

Notice of Meeting and Agenda



Midlothian Integration Joint Board

Venue: Virtual Meeting,

Date: Thursday, 14 April 2022

Time: 14:00

Morag Barrow
Chief Officer

Contact:

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

Further Information:

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

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 10 February 2022 - for Approval | 5 - 16 |
| 4.2 | Minutes of the Special MIJB held on 17 March 2022 - for Approval | 17 - 24 |
| 4.3 | Minutes of the Audit & Risk Committee held on 02 December 2021- for Noting | 25 - 32 |
| 4.4 | Minutes of the Strategic Planning Group held on 19 January 2022 - for Noting | 33 - 36 |

5 Public Reports

- | | | |
|------------|--|-----------|
| 5.1 | Chair's Update | |
| 5.2 | Chief Officer Report – Morag Barrow, Chief Officer | 37 - 46 |
| 5.3 | Nomination and Appointment of Members to the Midlothian Integration Joint Board - Carolyn Hirst, IJB Chair

For Decision | 47 - 52 |
| 5.4 | Midlothian Integration Joint Board Strategic Plan 2022-2025 - Lois Marshall, Assistant Strategic Programme Manager | 53 - 128 |
| 5.5 | Code of Conduct Revised Model Scheme for Members of Devolved Public Bodies - Gill Main, Integration Manager and Alan Turpie, Standards Officer | 129 - 174 |
| 5.6 | Review of Integration Joint Board Governance Requirements - Gill Main, Integration Manager

For Discussion | 175 - 180 |
| 5.7 | Midlothian IJB Directions 2022-2023 - Lois Marshall, Assistant Programme Manager | 181 - 276 |

5.8	Clinical and Care Governance Group (CCGG) report - Fiona Stratton, Chief Nurse	277 - 284
5.9	Performance Overview Report - Roxanne Watson, Executive Business Manager	285 - 304
	For Noting	
5.10	Scheme of Integration Verbal Update - Peter McLoughlin, Strategic Programme Manager, NHS Lothian	
6	Private Reports	

No private business submitted for this meeting.

7 Date of Next Meeting

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

- 16 June 2022 at 2pm - Midlothian Integration Joint Board

Please note that immediately before this Board meeting there will be a Development Workshop session from 1pm; papers for which will be circulated to Board Members only under separate cover.

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 14 April 2022
Item No: 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 10 February 2022	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Carolyn Hirst (Chair)	Cllr Derek Milligan (Vice Chair)	Tricia Donald
Jock Encombe	Cllr Catherine Johnstone	Angus McCann
Cllr Jim Muirhead	Cllr Pauline Winchester	

Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Jordan Miller (Staff side representative)
Fiona Stratton (Chief Nurse)	Miriam Leighton (Volunteer Midlothian)	Keith Chapman (User/Carer)
Hannah Cairns (Allied Health Professional)	James Hill (Staff side representative)	Wanda Fairgrieve (Staff side representative)

In attendance:

Jill Stacey (Chief Internal Auditor)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Nick Clater (Head of Adult & Social Care)
Gill Main (Integration Manager)	Elouise Johnstone (Programme Manager)	Jim Sherval (Public Health Practitioner)
Roxanne King (Business Manager)	Lois Marshall (Assistant Strategic Programme Manager)	Rebecca Hilton (NHS Lothian Representative)
Rebecca Miller (Strategic Planning)	Mike Broadway (Democratic Services Officer)	Andrew Henderson (Clerk)

Apologies:

Joan Tranent(Chief Social Work Officer)	Johanne Simpson (Medical Practitioner)	Hamish Read (GP/Clinical Director)
---	--	------------------------------------

Midlothian Integration Joint Board

Thursday 10 February 2022

1. Welcome and Introductions

The Chair, Carolyn Hirst, in welcoming everyone to this virtual Meeting of the Midlothian Integration Joint Board, extended a warm welcome on behalf of the Board to Gill Main. Carolyn expressed her gratitude and thanks to Mairi Simpson and Lesley Kelly for the work on the IJB and expressed gratitude to James Hill, who was attending his final meeting.

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 Minutes of the MIJB held on 9 Dec 2021

The Minutes of Meeting of the Midlothian Integration Joint Board held on 09 December 2021 were submitted and approved as a correct record.

