups. The Chair is Anne Neilson, Director of Public Protection, NHS Lothian.

The **Learning and Practice Development Sub-group (L&PD)** oversees the development and delivery of the Learning and Development strategy, and our multi-agency training programme. Our Chair for the year was Trish Carlyle, Group Service Manager, East Lothian Health and Social Care Partnership.

The **East Lothian and Midlothian MAPPA Group (EMMG)** ensures that the statutory responsibilities placed on local partner agencies for the assessment and

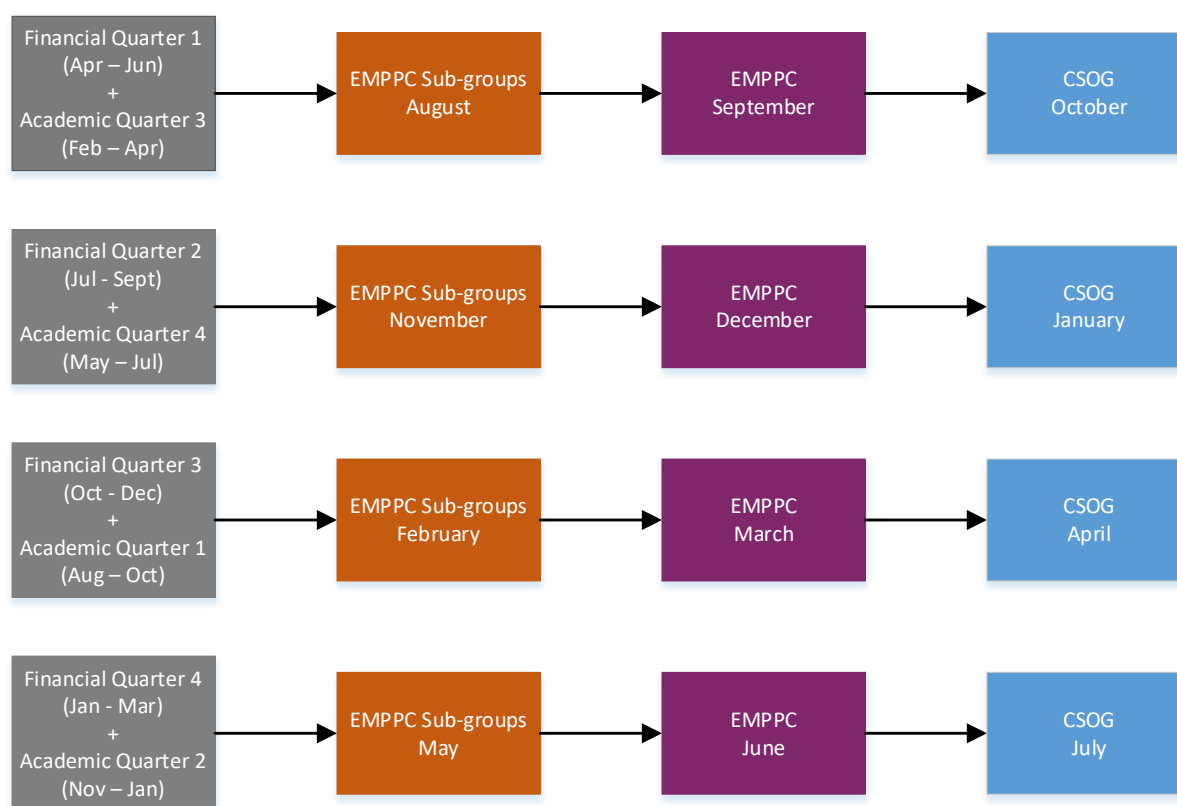
management of risk posed by offenders subject to MAPPA are discharged effectively. The Chair is Judith Tait, Chief Social Work Officer/ Chief Operating Officer, Children's Services, East Lothian Council.

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

The **Violence Against Women and Girls Delivery Group (VAWG)** works to support the delivery of Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls in line with the local context and priorities. The Chair is Keith Mackay, Detective Chief Inspector, J Division, Police Scotland.

## Reporting Cycle of EMPPC

Our Committee runs based on quarterly cycles, as shown in the attached diagram, and the reporting therefore covers the quarters detailed below.



The reporting of data and performance follows the academic quarters for Child Protection. We introduced the use of the national dataset of performance indicators (supported by

CELCIS) in Academic Quarter 2, 2020 – 21. At the time we recognised a potential challenge in considering a mix between financial and academic quarterly reporting, noting that the timeframe between the Academic-end quarter and reporting to EMPPC is almost five months. We introduced a Child Protection Minimum Dataset Sub-group to support more detailed consideration and early scrutiny of the data. This meets prior to the Performance and Quality Improvement (P&QI) Sub-group and worked well during the year.

The reporting of all our other data (ASP, Violence Against Women and Girls, Drug and Alcohol, MAPPA and Learning and Development) follows financial quarters. In the year, we introduced a new reporting format, laying out our data in graphs and charts for easier reading. For ASP data, we introduced a pre-meeting to support the development of the reporting to our P&QI Sub-group, and are taking forward a similar pre-meeting for VAWG data reporting. All our data reports are reviewed and considered by our P&QI Sub-group, and thereafter to EMPPC. Our EMPPC members have welcomed the new format.

## **East Lothian and Midlothian Public Protection Office**

The East Lothian and Midlothian Public Protection Office (EMPPO) supports the delivery of the operational and strategic objectives and priorities of the EMPPC and its Sub-groups. The EMPPO is jointly funded by East Lothian and Midlothian Councils, Police Scotland and NHS (Health and Social Care Partnerships in East Lothian and Midlothian). Its operational base is the Brunton Hall, Musselburgh.

Staff include Senior Business Support Administrator, Business Support Assistant (0.5), Lead Officer for ASP, Lead Officer for Child Protection, Violence Against Women and Girls Co-ordinator, Marac Co-ordinator and Public Protection Manager. The staff within the office are responsible for:

- Working with multi agency partners to promote effective inter-agency policy and practice, by providing consultation, advice and guidance;
- Supporting the implementation of national policies, and developing local procedures and guidance;
- Maintaining an independent overview of inter-agency activity in ASP, Child Protection and Violence Against Women and Girls;
- The co-ordination, delivery and evaluation of multi-agency training, learning and development in the different areas of Public Protection;
- Supporting the collation and review of data and performance information and contributing to the identification and development of improvement actions;
- Co-ordinating the scheduling of meetings of the EMPPC and associated groups, and providing secretariat services to support their smooth functioning;
- Developing and delivering key communications and messages about Public Protection;
- Supporting and co-ordinating the process of carrying out learning reviews and ensuring learning is embedded into practice and policy;

- The operational delivery of the Domestic Abuse Service through the co-location of Domestic Abuse Staff employed by Women's Aid; and
- The operational delivery of Marac.

The EMPPO saw some staffing changes over the reporting period, with a new Lead Officer for ASP joining in March 2021, and a new Lead Officer for Child Protection joining in June 2021 (after a six month vacancy in the post). The Marac Co-ordinator took a period of absence from the post in September 2021, which was filled on a temporary basis the following month. The Domestic Abuse Service staffing complement was increased to three posts with the provision of the new Scottish Government Delivering Equally Safe Funding from October 2021, but we were unable to recruit to this and the other two posts when they became vacant in the latter part of the year. Discussions commenced in the reporting period about the options for a different delivery model for the Domestic Abuse Service, which continued into the year commencing April 2022.

## Adult Support and Protection (ASP)

### Data and performance information

The data reported here is a combination of the annual reporting to the Scottish Government and EMPPC's local performance indicators.

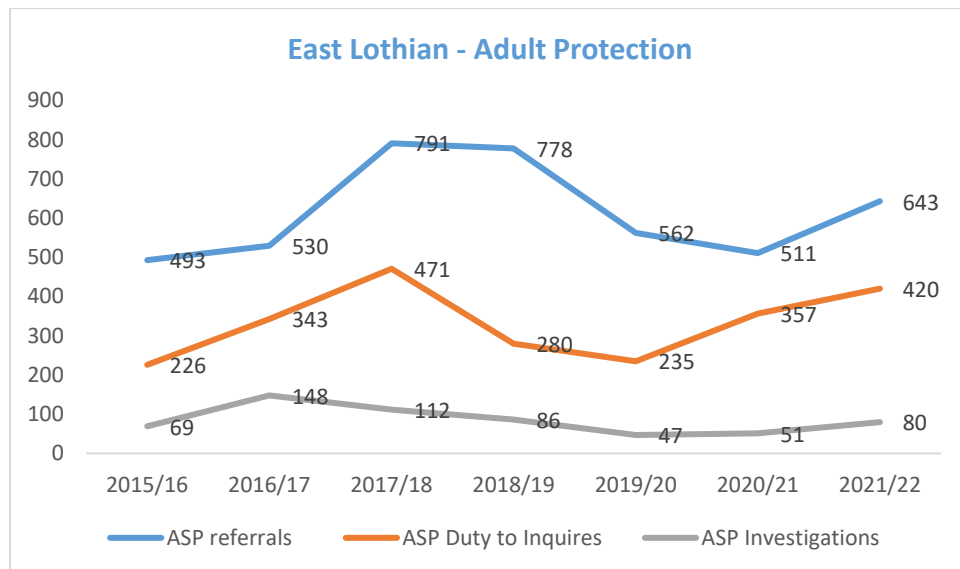
The Adult Support and Protection (Scotland) Act 2007 requires the Council to make inquiries into an adult's wellbeing and financial affairs if it believes the adult might be an adult at risk and they might require measures of protection. The Act requires other agencies to assist the Council with such inquiries. In both areas, a specially trained social worker called a Council Officer participates in a duty rota to undertake referral screening and the Duty to Inquire (DTI). As part of an inquiry, the Council Officer may decide that further investigation is required on a single or multi-agency basis. The purpose of an Investigation by the Council is to establish if the adult at risk is suffering harm and to establish what supports and measures can be used to protect the adult from further harm.

An Inter-agency Referral Discussion (IRD) may be initiated by any of the statutory agencies in line with the local Adult Support and Protection Procedures. This is a vital stage in the process of joint information sharing, assessment and decision making about adults at risk of harm. The core agencies involved in IRD are Social Work, Police and Health. In each area, we operate an IRD Oversight Group, consisting of the core agencies who undertake IRDs (Police, NHS and Social Work) and chaired by the ASP Lead Officer. The Group meets every four weeks to review all IRDs that have taken place during the period, or remain open, authorise closure of the IRD and undertake quality assurance activity.

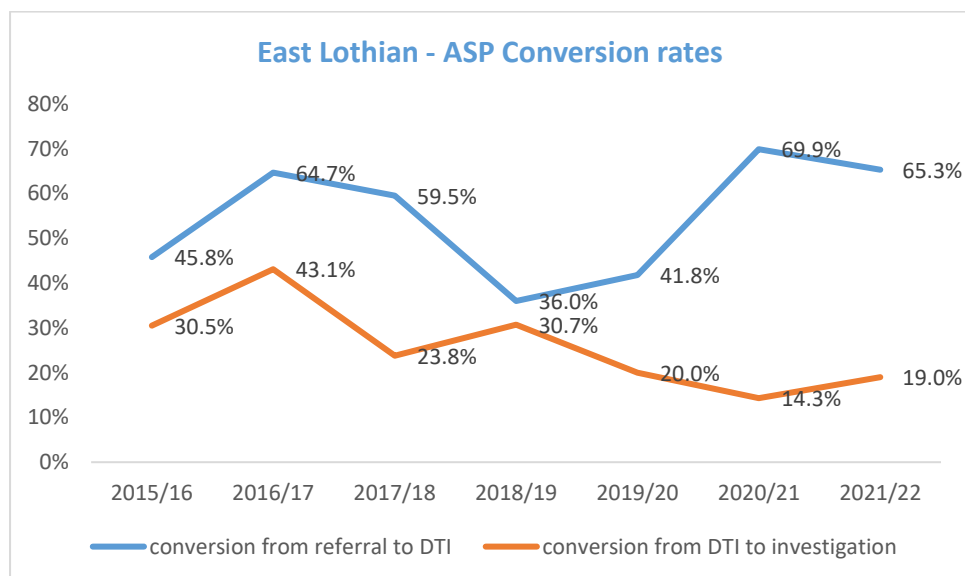
Over the coming year, we will engage in the work that is being undertaken by IRISS and the Scottish Government to develop a national dataset of performance information. We already have a well-established structure through our P&QI Sub-group to support taking this work forward.

## East Lothian ASP Data and Performance Information

### Number of ASP Referrals, Duty to Inquires and ASP Investigations



There were 643 referrals categorised as ASP in the year, an increase of 25.8% (132) from the previous year. In the year, there was an increase of 17.6% (63) of the number of DTIs completed. The number of ASP Investigations increased by 29, which was an increase of 56.9%.



65.3% of referrals badged as ASP converted to a DTI, a slight decrease from the previous year, when 69.9% of referrals converted to a DTI. In the year, 19% of DTIs led on to an ASP Investigation, a slight increase from 14.3% the previous year.

