

Notice of Meeting and Agenda



Midlothian Integration Joint Board

Venue: Virtual Meeting,

Date: Thursday, 08 April 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

- | | | |
|------------|---|---------|
| 4.1 | Minutes of the MIJB held on 11 February 2021 - For Approval. | 5 - 14 |
| 4.2 | Minutes of the Special MIJB held on 11 March 2021 - For Approval. | 15 - 18 |
| 4.3 | Minutes of the Audit & Risk Committee held on 3 December 2020 - For Noting. | 19 - 24 |
| 4.4 | Minutes of the Strategic Planning Group held on 20 January 2021 - For Noting. | 25 - 28 |

5 Public Reports

- | | | |
|------------|--|---------|
| 5.1 | Chief Officer Report – Morag Barrow, Chief Officer (2.10 – 2.25).
For Decision | 29 - 36 |
| 5.2 | Midlothian Public Engagement Strategic Statement - Report by Mairi Simpson, Integration Manager (2.25 – 2.35). | 37 - 40 |
| 5.3 | Midlothian IJB Local Code of Corporate Governance – Report by Jill Stacey, Chief Internal Auditor. (2.35 – 2.40). | 41 - 46 |
| 5.4 | Equality Outcomes and Mainstreaming Report 2021-2023 – Report by Lois Marshall, Assistant Strategic Programme Manager (2.40 – 2.50). | 47 - 50 |
| 5.5 | Midlothian IJB Direction: Falls - Report by Mairi Simpson, Integration Manager (2.50 – 3.00). | 51 - 54 |
| 5.6 | Finance Update – Budget Offers 2021/22 from Partners – Report by Claire Flanagan, Chief Finance Officer. (To Follow) (3.00 – 3.05) | |

5.7	Midlothian IJB Complaints Handling Procedure – Report by Lois Marshall, Assistant Strategic Programme Manager. (3.05 – 3.15).	55 - 58
	For Discussion	
5.8	Midlothian IJB Induction Handbook – Report by Lois Marshall, Assistant Strategic Programme Manager (3.15 – 3.25).	59 - 62
	For Noting	
5.9	Update to the IJB Improvement Goal – Report by Jamie Megaw, Strategic Programme Manager. (3.25 – 3.40).	63 - 72
5.10	Midlothian Integration Joint Board Strategic Plan 2022-2025 - Report by Mairi Simpson, Integration Manager (3.40 – 3.45).	73 - 76
5.11	Midlothian Health and Social Care Partnership contribution to NHS Lothian Remobilisation Plan – Report by Mairi Simpson, Integration Manager (3.45 – 3.50).	77 - 88

() Indicative timings

6 Private Reports

No private reports to be discussed at this meeting

7 Date of Next Meeting

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

- 13 May 2021 at 2 pm – **Development Workshop**
- 17 June 2021* at 2 pm - **Midlothian Integration Joint Board**

(* Please note carefully the change of date, which has previously be notified to Board Members)

Clerk Name:	Mike Broadway
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Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 4 April 2021
Item No 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 11 February 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)	Mike Ash
Tricia Donald	Angus McCann	Cllr Derek Milligan
Cllr Jim Muirhead	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)		

In attendance:

Ailsa Cook (Director, Matter of Focus)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Jill Stacey (Chief Internal Auditor)
Tom Welsh (Integration Manager)	Mairi Simpson (Integration Manager)	Lois Marshall (Assistant Strategic Programme Manager)
Jordan Simpson (Staff side representative, NHS Lothian)	Keith Slight (Staff side representative, Midlothian Council)	Mike Broadway (Clerk)

Apologies:

Caroline Myles (Chief Nurse)	Johanne Simpson (Medical Practitioner)	Fiona Huffer (Head of Dietetics)
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Midlothian Integration Joint Board

Thursday 11 February 2021

1. Welcome and introductions

The Chair, Councillor Catherine Johnstone, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 10 December 2020 were submitted and approved as a correct record.

4.2 The Minutes of Meeting of the MIJB Strategic Planning Group held on 25 November 2020 were submitted and noted.

Carolyn Hirst who chaired the Strategic Planning Group gave the Board a brief overview of the Group's role and also its current activities.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chief Officers Report This report provided a summary of the key service pressures and service developments which had occurred during the previous month across health and social care, highlighting in particular a number of the key activities, as well as looking ahead at future developments.	(a) To note and welcome the development of new Equality Outcomes for 2021-2025 and also a draft Performance Framework; (b) To note that the outcome of the unannounced Healthcare Improvement Scotland inspection visit to Midlothian Community Hospital would be presented to the Board upon receipt of the	Chief Officer Chief Officer	

Midlothian Integration Joint Board

Thursday 11 February 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The Board in considering the Chief Officer's report made particular reference to the good progress being made by the Lothian COVID Vaccination programme and plan, and discussed the positive feedback received following recent inspection visits by the Care Inspectorate to Highbank, Newbyres and the Care at Home Service and the general overall position regarding care in Midlothian.</p> <p>The Board also noted and welcomed the involvement in the Palliative Care Project, co-funded by the Scottish Government and Marie Curie.</p> <p>The Board concluded by joining the Chief Officer in thanking Caroline Myles, who was retiring for her role as Chief Nurse in March, for her contribution to the work of the Board.</p>	<p>formal feedback; and</p> <p>(c) To otherwise note the content of the Chief Officer's Report.</p>		
<p>5.2 Outcomes Approach to Performance Management</p> <p>The purpose of this report was to inform the Board of the main features of a new approach to performance management. The report recognising that it would take some time to roll the approach out across the Partnership, however the long-term gains in quality assurance would enable the Partnership to be more confident that all its resources were making a positive difference to the health and wellbeing of the people of Midlothian.</p> <p>Thereafter, in a joint presentation, Tom Welsh, Integration Manager and Ailsa Cook, Director, Matter</p>	<p>(a) To thank Tom and Ailsa for their extremely helpful and informative presentation and to note that this would be picked up further as part of a future Development Workshop session;</p> <p>(b) To agree the high priority of this work - allowing for the continuing pressures of the ongoing coronavirus pandemic;</p> <p>(c) To agree that the MIJB should participate, where appropriate in the development of the high level Outcome Maps; and</p> <p>(d) To support the proposed service areas identified for early implementation.</p>	All to note	Ongoing

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Thursday 11 February 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>of Focus explained that the approach was based upon the premise that many health and social care services, whilst undoubtedly making a difference to people's lives, did not necessarily on their own, lead to an improvement in outcomes. Rather, they made a contribution, working together with other services and informal support systems. Measuring the contribution made by each service was complex and required a combination of hard data and more qualitative information. The approach now being introduced, involved the development of Outcome Maps at each level of the organisation. A new software programme, OutNav, made it possible to capture and link a wide range of evidence for evaluating progress with each of the stepping-stones in these maps. An enhanced capacity to measure outcomes was also consistent with the approach now being adopted by the inspection agencies. The implementation of this new approach would enable the Partnership to provide, more effectively, the evidence which the Care Inspectorate and Health Care Improvement Scotland would be seeking during future inspection visits.</p> <p>There then followed a general discussion during which both Tom and Ailsa responded to Members questions and comments.</p>			
<p>5.3 IJB Improvement Goal Progress</p> <p>With reference to paragraph 5.4 of the Minutes of 14 February 2019, there was submitted a report</p>	(a) To note the performance across the indicators;	All to note.	

Midlothian Integration Joint Board

Thursday 11 February 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators recommended by the Ministerial Strategic Group for Health and Community Care. The improvement goals focused on reducing unscheduled hospital and institutional care using data provided by the Health and Social Care team at ISD Scotland.</p> <p>Morag Barrow was heard in amplification of the report after which there was a general discussion about the need to refresh the Local Improvement Goals, which it was acknowledged would be helped by the outcomes approach discussed earlier and also in understanding the impact that the Covid-19 pandemic was having on performance trends.</p>	<p>(b) To note the continuing impact the ongoing Covid-19 pandemic was having on performance; and</p> <p>(c) To note further information was included about current performance in Midlothian using a NHS Lothian data source (appendix 1).</p>		
<p>5.4 Independent Review of Adult Social Care</p> <p>With reference to paragraph 5.5 of the Minutes of 10 December 2020, there was submitted a report the purpose of which was to share with the Board the newly published Independent Review of Adult Social Care (IRASC) in Scotland in order to ensure that Members were aware of the potential impact of the Review and had the opportunity to consider the implications of the recommendations.</p> <p>Having heard from Alison White in amplification of the report, the Board in discussing the outcome of the Review acknowledged the need for change and that there were a number of good ideas arising from</p>	<p>(a) To note the report; and</p> <p>(b) To agree to explore further the potential impacts of the Review at a future Development Workshop session.</p>	Chief Social Work Officer	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
the Review. Concerns were, however, expressed regarding local accountability; the impact on links to the voluntary sector and the resourcing of any changes, which until more details of the strategic direction emerged were unlikely to be clarified. It was also accepted that whilst the Review did offer a useful platform going forward, some of the approaches had already been adopted.			
<p>5.5 Finance Update – Quarter 1 2020/21</p> <p>This report set out the results of the MIJB's partner's (Midlothian Council and NHS Lothian) quarter three and month nine financial reviews and considered how this impacted on the projected financial position for the IJB for 2020/21.</p> <p>The report advised that the financial forecasts from both MIJB's partners' took into account the COVID additional funding that had been confirmed and also acknowledged the headline content of the recent Scottish Government Budget announcement and the likely consequences for the MIJB.</p> <p>Claire Flanagan was heard in amplification of the report and responded to Members question and comments.</p>	<p>(a) Noted the quarter 3 and Month 9 financial reviews undertaken by partners;</p> <p>(b) Noted the impact COVID has had on the IJB financial position;</p> <p>(c) Noted the inclusion of COVID funding in the financial reviews undertaken by partners; and</p> <p>(d) Noted the recent Scottish Government Budget announcement for 2021/22.</p>	Chief Finance Officer	
<p>5.6 Equalities Outcomes and Mainstreaming Report 2021-2023</p> <p>With reference to paragraph 5.2 of the Minutes of 8 October 2020, there was submitted a report the</p>	<p>(a) To welcome the progress being made in developing a new Mainstreaming and Equality Outcomes report for 2021-2023; and</p> <p>(b) To note the proposed new equalities outcomes.</p>	All to note	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>purpose of which was to provide the Board with an update on the development of the new equalities outcomes and provides a draft Mainstreaming and Equalities Outcomes report for 2021-2023.</p> <p>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</p> <ul style="list-style-type: none"> i. publish a set of equality outcomes which it considers will enable the authority to better perform the Public Sector Equality Duty ii. publish a mainstreaming report setting out how it will mainstream the Public Sector Equality Duty into its day-to-day functions. <p>The Board, having heard Lois Marshall in amplification of the report, discussed the wording use in the proposed new equalities outcomes, it being generally felt that more work needed to be done to ensure they properly and accurately reflected what was intended. It would also be helpful if an indication of the intended outcomes and how it was anticipated they would be achieved could also be better articulated.</p>			
<p>5.7 Clinical and Care Governance Report</p> <p>The purpose of this report was to provide assurance to the Board as to the clinical and care governance arrangements within Midlothian, along with highlight good practice and identify any</p>	To note and approve the content of the report.	All to note	

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Thursday 11 February 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>emerging issues or risks. Additional reports would be submitted as appropriate throughout the year to provide updated information from specific service areas. Appended to this report was a copy of the Healthcare Improvement Scotland (HIS) Improvement Action Plan for Midlothian Community Hospital.</p> <p>Alison White was heard in amplification of the report following which there was a general discussion on the positive outcomes from recent Inspection Visits.</p>	.		
<p>5.8 Falls and Fracture Prevention - Strategic Plan Summary 2021- 2022</p> <p>The purpose of this report was to provide an overview and seek approval of the Midlothian Falls and Fracture Prevention Action Plan 2021-22; a summary of which was appended to the report.</p> <p>The report explained that in developing the Action Plan consideration had been given to the ongoing falls prevention and management work being carried out across services, it being considered important to acknowledge and build on this in future decision making in partnership with all identified service providers.</p> <p>Having heard from Alison White in amplification of the report, the Board were fully supportive of the preventative approach and discussed the possibility of a role for communities/community groups in providing support for vulnerable individuals living in the community, in much the same way as was</p>	<p>(a) To note the contents of the Action Plan and its implementation plan;</p> <p>(b) To note that the possibility of an enhance role for communities/community groups would be raised at the Care for People Group; and</p> <p>(c) To note that the Strategic Planning Group would look at the possible referencing of Falls in future Strategic Plan.</p>		

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Thursday 11 February 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
already happening during the current pandemic. Consideration was also given to the fact that Falls were not currently directly referenced within the Midlothian Strategic Plan, it being suggested that this was a matter which should be picked up by the Strategic Planning Group.			

6. Private Reports

Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraphs 6, 8, 9 and 10 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

6.1 Care at Home Recommissioning – Approved the recommendations.

7. Any other business

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

8. Date of next meeting

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

- Thursday 11 March 2021 2pm Special Board Meeting/Development Workshop
- Thursday 8 April 2021 2pm Midlothian Integration Joint Board

(Action: All Members to Note)

The meeting terminated at 3.55 pm.

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 8 April 2021
Item No 4.2



Meeting	Date	Time	Venue
Special Midlothian Integration Joint Board	Thursday 11 March 2021	2.00pm	Virtual Meeting held using Microsoft Teams

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)	Mike Ash
Angus McCann	Cllr Derek Milligan	Cllr Pauline Winchester

Present (non-voting members):

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

In attendance:

Jock Encombe (NHS Lothian Board)	Cllr Joe Wallace (Midlothian Council)	Rebecca Miller (Strategic Programme Manager, NHS Lothian)
Grace Cowan (Head of Primary Care and Older Peoples Services)	Craig Marriott (Depute Director of Finance, NHS Lothian)	Gary Fairley (Chief Officer Corporate Solutions, Midlothian Council)
Jill Stacey (Chief Internal Auditor)	Elizabeth McDonald (HR Business Partner)	Lois Marshall (Assistant Strategic Programme Manager)
Jac Kinnaird (Midlothian HSCP)	Mike Broadway (Clerk)	

Apologies:

Tricia Donald	Cllr Jim Muirhead	Johanne Simpson (Medical Practitioner)
Caroline Myles (Chief Nurse)		

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to this virtual Special Meeting of the Midlothian Integration Joint Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>4.1 Financial Update – Budget Offers from Partners - Report by Chief Finance Officer</p> <p>The purpose of this report was to provide the Board with confirmation of the formal Midlothian Council budget offer to the MIJB and an update on the current indicative proposed budget offer and principles for 2021/22 from NHS Lothian. Further to this the report provided an update on some of the financial challenges the MIJB was likely to face in the coming financial year.</p> <p>The Board heard initially from Chief Finance Officer, Claire Flanagan, who in acknowledging the challenging financial landscape and the particular pressures of the ongoing work associated with the Covid-19 pandemic, sought to address the “fair and adequacy” measure used by</p>	<p>(a) Agreed and accepted the formal Midlothian Council budget offer for 2021/22;</p> <p>(b) Agreed the principles of the indicative NHS Lothian budget with a formal offer following in due course.</p>	Chief Finance Officer	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>the Board when considering the partners' budgetary offers.</p> <p>The Board, then heard from Gary Fairley, Chief Officer Corporate Solutions, Midlothian Council and Craig Marriott, Deputy Director of Finance, NHS Lothian, regarding the budget positions of their respective organisations, with both seeking to emphasise that the budget offers should be considered in the context of the challenging financial climate facing both partners, forecasted expenditure and the resulting financial gap.</p> <p>The Board, in considering the welcome support offered by its partners, expressed its support for the efforts being made to try and secure a better funding deal for Midlothian given the substantial growth that it was experiencing, which was adding to the challenges it faced. It was also acknowledged that if the balance of care was to shift then traditional funding methods would need to be challenged, in order that limited resources could be utilised in the most effective way possible.</p>			
<p>4.2 NHS Lothian Strategic Development Framework - Presentation</p> <p>The Board received a presentation on the NHS Lothian Strategic Development Framework from Rebecca Miller, Strategic Programme Manager, NHS Lothian, who responded to Members' questions and comments.</p>	<p>(a) Noted, and thanked Rebecca Miller for her Presentation;</p> <p>(b) Welcomed the opportunity to collaborate with NHS Lothian and the other Lothian IJB's in developing this approach;</p> <p>(c) Noted that the themes in the presentation would be picked up as part of a future Development Workshop session; and</p>	Integration Manager	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
In discussing the contents of the presentation, the Board welcomed the opportunity to collaborate with NHS Lothian and the other Lothian IJB's in developing this approach and considered how this work might link into the Board's emerging Strategic Plan, it being acknowledged that it complimented some of the existing Directions and transformational work that was already underway locally. Additionally, it also underpinned some of the changes which had been made as a consequence of the response to the Covid-19 pandemic.	(d) Agreed that the slides from the Presentation be circulated to Board Members for their interest.	Clerk	

5. Private Reports

No private business to be discussed at this meeting.

6. Date of next meeting

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

- Thursday 8th April 2021 2pm Midlothian Integration Joint Board
- Thursday 13th May 2021 2pm Development Workshop

(Action: All Members to Note)

The meeting terminated at 2.58 pm.

Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Audit and Risk Committee	Thursday 3 December 2020	2.00pm	Virtual Meeting held using MS Teams.

Present (voting members):

Cllr Jim Muirhead (Chair)	Carolyn Hirst	Mike Ash
Pam Russell (Independent Member)		

Present (non-voting members):

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)	Jill Stacey (Chief Internal Auditor)

In attendance:

Chris Lawson (Risk Manager)	Elaine Greaves (Principal Internal Auditor)	Mike Broadway (Clerk)

Apologies:

Councillor Derek Milligan	Grace Scanlin (EY, External Auditor)	

Audit and Risk Committee

Thursday 3 December 2020

1. Welcome and introductions

The Chair, Councillor Jim Muirhead welcomed everyone to this virtual meeting of the Audit and Risk Committee.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Note of Meeting

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

With regards Item 5.3 (Risk Register) in the minutes, Pam Russell (Independent Member) advised that following the meeting she had passed on some comments which she hoped had been of some assistance.

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 an update on the Strategic Risk Profile covering quarter 2 2020/21, 1 July 2020 – 30 September 2020 and the current issues, future risks and opportunities for the MIJB. The report also provided the Committee with an overview of the most significant issues and risks on the MIJB strategic risk profile during the quarter.	(a) Noted the current Risk Register; (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 Risk Register reflected the current risks/opportunities facing the MIJB.	Risk Manager	

Audit and Risk Committee

Thursday 3 December 2020

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Having heard from Risk Manager, Chris Lawson, the Committee in discussing issues arising from the current strategic risk profile, considered some of the impacts being experienced as a result of the coronavirus pandemic; how these were being addressed and how they were reflected in the strategic risk profile.			
<p>5.2 MIJB Internal Audit Recommendations Progress Report – Report by Chief Internal Auditor</p> <p>With reference to paragraph 5.3 of the Minutes of 3 September 2020, there was submitted a report the purpose of which was to provide information of the number of recommendations raised by Internal Audit for the MIJB that were in progress; note the MIJB's reported performance in addressing the associated internal control and governance issues by the agreed implementation; and highlight the main governance and financial risks where recommendations were found to be outstanding.</p> <p>The report confirmed that of the 8 In-Progress Internal Audit Recommendations currently remaining, good progress was being made with implementation of 5, completion of which was expected in full by March 2021. With regards the remaining 3 progress on some of the sub-actions was being completed and plans were in place to implement the remainder, although these could be impacted by Covid-19 related activities.</p>	<p>(a) Acknowledged the progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance, and mitigate risks;</p> <p>(b) Agreed that the progress made by Management was satisfactory and that no other actions were required; and</p> <p>(c) Noted that Internal Audit would continue to monitor the completion of the outstanding recommendations and would provide further update reports to the Committee as required.</p>	Chief Internal Auditor	

Audit and Risk Committee

Thursday 3 December 2020

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
After hearing from both the Chief Internal Auditor, Jill Stacey and Chief Officer, Morag Barrow, the Committee acknowledged the potential need for the further revision of target dates given the complexities involved in addressing the issues concerned, and the challenges posed by the ongoing coronavirus/Covid-19 pandemic.			
<p>5.3 Progress Update on Delivery of Midlothian IJB Internal Audit Annual Plan 2020/21 – Report by Chief Internal Auditor</p> <p>With reference to paragraph 5.3 of the Minutes of 5 March 2020, there was submitted a report the purpose of which was to inform the Committee of the progress Internal Audit had made, in the first 6 months of the year to 30 September 2020, towards completing the Internal Audit Annual Plan 2020/21 for the Midlothian Integration Joint Board (MIJB).</p> <p>The Committee, having heard from Chief Internal Auditor, Jill Stacey, who responded to Members questions and comments, welcomed the inclusion of information regarding Internal Audit reports by partners' Internal Auditors that are relevant to MIJB; and discussed potential possible options for the scope of the audit to be provided by NHS Lothian Internal Audit team (Grant Thornton), which was yet to be determined.</p>	<p>(a) Noted the progress Internal Audit had made by the mid-year point with activity in the approved Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Plan 2020/21 (Appendix 1);</p> <p>(b) Approved exploring the possibility of a pan-Lothian audit of set aside utilising the as yet unallocated audit time to be provided by the NHSL Internal Audit team; and</p> <p>(c) Noted the list of Internal Audit reports by partners' Internal Auditors presented to their respective Audit Committees that were relevant to MIJB for assurance purposes (Appendix 2), and the assurances contained therein.</p>	Chief Internal Auditor	

Audit and Risk Committee

Thursday 3 December 2020

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.4 Midlothian Acute Services Plan Update – Chief Officer to report</p> <p>With reference to paragraph 5.4 of the Minutes of 5 March 2020, Chief Officer, Morag Barrow, provided the Committee with an update on the Acute Services Plan, explaining that although the focus of the Plan remained unchanged, the opportunity was being taken to review it in light of experiences learned from the current Covid-19 pandemic, particularly in relation to the impact that local community based services were having on the demands on acute hospitals. Progress was also being made in finalising the accompanying performance framework.</p> <p>The Committee, having heard from Morag, who also responded to questions and comments, welcomed the update and were encouraged by the range and depth of work that was going on in the community.</p>	Noted the update on the Midlothian Acute Services Plan.		
<p>5.5 NHS Lothian Recovery Update – Report by Chief Officer</p> <p>With reference to paragraph 5.5 of the Minutes of 5 March 2020, there was submitted a report the purpose of which was to provide the Committee with the latest report from NHS Lothian on the progress being made on the delivery of the NHS Lothian Recovery Plan, following the decision by Scottish Government to place NHS Lothian on Level 3 of Performance Escalation matrix.</p>	<p>(a) Noted that the role and nature of the programme had changed in the light of the Covid-19 pandemic; and</p> <p>(b) Agreed to receive further updates in relation to specific performance recovery issues.</p>	Chief Officer	

Audit and Risk Committee

Thursday 3 December 2020

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The Committee, having heard from Chief Officer, Morag Barrow, who responded to Members questions and comments, welcomed the reprioritisation of the role and nature of the programme to focus on learning from the current Covid-19 pandemic, embedding this learning into revised clinical models to support longer term recovery actions as well as supporting the Scottish Governments Remobilisation Plans.			

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

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

8. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 4 March 2021 at 2.00 pm.

(Action: All Members to Note)

The meeting terminated at 3.00 pm.

Midlothian Strategic Planning

MS Teams

NOTES OF OUTCOMES AND ACTIONS

Wednesday 20th January 2021

IN ATTENDANCE: Carolyn Hirst, Morag Barrow, Andrew Coull, Alison White, Rebecca Miller, Carly Mclean, Leah Friedman, Fiona Huffer, Grace Cowan, Lynne Douglas, Aileen Murray, Matthew Curl, Wanda Fairgrieve, Lisa Cooke, Lois Marshall, Debbie Crerar, Jim Sherval, Anthea Fraser, Claire Flanagan, Mairi Simpson, Kirsty McLeod

APOLOGIES: Sheena Wight, Caroline Myles, Carol Levstein, Sarah Fletcher, Kaye Skey Jane Crawford (due to technical issues/Teams access)

			ACTION
1	Welcome and Introductions	Carolyn Hirst welcomed members to the meeting. Kirsty McLeod and Lynne Douglas were welcomed as new members.	
2	Minutes of Last Meeting	Minutes of meeting on 25th November 2020 approved.	
3	Action Log	<p>(i) <i>JC is looking at how the Third Sector Reference Group can be better supported to influence IJB strategic planning.</i> Mairi Simpson met with Lesley Kelly and plan in place.</p> <p>(ii) <i>CH to progress requirement for a vice chair from Council.</i> Council meeting is March 2021. Carry forward.</p> <p>(iii) <i>Development of Home First Model.</i></p> <p>a. <i>GC to include feedback on Glasgow and Fife models when progressing the Home First model locally.</i></p> <p>b. <i>GC to report back on third sector contribution to the pathway.</i></p> <p>(iv) <i>JM requested feedback on what people feel the Performance Framework should include.</i> Further comments to Jamie. This will link to the work on OutNav (agenda item 5(i)).</p> <p>(v) <i>Meeting Schedule.</i> CH and MS to meet.</p> <p>(vi) <i>Strategic Planning group – members list to be circulated.</i> MS Complete</p> <p>(vii) <i>Respond to the Midlothian Local Housing Strategy 2021-2026 consultation – All</i> Complete</p> <p>(viii) <i>MS to set up a Teams Channel for future meetings.</i> Complete.</p>	<p>MS CH</p> <p>GC</p> <p>GC</p> <p>CH MS</p>

4.	Reports on Progress	<p>Morag provided a brief update on the COVID situation in Midlothian including plans around vaccinations and testing. Additional beds opened this week at Midlothian Community Hospital.</p> <p>(i) TEC Pathfinder Programme</p> <p>Matthew Curl described the TEC Pathfinder Programme (paper and presentation attached).</p> <p>Discussion and actions as follows:</p> <p>Rebecca Miller – can others in Lothian learn from the Midlothian TEC Pathfinder approach? Can Lothian support Midlothian progress this? Rebecca and Matthew to discuss further.</p> <p>MB requested that the Strategic Planning Group recommend that the IJB approve a “digital first” approach in future Strategic Plan.</p> <p>A challenge to the digital first approach has at times been the pace of change. For example, the introduction of the Single Point of Access did not allow for meaningful discussion around opportunities that digital options could have added to the programme.</p> <p>Suggested that all new developments must evidence that digital options will be explored.</p> <p>Digital exclusion should be recognised and understood.</p> <p>Strategic Planning Group agreed to the proposal to adopt a Digital Governance Framework to support operational and organisational development moving forward.</p>	RM MC
5.	Developments For Discussion	<p>(i) Outnav and Outcome Mapping</p> <p>Tom Welsh, Mairi Simpson and Ailsa Cook (Matter of Focus) provided an update on the development of a strategic outcome map and plans to expand to other service areas. (Papers attached).</p> <p>Discussion and actions as follows:</p> <ul style="list-style-type: none"> • Members asked to consider and comment upon the draft Strategic Outcome Map (appendix 2) • SPG agreed with the proposed implementation of OutNav outcome maps. 	All

		<ul style="list-style-type: none"> • Meaningful engagement – to include primary care colleagues. <p>(iii) Strategic Plan 2022 – discussion re planning</p> <p>Lois Marshall updated members on plans to develop the 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. SPG agreed to recommend to the IJB that it agrees overarching strategic priorities that should underpin the thematic sections of the plan.</p>	
6.	Strategic Planning Group Report Schedule 2020/21	Carolyn Hirst and Mairi Simpson to meet to discuss.	CH MS
7.	AOCB	No items raised.	
9.	Future Meetings	<p>All future meetings below are via MS Teams (meantime)</p> <p>Wed 17th March 2021 2-4pm</p> <p>Wed 19th May 2021 2-4pm</p> <p>Wed 11th August 2021 2-4pm</p> <p>Wed 29th September 2021 2-4pm</p> <p>Wed 17th November 2021 2-4pm</p>	

Thursday 8 April 2021, 2.00pm

Chief Officer Report

Item number: 5.1

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 Vaccination programme and plan

As of 29 March 2021, there are **38,257** residents in Midlothian who have had their first dose of the COVID vaccine which equates to 51% of all adults in Midlothian. This includes priority staff groups. There are 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 have now received both doses of the COVID vaccine for residents and staff. New residents and staff are being vaccinated through an ongoing vaccination programme.

Cohort	Total Cohort Size in Midlothian	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%

The Scottish average of DNAs is 12-15% per day. The NHSL average is 12.8%.

The housebound programme has now administered a first dose to all patients. The HSCP are working with NHS Lothian to promptly vaccinate any additional or new housebound patients and the HSCP have begun to administer second doses to housebound patients who were vaccinated in January.

General Practice are preparing for second dose clinics for over 80s and clinically extremely vulnerable patients which will commence at the end of March.

