Notice of Meeting and Agenda

Midlothian Integration Joint Board

Venue: **Virtual Meeting,**

Date: **Thursday, 17 June 2021**

Time: **14:00**

Morag Barrow
Chief Officer

Contact:

Further Information:

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

1 Welcome, Introductions and Apologies

2 Order of Business

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

3 Declaration of Interest

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

5 Public Reports

5.10	Mental Welfare Commission report: Moves from hospital to care home during pandemic without legislation, Report by Alison White, Head of Adult & Social Care	227 - 274

6 Private Reports

No items for discussion

7 Date of Next Meeting

The next meetings will be held on:
Thursday 26 August 2021 at 2.00pm
Thursday 9 September 2021 at 2.00pm (Special Meeting)

Clerk Name:	Mike Broadway
Clerk Telephone:	0131 271 3160
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Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 8 April 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):		
Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)	Mike Ash
Cllr Jim Muirhead	Angus McCann	Cllr Derek Milligan
Cllr Pauline Winchester		

Present (non-voting members):		
Morag Barrow (Chief Officer)	Alison White (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Hamish Reid (GP/Clinical Director)	Wanda Fairgrieve (Staff side representative)	James Hill (Staff side representative)
Keith Chapman (User/Carer)	Fiona Huffer (Head of Dietetics)	Lesley Kelly

In attendance:		
Grace Cowan (Head of Primary Care and Older Peoples Services)	Jill Stacey (Chief Internal Auditor)	Lois Marshall(Assistant Strategic Programme Manager
Mairi Simpson (Integration Manager)	Jock Encombe	Gordon Aitken (Clerk)
Apologies:		
Tricia Donald		

Midlothian Integration Joint Board

Thursday 8 April 2021

1. Welcome and introductions

The Chair, Councillor Catherine Johnstone, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board. She advised that this would be the last meeting to be attended by Mike Ash and on behalf of the MIJB expressed their appreciation of his invaluable input over several years.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 11 February 2021 and Special Meeting of the Midlothian Integration Joint Board held on 11 March 2021 were submitted and approved as a correct record.

4.2 The Minutes of the MIJB Audit and Risk Committee held on 3 December 2020 were submitted and noted.

4.3 The Minutes of Meeting of the MIJB Strategic Planning Group held on 20 January 2021 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chief Officers Report This paper set out the key service pressures and service developments happening across Midlothian IJB over the previous month and looked ahead to the	To note the issues and updates arising from the Chief Officers Report.	Chief Officer	

Midlothian Integration Joint Board

Thursday 8 April 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
following 8 weeks. The report highlighted that as of 29 March 2021, there were 38,257 residents in Midlothian who had received their first dose of the COVID vaccine which equated to 51% of all adults in Midlothian. This included priority staff groups. There were two vaccine sites in Midlothian; Midlothian HSCP operate a clinic from Midlothian Community Hospital and NHS Lothian operate a mass vaccination site in Gorebridge which opened on 18 March 2021. All Care homes in Midlothian had now received both doses of the COVID vaccine for residents and staff. New residents and staff were being vaccinated through an ongoing vaccination programme. The Board in considering the Chief Officer's report made particular reference to the issues connected to the level of Did Not Attend appointments and the measures that were being taken to address this. It was also noted that further consideration would be given to the concerns of those people who had received an adverse reaction to their first jag and were as a result wary of receiving a second jag.			
5.2 Midlothian Public Engagement Strategic Statement The report advised that Community engagement was both good practice and a legislative requirement for	To approve in principle, the Midlothian Public Engagement Strategic Statement subject to further consideration of some of the specific wording included.	Mairi Simpson	Ongoing

Midlothian Integration Joint Board

Thursday 8 April 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Midlothian Integration Join Board (IJB) and Health & Social Care Partnership (HSCP). There were many positive examples of community engagement within the Partnership in Midlothian and the draft strategic statement appended to the report was designed to state the Midlothian IJB and HSCP's intent around community engagement and provide a helpful framework for the HSCP planning groups. There then followed a general discussion during which it was agreed that whilst the document was extremely helpful, that the wording used be given further consideration in line with various comments made.			
5.3 Midlothian IJB Local Code of Corporate Governance The purpose of this report was to propose that the revised Local Code of Corporate Governance of the Midlothian Health and Social Care Integration Joint Board (MIJB), that provided the framework for the governance arrangements for delivering health and social care integration in Midlothian, be approved by the MIJB Board, following it being scrutinised and recommended for approval by the MIJB Audit and Risk Committee.	(a) To note the changes outlined within the report; (b) To approve the revised Local Code of Corporate Governance as detailed within an Appendix to the report for the Midlothian Health and Social Care Integration Joint Board (MIJB); and (c) To note that the revised MIJB Local Code would be used for the 2020/21 annual assurance process. This would include the annual review of the MIJB's governance arrangements and reporting of the outcome of that review in an Annual Governance Statement within the statutory accounts	Jill Stacey	

Midlothian Integration Joint Board

Thursday 8 April 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.4 Equalities Outcomes and Mainstreaming Report 2021-2023 The purpose of this report was to provide an update on the development of the new equalities outcomes and provides a Mainstreaming and Equalities Outcomes report. The report advised that in order to meet the obligations placed on public bodies by the Equality Act 2010 and associated regulations the Integration Joint Board must • publish a set of equality outcomes which it considered would enable the authority to better perform the Public Sector Equality Duty • publish a report on progress in mainstreaming the Equality Duty • publish in a manner that was accessible Updates on the development of the new Equalities Outcomes were provided at the November IJB meeting, and at the IJB meeting in February 2021. This report updated the group on the final proposed Equalities Outcomes and provided a report on progress on, and future actions to support mainstreaming the Equality.	To approve the Equalities Outcomes for 2021-2025 and approve the Mainstreaming report	Lois Marshall	
5.5 Midlothian IJB Direction: Falls The purpose of the report was to provide a proposal for an additional Direction following discussion at the IJB meeting on 11th February 2021 on the Midlothian	To approve the proposed addition of a new Direction to NHS Lothian and Midlothian Council on Falls.	Lois Marshall	

Midlothian Integration Joint Board

Thursday 8 April 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Falls and Fracture Prevention Action Plan 2020 - 2022. The report advised that Midlothian IJB Directions had been reviewed and agreed in October 2020 and continued to be operationalised. An update on progress towards each Direction was provided to the Midlothian IJB in December 2020 and an update on progress to end March 2021 and suggested revisions would be presented at the next IJB meeting - June 2021. This report included a proposal for an additional Direction following discussion at the IJB meeting on 11 February 2021 on the Midlothian Falls and Fracture Prevention Action Plan 2020 - 2022.			
5.6 Financial Update - Formal Budget Offer from NHS Lothian to the IJB for 2021/22 The purpose of this report was to present the Board with the formal 2021/22 budget offer from NHS Lothian for consideration. The budget offer from Midlothian Council was accepted back at the March meeting of the IJB. The formal offer for 2021/22 was summarised within the report with the full offer letter attached as an Appendix Claire Flanagan was heard in amplification of the report and responded to Members questions and comments.	To accept the budget offer from NHS Lothian.	Claire Flanagan	

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Thursday 8 April 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.7 Midlothian Integration Joint Board Complaints Handling Procedure The report advised that Midlothian Integration Joint Board (IJB) was committed to valuing complaints and therefore requested Midlothian IJB members to consider the Complaint Handling Procedure and public facing document which was appended to the report and make a decision on its approval, or a process for approval. Midlothian IJB was required to implement a Complaints Handling Procedure that met the current requirements of the Scottish Public Services Ombudsman (SPSO). The SPSO published a revised Model Complaints Handling Procedures (MCHPs) for all sectors (except the NHS). Public bodies were required to implement the revised MCHPs by 1 April 2021. Mairi Simpson was heard in amplification of the report and responded to Members questions and comments.	To approve the Draft Midlothian Integration Joint Board Complaints Handling Procedure. .	Mairi Simpson	
5.8 Midlothian IJB Induction Handbook The purpose of the report was to provide an update on the development of an Induction Handbook for new board members.	To approve the proposed Induction Handbook	Lois Marshall	

Midlothian Integration Joint Board

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The report advised that the Scottish Government publication 'On Board - a guide for board members of public bodies in Scotland 2017', highlighted that "Induction programmes, events and material should be a standard feature, with a public body providing information on a range of topics, e.g. policies, procedures, roles, responsibilities, rules and key personnel" The Scottish Government Guidance on Roles, Responsibilities and Membership of the Integration Joint Board, 2015 states that "All members should receive an induction; as a minimum this should cover the member's specific post requirements, roles, responsibilities and policies". This handbook had been developed to support a comprehensive and effective induction process in line with best practice guidance. The handbook covered a range of areas and relevant policies, including the roles and responsibilities of all board members, and the expenses policy to support volunteer board members.			
5.9 Update to the IJB Improvement Goals The purpose of the report was to provide an update on progress towards achieving the current IJB performance goals, highlight that the target deadline was now historic for several goals, and recommend changes to the IJB Improvement Goals.	(a)To note that several of the IJB Improvement Goals had milestone targets during 2020 and whilst several had been achieved or demonstrated improvements, this was in part due to the system response to the COVID19 pandemic;	All to note	

Midlothian Integration Joint Board

Thursday 8 April 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Both Grace Cowan and Morag Barrow were heard in amplification of the report after which there was a general discussion on these matters.	(b)to agree the recommendation to amend specific Improvement Goals which considered the progress made towards the goals and the ability of the system to achieve the new goals during recovery from the COVID19 Response; (c)To agree the proposal that further detail was presented to the IJB on specific goals which would assist with monitoring progress towards the goal; and (d)To otherwise agree to the recommended changes to the goals described within the report.	All to note All to note All to note	
5.10 Midlothian Integration Joint Board Strategic Plan 2022-2025 The purpose of the report was to provide an update on developing the new Strategic Plan 2022-2025. In order to meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Midlothian Health & Social Care Partnership is required to publish a new Strategic Plan in 2022. A new vision and values were agreed by the IJB in December 2020 and Strategic Aims were agreed by the IJB in March 2021. The approved strategic aims had been discussed with planning leads in the Partnership to explore how they could be embedded across the new Strategic Plan.	(a)To note the update and key deadlines for development of the new Strategic Plan; and (b) That consideration of the future direction and longer term budget implications of the Strategic Plan form the basis for discussion at the next development session	Lois Marshall	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The Planning leads would engage and consult with relevant services users, those who support service users, providers, carers, staff and partners in the development of their areas of the Strategic Plan. Support with engagement would be offered where required. Lois Marshall was heard in amplification of the report after which there was a general discussion on these matters.			
5.11 Midlothian Health and Social Care Partnership Contribution to NHS Lothian Re-mobilisation Plan The purpose of the report was to provide IJB Members with a summary of service developments and modifications to ensure that health and social care services were meeting the needs of Midlothian residents as safely and effectively as possible during the pandemic. Mairi Simpson was heard in amplification of the report and responded to Members questions and comments.	To note the content of the report		

6. Private Reports

There were no private reports for consideration at this meeting.

7. Date of next meeting

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

• Thursday 13 May 2021	2pm	Development Workshop
• Thursday 17 June 2021	2pm	Midlothian Integration Joint Board

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

The meeting terminated at 3.45 pm.

Midlothian Strategic Planning

MS Teams

MINUTES

Wednesday 17 March 2021

IN ATTENDANCE: Carolyn Hirst (Chair), Morag Barrow, Rebecca Miller, Carly Mclean, Leah Friedman, Fiona Huffer, Grace Cowan, Lynne Douglas, Aileen Murray, Matthew Curl, Lois Marshall, Jim Sherval, Claire Flanagan, Jamie Megaw, Kirsty McLeod, Laura Hill, Sheena Wight, Jane Crawford, Kaye Skey, Claire Flanagan, James Hill, Simon Bain, Lisa Cooke (Note Taker)

APOLOGIES: Andrew Coull, Carol Levstein, Angela Tuohy, Wanda Fairgrieve, Mairi Simpson, Lynne Douglas

			ACTION
1	**Welcome and Introductions**	Carolyn Hirst welcomed members to the meeting. Laura Hill from VOCAL Midlothian was welcomed as new member. Laura is representing unpaid carers until a carer representative is available. CH wanted to record appreciation to Caroline Myles who retired 16 March, for her hard work and commitment.	
2	**Minutes of Last Meeting**	Minutes of meeting on 20 January 2021 were approved.	
3	**New Strategic Plan 2022-2025**	**(I) Strategic Plan 2022 – 2025** Lois Marshall circulated a paper in advance of the meeting and updated members on plans to develop the new Strategic Plan 2022-2025. Building on from the agreement of the vision and values for the new plan by the IJB in Dec 2020, work is underway with local multiagency Planning Groups. Six new strategic aims were approved by the IJB on 11 March. LM clarified that (i) human rights to include social economic rights and (ii) integration aim will explicitly mention joint work with primary care, unpaid carers, and the community. Discussion and actions as follows • LM asked SPG group to consider the 5 strategic aims and possible targets and measures • Note the progress in development of the new Strategic Plan	**ALL**

		JS highlighted the importance that both process and outcomes be measured JS mentioned that he is working on the Climate Change Green Health Prescribing Network with Dr Rachael Hardy and Tracy McLeod. JS agreed to bring a paper to SPG in May 2021. FH reported on the outcomes of Improving the Cancer Journey and stated that they may be useful in considering outcomes and measures for the Strategic Aims. CH asked that a paper on IJC paper be brought to the next SPG meeting. FH will meet with Cathrin Griffiths to discuss. RM asked how others in Lothian can learn from this plan. RM has a vision on how the Lothian Strategic Development Framework (LSDF) could work. This was shared with the group and RM asked for feedback. JC asked about Human Rights activity and what services Midlothian HSCP offers regarding this. LM mentioned she had been working with Catherine Evans on this and there have been efforts to incorporate this approach to Care at Home developments recently but acknowledged that further work is required across the Partnership. LM and MC to meet before next meeting.	**JS** **FH** **ALL** **LM MC**
		(II) Equalities Outcomes Lois Marshall circulated a paper in advance of the meeting and updated members on the Equalities Outcomes. There are 5 key areas: • Equitable access • Mental Health Support • Welcoming Communities • Human Rights • IJB accurately reflects the community it serves LM has asked to group for feedback prior to taking this to IJB on 8 April. JH asked how the HSCP will facilitate this, in particular for older people and people with a learning disability. There will need to be a budget for this. JH asked if Council new build facilities such as care homes will be able to accommodate couples requiring care. MB reported that efforts are made to accommodate this ~~and~~ however people may have had to wait a bit longer at times. JH also asked about services for people with a learning disability. What is realistic? What is our baseline? JH asked	**ALL**

		that the Partnership is clear about funds and activities that should be focussed on. LM and JH to meet to discuss ideas and actions.	**LM JH**
4.	**Reports on Progress**	**Performance Framework** JMe provided an update to the group. Tableau dashboards are being developed for use by Senior Management Team and service managers to improve understanding of performance. The HSCP is also using OutNav outcome mapping to provide broader understanding of activity across programmes (e.g. Frailty). A further paper on OutNav will be presented at a future meeting. **Redesign of Urgent Care – Midlothian Response** MB provided a brief update on the COVID situation in Midlothian, the additional beds that opened in Midlothian Community Hospital (MCH) and the delayed discharge position. Recruitment is underway to increase the number of beds available at MCH. There are plans to open a further 4 beds around Easter, these maybe used for people living with frailty. This week there are 6 patients whose discharge from an acute hospital has been delayed due to a delay in the availability of community-based support/care. GC acknowledge the improvement in the reduction of people experiencing a delayed discharge even though intermediate care beds were closed. AM acknowledged the great work in the delayed discharge figures however was concerned that people not in hospital and awaiting packages of care are waiting a longer time. AM asked if the new Care at Home contract would help with this challenge. GC reported that Care at Home Services are providing a significantly more hours than last year. However due to Covid restrictions, respite and day services stopped or changed how they were operating which had an impact on people needing packages of care. MB reported that the Senior Management Team is looking at different models of respite care.	

		GC very aware of the community list and is trying to understand the increase in demand for this service. GC acknowledged some of the increase will be due to the lockdown and the deconditioning of some older people which will impact on the need for services. LH supported AM point from perspective of unpaid carers. The reduction in Care at Home and respite provision has had a significant impact on unpaid carers. LH asked that the contribution of unpaid carers during the pandemic be recognised. MB agreed that the contribution of unpaid carers has been fantastic. She acknowledged the challenges they have faced and highlighted work on an alternative respite model. **Primary Care Improvement Plan (PCIP)** JMe discussed paper circulated in advance. The plan covers the period from 1 April 2018 to 31 March 2021. The fund allocated to Midlothian HSCP was £840k in 2019/20, £1.7m in 2020/21 and £2.4m in 2021/22. CH asked about the implications and learning from Covid and how the transformation to digital had been built into the review of the PCIP. JMe advised that many services that originally depended on face to face contact, transferred to an online/telephone service early in the pandemic. The Wellbeing Service and Primary Care Mental Health nurses both moved to a telephone system (and Teams for Wellbeing Service groups and training) which provided important insights into how services could potentially be redesigned to provide a mix of face to face and online support and could potentially increase the capacity of the teams. The Community Treatment and Care service (CTAC) provides an opportunity to increase Scale Up BP, a tele monitoring of blood pressure which is proving to be effective and a number of GP practices in Midlothian already using it. JMe advised that CTACs can support strategic developments beyond general practice by improving patient experience with, for example, local options for outpatient consultations and secondary care blood tests. The possibility of practice based hubs is being explored. MC reported that the increase in digital service delivery has transformed in the last 12 months, including Near Me	

		SW asked that occupational therapy be added to the staffing section. Action 15 funding was received last year but due to Covid and the waiting list pressure there was a decision for the post-holder to work in Adult Mental Health services. Plans now underway for occupational therapist to join the primary care team. RM asked if there would be benefit in collaborating across Lothian on workforce decisions as the risks to work flow and the pressure to recruit physiotherapist are shared across Partnerships. JMe advised that while there is an understanding of what is happening in the other Lothian IJB areas that the models are quite different. MB happy to work with other areas on this where it would be helpful. CH confirmed with JMe that during March/April a small group will review progress on all 6 domains of the PCIP. JMe agreed to report back to Strategic Planning Group in May 2021.	**JMe**
6.	**Strategic Planning Group Report Schedule 2020/21**	Climate Green Health Prescribing – Jim Sherval Improvement Cancer Journey – Sandra Bagnall Housing and Homeless – Gillian Chapman and Rebecca Hilton Update Strategic Plan 2022-2025 – Lois Marshall Primary Care Improvement Plan review – Jamie Megaw	
7.	**AOCB**	No items raised.	
9.	**Future Meetings**	**All future meetings below are via MS Teams (meantime)** **Wed 19th May 2021 2-4pm** **Wed 11th August 2021 2-4pm** **Wed 29th September 2021 2-4pm** **Wed 17th November 2021 2-4pm**	

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Audit and Risk Committee	Thursday 4 March 2021	2.00pm	Virtual Meeting held using MS Teams.

Present (voting members):		
Cllr Jim Muirhead (Chair)	Carolyn Hirst	Councillor Russell Imrie
Pam Russell (Independent Member)		

Present (non-voting members):		
Claire Flanagan (Chief Finance Officer)	Jill Stacey (Chief Internal Auditor)	Alison White

In attendance:		
Stephen Reid (EY, External Auditor)	Chris Lawson (Risk Manager)	Mike Broadway (Clerk)

Apologies:		
Councillor Derek Milligan	Mike Ash	Morag Barrow (Chief Officer)

Audit and Risk Committee

Thursday 4 March 2021

1. Welcome and introductions

The Chair, Councillor Jim Muirhead, welcomed everyone to this virtual meeting of the Audit and Risk Committee, in particular Councillor Russell Imrie, who was substituting for Councillor Derek Milligan, and also Alison White who was substituting for Chief Officer, Morag Barrow.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Meeting

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 3rd December 2020 was submitted and approved as a correct record.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Risk Register – Report by Risk Manager The purpose of this report was to provide the Audit & Risk Committee with an update on the MIJB Strategic Risk Profile and the actions being taken to identify and manage risk in order to ensure the successful delivery of the MIJB's key objectives, as detailed in the Strategic Plan. The report also provided the Committee with an overview of the MIJB's operating context taking account of current issues, future risks and opportunities.	(a) Noted the current Strategic Risk Profile; (b) Noted the updates provided on the risk control measures and the progress being made to address all risks; and (c) Confirmed that, otherwise, the risks contained in the Strategic Risk Profile reflected the current risks/opportunities facing the MIJB.	Risk Manager	Next update report on MIJB Strategic Risk Profile scheduled for June 2021

Audit and Risk Committee

Thursday 4 March 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The Committee, having heard from Risk Manager, Chris Lawson, who responded to Members' question and comments, discussed issues arising from the current strategic risk profile, in particular the most significant issues and risks highlighted in the report.			
5.2 Guidance for Auditors – Covid-19 - Letter from Elma Murray, Interim Chair, Accounts Commission The purpose of this letter was to bring to the Committee's attention two new guides for Auditors produced by Audit Scotland in relation to Covid-19 The first being '*Balancing the budget in councils'* and the second '*Going concern in councils'*. The letter explained that the reason for highlighting these particular publications was because they related to the Commission's longstanding interest in the essential importance of effective leadership, good governance and strong financial management for councils. But also, because they recognised the challenges of delivering these key Best Value obligations in the context of Covid-19. The Commission would be encouraging local auditors to use these guides as a basis for engaging with their audited bodies. After hearing from both the Chief Finance Officer, Claire Flanagan, and Chief Internal Auditor, Jill Stacey, the Committee acknowledged the contents of the letter.	Noted the letter and Audit Scotland publications to which it related.		

Audit and Risk Committee

Thursday 4 March 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.3 Midlothian Integration Joint Board Annual Audit Plan Year ending 31 March 2021 - Report by EY, External Auditors. There was submitted the Midlothian Integration Joint Board Annual External Audit Plan for the financial year ending 31 March 2021. Stephen Reid, External Auditor, EY in presenting the Plan to the Committee explained that this Annual Audit Plan had been prepared for the benefit of IJB management and the Audit and Risk Committee, setting out the proposed work they would perform to allow them to provide an independent auditor's report on the financial statements and meet the wider scope requirements of public sector audit, including the audit of Best Value, in this the fifth year of their appointment. As a result of the impact of Covid-19 their appointment had been extended by a further 12 months to include the financial year 2021/22. The Plan outlined the key areas and challenges in the current year including the financial sustainability, value for money and the identification of significant audit risks. Also included within the Plan was a timetable on the key phases of the audit for 2020/21. Thereafter Stephen Reid responded to Members' questions and comments.	Approved the Annual External Audit Plan 2020/21.	External Auditor, EY	External Audit Annual Report 2020/21 scheduled for September 2021

Audit and Risk Committee

Thursday 4 March 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.4 MIJB Internal Audit Annual Plan 2021-22 – Report by Chief Internal Auditor. The purpose of the report was to present for the Committee approval the proposed Internal Audit Plan for 2021/22; a copy of which was appended to the report. The report advised that the Public Sector Internal Audit Standards (2017) require the Chief Internal Auditor to develop a risk-based audit plan which sets out the priorities for the Internal Audit activity during the year in order to enable the Chief Internal Auditor to prepare the annual opinion on the adequacy of the overall control environment of the Midlothian Integration Joint Board. These priorities needed to be consistent with the MIJB's goals and objectives as set out in the Strategic Plan. Having heard from Chief Internal Auditor, Jill Stacey, who responded to Members' questions and comments, the Committee in discussing the Plan and the importance of the work being undertaken by Internal Audit, welcomed the suggested use of self-evaluation/informal training as a mean of assisting Members in carrying out their scrutiny role.	Approved the Internal Audit Annual Plan for 2021/22.	Chief Internal Auditor	Mid-Term Performance against MIJB Internal Audit Plan 2021/22 scheduled for December 2021

Audit and Risk Committee

Thursday 4 March 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.5 MIJB Local Code of Corporate Governance – Report by Chief Officer. With reference to paragraph 5.6 of the Minutes of the MIJB of 13 June 2019, there was submitted a report seeking approval of an updated Local Code of Corporate Governance for the Midlothian Integration Joint Board (MIJB). The report explained that the MIJB's Code of Corporate Governance, summarised the key policies and procedures that were in place, providing the framework for the governance arrangements for delivering health and social care integration in Midlothian, ensuring that the MIJB operated to a high standard consistent with national guidance. The Chief Internal Auditor presented the report and explained the significant work that had been carried out by Internal Audit to revise the format and content of the MIJB Local Code of Corporate Governance to comply with the CIPFA/SOLACE Good Governance Framework (2016) to ensure it continued to be a value-added tool for members and officers of the MIJB in the conduct of its affairs against the seven core principles of good governance. The Committee, following questions to the Chief Internal Auditor, welcomed the revised Code of Corporate Governance.	(a) Noted the changes to the Local Code of Corporate Governance as outlined in the report; (b) Agreed to recommend to the MIJB approval of the updated Local Code of Corporate Governance; and (c) Noted that the updated Local Code will be used for the 2020/21 annual assurance process.	Chief Officer	Approved by the MIJB on 8 April 2021 - Complete

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
7.1 Membership The Committee having noted that Mike Ash would be retiring from his position as an NHS Lothian Board Member at the end of April 2021 and that this would therefore be his last meeting as a member of the Midlothian IJB Audit and Risk Committee joined the Chair in wishing him all the best for the future.	(a) Recorded an expression of thanks and appreciation to Mike Ash for his contributions to the work of the MIJB Audit and Risk Committee; and (b) Noted that the necessary steps would be taken in due course to secure a suitable replacement.		

8. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 3 June 2021 at 2.00 pm.

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

The meeting terminated at 3.03 pm.

Chief Officer Report

June 2021

Item number: 5.1	Agenda number

Executive summary

The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous month and looks ahead to the following 8 weeks.

Board members are asked to:

- *Note the issues and updates raised in the report*

Chief Officer Report

1 Purpose

1.1 The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous month and looks ahead to the following 8 weeks.

2 Recommendations

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

- Note the issues and updates raised in the report.

3 Background and main report

3.1 COVID Vaccinations

As of 31st May, 54,527 residents in Midlothian have had their first COVID vaccination dose (73% adults) and 32,956 have had their second dose (44% adults). There are two vaccination centres in Midlothian – one at the Community Hospital run by the HSCP and one at Gorebridge run by NHS Lothian.

There are DNAs across all sites mostly due to delays in patients receiving appointment letters. Midlothian HSCP are proactively contacting patients to remind them of their upcoming appointment. Midlothian is within the 12-15% tolerance of DNAs with an average DNA rate of 6%. However, this is mainly due to Midlothian Community Hospital administering 2nd dose vaccinations.

Young people aged 18-29 are now able to register for their COVID vaccine appointment online. https://www.nhsinform.scot/covid-19-vaccine/invitations-and-appointments/registering-for-a-coronavirus-vaccine. Residents are now able to obtain a record of their COVID vaccination status via NHS Inform or through the NHS COVID phone line. Records are able to be printed at home or sent via post. More information is available here

Uptake for the COVID vaccine can be broken down into age cohorts. As the programme is still ongoing, it is not possible to provide percentage uptake information for cohorts beyond cohort 4. Please note the totals below are for Midlothian HSCP only:

Cohort	Total Cohort	Vaccination Numbers	Percentage uptake
Over 80s (minus Care Home residents)	3904	3715	95%
Care Home Residents	477	474	99%
75-79	3409	3240	95%
70-75	5112	4711	92%

3.2 Seasonal Flu Vaccinations

Last year the HSCP took on the shielding patient cohort with the majority of vaccinations administered through General Practice. The HSCP vaccinated approximately 5,000 of the 7,500 total shielding patient cohort. The HSCP also administered Care Home vaccinations to staff and residents and the 2-5 childhood flu programme.

The HSCP and Midlothian General Practices achieved the highest uptake amongst the 4 partnerships in Lothian with a 63.4% uptake in the 18-64 age cohort and a 85.3% uptake in the over 65 cohort.

As part of the 2018 GMS contract, the responsibility for vaccinations will transfer from General Practice to the HSCP on the 1st October 2021. In addition to the cohorts traditionally vaccinated as mentioned above, other cohorts including all aged 50+, teachers and support staff, prison staff and inmates, and secondary school pupils will also be eligible for the seasonal influenza vaccination. Good local access has been identified as a key factor in this high uptake rate. The 2021 Seasonal Influenza vaccination programme is being planned by the HSCP.

Work is also progressing regarding how the seasonal flu campaign relates to a COVID booster programme. Further information will be shared with the IJB once the HSCP has further guidance.

3.3 Additional Funding to Support Unpaid Carers

Midlothian IJB has previously acknowledged that unpaid carers fulfil valuable roles within our communities and economy; a role that statutory services cannot replicate in terms of care provision, or budgetary availability. Unpaid carers are specifically referenced in the overarching strategic aims that the IJB agreed in March 2021.

The Independent Review of Adult Social Care, recognises carers as '*a cornerstone of social care support'. The report adds (that the) 'contribution they make is invaluable. Their commitment and compassion is humbling. We need to provide them with a stronger voice and with the networks, support and respite they need to continue in their vital role'.*

As previously reported to the IJB, carer support services were re-commissioned following a collaborative approach to community consultation and defining the service priorities. The contracts were awarded March 2021.

Subsequently a letter was received from the Cabinet Secretary announcing additional funding to further support the implementation of the Carers (Scotland) Act 2016 that came into force on the 1st April 2018. The additional funding for Midlothian is £427,000 per annum.

In line with the local approach for collaborative decision making, relevant organisations and services will contribute to proposals on additional investment which are expected to include (i) enhancements to the core services recently commissioned, (ii) resource for current gaps that were not prioritised in the re-commissioned contracts and (iii) opportunities for innovation.

It is anticipated that, in line with current arrangements, the majority of services or programmes funded will be delivered by third sector organisations.

The final decision on allocation of funding will rest with the HSCP, and it is anticipated that a report will be presented to the IJB in August 2021 to provide an overview of funding allocation.

3.4 Unpaid work

2020 - 2021 presented a unique challenge to Unpaid Work services due to Covid-19 Restrictions. During this year, the Unpaid Work Team internally delivered the Health and Safety in the Workplace SCQF Level 4 Qualification to 32 clients, whilst 3 clients achieved the Emergency First Aid Certificate at SCQF level 6. The Health and Safety award, where possible, will be incorporated into every new client's induction programme to help build confidence and motivation to undertake further training during their Orders. The Unpaid Work Team in partnership with the Communities Lifelong Learning Team (CLL) ran a Pilot course for 6 clients from November-December to introduce their Adult Learning programme.

Due to Covid-19 restrictions, these sessions were held Online as taster sessions to courses they could offer when group work allowed. 'Digital skills' and 'An Introduction to Wellbeing' were identified by clients as courses of most interest. One client from these sessions engaged further with CLL to improve their Literacy skills. The Unpaid Work Team assisted 6 clients to apply for funding through the Individual Training Account scheme; this allowed clients to gain the Construction Skills Certificate Scheme Card (Green Labourers Card) through CLL. Three of these clients went on to obtain full-time employment in the construction Industry. A further two clients were supported into further education through Access To Industry and Skills Development Scotland as part of the other activity requirement of their order and are currently working towards awards in photography and music.

A joint funding bid through the DWP by Unpaid Work/ CLL and Newbattle Abbey College was submitted in the summer of 2021. There was a delay in the awarding of the grant and the 8 Week Partnership Course is now taking place from the 4th May 2021. Ten clients have been nominated for this course. Awards on completion of the full 8 weeks are, First Aid at Work, Health and Safety in The Work Place Level 5 (Scotland), Manual Handling, Adult Achievement Award, Employability Award and the Forest and Outdoor Learning Award (FOLA).

3.5 Health Visiting

Health Visiting is a universal service for families with children from birth to starting primary school. Health Visitors have critical responsibilities in supporting physical and mental health and wellbeing, screening for health and developmental problems, and in identifying any concerns about, or risks to, the wellbeing of the youngest members of our communities, including particular responsibilities around Child Protection. Their role in working with vulnerable families and in tackling health inequalities is undertaken in close collaboration with Children's Services and the voluntary sector.

Delivery of the Universal Health Visiting Pathway is currently informed by Scottish Government COVID 19 guidance which places restrictions on routine face to face contacts. Targeted face to face contact is undertaken based on the professional judgement of the Health Visitor following routine telephone contact. The Health Visiting structure includes the 0-5 years Immunisation Team which has continued to operate throughout the pandemic ensuring parents have access to the vaccinations their children should receive.

IJB Members will be aware that in recent years the level of vacancies in the Health Visiting service was a cause for concern and was placed on the HSCP Risk Register. Following concerted Pan Lothian efforts and considerable investment in training places, Health Visiting across Lothian is in a much better position. 17 newly qualified Health Visitors will complete their Masters level qualification in Specialist Community Public Health Nursing at the end of June and I am pleased to advise members that 4 of those Health Visitors will be joining the Midlothian service at the start of July.

3.6 Good conversations training for IJB members

Following the successful rollout of Good Conversations training across the HSCP, the training team would like to offer a session for IJB members. This would consist of a bitesize workshop, covering the key elements of this approach This is embedded into our Midway approach to improve how we communicate in a solution focussed way, and underpins the culture and values the HSCP wish to commit to.

3.7 Annual report

In previous years all IJBs were required to publish an Annual Performance Report by 31 July. Due to the timing of IJB meetings and the availability of data from Public Health Scotland for inclusion in the report, it is not possible to bring a report to the June IJB meeting for approval prior to publication. The Chief Officer is requesting delegated authority from the IJB to publish the report by 31 July in line with original timelines. The report could then be considered at the August IJB meeting. The report is published online therefore any subsequent changes can be made.

The extension of the Coronavirus Scotland Act (2020) means that IJBs are able to extend the date of publication of Annual Performance Reviews through to November this year.

It is however the preference of the HSCP that this report is completed and published in line with original timeframes.

3.8 Strategic Plan 2022-25: IJB Workshops

Work continues to develop the Strategic Plan 2022-25 as described at previous IJB meetings. At the IJB meeting in May 2021 IJB members requested time for meaningful discussion on a small number of topic areas at a time.

In response to this a series of workshops is being planned to allow IJB and Strategic Planning Group members the opportunity to consider and discuss an early draft of the strategic aims for each section of the plan. IJB and SPG members will be provided with set information on each topic area including proposed developments, budget implications, key changes from the existing plan, challenges, risks and suggested areas for discussion.

IJB and SPG members are unlikely to be able to attend all the workshops (eight in total) but ideally there will be some IJB representation at each workshop. The workshops will take place between late September and mid October 2021. Further information will be available to IJB members by mid-June.

3.9 Third Sector Summit

Third and independent sector organisations play a vital and valued role in both the planning and delivery of health and social care services in Midlothian. They are key partners and represented on formal governance groups including the IJB and Strategic Planning Group. The Independent Review of Adult Social Care 2021 makes various recommendations relating to the role of third and independent sector organisations in HSCP activities, from commissioning to service delivery. Midlothian has benefited from strong connections and evidence of effective joint work to improve outcomes for local people.

Third Sector Summits were held pre-pandemic to facilitate a collaborative approach to health and social care opportunities and challenges. They created a space for the third, independent and public sectors to explore and share their knowledge, experience and aspirations with a focus on collaborative working and learning.

The first Third Sector Forum in over a year took place on 1st June 2021. Over forty people attended with a broad range of organisations represented. The on-line event was hosted jointly by Midlothian Voluntary Action and the HSCP. Short presentations followed by discussion groups covering topics such as service remobilisation planning, supporting the health and wellbeing of the workforce, COVID and inequalities and an invitation for organisations to explore how they can contribute to the IJB Strategic Plan 2022-25. People were also asked to consider representation on the IJB Board, a position currently filled by the Chief Officer of Midlothian Voluntary Action. Recruitment to this position was unsuccessful earlier this year, possibly due to the pressure organisations were under while managing services delivery during the pandemic.

3.10 Changes to IJB Chair and Vice Chair

Following the end of her term in office, Councillor Catherine Johnston will step down form Chair of IJB in June 2021. Carolyn Hirst will take over the Chair from this point for the next two years. Following agreement at Midlothian Council in May, Councillor Derek Milligan will take up the Vice-chair position.

I would like to thank Councillor Johnston for her support and leadership over the past two years, and welcome Carolyn Hirst and Councillor Milligan into their respective new roles.

4 Policy Implications

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

5 Directions

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

6 Equalities Implications

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

7 Resource Implications

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

8 Risk

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

9 Involving people

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

10 Background Papers

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3402
DATE	02/06/21

Appendices:

17th June 2021 - 2pm

Draft Unaudited Annual Accounts for 2020/21

Item number: 5.2 **Agenda number**

Executive summary

This report presents the draft unaudited annual accounts of the IJB for financial year 2020/21

Board members are asked to:

- *Agree to the publication of these unaudited accounts and presenting them for audit*
- *Note the potential impact on the IJBs annual accounts surrounding the national accounting treatment for Personal Protective Equipment*

Report

Draft Unaudited Annual Accounts for 2020/21

1 Purpose

1.1 This report presents the Board the IJB's draft (unaudited) Annual Accounts for 2020/21.

2 Recommendations

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

- Agree that the draft annual accounts can be published and presented for audit.
- Note the potential impact on the IJBs annual accounts surrounding the national accounting treatment for Personal Protective Equipment (PPE)

3 Background and main report

3.1 The IJB is constituted under section 106 of the local government (Scotland) Act and as such must prepare a set of annual accounts. These accounts must be presented in draft for approval to either the IJB or a committee of governance of the IJB by 30th June whereupon the accounts will be presented for audit by the IJB's auditors.

3.2 The annual accounts contain a range of sections but breakdown into three main areas :-

- The Management Commentary. This provides a statement of the IJB's purpose and its performance against that purpose in the financial year along with a reflection on the challenges facing the IJB in the next financial year.
- The Annual Governance Statement – which reflect on the governance of the IJB and notes any governance improvements identified by the CIA's Internal Audit Annual Assurance Report
- A range of financial statements showing the financial position of the IJB.

3.3 It is worth highlighting the underspend this year in the IJB is predominantly driven by COVID funding from Scottish Government and the timing of spending against this. This funding is non recurring and will be held by the IJB earmarked to support COVID expenditure in response to the ongoing impact of the pandemic during 2021/22.

3.4 All other balances earmarked within the IJB are held and carried forward to support their specific programme of work.

3.5 Finally it has come to light nationally that the accounting treatment for the distribution of PPE has been assessed and Audit Scotland have further reviewed the overall position and confirmed their view that both PPE and community testing kits provided by NSS should be recognised within individual accounts. This has potential to impact on the IJB accounts.

4 Policy Implications

4.1 There are no policy implications from this report.

5 Directions

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

6 Equalities Implications

6.1 There are no equalities implications from this report

7 Resource Implications

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

8 Risk

8.1 The risks associated with the above are included within the IJB risk register.

9 Involving people

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

10 Background Papers

10.1 None

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DATE	June 2021

Appendices:

Draft Unaudited Annual Accounts for 2020/21

Midlothian
Integration Joint Board

Unaudited Annual Accounts 2020/21

The unaudited Annual Accounts of Midlothian Integration Joint Board for the period from 1 April 2020 to 31 March 2021, prepared pursuant to Section 105 of the Local Government (Scotland) Act 1973 and in accordance with the terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 and Service Reporting Code of Practice.

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Audit Arrangements

Under arrangement approved by the Accounts Commission of Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the accounts of Midlothian Integration Joint Board for the period 1 April 2019 to 31 March 2021 is Stephen Reid, CA, CIPFA, Partner, Ernst and Young LLP, Atria One, 144 Morrison Street, Edinburgh, EH3 8EB.

Management Commentary

Introduction

The management commentary provides an overview of the key messages relating to the role, remit, members, objectives and the strategy of the Midlothian Integration Joint Board (the IJB). It describes the financial performance for the financial year ended 31 March 2021 and considers those issues and risks which may impact upon the IJB's financial position in the future.

Impacts of COVID-19 on Service Outcomes and Integration

The last 12 months have been extremely challenging for our citizens, staff and partners. It seems appropriate to begin with a huge thank you to all especially the staff and volunteers who have kept everything going as they managed to find new ways of supporting service-users and carers during the pandemic.

The work of the Health and Social Care Partnership (HSCP) during 2020/21 has been to minimise the disruption to services and adapt services to respond to COVID-19. The pandemic created opportunity to build further our community connections and work with people in our communities to develop strong, sustainable and supportive communities for the future.

The arrival of COVID-19 has disrupted patient journeys and service delivery in health and care settings and is delaying access to secondary care treatment which might otherwise reduce care requirements for individuals. This places higher demands on the HSCP to provide care during the wait for treatment, while it is also increasing care to maintain its low delayed discharge numbers to take pressure off acute services. Added to this is the prospect of some patients requiring post-COVID rehabilitation which services had not planned for.

Colleagues across health and social care have risen to the challenge presented by COVID-19, showing a great deal of flexibility and inventiveness in how they have altered service delivery arrangements and in stepping up the use of IT and other technologies, to maintain support to patients and clients. Those staff remobilised to other services have quickly adapted to new demands. Through necessity, barriers between health and social care are being dismantled as teams work in a more integrated way, accelerating the wider adoption of ways of working that were in place before the arrival of COVID-19.

Every member of staff has the gratitude of the IJB for their hard work in difficult circumstances and their innovative approaches to meeting patient and client needs while progressing integration. The IJB is also grateful to the communities and the individuals who volunteered their support to local action.

The following management commentary provides an overview of the key messages relating to the role, remit, members, objectives and the strategy of the Midlothian Integration Joint Board (the IJB). The management commentary outlines the key messages in relation to the IJB's financial performance for the year ended 31 March 2021 and how it has supported the delivery of the IJB's priorities. This commentary

also considers those issues and risks which we face as we strive to meet the needs of the people of Midlothian.

The Role and Remit of the IJB

Midlothian IJB is an Integration Authority set up under the Public Bodies (Joint Working) Act (2014). It is a 'body corporate', that is a separate legal entity. The IJB is constituted through its Integration Scheme which was prepared by Midlothian Council and NHS Lothian and presented to Scottish Ministers in March 2015. The Integration Scheme was approved by the Scottish Parliament in June 2015 and the first meeting of the IJB took place on 20 August 2015.

The IJB's role and responsibility is to plan for the delivery of the functions that have been delegated to the IJB by Midlothian Council and NHS Lothian. These functions are:-

- Adult Social Care
- Primary Care Services (GP Practices, Community Dentists, Community Pharmacies and Community Opticians)
- Mental Health Services
- Physical and Learning Disabilities Services
- Community Health Services
- Community Hospital Services
- Unscheduled Care Services (services that are generally delivered from the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital).

The IJB assumed formal responsibility for these functions in April 2016 including the budgets for the delivery of these functions. The strategic plan of each IJB must be reviewed and approved by the IJB every 3 years. Midlothian IJB has approved its second Strategic Plan which covers April 2019 to March 2022. A link to the Strategic Plan is included on page 20.

Membership of Midlothian Integration Joint Board

The IJB met virtually 8 times in 2020/21. There have been some changes to the membership of the IJB since the accounts for 2020/21 were published. The members of the IJB at 31 March 2021 were as follows:-

Member	Nominated/Appointed by	Role
Catherine Johnstone	Nominated by Midlothian Council	Voting Member, Chair
Carolyn Hirst	Nominated by NHS Lothian	Voting Member, Vice Chair
Angus McCann	Nominated by NHS Lothian	Voting Member

Derek Milligan	Nominated by Midlothian Council	Voting Member
Jim Muirhead	Nominated by Midlothian Council	Voting Member, Chair of Audit and Risk Committee
Mike Ash (replaced Alex Joyce July 2020)	Nominated by NHS Lothian	Voting Member
Pauline Winchester	Nominated by Midlothian Council	Voting Member
Tricia Donald	Nominated by NHS Lothian	Voting Member
Morag Barrow	Appointed by the IJB	Chief Officer
Claire Flanagan	Appointed by the IJB	Chief Finance Officer
Alison White	Nominated by Midlothian Council	Chief Social Worker
Fiona Huffer	Appointed by the IJB	Allied Health Professionals Lead
Caroline Myles	Nominated by NHS Lothian	Chief Nurse
Hamish Reid	Nominated by NHS Lothian	General Practitioner
James Hill	Appointed by the IJB	MLC Staff Side Representative
Vacant	Appointed by the IJB	Carer representative
Vacant (previously Ewan Aitken until October 2020)	Appointed by the IJB	Voluntary Sector Representative
Keith Chapman	Appointed by the IJB	User Representative
Wanda Fairgrieve	Appointed by the IJB	NHS Staff Representative
Johanne Simpson	Nominated by NHS Lothian	Medical Practitioner

The IJB's Operations for the Year

Midlothian IJB has been operational for five years and as described in the opening section the challenge of COVID-19 has been immense. This accelerated the progress we had already made on integrating management arrangements and

frontline services. The pandemic has built on the progress made so far and build a stronger partnership between all sectors.

We continue to work towards our long-term objectives through the continuing dedication and skill of our staff; our partners in the voluntary and independent sectors; and all the informal carers and neighbours upon whom the health and care system is entirely dependent.

The planned redesign of Health and Social Care is outlined in the three year Strategic Plan 2019-2022. A link to the Strategic Plan is included in the Strategy Section below.

The work of the Health and Social Care Partnership during 2020/21, under the governance of the IJB is summarised below. However it is important to acknowledge that COVID-19 did disrupt service provision during 2020/21 as the Partnership responded to the pandemic. A strategic approach to this was taken and the IJB was involved appropriately, the Annual Governance Statement below outlines the response taken.

The IJB's Annual Performance report which provides further details on the activity of the IJB will be published in later in the year. A link to this report will be added when available on the IJB's webpage:

Financial Impact of COVID-19

NHS Lothian submitted regular information to Scottish Government through the Local Mobilisation Plan (LMP) and this remains the main route for confirming the additional cost and funding required in supporting the COVID-19 response. These returns covered costs for the entirety of the Health and Social Care Partnership. There were also additional Health costs within Hosted and Set Aside services. All financial positions are after a significant amount of additional costs were supported through redeployment of existing resources in year or through additional COVID-19 funding.

Additional funding allocations have been received to meet the additional costs and the financial impact of COVID-19 in 2020/21 is covered in full and where possible staff and resources were redeployed. Detailed below are some of the main costs that were a direct consequence of the pandemic.

Sustainability Payments

Since the beginning of lockdown the Health and Social Care Partnership have been supporting local social care providers by ensuring that reasonable additional costs are met through the National Principles for Sustainability and Remobilisation Payments to Social Care Providers. COSLA, Scottish Government and key partners regularly review the principles and evolving COVID situation to ensure that they are fit for purpose and service providers are supported to deliver a sustainable service.
The partnership continues to work actively with individual service providers to ensure that they remain stable and sustainable. Funding to support social care has been provided via local NHS Boards from the Scottish Government with local claims that are supported being paid via Midlothian Council finance arrangements. Claims

are considered at regular Sustainability Payment Panels, attended by a variety of partnership officers. As at 31st March 2021 the panel has approved £1.4m in claims.

Personal Protective Equipment (PPE) and Testing

A PPE hub was established at the start of the pandemic using staff redeployed from other areas of the HSCP. A more sustainable model has since been employed and we are now awaiting the outcome of a national review.

Vaccination Programme

Midlothian Health and Social Care Partnerships are proud to be playing our part in the biggest vaccination programme the country has ever seen, to help protect the population from COVID-19.

Midlothian's COVID Vaccination Programme links with the NHS Lothian Vaccination Programme Board. There is a dedicated clinical and administrative team to develop, manage and deliver the Midlothian programme. With this support, vaccinations are being delivered in line with the Joint Committee of Vaccination and Immunisation (JVCI) 9 category age and clinical risk related prioritisation programme.

The vaccination programme in Midlothian is making good progress and keeping pace with the national priority targets. We acknowledge the support to the vaccination programme provided by HSCP staff, Midlothian Council staff, volunteers and partners and their role in maintaining safe and effective vaccine service provision.

Health and Social Care Staff Bonus Payment

Thank you payments were paid to health and social care staff as a one off thank you payment for their extraordinary services in this toughest of years. These payments included independent contractors and staff working in Adult Social Care in external providers. Actual payments to staff were between late 2020/21 and early into 2021/22. At the time of writing, for those people working in social care on a "personal assistant" arrangement, the £500 awards are still being finalised.