4.2 Minutes of the Strategic Planning Group held on 17 November 2021

The Minutes of Meeting of the Strategic Planning Group held on 17 November 2021 were submitted and noted.

Midlothian Integration Joint Board

Thursday 10 February 2022

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.1 Chair's Update</p> <p>Carolyn Hirst thanked members for attending the development session covering finance and flagged planning for 22/23 and encouraged members input at the next session. Carolyn Hirst also thanked Morag Barrow and her team for the monthly bulletins and indicated that feedback was welcome. In addition Carolyn Hirst highlighted her attendance at two Midlothian Community Planning Partnership Board meetings ensuring that a contingency plan was in place and to get an overview of the strategic plan for the following year. Carolyn Hirst flagged that Aprils board meeting would have a number statutory reports submitted.</p>	<p>To note the Chairs update</p>	<p>All to note</p>	
<p>5.2 Chief Officer Report – Morag Barrow, Chief Officer.</p> <p>Morag Barrow provided an overview of the Chief Officer Report outlining the key service pressures in addition to providing the board members with an update of the developments following the MIJB meeting of the 9th of December. Morag Barrow flagged a typo to the report on line page 4, point 3.2 paragraph 13, confirming that this should read 'preventing reoffending' and not 'promoting reoffending'. Morag Barrow outlined the report recommendations that the board prioritise policy</p>	<p>a) Carolyn Hirst to discuss Pharmacy refusal in Roswell with Councillor Milligan and escalate to NHS Lothian.</p> <p>b) Morag Barrow to submit paper covering strategic planning goals and submit to the next meeting of the MIJB.</p> <p>c) To otherwise note the contents of the report.</p>	<p>Carolyn Hirst</p> <p>Morag Barrow</p> <p>All to note</p>	

Midlothian Integration Joint Board

Thursday 10 February 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>objectives for the strategic planning group and outlined the recommended priorities:</p> <ul style="list-style-type: none"> • Midlothian Hospital • Primary Care • Frailty • Learning disabilities • Workforce <p>Following this a general discussion ensued with Morag Barrow, Grace Cowan and Hannah Cairns all responding to questions from members.</p> <p>In relation to public health and digital cross cutting, Morag Barrow acknowledged that Elouise Johnstone and Gill Main were currently working through the plan and this would be covered off.</p> <p>In answer to a question regarding NHS Lothian's Pharmacy Committee's refusal of a proposed pharmacy in Rosewell and what action the MIJB could take, Morag Barrow acknowledged that concerns are shared with regarding the pressure that pharmacies are under but the MIJB was limited with regard to what action it could take. Carolyn Hirst invited Councillor Milligan to discuss the matter further and following the agreement of all board members present agreed to raise the issue with NHS Lothian.</p> <p>Morag Barrow clarified that the 5 outlined priorities would touch and influence other areas and that they would be updated going forward. Morag Barrow then outlined the key points from the Audit Scotland</p>			

Midlothian Integration Joint Board

Thursday 10 February 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>report, acknowledging that the service had seen significant investment and acknowledged the workforce challenge and highlighted the work required in lead up to the National Care service. Following this the board agreed that Morag Barrow should continue with the work outlined in the report and that a paper should be submitted to the next meeting of the IJB.</p> <p>Grace Cowan clarified that regarding the hospital at home service planning would be undertaken over the next couple of months, noting the bringing forward of the opening of Liberton Day hospital and further ANP staff being factored in.</p> <p>An update was provided in relation to vaccinations, acknowledging that Midlothian was performing well although vaccine take up in 18-29 and 30-39 year olds was still lower in line with national trends but that that inclusivity groups and satellite clinics had been established in areas with lower take up. Grace Cowan confirmed the long term aim to ensure a sustainable winter with increased vaccinations and that the health and social care partnership would be taking on board Children's; Travel and shingles vaccinations and that a plan had been submitted to the vaccination board.</p> <p>Following this further discussion ensued. Nick Clater highlighted that Learning Disability services are open and broadly operating pre pandemic levels and that a report highlighting the current challenges was being written up. Hannah Cairns acknowledged a</p>			