### Referral source

Of the 643 referrals received under ASP, the three most frequent sources were Police (24.9%, 160), other organisations (16.5%, 106) and NHS (14.0%, 90). Police have been the most frequent referrer for the past four consecutive years. Other organisations (e.g. third

sector care at home providers) remained as one of the top three referrers of ASP to the Council with an increase in the proportion of their referrals from the previous year. This appears to reflect the increase in face-to-face contact with adults when lockdown restrictions eased.

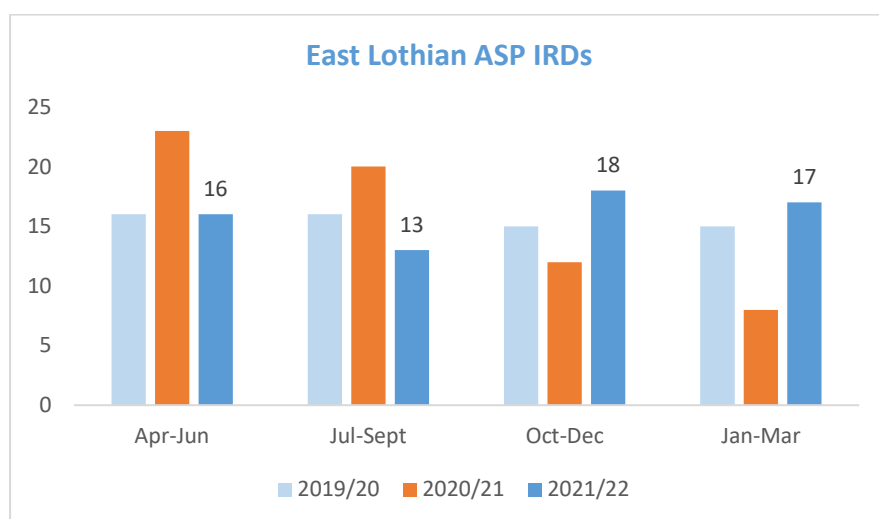
Source of referrals East Lothian	Number of referrals
Police	160
Other organisation	106
NHS	90
Others	79
Social Work	60
Family	29
Scottish Fire & Rescue Service	27
Scottish Ambulance Service	25
Council	25
Friend/Neighbour	16
GPs	10
Care Inspectorate	8
Anonymous	5
Office of Public Guardian	<5
Self (Adult at risk of harm)	<5
Other member of public	<5
<b>Total</b>	<b>643</b>

### Duty to Inquire

In the year, there was an increase of 17.6% (63) of the number of DTIs completed. In East Lothian, Council Officers completed 81.0% of Duty to Inquires within our local standard of seven calendar days. The two main reasons identified for the standard not being achieved were absence of the Council Officer who commenced the DTI (leave and sickness absence) and awaiting information from other professionals (most commonly health professionals). Whilst this was a similar percentage to the previous year (81.8%), there was an increase of 63 DTIs undertaken in the year, with no additional staffing resources to meet the increased demand around ASP work in East Lothian in the year. During the latter part of 2021/22, there has been a strengthening of the oversight arrangements for ASP work, and we should anticipate increased performance in the coming year.

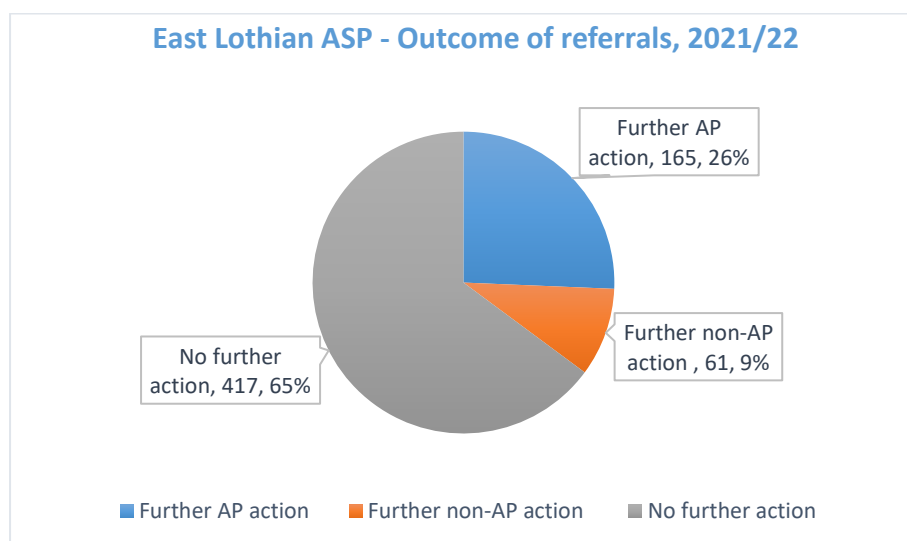


## Inter-agency Referral Discussions



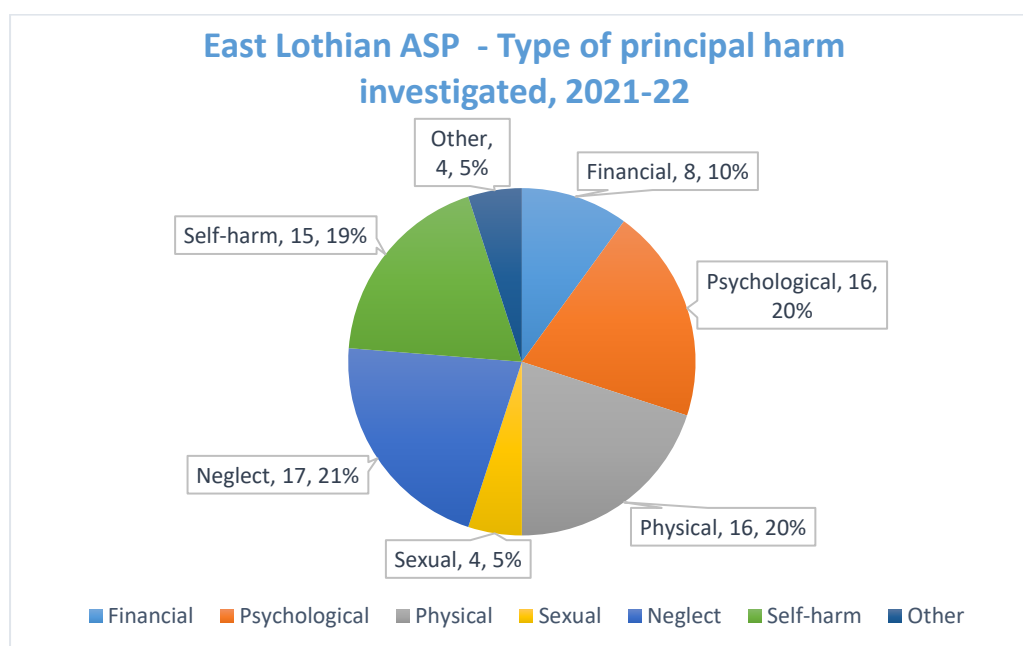
In the year, there were 64 Inter-agency Referral Discussions (IRDs) for ASP, with an even spread over the four quarters. We have not seen an increase in IRDs correlating to the increase in referrals, DTIs and Investigations, and have seen little change over the three years in the number of IRDs undertaken.

## Outcome of ASP referrals

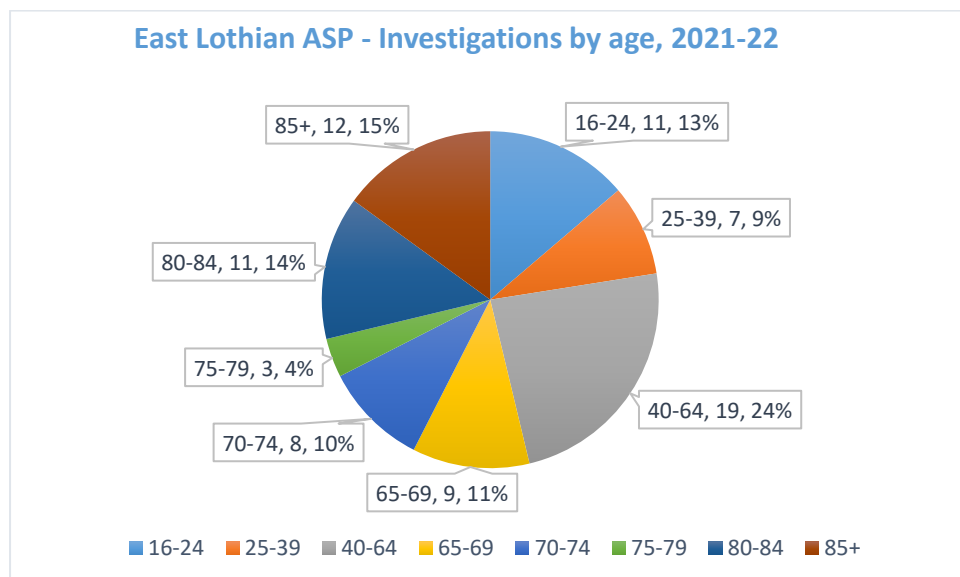


35% of ASP referrals made in the year had some form of further action. This was only a slight decrease from 38% the previous year.

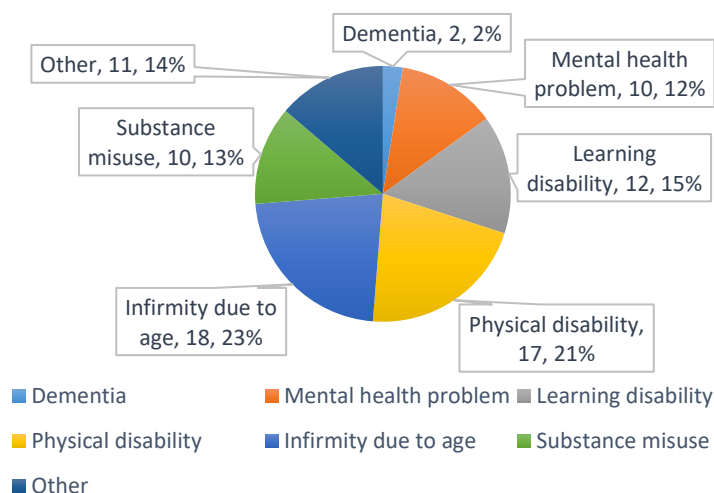
## Profile of Investigations



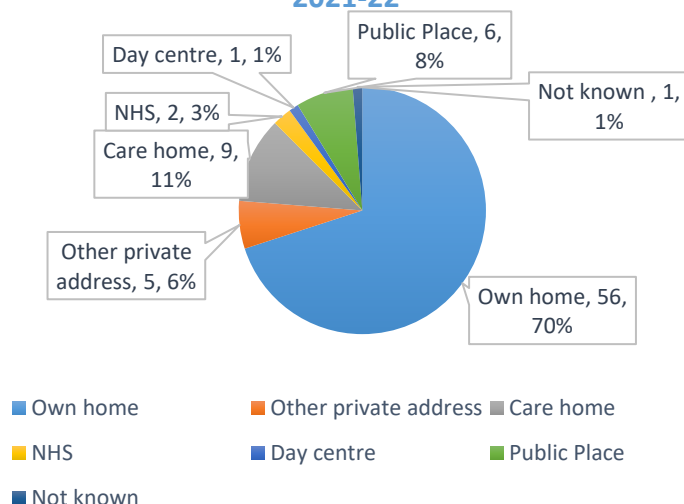
There are seven major categories of harm reported annually under ASP. In East Lothian, the most common type of harm investigated under ASP in 2021-22 was neglect (including self-neglect), followed by psychological and physical harm. This was a shift from the previous year, where the most common type of harm investigated was financial harm. Financial harm has been the most common type of harm investigated in four of the last six years. This was the theme for our successful Adult Support and Protection Learning Event for ASP Day in February 2022.



### East Lothian ASP - Investigations by client group, 2021-22



### East Lothian ASP - Investigations by location of harm, 2021-22



The location of harm experienced by the adult was the adult's own home for 70% (56) of ASP Investigations. There was no shift in gender balance from the previous year, with females accounting for 61% (49) of all ASP Investigations and 35% (28) being male (three cases where the gender was recorded as not known, which is likely to be explained as a recording error). 29% of ASP Investigations were for adults over the age of 80, with a pattern of Investigations in this age group more likely to be for females.

There is a notable under-recording (by 51%) of the ethnic group of adults who are the subject of an ASP Investigation. This is a similar percentage to the previous year and is a recording issue to be addressed in the coming year.