How Midlothian Managed and Remobilised Services

As a Partnership, the top priority was the safety of patients, clients, communities and staff. In response to the situation it was important to be innovative and support clients effectively and safely during this time. Staff continued to see people face-to-face where this was clinically essential, but in order to reduce face-to-face contact, where feasible, teams made a number of changes to how they delivered services throughout the pandemic.

As well as managing changes to existing services, the Partnership also provided care and treatment to people who had contracted COVID and their families. It also provided support to partner agencies around changed provision, infection control and other requirements, including the provision of personal protective equipment (PPE) and staff testing. In addition, COVID related services had to be established, often at short notice as the pandemic escalated, such as the COVID Testing and Assessment Hub at Midlothian Community Hospital. Many staff across the Partnership were redeployed to other roles, assisting in care homes and PPE centres.

Where possible services were redesigned or adapted to give all citizens in Midlothian access to services during these unprecedented times. Some highlights are shown below:

Community Response

Partnership staff were involved in the work of the Midlothian Care for People Group where members of the Community Planning Partnership and other partners coordinated a humanitarian response as a result of the UK moving to lockdown on 23rd March 2020. Statutory and voluntary sector partners sought, as far as possible, to provide essential services to the whole population and particularly to those most directly affected by the imposition of lockdown. The Midlothian Care for People Group had to operate in a complex environment keeping abreast of new guidance and rapidly changing projections of need, whilst also keeping in close touch with policies and activities at national, regional and council level.

Care Homes

Midlothian's older people's care homes and the HSCP continues to build on relationships across the sector to deliver support in line with the Scottish Government guidelines on enhanced professional, clinical, and care oversight of care homes (May 2020). Part of this approach includes Midlothian HSCP to be in daily contact with our Care Homes and host a weekly support huddle at which managers from all older peoples' Care Homes participate. Each care home also receives a daily call from the Care Home Support Team as well as a weekly visit.

The Care Home Support Team has increased its capacity and now includes a dedicated Team Leader, Community Psychiatric nurses, an Occupational Therapist, general nurses, a Palliative Care nurse, a Quality Assurance officer, Social Workers and improved links to Dietetics. The team provide both a proactive and preventative support approach as well as a reactive response where care homes are in need of additional support/advice/training.

Midlothian District Nurses and the Care Home Support Team now provide 7 day support to local Care Homes from 8am to midnight. Staff training, will continue to be prioritised, as will work on the clinical support worker model. Each Care home has a live resilience plan. Care Home visiting however is restricted to essential visits only during lockdown however once restrictions are lifted and visiting reinstated, Lateral Flow Testing (LFT) will be in place to test all visitors to continue to minimise risk to residents and staff in the care homes.

Midlothian HSCP continues to work closely with partners including Midlothian Council, NHS Lothian, the Care Inspectorate and Scottish Care. The care home workforce is an area of ongoing development and this will continue to be a focus for 2021.

Care at Home

Care at Home continues to be a key contributor to the HSCP vision for people to receive the right care in the right place; in their home and community as far as possible. It supports efforts to reduce length of hospital stay, as well as admission avoidance. Care at Home is currently provided by the HSCP, working collaboratively with five external providers. All six services work in partnership to coordinate the provision of over 36,664 hours of care per month. Carer recruitment and the geographical cohorting of carers have improved consistency of care and service efficiency.

Midlothian HSCP has a “Vision for Care at Home” approved by the IJB in February 2020. This includes plans to increase care at home capacity and an approach to commission for outcome focussed/person centred care.

The Care at Home service is also highly focusing on the Human Rights Framework, working to ensure that people have individualised support, are supported by a highly skilled work force, are fully informed and involved in their care provision and having a key point of contact.

The Midlothian Care at Home service is constantly striving to improve service provision and customer satisfaction. Care at Home is also increasing partnership work with other community services such as The Red Cross, Volunteer Centre and a range of community activities to keep people connected with their communities to minimise the risks of loneliness and social isolation.

Community Hospital Beds

Significant changes to the configuration of Midlothian Community Hospital have been made in response to the COVID-19 pandemic. Additional beds were opened in January 2021 to increase step-down options and improve patient flow from acute hospitals, primarily The Royal Infirmary of Edinburgh. Midlothian Community Hospital is also serving as a COVID Vaccination Centre.

Rehabilitation and Support to People to Stay Well at Home

All the Therapeutic Services have worked flexibly to support the immediate crisis e.g working in the PPE hub and COVID Assessment Unit and providing care across their locality or treatment teams. Some services were halted as a result of government guidance e.g. MSK Physiotherapy and Weight Management so these staff were deployed to areas of highest clinical need. Midlothian’s services are now embracing a digital first approach with investment in laptops. Services are mobilising rapidly to meet the changing needs of patients at risk of COVID, those who have COVID and those recovering from COVID.

Details of the innovate approaches adopted by Speech & Language, Dietetics, Occupational and Physiotherapy will be included in the Annual Performance Report. For all services the focus is on enabling individuals to attain their maximum level of independence, functional capacity and return to everyday occupations – self-care, productivity (domestic and work) and leisure. It is person centred and outcome focused.

Long- COVID

There is not currently a dedicated team set up specifically for long COVID, however this is being monitored. There is growing evidence to indicate that there is increasing need for support to patients with more complex physical and mental health with long COVID symptoms and especially around return to work /vocational rehab.

Supporting People to Stay Well at Home

A key component of Midlothian HSCP response to the pandemic has been to support people to stay well at home and avoid hospital admissions. The Community Respiratory Team , MSK physiotherapy service, GPs, social work staff, nurse support to people in homeless hostels, Ageing Well, Health Visitors, mental health and substance misuse and other services have continued to operate to support people to stay well at home. Digital first continues to be the default where appropriate. District Nursing continues to provide additional support to Care Homes and to support people at home. District nursing continues to encourage self-management of wounds and medication management.

The pandemic has had, and continues to have, a strong and long-lasting impact on mental health. Services such as the Wellbeing Service, based in GP practices, have continued to offer individual and group support to people by phone or video link. Staff support is also in place and a staff wellbeing group has been established for the HSCP.

Reducing Hospital Admissions and improving patient flow

An emphasis on prevention and early intervention remains key. The Unscheduled Care Plan describes activity to reduce unnecessary admissions to hospital or A&E, to ensure that people get home from hospital as soon as they are fit to do so, and to expand community provision. The plan acknowledges the impact of COVID, both in the short and long-term.

Significant work and investment has been undertaken within Midlothian HSCP to maximise capacity within community teams and a Home First approach has been embedded. Small community teams within the partnership were brought together to deliver the Home First approach which has released clinical capacity and allowed more people to access the care they require in the community rather than in hospital settings

Hospital at Home continues to provide a key service. There is now seven day cover for the Home First model. Services continue to review and adapt to improve outcomes for Midlothian people.

Primary Care

There are 12 GP practices in Midlothian. The Midlothian Primary Care Team continues to respond to HSCP, NHS Lothian and Scottish Government direction and guidance. Many Primary Care Improvement Plan teams continue in all practices for example the Musculoskeletal Advanced Practice Physiotherapy service, Pharmacotherapy, Primary Care Mental Health Nurses and the Wellbeing Service, although appointments are via digital where possible. The MSK Physiotherapy service is preparing to take referrals from NHS24 111 and the Flow Centre once Professional Pathways are agreed. Work has progressed on Community Treatment and Care implementation with pilot practices. Staff have been recruited although many are assisting with the COVID vaccine programme at present.

Work will continue to explore the use of digital solutions when meeting with GP patients, and telephone triage remains the default method. Communication and engagement with local communities around significant service change continues – all websites are being updated to ensure prominent and consistent messaging around NHS Inform and other community support.

Midlothian GP Practices have played a key role in the local COVID vaccination programme,

Mental Health and Substance Misuse

Midlothian Mental Health and Substance Misuse services have continued to operate; adjusting according to changes in national guidance and evaluation of risk.

Plans around Lothian in-patient and other central mental health services are being coordinated by NHS Lothian. Midlothian residents continue to require very few acute adult mental health beds as the vast majority of patients are supported via the community based model in place.

Work continues with partners in Royal Edinburgh Associated Services around psychological therapies. The service continues to maintain contact with as many people as possible to continue treatment wherever they can. A new service delivery model is being piloted that has reduced people's wait for treatment. Patients currently in therapy have been offered this service either face to face, using Near Me and/or by telephone. Psychology groups have remained paused e.g. Emotional Resources and Survive and Thrive. There are plans to reinstate these online.

People who use Midlothian Mental Health, Substance Misuse and Justice Services benefitted from the Connecting Scotland programme. Digital devices, and where required dongles, were distributed to allow people to access services via Near Me and other platforms, and to keep connected more broadly.

Autism Spectrum disorder assessments resumed in autumn 2020 with a multi-disciplinary team using a revised protocol. Psychology and Psychiatry assessments are now completed face to face, over the phone and using Near Me so there is no backlog of new patients waiting for initial assessments.

Learning Disabilities

People have had access to all disciplines within the Community Learning Disability Team. Telephone consultation is the preferred method of contact with home visits taking place if necessary following risk assessment. Direct care will continue to be risk assessed on an individual basis. Day centres are providing limited service provision, guided by criticality of support need and local protection level. Day services and care providers are being creative in providing online resources and activity packs to individuals unable to attend day services. Respite services continue based on individual risk assessments.

Supporting Communities

There are many groups in society who have been impacted more by the COVID-19 outbreak: not only older people and those with underlying health conditions, but those who are vulnerable simply because they do not have the resources and opportunities to stay well. Emerging evidence shows that those living in deprived areas and those from Black, Asian, and Minority Ethnic (BAME) groups are disproportionately impacted by COVID-19. In Midlothian we have made a commitment to tackle health inequalities, have invested more in public health and will continue to do so.

Following lessons from the community response to the pandemic in spring 2020, Midlothian HSCP recruited a Volunteer Co-ordinator in December 2020. Volunteers continue to improve outcomes around social isolation and will soon provide support to people living in extra-care housing and patients in Midlothian Community Hospital. There will also be a pilot companionship service to give carers some respite. Discussions are also underway around support to people leaving hospital.

Funding and Cost Consequences for Next Year

The Scottish Government confirmed that COVID-19 funding allocations that have not been fully used in 2020/21 should be carried forward by IJB's to support COVID-19 plans in 2021/22. For Midlothian, this can be seen in the reserves statement below.

NHS Lothian has submitted the Remobilisation Plan to the Scottish Government, capturing the impact for Midlothian HSCP, which covers the period April 2021 to March 2022. A feature of 2021/22 may be a continued level of COVID-19 responses while also a decreased ability to rely on previously redeployed resources. Clarification from the Scottish Government on the level of funding support available for next financial year 2021/22 is awaited across Scotland but the carry forward funding noted above will provide good reassurance that approved costs will be supported by the Government.

Longer Term Financial Risks

Aside from the over-riding immediate cost impact of COVID-19, there are other financial risks. In future years there is uncertainty regarding long term prescribing issues, immediate and longer term impact on our independent sector providers, the impact of service reconfiguration and a range of other potential medium and longer term implications. These issues are common across Scotland and continue to be

part of regular discussion and reporting between all IJBs and the Scottish Government

Plans for Next Year and beyond

Reshape Services

The impact of the COVID-19 pandemic brought increased anxiety and pressure on many service users, unpaid carers and staff. While challenges changed over 2020/21, many have continued into 2021/22.

As well as presenting a tremendous challenge to our services, staff and partners, the crisis also creates an opportunity to build on existing and newly forming community connections. We will continue to work with the people in our communities to explore what opportunities for community resilience can be developed further to ensure strong, sustainable, supportive communities into the future. We look forward to building a stronger Midlothian, whatever the 'new normal' is.

We will continue to work with colleagues in acute services and other Lothian IJBs to reshape unscheduled care, maximising opportunities to reduce admissions to acute care, to increase rehabilitation opportunities and to offer local services by reshaping Midlothian Community Hospital.

Review of Adult Social Care

Following the Independent Review of Adult Social Care (published in February 2021), Midlothian IJB will closely scrutinise the Review, its recommendations and the implications for Midlothian and for partnership working

https://www.gov.scot/publications/independent-review-adult-social-care-scotland/

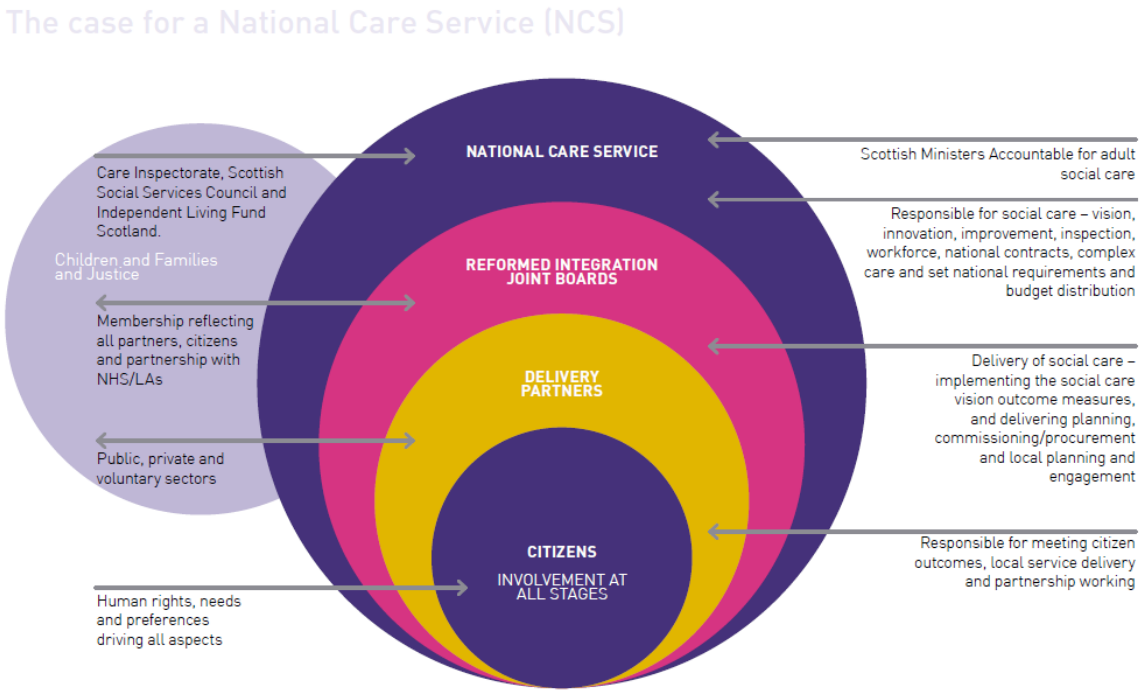
The Review was set up to recommend improvements to adult social care in Scotland. It looked at these in terms of the outcomes for people who use services, their carers and families and the experience of those working in the sector.

Although the financial implications of the recommendations cannot be assessed at this stage, the changes proposed do not come without costs. There are key areas with greater costs implications and but there is also opportunities to spend money better.

The report describes that some costs arise in our current system because social care supports are often too focused on crisis management and late intervention, and not enough on prevention and empowering people to live fulfilling lives. Suggesting that with more effective care planning and delivery it could in some instances be put to better use to support people more effectively

The focus with all partners is to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes.

The diagram below summarises the ethos of the review and the end goal of ensuring the human rights of our citizens is driving all aspects of the review.



(Source – Independent Review of Adult Social Care in Scotland)

Midlothian IJB will work closely in decision making at NHS Board, regional and national levels. We will continue to work with partners to simplify processes to deliver service change and to improve outcomes for patients while increasing the efficient use of public funds in the delivery of services

The IJB's Financial Position at 31 March 2021

Summary

For the year ending 31 March 2021, the IJB was underspent. That is the costs incurred in delivering the IJB's functions by Midlothian Council and NHS Lothian are less than the income that the IJB received from NHS Lothian and Midlothian Council.

In summary, the position is as follows:-

	Income £000's	Expenditure £000's	Surplus £000's
Health Services	120,388	113,266	7,122
Social Care Services	44,985	43,735	1,250
Total	**165,373**	**157,001**	**8,372**

This surplus has been transferred to the reserve which is described further below.

Although the IJB has a range of functions delegated to it, these are delivered through a range of services provided by the partners (Midlothian Council and NHS Lothian) and these are further described below in the analysis of the Income and Expenditure position.

Analysis of the Financial Statements

The financial statements are all presented on a net basis.

Income and Expenditure

The table below gives details of the IJB's expenditure in 2020/21 Key variances are explained further in the Overview of 2020/21 section below.

	Budget Health £000's	Budget Social Care £000's	Expenditure Health £000's	Expenditure Social Care £000's	Variance £000's	Note
Direct Midlothian Services						
Community AHPS	2,539		2,187		352	
Community Hospitals	5,045		5,876		(831)	
District Nursing	3,878		3,893		(16)	
General Medical Services	17,136		17,136		(0)	
Health Visiting	2,074		1,957		117	
Mental Health	2,739		2,715		25	
Other	17,092		9,951		7,141	**1**
Prescribing	18,338		18,256		81	
Resource Transfer	7,158		7,158		0	**2**
Older People		19,013		17,074	1,939	
Learning Disabilities		15,102		15,812	(710)	
Mental Health		931		891	41	
Physical Disabilities		3,468		4,167	(700)	
Assessment and Care Management		3,242		2,847	395	
Other		3,230		2,944	286	**3**
Midlothian Share of pan-Lothian						
Set Aside	19,000		19,029		(29)	**4**
Mental Health	2,378		2,454		(76)	
Learning Disabilities	1,360		1,352		8	
GP Out of Hours	1,160		1,264		(104)	
Rehabilitation	1,062		915		147	
Sexual Health	668		624		44	
Psychology	836		804		32	
Substance Misuse	368		363		5	
Allied Health Professions	1,421		1,304		117	
Oral Health	1,748		1,717		32	
Other	3,359		3,282		77	
Dental	5,686		5,686		0	**5**
Ophthalmology	1,705		1,705		0	**5**
Pharmacy	3,636		3,636		0	**5**
	120,388	**44,985**	**113,266**	**43,735**	**8,372**	

Notes

1. Other includes £4.816m for the Social Care Fund. These are resources which the Scottish Government has directed to the IJB through NHS Lothian and are shown as health; however, these funds are then transferred to the Council and used to support the delivery of social care services.
2. Resource Transfer are funds for specific purposes which are transferred from health to social care. However, these remain part of the health budget and are reported there.
3. Other includes care for non-specific groups, substance misuse services and other management and performance costs.
4. Set Aside are the budgets for those functions delegated to the IJB which are managed by the Acute Services management teams within NHS Lothian. These services are :-
    - Accident and Emergency
    - Cardiology
    - Diabetes
    - Endocrinology
    - Gastroenterology
    - General Medicine
    - Geriatric Medicine
    - Rehabilitation Medicine
    - Respiratory Medicine
    - Various ancillary support services for the above

    These services are delivered at the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital.
5. In the Health system, expenditure to support the delivery of community dentistry, community opticians and community pharmacists is termed as 'non cash limited' (NCL) but is clearly part of the delivery of primary care services and these functions are delegated to the IJB. However, being NCL there is no budget as such but any expenditure incurred is supported in its entirety by the Scottish Government. The NCL values are not part of the budget setting process, there being no budget, but NHS Lothian has matched the NCL expenditure with income to cover this expenditure.

The charges (shown as expenditure above) made by Midlothian Council to the IJB are the net direct costs incurred in the delivery of social care services in Midlothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the core services (those services specifically for and delivered by the Midlothian partnership) are based on the net direct actual costs incurred in Midlothian. However, charges for hosted and set aside services (those services which are not generally managed by the Midlothian Partnership and are delivered on a pan-Lothian basis) are based on the total actual costs for these service shared across four IJBs per the budget setting model. The IJB share of the total actual costs incurred in 2020/21 for hosted services is 10% and, generally, 10% of the Lothian element of the set aside budgets and the non-cash limited budgets.

Overview of the 2020/21 Position

From the above table, it can be seen that there were a range of financial issues identified. These are summarised below into service areas

COVID has impacted all services during the year. Existing recurring pressures in some areas have continued, while in other areas, due to reduced levels of activity, pressures have been minimal during the year. From the above table, it can be seen that similar underlying pressure areas remain.

Direct Midlothian Services

Within the £76m health budgets, although there were operational overspends within Community Hospitals, as a result in the changing environment and nature of patients these were offset by vacancies across the system and slippage of Programmes (Programmes starting later in the year than planned and thus generating an underspend).

Within the £45m social care budget the main cost pressures were within the areas of clients with complex needs with learning and physical disabilities. This position supports a shift in the balance of care, keeping people safe in their community for as long as possible but does generate significant financial pressure in these budgets.

Midlothian Share of Pan-Lothian Services

The Scottish Government released funding to cover the impact of COVID costs on NHS Lothian's position and that funding has been allocated to delegated and set aside services to offset additional expenditure incurred. The areas within hosted services with continued pressures being experienced are Adult Psychology Services and Mental Health Inpatient services with additional capacity being required in year to cope with high demand.

The main pressure for Set Aside services in this financial year lies within Gastroenterology Services and the ongoing pressure with drug costs for the treatment of long-term gastroenterology conditions. Junior Medical pay pressure also continued during this year, where additional staffing was required to fill gaps in rotas and where there were service pressures. The Junior Medical position has improved significantly from previous years but still remains a pressure.

With COVID funding being allocated across the IJBs set aside specialities to cover additional costs incurred around extra staffing to cope with COVID, the overall position on set aside is much improved compared to previous years.

Reserves

The IJB has reserves at the end of 2020/21 of £12.993m, compared to reserves of £4.621m in March 2020. The movement can be described as follows:-

	Opening £000's	Movement £000's	Closing £000's
COVID Funding	-	5,492	5,492
Local Programmes	333	593	926
Primary Care Investment Fund	57	285	342
MELDAP	205	121	325

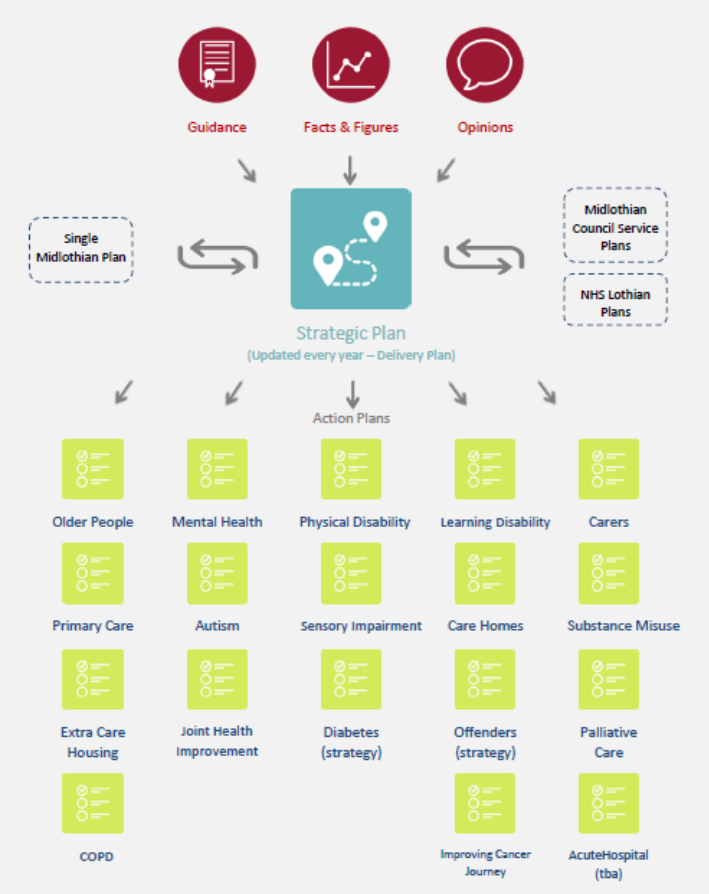
Community Support Fund	0	312	312
Technology Enabled Care (SG funding)	246	28	274
Integrated Care Fund	188	31	219
Wellbeing Service	157	32	189
Action 15	55	47	102
EGIERDA Project (Big Lottery funding)	63	16	80
Autism Strategy (SG funding)	12	0	12
School Counselling	220	(220)	0
Commitment to specific posts	75	(75)	0
Electronic Frailty Index (Health Foundation)	7	(7)	0
Total Earmarked Reserves	**1,617**	**6,655**	**8,272**
General Reserves	3,004	1,717	4,721
Total Reserves	**4,621**	**8,372**	**12,993**

The IJB's Strategy and Business Model

A link to the Strategic Plan is below:

https://www.midlothian.gov.uk/info/1347/health_and_social_care/200/health_and_social_care_integration

The actions outlined in the strategy form the basis of more detailed plans for client groups and key services. They also form the basis of the Directions we give to NHS and Midlothian Council.

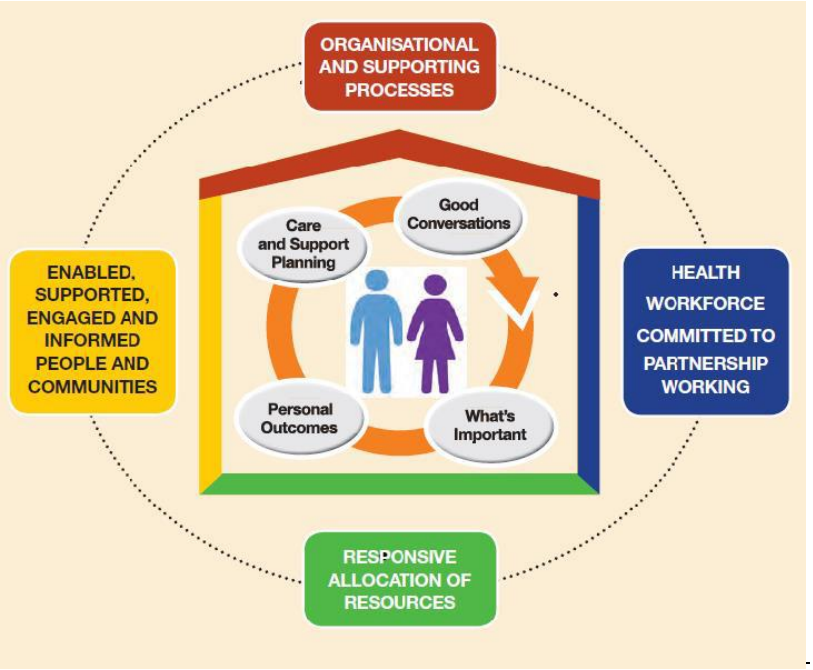


The IJB aims to achieve this vision by changing the emphasis of services, placing more importance and a greater proportion of our resources on the approaches described

What matters to you?
We have trained staff to have meaningful conversations with people, families and carers who receive our services to identify achievable goals. Midlothian Council is one of three local authorities to receive Scottish Government funding to train staff to recognise and respond to the signs and impacts of trauma

One of the models we use for delivering person-centred, integrated care is the House of Care. This creates space for people to have 'a good conversation' on what is important to them and helps them recover or live well with their health conditions.

Using the image of a house helps us to appreciate how all the parts need to be in place, equally strong and joined up for this approach to be successful.



The IJB will continue the process of full integration of the services delivery teams, not just between NHS and Council delivered services but also moving pan-Lothian services into the locally managed and locally delivered services. This will generate operational and managerial synergies and should reduce costs, however this will be a step in the redesign of services into the establishment of multi-disciplinary teams delivering care in a community based setting.

Key Risks, Challenges and Uncertainties

The coronavirus pandemic remains a significant challenge with the ongoing uncertainty surrounding further waves and outbreaks. This brings challenges to all services and will remain at the forefront of our planning during the next 12 months.

Despite the ongoing uncertainty of further COVID-19 outbreaks, partners are also focusing on addressing the wider health and care needs of the people of Midlothian. Both Health and Social Care will regularly update the IJB with detailed transformations plans on reshaping services to meet the needs of the new normal. The challenge for the IJB is to transform the delivery of its delegated functions whilst supporting the delivery of financial balance within the financial resources available.

There remain a series of uncertainties:-

A growing and aging population

Midlothian is the second smallest Local Authority in mainland Scotland but the fastest growing. 12,000 new houses will be built in the next 3 years. This will pose challenges for all our health and social care services whilst also changing the face of some of the local communities. As people live for longer many more people will be living at home with frailty and/or dementia and/or multiple health conditions. An increasing number of people live on their own, and for some this will bring a risk of isolation.

Higher Rates of Long-Term Conditions

Managing long-term conditions is one of the biggest challenges facing health care services worldwide, with 60% of all deaths attributable to them. Midlothian has a higher incidence than the national prevalence of cancer, diabetes, depression, hypertension, chronic obstructive pulmonary disease and asthma. Older people are more susceptible to developing long-term conditions; most over 65s have two or more conditions and most over 75s have three or more conditions. People living in areas of multiple deprivations are at particular risk with, for example, a much greater likelihood of early death from heart failure. They are also likely to develop 2 or more conditions 10-15 years earlier than people living in affluent areas. It is estimated that people with long-term conditions are twice as likely to be admitted to hospital and have a longer length of stay accounting for 80% of all GP visits and for 60% of hospital admissions.

(Data Source Midlothian Joint Needs Assessment, page 43 onwards – link below https://www.midlothian.gov.uk/downloads/file/3430/joint_needs_assessment_2019_final)

High rates of mental health needs

Many mental health problems are preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live fulfilling healthy lives as far as possible. The incidence of mental health issues in Midlothian, while similar to the rest of Scotland, is a concern. Living in poverty increases the likelihood of mental health problems but also mental health problems can lead to greater social exclusion and higher levels of poverty. People who have life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.

People place a high value on being able to access effective health services when they need them. People expect to receive high quality care services when these are

needed whether as a result of age, disability or long term health conditions. Yet there are a number of pressures on our services.

Workforce Pressures

Two of the main areas of concern to the public in recent times have been difficulties in accessing primary care and not always receiving care at home despite being assessed as in need of the service. Recruitment and retention is a growing problem in health and social care. There is a shortage of GPs; a significant proportion of District Nurses are nearing retirement; while care at home providers find it difficult to attract and keep care at home workers despite measures such as the living wage and guaranteed hours. The aging population means these pressures will almost certainly increase. There is a clear need to plan ahead and find alternative solutions to ensure services are able to meet people's needs.

Acute hospitals

Acute Hospitals are under huge pressure due to unsustainable demand and financial restrictions. We need to invest in community based alternatives that will minimise avoidable and inappropriate admissions and facilitate earlier discharge.

Catherine Johnstone
IJB Chair

Morag Barrow
Chief Officer

Claire Flanagan
Chief Finance Officer

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:-

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief finance officer

- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets

- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003)

- Approve the Annual Accounts

I confirm that these Annual Accounts were approved for signature at a meeting of the Audit & Risk Committee.

Signed on behalf of Midlothian Integration Joint Board.

Catherine Johnstone
Chair

Responsibilities of the Chief Finance Officer

The chief finance officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief finance officer has:-

- Selected suitable accounting policies and then applied them consistently
- Made judgements and estimates that were reasonable and prudent
- Complied with legislation
- Complied with the local authority Code (in so far as it is compatible with legislation)

The chief finance officer has also:-

- Kept proper accounting records which were up to date
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Midlothian Integration Joint Board as at 31 March 2021 and the transactions for the year then ended.

Claire Flanagan
Chief Finance Officer

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The other sections of this report will be reviewed by Ernst & Young LLP and any apparent material inconsistencies with the audited financial statements will be considered as part of their audit report.

Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by Midlothian Council and NHS Lothian Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair nor the Vice Chair appointments had any taxable expenses paid by the IJB in 2020/21 (PY nil).

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

NHS Lothian remunerates its non-executive members on a notional day basis. Those non-executive members of the NHS Lothian Board who are also Chairs or Vice Chairs of IJBs are given an additional notional day's remuneration in recognition of the additional time required to undertake those roles. This remuneration is £8,842 per annum (PY £8,584). Carolyn Hirst is Vice-Chair of Midlothian IJB and receives an additional day's remuneration specifically for this role as Vice Chair of the IJB in 2020/21.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff; however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

The Chief Officer of the IJB is Morag Barrow who is also the Director of Health and Social Care for Midlothian Council and the Joint Director of the Midlothian Partnership. It has been agreed that 50% of her total remuneration is to be shown in the accounts of the IJB as her remuneration as the Chief Officer of the IJB.

Chief Finance Officer

Although the costs of the Chief Finance Officer are not included in the charges made to the IJB by either partner, given the S95 role of the Chief Finance Officer and in the interests of transparency, the remuneration of the Chief Finance Officer is included below. The Chief Finance Officer is Claire Flanagan. The Chief Finance Officer is employed by NHS Lothian and has three roles – the IJB's Chief Finance Officer, the Chief Finance Officer of East Lothian IJB and an operational role in the NHS Lothian finance team as a Finance Business Partner. On that basis, one third of the total remuneration is shown below.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

FYE 2019/20	Senior Employees Salary, Fees & Allowances	Total 2020/21
£		£
46,363	Allister Short (to 29 September 2019)	-
45,317	Morag Barrow (from 30 September 2019)	48,241
23,812	Claire Flanagan (from October 2018)	25,000

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other Officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The tables also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

	In-year pension contributions		Accrued pension benefits			
	For year to 2021	For year to 2020	As at 31 March 2021		Difference from 31 March 2020	
	£	£	Pension £000's	Lump Sum £000's	Pension £000's	Lump Sum £000's

Morag Barrow	-	-	20 *	54 *	0	0
Allister Short		9,634	n/a	n/a	n/a	n/a
Claire Flanagan	15,547	14,485	16	25	3	1

**Values restated from 2019/20.*

Disclosure by Pay Bands

Pay band information is not separately disclosed as all staff pay information has been disclosed in the information above.

Exit Packages

The IJB did not support nor did it direct to be supported by its partners, any exit packages during 2020/21.

Catherine Johnstone
IJB Chair

Morag Barrow
Chief Officer

Annual Governance Statement

Introduction

The Annual Governance Statement explains the MIJB's governance arrangements and system of internal control and reports on their effectiveness.

Scope of Responsibility

The MIJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the MIJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the MIJB's policies, aims and objectives. Reliance is also placed on NHS Lothian and Midlothian Council (the partners) systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the MIJB.

The system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The Board of the MIJB comprises voting members, nominated by either NHS Lothian or Midlothian Council, as well as non-voting members including a Chief Officer appointed by the Board.

The updated MIJB Local Code of Corporate Governance (MIJB Local Code), which was approved by the Board in 8 April 2021, sets out the framework and key principles, which require to be complied with, to demonstrate effective governance. The MIJB Local Code reflects the changing context of integration and is consistent with the principles and recommendations of the new CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) and the supporting guidance notes for Scottish authorities. The overall aim of the Framework is to ensure that: resources are directed in accordance with agreed policy and according to priorities; there is sound and inclusive decision making; and there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

The main features of the governance framework and internal control system associated with the seven core principles of good governance defined in the MIJB Local Code in existence during 2020/21 included:

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting rule of law

The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the approved

Scheme of Integration, which serves as the approved constitution, and Standing Orders to make sure that public business is conducted with fairness and integrity.

Reliance is placed on the values and standards set out in the codes of conduct within the employer partner organisations, which incorporate "The Seven Principles of Public Life" identified by the Nolan Committee on Standards in Public Life.

The MIJB is dependent upon arrangements within the partner organisations for areas such as:

- ensuring legal compliance in the operation of services;
- handling complaints;
- ethical awareness training and whistleblowing policies and procedures;
- staff appointment and appraisal processes which take account of values and ethical behaviour;
- identifying, mitigating and recording conflicts of interest, hospitality and gifts; and
- procurement of goods and services which are sustainable, represent value of money and which reinforce ethical values.

Other areas where the MIJB places significant reliance on arrangements in place within the partner organisations are set out in the remainder of the statement.

The Chief Officer is responsible for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with.

Professional advice on the discharge of duties is provided to the Board by the MIJB Chief Officer supported by Chief Financial Officer, Chief Internal Auditor and Board Clerk as appropriate.

B. Ensuring openness and comprehensive stakeholder engagement

Board meetings are held in public unless there are good reasons for not doing so on the grounds of confidentiality.

Unless confidential, decisions made by the Board are documented in the public domain.

Community engagement was encouraged as part of the development of the Scheme of Integration and the Strategic Plan of the Health and Social Care Partnership and Delivery Plans were developed following consultations with interested parties including members of the public.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The vision, strategic objectives and outcomes are reflected in the Midlothian Health & Social Care Partnership's Strategic Plan 2019-2022 which has been updated to reflect on-going assessment of need. Implementation is underpinned by the associated Annual Delivery Plan.

Implications are considered during the decision making process within the standard report template covering Policy, Equalities, Resources, Risk, and Involving People.

D. Determining the interventions necessary to optimise the achievement of the intended outcomes

In determining how services and other courses of action should be planned and delivered the partnership has a statutory responsibility to involve patients and members of the public.

The Midlothian Health & Social Care Partnership's Strategic Plan 2019-2022 is based on consultation during its review and update.

The MIJB has issued directions to the partners for service delivery and for service redesign and recommissioning in line with the transformation programme.

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it

The MIJB Chief Officer is responsible and accountable to the Board for all aspects of management.

Regular meetings are held between the Chief Officer and the Chair and Vice Chair of the MIJB. The MIJB Chief Officer also meets regularly with representatives from the partner organisations.

Members of the MIJB Board are provided with the opportunity to attend Development Sessions relevant to their role as part of their development programme.

There is a leadership development programme for the joint management team supported by workforce plans with a key focus on team leader development.

F. Managing risks and performance through robust internal control and strong public financial management

The MIJB Chief Officer has overall responsibility for directing and controlling the partnership. The MIJB Board is responsible for key decision-making.

The MIJB has approved a Risk Management Strategy which includes: the reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities; and monitoring risk management activity and performance.

The MIJB Chief Financial Officer is responsible for the proper administration of all aspects of the Partnership's financial affairs including ensuring appropriate advice is given to the Board on all financial matters.

The MIJB's system of internal financial control is dependent upon on the framework of financial regulations, regular management information (including Revenue Budget Monitoring reports to the Board), administrative procedures (including segregation of duties), management supervision and systems of delegation and accountability within the partner organisations.

The MIJB also relies upon the partners for:

- Counter fraud and anti-corruption arrangements; and
- Management of data in accordance with applicable legislation.

G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

The Shared Chief Internal Auditor of Midlothian Council is the MIJB's Chief Internal Auditor to provide an independent and objective annual opinion on the effectiveness of internal control, risk management and governance. This is carried out in conformance with the Public Sector Internal Audit Standards.

The MIJB responds to the findings and recommendations of Internal Audit, External Audit, Scrutiny and Inspection bodies. The MIJB Audit Committee is integral to overseeing assurance and monitoring improvements in internal control and governance.

Performance Reports were presented to the Board for monitoring and control of achievement of Local Improvement Goals. An Annual Performance Report for 2020/21 is being prepared to outline progress against strategic objectives over the year.

The Annual Accounts and Report for 2020/21 setting out the financial position in accordance with relevant accounting regulations is also being prepared.

Review of Adequacy and Effectiveness

The MIJB is required to conduct, at least annually, a review of the effectiveness of its governance framework.

The review was informed by: an annual self-assessment against the MIJB's Local Code of Corporate Governance which was updated to ensure it is consistent with the principles of the CIPFA/SOLACE Framework (2016), carried out by MIJB Management; MIJB Internal Audit reports; MIJB External Audit reports; relevant reports by other external scrutiny bodies and inspection agencies; and relevant partners' (NHS Lothian and Midlothian Council) Internal Audit and External Audit reports.

Improvement Areas of Governance

The review activity outlined above has identified the following areas where further improvement in governance arrangements can be made to enhance compliance with the Local Code:

1 Demonstrate the linkages within the updated Strategic Plan to local and national objectives and alignment of Directions and Action Plans.
2 Update the Financial Strategy to address significant deficits indicated in the Medium Term Financial Plan 2020/21 – 2024/25.

3 Further develop the Performance Management Framework to define and align performance measures to key priorities and outcomes of the Strategic Plan.
4 Progress workforce plans for all delegated services and develop a 3 year Workforce Plan which is aligned to the updated Strategic Plan.

The implementation of these actions to enhance the governance arrangements in 2021/22 will be driven and monitored by the MIJB Chief Officer in order to inform the next annual review. Internal Audit work planned in 2021/22 is designed to test improvements and compliance in governance.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the MIJB's governance arrangements and system of internal control, while recognising that improvements are required to fully demonstrate compliance with the Local Code in order for the MIJB to fully meet its principal objectives. Systems are in place to regularly review and improve governance arrangements and the system of internal control.

Catherine Johnstone
IJB Chair

Morag Barrow
Chief Officer

Independent Auditor's Report

Audit report to follow

Audit report to follow

Audit report to follow

Audit report to follow

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments, this is shown in both the Expenditure and Funding Analysis and the Movement in Reserves Statement.

Midlothian IJB Comprehensive Income and Expenditure Statement

2019/20 Net Expenditure £000s		2020/21 Net Expenditure £000s
106,473	Health Care Services - NHS Lothian	113,266
42,659	Social Care Services - Midlothian Council	43,735
149,132	**Cost of Services**	**157,001**
(149,875)	Taxation and Non-Specific Grant Income	(165,373)
(743)	**Surplus on Provision of Services**	**(8,372)**

The Integration scheme lays out that the partners will provide corporate and other support to the IJB as required and will not charge for these services. These costs are not, therefore, included above.

Movement in Reserves Statement

The movement in reserves statement shows the value of the IJBs reserve and how this has grown during 2020/21, a large proportion of this reserve is earmarked for future projects and commitments.

Movements in Reserves During 2020/21

	General Fund Balance	Unusable Reserves: Employee Statutory Adjustment Account	Total Reserves
	£000's	£000's	£000's
Opening Balance at 1 April 2020	**4,621**	**0**	**4,621**
Total Comprehensive Income and Expenditure	8,372	0	8,372
Increase or Decrease in 2020/21	**8,372**	**0**	**8,372**
Closing Balance at 31 March 2021	**12,993**	**0**	**12,993**

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets (assets less liabilities) of the IJB are matched by the reserves held by the IJB.

Midlothian IJB Balance Sheet

31 March 2020 £000s		31 March 2021 £000s	Note
	Current Assets		
4,621	Debtors	12,993	7
000	**Creditors: amounts falling due within one year**	**000**	8
4,621	**Total assets less current liabilities**	**12,993**	
	Capital and Reserves		
1,617	Earmarked Reserve	8,272	
3,004	General Reserve	4,721	
4,621	**Total Reserves**	**12,993**	

Claire Flanagan
Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarise the IJB's transactions for the 2020/21 financial year and its position at the year-end of 31 March 2021.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Basis of Preparation

The IJB financial statements for 2020/21 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Local Government Accounting (2020/21), the IJB is required to prepare its financial statements on a going concern basis unless informed by the relevant national body of the intention for dissolution without transfer of services or function to another entity. This has been reinforced by the most recent CIPFA guidance bulletin 05 (closure of the 2020/21 financial statements) which states that while there is likely to be a significant impact of COVID-19 on local authority financial sustainability, the rationale for the going concern basis of reporting has not changed. The accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future.

The IJB's funding from and commissioning of services to partners has been confirmed for 2020/21, and a medium term financial plan has been prepared through to 2023/24. The IJB is working within the context of the COVID-19 pandemic, an unprecedented global crisis. Work is ongoing through the mobilisation plan prepared by the IJB at the request of the Scottish Government to quantify the impact of COVID-19 on the IJB's financial performance going forward. However, ultimately additional costs will be met by the IJB's partners in line with the integration scheme. Therefore the IJB considers there are no material uncertainties around its going concern status.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet
- Where debts may not be received, the balance of debtors is written down

Funding

The IJB is wholly funded through funding contributions from the statutory funding partners, Midlothian Council and NHS Lothian. Expenditure is incurred in the form of net charges by the partners to the IJB.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet.

Debtors and Creditors

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet. Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will

result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

The IJB has none of the above.

Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. As noted above, the IJB has reserves of £ 12.993m at 31 March 2021.

The IJB's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation.

The IJB's useable reserve is broken down as follows:-

	2020/21 Closing Balance £000's
COVID	5,492
Local Programmes	926
Primary Care Investment Fund	342
Meldap	325
Community Support Fund	312
Technology Enabled Care (SG funding)	274
Integrated Care Fund	219
Wellbeing Service	189
Action 15	102
EGIERDA Project (Big Lottery funding)	80
Autism Strategy (SG funding)	12
Total Earmarked Reserves	**8,272**
General Reserves	4,721
Total Reserves	**12,993**

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Lothian and Midlothian Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. The IJB holds separate indemnity insurance through its membership of the CNORIS scheme, the charge for this in 2020/21 was £6,000 (PY £6,000).

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

There are no outstanding claims or any indications that any claims are to be made against the IJB.

2. Critical Judgements and Estimation Uncertainty

The critical judgements made in the Financial Statements relating to complex transactions are:-

- The partner organisations have considered their exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the partner organisations' options that a transfer of economic benefits will be required, material contingent liabilities have been disclosed (there are none)

- The Annual Accounts contains estimated figures that are based on assumptions made by the IJB about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates

- There are no items in the IJB's Balance Sheet at 31 March 2021 for which there is a significant risk of material adjustment in the forthcoming financial year

Provisions

The IJB has not created any provisions in respect of compensation claims. It is not certain that all claims have been identified or that the historic level of settlement payments is a reliable guide for future settlements.

3. Subsequent Events

In accordance with the requirements of International Accounting Standards 10, events after the reporting period are considered up to the date on which the accounts are authorised for issue. This is interpreted as the date that the accounts were certified by the Chief Financial Officer following approval by the Audit and Risk Committee.

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified.

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts is adjusted to reflect such events.

- Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect.

4. Expenditure and Funding Analysis

2019/20 £000's	Expenditure	2020/21 £000's
	Services specifically for Midlothian	
64,778	Health	69,130
42,659	Social Care	43,735
	Midlothian's share of Lothian Health Services	
22,613	Hosted	25,107
19,082	Set Aside	19,029
149,132	**Total**	**157,002**
	Funded By:	
42,593	Midlothian Council	44,985
107,282	NHS Lothian	120,388
149,876		**165,373**
743	**Surplus**	**8,372**

Expenditure above has been split into three main areas :-

- Expenditure on those services delivered specifically for the population of Midlothian. These services are managed locally by the Midlothian Partnership
- Hosted Services – these are health services managed either by the Edinburgh, East Lothian and West Lothian Partnerships or managed by NHS Lothian on a pan-Lothian basis. These services included Mental Health Services, Learning Disability Services, Substance Misuse Services, Rehabilitation services, General Dental Services, General Pharmaceutical Services and General Ophthalmic Services. This is the IJB's agreed share of these services
- Set Aside Services – these are services delivered in the main acute hospitals (Royal Infirmary of Edinburgh, Western General Hospital and St. John's Hospital) and managed by NHS Lothian. This is the IJB's agreed share of these services

5. Corporate Service

Included in the above costs are the following corporate services:-

2019/20 £000's		2020/21 £000's
46	Staff (Chief Officer)	48
28	Audit Fee	27
73	**Total**	**75**

(Restated from 2019/20)

As noted above, the Chief Finance Officer is not charged to the IJB.

6. Related Party Transactions

As partners with the Midlothian Integration Joint Board, both Midlothian Council and NHS Lothian are related parties and the material transactions with these bodies are disclosed in these accounts.

There are elements of expenditure which are shown against the NHS Lothian above but where the resources are used by the social care services delivered by Midlothian Council.

2019/20 £000's		2020/21 £000's
106,473	NHS Lothian	113,266
(5,187)	Resource Transfer	(7,158)
(4,816)	Social Care Fund	(4,816)
96,470		**101,292**
42,659	Midlothian Council	43,735
5,187	Resource Transfer	7,158

4,816	Social Care Fund	4,816
52,662	**Total**	**55,708**

Both Resource Transfer and the Social Care Fund are resources which are part of the NHS Lothian budget and are shown as expended therein but these funds are used to deliver social care service supplied by Midlothian Council.