The vaccination programme is progressing well with cohorts 6b (unpaid carers), 7 (patients aged 60-65) and 8 (patients aged 55-60) now being called forward. Unpaid carers can self-register for a vaccine on NHS Inform.

Following the success of our Learning Disability vaccination day, Midlothian HSCP are working alongside Midlothian Council and Third Sector colleagues to develop vaccination outreach programmes for homeless people, travellers, refugees and asylum seekers within Midlothian.

3.2 Testing

Midlothian HSCP is currently in the process of migrating Care homes over to the new Regional Testing Portal, this will be done as a staggered approach. Currently, Newbyres Care Home is on the new system, to be followed by Aaron House and Pittendreich Care homes in the coming weeks. All Care homes are on Lateral Flow Testing programmes.

Staff testing through PCR continues throughout the Midlothian Community Hospital. All staff LFT testing has been rolled out to all appropriate services across NHS and Midlothian Council over the last 3 months. Midlothian Council have been successful in getting Scottish Government funding to roll out asymptomatic testing sites within the county, with planning underway to implement a Spring go-live.

Testing in Midlothian remains stable with all appropriate services able to access the appropriate testing method.

3.3 Premises

Midlothian HSCP have commenced work on the refurbishment of Old Bonnyrigg Health Centre. This facility will support the colocation of the expanded Home First and Care Home teams, as well as provide a Digital suite for video consultations. This will support the progress made by the Home First approach over winter, as well as support the focus on a Digital First approach to service redesign, whilst supporting Covid restrictions. It is anticipated that this will become operational from June 2021.

3.4 Enhanced Clinical and Professional Oversight for Care Homes

The Cabinet Secretary for Health and Sport wrote to HSCP Chief Officers, Chief Social Work Officers, Nurse Directors, Directors of Public Health and NHS and Local Authority Chief Executives on 23rd March 2021 advising that the requirement to provide enhanced clinical and professional oversight for Care Homes, introduced in May 2020, will continue at least until March 2022.

Board members will be aware of the work undertaken within Midlothian to support Care homes in the management of infection prevention and control, the provision of nursing decision making skills and the identification of care delivery requirements in care homes for older people throughout the COVID 19 pandemic. A pattern of daily calls and weekly face to face support is in place, linked to local HSCP and NHS Lothian scrutiny and management support. Interventions have been delivered to address the management of outbreaks, the rollout of asymptomatic staff testing and measures to support the return of visiting to local care homes.

The Cabinet Secretary notes the significant progress that has been made, however cautions that the pandemic is not over and that challenges will continue in the short and medium term. Local partnerships are to support areas including:

- Ensuring care home resident and staff health and well being
- Monitoring, support and oversight of the return of routine activities
- Planned and coordinated re - introduction of health, social care and other services in care homes, such as visiting, in line with relevant guidance, while at the same time protecting residents
- Ensuring the scope of interest is extended to wider adult social care provision
- Monitoring sustainability and resilience of the social care sector as it adjusts to new business as usual, and
- Taking account of the Independent Review recommendation that oversight, through the use of the safety huddle tool, supports a partnership-based approach to ongoing improvement in care homes.

The Cabinet Secretary recognises the potential for the models to evolve to address these expectations and provides scope for decisions to be made in line with local circumstances about the frequency of meetings, although these should continue at least weekly. The HSCP will take forward these instructions and work in partnership with providers to consider how our current approaches may be progressed to ensure the highest possible standards of person-centred care are provided to the most vulnerable people in our communities.

3.5 Lothian Accredited Care Assurance Standards

NHS Lothian have developed accredited care standard to support the national Excellence in Care programme. Midlothian Community Hospital has recently been subject to assessment in relation to these standards. The standards mark performance over 15 points of care e.g., food, fluid and nutrition, discharge planning, pain control and infection control.

Edenview ward was awarded a Bronze level on initial assessment, and Loanes ward a Silver level for their care. Care planning was highlighted as a particular area of good practice and our templates and procedures are being shared as best practice across NHS Lothian.

3.6 Acute Services Planning Group and Unscheduled Care Action Plan

The HSCP Unscheduled Care Action Plan was developed in December 2019 to describe the actions that the partnership are taking to reduce the inappropriate demand on unscheduled care in Acute Hospitals, by reducing the continual growth in preventable admissions and facilitating speedier discharges where safe and appropriate.

The HSCP have revisited the plan to capture the multitude of changes that have occurred in light of the ongoing Covid pandemic. Some of the actions highlighted in the plan were justifiably delayed in order to focus on the management of Covid, others had changed direction as a result of learning from our response to the pandemic, and entirely new initiatives had developed that now needed to be highlighted.

Important initiatives such as the national Redesign of Urgent Care programme, the opening of Glenlee Ward in Midlothian Community Hospital, and our goal to integrate teams under the Home First approach, were also added into the plan. The agreed areas of focus going forward are Home First, Midlothian Premises (including the opening of Old Bonnyrigg), the Redesign of Urgent Care (including Minor Injuries pathways), and Anticipatory Care Planning.

These updates have been taken to Midlothian's Strategic Planning Group and will go to the Royal Infirmary's Hospital Management Group on 10/03/21 and Midlothian's GP Reps group on 27/04/21.

3.7 Category 1 responders

Amendments to the Civil Contingencies Act 2004, which include Integration Joint Boards (IJBs) as Category 1 responders, came into effect on Wednesday 17 March 2021. Whilst many Chief Officers have already been contributing to local emergency and resilience planning, they will now be formally contributing through their role as the accountable officer within the IJB.

Requirements of Category 1 responders are set out in the [Civil Contingencies Act](#) and [guidance](#) is available to support Category 1 responders in carrying out their statutory duties. This guidance is currently being reviewed in light of IJBs' recent inclusion with anticipated changes expected to be minimal.

Midlothian IJB is already involved and well represented in resilience and emergency planning locally. For IJBs in a similar position, this may result in limited material change. Not all IJBs and Chief Officers are involved to the same extent as those within Lothian.

The Resilience Division of the Scottish Government is planning a workshop(s) for Chief Officers, their staff and IJB members to cover the responsibilities of Category 1 responders. Information will be forwarded to IJB members when it is available.

3.8 Neurological Care and Support Framework

Midlothian HSCP applied for Scottish Government funding to support the implementation of the Neurological Care and Support Framework. The funding is intended to assist organisations or partnerships to 're-design clinically safe but more person-centred and faster pathways, and to explore innovative and more collaborative models of delivery'.

The Midlothian HSCP proposal is to improve outcomes for people living with a neurological condition by developing a local whole-system pathway. It is about transforming existing provision where possible and will have strong links to rehabilitation, unpaid carer support, housing, welfare rights, primary, secondary and tertiary care services as well as social care and wider Community Planning Partnership partners. The involvement of people with lived experience is core to the proposed programme.

Funding was requested for a 1-year Change Programme. A Change Lead/Programme Manager, Programme Support Worker from a third sector organisation and a data analyst will work with key stakeholders including people living with a neurological condition, their families and third sector partners. Jointly, work will

be undertaken to scope the unmet needs of the people living with a neurological condition and co-produce a Midlothian pathway plan and a subsequent Direction from Midlothian IJB to NHS Lothian and Midlothian Council, which would direct service transformation and allocation of resources. £49,493 has been secured for 2021-22 with an agreement in principle for the remaining amount in the bid (£49,493) for 2022-23, subject to monitoring and evaluation of the project during 2021-22.

3.9 National Whistleblowing Standards

New National Whistleblowing Standards for the NHS in Scotland come into force from 1 April 2021 and apply to anyone working to deliver NHS services. The aim is to ensure everyone working in the NHS in Scotland can speak out to raise concerns if they see patient safety being put at risk or become aware of any other forms of wrongdoing. People must be able to raise concerns in a confidential and protected way. They also need to be confident they have the right to an independent review, if dissatisfied about how the concern was investigated.

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.

The Standards are applicable across all NHS services. This must be accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The HSCP is working with NHS Lothian Communications staff to ensure that relevant people have access to training and information that will support them to raise concerns around patient safety. It is also important that all managers are aware of their responsibilities to staff who raise concerns. This information will be shared with IJB Board members.

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

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DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3402
DATE	31/03/2021

Appendices:

Thursday 8 April 2021, 2.00pm

Midlothian Public Engagement Strategic Statement

Item number: 5.2

Executive summary

Community engagement is both good practice and a legislative requirement for Midlothian Integration Joint Board (IJB) and Health & Social Care Partnership (HSCP). There are many positive examples of community engagement within the Partnership in Midlothian.

The attached draft strategic statement is designed to state the Midlothian IJB and HSCP's intent around community engagement and provide a helpful framework for the HSCP planning groups.

Board members are asked to:

Approve the Midlothian Public Engagement Strategic Statement

Midlothian Public Engagement Strategic Statement

1 Purpose

- 1.1 Midlothian Integration Joint Board (IJB) Public Engagement strategic statement is intended to improve how the IJB and HSCP will engage with and involve individuals, groups and communities in the planning and governance of health and social care services.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
Approve the Midlothian Public Engagement Strategic Statement

3 Background and main report

- 3.1 Community engagement is both good practice and a legislative requirement for the IJB and the Health & Social Care Partnership. The Public Bodies (Joint Working) (Scotland) Act 2014 instructs IJBs to involve and consult with relevant stakeholders, including patients and service users, in the planning and delivery of services. There are many positive examples of community engagement within the Partnership in Midlothian.
- 3.2 The attached draft strategy document is designed to state the IJB and HSCP's intent around community and stakeholder engagement and provide a helpful framework for local planning groups, including those leading change programmes.
- 3.3 Community and stakeholder engagement is a way to build and sustain relationships between public services, third sector organisations and community groups - helping them to understand and take action on the needs or issues that communities experience.
- 3.4 The Audit Scotland report in Nov 2018, 'Health and social care integration: Update on progress' stated that significant changes are required in the way that health and care services are delivered, yet change cannot happen without meaningful engagement with staff, communities and politicians.ⁱ The report went on to identify six areas that must be addressed if integration is to make a meaningful difference to the people of Scotland. One is 'meaningful and sustained engagement'. The report asks Integration Authorities, councils and NHS boards so work together to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.

- 3.5 It commits to IJB and the Partnership to ongoing engagement with people and partner organisations through specific engagement activity and through representation of the third sector, carers and people with lived experience on the IJB, the Strategic Planning Group and topic based planning groups.
At present the IJB is advertising roles for a third sector and carer representative.

If this strategic statement is endorsed by the IJB it is recommended that a report on progress is presented to the IJB annually.

- 3.6 The Strategic Statement is supported by a volunteer expenses policy to ensure that people are not prevented from volunteering with the IJB, on its committees or planning groups due to costs. This policy sets out an accessible and fair process for claiming and payment of expenses, including replacement care, and links with the Midlothian Council Volunteer Policy. The policy is for volunteer members of the Midlothian Integration Joint Board, the Midlothian Strategic Planning Group and Planning Groups of the Health & Social Care Partnership.
- 3.7 A summary of engagement activity and consultations during 2020 is available on request from Mairi.Simpson@nhslothian.scot.nhs.uk

4 Policy Implications

- 4.1 The attached Public Engagement strategic statement is intended to improve how the IJB and HSCP engages with Midlothian individuals, groups and communities in service planning, policy development and governance of health and social care services.

5 Directions

- 5.1 It is important that engagement is integral to governance groups of the IJB and HSCP. It is not proposed that a specific Direction is required however an annual report on progress should be undertaken to ensure its application across the themes of the IJB Strategic Plan and in relevant governance groups.

6 Equalities Implications

- 6.1 The purpose of the Strategic Statement is to improve public engagement and to reduce barriers to engagement as a result of protected characteristics, financial constraints or other barriers. An Integrated Equality Impact Assessment was carried out on 30th March 2021. There were many positive impacts identified. Recommendations on further action included:
- Create a supporting document for staff with guidance and/or tools on including people in groups such as the Iriss [checklist](#) based on Scottish Government 'STOP! Make Sure You Include me' tools.
 - Create a communication plan to increase awareness of the IJB's intent around public engagement and how people can get involved.

7 Resource Implications

- 7.1 There will be a modest resource requirement as a result of the expenses policy. It is estimated at ~£3,500 per annum. The policy will be monitored.

8 Risk

- 8.1 Community engagement is both good practice and a legislative requirement for the IJB and the Health & Social Care Partnership. The Public Bodies (Joint Working) (Scotland) Act 2014 instructs IJBs to involve and consult with relevant stakeholders, including patients and service users, in the planning and delivery of services. The IJB risks failing in its duty by not making reasonable efforts to support people to engage. This includes people with physical and other disabilities, unpaid carers and others who use health and social care services.

9 Involving people

9. The purpose of this report is to improve the involvement of people in IJB business. A range of stakeholders have commented on the draft statement and/or participated in the IIA.

10 Background Papers

- 10.1 ¹ Health and social care integration: Update on progress

https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf

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DATE	30 March 2021

Appendices:

1. Midlothian IJB Public Engagement strategic statement
-



Midlothian
Health & Social Care
Partnership

Public Engagement

2021

DRAFT

Who we are

The Midlothian Health and Social Care Partnership is responsible for services that help you live well and get support when you need it. This includes all **community health and social care services for adults in Midlothian and some acute hospital-based services.**



**Midlothian
Health & Social Care
Partnership**

is responsible for



Unscheduled care in Hospitals (e.g. A&E, Minor Injuries, Acute wards).

Community Health Services (e.g. GPs, District Nurses, Dentists, Pharmacists, Mental Health services and the Community Hospital).

Health Visiting and School Nurses. Links between adult and children's services are important, but strategic planning for children's services remains the responsibility of the **Getting it Right for Every Midlothian Child** group.

Adult Health and Social Care (e.g. Social Work, Day Services, Care at Home, Allied Health Professionals).

Services for offenders to address the health and care needs that may be the root causes of offending. However reducing offending remains the remit of the **Community Justice and Safety Partnership.**

We also work in partnership with many voluntary and independent providers.

We are governed by the **Integration Joint Board** who are responsible for a budget of **£131million a year.**

Our Vision

**People in
Midlothian are
enabled to lead
longer &
healthier lives.**

Our Values

We will provide

- **the right care,**
- **in the right place,**
- **at the right time**

Standards for Community Engagement

The National Standards for Community Engagement are good practice principles designed by the Scottish Community Development Centre to improve and guide the process of community engagement.



The National Standards for **Community Engagement**

We are committed to follow the national standards and will engage with people whenever there is significant service development or change.

We will ensure ongoing engagement with people and partner organisations through representatives from the third sector, carers and people with lived experience on all formal planning groups including the IJB, the Strategic Planning group and Service Area planning groups. If this is not possible we will ensure there is a formal arrangement to enable people to contribute to the work of the group – e.g. a reference group.

We will listen to you and work with you to ensure that the support we provide is right for you. Service planning and delivery will be informed by listening to users. It should be easy for people to tell us what they think of our services. We will build relationships with communities so that we can work together to achieve shared outcomes.

All formal consultations, conducted by the partnership or services commissioned by us, must be carried out in conjunction with the engagement officer.

Project Plan for Engagement

We will use this template when planning engagement activities.

Why?

- What is the aim of the project as agreed by the project steering group?
- What does good look like?
- Why are we communicating – what behaviour do we want to change?
- Why are we engaging – what do we want to find out?
- Why should people engage – is it motivating and empowering?

What we know

- What can/cannot be influenced?
- What have people already told us? What do people already know? Have we checked the evidence search at iriss.org.uk/esss?
- Are there alternative services?
- What does the data tell us about who uses services, when, how, why, where? What is the unmet need or future demand?

Points to consider

- What format is best for the people we are asking (e.g. time/duration) – phone, survey, groups, digital, face:face, Braille, Easy Read, BSL, low literacy, replacement care etc?
- Where will meet – is the building accessible for the group?
- Have we engaged with a range of people – age, gender, sexuality location, SMID, disability, ethnicity, faith? Have we completed an Integrated Impact Assessment for the consultation process?
- Have we given people enough time to engage?
- How will we keep personal data safe? We will use a Data Privacy Impact Assessment, share our Privacy Notice; check data sharing agreement with providers, use council approved account for Survey Monkey and follow video conferencing protocol.

What we find out

- How will we feedback the outcome of the engagement – have we used our general template and do we need additional formats?

Who will be affected & ways we may engage with them:

Lived Experience	Groups/Interviews <ul style="list-style-type: none"> • Events • Community Groups 	Questionnaire <ul style="list-style-type: none"> • Survey Monkey • Paper – post or hand out • Care Opinion 	Co-production <ul style="list-style-type: none"> • Representative on project group • Advocacy groups
Carers	Groups/Interviews <ul style="list-style-type: none"> • Carers Action Midlothian • Events • Community Groups 	Questionnaire <ul style="list-style-type: none"> • Survey Monkey • Paper – post or hand out • Care Opinion 	Co-production <ul style="list-style-type: none"> • Representative on project group • Representative on IJB
Staff & Volunteers	Groups/Interviews <ul style="list-style-type: none"> • Third Sector Summit • Team meetings • Independent providers 	Questionnaire <ul style="list-style-type: none"> • Survey monkey • MVA email list 	Co-production <ul style="list-style-type: none"> • Representatives on Planning groups
Oversee services	Groups/Interviews <ul style="list-style-type: none"> • Integrated Joint Board • NHS & MLC leaders, • Elected Representatives • Scottish Government 	Questionnaire <ul style="list-style-type: none"> • Inspections 	Co-production
Public	Groups/Interviews <ul style="list-style-type: none"> • Facebook comments • Collective Voice • Community Councils • Community groups • Events 	Questionnaire <ul style="list-style-type: none"> • Citizen's Panel • Survey Monkey • Facebook Poll • MLC - consultation page • NHS - Get involved 	Co-production <ul style="list-style-type: none"> • Representative on IJB

Our standard methods of communication and engagement

		General Public	Older People	Carers	Mental Health	Learning Disability	Physical Disability	Substance Misuse
Inform	Directory	Communities What's On (MLC) Red Cross Calendars	Older People Directory Red Cross Calendars	WeeBreaks Directory	Midspace	Adult & support services (Two Trumpets)	Disabled People Directory LCiL Disabled Sport	MELDAP
	Newsletter/ Social Media	Annual report FB: MLC/NHS/HSCP T: MLC/NHS/HSCP	Diamond Radio – Ageing Well & Red Cross	News: VOCAL FB: VOCAL	FB: Midspace	Autismideasinmidlothian FB: ASD Parents	News: Forward Mid FB: Forward Mid	FB: MELDAP
Consult	Written	Citizen's Panel x2 Patient satisfaction Inspections Web Comments (MLC)		VOCAL survey (every 2 years) Carer Census (nat) Health + Social Care Experience Survey (nat)	Access Point	How's Life (nat) CAT Cherry Road "What focus on next?"		Comments (MELDAP)
	Face to Face	3rd Sector Summit x3 Collective Voice	Event - x1(MLC) MOPA - x4 (MVA)		Event – x1(CAPS) Member's Group (Orchard Centre)	Health Fair every 2 years (MLC) Network User's Group (People First)	MIDPA – x4 (MVA)	Consultations
Collaborate	Planning	Integrated Joint Board	Planning Group	Planning Group Carer's Action Midlothian	Planning Group	Planning Group ASD Expert Panel LD Expert Panel Provider Forum	Planning Group	Commissioning & Performance Group (MELDAP)
	Advocacy		EARS		MidlothianVoices (CAPS)	Partners in Advocacy (People First)		Peer Support
	Other	Team Leaders Neighbourhood Planning Community Councils People's Equality group Development Trusts One Dalkeith Faith groups Patient Groups MVA 3 rd sector email	Team Leaders Grassy Riggs, VOCAL, Alzheimer Scotland, Red Cross, SKJP cafe Day Centres Ageing Well Functional MH Team Dementia Team	Team Leaders Grassy Riggs, VOCAL, Alzheimer Scotland, Red Cross	Team Leaders Orchard Centre Peer Support CMHT IHTT Park Cottage	Team Leaders CAT, Shared Lives, Day Centres, Artlink Supported Living People First Quality Assurance St Josephs	Team Leaders Access Panel Peer Support Café Connect (MVA) Deaf Action RNIB MS group	Team Leaders No 11 Peer support

Primary Care	Cancer	Respiratory	Housing	Heart Disease	Diabetes & Obesity	Community Justice	Palliative Care
						ALISS CPO annual report Community Justice Annual Report	
GP FB & website						FB:HSCP T: HSCP	
						Public Consultation- (biannually). Justice service exit questionnaire; beneficiary feedback forms	Patient and family experience
						Workshops /consultations/focus groups with individuals in Justice system	
	User reference group					Partnership Working Group	
						Peer Support	
Pharmacists – leaflets instore and delivery		Breathe easy		CHSS British Heart Foundation		Crown Office & PF SPS, IJB, SDS, Police Scotland, SFRS, NHS Lothian, Justice Social Work, PPU, C&F, Education, Elected Members, Housing, MELDAP, Health in Mind, MVA, Change Grow Live, Victim Support, Families Outside, Women's Aid, Local Communities, Com Justice Scot	

Example Privacy Notice



How your personal information is used by the Midlothian Health and Social Care Partnership (Public Engagement)

We promise to collect, process, store and share your personal data safely and securely. Under the Data Protection Act 2018, you have a right to know how we do this.

What personal information do we collect?

We may ask you about information that can identify you, either on its own, or with other information e.g.

- Post code, Age/date of birth, Gender, Racial origin
- Experience and views on your treatment and care for your physical and mental health
- Health condition, care needs or caring status

Why do we need your personal information? How will we use it?

We only collect personal information if we need it to create a service or monitor, review and improve the services we deliver. We might use your information to give you feedback about any engagement.

We may use it to group responses to see if there are differences in people's experiences or opinions.

We will only publish findings in an anonymous manner and you won't be identified in any report. Unless we have specifically asked you about doing this.

We may publish reports on the Midlothian Council website or Social Media for the Partnership.

How will we collect your information?

We could collect it directly or indirectly.

- Directly – e.g. if you fill in a survey, speak to an interviewer face to face or attend a focus group.
- Indirectly – e.g. if a service we commission produces a report on what they have been doing this may include information about services you have used or your views on them.

Do you have to give us personal information?

No – you can choose if you want to take part in any engagement activity - so you don't need to give any information if you don't want to. By taking part you are helping us improve Health and Social Care services in Midlothian.

Are we allowed to collect your personal information?

Yes - Article 6(d) of the GDPR 'public task' is the lawful basis for us processing information when we undertake public engagement if this is in the public interest as it will help us shape and plan our services.

Will we share your personal information with anyone?

Your personal data may be shared with other departments in the Health and Social Care Partnership or organisations we work with if we have a legal basis to share it. We will only do this if it will help to improve our health and social care services and we will only share the minimum information needed.

There may be other circumstances where we would share your personal information with a third party – such as if we are required to do so by law to safeguard public safety or if there was a of harm or emergency. Only the minimum information for the purpose will be shared. If we do we will notify you and explain the legal basis which allows us to do so.

How long do we keep your personal information?

Your personal information will be kept securely – e.g. on an encrypted drive or in a locked drawer. Midlothian Council's Retention Schedule sets out how long it we will keep it, and what will be done with it at the end of its 'life'. For more information go to www.midlothian.gov.uk/retentionschedule

More information

You can find out more about your rights under the Data Protection Act at www.midlothian.gov.uk/privacy. This privacy notice is under Adult Social Care Services.

This includes you rights to request that we amend or erase your personal information.

We may update or revise this Privacy Notice at any time so please refer to the version published on our website for the most up to date details.

Volunteer Expenses Policy - IJB

Introduction

Volunteers can get support with costs involved with volunteering for the Integrated Joint Board.

Volunteers are vital to help us plan health and social care services. They bring a wide range of skills, lived experiences and perspectives and help us understand and meet the needs of our local communities

You should not be out of pocket through your volunteering with the IJB, on its committees or planning groups. This policy sets out an accessible and fair process for claiming and payment of expenses and links with the Midlothian Council Volunteer Policy.

Who is this policy for?

This policy is for volunteer members of the Midlothian Integration Joint Board, the Midlothian Strategic Planning Group and Planning Groups of the Health & Social care Partnership.

Each of the above groups will have a Key Contact who is responsible for ensuring the views of people with lived experience, unpaid carers or people in the community are heard.

This policy does not apply to members who are NHS Lothian Board Members, Midlothian Council Elected Members, or employees of either NHS Lothian, or the Midlothian Council or partner organisations.

This policy does not apply to members of the general public attending meetings.

Spending money responsibly

We are required to make sure we spend money carefully and responsibly. Please gain permission from your key contact before arranging or paying for any expenses above £50.

Please consider ways to reduce how much you claim - for example could you use video conferencing instead of travelling to a meeting, could we print documents for you and have you got the best rate for travel and accommodation?

Review of this policy

Midlothian Health and Social Care Partnership will support, manage, and monitor expenses claims on behalf of the IJB.

Feedback on this policy will be sought from volunteers, IJB and committee/group members and we will review it every three years.

What you can and can't claim for



Travel & Parking – direct travel to your meeting/event

✓ Costs that can be claimed

- Mileage – 45p a mile (in line with HM Revenue and Customs guidelines).
- Parking costs during a meeting/event
- Public transport costs.
- Taxi costs

✗ Costs that cannot be claimed

- Travel costs which are not for direct travel to/from the location of volunteering
- Fees or fines (e.g. parking and speeding fines while at or travelling to a meeting).

Please discuss your needs with your key contact – we may be able to arrange travel for you. Please use public transport or share private transport if possible.



Alternative Care & Childcare

✓ Costs that can be claimed

- Up to £18 an hour for the length of the meeting/event and for your travel time.

✗ Costs that cannot be claimed

- Care provided by someone other than a registered provider.

You must agree all care in advance with the key contact and you must use a registered organisation or registered individual to provide the care: www.careinspectorate.com/index.php/care-services



Accommodation and Meals

✓ Costs that can be claimed

- Accommodation - up to £100 per night.
- Meals - up £4.90 per meal (if you are volunteering for 5-10 hours) and £10.90 (if you are volunteering over 10 hours)

✗ Costs that cannot be claimed

- Costs if food has been provided free of charge (e.g. lunch at training events).
- The purchase of alcohol.

If an event is attended by everyone on the IJB/committee/group, accommodation and meals will be organised on your behalf.

Other Costs



Costs that can be claimed

- Training
- Telephone calls, text messages, printing, photocopying and postage costs
- You can get free access to computers in libraries, including access to the internet and Microsoft Office programmes.



Costs that cannot be claimed

- Costs which are already provided by another organisation or person.
- Non-essential additional costs you choose to pay (e.g. tipping of taxi drivers or restaurant staff).
- Costs which were not gained while volunteering

Your Key Contact can print, photocopy and post documents you need for your role. They can also arrange interpreters, BSL or note taker. Please ask for these in advance and we will make every effort to ensure these are provided. If these are unavailable for any reason we will ensure we make alternative arrangements to capture your contribution at a later date.

How to claim expenses

1. **Register as a volunteer** with Midlothian Council – your key contact will do this for you.
2. **Complete the Volunteer Expenses Form**
 - You must provide receipts or photos of a receipt if possible
 - You must provide proof of attendance (make yourself known to the chair at each meeting/event)
 - You must claim within 3 months
 - You can claim for a number of expenses on the same form.
3. **Send the form by post or email** to your key contact.
4. **Answer any questions** if required
5. **Check your bank account** – expenses will be paid by bank transfer once a month. If we receive your form after the expenses have been processed, you will be paid the following month.

If expenses forms are sent in after 3 months, if receipts cannot be provided, or if attendance at the relevant meeting/event has not been recorded then payment of the expenses may not be possible, and will be at the discretion of the Chief Officer.

Who is your Key Contact?

- **Midlothian Integration Joint Board or the Midlothian Strategic Planning group:**
 - Mairi Simpson, Integration Manager for Midlothian Health and Social Care Partnership.
mairi.simpson@nhslothian.scot.nhs.uk, 07872 418230
Fairfield House, 8 Lothian Road, Dalkeith, EH22 3AA
- **Planning Group:**
 - Planning Lead for that group.

Volunteer Expenses Claim Form

Name:

Address:

Car Registration Number

	Travel:								
Date (of expense)	From (Postcode)	To (Postcode)	Purpose	Mileage	Parking	Public Transport	Food/ Other costs	Alternative Care costs	Receipt Y/N
							TOTAL:		

The above claim and details are correct. I have read the Midlothian IJB Volunteer Expenses Policy and fully complied with it. I understand that this claim may be subject to scrutiny by Internal/External Audit.

Volunteer Signature:

Print name

Authorising Manager

Print name

Appendix 2 – Motor Vehicle Insurance

Volunteers using their private motor vehicle, or a vehicle owned by a spouse or partner on volunteering business must satisfy certain insurance conditions in order to claim the motor mileage allowance as part of their volunteer expenses

It is the responsibility of the volunteers to ensure that their vehicle insurance policy covers the risks set out below.