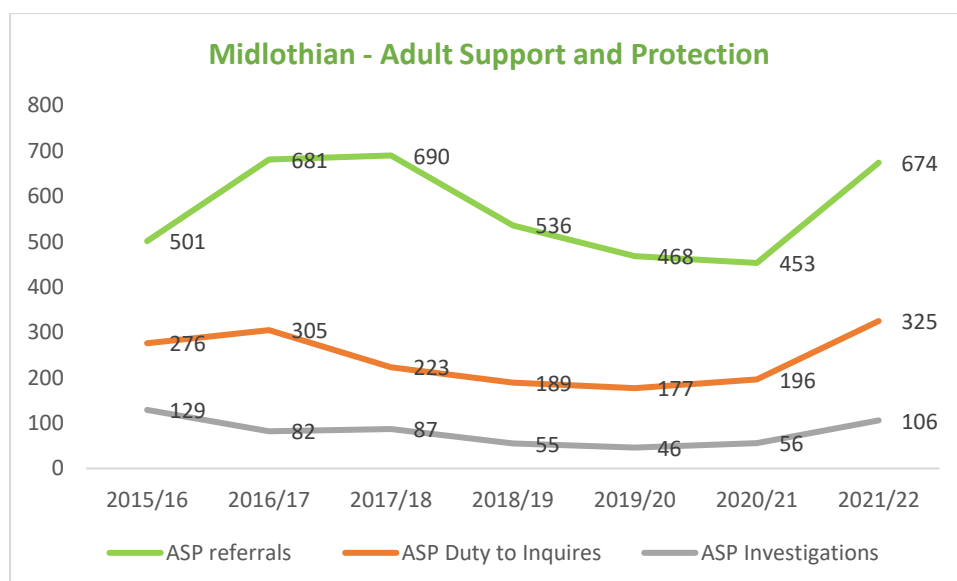
### ASP Case Conferences

In East Lothian, there were 51 ASP Case Conferences in the year, of which 26 were Initial Case Conferences and 25 Review Case Conferences. The standard is to hold these within 21 days from the date of the IRD to the Initial Case Conference, and within three months for

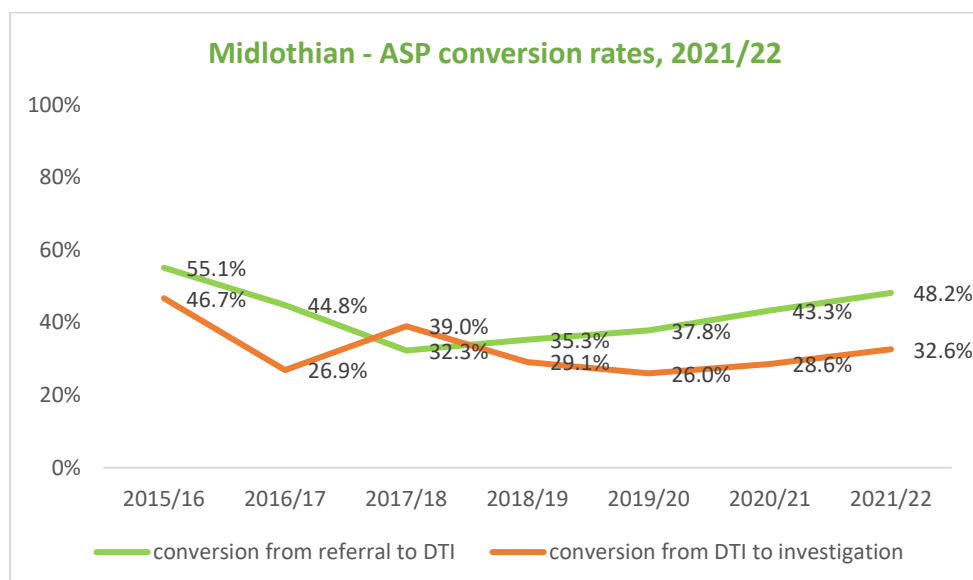
the Review Case Conference. 66.7% of Case Conferences were held within our timescale standards. Where timescales standards were not met, in 17 cases, this was due to a combination of staffing absences arising from COVID, and in some instances ensuring that the meeting had the right people in attendance. There was no identified detrimental impact to the adult where the Case Conference did not take place, as there was an interim safety plan in place. The timescale standard for completion of the report by the Council Officer no later than three days before the Initial Case Conference was met in 80.8% of cases (21 of 26 cases), and again, where not met, this was due to staffing absence. Adult Support and Protection Case Conferences continued to adopt a hybrid approach of Virtual Meetings, with the adult supported to attend where appropriate, and Health and Police personnel attending virtually. Through our P&QI performance reviews and self-evaluation activity, we identified that there was a need to improve the consideration and use of advocacy in ASP cases, and took steps to promote advocacy services to Council Officers.

## Midlothian ASP Data and Performance Information

### Number of ASP referrals Duty to Inquires and ASP Investigations



In Midlothian, there were 674 referrals categorised as ASP in the year, an increase of 48.8% (221) from the previous year. In line with an increase in referrals, there was a corresponding increase of 65.8% (129) in the number of DTIs completed.



48.2% of referrals badged as ASP converted to a DTI, a slight increase from the previous year, when 43.3% of referrals converted to a DTI. In the year, 32.6% of DTIs led on to an ASP Investigation, a slight increase from 14.3% the previous year.

### Referral source

Of the 674 referrals received under ASP, the most frequent referral source was NHS, who made 21.4% of all referrals under ASP. Other organisations made 19.0% of referrals and

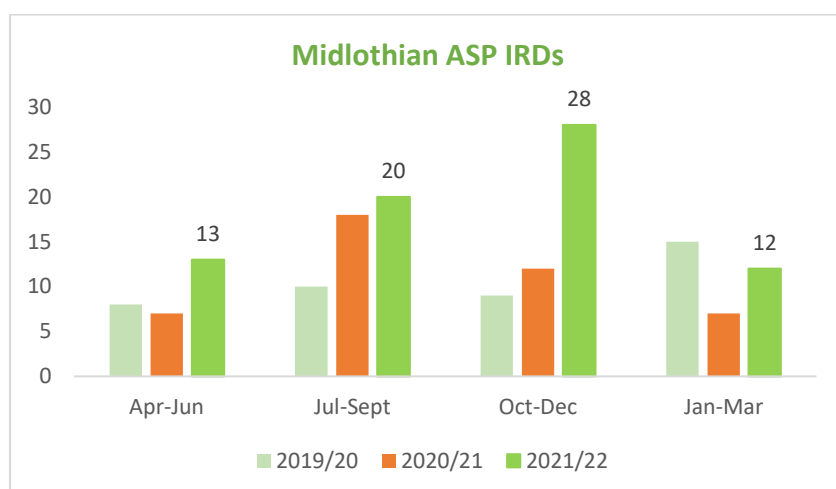
Police 18.4%. This was a shift from the previous three years, where the most common referrer was Police.

Source of referrals Midlothian	Number of referrals
NHS	144
Other organisation	128
Police	124
Social Work	87
Family	42
Others	24
Council	22
Other member of public	20
Scottish Fire & Rescue Service	17
Scottish Ambulance Service	15
Self (Adult at risk of harm)	14
Care Inspectorate	10
Friend/Neighbour	8
GPs	7
Unpaid carer	6
Anonymous	6
Office of Public Guardian	<5
Mental Welfare Commission	<5
Healthcare Improvement Scotland	<5
Total	674

### Duty to Inquire

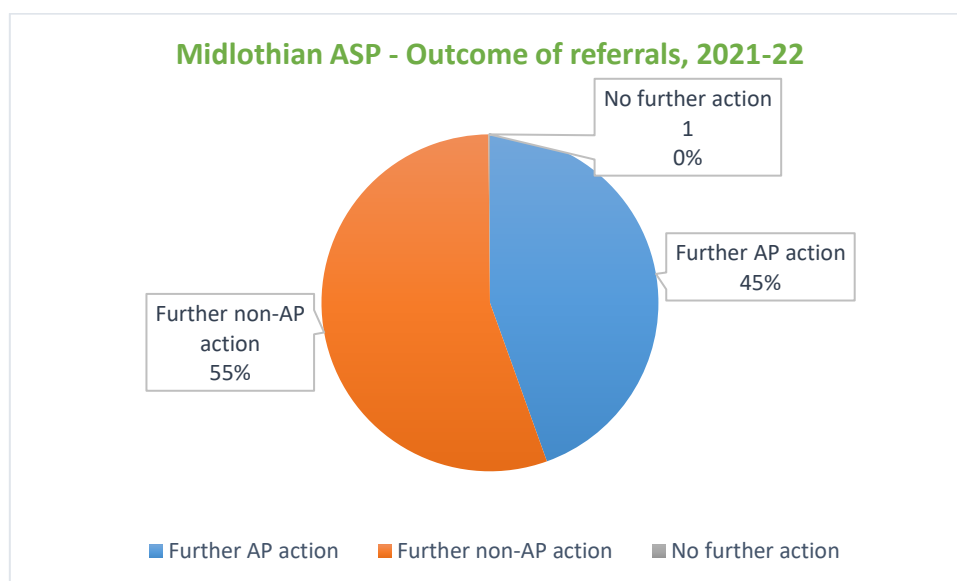
In Midlothian, Council Officers completed 97.2% of Duty to Inquires within our standard of within seven calendar days. This standard is achieved through a well-embedded culture of prioritisation of this aspect of ASP work, and the majority of the DTIs being completed by the dedicated ASP team, with close oversight and tracking of the progress of DTIs. There was an improved performance from 2020/21 (89.8%), in spite of an increase of 129 DTIs undertaken in the year, with no additional resources.

## Inter-agency Referral Discussions



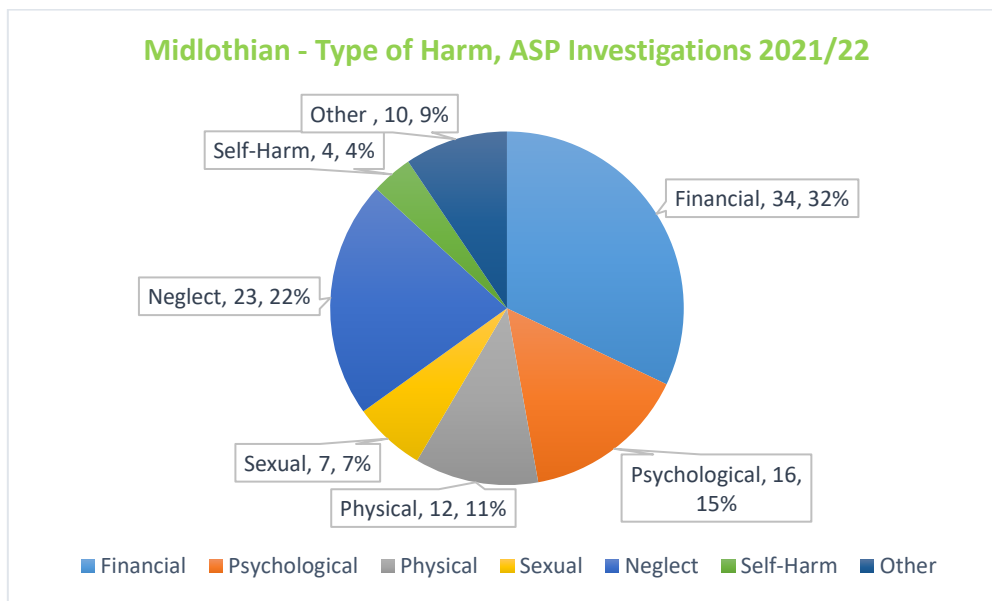
In the year, there were 73 Inter-agency Referral Discussions (IRDs) for ASP. We have seen an increase in IRDs for the past three years, with a 65.9% (44) increase from 2020-21. Some of the increase can be explained by way of Large Scale Investigations in care homes, and concerned relatives/neighbours becoming more aware of adults at risk as lockdown restrictions eased.

## Outcome of ASP referrals

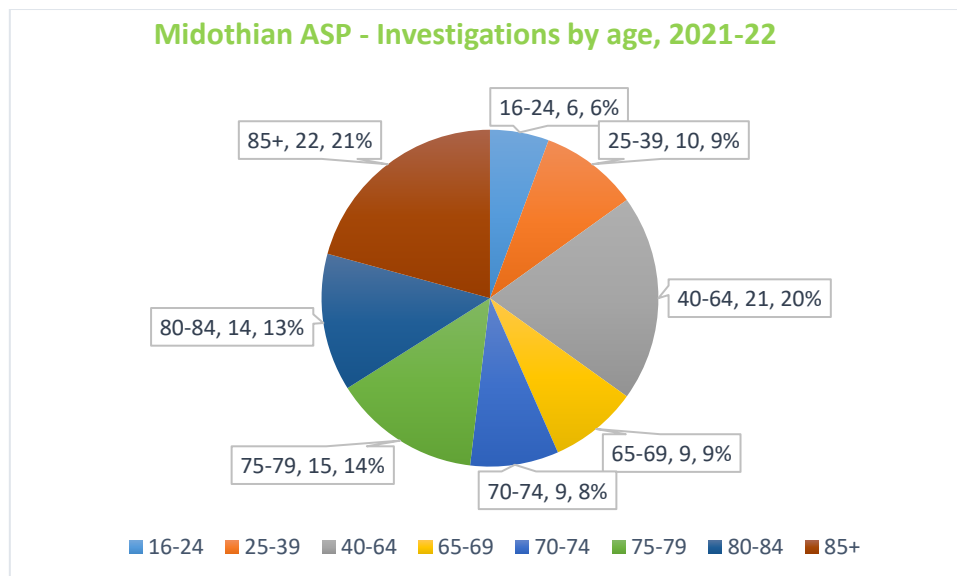


99% of ASP referrals made in the year had some form of further action. This is almost the same as the previous year (98%), and reflects the tight processes around initial screening of referrals being identified as ASP, with the vast majority of ASP referrals being handled by the ASP team that operates within the Midlothian Health and Social Care Partnership.