7. Short Term Debtors

The IJBs short term debtors are broken down as follows:-

2019/20 £000's		2020/21 £000's
3,054	Funding due from NHS Lothian	5,626
1,567	Funding due from Midlothian Council	7,367
4,621	**Total**	**12,993**

8. Short Term Creditors

The IJBs short term creditors are broken down as follows:-

2019/20 £000's		2020/21 £000's
0	Funding due to NHS Lothian	0
0	Funding due to Midlothian Council	0
0	**Total**	**0**

9. VAT

The IJB is not VAT registered. The VAT treatment of expenditure in the IJB's accounts depends on which of the Partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the Commissioning IJB.

17th June 2021

Interim Appointment of Chief Finance Officer

Item number: 5.3	Agenda number

Executive summary

This report is provided for the IJB on the proposals for the recruitment of the Chief Finance Officer/Section 95 Officer to cover a period of maternity leave

Board members are asked to:

- *Agree to the proposal to recruit interim cover for the maternity leave period of the current Chief Finance Officer/Section 95 Officer*
- *Delegate authority to the Chief Officer and Chair of the IJB to approve the interim appointment on the IJBs behalf after the recruitment process.*
- *Note that an update on the outcome of this process will be provided at a future IJB meeting.*

Report

Interim Appointment of Chief Finance Officer

1 Purpose

1.1 This report updates the Midlothian Integration Joint Board (IJB) on the proposals for the recruitment of the Chief Finance Officer/Section 95 Officer to cover a period of maternity leave.

2 Recommendations

2.1 The IJB is asked to

- Agree to the proposal to recruit interim cover for the maternity leave period of the current Chief Finance Officer/Section 95 Officer
- Delegate authority to the Chief Officer and Chair of the IJB to approve the interim appointment on the IJBs behalf after the recruitment process.
- Note that an update on the outcome of this process will be provided at a future IJB meeting.

3 Background and main report

3.1 The regulations on membership of IJBs include the appointment of "the proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) act 1973(1)".

3.2 The IJB agreed in July 2015 that there should be a shared Chief Finance Officer/Section 95 Officer appointment between East Lothian and Midlothian IJBs and that this would be subject to review. During April 2018 this arrangement was reviewed and the Chief Officers of East Lothian and Midlothian IJBs held discussions with the Deputy Director of Finance for NHS Lothian and the Section 95 Officers from East Lothian and Midlothian Councils. All parties agreed that the current arrangement has worked well. It has allowed the IJBs to benefit from having a single officer covering both. It has also allowed the IJBs to benefit from in-depth financial understanding of the complexities of the NHS budgets and both Councils financial information.

3.3 Claire Flanagan was appointed to the post of Chief Finance Officer in August 2018. Claire took up the role from the 1st October 2018 and has supported both IJBs and has held an operational role in NHS Lothian. Claire is due to undertake a period of maternity leave from August 2021 for 9 months.

3.4 Only the IJB can appoint its own Chief Finance Officer but the Integration Scheme describes a mechanism whereby the IJB's partners (Midlothian Council and NHS Lothian) can provide the IJB with a suitable candidate.

3.5 It is therefore proposed to progress with a recruitment process for fixed term cover of the Chief Finance Officer/Section 95 Officer Post for both IJBs. This arrangement can be on a fixed term or secondment basis for filling the post during this period.

3.6 Given the timescales, the process for the selection of an interim candidate to cover the role of Chief Finance Officer/Section 95 Officer for the IJBs, the IJB is asked to support delegating authority to both the IJB Chief Officer and the IJB Chair on behalf of the IJB to approve this interim appointment following the recruitment process.

3.7 An update will be provided to the IJB at a future meeting on the outcome of this process

4 Policy Implications

4.1 There are no policy implications from this report.

4.2 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

5 Directions

5.1 There are no Directions implications arising from this paper

6 Equalities Implications

6.1 There are no equalities implications from this report

7 Resource Implications

7.1 There are no immediate resource implications from this report. Any resource implications from the outcome of the process will be highlighted in a future report if required.

8 Risk

8.1 None

9 Involving people

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

10 Background Papers

10.1 None

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DATE	June 2021

Midlothian Health & Social Care Partnership

Thursday 17th June 2021, 2.00pm

Inclusion of Integration Joint Boads as Category 1 Responders under Civil Contingency Act 2004

Item number: 5.4	**Agenda number**

Executive summary

The purpose of this report is to provide the Integration Joint Board (IJB) with information of the inclusion of the IJB as a Category 1 Responder, in line with the Civil Contingencies Act 2004 and report on the requirements that this inclusion involves.

Board members are asked to:

Note the information in this paper and be assured that the established governance and management systems in place.

Agree to the recommendation that the Chief Officer, as the Accountable Officer, can continue to manage the necessary arrangements relating to this Act on behalf of the Integrated Joint Board.

Report

Inclusion of Integrated Joint Board as Category 1 Responder under the Civil Contingencies Act 2004

1 Purpose

1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with information of the inclusion of the IJB as a Category 1 Responder in line with the Civil Contingencies Act 2004, report on the requirements this inclusion involves and provide assurance to the Integrated Joint Board that the systems currently in place will ensure all requirements are met.

2 Recommendations

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

2.2 Note the inclusion of the IJB as a Category 1 Responder in line with the Civil Contingencies Act 2004.

2.3 Be assured that all arrangements in place meet the requirements within the Act and agree that the Chief Officer, as the Accountable Officer, can continue to manage the necessary arrangements relating to this Act on behalf of the Integrated Joint Board.

3 Background and main report

3.1 **Scottish Government Consultation**
The Scottish Government undertook consultation during October and November 2020 regarding including Integration Joint Boards as Category 1 Responders under the Civil Contingencies Act 2004. The consultation concluded that there were no clear equality, operational or strategic barriers to progressing the proposal and legislating that Integration Joint Boards across Scotland be included within the Civil Contingencies Act 2004 as Category 1 Responders.

3.2 The amendment to this Act was laid before the Scottish Parliament on 18 January 2021 and approved.

3.3 This Act places new duties and responsibilities on Integration Joint Boards. It defines an emergency as:

- an event or incident which threatens serious damage to human welfare;
- an event or incident which threatens serious damage to the environment;
- war, or terrorism which threatens serious damage to the security of the UK

3.4 **Category 1 Responders**

The Act divides Responders into two categories, as Integration Joint Boards have now been included in level 1, below are details of the Category 1 responder partners:

- Local Authorities
- Police including British Transport Police
- Fire and Rescue Services
- The Scottish Ambulance Service
- National Health Boards
- The Scottish Environmental Protection Agency (SEPA)
- Maritime and Coastguard Agency
- Integration Joint Boards

3.5 **Responsibilities**

The requirements set out in the Act are detailed below:

- Assessing the risk of emergencies occurring and use this to inform contingency planning in the form of a Community Risk Register
- Put in place effective emergency plans
- Create Business Continuity Plans to ensure that they can continue to exercise critical functions in the event of an emergency.
- Make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance coordination
- Co-operate with other local responders to enhance coordination and efficiency

3.7 **Midlothian Health and Social Care Partnership Assurance to IJB:**

As both NHS Lothian and Midlothian Council are existing Category 1 Responders, both have established governance arrangements in place to ensure the duties required under the Act are met. NHS Lothian and Midlothian Council currently manage incidents and work successfully with the other Category 1 Responders where required.

Midlothian Health and Social Care Partnership has well established processes in place as an existing Category 1 Responder, a brief overview has been included below:

- Multi level risk registers are in place and well monitored across the Partnership and within the IJB
- A Governance structure which is resilience and risk management focussed meets routinely to review and monitor resilience and risk
- Emergency plans are in place and routinely reviewed and exercised.
- Business Continuity Plans are in place for all Services which are aligned with the Midlothian Health and Social Care Partnership overarching emergency plan.
- Well established and strong relationship with existing Category 1 Responders, a strong infrastructure exists with both local, regional and national resilience partners.

For the IJB to meet the requirements of the Act, the Chief Officer will continue to manage the responsibilities and work with Category 1 responders. However, this will be in the role of Chief Officer not as a Director within NHS Lothian.

Any updates to the legislation will be brought to the IJB for their review and information.

4 Policy Implications

4.1 This paper describes the implementation of the new legislation requiring Integration Joint Board to be escalated to Category 1 Responders.

5 Directions

5.1 This report does not require a new direction

6 Equalities Implications

6.1 There are no equalities implications with this change.

7 Resource Implications

7.1 There are no resource implications with the implementation of this legislation.

8 Risk

8.1 A risk noting the inclusion of the Integrated Joint Board as Category 1 Responders under the Civil Contingencies Act 2004 could be added to the IJB risk register to reflect the additional responsibilities the IJB now holds.

9 Involving people

9.1 Representatives from Midlothian Health and Social Care have been involved with the Scottish Government consultation, South of Scotland RRP and local resilience committees throughout the implementation of this legislation.

10 Background Papers

10.1 None

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DATE	3rd June 2021

Appendices: Nil

Midlothian Health & Social Care Partnership

17th June 2021, 2.00pm

IJB Directions Annual Update

Item number: 5.5 **Agenda number**

Executive summary

Midlothian IJB Directions were reviewed in October 2020 and reissued to the Chief Executives of Midlothian Council and NHS Lothian. An update on progress towards each Direction was provided to Midlothian IJB in December 2020.

IJBs, Health Boards and Local Authorities have a legal obligation to both issue and monitor the effectiveness of Directions as described in the Public Bodies (Joint Working) (Scotland) Act 2014.

In January 2020 The Scottish Government published new guidance to support IJBs in effective issuing and implementation of Directions (Statutory Guidance: Directions from integration authorities to health boards and local authorities)

This report provides the full year updates on Directions.
This report also provides proposed new or update Directions for 2021/2022.
This report asks the IJB to consider the approach to performance management of the Directions overall.

Board members are asked to:

Review the full year update on progress on Directions
Review the proposed draft Directions for 2021/2022
Consider the approach to performance management of the Directions

IJB Directions Annual Update

1 Purpose

1.1 This report provides the full year updates on Directions.
This report also provides proposed new or updated Directions for 2021/2022.
This report asks the IJB to consider the approach to performance management of the Directions overall.

2 Recommendations

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

Review the full year update on progress on Directions

Review the proposed new/updated Directions for 2021/2022

Consider the approach to performance management of the Directions

3 Background and main report

3.1 IJBs, Health Boards and Local Authorities have a legal obligation to both issue and monitor the effectiveness of Directions as described in the Public Bodies (Joint Working) (Scotland) Act 2014

3.2 Directions are the mechanism by which Integration Authorities action their strategic commissioning plans and are the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. A Direction must be given in respect of every function that has been delegated to the IJB. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision-making terms.

3.3 In January 2020 The Scottish Government published new guidance to support IJBs in effective issuing and implementation of Directions (Statutory Guidance: Directions from integration authorities to health boards and local authorities). This recognised the need to issue Directions on a rolling basis throughout the year, as IJBs can make decisions about service change, service redesign, and investment and disinvestment throughout the year and would need to provide Directions accordingly.

3.4 An update on progress towards each Direction was provided to Midlothian IJB in December 2020. Following feedback from the IJB all responsible leads were asked to develop and provide relevant measures and targets to support the monitoring of Directions and use these to support further updates. The full year update on Directions is outlined in the attached **Appendix 1 Directions Annual Update**

2020/2021. To support the Board in reviewing progress, as well as providing an annual update, each Direction has been categorised by progress. In addition, areas which may be of particular relevance to the board or may require board discussion have been highlighted.

3.7 All Directions have been updated and proposed Directions for 2021/2022 are attached in **Appendix 2 Draft Directions 2021/2022**. All changes from the previous Directions, including changes to dates, have been highlighted in this document. The table below outlines the key changes to Directions from the previous 2020/2021 document.

Direction	Action	Key Change Proposed
1 In-patient Care	ii	This action should be removed as the transfer of patients to East Lothian is complete
1 In-patient Care	iv	This action should be updated to clarify that the intention is to ensure that the majority of Midlothian people are admitted to the Royal Infirmary rather than the Western General for unscheduled episodes of care.
1 In-patient Care	v	This wording of this action should be updated to "Evaluate the impact of the Home First Model by March 2022"
1 In-patient Care	vii	This action should be removed as there is no plan to arrange council transport to hospitals
1 In-patient Care	viii	The wording of this action should be changed from "increase" to "maintain"
1 In-patient Care	New	Proposed new action "Review Midlothian Hospital at Home Service in line with wider Lothian review"
1 In-patient Care	New	Proposed new action "Maintain the number of people who are delayed in hospital while awaiting community based support to 13 or below each day by July 2021"
2 Accident and Emergency	ALL	Actions and measures have been reviewed and replaced to more accurately describe the intended action, to identify clear targets, and to enable better evaluation of the impact and success of each action.
2 Accident and Emergency	ii	The action on Community Treatment and Care Services should be moved to Direction 5 Primary Medical Services
3 Midlothian Community Hospital	i	This action has been updated to remove "implementation of an Audiology Clinic"
3 Midlothian	ii	This action has been reviewed and updated to focus on increasing bed capacity and recruitment of staff

Community Hospital		
3 Midlothian Community Hospital	New	New action to evaluate impact of the development of Glenlee Ward at Midlothian Community Hospital as a step-up from community and day treatment facility by March 2022
4 Palliative care	4	Changed wording from “developing” to “evaluate the impact of” Care Champion Network across Midlothian care homes by March 2021
4 Primary Medical Services	ALL	All actions and measures have been reviewed and replaced to more accurately describe the intended action, to identify clear targets, and to enable better evaluation of the impact and success of each action.
6 Community Health Services	ii	This action should be removed as the review of community nursing services has been complete and a new staffing structure implemented.
7 Dental, Ophthalmic and Audiology	i	This action should be removed as this area of work will not be progressed. It was not approved by Capital Services Group for funding and has not been prioritised
7 Dental Ophthalmic and Audiology	iii	This action should be removed as it is covered by the preceding action ii
7 Dental Ophthalmic and Audiology	v	This action should be removed as this action about clarity of roles and pathways is complete
7 Dental Ophthalmic and Audiology	New	New action to evaluate the impact of community glaucoma specialist optometrists
8 Older People	ii	This action should be removed as it is complete
8 Older People	v	This action should be removed as it is covered by the preceding action iv.
10 Physical Disability	New	New action to develop clear pathways and support for people affected by neurological conditions by March 2022.
10 Learning Disability	ALL	All actions and measures have been reviewed and replaced to more accurately describe the intended action, to identify clear targets, and to enable better evaluation of

		the impact and success of each action.
11 Mental Health	vi	This action should be removed as the redesign and commission of mental health supports is complete.
11 Mental Health	v	This action should be removed as the implementation of a recovery plan to deliver a substantial improvement in waiting times for psychological therapy is complete
11 Mental Health	New	New action to report on pilot to deliver a substantial improvement in waiting times for psychological therapy
11 Mental Health	New	New action to Work with Psychological Therapies to increase the number of people commencing (general adult) treatment within 18 weeks
11 Mental Health	New	New action to Evaluate impact of Wellbeing and Primary Care Mental Health workforce by April 2022.
11 Mental Health	vi	Change this action to “Implement” the updated Suicide Prevention Action Plan
11 Mental Health	New	New action to work with other Lothian IJBs to agree plan for pan-Lothian and hosted services 2022-25.
13 Justice Social Work	ALL	All actions and measures have been reviewed and replaced to more accurately describe the intended action, to identify clear targets, and to enable better evaluation of the impact and success of each action. The new actions identified are part of the Community Justice Outcomes Improvement Plan for Midlothian
14 Unpaid Carers	i	This action has been updated to reflect the need to review the Carer Strategic Statement to reflect the Direction and recommendations of the Independent Review of Social Care
14 Unpaid Carers	ii	This action should be removed as the recommissioning of carer support services is complete
15 Care at Home	i	This action should be updated as the care at home contracts from recommissioning have be awarded. This should be updated to “Implement care at home services, in line with the vision statement and human rights based approach. Establish robust monitoring systems to ensure block contracts are effectively implemented, and to demonstrate the impact of care at home on promoting human rights by September 2021”

15 Care at Home	ii	The wording of this action should be updated as the workforce plan has been developed. The wording should be to “implement a multifaceted workforce plan that includes council and external providers by July 2021”
15 Care at Home	iii	The wording of this action should be changed to “Evaluate impact of new reablement model within Home Care Service to promote optimum level of function by March 2022”
16 Housing	i	This action has been changed to reflect that 106 Extra Care Housing Units will be delivered an increase from 90
17 Intermediate Care	i	Change the wording of this action to “Evaluate impact of developments to Midlothian Intermediate Care Services to meet the changing needs of the Midlothian population and create opportunities to deliver care in people’s local community as opposed to acute hospitals by March 2022”
17 Intermediate Care	New	New action “Commitment to strengthen community rehabilitation pathways by April 2022 across health and social care services in line with the Rehabilitation Framework and the Adult Review of Social Care (2021)”
18 Adult Protection and Domestic Abuse	ii	This action should be removed as this work is completed and all adult protection referrals are processed timeously
18 Adult Protection and Domestic Abuse	iii.	This action should be removed and replaced with the following action which will support this area of work “Complete joint strategic needs assessment for Public Protection to identify gaps in services, including early and effective intervention services for children experiencing the impact of Domestic Abuse and adults experiencing Domestic Abuse by December 2022”
18 Adult Protection and Domestic Abuse	v	This wording of this action should be updated to reflect the development of guidance to support this work .
18 Adult Protection and Domestic Abuse	vi	The wording of this action should be changed from “Monitor” to “Evaluate”
18 Adult Protection and Domestic Abuse	New	New action to “Review and streamline the Referrals Process by December 2022
19 Public Health	i	This action includes the addition of the action xi “trauma

		informed practice should be adopted across Health and Social Care and Community Planning”
19 Public Health	ii	The wording of this action has been updated to include joint work with Sport and Leisure
19 Public Health	vii	The following wording should be included in this action “Following outcome of the NHS Lothian Public Health Review
19 Public Health	vii	The ICJ action should be updated to “Evaluate the impact of the Improving the Cancer Journey (ICJ) programme by March 2022 to ensure support to people following a cancer diagnosis.”
19 Public Health	New	New action to “Review potential for multi-agency long term condition strategic planning group”
20 Services to people under 18 years	New	School Nursing new action Complete delayed Primary 1 surveillance programme (height and weight) in all schools including initial vision screening by March 2022
20 Services to people under 18 years	i New	0-5 immunisations Change wording from “Develop and implement a new service model” to “Enhance service model for New action • Centralisation of the telephone and recall system with all appointments managed by CCH by September 2021.
21 Allied Health Professionals	i	Remove this action, initial scoping work suggests that a MCH Minor Injuries Musculoskeletal service would not be viable at this time
21 Allied Health Professionals	New	Proposed new action to “Redesign Musculoskeletal pathway from NHS 24 and Accident and Emergency back to Midlothian Musculoskeletal Advanced Practice Physiotherapy service. (see Direction 2)”
21 Allied Health Professionals	ii	Remove this Direction as now included in Falls Direction
21 Allied Health Professionals	iii	Remove this Direction as no longer appropriate.
21 Allied Health Professionals	vi	Proposed new action to review Midlothian MSK service and NHS Lothian Dietetic Outpatient Services as part of the Allied Health Practitioners Occupational Therapy Redesign.
22 Digital	i	Change this Direction to “Establish a Digital Governance Group to act as a forum in the HSCP to connect with technical business partners

Development		by September 2021”
22 Digital Development	ii	Remove this Direction as tool has been developed separately
22 Digital Development	vi	This action should be removed as the migration of Mosaic is complete.
22 Digital Development	vii.	This action should be removed as Attend Anywhere is now established as business-as-usual function within NHS Lothian due to COVID

3.7 Clarification is required from the Board on future reporting and updates to the Directions. In particular clarification on how frequently the board requires reports on progress against Directions, and the required overall presentation of this performance management information to the IJB.

5 Policy Implications

4.1 This paper supports the strategic Direction of the IJB and relates to the Public Bodies (Joint Working) (Scotland) Act 2014. (section 26 and 26) and the requirement for Directions from Integration Authorities to Health Boards and Local Authorities.

4.2 Statutory Guidance Directions from integration authorities to health boards and local authorities New statutory guidance was produced in 2020 on how to improve practice in the issuing and implementation of Directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014.

6 Directions

5.1 This report has implications for all current and any future Directions.

7 Equalities Implications

6.1 There are no specific Equalities Implications from this report. Health and Social Care Partnership programmes that relate to Directions and the Strategic Plan are subject to individual Equality Impact Assessments.

8 Resource Implications

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

9 Risk

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

10 Involving people

a. The Strategic Planning Group discussed the progress update on Directions and proposals around performance management, at its meeting on 19th May 2021. This group includes community and service user representatives.

b. Community engagement on the planning and review of services related to Directions will continue.

11 Background Papers

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Appendices:
Appendix 1 Directions Annual Update 2020/2021
Appendix 2 Draft Directions 2021/2022

Appendix 1 Midlothian IJB Directions: update report 2021-22

Direction	Direction	Action	Action Descriptpn	Update for full year April 2020- March 2021	Status
1	IN-PATIENT HOPSITAL CARE	1	Complete the review of 'potentially preventable admissions' by December 2020 and develop a plan to strengthen access to local alternatives and where appropriate develop new services.	Single Point of Access was implemented Dec 2020 and the reshaping of intermediate care services is under way. Work to further analyse potential prevented admissions is underway, later than planned. Some work focussing on Type 2 Diabetes potential prevented admissions has progressed; this highlighted the need to focus on prevention of soft tissue damage and has prompted joint planning with Podiatry colleagues.	off target/ progressing
1	IN-PATIENT HOPSITAL CARE	2	Implement plans to free capacity in Midlothian Community Hospital by enabling alternative care options for people with dementia and completing the transfer of patients to East Lothian by May 2020.	Completed move for all patients to be transferred to East Lothian rehabilitation ward which also helped to improve flow from the acute hospitals. Structural work on the ward has taken longer than planned due to Covid but is progressing.	off target/ on hold
1	IN-PATIENT HOPSITAL CARE	3	Evaluate the impact of new approaches to "In Reach" including identifying patients suitable for Reablement in Medicine for the Elderly (MOE) wards by November 2020.	Midlothian Flow Hub staff are now reviewing Midlothian patients in acute care; meeting patients and staff face to face in the Royal Infirmary to discuss their onward care needs and their discharge.	off target/ progressing
1	IN-PATIENT HOPSITAL CARE	4	Increase further the proportion of patients admitted to the Royal Infirmary of Edinburgh as the local Acute Medical Unit	The number of Midlothian unscheduled admissions that went to the Western General during 2020-21 was 1,418 compared to 6,385 that went to the Royal infirmary.	on target
1	IN-PATIENT HOPSITAL CARE	5	Implement Home First Model by April 2021 to focus on care in the right place, at the right time, by the right people.	Initial planning phase underway. Single Point of Access implemented (was up and running by 1 December 2020 and further enhanced mid February 2021). Workforce planning discussions underway regarding the broader Home First approach. Stakeholder groups being held 11th - 13th May 2021. Review of intermediate care under way, potential prevented admissions review awaited.	off target/ progressing
1	IN-PATIENT HOPSITAL CARE	6	Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by December 2020.	Investment in Discharge to Assess continued. Additional posts were recruited to, 2x drivers, 2x admin and various band 6/5 Allied Health Practitioner (AHP) posts. Band 3 capacity increased by 16wte. Data shows increased capacity within the team facilitating early discharge from acute sites. The Community Respiratory Team reported 38 admissions to hospital avoided Jan to March 2021. Discharge to Assess reported 34 admissions to hospital avoided Jan to March 2021.	off target/ progressing

1	IN-PATIENT HOPSITAL CARE	7	Ensure joint work is undertaken between NHS Lothian and Midlothian Council Transport Section to design and provide flexible and responsive transport arrangements for people to attend hospital (this will include planned clinics and treatment).	No update available on joint work involving NHS Lothian and Midlothian Council Transport Section to design and provide flexible and responsive transport arrangements for people to attend hospital. This action is to be reviewed /removed.	to be removed
1	IN-PATIENT HOPSITAL CARE	8	Increase collaborative decision making around acute hospital decision making. Report to the IJB on proposed developments and on budget position at least twice per year.	Acute Services representative now on IJB Board. NHSL Strategic Plan discussed at IJB Special Board in February 2021 and proposed discussion of Reshaping of Urgent Care at August 2021 meeting. Acute services representatives now members of HSCP Acute Services Planning Group and present acute plans as appropriate. Acute Services Plan presented at IJB's Strategic Planning Group in Jan 2021 and Reshaping Urgent Care in March 2021. Acute Service colleagues x 2 are members of Strategic Planning Group.	on target
2	ACCIDENT AND EMERGENCY	1	Implement the support and/or review to frequent attendees at A&E by Jan 2021.	i. Various approaches undertaken to reduce A&E attendances as part of Frailty, Public Health and other programmes such as Primacy Care Musculoskeletal Advanced Practice Physiotherapy service and Community Respiratory Team. Frailty - MIDMED (Frailty GP) demonstrated statistically significant reduction in Emergency Department attendance. MidMed patients had lower crude rates of ED attendances than the non MidMed group 0.70 vs 0.81 per person per year. The adjusted rate ratio associated with MidMed was 0.62, (95%CI 0.41 – 0.95, p = 0.027), equivalent to a 38% relative reduction in ED attendance. Health Inequalities Team project for young (<55yrs) frequent attendees was delayed due to a vacancy but a revised model will commence July 2021. Musculoskeletal Advanced Practice Physiotherapy service – see 2.iii Community Respiratory team (CRT) is successfully managing exacerbation in patients own homes, the development of a new SAS pathway has led to a reduction in acute respiratory admissions. Expansion of the team has meant that this has facilitated early discharge home. Home first model with a focus of early recovery and rehabilitation within all intermediate care teams. The Community Respiratory Team reported 38 admissions to hospital avoided Jan to March 2021.	off target/ progressing
2	ACCIDENT AND EMERGENCY	2	The option appraisal for Community Treatment and Care Centre(s) (CTAC) should be completed and phase 1 of implementation to begin November 2020 with review report available by March 2021.	Community Treatment and Care Centre(s) development delayed due to COVID pandemic. Recruitment commenced Autumn 2020. Posts filled in 2021. Initially some post holders supported the COVID vaccination hub. Phase 1 now underway in Penicuik, Eastfield and Roslin Practices and will be fully operational from 1st May.	off target/ progressing

2	ACCIDENT AND EMERGENCY	3	Implement community pathways for Musculoskeletal physiotherapy and older people's assessment in line with national plans around scheduling unscheduled care by March 2021.	Musculoskeletal Advanced Practice Physiotherapy service available in all 12 GP practices. Work underway alongside NHS Lothian to redefine pathways for Musculoskeletal Physiotherapy. Test of change at St John's Hospital completed showing that those people who turn up at Minor Injuries are appropriate. Work with flow hub suggests GP initiated calls to the Flow Centre are also appropriate. Next step is to look at patient initiated pathway via NHS 24 to Emergency Departments. Data being sourced. Aim is to establish a pathway from NHS 24 back to Musculoskeletal Advanced Practice Physiotherapy service for appropriate patients to reduce inappropriate Emergency Department attendances for patients with Musculoskeletal conditions.	on target
2	ACCIDENT AND EMERGENCY	4	Agree Midlothian response to national redesign of urgent care programme to improve access to urgent care pathways so people receive the right care, in the right place, at the right time.	Single Point of Access has been providing support for redirection of patients via flow hub from front door services at ED - continuing to work with Acute services around the redesign of front door services.	progressing
2	ACCIDENT AND EMERGENCY	5	Implement the new performance frameworks to determine the impact of community services in reducing A&E attendances and unscheduled admissions by March 2021.	Tableau dashboards have been developed to support managers to access service performance data and broader performance framework, including outcome maps is supporting services to determine key outcome measures across services.	off target/ progressing
2	ACCIDENT AND EMERGENCY	6	Monitor the implementation of the Midlothian Acute Service Plan 19-22 bi-monthly.	The Acute Services Planning Group re-focused and updated its Terms of Reference. The current plan was worked through methodically to ascertain progress updates and start updating its content. Priorities for the upcoming year were agreed as a focus for discussion (Home First, Midlothian Premises, Anticipatory Care Planning, and the Redesign of Urgent Care). Plan and updates were taken to Hospital Management Group, Strategic Planning, and GP Reps. Updates for the Acute Services/Hospitals Page in the Strategic Plan are being agreed and discussed for the next 3-year period (2022-25). Updates on MSG Indicators: Delayed Discharges (source: PHS Open Source Data) Average daily number of delayed beds (18+, all delay reason) was 28.5 in 2019/20 and 19.5 in 2020/21 which is a 32% reduction. Number of census delays per month was on average 27 in 2019/20 and 20 in 2020/21, a 26% reduction. Total A&E attendances to RIE (source Tableau Dashboards) in 2019/20 was 20542. 2020/21 was 16912. Of course reduction is in part due to Covid-19 as seen across the health board. Total Occupied Bed Days for Unplanned Inpatients at RIE (source Tableau Dashboard) 2019/20 was 42848. 2020/21 was 40290	on target
2	ACCIDENT AND EMERGENCY	7	Continue to reshape pathways to ensure people access community based services wherever viable.	Joint work with Third Sector and other statutory partners is assisting to redesign community pathways. This is supported by a Practitioner Forum to assist front line workers to keep updated on local provision, in particular non-medical local provision such as community gardening programmes for mental health, Ageing Well for physical activity and volunteer programmes for those socially isolated.	on target

3	MIDLOTHIAN COMMUNITY HOSPITAL	1	The option appraisal regarding the most appropriate outpatient Clinics and day treatment to be provided in Midlothian Community Hospital should be completed. This should include implementation of an Audiology Clinic; an examination of the viability of chemotherapy; and consideration of the potential role of remote technology in providing consultations with specialist medical and nursing staff.	The option appraisal regarding outpatient clinic and day patient options at Midlothian Community Hospital (MCH) was been delayed due to Covid pandemic and the requirement for clinical space to delivery covid testing and covid vaccination within MCH. Work has commenced with Oncology services to scope out plans for local cancer service provision and also the provision of alternatives to day hospital assessment	progressing
3	MIDLOTHIAN COMMUNITY HOSPITAL	2	Progress plans and identify funding to use Glenlee Ward at Midlothian Community Hospital as a step-up from community and day treatment facility by January 2021.	The use of Glenlee ward as a step-up form community ward has been delayed due to the covid pandemic and also the recruitment of staffing for the unit. To date 8 beds have been opened as part of our flow capacity. Recruitment is now progressing and there will be additional staff in place Autumn 2021. Work has commenced through the home first development group to plan for step up bed provision to support community services and reduce admission to acute sites.	progressing
4	PALLIATIVE CARE	1	Increase the accuracy of the Palliative Care Registers in GP practices by March 2021.	GP Practices continue to update the Palliative Care Register. All practices provide palliative care enhanced service.	on target
4	PALLIATIVE CARE	2	Undertake an audit of admissions to Acute Hospitals of patients in receipt of palliative care in order to strengthen local services (care homes, district nursing, Midlothian Community Hospital and Hospital at Home) by March 2021.	Review of people receiving palliative care admitted to acute hospitals has not yet been progressed. This will be discussed at the Palliative Care Partnership Group meeting in August 2021 and a plan agreed for completion. Latest Data from PH Scotland indicates that 88.9% of people spent their last 6 months of life in the community – therefore reaching the MSG target of 88%.	off target/ progressing
4	PALLIATIVE CARE	3	Obtain family, carer and staff feedback on the quality of palliative and end of life care provided in Midlothian Community Hospital and the District Nursing service by March 2022 (interim report September 2021).	Project group established to obtain family, carer and staff feedback on the quality of palliative and end of life care provided in Midlothian. Operational lead in place. Project plan developed. Information Governance approval received. Staff feedback tools developed. Patient and carer/family sign up processes agreed and engagement tools developed. Videographer recruited. Project paused for 6 weeks in early 2021 due to impact of Covid. Project extension requested to September 2022.	on target
4	PALLIATIVE CARE	4	Develop a palliative Care Champion Network across Midlothian care homes by March 2021.	Care Home Support Team are in the process of liaising with all Midlothian care homes to ensure Palliative Care Champion link person identified and network established.	on target
5	PRIMARY MEDICAL SERVICES	1	The Primary Care Improvement Plan should be progressed to deliver the plan, recognising financial and workforce limitations. This includes significant developments around (a) Community Treatment and Care Centres (phase 1 completed and reported on by March 2021) and (b) Vaccination Transformation Programme.	Primary Care Improvement Plan (PCIP) was delayed due to COVID. All six functions in the PCIP are now either established in all practices or are being tested in some practices. The Scottish Government and British Medical Association have published a joint statement in December 2020 confirming contractual timeframes for transfer of work to HSCP. The first is Vaccinations from October 2021 and the HSCP will achieve this.	on target

5	PRIMARY MEDICAL SERVICES	2	The Prescribing Plan should continue to be implemented building upon the success achieved in 2019/20.	Ongoing implementation of Primary Care Improvement Plan continues. Advanced Practitioner Physiotherapists, Primary Care Mental Health Nurse Practitioners, Wellbeing Service and Pharmacotherapy staff are now in place in all 12 practices. CTAC pathfinder in place in west Midlothian with plan to roll out to whole county over the next year. In 2020 a joint approach between General Practices and the HSCP led to the highest uptake in flu vaccination across all HSCPs in Lothian.• 85.3% uptake in 65+ cohort compared to Lothian average of 78.5%• 63.4% uptake in All-at-risk cohort compared to Lothian average of 53.3% Pharmacotherapy team complete circa 15,000 medicine reconciliations per annum (estimated 50% of the Midlothian total) and 12,000 Acute and Repeat prescriptions (estimated 5% of the Midlothian total. In addition, the team provide other support to practice teams for patients.The Musculoskeletal Advanced Practitioner Physiotherapy service has increased capacity each year with over 16,000 appointments between April 2018 and January 2021 (4176 in 18/19, 5654 in 19/20, 6337 in 20/21 till January). The Wellbeing Service was operating in 75% of Midlothian Practices at the start of the PICP and was extended to all practices in Year 1. The service moved to a telephone and Near Me based service during COVID19 response providing a service to almost 500 people (and to some Primary care teams).	on target
6	COMMUNITY HEALTH SERVICES	1	Work with other Lothian Health & Social Care Partnerships to agree on appropriate model and financial plan for complex care by November 2020 and implement it by June 2021.	Appropriate model and financial plan for Adult Complex and Exceptional Needs Service (ACENS) developed and on track to be implemented by June 2021.	on target
6	COMMUNITY HEALTH SERVICES	2	Undertake a review of community nursing services should be undertaken by March 2021 in light of the changes in Primary Care and the shift from hospital based care. This should include the options for deploying more Advanced Practitioners and strengthening interdisciplinary locality working. This should take cognisance of Community Treatment and Care centres (CTACs).	A review of the district nursing service has been completed and a new staffing structure has been implemented, giving career progression within the district nursing service and the ability to adapt the service. District nurse advance nurse practitioner post will be recruited this year. The CTAC service is now recruited to and has started in 3 practices Penicuik, Roslin and Eastfield.	on target
6	COMMUNITY HEALTH SERVICES	3	Improve quality and option+F30s for people with frailty in primary care through (a) proactive in-reach to Royal Infirmary of Edinburgh when someone with frailty is admitted and (b) virtual medical teams involving the frailty GPs and key hospital consultants.	Projects established from the efrailty programme are now demonstrating impact with MIDMED showing statistically significant reductions in Emergency Department attendance and unplanned Occupied Bed days. (See data at Direction 2) A data-sharing agreement has been approved and is now in process of signing by General Practices to allow proactive data transfer to the Red Cross. The learning and successes from the eFI programme will be subsumed into a wider frailty programme.	on target
6	COMMUNITYHEALTH SERVICES	4	Work to ensure our frailty services are accessible to people under 65 years.	iv. HSCP managers understand the relationship between frailty and deprivation with early onset frailty associated with high levels of deprivation. This hasn't yet been fully translated into service changes as yet although there has been some progress, for example Red Cross assisting with income maximisation. Between Jan and March 2021 22 people were supported to claim for Attendance Allowance or Personal Independence Payment (PIP)	off target/progressing

7	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	1	The plans for the provision of audiology clinics in Midlothian Community Hospital should be progressed by March 2021. This should include consideration of digital audio screening and funding for capital works if required.	The plans for the provision of audiology clinics in MCH will not be progressed. It was not approved by Capital Steering Group for funding and has not been prioritised for 2021-2022.	to be removed
7	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	2	Use data from NHS Lothian Public Health to determine the impact of NHS general dental services on the oral and general health of Midlothian population by July 2021 and use this information to identify further actions if required.	Work to review the oral health of Midlothian population was delayed due to the pandemic however it is now underway and involves the Public Health Dental Consultant.	on target
7	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	3	Use data to determine the impact of public dental services in Midlothian by July 2021 and use this information to identify further actions if required.	Remove this Action as will overlap with 7.2 above.	to be removed
7	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	4	Work with Director of Edinburgh Dental Institute to consider how best the Oral Health Improvement Plan recommendations on 'Meeting the Needs of an Ageing Population' can be jointly pursued by March 2021.	Work with Director of Edinburgh Dental Institute to consider how best the Oral Health Improvement Plan recommendations on 'Meeting the Needs of an Ageing Population' can be jointly pursued was not progressed as planned. Revised date to be agreed.	off target
	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	5	The role of Optometry services in pathways of care for patients in a range of services such as general medical practice, ophthalmology, diabetes and A&E, providing both ongoing and urgent care for patients closer to home to be clarified by March 2021.	Community optometrists continue to develop their role as "first port of call" for patients with eye problems. This allows patients to be seen close to home and receive appropriate treatment for a range of eye conditions including painful eyes, watery eyes, loss of vision, foreign body removal, eye infections and more. Many practices now have a prescribing optometrist to treat a wider range of eye conditions which traditionally would have to go to hospital. The new Pharmacy First service with a clear referral programme will allow more patients to receive treatment without having to visit their GP for a prescription. The first cohort of community glaucoma specialist optometrists is about to complete their training which will allow patients to have their glaucoma review at a local practice instead of in hospital. This will free up valuable clinic time in the hospital and allow patients to have their regular care in a more convenient location.	on target

8	OLDER PEOPLE	1	The e-Frailty Programme should be progressed to enable improved coordination of care and to provide support at an earlier stage. This includes the use of learning from the e-frailty programme to develop a frailty informed workforce (by November 2020).	Projects established from the efrailty programme are now demonstrating impact with MIDMED (GP led frailty programme) showing statistically significant reductions in ED attendance and unplanned Occupied Bed Days.(See date at Direction 2) A data-sharing agreement has been approved and is now in process of signing by General Practices to allow proactive data transfer to the Red Cross.The learning and successes from the eFI programme will be subsumed into a wider frailty programme.	on target
8	OLDER PEOPLE	2	The Care Home Strategy should be implemented, including the full establishment of the Care Home Support Team by November 2020.	Care Home Strategy implemented successfully, including the full establishment of the Care Home Support Team, including Palliative Nurse Specialist, Nurse Practitioner, CPN, Occupational Therapist, Community Staff Nurse and Quality Assurance Officer. Range of actions, training and projects implemented by new Care Home Support Team with a key aim of reducing and preventing unnecessary hospital admissions.	on target
8	OLDER PEOPLE	3	Explore all options to offer day care/support to people in Midlothian who are isolated and implement plan by October 2020.	Due to COVID the focus for day support has been on identifying and implementing creative alternatives to building-based face-to-face day care/support. A range of alternatives have been delivered including bespoke radio shows and related activities; online, distanced or outdoor groups, games and shared activities; creating peer support groups; telephone calls and door step visits; delivery of activity packs and food. Collated feedback from providers indicates that services engaged with over 1000 people, although some double counting may be included in that figure. Most day care services currently remain closed, however risk assessments have been completed and approved, and all services hope to re-open in the coming weeks. Support is being provided to services through group meetings where alternatives to traditional building-based support are discussed and explored. A wider review of day support is planned for 2021-23.	off target/ progressing
8	OLDER PEOPLE	4	Explore all options to provide an alternative respite service to older people to support carers in their caring role for longer and to prevent avoidable hospital admissions.	Work progressing to establish respite flat within Cowan Court - Care Inspectorate signed off approval to proceed within existing registration conditions March 2021. Work ongoing to recruit staff for the service. Ongoing promotion of Wee Breaks fund to both public and professionals and work commenced with VOCAL to offer online training and support sessions for potential referrers. Respite Working group established and proposal to develop Midlothian Respite policy and Action Plan being written for submission to SMT for consideration.	on target
8	OLDER PEOPLE	5	Exploring all options to provide a respite service to older people to support carers in their caring role for longer and to prevent avoidable hospital admissions by October 2020.	Remove this action. Same as above (8.4)	to be removed

8	OLDER PEOPLE	6	Improve primary care quality and options for older people (see Direction 5) a. Pro-active in-reach into hospital when someone with frailty is admitted.b. Develop virtual medical teams involving frailty GPs and key hospital consultants. c. Consider Midlothian Community Hospital role for frailty step-up step-down (see Direction 3).	see 8.1 above	on target
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	1	All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by March 2021.	There continues to be a focus on personal outcomes and support around self-management and recovery. Home First approach being rolled out across Midlothian. All HSCP staff are being asked to attend Good Conversation training and to apply this approach to their work. Partner agencies are also attending. This training places a strong emphasis on what matters to you.	off target/ progressing
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	2	A full appraisal of the optimum balance of community based and hospital-based services should be carried out within the context of the re-provision of Astley Ainslie Hospital by March 2021.	Work on the re-provision of Astley Ainslie has not progressing at pace due to capital issues at NHS Lothian. Work continues to develop services in the community. Midlothian HSCP had recent success in a bid for funding to develop a local pathway for people living with a neurological condition. Work due to start June 2021.	off target/ progressing
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	3	There should be collaboration, where feasible, with Housing Providers and national policy makers to press for change in policy around the inadequate availability of suitable housing in new housing developments. (See Direction 16)	Collaboration, where feasible, with Housing Providers and national policy makers to press for change in policy around the inadequate availability of suitable housing in new housing developments was not achieved due to the pandemic and other priorities. However joint work around the Housing Contribution Statement is due to begin in May 2021 and other opportunities for influence will be sought, involving HSCP Planning Groups and the Community Planning Partnership where applicable.	off target/ progressing
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	4	Midlothian extra care housing commitments are described in Direction 16.	Midlothian Extra Care Housing commitments are described in Direction 16	on target
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	5	The role of Midlothian Community Physical Rehabilitation Team (MCPRT) should be reviewed by March 2021 to maximise its impact on people have a long term condition or have experienced an acute event.	Midlothian Community Physical Rehabilitation Team has now been aligned to intermediate care. A full review of this service will be conducted in line with ongoing development of intermediate care.	off target/ progressing
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	6	Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and Coronary Heart Disease) by March 2021.	60% of CPP thematic groups are delivering actions to support type 2 diabetes prevention. Citizen engagement and consultation on the informed future action plan for Mayfield & Easthouses is underway.	off target/ progressing
10	LEARNING DISABILITY	1	Review day care provision and associated costs including transport by December 2020.	Project to review and redesign day services to reduce costs including transport was suspended due to Covid-19. This is now being progressed as part of the Covid-19 recovery plan with a focus on re-establishing and building up centre based services within the restriction of current guidance and supplemented by home based, community based, and on line using new models of support. Individual providers have submitted remobilisation plans for development and discussion.	off target/ progressing
10	LEARNING DISABILITY	2	Support the delivery of new housing models–initially in Bonnyrigg by 2021.	Designs expect to be finalised in May 2021 for new housing model in Bonnyrigg.	on target

10	LEARNING DISABILITY	3	The arrangements for transport should be subject to a full review with a view to creating efficiencies and reducing expenditure by December 2020.	Review Officer recruited but diverted to remobilisation of Adult Day Services and associated transport. Review of Transport recommenced April 2021.	off target/progressing
10	LEARNING DISABILITY	4	Strengthen joint working of Learning Disability Services and care providers.	Day Service Providers' Forum continues to work on remobilisation of services and development of new support models.	on target
10	LEARNING DISABILITY	5	A review of the services available for diagnosis and support to people with autism should be undertaken by March 2021.	A review of the services available for diagnosis and support to people with autism was delayed by COVID pandemic. New models of support for Autistic people being developed as part of COVID remobilisation and recovery plan progressing. Strategy Group to be reconvened.	off target/ progressing
10	LEARNING DISABILITY	6	Positive Behavioural Support approaches to be embedded in all Learning Disability services by March 2021.	Two senior staff completed the post graduate certificate (level 2) in Post Behavioural Support. Level one training developed and delivered to staff from Day Services, Speech and Language and Housing Support Providers. Positively reviewed. Post Behavioural Support pathway in process of being updated. Competency frame work under development.	on target
11	MENTAL HEALTH	1	Explore options for recovery for people experiencing poor mental health through development of community based housing with access to appropriate support. Timeframes dependent on next phase of developments at Royal Edinburgh Hospital.	i. Paper due to go to Capital Board in June 2021 regarding development of 6 person Corran cluster housing development for Wayfinder Grade 5 - community based housing with access to appropriate support	on target
11	MENTAL HEALTH	2	Review effectiveness of the multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice now operational at Number 11 (multiagency hub) by March 2021.	Workshops to develop outcome map for Number 11 has commenced but not yet complete. Multi-disciplinary approach. Linked with self-evaluation work to ensure any issues identified through the review are addressed	off target/ progressing
11	MENTAL HEALTH	3	Continue close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.	14 people have moved into a Housing First tenancy (June 2020 - March 21). Housing First reflective session held March 2021. Positive feedback and experiences of collaborative working and outcomes identified and achieved. Nine housing and homelessness officers completed or currently attending Good Conversations Training . One homelessness & housing knowledge building session delivered and another scheduled for summer 2021.	on target
11	MENTAL HEALTH	4	A coherent approach to the delivery of services to support improved mental wellbeing should be developed. This should include new services funded through Action 15 along with the Wellbeing and Access Point services. A key element of this work is to identify new approaches to addressing the continuing pressures on Psychological Therapies. Each GP Practice will have access to Wellbeing and Primary Care Mental Health workforce by October 2020.	Primary Care Mental Health Nurses and the Wellbeing Service are now available in all 12 GP practices in Midlothian. As well as providing direcvt support to people, both services link well to other community based support that support mental health such as Health in Mind, Women's Aid, volunteering programmes, etc. Wellbeing Service also offers group programmes.	on target
11	MENTAL HEALTH	5	Implement a recovery plan to deliver a substantial improvement in waiting times for psychological therapy by March 2021.	Pilot project has led to significant improvement in waiting times with expectation that nobody will be waiting above 18 weeks by end of May 2021. Joint work with Psychological Therapies to agree sustainable approach top improvement.	on target

11	MENTAL HEALTH	6	Update Suicide Prevention Action Plan to include Scottish Government's 4 new priorities. Implement and review effectiveness of Action Plan by March 2021.	Suicide Prevention Plan review and update completed.	on target
11	MENTAL HEALTH	7	Work with partners to redesign and commission community based mental health supports by July 2021.	Community based mental health support services were reviewed and following community and stakeholder consultation services were commissioned in March 2021 with providers due to start services in July.	on target
11	MENTAL HEALTH	8	Phase 2 - Royal Edinburgh Hospital - NHS Lothian to ensure better care for physical health needs of Midlothian in-patients at the Royal Edinburgh Hospital campus by proceeding with the development of the business case for Phase 2 and the planning and delivery of integrated rehabilitation services. NHS Lothian to ensure Midlothian HSCP is involved in development, decision-making and approval of the business case.	Phase 2 redesign plans continue, Midlothian well represented, this is being led by NHS Lothian.	progressing
12	SUBSTANCE MISUSE	1	Ensure that people's involvement in the planning, delivery and reviewing of their individual care is maximised. This relates to the eight National Quality principles.	Quality Improvement meetings have continued through the year. All services have been asked how they have involved clients in the planning, delivery and reviewing of their individual care. This has been challenging through the pandemic but services have used phone, video platforms and essential 1 to 1 meetings to provide care. Across Midlothian and East Lothian, MELDAP has provided 381 phones, 37 tablets and 553 digital top ups to assist those most at risk to keep in contact with treatment and support agencies.	on target
12	SUBSTANCE MISUSE	2	Evidence that people using Mid and East Lothian Drug and Alcohol Partnership (MELDAP) funded services contribute to ongoing development of the service.	MELD (third sector organisation) has undertaken a research project involving people using Injecting Equipment provision services. The report will have a number of recommendations for MELDAP services in relation to supporting those most at risk due to their poly drug misuse.	on target
12	SUBSTANCE MISUSE	3	People with lived experience to be members of the MELDAP Strategic Group	Work to ensure that people with lived experience are part of the MELDAP Steering group will be re-instated as part of the process of recovery from Covid. This will be in line with Scottish Government regulations.	off target/ progressing
12	SUBSTANCE MISUSE	4	Midlothian HSCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by March 2021.	Midlothian HSCP/MELDAP have introduced one further paid Peer Supporter in Midlothian. This worker has engaged with clients throughout the pandemic but within Scottish Government COVID regulations The programme of peer volunteer training has been paused because of Covid-19 related restrictions but will be restarted as part of the recovery planning	on target
12	SUBSTANCE MISUSE	5	Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by March 2021.	The Recovery College has continued to provide online classes for students. It has purchased laptops and chrome books to ensure students have access to these courses. Face to face support will be restarted as part of the process of recovery from Covid. This will be in line with Scottish Government regulations as we continue to come out of lockdown.	progressing