The volunteer key contact is responsible for verifying that volunteers are covered by the appropriate vehicle insurance at induction and on an annual basis thereafter.

The expenses for motor mileage allowance will be payable only if the insurance conditions are fulfilled.

Motor Vehicle Insurance

Volunteers using their private motor vehicle or a vehicle owned by a spouse or partner on volunteering work must have motor vehicle insurance without financial limits covering the following:

- bodily injury to or death of third parties
- bodily injury to or death of any passenger
- damage to the property of third parties

In addition the insurance policy must specifically cover the use of the vehicle on volunteering business. This also applies in the case of a vehicle owned by a spouse or a partner.

Volunteers' Liability

It is strictly prohibited for a volunteer to drive any vehicles as part of their volunteering duties for Midlothian Integration Joint Board unless they have a valid driving licence. It is the responsibility of the volunteer to ensure the licence is valid.

Planning Group Terms of Reference

Introduction

A range of service providers, service users, carers, representative bodies, and professionals are involved in planning the services we provide and commission. We have a number of Planning Groups – each delivering part of our Strategic Plan. These terms of reference outline a standard approach to these groups and the key aims, roles, and remits.

What does a Planning Group do?

Each Planning Group ensures the views and needs of people with lived experience, carers and staff are represented in the vision, values and actions of our Strategic Plan.

The Planning Groups identify, agree and achieve relevant actions from the Strategic Plan.

When does a Planning Group meet?

Planning Groups meet every 6 to 10 weeks.

Adequate notice should be given to all members of meeting dates.

Who is in a Planning Group?

The Planning Lead will invite new members and put in place any measures needed to ensure everyone can participate fully such as arranging translators, BSL, note takers, claiming expenses etc.

The Planning Lead will ensure the following groups are represented:

- Social Work
- Health
- Housing
- Carers
- Primary Care and /or Acute Hospitals
- Third sector
- People with lived experience (1-5 people)
- Sport and Leisure (where relevant)

The Planning group can co-opt additional members for particular pieces of work as appropriate.

The membership of the Planning group should be reviewed every three years in line with Strategic Planning cycles. It is not expected that people with lived experience will spend more than 6 years on a Planning Group.

Role and remit of members:

Individual members will represent stakeholder groups, constituent groups, organisations, professions or localities, carers or service users.

Members are expected to:

- prepare for meetings by reading any associated papers
- Develop and maintain links with partners, groups, third sector organisations and networks to enable their views to be sought and represented. Ensure that these views are considered in decision making.
- actively contribute to discussions in a way that represents their community of interest, sector or professional area
- act in a respectful and polite manner

Members are not expected to:

- Be 'the voice' of a group of people
- Bring personal issues to the table

Thursday 8 April 2021, 2.00pm

Midlothian IJB Local Code of Corporate Governance

Item number: 5.3

Executive summary

The purpose of this report by the MIJB Chief Officer is to propose that the revised Local Code of Corporate Governance of the Midlothian Health and Social Care Integration Joint Board (MIJB), that provides 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.

The MIJB is therefore asked to:

- Note the changes outlined in this report;
- Approve the revised Local Code of Corporate Governance (Appendix 1) for the Midlothian Health and Social Care Integration Joint Board (MIJB); and
- Note that the revised MIJB Local Code will be used for the 2020/21 annual assurance process. This will 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 scrutinised by the MIJB Audit and Risk Committee in advance of MIJB approval.

Midlothian IJB Local Code of Corporate Governance

1. Purpose

- 1.1 This report by the MIJB Chief Officer is to propose that the revised Local Code of Corporate Governance of the Midlothian Health and Social Care Integration Joint Board (MIJB), that provides 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.

2. Recommendations

- 2.1 Note the changes outlined in this report;
- 2.2 Approve the revised Local Code of Corporate Governance (Appendix 1) of the Midlothian Health and Social Care Integration Joint Board (MIJB); and
- 2.3 Note that the revised MIJB Local Code will be used for the 2020/21 annual assurance process.

3. Background

- 3.1 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.
- 3.2 The Local Code of Corporate Governance was approved by MIJB in June 2019.
- 3.3 Fundamentally Corporate Governance is about openness, integrity and accountability. It comprises the systems and processes, and cultures and values by which the authority is directed and controlled and through which it accounts to, engages with and, where appropriate, leads its communities.
- 3.4 The CIPFA/SOLACE Framework urges local authorities (including integration authorities) to review the effectiveness of their existing governance arrangements against their Local Code, and prepare a governance statement and report compliance on an annual basis.
- 3.5 The Audit & Risk Committee is integral to overseeing independent and objective assurance and monitoring improvements in internal control and governance.¹

¹ CIPFA guidance note for local authorities 'Audit Committees' (2018)

4. Local Code of Corporate Governance

- 4.1 The MIJB Internal Audit Annual Assurance Report 2019/20, which was presented to the MIJB on 11 June 2020, stated within the audit opinion section:

“The MIJB’s Local Code of Corporate Governance has been updated during the year and the format significantly revised by Internal Audit with MIJB Management to ensure this key document complies with the CIPFA/SOLACE ‘Delivering Good Governance in Local Government: Framework’ (2016) and continues to be relevant and complete by reflecting the appropriate framework for effective governance of the MIJB’s business, including its role as the strategic commissioning body i.e. setting out when responsibility lies with the Board or where reliance is placed on the arrangements in place at its Partners. The content and format of the Annual Governance Statement should reflect the annual review of compliance with the updated Local Code. The updated MIJB Local Code of Corporate Governance will be submitted for scrutiny by the MIJB Audit and Risk Committee, with the recommendation that it is approved by the Board thereafter.”

- 4.2 The 7 core principles of good governance set out in the CIPFA/SOLACE Framework ‘Delivering Good Governance in Local Government’ (2016) are:

- A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- B. Ensuring openness and comprehensive stakeholder engagement
- C. Defining outcomes in terms of sustainable economic, social, and environmental benefits
- D. Determining the interventions necessary to optimise the achievement of the intended outcomes
- E. Developing the entity’s capacity, including the capability of its leadership and the individuals within it
- F. Managing risks and performance through robust internal control and strong public financial management
- G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

- 4.3 The main changes to the Local Code cover:

- Comprehensive evidence against each of the seven principles of good governance and sub-principles, including where reliance is placed on the arrangements within the partner organisations;
- Updates to strategies, plans and processes which reflect the current operating environment; and
- Enhancements arising from audit and inspection findings, and other planned changes.

- 4.4 The updated Local Code of Corporate Governance for Midlothian Integration Joint Board (Appendix 1) was presented to the MIJB Audit and Risk Committee for scrutiny on 4 March 2021 who recommended it for approval by the MIJB Board. The updated MIJB Local Code will be used for the 2020/21 annual assurance process.

5. Policy Implications

- 5.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) is intended to ensure that health and social care services in Scotland are well integrated, so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.
- 5.2 The Midlothian Integration Joint Board (MIJB), established as a separate legal entity as required by the Act, is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Midlothian partnership area, based on resources which have been delegated to it by the partners, Midlothian Council and NHS Lothian.
- 5.3 The MIJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration.
- 5.4 The overall aim of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016), on which MIJB's Local Code of Corporate Governance is framed, 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.
- 5.5 Core principle of good governance "D. Determining the interventions necessary to optimise the achievement of the intended outcomes" is included within the CIPFA/SOLACE Framework. Prevention and detection internal controls and governance arrangements are a key part of the good governance framework within the MIJB's Local Code of Corporate Governance.
- 5.6 Core principle of good governance "C. Defining outcomes in terms of sustainable economic, social, and environmental benefits" is included within the CIPFA/SOLACE Framework. MIJB's evidence of systems, processes and documentation to demonstrate local compliance with this core principle of good governance is set out in its Local Code of Corporate Governance.
- 5.7 The updated Local Code will be used for the 2020/21 annual assurance process. This process includes the annual self-assessment, the identification of improvement actions that are designed to enhance the internal control environment, and risk management and corporate governance arrangements, and the preparation and publication of an Annual Governance Statement reporting on the review and outcomes. This process not only creates an opportunity for the MIJB to set out its standards for good governance but also to ensure that its governance arrangements are seen to be sound. This is important as the governance arrangements in public services are closely scrutinised.

- 5.8 This demonstrates the core principle of good governance “G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability” included within the CIPFA/SOLACE Framework.

6. Equalities Implications

- 6.1 The application of equalities legislation within practices is set out in MIJB’s Local Code of Corporate Governance to demonstrate compliance of core principle of good governance “A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law” which is included within the CIPFA/SOLACE Framework.
- 6.2 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 and the approved Standing Orders to make sure that public business is conducted with fairness and integrity.

7. Resource Implications

- 7.1 Core principle of good governance “E. Developing the entity’s capacity, including the capability of its leadership and the individuals within it” is included within the CIPFA/SOLACE Framework.

8. Risks

- 8.1 The review and update of the Local Code of Corporate Governance will ensure that internal controls, risk management and other governance arrangements reflect the arrangements in place on an evidence-basis.
- 8.2 Core principle of good governance “F. Managing risks and performance through robust internal control and strong public financial management” is included within the CIPFA/SOLACE Framework. MIJB’s evidence of systems, processes and documentation to demonstrate local compliance with this core principle of good governance is set out in its updated Local Code of Corporate Governance, including where MIJB places reliance on the governance arrangements adopted by NHS Lothian and Midlothian Council, the partners.

9. Involving People

- 9.1 Core principle of good governance “B. Ensuring openness and comprehensive stakeholder engagement” is included within the CIPFA/SOLACE Framework. MIJB’s evidence of systems, processes and documentation to demonstrate local compliance with this core principle of good governance is set out in its Local Code of Corporate Governance.

- 9.2 The MIJB Chief Officer, Chief Finance Officer and Integration Manager were engaged with Internal Audit in the significant update of evidence and format changes of the MIJB Local Code of Corporate Governance during 2019/20. Internal Audit has reflected any further updates as part of its assessment of internal control and governance during 2020/21. The MIJB Chief Officer is the lead officer
- 9.3 The MIJB Audit and Risk Committee on 4 March 2021 scrutinised the revised Local Code of Corporate Governance and recommended it for approval by the MIJB Board.

10. Background Papers

See Appendix 1 'MIJB Local Code of Corporate Governance'.

AUTHOR'S NAME	Jill Stacey
DESIGNATION	MIJB Chief Internal Auditor
CONTACT INFO	
DATE	04/03/2021

The public sector has adopted Corporate Governance principles. Fundamentally Corporate Governance is about openness, integrity and accountability. It comprises the systems and processes, and cultures and values, by which organisations are directed and controlled and through which they account to, engage with and, where appropriate, lead their communities.

The 7 core principles of good governance are:

- A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- B. Ensuring openness and comprehensive stakeholder engagement
- C. Defining outcomes in terms of sustainable economic, social, and environmental benefits
- D. Determining the interventions necessary to optimise the achievement of the intended outcomes
- E. Developing the entity's capacity, including the capability of its leadership and the individuals within it
- F. Managing risks and performance through robust internal control and strong public financial management
- G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Authorities are urged to test their structure against these principles by reviewing their existing governance arrangements against the Framework, developing and maintaining an up-to-date local code of governance including arrangements for ensuring its ongoing application and effectiveness and preparing a governance statement in order to report publicly on the extent to which they comply with their own code on an annual basis, including how they have monitored the effectiveness of their governance arrangements in the year, and on any planned changes for the current period.

The preparation and publication of an Annual Governance Statement in accordance with the Framework fulfils the statutory requirement for the authority to conduct a review at least once in each financial year of the effectiveness of its system of internal control and to include a statement reporting on the review with its Statement of Accounts. This process not only creates an opportunity for the Integration Joint Board to set out its standard for good governance but also to ensure that its governance arrangements are seen to be sound. This is important as the governance arrangements in public services are closely scrutinised.

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

A1 Behaving with integrity

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation	Reliance is placed on the values and standards set out in the MIJB's code of conduct and those within the codes of conduct of employer partner organisations and their organisational development plans. These are to be reviewed and sent out annually.
2	Ensuring members take the lead in establishing specific standard operating principles or values for the organisation and its staff and that they are communicated and understood. These should build on the Seven Principles of Public Life (the Nolan Principles)	The Scheme of Integration document serves as the approved constitution. Standing Orders and Scheme of Delegation. Reliance is placed on the values and standards set out in the MIJB's code of conduct and those within the codes of conduct of employer partner organisations and their organisational development plans.
3	Leading by example and using these standard operating principles or values as a framework for decision making and other actions	Reliance is placed on the arrangements within the employer partner organisations for identifying, mitigating and recording conflicts of interest, hospitality and gifts. Declarations of Interest are a standard agenda item at all meetings of the Board. The Annual Governance Statement will be the outcome of the annual self-evaluation of compliance.
4	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	As A1.3 The role of the MIJB Audit and Risk Committee is to have high-level oversight of internal control, governance and risk management. The MIJB Audit and Risk Committee has been constituted with a terms of reference. The MIJB has developed a complaints policy. Reliance is also placed on partners' policies and processes for complaints and whistle blowing

A2 Demonstrating strong commitment to ethical values

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Seeking to establish, monitor and maintain the organisation's ethical standards and performance	The Annual Governance Statement is the outcome of an annual self-evaluation of compliance.
2	Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation	Reliance will be placed on the arrangements within the partner organisations for <ul style="list-style-type: none"> • Provision of ethical awareness training

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
3	Developing and maintaining robust policies and procedures	<ul style="list-style-type: none"> • Appraisal processes taking account of values and ethical behaviour • Staff appointments policy • Procurement policy • Ethical values feature in contracts with external service providers
4	Ensuring that external providers of services on behalf of the organisation are required to act with integrity and in compliance with high ethical standards expected by the organisation	

A3 Respecting the rule of law

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring members and staff demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations	<p>Advice and overseeing compliance on legal matters will be provided by the Chief Officer, Chief Finance Officer, Chief Internal Auditor and Committee Officer to the MIJB, as appropriate to their roles.</p> <p>If required legal advice would be sought from Central Legal Office (NHS) or Midlothian Council's Legal Officers, as appropriate.</p>
2	Creating the conditions to ensure that the statutory officers, other key post holders and members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements	<p>The Scheme of Integration sets out the roles and responsibilities of statutory officers (Chief Officer, Chief Finance Officer)</p> <p>Guidance is available. As A3.1.</p>
3	Striving to optimise the use of the full powers available for the benefit of citizens, communities and other stakeholders	<p>The scope is set out in the Scheme of Integration in order to comply with the Public Bodies (Joint Working) (Scotland) Act 2014 which requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services.</p> <p>Guidance is available on use of powers. As A3.1.</p>
4	Dealing with breaches of legal and regulatory provisions effectively.	<p>In the context of health and social care integration this is a matter for the Chief Officer.</p> <p>Reliance will be placed on the arrangements within the partner organisations for ensuring legal compliance in operation of services.</p> <p>Advice and overseeing compliance on legal matters will be provided by the Chief Officer supported by Board Committee Officer, Chief Finance Officer, and Chief Internal Auditor, as appropriate to their roles.</p>
5	Ensuring corruption and misuse of power are dealt with effectively	<p>Reliance will be placed on the arrangements within the partner organisations for effective counter fraud and corruption policies and procedures in operation of services.</p>

B. Ensuring openness and comprehensive stakeholder engagement

Local government is run for the public good, organisations therefore should ensure openness in their activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders

B1 Openness

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to openness	<p>Corporate governance is about openness, integrity and accountability and the Local Code sets out the MIJB's systems and processes through which it accounts to, engages with and, where appropriate, leads its communities.</p> <p>Minutes and Reports for the MIJB and the MIJB Audit and Risk Committee are published on Midlothian Council's committee meetings website. The MIJB business is held in public unless there are good reasons for not doing so on the grounds of confidentiality.</p> <p>Reliance will be placed on the arrangements within the partner organisations to ensure compliance with Data Protection and Freedom of Information legislation.</p>
2	Making decisions that are open about actions, plans, resource use, forecasts, outputs and outcomes. The presumption is for openness. If that is not the case, a justification for the reasoning for keeping a decision confidential should be provided	As B1.1
3	Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used. In due course, ensuring that the impact and consequences of those decisions are clear	<p>Calendar of dates for submitting, publishing and distributing reports.</p> <p>Reports set out professional advice and considerations in reaching recommendations.</p> <p>Professional advice and overseeing compliance with the legal and financial framework will be provided by the Chief Officer, Chief Finance Officer, Chief Internal Auditor and Committee Officer to the MIJB, as appropriate to their roles.</p>
4	Using formal and informal consultation and engagement to determine the most appropriate and effective interventions/ courses of action	<p>Community engagement was encouraged as part of the development of the Scheme of Integration and both the current and refreshed Strategic Plan.</p> <p>Community engagement is a continual and ongoing process in order to develop integrated services relevant to the needs of service users.</p>

B2 Engaging comprehensively with institutional stakeholders

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Effectively engaging with institutional stakeholders to ensure that the purpose, objectives and intended outcomes for each stakeholder relationship are clear so that outcomes are achieved successfully and sustainably	The Strategic Plan was developed following consultations with interested parties including members of the public, therefore highly co-produced.

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
2	Developing formal and informal partnerships to allow for resources to be used more efficiently and outcomes achieved more effectively	Midlothian Council and NHS Lothian are the principal partners. Also involved are the third sector, independent sector and user/ carer representatives. The Strategic Planning Group with full representation from the Principal Partners, 3 rd Sector and Patient/Service Users is also part of the governance arrangements.
3	Ensuring that partnerships are based on: <ul style="list-style-type: none"> • trust • a shared commitment to change; • a culture that promotes and accepts challenge among partners; and that • the added value of partnership working is explicit 	As B2.2.

B3 Engaging stakeholders effectively, including individual citizens and service users

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Establishing a clear policy on the type of issues that the organisation will meaningfully consult with or involve individual citizens, service users and other stakeholders to ensure that service/other provision is contributing towards the achievement of intended outcomes	As B2.1.
2	Ensuring that communication methods are effective and that members and officers are clear about their roles with regard to community engagement	As B2.1
3	Encouraging, collecting and evaluating the views and experiences of communities, citizens, service users and organisations of different backgrounds including reference to future needs	As B2.1
4	Balancing feedback from more active stakeholder groups with other stakeholder groups to ensure inclusivity.	Consultation processes seeks to secure opinion which is as inclusive as possible.
5	Taking account of the interests of future generations of tax payers and service users	The partnership has a statutory responsibility to involve patients and members of the public in how health and social care services are designed and delivered.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits
The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the authority's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available

C1 Defining outcomes

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions	The vision, strategic objectives and outcomes are reflected in Strategic Plan which has been refreshed. Work has commenced on the development of a new vision and values for the Strategic Plan 2022-2025.
2	Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	As C1.2
3	Delivering defined outcomes on a sustainable basis within the resources that will be available	A medium term financial strategy 2019-2022 has been signed off by the MIJB. There is an MIJB approved rolling five year medium term financial plan, a Strategic Plan, an annual delivery plan and routine financial reporting.
4	Identifying and managing risks to the achievement of outcomes	A Risk Management Strategy has been approved by the MIJB. The MIJB maintains a Strategic Risk Register in which risks to its own objectives and achievement of outcomes are identified and managed.
5	Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available	As B2.1

C2 Sustainable economic, social and environmental benefits

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Considering and balancing the combined economic, social and environmental impact of policies, plans and decisions when taking decisions about service provision	Economic and social (as it relates to improved outcomes) impact of policies and plans are taken into account when taking strategic commissioning decisions about service provision. Reliance is placed on the partners' arrangements for environmental impact assessments at operational level.

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
2	Taking a longer-term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints	<p>Decision-making reports to the MIJB and its Committees generally set out the implications of risk.</p> <p>The Board intends to add risk as a standing agenda item to board papers commencing in 2020/2021</p> <p>Potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints would ordinarily be recognised. There is an MIJB approved medium term financial strategy, medium term financial Plan, annual financial plans and routine financial reporting.</p> <p>Value for money arrangements within the MIJB require further development. In the meantime, reliance will be placed on the value for money arrangements within the partner organisations. The Audit Scotland report on Auditing Best Value for IJBs was presented to the MIJB Audit and Risk Committee in March 2019.</p> <p>Service redesign through either disinvestment or targeted reinvestment is reflected in the Strategic Plan and the annual delivery plan and through Directions to partners. The Realistic Care Realistic Medicine programme board monitors and oversees this transformation work.</p> <p>Performance reporting is in place in respect of identified Ministerial priority areas in the Annual Performance Report. Other Performance Reports were presented to the Board for monitoring and control of achievement of Local Improvement Goals.</p>
3	Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs	As C2.2
4	Ensuring fair access to services	<p>As C2.2.</p> <p>Reliance will be placed primarily on the equality and diversity arrangements within the partner organisations.</p>

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

Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.

D1 Determining interventions

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and including the risks associated with those options. Therefore ensuring best value is achieved however services are provided	Decision-making reports to the MIJB and its Committees cover Policy/Strategy, Consultation and assessment of risk. Committee reports are published on Midlothian Council's committee meetings website. For best value - see C2.2 above
2	Considering feedback from citizens and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts	The Strategic Plan is based on consultation. The plan has been updated and is based upon further consultation. The Partnership has a statutory responsibility to involve patients and members of the public in how health and social care services are designed and delivered.

D2 Planning interventions

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets	Reporting schedule for meetings and timetable for papers. Committee reports are published on Midlothian Council's committee meetings website.
2	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered	See D1.2
3	Considering and monitoring risks facing each partner when working collaboratively including shared risks	The MIJB and Partners have their own Risk Management Frameworks in place. The MIJB has decided that the Partners are responsible for managing their own risks and the MIJB will monitor Partners risks where those risks threaten the delivery of the MIJB's objectives.
4	Ensuring arrangements are flexible and agile so that the mechanisms for delivering outputs can be adapted to changing circumstances	Directions have been issued for service redesign. Directions for 2020-2021 were revised and reissued in October 2020 to reflect the impact of the Covid19 pandemic.
5	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured	Performance reporting is in place in respect of identified Ministerial priority areas in the Annual Performance Report. Other Performance Reports were presented to the Board for monitoring and control of achievement of Local Improvement Goals.

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
6	Ensuring capacity exists to generate the information required to review service quality regularly	The MIJB places reliance on Service quality reviews which are performed by the Partners. Independent assurance is gained from external inspection bodies.
7	Preparing budgets in accordance with organisational objectives, strategies and the medium-term financial plan	Budget offers/allocations are made to MIJB from its Partners. The MIJB assesses this in totality to support the delivery of its Strategic Plan.
8	Informing by drawing up realistic estimates of revenue and capital expenditure aimed at developing a sustainable funding strategy	The MIJB is working towards sustainable service provision. Need to be clear that capital is not delegated to the MIJB from partners.

D3 Optimising achievement of intended outcomes

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring the medium term financial strategy integrates and balances service priorities, affordability and other resource constraints	A medium term financial strategy 2019-2022 has been signed off by the MIJB.
2	Ensuring the budgeting process is all-inclusive, taking into account the full cost of operations over the medium and longer term	Medium term financial plan is in place.
3	Ensuring the medium-term financial strategy sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage	As D3.1
4	Ensuring the achievement of 'social value' through service planning and commissioning <i>(Social Value is technically referred to as Community Benefit in Scotland)</i>	Reliance will be placed on the arrangements for achieving community benefits within the partner organisations. This will be a focus area for 2020/2021.

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

The integration authority needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mindset, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. The integration authority must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an authority operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of the leadership of individual staff members. Leadership in entities is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

E1 Developing the entity's capacity

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Reviewing operations, performance and use of assets on a regular basis to ensure their continuing effectiveness	Reliance will be placed on the arrangements within the partner organisations, integrated through the HSCP
2	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how the authority's resources are allocated so that outcomes are achieved effectively and efficiently	As E1.1
3	Recognising the benefits of partnerships and collaborative working where added value can be achieved	The benefits of partnerships and collaborative working where added value can be achieved has been recognised and is at the core of MIJB planning and decision making.
4	Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources	The MIJB has developed and maintains a workforce plan. The plan requires updating to reflect the Strategic Plan and possible changes required to address significant budgetary challenges.

E2 Developing the capability of the entity's leadership and other individuals

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Developing protocols to ensure that elected and appointed leaders negotiate with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained	Regular meetings are held between the Chief Officer and the Chair and Vice Chair of the MIJB. The Chief Officer also meets regularly with representatives from the partner organisations.
2	Publishing a statement that specifies the types of decisions that are delegated and those reserved for the collective decision making of the governing body	The Scheme of Integration, Standing Orders and Scheme of Delegation.
3	Ensuring clearly defined and distinctive leadership roles within a structure, whereby the chief officer leads the authority in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority	As E2.1

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
4	Developing the capabilities of members and senior management to achieve effective shared leadership and to enable the organisation to respond successfully to changing legal and policy demands as well as economic, political and environmental changes and risks.	MIJB Development Sessions have been and continue to be held. There is a development programme in place for the Board Members of the MIJB and there is a leadership development programme for the joint management team supported by workforce plans with a key focus on team leader development. A collaborative leadership strategy is being developed.
5	Ensuring that there are structures in place to encourage public participation	The partnership has a statutory responsibility to involve patients and members of the public in how health and social care services are designed and delivered.
6	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback from peer review and inspections	National reports on progress with integration have been reviewed and an action plan for improvement put in place.
7	Holding staff to account through regular performance reviews which take account of training or development needs	Reliance will be placed on the arrangements within the partner organisations, integrated via HSCP
8	Ensuring arrangements are in place to maintain the health and wellbeing of the workforce and support individuals in maintaining their own physical and mental wellbeing	As E2.7

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

Local government needs to ensure that the organisations and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.

A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability.

It is also essential that a culture and structure for scrutiny is in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

F1 Managing risk

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision making	A Risk Management Strategy is in place It 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.
2	Implementing robust and integrated risk management arrangements and ensuring that they are working effectively	As F1.1
3	Ensuring that responsibilities for managing individual risks are clearly allocated	As F1.1.

F2 Managing performance

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Monitoring service delivery effectively including planning, specification, execution and independent post-implementation review	Performance reporting is in place on identified Ministerial priority areas within the Annual Performance Report. Other Performance Reports are presented to the Board for monitoring and control of achievement of Local Improvement Goals.
2	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook	Decision-making reports to the MIJB and its Committees.

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
3	<p>Ensuring an effective scrutiny or oversight function is in place which encourages constructive challenge and debate on policies and objectives before, during and after decisions are made thereby enhancing the organisation's performance and that of any organisation for which it is responsible (OR, for a committee system)</p> <p>Encouraging effective and constructive challenge and debate on policies and objectives to support balanced and effective decision making</p> <p>Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement</p>	<p>Opportunities for constructive challenge and debate on policies and objectives exist at MIJB Board meetings.</p> <p>Performance reporting to the MIJB on annual delivery plans and on progress towards outcome achievement for monitoring and control purposes.</p> <p>Notes of Strategic Planning Board now received by the Board.</p>
4	Providing members and senior management with regular reports on service delivery plans and on progress towards outcome achievement	As F2.3
5	Ensuring there is consistency between specification stages (such as budgets) and post-implementation reporting (eg financial statements)	<p>Financial standards, guidance within the employer partner organisations.</p> <p>MIJB Financial Regulations and Standing Orders.</p> <p>External Audit of MIJB annual financial statements.</p>

F3 Robust internal control

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Aligning the risk management strategy and policies on internal control with achieving objectives	A Risk Management Strategy is in place.
2	Evaluating and monitoring risk management and internal control on a regular basis	As F3.1
3	Ensuring effective counter fraud and anti-corruption arrangements are in place	Reliance will be placed on counter fraud and corruption arrangements within the partner organisations.
4	Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor	Internal Audit service is provided by Midlothian Council's Internal Audit team which has a shared service arrangement with Scottish Borders Council including the appointed MIJB Chief Internal Auditor, and in liaison with NHS Lothian Internal Audit team which provides specified Internal Audit days.
5	<p>Ensuring an audit committee or equivalent group or function which is independent of the executive and accountable to the governing body:</p> <ul style="list-style-type: none"> provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment that its recommendations are listened to and acted upon 	The MIJB Audit and Risk Committee has been constituted with a Terms of Reference.