## Profile of Investigations

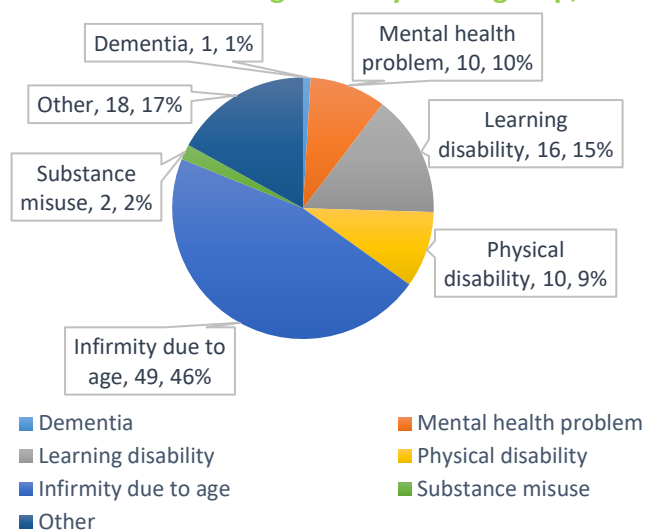


There are seven major categories of harm reported annually under ASP. In Midlothian, the most common type of harm investigated under ASP in 2021/22 was financial harm, followed by neglect (including self-neglect). Financial harm has been the most common type of harm investigated in five of the last six years.

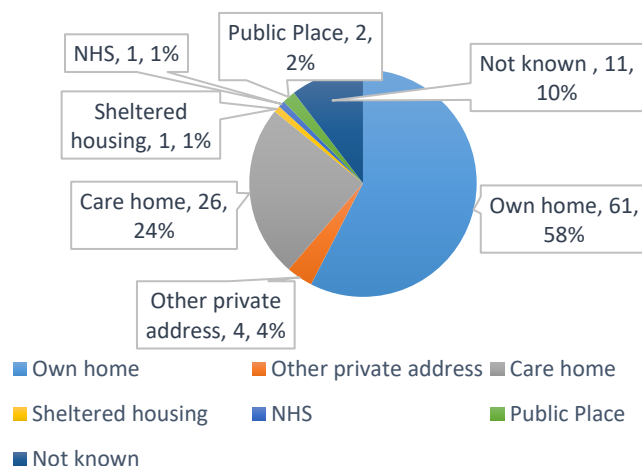




### Midlothian ASP - Investigations by client group, 2021-22



### Midlothian ASP - Investigations by location of harm, 2021-22



53% of ASP Investigations were for females (56) and 47% (49) were for males. In the previous year, 71% of ASP Investigations related to females, and 29% related to males. There is no identified explanation for the shift in gender balance.

38% of adults who were the subject of an ASP investigation in the year had their ethnic group recorded as not known. This is the same percentage as the previous year, and is a recording issue to be addressed in the coming year.

### ASP Case Conferences

In Midlothian, there were 31 Case Conferences, of which 22 were Initial Case Conferences and nine Review Case Conferences. The standard is to hold these within 21 days from the data of the IRD to the Initial Case Conference, and within three months for the Review Case Conference. 87.1% of Case Conferences were held within our timescale standards, with only four being held out with that timescale. Where the standard was not met, the timescale was extended to ensure that all the appropriate people attended to support good

decision making, and there was no detriment to the adult involved, with an interim safety plan in place.

We operate a timescale standard for completion of the Council Officer report, within three days of the Initial Case Conference. In all but one case, the standard was met in the year, and in all cases, a single agency chronology was available for the Initial Case Conference. In all cases where there was a first Review Case Conference (nine cases), a comprehensive multi-agency risk assessment was completed within 28 calendar days of the Initial Case Conference.

Adult Support and Protection Case Conferences continued to adopt a hybrid approach of Virtual Meetings, with the adult supported to attend, and where not in attendance, advocacy was offered. Health and Police personnel attended virtually when invited.

## **Supporting Practice in ASP**

### **Learning and Development**

A change in the focus of, and arrangements for, the Council Officer Forums in East Lothian and Midlothian took place during the year. They moved from service updates and intermittent case studies, towards regular briefings on key topics delivered by the Adult Support and Protection Lead Officer, and the development of an approach to present case studies to promote the transfer of learning to practice. The development of this derived from self-evaluation activity in East Lothian, which highlighted areas of developmental need and informed the content of the programme that started in East Lothian during the year. The content of the programme is sufficiently flexible to respond to developmental need, but covers core topics including analytical risk management, evidential risk analysis, professional curiosity in ASP and chronologies. We also agreed to implement the same approach in Midlothian from April 2022.

Formal training for Council Officers was redesigned, the inspiration for this being taken from the pilot run in Dundee and Angus, which was presented to the National ASP Lead Officer's Learning and Development forum towards the end of the year ending March 2021. This was one of the key priorities identified in our previous year's annual report. Moving from a one-day training course to a modular approach of nine half days over nine months, the Adult Support and Protection Lead Officer delivered this from October 2021. The first six sessions were taught modules on key areas of ASP legislation and practice, with input from key partners, and the final three sessions were aimed at supporting the transfer of learning to practice through reflective presentations. We originally started out with 11 Social Workers from East Lothian and Midlothian, four left the programme due to changing jobs/personal circumstances, which resulted in seven Social Workers successfully completing this training and able to act as Council Officers. Evaluation of the training was positive and we used this to revise the programme for the second round of training during the year commencing April 2022, including reducing the length of time to complete the full training.

## **Audit Activity**

The Lead Officer and a Senior Operational Manager in East Lothian carried out an audit of the last year's chronologies and Multi-Agency Risk Assessments (MARA). The MARA takes place after the initial APCC when it is agreed there will be a review APCC.

The chronology audit found that recording was generally good, however, there needed to be a greater focus on including the point of view of the adult as per the principles of ASP legislation. The MARA audit identified that most risks were appropriately identified and managed; however, there was a need for increased granularity in the analysis of risk. The learning from both audits is being progressed via Council Officer Forums and ASP training.

Similar audit activity in Midlothian was planned for the year commencing April 2022.

Every IRD is reviewed at the monthly IRD Overview Group. This is chaired by the Adult Support and Protection Lead Officer and has representation from the NHS, Police Scotland and operational Social Work staff. There was a strengthening to the work of this group over the year, to ensure that the learning is captured and quality assurance activity is robust. An audit of IRDs in each area over a six-month period between November and March was completed, reporting to the P&QI Sub-group shortly into the next year. Strengths in information sharing were evident in both areas, with some improvements around SMART planning identified. Observational learning opportunities for all IRD participants at the IRD Overview Group was also established and will continue into the coming year.

## **Self-evaluation of ASP**

In East Lothian, we commenced some self-evaluation activity in relation to ASP, using the Care Inspectorate Quality Indicator Framework for ASP. A staff survey and focus groups highlighted areas of strength and improvement, which we used to refresh our improvement activities. Along with a strengthening of the operational management and oversight of ASP work this programme of activity is continuing into the year commencing April 2022.

In Midlothian, similar self-evaluation activity in relation to ASP will be undertaken over the course of the next year.

## **Guidance and Procedures**

During the year, we began work to develop our approach for escalating concerns for managing cases relating to adults where existing frameworks are not appropriate or able to reduce levels of risk and where a multi-agency approach may be beneficial. Implementing this new guidance and monitoring its use and effectiveness will continue into this year.

We engaged in the consultation to the proposed refresh of the ASP Code of Practice by analysing the implications of the proposed changes from a local perspective and consulting with ASP staff. In the coming year we will take forward the development of our local ASP procedures to reflect the changes in the new Code of Practice.

## **National ASP Day**

84 staff from across East Lothian and Midlothian attended our on-line learning event in February, to hear about financial harm from a number of different perspectives, its impact and how to tackle it. We received positive feedback about the content and structure of this event. Our focus on financial harm arose from our recognition that financial harm has been the principal type of harm investigated in recent years in each of our two areas. Our keynote speaker, Keith Brown, emeritus Professor from Bournemouth University, delivered a stimulating presentation on financial harm by scams, how to recognise this and its impact. He was ably supported with further presentations from Trading Standards in East Lothian, and Police Scotland who provided an overview of how the Police can help investigate a crime of financial harm and of the Banking Protocol, where staff in financial institutions are trained to recognise and respond to concerns. Our speaker from the charity Surviving Economic Abuse told us about the experience of economic abuse as a form of gender based violence. The ASP Lead Officer also promoted our Practitioner's Guide to Financial Abuse at the event.

## **Herbert Protocol**

During the year, we undertook some communications activities to raise awareness of the Herbert Protocol, through our newsletter, social media communications, development of a video by East Lothian Health and Social Care Partnership and a radio interview in December 2021 by the ASP Lead Officer and Alzheimer's Scotland on Black Diamond FM (serving the Midlothian area). Our local Missing Persons Co-ordinator with Police Scotland commenced some on-line briefings for staff, which will continue in the coming year.

## **Large Scale Investigations**

A Large Scale Investigation is a multi-agency response where an adult who is a resident of a care home, supported accommodation, NHS hospital ward or other facility, or receives services in their own home, has been referred as at risk of harm; and where investigation indicates that the risk of harm could be due to another resident, member of staff or some failing or deficiency in the management or operation of the service. In the year, there were four LSIs pertaining to older people's care homes, three of which started and concluded in the year. One remains ongoing. One of the care homes closed following issues being raised in the LSI process around the suitability of the environment and standards. The need for improvements in the leadership within the environments was a key feature of the LSIs, and in each, standards were restored whilst under the LSI process. The ASP Lead Officer commenced a piece of work to review the themes and learning arising from LSIs, which is continuing into the year commencing April 2022.

## **Care at Home Service Provision Challenges**

There was a significant challenge in meeting the demand for care at home services in the second half of 2021, due to the impact of staffing absence arising from COVID. This arose particularly in East Lothian, where a significant proportion of the providers are third sector organisations. The ASP Lead Officer supported the oversight and monitoring of the

response in East Lothian to this by developing a risk assessment framework for the allocation of care at home services and proposed a new risk assessment framework to complement existing processes. This led to the implementation of the T.I.L.S. risk assessment framework that looks at the interaction between types of harm; imminence of harm; likelihood of harm and the severity of impact of harm. This helped support the risk assessment processes in the allocation of pressured care at home resources. The Care at Home Oversight Group in East Lothian, a multi-disciplinary group of senior partnership managers and the ASP Lead Officer, met weekly to monitor and support performance in the sector to ensure safe delivery of services to an extremely vulnerable client group. This was effective in managing the service provision challenges. Whilst there were pressures in Midlothian arising from staffing absence due to COVID, the higher proportion of in-house provision rather than private sector made the co-ordination of response easier to manage. The approach and framework used in East Lothian was subsequently shared with managers in Midlothian.

### **Initial Case Reviews and Significant Case Reviews**

Whilst we awaited the publication of the new Learning Review Guidance for conducting a Learning Review we continued to follow our Significant Case Review (SCR) Guidance. This sets out the processes for conducting a review where an adult has been harmed or died, and where abuse or neglect was a factor, or where the adult was involved in ASP processes, and the incident(s) give(s) rise to serious concerns about service involvement. An Initial Case Review (ICR) is carried out in order to inform the decision about the need for a full SCR. We commenced and concluded one ICR in the year, concluding that the learning points had been addressed without the need to progress further to a full SCR. Our CSOG was assured that improvements identified had been implemented.

We commenced a further two ICRs in the year, concluding and reporting on these in the year commencing 2022, and taking forward the sharing of learning further in ASP training and other learning opportunities to raise awareness of identification of ASP risk of harm.

## Child Protection (CP)

### CP Data and Performance Information

EMPPC follows academic quarterly reporting for Child Protection, and we have fully implemented the national child protection minimum dataset (along with some additional local measures). A separate multi-agency Sub-group of the P&QI Sub-group reviews the data and performance, and prepares the report for the P&QI Sub-group.

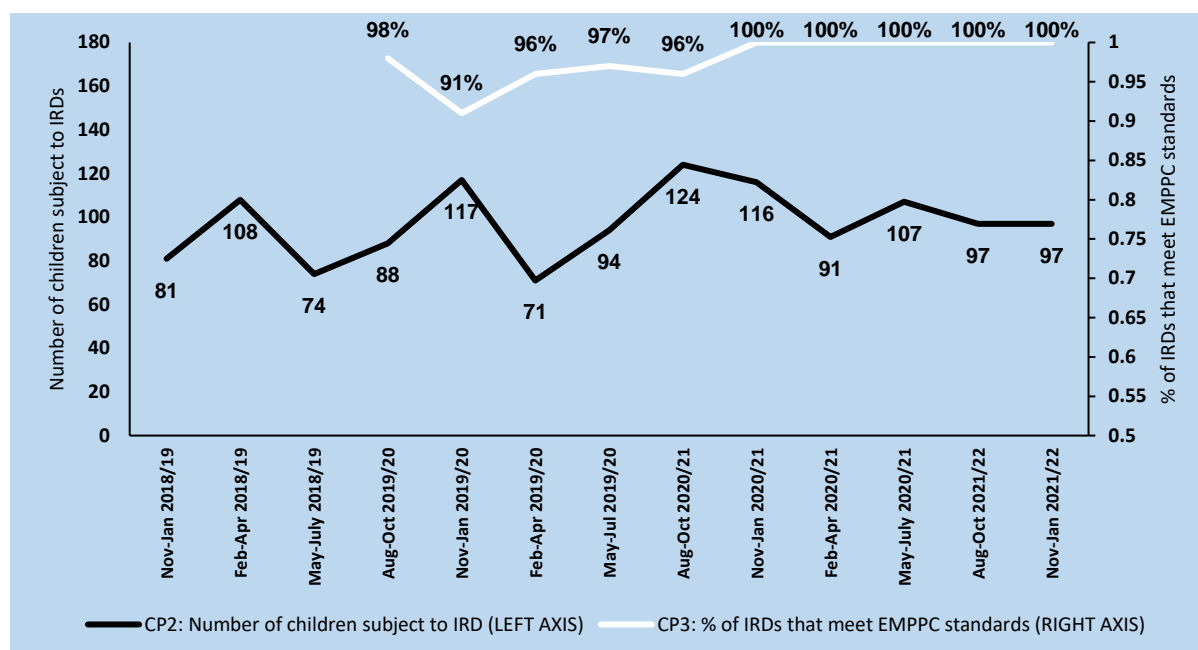
Inter-agency Referral Discussions (IRDs) involve a discussion between the 'core' agencies of Police, NHS and Social Work, and we have the benefit in both our areas of having the same Police and NHS personnel involved, creating a consistency of approach. Our IRD Overview Group operates four weekly in each area and again has the same Police and NHS personnel, which supports consistency of approach and shared learning opportunities. The Child Protection Lead Officer attends this to support the drawing out of learning themes and quality assurance.