12	SUBSTANCE MISUSE	6	Midlothian HSCP/MELDAP and NHS Lothian should further develop working practices to ensure a seamless provision of services to those people using No11. Maximise the use of the building by recovery oriented groups in the evenings and at the weekend.	Work to improve joint service provision at Number 11 increased with the further development of the Women's Supper and delivery of SMART Recovery Groups in No11 and at the Welfare Hall, Dalkeith. Both were stopped as a result of COVID. However, it is planned to restart these initiatives in the coming weeks/months in accordance with Covid regulations .The SMART Recovery Group with a focus for armed forces veterans, using on line video platforms, has continued with between 4-6 veterans attending weekly.	off target/progressing
13	JUSTICE SOCIAL WORK	1	Strengthen efforts and partnership working to enable people on Community Payback Orders to achieve qualifications by March 2021.	2020 -21 presented a unique challenge to Unpaid Work services due to Covid restrictions. The Unpaid Work Team internally delivered the Health & Safety in the Workplace SCQF Level 4 Qualification to 32 Clients, whilst 3 clients achieved the Emergency First Aid Certificate at SCQF level 6. The Health & Safety award, where possible, will be incorporated into every new client's induction programme to help build confidence and motivation to undertake further training during their Orders. The Unpaid Work Team in partnership with the Communities Lifelong Learning Team (CLL) ran a Pilot course for 6 clients from Nov-Dec to introduce their Adult Learning programme. Due to Covid restrictions, these sessions were held online as taster sessions to courses they could offer when group work allowed. 'Digital skills' and 'An Introduction to Wellbeing' were identified by clients as courses of most interest. 1 client engaged further with CLL to improve their Literacy skills. The Unpaid Work Team assisted 6 clients to apply for funding through the Individual Training Account scheme; this allowed them to gain the Construction Skills Certificate Scheme Card (Green Labourers Card) through CLL. 3 of these clients went on to obtain full-time employment in the construction Industry. A further 2 clients were supported into further education through Access To Industry and Skills Development Scotland as part of the other activity requirement of their order and are currently working towards awards in photography and music. A joint funding bid through the DWP by Unpaid Work/ CLL and Newbattle Abbey College was submitted in the summer of 2021. There was a delay in the awarding of the grant and the 8 Week Partnership Course now taking place from the 4th May 2021. 10 clients have been nominated for this course. Awards on completion of the full 8 weeks are, First Aid at Work, Health and Safety in The Work Place Level 5 (Scotland), Manual Handling, Adult Achievement Award, Employability Award and the Forest and Outdoor Learning Award (FOLA).	on target

13	JUSTICE SOCIAL WORK	2	Peer support should be strengthened including through continued expansion of a peer support scheme that will work across justice, substance misuse and mental health by March 2021	After almost three years in the role, the Peer Support Coordinator resigned from Health in Mind. We will shortly be recruiting for this vacancy to take the work forward. The Peer Support Coordinator and colleagues at Health in Mind have adapted services to reach out to people during the Covid Pandemic. Peer Support training was put on hold following the lockdown in March 2020. The training has now been tailored for delivery online via Zoom. This was delivered to a small group of 5 peer workers from East Lothian and Midlothian in November and December 2020. The 6-session course was then delivered again to a further group of 7 potential peer volunteers during January and February 2021. The Zoom version of the training received very positive feedback from those attending. The new Peer Support Coordinator will have the flexibility to deliver this training on Zoom or in various community venues depending on Covid restrictions.9 people who had previously completed the Peer Support Training have been actively volunteering during the reporting period. These roles included telephone support which is currently in demand because of the isolation brought about by Covid. The Personal Development Award (PDA) is also available for those who want to acquire an SQA accredited qualification. We currently have 7 people registered for this award at various stages. The Peers Support Coordinator and CLEAR project worker provide mentoring support to the (PDA) candidates in both one to one and study group settings. During the reporting period, Health in Mind and the Peer Support Coordinator have also offered diverse online groups for Peers. These include Midlothian Men Matters, a weekly online peer drop-in, Habits of Happiness, and Herbology. The Peer Support Coordinator also linked in with Y2K youth project to provide peers to share some of their experience with High School students.	on target
14	UNPAID CARERS	1	Develop a carer Strategic Statement as required by the Carers Act 2018 by October 2020.	Delay in the progression of the strategy allowed consultation materials gathered in the carer support and service review to be utilised in the formation of the delayed carers strategy, and for the strategy and service specification for the newly commissioned services to be aligned. Priority areas in the legislation, were also priorities from the consultations, and the strategy and new services reflect these. The Draft carers strategy has been shared with members of the Carers Strategic Planning Group for agreement. The group also recognise that the strategy should reflect the direction and recommendations of the Independent Review of Social Care, therefore the strategy will require final update before publication.	off target/ progressing
14	UNPAID CARERS	2	Work collaboratively with carers and stakeholders to redesign services that provide support to carers by March 2021.	The carer support and service review initiated in early 2020 supported the development of the recommissioning of carer support services, and the progression to near completion of the Cares Strategy. Stakeholder meetings and workshops supported a framework for a period of public/carer/staff/stakeholder consultation opportunities, including: surveys; interviews; zoom meetings. Consultation findings reports helped shape the service specification during later 2020, with the issue of the tender for new services being issued in early January 2021. The closing of the tender and evaluation process through February and March, led to the contract awards being announced in April 2021, contracts beginning July 2021.	on target

14	UNPAID CARERS	3	Improve carer identification through connections to services, and through information to the public to support self-identification by March 2021.	Carer identification is the first and one of the key priorities in carer support. Identification was one of the main areas of work in Lot 1 of the new services tender. VOCAL, existing providers of carer support from the previous contract were successful in the re-commissioning. In VOCAL's work around identification as the lead agency, they have arranged to work in collaboration with the British Red Cross to target further develop connections with carers in the community. Carer Support services have in recent months been in contact with many new carers due to publicity re COVID vaccination for this group. this has led to increased opportunities to engage and offer support to carers not previously in contact with support services. • 1,623 carers received an adult carer support plan of their care needs during 2020-21 (VOCAL and Adult Social Care combined). This more than doubled from the previous year.• 2,278 carers received 1 to 1 support by VOCAL during 2020-21. This was an 18.71% increase from the previous year.• 316 carers accessed short breaks through VOCAL Wee Breaks Service during 2020-21. Demand for breaks from caring was strong during Q4. Additional funding from the Scottish Government through Share Care Scotland was made available to VOCAL (and all carer centres), and though the tight time scale and ongoing Covid restrictions made it a challenge, VOCAL were successful in offering additional opportunities for Midlothian carers to have breaks. • Penicuik CAB continued to offer surgeries and support to carers receiving support from VOCAL. Additional carer income generated through contact with Penicuik CAB in 2020-21 was £415,208.	on target
14	UNPAID CARERS	4	Design a performance framework by March 2021 to capture the impact of carer support services and encourage ongoing service improvement. Framework should include both qualitative and well and quantitative feedback.	Reporting and evaluation framework under development to support commissioning of new carer support services. New carer support service contracts beginning 1st July 2021.	off target/ progressing
15	CARE AT HOME	1	By December 2020 re-commission care at home services in line with the Vision statement approved by the IJB in January 2020.	By 31 March 2021 the Invitation to Tender had been issued. The specification is for block contracts across three geographical lots. The block contract will aim to improve terms and conditions for staff, thus improving staff retention, capacity, and consistency of care. Unpaid carers are involved as part of the evaluation panel. The service specification includes a human rights framework and key activities are set out that aim to support the full range of rights held by people who receive a service. The evaluation and monitoring framework supports this approach and will be refined once contracts are awarded to allow continued effective monitoring of contracts in terms of capacity, efficiency and quality.	on target
15	CARE AT HOME	2	Workforce – develop a multifaceted workforce plan that includes council and external providers by December 2020.	Workforce Plan complete and submitted to Scottish Government	on target
15	CARE AT HOME	3	Work closely with Intermediate Care to provide reablement following hospital discharge to promote optimum level of function by March 2021.	Within the Home Care service a reablement model has been adopted and this has enabled MERRIT carers to realise capacity within MERRIT to assist with co-working with intermediate care to facilitate patient flow. During April 2021 there were 7776 care hours provided and 290 packages of care (Mid Council Care at Home service).	on target

16	HOUSING (Including Aids and Adaptations)	1	Planning for Newmills, Gore Avenue and Bonnyrigg extra care housing should continue in order to deliver an extra 90 flats or bungalows (including bariatric options) by spring 2022.	Work ongoing re 3 sites i.e. Newmills Road Dalkeith, Polton St Bonnyrigg and Gore Avenue Gorebridge to provide 106 ECH units - timescales have been impacted by Covid 19 and temporary furlough of contracted external Consultants between March and July 2020 and previous completion timescales now extended as a result. Planning consent achieved for 40 ECH flats and 8 ECH bungalows at Newmills Road Dalkeith March 2021. Work ongoing with design and construction - current project completion date estimate November 2022. Agreement reached re Polton St / Mary's site to build ECH over 3 storeys increasing capacity to 44 flats - work ongoing with planning and design. Online public consultation scheduled for April 2021 with planning application for submission May 2021 and demolition works of existing site scheduled for August 2021. Current project completion date estimate October 2023. Gore Avenue (12 ECH bungalows) - work ongoing to complete Peer Review. Estimated completion early 2023.	on target
16	HOUSING (Including Aids and Adaptations)	2	Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be considered by March 2021.	Learning Disability ECH plans. See Direction 10	on target
16	HOUSING (Including Aids and Adaptations)	3	The implementation of a proactive approach to ensure people are able to live in housing appropriate to their needs should be rolled out through Housing Solutions training.	Housing Solutions training encourages workers to take a proactive, early approach to ensure people are able to live in housing appropriate to their needs. Virtual training sessions have taken place in 2020-21 for approx 60 staff, over 4 sessions.	on target
16	HOUSING (Including Aids and Adaptations)	4	The Partnership should strengthen its joint working with the Housing Service to support people who are homeless. This will include contributing to the Rapid Rehousing Transition plan including active participation in the Housing First model.	14 people have moved into a Housing First tenancy (June 2020 - March 21). Housing First reflective session held March 2021. Positive feedback and experiences of collaborative working and outcomes identified and achieved. 9 housing and homelessness officers completed or currently attending Good Conversations Training . 1 homelessness & housing knowledge building session delivered and 1 scheduled for Summer 2021. Inclusive Vaccination programme running targeting temp accommodation and Housing first tenants. Other areas of collaborative work also underway.	on target
16	HOUSING (Including Aids and Adaptations)	5	The Partnership should also actively participate in planning of new housing developments such as Shawfair, with the Council Housing Service, Housing Associations and the Private Sector. This will include determining what additional health and care services will be required such as GPs as well as ensuring that the special needs of the Midlothian population are being taken into account fully.	The impact of new housing developments on health and social care services continues to be reviewed. There has been planning GP facilities. Initial Agreement application submitted to Scottish Government for a new practice in Danderhall/Shawfair.	on target
16	HOUSING (Including Aids and Adaptations)	6	Joint working on housing solutions for people with disabilities should continue through maximising the Aids and Adaptations budget. Alongside this, the promotion of an anticipatory planning approach should continue, in order to enable people to move to more appropriate accommodation in advance, rather than precipitated by of a crisis.	The triage service which supports people with early conversations about housing and if adaptations will be the best long solution continues. Anticipatory care meetings take place regarding adaptations and housing needs. Staff also work closely with health colleagues regarding stores budget	on target

17	17 INTERMEDIATE CARE	1	Develop a transformation plan by October 2020 around Midlothian Intermediate Care Services to meet the changing needs of the Midlothian population and create opportunities to deliver care in people's local community as opposed to acute hospitals. This should include a single point of access by December 2020 and should encompass all teams under the intermediate care umbrella.	Single Point of Access implemented (was up and running by 1 December 2020 and further enhanced mid February 2021). Workforce planning discussions underway regarding the broader Home First approach. Stakeholder groups being held 11th - 13th May 2021. Review of intermediate care under way. Additional posts have been recruited to , 2x drivers ,2x admin and various band 6/5 AHP posts. Band 3 capacity increased by 16wte. Data shows increased capacity within the team facilitating early discharge from acute sites. Community Respiratory Team (CRT) are successfully managing exacerbation in patients own homes, the development of a new SAS pathway has led to a reduction in acute respiratory admissions. Expansion of the team has meant that this has facilitated early discharge home. Home first model with a focus of early recovery and rehabilitation within all intermediate care teams.	on target
17	17 INTERMEDIATE CARE	2	Increase the number of Intermediate Care Flats throughout Midlothian by August 2021 to facilitate earlier supported hospital discharge and reduce delayed discharge, whilst allowing individuals to return to their local communities and/or reside in a homely environment rather than the clinical setting.	Work paused on the development of an Intermediate Care Flat due to Covid December 2020. Approval from Care Inspectorate was achieved March 2020. Work ongoing with Trust Housing Association to agree terms of contract – ready for occupation May 2021	on target
18	ADULT PROTECTION AND DOMESTIC ABUSE	1	Review the effectiveness of the new combined Public Protection module, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection by March 2021.	Work to review the effectiveness of the new combined Public Protection module, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection is being led by Public Protection Unit Learning and Development Group. Due to COVID there feedback has been less that anticipated but continues to be monitored.	on target
18	ADULT PROTECTION AND DOMESTIC ABUSE	2	As recommended by the Thematic Inspection in 2018, the partnership should make sure that all adult protection referrals are processed timeously by August 2020.	The timeous processing of adult protection referrals has been achieved. Percentage of Duty Inquires that have been completed within procedural timescale (within 7 calendar days) – target is 90% - 2017/18 – 81% 2018/19 – 84% : 2019/20 – 92% 2020/21 - 90%	on target
18	ADULT PROTECTION AND DOMESTIC ABUSE	3	When women or children have experienced domestic abuse or sexual abuse, ensure that Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people by March 2021.	Domestic Abuse Service and Multiagency Risk Assessment annual reports detail the number and outcomes of referral through those services. Early intervention activity undertaken by the core services including Social Work and Education. There are well established and effective relationships with the third sector specialist services (Women's Aid, SHAKTI, The Edinburgh Domestic Abuse Courts Service). A joint strategic needs assessment for Public Protection commenced in 2020, but was halted due to COVID - this would identify gaps in services, including early and effective intervention services for children experiencing the impact of DA and adults experiencing DA. There has been an increasing demand on specialist services during COVID - medium term support for survivors of DA and sexual abuse during the year, and 20% increase in referrals through the DAS pathway in the year. This action needs to be reviewed to clarify performance indicators to be used.	off target/on hold

18	ADULT PROTECTION AND DOMESTIC ABUSE	4	Support the embedding of Safe and Together (keeping the child Safe and Together with the non-offending parent) across social, health and care services	A local implementation group is overseeing the adoption of Safe and Together (keeping the child Safe and Together with the non-offending parent) across social, health and care services. A supporting report can be provided on request which details the activities in 2020-21. Fundamental to the embedding of Safe and Together is the completion of core and supervisory training) - 5 Midlothian Council (Children's Services) staff completed the training, and 1 Women's Aid (Midlothian link) in the year. There are a further 30 members of staff in Midlothian currently registered to undertake the core training and 8 staff undertaking the supervisory training. Information/awareness raising sessions across services have been undertaken in the year, and an audit underway to assess how well the approach is embedded.	on target
18	ADULT PROTECTION AND DOMESTIC ABUSE	5	Support implementation of the East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation signed by the Critical Services Oversight Group on 01/08/2018	The East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation signed by the Critical Services Oversight Group on 01/08/2018 is currently being revised following a review at the Violence Against Women delivery sub-group. This work will continue into 2021/22 and be explicitly linked across the Midlothian equalities outcomes.	off target/ progressing
18	ADULT PROTECTION AND DOMESTIC ABUSE	6	Monitor the Midlothian Council Safe Leave Programme - for those employees who are experiencing gender based violence and need additional time off work to deal with resulting matters by March 2021.	Midlothian Council HR colleagues now monitor the Safe Leave Programme. This is for those employees who are experiencing gender based violence and need additional time off work to deal with resulting matters. The policy has been implemented and Midlothian Council are monitoring its use.	on target
19	19 PUBLIC HEALTH	1	All service providers should adopt the Midlothian Way to build a prevention confident workforce that supports self-management working with what matters to the person through a Good Conversation (train 80 people by March 2021). In addition, provide training on trauma (400 people by March 2021), health literacy and health inequalities (60 people by March 2021).	Work continues to ensure that all service providers adopt the Midlothian Way to build a prevention confident workforce that supports self-management working with what matters to the person through a Good Conversation. Training paused due to Covid between March and Aug 20. Total 20/21= 228 participants (Good Conversations 50 and Bitesize 178) Bitesize topics included, Covid Debrief, Good Grief, Housing and Homelessness, Money worries and social security, weight stigma and intro to Good Conversations for use by Midlothian council managers	off target/ progressing
19	19 PUBLIC HEALTH	2	There should be a continued programme of work to enable people to stay well including the implementation of the Physical Activity Strategy and a review of the range of services in place to improve health and wellbeing across the population e.g. reduce isolation by March 2021; and addressing obesity one of the key factors in the prevalence of ill-health and Type 2 Diabetes.	60% of CPP thematic groups are delivering actions to support type 2 diabetes prevention. Citizen engagement and consultation on the informed future action plan for Mayfield & Easthouses is underway.	off target/progressing
19	19 PUBLIC HEALTH	3	A comprehensive Public Health action plan should be developed with clear and measurable contributions from Health and Social Care and the wider NHS Lothian Public Health Directorate by October 2020.	As the Public Health Department and HSCP public health staff were very focused on the COVID response, work on the broader action plan was delayed. In addition the Public Health Directorate was not been able to finish implementing organisational change outcomes to create a Midlothian team. It is anticipated that this will be complete by summer 2021.	off target/ on hold

19	19 PUBLIC HEALTH	4	Work should continue to develop our Prevention Intention through engagement with all of the planning groups and renew our commitment to embed Integrated Impact Assessments in action plan development by September 2020. This will complement the work on staff training to support a prevention confident workforce.	See 19.3 above	off target/ on hold
19	19 PUBLIC HEALTH	5	The NHS Lothian Public Health Directorate and Midlothian Health & Social care Partnership should negotiate an appropriate arrangement for the integration of NHS Lothian Public Health staff in Midlothian by August 2020.	See 19.3 above	off target/ on hold
19	19 PUBLIC HEALTH	6	The impact of the CHIT (Community Health Inequalities Team) should be reported to evaluate the case for continued or increased investment by June 2021.	The evaluation of the Community Health Inequalities Team is on track. Monitoring reporting has improved. Work on the Transformative Evaluation programme involving Plymouth University is due to restart on 6th July 2021. Additional Nurse to be recruited May 2021.	on target
19	19 PUBLIC HEALTH	7	Initiate discussions with the 3 other Integrated Joint Boards about the potential disaggregation of Public Health funding including but not limited to Health Improvement Fund, Hep C and Blood Borne Virus by November 2020.	Discussion regarding the potential disaggregation of pan-Lothian funding has not taken place as yet due to the pandemic and the Public Health Review.	off target/ on hold
19	19 PUBLIC HEALTH	8	Improving the Cancer Journey (ICJ) programme to be established by February 2021 to ensure support to people following a cancer diagnosis. This work should complement the Wellbeing Service.	Improving the Cancer Journey programme has commenced. This joint programme with MacMillan recruited staff in December 2020 and began to receive referrals in March 2021. The service is delivered in partnership with the Wellbeing Service in all Midlothian GP practices and links to the MacMillan Welfare Rights Adviser.	on target
19	19 PUBLIC HEALTH	9	Facilitate trauma-informed practice across Health and Social Care and Community Planning Partnership services. Train 400 people in Level 1 training by March 2021.	Training on Trauma Informed practice has progressed despite a pause during the pandemic. 298 people trained to level 1, with a further 60 people booked to complete in May 2021. A number of people have also attended level 2 training. Feedback is positive.	off target/ progressing
19	19 PUBLIC HEALTH	10	Having reviewed the gaps in service provision in Midlothian for pregnant women who smoke, allocate resource from existing scheme of establishment within NHS Lothian Quit Your Way Service to develop and deliver service model for pregnant women based upon best practice learning from NHS Dumfries and Galloway.	Recruitment to the dedicated post for pregnant women who smoke has been delayed due to the Public Health Directorate review and focus on the pandemic. Automated referrals from midwifery to the Stop Smoking Service and relationship building are progressing well. Agreement for mandatory midwifery training and link Midwife role in place. Most Quit Your Way support is now telephone based. Quit rates have more than doubled and have been maintained above 20% since June 2020 reaching 30% target in 2 months.	off target/on hold

20	SERVICES TO PEOPLE UNDER 18YRS	1	Health Visiting – i. Work to increase staff compliment to full, including adequate support staff, - Nursery Nurses and Admin support by March 2021 ii. Monitor implementation of the Universal Pathway by March 2021. iii. Review the management structure for all nursing in Midlothian including health visiting by December 2020.	Health Visiting recruitment continues on rolling basis across Lothian. Newly qualified Health Visitor matching will enable us to appoint to the majority of our local vacancies (number TBC by end of May). Health Visitors continue to manage larger caseloads with support from Nursery Nurses, as maternity leave and sickness absence have also impacted on staffing levels. Nursery Nursing is fully staffed and only a small vacancy gap remains in HV admin. ii. Work continues to achieve full implementation of the Universal Pathway; work will be undertaken to achieve full implementation once COVID restrictions ease and the effects on capacity that staffing issues have created are fully resolved and we expect this to be addressed by November 2021. All face to face visiting targets under current (November 2020) guidance are being achieved. COVID requirements generated creativity and innovation in Health Visiting with increased use of digital approaches and alternatives to indoor face to face visiting. These experiences will inform how the service continues to remobilise and deliver the universal pathway as COVID restrictions ease. iii. Review of the nursing structure, including Health Visiting, was delayed due to COVID and retiral of Chief Nurse. New Chief Nurse aims to develop proposal by and of June 2021.	off target/ progressing
20	SERVICES TO PEOPLE UNDER 18YRS	4	School nursing - iv. Implement the refocused role of school nursing including the 10 priorities by March 2021.	A summary of the approach to the Ten Priority Areas within the new focused school nurse pathway was provided in December 2020. The implementation of the full pathway is a gradual process which has been impacted by Covid 19. In Midlothian the main areas of the pathway school nurses are focusing on are Emotional Health and Wellbeing, Child Protection, Domestic Abuse and Transitions. There are imminent plans to focus on fully implementing all aspects of the Sexual Health and Wellbeing priority within the pathway and work will continue with our partners within Midlothian to ensure all ten priority areas are implemented. Most recently, School Nurses have commenced the delayed Primary 1 surveillance programme (height and weight) in all schools . An initial vision screening has been added to the P1 checks as this was not completed last year by orthoptists due to the pandemic, and given the small window of opportunity to correct some eye conditions this is a priority to progress (NB orthoptic services are now resuming). The service has continued to support Young People and their families throughout the pandemic using a Near Me, texts and telephone calls. Referrals from Education have been constant and have increased since the return of pupils to be physically present in schools. The team are working on plans to support P7 transition – The Head Strong programme is used in Midlothian. School Nursing leadership is engaged with Midlothian's Mental Health Strategy Board, looking at a which is looking at a whole system approach to ensuring children and young people have access to the most appropriate supports at the right time. whole system approach to ensuring children and young people have access to the most appropriate supports at the right time.	off target/progressing

20	SERVICES TO PEOPLE UNDER 18YRS	5	0 -5 years Immunisations - v. Develop and implement a new service model for 0 – 5 years immunisations that is safe and available in all areas of Midlothian and ensure good governance by March 2021.	The team has the remit to deliver the 0-5 routine childhood immunisation programme, the Hep B vaccine and Nasal Flu (for 0-5 and not yet at school). As part of the Vaccination Transformation Programme (VTP) nasal flu vaccines were transferred from GP practices in September 2020. Delivery of the HEP B schedule for babies born at risk of Hep B Commenced in January 2021. From October 2021 all vaccinations will transfer from GP services. Workload priorities for 2021 are focussed on increasing uptake from a good base; these include; targeting gypsy travellers, working with families who appear on the 'failure to attend' list and creating an information awareness session and delivering this to HV's and Nursery Nurses in Midlothian. Centralisation of the telephone and recall system has started a phased approach in May 2021 and all appointments will be managed by CCH by August 2021.	on target
21	ALLIED HEALTH PROFESSIONALS	1	Explore options for a Musculoskeletal Advanced Practice Physiotherapy service at Midlothian Community Hospital for appropriate patients redirected from the Royal Infirmary A&E by March 2021.	Initial scoping work suggests that a MCH Minor Injuries Musculoskeletal service would not be viable at this time. 1.4 Whole Time Equivalent employed to enhance the existing Musculoskeletal Advanced Practice Physiotherapy Service. Work under way to redesign Musculoskeletal pathway from NHS 24 and Emergency Department back to Midlothian Musculoskeletal Advanced Practice Physiotherapy service. Linking with chief nurse to explore what the minor injuries offer could look like in Midlothian.	on target
21	ALLIED HEALTH PROFESSIONALS	2	Develop a Falls Prevention plan and associated performance measures by September 2020. (NEW FALLS DIRECTION 24)	Completed. Midlothian Strategic Falls and Fracture Prevention Plan approved by IJB February 2021 and group established July 2020.	on target
21	ALLIED HEALTH PROFESSIONALS	3	The organisational arrangements for Allied Health Professionals (AHPs) should be reviewed in light of changes in the social work fieldwork service and the outstanding work-stream regarding the deployment of acute hospital AHPs in the community by December 2020.	Work has not progressed to review the deployment of acute AHPs to the community and it is the opinion of the current Head of Service that this action be removed as no longer appropriate.	to be removed
21	ALLIED HEALTH PROFESSIONALS	4	Review Allied Health Professional model of care to Highbank and Midlothian Community Hospital to create a flexible and responsive single workforce by December 2020. This should improve flow.	Temporary Allied Health Professional Team Lead posts created for Intermediate Care and Midlothian Community Hospital. Both posts recruited to and work underway to progress to permanent posts. Significant work underway to bring Intermediate Care Physiotherapy and Occupational Therapy teams together and Midlothian Community Hospital Physiotherapy and Occupational Therapy teams together to provide a flexible approach to work, provide cross cover, ensure business continuity, maximise development opportunities for staff and reduce barriers for patients. Single Point of Access to Intermediate Care teams established Dec 2020. All teams RAG rating workload to identify pinch points and maximise capacity. Shared approach to Annual Leave planning in place. Flexible deployment across teams becoming the norm. Midlothian Community Physical Rehabilitation Team (MCPRT) brought under the Intermediate Care umbrella May 2021, work underway to streamline, reduce duplication and ensure clinical capacity is maximised. Midlothian Community Hospital AHP team now enhanced. Teams now data driven. Further work underway.	on target

21	ALLIED HEALTH PROFESSIONALS	5	Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by March 2021.	The review of podiatry provision to people with Type 2 Diabetes has been delayed due to the Covid-19 pandemic response. Data for 2020-2021 from LIST analysts has been obtained and is being analysed. The strategic planning group for diabetes is planning to restart in May 2021 after being paused due to the pandemic response. This work will be prioritised for the coming year.	off target/ progressing
22	DIGITAL DEVELOPMENT	1	Identify business partner representative(s) from eHealth[1] and Digital Services[2] respectively to support the new Partnership governance planning meetings and strengthen closer working links for developing future strategic deliverables (e.g. TrakCare changes).	HSCP approved to the forming of a Digital Governance Group to act as a forum in the HSCP to connect with technical business partners. eHealth account manager relationship remains unchanged and need to developed in this new forum. Midlothian Council Digital Services has undergone a major strategic review of Digital and is establishing business patterns to interface with business areas. The Digital Governance Group will reach out to build effective connections through pre-existing links initially.	on target
22	DIGITAL DEVELOPMENT	2	eHealth to deliver on work to develop a data capture tool for use by the Midlothian Wellbeing Service by November 2020.	The request to ehealth for a data capture tool for use by the Midlothian Wellbeing Service has not progressed however support from the HSCP LIST Analysts has continued and a new model is at testing phase at Thistle Foundation. Direction should be amended to reflect this	off target/ progressing
22	DIGITAL DEVELOPMENT	3	Digital Services and eHealth to provide the technical integration required to share and combine Health and Care data sets according to the planning needs of the Partnership within calendar year 2020 and a roadmap for this by end of calendar year 2020[3].	Resource was not available to progress work by Digital Services and eHealth to provide the technical integration required to share and combine Health and Care data sets. There was a local focus on building initial dashboards. Direction to be progressed at Digital Governance Group this coming year.	off target/ on hold
22	DIGITAL DEVELOPMENT	4	Digital Services to support direct connection to Mosaic Database Universes within Dashboard technical stack/environment. Specification on how to achieve this post Mosaic migration by end of calendar year 2020[4].	Resources not available to pick this up again during last financial year. Within the Council's Digital Strategy is the suggestion to establish a Midlothian Office of Data Analytics (MODA) to support development in this area. The HSCP has the chance to work collaboratively to develop work in this area going forward.	off target/on hold
22	DIGITAL DEVELOPMENT	5	eHealth to support scoping TrakCare utilisation across Partnership teams within 2020/21 for the purpose of developing a specification for developing full functionality standardised eWorkflow across Midlothian, specify requirements for delivery, and (subject to any IJB approval requirement for financial allocation) allocate resources for delivery by end of calendar year 2021 and mechanism for maintenance.	Major Trak development progressing centrally through prioritised services. Local areas engaging through professional level developments in Outpatient Redesign programme. We need to understand how Community Services will be resourced for this given the volume of work to allow us to support services and think about how this aligns with our strategic intent.	off target/ progressing
22	DIGITAL DEVELOPMENT	6	Digital Services to have completed the migration of Mosaic to the remote hosted service by Q3[5] of 2020/21.	This migration of Mosaic is complete.	on target
22	DIGITAL DEVELOPMENT	7	eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate.	Attend Anywhere is now established as a business-as-usual function within NHS Lothian due to COVID mitigations.	on target

22	DIGITAL DEVELOPMENT	7.1	Attend Anywhere simply as a contact modality.	This is now in use in several service areas. Other potential areas to be explored.	on target
22	DIGITAL DEVELOPMENT	7.2	Attend Anywhere as a fully functional clinic solution with all necessary associated Trak developments.	Being led by NHS Lothian within a centrally managed project as the context for this direction changed completely with the arrival of COVID.	on target
22	DIGITAL DEVELOPMENT	7.3	Digital Services to enable Council Care Teams to access Near Me under existing national licence.	No progress on the use of Near Me by Council care teams. No strong pressure from social care within the HSCP to adopt.	off target/ progressing
22	DIGITAL DEVELOPMENT	8	Digital Services to advise on ensuring delivery of contractual obligation to provide integration with Mosaic.	The integration of Mosaic and CM2000 is now operational in several service areas. Other potential areas to be explored. Further discussion with the CM2000 Account Manager regarding implementation required as is a review of the information and development needs of the service.	on target
22	DIGITAL DEVELOPMENT	9	eHealth and Digital Services to support improved cross organisational collaboration of the HSCP [e.g. through scoping and road mapping Teams to consider issues such tenant (having to 'hot swap' tenancies to see staff), view calendars, book shared physical resources (i.e. rooms), joint distribution lists, holding virtual meetings without member/guest issues barring participation in chat/file share/presentation viewing.	There are a few improvements evident around cross-organisational collaboration (e.g. in functionality of MS Teams across organisations). Some work will be led nationally involving NSS/NHSL and Local Digital Government Office. The extent to which the HSCP will want to influence and advocate for resources for this will be considered at the Digital Governance Group.	off target/ progressing
23	HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY	1	Collaborative leadership model should be progressed by December 2020.	Management Development sessions took place (3 sessions in February and March 2021 with further session planned in April). Excellent attendance and feedback. Plan to continue in development.	on target
23	HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY	2	The Partnership should take opportunities for self-evaluation and improvement planning – for example Scirocco Knowledge Exchange Programme by March 2021.	Work on a programme of self-evaluation has started. The aim of the self-evaluation exercise is to o Demonstrate achievement in Outcomes o Demonstrate adherence to Integration Principles o Demonstrate compliance with Health and Social Care Standards o Illustrate progress with Prevention and Early Intervention o Illustrate progress in addressing Health Inequalities Support from Link Inspector from Care Inspectorate and from HIS in place. Work with Scirocco now underway. 3 key areas of focus and leads identified. This work links to Outcome Maps (which also involves Link Inspector).	on target
23	HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY	3	Meaningful and sustained engagement with local communities and/or service users should be evident. Engagement Statement to be published by Dec 2020 (pending approval by IJB) and impact report available to end March 2021 and annual thereafter.	Engagement statement approved by IJB and published on HSCP website.	on target

23	HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY	4	A tool to better capture the impact of the Partnership on outcomes for local people and on the wider health and social care system to be functional by March 2021.	Outcome Mapping in progress. The HSCP has committed to a two-year programme to develop an Outcomes Approach to Performance Management. The initial Outcome Maps are • Strategic Commissioning • Number 11 • Frailty This work also involves the Care Inspectorate Link Inspector. IJB members have also been workshop participants.	on target
24	FALLS	1	Develop a dedicated system for data analysis / reporting of falls data to identify clear priorities and inform future direction of falls work by December 2021.	Strategic Falls Planning Group established. Falls & Fracture Prevention Action Plan 2021-22 drafted. Falls & Fracture Prevention Action Plan approved by SMT and IJB February 2021. Work underway to identify current sources of key data collection across Midlothian Council / NHS / other key stakeholders.	on target
24	FALLS	2	Develop an integrated & coordinated Midlothian Falls Pathway across H&SC and third sector providers by September 2021.	Work underway. Three workshops planned commencing April 2021 and group members identified to begin work on creating pathway for approval by SMT and IJB.	on target
24	FALLS	3	Work with Primary Care providers to develop a standard identification process, signposting / self-referral system for all patients at risk of falls linked into the integrated Falls Pathway by December 2021.	Work ongoing - initial engagement made with GP Reps group to discuss, and Frailty GP engaged in Strategic Falls Group. Falls Pathway requires to be completed to support this piece of work.	on target

Midlothian Integrated Joint Board

Directions to

Midlothian Council & NHS Lothian

April 2021

Version:

Approved by IJB April 2020: 09/04/2020

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Contents

Introduction

The Midlothian IJB has a shared long-term vision focussed upon prevention and recovery. However, the financial climate is increasingly challenging and we must respond by transforming services as quickly as possible while always being mindful of our responsibilities not to compromise the provision of safe, high quality care and support.

Directions were issued to Midlothian Council and NHS Lothian in May 2020. This version incorporates a refresh of those Directions to reflect the impact of the COVID-19 pandemic, which has brought many challenges but has also allowed an acceleration of certain plans.

Policy Context

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

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

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

The **Independent Review of Adult Social Care** was published on 3rd February 2021. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.

The Scottish Government accepted the recommendations of the report on 16 February 2021. Implementing the recommendations will require legislative, system and practical change. The six strategic aims that Midlothian IJB adopted in March 2021 align well with the principles underpinning the report and it is the expectation of the IJB that Directions will continue to reflect the implementation of report recommendations.

Strategic Plan

The Strategic Plan 2019-22 outlined the direction of travel for the development of health and social care services in Midlothian. This plan is updated annually. NHS Lothian and Midlothian Council are asked to develop and implement action plans that will enable the objectives outlined in the Strategic Plan to be realised with a particular emphasis on all services seeking to adopt a preventative approach and continuing to proactively address health inequalities.

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

During 2020-21 work progressed on the development of the 2022-25 Strategic Plan. This work will continue in 2021.

NHS Hosted Services

Developing more locally responsive services will demand a varied approach. Good progress has been made in identifying opportunities to reorganise and enable more local, and more integrated management arrangements for services such as Substance Misuse. Services that will require a particular focus in 2021-22 include the re-provision of the Royal Edinburgh and the Astley Ainslie. Although the IJB's objective is to manage community-based services locally wherever possible, it is recognised that, for some services, such an approach will not be viable; for these services arrangements will be developed which strengthen a whole system approach within Midlothian working closely with the Hosted Services.

Financial Context

The financial context for 2021-22 remains a very challenging one with both NHS Lothian and Midlothian Council facing major financial pressures. It is also recognised that the initial proposals as to how best to allocate the Set-Aside and Hosted Services budgets continue to require more detailed work to ensure parity but also take account of significant differences in population need and in the availability of local resources. A key direction of travel will be to disinvest in institutional care including bed-based hospital care and care homes for older people. We have taken steps to strengthen our partnership with the Voluntary Sector and a programme of quarterly summits, intended to jointly identify new ways of providing services have restarted following the pandemic. The Voluntary Sector is crucial and the services they provide account for 33% of the total social care budget for adults and older people.

Provision of Directions

These Directions are issued to provide as much clarity as possible about the changes which need to take place in the design and delivery of our services. As further plans are developed, new or revised Directions will be issued during 2021-22. For those services which are not covered by a specific Direction, the expectation is that NHS Lothian and Midlothian Council

will continue to provide high quality services within current budgets, endeavouring to meet national and local targets, and following the strategic objectives laid out in the Strategic Plan. All Directions issued by the IJB are pursuant to Sections 26 to 28 of the Public Bodies (Joint Working) Act 2014 and the appropriate element of the Integration Scheme as detailed below.

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

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

1. In Patient Hospital Care

Budget: £14,563,000

DIRECTION: NHS Lothian & Midlothian Council

Midlothian IJB has approved a plan for those unscheduled care services for which it is responsible as one of its delegated functions arising from Integration. This plan will be developed and implemented in close collaboration with both the NHS Lothian Acute Hospitals and with neighbouring IJBs.

The plan aims to capture the wide range of activity required to:

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

Actions:

- Complete the review of 'potentially preventable admissions' by September 2021 and develop a plan to strengthen access to local alternatives and where appropriate develop new services.
- Implement plans to free capacity in Midlothian Community Hospital by enabling alternative care options for people with dementia by July 2021.
- Evaluate the impact of new approaches to In Reach (including identifying patients suitable for Reablement in Medicine of the Elderly wards) by September 2021.
- Increase further the proportion of patients admitted to the Royal Infirmary of Edinburgh as the local Acute Medical Unit compared to the Western General.
- Evaluate the impact of the Home First Model by March 2022
- Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by September 2021
- Maintain collaborative decision making around acute hospital decision making. Report to the IJB on proposed developments and on budget position at least twice per year.
- Review Midlothian Hospital at Home Service in line with wider pan-Lothian review
- Maintain the number of people who are delayed in hospital while awaiting community based support to 13 or below each day by July 2021

Impact

The impact will be that fewer people from Midlothian will be in an acute hospital bed when not requiring such level of care and treatment. This will enable people awaiting hospital care to be admitted earlier whilst also releasing resources for community alternatives. The plan addresses a number of issues that will impact on Acute Hospitals in the short- term, such as reducing the number of people with a COPD exacerbation being admitted. It will also impact on the demand on hospitals in the medium to longer term such as the reduction in the prevalence of type 2 diabetes; development of the use of Midlothian Community Hospital; and addressing local service gaps that result in high attendance at A&E by people under 65yrs old.

Progress

This work should be undertaken throughout 2021-22. Regular reports on progress will be submitted to relevant governance groups in both Midlothian HSCP and NHS Lothian.

Targets and Measures

- Reduction in number of people with a COPD exacerbation being admitted to hospital
- Reduction in number of people under 65 admitted to A and E
- Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity
- Reduce Unplanned Occupied Bed Days reduced by 10% by April 2022 compared to 2017/18
- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18
- Reduce Geriatric Long Stay Occupied Bed Days by 10% by April 2022 compared with 2017/18
- Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher
- Reduce the percentage of time people spend in a large hospital in their last six months of life.

2. Accident & Emergency (A & E)

Budget: £2,369,000

DIRECTION: NHS Lothian

We are committed to achieving a reduction of attendances from Midlothian

Actions:

- Undertake a review of all frequent attendees at A&E by October 2021
- Implement the Health Inclusion Team support to adult (under 55) frequent A & E attendees by July 2021
- Implement community pathways for Musculoskeletal physiotherapy in line with national plans around scheduling unscheduled care by 31st December 2021.
- Agree Midlothian response to national redesign of urgent care programme to improve access to urgent care pathways so people receive the right care, in the right place, at the right time.
- Implement a tableau dashboard to support managers in accessing performance data to determine the impact of community services in reducing A&E attendances and unscheduled admissions by September 2021.
- Monitor the impact of the implementation of the Midlothian Acute Service Plan 19-22 on A & E attendances, Unplanned bed days, Delayed discharge, and unplanned admissions to identify areas of success and areas for improvement.
- Implement and monitor the impact of the Single Point of Access on ensuring people access community-based services and reducing demand on A and E and unscheduled admissions.
- Take an active role in pan-Lothian decisions around A&E front-door redesign (Midlothian IJB set-aside budget) and ensure engagement of acute services staff in Midlothian IJB planning groups

Impact

This work will impact on the number of people attending A&E and the number of frequent attenders who are supported to consider locally based services that improve their wellbeing.

Progress

This work should be reported to Midlothian Strategic Planning Group via the Acute Services Planning Group.

Target and Measures

- Quarterly data from the MSG Indicators 1 to 4 (source: Tableau Dashboard)

- Health Inclusion Team data to demonstrate impact on people supported who dult frequently attend A&E. (March 2022)
- Enhanced Community pathway established for Musculoskeletal (MSK) physiotherapy. (31st December 2021)
- Suite of performance indicators to monitor the impact of the new MSK community pathway agreed. (31st December 2021)
- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18
- Maintain Emergency Department attendances at the level of 2017/18

3. Midlothian Community Hospital

Budget: £5,829,000

DIRECTION: NHS Lothian & Midlothian Council

Midlothian IJB is committed to making maximum use of the Community Hospital in providing locally accessible inpatient and outpatient services

Actions:

- The option appraisal regarding the most appropriate outpatient Clinics and day treatment to be provided in Midlothian Community Hospital should be completed by September 2021. This should include an examination of the viability of chemotherapy; and consideration of the potential role of remote technology in providing consultations with specialist medical and nursing staff.
- Further develop plans for Glenlee Ward to increase bed capacity for step up from community and rehabilitation, aligning this with successful recruitment of staff.
- Evaluate impact of the development of Glenlee Ward at Midlothian Community Hospital as a step-up from community and day treatment facility by March 2022.

Impact

The impact will be to provide more localised inpatient and outpatient services.

Progress

Formal reports outlining progress should be submitted to the Strategic Planning Group

Targets and measures

- Option appraisal available and service design agreed on most appropriate outpatient clinics and day treatment to be provided by Midlothian Community Hospital provided by September 2021
- Report on Glenlee Ward implementation and associated data including occupancy rate and patient outcomes provided by March 2022
- Other appropriate measures should be devised to quantify the benefits gained in relation to localised service provision and reduced demand on acute hospital care.

4 Palliative Care

Budget: £416,000

DIRECTION: NHS Lothian & Midlothian Council

We are committed to supporting people to spend as much time as possible at home or in a local homely setting when they have a life limiting illness.

Actions:

- Increase the accuracy of the Palliative Care Registers in GP practices by September 2021.
- Undertake an audit of admissions to Acute Hospitals of patients in receipt of palliative care in order to strengthen local services (care homes, district nursing, MCH and Hospital at Home) by March 2022.
- Obtain family, carer and staff feedback on the quality of palliative and end of life care provided in Midlothian Community Hospital and the District Nursing service by September 2022
- Evaluate the impact of the Palliative Care Champion Network across Midlothian care homes by March 2022.

Progress

These actions should be reported to the local Palliative Care Group and the Strategic Planning Group.

The Midlothian Palliative Care group will oversee this work and report to the Strategic Planning Group and Care and Clinical Governance Group.

Targets and measures

- Accuracy of Palliative Care Registers improved in 50% of GP practices by December 2021
- Audit of admissions to Acute Hospitals completed
- Feedback on quality of palliative and end of life care received
- Impact of Palliative Care Champion Network evaluated
- Measures related to quality of palliative care (TBC)
- Reduce the percentage of time people spend in a large hospital in their last six months of life.

5 Primary Medical Services

Budget – GMS: £12,781,000 + Prescribing £17,590,000 Total £30,371,000

DIRECTION: NHS Lothian

The Midlothian Primary Care Improvement Plan (PCIP) describes the priorities and approach taken in Midlothian to support the implementation of the 2018 General Medical Services Contract. It aims to strengthen the primary care team skill mix and capacity to cope with growing demand and the provision of more community based treatment.

Actions

- Implementation of the Community Treatment and Care Centre model (CTAC) to effectively manage and support patients with long term/chronic conditions in the community.(PCIP priority) by 31 July 2022
- Responsibility and management of the Vaccination Transformation Programme transferred to the HSCP by 1st Oct 2021. (PCIP priority) This includes planning around COVID and flu vaccination programmes.
- Continued implementation of the Prescribing Plan with 100% of Practices with Pharmacotherapy level 1 service in place (March 2022)
- Funding above the 21/22 PCIF allocation secured to enable the Pharmacotherapy service to be scaled up to all practices.
- Established Medicine Reconciliations service provided to all practices. (March 2022)
- Progress Capital Development programme in Primary Care developing plans for new health centres in Shawfair and in South Bonnyrigg addressing the current demand on healthcare facilities and predicated population growth in both these areas. (PCIP priority)

Impact

The impact of this work will be the transformation of primary care services; changes to the multi-disciplinary primary care team, to services available and to the relationship with the community and partner agencies.

Progress

These actions should be monitored by the Primary Care Management Group, with six monthly reports to the Strategic Planning Group.

Targets and measures

- Completion of the pilot phase at Penicuik, Eastfield and Roslin Practices (by August 2021)

- CTAC operational in 50% of Midlothian General Practices (by 31st December 2021)
- CTAC operational in 75% of Midlothian General Practices (by 30th April 2022)
- CTAC operational in 100% of Midlothian General Practices (by 31st July 2022)
- Vaccination Transformation Programme successfully transferred to HSCP (1st October 2021)
- Funding above the 21/22 PCIF allocation secured to enable the Pharmacotherapy service to be scaled up to all practices.
- Increase in percentage of people with positive experience of care at their GP practice.

6 Community Health Services

Budget: £4,837,000

DIRECTION: NHS Lothian

Our objective is to provide stronger community-based health services, promoting prevention and recovery wherever possible.

Actions:

- Work with other Lothian Health & Social Care Partnerships to implement appropriate model and financial plan for complex care by June 2021.
- Improve quality and options for people with frailty in primary care by October 2021 through proactive in-reach to Edinburgh Royal Infirmary when someone with frailty is admitted and virtual medical teams involving the frailty GPs and key hospital consultants.
- Work to ensure our frailty services are accessible to people under 65 years by December 2021

Impact

The impact will include more robust arrangements for supporting people with complex care needs, stronger joint working arrangements with GP Practice Staff and other community based workers and greater clarity of roles in light of developments in primary care, Intermediate care and acute hospital care.

Progress

This work involves several planning groups including Primary Care, Intermediate Care and Workforce Development. A report should be provided to the Strategic Planning Group.

Targets and measures

- Appropriate model and financial plan for complex care implemented
- Quality and options for people with frailty in primary care improved
- Age profile of people accessing frailty services reviewed. Improvement in accessibility of frailty services to people under 65.