Midlothian Integration Joint Board

Thursday 10 February 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>significant backlog with diabetes and weight loss waiting lists, outlining the steps being used to tackle this.</p> <p>Carolyn Hirst took the opportunity to thank Jill Stacey for her work with the IJB in the capacity of Chief Internal Auditor, in reference to comments in the report outlining Jill Stacey's intention to stand down and the process required to provide a replacement.</p>			
<p>5.3 Lothian Strategic Development Framework - Report by Rebecca Miller, Strategic Planning</p> <p>Rebecca Miller provided an overview of the Lothian Strategic Development Framework report highlighting the 5 pillars within the LSDF:</p> <ul style="list-style-type: none"> • Children & Young People; • Mental Health, • Illness & Wellbeing; • Primary Care; • Scheduled Care & Unscheduled Care <p>Rebecca Miller outlined that all sections had been developed in collaboration with the IJB and the H&SCP and that the LSDF should reflect the strategic plan with a view to finalise in June. The Midlothian IJB Strategic Planning Group meeting in January 2022 supported the submission of the summary document to the IJB.</p> <p>A discussion ensued amongst board members, Rebecca Miller clarified the difference between consultation and engagement and that the intention</p>	<p>a) To note progress to date in developing the LSDF.</p> <p>b) To note the content of the LSDF summary document appended to this report.</p> <p>c) To support the proposed approach the Lothian Health and Care System (LHCS) will take over the next five years to deliver improved outcomes, as set out in the summary document</p>	<p>All to note</p> <p>All to note</p> <p>Board members</p>	

Midlothian Integration Joint Board

Thursday 10 February 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>was for a long term public engagement that may involve specific consultations. In addition, regarding the use of robust self-care and self-management methods particularly for those with low health literacy, Rebecca Miller acknowledged that this would be a developing area.</p> <p>Following this all voting members present agreed to the recommendations outlined in the report.</p>			
<p>5.4 Reappointment of NHS Lothian Board Members to the Midlothian IJB</p> <p>Carolyn Hirst provided an overview of the report outlining the recommendation from the Lothian NHS board to reappoint herself and Tricia Donald to the Midlothian IJB. Following this, Councillor Milligan was appointed as chair of the meeting and all voting members present endorsed the proposals. Carolyn Hirst was then reappointed as chair.</p> <p>Morag Barrow acknowledged that Miriam Leighton had also joined the board and agreed to bring to the board for formality and governance.</p>	<p>a) To note and approve the reappointment of Carolyn Hirst and Patricia Donald as board members of the Midlothian IJB.</p> <p>b) Morag Barrow to submit report outlining the appointment of Miriam Leighton to the MIJB for formality and governance.</p>	<p>All to note</p> <p>Morag Barrow</p>	
<p>5.5 Financial Update - Out-turn 2021/22 and outline 22/23 financial position. - Report by David King, Interim Chief Finance Officer.</p> <p>David King provided an overview of the February finance paper highlighting that this was the second part of the three part approach to setting the budget and that it outlined and gave consideration to everything discussed at the IJB development</p>	<p>a) To note the projected out-turn position for 2021/22</p> <p>b) To note the projected impact on the IJB's reserves</p>	<p>All to note</p> <p>All to note</p>	

Midlothian Integration Joint Board

Thursday 10 February 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>workshop held on the 13th January 2022 and set the date of the budget being set to the 17th of March. Following this a discussion ensued with David King and Morag Barrow responding to member's questions.</p> <p>Morag Barrow clarified that there was a requirement to follow partner's recruitment process and acknowledged regular contact with HR and further outlined methods used to improve recruitment. Morag Barrow highlighted challenges in recruiting for higher grade posts, who had longer notice periods among further operational challenges.</p> <p>David King clarified that additional funds would be included in the financial plans for 22/23 and that the ambition was to use the money to underpin services and to use for additional resources if possible.</p> <p>David King then discussed the additional funding that had been part of the Scottish Government's 22/23 budget amounting to £554 million nationally (the IJB's share being laid out in Appendix 1 of the report) and a further £22 million nationally for social care of which £335,000 would be allocated to Midlothian. Work was underway to lay out the proposed use of these funds in 22/23. David King also acknowledged a heavy reliance on COVID funding and encouraged members to consider its view on the matter going forward warning that at some point the future COVID funding would cease with service provision continuing.</p>	<p>c) To note the Scottish Government's 22/23 financial settlement</p> <p>d) To note the projected financial forecast for 2022/21</p>	<p>All to note</p> <p>All to note</p>	