F4 Managing data

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data	<p>Reliance will be placed on the arrangements for managing data within the partner organisations.</p> <p>A data sharing agreement is in place between the Council and NHS.</p>
2	Ensuring effective arrangements are in place and operating effectively when sharing data with other bodies	
3	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring	

F5 Strong public financial management
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	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring financial management supports both long-term achievement of outcomes and short-term financial and operational performance	<p>Medium and long-term financial management processes and plans are not in place due to constraints of annual budget setting by Partners (and Scottish Government).</p> <p>There is an MIJB approved medium term financial strategy and routine financial reporting.</p>
2	Ensuring well-developed financial management is integrated at all levels of planning and control, including management of financial risks and controls	<p>Budget monitoring process and reporting to MIJB Board.</p> <p>There is an opportunity for MIJB members to enhance their understanding of the financial papers as required.</p>

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

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

G1 Implementing good practice in transparency

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Writing and communicating reports for the public and other stakeholders in an understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate	Reports are written and communicated in an understandable style appropriate to the intended audience and ensuring that they are easy to access via Midlothian Council's committee meetings website. Information has been provided by locality where possible.
2	Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand	An annual performance report is published which is written to inform readers on key matters. The Annual Accounts and Report that sets out the financial position is produced in accordance with accounting regulations.

G2 Implementing good practices in reporting

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Reporting at least annually on performance, value for money and the stewardship of its resources	As G1.2 The Audit Scotland report on Auditing Best Value for IJBs was presented to the MIJB Audit and Risk Committee in March 2019.
2	Ensuring members and senior management own the results	The Integration Joint Board has approved the statutory roles of Chief Officer and Chief Finance Officer.
3	Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and publishing the results on this assessment including an action plan for improvement and evidence to demonstrate good governance (annual governance statement)	Review of the Framework reported in the Annual Governance Statement.
4	Ensuring that the Framework is applied to jointly managed or shared service organisations as appropriate	Reliance will be placed on the governance arrangements within the partner organisations.
5	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the statements allow for comparison with other similar organisations	As G2.1

G3 Assurance and effective accountability

	Behaviours and actions that demonstrate good governance	Demonstration of good governance in practice
1	Ensuring that recommendations for corrective action made by external audit are acted upon.	The Accounts Commission appoints the External Auditors of the MIJB. Any recommendations made by External Audit are acted upon.
2	Ensuring an effective internal audit service with direct access to members is in place which provides assurance with regard to governance arrangements and recommendations are acted upon	The Board appointed a Chief Internal Auditor for the Integration Joint Board with agreement that Internal Audit services for the MIJB will be provided by Midlothian Council's Internal Audit team which has a shared service arrangement with Scottish Borders Council, and in liaison with NHS Lothian Internal Audit team which provides specified Internal Audit days. Compliance with CIPFA's Statement on the Role of the Head of Internal Audit (2019). Compliance with Public Sector Internal Audit Standards. Regular reports are presented to the MIJB Audit and Risk Committee on Management's progress with implementation of recommendations made by Internal Audit to ensure these are acted upon.
3	Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations	Any recommendations made by Regulatory Bodies or Inspection Agencies are acted upon.
4	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement	As risk management set out in F1 above. Annual Governance Statement included within Statutory Accounts.
5	Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met	The vision, strategic objectives and outcomes are reflected in the Strategic Plan which has been approved and published by the MIJB. The Board is made up of members from Midlothian Council and NHS Lothian.

Thursday 8 April 2021, 2.00pm

Equalities Outcomes and Mainstreaming Report 2021-2023

Item number: 5.4

Executive summary

- 1.1 In order to meet the obligations placed on public bodies by the Equality Act 2010 and associated regulations the Integration Joint Board must
 - i. publish a set of equality outcomes which it considers will enable the authority to better perform the Public Sector Equality Duty
 - ii. publish a report on progress in mainstreaming the Equality Duty
 - iii. publish in a manner that is accessible
- 1.2 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 updates the group on the final proposed Equalities Outcomes and provides a report on progress on, and future actions to support mainstreaming the Equality Duty.

Board members are asked to:

Approve the Equalities Outcomes for 2021-2025 and approve the Mainstreaming report

Equalities Outcomes and Mainstreaming Report 2021-2023

1 Purpose

- 1.1 This report updates the group on the development of the new equalities outcomes and provides a Mainstreaming and Equalities Outcomes report.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to: -
- Approve the Equalities Outcomes for 2021-2025 and approve the Mainstreaming report**

3 Background and main report

- 3.1 The Public Sector Equality Duty requires public bodies in the exercise of their functions to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
 - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
 - Foster good relations between people who share a protected characteristic and those who do not

- 3.2 Alongside consultation (detailed in Section 9) available data and other evidence was collated to inform the development and identification of the new equalities outcomes for Midlothian HSCP for 2021-2025. The evidence which was used to support the choice of equality outcomes for Midlothian HSCP is provided in Appendix 2

3.3 The proposed Equalities Outcomes are

Outcome 1: Older people, people with disabilities and people from minority ethnic groups in Midlothian will have more equitable access to health and social care services and information.

Outcome 2: People in Midlothian, in particular people with disabilities, adults identifying as LGBT and men will have better awareness of and access to, community mental health support, information and treatment.

Outcome 3: People in Midlothian, in particular people with disabilities, women people from ethnic minorities and adults identifying as LGBT and, will experience safer and more inclusive communities.

Outcome 4: Older people will be better able to enjoy human rights and fundamental freedoms when residing in care or treatment facilities, or receiving care in their own home including the right to make decisions about their care and the quality of their lives.

Outcome 5: The Midlothian Integration Joint Board will support the participation of, and more accurately reflect, the community it serves.

The full Equalities Outcomes and Mainstreaming Report is provided in Appendix 1. A rolling action plan has been developed to identify the actions, measures, and leads across the partnership to support the delivery of the Equality Outcomes over the next 4 years. This is available on request.

The IJB is expected to publish the Equality Outcomes by the 30th April. A report on progress made is required every 2 years, along with a progress report on Mainstreaming the equality duty.

4 Policy Implications

- 4.1 Section 149 of the Equality Act 2010 (the Public Sector Equality Duty), and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as amended, outline the legal duties of the integration authority including preparation and publication of Equalities Outcomes.
- 4.2 The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 outlines the requirement for listed public bodies to publish the gender composition of their Boards, and to produce succession plans

5 Directions

- 5.1 Once Equality Outcomes are approved, they will be incorporated into the relevant Directions and/or a specific Direction prepared.

6 Equalities Implications

- 6.1 The purpose of Equality Mainstreaming is to make the Equality Duty integral to the functions of the IJB. Equality Outcomes will assist the IJB to meet the General Equality Duty and provide a focus to efforts to increase equality across Midlothian.

7 Resource Implications

- 7.1 There are no specific financial implications arising from this report. It is anticipated that implementation of the action plan will not incur resource in addition to existing service budgets however proposals that have a significant resource requirement will be considered through the Partnership's Finance and Performance governance group processes.

8 Risk

- 8.1 Failure to publish an Equalities Mainstreaming Report and Equalities Outcomes will result in the Integration Joint Board not meeting its obligations under the Equality Act 2010.
- 8.2 Failure to take account of the impact of the strategic plan, or significant changes to services, on people with protected characteristics may lead to the Integration Joint Board unwittingly acting unlawfully.

9 Involving people

- 9.1 A Lothian-wide public consultation exercise was undertaken to support the drafting of the equalities outcomes. Staff engagement was undertaken and public information sessions were held online.

10 Background Papers

- 10.1 The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
<https://www.legislation.gov.uk/ssi/2012/162/contents/made>
- 10.2 Equality and Human Rights Commission. Equality Outcomes and the Public Sector Equality Duty: A Guide for Public Authorities, Scotland
<https://www.equalityhumanrights.com/en/publication-download/equality-outcomes-and-public-sector-equality-duty-guide-public-authorities>

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DATE	31/03/2021

Appendices:

Equalities Outcomes and Mainstreaming Report provided in Appendix 1.
Evidence to support Equality Outcomes is provided in Appendix 2

Midlothian IJB

Equalities Outcomes and Mainstreaming Report

2021 – 2023

Lois Marshall



Midlothian Integrated Joint Board is responsible for planning and allocating funding to services that help people live well and get support when they need it. This includes all community health and social care services for adults in Midlothian and some hospital-based services. It direct the work of the Midlothian Health and Social Care Partnership

What is Equality?

Equality is when everyone can make the most of their lives and no one has poorer opportunities because of things such as what sex they are, what they believe, or whether they have a disability. It is supported in law by the Equality Act 2010. Discrimination is when a person or group of people is treated differently, unfairly, or excluded. It is against the law to be discriminated against because of:

- age
 - sex
 - sexual orientation
 - gender identity
 - pregnancy and maternity
 - race, religion or belief
 - disability
 - marriage and civil partnership
- (These are called protected characteristics)



Why do we need Equality?

People who share a protected characteristic, may:



- not have the same access to services as people without a protected characteristic
- be more likely to unfairly experience things such as hate crime, poor health, poor housing and poverty

This is because of many things including laws, policies and events in the past, or because they may have different needs which haven't been understood, provided for, or have been ignored.

Equality does not mean that everybody should be treated in exactly the same way; sometimes services should be provided in a different way to meet the different needs of people.

What are Equality Outcomes?

Our Equality Outcomes say what we will do over the next 4 years to make the lives of people in Midlothian better. They have to be focussed on one of the following 3 areas (called the General Equality Duty):

1. Stopping discrimination and harassment.
2. Making things more equal between people who share a protected characteristic and people who do not.
3. Helping to build good relationships between people who share a protected characteristic and people who do not.



How did we decide on the new Equality Outcomes?

The Equality Outcomes need to focus on the groups and areas where there is the most discrimination, or where things are most unequal in Midlothian. They have to be about the things that the Midlothian Integrated Joint Board and the Health and Social Care Partnership can change, or have the most influence on, over the next 4 years.

We reviewed the evidence that is published at a UK, Scottish, and Midlothian level, and worked closely with other public bodies in Lothian such as NHS Lothian, to help us understand the biggest equality issues.

We carried out a joint online consultation with partners across the Lothians (November – December 2020) and heard from 266 different people and groups. We also held online public events in Midlothian, and consulted with staff and groups.

We looked at all of the issues to find the biggest inequalities and to find the ones which the Health and Social Care Partnership could help to change, we also thought about what we would be able to do with the resources and partners that we have.

Equalities Outcomes 2021-2025

Outcome 1: Older people, people with disabilities and people from minority ethnic groups in Midlothian will have more equitable access to health and social care services and information.

Outcome 2: People in Midlothian, in particular people with disabilities, adults identifying as LGBT, and men will have better awareness of and access to, community mental health support, information and treatment.

Outcome 3: People in Midlothian, in particular people with disabilities, women people from ethnic minorities and adults identifying as LGBT and, will experience safer and more inclusive communities.

Outcome 4: Older people will be better able to enjoy human rights and fundamental freedoms when residing in care or treatment facilities, or receiving care in their own home including the right to make decisions about their care and the quality of their lives.

Outcome 5: The Midlothian Integration Joint Board will support the participation of, and more accurately reflect, the community it serves.

What is Mainstreaming Equality?



Mainstreaming Equality means thinking about equality, and meeting the General Equality Duty, in all day-to-day work of the health and social care partnership.

This includes the way decisions are made; the way people who work for and on behalf of us behave; how we decide how we spend money and measure how well we are doing, and how we improve our services.

Mainstreaming work underway

[Staff training, awareness and understanding](#)

Training continues to be important to mainstreaming equality, diversity and human rights in the Health and Social Care Partnership. Employees of both NHS Lothian and Midlothian Council are able to take part in their respective organisation's equality and diversity awareness training.

All Midlothian Health and Social Care Partnership staff were invited to attend a Human Rights and Commissioning workshop delivered by the British Institute for Human Rights in November 2020. This training supported staff to include Human Rights in the commissioning, planning and delivery of public services.

Integrated Impact Assessments

An Integrated Impact Assessment (IIA) is a process which helps staff consider how a change to an existing service or a new proposal might impact on groups of people with different protected characteristics. Integrated Impact Assessment (IIA) training sessions have been organised by Midlothian Council, supporting staff to complete and facilitate IIAs. Completed Integrated Impact Assessments are published on the Midlothian Council or NHS Lothian websites.

Integration Joint Board

The Public Bodies (Joint Working) (Act) 2014 outlines who the members of the Integration Joint Board should be, and which members should have a vote. Membership includes citizens with lived experience of using health and care services and/or experience of caring for those who use health and care services, alongside local councillors, NHS Board members, staff from the Health and Social Care Partnership and a representative from voluntary organisations. A new expenses policy has been developed to support citizens in their roles on the board and ensure these roles are accessible.

Equalities are considered in business planning, Board meetings, other decision-making, and through other policy development and review mechanisms.

Gender Composition of Midlothian Integrated Joint Board

On 18 March 2016 the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 came into force. A new requirement exists for listed public bodies to publish the gender composition of their Boards, and to produce succession plans to increase the diversity (across all protected characteristics) of their Boards.

At present the Midlothian Integration Board consists of 4 male voting members and 4 female voting members.

Leadership and Vision

Within its Strategic Plan, the IJB sets out its core value of equality “You should not be disadvantaged due to your ability, ethnicity or caring responsibilities. We will do everything we can to reduce health inequalities and respect your dignity and human rights in the planning of health and social care”. Public Protection is also listed “You should feel safe at home and in your community”

Health and Social Care Partnership Website

A new Health and Social Care Partnership website is in development. This website uses a web accessibility toolbar that makes the website more inclusive for all. The toolbar adds text-to-speech, reading and translation support to the website. The current Strategic Plan is now available on the website to ensure this is accessible to all citizens.

Engagement Strategy (draft – awaiting IIA)

A new Engagement Strategy has been drafted to support the engagement of the Health and Social Care Partnership with local communities and service users. The strategy commits the IJB and the Partnership to ongoing engagement with people and partner organisations

through representatives from the third sector, carers and people with lived experience on all formal planning groups including the IJB, the Strategic Planning Group and service area planning groups. The strategy also provides a helpful framework for planning groups, including those leading change programmes.

Data and Evidence

The Joint Strategic Needs Assessment was produced in 2019 and is updated quarterly to support the IJB and Health and Social Care Partnership to better understand the current and future health and social care needs of the citizens of Midlothian. This includes research on specific groups with protected characteristics, including older people, people with disabilities, people with mental health problems, people with complex needs and people with palliative care needs.

Partnership

The Health and Social Care Partnership contributes to the work of the Midlothian Community Planning Partnership (CPP). The CPP's Single Midlothian Plan is focused on outcomes and actions that will address equality, diversity and poverty in Midlothian.

Mainstreaming work planned 2021-23

Integration Joint Board

A diversity succession plan for the IJB will be developed during the period of this report 2021-2023, increasing representation of the board is a focus of one of the proposed Equality Outcomes. The IJB induction and training programme is currently being reviewed. It is proposed that equalities training will be offered.

Staff training, awareness and understanding

Staff across the Health and Social Care Partnership will have opportunities to improve their understanding, knowledge and skills around equality and diversity as well as an understanding of the public sector equality duty and its relevance to their roles. Building expertise across the Partnership will help embed equality and rights in service Design, delivery and review.

Membership of The Midlothian Council Equalities Forum will be extended to Midlothian Health and Social Care Partnership employees. This Forum is made up of employees representing all nine protected characteristics, and others who support the aims of the forum. The forum will be supported by the Equalities Engagement Officer and Corporate Equality, Diversity & Human Rights Officer. It works to embed equality and fairness of opportunity across the council and Health and Social Care Partnership, and to contribute to employee and community equality initiatives. Where required equality and diversity training will be provided to Forum members.

Integrated Impact Assessments

An Integrated Impact Assessment will be continue to be carried out on new policies and proposed service changes.

Integrated Impact Assessment (IIA) training will continue to be offered to Midlothian Health and Social Care Partnership staff and volunteers. This training is delivered by Midlothian Council.

Health and Social Care Partnership Website

The Health and Social Care website will be developed to ensure a wide range of information on the Health and Social Care Partnership is accessible to those with digital access.

Engagement

Staff across the Health and Social Care Partnership will be supported to implement the Engagement Strategy once approved by the IJB.

Data and Evidence

The Joint Strategic Needs Assessment will be make efforts to improve equality data that will aid understanding of current and emerging needs.

Midlothian Equalities Outcomes Evidence Table

Outcome and protected characteristic	Evidence	Duty
Outcome 1: Older people, people with disabilities and people from minority ethnic groups in Midlothian will have more equitable access to health and social care services and information.	<ul style="list-style-type: none"> • The data from the EOST2 Diabetes programme shows a clear gender gap. Although ethnicity is broadly in line with demographics there is a need to set targets which are proportional to both demographics and risk of Type 2 Diabetes. • The use of video consultations risks excluding those with low digital literacy and confidence, and/or limited access to the technology (The impacts of COVID-19 on Equality in Scotland, 2020) • The needs, rights and preferences of people from minority ethnic communities are often overlooked; ...communication support for people with sensory impairments and learning disabilities is often inadequate. (Independent Review of Adult Social Care in Scotland, 2021) • People with learning disabilities have problems accessing and using primary care services and healthcare information is not accessible and understandable for people with learning disabilities. (The Care Inspectorate: The Keys to Life, Unlocked Futures for People with Learning Disabilities, 2019) • The Confidential Inquiry into premature deaths of people with a learning disability found that 38% of people with a learning disability died from an avoidable cause, compared to 9% in a comparison population of people without a learning disability (Heslop et al. 2013). The inquiry concluded that there was a high likelihood of avoidable deaths of people with intellectual disabilities, attributable to untreated ill health and shortcomings in the provision of health care. 	Advance equality of opportunity
Outcome 2: People in Midlothian, in particular people with disabilities, adults identifying as	<ul style="list-style-type: none"> • Midlothian has seen a 4% increase in suicide in men (Midlothian Joint Needs Assessment) • Midlothian Primary Care Mental Health Team data on service users shows under-representation of men across all ages in their services. 	Advance equality of opportunity

Midlothian Equalities Outcomes Evidence Table

<p>LGBT, and men will have better awareness of and access to, community mental health support, information and treatment.</p>	<ul style="list-style-type: none"> • A quarter of LGB&T people in Scotland reported that they felt they received poor treatment from mental health services (Stonewall Scotland 2014). • People with learning disabilities are more often depressed and anxious than the general population, but are underrepresented as users of mainstream mental health services (Better health and care for all, NIHR, 2020) • Some lesbian, gay, bisexual and transgender (LGBTQ+) people experienced homophobic, biphobic and transphobic language and behaviour in health and social care settings. (Carnegie UK Trust) • Some transgender people, people who experienced homelessness and asylum-seeking women reported that they experienced discrimination in accessing healthcare services. (Carnegie UK Trust) 	
<p>Outcome 3: People in Midlothian, in particular people with disabilities, women people from ethnic minorities and adults identifying as LGBT and, will experience safer and more inclusive communities.</p>	<ul style="list-style-type: none"> • The most common hate crime type recorded by police in Midlothian the last 12 months was Race related, accounting for 47% of the total crime. Sexual orientation hate crime accounted for 33% of all crimes in 2019/20, up 17% from the three-year average of 16%. Religion/belief hate crime accounted for 12% of all crimes¹ • There has been a continued increase in the number of domestic abuse incidents recorded by the Police in Midlothian. In the 2018/19 reporting period 1160 incidents were recorded • Where gender information was recorded, around four out of every five incidents of domestic abuse in Scotland in 2018-19 had a female victim and a male accused • In 2019, adults with a long-term limiting physical/mental health condition were more likely to have experienced discrimination in the previous 12 months (12%) compared to adults without any health conditions (6%). Adults with a long-term limiting physical/mental health condition were also more likely to have experienced harassment (9%) than adults without any health conditions (5%)Source: Scottish Household Survey 2019 	<p>Eliminate unlawful discrimination, foster good relations</p>

¹ In order to provide the level of detail required, information was sourced from local systems and may differ slightly to national figures published

Midlothian Equalities Outcomes Evidence Table

<p>Older people will be better able to enjoy human rights when residing in care or treatment facilities, or receiving care in their own home, including the right to make decisions about their care and the quality of their lives.</p>	<ul style="list-style-type: none"> • “Most people say they would like to live in their own homes for as long as possible. Nonetheless, people told us that there is still an almost automatic default to care home care in some areas, particularly for frail older people. This observation is especially striking in light of our human-rights based approach: moving into a care home must always be the informed choice of the person requiring care and support. We are concerned that at times the emphasis on residential care for older people is counter to that fundamental right to choose” (Independent Review of Adult Social Care in Scotland, 2021) • “We heard from many people that their human rights were not being upheld and that equality was not at all obvious, nor was there a focus on supporting and ensuring individual autonomy and participation in decision making.” (Independent Review of Adult Social Care in Scotland, 2021) • The Getting it Right project evidenced the number of challenges faced when making Self-directed Support a reality for older people. The potential of the Act to change the way social care is delivered has not been fully realised and we need to work collaboratively to address barriers and move towards a reality where social care empowers people to have choice and control and to know and claim their human rights. (A Human Rights Based Approach to Self-Directed Support for Older People, Scottish Care 2020) • There is evidence that public authorities do not always properly understand the needs of ethnic minority older people in care homes. Language barriers and cultural differences mean they do not always receive the same quality of care and support as others (EHRC Equality in Residential Care Covid-19/ A Care Cameo, reviewing the physical, emotional, cultural and spiritual care needs of ethnic minority older people in Scotland, Scottish Care, Oct 2019,) 	<p>Eliminate unlawful discrimination, Advance equality of opportunity</p>
<p>The Midlothian Integration Joint Board will support the participation of, and more accurately reflect,</p>	<ul style="list-style-type: none"> • 150 companies out of FTSE 256 companies (59%) did not meet the target of having at least one director of colour on their Boards (Parker Review 2020) • 74 (32.6%) NHS trusts in England have no BME representation on the board 	<p>Advance equality of opportunity, foster good relations</p>

Midlothian Equalities Outcomes Evidence Table

<p>the community it serves.</p>	<ul style="list-style-type: none"> • Even when the gender representation objective has been achieved a duty is still in place to encourage applications by women (Gender Representation on Public Boards (Scotland) Act 2018) • 1,722 people in Midlothian have a Learning Disability (a statistical estimate). There is a wide variation in reported rate, particularly for people with a mild learning disability. (Midlothian Joint Needs Assessment) • Around 4,800 people in Midlothian between the ages of 16-64 have a physical impairment which affects their ability to undertake normal daily living tasks (Midlothian Joint Needs Assessment) • 1.8% of the population belonged to a Minority Ethnic Community according to the 2011 Census • There is no reliable recent local information on sexual orientation for the Midlothian population. Extensive data is only available at a Scotland level. • Nationally it is estimated that 1 in 6 of the population have a hearing loss while significant sight loss is estimated to affect 1 in 30 of the population. We do not have accurate information on the numbers of people with sight or hearing loss in Midlothian. (Approximately 1,922 people reported a visual impairment) • It will take 257 years to reach gender equality in economic participation and opportunity, according to the World Economic Forums 2020 Global Gender Gap Report. • In 2015, 1 in 8 of the working age population were from a BME background, yet BME individuals makeup only 10% of the workforce and hold only 6% of top • management positions. (Race in the workplace - The McGregor-Smith Review) • For Public appointment rounds undertaken in Scotland in 2017: <ul style="list-style-type: none"> ○ 39.5% of applicants and 52.8% of those appointed were women, ○ 27.1% of applicants are from people aged 50 years and under and 29.6% of those appointed. ○ 7% of applicants and 1.8% of those appointed were from a minority ethnic Background, ○ 11% of applicants and 6.5% of those appointed declared a disability, 	
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Midlothian Equalities Outcomes Evidence Table

	<ul style="list-style-type: none">○ 3.9% of applicants declared that they belong to a non-Christian religion or belief with 3.6% being appointed.○ 4.6% of applicants declared they were lesbian, gay, bi-sexual, or other non-heterosexual (LGBO) and 5.4% of appointments were identified as LGBO	
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Midlothian Integration Joint Board



Thursday 8 April 2021, 2.00pm

Midlothian IJB Direction: Falls

Item number: 5.5

Executive summary

Midlothian IJB Directions were reviewed and agreed in October 2020 and continue 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 will be presented at the next IJB meeting - June 2021.

This report includes a proposal for an additional Direction following discussion at the IJB meeting on 11th February 2021 on the Midlothian Falls and Fracture Prevention Action Plan 2020 - 2022.

Board members are asked to:

- Approve the proposed addition of a new Direction to NHS Lothian and Midlothian Council on Falls

Midlothian IJB Direction: Falls Prevention

1 Purpose

- 1.1 This report provides includes a proposal for an additional Direction following discussion at the IJB meeting on 11th February 2021 on the Midlothian Falls and Fracture Prevention Action Plan 2020 - 2022.
- .

2 Recommendations

- 2.1 As a result of this report Members are being asked to:-
- Approve the proposed addition of a new Direction to NHS Lothian and Midlothian Council on Falls

3 Background and main report

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control and includes a requirement for IJBs to issue Directions to one or both of the NHS Lothian and the Midlothian Council.
- 3.2 Directions are the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. Directions therefore identify key changes that need to be progressed to support the delivery of health and care services in Midlothian. All Directions will be aligned to the Strategic Commissioning Plan 2022-25.
- 3.3 Directions were approved by Midlothian IJB on 16 April 2020 and formally issued to Midlothian Council and NHS Lothian for action in May 2020. The Directions were therefore issued as both organisations were managing responses to the COVID-19 pandemic. As a result they were reviewed by the IJB in October 2020 and reissued to the Chief Executives of Midlothian Council and NHS Lothian.
- 3.4 An interim review of progress on all Directions was reported to the IJB in December 2020. A full year 2020-21 report will be presented to the IJB in June 2021.
- 3.5 A new Direction has been developed on Falls. (Appendix 1) This follows approval of the Midlothian Falls and Fracture Prevention Action Plan at the last IJB meeting (11th February 2021).

4 Policy Implications

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

5 Directions

- 5.1 This report asks for IJB approval of a new Direction on Falls.

6 Equalities Implications

- 6.1 An Integrated Impact Assessment was carried out on the Midlothian Falls and Fractures Action Plan 2020-2022, which identified the following areas for action:
- i. The need to identify the different impacts on older people in comparison to those in middle age.
 - ii. The need to address the exclusion of individuals with higher levels of support needs in activities offered.
 - iii. The need to consult with wider client groups on inclusion such as mental health, learning disabilities and Autism, physical disability and sensory impairment.
 - iv. The need to recognise cultural and religious differences and their impact on potential engagement.
- .

7 Resource Implications

- 7.1 Allocated budget to this Direction is £55,000. This will be reviewed alongside the monitoring of progress for each Action Plan objective.

8 Risk

- 8.1 IJBs, Health Boards and Local Authorities have a legal obligation to issue and monitor the effectiveness of Directions as described in the Public Bodies (Joint Working) (Scotland) Act 2014. Not complying will pose legislative risks and it will be more difficult for the IJB to undertake its duties related to accountability and good governance.
- 8.2 A Direction is required as the legal basis on which the Health Board and the Local Authority will deliver services that will support the implementation of the Action Plan.

9 Involving people

- 9.1 Ongoing consultation with service users groups about the impact of Covid on activity and falls will continue to inform service planning.

- 9.2 The hosting of an annual Falls Prevention event provides a suitable platform to engage, educate and consult with the public.

10 Background Papers

- 10.1 [Statutory Guidance - Directions from Integration Authorities to Health Boards and Local Authorities](#)

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Appendices: Appendix 1 Falls Direction

DIRECTION 24: Falls**Budget: £55,000 from existing HSCP budgets****DIRECTION: NHS Lothian & Midlothian Council**

1. 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.
2. The following actions should be undertaken:
 - i. 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
 - ii. Develop an integrated & coordinated Midlothian Falls Pathway across H&SC and third sector providers by September 2021
 - iii. 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
3. The impact will be measured through the transformation services with an integrated approach across the partnership to falls & fracture prevention and treatment
4. A report on progress should be provided to the Strategic Falls group on a quarterly basis
5. Specific targets and monitoring arrangements will be managed by the Falls group and reported to the Strategic Planning Group annually.

Measures/targets include the following:

- Falls rate per 1000 of the population aged 65 and over (including comparison of trends as a result of Covid 19).
- Number of Falls screening assessments completed by Health & Social Care and British Red Cross.
- Number of Falls Prevention / physical activity programmes held e.g strength & balance classes, number of referrals and number of attendees.
- Number of falls call outs to Scottish Ambulance Service.
- Number of Scottish Ambulance Service falls call outs conveyed to hospital
- Number of Scottish Ambulance Service referrals made to community based services for falls.
- Reduction in the number of falls, and number of onward self-referrals.

Thursday 8 April 2021, 2.00pm

Midlothian Integration Joint Board Complaints Handling Procedure

Item number: 5.7

Executive summary

The Scottish Public Services Ombudsman published 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.

The draft Complaints Handling Procedure attached reflects the Midlothian Integration Joint Board's commitment to valuing complaints. It seeks to resolve complaints as thoroughly and quickly as possible and to ensure that any complaints received about the Midlothian Integration Joint Board (Midlothian IJB) are considered in an objective, fair, rigorous and evidence-based manner.