7 Dental, Ophthalmic & Audiology.

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

DIRECTION: NHS Lothian

Primary Care planning and delivery sits within a complex governance and decision- making environment. The NHS Lothian Board and Midlothian IJB need to be clear what their responsibilities are. IJBs have the responsibility for strategic planning for delegated functions in General Medical Services, General Dental Services, General Pharmaceutical Services and General Ophthalmic Services. The independent contractor model is the basis of most primary care services and independent contractors are responsible for the majority of day-to-day patient-facing service delivery. Midlothian IJB aims to strengthen working arrangements with these services which play a vital role in the wider primary care team.

Actions

- Use data from NHS Lothian Public Health to determine the impact of NHS general dental services on the oral and general health of Midlothian population and use this information to identify further actions if required by December 2021.
- Work with Director of Edinburgh Dental Institute to consider how best the Oral Health Improvement Plan recommendations on 'Meeting the Needs of an Ageing Population' can be jointly pursued by March 2022.
- Evaluate the impact of community glaucoma specialist optometrists by March 2022

Impact

The impact will be to strengthen joint work with these services and wider health and social care provision in order to improve and/or maintain people's health, wellbeing and independence as far as possible.

Progress

Progress should be reported to the Strategic Planning Group and Primary Care Management Group.

Targets and measures

- Report on impact of NHS general dental services on the oral and general health of Midlothian population completed. Further actions identified. (December 2021)
- Actions to jointly implement recommendations on "meeting the needs of an ageing population" agreed (March 2022)
- Impact of new community glaucoma specialist optometrists evaluated (March 2022.)
- Other targets for each service area will be established as part of the planning determined above and will, where possible, include national benchmarking measures such as dental registrations and engagement

8 Older People

Budget: £7,086,000

DIRECTION: NHS Lothian & Midlothian Council

Midlothian IJB is committed to supporting older people to stay well and remain as independent as possible.

Actions

- The e-Frailty Programme should be progressed to improve coordination of care and to provide support at an earlier stage. This includes the use of learning from the e-frailty programme to develop a frailty informed workforce (by December 2021).
- Undertake a review of day support, explore all options for people in Midlothian who are isolated, including alternatives to building based support by March 2022.
- Develop Midlothian Respite Policy and Action Plan by September 2021.
- Explore all options to provide an respite service to older people to support carers in their caring role for longer and to prevent avoidable hospital admissions
- Improve primary care quality and options for older people (See Direction 5)
    - Develop and evaluate pro-active in-reach into hospital when someone with frailty is admitted by December 2021
    - Develop virtual medical teams involving frailty GPs and key hospital consultants by December 2021
    - Consider MCH role for frailty step-up, step down (see Direction 3)

Impact

The impact will be to improve older people's health and wellbeing, including those living in care homes.

Progress

Progress should be reported to the Strategic Planning Group.

Targets and measures

- A reduction in admissions to hospital from care homes
- Measure older people's reports of isolation
- Carer satisfaction data
- Alternative respite use/demand/feedback
- Reduction in number of avoidable hospital admissions

- A reduction in admissions to hospital by people over 65 years and people over 75 years
- Measures capturing the impact of the work-streams flowing from the Frailty Project.
- Data from Midlothian Hospital rehabilitation service
- More people, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

9 Physical Disability & Long Term Conditions

Budget: £2,155,000

DIRECTION: NHS Lothian & Midlothian Council

We aim to support people with disabilities to live independently and those with long term health conditions to live well.

Actions

- All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by March 2022.
- A full appraisal of the optimum balance of community based and hospital-based services should be carried out within the context of the re-provision of Astley Ainslie by October 2021
- There should be collaboration, where feasible, with Housing Providers and national policy makers to press for change in policy around the inadequate availability of suitable housing in new housing developments. (See Direction 16)
- (Midlothian extra care housing commitments are described in Direction 16)
- Review role of MCPRT community rehab team in line with ongoing development of intermediate care to maximise impact on people with a long term condition or who have experienced an acute event by December 2021
- Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and CHD) by March 2022
- Develop clear pathways and support for people affected by neurological conditions by March 2022.

Impact

The impact will be to enable people who have a physical disability or a long-term health condition to have a good quality of life; manage their own conditions; and direct their own care as far as possible.

Progress

Timescales for these actions are listed although the local Astley Ainslie project will be influenced by pan-Lothian plans. A report on progress should be provided to the Strategic Planning Group every 6 months.

Targets and measures

All work-streams should develop a set of measures which enable progress to be quantified.

- Increase the availability of specialist supported accommodation across Midlothian and reduce housing waiting lists.
- Report on, and actions, following agreement on the re-provision of Astley Ainslie Hospital
- Midlothian Community Physical Rehabilitation Team (MCPRT) service review
- Clear pathways and support available for people affected by long term conditions
- Clear pathways and support for people affected by neurological conditions

10 Learning Disability

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

DIRECTION: NHS Lothian & Midlothian Council

We aim to support people with learning disabilities to live as independently and as full members of their local communities as is possible.

Actions

- Review day care provision and associated costs including transport by December 2021.
- Work with individual providers to pilot new community based and personalised models of day services by 31st March 2022
- Support the delivery of new housing models in Bonnyrigg (8 flats) by Dec 2022, and Primrose Lodge, Loanhead by March 2022 to support people with Profound and Multiple Learning Disabilities
- Complete retender of the taxi contract for existing taxi services
- Strengthen joint working of Learning Disability Services and care providers to inform longer-term changes in how adult social care is planned and delivered.
- Review of the services available for diagnosis and support to people with autism complete by March 2022
- Support people with complex needs in crisis by training practitioners on Positive Behavioural Support as part of embedding Positive Behavioural Support in Learning Disability

Impact

The impact will be to enable people who have a learning disability to have a good quality of life and to be safe and well supported in appropriate accommodation.

Progress

This is a key area of transformation area given the growing level of expenditure and regular reports should be provided to the Finance and Performance and the Planning and Transformation Groups and annually to the Strategic Planning Group.

Targets and measures

- Review of day care provision completed. (31st December 2021)
- Pilots established for new community based and personalised models of day services (31st March 2022)
- Delivery of eight flats at Bonnyrigg High Street 31st December 2022. Renovation of Primrose Lodge complete. 31st March 2022 (linked with Direction 16)

- Completion of taxi contract retender exercise. (31st December 2021)
- Completion of remobilisation transport review by Review officer (31st December 2021)
- Activity of Day Service Providers' Group incorporated into the Remobilisation programme 2021-22. (30th September 2021)
- Output from the Day Service Providers' Forum on remobilisation of services and development of new support models. (31st December 2021)
- Autism Review completed with recommendations and planned interventions. 31st March 2022
- Evidence of an increase in the number of service users and families reporting personalised care and satisfaction with services. (31st March 2022)
- Positive behavioural support pathway updated to include staff training at level one. (31st October 2021)
- Competency framework developed. (31st December 2021)

11 Mental Health

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

DIRECTION: NHS Lothian & Midlothian Council

Given the high prevalence of mental health concerns in the population (e.g. 19% on medication for anxiety or depression) we are committed to achieving the national ambition to "prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems".

Actions

- Explore options for recovery for people experiencing poor mental health through development of community based housing with access to appropriate support. Timeframes dependent on next phase of developments at Royal Edinburgh Hospital.
- Review effectiveness of the multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice now operational at Number 11 (multiagency hub) by September 2021.
- Continue close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.
- A coherent approach to the delivery of services to support improved mental wellbeing should be developed. This should include new services funded through Action 15 along with the Wellbeing and Access Point services. A key element of this work is to identify new approaches to addressing the continuing pressures on Psychological Therapies.
- Report on pilot to deliver a substantial improvement in waiting times for psychological therapy by July 2021
- Work with Psychological Therapies to increase the number of people commencing (general adult) treatment within 18 weeks to 90% by July 2022
- Evaluate impact of Wellbeing and Primary Care Mental Health workforce by April 2022. Wellbeing Service aims to support 800 people 2021-22.
- Implement updated Suicide Prevention Action Plan including Scottish Government's 4 new priorities by December 2021
- Phase 2 - Royal Edinburgh Hospital - NHS Lothian to ensure better care for physical health needs of Midlothian in-patients at the Royal Edinburgh Hospital campus by proceeding with the development of the business case for Phase 2 and the planning and delivery of integrated rehabilitation services. NHS Lothian to ensure Midlothian HSCP is involved in development, decision-making and approval of the business case.
- Work with other Lothian IJBs to agree plans for pan-Lothian and hosted mental health service provision 2022-25 by November 2021. This includes Royal Edinburgh

Hospital services such as Forensic Psychiatry and Eating Disorders Services and the implementation of the Early Intervention in Psychosis Action Plan.

Impact

The impact will be to enable people with moderate to severe mental health illness to recover through a clearer, more effective rehabilitation pathway. For those with low level mental wellbeing needs services should enable people to regain a sense of control over their lives and reduce the reliance upon medication.

Progress

A report on progress should be provided to the Strategic Planning Group every 6 months.

Targets and measures

There are clear access targets for psychological therapies whilst other services such as the Access Point and Wellbeing have their own measurement systems the outcomes of which should be considered through the Mental Health Planning Group

- Maintain Mental Health Long Stay Occupied Bed Days below 10% of the 2017/18 activity.
- Outcome map for Number 11 – and associated data and feedback
- No. of people supported to move into a Housing First Tenancy and associate outcomes
- No. of housing and homelessness staff who have attended Good Conversations training
- Suicide rate data and staff suicide training data.

12 Substance Misuse

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

DIRECTION: NHS Lothian & Midlothian Council

The human and financial cost of substance misuse is considerable. We must redouble our efforts to prevent misuse and enable people to recover.

Actions:

- Ensure that people's involvement in the planning, delivery and reviewing of their individual care is maximised. This relates to the eight National Quality principles.
- Evidence that people using MELDAP funded services contribute to ongoing development of the service.
- People with lived experience to be members of the MELDAP Strategic Group
- MH&SCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by March 2022.
- Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by March 2022.
- MH&SCP/MELDAP and NHS Lothian should further develop working practices to ensure a seamless provision of services to those people using No11. Maximise the use of the building by recovery oriented groups in the evenings and at the weekend

Impact

The impact will be to strengthen services focussed on recovery for people with substance misuse problems.

Progress

A report on progress should be provided to the Strategic Planning Group every 6 months.

Targets and measures

Each of these work-streams should develop a set of measures which enable progress to be quantified.

13 Justice Social Work

Budget: N/A - Fully funded from Scot Govt

DIRECTION: Midlothian Council

We know that people who offend are much more likely to experience multiple health issues and have a lower life expectancy. We must find ways of supporting people to improve their wellbeing and enable them to establish a more settled and style of life.

Actions

- Develop a trauma informed service that focuses on tailored, structured intervention and access to wraparound services for men on Community Payback Order supervision (using some of the elements from the women's SPRING project)
- Develop the SPRING service. Specifically develop 'Stepping Stones' and the 'Next Steps' phase of SPRING.

Impact

The impact will be that people who offend or are at risk of doing so will have improved access to services which will help them address their underlying health and wellbeing challenges.

Progress

Progress reports should be provided to the Community Safety Partnership 6 monthly and annually to the Strategic Planning Group.

Targets and measures

- Consultation completed, service for men on Community Payback Order planned, designed and implemented by March 2022
- Increase the number of referrals to SPRING service for women by 5% each year
- The number and percentage of women who attend Spring Service initial appointment who go on to engage with the service for at least three months by 5% each year
- Increase number of women engaging with the Next Steps phase.

14 Unpaid Carers

Budget: £605,000 (spend inc Resource Panel = £1,005,447)

DIRECTION: NHS Lothian & Midlothian Council

We recognise that the health and care system is very dependent upon the contribution of unpaid carers. The shift towards self-management and care at home will depend upon the ability of carers to continue in their role and we must support them to do so. It is vital that we identify carers; recognise what carers do and the physical, emotional and financial impact that their caring role can have on them whilst providing support, information and advice, aiming to make caring roles sustainable.

Actions

- Review the Carer Strategic Statement to reflect the direction and recommendations of the Independent Review of Social Care, and publish by September 2021
- Improve carer identification through connections to services, and through information to the public to support self-identification by March 2022.
- Design a performance framework by July 2021 to capture the impact of carer support services and encourage ongoing service improvement. Framework should include both qualitative and well and quantitative feedback.

Impact

The impact of this work will be to reduce any negative impact of caring, and make the continuation of the caring role more sustainable and improve carer choice in support options available.

Progress

There should be a report on progress to the Strategic Planning Group every 6 months.

Targets and measures

Each of these work-streams should develop a set of measures which enable progress to be quantified;

- Increase in the number of carers receiving support from voluntary service providers
- Increase the number of Adults receiving an adult carer support plan of their care needs
- Increase the number of carers receiving 1:1 support.
- Performance framework developed
- Increase the numbers of carers who feel supported as measured by the National Health and Wellbeing Survey.

15 Care at Home

Budget: £15,749,000

DIRECTION: Midlothian Council

Care at home services are a vital component of care in the community and yet the capacity of service has been under considerable strain over the past three years. Designing alternative more sustainable approaches to care at home is one of the most important challenges requiring to be addressed by the IJB.

Actions

- Implement care at home services, in line with the vision statement and human rights based approach. Establish robust monitoring systems to ensure block contracts are effectively implemented, and to demonstrate the impact of care at home on promoting human rights by September 2021
- Workforce – implement a multifaceted workforce plan that includes council and external providers by July 2021.
- Evaluate impact of new reablement model within Home Care Service to promote optimum level of function by March 2022

Impact

The impact of developing services which provide sustainable good quality 'care at home' will be evident across the system, with service users enjoying a better quality of life, unpaid carers supported in their caring role and acute hospitals able to discharge people sooner once they are fit to do so. It will also impact on budget with less spend on agency staff.

Progress

This work will be overseen by the Older People Planning group with a six monthly update to the Strategic Planning group and an annual report to the IJB

Targets and measures

- Reduce unmet need in terms of the hours of assessed need not delivered.
- Other metrics to demonstrate improved outcomes to be prepared by the Older People Planning Group.
- An adapted monitoring and evaluation framework has been produced and will be refined with successful providers to provide evidence of meeting demand and promoting human rights.
- More people, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

16 Housing (including Aids & Adaptations)

Budget: £296,000

DIRECTION: NHS Lothian & Midlothian Council

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

Actions

- Planning for Newmills, Gore Avenue and Bonnyrigg extra care housing should continue in order to deliver an extra 106 Extra Care Housing units (inc bariatric options) by spring 2022.
- Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be considered by March 2022 (see Direction 10)
- Implementation of a proactive approach to ensure people are able to live in housing appropriate to their needs should be rolled out through *Housing Solutions* training.
- The Partnership should strengthen its joint working with the Housing Service to support people who are homeless. This will include contributing to the Rapid Rehousing Transition plan including active participation in the Housing First model.
- The Partnership should also actively participate in planning of new housing developments such as Shawfair, with the Council Housing Service, Housing Associations and the Private Sector. This will include determining what additional health and care services will be required such as GPs as well as ensuring that the special needs of the Midlothian population are being taken into account fully.
- Joint working on housing solutions for people with disabilities should continue through maximising the Aids and Adaptations budget. Alongside this, the promotion of an anticipatory planning approach should continue, in order to enable people to move to more appropriate accommodation in advance, rather than precipitated by of a crisis.

Impact

The impact will be to maximise people's independence and quality of life through living in the most appropriate housing

Progress

There should be a report to the Strategic Planning Group annually.

Targets and measures

Each of these work-streams should develop a set of indicators and timescales that enables progress to be monitored.

- a reduction in care home admissions
- a reduction in hospital admissions from home
- a reduction in housing waiting lists
- No. of people supported to move into a Housing First Tenancy - target 20 by July 2022
- No. of housing and homelessness staff who have attended Good Conversations training - target 20 by March 2022.
- No of Homelessness and Housing knowledge building sessions delivered to Health and Social care Staff and Third Sector Partners by Housing - target 4
- Target is to increase the availability of specialist supported accommodation across Midlothian and reduce housing waiting lists.

17 Intermediate Care

Budget: £1,842,000

DIRECTION: NHS Lothian & Midlothian Council

Intermediate care services focus on prevention, rehabilitation, reablement and recovery. They provide an alternative to going into hospital and provide extra support after a hospital stay. In Midlothian, there are several services that fit this description. It is important that they are co-ordinated and work together as they individually and/or collectively evolve.

Action

- Evaluate impact of developments to Midlothian Intermediate Care Services to meet the changing needs of the Midlothian population and create opportunities to deliver care in people's local community as opposed to acute hospitals by March 2022
- Increase the number of Intermediate Care Flats throughout Midlothian by August 2021 to facilitate earlier supported hospital discharge and reduce delayed discharge, whilst allowing individuals to return to their local communities and/or reside in a homely environment rather than the clinical setting.
- Commitment to strengthen community rehabilitations pathways by April 2022 across health and social care services in line with the Rehabilitation Framework and the Adult Review of Social Care (2021)

Impact

The impact will be improved outcomes for local people and across the health and social care system. More people will receive care and support in their own home as opposed to acute care

Progress

There should be a report to Strategic Planning Group every 6 months.

Targets and measures

The Plan should include outcome measures to aid future monitoring.

- Impact of developments to Midlothian Intermediate Care Services on reduction in acute respiratory admissions
- Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity
- Reduce Unplanned Occupied Bed Days reduced by 10% by April 2022 compared to 2017/18
- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18

18 Adult Protection & Domestic Abuse

Budget: £611,000

DIRECTION: NHS Lothian & Midlothian Council

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

Equally Safe, Scotland's Strategy to prevent and eradicate Violence Against Women and Girls was introduced 23/03/2016 and updated in 2018 by the Scottish Government and CoSLA. This strategy's vision is a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it. The strategy covers all forms of violence against women and girls. While the governance of public protection rests with the *East Lothian and Midlothian Public Protection Committee* it remains a central responsibility of the Health and Social Care Partnership to enable people to stay safe.

Actions

- Review the effectiveness of the new combined Public Protection module, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection by July 2021.
- Complete joint strategic needs assessment for Public Protection to identify gaps in services, including early and effective intervention services for children experiencing the impact of Domestic Abuse and adults experiencing Domestic Abuse by December 2022.
- Support the embedding of Safe and Together (keeping the child Safe and Together with the non-offending parent) including training across social, health and care services
- Develop guidance to support the implementation of the East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation and link work with the Midlothian equalities outcomes by March 2022
- Evaluate Midlothian Council Safe Leave Programme - for those employees who are experiencing gender based violence and need additional time off work to deal with resulting matters by March 2022.
- Review and streamline the Adult Suipport and Protection referrals process by December 2022

Impact

The impact will be to strengthen our capacity to protect people from or respond to referrals regarding adult protection and domestic and sexual abuse.

Progress

Work to be led by the East and Midlothian Public Protection Committee with annual report to the Strategic Planning Group.

Targets and measures

The impact of these developments should be measured by the performance indicators already in place in the Public Protection Plan.

- The number and outcomes of referral through DAS pathway and MARAC
- Number of participants taking part in Safe and Together training
- Number of Information/awareness raising sessions about Safe and Together across services undertaken in the year
- Evaluation to assess how well the approach is now embedded.

19 Public Health

Budget: £230,000

DIRECTION: NHS Lothian

The importance of shifting the emphasis of our services towards prevention and early intervention along with the need to redouble our efforts to tackle inequalities is evident in the new Strategic Plan.

Actions

- All service providers should adopt the Midlothian Way to build a prevention confident workforce that supports self-management, working with what matters to the person through a Good Conversation. In addition, trauma-informed practice should be adopted across Health and Social Care and Community Planning Partnership services through providing training on trauma.
- There should be a continued programme of work to enable people to stay well including joint work with Sport and Leisure and a review of the range of services in place to improve health and wellbeing across the population e.g. reduce isolation by March 2022; and addressing obesity one of the key factors in the prevalence of ill-health and Type 2 Diabetes.
- A comprehensive Public Health action plan should be developed with clear and measurable contributions from Health and Social Care and the wider NHS Lothian Public Health Directorate by September 2021.
- Work should continue to develop our Prevention Intention through engagement with all of the planning groups and renew our commitment to embed Integrated Impact Assessments in action plan development by December 2021. This will complement the work on staff training to support a prevention confident workforce.
- The NHS Lothian Public Health Directorate and Midlothian Health & Social care Partnership should negotiate an appropriate arrangement for the integration of NHS Lothian Public Health staff in Midlothian by August 2021.
- The impact of the HIT (Health Inequalities Team) should be reported to evaluate the case for continued or increased investment by September 2021.
- Following outcome of the NHS Lothian Public Health Review, initiate discussions with the 3 other Integrated Joint Boards about the potential disaggregation of Public Health funding including but not limited to Health Improvement Fund, Hep C and Blood Borne Virus by March 2022.
- Evaluate the impact of the Improving the Cancer Journey (ICJ) programme by March 2022 to ensure support to people following a cancer diagnosis.
- Having reviewed the gaps in service provision in Midlothian for pregnant women who smoke, allocate resource from existing scheme of establishment within NHS

Lothian Quit Your Way Service to develop and deliver service model for pregnant women based upon best practice learning from NHS Dumfries and Galloway.

- Review potential for multi-agency long term condition strategic planning group

Impact

The impact will be to reduce failure demand and contribute to the gradual improvement of the health and wellbeing of the population.

Progress

A report on progress should be reported to the Strategic Planning Group every 6 months.

Targets and measures

Each of these work-streams should develop a set of measures that enable progress to be quantified.

20 Services to People under 18years

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

DIRECTION: NHS Lothian

Whilst the budgets for Health Visiting and School Nursing are delegated to the IJB and the responsibility for service delivery sits with Midlothian HSCP. The responsibility for interagency strategic planning and service redesign sits with the GIRFEMC Board. School Nursing service for Midlothian is managed from East Lothian as a joint service covering East and Midlothian.

Actions

Health Visiting –

- Work to increase staff compliment to full, including adequate support staff, - Nursery Nurses and Admin support by July 2021
- Monitor implementation of the Universal Pathway by November 2021.
- Review the management structure for all nursing in Midlothian including health visiting by September 2021.

School nursing -

- Implement the refocused role of school nursing including the 10 priorities by March 2022
- Complete delayed Primary 1 surveillance programme (height and weight) in all schools including initial vision screening by March 2022

0 -5 yrs. Immunisations -

- 0 – 5 yrs. immunisations focussing on increasing uptake; targeting gypsy travellers, working with families who appear on the 'failure to attend' list and creating an information awareness session and delivering this to HV's and Nursery Nurses in Midlothian by March 2022
- Centralisation of the telephone and recall system with all appointments managed by CCH by September 2021.

Impact

This will impact on the health, wellbeing and safety of children, young people and families. It will be measured through the GIRFEMC Board arrangements

Progress

A report on progress should be available to the GIRFEC Board and the Strategic Planning Group by March 2022.

Targets and measures

Specific targets and monitoring arrangements will be managed by the individual services and reported to the GIRFEMC Board and the Strategic Planning Group.

21 Allied Health Professionals

Budget: £3,278,000

DIRECTION: NHS Lothian & Midlothian Council

Allied Health Practitioners (AHPs) are expert in rehabilitation and enablement. They are practitioners who apply their expertise to diagnose, treat and rehabilitate people across health and social care. They work with a range of technical and support staff to deliver direct care and provide rehabilitation, self-management, "enabling" and health improvement interventions.

Actions

- Redesign Musculoskeletal pathway from NHS 24 and Accident and Emergency back to Midlothian Musculoskeletal Advanced Practice Physiotherapy service. (see Direction 2)
- Continue review of AHP model of care to Highbank and MCH to create a flexible and responsive single workforce by December 2022. This should improve flow.
- Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by March 2022. Further actions and plans to be developed based on review.
- Review Midlothian MSK service and NHS Lothian Dietetic Outpatient Services as part of the Allied Health Practitioners Occupational Therapy Redesign.

Impact

The impact will be measured through progress in transformational planning. Planning will include determination of impact measures.

Progress

A report on progress should be provided to the Strategic Planning Group annually.

Targets and measures

- Specific targets and monitoring arrangements will be managed by the individual services and reported to the Strategic Planning Group annually and via topic specific reports such as Primary Care or Midlothian Community Hospital.
- Data on Type 2 diabetes and soft tissue injury as a reason for hospital admission to be reported.
- Review of Podiatry provision in Midlothian complete. Further actions and plans developed.

- Introduction of key systems to modernise the OP Services using TRAK templates to support blended clinics and development of a dashboard to demonstrate waiting times/access to MSK Physiotherapy and Dietetics (Lothian-wide)

22 Digital Development

Budget: N/A

DIRECTION : NHS Lothian & Midlothian Council

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

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

While strategic collaboration is required, a number of tactical/operational deliverables have already been identified as required to support core business and as rate limiting factors in developments.

Actions

- Establish a Digital Governance Group to act as a forum in the HSCP to connect with technical business partners by September 2021
- Digital Services and eHealth to provide the technical integration required to share and combine Health and Care data sets according to the planning needs of the Partnership within calendar year, and a roadmap for this by December 2021
- Digital Services to support direct connection to Mosaic Database Universes within Dashboard technical stack/environment. Specification on how to achieve this post Mosaic migration by December 2021.
- eHealth to support scoping TrakCare utilisation across Partnership teams for the purpose of developing a specification for developing full functionality standardised eWorkflow across Midlothian, specify requirements for delivery, and (subject to any IJB approval requirement for financial allocation) allocate resources for delivery by end of calendar year 2021 and mechanism for maintenance.
- eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:
    - Attend Anywhere as a contact modality for new service areas

    - Digital Services to enable Council Care Teams to access Near Me under existing national licence

- Review implementation with CM2000 Account Manager and review the information needs and development needs of the service in context with other services needing similar to determine if CM2000 is still fit for purpose.
- Digital Services to support improved cross organisational collaboration of the HSCP [e.g. through scoping and road mapping Teams to consider issues such tenant (having to 'hot swap' tenancies to *see* staff), view calendars, book shared physical resources (i.e. rooms), joint distribution lists, holding virtual meetings without member/guest issues barring participation in chat/file share/presentation viewing via the Digital Governance Group.

Impact

The impact will appropriately support core business from e-health and digital services in order that transformation programmes and core services can operate effectively.

Progress

The impact will be measured through progress in by the relevant planning groups. Planning will include determination of impact measures.

Targets and measures

Specific targets and monitoring arrangements will be managed by the individual planning groups and reported to the Strategic Planning Group

- Attend Anywhere data and report
- Data capture tool for Midlothian Wellbeing Service developed and evaluated

23 HSCP Maturity

Budget: N/A

DIRECTION: NHS Lothian & Midlothian Council

The Public Bodies (Joint Working) Act 2014 sets out the legislative framework for integrating health and social care. The Act requires the integration of the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services.

It is a radical change in how local services and governed and delivered. It is important that the Partnership works to mature and develop in order to meet its objectives and truly integrate service provision for local people. This requires some focus on partnership development and maturity as well as on specific programmes and services.

Actions

- Ongoing activities to support Collaborative leadership model completed by December 2021.
- Complete self-evaluation and improvement planning activities, including Scirocco Knowledge Exchange Programme, by December 2021
- Meaningful and sustained engagement with local communities and/or service users should be evident. Communication and Engagement impact report available to end March 2022
- A tool to better capture the impact of the Partnership on outcomes for local people and on the wider health and social care system to be functional by September 2021 (first 3 outcome maps) with a further 9 maps by March 2023.

Impact

The impact will be improved engagement of staff and communities in the Partnership's planning and review processes and subsequent improvement actions

Progress

The Senior Management Team will maintain an overview or programmes of work and will report progress to the Strategic Planning Group. A report on progress should be provided to the Strategic Planning Group

Targets and measures

- Successful participation in Scirocco Knowledge Exchange Programme (November 2021)
- Communication and Engagement impact report published (March 2022)
- Tool to capture impact of partnership on outcomes functional (September 2021)

24 Falls

Budget: £55,000 from existing HSCP budgets

DIRECTION: NHS Lothian & Midlothian Council

Harm from falls and fear of falling affect large numbers of people both directly and indirectly and can have a significant impact on wellbeing and prevent many people from experiencing healthy ageing. There is a shared vision in Midlothian where more people live a life free from fear, harm, disability and social isolation from falls.

Actions

- Develop a dedicated system for data analysis / reporting of falls data to identify clear priorities and inform future direction of falls work by December 2021
- Develop an integrated & coordinated Midlothian Falls Pathway across Health and Social Care Partnership and third sector providers by September 2021
- Work with Primary Care providers to develop a standard identification process, signposting / self-referral system for all patients at risk of falls linked into the integrated Falls Pathway by December 2021

Impact

The impact will be measured through the transformation of services with an integrated approach across the partnership to falls & fracture prevention and treatment

Progress

A report on progress should be provided to the Strategic Falls group every 6 months.

Targets and measures

Specific targets and monitoring arrangements will be managed by the Falls group and reported to the Strategic Planning Group annually. Measures/targets include:

- Standard identification process, signposting / self-referral system for all patients at risk of falls developed
- System for data analysis / reporting of falls data developed
- Integrated & coordinated Midlothian Falls Pathway developed
- Set target for reduction in Falls rate per 1000 of the population aged 65 and over (including comparison of trends as a result of Covid 19).
- Set target for number of Falls screening assessments completed by Health & Social Care and British Red Cross.
- Measure and increase Number of Falls Prevention / physical activity programmes held e.g strength & balance classes, number of referrals and number of attendees.
- Measure and reduce number of falls call outs to Scottish Ambulance Service.

- Measure and reduce number of Scottish Ambulance Service falls call outs conveyed to hospital
- Measure number of Scottish Ambulance Service referrals made to community-based services for falls.

Financial Summary (to March 2020)

Social Care Services

Service	£	Direction	Integrated / Set Aside
Addictions	£31,000	12, 15	Integrated
Assessment and Care Management	£3,299,000		Integrated
Learning Disability Services	£14,636,000	10, 15	Integrated
Management and Administration	£98,000		Integrated
Meldap/Recovery Hub	£178,000	12	Integrated
Mental Health Services	£869,000	11, 15	Integrated
Non Specific Groups	£1,010,000	15	Integrated
Older People	£19,652,000	8, 14, 15, 17	Integrated
Performance and Planning	£617,000		Integrated
Physical Disability Services	£3,381,000	9, 15, 16	Integrated
Public Protection	£628,000	18	Integrated
Service Management	£358,000		Integrated
Strategic Commissioning	£268,000		Integrated
TOTAL	**£45,026,000**		

Health Services

Core

Service	£	Direction	Integrated / Set Aside
Community Hospitals	£5,829,000	3	Integrated & Set Aside
Therapy Services	£2,021,000	21	Integrated
Complex Care	£204,000		Integrated
District Nursing	£2,870,000	6	Integrated
Geriatric Medicine	£453,000		Integrated
GMS	£12,781,000	5	Integrated
Health Visiting	£1,967,000	6	Integrated
Mental Health	£2,130,000	11	Integrated
Management & Services	£11,492,000		Integrated
Prescribing	£17,590,000	5	Integrated
Resource Transfer	£5,164,000		Integrated
TOTAL	**£62,501,000**		

Hosted

Service	£	Direction	Integrated / Set Aside
Community Equipment	£232,000		Integrated
Complex Care	£126,000		Integrated
Hospices & Palliative Care	£416,000	4	Integrated
Learning Disabilities	£1,350,000	10	Integrated
Lothian Unscheduled Care Services	£1,049,000		Integrated
Mental Health	£2,183,000	11	Integrated
Oral Health Services	£1,212,000	7	Integrated
Pharmacy	£166,000		Integrated
Psychology Services	£497,000		Integrated
Public Health	£230,000	19	Integrated
Rehabilitation Medicine	£1,050,000		Integrated
Sexual Health	£663,000		Integrated
Substance Misuse	£513,000	12	Integrated
Therapy Services	£1,257,000	21	Integrated
Other	£82,000		Integrated
UNPAC	£657,000		Integrated
TOTAL	**£11,683,000**		

Set Aside

Service	£	Direction	Integrated / Set Aside
ED & Minor Injuries	£2,369,000	2	Set Aside
Acute Management	£542,000	1	Set Aside
Cardiology	£684,000	1	Set Aside
Diabetes & Endocrinology	£344,000	1	Set Aside
Gastroenterology	£551,000	1	Set Aside
General Medicine	£5,218,000	1	Set Aside
General Surgery	£618,000	1	Set Aside
Geriatric Medicine	£2,497,000	1	Set Aside
Infectious Disease	£1,014,000	1	Set Aside
Junior Medical	£136,000	1	Set Aside
Rehabilitation Medicine	£420,000	1	Set Aside
Respiratory Medicine	£954,000	1	Set Aside
Therapy Services	£1,532,000	1	Set Aside
Other	£52,000	1	Set Aside
TOTAL	**£16,931,000**		
TOTAL OF ALL SERVICES	**£136,142,000**		

17th June 2021, 2.00pm

Review of Midlothian Health & Social Care Partnership Winter Plan 2020/21

Item No 5.6

Executive summary

The purpose of this report is to review Midlothian Health & Social Care Partnership's (HSCP) performance over the winter period in line with its Winter Plan for 2020/21. The original winter plan for the HSCP was shared with the Senior Management Team on 28/09/2020 and then presented to Midlothian Integration Joint Board on 08/10/2020 for approval. It was then updated following the publication of Scottish Government's Adult Social Care Winter Preparedness Plan 2020-21 and re-presented back to SMT in November 2020.

Health and Social Care Services come under increased pressure over the winter months due to a greater incidence of ill-health and the impact of adverse weather conditions. Services were also significantly challenged with the ongoing COVID-19 pandemic this past winter in addition to the usual increased pressures. This report outlines the work that was undertaken by the HSCP to prepare for winter pressures. The overarching Winter Plan was planned to cover a wide range of areas – reducing delayed discharges, preventing admissions, increasing service capacity, gritting priority areas, implementing the flu programme, and resilience planning for severe weather, ongoing COVID-19 and potential local lockdowns, and staff absence. There was also an ongoing focus on supporting staff wellbeing and a winter communications plan both for staff and the public.

Members are asked to

- **Note the review of the Winter 2020/21 and the high-level recommendations for winter 2021/22**

Review of Midlothian Health & Social Care Partnership Winter Plan 2020/21

1 Purpose

1.1 The purpose of this report is to review Midlothian Health & Social Care Partnership's performance in winter 2020/21 against its Winter plan.

2 Recommendations

2.1 As a result of this report the Integration Joint Board is being asked to note the review of winter 2020/21 and the high-level recommendations for winter 2021/22.

3 Background and main report

3.1 Every year, NHS Boards are required to prepare plans to ensure resilience over winter in response to the well-documented additional pressures experienced in hospitals during the winter due to increased ill-health and the impacts of adverse weather. This year, there was additional pressure from the ongoing COVID-19 pandemic on top of the usual winter pressures. Midlothian Health & Social Care Partnership's (HSCP) Winter Plan 2020/21 is available separately as an appendix to the original SMT submission.

3.2 The full review of winter performance is attached to this report as an appendix (appendix 1). In line with the agreed priorities for the winter period, the review covers the following key areas:

- Summary of winter funding agreed through NHS Lothian
- Themes from the 2020/21 plan:
    - Resilience: resilience planning across the Partnership including preparation for staff absence, adverse weather, COVID-19, and Brexit. Data on staff absence, remote working (TBC), and vaccination uptake.
    - Preventing admissions, reducing hospital length of stay, delayed discharges, and patient flow: high level data on these indicators, as well as service-level data on the impact of additional winter funding on these indicators
    - Infection Control – PPE information, flu and COVID vaccination data
    - Impact & Inequalities – Integrated Impact Assessment and public health action plans
    - Communications – overview of winter communications
    - Workforce Mental Health and Wellbeing – overview of wellbeing initiatives
    - Monitoring and Escalation – summary of channels put in place

- Summary of winter and high-level recommendations for preparing for next winter

3.3 A detailed action plan sat behind this plan which is available separately. At the time of closing the winter action log, there were 107 total actions across these priorities and 91 marked as complete (85%). The other actions were either delayed, still in progress, or removed as they were no longer relevant.

4 Policy Implications

4.1 Winter planning takes account of national guidance on safely reintroducing services and preparing for winter. It also closely links with Midlothian Council and NHS Lothian planning to ensure a joined up and consistent approach is taken.

5 Directions

5.1 This review does not impact any existing Directions or require a new Direction. Specific actions within the plan and action log supported the work of a number of the Directions, including those related to Inpatients and Accident & Emergency, Older People, Midlothian Community Hospital, Community Health Services, Care at Home, and Public Health.

6 Equalities Implications

6.1 This review does not have specific equalities implications. An Integrated Impact Assessment was completed on 02/09/2020 to ensure any unintended impacts of the winter plan were prevented or mitigated.

7 Resource Implications

7.1 This review has no direct additional resource implications but a summary of the implications for 2020/21 is provided.

7.2 As part of the winter process, the HSCP submitted 3 applications to NHS Lothian; one was supported and the HSCP was awarded funding for additional capacity for Home First. This created additional Allied Health Professional capacity in the Home First teams; the impact of this funding is demonstrated later in this report. The HSCP was subsequently awarded additional funding to open 16 additional beds in Midlothian Community Hospital and to support delayed discharges.

7.3 Additionally, the partnership planned an extended flu programme in line with Scottish Government guidelines. Proposals and cost projections were developed. The situation around the programme for 2020/21 was uniquely complex and substantially bigger than previous years, as it was enhanced due to COVID to cover a wider range of cohorts. It was estimated that there would be a significant increase in the total cost of the programme. This increase in cost is coordinated via the Health Board and their mobilisation/remobilisation plans. Currently this has been supported through the COVID funding provided to the Health Board from Scottish Government. The ongoing and longer-term implications of this are being

assessed and the financial consequences being modelled to understand the overall impact to support further dialogue.

8 Risk

8.1 There was the risk of additional waves of COVID-19 happening concurrently with flu and other increased winter pressures. The HSCP needed to ensure that it was able to protect staff and service users from COVID-19 as far as possible. However, the lockdown over the winter period meant that the full range of services, including prevention and early intervention activities, could not be delivered in line with Scottish Government guidance.

8.2 The risk of not preparing as well as possible for winter was that the hospital system would be unable to cope with the volume of attendances and unplanned admissions. It was important that resilience plans were in place for local services and staff to continue to function at full capacity. This included maximising flu and COVID-19 vaccinations, preparing for adverse weather, anticipating local lockdowns, and ensuring contingency plans were in place for staffing shortages that occur despite forward planning.

9 Involving people

9.1 The Winter Plan was presented to the Senior Management Team on 28/09/2020, and to the Integration Joint Board on 08/10/2020. A workshop to review winter was held on 07/04/2020 with service managers and team leads across the HSCP to gather feedback on winter performance.

10 Background Papers

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DATE	02/06/20

Appendices:

1. Attached: Review of Winter Plan 2020/21

APPENDIX I

Midlothian Health and Social Care Partnership – Review of Winter 2020/21

INTRODUCTION

Midlothian Health & Social Care Partnership's overarching Winter Plan for 2020/21 was approved by the Senior Management Team and the Integration Joint Board in October 2020. The overall aim of winter planning was to ensure that the partnership is prepared for winter pressures, alongside ongoing pressures due to COVID-19, so that we could continue to deliver high quality care. It is recognised that demand for services is usually at its highest level during the winter period.

The expectation is that plans for 2021/2022 build on the Winter Plans and learning from previous winters. This document reviews the Partnership's performance during Winter 2020/21, summarises key learnings, and makes recommendations for Winter 2021/22 priorities.

WINTER PLANNING PROCESS

A multi-agency workshop was held to areas to share key learning from previous winters. These included preparedness for winter weather: for example, ensuring availability of 4x4 vehicles when needed to transport staff, having bank staff available, clear plans for seeing the most vulnerable patients, and rotas for holiday cover. The importance of staff wellbeing and the impact of staff absence was also underscored by most participants. These lessons, paired with lessons from the pandemic, highlighted the need to plan ahead and prepare for the worst to ensure that staff were safe and service delivery was maintained.

A Tactical Winter Group was established to meet fortnightly throughout the winter period as an avenue for escalating any issues or risks in services and to monitor performance. This group also reported against the detailed winter action plan which supported the full Winter Plan 2020/21

document. Additionally, tactical meetings and huddles which were formed in response to COVID-19 were reinstated or stepped up in light of the second lockdown. These provided opportunity for managers to come together, escalate concerns, and hear about key developments.

KEY PRIORITIES FOR ACTION IN 2020/21

Agreed priorities for 2020/21 were:

- ***Resilience*** – business continuity plans which include the impact of severe weather, COVID, and Brexit; anticipating impact of severe weather and staff absence; planning for future local lockdowns; 7-day working and festive cover; transportation plans and individual resilience plans; linking in with council colleagues for transportation and gritting priority areas; building on the contribution of the third sector to improve resilience
- ***Preventing admissions, reducing hospital length of stay, delayed discharges, and patient flow*** – preventing avoidable admissions, minimising length of stay for people in hospital once medically fit, increasing capacity of key services, preventing falls, linking in with the Royal Infirmary of Edinburgh
- ***Infection Control*** – flu and COVID vaccination programmes, standard infection control measures, ongoing COVID-19 measures, staff testing and PPE; clinical and professional oversight arrangements for care homes in place
- ***Impact & Inequalities*** – Integrated Impact Assessment actions, financial and food insecurity, reducing loneliness, increasing community resilience, supporting good physical and mental health
- ***Communications*** – public communications through various channels; staff communication plan, mobilising communication channels created in response to COVID-19, specific vaccination campaigns
- ***Workforce Mental Health & Wellbeing*** – recognising the impact of the ongoing pandemic on wellbeing in addition to normal winter pressures, and working to support staff, the third sector, and unpaid carers
- ***Monitoring and Escalation*** – escalating risks and reporting issues, monitoring progress against the action plan

Details of the key priorities can be found in the Winter Plan 2020/21 document and separate action log (completed action log is available separately). A summary of actions on the log is shown below. All actions in the log were RAG rated so that key ones were prioritised and completed.

THEME	No. of Actions	Complete	In Progress	Delayed	Removed
Resilience	20	19	0	1	0
Patient Flow	25	19	3	2	1
Infection Control	35	33	0	0	2
Impact & Inequalities	12	7	0	2	3
Communications	8	7	0	1	0
Workforce Mental Health & Wellbeing	3	3	0	0	0
Monitoring and Escalation	4	3	1	0	0
TOTAL	107	91 (85%)	4 (3.7%)	6 (5.6%)	6 (5.6%)

FUNDING & RESOURCES

This review has no direct additional resource implications for the HSCP but a summary of the implications for 2020/21 is provided.

As part of the winter process, the HSCP submitted 3 applications to NHS Lothian; one was supported and the HSCP was awarded funding for additional capacity for Home First. This created additional Allied Health Professional capacity in the Home First teams; the impact of this funding is demonstrated later in this report. The HSCP was subsequently awarded additional funding to open 16 additional beds in Midlothian Community Hospital and to support delayed discharges.

Additionally, the partnership planned an extended flu programme in line with Scottish Government guidelines. Proposals and cost projections were developed. The situation around the programme for 2020/21 was uniquely complex and substantially bigger than previous years, as it was enhanced due to COVID to cover a wider range of cohorts. It was estimated that there would be a significant increase in the total cost of the programme. This increase in cost is coordinated via the Health Board and their mobilisation/remobilisation plans. Currently this has been supported through the COVID funding provided to the Health Board from Scottish Government. The ongoing and longer-term implications of this are being assessed and the financial consequences being modelled to understand the overall impact to support further dialogue.

PERFORMANCE

The detailed action log is available separately. Data on key performance indicators for winter are summarised below in relation to the identified priorities.

PRIORITY 1: RESILIENCE PLANNING

A key action for winter was for all services to review and update their business continuity plans, including external providers. These were compiled before the winter period and aligned with NHS Lothian's annual assurance reporting period. Services had updated their plans earlier in 2020 in response to COVID-19 and these were updated again for winter to take into account additional risks such as staff absence and adverse weather. Actions included promotion of staff uptake of the flu vaccination, remote working arrangements, ranking critical service responses, and transport plans if needed. The Midlothian HSCP Major Incident Plan was also reviewed and updated in December 2020.

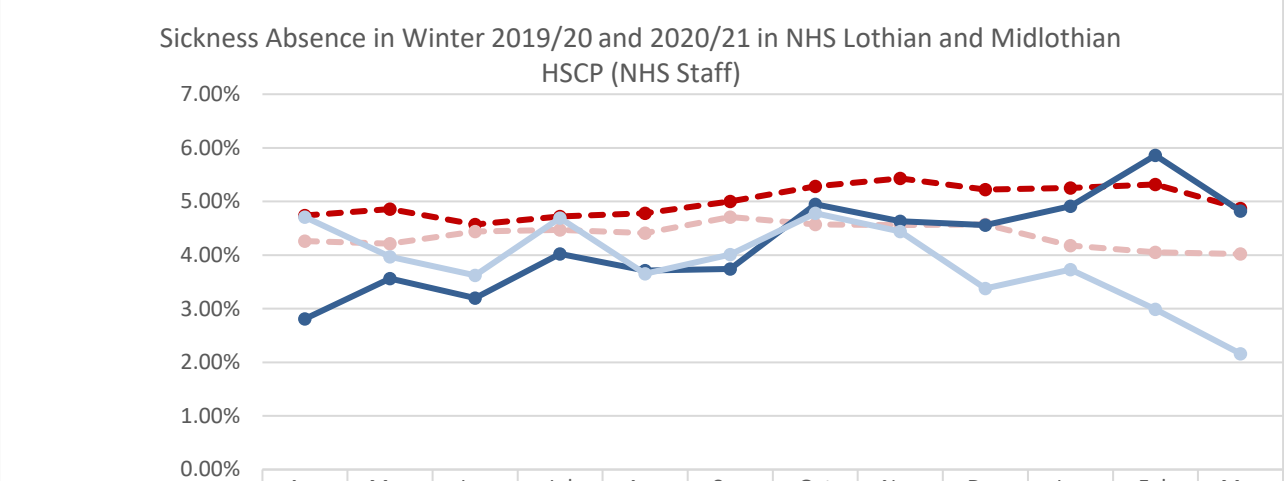
The strategic business manager for the Partnership was a member of the NHS Lothian and Council Brexit planning groups.

The Midlothian HSCP Winter Tactical Group created a list of priority services for 4x4 access and linked in directly with Midlothian council transport team. This proved a successful approach and when there was adverse weather, the HSCP participated in Emergency Management Team meetings with council colleagues to prioritise transport for these staff as required. Many teams began, or increased their use, of remote consultation either via telephone calls or Near Me (video consultation) in response to the pandemic. Ensuring services were equipped to do this where appropriate was also important to resilience planning and allowed for continued consultation if needed for staff needing to work from home or during periods of adverse weather.

Key data to support these actions are summarised below in terms of sickness absence and staff vaccination uptake, and the use of Near Me in services to promote remote working:

- **Staff Sickness Absence:** Staff sickness absence rates are reported as percentage rates for NHS Lothian, and by full-time equivalent (FTE) days lost for Midlothian Council.

- Overall sickness absence in March 2021 was 4.02% for NHS Lothian and 2.16% for Midlothian HSCP (for NHS staff). Winter 2020/21 sickness absence rates in Midlothian were consistently lower both to the overall NHS Lothian rate and to rates in Midlothian during the previous winter (2019/20), as shown in the graph below. Informal staff feedback at the winter workshop felt that this could be a benefit of the increased flexibility in working patterns that have developed from the pandemic and could partially be due to staff feeling a 'need to be there' due to the importance of their work. This also raised the necessity to focus on staff wellbeing and the longer-term impacts on working throughout the pandemic on staff.
- Sickness absence rates for council staff within the HSCP (in FTE days lost) are higher for 2020/21 than the previous two winters; however, due to the different reporting methods this could not be combined with NHS rates for an overall view of HSCP absence.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHSL 2019/20	4.74%	4.86%	4.57%	4.72%	4.78%	5.00%	5.28%	5.43%	5.22%	5.25%	5.32%	4.87%
NHSL 2020/21	4.26%	4.21%	4.44%	4.47%	4.41%	4.71%	4.57%	4.56%	4.57%	4.18%	4.05%	4.02%
Mid 2019/20	2.81%	3.56%	3.20%	4.02%	3.71%	3.74%	4.95%	4.63%	4.56%	4.91%	5.86%	4.82%
Mid 2020/21	4.71%	3.97%	3.62%	4.69%	3.65%	4.01%	4.78%	4.44%	3.38%	3.73%	2.99%	2.16%

Midlothian Council Sickness Absence for HSCP Staff			
Year	FTE	FTE Days Lost	Average days lost per FTE
Dec 2018 – Mar 2019	454.14	2890.63	6.37
Dec 2019 – Mar 2020	438.16	2735.25	6.24
Dec 2020 – Mar 2021	455.67	2960.36	6.50

Staff flu vaccination: Due to the nature of data collection for this cohort, the HSCP is still awaiting final data on uptake. However, there have been many lessons from the flu programme in winter 2020/21 that will inform planning for next winter (see infection control section further down).