Midlothian Integration Joint Board

Thursday 10 February 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.6 NHS Lothian Public Health - Partnership and Place - Presentation by Jim Sherval, Public Health Consultant</p> <p>Jim Sherval and Rebecca Hilton took members of the MIJB through the NHS Lothian Public Health Partnership and Place, outlining the intention to transform NHS Lothian into an even better employer, in addition to the 6 public health priorities and four spotlighted areas of focus.</p> <p>Jim Sherval provided examples of work conducted with planning and housing organisations, advising that work had been done in relation to the planning of physical activity and greenspace making reference to the City Region deal and cycle provision through Sherrifhall. Rebecca Hilton added the work around diabetes and that work had also been conducted around residents feeling safe in their local area to participate in physical activity.</p> <p>Following this, members took the opportunity to commend and endorse various aspects of the proposals outlined in the presentation. In response to comments regarding broader actions that could be taken Jim Sherval acknowledged that although the licencing act currently had public health provision, the civic government Scotland act didn't and that work was being done to fit this in going forward.</p>	<p>a) Presentation slides to be made available to members of the IJB.</p> <p>b) To note the contents of the presentation.</p>	<p>Jim Sherval</p> <p>All to note</p>	

Midlothian Integration Joint Board

Thursday 10 February 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.7 Performance Overview Report – Report by Elouise Johnstone, Programme Manager, Performance</p> <p>Elouise Johnstone provided an overview of the Performance Overview Report and noted the purpose to update the IJB on the progress towards achieving its performance goals. Elouise Johnstone outlined that the IJB was currently meeting all of its performance targets and advised that the current targets had only been agreed until April 2022. In addition, Elouise Johnstone outlined a request to reallocate funds for a fixed-term Assistant Programme Manager (NHS Grade 6) and to recruit two WTE fixed-term Assistant Programme Managers (NHS Grade 6) for a period of two years. She advised that the March development session would be centred on performance reporting and that this would be fed into the new strategic plan. Elouise Johnstone also asked that Members to let her know if they were interested in joining a new Data Assurance & Governance Group which would meet for the first time in April. Members then considered the report and approved the recommendations.</p>	<p>a) Note the performance against the IJB performance goals.</p> <p>b) Further discussion at development session regarding IJB representation on Data Assurance and Governance Group</p> <p>c) Members approved reallocation of funding for recruitment of a fixed term NHS Grade 6 assistant program manager.</p> <p>d) Members approved the recruitment for two WTE fixed-term of 2 NHS Grade 6 term Assistant Programme Managers for a period of 2 years.</p>	<p>All to note</p> <p>Board Members</p> <p>Board members</p> <p>Board Members</p>	
<p>5.8 Clinical and Care Governance Report - Report by Fiona Stratton, Chief Nurse</p> <p>Fiona Stratton highlighted the purpose and contents of the Clinical Care and Governance Report highlighting ongoing work regarding complaints. Following this a discussion ensued amongst</p>	<p>To note and approve the content of this report</p>	<p>All to note</p>	

Midlothian Integration Joint Board

Thursday 10 February 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
members during which progress on reducing the number of open adverse events was commended. Jock Encombe acknowledged previous work that had been completed in the area and suggested that the board could produce an update around QIT's.			

6. Any other business

No business other business was discussed.

7. Private Reports

No private reports were submitted for consideration.

8. Date of next meeting

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

- Thursday 17 March 2022 2.00pm Special MIJB Meeting and Development Workshop
- Thursday 14 April 2022 2.00pm Midlothian Integration Joint Board

(Action: All Members to Note)

The meeting terminated at 16:11

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 14 April 2022
Item No: 4.2



Meeting	Date	Time	Venue
Special Midlothian Integration Joint Board	Thursday 17 March 2022	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Carolyn Hirst (Chair)	Cllr Derek Milligan (Vice Chair)	Angus McCann
Jock Encombe	Cllr Catherine Johnstone	Cllr Jim Muirhead

Present (non-voting members):