Board members are asked to:

Approve the Draft Midlothian Integration Joint Board Complaints Handling Procedure or agree process for approval

Midlothian IJB Complaints Handling Procedure

1 Purpose

- 1.1 Midlothian Integration Joint Board (IJB) is committed to valuing complaints. This paper asks Midlothian IJB members to consider the Complaint Handling Procedure and public facing document attached and make a decision on its approval, or a process for approval.
- 1.2 Midlothian IJB is required to implement a Complaints Handling Procedure that meets 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.
- 1.3 The Revised Midlothian Integration Joint Board Complaints Handling procedure will supersede the existing IJB Complaints Handling Procedure issued 2017.

2 Recommendations

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

Approve the Draft Midlothian Integration Joint Board Complaints Handling Procedure or agree process for approval

3 Background and main report

- 3.1 Midlothian Integration Joint Board is committed to valuing complaints. It seeks to resolve complaints as thoroughly and quickly as possible and to ensure that any complaints received about the Midlothian Integration Joint Board (Midlothian IJB) are considered in an objective, fair, rigorous and evidence-based manner.
- 3.2 Complaints can ensure a proper and transparent explanation of the work of Midlothian IJB and how it strives to improve. Learning from complaints supports the transformation of health and social care to enable the people of Midlothian to lead longer and healthier lives with the right support at the right time in the right place.
- 3.3 As an Integration Joint Board Midlothian IJB is required to have its own complaints handling procedure (separate to those of Midlothian Council and NHS Lothian). Complaints dealt with under this procedure will be those relating to the organisation and administration of Midlothian IJB, the strategic decisions it makes and the measures it implements to achieve its objectives.

- 3.4 Complaints relating only to the health and social care services provided by staff employed by the partners of Midlothian IJB, or about the functions which support these services, will be dealt with under the relevant NHS Lothian or Midlothian Council complaints procedure.
- 3.5 The draft complaints handling procedure attached (appendices 1 to 5) is based on a model developed by the Scottish Public Services Ombudsman (SPSO) in consultation with relevant stakeholders. Model Complaints Handling Procedures (MCHPs) were revised in 2019 by the SPSO in consultation with all sectors.
- 3.6 The model Complaint Handling Procedure that the SPSO asked IJBs to adopt is one prepared for 'Scottish Government, Scottish Parliament and associated public authorities'. The draft Midlothian IJB procedure attached has primarily followed the model provided by SPSO but it had to be adapted in areas to suit IJB requirements.
- 3.7 The Scottish Public Services Ombudsman office is aware that the Midlothian IJB Procedure is still to be approved. The SPSO has been agreed with Midlothian IJB Chief Officer that any complaints that are received between 1st April and IJB approval are handled in line with the revised MCHP.

4 Policy Implications

- 4.1 It is a legislative requirement (under the SPSO Act 2002 (as amended)) for public bodies to comply with the published model complaints handling procedure (MCHP). In the case of IJBs, this is the MCHP for the Scottish Government, Scottish Parliament, and associated public authorities published

5 Directions

- 5.1 A new Direction is not applicable.

6 Equalities Implications

- 6.1 It will be important to undertake an Integrated Impact Assessment on the Procedure to ensure that the needs of different groups in society are considered and that groups or individuals are not discriminated against if they want to make a complaint.
- 6.2 It will be helpful to consider available equality data on feedback and complaints.

7 Resource Implications

- 7.1 Additional resource is not required

8 Risk

- 8.1 An effective and well implemented Complaints Handling Procedure reduces risk to Midlothian IJB around the erosion of public confidence and trust that can result from poorly handled complaints. It also reduces risk associated with a failure to learn from effective complaint handling.
- 8.2 Handled well, complaints provide a low cost and important source of feedback and learning for organisations to help drive improvement and restore a positive relationship with stakeholders and communities.
- 8.3 It is a legislative requirement (under the SPSO Act 2002 (as amended)) for public bodies to comply with the published model complaints handling procedure (MCHP).

9 Involving people

- 9.1 The Midlothian IJB complaints handling procedure is based on the model developed by the Scottish Public Services Ombudsman (SPSO) in consultation with relevant stakeholders. These Model Complaints Handling Procedures (MCHPs) were revised in 2019 by the SPSO in consultation with all sectors.

10 Background Papers

- 10.1 Scottish Public Services Ombudsman <https://www.spsso.org.uk/spso>

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Appendices:

- 1. Midlothian Integration Joint Board Complaints Handling Procedure – Part 1 (DRAFT)
- 2. Midlothian Integration Joint Board Complaints Handling Procedure – Part 2 (DRAFT)
- 3. Midlothian Integration Joint Board Complaints Handling Procedure – Part 3 (DRAFT)
- 4. Midlothian Integration Joint Board Complaints Handling Procedure – Part 4 (DRAFT)
- 5. Midlothian Integration Joint Board Complaints Handling Procedure – Public Summary – Part 5 (DRAFT)

Midlothian Integration Joint Board

Complaints Handling Procedure

Part 1: Introduction and overview

<i>Version</i>	<i>Description</i>	<i>Date</i>

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Foreword

The Midlothian Integration Joint Board has been established to improve adult health and social care outcomes in Midlothian and to promote health and wellbeing.

As an Integration Joint Board we are required to have our own complaints handling procedure (separate to those of Midlothian Council and NHS Lothian) to cover our own activities and the decisions we make.

This complaints handling procedure is based on the model developed by the Scottish Public Services Ombudsman (SPSO) in consultation with relevant stakeholders. These Model Complaints Handling Procedures (MCHPs) were revised in 2019 by the SPSO in consultation with all sectors.

Our Complaints Handling Procedure reflects the Midlothian Integration Joint Board's commitment to valuing complaints. It seeks to resolve complaints as thoroughly and quickly as possible and to ensure that any complaints received about the Midlothian Integration Joint Board (Midlothian IJB) are considered in an objective, fair, rigorous and evidence-based manner.

Complaints dealt with under this procedure will be those relating to the organisation and administration of Midlothian IJB, the strategic decisions it makes and the measures it implements to achieve its objectives.

Complaints relating only to the health and social care services provided by staff employed by the partners of Midlothian IJB, or about the functions which support these services, will be dealt with under the relevant NHS Lothian or Midlothian Council complaints procedure.

Whatever the subject matter, complaints provide valuable information that can be used to help us do our job better, improve relationships and enhance the public perception of Midlothian IJB. Complaints can also ensure a proper and transparent explanation of the work we do and how we strive to improve. Learning from complaints supports the transformation of health and social care to enable the people of Midlothian to lead longer and healthier lives with the right support at the right time in the right place.

All IJB Board Members and staff who provide health and social care services in Midlothian must cover this procedure as part of their induction and will be provided with refresher training as required, in order to ensure they are confident in their obligations, in identifying complaints and are familiar with how to apply this procedure (including recording complaints).

Morag Barrow

Chief Officer

Midlothian IJB

[Date]

Structure of the Complaints Handling Procedure

1. This Complaints Handling Procedure (CHP) explains to IJB Board Members and relevant staff how to handle complaints. The CHP consists of:
 - Overview and structure (part 1) – this document
 - When to use the procedure (part 2) – guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the CHP does not apply
 - The complaints handling process (part 3) – guidance on handling a complaint through stages 1 and 2, and dealing with post-closure contact
 - Governance of the procedure (part 4) – staff roles and responsibilities and guidance on recording, reporting, publicising and learning from complaints
 - The complainant-facing CHP (part 5) – information for persons making a complaint on how we handle complaints
2. When using the CHP, please also refer to the 'SPSO Statement of Complaints Handling Principles' and good practice guidance on complaints handling from the SPSO. www.spsso.org.uk
3. This CHP is designed to be an internal document for us to adopt. The language used reflects its status as an internal document. So 'we' refers to the organisation, not the SPSO. It contains references and links to more detailed guidance from the SPSO where relevant.

Overview of the CHP

4. Anyone can make a complaint, either verbally or in writing, including face-to-face, by phone, letter or email.
5. We will try to resolve complaints to the satisfaction of the person making the complaint wherever this is possible. Where this is not possible, we will give the person making the complaint a clear response to each of their points of complaint. We will always try to respond as quickly as we can (and on the spot where possible).
6. Our complaints procedure has two stages. We expect the majority of complaints will be handled at stage 1. If the person making the complaint remains dissatisfied after stage 1, they can request that we look at it again, at stage 2. If the complaint is complex enough to require an investigation, we will put the complaint into stage 2 straight away and skip stage 1.

Stage 1: Frontline response	Stage 2: Investigation	Independent external review (SPSO or other)
<p>For issues that are straightforward and simple, requiring little or no investigation</p> <p>'On-the-spot' apology, explanation, or other action to put the matter right</p> <p>Complaint resolved or a response provided in five working days or less (unless there are exceptional circumstances)</p> <p>Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline response</p> <p>Response normally face-to-face or by telephone (though sometimes we will need to put the decision in writing)</p> <p>We will tell the person making the complaint how to escalate their complaint to stage 2</p>	<p>Where the person making the complaint is not satisfied with the frontline response, or refuses to engage at the frontline, or where the complaint is complex, serious or 'high-risk'</p> <p>Complaint acknowledged within three working days</p> <p>We will contact the person making the complaint to clarify the points of complaint and outcome sought (where these are already clear, we will confirm them in the acknowledgement)</p> <p>Complaint resolved or a definitive response provided within 20 working days following a thorough investigation of the points raised</p>	<p>Where the person making the complaint is not satisfied with the stage 2 response from the service provider</p> <p>The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider</p>

7. For detailed guidance on the process, see [Part 3: The complaints handling process](#).

Expected behaviours

8. We expect Board Members and staff to behave in a professional manner and treat person making a complaint with courtesy, respect and dignity. We also ask a person making a complaint to treat our staff with respect. We ask persons making a complaint to engage actively with the complaint handling process by:
 - telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
 - working with us to agree the key points of complaint when an investigation is required; and
 - responding to reasonable requests for information.
9. We will work with the NHS Lothian and Midlothian Council to apply the relevant organisational policies and procedures to protect staff from unacceptable behaviour, such as unreasonable persistence, threats or offensive behaviour. We recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can affect how a person expresses themselves. The circumstances leading to a complaint may also result in the complainant acting in an unacceptable way.
10. People who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and we will treat all complaints seriously. However, we also recognise that the actions of some complainants may result in unreasonable demands on time and resources or unacceptable behaviour. We will, therefore, apply our policies and procedures to protect Board members and staff from unacceptable actions such as unreasonable persistence, threats or offensive behaviour from complainants. Where we decide to restrict access to a complainant under the terms of our policy, we have a procedure in place to communicate that decision, notify the complainant of their right of appeal, and review any decision to restrict contact with us.
11. If we decide to restrict a complainant's contact, we will be careful to follow the process set out in our policy and to minimise any restrictions on the complainant's access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the complainant. Our policy allows us in limited circumstances to restrict access to the complaint process entirely. This would be as a last resort, should be as limited as possible (for a limited time, or about a limited set of subjects) and requires manager approval. Where access to the complaint process is restricted, we must signpost the complainant to the SPSO (see [Part 3: Signposting to the SPSO](#)).
12. The SPSO has [guidance on promoting positive behaviour and managing unacceptable actions](#).

Maintaining confidentiality and data protection

13. Confidentiality is important in complaints handling. This includes maintaining the complainant's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.
14. This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the person making the complaint (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.
15. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of complainant's information
16. In certain situations a response to a complaint may be limited by confidentiality, such as:
 - where a complaint has been raised against a Board or staff member and has been upheld – we will advise the customer that their complaint is upheld, but would not share specific details affecting Board or staff members, particularly where disciplinary action is taken.
 - where someone has raised a concern about a child or an adult's safety and is unhappy about how that has been dealt with – we would look into this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.

Midlothian Integration Joint Board

Complaints Handling Procedure

Part 2: When to use this procedure

<i>Version</i>	<i>Description</i>	<i>Date</i>
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What is a complaint?

1. Midlothian Integration Joint Board's definition of a complaint is: 'an expression of dissatisfaction by one or more members of the public about Midlothian Integration Joint Board's action or lack of action, or about the standard of service the Midlothian Integration Joint Board has provided in fulfilling its responsibilities as set out in the Midlothian Integration Scheme'.
2. The Midlothian Integration Scheme describes the aims and outcomes of the Midlothian Integration Joint Board (Midlothian IJB). It can be found at [\[link\]](#).
3. A complaint about Midlothian IJB may relate to the following, but is not restricted to this list
 - inadequate quality or standard of service, or an unreasonable delay in providing a service relating to the delivery of the responsibilities delegated to the IJB
 - failure or refusal to act in accordance with one of our policies
 - dissatisfaction with one of our policies or its impact on the individual
 - failure to properly apply law, procedure or guidance when undertaking IJB functions
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of an IJB Board member or staff member or contractor (**except** where there are arrangements in place for the contractor to handle the complaint themselves) or
 - disagreement with a decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).

This list is not exhaustive but describes the main areas likely to give rise to complaint. Other issues raised as complaints will be considered on a case-by-case basis in terms of whether they fall within the definition given above and are not excluded by virtue of the list set out below.

4. **Appendix 1** provides a range of examples of complaints we may receive, and how these may be handled.
5. A complaint is **not**:
 - a matter related to the delivery of health and social care services by staff employed by the partners of Midlothian IJB
 - an enquiry seeking an explanation of Midlothian IJB's processes or decisions, including enquires and other representations made by elected representatives on behalf of constituents
 - a request for compensation only (see **Complaints and compensation claims**)
 - issues that are in court or have already been heard by a court or a tribunal (see **Complaints and legal action**)
 - disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
 - a request for information under the Data Protection or Freedom of Information (Scotland) Acts
 - an issue raised by a staff member of a partner relating to their employment

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- a whistleblowing concern
 - a concern about a child or an adult's safety
 - an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
 - abuse or unsubstantiated allegations about the IJB where such actions would be covered by our *[Unacceptable Actions Policy or equivalent]*; or
 - a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf: see **Complaints about contracted services**).
6. We will not treat these issues as complaints, and will instead direct people making a complaint to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.
 7. Issues that are not covered by our complaint definition may be covered by the complaints handling procedures relating to health or social work services provided by Midlothian Council and NHS Lothian who are the partners of the Midlothian IJB.
 8. **Appendix 2** gives more examples of 'what is not a complaint' and how to direct complainants appropriately.
 9. If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the person making a complaint, and tell them what (if any) action we will take, and why. See **What if the CHP does not apply**.

Who can make a complaint?

10. Anyone who is or is likely to be affected by an act or omission of Midlothian IJB can make a complaint. In this procedure these people are referred to as ‘the person making a complaint’ or as a ‘complainant’.
11. We also accept complaints from the representative of a person who is dissatisfied. See **Complaints by (or about) a third party**.

Supporting the person making a complaint

12. All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some people may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Complainants may need support to overcome these barriers.
13. We have legal duties to make our complaints service accessible under equalities and mental health legislation. For example:
 - the Equality Act (Scotland) 2010 – this gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information); and
 - the Mental Health (Care and Treatment) (Scotland) Act 2003 – this gives anyone with a ‘mental disorder’ (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.

Examples of how we will meet our legal duties are:

- proactively checking whether members of the public who contact us require additional support to access our services
 - providing interpretation and/or translation services for British Sign Language users; and
 - helping complainants access independent advocacy (the Scottish Independent Advocacy Alliance website has information about local advocacy organisations throughout Scotland).
14. In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure. Actions that we may take include:
 - helping vulnerable people identify when they might wish to make a complaint (for example, by training frontline staff who provide services to vulnerable groups)
 - helping complainants access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizen’s Advice Scotland); and
 - providing a neutral point of contact for complaints (where the relationship between complainants and frontline staff is significant and ongoing).
 15. These lists are not exhaustive, and we must always take into account our commitment and responsibilities to equality and accessibility.

How complaints may be made

16. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.
17. Where a complaint is made **verbally**, we will make a record of the key points of complaint raised. Where it is clear that a complex complaint will be immediately considered at stage 2 (investigation), it may be helpful to complete a complaint form with the complainant's input to ensure full details of the complaint are documented. However, there is no requirement for the person to complete a complaint form, and it is important that the completion of a complaint form does not present a barrier to people complaining.
18. Where a complaint issue is raised via a digital channel managed and controlled by the IJB (for example an official twitter address or facebook page), we will explain that we do not take complaints on social media, but we will tell the person how they can complain.
19. We must always be mindful of our data protection obligations when responding to issues online or in a public forum. See **Part 1: Maintaining confidentiality and data protection**.

Time limit for making complaints

20. A person must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).
21. Where a person making a complaint has received a stage 1 response, and wishes to escalate to stage 2, unless there are special circumstances they must request this either:
 - within six months of when they first knew of the problem; or
 - within two months of receiving their stage 1 response (if this is later).
22. We will apply these time limits with discretion, taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the person making a complaint or useful learning for the organisation.
23. We will also take account of the time limit within which a member of the public can ask the SPSO to consider complaints (normally one year). The SPSO have discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

Particular circumstances

Complaints by (or about) a third party

24. Sometimes a person may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of someone else, we must ensure that person provided authorisation to act on their behalf. It is good practice to ensure the person understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child if the child is considered to have capacity to make decisions for themselves.
25. The provision of a signed mandate from the person who wants to complain will normally be sufficient for us to investigate a complaint. If we consider it is appropriate we can take verbal consent direct from the complainant to deal with a third party and would normally follow up in writing to confirm this.
26. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response.
27. See also **Part 1: Maintaining confidentiality and data protection**.

Serious, high-risk or high-profile complaints

28. We will take particular care to identify complaints that might be considered serious, high-risk or high-profile, as these may require particular action or raise critical issues that need senior management's direct input. Serious, high-risk or high-profile complaints should normally be handled immediately at stage 2 (see Part 3: Stage 2: Investigation).
29. We define potential high-risk or high-profile complaints as those that may:
- involve a death or terminal illness
 - involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
 - generate significant and ongoing press interest
 - pose a serious risk to an organisation's operations
 - present issues of a highly sensitive nature, for example concerning:
 - a particularly vulnerable person, or
 - child protection.

Anonymous complaints

30. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by the Chief Officer.

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31. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.
 32. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures.

What if a person does not want to complain?

33. If a person has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage the person to submit their complaint and allow us to handle it through the CHP. This will ensure that the person is updated on the action taken and gets a response to their complaint.
34. If the person insists they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).

Complaints involving the Health & Social Care Partnership or more than one organisation

35. A complaint may relate to a decision that has been made by the Midlothian IJB, as well as a service or activity provided by the Midlothian Health & Social Care Partnership (Midlothian HSCP). Initially, these complaints should all be handled in the same way. They must be logged as a complaint, and the content of the complaint must be considered, to identify which services are involved, which parts of the complaint we can respond to and which parts are appropriate for the partners comprising the Midlothian HSCP to respond to. A decision must be taken as to who will be contributing and investigating each element of the complaint, and that all parties are clear about this decision. The final response must be a joint response, taking into account the input of all those involved.
36. Where a complaint relates to a decision made jointly by Midlothian IJB and NHS Lothian or Midlothian Council, the elements relating to the IJB should be handled through this CHP. Where possible, working together with relevant colleagues, a single response addressing all of the points raised should be issued.
37. Should a member of staff who represents the Midlothian HSCP receive a complaint in relation to the Midlothian IJB, and they have the relevant and appropriate information to resolve it, they should attempt to do so. If the staff member feels unable to offer a response, the complaint should be passed to the Midlothian IJB Chief Officer as early as possible for them to resolve.
38. If a person complains to Midlothian IJB about services of another agency or public service provider, but Midlothian IJB has no involvement in the issue, they will be advised to contact the appropriate organisation directly.
39. If a complaint relates to the Midlothian IJB and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint about Midlothian IJB through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection. See **Part 1: Maintaining confidentiality and data protection**.

Complaints about contracted services

- 40. All independent contractors are required to have a complaints procedure. Where complaints are received about the service provided by an independent contractor the IJB will refer the complaint to the independent contractor in the first instance, either providing contact details or by passing the complaint on, depending on the preferred approach of the complainant. Complaints received about independent contractors will be recorded for contract monitoring purposes.
- 41. At the end of the investigation stage of any such complaints the contractor must ensure that the complainant is signposted to the SPSO.
- 42. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.
- 43. Midlothian IJB has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

Complaints about senior staff

- 44. Complaints about IJB Board Members or senior staff can be difficult to handle, as there may be a conflict of interest for those investigating the complaint. When serious complaints are raised it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

Complaints and other processes

- 45. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

Complaints and service requests

- 46. If a person asks Midlothian IJB to do something (for example, provide a service or deal with a problem), and this is the first time the person has contacted us, this would normally be a routine service request and not a complaint.
- 47. Service requests can lead to complaints, if the request is not handled promptly or the person is then dissatisfied with how we respond to their request.

Complaints and disciplinary or whistleblowing processes

- 48. If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.
- 49. Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individuals). It should focus on whether Midlothian IJB failed to meet our expected standards and what we have done to improve things, in general terms.
- 50. Staff investigating such complaints will need to take extra care to ensure that:

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- we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
 - all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
 - we keep records of the investigation that can be made available to the SPSO if required. This can be problematic when the other process is confidential, because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).

51. The SPSO's report **Making complaints work for everyone** has more information on supporting staff who are the subject of complaints.

Contact from MPs, MSPs or Councillors

52. When complaints are brought by elected members (on behalf of constituents) they will be dealt with as a complaint and must be handled in line with this CHP.

Complaints and compensation claims

53. Where a person is seeking financial compensation only, this is not a complaint. However, in some cases the person may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint, but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.

Complaints and legal action

54. Where a person making a complaint says that legal action is being actively pursued, this is not a complaint.

55. Where a person making a complaint indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the complaints handler and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.

56. If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.

What to do if the CHP does not apply

57. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the person making the complaint why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.
58. Where a complainant continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.
59. The SPSO has issued a template letter for explaining when the CHP does not apply.

Appendix 1 – Complaints

In the following table organisations should give organisational specific examples of complaints that may be considered at the frontline stage, and suggest possible actions.

Complaint	Possible actions
A person expresses dissatisfaction in line with the definition of a complaint, but says she does not want to complain – just wants to tell us about the matter.	<ul style="list-style-type: none">• Tell the person that we value complaints because they help to improve services. Encourage them to submit the complaint.• In terms of improving service delivery and learning from mistakes, it is important that feedback, such as this, is recorded, evaluated and acted upon. Therefore, if the person still insists that they do not want to complain, record the matter as an anonymous complaint. This will avoid breaching the complaints handling procedure. Reassure the person that they will not be contacted again about the matter.

Appendix 2 – What is not a complaint?

A concern may not necessarily be a complaint. For example, a person might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively and the person has to keep on asking for service.

A person may also be concerned about a decision made by the organisation. These decisions may have their own specific review or appeal procedures, and, where appropriate, people must be directed to the relevant procedure. *[Below, organisations should provide examples of the types of issues or concerns that must not be handled through the CHP. This is not a full list, and you should decide the best route for resolution based on the individual case.]*

Example 1:

Example 2:

Example 3:

Example 4:

Example 5:

Example 6:

Midlothian Integration Joint Board

Part 3:

The complaints handling process

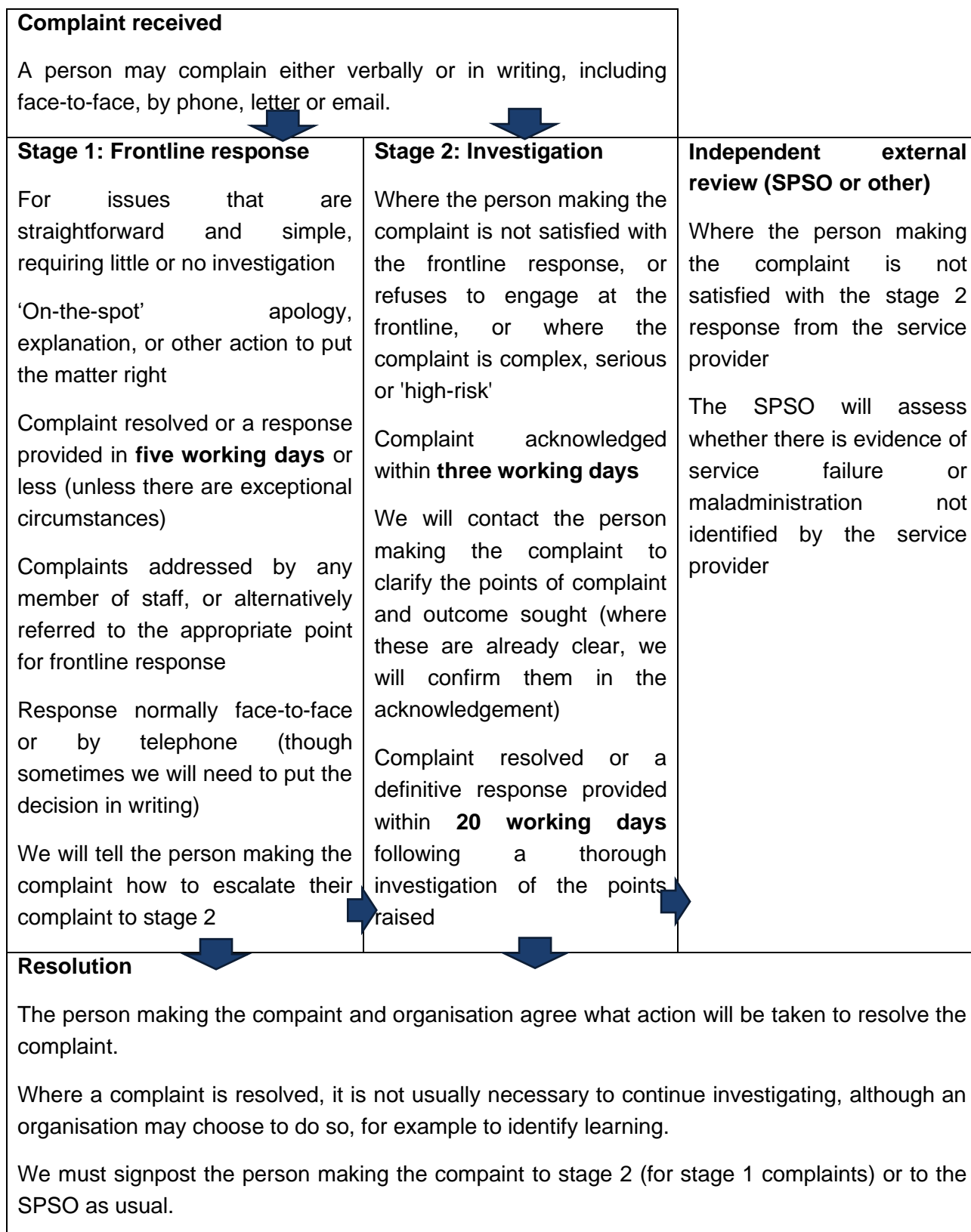
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The complaints handling process

1. Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for responding to complaints early and locally by capable, well-trained staff and Integration Joint Board members. Where possible, we will **resolve** the complaint to the person's satisfaction. Where this is not possible, we will give the complainant a clear and reasoned response to their complaint.



Reporting, recording and learning

Action is taken to improve services on the basis of complaint findings, where appropriate.

We record details of all complaints, the outcome and any action taken, and use this data to analyse themes and trends.

Midlothian Integration Joint Board has an active interest in complaints and uses complaints data and analysis to improve how it carries out its function.

Learning is shared throughout the organisation.

Resolving the complaint

2. A complaint is **resolved** when both Midlothian Integration Joint Board (IJB) and the complainant agree what action (if any) will be taken to provide full and final resolution for the complainant, without making a decision about whether the complaint is upheld or not upheld.
3. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
4. A complaint may be resolved at any point in the complaint handling process, including during the investigation stage. It is particularly important to try to resolve complaints where there is an ongoing relationship with the person making the complaint or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.
5. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint. See **Alternative complaint resolution approaches**.
6. Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed, and the person making the complaint's agreement to this as a final outcome. In some cases it may still be appropriate to continue looking into the issue, for example where there is evidence of a wider problem or potential for useful learning. We will use our professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.
7. In all cases, we must record the complaint outcome (resolved) and any action taken, and signpost the person making the complaint to stage 2 (for stage 1 complaints) or to the SPSO as usual (see **Signposting to the SPSO**).
8. If the person making the complaint and Midlothian Integration Joint Board are not able to agree a resolution, we must follow this CHP to provide a clear and reasoned response to each of the issues raised.

What to do when you receive a complaint

9. Members of the Midlothian Integration Joint Board or relevant staff receiving a complaint should consider four key questions. This will help them to either respond to the complaint quickly (at stage 1) or determine whether the complaint is more suitable for stage 2:

What exactly is the person's complaint (or complaints)?

10. It is important to be clear about exactly what the person is complaining about. We may need to ask the person making the complaint for more information and probe further to get a full understanding.
11. We will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the complaint (such as the time limit for making complaints, confidentiality, anonymity or the need for consent). We should also consider whether the complaint is serious, high-risk or high-profile.
12. If the matter is not suitable for handling as a complaint, we will explain this to the person (and signpost them to SPSO). There is detailed guidance on this step in [Part 2: When to use this procedure](#).
13. In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at stage 2 (see **Stage 2: Investigation**).