PRIORITY 2: PREVENTING ADMISSIONS, REDUCING HOSPITAL LENGTH OF STAY, DELAYED DISCHARGES, AND PATIENT FLOW

The additional capacity from winter funding was allocated to augment the intermediate care team to provide a Home First approach. There have been several funded initiatives as part of NHS Lothian Gold programme of work focussing on reducing delayed discharges. As well as the additional resource, there have been large pieces of work ongoing within the HSCP to review existing processes and look at how we can streamline them to align with a Home First approach. Significant improvements in performance have been noted. Data on overarching indicators is summarised below, for Midlothian residents in the Royal Infirmary of Edinburgh, followed by more detailed information on the impact of extra winter capacity in specific services. Most indicators show lower numbers in March 2020 which correspond with the beginning of the pandemic and lockdown and reflect numbers seen across the health system nationally.

Midlothian Hospital admissions to the Royal Infirmary of Edinburgh *(P=planned admission, U=unplanned admission)*

	Dec		**Jan**		**Feb**		**Mar**	
Year	*P*	*U*	*P*	*U*	*P*	*U*	*P*	*U*
2019/20	154	721	157	623	118	574	118	590
2020/21	102	593	125	588	142	537	143	693

Royal Infirmary of Edinburgh Occupied Bed Count for Midlothian residents

Year	**Dec**	**Jan**	**Feb**	**Mar**
2019/20	654	612	579	569
2020/21	550	582	589	686

Royal Infirmary of Edinburgh Average Length of Stay for Midlothian residents (Days)

Year	**Dec**	**Jan**	**Feb**	**Mar**
2019/20	7.22	4.83	6.93	10.34
2020/21	6.05	7.98	7.95	6.86

Royal Infirmary of Edinburgh Total Midlothian A&E Attendances

Year	**Dec**	**Jan**	**Feb**	**Mar**
2019/20	1888	1642	1542	1392
2020/21	1280	1185	1237	1654

Average Daily Delayed Discharges (Census Delays) per month from the Royal Infirmary of Edinburgh for Midlothian residents

Year	**Dec**	**Jan**	**Feb**	**Mar**
2018/19	18	17	30	30
2019/20	19	17	18	8
2020/21	12	13	7	8

FALLS

MERRIT (Midlothian Enhanced Rapid Response and Intervention Team) responds to falls callouts in the community. These are summarised in the table below from November 2019. Note that these are callouts for the service, rather than number of individuals. There is a known increase in falls during the winter period due to adverse weather conditions. The table below shows that while the number of falls callouts has increased this past winter in comparison to winter 2019/20, the percentage of callouts that require hospital admission has decreased.

	MERRIT Callouts (Falls)	**Requiring Hospital admission**
Nov-19	96	3%
Dec-19	99	2%
Jan-20	108	5%
Feb-20	91	10%
Mar-20	88	7%
Apr-20	79	4%
May-20	95	6%
Jun-20	74	3%
Jul-20	88	5%
Aug-20	85	9%
Sep-20	116	6%
Oct-20	87	2%
Nov-20	140	4%
Dec-20	110	2%
Jan-21	138	4%
Feb-21	107	2%
Mar-21	105	2%

Scottish Ambulance Service falls attendance is summarised in the table below. A comparison of October to March 2019/20 and 2020/21 shows a 3% reduction in callouts but a similar rate of admission.

Period	**Total falls attended**	**Number of incidents requiring hospital treatment**	**Percentage of incidents requiring hospital treatment**	**Number of Falls referrals recorded**
Oct 2019-Mar 2020	390 (332 over 65 years)	295 (252 over 65 years)	75.6%	12 (11 over 65 years)
Apr 2020-Sep 2020	394 (346 over 65 years)	288 (258 over 65 years)	73.1%	13 (12 over 65 years)

Oct 2020-Mar 2021	378 (311 over 65 years)	297 (251 over 65 years)	78.6%	15 (13 over 65 years)

As the number of callouts both for MERRIT and SAS remain high, falls will remain a priority for the next winter plan in 2021/22 and specific actions will be prioritised in the action plan around reducing falls.

The impact of extra capacity within specific services from winter funding is summarised below:

Midlothian Community Respiratory Team (MCRT) Service

The MCRT Service delivers respiratory physiotherapy for patients with COPD. There are approximately 2500 Midlothian residents with a COPD diagnosis, although there are likely to be more that are still undiagnosed. CRT have seen approx. 600 of them over the years on and off. They have been able to expand to provide a CRT Plus Pathway to support transition from Hospital following a COVID19 admission. They additionally have a COVID19 oxygen pathway which allows people to come home on oxygen earlier in their journey. A SAS pathway has also been developed to give SAS direct access to the team and thereby, preventing unnecessary admissions.

This team received an additional 1 x WTE Band 6 Physiotherapist which allowed for the extension of an existing secondment until March 2021, increasing capacity within the team. This created continuity in the direct access pathway with SAS.

The number of facilitated discharges referred to MCRT on discharge from hospital nearly equated to the number of SAS admissions, illustrating strong working relationships between primary and secondary care and an excellent patient pathway. Relatively low numbers of patients were admitted to hospital with COPD considering the potential patient cohort size, indicating the partial impact of CRT supporting patients at home with severe symptoms.

The table below shows the facilitated discharges and admissions prevented by the MCRT service.

	Facilitated Discharges		**Prevention of admissions**	
	Number	**Bed Days saved**	**Number**	**Bed days saved**
Oct-20	4	16	8	48
Nov-20	5	20	15	90
Dec-20	8	32	10	60
Jan-21	13	52	16	96
Feb-21	5	20	7	42
Mar-21	14	56	15	90
Total	**49**	**196**	**71**	**426**

There is a decrease in February figures due to a decrease of 50% in Midlothian respiratory admissions to the RIE in January 2021 – February 2021. The figures are a representation of the WTE of the team, not just the additional capacity, which was funded however, the additional posts have enabled the service to operate at increased capacity. The team have also been conducting more palliative/long term conditions management throughout Covid-19 which keeps their contacts high despite their acute management numbers being lower in some months.

Discharge to Assess Service

The Discharge to Assess Service allows assessment and rehabilitation of patients within their own home to facilitate an earlier discharge home from hospital. The Discharge to Assess service has carers directly attached to the team which allows a supportive rehabilitation environment to be created in the patients in home as a transition from hospital.

This team received an additional 1 x WTE Band 5 Occupational Therapist and 1 x WTE Band 6 Occupational Therapist, as well as 4 x WTE Band 3 Clinical Support Workers. This additional capacity supported 7-day cover. The additional capacity has also increased the team's ability to support Care at Home to provide bridging support whilst awaiting longer term package of care provision, thus reducing delays.

A comparison of the team's facilitated discharges in 2019/20 and 2020/21 is shown below, with consistently higher numbers for the 2020/21 winter period. Additionally, the total new patients seen by the service over the weekends for each month in 2020/21 is included, showing an increase from October through the winter period demonstrating the stabilisation of this service.

	Facilitated Discharges		***New patients seen over weekends***
	2019/2020	**2020/2021**	**2020/21**
October	32	45	8
November	33	52	8
December	39	53	6
January	35	56	12
February	43	58	11
March	50	59	9

Rapid Response Service

The Rapid Response Service provides same day AHP assessment, rehabilitation, equipment, and care to prevent an avoidable hospital admission.

This team received an additional 1 x WTE Band 5 Physiotherapist. all prevented admissions and facilitated discharges are summarised below. The team is now able to take on more referrals, and more proactively identify patients in A&E or the Acute Medical Unit (AMU) who could safely be discharged home with support from the team, building stronger links with acute teams and improving the patient pathway.

	Admission Prevention	**Discharge from A&E/AMU**
June 2020	26	2
July 2020	28	1
August 2020	14	1
September 2020	30	0
October 2020	28	4
November 2020	26	2
December 2020	27	10
January 2021	37	2
February 2021	31	3
March 2021	33	1

Midlothian Single Point of Access

One of the most significant developments over the winter period was the implementation of the 'Single Point of Access' (SPOA). This SPOA for all referrals minimises duplication, streamlines processes, and provides quick and easy access to intermediate care teams in Midlothian. Previously, patients may have been added to multiple waiting lists if the referrer was unsure as to who the right team or person was to be referring to. Now, the decision is made within the Midlothian Single Point of Access and is helping referrals reach the correct service in a shorter time frame. The SPOA was up and running from December 2020 and moved to 7 day working by March. The flow hub is screening all admissions to the Royal Infirmary to better understand the social or medical reasons for admissions and what community support can be offered. Referrals into and out of the service are summarised below. The SPOA received an average of 40 referrals per month from December 2020 through March 2021, and originated from various teams, including Acute hospital, MCRT, Social work, GPs, Care at Home, and Occupational therapy. These were then passed on to various local teams such as Discharge to Assess, the Dementia team, Duty Social work, Hospital at Home, Highbank, Midlothian Community Hospital, Care at Home, Midlothian Community Physical Rehabilitation Team, Occupational therapy, and the Rapid Response Team.

PRIORITY 3: INFECTION PREVENTION AND CONTROL

- Flu Vaccinations: The HSCP was responsible for providing flu vaccinations for the shielding patient, Care Home staff and resident, and 2-5 childhood immunisation programme cohorts. Patient feedback for the overall programme was positive, as the HSCP provided local clinics at weekends and weekdays and combined appointments with routine appointments. Key learning in preparation for next year's flu programme included the importance of digital data entry, strong working relationships between the HSCP and GPs, a streamlined patient booking system, drop-in sessions for staff, consistent clinical leadership, and continued and increased provision of local venues in Midlothian. Midlothian uptake figures for these cohorts and performance against its targets is shown below:

	Target	Midlothian Uptake	Achieved?
Over 65s	85%	85.3%	Y
All at risk	75%	63.4%	N
2-5	64% *(10% increase from 2019-20)*	56%	N
Care Homes	80%	83.3%	Y

  - COVID: The HSCP has supported the implementation of the national testing strategy especially the work stream for asymptomatic testing for staff and residents (both LFD and PCR testing). This has and continues to cover (but not limited to) care homes, community hospital admissions, high risk patient facing staff and other health and social care teams. The COVID vaccination programme is currently in progress; however, there has still been key learning from delivery in Midlothian, as it is unclear how the COVID booster programme will interact with the 2021/22 flue programme and to what extent the HSCP will be responsible for delivering both programmes. Like the flu programme, a central vaccination clinic for Midlothian residents that was easily accessible by public transport has positively impacted uptake. Innovative

approaches such as the joint Learning Disability vaccination day with the third sector, and work with the Community Health Inequalities Team for homeless cohorts. As of 10/05/21, 48894 (66%) Midlothian residents have had their first dose of the vaccine, and 22519 (30%) have had both doses. Progress on COVID vaccinations in older people as of 07/04/21 is summarised below; there has been excellent uptake in the first cohorts and data on other cohorts will further inform future planning.

Cohort	**Total Cohort**	**Vaccinated**	**% Uptake**
Over 80s (excl. Care Home residents)	3904	3715	95%
Care Home Residents	477	474	99%
75-79	3409	3240	95%
70-75	5112	4711	92%

- PPE: Staff were allocated the responsibility of monitoring and ordering PPE stock for services across the Partnership, requiring management, administrative support, and staffing of a physical hub where stock was held. A winter resilience plan was created for the PPE service, taking into account risks associated with winter (sickness absence and severe weather), Covid (increased demand and sickness absence), and Brexit (delays in supply). A level of buffer stock was agreed and maintained, and an emergency maintained as part of the resilience plan. The number of monthly orders for the winter period is summarised below. PPE demand was met without issue over the winter period.

Month	**No of orders**
Dec-20	57
Jan-21	54
Feb-21	59
Mar-21	67

PRIORITY 4: IMPACT AND INEQUALITIES

COVID-19 and winter has and will continue to detrimentally impact certain groups of people – not only older people and those with underlying health conditions but also those who are vulnerable simply because they do not have the resources and opportunities to stay well. An Integrated Impact Assessment was carried out as part of the winter planning process to identify any gaps in planning, including the flu programme, staff wellbeing, and resilience planning
An overview of the winter plan was brought to the local Care for People Group to connect with third sector and other partners. The HSCP Public Health team contributed to the winter plan in line with their current priorities of reducing financial and food insecurity, building strong communities and community resilience, and promoting good physical and mental health. For example, the team undertook a mapping exercise jointly with the Food and Health Alliance to review resources for reducing food insecurity and a Key Essentials Fund was launched by Midlothian Council in December 2020 to meet the perceived local need for money for food and fuel. This Fund was well used and is currently under review. Additionally, the Older people's Benefits project was launched and promoted through the winter period to help people receive all benefits they were entitled to as another means of support. This project is currently under review to evaluate its impact. Many pieces of work were delayed due to the second lockdown in the winter period but are progressing again. Another key action was the piloting of gym access for the homeless population which was delayed due to winter lockdown restrictions but is now progressing as gyms have reopened. The HSCP was also awarded funding through Connecting Scotland to secure digital devices to support people who were medically vulnerable; these are now being distributed.

The HSCP also invested in and recruited a Volunteer coordinator post to continue to support improvement and resilience of health and wellbeing of communities in December.

PRIORITY 5: COMMUNICATIONS

A Communications plan with the public was established by sharing timely and relevant information through channels such as social media, the Midlothian Council website, general practice websites, and a winter Older People's newsletter. A major flu campaign and communications plan was undertaken to promote vaccination uptake. In addition to specific staff wellbeing communications, various staff communication channels formed in response to COVID-19 were remobilised throughout winter to share important updates and other winter-specific information around falls, travel, care safety, etc. These included all-staff emails from NHS Lothian, Midlothian Council, and Midlothian HSCP, messages from HSCP Senior management, and public channels as above (e.g., social media).

- The Older People's Newsletter was jointly developed between the HSCP and MOPA (Midlothian Older People's Assembly) and included mental and physical wellbeing advice and resources, information on accessing GP services during winter and COVID restrictions, flu vaccination information, and advice on falls.
- On social media, the HSCP average monthly reach is 17.6k. There was a funded social media post about accessing GP services amidst the pandemic (e.g., reduced face-to-face appointments, accessing alternative services, etc.) which reached 18.5k residents. Key topics covered over the year, including in winter, were around COVID-19 (42 posts, e.g., staying home guidance, testing, vaccines, etc.), flu (19 posts), mental health and wellbeing (28 posts), and falls and other winter messages (10 posts).

PRIORITY 6: STAFF WELLBEING

A Midlothian HSCP staff wellbeing group was established in early April 2020 with an identified HSCP Wellbeing champion. This group focused (and will continue to focus) on supporting staff, the third sector, and unpaid carers through initiatives including sharing resources, helping managers to support their teams' wellbeing, and sourcing funding for dedicated staff wellbeing spaces in premises across Midlothian. Specific pressures in winter included staying healthy during cold and flu season and in adverse weather conditions, but also stress and fatigue due to long-term working under extreme conditions in response to the ongoing pandemic. In January, the group carried out a staff wellbeing survey which was distributed to all staff in the HSCP. The distribution list at the time had roughly 862 staff included, and 264 responses were received for a 31% response rate. Key findings from the survey are summarised below:

- 60% of respondents found the regular all staff 'Wellbeing Roundup' emails useful (these emails contain available resources for staff, the third sector, and unpaid carers), relevant advice and ideas, and other wellbeing-related activities)
- A handful of respondents reported taking advantage of available support resources such as the Staff Listening Service, NHS Lothian's Here For You Helpline, Covid Peer Debrief Sessions, bereavement services, the Council's Employee Assistance Programme, and the National Wellbeing Hub (promis.scot).

Additionally, the survey captured feedback from staff on what was working well, what wasn't, and what would be most meaningful to them. These were summarised in a report which will be sent to all staff and captured in a detailed action log on which progress will be reported in a years' time.

Midlothian HSCP has committed to recruiting a dedicated staff wellbeing lead who will take a lead on this work and progressing actions in response to these findings.

PRIORITY 7: MONITORING AND IMPLEMENTATION OF WINTER PLAN

A weekly winter tactical group was set up from October onwards to bring together services as a means of assurance and a route for escalation. The winter action log was held by this group and updated regularly. In January 2021, this was combined with a weekly COVID-19 senior management team meeting to streamline central communication and reporting channels. This created a central channel for updates on vaccinations, testing, staffing, and other risks and issues associated with COVID-19 and winter.

LOOKING AHEAD TO WINTER 2021/22

One of the key takeaways from this winter was the importance of planning ahead. Although services were much better equipped to work from home/remotely in response to the pandemic, it was important that services were also prepared for sudden severe weather and an increase in staff sickness absence (and annual leave that staff needed to use before the end of the leave year).

Data is also important in planning for winter by allowing services to anticipate pressures and demonstrate the impact of increased demand against their capacity.

This winter also highlighted the importance of working with council colleagues and third sector partners to build in resilience and business continuity across HSCP services.

RECOMMENDATIONS FOR WINTER 21/22

- *Plan earlier* – the HSCP started planning for Winter 2020/21 early, but this should begin even earlier for 2021/22. Services should be anticipating extra demand for winter and making plans and proposals for any extra capacity they may require as early as mid-summer. Teams should continue to review robust contingency plans in place to mitigate the risks associated with adverse weather, staff absence, and transportation.
- *Continue to use data* to inform service design– teams should have robust means of capturing data for their services to demonstrate changes in demand, gaps in capacity, and the impact of any service changes. They be able to update the HSCP on this regularly. The HSCP is investing in several key areas to support this, such as Tableau Dashboards for timely service-level data and OutNav software for outcomes mapping to understanding the impact of services in tandem with a multitude of other factors, on improved patient outcomes.
- *Work collaboratively* – continue to work in tandem with HSCP services, Midlothian council, NHS Lothian and the third sector in preparation for winter. This includes gritting/snow clearing plans, 4x4 access and transport processes, and mitigating the impact of winter on the vulnerable population. Collaboration is also key when devising and disseminating important and urgent all-staff communications.
- *Staff wellbeing*– having a healthy workforce was and will always be key to delivering quality service, especially in winter. This means adapting the vaccination programme to encourage higher staff uptake as well as a HSCP-wide focus on physical and mental wellbeing of all

staff through the provision of resources, support networks from colleagues and managers, and various wellbeing activities and initiatives.

- *Monitor & Communicate* – having a central mechanism (the Winter Tactical Group) for raising issues, reporting risks, and updating managers and other teams was a key part of winter preparation. With the increase of meetings across the HSCP (especially in response to Covid-19), it was important to keep the meeting focused, brief, and asking teams to report by exception so that issues could be prioritised and actioned urgently.

Author: Leah Friedman

Date: 02/06/2021

Midlothian Health & Social Care Partnership

Thursday 17th June 2021, 2.00pm

Workforce Development Plan

Item number: 5.7 **Agenda number**

Executive summary

This report supports the Interim Workforce and Development Plan 2021/22 that was submitted to Scottish Government on 30th April 2021. (Please see background paper).

Board members are asked to:

Provide any feedback on the Interim workforce plan and agree to the implementation of the plan

Workforce Development Plan

1 Purpose

1.1 This report supports the Interim Workforce and Development Plan 2021/22 that was submitted to Scottish Government on 30th April 2021. (Please see background paper).

2 Recommendations

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

2.1.1.1 provide any feedback on the Interim workforce plan and agree to the implementation of the plan.

3 Background and main report

3.1 The Scottish Government asked all HSCPs to compile an Interim workforce plan for the period 30th April 2021 – 31st March 2022. During the implementation of this interim plan a further 3 year plan will be developed to commence from 1st April 2022 – 31st March 2025. The Scottish Government provided a template for this interim plan to be completed requesting information in the following areas:-

- Background to workforce planning in the HSCP;
- Stakeholder engagement that informed the plan;
- Supporting staff physical and psychological wellbeing;
- Short term workforce drivers (living with Covid);
- Medium term workforce drivers;
- Supporting the workforce through transformational change.

3.2 The interim workforce plan has built on extensive consultation and engagement to ensure staff's views and experiences were captured along with the commitment from managers to support and develop the workforce. As well as the interim workforce plan a development plan is being compiled to reflect all the actions contained within the plan along with key leads, time frames and measureable outcomes.

4 Policy Implications

4.1 Workforce planning is a key responsibility for the HSCP and managers are highly motivated and supportive to ensure the actions and aims set out in the plan come to fruition. Policy implications for not having a commitment to the plan would be having staff not appropriately registered in the post they have and services not compliant with the Care Inspectorate. The COSLA document *"An Integrated Health and Social Care Workforce plan for Scotland"* underpins the direction and vision of what the HSCP seek to achieve. The Feeley report also outlines key requirements HSCPs

and IJBs need to take account of to provide supportive and progressive workforce development for its employees to deliver positive outcome focussed services.

5 Directions

5.1 Workforce development is a key priority for the IJB and HSCP and is incorporated within the strategic plan. It spans all sections of the plan. There is not a specific Direction at present.

6 Equalities Implications

6.1 There are no apparent equalities issues with the workforce plan as it sets out key actions to ensure staff are supported and feel valued. It will also ensure there are a range of opportunities for staff to access learning and development to meet the requirements of their post as well as access to additional learning and development opportunities to enhance their career development within the HSCP.

7 Resource Implications

7.1 There are no direct resource implications with this report and the workforce plan.

8 Risk

8.1 A workforce plan mitigates risks by ensuring that the workforce is equipped to meet registration requirements and services meeting the health and social care standards set out within the legal frameworks.

9 Involving people

9.1 The workforce plan demonstrates the wide range of consultation and engagement that was carried out when compiling the interim plan. Further consultation and engagement will take place when compiling the next workforce plan 2022 – 2025.

10 Background Papers

10.1 **Midlothian HSCP Interim Workforce Plan 2021/2022**

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Midlothian Health and Social Care Partnership

Interim Workforce Plan 2021/22

Section 1 – Background (Refer to Annex 1 for indicative Content)

This Interim Midlothian HSCP Workforce and Development Plan has been developed to provide a framework and strategy for 2021 and beyond. The plan reflects the strategic direction of Midlothian Health and Social Care Partnership and the current strengths, opportunities and challenges. The plan is outcome focussed to deliver an effective and efficient workforce. The plan will need to be reviewed and monitored on a regular basis to ensure it is aligned to the new IJB Strategic Plan for 2022 – 2025 and recognises the impact of the pandemic.

The plan is aligned to related local and national plans including the current Midlothian Health and Social Care Strategic Plan, COSLA document "*An Integrated Health and Social Care Workforce Plan for Scotland;* Healthcare Improvement Scotland "*Supporting better quality health and social care for everyone in Scotland*" and Scottish Government "*A fairer recovery from the Pandemic*", 2021.

The overriding aim for Midlothian HSCP workforce is to ensure the right people, are in the right roles, with the right skills at the right time and to maximise the potential of individual members of the partnerships workforce. This will enable the partnership to continue to achieve its strategic and operational priorities.
Workforce planning needs to be primarily:-

- **future-focused**
- **integrated with strategic and financial planning**
- **dynamic and responsive to the complex, changing and shifting landscape especially in the midst of a pandemic**
- **support the need to link service outcomes and the workforce required to deliver these**
- **relevant to all people who work across health and social care and provide the focal point for staff to develop their skills within the context of transformation**
- **involve planning and modelling sustainable, affordable approaches to support health and social care integration for the future**

Midlothian is one of the smallest local authorities in Scotland yet has one of the largest population growths with an ambitious housebuilding programme. Its current population is 93,400 approx. with 46,700 aged between 16 and 65 and 45,900 of these are in employment (79.8%) with 41,000 employed and 3,700 self-employed. 1,600 of those employed are employed by the third sector. The new house build programme is expected to attract people with higher income, education, occupation and younger people to Midlothian, shifting the demographics of the labour market.

Covid 19 has had a significant impact on the labour market with an overall 32% reduction in job postings within Edinburgh and the Lothian's (excluding West Lothian) and a 3.3% increase on unemployment figures. (Skills Development Scotland, February 2021). A broader analysis is needed to support planning for a different type of workforce for 2021 -2022 and beyond due to changes in the labour workforce.

Midlothian HSCP has continued to respond to meet increasing service demand over the last few years as well as the shift in demand with people living in the community with more complex care and support needs in the preceding 12 months. The workforce numbers have increased in many front line services within Health and Social Care in response to growing demand on services.

There has been an increase in the head count of NHS employed staff in the HSCP to 649 (increase of 39) compared to the previous two years. The full-time equivalent (FTE) figure has increased from 486 in 2019 to 525 in 2020 with 49% of staff working full time and 51% part time. The gender split is 90% female and 10% male with 74% of the male workforce working full time and 44% of the female workforce working full time.

The number of staff employed by Midlothian Council in March 2021 and working within the HSCP has increased to 542 in 2021 with 450 FTE. This compares to 534 employees (441 FTE) in 2020 and therefore an increase in staff numbers but not as significant as for NHS employees in the partnership. Eighty-seven percent (471) staff were female and 13% (71) were male. Within the council employed staff in the partnership there is a significant difference in the gender split regarding part or full time contracts with nearly 50% of female staff working part–time and 80% of male staff working full time. This totals 975.41 FTE staff across Midlothian Health and Social Care Partnership. The largest percentage of the workforce fall within the age range 45-60 years.

The COSLA report **"***An Integrated Health and Social Care Workforce Plan for Scotland*" states the Scottish Government's Medium Term Financial Framework (MTFF) estimates that to address the effects of demand, the workforce will require 1.3% per annum more NHS employees and 1.7% per annum more social care employees in the period to 2023/24 in Scotland. This needs to be taken account of when planning and recruiting staff across the partnership. The COSLA paper concludes that demand for health and social care services will increase faster than the rate of growth of the wider economy and that, over time, expenditure on these services will gradually increase in three main areas:

- Price Effects **-** general price inflation within health and social services;
- Demographic Change - this includes the effect of population growth on the demand for health and social care services, the impact of a population living longer, and demographic change in the workforce itself;
- Non-Demographic Growth - demand-led growth, generated by increased public expectations and advances in new technology or service developments, for example expenditure on new drugs.

This plan has taken account of the future demand on health and social care services and changes to the labour market along with information gained from the consultation and engagement relating to workforce planning. It has also taken account of the shape of our current workforce and the policies and strategies being developed and implemented at national, pan-Lothian and local levels. It recognises that workforce planning is a central corporate responsibility for NHS Lothian, Midlothian Council and the many voluntary and independent health and social care providers which provide services in Midlothian. This Health & Social Care Workforce plan, therefore, needs to connect to all associated planning, which may have an influence and be interconnected.

Section 2 – Stakeholder Engagement (Refer to Annex 1 for indicative Content)

The workforce plan has been influenced by a wide range of consultation and engagement with key stakeholders including the following:-

- Trade unions (Unison, Unite and Staff Partnership)
- Human Resource Business Manager
- Strategic planning leads across the Health and Social Care Partnership
- Financial Planning Leads across the Health and Social Care Partnership
- NHS/HSCP Workforce Planning Leads
- Midlothian Voluntary Action (MVA) (Umbrella organisation for voluntary sector in Midlothian)
- Primary Care Programme Manager and contracted Representatives
- Independent sector representative managing a range of services to support people living safely in the community
- Front line staff
- Those in receipt of services

Midlothian HSCP is in the fortunate position that ongoing consultation and engagement of service users is at the forefront of the core business. The HSCP has been reviewing many services and considering how strengths, challenges and opportunities relate to workforce planning and development. This information has been used to assist and influence this plan which supports the validity of workforce planning in the coming years.

The consultation and engagement interventions have involved :-

- Surveys through questionnaires, and telephone consultations with those in receipt of services,
- Small staff focus groups,
- Unpaid carers and service user's involvement in commissioning strategies,
- One to one meetings with key representatives including those from the third and independent sectors,
- Joint meetings with Trade Unions,
- Discussions at strategic planning groups,
- Staff governance and wellbeing group,
- HSCP Wellbeing champion,
- Meetings with HR Manager and Manager of Education and Employability,
- Trickle App,

The focus of the consultation and engagement sessions has varied depending on the group and its purpose. However a key theme throughout the consultation and engagement process has been a Human Rights Based approach. The Human Rights based approach is about making sure that people's rights are at the centre of policies and practices. It is about taking practical steps to realising people's rights and being able to demonstrate this.
The PANEL principles of the Human Rights based approach are one way of breaking down what this means in practice which include:-

- Participation
- Accountability
- Non-Discrimination
- Empowerment and
- Legality – understanding the rights involved

The PANEL principles have been incorporated into the consultation and engagement approaches that underpin this workforce plan in that we have actively encouraged people to participate and influence the direction of travel. We have taken accountability of the challenges that lie ahead and with key stakeholders we can work together to turn the challenges into strengths and opportunities. We have been innovative and flexible in who and how we involve in the consultation and engagement aiming to ensure all voices are heard irrespective of their ethnicity, background, gender, religious beliefs and disability. We have proactively sought views from hardly reached groups to offer forums and platforms for citizens in Midlothian to feel more empowered and offer views and knowledge. Understanding the rights of all citizens has been crucial to ensure the workforce plan is developed within a legal and social policy context with the hope that no one is excluded and its outcomes meet the demands and requirements for a workforce that is fit for purpose for the coming year and beyond.

The themes that emerged from the consultation included:-

- The offer of realistic career opportunities i.e. at the end of apprenticeships, the successful apprentice should be guaranteed a job, not just guaranteed an interview.
- An increase in transition awards to enable staff to progress their career in a more supportive way when seeking alternative carer pathways.
- Improved support/guidance and induction for team leaders/first line managers to enable them to become effective leaders to support front line staff. This was specifically around HR polices – improved briefings on these and in particular more effective and consistent approach of sickness absence polices to support staff to be well at work.

The most common theme from the consultation has been about staff needing to be listened to, respected and valued in the work they do. This was a very clear message from the consultation meeting with the Trade unions where their members had expressed "*they just needed time to adjust, be recognised for the job that they do by managers and for managers to have an understanding of how front line staff feel and their experiences".*

Section 3 - Supporting Staff Physical and Psychological Wellbeing (Refer to Annex 1 for indicative Content)

Beginning to understand more about the likely long-term physical and psychological effects of the pandemic is crucial to supporting the workforce to enable them to carry out their role to the best of their ability to deliver services with positive outcomes.

Midlothian HSCP has invested a considerable amount of time and support to staff's physical and psychological wellbeing. The partnership responded to the Scottish Government's request to strengthen existing local arrangements for staff wellbeing and also to provide support and practical advice specific to the pandemic.

It was acknowledged that some staff are being asked to work in unfamiliar settings, learn new skills in a short space of time and work in new and challenging roles. The scale and impact of this both professionally and also personally with Covid-19 is unprecedented.
Staff welfare and resilience is paramount to the outcome of the pandemic. Evidence from learning in relation to promoting staff wellbeing supports better experience and outcomes for people receiving care, and the importance of psychological safety/activity saves lives to support a safety culture that learns from difficult experiences.
In order to provide a range of forums and approaches to support staff wellbeing it was essential to consult and engage with staff to ascertain their views on what support should be available. Supporting staff required a committed approach from all stakeholders including NHS Lothian, Midlothian Council, third and independent sectors, Chaplaincy services, Trade Unions and HR leads. Pulling on the knowledge, expertise and resource of stakeholders enabled a range of forums and support for staff that met their emotional and wellbeing needs.

Midlothian identified a lead person to develop the framework for the physical and psychological wellbeing of staff to ensure it had a coordinated and committed approach to take responsibility with the various forums available, responding as appropriate and to be effective. A working group was established which included staff from services such as mental health, health promotion, public health, occupational therapy, HR, communication, patient and public engagement, psychology, planning officer for carers and management trainee.

The group focuses on eleven key areas as follows:

- work environment,
- emotional and mental health,
- physical health and activity,
- dealing with death,
- dying and good grieving,
- chaplaincy support and other support services,
- staff who are shielding / isolating,
- support for personal life,
- finance issues,
- communication to all staff,
- leadership at all levels,
- donations for staff.

Two key aspects of success for providing this support are:

(1) Keeping the information fresh and relevant for all staff,

(2) Ensuring that all staff are reached in terms of communication, especially those who do not routinely access emails or social media (for example domestic staff and Home Care staff).

To allow the information to be easily circulated it has been agreed to follow the *'5 Ways to Wellbeing, whilst staying at home during Corona virus'* which has an evidence based methodology for use in public / community mental health from NES. The 5 strands covered are entitled: Connect, Be Active, Keep Learning, Take notice and Give/kindness.

Using with the MidCovid email (dedicated team with access to a central email box to respond to concerns, queries, information requested and to provide regular information and supportive updates) to share one of the 5 aspects was communicated each day of the week to ensure that staff are not overburdened or overwhelmed with too much information. To date communications have covered the 2 new Helplines set up:-
(1) Here for you and
(2) 'Reach Out Midlothian' (launched on 9th April) 2020),
In addition there has been Stress control training, Emergency Helpline and Psychological First Aid. There is an appreciation of the need to keep duplication to a minimum and share good practice and resources across Midlothian Health and Social Care Partnership, with integrated support and resources.

The HSCP conducted a staff survey in early January 2021 to establish an understanding of what matters to the staff within the partnership in relation to their health and wellbeing and determine whether the resources for support were effective or not. In order to encourage honesty, openness and anonymity staff were not asked where they worked, whether they were health or social care staff or at what grade they were employed.
The survey was distributed by email to the entire MHSCP with a 33% return rate which is on the lower end of a response rate with an internal organisation survey as it is expected to receive between 30 - 40% return as a minimum. The survey contained 10 open and closed questions. The responses have been collated to inform future decisions around planning, communication, resources and wellbeing initiatives that would enable staff to access the right support for them, when and where they may need it.

Positive comments about health and wellbeing during Covid19:-

- Nearly half of the staff stated they were coping satisfactorily
- In terms of how staff were coping at work specific and what was helping the most, the top three were (a) contact in person with colleagues, (b) physical activity and (c) eating well and staying hydrated
- 60% of staff reported that the MidCovid wellbeing emails were useful
- Of the staff who did use the services the top three most useful resources were Staff Counselling service and Covid Debrief session (equally), second was accessing the National Wellbeing Hub and third was the Chaplaincy sessions
- Staff were asked if they felt their line manager cared about their health and wellbeing and 73% agreed positively.

Negative comments about health and wellbeing during Covid19

- Many staff reported increased stress levels
- Others reported the loss in social support from family, friends, and colleagues

- People also reported physical changes – less exercise, worse sleep, increased fatigue, and muscle strain due to working from home conditions
- People had increased workloads or changes to their roles,
- Staff were asked if they felt senior managers cared about their health and wellbeing. There was a mixed response with 43% answering yes, 24% answered no and 32% answered maybe.

The survey has provided useful information on what has worked well and areas to improve on. A dedicated post is being invested in by the HSCP to continue a lead on staff wellbeing. Other analysis has taken place in relation to sickness absence during the pandemic. Within the partnership the most common reason for absence was "stress". There were 32 instances and 908 days lost from January 2020 to January 2021 for council employees in the HSCP. For NHS staff from 1st April 2020 to 31st March 2021, 1546 days were lost to stress which is 32% of the total sickness absence for the NHS employees in the HSCP. Other high levels of absence were related to Musculoskeletal, fractures and gastro-intestinal problems. In total 5679 days were lost for council employed staff in the HSCP between January 2020 - January 2021 and 4888 days were lost for NHS staff from 1st April 2020 – 31st March 2021.

The staff wellbeing action plan for the year 2021 -2022 outlines a range of actions, timelines and key people to lead and deliver on the work streams. Some of the key actions involve continuing with email distributions, delivering trauma informed training, peer support (1:1) for those with Long Covid, staff wellbeing regular updates and delivering training in line with 'The Midway'. The Midway approach focuses on *good conversations*, is trauma informed and addresses health inequalities. *Good conversations* are about preparing and enabling people. They focus on what *matters* to the person, rather than "what is the matter ''. *Trauma Informed* is about designing our services and equipping our staff to recognise and respond to the impact of trauma. The Midway approach includes the concepts of shared decision making and supported self-management. Although currently championed by Midlothian Health and Social Care Partnership, attendees include staff from council and the third sector, both of which are also building their capacity to deliver the training. Broadening these partnership is helping reach the ambition that wherever a person accesses support they will be met in the same way.
The Partnership will continue the staff wellbeing group that was established in early April 2020 with an identified wellbeing champion. The group will continue to focus on supporting staff, sharing resources, and helping managers to support their teams' wellbeing by tailoring its work for specific pressures such as stress and fatigue due to working under extreme conditions long-term in response to the ongoing pandemic. The action plan will be regularly monitored, reviewed and updated in response to staff feedback. Given the high incident of staff sickness due to stress the plan will keep this as a main theme to support staff to feel less stressed, listened to and supported through a range of actions. All service managers and team leaders are to be trained in Good conversations. There have been additional people trained as an NHS Lothian Peer Supporter for the HSCP to be launched in May 21. It is the intention of Midlothian HSCP that all staff will be trained in '*Good conversations'* within the next two years which should impact on staff wellbeing as well as operational practice.
It is recognised that the physical, emotional and mental health impact of this pandemic will have significant and potentially lasting consequences for a large number of individuals. This impact and extent has still to be fully identified.

Section 4 – Short Term Workforce Drivers (Living with COVID) (Refer to Annex 1 for indicative Content)

Working to preserve and protect the health and wellbeing of all staff in the Health and Social Care Partnership is paramount to the delivery of effective services. We have learnt much during the pandemic; the landscape is changing and organisations need to evolve and respond appropriately with a workforce that matches the changes. Analysing the data from staff surveys and sickness absence has helped identify key priorities to plan, review and deliver on the actions identified.
Feedback from consultation and engagement has provided additional data and information on areas to focus. It is notable that information gathered from a range of sources is consistent around key themes. This will assist in rebuilding the structures to ensure the Health and Social Care Partnership can deliver on its revised priorities and key outcomes.

The NHS Mobilisation plan sets out the direction of travel and highlights the areas that need closer attention. The short term drivers for Midlothian Health and Social Care Partnership for workforce planning align with the Scottish Government "*Remobilise, Recover and Redesign – Framework for decision making".* In examining the 7 principles of the framework, the partnership has considered the principles and priorities and set out key objectives for workforce planning.

Item	Action	Lead	Timescale
Services that can resume most safely	Auditing services of staff qualifications needed to be registered with SSSC, NMC and be Care Inspectorate compliant additionally plan staff resource to meet increased demand; Auditing of staff vacancies; All training/learning and development programmes back up and running; Face to face training re-established; Invest in SVQ Assessment to meet SSSC and other professional body requirements; Digital learning opportunities where appropriate	Anthea Fraser	May 2021
Achieving greater integration	Co delivery of training/learning and development opportunities for staff and young people across key stakeholders and developing apprenticeship programmes, The Lothian Care Academy, and core skills training such as Adult and Child protection; Evidence base to support effective AHP led services such as Advanced Physiotherapy Practitioners in Community Care but new roles emerging for other AHPS such as Dietetic Organisational management development sessions across HSCP; Voluntary Sector summit re-established; Development of Midway multi-agency training;	Anthea Fraser	June 2021
Services close to people's homes	Working with local employers/ colleges to roll out apprenticeships, kick start, youth guarantee programmes for young people in their local areas;	Lifelong learning and Anthea Fraser	May to September 2021

	Improved contractual arrangements with commissioned care services; Digital learning opportunities where appropriate;		
Quality, values and experience	Regular staff feedback forums for staff to feel listened to, supported and valued; *Good conversations* workshops/training; Offer re-training, learning opportunities to upskill; Peer supporters identified to be trained up; Feedback from staff governance group on what works well for staff; Offer student placement for Social workers, nurses, HNC, Paramedics; Increased capacity of SVQ assessor role; Management development programme;	Anthea Fraser	April and ongoing for the next year
Improved population health	Preventative approach instead of reactive; Care home, care at home/social care workers upskilled on a variety of areas such as vital signs; Reablement and rehabilitation and support for clients with self-management; Digital health for self-management - digital first approach and mobilisation of services to reduce waiting times; Development of generic Job descriptions to match new roles, Development of strong leadership e.g. new Lead OT post and new Chief AHP post being created and job descriptions need to be evaluated; Review opportunities for all staff to be upskilled related to income maximisation support to clients;	Community care leads, Anthea Fraser	June 2021 and ongoing
Services that promote equality	Involvement in the City Region deal to assess gaps and plan training/employment arrangements to meet skills/knowledge/experience gap; Advertising recruitment campaigns for hard to fill posts and localities; Action plan around Equality Outcomes approved by IJB on 8th April 2021;	Anthea Fraser	June 2021and ongoing
Sustainability	Ongoing monitoring and review of all workforce planning programmes to ensure demand does not exceed supply – identifying new ways of delivering services through skill mix; Working alongside HR managers to manage sickness absence more effectively; Analyse age profile of workforce to fill posts timeously; As the demand on workforce will grow, plan recruitment based on projected demand;	Anthea Fraser	June 2021 and ongoing

	Further expansion of digital technology and upskill staff to embrace the technology within their work area; Upskill staff to ensure they can support people to use technology e.g. GP receptionists and others to have skills and confidence to support people to use Attend Anywhere or other digital tools for appointments; Implementation of the Primary Care Improvement Plan requires robust national workforce planning.	Community Care leads	September 2021 and ongoing

The actions under the 7 principles will enable priorities in the mobilisation plan to be delivered.

The mobilisation plan's key priorities are:-

- Supporting care homes to deliver optimal outcomes for all residents and staff; this is supported by a dedicated multi-disciplinary care home support team providing support/guidance/training and education to the staff teams in the homes. Midlothian HSCP is signed up to the Lothian Care Academy programme board which focusses heavily on recruitment, retention and upskilling of staff in the care homes.
- Increasing District nursing capacity to enable people to live longer in their own homes. District nursing and care at home services continue to develop more integrated ways of working to deliver seamless, person centred care to older people.
- Care at home has a continual focus on recruitment and retention and undertaking re- commissioning with the external services to improve terms and conditions for staff to increase the retention levels and consistency of carers to clients. The geographical cohorts of carers has improved consistency of care and service efficiency.
- Reintroduction of face to face training to ensure all staff receive the training/learning opportunities relevant to their post and career i.e. manual handling, Team Teach, Dementia awareness.
- Improving inpatient flow will focus on the increased emphasis on prevention and early intervention while outlining plans to develop a more coherent system of services that link directly to Acute Hospitals. A "Home First" approach and an increased focus on realistic medicine and good conversations with effective clinical leadership will develop improved clinical pathways, experience and outcomes for people who require services.
- The configuration of Midlothian Community Hospital has changed in response to the COVID-19 pandemic. Additional beds were opened in January 2021 to increase step-down options and improve patient flow from acute hospitals. Midlothian Community Hospital is also serving as a COVID-19 Vaccination Centre.
- Unpaid carers have been significantly impacted by the pandemic with community services such as day care and residential respite being cancelled. However plans are in place to reintroduce alternative solutions.
- On-going vaccination programme to ensure all are offered their vaccination.
- On-going Test and Protect programmes to manage the spread and risks of Covid.
- Develop a training calendar of all mandatory and desirable training for all front line services that are SSSC compliant.
- Regular monitoring and review of the interim plan and develop next plan for 2022.

Section 5 – Medium Term Workforce Drivers (Refer to Annex 1 for indicative Content)

As outlined in the short term workforce drivers there will be a focus on the Scottish Government "*Remobilise, Recover and Redesign – Framework for decision making"* however the medium term drivers will prioritise on redesign. The redesign of services will be informed by the review of work undertaken in 2021 to 2022 along with data collection from audits of staff vacancies, recruitment and retention levels and initiatives being developed. It will also take account of the recommendations in the Feeley report and COSLA guidance on the integration agenda of workforce planning with Health and Social Care Partnerships.
The medium term drivers will be aligned to HSCP strategic plan and focus on the Fair work Framework - "*Fair work in Scotland's social care sector*" (Fair Work Convention, February 2019) to improve the quality of work and employment of the workforce with key priorities including:-

- Increasing skill set of front line staff particularly those in care homes and care at home to become more skilled assessors and deliverers of care.
- Monitoring and review of new block contracts with care at home providers; staff retention levels are expected to increase as carers will be paid for the whole shift and not time and task.
- A decisive shift towards prevention with investment in community services workforce.
- Improved access to performance data to increase overview of service delivery and identify gaps/challenges in workforce planning.
- Implement the new GP contract including development of multi-disciplinary Primary Care teams.
- Reduce reliance on bank and agency staff.
- Develop stronger joined up out of hour's services.
- Strong supportive leadership.
- Increased roll out of *Good conversations* training.
- Closer monitoring and support arrangements for staff who are displaying stress to enable them to stay well at work.
- Monitoring and review of age profile of workforce and plan for retirals and recent changes to pension schemes.
- Implementation and delivery of The Care Academy.
- Develop Midlothian HSCP as a centre of training excellence.
- A more consistent integration of health and social care teams across the partnership enabling access to learning and development across both employing organisations.
- Increasing professional supervision for staff particularly those who work in isolation.
- More effective induction programmes for all posts to ensure staff feel supported, valued and ensuring consistent and appropriate models and levels of supervision are available to all staff.
- Management development programmes to ensure team leaders are equipped to undertake their role effectively to support staff to be the best they can be.
- Increase in technology assisted learning and development programmes.
- Develop 3 year plan to commence 1st April 2022.

Section 6 – Supporting the workforce through transformational change (Refer to Annex 1 for indicative Content)

The Health and Care (Staffing) (Scotland) Act 2019 introduced into legislation guiding principles for those who commission and deliver health and care services, which explicitly state that staffing is to provide safe and high quality services and to ensure the best health care or care outcomes for service users. While this is the main purpose, health and care services should promote an efficient, effective and multidisciplinary approach which is open with and supportive of staff.
Technology is playing an increasing role in the services we deliver, providing better online services and helping people to manage their health at home through initiatives such as video clinics, digital access to records, test results, outpatient booking and online services for triage and repeat prescriptions. SSSC, NES and others continue to make long term commitments to develop resources that support the workforce to use and embrace technology.

There are also particular issues in parts of the health and social care workforce, where the age profile of staff suggests high levels of retirals in the next 10 years.
One area where this could have a significant impact is nursing where 19.2 % of the workforce is expected to retire in that period. There is a 5.6% vacancy level across Scotland for nursing posts and this is particularly evident in care homes with higher nurse vacancy percentages and this is recognised in the care homes in Midlothian.
There are similar challenges in social care, which has an overall vacancy rate almost twice the Scottish average (COSLA 2021).The care home and care at home workforce is experiencing high vacancy levels with many services reporting problems filling jobs.
Although there is a national trend of lack of Mental Health officers; Midlothian has been able to maintain their numbers through dedicated training and support through the Joint Mental Health team. There are no unfilled social worker posts in Midlothian with all staff on permanent contracts and a highly skilled and experienced team. The implementation of the Primary Care Improvement Plan is a significant development in Midlothian. Successful implementation requires robust national workforce planning to ensure there is sufficient workforce for the new roles.

Supporting the workforce to meet the increasing demand will encompass a range of activities to ensure those requiring the service are not left at risk and staff not overwhelmed with workloads. These are outlined in section 5 however these activities will include:-

- Offer skills, training and qualifications programme targeted to those most affected by the pandemic – including disabled people, minority ethnic communities and lone parents.
- Implementing block contracts in September 2021 with external care at home providers to improve terms and conditions of staff to increase retention of staff and increasing consistency of care to the client and increasing capacity.
- Introduction of The Lothian Care Academy Development.
- Complete bespoke rapid recruitment and induction for care staff to keep vacancies at a minimum
- Development of contract agreements for competency assessment to upskill staff on specific tasks especially for care at home and care home staff.