Morag Barrow (Chief Officer)	Hannah Cairns (Allied Health Professional)	Keith Chapman (User/Carer)
David King (Interim Chief Finance Officer)	Hamish Reid (GP/Clinical Director)	Johanne Simpson (Medical Practitioner)
Fiona Stratton (Chief Nurse)		

In attendance:

Nick Clater (Head of Adult & Social Care)	Elouise Johnstone (Programme Manager)	Roxanne King (Business Manager)
Gill Main (Integration Manager)	Lois Marshall (Assistant Strategic Programme Manager)	Andrew Henderson (Democratic Services Officer)

Apologies:

Tricia Donald	Wanda Fairgrieve (Staff side representative)	Joan Tranent (Chief Social Work Officer)
---------------	--	--

Midlothian Integration Joint Board

Thursday 17 March 2022

1. Welcome and Introductions

The Chair, Carolyn Hirst, in welcomed everyone to this virtual special meeting of the Midlothian Integration Joint Board. Apologies were noted on behalf of Tricia Donald, Wanda Fairgrieve and Joan Tranent.

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

None submitted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.1 Chair's Update</p> <p>By way of a chairs update, Carolyn Hirst outlined that all Board Members will receive an email on Monday 21st March asking them to complete a self-evaluation survey aimed to evaluate the MIJB's 'fitness for purpose' and will help identify areas for improvement. It is based on the Integration Joint Board Checklist and consists of 20 statements to be rated in addition comments. Carolyn Hirst highlighted that members were being asked to complete this</p>	<p>a) To note the cancelling of the Development Workshop scheduled for 12 May 2022 and the rearranging of the Development Workshop to follow the Board meeting 16 June which will be extended to a three-hour meeting from 1 – 4pm.</p> <p>b) To otherwise note the Chairs update.</p>	<p>All to note</p> <p>All to note</p>	

Midlothian Integration Joint Board

Thursday 17 March 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>now so that the experiences and reflections of new, outgoing and continuing members could be taken into account and it is hoped that this will be a starting point for the IJB's future development plan. Carolyn Hirst took the opportunity to urge all Board Members to complete the survey by the 31st March.</p> <p>In addition NHS Lothian and Midlothian Council are reviewing the Midlothian Integration Scheme and that public consultation will start this week with an end date of the 10th of April. The document will be made available on the Midlothian Council website and there will be consideration of the consultation feedback before the Council and NHS Lothian agree any changes to the scheme.</p> <p>It was acknowledged that Hamish Reid has submitted notice of his intention to leave the Midlothian HSCP as Clinical Director as of the 10th May and will also be standing down from the IJB Board. Carolyn Hirst acknowledged that Hamish's contribution would be recognised at the next Board meeting and advised the recruitment for a new Clinical Director post will be underway shortly.</p> <p>Carolyn Hirst highlighted that Councillors would cease to hold their position on the board on the 5th of May. The first Council meeting at which a new administration should be formed is scheduled to take place on the 24th of May, at this meeting agreement should be reached on the four new Board appointees to the IJB and their substitutes.</p> <p>Referencing discussions with the Chief Officer and</p>			

Midlothian Integration Joint Board

Thursday 17 March 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Vice Chair, Carolyn Hirst confirmed that the development workshop session on 12 May would be cancelled and that in its place the timing of Board meeting scheduled for 2 - 4pm on 16 June would be extended to a three-hour meeting from 1 – 4pm.</p>			
<p>5.2 Midlothian Integration Joint Board Strategic Plan 2022-2025 and Consultation Report – Paper Presented by Lois Marshall, Assistant Programme Manager.</p> <p>Lois Marshall provided an overview of the Consultation Report in reference to the Midlothian Integration Joint Board Strategic Plan 2022-2025, outlining that it was well supported by the community and social media and that the consultation report took into account feedback that had been received across the year. In relation to the MIJB Strategic Plan, Lois Marshall confirmed little change with the exception of some final updates, including an update relating to the consultation response about the importance of advocacy and some amendments to the layout with ‘workforce’ being brought to the front. Carolyn Hirst took the opportunity to thank Lois Marshall and colleagues for their work on the report. Carolyn Hirst additionally highlighted that the Consultation Report and the draft Strategic Plan had been considered at the Strategic Planning Group meeting on 16 March and that they had commended both documents to the Board.</p> <p>In response to comments as to whether the MIJB was agreeing to delegate approval for additional</p>	<p>a) The board agreed to the consultation report.</p> <p>b) The board agreed to approve in principle the strategic plan, noting future changes.</p> <p>c) To otherwise note the contents of the report.</p>	<p>Board Members</p> <p>Board Members</p> <p>All to note</p>	