What does the person making a complaint want to achieve by complaining?

14. At the outset, we will clarify the outcome the person making the complaint wants. Of course, the person may not be clear about this, and we may need to probe further to find out what they expect, and whether they can be satisfied.

Can I achieve this, or explain why not?

15. If a staff member handling a complaint can achieve the expected outcome, for example by providing an on-the-spot apology or explain why they cannot achieve it, they should do so.
16. The person making the complaint may expect more than we can provide. If so, we will tell them as soon as possible.
17. Complaints which can be resolved or responded to quickly should be managed at stage 1 (see **Stage 1: Frontline response**).

If I cannot respond, who can help?

18. If the complaint is simple and straightforward, but the Integration Joint Board or relevant staff member receiving the complaint cannot deal with it because, for example, they are unfamiliar with the issues or the aspect of IJB activity involved, they should pass the complaint to someone who can respond quickly.
19. If it is not a simple and straightforward complaint that can realistically be closed within five working days (or ten, if an extension is appropriate), it should be handled immediately at stage 2. If the person making the complaint refuses to engage at stage 1, insisting that they want their complaint investigated, it should be handled immediately at stage 2. See

Stage 2: Investigation.

Stage 1: Frontline response

20. Frontline response aims to respond quickly (within five working days) to straightforward complaints that require little or no investigation.
21. Any member of the Integration Joint Board or relevant staff member may deal with complaints at this stage (including the person complained about, for example with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of delivery as possible.
22. We may respond to the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow the [SPSO guidance on apology](#).
23. **Part 2, Appendix 1** gives examples of the types of complaint we may consider at this stage, with suggestions on how to handle them.
24. Complaints which are not suitable for frontline response should be identified early, and handled immediately at **stage 2: investigation**.

Notifying Integration Joint Board or staff members involved

25. If the complaint is about the actions of another IJB or staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).

Timelines

26. Frontline response must be completed within **five working days**, although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always the date of receipt of the complaint (or the next working day if the complaint is received on a weekend or public holiday).

Extension to the timeline

27. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of a key IJB or staff member). Extensions must be agreed with an appropriate manager. We will tell the person making a complaint about the reasons for the extension, and when they can expect a response. The maximum extension that can be granted is five working days (that is, no more than **ten working days** in total from the date of receipt).
28. If a complaint will take more than five working days to look into, it should be handled at stage 2 immediately. The only exception to this is where the complaint is simple and could normally be handled within five working days, but it is not possible to begin immediately (for example, due to the absence of a key IJB or staff member). In such cases, the complaint may still be handled at stage 1 if it is clear that it can be handled within the extended timeframe of up to ten working days.
29. If a complaint has not been closed within ten working days, it should be escalated to stage 2 for a final response.
30. **Appendix 1** provides further information on timelines.

Closing the complaint at the frontline response stage

31. If we convey the decision face-to-face or on the telephone, we are not required to write to the person making the complaint as well (although we may choose to). We must:
- tell the person making the complaint the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld)
 - explain the reasons for our decision (or the agreed action taken to resolve the complaint (see **Resolving the complaint**)); and
 - explain that the person making the complaint can escalate the complaint to stage 2 if they remain dissatisfied and how to do so (we should not signpost to the SPSO until the person making a complaint has completed stage 2).
32. We will keep a full and accurate record of the decision given to the person making the complaint. If we are not able to contact the person by phone, or speak to them in person, we will provide a written response to the complaint where an email or postal address is provided, covering the points above.
33. If the complaint is about the actions of a particular IJB or staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
34. The complaint should then be closed and the complaints system updated accordingly.
35. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See [Part 4: Learning from complaints](#).

Stage 2: Investigation

36. Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:
- the person making the complaint is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated. Unless exceptional circumstances apply, the person making the complaint must escalate the complaint within six months of when they first knew of the problem or within two months of the stage 1 response, whichever is later (see [Part 2: Time limits for making a complaint](#))
 - the complaint is not simple and straightforward (for example where the person making the complaint has raised a number of issues, or where information from several sources is needed before we can establish what happened and/or what should have happened); or
 - the complaint relates to serious, high-risk or high-profile issues (see [Part 2: Serious, high-risk or high-profile complaints](#)).
37. An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint where possible, or to give the person making the complaint a full, objective and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a line manager or a manager from a different area).
38. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline response. If the investigation stage follows a frontline response, the officer responsible for the investigation should have access to all case notes and associated information.
39. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful (see **Alternative complaint resolution approaches**).

Acknowledging the complaint

40. Complaints must be acknowledged within three working days of receipt at stage 2.
41. We must issue the acknowledgement in a format which is accessible to the person making the complaint, taking into account their preferred method of contact.
42. Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the person making the complaint to get in touch with us immediately if they disagree. See **Agreeing the points of complaint and outcome sought**.
43. Where the points of complaint and expected outcomes are not clear, we must tell the person we will contact them to discuss this.

Agreeing the points of complaint and outcome sought

44. It is important to be clear from the start of stage 2 about the points of complaint to be investigated and what outcome the person making the complaint is seeking. We may also need to manage the person's expectations about the scope of our investigation.

45. Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the person making the complaint when acknowledging the complaint (see **Acknowledging the complaint**).
46. Where the points of complaint and outcome sought are not clear, we must contact the person making the complaint to confirm these. We will normally need to speak to the person (by phone or face-to-face) to do this effectively. In some cases it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the person making the complaint have a shared understanding of the complaint. When contacting the person we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the person making the complaint.
47. In all cases, we must have a clear shared understanding of:

- **What are the points of complaint to be investigated?**

While the complaint may appear to be clear, agreeing the points of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The points of complaint should be specific enough to direct the investigation, but broad enough to include any multiple and specific points of concern about the same issue.

We will make every effort to agree the points of complaint with the person making the complaint (alternative complaint resolution approaches may be helpful at this stage). In very rare cases, it may not be possible to agree the points of complaint (for example, if the person insists on an unreasonably large number of complaints being separately investigated, or on framing their complaint in an abusive way). We will manage any such cases in accordance with the relevant NHS Lothian and Midlothian Council organisational policies and procedures to protect staff from unacceptable behaviour, such as unreasonable persistence, threats or offensive behaviour. bearing in mind that we should continue to investigate the complaint (as we understand it) wherever possible.

- **Is there anything we can't consider under the CHP?**

We must explain if there are any points that are not suitable for handling under the CHP (see [Part 2: What to do if the CHP does not apply](#)).

- **What outcome does the person making the complaint want to achieve by complaining?**

Asking what outcome the person is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.

- **Are the person making the complaint's expectations realistic and achievable?**

It may be that the person expects more than we can provide, or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to the them as soon as possible.

Notifying staff members involved

48. If the complaint is about the actions of a particular Integration Joint Board or relevant staff member/s, we will notify the member/s involved (including where the IJB or staff member is not named, but can be identified from the complaint). We will:
- share the complaint information with the Board or staff member/s (unless there are compelling reasons not to)
 - advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them
 - discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
 - signpost the Board or relevant staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).
49. If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met. See also [Part 2: Complaints and disciplinary or whistleblowing processes](#).

Investigating the complaint

50. It is important to plan the investigation before beginning. The Midlothian Integration Joint Board or staff member investigating the complaint should consider what information they have and what they need about:
- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of IJB or staff members or internal emails)
 - what should have happened? (this should include any relevant policies or procedures that apply); and
 - is there a difference between what happened and what should have happened, and is Midlothian Integration Joint Board responsible?
51. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, taking into account the seriousness of the issue (for example, it may be appropriate to contact a former Board member or employee, if possible, where they hold key information about a serious complaint).
52. If we need to share information within or outwith the organisation, we will be mindful of our obligations under data protection legislation. See [Part 1: Maintaining confidentiality and data protection](#).
53. The SPSO has resources for conducting investigations, including:
- [Investigation plan template](#)
 - [Decision-making tool for complaint investigators](#)

Alternative complaint resolution approaches

54. Some complex complaints, or complaints where a person making a complaint and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches such as complaint resolution discussions, mediation or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator should be used. Alternative complaint resolution approaches may help both parties to understand what has caused the complaint, and so are more likely to lead to mutually satisfactory solutions.
55. Alternative complaint resolution approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, or exploring the person making a complaint's desired outcome.
56. The SPSO has [guidance on alternative complaint resolution approaches](#).
57. If Midlothian IJB and the person making a complaint (and any staff members involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.

Meeting with the person making a complaint during the investigation

58. To effectively investigate the complaint, it may be necessary to arrange a meeting with the person making a complaint. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.
59. As a matter of good practice, a written record of the meeting should be completed and provided to the person making a complaint. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting.

Timelines

60. The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt, or the next working day if the complaint was received on a weekend or public holiday):
- complaints must be acknowledged within **three working days**
 - a full response to the complaint should be provided as soon as possible but not later than **20 working days** from the time the complaint was received for investigation.

Extension to the timeline

61. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day timeline. It is important to be realistic and clear with the person making a complaint about timeframes, and to advise them early if we think it will not be possible to meet

the 20 day timeframe, and why. We should bear in mind that extended delays may have a detrimental effect on the person making a complaint.

62. Any extension must be approved by an appropriate manager. We will keep the person making a complaint and any Midlothian IJB members member/s or relevant staff complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the person making a complaint and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.

63. The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, the person making a complaint or others but the person is not available because of long-term sickness or leave
- we cannot obtain further essential information within normal timescales; or
- the person making a complaint has agreed to alternative complaint resolution approaches as a potential route for resolution.

These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception.

64. **Appendix 1** provides further information on timelines.

Closing the complaint at the investigation stage

65. The response to the complaint should be in writing (or by the person making a complaint's preferred method of contact) and must be signed off by a manager or officer who is empowered to provide the final response on behalf of Midlothian IJB.

66. We will tell the person making a complaint the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld). The quality of the complaint response is very important and in terms of good practice should:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational
- avoid technical terms, but where these must be used, an explanation of the term should be provided
- address all the issues raised and demonstrate that each element has been fully and fairly investigated
- include an apology where things have gone wrong (this is different to an expression of empathy: see [the SPSO's guidance on apology](#))
- highlight any area of disagreement and explain why no further action can be taken
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO (see **Signposting to the SPSO**).

67. Where a complaint has been **resolved**, the response does not need to provide a decision on all points of complaint, but should instead confirm the resolution agreed. See **Resolving the complaint**.

68. If the complaint is about the actions of a particular member of the Integration Joint Board or a relevant staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
69. We will record the decision, and details of how it was communicated to the complainant, on the complaints system.
70. The SPSO has guidance on responding to a complaint:
- [Template decision letter](#)
 - [Apology guidance](#)
71. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See [Part 4: Learning from complaints](#).

Signposting to the SPSO

72. Once the investigation stage has been completed, the person making a complaint has the right to approach the SPSO if they remain dissatisfied. We must make clear to the person making a complaint:
- their right to ask the SPSO to consider the complaint
 - the time limit for doing so; and
 - how to contact the SPSO.
73. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. There are some subject areas that are outwith the SPSO's jurisdiction, but it is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to the SPSO.
74. The SPSO recommends that we use the wording below to inform person making a complaint of their right to ask the SPSO to consider the complaint. This information should only be included on Midlothian IJB's final response to the complaint.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about Midlothian Integration Joint Board. The SPSO is an independent organisation that investigates complaints. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have had a final response from Midlothian Integration Joint Board, you can ask the SPSO to look at your complaint. You can ask the SPSO to look at your complaint if:

- you have gone all the way through the Midlothian Integration Joint Board's Complaints Handling Procedure

- it is less than 12 months after you became aware of the matter you want to complain about, and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of this letter (our final response to your complaint). You can do this online at www.spsso.org.uk/complain or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. Organisations who may be able to assist you are:

- Citizens Advice Bureau
- Scottish Independent Advocacy Alliance

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact www.spsso.org.uk/contact-us

Website: www.spsso.org.uk

Post-closure contact

75. If a person making a complaint contacts us for clarification when they have received our final response, we may have further discussion with them to clarify our response and answer their questions. However, if they are dissatisfied with our response or does not accept our findings, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.

Appendix 1 - Timelines

General

1. References to timelines throughout the CHP relate to working days. We do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

Timelines at frontline response (stage 1)

2. We will aim to achieve frontline response within five working days. The date of receipt is **day one**, and the response should be provided (or the complaint escalated) on **day five**, at the latest.
3. If we have extended the timeline at the frontline response stage in line with the CHP, the response should be provided (or the complaint escalated) on **day ten**, at the latest.

Transferring cases from frontline response to investigation

4. If the person making a complaint wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the complainant is told this will happen.

Timelines at investigation (stage 2)

5. For complaints at the investigation stage, **day one** is:
 - the day the case is transferred from the frontline stage to the investigation stage
 - the day the person making a complaint asks for an investigation or expresses dissatisfaction after a decision at the frontline response stage; or
 - the date we receive the complaint, if it is handled immediately at stage 2.
6. We must acknowledge the complaint within three working days of receipt at stage 2 i.e. by **day three**.
7. We should respond in full to the complaint by **day 20**, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.
8. Exceptionally, we may need longer than the 20 working day limit for a full response. If so, we will explain the reasons to the complainant, and update them (and any staff involved) at least once every 20 working days.

Frequently asked questions

What happens if an extension is granted at stage 1, but then the complaint is escalated?

9. The extension at stage 1 does not affect the timeframes at stage 2. The stage 2 timeframes apply from the day the complaint was escalated (we have 20 working days from this date, unless an extension is granted).

What happens if we cannot meet an extended timeframe?

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10. If we cannot meet the extended timeframe at stage 1, the complaint should be escalated to stage 2. The maximum timeframe allowed for a stage 1 response is ten working days.
 11. If we cannot meet the extended timeframe at stage 2, a further extension may be approved by an appropriate manager if there are clear reasons for this. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and respond to the complaint). Where a further extension is agreed, we should explain the situation to the person making a complaint and give them a revised timeframe for completion. We must update the person making a complaint and any staff involved in the investigation at least once every 20 working days.

What happens when a person making a complaint asks for stage 2 consideration a long time after receiving a frontline response?

12. Unless exceptional circumstances exist, a person making a complaint should bring a stage 2 complaint within six months of learning about the problem, or within two months of receiving the stage 1 response (whichever is latest). See [Part 2: Time limits for making a complaint](#).

Appendix 2 – The complaint handling process (flowchart for staff)

<p>A person may complain verbally or in writing, including face-to-face, by phone, letter or email.</p> <p>Your first consideration is whether the complaint should be dealt with at stage 1 (frontline response) or stage 2 (investigation).</p>	
<p>Stage 1: Frontline response</p> <p>Always try to respond quickly, wherever we can</p>	<p>Stage 2: Investigation</p> <p>Investigate where:</p> <ul style="list-style-type: none"> The person making the complaint is dissatisfied with the frontline response or refuses to engage with attempts to handle the complaint at stage 1 It is clear that the complaint requires investigation from the outset
<p>Record the complaint and notify any staff complained about</p>	<p>Record the complaint and notify any IJB or staff member complained about</p> <p>Acknowledge the complaint within three working days</p>
	<p>Contact the complainant to agree:</p> <ul style="list-style-type: none"> Points of complaint Outcome sought Manage expectations (where required) <p><i>(these can be confirmed in the acknowledgement where the complaint is straightforward)</i></p>
<p>Respond to the complaint within five working days unless there are exceptional circumstances</p>	<p>Respond to the complaint as soon as possible, but within 20 working days unless there is a clear reason for extending the timescale</p>
<p>Is the complainant satisfied?</p> <p>You must always tell the person making a complaint how to escalate to stage 2</p>	<p>Communicate the decision, normally in writing</p> <p>Signpost the the person making a complaint to SPSO and advise of time limits</p>
<p>(Yes) Record outcome and learning, and close complaint.</p> <p>(No) -> to stage 2</p>	<p>Record outcome and learning, and close complaint</p>
<p>Follow up on agreed actions flowing from the complaint</p>	

Share any learning points

Model Complaints Handling Procedure

Midlothian IJB

Part 4: Governance

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Roles and responsibilities

1. All Midlothian Integration Joint Board (IJB) and relevant staff members will be aware of:
 - the Complaints Handling Procedure (CHP)
 - how to handle and record complaints at the frontline response stage
 - who they can refer a complaint to, in case they are not able to handle the matter, and if complaints should be referred to either NHS Lothian or Midlothian Council
 - the need to try and resolve complaints early and as close to the point of service delivery as possible; and
 - their clear authority to attempt to resolve any complaints they may be called upon to deal with.
2. Training on this procedure will be part of the induction process for all new IJB members and relevant staff. Refresher training will be provided for current members or staff on a regular basis.
3. The Midlothian Integrated Joint Board will ensure that:
 - Midlothian Integrated Joint Board's final position on a complaint investigation is signed off by the Chair of the Board in order to provide assurance that this is the definitive response of Midlothian Integrated Joint Board and that the complainant's concerns have been taken seriously
 - it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)
 - it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)
 - mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported at all levels in the ; and
 - complaints information is used to improve services, and this is evident from regular publications.
4. **Chief Officer.** The Chief Officer provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective Complaints Handling Procedure (CH)), with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Officer may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to senior staff. Regular management reports assure the chief officer of the quality of complaints performance.
5. The Chief Officer is also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors. This includes:
 - ensuring performance monitoring for complaints is a feature of the service level agreements between Midlothian IJB and contractors
 - setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide Midlothian IJB with an overview of how the contractor is meeting its objectives

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6. **Senior Managers:** On the Chief Officer's behalf, managers may be responsible for:
- managing complaints and the way we learn from them
 - overseeing the implementation of actions required as a result of a complaint
 - investigating complaints; and
 - deputising for the chief officer on occasion.
7. They may also be responsible for preparing and signing off decisions for people making a complaint, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint. However, managers may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, managers should retain ownership and accountability for the management and reporting of complaints.
8. **Heads of service:** Heads of service may be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to complainants, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.
9. **Complaints investigator:** The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer service team, and will be involved in the investigation and in coordinating all aspects of the response to the person making a complaint. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the organisation.
10. **The human resources/training officer:** The HR or training officer is responsible for ensuring all new staff receive training on the CHP as part of the induction process, and that refresher training is provided for current staff on a regular basis.
11. **The organisation's SPSO liaison officer:** Our SPSO liaison officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

Recording, reporting, learning from and publicising complaints

12. Complaints provide valuable feedback. One of the aims of the CHP is to identify opportunities to improve the activity and decision making of the IJB. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce improvements.
13. We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP.

Recording complaints

14. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:
- the complainant's name and contact details
 - the date the complaint was received
 - the nature of the complaint
 - the service the complaint refers to
 - staff member responsible for handling the complaint
 - action taken and outcome at frontline response stage
 - date the complaint was closed at the frontline response stage
 - date the investigation stage was initiated (if applicable)
 - action taken and outcome at investigation stage (if applicable)
 - date the complaint was closed at the investigation stage (if applicable); and
 - the underlying cause of the complaint and any remedial action taken.
 - the outcome of the SPSO's investigation (where applicable).
15. If the a person making a complaint does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.
16. Individual complaint files will be stored in line with our document retention policy.

Learning from complaints

17. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
- seek to identify the root cause of complaints
 - take action to reduce the risk of recurrence; and
 - systematically review complaints performance reports to improve service delivery.
18. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
19. Where we have identified the need for improvement in response to an individual complaint, we will take appropriate action:.

-
- the action needed to improve the functioning of the IJB must be authorised by an appropriate manager
 - an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
 - a target date must be set for the action to be taken
 - the designated individual must follow up to ensure that the action is taken within the agreed timescale
 - where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved; and
 - any learning points should be shared with relevant staff.]

20. SPSO has guidance on **Learning from complaints**.

21. Midlothian IJB and senior management will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

Reporting of complaints

22. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.

23. We will report at least **quarterly** to the Integrated Joint Board on:

- performance statistics, in line with the complaints performance indicators published by SPSO
- analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

Publicising complaints information

24. We publish on a **annual** basis information on complaints outcomes, and actions taken.

25. This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our work. It also helps ensure transparency in our complaints handling service and will help to show people that we value their complaints.

26. We will publish an **annual** complaints performance report on our website in line with SPSO requirements, and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:

-
- performance statistics, in line with the complaints performance indicators published by the SPSO; and
 - complaint trends and the actions that have been or will be taken to improve services as a result.

27. These reports must be easily accessible to members of the public and available in alternative formats as requested.



Midlothian
Health & Social Care
Partnership

Midlothian Integration Joint Board

Complaints Handling Procedure

April 2021

The Midlothian Integration Joint Board has been established to improve adult health and social care outcomes in Midlothian and to promote health and wellbeing.

As an Integration Joint Board we are required to have our own complaints handling procedure (separate to those of Midlothian Council and NHS Lothian) to cover our own activities and the decisions we make.

We value complaints and use information from them to help us improve our work.

If you are unhappy or dissatisfied with the actions and processes of the Midlothian Integrated Joint Board please tell us. This leaflet describes our complaints procedure and how to make a complaint. It also tells you about how we will handle your complaint and what you can expect from us.

Midlothian IJB does not deliver services directly to the public; complaints about services should be addressed by Midlothian Health and Social Care Partnership complaint handling procedures.

What is a complaint?

We regard a complaint as any expression of dissatisfaction about our action or lack of action, or about the standard of service provided by us or on our behalf.

What can I complain about?

You can complain about things like:

- dissatisfaction with one of our policies or its impact on the individual
- failure to properly apply law, procedure or guidance when making decisions.
- failure to follow appropriate administrative processes
- conduct, treatment by or attitude of a Board member or relevant member of staff or contractor (**except** where there are arrangements in place for the contractor to handle the complaint themselves); or
- disagreement with a decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
- dissatisfaction about Midlothian IJB's action or lack of action, or about the standard of decision making by Midlothian IJB in fulfilling its responsibilities as set out in the Integration Scheme.

Your complaint may involve Midlothian Integration Joint Board or someone working on our behalf.

What can't I complain about?

There are some things we can't deal with through our complaints handling procedure. These include:

- a routine first-time request for a service
- a request for compensation only
- issues that are in court or have already been heard by a court or a tribunal (if you decide to take legal action, you should let us know as the complaint cannot then be considered under this process)
- disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
- a request for information under the Data Protection or Freedom of Information (Scotland) Acts
- a grievance by a staff member or a grievance relating to employment or staff recruitment
- a concern raised internally by a member of Midlothian Integration Joint Board or member of staff (which was not about a service they received, such as a whistleblowing concern)
- a concern about a child or an adult's safety
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
- abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by the Unacceptable Actions Policy of NHS Lothian or Midlothian Council.
- a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf).

If other procedures or rights of appeal can help you resolve your concerns, we will give information and advice to help you.

Who can complain?

Anyone who receives, requests or is directly affected by our decisions and policies can make a complaint to us. This includes the representative of someone who is dissatisfied (for example, a relative, friend, advocate or adviser). If you are making a complaint on someone else's behalf, you will normally need their written consent. Please also read the section on **Getting help to make your complaint** below.

How do I complain?

You can complain in person at by phone, in writing, by email

When complaining, please tell us:

- your full name and contact details
- as much as you can about the complaint
- what has gone wrong; and
- what outcome you are seeking.

Our contact details

Please contact Mairi Simpson, Integration Manager,
Mairi.Simpson@nhslothian.scot.nhs.uk

How long do I have to make a complaint?

Normally, you must make your complaint within **six months** of:

- the event you want to complain about; or
- finding out that you have a reason to complain.

In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

What happens when I have complained?

We will always tell you who is dealing with your complaint. Our complaints procedure has two stages.

Stage 1: Frontline response

We aim to respond to complaints quickly (where possible, when you first tell us about the issue). This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem.

We will give you our decision at stage 1 in five working days or less, unless there are exceptional circumstances.

If you are not satisfied with the response we give at this stage, we will tell you what you can do next. If you choose to, you can take your complaint to stage 2. You must normally ask us to consider your complaint at stage 2 either:

- within **six months** of the event you want to complain about or finding out that you have a reason to complain; or
- within **two months** of receiving your stage 1 response (if this is later).

In exceptional circumstances, we may be able to accept a stage 2 complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

Stage 2: Investigation

Stage 2 deals with two types of complaint: where the person making a complaint remains dissatisfied after stage 1 and those that clearly require investigation, and so are handled directly at this stage. If you do not wish your complaint to be handled at stage 1, you can ask us to handle it at stage 2 instead.

When using stage 2:

- we will acknowledge receipt of your complaint within three working days
- we will confirm our understanding of the complaint we will investigate and what outcome you are looking for
- we will try to resolve your complaint where we can (in some cases we may suggest using an alternative complaint resolution approach, such as mediation); and

- where we cannot resolve your complaint, we will give you a full response as soon as possible, normally within 20 working days.

If our investigation will take longer than 20 working days, we will tell you. We will tell you our revised time limits and keep you updated on progress.

What if I'm still dissatisfied?

After we have given you our final decision, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to look at it.

The SPSO are an independent organisation that investigates complaints. They are not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

You can ask the SPSO to look at your complaint if:

- you have gone all the way through the Midlothian Integrated Joint Board complaints handling procedure
- it is less than 12 months after you became aware of the matter you want to complain about; and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of our final response to your complaint. You can do this online at www.spsos.org.uk/complain/form or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. See the section on **Getting help to make your complaint** below.

The SPSO's contact details are:

SPSO
Bridgeside House
99 McDonald Road
Edinburgh
EH7 4NS
(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact	www.spsso.org.uk/contact-us
Website:	www.spsso.org.uk

Getting help to make your complaint

We understand that you may be unable or reluctant to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service. We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain for you.

You can find out about advocates in your area by contacting the Scottish Independent Advocacy Alliance:

Scottish Independent Advocacy Alliance

Tel: 0131 510 9410 Website: www.siaa.org.uk
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You can find out about advisers in your area through Citizens Advice Scotland:

Citizens Advice Scotland

Website: www.cas.org.uk or check your phone book for your local citizens advice bureau.

We are committed to making our service easy to use for all members of the community. In line with our statutory equalities duties, we will always ensure that reasonable adjustments are made to help you access and use our services. If you have trouble putting your complaint in writing and need support with this, or want this information in another language or format, such as large font, or Braille, please tell us in person, contact us 0131 270 7500 or email enquiries@midlothian.gov.uk

Our contact details

Please contact us by the following means:

e-mail: FFH.Admin@nhslothian.scot.nhs.uk

post: Chief Officer, Midlothian Health and Social Care Partnership, Fairfield House, 8 Lothian Road, Dalkeith, EH22 3AA

telephone: 0131 271 3402

We can also give you this leaflet in other languages and formats (such as large print, audio and Braille).

Further information on Midlothian Integration Joint Board is available [here](#):

COMMUNICATING CLEARLY

We are happy to translate on request and provide information and publications in other formats, including Braille, tape or large print.

如有需要我們樂意提供翻譯本，和其他版本的資訊與刊物，包括盲人點字、錄音帶或大字體。

Zapewnimy tłumaczenie na żądanie oraz dostarczymy informacje i publikacje w innych formatach, w tym Braillem, na kasecie magnetofonowej lub dużym drukiem.