- Performance matrix to inform change and redesign such as OUTNAV and Tableau dashboards.
- Involvement and membership of the City Region Deal to work with key stakeholders with identifying workforce gaps and planning with colleges, universities and employers developing routes to fill these gaps.
- Increased SVQ assessor role resource to ensure SVQ programmes meet increased demand within set timescales.
- Working closely with NES and SSSC to provide appropriate training/ learning and development across a range of service areas to upskill staff.
- Work in partnership with Lifelong learning and employability programmes to deliver increased numbers of both Foundation and Modern apprenticeships.
- Work with Skills Development Scotland on other employability programmes such as Kickstart and Youth guarantee.
- Offering placements to a range of students including Nursing, HNC in Social services (12 due to start in May 21), AHP's, Paramedics; Social Workers.
- Improving performance data sources to integrate NHS and Council workforce HR information across the partnership.
- Development of the care home support team to provide skilled clinical care and support to the care homes in Midlothian.
- Expansion of intermediate care services to ensure flow is paramount.
- Audit and review of staff qualifications for SSSC and Care Inspectorate compliance.
- Development of the Midlothian brand to demonstrate commitment to support staff.
- A continued focus on integrated teams and roles where relevant, supporting care models.
- Digital first approach e.g. Trickle App to understand team "mood".
- Undertake evaluation of induction periods for newly qualified social workers.
- Introduce rotation opportunities for Band 5 AHP staff.

Summary

Workforce planning is not an exact science and this plan represents a key stage in setting out the strategic direction of the priorities and actions Midlothian HSCP aim to deliver in the forthcoming year and beyond. It will support workforce planners and staff to address the complexities between demand for services and availability of staffing resource across all elements of health and social care services. Developing strong national governance structures for workforce planning will assist partnerships to deliver on their workforce plans providing directions on updated information such as data from surveys on the changes to the labour market and the impacts this will have for future recruitment and retention. Also accessing information from the TURAS Data Intelligence Platform, bringing together workforce data in one place. Developing local and national initiatives to tackle filling hard to fill posts will assist in ensuing the services have the appropriate staffing resources to meet demand. The data illustrates having a skilled, competent and supported workforce providing stability to staffing establishments with increased staff retention remains absolutely critical to delivering safe, effective and person centred care.

Midlothian Integration Joint Board

17th June 2021, 2.00pm

Primary Care Improvement Plan

Item number: 5.8	**Agenda number**

Executive summary

This paper summarises progress to implement the Midlothian Primary Care Improvement Plan (PCIP) and highlight the implications of the Joint British Medical Association (BMA)/Scottish Government Joint Letter. A revised PCIP will be developed during 2021 which will informed by the level of future PCIP funding.

Board members are asked to:

- Note the progress implementing the PCIP and where there have been delays dues to the COVID response in 2020
- Note that the Joint BMA/SG letter has implications for the current PCIP
- Note that funding for 2022/23 onwards for the PCIP has not been confirmed but that there is a significant gap between the cost of a full PCIP in Midlothian and the current level of funding
- Agree that an updated PCIP will be brought to the IJB later in 2021 after further information has been received from Scottish Government.

Report

Primary Care Improvement Plan

1 Purpose

This paper summarises progress to implement the Midlothian Primary Care Improvement Plan (PCIP) and highlight the implications of the Joint British Medical Association (BMA)/Scottish Government Joint Letter. A revised PCIP will be developed during 2021 which will be informed by the level of future PCIP funding.

2 Recommendations

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

- Note the progress implementing the PCIP and where there have been delays due to the COVID response in 2020.
- Note that the Joint BMA/SG letter has implications for the current PCIP.
- Note that funding for 2022/23 onwards for the PCIP has not been confirmed but that there is a significant gap between the cost of a full PCIP in Midlothian and the current allocation.
- Agree that an updated PCIP will be brought to the IJB later in 2021 after further information has been received from Scottish Government.

3 Background and main report

3.1 The Midlothian Primary Care Improvement Plan (PCIP) is the main driver for HSCP-led developments in General Practice. The PCIP was approved in June 2018 by the Midlothian IJB. The PCIP describes the priorities and approach taken in Midlothian over three-years to support the implementation of the 2018 General Medical Services contract. The PCIP covered the period from 1st April 2018 to 31st March 2021.

3.2 The requirement for the PCIP was set out in the Memorandum of Understanding (MoU) between Scottish Government, Integration Authorities, NHS Boards and the Scottish General Practitioners Committee of the British Medical Association. The functions described in the MoU would transfer to the responsibility of the HSCP to deliver. Dedicated funding from Scottish Government has been provided to support the implementation of the PCIP. The funding allocated to the HSCP was £840K in 19/20, £1.7M in 20/21 and £2.4M in 21/22.

3.3 There are six dimensions in the PCIP. The following section provides a brief summary of progress in Midlothian against each dimension

3.4 Vaccination Transformation Programme

Childhood Vaccinations were transferred from practices in Year 1 of the PCIP. Travel Vaccinations were also to be transferred in Year 1 but haven't. This is being progressed as a pan-Lothian service.

The responsibility for Seasonal Flu Vaccinations were to be transferred to the HSCP in 2021. In 2020 a joint approach between General Practices and the HSCP led to the highest uptake across all HSCPs in Lothian.

- 85.3% uptake in 65+ cohort compared to Lothian average of 78.5%
- 63.4% uptake in All-at-risk cohort compared to Lothian average of 53.3%
- The HSCP will take on full responsibility of vaccinations from General Practice in October 2021.
- Transfer of Shingles and Pneumovax has been delayed but will be incorporated into the CTAC programme during 2021.
- A Travel health service was delayed but will be established during 2021 in a location in Midlothian.

3.5 Pharmacotherapy

Pharmacotherapy was prioritised in Year 1 on the PCIP. Recruitment has remained challenging with several staff moving onto new roles across Lothian during the lifespan of the PCIP.

All practices in Midlothian are supported through a combination of pharmacists and pharmacy technicians although some practices receive less than 0.6 pharmacist sessions per 8000 population which was the level agreed in the PCIP.

The team complete circa 15,000 medicine reconciliations per annum (estimated 50% of the Midlothian total) and 12,000 Acute and Repeat prescriptions (estimated 5% of the Midlothian total. In addition, the team provide other support to practice teams for patients.

There remain significant limitations on the national workforce capacity which is making it difficult to reach and sustain full team compliment.

3.6 Urgent Care and Additional Professional Staff (two dimensions)

Musculoskeletal Advanced Practitioner Physiotherapists (MSK APP) were prioritised in the Midlothian PCIP and all practices in Midlothian have the service in place. Recruitment into the MSK APP service was achieved through a series of recruitment processes and staff in this team are remaining in the service. The MSK APP workforce has been supported with further training with 5 now Independent Prescribers and 3 are trained injectors. The service has has increased capacity each year with over 16,000 appointments between April 2018 and January 2021 (4176 in 18/19, 5654 in 19/20, 6337 in 20/21 till January).

The Primary Care Mental Health Nurse service was developed during Year 2 of the PCIP. Initially this was fully funded by the PCIF but as the service has expanded the additional posts have been funded from Action 15 and now. The ratio now is 1/3 PCIF and 2/3 Action 15 funding. The service is now operational in all 12 practices. It was in seven practices until the last recruitment round). There are 10 nurses working in the services (8.8 WTE). During COVID19 response the service was pulled back from practices but has been reintroduced. Some practices are piloting direct patient booking via the reception team to reduce GP contacts.

3.7 Community Treatment and Care Service

Phase 1 of CTAC development is underway in Midlothian but was delayed due to the COVID response. Three practices have agreed to develop the model with the HSCP (Penicuik, Eastfield, Roslin) during this phase. A combination of five HealthCare Assistants and five Community Nurses have been funded for this phase and have been in post since January 2021. Due to the demands on the HSCP to run the COVID Vaccination Hub at Midlothian Community Hospital it was agreed with General Practices that the CTAC nurses could support the hub until HSCP recruitment for vaccinator posts was completed. The CTAC nurses will start working in the CTAC pilot in March and Phase 1 was operational from 1st April.

3.8 Link Workers

The Wellbeing Service was operating in 75% of Midlothian Practices at the start of the PICP and was extended to all practices in Year 1. The service moved to a telephone-based service during COVID19 response.

4 GMS Contract Update for 2021/22 and Beyond

4.1 In December 2020 a Joint Letter was published from the Scottish Government and the British Medical Association setting out a direction for the General Medical Services Contract from 2021/22 and beyond. The intention is to make the current reforms a permanent part of the support General Practices receive from NHS Board and HSCP by putting them on a contractual footing. The Scottish Government and the BMA have jointly agreed to the following approach for each of the multi-disciplinary team services committed to in the Contract offer:

4.2 **Vaccination Services** – All vaccinations still in the core GMS contract will be removed and be the full responsibility for NHS Boards and HSCPs to deliver from **1st October 2021**.

4.3 **Pharmacotherapy** – Regulations will be amended so that NHS Boards are responsible for providing a Level One Pharmacotherapy service to every general practice for **2022-23**. Payments for those practices that still do not benefit from a Level One Pharmacotherapy service by 2022-23 will be made via a Transitionary Service until such time as the service is provided.

4.4 **Community Treatment and Care Services** (CTAC) – Regulations will be amended so that Boards are responsible for providing a community treatment and care service for **2022-23**. Where practices do not benefit from this service, payment will be made via a Transitionary Service basis until such time the service is provided.

4.5 **Urgent care Service** – Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for **2023-24**. Consideration will need to be given about how this commitment fits into the wider Redesigning of Urgent Care work currently in progress.

4.6 **Additional Professional Roles** (e.g. Mental Health Workers, Physiotherapists, Community Link Workers) – The pandemic has highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. Working with Health & Social Care Partnerships and NHS Boards, we will consider how best to develop these services

at practice level and establish more clearly the 'endpoint' for the additional professional roles commitment in the Contract Offer by the end of 2021.

4.7 In response to the Joint Statement a rapid review process was established in Midlothian to assess the position of PCIP services against the Midlothian PCIP goals and within the context of the Joint-Letter. The first phase involved a series of sessions with a working-group including the Clinical Director, Head of Older People and Primary Care Midlothian GP-Sub Rep, Cluster Quality Lead, Management GPs. This process will assist with determining:

- PCIP Investment Priorities for 2021/22 and beyond
- Service Level expectations from 2022/23 onwards
- The cost to meet the expectations and risks to the HSCP
- Challenges and Opportunities within the PCIP service area

4.8 A revised PCIP will be taken to a future IJB meeting in 2021 for approval.

5 Directions

5.1 This relates directly to Direction 5 Primary Medical Services

6 Equalities Implications

6.1 There are potential equalities implications. These have been limited by developing service models operating within General Practice buildings thereby maintaining comparable levels of geographical access to General Practice.

6.2 Further development of the CTAC service will require a EQIA because some CTAC functions will be delivered from one location for people registered to several General Practices.

7 Resource Implications

7.1 There are significant resource implications for the Primary Care Improvement Plan. There has been dedicated funding from Scottish Government to support the implementation. This has increased from £840K in 2018/19 to £2.4M in 2021/22.

7.2 The allocations for 2022/23 onwards have not been set by Scottish Government. Information has been requested from all HSCP describing progress and requesting detail on the full cost of delivering the PCIP. The HSCP has reported this will cost £5.8M per annum and require approximately 131 WTE staff. This does not include the cost of the Vaccination Transformation Programme. The level of the current allocation will prevent Midlothian HSCP achieving the deadlines set out in the Joint BMA/SG letter.

7.3 The HSCP will review PCIP planning assumptions once detail on future allocations has been confirmed and this will inform the development of the PCIP.

8 Risk

8.1 These are the main risk from the PCIP

Financial

The HSCP has an allocation of £2.4M in 21/22. PCIP commitments are within £2.4M on a recurring basis. Further funding will be required to implement a full PCIP.

The December 2020 BMA/SG Joint Statement introduced a *Payment for a Transitional Service*. This payment will be made to General Practices where PCIP services have not been transferred to the HSCP. It is not known at this stage the financial cost or risk associated with this contractual commitment.

Workforce

The HSCP has had difficulty recruiting to some PCIP services. Further recruitment will be required to increase capacity and there will be increased competition national for a limited workforce marketplace as all HSCPs act to deliver the new requirements from the Joint Statement. There may be insufficient workforce to fully deliver the aspirations and there will be system-level risks for core clinical roles (e.g. Pharmacists) if there is migration to new PCIP roles. Careful workforce planning at HSCP, Board and National levels will be necessary.

Accommodation

The PCIP will increase pressure on clinical space within General Practices. A proportion of this pressure may be offset by changes in service delivery with remote working and use of technology such as Near-Me. The pressure on General Practices resulting from housebuilding is being addressed through the HSCP's Primary Care development plan. Further investment in PCIP services requires a review of demand on all clinical rooms in General Practices to identify and address pressure points. This review will commence during Summer 2021.

9 Involving people

General Practices in Midlothian have been actively involved in the development of services in the PCIP. The Local Medical Committee has approved the PCIP and received updates during its implementation. Feedback has been collected from people using the new services which has informed further improvement.

Specific HSCP services have been involved in developing new service models with General Practices

The Strategic Planning Group has received update papers during the implementation of the PCIP. The last update was in April 2021.

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DATE	2nd June 2021

Midlothian Health & Social Care Partnership

Wednesday 17th June 2021, 2.00 – 4.30pm

Clinical and Care Governance Group (CCGG) report

Item number: 5.9	**Agenda number**

Executive summary

This report to Midlothian Integrated Joint Board aims to provide assurance regarding the care and clinical governance arrangements within Midlothian Health and Social Care Partnership.

Board members are asked to note and approve the contents of this report.

Clinical and Care Governance Group (CCGG) report

1 Purpose

1.1 This is the Clinical and Care Governance Group (CCGG) report for Midlothian IJB.

2 Recommendations

2.1 Board Members are asked to note and approve the content of this report.

3 Background and main report

3.1 The CCCG continues to meet over Microsoft Teams on alternate months and last met on 7th May 2021.

In line with the lead taken by the NHS Lothian Health Care Governance Committee and to highlight good practice in person centred approaches, the meeting started with an account of a person's story.

Alison White shared a story about an individual with a learning disability who recently moved to his own home in a local community after living in hospital for around 15 years.

Reports were received from five of the eight Quality Improvement Teams (QITs) within Midlothian HSCP: Allied Health Professions, GP Cluster Leads, Health Visiting and Adults with Complex and Exceptional Needs, Midlothian Community Hospital and Learning Disability Services.

3.2 **Information of particular interest to highlight to IJB members are:**

- The Lead AHP's engagement in work to review the operation of the home equipment store in Midlothian and discussion to progress art therapies within Midlothian.
- The planned development of a Nutritional Care Group linking up the different services and disciplines across the HSCP under the umbrella of a Pan Lothian group. (a requirement following the HIS inspection of Midlothian Community Hospital in September 2020)
- The establishment of a Medicine Policy Governance Group
- The need for an improved local process around removal and replacement of condemned manual handling equipment at Midlothian Community Hospital is noted and this has been added to the Risk Register.
- The ongoing work to recruit to vacant Staff Nurse (Band 5) posts at Midlothian Community Hospital.

- NHS Lothian's success in applying for re accreditation under the UNICEF Baby Friendly scheme (Health Visiting)
- Training rollout in Health Visiting for the Solihull Model to address perinatal mental health
- Ongoing work in Learning Disability Services to deliver personalised care plans
- The GP Cluster QIT discussions on GP workload, service available from Children 1st and a number of improvement projects.

The CCGG will meet again in July and its annual report to the NHS Lothian Governance Committee will be submitted for consideration at its September meeting.

3.3 **Care Home Oversight and Clinical and Professional Leadership**

The Scottish Government has further extended the requirement for Executive Nurse Directors to provide professional leadership, corporate oversight and enhanced infection and prevention and control arrangements for care homes. Recurring funding, ring fenced until 31 March 2023 has been announced.

Midlothian's Care Home Support team (CHST) has been augmented over the last year. The team works closely with the managers and staff of the 10 care homes for older people in Midlothian providing support, advice and education. This approach is now further enhanced by the Lothian-wide specialist teams providing specialist service in relation to infection prevention and control, tissue viability, clinical education and quality improvement. He operation of visiting, the quality of care plans, the development of anticipatory care plans and advice and support around the provision of end of life care are particular areas where the CHST has been able to support care homes and improve the quality of care for care home residents.

The CHST contacts each care home daily and makes at least one in-person visit weekly which is guided by a checklist to provide a consistent and comprehensive approach to the delivery of oversight and assurance. The CHST Team Manager facilitates a weekly virtual meeting for all Care Home Managers which provides a forum for discussion, mutual support and communication. A local oversight 'rundown' now takes place three times per week to review CHST activity, findings and concerns. A risk register is maintained, completion of the TURAS care home safety huddle tool is discussed and a weekly return to the Director of Public Health is completed.

The Midlothian rundown feeds into participation in twice weekly pan Lothian operational oversight meetings led by the Care Home Team Manager at NHS Lothian, and a fortnightly strategic oversight group chaired by the Executive Nurse Director. These meetings involve all four Lothian HSCPs, Public Health/Health Protection, Test and Trace, the Care Inspectorate, and the Tissue Viability, Infection Control, Clinical Education and Quality Improvement teams.

3.4 **Investigating and Learning from Adverse Events and Complaints**

An important aspect of clinical and care governance and assurance is learning from events where things have not gone well. Midlothian has well established processes to investigate and identify learning from complaints and all adverse events, with a particular focus on falls in hospital, pressure ulcers developed by people already in

receipt of a care services, and adverse events where major harm or death have occurred.

Work is being undertaken to develop and improve the process that is followed following the death of anyone using our Mental Health (MH) and Substance Misuse Services (SMS). A process was recently developed in Edinburgh with the aim of undertaking the level of review most appropriate for the specific circumstances, whilst ensuring that effective governance is maintained and there is appropriate recognition and support of families affected by these sad events. The Edinburgh process is now being rolled out across the other Lothian HSCPs with local adjustments being made to reflect the unique needs of each partnership. Midlothian has the support of a Quality Improvement Facilitator to refine the process to ensure it is robust and effective.

The local case review template has been developed and extensively tested to ensure that specific information to provide assurance regarding provision of expected standards of care (established pathway, specific protocols or procedures for example) and to highlight where there are concerns and where further, independent review would be required.

Systems will be established to re-check final reviews when post mortem and/or toxicology reports are received to ensure that no additional information has come to light which would impact on the review decision. Under the previous system, reviews were not carried out until these results were available which could result in delays of many months, with the opportunity for more timely learning compromised. To meet the new standards around completion, the Midlothian Significant Adverse Event Group will now meet fortnightly instead of monthly, and the minutes of that meeting will be submitted to the NHS Lothian Patient Safety and Experience Action Group.

The HSCP Senior Management Team receives a fortnightly verbal report from the Chief Nurse regarding the performance in the management of complaints and management of adverse events. The Quality Improvement Teams carry responsibility to implement learning from adverse events and complaints in their areas, and ongoing actions are shared with all Quality Improvement Team leads through the Clinical and care Governance Group to support shared learning across the partnership. The complaints management process has recently been refreshed with the aim of supporting timely responses to complaints.

3.5 **Remodelling of Midlothian Community Hospital**

The Board has previously been appraised of the reconfiguration of bed capacity at Midlothian Community Hospital.

Recruitment initiatives continue, and plans are being developed to align the commencement and induction of newly recruited staff to increasing bed capacity. A number of newly qualified nurses have been recruited to start their posts in September, and the staff at Midlothian Community Hospital look forward to welcoming these nurses to Midlothian at the start of their careers.

3.6 **Inspections**

The CCGG maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements. There are no new inspections of directly provided service to report since the IJB was last updated.

3.7 **Lothian Accreditation and Care Assurance Standards - LACAS**

The Chief Officer advised the IJB at the last meeting of the positive experience of Midlothian Community Hospital's Edenview and Loanesk wards' participation in the inaugural Lothian Accreditation and Care Assurance Standards benchmarking exercise. Edenview gained a Bronze award and Loanesk Silver. The report provided by the LACAS team advises that the Review provides evidence of the quality of care from bedside to board. It recommends that the partnership accepts there is moderate assurance that there are systems and processes in place to deliver the LACAS programme. At this time, the LACAS programme is unable to provide assurance that consistent quality person centred care is being delivered across the 2 ward areas, however, advises that high quality care was observed across both wards.

Quality improvement work is underway on both wards with the support of the LACAS programme to target priority areas to build from this good starting point with the aim of being able to evidence improved quality and higher levels of assurance in future. Areas of strength (moderate assurance) were noted to be pressure area care, infection control and prevention and medicines management. Areas for improvement include the more consistent use of standardised tools, particularly in relation to pain management, the management of patients exhibiting stress and distress behaviours and discharge planning. As COVID 19 restrictions ease, the reintroduction of face to face mandatory training programmes for staff will address improvement goals in the leadership and management domains of the framework.

From June 2021 the LACAS framework will be applied again across adult inpatient areas. Loanesk and Edenview will undergo their second assessment and the Rossbank Unit and Glenlee ward will participate for the first time. Future reports will inform Board Members of the findings of these assessments.

3.9 **Future developments: Electronic Care Planning and Risk assessment**

The in-patient wards at Midlothian Community Hospital are participating in a Lothian-wide initiative to support the delivery of person-centred care through electronic care planning and risk assessment.

A person-centred care planning educational package has been developed and the senior charge nurses and their teams will be preparing for implementation from July 2021. Ultimately (and once the required equipment is available) this development will support the electronic recording of observations which will support automated calculation of the NEWS score which can contribute to early detection of important changes in a patient's condition.

4 Policy Implications

4.1 This report should provide assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian.

5 Directions

5.1 Clinical and care governance is implicit in various directions that relate to the delivery of care.

6 Equalities Implications

6.1 There are no equalities implications arising directly from this report.

7 Resource Implications

7.1 Resource implications are identified by managers as part of service development. and additional resource may at times be required to ensure required standards of clinical and care governance are met. The expectation is that clinical and care governance is embedded in service areas and teams and that staff have time built in to attend the CCGG and undertake the associated responsibilities.

8 Risk

8.1 This report is intended to keep the IJB informed of governance arrangements and any related risks and to provide assurance to members around improvement and monitoring activity.

All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

9 Involving people

9.1 Midlothian staff are involved in the development and ongoing monitoring of processes related to clinical and care governance.

Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10 Background Papers

10.1 There are no background papers to accompany this report.

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Appendices:

Midlothian Health & Social Care Partnership

Thursday 17th June 2021, 2.00pm

The Mental Welfare Commission – Authority to Discharge: Report into decision making for people in hospital who lack capacity.

Item number: 5.10	**Agenda number**

Executive summary

This report is to ensure board members are aware of the most recent Mental Welfare Commission report - Authority to Discharge: Report into decision making for people in hospital who lack capacity and discuss the implications of the report for Midlothian.

Board members are asked to:

Note the content of the report
Accept a further report and action plan on how the Partnership will address the recommendations made within.

Report

The Mental Welfare Commission – Authority to Discharge: Report into decision making for people in hospital who lack capacity

1 Purpose

1.1 This report is to ensure board members are aware of the most recent Mental Welfare Commission report - Authority to Discharge: Report into decision making for people in hospital who lack capacity and discuss the implications of the report for Midlothian.

2 Recommendations

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

Note the content of the report
Accept a further report and action plan on how the Partnership will address the recommendations made within.

3 Background and main report

3.1 The Mental Welfare Commission has specific legal duties in relation to safeguarding the rights of people who are subject to the welfare provisions of the Adults with Incapacity (Scotland) Act 2000 (AWI Act).

As part of these duties the Commission carried out a review of the practice with specific reference to moves from hospital to care homes during March 2020-May 2020 and made further inquiries as to the rights based practice and legal authority supporting the moves. The focus of this work was to identify any learning and to ensure that this learning takes place, where required, to support and uphold the rights of individuals.

Midlothian fully participated within this process, providing full data of all moves that took place within this time frame and engaged in more detailed work with the commission about specific moves.

As a result of the MWC review a number of recommendations were made for Health and Social Care Partnerships. The responses to this will need to be made in partnership with Council and NHS.

Recommendation 1: HSCPs should undertake a full training needs analysis to identify gaps in knowledge in relation to capacity and assessment, associated legislation,

deprivation of liberty definition and the human rights of individuals (as detailed in this report) to inform delivery of training programmes to ensure a confident, competent multidisciplinary workforce supporting safe and lawful hospital discharge planning.

Recommendation 2: HSCPs should establish a consistent system for recording when an assessment of incapacity has been conducted, by whom and in relation to which areas of decision making.

Recommendation 3: HSCPs should ensure that staff facilitating hospital discharges are clear about the status of registered care home placements, in terms of law (see EHRC vs GGC)[1] and with regards the financial and welfare implications of different types of placements for the individual.

Recommendation 4: HSCPs should ensure that practitioners facilitating hospital discharges have copies of relevant documents on file detailing the powers as evidence for taking action on behalf of the individual who is assessed as lacking capacity.

Recommendation 5: HSCPs should ensure that assessments reflect the person as a unique individual with focus on outcomes important to that individual and not external drivers that have the potential to compromise human rights and/or legality of moves.

Recommendation 6: HSCPs should ensure that processes are in place to audit recording of decisions and the legality of hospital discharges for adults who lack capacity in line with existing guidance and the principles of incapacity legislation.

Recommendation 7: HSCPs' audit processes should extend to ensuring evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016.

Recommendation 8: HSCPs should ensure strong leadership and expertise to support operational discharge teams.

There were also 3 recommendations for the Care Inspectorate which will also have an impact on the Partnership.

Recommendation 9: The Care Inspectorate should take account of the findings of this report regarding the use of s.13ZA of the Social Work (Scotland) Act 1968 and consider the scrutiny, assurance or improvement activity to take in relation to this.

Recommendation 10: The Care Inspectorate should take account of the broader findings of this report beyond use of s.13ZA and consider how this might inform future scrutiny, assurance and improvement activity in services for adults.

Recommendation 11: The Scottish Government should monitor the delivery of the above recommendations and work with Health and Social Care Partnerships and the Care Inspectorate to support consistency and address any barriers to delivery over the next two years.

4 Policy Implications

4.1 It is critical that when supporting people to move between settings that we hold their human rights at the centre. It is essential when planning our services and the ongoing focus on delayed discharges and reducing occupied bed days that we do this within the Adults with Incapacity legislation framework. This report is a timely reminder of this and allows the opportunity to strengthen the already positive work within Midlothian and our focus on rights based work.

5 Directions

5.1 There is no requirement for new directions as a result of this report

6 Equalities Implications

6.1 The MWC have considered the equalities implications of this report, any changes that are required locally will be considered in line with the equalities agenda.

7 Resource Implications

7.1 There are no direct financial implications as a result of this report, further information would be provided in the follow report if there were impacts as a result of our response to this report.

8 Risk

8.1 There is a significant reputational risk if Midlothian were found to be not fully complying with the law when moving individuals. This was not found to be an issue within this report but there is an opportunity for us to strengthen our good practice in this area.

9 Involving people

9.1 Fundamental to the Adults with Incapacity legislation is how we involve people and their families in decisions about their future and wellbeing. Any response to this report will fully engage with all appropriate individuals.

10 Background Papers

10.1

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Appendices: The Mental Welfare Commission – Authority to Discharge: Report into decision making for people in hospital who lack capacity.

mental welfare commission for scotland

Authority to discharge: Report into decision making for people in hospital who lack capacity

May 2021

Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Foreword – Julie Paterson, chief executive

'People who lack mental capacity and who are being cared for and treated in care homes and hospitals are among the most vulnerable in our society'

People are admitted to hospital for specialist care and treatment based on their health needs. When people are clinically well enough to then leave hospital, they should receive all necessary information and support to return to their home, whether that is their own house or an alternative community setting which is their home. It is not in anyone's interests to stay in hospital when there is no clinical reason to do so. Planning discharge from hospital is therefore critical to ensuring that people leave hospital fully included in decision making, fully informed and with appropriate support. For those people who do not have the capacity to fully participate in discharge planning processes, legal frameworks must be considered to ensure appropriate lawful authority and respect for the person's rights. All adults have the right to receive the right support at the right time in the right setting for them.

In this report we decided to combine concerns about moves from hospitals to care homes during the early months of pandemic restrictions with a recent judicial review case we were involved in to find out more about the legality of hospital to care home moves.

This report is based on information submitted to us by Health and Social Care Partnerships (HSCPs).

It finds cases of reported unlawful moves.

Some of the practice concerns relate specifically to the pandemic. But, worryingly, the report also finds more endemic examples of poor practice, not specifically pandemic related. Lack of understanding of the law, lack of understanding of good practice, confusion over the nature of placements, misunderstanding over power of attorney. These findings are disappointing and may mean that many more moves were made without valid legal authority.

This report also finds a lack of uniformity from one HSCP to another, with different approaches to national legislation and guidance adopted in different areas.

Our report raises significant questions of training and approach in Health and Social Care Partnerships - issues that are dealt with in our recommendations.

Chief Officers of Health and Social Care Partnerships provided information as requested and, from the outset, shared the Mental Welfare Commission's commitment to identifying any learning and/or recommendations for improvements in practice. We hope that leaders of HSCPs and the Care Inspectorate, as regulatory body, now take recommended action to improve practice and outcomes for the most vulnerable adults in our society.

Contents

Executive Summary

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare and managing the finances and property of adults who lack capacity to make some or all decisions for themselves. This legislation is underpinned by principles of benefit to the adult, taking account of the person's wishes and the views of relevant others. Any action must be the least restrictive option necessary to achieve the benefit and importantly to encourage the adult to exercise whatever skills he or she has in relation to their welfare, property or financial affairs and develop new skills where possible recognising issues of capacity are not 'all or nothing', they are decision specific.

The Mental Welfare Commission has a statutory safeguarding role in respect of adults whose capacity to make decisions or to take actions to promote or safeguard their welfare is impaired due to a mental disorder. During the Coronavirus pandemic, a number of stakeholders raised concerns with the Commission regarding whether the appropriate legal authority was used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree to the move.

People who lack mental capacity and who are being cared for and treated in care homes and hospitals are among the most vulnerable in our society. The focus of this report was to examine the detail of a sample number of hospital to care home moves of people from across Scotland, to check that those moves were done in accordance with the law during the early stages of the pandemic.

The Commission therefore undertook to make further inquiries and sought information from Health and Social Care Partnerships (HSCPs) across Scotland in relation to people who had moved from hospital to registered care home settings during the period 1 March 2020 – 31 May 2020 (our sample period). HSCPs were very responsive to our request. Only Highland did not provide information within the timescale requested.

From those returns, we asked for information about 731 people from across Scotland, 465 of whom were reported by HSCPs to have lacked capacity to agree to a move from hospital to a care home (8 of whom in turn did not fulfil the inclusion criteria for this inquiry). Whilst all individuals should receive full information as to their rights in relation to discharge from hospital and outcomes to be achieved to allow them to exercise those rights, our work focussed on those (457) people reported as lacking capacity to do so (our sample size corresponded to approximately 10% of all discharges from hospitals to care homes reported by Public Health Scotland).

It was reported to us that people had been moved during the sample period without the protection of legal authority. These unlawful moves (involving 20 people) took place across 11 Health and Social Care Partnership areas. We learned that, for some of these moves, there had been specific pandemic related reasons for this. For example, a misinterpretation that easement of s.13ZA had been enacted as a result of the Coronavirus (Scotland) Act 2020 when in fact this legislation was never activated and was removed in September 2020. We also found that one HSCP introduced an alternative to applications for guardianship orders, making decisions 'internally' rather than recourse to the courts, the critical safeguard for individuals. This particular practice started in response to the pandemic and ended in August 2020. The Commission does not provide legal advice so we asked whether legal advice had been sought in relation to both these practices; confirmation was given that legal advice had been sought and given

The Commission's significant concern is that, in these cases, this may present as not only lacking in clear legal authority but also as an Article 5 deprivation of liberty and a possible breach of European Convention on Human Rights (ECHR).

Section 13ZA of the Social Work (Scotland) Act 1968 was reportedly used to authorise moves in 23 Health and Social Care Partnerships and either Welfare Power of Attorney or guardianship orders were used to authorise moves across 30 of the 31 Health and Social Care Partnerships.

We took further steps to analyse to assure legal rights were respected and protected beyond the 20 unlawful moves. For example, we asked questions about the 338 moves said to have been authorised using a Welfare Power of Attorney or Adults with Incapacity legislation. We found that those working in the field of hospital discharge were not always fully sighted on the powers held by attorneys or guardians (this was the case in 78 out of 267 cases of power of attorney related moves) or indeed whether the attorney's powers had been activated or guardianship orders granted. Whilst it is difficult to quantify the impact, our view is that such assumptions, rather than evidence based decision making, had the potential to render additional moves as unlawful and also as an Article 5 deprivation of liberty and a possible breach of ECHR.

We also found confusion in relation to the reported nature of the care home placement with potential impact on rights to protection of property where the person was admitted to a care home but remained liable for their property.

We established that practice was not consistent either within some HSCPs or across HSCPs. Indeed some HSCP staff had experience of working across HSCPs and reported that moving from one HSCP to another brought differences in practice into sharp focus. This is despite a range of existing guidance, policy and local arrangements to support implementation.

In summary, we found that whilst the pandemic brought significant pressures, the identified areas for improvement arising from our examination of a sample number of hospital to care homes moves, are not exclusively as a result of the pandemic. Our findings indicate longer standing systemic issues within HSCPS which require urgent action to address in order to safeguard and uphold the rights of the most vulnerable adults in our society. To this end, we have made eleven recommendations that we hope will assist HSCPs.

Recommendations

Based on our findings we recommend the following areas for improvement:

Recommendation 1: HSCPs should undertake a full training needs analysis to identify gaps in knowledge in relation to capacity and assessment, associated legislation, deprivation of liberty definition and the human rights of individuals (as detailed in this report) to inform delivery of training programmes to ensure a confident, competent multidisciplinary workforce supporting safe and lawful hospital discharge planning.

Recommendation 2: HSCPs should establish a consistent system for recording when an assessment of incapacity has been conducted, by whom and in relation to which areas of decision making.

Recommendation 3: HSCPs should ensure that staff facilitating hospital discharges are clear about the status of registered care home placements, in terms of law (see EHRC vs GGC)[1] and with regards the financial and welfare implications of different types of placements for the individual.

Recommendation 4: HSCPs should ensure that practitioners facilitating hospital discharges have copies of relevant documents on file detailing the powers as evidence for taking action on behalf of the individual who is assessed as lacking capacity.

Recommendation 5: HSCPs should ensure that assessments reflect the person as a unique individual with focus on outcomes important to that individual and not external drivers that have the potential to compromise human rights and/or legality of moves.

Recommendation 6: HSCPs should ensure that processes are in place to audit recording of decisions and the legality of hospital discharges for adults who lack capacity in line with existing guidance and the principles of incapacity legislation.

Recommendation 7: HSCPs' audit processes should extend to ensuring evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016.

Recommendation 8: HSCPs should ensure strong leadership and expertise to support operational discharge teams.

Recommendation 9: The Care Inspectorate should take account of the findings of this report regarding the use of s.13ZA of the Social Work (Scotland) Act 1968 and consider the scrutiny, assurance or improvement activity to take in relation to this.

Recommendation 10: The Care Inspectorate should take account of the broader findings of this report beyond use of s.13ZA and consider how this might inform future scrutiny, assurance and improvement activity in services for adults.

Recommendation 11: The Scottish Government should monitor the delivery of the above recommendations and work with Health and Social Care Partnerships and the Care Inspectorate to support consistency and address any barriers to delivery over the next two years.

[1] Equality and Human Rights Commission (2020). *Equality and Human Rights Commission reaches settlement on ending unlawful detention of adults with incapacity by NHS Greater Glasgow and Clyde* [online] Available at: https://www.equalityhumanrights.com/en/our-work/news/equality-and-human-rights-commission-reaches-settlement-ending-unlawful-detention (Accessed 19 April 2021).

Introduction

The Mental Welfare Commission has specific legal duties in relation to safeguarding the rights of people who are subject to the welfare provisions of the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act').

Section 9 of the AWI Act details the Commission's safeguarding role in respect of adults whose capacity to make decisions or to take actions to promote or safeguard their welfare is impaired due to a mental disorder.

Local intelligence gathering and calls to the Commission's advice line in the early stages of the Covid-19 pandemic suggested that people who were in hospital and lacked capacity may have been moved from hospital to care homes without full understanding of the legal requirements to ensure rights are upheld and the move to care was lawful. Specific concerns related to the use or otherwise of Section 13ZA of the Social Work (Scotland) Act 1968 particularly in the context of the Coronavirus (Scotland) Act 2020 ('the Coronavirus Act').

In addition, the Mental Welfare Commission were party to a Judicial Review led by the Equality and Human Rights Commission (EHRC) during this period. This Judicial Review concluded in December 2020 when NHS Greater Glasgow and Clyde (NHSGGC) and the owner of a chain of care homes, agreed to end the practice of placing patients in care homes without legal authority.[2] As a result of this agreement and commitment by NHSGGC to work with its partner local authorities to make sure that all patients and their families know what is happening and what their rights are in relation to discharge from hospital, EHRC stopped legal proceedings.

Given the concerns raised directly with us and the context of the Judicial Review involving NHSGGC, we wrote to Chief Officers of Health and Social Care Partnerships across Scotland in October 2020 seeking information in relation to people discharged from hospital to care homes. The intention was to identify whether or not there was evidence of unlawful moves from hospitals to care homes beyond that already confirmed in NHSGGC.

The focus of our work was therefore on people who were assessed as lacking capacity, the legal authority used to facilitate their moves from hospital to care homes and the evidence which confirmed that good practice (well documented in existing policy and guidance) had continued to be followed in the context of the significant challenges faced in the first three months of the Coronavirus pandemic.

Chief Officers of Health and Social Care Partnerships provided us with all information requested and shared the Mental Welfare Commission's commitment to identifying any learning and/or recommendations for improvements in practice. The only Health and Social Care Partnership which did not provide us with information, as requested, within timescale, was Highland. Highland's information is therefore not included as part of this piece of work.

[2] Equality and Human Rights Commission (2020). *Equality and Human Rights Commission reaches settlement*

What we did

The current project aimed to explore, within a sample of all moves reported, whether there were any unlawful moves of individuals, who were assessed as lacking capacity, from hospital into care homes.

We requested information from all 31 Health and Social Care Partnerships (HSCPs) in Scotland relating to all moves from hospitals to registered care homes that took place between 1 March 2020 and 31 May 2020. The information included i) name of the individual, ii) date of birth, iii) name of the care home the individual was moved to, and iv) contact details for the key contact person or team from the HSCP.

Highland did not provide information, as requested, within the timeline required. From the submitted information from all other HSCPs, we aimed to undertake further review of 500 cases of individuals who moved during this time period and who were assessed as lacking capacity to consent to the move. This corresponded to approximately 10% of all discharges from hospitals to care homes reported by Public Health Scotland (PHS).[3]

We randomly selected cases based on geographical location and age and reviewed a total of 731 cases for inclusion (see more detailed methodology in Appendix A). Of these, it was reported to us that 465 (64%) people were assessed as lacking capacity to make an informed decision in relation to a move to a care home and 266 (36%) people reportedly had capacity to consent to the move. After excluding eight cases that ended up not fulfilling our inclusion criteria, the sample on which this report is based is 457 cases (93% of our target sample).

[3] Public Health Scotland. (2020). *Discharges from NHS Scotland hospitals to care homes*. Available at: https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/discharges-from-nhsscotland-hospitals-to-care-homes/ (Accessed 5 May 2021).

Nature of Placement

What we expected to find

We wanted to know about the individual's move from hospital to the care home placement and asked each HSCP to tell us whether the move was permanent, temporary or on a respite basis. We would not routinely expect placements from hospital to a care home to be on a respite basis.

Where an individual is ready for discharge, we would expect decisions about ongoing care and support to focus on the needs of the individual and on achieving the best possible outcome for that individual. The decisions should be made through a multi-disciplinary process in consultation with the individual, family/carer and all agencies involved in planning the discharge. The individual should receive all relevant support and information to make an informed decision about future care options, including their right to appeal discharge from hospital should they disagree with the clinical assessment.[4]

The assessment that is undertaken at this stage is a significant part of the discharge planning process that determines the level of support, care and treatment that the person will need in order to lead a fulfilling life on discharge. It is important that this discharge planning starts as early as possible during an individual's admission to hospital, maximising their participation, maximising inclusion of any family/carers (section 28 Carers (Scotland) Act 2016) and maximising the involvement of key agencies such as social work, housing and community support.

The role of social work is critical in facilitating and coordinating discharges from hospital. Social work practice is underpinned by principles of social justice, human rights and anti-discriminatory practice. It necessitates a multi-disciplinary knowledge base and skill set along with a non-judgmental and compassionate value base. Local authorities have a duty under the Social Work (Scotland) Act 1968 (Choice of Accommodation) Directions 1993 to arrange places for individuals in a care home of their choice provided that the accommodation is suitable in relation to the person's assessed needs and whether they require ongoing long term care.[5]

Where an assessment recommends that an individual requires long term care in a care home then the person must be involved in the process of choosing that care home. This would be known as a permanent move. *Choosing a Care Home* was produced in 2013 by the Scottish Government and specifically outlines guidance for staff on discharge planning and supporting people through the process.[6]

The guidance suggests that, wherever possible, decisions about long term care should not be made in an acute hospital setting. Ideally, the person should be discharged to a more appropriate non-acute setting such as a community hospital or intermediate care facility for further rehabilitation and assessment.[7]

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[4] Scottish Government. (2015). *Hospital Based Complex Clinical Care*. Available at: https://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf (Accessed 5 May 2021).
[5] Scottish Government. (2013). *Guidance on Choosing a Care Home on Discharge from Hospital*. Available at: http://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf (Accessed 5 May 2021).
[6] Scottish Government. (2013). *Guidance on Choosing a Care Home on Discharge from Hospital*. Available at: http://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf (Accessed 5 May 2021).
[7] Scottish Government. (2013). *Guidance on Choosing a Care Home on Discharge from Hospital*. Available at: http://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf (Accessed 5 May 2021).

The assessments referred to above must ensure the provision of access to appropriate support so that the person's rights, will and preferences are genuinely reflected in decisions made that concern them. This should extend to those people who are assessed as lacking capacity to fully participate in the decision making about their future long term care needs and who are moving to a care home or other registered setting. This reflects the requirements of the UN Convention on the Rights of Persons with Disabilities which the Scottish Government is committed to upholding.

Whilst the circumstances during the period for which we collected data were unprecedented as a result of the pandemic, the legislative framework protecting those assessed as lacking capacity remained intact as a critical safeguard.

What we found

We found that 253 of the individuals in our sample (44%) were still in the care home they were admitted to following discharge from hospital when we made contact.

Out of our sample of 457, 337 (74%) had moved on a permanent basis, 113 (25%) had moved on a temporary basis and seven (1%) had moved on a respite basis.

Permanent placements

Of the individuals who moved to a care home on a permanent basis, 131 (39%) were no longer in the care home due to a range of the following reasons:

- re-admitted to hospital
- first choice of home became available
- placement at the care home had broken down
- the care home had closed
- the person had died.

Temporary placements

We wanted to know about moves that were identified as being temporary; 113 people moved on a temporary basis. Where a preferred choice of care home is not immediately available an individual may require to make a temporary (interim) move to another home with a suitable vacancy to wait on the care home of their choice.

Although this was the case for some of the individuals in our sample, we found that there were further reasons why the moves were classed as temporary.

HSCPs told us that there was pressure on wards to clear beds due to the pandemic and that resources had been developed in the community to support this.

We found that HSCPs were often not clear about the nature of placement as there were examples where we were told that it was a temporary placement because the person had moved to an NHS bed within a care home:

> *"A placement being referred to as a hospital placement but was actually a residential care home registered with the Care Inspectorate. It was referred to as an NHS to NHS transfer and social work services were not involved in the move until the person was required to be moved to a long-term placement. As a result this meant the person was moved from an acute hospital to an interim care home bed and then to a long-term care placement".*

We were told about other individuals who moved without the agreement of social work and social workers were advised after the event with the explanation that:

> *"These moves had been organised by health, often because wards were being cleared for Covid patients."*

We found that 43 (38%) of the 113 people who had been moved to a care home on a temporary basis were still in the same care home that they were initially moved to. Some of the reasons we were told why the move was a temporary placement are found below:

- First choice of home wasn't available
- In order for a full social work assessment to be undertaken
- Needed an interim move
- Had to move due to COVID
- Intermediate care facility to undertake assessment
- Needing rehabilitation.

Of the 43 temporary moves, we were told that 20 placements (47%) had been made permanent between the time of the move and our review. Examples of these cases were:

- Moved on a temporary four week placement to enable a full social work assessment of need. The placement was subsequently made a permanent placement.
- Moved initially as a temporary arrangement however was settled so remained there on a permanent basis.

We were told that some individual moves were temporary as the person required intermediate care. Intermediate care is a multidisciplinary service that can support people to be as independent as possible by providing support and reablement to individuals at risk of hospital admission or who have been in hospital. [8] For a care home to offer intermediate care facilities, the care home requires to register this facility/service with the Care Inspectorate. It was not always clear from HSCPs that the care home setting was registered for this specialist service, however we heard of people returning back home to live, so the outcomes were positive.

Respite placements

We were told that the nature of the placement for some individuals was identified as respite. Respite care means that the usual family/carer gets a break from their caring responsibilities, while the person cared for is looked after by someone else. However, we found that some of these individuals continued to remain at the care home and there appeared to be a lack of clarity about the nature and purpose of respite care in these instances.

Equally this too could have significant implications for a person's housing and financial affairs as they meet the costs of prolonged respite care whilst maintaining the funding for their accommodation in the community.

Identifying the nature of the placement (temporary, permanent, respite) for a person being discharged from hospital is not merely an administrative requirement - it can have significant impact on the person's welfare, property and finances. Confusion over whether placements are NHS or registered with the Care Inspectorate also has significant implications related to legal authority for moves and the human rights of the individual.

Professional holistic social work assessments are undertaken to ensure that all community care options are considered based on the unique individual needs of the person. We received feedback from HSCPs that suggested a focus on beds rather than people. This raises significant concerns in relation to the rights, will and preferences of the most vulnerable adults who lack capacity.

[8] Scottish Government. (2012). *Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland.* Available at: https://www.gov.scot/publications/maximising-recovery-promoting-independence-intermediate-care-framework-scotland/ (Accessed 5 May 2021).

Capacity to consent to the move

What we expected to find

The law recognises that each of us, as adults, has the right to make decisions for ourselves unless it is established that we lack the capacity to do so. There was no change to this law during the pandemic.

An individual may have difficulties communicating or expressing their views verbally, but this does not mean they necessarily lack the capacity to hold a view. [9] A person's capacity should be assumed unless there is evidence, despite individualised support, that they are unable to make informed decisions.[10] Capacity/incapacity is not all or nothing, it is decision specific, therefore it is important when decisions are needing to be made that it is clear in what areas the individual has capacity.

In 2019, Health and Social Care Integration, Scottish Government, produced the guide *Discharging Adults with Incapacity* which refers to what must be considered at the assessment stage if any concerns regarding capacity are raised.[11] It confirms that the individual should be referred to an appropriate clinician for a formal assessment of capacity.

We would expect that the matter of capacity to decide and agree to a move to a care home is fully considered in partnership with all adults being discharged from hospital to care homes. Where the medical assessment confirms that an adult does not have the capacity to agree to such a move, the existing legal framework should be taken into account and implemented to ensure appropriate safeguards and respect for the person's rights; human rights and social, cultural and economic rights.

What we found

Out of the 457 cases, we were told that 437 people (96%) lacked capacity and for the remaining 20 cases (4%) we were told capacity was unclear.

We found some good practice. For example, we were told of written letters on file from medical professionals confirming assessed incapacity. We also found clear recording in information systems detailing outcomes of capacity assessments and dates. However, this was not consistent across and within HSCP areas.

We were advised that it was difficult in some areas to get formal assessments of capacity carried out during the first three months of the pandemic due to other competing demands within the hospital, and that extracts from medical records were at times used to ascertain incapacity.