East Lothian uses the Signs of Safety approach to their Child Protection assessment and planning, and consequently, it was agreed that the timescale for holding an Initial Case Conference is within 28 days from the raising of the IRD.

Vulnerable children and children on the Child Protection Register continued to be seen on a face-to-face basis by professionals in both areas. East Lothian and Midlothian continued to strive for 'going back to business as usual' in terms of Child Protection Case Conferences and aimed to have meetings face-to-face where possible. A blended approach of virtual meetings and face-to-face meetings have been used for Case Conferences, with the majority of professionals joining the meeting on line but the family, Chair and Social Worker being in the same room.

## East Lothian CP Data and Performance Information

### IRDs

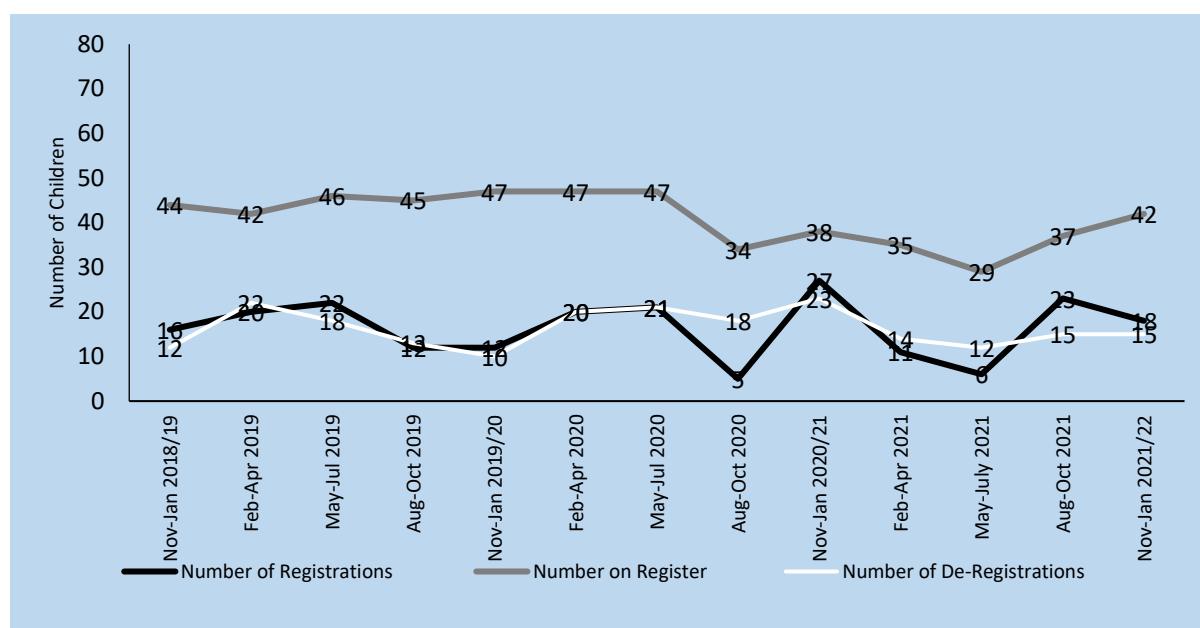


Levels of IRDs over the last year have remained consistent in East Lothian, with over two thirds of IRDs being for children and young people between the ages of 5 and 15 each quarter. The largest single age category each quarter was the 11 to 15 age group, highlighting the increased challenges and vulnerabilities for this age group. The EMPPC Vulnerable Young Persons Protocol gives a helpful framework for supporting and protecting this age group; this has been promoted and used more during the past year in East Lothian.

The publishing of the Scottish Government Child Protection Annual Return Data in March 2022 (for year ending 31<sup>st</sup> July 2021) sparked a comprehensive discussion of the rates in East Lothian in comparison to other local authorities. East Lothian had the fourth highest rate in Scotland, at 22.9 per 1,000 children. The national average was 12.8 per 1,000 children.

On review and consideration of various hypotheses, we were not overly concerned about our higher rates in East Lothian, as we consider that our IRD processes are well aligned with the 2021 National Guidance for Child Protection, and the IRD Overview Group considered that local standards for IRD were consistently met. We recognise that comparison with other local authority areas should be made with caution, and we will continue to keep a watching brief on this via our IRD Overview Group and P&QI Sub-group.

## Child Protection Registrations



The number of Child Protection registrations at each quarter-end remained below pre-lockdown levels in East Lothian. The flow of children being placed on the Register and removed is shown in the above graph, and on review of this data throughout the year, nothing exceptional or concerning has come to our attention. Through our P&QI Sub-group, we review the number of children who are re-registered within periods of up to 24 months, and nothing exceptional has stood out from this.

In East Lothian, the most common concerns raised at registration over the year were parental drug misuse and domestic abuse, followed by emotional abuse. Domestic abuse featured as the most common reason the previous year.

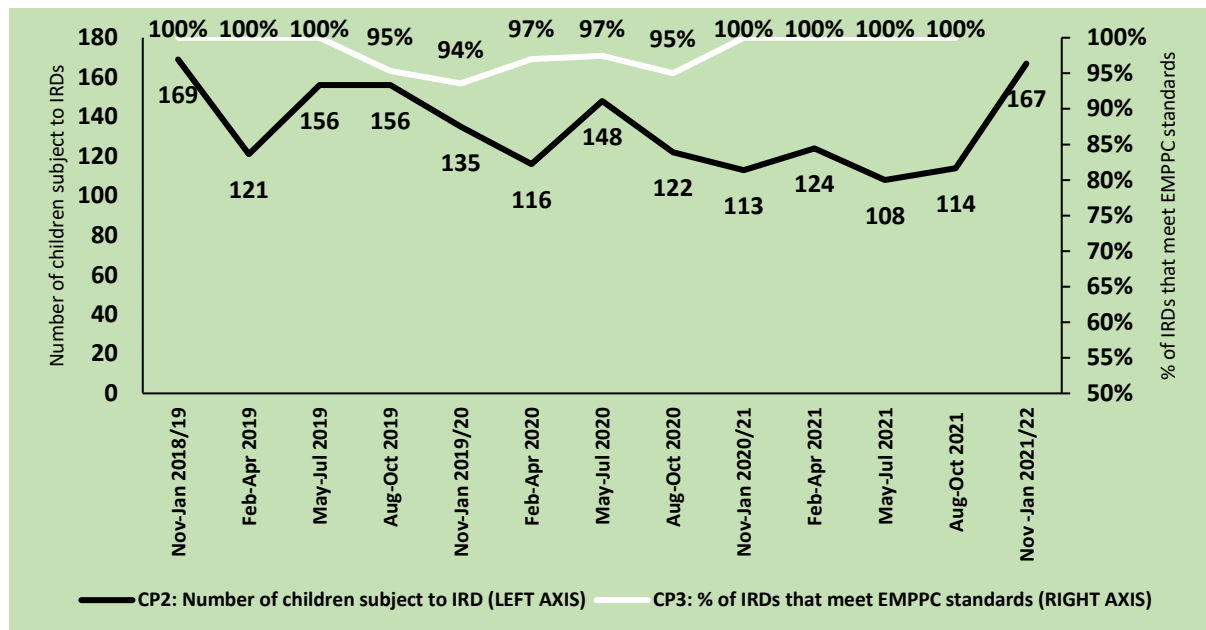
Where East Lothian did not meet the standard for holding an Initial Case Conference within 28 days, or an Initial Core Group within 15 calendar days of the Initial Case Conference, staff absence due to COVID was the primary reason. Meetings were held at the earliest opportunity thereafter, with no adverse impact on the child being identified. Parental attendance at Case Conferences was supported primarily by Social Workers. Over the year, we have seen a quarter-on-quarter improvement in the sharing of plans with children, which has been supported by a re-launch with training for staff to embed Signs of Safety.

The use of Multi-agency Chronologies within Child Protection continues to be well-established in East Lothian. The CP Lead Officer and Social Work staff in East Lothian are linked into the wider work of the Pan Lothian Chronology Groups and the standard Pan-Lothian template is in use for Initial and Review Case Conferences. Over the coming year, some audit and peer-review of Multi-agency Chronologies will be undertaken, supported by the CP Lead Officer.



## Midlothian CP Data and Performance Information

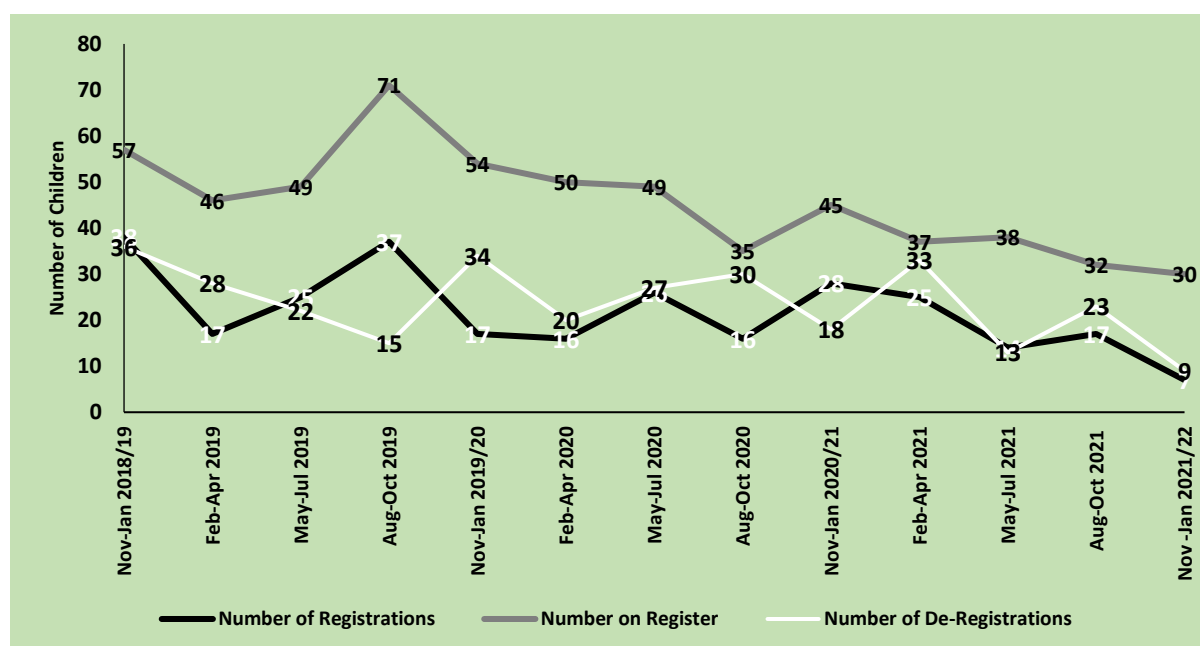
### IRDs



IRDs in Midlothian ranged from 108 to 167 per quarter in the year. There was a significant increase in the academic quarter 2 (November 2021 to January 2022), occurring around the New Year period, with double the number of IRDs for the 5 to 10 year old age group, and an increase in the 0 to 4 age group.

The comparative rates of IRDs to other local authority areas as published in the Scottish Government Child Protection Annual Return Data in March 2022 (for the year ending 31<sup>st</sup> July 2021) saw a similarly high rate, with Midlothian sitting at the third highest rate at 17.7 per 1,000 children (in comparison to the national rate of 12.8). Processes in Midlothian are aligned to the National Guidance for Child Protection 2021, and we will engage in further monitoring and scrutiny of local processes and practice over the coming year to ensure that IRDs are appropriately instigated. The IRD Overview Group monitors whether threshold guidance is met, and assessed that IRDs routinely did meet local standards. We will continue to monitor this over the coming year.