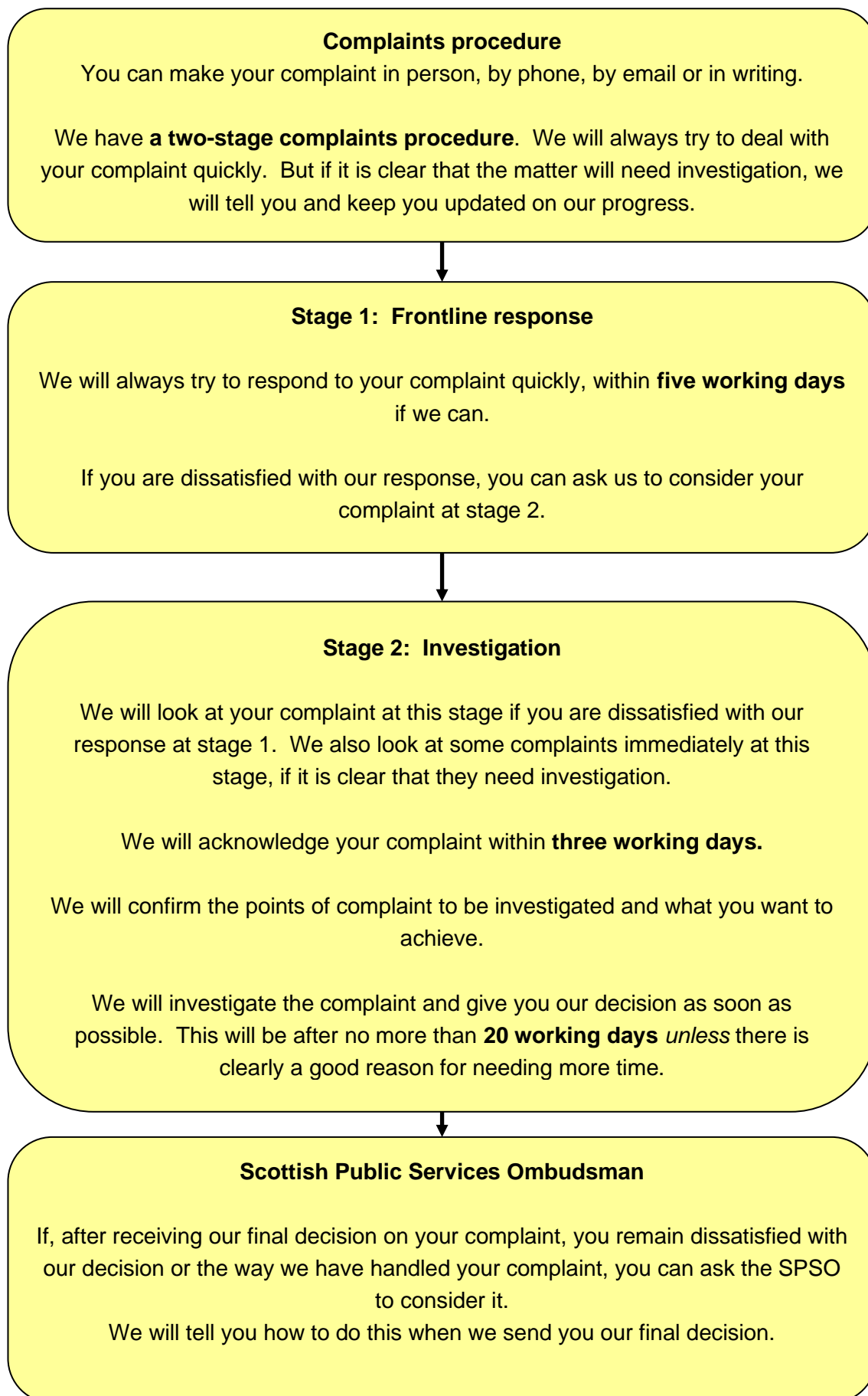
ਅਸੀਂ ਮੰਗ ਕਰਨ ਤੇ ਖੁਸ਼ੀ ਨਾਲ ਅਨੁਵਾਦ ਅਤੇ ਜਾਣਕਾਰੀ ਤੇ ਹੋਰ ਰੂਪਾਂ ਵਿੱਚ ਪ੍ਰਕਾਸ਼ਨ ਪ੍ਰਦਾਨ ਕਰਾਂਗੇ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਬਰੇਲ, ਟੇਪ ਜਾਂ ਵੱਡੀ ਛਪਾਈ ਸ਼ਾਮਲ ਹਨ।

Körler için kabartma yazılar, kaset ve büyük nüshalar da dahil olmak üzere, istenilen bilgileri sağlamak ve tercüme etmekten memnuniyet duyarız.

اگر آپ چاہیں تو ہم خوشی سے آپ کو ترجمہ فراہم کر سکتے ہیں اور معلومات اور دستاویزات دیگر شکلوں میں مثلاً بریل (تایید افراد کے لیے) بھرے ہوئے حروف کی لکھائی) میں، ٹیپ پر یا بڑے حروف کی لکھائی میں فراہم کر سکتے ہیں۔

Contact 0131 270 7500 or email: enquiries@midlothian.gov.uk

Quick guide to our complaints procedure



Thursday 8 April 2021, 2.00pm

Midlothian IJB Induction Handbook

Item number:	5.8
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Executive summary

This report aims to update the board on the development of an Induction Handbook for new members of the Midlothian Integration Joint Board to support a comprehensive and effective induction process.

Board members are asked to:

- **Review and approve the proposed Induction Handbook for new members of the Midlothian Integration Joint Board**

Midlothian IJB Induction Handbook

1 Purpose

- 1.1 This report updates the board on the development of an Induction Handbook for new board members

2 Recommendations

- 2.1 As a result of this report Members are being asked to: -
 - Review and approve the proposed Induction Handbook

3 Background and main report

- 3.1 The Scottish Government publication 'On Board - a guide for board members of public bodies in Scotland 2017', highlights 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."
- 3.2 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".
- 3.3 This handbook has been developed to support a comprehensive and effective induction process in line with best practice guidance. The handbook covers 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.

4 Policy Implications

- 4.1 This is designed to assist new Board members in policy decisions. It supports the policy direction of the Scottish Government as detailed in 3.2.

5 Directions

- 5.1 A Direction is not required

6 Equalities Implications

- 6.1 The handbook includes information on the Midlothian Equalities Outcomes and links to the Equalities Act, this will support new IJB members in awareness their equalities responsibilities in their role.
- .

7 Resource Implications

- 7.1 The handbook includes information on drafting of the strategic commissioning plan and the role of the IJB in allocation of budgets. This will support new IJB members in future resource allocation.
- .

8 Risk

- 8.1 There is a risk of not meeting legal obligations in relation to the roles and responsibilities of the IJB, and IJB members, if effective induction training and information on these areas is not provided.

9 Involving people

- 9.1 IJB Members are asked to provide feedback on the Induction process and documents.

10 Background Papers

- 10.1 On Board - a guide for board members of public bodies in Scotland
- 10.2 Guidance on Roles, Responsibilities and Membership of the Integration Joint Board,

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DESIGNATION	Assistant Strategic Programme Manager
CONTACT INFO	Lois.marshall@nhslothian.scot.nhs.uk
DATE	30/03/2021

Appendices: Appendix 1 IJB Induction Policy



Midlothian
Health & Social Care
Partnership

Induction Handbook

Integration Joint Board (IJB)

April 2021

Who we are

The Midlothian Health and Social Care Partnership is responsible for services that help you live well and get support when you need it. This includes all **community health and social care services for adults in Midlothian and some acute hospital-based services**.

NHS Lothian and Midlothian Council are legally required by the act to delegate a significant number of their functions and resources to the IJB. Midlothian also delegate additional services of Criminal Justice Social Work and Children's Health Services.



is responsible for



Unscheduled care in Hospitals (e.g. A&E, Minor Injuries, Acute wards).

Community Health Services (e.g. GPs, District Nurses, Dentists, Pharmacists, Mental Health services and the Community Hospital).

Health Visiting and School Nurses. Links between adult and children's services are important, but strategic planning for children's services remains the responsibility of the **Getting it Right for Every Midlothian Child** group.

Adult Health and Social Care (e.g. Social Work, Day Services, Care at Home, Allied Health Professionals).

Services for offenders to address the health and care needs that may be the root causes of offending. However reducing offending remains the remit of the **Community Justice and Safety Partnership**.

We work in partnership with many voluntary and independent providers.

We are governed by the **IJB** who are responsible for a budget of **£131million a year**.

Our Vision

**People in
Midlothian are
enabled to lead
longer &
healthier lives.**

Our Values

We will provide

- **the right care,**
- **in the right place,**
- **at the right time**

Aims of Health & Social Care Integration

The aims of integration are:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Principles of "how" integrated services should be planned and delivered.

Services should be provided in a way which, so far as possible:

- is integrated from the point of view of service-users
- takes account of the particular needs of different service-users
- takes account of the particular needs of service-users in different parts of the area in which the service is being provided
- takes account of the particular characteristics and circumstances of different service-users
- respects the rights of service-users
- takes account of the dignity of service-users
- takes account of the participation by service-users in the community in which they live
- protects and improves the safety of service-users
- improves the quality of the service
- is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- best anticipates needs and prevents them arising
- makes the best use of the available facilities, people and other resources

Role of the IJB

The [Public Bodies \(Joint Working\) \(Scotland\) Act](#) 2014 established a legal framework for the integration of health and social care services in Scotland. Integration came into effect in Midlothian in 2015 with the creation of the Midlothian Integrated Joint Board. [‘What is Integration? A short guide to the integration of health and social care services in Scotland’](#) (Audit Scotland 2018) gives a background to integration and outlines how Integration Joint Boards (which are also referred to as Integration Authorities) are structured and function.

The IJB has to consider the demographic and financial changes and challenges in Midlothian and nationally. With its broad range of responsibilities across both health and social care, the board has the ability to transform services and move out of the 'silos' in which the partners have had to manage in the past.

The IJB gives instructions to Midlothian Council and NHS Lothian on what they should do to deliver the Midlothian Health and Social Care Partnership Strategic Plan and achieve national health and wellbeing outcomes. These instructions are called Directions.

- Current [Midlothian Directions](#)
- [Statutory Guidance on Directions](#) from integration authorities to health boards and local authorities: Jan 2020

Strategic Planning

Each Integration Authority must write a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control. A range of people including service users must be fully engaged in the preparation, publication and review of the strategic commissioning plan. The plan should be supported by a Joint Needs Assessment which looks at the local health and social care needs.

- [Midlothian HSCP Strategic Plan](#)
- Joint Needs Assessment
- Single Midlothian Plan
- [Strategic commissioning plans: guidance](#)
- [Health and social care integration: prioritisation guidance](#)
- Guidance on the Principles for Planning and Delivering Integrated Health and Social Care
- [Health and social care integration - localities: guidance](#)

Budget Setting and Finance

Midlothian Council and NHS Lothian give funding from their own budgets to the IJB. The IJB then decides the best way to allocate the funding to meet the health and social care needs of people in Midlothian, and allocates the funding with Directions.

The IJB has an approved approach to medium term financial planning and has developed a 3 year plan over the period 2019-2022. This medium term financial plan plays an important role in inform the planning and prioritisation of future service delivery, and strategic planning and commissioning.

Financial planning assumptions are reviewed on an ongoing basis to take account of events such as changes to funding levels, economic forecasts, care demands and policy decisions impacting on health and social care.

- Midlothian HSCP Budget 2019-2022
- Midlothian HSCP Annual Accounts

- [Health and social care integration - financial assurance: guidance](#)

Measuring Performance and Audit and Risk

The I HSCP write an annual report on their performance and achievements, and their progress towards meeting local and national outcomes.

- Midlothian HSCP Annual Report
- [National Health and Wellbeing Outcomes](#) framework
- [Health and Social Care Integration Partnerships: Annual Performance Report guidance](#)
- Health and Social Care Delivery Plan (Dec 2016) MSG Core Indicators (hyperlink)
- Midlothian Integration Joint Board Local Code of Corporate Governance

Progress with Integration

- [Health and Social Care integration: progress review](#) by Ministerial Strategic Group for Health and Community Care Feb 2019
- [Health and social care integration: update on progress](#) by Audit Scotland November 2018
- [Independent Review of Adult Social Care](#) (Feeley Report) 2021

Other legal duties and guidance

- Equalities Act
- Midlothian HSCP Equalities Outcomes and Mainstreaming Report
- Midlothian IJB Complaints Handling
- Midlothian IJB Whistleblowing Policy
- [Planning With People](#) – Scottish Government guidance on Community Engagement and Participation for Health and Social Care 2021
- FOI

Useful links

- [Audit Scotland Reports](#)
- [Standards Commission Professional Briefings](#)
- [Christie Commission Report](#) on the future delivery of public services – report and recommendations, 2011
- The Kings Fund [Leading across Health and Social Care in Scotland](#), 2018
- [Health and Social Care Scotland - network for health and social care leaders.](#)
- Ministerial Strategic Group for Health and Community Care - Overview of 2018/19 IJB Annual Performance Reports

Members of the IJB

The IJB has 4 voting members from both Midlothian Council (elected members) and NHS Lothian (non executive directors) as well as a range of other members. Some of the roles include:

- | | |
|-------------------------------|--------------------------------|
| • Chief Officer IJB | Morag Barrow |
| • Chair IJB | Councillor Catherine Johnstone |
| • Vice Chair | Carolyn Hirst |
| • Chief Financial Officer IJB | Claire Flanagan |
| • Chief Social Worker | Alison White |
| • Chief Nurse | Fiona Stratton |
| • Carers Representative | |
| • Third Sector Representative | Lesley Kelly |
| • Staff Representative | Jordan Miller and James Hill |
| • Service User Representative | Marlene Gill and Keith Chapman |
| • GP Representative | Hamish Reid |
| • AHP Representative | Fiona Huffer |

Powers and responsibilities which relate to the roles of Chief Officer and Chief Financial Officer are set out in the [Scheme of Delegations](#). The **Chief Internal Auditor** and the **Standards Officer** are not members of the IJB but have powers and responsibilities which relate to the board which are also set out in the Scheme of Delegations

- | | |
|-------------------------------|-------------|
| • Chief Internal Auditor | Jill Stacey |
| • Chief Standards Officer IJB | Alan Turpie |

Public meetings once a month

There are 6 Board meetings, 2 Special Boards (March and September) and 3 Board Development Sessions annually. The development sessions are an opportunity to focus on particular issues in more depth and to have more informal discussions and sharing of ideas. Papers will be sent to all board members a week in advance of the board meeting. Board meetings are open to the public.

[Midlothian IJB Committee page](#) – includes Membership, dates, Agenda and papers for meetings and previous meetings

Your Key Contact

Mairi Simpson, Integration Manager at Midlothian HSCP is your point of contact for your induction and for any other general queries. Mairi.simpson@nhslothian.scot.nhs.uk

Your Induction

Your induction will be specific to your role, experience and requirements so please ask if you would like further information or support on anything.

First 3 months - People & Places

The Chief Officer will arrange a number of sessions to meet people and get an overview of what we do:

- Meeting the **Chief Officer**.
- Meeting the **Chief Finance Officer**
 - This will give you an overview of the key finance responsibilities of the IJB and Set Aside Budget, and an introduction to the key risks and risk policy of the IJB
- Meeting with **Chief Standards Officer**
 - This will give you an overview of the expectations on Members from an ethical standards perspective, the role involves advising and assisting MIJB members in relation to the Register of Interests and the Code of Conduct
- Meeting with **Chair of Audit and Risk Committee**
 - This will give you and overview of the key areas of risk management, financial procedures and audits that are considered by the committee
- Meeting with **key staff groups** including Senior Management Team and Management GPs
- Meeting the **Strategic Planning Group**
- Meeting key staff in Third Sector Partners such as **Midlothian Voluntary Action & VOCAL**
- Visiting **Midlothian Community Hospital**
- Visiting **A & E at the Royal Infirmary of Edinburgh**
- Visiting **Midlothian Extra Care Housing**
- Visiting **Care Home/Intermediate care facility**
- Visiting **Number 11** (a hub including Mental Health, Substance Misuse and Justice Services)

Online Induction

[TURAS Information and Training](#) for Board Members across Scotland

The Scottish Government publications "[On Board - a guide for board members of public bodies in Scotland](#)" and the [Guidance on Roles, Responsibilities and Membership of the Integration Joint Board](#), provide you with information to help you in your role.

Your Roles & Responsibilities

- **To participate fully in the Board's business**, at Board and committee meetings and elsewhere, providing constructive challenge and working in cooperation with others to best carry out the work of the board
- **To regularly attend meetings**, and provide advance notice if you will not be able to attend.
- **To prepare for meetings**, reading all relevant papers and supporting materials.
- **To focus on and give priority to your responsibilities to the Board** and the residents of Midlothian, regardless of the nature or source of your appointment to the Board,
- **To contribute to the development and implementation of the Board's strategies** in accordance with the Board's vision and priorities, the national health and wellbeing outcomes, the integration delivery principles and the Integration Scheme
- **To ensure the view of service users and stakeholders, are heard**, putting staff, local communities, and the public at the heart of change and ensuring they are involved in planning services.
- **To ensure that sound and complete financial information is provided** and at least a medium-term approach is taken to financial planning
- **To ensure that resources are used sensibly and in accordance with the law and the Board's [best value duty](#)** and ensure active scrutiny of financial and service performance
- **To ensure that the system of internal control is adequate and effective** and that the Board's Local **Code of Corporate Governance** is observed and complied with
- **To maintain the highest standards of ethical conduct and comply with the Board's Code of Conduct and its Standing Orders**
- **To contribute to the governance of the Board in a way which encourages equal opportunities**, recognises the cultural diversity within the area and which actively promotes equal opportunity requirements.

Ethical Standards in Public Life

You will need to complete a non-disqualification questionnaire and to register any financial or non-financial interests declarable by Board Members of devolved bodies under the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003.

Your Development and Support

Development Sessions

Members meet at closed meetings throughout the year to focus on issues in more depth, facilitate informal discussion and share ideas. Participation at these sessions is strongly encouraged and you can suggest topics to cover.

You are also encouraged to take part in external learning and development events that might help you in your role. The IJB's Expenses Policy would cover expenses related to these for volunteer board members. Please speak to the key contact about any events or training courses you may wish to undertake.

Mentoring

If you are interested in being mentored by a Board Member, please let the Integration Manager know and this will be accommodated if possible.

Accessibility

If you require reasonable adjustments to support you in your role please let us know.

Expenses

Our [expenses policy](#) supports volunteer members of the IJB. We encourage all volunteer members to reclaim any costs involved in being a volunteer such as travel, accommodation and food.

Thursday 8 April 2021, 2.00pm

Update to the IJB Improvement Goals

Item number: 5.9

Executive summary

This report's purpose is to update the IJB on progress towards achieving the current IJB performance goals, highlight that the target deadline is now historic for several goals, and recommend changes to the IJB Improvement Goals.

Board members are asked to:

- Note that several of the IJB Improvement Goals had milestone targets during 2020 and whilst several were achieved or demonstrate improvements this was in part due to the system response to the COVID19 pandemic.
- Consider the recommendation to amend specific Improvement Goals which consider the progress made towards the goals and the ability of the system to achieve the new goals during recovery from the COVID19 Response.
- Consider the proposal that further detail is presented to the IJB on specific goals which will assist with monitoring progress towards the goal.
- Agree to the recommended changes to the goals described in this paper.

Update to the IJB Improvement Goals

1 Purpose

- 1.1 This report's purpose is to update the IJB on progress towards achieving the current IJB performance goals, highlight that the target deadline is now historic for several goals, and recommend changes to the IJB Improvement Goals.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- Note that several of the IJB Improvement Goals had milestone targets during 2020 and whilst several were achieved or demonstrate improvements this was in part due to the system response to the COVID19 pandemic.
 - Consider the recommendation to amend specific Improvement Goals which consider the progress made towards the goals and the ability of the system to achieve the new goals during recovery from the COVID19 Response.
 - Consider the proposal that further detail is presented to the IJB on specific goals which will assist with monitoring progress towards the goal.
 - Agree to the recommended changes to the goals described in this paper.

3 Background and main report

- 3.1 The IJB has previously identified improvement goals to monitor progress implementing the Strategic Plan. The improvement goals focus on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care.
- 3.2 The current improvement goals were agreed by the IJB in February 2019. The data used to monitor progress was provided by the Health and Social Care team at Public Health Scotland (PHS). The benefit to using this data source was that the data is validated by PHS and is comparable with other IJBs in Scotland. The drawbacks are limitations with the data for further scrutiny (e.g. by age or hospital) and, due to PHS quality assurance processes, a gap in recent performance with the most recent available performance being between four and five months previous.
- 3.3 Several of the current IJB performance goals had a milestone target of April 2020 and consequently need review. The proposed changes and progress towards the milestones are described in the next section. In appendix one there are examples of the increased level of information that will be shared with the IJB in future performance reports. To

report at this level requires the HSCP to use data directly available from NHS Lothian. This is the same data source as used by Public Health Scotland but does not include the PHS quality assurance process.

3.4 The following issues were identified in the current IJB Performance Goals which will be addressed with the proposed amendments:

- **Reporting Delay.** The most recent cohort that can be reported from the PHS dataset is at least four months old. This hampers the ability of IJB members to see the impact that recent strategic or tactical interventions have made. Using NHS Lothian data directly allows reporting for metrics up to the previous quarter. There are some goals that will need to continue to use the PHS dataset (for example the proportion to time spent in a large hospital in the last six months of life) which require PHS to compile.
- **Sensitivity of the data.** Reporting on the current metrics is not segmented by age or hospital site and consequently the overall performance goal can mask a specific improvement. For example, reducing activity in large acute hospitals is an improvement but can be masked when all hospital activity is considered. If further information on age cohorts or hospital sites is incorporated into the revised performance goals this assist with identifying specific improvement that contributes to the overall goal.
- **Population growth.** The Midlothian population is changing with more people moving into the Local Authority area and more people who are older than 65 or 75 years of age. Between 2017/18 and 2020/21 there was a 5% increase in the total population registered with a Midlothian practice, a 7% increase in the number over 65 years of age and a 10% increase in the number over the age of 75. The rate of admission will be included for some Improvement Goals which will help demonstrate progress.

3.5 The proposed changes to the IJB goals are described below:

Current: Reduce Unscheduled Admissions into hospital by 5% by April 2020 compared to 2017/18

The current data source is Public Health Scotland. The data relates to acute specialists and excludes geriatric long stay.

Proposed: Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18

Between April and October 2020 there were almost 5% fewer admissions compared to the same period in 2017/18. If all unplanned admissions are considered the reduction from April 20 to March 21 was 8% lower than the same period in 2017/18. The COVID response is a significant driver for this performance.

The rationale to retain the goal to 5% and extend the target to April 2022 is because of uncertainty of the pace of readjustment to the health and care system during recovery from the COVID19 response and the impact the COVID response directly had on performance in 2020.

The data source will change to NHS Lothian. This will provide more recent data to the IJB and allow further information on performance at different hospital sites and with different population cohorts. The following will be reported to the IJB:

- Emergency Admissions per Quarter (All Ages, 65+, 75+)
- Emergency Admissions per Year (All ages, 65+, 75+)
- Rate of admissions each year per 1000 population (All ages, 65+, 75+)

Appendix One shows how this metric will be reported.

Current: Reduce Unplanned Occupied Bed Days by 10% by April 2020 compared to 2017/18

Proposed: Reduce Unplanned Occupied Bed Days by 10% by April 2022 compared to 2017/18

Between April and October 2020 there were almost 15% fewer unplanned OBD compared to the same period in 2017/18. If all unplanned OBD are considered the reduction from April to December 2020 was 19% lower than the same period in 2017/18. The COVID response is a significant driver for this performance.

The rationale to retain the goal to 10% and extend the target to April 2022 is because of uncertainty of the pace of readjustment to the health and care system during recovery from the COVID19 response and the impact the COVID response directly had on performance in 2020.

The data source will change to NHS Lothian. This will provide more recent data to the IJB and allow further information on performance at different hospital sites and with different population cohorts. The following will be regularly reported to the IJB:

- Unplanned OBD per Quarter (All Ages, 65+, 75+),(All Hospitals, RIE&WGH only)
- Unplanned OBD per Year (All ages, 65+, 75+), (All Hospitals, RIE&WGH only)
- Rate of Unplanned OBD each year per 1000 population (All ages, 65+, 75+),(All Hospitals, RIE&WGH only)

Appendix One shows how this metric will be reported.

Current: Reduce Geriatric Long Stay Occupied Bed Days by 10% by April 2020 compared with 2017/18

Proposed: Reduce Geriatric Long Stay Occupied Bed Days by 10% by April 2022 compared with 2017/18

This goal will continue to use the Public Health Scotland dataset due to difficulty accessing the data in NHS Lothian and will be reported quarterly.

Current: Reduce Mental Health Long Stay Occupied Bed Days by 10% by April 2020 compared with 2017/18

Proposed: Maintain Mental Health Long Stay Occupied Bed Days below 10% of the 2017/18 activity

This Improvement Goal has been achieved and the recommendation is that the goal shifts to maintaining this improvement.

This goal will continue to use the Public Health Scotland dataset due to difficulty accessing the data in NHS Lothian and will be reported quarterly.

Current: Maintain Emergency Department attendances at the level of 2017/18

Proposed: Keep the same

After several years of rising activity at ED there was a marked reduction of almost 17% in 2020/21 compared to 2017/18. The system and societal response to the COVID19 pandemic is a primary driver for this change but further developments in the system may sustain lower ED activity. Until the impact of these developments is clear the proposal is for this goal to remain the same. The data source will change to NHS Lothian.

Current: Reduce Delayed Discharge Occupied Bed Days by 20% by April 2020 compared to 2017/18

Proposed: Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity

NHS Lothian data shows that Occupied Bed Days for patients with a delayed discharge fell over 44% when performance in 2020/21 is compared to 2017/18, a reduction from 13,400 to 7,500 OBD in each year.

The recommendation is for this goal to be increased to maintain delayed discharge OBD below 40% of the 2017/18 activity.

The data source will change to NHS Lothian. This will provide more recent data to the IJB and allow further information on performance at different hospital sites. The following will be regularly reported to the IJB:

- Delayed Discharge OBD per Quarter (All Hospitals, RIE&WGH only)
- Delayed Discharge OBD per Year (All Hospitals, RIE&WGH only)

Current: Reduce the percentage of time people spend in a large hospital in their last six months of life.

Proposed: Keep the Same

Performance against this goal has improved from over 10% up to 2017/18 and then a reduction to 8.7% in 2019/20. The recommendation is that goal is not changed. This goal will continue to use the Public Health Scotland dataset due to difficulty accessing the data in NHS Lothian and will be reported annually.

Current: Increase the proportion of people over the age of 65 who are living in the community

Proposed: Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher

Performance against this goal has improved and is now at 96.6%. The recommendation is that this goal is set at 97%. This goal will continue to use the Public Health Scotland dataset due to difficulty accessing the data in NHS Lothian and will be reported annually.

4 Directions

- 4.1 There are no implications on the Directions.

5 Equalities Implications

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

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

6 Resource Implications

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

7 Risk

- 7.1 The main risk is that the IJB fails to set a suitable ambitious pace of change across the health and care system to reduce hospital utilisation and respond to the changing demographics

8 Involving people

- 8.1 The Strategic Planning Group was consulted in 2017 to agree the first set of Local Improvement Goals. The revised improvement goals in this paper were discussed at the April 2019 SPG meeting.