HSCPs advised that there was often a lack of clarity about who assessed that the person lacked capacity and when this assessment was carried out in relation to the person's ability to consent to a move to a care home. They reported that there is little in the way of guidance

[9] Mental Welfare Commission for Scotland. (2020). Working with the Adults with Incapacity Act – for people working in adult care settings. Available at: https://www.mwcscot.org.uk/sites/default/files/2020-08/WorkingWithAWI_June2020.pdf (Accessed 5 May 2021).
[10] Mental Welfare Commission for Scotland. (2021). *Supported decision making.* Available at: https://www.mwcscot.org.uk/sites/default/files/2021-02/Supported%20Decision%20Making%202021.pdf (Accessed 5 May 2021).
[11] Scottish Government. (2019). *Discharging Adults who lack capacity*. Available at: https://hscscotland.scot/couch/uploads/file/planning-discharge-from-hospital-adults-with-incapacity-march-2019.pdf (Accessed 5 May 2021).

regarding how and where incapacity is reported or recorded in practice. We were particularly concerned to hear them say that incapacity had, at times, just "been assumed".

Additionally we were given examples of where the practitioner did not consider it necessary to consider the person's capacity to decide on a move to a care home as a Power of Attorney (PoA) was in place. A PoA is granted at a point where the granter has capacity. It becomes operational only when the granter loses capacity. The existence of a PoA is therefore no indicator of incapacity and confirmation of incapacity is crucial for this legal authority to become valid.

In some cases where HSCPs had advised that the individual lacked capacity there appeared to be a degree of confusion as the HSCPs also reported that there was no need for legal intervention as the person had consented to the move. As discussed earlier, capacity is not an all or nothing concept and we would expect an assessment to be conducted specific to the individual's ability to make decisions about where they live and the type of care they receive. Lack of resistance to a proposed care plan should not be equated with consent.

Finally, there appeared to be a degree of confusion within HSCPs around terminology and the use of different parts of the AWI Act. For example, we heard consistently from HSCPs that an "AWI was in place" and that this therefore provided the legal authority for the move to a care home. On further analysis this would appear to have been a s.47 certificate which relates to decisions about medical treatment under Part 5 of the AWI Act. While this certificate is granted following an assessment of the individual's incapacity to consent to medical treatment, the authority of this certificate does not extend to decisions in relation to a significant move to a registered care setting with 24-hour supervision at all times.

Deprivation of liberty

What we expected to find

In 2014, the Mental Welfare Commission published an advice note in relation to the UK Supreme Court's view on the definition of deprivation of liberty (known as Cheshire West).[12]

The Supreme Court ruling states that deprivation of liberty is a matter of fact and does not depend on the purpose of the intervention or the nature of the person's individual circumstances. The majority of the judges agreed that the fundamental characteristics of deprivation of liberty are being "under continuous supervision and control" and "lack of freedom to leave".[13]

The Commission's advice note was clear that services should operate within the existing Scottish statutory framework, and be informed by this case law. What this means in practice is that if services are satisfied that a person who cannot consent will be deprived of their liberty, using the Cheshire West definition, then it is necessary to consider and record what lawful authority justifies that detention; not to do so is potentially a violation of a person's right to liberty.

This 2014 advice note remains relevant to date and we would expect that practitioners involved in arranging discharges from hospital and admissions to care homes would be familiar with this definition and the need for appropriate intervention to address any instances of deprivation of liberty they encounter. It is also important to note that extended unnecessary stays in hospital can also constitute a deprivation of liberty.

As part of this project we wanted to review how embedded understanding of deprivation of liberty was in practice.

What we found

Within the cases we sampled we felt that all the placements, including those termed 'interim or temporary' potentially represented a deprivation of liberty for the adults who lacked capacity, thereby engaging Article 5 of the European Convention on Human Rights (ECHR) (the right to liberty); this was not a view consistently shared by practitioners however.

Within the sample, 10% of practitioners did not believe that the placement constituted a deprivation of liberty, despite involving continuous supervision of the individual and a lack of freedom to leave the care home voluntarily(for example, keypad exit/entry systems where the numbers were not shared with residents). Some explained their view that the assessed need for this level of care, and the risks to the adult without this level of care, negated this definition.

We found a lack of knowledge of the Cheshire West ruling and a lack of understanding that intention to act in the best interests may potentially be discriminatory and prevent those most vulnerable from their right to access legal and procedural safeguards.

We noted that some HSCPs explained that they were not always sure about what constituted a deprivation of liberty and were keen to receive further advice and guidance on this subject.

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[12] Mental Welfare Commission. (2014). *Mental Welfare Commission response to queries related to when to use s13ZA v Guardianship following the Cheshire West Supreme Court decision* https://www.mwcscot.org.uk/sites/default/files/2019-07/cheshire_west_draft_guidance.pdf (Accessed 5 May 2021).

[13] Mental Welfare Commission. (2014). *Mental Welfare Commission response to queries related to when to use s13ZA v Guardianship following the Cheshire West Supreme Court decision* https://www.mwcscot.org.uk/sites/default/files/2019-07/cheshire_west_draft_guidance.pdf (Accessed 5 May 2021)..

Where areas had deployed mental health officers to support discharge planning processes this additional expertise was welcomed. It was also suggested that those involved in discharge planning were under significant pressure to manage delayed discharges, which felt like a process of "emptying beds" and it was a "battle" to retain focus on the person. Whilst this was exemplified by the pandemic, it was explained that the pressures relating to delayed discharge processes have been long standing and challenging.

Without understanding of what may constitute a deprivation of liberty, practice may well be flawed, with consequent impact on the rights of the individual who lacks capacity. Discharges from hospital to care homes bring this into sharp focus and practitioners require high levels of training, support and leadership to fulfil their functions to ensure that any moves are lawful and compliant with an individual's human rights, as well as their economic, social and cultural rights.

Legal framework for the moves

Within our sample, we were told that 74% of the moves that took place (involving people assessed as lacking capacity to decide on a care home move) were underpinned by the legal authority of a Welfare Guardianship Order or the existence of a Welfare Power of Attorney (hereafter 'WG/PoA'). Twenty percent of moves were reported under s.13ZA of the Social Work (Scotland) Act 1968 and two per cent under other legal frameworks, namely compulsory treatment orders under the Mental Health (Care and Treatment)(Scotland) Act 2003.

From the information we received there were 20 cases (4%) where no legal framework had been in place to facilitate the commissioning of the care home placement for the individual.

Whilst we welcomed the information provided by HSCPs, further analysis of the detail would suggest that not all the moves reported met the criteria for the legal framework we were told about.

Geographical differences in legal authority used

An overview of what legal frameworks were used in each HSCP is presented in Table 3. A dot indicates that we identified moves under that legal framework within the HSCP. Due to the small numbers in many areas, we have not published them here.

We found from the information we received that moves had happened without legal authority in 11 of the 30 HSPCs (37%) that we looked at, ranging from 3% of all moves in one area to 100% of all moves in one area. S.13ZA had been used in 23 (76%) of HSCPs, which ranging 8–36% of all moves. In 14 of these HSCPs (61%), the percent of moves under s.13ZA was higher than the overall average of 20%.

This information, however, is a reflection of the information we were provided by HSCPs. In the next sections we describe what we found when we looked into cases in more detail.

Table 3. Reported legal authorities used for moves by HSCP

HSCP	13za	No legal authority	WG/POA
Aberdeen City	●	●	●
Aberdeenshire	●	●	●
Angus	●		●
Argyll and Bute	●	●	●
Borders	●	●	●
Dumfries and Galloway	●		●
Dundee	●		●
East Ayrshire	●		●
East Dunbartonshire			●
East Lothian	●		●
East Renfrewshire	●		●
Edinburgh	●	●	●
Falkirk	●		●
Fife	●		●
Glasgow City	●		●
Inverclyde	●		●
Midlothian	●		●
Moray		●	●
North Ayrshire	●	●	●
North Lanarkshire	●	●	●
Orkney		●	
Perth and Kinross	●		●
Renfrewshire			●
Shetland		●	●
South Ayrshire			●
South Lanarkshire	●		●
Stirling and Clackmannanshire	●		●
West Dunbartonshire	●		●
West Lothian	●	●	●
Western Isles			●

Note that Highland did not provide information requested within the timescale required for this report and is therefore not represented here

Welfare guardianship orders/Power of Attorney

Of all 457 moves, 338 were reported to have been authorised by either Welfare PoAs (79%) or Welfare Guardianship Orders (21%).

Power of Attorney

What we expected to find

When someone makes a power of attorney (PoA) they appoint someone else to act on their behalf. The person making the PoA is called the granter and the person appointed to act on their behalf is called an attorney.

A PoA gives the attorney the legal authority to deal with financial/property matters (financial or continuing PoA) and/or personal welfare (welfare PoA).

- Powers relating to the granter's financial/property affairs are known as 'continuing or financial powers and may be given either with the intention of taking effect immediately and continuing upon the granter's incapacity, or to begin on the incapacity of the granter.
- Powers relating to the granter's welfare are known as welfare powers and cannot be exercised until the granter has lost the capacity to make these decisions.

A PoA is drawn up when the granter has the mental capacity to do so.

Following a number of publicity drives over the past few years to raise awareness about Powers of Attorney, there has been a rise in the number of PoAs registered with the Office of the Public Guardian (OPG).

Table 4. Number of PoAs registered, by year

Year	Number registered
2017-18	2,966
2018-19	2,975
2019-20	4,706
2020-21	6788

Source: Office for the Public Guardian[14]

The PoA can only be used when registered with the OPG and the attorney should provide a certificated copy of the document to relevant parties to confirm their status as attorney.

A PoA that is to begin in the event of incapacity should have a statement confirming that the granter 'has considered how their incapacity is to be determined' and HSCP staff using a PoA as legal authority for welfare decisions must be satisfied that incapacity has been confirmed according to this statement.

Where an attorney is stating that they are acting as attorney, they should be expected to produce the certificated PoA document that has been registered with the OPG. Relatives, on occasion, may refer to themselves as having PoA when they are in fact the person's appointee for Department of Work and Pensions benefits, or they are simply the next of kin. It is important to clarify and ensure a shared understanding.

[14] Office of the Public Guardian. (2021). *Expedited Powers of Attorney* [online] available at: https://www.publicguardian-scotland.gov.uk/general/about-us/performance/power-of-attorney-performance-2020-2021 (Accessed 20 April 2021).

Whilst it is important that consultation with relevant others takes place at times of key decisions it must be remembered that it is only a welfare PoA or a welfare guardian who would have the legal authority to make welfare decisions for an adult who has lost capacity to do so.

It is therefore vital that services ask for a copy of the PoA document to ensure that it has been registered with the OPG, to check what the powers are, and to confirm how the granter wants their incapacity determined.

For instance, where it states that the PoA requires to be triggered by a written medical statement of incapacity, this should be provided along with a copy of the PoA document. It is important that staff read the PoA document with regard to the powers and any stipulation about when the attorney can act, particularly where there are contentious decisions.

What we found

Within the cases we sampled we were told that the most prevalent legal authority used to authorise a move from hospital to a care home, was a welfare PoA, with 267 moves reported to be authorised by this legal authority.

However, in a number of cases where the HSCP advised that a PoA had provided the legal authority for the move, further analysis suggested that the validity of this legal authority was not always established.

We asked when the PoA which was authorising the move was granted, and in 70 cases this information was either unknown or not recorded.

Where a PoA was the reported legal authority for the move from hospital to care home, we asked if the powers had been triggered in accordance with the clause or "trigger" in the individual's document which stipulated how incapacity would be established. Seventy seven out of 267 confirmed they were unclear if the powers had been validly triggered, while the remainder confirmed that powers were triggered. Within this remaining 190 who confirmed that powers were triggered, 33 of these had no record of how, when or by whom incapacity had been assessed so it was difficult to state with confidence that these powers had, in fact, been triggered in line with the requirements of the PoA document.

We heard in some instances that incapacity had been confirmed as evidenced by an "AWI" being in place, however, as we discussed earlier, further analysis evidenced that this would appear to have been a s.47 certificate which authorises treatment for an adult who is incapable of consenting to the particular treatment. Although this may be an indicator of cognitive impairment in relation to treatment decision making, it does not equate to an assessment of incapacity to trigger a PoA.

We found in 78 of the cases where PoA was believed to be the legal authority for the move, HSCP practitioners reported that they had not read the PoA document. A further 61 reported that they had either read the document or had been advised of the contents of the document but had not recorded any of the details on records.

We asked if there was a power included in the document which authorised decision making in relation to where the granter should live. HSCPs advised that in 231 cases there was a relevant power. However given the number of instances where the documents were either unavailable or had not been seen, it is difficult to understand how this information had been ascertained other than reports that HSCPs had assumed the existence of this power as it is a standard power contained in most PoA documents.

There were examples within the sample where PoA was cited as the legal authority for the move but on further examination was found not to be the case, for example, where the powers related only to financial decisions or where the PoA had not been registered with the OPG. This highlights the requirement for HSCPs to seek a copy of the certified PoA document to inform their intervention and for a record of the validity of this authority to act on the granter's behalf.

The landscape in which these discharges from hospital were managed was complex due to the distanced working arrangements in response to pandemic restrictions which resulted in for example, social work staff not having access to the wards, medical notes or in many cases the patient themselves. We acknowledge the complexities which were in place at this time but it is unclear if these omissions were as a result of these restricted working arrangements or indeed arose as a result of a lack of understanding for some staff effecting hospital discharges about the different elements of what constitutes a legal proxy decision maker and the scope and limitations contained within individual documents.

Recording may well have been a significant issue in HSCP practitioners accurately reflecting retrospectively on individual circumstances when approached by us as part of this piece of work. In some instances the recording of relevant information was incomplete and at times absent, leaving practitioners in doubt about the circumstances around individual discharges. One example related to a care team recognising the limitations of a PoA given the persistent opposition of the person with incapacity to the move to a care home. The recorded recommendation was to apply for an interim guardianship order to ensure appropriate safeguards and to facilitate the move. Records were subsequently absent, and the key contact had assumed that the interim order had been granted. Further analysis confirmed no order had in fact been applied for, yet the move had taken place.

HSCP staff are bound by professional codes of practice which require clear, accurate and up to date record keeping – it is difficult to ascertain if these deficits in recording were as a result of the pressures staff were under including their restricted access to information systems at the time (due to home working) but it is clear that evidencing legal authority for a number of moves was compromised as a result.

It is important to note that practice varied across Scotland. In some areas good practice was clearly evidenced where a copy of the PoA document was accessible within records, there was clarity about what was required to activate the powers, a clear record of when an assessment of incapacity had been completed and by whom and the presence of a power to decide where the adult should live.

Welfare Guardianship

What we expected to find

Guardianship under the AWI Act is a legal process that allows relatives/carers or other parties, such as local authorities, to make certain decisions or take certain actions regarding the welfare or financial affairs of adults who are assessed as lacking capacity to make these decisions themselves.

Adults mean anyone over the age of 16 years. One of the primary uses of welfare guardianship under the AWI Act is to authorise not just where a person should live, but also the care he or she should receive, and how this is delivered. The powers granted relate to those areas of a person's life in which he or she lacks the capacity to make decisions or take actions which need to be made or taken to safeguard their rights and protect their welfare.

A welfare guardian is appointed by the court to make specific welfare decisions on behalf of an individual who does not have capacity to make decisions him or herself.

The expectation is that the welfare guardian should give a copy of the order granted to relevant professionals and care/support staff. This will ensure that all relevant parties involved in the individual's care know which powers have been authorised on behalf of the individual. The order should be kept on file so that it is accessible to staff who are providing day-to-day care for the individual. The decisions the guardian can make will be specified in the guardianship order. A guardian may have the legal authority to make a number of decisions on behalf of an adult who lacks the capacity to make these decisions for him or herself. However, presumption should not be made that the guardian has the power to make all decisions about the care of the individual and it is important that practitioners check that the guardian has the power to consent to the required decisions about the person's care home placement.

When a welfare guardian (or a PoA) is making decisions, they must adhere to the principles of the AWI Act at all times. These principles include:

- Any action or decision taken must benefit the adult and only be taken when that benefit cannot reasonably be achieved without it.
- Any action or decision taken should be the minimum necessary to achieve the purpose. It should be the option that restricts the person's freedom as little as possible.
- Account shall be taken of the present and past wishes and feelings of the adult, as far as they can be ascertained.
- Where practicable, they should take the views of relevant others into account.
- They must encourage the individual to use existing skills and gain new skills. This includes helping the individual to exercise any capacity he/she has to make choices concerning their property, financial affairs and their personal welfare.

Where a guardian requires to make the decision about moving to a care home on behalf of the adult, the guardian must have the necessary power in place to authorise this and must take into account the individual's views, both past and present.

What we found

We wanted to know how many people were subject to a welfare guardianship order which legally authorised the move to a care home. We found that, in our sample, welfare guardianship orders were granted prior to the move for 71 individuals who moved to a care home.

All of these individuals had a specific power authorising the adult to move to the care home. Guardianship orders in place were a mixture of private and local authority welfare guardians.

Some of the orders granted by the court included interim powers and had specific powers that gave authority to facilitate the move for the individual before the full guardianship order was granted. An interim order is time limited until a full hearing can take place in court.

An example in one HSCP showed that interim guardianship powers were granted to the chief social work officer (CSWO) in March 2020. This included the specific power to facilitate the move for the person from hospital to a care home with the full suite of powers subsequently granted to the CSWO.

When an application is lodged in court, interim orders can be requested at that specific time, and the sheriff will consider the necessity of such interim powers. Interim orders can expedite a legally authorised discharge from hospital for an individual who lacks capacity to consent to the move.

We were told about some guardianship applications that had been lodged in court however - due to the pandemic - the applications were not heard and had been put on hold. We also heard of instances where a HSCP reviewed the decision to apply for a welfare guardianship order and revisited legal authority for the move as the individual reportedly satisfied the criteria for other authorisation e.g. initially the HSCP concluded that an application for welfare guardianship was required, but on review felt that the individual met the criteria to be moved under s.13ZA.

We also found that there were cases where the HSCP believed that an order was in place at the time of the move however further inquiry confirmed that the order was not in fact granted until the courts re-opened, that is, after the person had moved to the care home. This confusion during the pandemic period led to the individual being moved unlawfully.

In line with earlier discussion around PoA, HSCP practitioners implementing a hospital discharge for an adult who lacks capacity to consent should seek evidence of the legal guardianship powers that they intend to use to effect the discharge. Without this, there is the potential that people can be moved without due legal authority and have their rights significantly compromised.

Section 13ZA of the Social Work (Scotland) Act 1968

What we expected to find

S.13ZA took effect in March 2007. It is a legal framework which allows a local authority to make significant care arrangements, under the powers of the Social Work (Scotland) Act 1968, where the person is not capable of making decisions about receipt of a service. The conditions state that there must be no existing proxy decision maker with relevant authority and there is no application for an order under the AWI Act with relevant powers in the process of being determined.

Intervention under s.13ZA may be appropriate where an adult does not indicate disagreement with the proposed action, either verbally or through their behaviour/actions, and it appears that they are likely to accept the care arrangements. All interested parties, including professionals and the person's family/carer must agree with the care intervention proposed.

In 2007 the Scottish Executive issued guidance to local authorities on their powers under the 1968 Act.[15] In 2014 we, the Commission, confirmed our view that what was good practice before the Cheshire West case will, in large part, remain good practice (pending any legislative change by the Scottish Government), but that the Cheshire West decision makes it even more necessary that there is a proper and auditable process for taking decisions on care arrangements for people who lack capacity, and that this process fully reflects the principles of the AWI Act.[16]

We therefore expected to find some moves made according to s.13ZA of the Social Work (Scotland) Act 1968 within our sample, with clear auditable processes detailing the basis of decision making.

The Coronavirus (Scotland) Act received Royal Assent on 6 April 2020 and the Commission noted the significant changes to how s.13ZA might operate under emergency powers in this Act. The Scottish Government agreed that the Commission would play a key role in ensuring a transparent scrutiny process if these emergency powers (also known as the easements to s.13ZA) were introduced, to prevent any abuse of these emergency powers.

The Scottish Government subsequently confirmed that even at the height of the pandemic "the fine balance between the right to life and the right to be consulted was not such that the provisions should be brought into force".[17] Easement of s.13ZA was therefore never introduced and on 29 September 2020 the provisions expired through The Coronavirus (Scotland) Acts (Early Expiry of Provisions) Regulations 2020.

We therefore did not expect to find any moves to have been made based on emergency powers linked to the Coronavirus (Scotland) Act given this legislation was not enacted and no cases were brought to the Commission's attention for scrutiny as per agreed process.

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[15] Scottish Executive. (2007). *Guidance for local authorities: provision of community care services to adults with incapacity*. Available at: http://www.sehd.scot.nhs.uk/publications/CC2007_05.pdf (Accessed 5 May 2021).
[16] Mental Welfare Commission (2020). *Working with the Adults with Incapacity Act for people in adult care settings*. Available at https://www.mwcscot.org.uk/node/1480 (Accessed 5 May 2021)
[17] Scottish Government (2020). Coronavirus (COVID-19): adults with incapacity guidance. Available at: https://www.gov.scot/publications/coronavirus-covid-19-adults-with-incapacity-guidance/ (Accessed 5 May 2021).

What we found

We were told that s.13ZA authorised 90 moves (20%) from hospital to care home in our sample. Whilst we were told that the majority of individuals who moved had their capacity assessed and this was confirmed by a doctor, we were told for some cases that it was unclear when the capacity assessment was conducted, but that it was recorded in the notes that the adult "lacks capacity". Other discussions with key contacts concluded that there was no evidence written in the record about the person's capacity, whilst we were told for some that "an AWI" was in place as discussed earlier, again evidencing confusion around understanding of this.

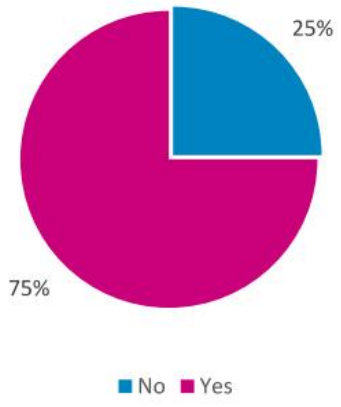
For a move to be authorised by applying s.13ZA, an adult must be incapable of making decisions about where they wish to live. If incapacity is not clear then this should be determined, following full support to maximise the person's participation in the decision making and should not be assumed.

The 2007 Scottish Executive guidance[18] highlights the requirements and processes to use when considering the use of s.13ZA as a legal framework. This includes who should be involved in discussions and what format these should take. The Scottish Executive confirmed that the views of all involved parties are important and therefore a record of the discussions and decisions reached should be maintained. As stated previously, in 2014, the Commission confirmed that Cheshire West reinforced the importance of auditable decision making processes in relation to safeguarding adults who are assessed as lacking capacity to decide on their care and support.

We found that in 70 of the cases where s.13ZA had been used (75%), a case conference and/or case discussion had taken place. Minutes of the discussion/conference were available in 60% (n=42) of these cases.

In 63% of cases where a discussion or conference had taken place, a mental health officer (MHO) had been involved, while in 33% no MHO had been involved and in 4% of cases it was unclear whether this had been the case. We heard of areas where MHOs operate within the hospital discharge teams and are involved in the majority of AWI Act/s.13ZA case conferences/discussions and this provided an additional safeguard to ensure decisions taken were compliant with legislation, rights and good practice.

Figure 2. Percent of s.13ZA cases where a case conference and/or case discussion took place



[18] Scottish Executive, *Guidance for local authorities*

In the 25% (n=20) where neither a case conference nor a case discussion had taken place, we were told that there was a record of the decision to use s.13ZA in 80% (n=16) of the cases. In the remaining four cases there was either no record of the decision or it was unclear if there was a record.

We also wanted to know if the principles of the AWI Act had been applied in cases where s.13ZA had been used. We were told that in 86% of cases (n=77) where s.13ZA had been used there was evidence that the principles of the AWI Act had been applied. However, in 10% of cases we found no evidence that this was the case and in four cases (4%) information was not provided.

We were told that due to the pandemic restrictions, most discussions/meetings took place virtually and often involved the key contact gathering the views from individuals separately due to restrictions in place and no access to wards.

We noted that individuals who lacked capacity and should have been at the centre of this process were not always seen and while we acknowledge the restrictions which were in place at this critical time of the pandemic, some areas did achieve inclusion while in other areas it seemed a fundamental omission.

We viewed some records as part of this project and saw that record of views and minutes of meetings were clear, concise and documented reasons why s.13ZA was applicable. For example:

> In Area W there were two instances when s.13ZA had been used as the legal authority to effect a transfer from hospital to a care home. Both of these were well documented on a system which was an embedded process in their IT system to ensure the relevant letters are sent to families and relevant people in the process; also decision making invoking 13ZA powers was well recorded. The two patients reviewed also had involvement from advocacy.

However, this was not always the case. We also had access to records where not all views were gathered and there was lack of detail regarding decision making and legal process. For example:

> No record of case conference or case discussion-there was a record of decision that says principles were not applied. Record in social work information system that individual was moved under s.13ZA - no record of who was involved in this decision.
>
> The adult's family were involved in the discharge decision making process. MHO and SW visited ward. There is a case note indicating that the doctor had confirmed that the person could move under s.13ZA but there was no record of a meeting/minute/manager decision. Son and daughter both involved in moving ..... to care home. No evidence of s.13ZA being properly used according to SW officer. There was a 13ZA pro-forma used but no details could be found by the social worker as the process had not been followed....

We also found occasions where s.13ZA appeared to be used inappropriately:

> S.13ZA was used to move this person, however the service user dissented ..... They moved to a permanent placement and are still in the care home. The record of views meeting shows that the service user did not agree to a move to a care home. The opposition (from the person) is described as 'soft' and due to Covid risks a 'liberal' application of 13ZA was used.

We heard from HSCPs that some areas believed that emergency legislation had in fact been implemented and that this revised version of s.13ZA had provided legal authority for some moves. For example:

> Some staff were of the understanding that emergency legislation had been enacted and as such views did not have to be taken in account. There appears to have been an e-mail from their legal department to this effect.

When section 13ZA was inserted in the Social Work Scotland Act in 2007 the intention was for the Social Work Inspection Agency to "from time to time, examine case records in relation to the application of this guidance and the use made of s.13ZA of the 1968 Act".[19] The health and social care landscape has evolved and changed considerably since 2007 and to date, this monitoring role has not been implemented.

[19] Scottish Executive, *Guidance for local authorities*

No legal authority

What we expected to find

Given the existing guidance, policy and legislation, including the Coronavirus (Scotland) Act 2020, we did not expect to find people, assessed as lacking capacity, being moved without legal authority from hospitals to care homes during the sample period.

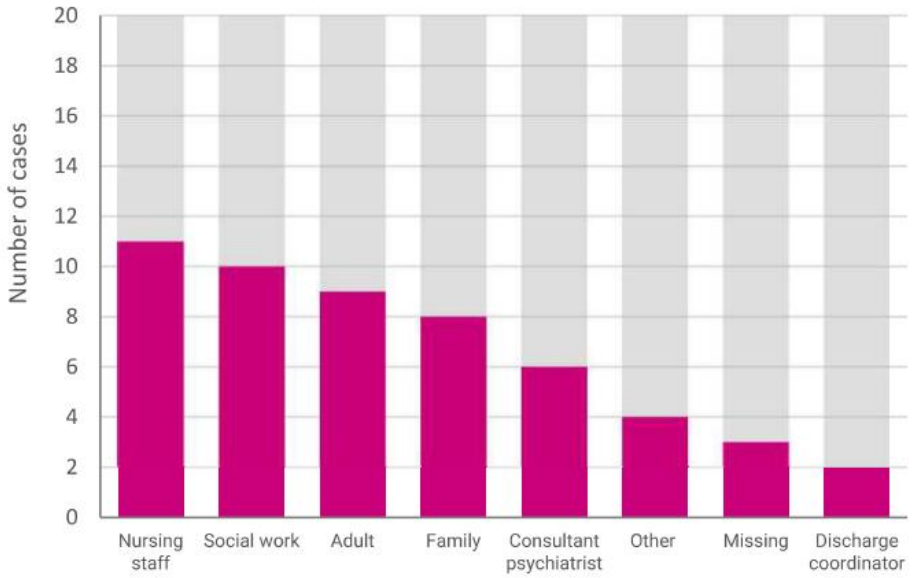
What we found

Within the data we collected, HSCPs identified 20 cases (4%) where no legal authority had been considered or been put in place to authorise the move. We wanted to explore who had been consulted about the move in these cases. Figure 3 shows that nursing staff were primarily consulted and social work staff were consulted in half of the cases. We were told that the adult who was subject to the move was consulted in only nine out of the 20 cases. Eleven people were moved without any consultation with them. There also appeared to be a lack of consultation with family and consultant psychiatrists in most cases, and a discharge coordinator had been consulted in two of the 20 cases.

Given the information received from HSCPs that these discharges had not been legally authorised we wanted to know if other important parts of the discharge process had been followed.

We looked at whether a social work assessment (SWA) had been undertaken in these cases. We found that in 18 cases a SWA had been done, a copy of the assessment was available for 16 of these cases. For the two cases where no SWA had been done, the notes indicated that an assessment had been done before the admission to hospital which recommended a package of care at home and had not been updated and for the other was because social work had not been involved in the move.

Figure 3. Individuals consulted about the move



Note that these categories are not mutually exclusive

We asked how these placements were funded and were advised that funding was in place for 18 of the 20 individuals who were moved without legal authority, the majority (n=15) were local

authority funded and the remaining three were self-funded. For the two individuals who did not have funding in place we noted the following:

> Funding for Person L was agreed by local authority on [date] but backdated to the date of admission to the care home.
>
> It was viewed by the HSCP practitioner as transitional care from NHS to NHS and social work services were not involved at this time. However, on checking this out further [name of care home] is not a NHS facility.

This data in relation to people who were moved with no legal authority is based on the information reported by HSCPs during the data collection stage of this project and relates to 20 people across 11 HSCPs out of a sample of 457. Although Highland HSCP did not provide information in time for use in this report, they did provide information suggesting that, like other HSCPs, moves may have been made there without appropriate legal authority too.

It is important to note that the reality, as described throughout this report, evidences a more worrying picture with regards to the legal authority used to facilitate moves. HSCP practitioners involved at the heart of the hospital discharge process consistently reported the use of what they believed to be a valid legal authority which, following further analysis, was not always the case.

This lack of clarity and understanding about the validity, scope and limitations of the use of legislation, has the potential to leave our most vulnerable adults at risk of their rights not being upheld and being detained unlawfully in care settings.

Summary of findings

We made contact in relation to 731 people who had moved from a hospital to a care home during the period 1 March 2020 to 31 May 2020. From the information reported, we looked further into 457 cases where the individual lacked capacity to engage in decision making around the plan to arrange 24-hour care in a care home setting for them.

We found evidence of some good practice, for example:

- Commitment to ensure that what mattered to the individual was central to outcomes and decisions made on their behalf
- Commitment to ensure that all efforts were made to ensure that the individual was supported to inform decision making where possible, including advocacy support and multiple direct contacts with the individual
- Respect for multidisciplinary roles and responsibilities ensuring that health and social care/social work retained focus on individuals and not other drivers such as beds and finance.
- Embedding the role of the MHO in discharge planning processes as a key safeguard with expertise and focus on the rights of individuals.
- Clear understanding of the requirement to ensure that reported powers under the AWI Act/PoA are activated, evidenced and referred to in practice.
- Interim guardianship powers sought, where appropriate, to effect timely and lawful hospital discharge.
- Increasing promotion and take up of PoA roles and responsibilities.

However, we found that practice was not consistent either within some HSCPs or across HSCPS. This is despite a range of existing guidance, policy and local arrangements to support implementation.

Some of our findings were specifically related to the pandemic. For example, we found some evidence that there had been an interpretation that easement of s.13ZA had been enacted as a result of the Coronavirus (Scotland) Act 2020 when in fact this legislation was never activated and indeed removed in September 2020. Although Highland HSCP did not provide us with information requested within timescale to fully inform this report, they did advise that they introduced an alternative to application for an AWI order, making decisions 'internally' rather than recourse to the courts, the critical safeguard for individuals. This particular practice started in response to the pandemic and ended in August 2020.

The Commission's significant concern is that, in these cases, this may present as not only lacking in clear legal authority but also as an Article 5 deprivation of liberty and a possible breach of ECHR. The Commission does not provide legal advice so we asked whether legal advice had been sought in relation to both of these practices; confirmation was given that legal advice had been sought and given.

Section 13ZA of the Social Work (Scotland) Act 1968 was reportedly used to authorise moves in 23 Health and Social Care Partnerships and either Welfare Power of Attorney or Welfare Guardianship was used to authorise moves across 30 of the 31 Health and Social Care Partnerships.

We took further steps to assure legal rights were respected and protected beyond the 20 unlawful moves reported and found that those working in the field of hospital discharge were

not always fully sighted on the powers held by attorneys or guardians or indeed whether the attorney's powers had been activated or guardianship orders granted. It is our view that such assumptions, rather than evidence based decision making, had the potential to render additional moves as unlawful and also as an Article 5 deprivation of liberty and a possible breach of ECHR.

We also found confusion in relation to the reported nature of the care home placement with potential impact on rights to protection of property where the person was admitted to a care home but remained liable for their property.

Evidence of poor recording practice made it difficult for HSCPs to answer some of our queries despite their best efforts to do so.

In summary, whilst we identified good areas of practice across HSCPs in Scotland we also identified significant areas of learning and improvement required. Whilst the pandemic brought unprecedented pressures to bear on HSCPs, the identified areas for improvement arising from our examination of a sample number of hospital to care homes moves, are not exclusively as a result of the pandemic. Indeed, our findings evidence longer standing systemic issues within HSCPS which require urgent action in order to safeguard and uphold the rights of the most vulnerable adults in our society. To this end, we have made eleven recommendations that we hope will assist HSCPs.

Recommendations

Based on our findings we recommend the following areas for improvement:

Recommendation 1: HSCPs should undertake a full training needs analysis to identify gaps in knowledge in relation to capacity and assessment, associated legislation, deprivation of liberty definition and the human rights of individuals (as detailed in this report) to inform delivery of training programmes to ensure a confident, competent, multidisciplinary workforce supporting safe and lawful hospital discharge planning.

Recommendation 2: HSCPs should establish a consistent system for recording when an assessment of incapacity has been conducted, by whom and in relation to which areas of decision making.

Recommendation 3: HSCPs should ensure that staff facilitating hospital discharges are clear about the status of registered care home placements, in terms of law (see EHRC vs GGC)[20] and with regards the financial and welfare implications of different types of placements for the individual.

Recommendation 4: HSCPs should ensure that practitioners facilitating hospital discharges have copies of relevant documents on file detailing the powers as evidence for taking action on behalf of the individual who is assessed as lacking capacity.

Recommendation 5: HSCPs should ensure that assessments reflect the person as a unique individual with focus on outcomes important to that individual and not external drivers that have the potential to compromise human rights and/or legality of moves.

Recommendation 6: HSCPs should ensure that processes are in place to audit recording of decisions and the legality of hospital discharges for adults who lack capacity in line with existing guidance and the principles of incapacity legislation.

Recommendation 7: HSCPs' audit processes should extend to ensuring evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016.

Recommendation 8: HSCPs should ensure strong leadership and expertise to support operational discharge teams.

Recommendation 9: The Care Inspectorate should take account of the findings of this report regarding the use of s.13ZA of the Social Work (Scotland) Act 1968 and consider the scrutiny, assurance or improvement activity to take in relation to this.

Recommendation 10: The Care Inspectorate should take account of the broader findings of this report beyond use of s.13ZA and consider how this might inform future scrutiny, assurance and improvement activity in services for adults.

Recommendation 11: The Scottish Government should monitor the delivery of the above recommendations and work with Health and Social Care Partnerships and the Care Inspectorate to support consistency and address any barriers to delivery over the next two years.

[20] Equality and Human Rights Commission (2020). Equality and Human Rights Commission reaches settlement

Conclusion

This piece of work aimed to explore, within a 10% sample of all moves reported, whether there were any unlawful moves of individuals from hospital into care homes during the early stages of the pandemic. Our sample size was small hence we expected any learning or outcomes to be indicative rather than definitive, that is, if we found unlawful moves in one area that would not necessarily mean that all moves had been unlawful in that area, similarly, if we found no unlawful moves in another area, that did not necessarily mean there had been no unlawful moves there.

Twenty unlawful moves, across eleven Health and Social Care Partnership areas, were reported directly to us. Further analysis suggested that there may have been more unlawful moves than reported. For example, within Health and Social Care Partnerships we found a general lack of understanding of the law used to provide legal authority to facilitate moves from hospital to care homes. We also found assumptions were made about whether legal powers were in fact in place.

When we set out to undertake this report we intended to make inquiries in relation to how the law was used to protect the most vulnerable adults in our community during the significant challenges of the pandemic period. During the course of this work we found examples of poor practice and a lack of knowledge of the law that were presented as more longstanding and endemic.

We will be contacting individual Health and Social Care Partnerships to highlight both good areas of practice and areas of practice which fall short. However we call on all Health and Social Care Partnerships to take urgent action now in relation to the 11 recommendations made in this report to develop both a supported, competent, confident workforce and local auditable processes to ensure implementation of good practice. We also ask the Care Inspectorate, the responsible regulatory body, to incorporate the findings of this report in their inspection activity.

Glossary

CSWO	Chief Social Work Officer. The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions. The role provides a strategic and professional leadership role in the delivery of social work services.
ECHR	European Convention on Human Rights
EHRC	Equality and Human Rights Commission
HSCP	Health and Social Care Partnership. A Health and Social Care Partnership is not a separate organisation distinct from the council or the health board. The term Health and Social Care Partnership or HSCP refers to the joint operational arrangements that exist in a council area between the council social work services and the health care services of the local health board. All clinical, professional and support staff who work within a HSCP are employed by the health board or the council in the specific geographical area.
Key contact	An identified member of staff from the HSCP who was able to provide information about the hospital discharge
MHO	Mental Health Officer. Mental Health Officers are social workers with a minimum of two years post qualifying experience who have gained the Mental Health Officer Award (MHOA), which prepares experienced social workers to undertake the statutory role defined by the AWI Act and the Mental Health (Care and Treatment)(Scotland) Act 2003.
PHS	Public Health Scotland
PoA	Power of Attorney – someone appointed by a person with capacity to make decisions about their welfare in the event that they lose capacity to do so themselves
OPG	The Office of the Public Guardian in Scotland was created when the Adults with Incapacity (Scotland) Act 2000 received Royal Assent. It is a single information point about financial provisions contained in the Act.
s.47	Section 47 (AWI) Certificate issued by a doctor where the adult cannot consent to the treatment being given.
Welfare Guardian	A person appointed by the Sheriff Court to make decisions in relation to the welfare of a person who has been assessed as lacking capacity to make these decisions themselves.

Legislation

- Adults with Incapacity (Scotland) Act 2000
- Coronavirus (Scotland) Act 2020
- Social Work (Scotland) Act 1968
- Carers (Scotland) Act 2016
- Mental Health (Care and Treatment)(Scotland) Act 2003
- The Coronavirus (Scotland) Acts (Early Expiry of Provisions) Regulations 2020

Links

- Equality and Human Rights Commission (2020). *Equality and Human Rights Commission reaches settlement on ending unlawful detention of adults with incapacity by NHS Greater Glasgow and Clyde* [online] Available at: https://www.equalityhumanrights.com/en/our-work/news/equality-and-human-rights-commission-reaches-settlement-ending-unlawful-detention (Accessed 19 April 2021).
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Appendix A – Data analysis and detailed methodology

We calculated descriptive statistics for the cases that lacked capacity, including the percentage of moves under each of the legal frameworks. For continuous variables such as age we calculated median and interquartile range (IQR)[21] in order to compare across groups. We cross-tabulated the legality of the move with individual characteristics (age, gender, diagnosis, ethnicity and HSCP) to assess whether there are any differences based on these characteristics.

We created a stratified sampling process in which we sampled cases according to HSCP (based on population size, see Table B1) and age group (based on age distribution in all moves reported by PHS, see Table B2). From the list of cases we received, we ordered the cases randomly and reviewed each case for inclusion until we reached the target number for each HSCP. Our inclusion criteria for full review of the move were: i) the individual was discharged into a registered care home and lacked capacity to consent to the move, ii) the discharge occurred between 1 March 2020 and 31 May 2020, and iii) the person was aged 16 years or older.

In total we assessed 731 cases for inclusion. Of these, 465 (64%) people were assessed as lacking capacity to make an informed decision in relation to a move to a care home and 266 (36%) people reportedly had capacity to consent to the move. A number of people who had capacity also had diagnoses of mental health related conditions. Of those people who were reported as having capacity, we asked questions of the key contact to ensure that consent had been free and informed and recorded in case records. After excluding eight cases that ended up not fulfilling our inclusion criteria, we here report on 457 cases which we reviewed in detail.

Cases where the person was assessed as having capacity to decide on the move to a care home were noted in the list of received cases to track the proportion of moves that included individuals with and without capacity, only statistical information has been retained and all personal details about individuals assessed as having capacity has now been deleted from the Commission's server.

For cases where individuals lacked capacity, we used a proforma to collect the relevant information to determine which legal authority was used. Information on individuals who lacked capacity will be stored for three months after publication of this report and then deleted from the Commission's servers.

While we aimed to include 500 cases of individuals who lacked capacity, we had issues in some areas to fill the sample. In some HSCPs, the workload and remote working meant that there were limits to the engagement with the project that key contacts could provide within the time scale.

[21] The IQR is a measure of spread of values, where the value for the third (75%) and first (25%) quartile are subtracted to indicate where there middle 50% of observed values.

Appendix B – Sampling

Table A1. Distribution of Scotland's population and corresponding numbers for target sample of N=500

HSCP	Population[a]	<64 years	65-84 years	85+ years	Total
Aberdeen City	4%	2	10	9	21
Aberdeenshire	5%	2	11	10	24
Angus	2%	1	5	5	11
Argyll and Bute	2%	1	4	3	8
Clackmannanshire and Stirling	3%	1	6	6	13
Dumfries and Galloway	3%	1	7	6	14
Dundee City	3%	1	7	6	14
East Ayrshire	2%	1	5	5	11
East Dunbartonshire	2%	1	5	4	10
East Lothian	2%	1	5	4	10
East Renfrewshire	2%	1	4	4	9
Edinburgh	10%	4	23	21	48
Falkirk	3%	1	7	6	15
Highland	4%	2	10	9	22
Inverclyde	1%	1	3	3	7
Midlothian	2%	1	4	3	8
Moray	2%	1	4	4	9
North Ayrshire	2%	1	6	5	12
Orkney Islands	0%	0	1	1	2
Renfrewshire	3%	1	8	7	16
Scottish Borders	2%	1	5	5	11
Shetland Islands	0%	0	1	1	2
South Ayrshire	2%	1	5	4	10
South Lanarkshire	6%	3	14	13	29
West Dunbartonshire	2%	1	4	3	8
West Lothian	3%	2	8	7	17
Western Isles	0%	0	1	1	2
Fife	7%	3	16	15	34
Perth and Kinross	3%	1	7	6	14
Glasgow City	12%	5	28	25	58
North Lanarkshire	6%	3	15	13	31

[a] As percentage of the overall Scotland population. Highland was included in the estimated sample needed but did not provide information within the time frame (see Methodology).

Table A2. Distribution of moves according to gender and age

Age (years)	n (%)
<64	449 (9%)
65-84	2,511 (48%)
85+	2,244 (43%)
Total	5,204 (100%)

Source: Public Health Scotland

Appendix C – Sample summary

We looked into the circumstances of moves of 457 individuals who lacked capacity. Our sample included 59% female and 41% male individuals, which reflected the distribution of moves in the report published by PHS (also 59% female). The median age of individuals was 84 years (IQR=13), similar to overall moves in the same period reported by PHS (mean=81 years). Table C1 shows a breakdown of the demographic characteristics of individuals.

Table C1. Individual characteristics (N=457)

Characteristic	Category	n (%)
Gender	Male	188 (41)
	Female	269 (59)
Age, median (IQR)	—	84 (13)
Age group	<65 years	31 (7)
	65-84 years	207 (45)
	85+ years	219 (48)
Ethnicity	White Scottish	401 (88)
	White Other British	35 (8)
	Not provided	14 (3)
	Indian	*
	White Other	*
	Pakistani	*
	White Scottish and White Other British	*
	White Scottish and Indian	*
Diagnosis	Dementia	300 (66)
	Other	84 (18)
	Multiple diagnoses	38 (8)
	ABI	14 (3)
	MI	10 (2)
	ARBD	*
	LD	*

*number suppressed due to n<5 or due to secondary suppression

We found that 55% of the individuals were still in the care home they were admitted to following discharge from hospital.

Geographical area

We sampled cases from all HSCPs, apart from Highland (see Methodology section). Table C2 shows the number of cases and percentage of the total sample from each area. The largest percentage of cases were from Glasgow City (10%), Edinburgh (9%) and Fife (9%).

Table C2. HSCP of sampled cases

HSCP	n (%)
Aberdeen City	20 (4)
Aberdeenshire	20 (4)
Angus	10 (2)
Argyll and Bute	8 (2)
Borders	10 (2)
Dumfries and Galloway	14 (3)
Dundee	14 (3)
East Ayrshire	10 (2)
East Dunbartonshire	10 (2)
East Lothian	10 (2)
East Renfrewshire	8 (2)
Edinburgh	41 (9)
Falkirk	14 (3)
Fife	42 (9)
Glasgow City	44 (10)
Inverclyde	7 (2)
Midlothian	9 (2)
Moray	9 (2)
North Ayrshire	12 (3)
North Lanarkshire	33 (7)
Orkney	*
Perth and Kinross	15 (3)
Renfrewshire	15 (3)
Shetland	*
South Ayrshire	11 (2)
South Lanarkshire	27 (6)
Stirling and Clackmannashire	13 (3)
West Dunbartonshire	9 (2)
West Lothian	16 (4)
Western Isles	*
Total	**457 (100)**

*number suppressed due to n<5 or due to secondary suppression.
Note that Highland is not represented here. For more information see Methodology section.

Individual differences in legal authority used

We looked at the individual characteristics of individuals who were moved from hospital to care home. We looked at age, gender, diagnosis and whether or not the individual passed away following the move. We excluded the 'other' framework, as it only included nine individuals and the small number meant comparing across group would be inappropriate and provide little ability to make comparisons.

Due to very small number in many diagnostic categories, we compared Dementia (the largest group) with all other diagnoses or combination of diagnoses. There were too few individuals in other ethnicity categories than White Scottish or White Other British whereby no comparison was done between the three groups.

We found that 52% of individuals moved under WG/PoA were aged 85 years or older compared to 37% among s.13za moves and 40% no legal authority, however the median age did not differ much from s.13ZA (median age of no legal authority impacted by the small number). We also found a higher percentage of females among those moved on welfare guardianship or PoA and no legal authority (60% and 60%, respectively) compared to those moved under s.13ZA (52%).

There was a higher percentage of moves under welfare guardianship or no legal authority with diagnosis of dementia (74% and 75%, respectively) compared to s.13ZA (52%), which may to some extent be a factor of a higher median age among the former. Similarly, a higher percent of individuals moved under welfare guardianship or PoA had passed away – again likely influenced by a higher mean age in this group.

Table C3. Individual characteristics of the three main legal frameworks for moves

Characteristic	Category	Legal framework (N=448)			Total
		s.13ZA	WG/PoA	None	
Age, median (IQR)	—	81 (16)	83 (11)	85 (11)	84 (13)
Age group	<65	10 (10)	17 (6)	0	27 (6)
	65-84	46 (53)	144 (40)	12 (53)	202 (43)
	85+	34 (36)	177 (54)	8 (47)	219 (50)
Gender	Male	43 (48)	134 (40)	8 (40)	185 (41)
	Female	49 (52)	204 (60)	12 (60)	263 (59)
Diagnosis[a]	Dementia	47 (52)	250 (74)	14 (75)	212 (70)
	Other	43 (48)	5 (26)	88 (25)	136 (30)
Deceased	Yes	27 (30)	122 (36)	*	151 (34)
	No/not mentioned	66 (70)	216 (64)	*	297 (66)

[a]As most diagnostic categories had too few numbers in each for comparison, we have aggregated ABI, ARBD, MI, LD, other diagnoses and multiple diagnoses. Dementia includes individuals who had a main diagnosis of dementia with any other diagnosis in addition.

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