## Child Protection Registrations



In Midlothian, conversion rates from ICPCC to CP Registration decreased in the two quarters during the year. Whilst we exercised caution about interpreting percentages where the number is small, the CP Lead Officer and Clinical Nurse Manager, Public Protection Team, NHS Lothian undertook a small audit to explore any themes. The findings highlighted the need to undertake and evidence a robust assessment and child's plan to justify decision making about registration, incorporate the child's voice within that, and the need to further explore how we ensure that all agencies are clear on their roles and responsibilities within the Case Conference processes. The CP Lead Officer and partners will share the learning from this work over the coming year to support improvement activity, in training, partnership work and development of local procedures.

In two of the four quarters, domestic abuse featured as the most common reason for a child being placed on the CP register, but across the year, the concerns noted at registration were multi-faceted, reflecting the complexity of circumstances facing children and families.

## Supporting Practice

### Audit Activity

During the year, the CP Lead Officer undertook an audit on the relationship between Marac and IRD, focusing on Children's Social Work records across East Lothian and Midlothian. A Multi-Agency Risk Assessment Conference (Marac) is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder due to domestic abuse. The audit outlined that the majority of cases did not trigger an IRD. Whilst this was appropriate for some in light of measures already in place to address the risks, in a third of cases there was evidence to suggest an IRD should have taken place, and in a further third, an IRD should have been considered. We have subsequently implemented a change to our local processes and practice around Marac,

whereby all referrals to Marac are now sent to Children and Families Social Work for assessment and active consideration of the need for an IRD.

### **Improvement Activity**

In the year, we commenced work on the Cumulative Neglect agenda, establishing a multi-agency short-life working group to develop our approach in East Lothian and Midlothian. We have agreed to adopt City of Edinburgh's Neglect Toolkit, which will support a consistent approach by partner agencies working across Edinburgh and the Lothians.

East Lothian and Midlothian sought to take part in a Harmful Sexual Behaviour Framework Audit, which will be facilitated by the NSPCC and funded by the Scottish Government. In both areas, there has been an increase in incidences involving Harmful Sexual Behaviour (HSB) and the aim of the audit is to further develop and improve multi-agency responses to children displaying HSB.

### **Initial Case Reviews and Significant Case Reviews in Child Protection**

We had one Significant Case Review that continued during the year; delays in the light of COVID and changes of professionals in the review group membership impacted on bringing this to conclusion. Face-to-face practitioner and manager workshops were held to inform the findings and learning. We will take forward the learning from this over the coming year.

### **Development of Child Protection Procedures**

During the year, an agreement was reached by Chief Officers in East Lothian and Midlothian to collaborate with our partners in City of Edinburgh, Scottish Borders and West Lothian to develop our local procedures in line with the National Guidance for Child Protection that was published in October 2021. An independent writer was commissioned to undertake this work, which commenced in the last quarter of the year, and will continue through the coming year.

### **Age of Criminal Responsibility (Scotland) Act 2019**

The Act raised the age of criminal responsibility from the age of eight to 12, with children under 12 no longer being held criminally responsible for their actions. To support the implementation of the changes introduced in December 2021, a short-life multi-agency working group was established. The CP Lead Officer produced communication materials, including a seven minute briefing, flowchart to outline the key changes and what they would mean for practice. This was made available to all partner agencies across East Lothian and Midlothian.

### **Scottish Child Interview Model for Joint Investigative Interviewing**

In preparation for going live with the new Scottish Child Interview Model (SCIM) for Joint Investigative Interviewing in April 2022, East Lothian and Midlothian joined the Scottish Borders to develop our approach. This new approach is designed to minimise re-traumatisation for the child as well as improving the quality of evidence gathered to avoid

children having to give evidence in person as part of court or children's hearing processes. The model recognises that the forensic interviewing of children is a specialist skill. To support implementation, eight staff (four social workers from East Lothian, Midlothian and the Scottish Borders, and four Police Officers from our 'J' Division) completed the specialised training. The CP Lead Officer supported the launch of this approach by developing communication materials, including a seven-minute briefing, to enhance multi-agency understanding of the approach. We also hosted a launch for all services and partner agencies across all three Local Authorities. There is a multi-agency steering group in place, led by the Police to oversee the operational delivery of SCIM.

## **EMPPC IRD Threshold and Outcome Guidance**

Our IRD Threshold and Outcome Guidance was revised within the year to reflect the Promise and New National Child Protection Guidance, and specifically refer to the Safe & Together principles to ensure their consideration within the earliest stages of child protection risk assessment and planning.

## Violence Against Women and Girls (VAWG)

There are two operational elements of the delivery of services for victims of gender-based violence that come under the oversight and governance of EMPPC, Multi-agency Risk Assessments (Marac) and the Domestic Abuse Referral Pathway (DARP). EMPPC has developed and implemented supporting guidance, the former of which was updated during the year.

### Marac

A Marac is a multi-agency meeting where information is shared about the victims who are at the highest risk of serious harm or murder due to domestic abuse. The aims of Marac are to work with victims of domestic abuse to help keep them safer and respond to their needs, manage perpetrators' behaviour to reduce risk, and ensure that risk and support needs attached to family members or extended networks are identified.

We operate Maracs every four weeks in each of the two areas, with additional meetings to respond to demand as required. Our model for delivery of Maracs closely follows the design and approach recommended by SafeLives, the national organisation that provides resources, training and quality assurance framework for Maracs.

In the year ending March 2022, we continued to hold our meetings virtually over Microsoft Teams, and held 16 Marac meetings for 123 cases in East Lothian, and 15 in Midlothian for 115 cases. In East Lothian, we saw an increase for the fourth year in a row (albeit an increase by four from the previous year) and in Midlothian, the number of cases discussed was the same as the previous year. In both areas, two thirds of referrals to Marac were made by Domestic Abuse Services. In both areas, there were fewer cases than SafeLives would anticipate, estimating that for the adult female populations, which indicates that there is more work to do to promote Marac as one response for supporting the highest risk victims of domestic abuse.

In both areas, just over 84% of cases involved children (defined as under the age of 18 with an association to the victim/perpetrator). This was an increase of 19.7% in East Lothian, and an increase of 7.8% in Midlothian, compared to the previous year. This rise may reflect a shift in the understanding of the impact of domestic abuse on children as the Safe & Together model is becoming embedded in practice in each area.

An increase in the number of victims referred with a disability in both areas brings us closer to the SafeLives indicator that 18% of cases would be representative of the UK population. 10.5% (13) cases in East Lothian had a known disability in the year. This is more than double the number of cases from 2020/21. 14% (16) cases in Midlothian had a known disability in the year.

There were no recorded male and/or LGBT+ referrals; increasing awareness of Marac, its benefits and referral processes will be an area of development over the coming year.

Following our first Marac self-assessment in the year, our improvement plan was developed and is progressing. In the year, we agreed to develop a separate Marac Steering Group and made arrangements for its operation during the year commencing April 2021.

## **Domestic Abuse Referral Pathway**

The Domestic Abuse Referral Pathway is a partnership arrangement whereby following a Police attendance arising from a domestic abuse incident the victim consents to a referral to a specialist service for advocacy and support.

In the year, in East Lothian, there were 244 referrals to the DARP, and in Midlothian, there were 208. The number of referrals reduced significantly from the previous year, by 99 from 343 in East Lothian and by 107 from 315 in Midlothian. As the service operates based on consent and is offered at the time of the Police involvement, it is not clear why there was such a reduction, albeit we had seen an increase in referrals the previous year.

One of the specialist services that supports the DARP has been the Domestic Abuse Service, whereby specially trained staff employed by Women's Aid East and Midlothian were located within the Public Protection Office. Due to challenges in recruitment to these posts, we commenced discussions about alternative options for this service provision, which have continued into the year beginning April 2022.

## **Delivering Equally Safe Funding**

The VAWG Co-ordinator worked with partners in East Lothian and Midlothian to prepare an application for funding from the national Delivering Equally Safe (DES) Fund, commencing for a three year period from October 2021 to September 2024 (this was subsequently extended to March 2025). We secured funding for three Domestic Abuse Support posts to support the DARP and Marac, safety equipment and leaflets for victims of domestic abuse, and training for staff in the Safe & Together approach.

## **Supporting Practice**

### **16 days of activism 2021**

The 16 days of activism is an annual international campaign that runs from 25 November, the International Day for the Elimination of Violence against Women, until 10 December, International Human Rights Day. It is used as an organising strategy by individuals and organisations around the world to call for the prevention and elimination of violence against women and girls. It provides an opportunity to increase awareness of violence against women and girls, galvanize advocacy efforts, and share knowledge and innovations.

For the 2021 campaign we co-ordinated with the Scotland-wide campaign which focused on #WhatWillYouDo and #LightUp. The campaign encouraged leaders and staff to make their pledges #WhatWillYouDo. Midlothian Council Cabinet approved a groundbreaking Equally Safe Housing and Homeless Policy in November 2021.

## **Safe & Together**

East Lothian and Midlothian have been committed to embedding the Safe & Together approach since 2018. It is an internationally recognised suite of tools and interventions designed to help child and adult professionals become domestic violence informed. In light of COVID, the Safe & Together Institute developed virtual programmes. We purchased licences with the DES funding as our approach to the training delivery.

In the year, 32 practitioners across East Lothian and Midlothian (32 East Lothian Council, 13 Midlothian Council and 6 Third Sector staff) completed the four-day practitioner-training course. The number completed was well below the annual target of 65, and completion of the four days proved challenging in the light of operational demands arising throughout the year, undoubtedly impacted by staffing pressures during COVID. At the end of the year, 37 staff were registered for the training but had not completed this. Through the two implementation groups in each area, and our L&PD Sub-group, we took time to understand the barriers to completing the training and we piloted a blended approach for staff to physically meet together to undertake the virtual training. Eight staff successfully completed this, feeding back that they would not have completed the training had they not been able to come together to undertake the training. Although a resource intensive approach for a small group, we are continuing this approach in the year commencing April 2022 to support some practitioners to undertake the training.

We have 38 managers who have completed the Supervisor Training, three of whom completed the programme, with a further eight starting the training in the year.

Audits have evidenced that supervisors who have undertaken the training programme are more likely to use the approach and associated tools within supervision. The implementation groups have assessed that there is evidence that training is having a positive impact on practice. The Implementation Groups are now well established and linked with the Improvement Service and national forum for Safe & Together to start exploring the evaluation framework.

## **Learning and Development**

We introduced on-line briefings for staff in the year, our first being on the Domestic Abuse Disclosure Scheme for Scotland (DSDAS), led by our Police partners. This proved to be popular, with 109 people attending our first briefing, and it has proved to be an efficient use of staff time (lasting one hour) and resource as no booking was required.

Our specialist agency partners at Edinburgh Rape Crisis Centre and Shakti Women's Aid supported our learning and development on VAWG by delivering four sessions on specific topic areas around gender based violence. These complemented our core training on VAWG and we will continue to raise awareness of some of the issues covered in these events – specifically around Black and Minority Ethnic Women's experiences of Domestic abuse, no recourse to public funds, responding to disclosures of rape and sexual assault and sexual violence and the justice process.

## **Development of Equally Safe in East Lothian and Midlothian**

To complement the work of our VAWG Delivery Sub-group, we commenced discussions with partners about ways to take forward an Equally Safe Strategy for each local authority area, focusing on prevention through culture change and education, and enhanced service response for survivors and their families. In November 2021, Midlothian Cabinet agreed to establish a Midlothian Equally Safe Strategy, the development of which was delayed due to operational and strategic capacity challenges arising from COVID and the response to the Ukrainian crisis. This will be taken forward in the year commencing April 2022 with support from the Improvement Service. East Lothian considered embedding Equally Safe into existing planning structures and will take forward their approach under their revised structural arrangements for the Community Safety and Justice Partnership.



## East Lothian and Midlothian MAPPA Group

One of our four Sub-groups is the East Lothian and Midlothian MAPPA Group (EMMG). Previously operating as the Offender Management Group since 2008, the Group had not met consistently during the previous year due to the impact of COVID. We undertook some developmental work to re-establish this Sub-Group, and changing its name was an important step in re-focusing its scope and purpose. The Group, with a new Chair from August due to the departure of the previous Chair, took time to properly consider its scope and relationship to the wider Edinburgh, Lothians and Scottish Borders Strategic Operating Group and MAPPA Operational Group. There are long established effective links.

The terms of reference for EMMG were revised and approved by EMPPC in March 2022, and the membership was reviewed. On a quarterly basis, the EMMG reviews the national dataset of 51 indicators relating to the different MAPPA levels, and we commenced work to review our local dataset that is considered by the P&QI Sub-group.

Over the year we have noted that in general, the data in relation to MAPPA in both East Lothian and Midlothian is stable, reflecting that quality assurance processes are working efficiently and effectively.

## Training and Learning and Development

During the year, we developed and published our [Learning and Development Strategy for 2021-23](#). Our Learning and Practice Development Sub-group is responsible for implementing and overseeing the strategy.

The overall aim of our strategy is to support our workforce across East Lothian and Midlothian to become increasingly competent and confident over time in their specific areas of responsibility and across all areas of Public Protection. We aim to promote a multi-agency learning culture and best possible practice. The focus of the strategy is on creating opportunities for delivering multi-agency training and learning, through training courses and online briefings. Our training is free to staff and carers from East Lothian and Midlothian.