Midlothian Integration Joint Board

Thursday 17 March 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>updates or not, Lois Marshall clarified that consultations were taken throughout the year and that the equality summary had been pulled up in the integrated impact assessment. Lois Marshall highlighted that updates were also dependant on timescales and confirmed that further updates would be brought to April's MIJB meeting. From an operational standpoint, Lois Marshall highlighted that each service area would also be provided with their own action plan. Morag Barrow clarified that more detail would be added to the Workforce section over the next four weeks and advised that the action plans would sit in with the 5 pillars outlined in the Lothian Strategic Development Framework Report submitted to February's board meeting and that these would be brought to a future development session.</p> <p>Regarding unexpected feedback, Lois Marshall acknowledged that issues around communication, digital and finally staff and communities had been raised. A brief discussion ensued in relation to the digital delivery plan and Morag Barrow advised that she would like to be given sight of the plan in advance of it being submitted to SMT. Carolyn Hirst enquired as to whether the integrated impact assessment would be ready for April's board meeting. Responding to comments as to whether the action plan could be put on a development workshop agenda in the future. Carolyn Hirst confirmed that they were already looking at commissioning the planning documents and that they would need to</p>			

Midlothian Integration Joint Board

Thursday 17 March 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>liaise with partner organisations.</p> <p>Morag Barrow then took the opportunity to outline the next steps acknowledging the complete structural change over the previous 12 months, acknowledging difficulties collecting data and that work had been done to ensure transparency. Morag Barrow outlined the need for a robust infrastructure for reporting to the board over the next 12 months and referenced that the performance oversight board, which is scheduled to commence in April to provide more scrutiny. The board then agreed to approve the consultation report, and agreed to approve in principle the strategic plan, noting future changes.</p>			
<p>5.3 Midlothian IJB – 2022/23 Budget Setting – Report by David King, Interim Chief Finance Officer.</p> <p>The purpose of this report was to seek agreement to the 22/23 budget offers from the IJB’s partners, to lay out the projected financial position for the IJB in 22/23 and to consider the projected increase in the IJB’s reserves and the utilisation of these reserves. Finally the board was also asked to consider if the IJB could set a balanced budget for 22/23.</p> <p>The Board heard from Interim Chief Finance Officer, David King, who provided an overview of the budget setting process and outlined additional funding that been received from the Scottish Government throughout 21/22 in addition to funds that would be</p>	<p>a) Agreed that the budget offer from Midlothian Council meets the Scottish Government criteria.</p> <p>b) Agreed that the budget offer from NHS Lothian meets the Scottish Government criteria.</p> <p>c) Noted the projected movement in the IJB’s Reserves.</p>	<p>Board Members</p> <p>Board Members</p> <p>All to note</p> <p>All to note</p>	

Midlothian Integration Joint Board

Thursday 17 March 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>received in 22/23. David King then outlined that as section 95 officer for the MIJB he was satisfied that the budget was balanced albeit with non recurrent funding and outlined the next step as being work to ensure the budget translated into the directions. In response to comments regarding the letter submitted by Craig Marriot which makes reference to the delivery of efficient savings, David King clarified that the MIJB had minimal issues over 22/23 and that any additional benefits would flow through the system. There was then a brief discussion as to the requirements for the MIJB to set a balanced budget and it was noted that although the board may not be required to set a balanced budget, this would not stop members from agreeing to the recommendations outlined in the report.</p> <p>The Board, in considering the welcome support offered by its partners then agreed to set a balanced budget for 22/23.</p>	<p>d) Noted the projected financial position for 2022/23.</p> <p>e) Agreed that the 2022/23 budget proposal is, at this time, balanced and therefore agree to the IJB's outline 22/23 budget.</p>	Board Members	

6. Any other business

No business other business was discussed.

7. Private Reports

No private reports were submitted for consideration.