9 Background Papers

- 9.1 None

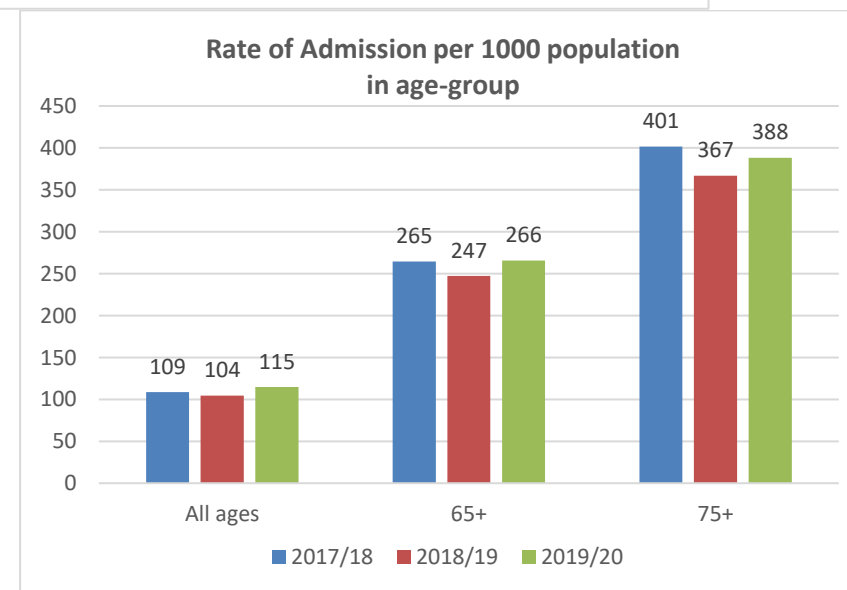
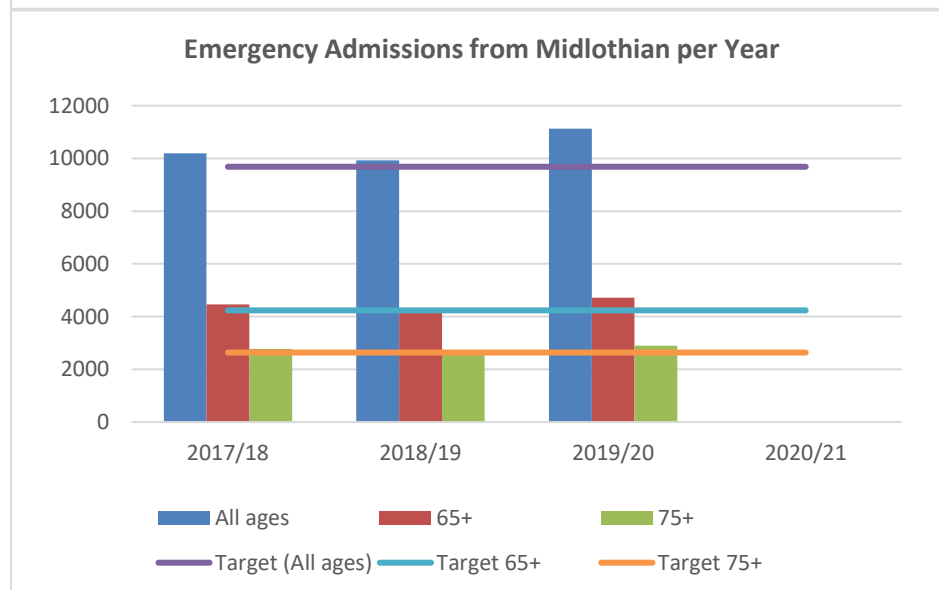
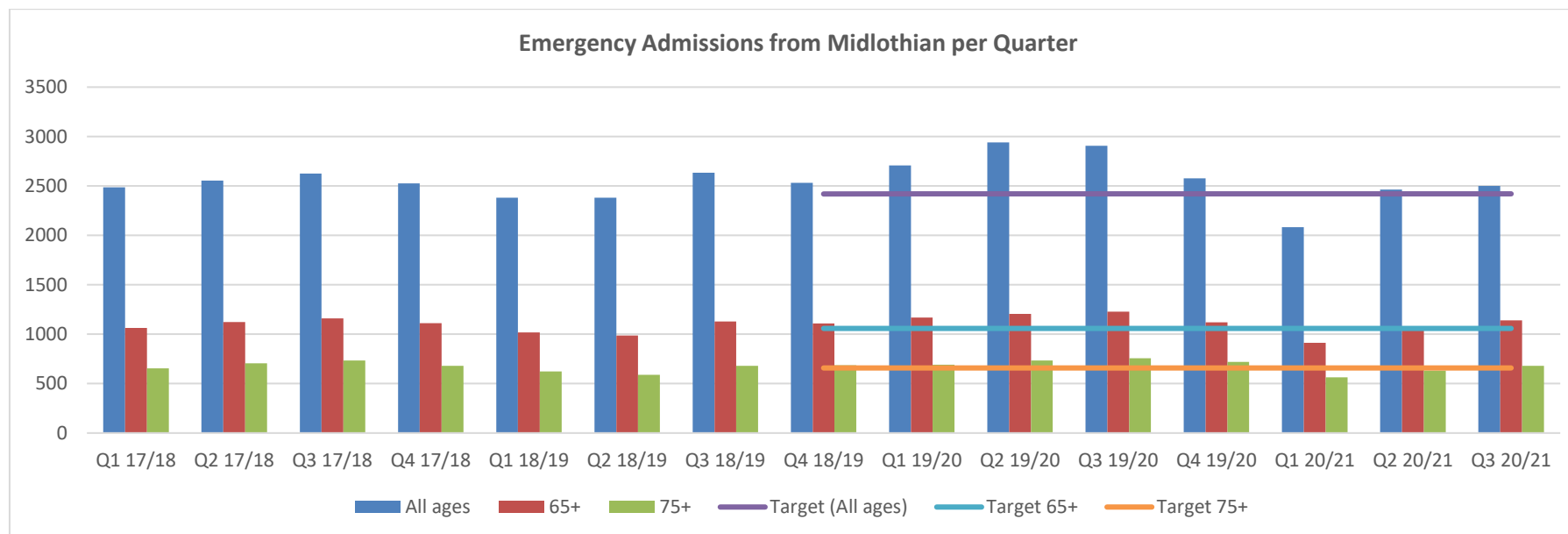
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Appendix One, Examples of visualisation of Improvement Goal:

The following graphs show how performance against the Improvement Goal will be presented to the IJB in future reports. Instead of reporting on monthly performance the data will be reported quarterly and will allow comparison against the target. This is intended to simplify the information displayed. Performance will also be reported for full financial years.

The rate of admission for each age cohort will also be reported. This show the number of admissions or occupied bed days per 1000 population. The population denominator is based on mid-year practice registrations. As an example, a figure of 6,240 OBD per 1000 population can also be expressed as 6.24 OBD per person ($6240/1000 = 6.24$).

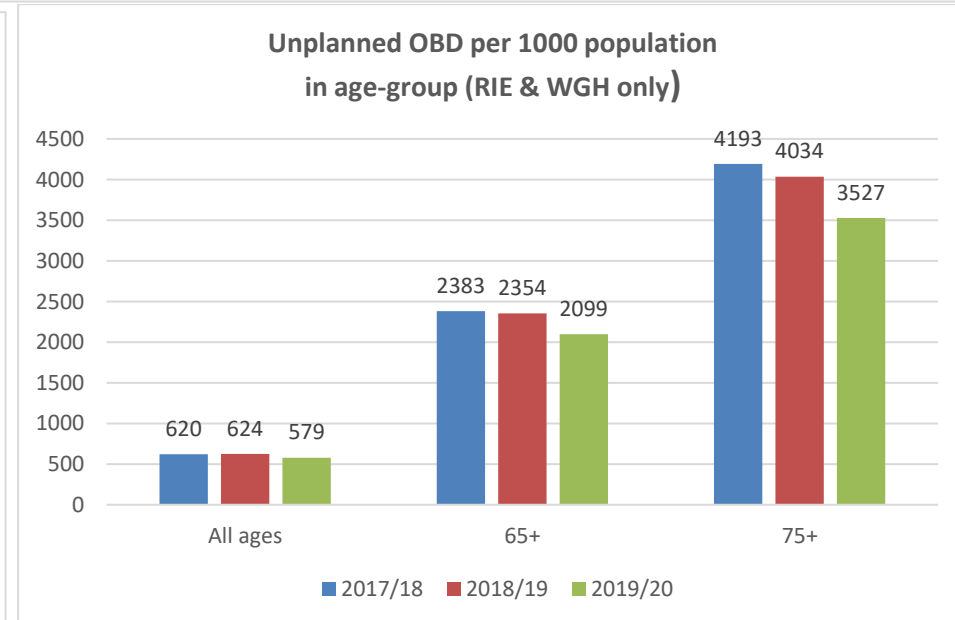
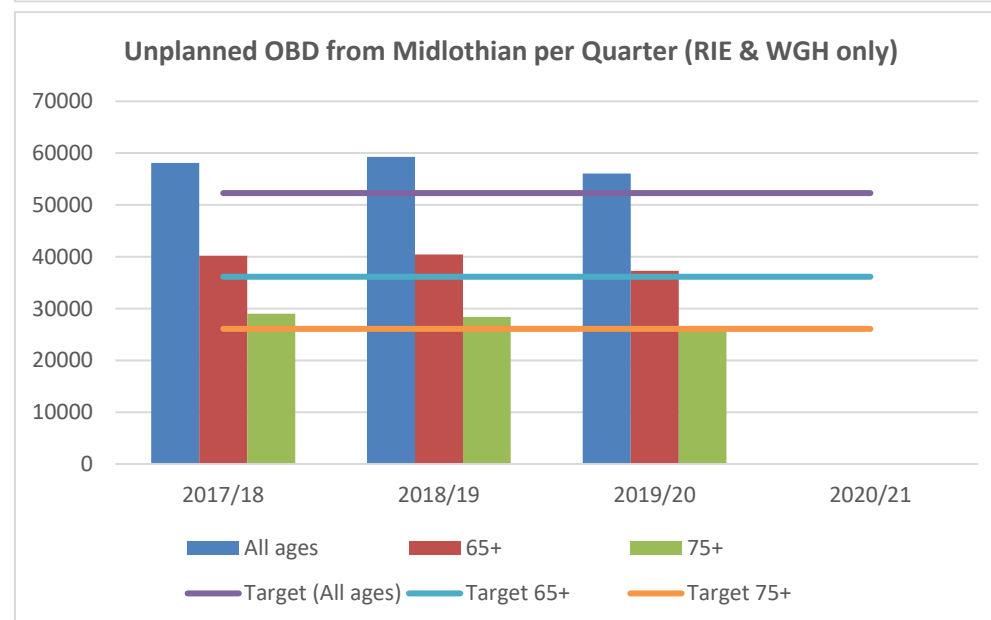
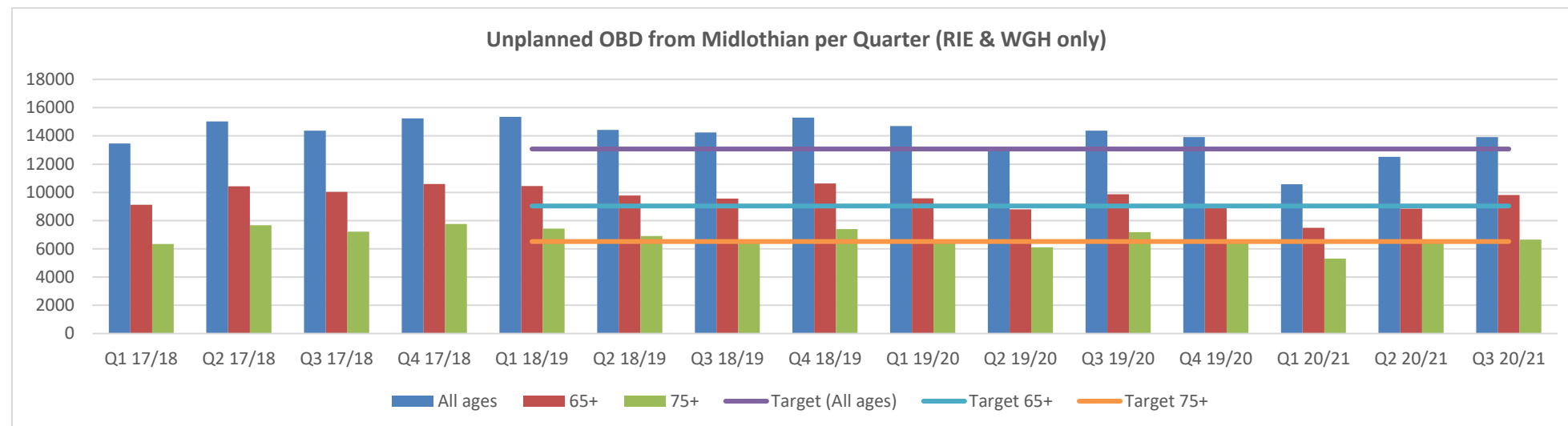
Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18



Reduce Unplanned Occupied Bed Days in hospital by 10% by April 2022 compared to 2017/18 (all hospitals)



Reduce Unplanned Occupied Bed Days in hospital by 10% by April 2022 compared to 2017/18 (RIE and WGH only)





Thursday 8 April 2021, 2.00pm

Midlothian Integration Joint Board Strategic Plan 2022-2025

Item number: 5.10

Executive summary

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.

This report aims to update the Board on the development of the Strategic Plan 2022-2025.

Board members are asked to:

Note the update on the development of the new Strategic Plan

Consider what the IJB would find helpful to discuss in relation to the new Strategic Plan at the next development session.

Midlothian Integration Joint Board Strategic Plan 2022-2025

1 Purpose

- 1.1 To update the Board on the progress in developing the new Strategic Plan 2022-2025

2 Recommendations

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

Note the update and key deadlines for development of the new Strategic Plan

Consider what the IJB find helpful to discuss in relation to the new Strategic Plan at the next development session

3 Background and main report

- 3.1 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.
- 3.2 A new vision and values were agreed by the IJB in December 2020. Strategic Aims were agreed by the IJB in March 2021.
- 3.3 The approved strategic aims have been discussed with planning leads in the Partnership to explore how they can be embedded across the new Strategic Plan.
- 3.4 Planning leads will 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 will be offered where required.
- 3.5 Key dates:

10 th Dec 2020	New vision and values agreed
Jan-Mar 2021	Meetings with all planning leads
11 th Mar 2021	IJB approval of Strategic Aims
Apr-Aug 2021	Public and stakeholder engagement activity to inform plan
31 st Aug 2021	First draft of Joint Needs Assessment complete
31 st Sept 2021	Planning leads - first draft for each area of plan complete
31 st Sept 2021	Housing Contribution Statement deadline
31 st Oct 2021	First full draft of plan
14 th Nov 2021	Design and formatting complete
9 th Dec 2021	First draft to IJB

Dec-Jan 2022	Stakeholder and public consultation on first draft
Feb-Mar 2022	Updating first draft and produce final
April 2022	Plan published

4 Policy Implications

- 4.1 The new Strategic Commissioning Plan 2022-25 will influence all future service delivery, redesign and commissioning.

5 Directions

- 5.1 Directions issued to NHS Lothian and Midlothian Council will align with the Strategic Commissioning Plan 2022-25.

6 Equalities Implications

- 6.1 An Equality Impact Assessment will be undertaken on the draft Strategic Plan.

7 Resource Implications

- 7.1 The new Strategic Commissioning Plan 2022-25 will direct all future service delivery, redesign and commissioning. Financial resource will be aligned to the Plan.
- 7.2 Budgetary pressures may impact on aspirations for the Strategic Plan.

8 Risk

- 8.1 There is a risk of not meeting the legal obligation in relation to the preparation and publication of the Strategic Plan if timescales for development of the plan are not met.
- 8.2 Challenges regarding an available workforce may impact on aspirations for the Strategic Plan.
- 8.3 Budgetary pressures may impact on aspirations for the Strategic Plan.

9 Involving people

- 9.1 A wide range of stakeholders across the Partnership have contributed to discussion on the new vision and values and new strategic aims for 2022-25. This includes discussion at the Strategic Planning Group, the Planning and Transformation Group and local Planning Groups.
- 9.2 Reports from recent consultation and engagement programmes will support the drafting of the plan. In addition, Planning Officers will engage and consult with relevant services users, providers, staff and partners in the development of the strategic plan.
- 9.3 There will be public consultation on the first draft of the plan in December 2021.

10 Background Papers

- 10.1 [Strategic commissioning plans: guidance](#)
- 10.2 [Housing Advice Note](#)
- 10.3 [An overview of strategic commissioning plans](#)

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Thursday 8 April 2021, 2.00pm

Midlothian Health and Social Care Partnership contribution to NHS Lothian Re-mobilisation Plan

Item number:	5.11
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Executive summary

The Scottish Government required NHS Lothian to prepare a third Remobilisation Plan in February 2021. The Plan focuses on the remobilisation of staff and services during the 2021. The first Plan was submitted March 2020. NHS Lothian awaits a formal response from the Scottish Government to the plan and as a result it is not in the public domain.

Midlothian Health and Social Care Partnership contributed to the NHS Lothian plan. The Midlothian section describes the response of local services as a result of the pandemic, the introduction of new services related to COVID-19 and opportunities to undertake service redesign.

Board members are asked to:

Note the content of the report

Midlothian Health and Social Care Partnership contribution to NHS Lothian Re-mobilisation Plan

1 Purpose

- 1.1 The purpose of this report is 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.

2 Recommendations

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

3 Background and main report

- 3.1 The impact of the COVID-19 pandemic brought many challenges and much disruption to the Health and Social Care Partnership, its partners and the communities it serves. There was increased anxiety and pressure on many service users, unpaid carers and staff. While challenges changed over 2020 as the pandemic and the necessary response to it, they have continued in 2021.
- 3.2 The Scottish Government has requested three Re-mobilisation Plans from NHS Boards since April 2020. Plans describe how Boards are
- Managing the pandemic
 - Delivering essential services
 - Supporting the workforce
- 3.3 The Midlothian Health and Social Care Partnership contribution to the NHS Lothian Remobilisation Plan 3 describes a number of service specific the local arrangements at present and where appropriate intent around service remobilisation. Various earlier service changes are included as context where relevant. This is available as Appendix 1.
- 3.4 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.

- 3.5 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.
- 3.6 Partnership staff were very 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.
- 3.7 While NHS Lothian is not in a position to make the complete Re-mobilisation Plan available as a public document as yet as the Scottish Government response is awaited, Midlothian HSCP was of the opinion that the Midlothian section provided a useful summary of local activity that would be of interest to IJB members.

4 Policy Implications

- 4.1 The Midlothian Health and Social Care Partnership section of the NHS Lothian Remobilisation Plan 3 acknowledges IJB responsibilities as contained in the Public Bodies (Joint Working) (Scotland) Act 2014 and the UK Coronavirus Act 2020 and Coronavirus (Scotland) Acts 2020 which provide new powers and measures to help protect the public, maintain essential public services and support the economy during the pandemic. It also reflects IJB and HSCP decision making in line with the Scottish Government and Health Protection Scotland guidance.

5 Directions

- 5.1 A further Direction is not required.

6 Equalities Implications

- 6.1 Integrated Impact Assessments (IIA) have been carried out on specific areas of work, for example the Care for People plan, rather than this report.

7 Resource Implications

- 7.1 The Scottish Government has now funded in full the Midlothian HSCP cost projections included in the Local Mobilisation Plan. This was achieved through a process of ongoing financial monitoring and reporting. As previously reported at the IJB Meeting of 11th February 2021. £7.1million has been secured for Midlothian HSCP through this process.

8 Risk

- 8.1 COVID-19 remains in our communities and there is a risk that individual, community and service resilience will continue to be challenged as circumstances evolve. This includes a risk around the available workforce.
- 8.2 Risks related to the financial burden as a result of COVID have been mitigated meantime as detailed in 7.1.

9 Involving people

- 9.1 People contributed to some elements of service design and delivery described in the Remobilisation Plan, where practicable, during the pandemic. However the production of the Midlothian section of the Plan involved HSCP staff only.

10 Background Papers

10.1

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Appendices: Midlothian Health and Social Care Partnership contribution to NHS Lothian Re-Mobilisation Plan February 2021

Midlothian Health and Social Care Partnership contribution to NHS Lothian Re-Mobilisation Plan February 2021

Midlothian

Midlothian Health and Social Care Partnership (HSCP) serves a population of 91,340. Midlothian HSCP acknowledges its joint work with core partners, notably NHS Lothian and Midlothian Council but also organisations that form the Midlothian Community Planning Partnership.

Care Homes

Midlothian has 10 older people's care homes, 2 of which are HSCP-run one of which being an intermediate care facility. The remaining 8 are privately run either by private companies, charitable organisations or independent family care homes. A further private care home closed in January 2021 following a serious outbreak of Covid 19.

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). A HSCP Assurance Group was established and is chaired by the Chief Nurse, meeting daily for a rundown on each Care Home to discuss any issues that have arisen and consider any support required. Representative(s) from the Midlothian HSCP are in daily contact with our Care Homes and host a weekly support huddle at which managers from all older peoples' Care Homes participate. NHS Lothian Public Health Protection Teams provide leadership and direct support to Care Homes where there is an identified outbreak or other high risk. As part of the HSCP assurance model each Care Home completes a daily tool –TURAS which requires information submitted on issues such as Personal Protective Equipment (PPE) availability, staffing levels, Covid outbreak, Covid related deaths, testing and infection control measures. Each care home also receives a daily call from the Care Home Support Team as well as a weekly visit. If a care homes has an outbreak of Covid it will receive daily visits from the Care Home Support Team to provide support to staff and assurance to both the home and the HSCP that all residents are well looked after and the home is complying with all infection control policies and procedures.

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 has 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. During Covid client reviews are being conducted over the phone where possible, and this will continue into the near future. In order to increase the service capacity and reduce staff travel, the service introduced 6 geographical areas and allocated staff into areas they live in. As well as reducing travel this also reduced the risk of spread and contraction of COVID-19. The Midlothian HSCP continues to increase Care at Home staff compliment to support COVID-19 related impact.

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. A recent Inspection demonstrated resulted in improved grades (all 4) and no requirements. 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.

Improving patient flow

Midlothian's USC Action Plan 2020-22 was updated January 2020 and continues to evolve. It demonstrates 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. The 2019-22 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 has been undertaken within Midlothian HSCP to maximise capacity within community teams and a Home First approach has been embedded. This includes significant investment. Multiple 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. Clinical pathways have been developed, there has been an increased focus on realistic medicine and good conversations, and increased clinical leadership. In December 2021 Midlothian introduced a Single Point of Access at the Flow Hub to triage people and direct them to the most appropriate service. Referrals are accepted from the Acute Flow Hub, acute hospitals, GPs, Scottish Ambulance Service, social care Duty Team and the Care at Home service. 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.

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.

Unpaid Carers

The pressure that unpaid carers are experiencing as a result of the pandemic is recognised by the Partnership. Overnight respite services have been temporarily postponed at Highbank, Midlothian's intermediate care facility as these beds are being used as 'step-down' for people leaving acute hospitals. Alternative (day) respite opportunities are being offered where possible and short break funding was increased temporarily but opportunities are limited due to current restrictions and concerns around infection transmission. The lack of overnight respite is an issue. Discussion is underway around a proposal to offer respite at an extra care housing facility.

The role that unpaid carers play is crucial and it is essential that they are supported. Not providing appropriate support to carers risks increased pressure on HSCP care services. Midlothian has supported their recognition as key workers and will continue to work with third sector partners in this regard.

Rehabilitation and Support to People to Stay Well at Home

Allied Health Professionals (AHP)

AHP 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 AHP 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. AHP have also been trained as PPE Face Mask fitters and COVID vaccinators. Midlothian's AHP 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.

Dietetics

Dietetics have focused on improving access to services for those affected by COVID and using digital technology where patient care has been affected by closure of outpatient clinics, and group venues. Telephone and use of NEAR ME video conferencing is the first response as recommendations to prevent home visits where possible and limited access to care homes. The service has identified the need for additional equipment to support self management with a successful ELHF grant bid to purchase scales for patients and a bid to Connect Scotland for additional laptops for patients.

Treatment of malnutrition according to an evidence based pathway has been key to managing people with COVID. Inpatient requests/referrals continue to be based on use of MUST malnutrition universal nutritional screening tool and have been actioned as priority to address rapid weight loss resulting from COVID infection. Patients discharged from hospital have been supporting remotely by use of NEAR ME and telephone. The HEALTHCALL system has been in use to allow patients to report their Dietetic results and use of oral nutritional supplements. All face to face attendances have been COVID risk assessed before home visits or clinic appointments made. Access to care homes is limited so Dietetics rapidly digitalised the nutritional care training into a video issued to all care homes with telephone support.

Treatment for type 2 diabetes prevention, early intervention and remission have been focused on treating those most at risk e.g a digital pathway has been introduced for

gestational diabetes preventing women from hospital attendance, also using NEAR ME and Dietetics continue to provide intensive Dietetic support for Counterweight Plus treatment which has resulted in remission of type 2 diabetes.

Weight Management services have been severely affected by closure of leisure facilities. Our tiered model of care for weight management includes a Service Level Agreement with Sport & Leisure and this has not been available to offer local Tier 2 interventions. All venues for Tier 3 weight management assessment and interventions have either closed or health facilities withdrawn. Face to face weight management services have been halted as per Scottish Government Community Treatment Recommendations and waiting times are now well in excess of 1 year. Dietetics is working on a mobilisation plan which requires a blend of digital and face to face with new intervention models using a digital first approach. Whilst NEAR ME is suitable for one to one consultations, it is not suitable for group programmes as part of a weight management service so a digital solution through NHS Lothian eHealth team is awaited. A waiting list action plan is being prepared as treatment of obesity and type 2 diabetes (co morbidities that influence COVID recovery) is now essential for long COVID rehabilitation.

Occupational therapy

Occupational Therapy is part of a range of teams providing rehabilitation across Midlothian, including Home First, Midlothian Community Hospital (both older people physical and mental health), community mental health, substance misuse and Justice programmes.

Rehabilitation is a core intervention for Occupational Therapists; with a focus 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.

In terms of long covid there is no dedicated Occupational Therapy team set up specifically for long covid at present and patients are being absorbed into existing teams. 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.

Occupational therapists are employed across both Midlothian Council and NHS Lothian. The roll out of NEAR ME for OTs employed within MLC is still to happen and therefore currently limits capacity.

Physiotherapy

There is now a single point of access for community services, so long-COVID rehabilitation will be managed through this. Based on scoping work, the decision was made not to have a separate team managing long covid, instead the patients will be directed to an existing team depending on the predominant symptoms the patient experiences. However, this will continue to be reviewed. Near Me continues to be an option when appropriate.

There are currently a number of services for long covid available depending on the needs of the patient,

- Community Respiratory Team – generally for patients who have been hospitalised with Covid, since discharged home and struggling with breathing/ concerns about pulmonary embolism.

- Pulmonary Rehabilitation Service – for those who have not been hospitalised, have been managing in the community, but are struggling with breathing.
- Midlothian Community Physical Rehabilitation Team – for those who need help to return to function – perhaps their breathing is not as severe and it's fatigue and deconditioning which is the biggest issue.

Efforts are being made to ensure Teams are not being constrained by traditional criteria and are in a position to meet the needs of the patients.

Adult Speech and Language Therapy (SLT)

The Adult SLT service in Midlothian continues to operate throughout the COVID pandemic using prioritisation criteria and adapting delivery.

The service has been maintained for patients with:

- High clinical need related to difficulty swallowing with a focus on those at risk of requiring admission.
- High clinical needs related to communication difficulty with a focus on those where the difficulty is impacting on safety/ anxiety/ability to access their other healthcare needs
- Neuro – rehabilitation with a focus on early supported discharge (especially for Stroke) and admission avoidance

The service is offered via remote consultation using Near Me and telephone where feasible but has maintained face to face consultations where required to tackle health inequalities or where face to face assessments are required. Reducing face to face time has also been achieved through introduction of self management programmes and introducing the “Manual for Mealtimes” programme throughout Lothian’s nursing homes.

Near Me has been a useful initiative with which to continue service delivery. However, it is acknowledged that within the elderly population, there are considerable numbers of patients who are unable to access digital platforms, either due to the lack of hardware, internet connection, or support from relatives/carers. In such instances, face-to-face consultation, either at home, or in a health centre, has been required. It is also noted that nursing homes do not necessarily have the appropriate equipment, nor staff availability, to support the use of Near Me calls.

Those with persisting voice, swallowing and cognitive communication difficulties due to long Covid can also be referred or self- refer to the service, with some being directed via ENT or transferred from hospital teams.

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.

Primary Care

There are 12 GP practices in Midlothian. The Midlothian Primary Care Team continue 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. Work to expand primary care provision in South Bonnyrigg and Shawfair/Danderhall is progressing.

Midlothian GP Practices have played a key role in the local COVID vaccination programme, particularly for the over 80 year olds. From the 1st February General Practices in Midlothian will lead on vaccinating people aged 75+ and people who were shielding. The HSCP and the Mass Vaccine Sites will focus on vaccinating people aged between 70&74. This collective effort will ensure that all people aged over 70 and those who are Shielding will have received the first dose of the vaccine by mid-February

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.

The Lothian's and Edinburgh Abstinence Programme is available to Midlothian residents and alcohol detoxification at the Ritson Clinic (Royal Edinburgh Hospital), has now reopened with 8 beds. Referrals have continued, but there is a significant waiting list for these services. Midlothian HSCP will continue to maintain contact with stakeholders, both statutory and third sector, around service provision and managing 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.

Other on-line group meetings continue, for example mindfulness and mutual aid via digital solutions (where people have means to do so). Following risk assessments, Dialectical Behaviour Therapy and Decider groups did restart with physical distancing measures in place however they have been paused since 26th Dec/second lockdown. They will restart when restrictions are eased. High risk patients in these groups are contacted by staff.

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.

Midlothian Intensive Home Treatment Team continues to offer a full service, with a red-amber-green rating system in place to see patients in clinic, at home or remotely. In line with national developments around unscheduled care pathways, the Intensive Home Treatment Team is now receiving referrals for people via NHS 24.

People with dementia continue to be offered face to face appointments within the physical distancing guidelines if they are unable to engage with virtual appointments and an appointment is deemed essential.

The Primary Care Mental Health Team is offering patient assessment and consultation primarily by phone/video but also face to face where appropriate.

Face-to-face appointments continue for people requiring urgent substance misuse support. This will remain under review and a phased increase in face to face support will be planned in line with Government guidance and an ongoing assessment of risk.

Mental health and substance misuse services will continue to work with council and third sector partners around support to people in homeless hostels.

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.

Personal Protective Equipment (PPE) and Testing

A PPE hub was established at the start of the pandemic using staff seconded in from other areas of the partnership. A more sustainable model has since been employed that includes the distribution of testing kits to community services.

Supporting Communities - Socio-Economic Impact and Inequalities

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.

The economic impact of the pandemic is becoming ever more evident. The Food and Key Essentials Fund was launched on the 14th December and £271,000 was distributed to Midlothian residents by 20 January 2021, over half the allocated budget. A full analysis is awaited however fuel poverty, sofa surfing, unable to cope on current benefits, debt and changing work situations were noted as reasons for applying. 70% of payments included a fuel payment. There were 858 referrals to CAB. Applications to the food bank were significantly higher in December compared to previous year, quelling thoughts that the fund had been used as an alternative to foodbanks.

Midlothian HSCP Welfare Rights Team continues to receive a high number of referrals, as do the two CABs in Midlothian. Foodbanks continue to operate. While housing and homelessness in Midlothian are not directly the responsibility of the HSCP they are important to our ambitions and values, and joint working will continue. Digital inclusion remains a priority for the Midlothian Public Health Team.

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.

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