The strategy covers a two year period from 2021-23, reflecting the changing landscape in how we design and deliver our services and the work of EMPPC, particularly given the challenges that the COVID pandemic posed on a traditional model of face-to-face training.

Our focus in the past year was on delivering a training schedule that provided 'recovery' from the impact of the operational challenges posed by the pandemic. Our key priority was to re-establish our 'core' training courses, which had not been taking place the previous year, and adapt our approach and training materials for on-line delivery. All our training in the year was delivered over Microsoft Teams, the details of which are shown in the table

below. Re-establishing training has taken up a significant amount of Lead Officer resource in the year.

We streamlined our approach to seeking feedback from attendees on training, moving to an electronic survey, which is easy to access on various devices and quick to complete. Our L&PD Sub-group reviewed evaluation reports of all training courses and we have used the feedback to make any necessary changes. Feedback has been overwhelmingly positive, particularly the multi-agency facilitation and mixture of presentations, case studies, short videos and input from different agencies. Some staff have commented that face-to-face training would be beneficial, and we will seek to introduce more face-to-face training over the coming year, blending this alongside on-line training.

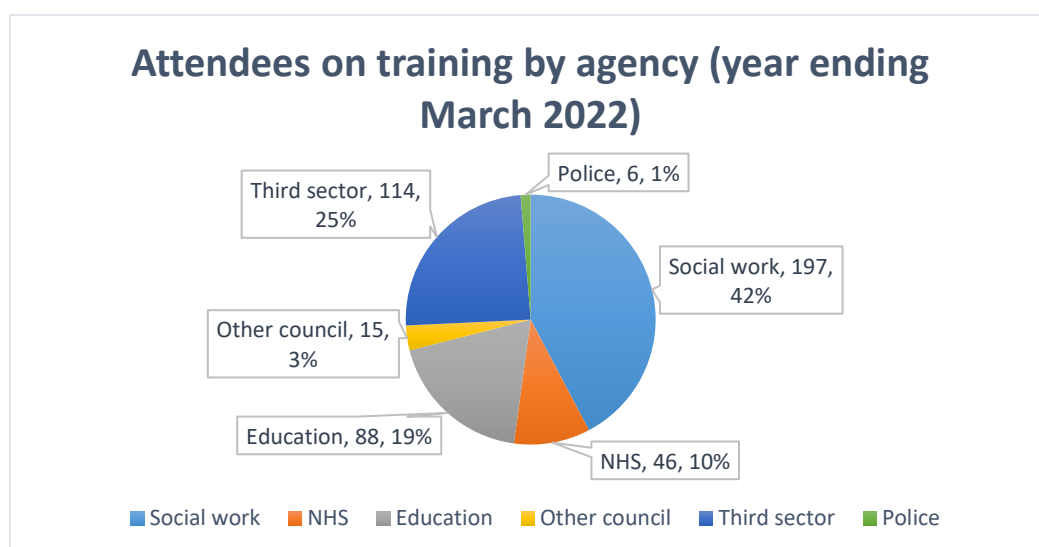
In the year, we streamlined our learning and development performance indicators and made improvements to the quantitative data collation, data quality and data presentation for the new reporting period of 2022/23.

We have good support from, and thank, our multi-agency partners who support and co-deliver our training with our ASP Lead Officer, CP Lead Officer and VAWG Co-ordinator.

### Our Training in the year – key highlights

- We delivered 20 training courses, three more than 2020-21;
- 466 staff, volunteers and carers from East Lothian and Midlothian attended training courses, which was an increase by 83.5% from the previous year; and
- 60.5% (282) of attendees at training provided feedback, with almost all reporting that they had increased their knowledge as a result of attending.

Time period	Number of attendees	Number of courses
Quarter 1, Apr - Jun	58	3
Quarter 2, Jul - Sept	68	3
Quarter 3, Oct to Dec	180	7
Quarter 4, Jan to Mar	160	7



Course	Number delivered	Partners involved in delivery
Child Protection Risk Assessment and Processes (Core training)	5	Education – East Lothian and Midlothian, Social Work – East Lothian and Midlothian, Scottish Children’s Reporter Administration, Public Protection Unit Police Scotland, NHS Lothian, Lead Officer, Public Protection Office
Improving our Practice on Violence Against Women (Core training)	4	Women’s Aid East and Midlothian, Public Protection Office
Adult Support and Protection Roles and Responsibilities (Core training)	2	Public Protection Unit Police Scotland, Social Work – East Lothian and Midlothian, Scottish Fire and Rescue Service, NHS Lothian
Public Protection is Everyone’s Responsibility (Core training)	2	Public Protection Office
Trauma, Domestic Abuse and Children and Young People	1	Caledonian Service
Domestic Abuse and Migrant Women who have No Recourse to Public Funds	1	Shakti Women’s Aid
Sexual Violence and the Justice Process	1	Edinburgh Rape Crisis Centre
Protecting Children and Young People with Disabilities	1	NHS Lothian
Protecting People from Serious Harm from Domestic Abuse – Assessing Risks and Referring to Marac	1	Women’s Aid East and Midlothian, Public Protection Office
Black and Minority Ethnic Women’s Experiences of Gender Based Violence	1	Shakti Women’s Aid
Responding to Disclosures of Rape and Sexual Abuse	1	Edinburgh Rape Crisis Centre

## Communications

### EMPPC Newsletter

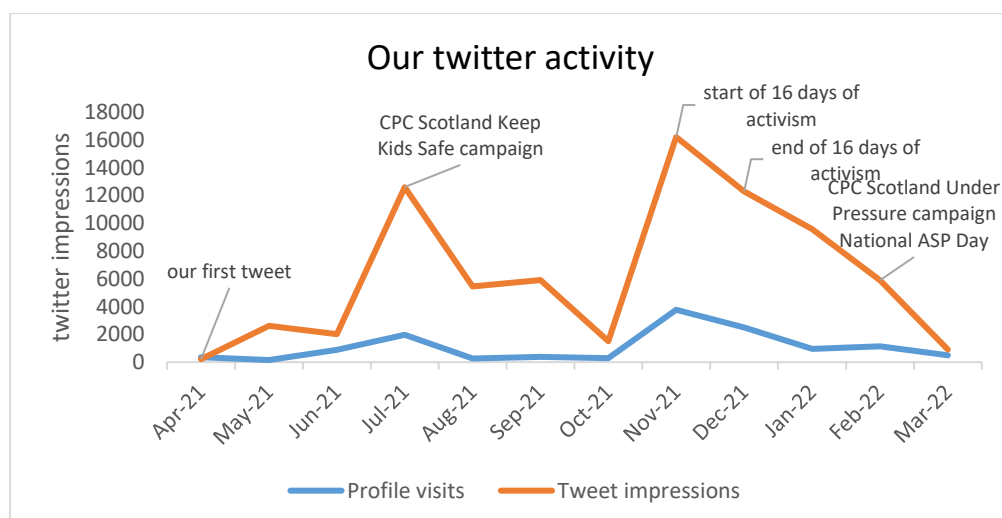
We launched our quarterly EMPPC Newsletter in November 2021, and our second in February 2022. It is distributed widely across our public and third sector partners and is primarily for staff working in East Lothian and Midlothian. Our aims are to provide an opportunity for staff to learn more about:

- The work of the Committee and its sub-groups and to help see its relevance and link to their day to day work. Our 'Meet the Committee' section gives an opportunity to hear direct from a Committee member about their role and contribution to the work of the Committee;
- Key practice topics through our 'Spotlight on' section – in our November edition we did a Spotlight on Prevent and Online Harm for Safer Internet Day in our February edition; and
- What is happening in the worlds of ASP, Child Protection and Violence Against Women and Girls, both locally and nationally – we covered a range of practice issues, with links to research, podcasts and videos.

We have had some positive and constructive feedback about our newsletter which we will use to build our approach over the coming year.

### Twitter

We made a modest foray into the world of twitter when we launched our twitter page in April 2021. The graph below shows some of the analytics from our twitter feed in the year, with our biggest audience reach at the launch of the 16 days of activism in November, and supporting national campaigns such as those from Child Protection Committees Scotland.



*Key: A Twitter impression (or impact) is generated when someone sees our tweet - e.g. if my tweet has been seen 10 times it means it has 10 impressions (or impacts). Profile Visits – The total number of users visiting your Twitter profile. Twitter Analytics will not count your own visits to your own profile. It does not include multiple visits from the same user*

## Some examples from our Twitter page

Apr 2021 • 30 days

TWEET HIGHLIGHTS

**Top Tweet** earned 213 impressions

Wondering what cuckooing is after [#LineofDuty](#)? It's when drug dealers take over the home of a vulnerable person to deal drugs. Worried about someone you know? Phone local social work or the police on 101 (or 999 in emergencies).

[#AdultProtection](#) [#Cuckooing](#)

[@ELHSCP](#) [@MidGov](#)

[pic.twitter.com/DmhhuKkmg2](https://pic.twitter.com/DmhhuKkmg2)



Nov 2021 • 30 days

TWEET HIGHLIGHTS

**Top Tweet** earned 5,256 impressions

Today is the global launch of 16 days to end violence against women and girls - it's everyone's business to take action!

[#whatwillyoudo](#) [#LightUp](#)

[@ELCouncil](#) [@midgov](#) [@ELHSCP](#)

[@MidlothianHSCP](#) [@PoliceScotland](#)

[@WomensAidEML](#) [@EdinRapeCrisis](#)

[@QMUniversity](#)

[pic.twitter.com/mziMLTgWoN](https://pic.twitter.com/mziMLTgWoN)

Violence Against Women Worldwide



## Our approach to Communications

We had planned on a workshop with Committee and Sub-group members during the year, but had to cancel this due to technical difficulties in delivering this by Microsoft Teams. Nonetheless, we completed the planning for this to take place in early April 2022, the outputs of which we will use to further develop our approach to our communications as a Committee.

## Looking Ahead

There is a lot of work underway in East Lothian and Midlothian, via the Sub-groups of EMPPC and partnership activities. Our high-level aims are outlined overleaf. In addition to continuing to deliver training, learning and development activities and support communications about Public Protection, some of our current priorities include the following:

### **Adult Support and Protection**

- Support self-evaluation activity in East Lothian and Midlothian, and work with our partners in East Lothian to prepare for and engage in an external Adult Support Inspection
- Revision of our ASP Procedures and other associated documents in light of changes to the Code of Practice
- Implement an Escalating Concerns Protocol for use where other existing frameworks and legislation are not appropriate or feasible, but where concerns still exist about an adult at risk of harm

### **Child Protection**

- Work with NSPCC to undertake a Harmful Sexual Behaviour Framework (HSB) Audit to identify and develop an action plan to improve our responses to children displaying HSB
- Continue to work with partners in City of Edinburgh, Scottish Borders and West Lothian to develop revised Child Protection Procedures and will develop plans for implementation
- Implement the Scottish Child Interviewing Model

### **Violence Against Women and Girls**

- We will work with East Lothian and Midlothian to progress local strategies for Equally Safe
- We will develop supporting guidance to support staff and leaders in embedding the Commercial Sexual Exploitation Position Statement into practice
- Continue to support the embedding of the Safe & Together approach

## Our Strategic Priorities

What will we do (our high level aims)	What we are working to achieve	What difference will it make (outcome and impact)
<b>Continue to strengthen our leadership arrangements in Public Protection</b>	<p>To have effective partnership working arrangements and shared responsibility for Public Protection</p> <p>To have and communicate a shared vision for the delivery of Public Protection services across East Lothian and Midlothian</p> <p>To work with the planning partnership arrangements to identify issues and influence responses within local plans</p>	<p>We can demonstrate that children, young people and adults are safer and better protected from risk of harm:</p> <ul style="list-style-type: none"> <li>• Children, young people and adults receive the right support at the right time to prevent harm and reduce the impact of harm</li> <li>• Child and ASP concerns are recognised and responded to in a trauma informed way (with compassion, care and protection)</li> <li>• We are meeting and improving our agreed performance standards in key processes and practice</li> <li>• Staff are competent and confident in recognising risk and harm and responding appropriately</li> </ul>
<b>Provide and support the implementation of multi-agency procedures and guidance for staff working in Public Protection</b>	<p>To lead and guide staff in their practice</p> <p>To promote a collaborative and integrated approach to reducing harm</p>	
<b>Continue to develop our performance framework and approach to quality improvement</b>	To ensure that we are collating and analysing the right type of information to support performance monitoring and continuous improvement	

## Our Strategic Priorities

What will we do (our high level aims)	What we are working to achieve	What difference will it make (outcome and impact)
<b>Promote and support a learning culture by providing staff with multi-agency learning and development opportunities in Public Protection</b>	To ensure that we are influencing services to respond to emerging risks and trends	
	To support the transfer of learning into practice	
	To promote and embed a culture of learning	
	To support the workforce in East Lothian and Midlothian to become increasingly competent in their specific areas of responsibility and across all areas of Public Protection, through the provision of shared learning opportunities	
	To support staff to build effective working relationships and shared understanding of roles and responsibilities	



# MAPPA

Edinburgh, the Lothians and  
Scottish Borders Multi-Agency  
Public Protection Arrangements

ANNUAL  
REPORT  
2021-2022

# **MAPPA**

**Edinburgh, the Lothians and  
Scottish Borders Multi-Agency  
Public Protection Arrangements**

## Contents

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# 1

# Foreword

**MAPPA**

Edinburgh, the Lothians and  
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## Foreword

Protecting the public from people whose offending behaviours present a serious risk of violent or sexual harm is a key priority for agencies working across Edinburgh, the Lothians and Scottish Borders. The fundamental purpose of the Multi Agency Public Protection Arrangements (MAPPA) is protecting the public through our collective work to manage and reduce the risk of serious harm. MAPPA is not a statutory body in itself but is a statutory framework through which agencies discharge their statutory responsibilities and work in a co-ordinated manner.

Sharing information is a critical part of our arrangements so we ensure that any new information relating to risk is shared pro-actively. One small piece of information, which in isolation may not be assessed as significant to one agency may provide the catalyst for action to be taken by others. The Management of Offenders Act etc. (Scotland) 2005, which introduced MAPPA, requires agencies to act in co-operation and provides the lawful basis for information to be shared and exchanged with relevant partners.

We recognise the public's concern about people who may present a risk of causing significant harm. We believe that MAPPA provides the best possible framework for agencies working collectively to manage the risk. Although it is never possible to eliminate that risk entirely, MAPPA aims to ensure that all reasonable steps are taken to reduce the risk of further serious harm to the public.

Re-offending by registered sex offenders is low but we know that a crime of serious harm will greatly affect the lives of victims, their friends and families and causes fear in our communities. Our staff work hard to ensure this does not happen and we take a robust approach in response to any increased risks people may present, while working hard to rehabilitate them, which will reduce longer term risk.

We are stronger together and we continue to learn, refine and develop our processes and procedures, ensuring best practice and effective inter-agency working. I wish to take this opportunity to thank staff from all agencies for their commitment and endeavours in working in this very challenging area of public protection.

MAPPA is a partnership and I hope this report helps to explain how the different agencies involved work together, and how these arrangements operate in Edinburgh, the Lothians and Scottish Borders.

**Judith Tait**  
**Chair Edinburgh, the Lothians and**  
**Scottish Borders Strategic Oversight**  
**Group**

# 2

## What is MAPPA?

### Multi-Agency Public Protection Arrangements in Edinburgh, the Lothians and 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 3, 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.

# MAPPA

Edinburgh, the Lothians and  
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On 31 March 2022, the Scottish Government published an updated version of the National MAPPA Guidance, which reflects an on-going programme of revision to take into account new legislation as well as changes in guidance, policy and effective practice.

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

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 912 registered sex offenders under MAPPA; 92.10% (840) at Level 1; 7.79% (71) at Level 2; and 0.11% (1) at Level 3.

Over the course of this annual reporting year we managed 22 CAT 3 Violent Offenders under MAPPA: 95% (21) at Level 2; and 5% (1) at Level 3.

Over the past year, there have been 59 online MAPPA Level 2 meetings across Edinburgh, the Lothians and Scottish Borders, which managed RSOs and serious risk of harm violent offenders. Each Level 2 meeting will consider a number of offenders. A Level 3 meeting will only consider one offender and there were 3 Level 3 meetings convened during the reporting year, of which 2 meetings related to an RSO and 1 meeting related to a serious risk of harm violent offender.

The 2021/22 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

**MAPPA**

Edinburgh, the Lothians and  
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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.

During the pandemic agencies have continued to monitor offenders in line within their respective roles and responsibilities taking cognisance of the need to protect the public from serious harm balanced against the prevailing COVID-19 health advice at that time.

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 and 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 co-operate' agencies.

The local authority is the responsible authority for registered sex offenders who are subject to statutory supervision. The Council's 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.

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 Sexual and Violent Offender Liaison Officer (SAVLO) or Lead Officer, in the justice social work service, who acts as a single point of contact for information relating to registered sex offenders, and violent offenders managed under MAPPA. 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, through being the responsible authority for mentally disordered restricted patients, and in fulfilling its wider duty to co-operate in the management of violent offenders and registered sex offenders.

NHS Lothian has a Public Protection structure (including child protection, adult protection and MAPPA), which is the responsibility of the Executive Nurse Director at Health Board level. There is a Director for Public Protection, a Clinical Nurse Manager, a MAPPA Health Liaison Officer, alongside Designated Consultants for MAPPA (who are consultant forensic mental health clinicians).

The aim of the NHS Lothian structure and input is to provide governance for NHS Lothian's contribution to Public Protection and to ensure that health issues (including mental health, physical health, staff and patient safety, information sharing) that arise in relation to MAPPA cases are dealt with appropriately. The Director of Public Protection attends all level 3 MAPPA meetings; The NHS Lothian Serious Offender Liaison Service (SOLS) representatives attend all level 2 and level 3 MAPPA meetings; and the Health Liaison Officer attends all level 2 and some level 3 MAPPA meetings.

The NHS Lothian Serious Offender Liaison Service (SOLS) continues 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. Attendance at all MAPPA Level 2/3 Meetings is also a core part of this service.

NHS Borders also makes an important contribution to MAPPA. A consultant clinical psychologist from the learning disability service And/or mental health, NHS Borders Public Protection Team provide a representative at all Level 2 meetings (CP/PP Nurse or Nurse Consultant PP), the Associate Director of Nursing for Mental Health, Learning Disability and Older Adults or Nurse Consultant Public protection attend all Level 3 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 continues to build towards pre-pandemic levels of client contact and service. 2022 saw the project return to running Moving Forwards: Making Changes (MFMC) groups more consistently from Grindlay Court Social Work Centre, Edinburgh including an adapted group for men with enhanced learning needs. The building and group room have recently been fully refurbished to modernise it and create a safer and more welcoming environment. Feedback from people using the building has been very positive.

Building on the learning from the different ways of working imposed by the pandemic, CISSO have retained their online group, for lower risk men whose offending was technology mediated. This online group is being evaluated through regular surveys of participants and their case-managers.

CISSO has also kept the use of video-calls and telephone calls to clients, when this is assessed as being appropriate. We continue to see clients in West Lothian, one-day a fortnight for MF:MC work and assessments and have reintroduced the "CISSO link person", where a CISSO worker regularly bases themselves in a locality office, to see clients and speak to staff, in East Lothian, Scottish Borders and Midlothian.

As an extension of the routine screening assessments of trauma and mental health that CISSO has now embedded into practice, the team are planning to deliver a Survive and Thrive group, for men with interpersonal trauma who have also offended in a sexual manner, in later Autumn. This is a psychoeducational trauma intervention, looking at increasing understanding of how past interpersonal trauma can impact on current functioning and practical strategies to help people to manage this impact more effectively.

CISSO has also continued to support national training around the Risk Matrix 2000 / Stable & Acute 2007 risk assessment tools and MF:MC facilitator training. Training has used a blended model of online resource packs; virtual delivery and face-to-face. It is anticipated that this blended model of delivery will allow for more flexible training events in the future. Work is now progressing towards resuming other training events, including the Introduction to Sexually Harmful Behaviour 1-day course and MF:MC case-manager training.

CISSO is also supporting a pilot of a new assessment framework developed by the Risk Management Authority for use with men convicted of indecent image related offending. This framework will be used in Edinburgh and East Lothian alongside other pilot areas. Further information about this pilot will soon be published on the Risk Management Authority (RMA) website.

## 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, the Lothians and Scottish Borders received 48 applications under this scheme.

Further information can be found at [Police Scotland Child Safety](#)

# 4

## Achievements in Developing Practice

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Scottish Borders Multi-Agency  
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## Training and Promoting MAPPA

During this reporting year, we have held a number of on line multi-agency training events. In August 2021, the MAPPA Co-ordinator delivered a presentation on the work of MAPPA to staff from Families Outside, a charity that supports families in Scotland affected by imprisonment. The aim of the training was to enhance understanding of the role of MAPPA, and the impact on families of a registered sex offender.

On 16 March 2022, Edinburgh, the Lothians and Scottish Borders Strategic Oversight Group commissioned an online training event to provide staff with key information relative to the findings and core learning of significant case reviews. The event was attended by staff and managers from all agencies engaged in the management of high risk offenders.

The training was delivered by a Consultant Clinical Psychologist from NHS Lothian SOLS supported by the MAPPA Co-ordinator. This event was well attended and very positive feedback was received

On 23 March 2022, Edinburgh, the Lothians and Scottish Borders Strategic Oversight Group commissioned an online training event to update staff relative to the findings and core learning from local initial case reviews and case file audit undertaken over the previous year. The event was attended by staff and managers from all agencies involved in the management of registered sex offenders. The training was delivered by the Service Manager for Justice Social Work, Scottish Borders Council and the Detective Inspector, Sexual Offences Policing Unit, 'J' Division, Police Scotland. This event was well attended and very positive feedback was received.

## Developing the use of remote electronic monitoring equipment

Due to advance in technology the internet can be accessed through a variety of devices. The monitoring of devices is the responsibility of the 'responsible authority'. Where the Parole Board or Court have granted a condition or requirement to monitor an offender's electronic devices for example within a Community Payback Order or a Sexual Offences Prevention Order, ten remote electronic monitoring of their internet enable devices can be considered.

eSafe is managed monitoring service that tracks the individual's use of their I.T. devices to detect signs of inappropriate and/or criminal behaviour. eSafe is only deployed in cases where it is an agreed strategy of the risk management plan. In all cases, installation and monitoring are undertaken with the knowledge of the offender. Where there is an initial detection of a potential offence or breach of the order then the lead agency will be informed. If there are concerns relative to imminent or ongoing contact offending or any concerns relative to a suicide risk or serious self-harm, eSafe will notify the police via the 999 system. Police Scotland and all five local authorities within the Edinburgh, the Lothians and Scottish Borders are developing their use of remote electronic monitoring software.

## 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 2022, there were 77 SOPOs in place in our area.





# 5

# Strategic Overview Arrangements

**MAPPA**

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### **Edinburgh, the Lothians 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, the Lothians 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.

### **Local Offender Management/ MAPPA Committees**

These local 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. These local committees report to their respective Chief Officer Groups within their local authority area.

### **NHS Lothian Public Protection Action Group (PPAG)**

The main aim of this group is to ensure NHS Lothian discharges its responsibilities for Public Protection including MAPPA. 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. PPAG reports to the NHS Board through the Healthcare Governance Committee.



# 6

# Statistical Information

Unless stated, the statistics recorded are  
for the reporting period 1 April 2021 to  
31 March 2022

## MAPPA

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Table 1: General

REGISTERED SEX OFFENDERS (RSO's)	No.
a) Number of: I. at liberty and living in the area on 31 March	732
a) Number of: II. per 100,000 population on 31 March	70
b) The number having a notification requirement who were reported for breaches of the requirements to notify	38

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 31 March	77
b) SOPO'S granted by courts between 1 April and 31 March	30
c) Risk of Sexual Harm Orders (RSHOs) in force on 31 March	1
d) Sexual Harm Prevention Orders (SHPOs) in force on 31 March	33
e) SHPOs granted by courts between 1 April and 31 March	1
f) Sexual Risk Orders (SROs) in force on 31 March	0
g) Foreign Travel Orders imposed by the courts between 1 April and 31 March	0
h) Notification Orders imposed by the courts between 1 April and 31 March	2

Table 3: Registered sex offenders by level, re-convictions and notifications

REGISTERED SEX OFFENDERS (RSO's)	No.
a) Number managed between 1 April and 31 March	912
I. MAPPA Level 1	840
II. MAPPA Level 2	71
III. MAPPP Level 3	1
b) Number of Registered Sex Offenders convicted of a further group 1 or 2 crime between 1st April and 31st March:	24
c) Number of RSO's returned to custody for a breach of statutory conditions between 1 April and 31 March (including those returned to custody because of a conviction for a group 1 or 2 crime):	20
d) Number of individuals subject to the SONR indefinite period review process (under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011) between 1 April and 31 March:	32
e) Number of notification continuation orders issued for individuals subject to SONR for an indefinite period (under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011) between 1 April and 31 March:	24
f) Number of RSO's subject to formal disclosure:	3

Table 4: Restricted Patients

RESTRICTED PATIENTS (RP's):	No.
a) Number of RP's 1) Number of RP's "owned" by your Health Board(s) on 31 March 2022 regardless of where they were detained in hospital or living in the community.	52
2) Number of RP's "owned" by your Health Board(s) between 1 April 2021 and 31 March 2022 regardless of where they were detained in hospital or living in the community.	53
b) Number within hospital/ community as at 31 March: 1) State Hospital	11
2) Other hospital in your area:	30
3) Community (conditional discharge)	11
c) Number managed by MAPPA Level as at 31 March 1) MAPPA Level 1	49
2) MAPPA Level 2	3
3) MAPPA Level 3	0
d) Number of RP's recalled by Scottish Ministers during the reporting year	1

Table 5: Statistical Information – other serious risk of harm offenders

SERIOUS RISK OF HARM OFFENDERS:	No.
a) Number of offenders managed by MAPPA level as at 31 March: 1) MAPPA Level 2:	7
2) MAPPA Level 3:	1
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)	6
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	9

Table 6: Registered sex offenders managed in the community under statutory conditions and/or notification requirements on 31 March 2022

CONDITIONS	NUMBER	PERCENTAGE
On statutory supervision	242	33
Subject to notification requirements only	490	67

# MAPPA

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