8. Date of next meeting

Midlothian Integration Joint Board

Thursday 17 March 2022

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

- Thursday 14 April 2022 2.00pm Midlothian Integration Joint Board

(Action: All Members to Note)

The meeting terminated at 15:04

Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Audit and Risk Committee	Thursday 2 December 2021	2.00pm	Virtual Meeting held using MS Teams.

Present (voting members):

Councillor Jim Muirhead (Chair)	Carolyn Hirst	Pam Russell (Independent Member)

Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Jill Stacey (Chief Internal Auditor)

In attendance:

Grace Scanlin (EY, External Auditor)	Derek Oliver (Chief Officer Place)	Roxanne King (Executive Business Manager)
Mike Broadway (Clerk)	Andrew Henderson (Democratic Services)	

Apologies:

Councillor Derek Milligan	Jock Encombe	Stephen Reid (EY, External Auditor)

Audit and Risk Committee

Thursday 2 December 2021

1. Welcome and introductions

The Chair, Councillor Jim Muirhead, welcomed everyone to this virtual meeting of the MIJB Audit and Risk Committee, in particular Roxanne King, Executive Business Manager, H&SC, follow which there was a round of introductions.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Note of Meeting

- 4.1 The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 2 September 2021 was submitted and approved as a correct record.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.1 CIPFA – Financial Management Code, 2021/22 - Report by Interim Chief Finance Officer</p> <p>With reference to paragraph 5.1 of the Minutes of 2 September 2021, there was submitted a report the purpose of which was to inform the Committee of the Financial Management Code (FM Code) produced by the Chartered Institute of Public Finance and Accountancy (CIPFA) (21/22) and to ask the Committee to recommend to the Board adoption of the guidance, in so far as it applies to the operation of the IJB.</p>	<p>(a) Agreed to recommend to the Board adoption of the guidance, in so far as it applies to the operation of the IJB;</p> <p>(b) Seek a further report regarding how the FM Code would apply to the IJB and how assurance would be sought on it; and</p> <p>(c) Noted the opportunity to potentially address assurance through the Local Code of Corporate Governance and the Internal Audit Annual Plan.</p>	<p>Interim Chief Finance Officer with support from Chief Internal Auditor</p>	<p>March 2022</p>

Audit and Risk Committee

Thursday 2 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The report explained that the FM Code was designed to support good practice in financial management and to assist local authorities in demonstrating their financial sustainability. It also, for the first time, set out the standards of financial management for local authorities. As IJBs were governed by the Local Authority regulations they must also collectively demonstrate that the requirements of the code were being satisfied.</p> <p>The Committee, having heard from Interim Chief Finance Officer, David King, discussed the IJB's capacity to address the requirements of the code, the relationship and reliance on its partners' compliance and areas that might potentially be impacted by the Code such as strategic planning.</p>			
<p>5.2 Best Value Questionnaire - Audit Scotland - Report by Interim Chief Finance Officer</p> <p>With reference to (i) paragraph 5.2 of the Minutes of 7 March 2019; and (ii) paragraph 5.1 of the Minutes of 2 September 2021, there was submitted a report the purpose of which was to remind the Committee of the Audit prompts/questions in the Audit Scotland report Auditing Best Value for Integration Joint Boards.</p> <p>The report highlighted that it had previously been agreed that time be put aside at a future meeting of the Committee to discuss this questionnaire. This work has not yet commenced and it was therefore recommended that this decision stand and that time</p>	<p>(a) Noted the publication of the report from Audit Scotland; and</p> <p>(b) Agreed to extend a future meeting(s) of the Audit & Risk Committee in order to review the key messages in the report within the context of Midlothian IJB on a thematic basis.</p>	<p>Interim Chief Finance Officer with support from Chief Internal Auditor</p>	<p>March 2022</p>

Audit and Risk Committee

Thursday 2 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>be made available at future meetings of the Committee to discuss the questionnaire.</p> <p>Having heard from Interim Chief Finance Officer, David King, the Committee were supportive of this approach and suggested that questions be broken down on a thematic basis and possibly spread over more than one meeting.</p>			
<p>5.3 Risk Register – Report by Chief Officer Place</p> <p>The purpose of this report was to provide an update on the Strategic Risk Profile covering quarter 2 2021/22, 1 July 2021 – 30 September 2021 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.</p> <p>Having heard from Derek Oliver, Chief Officer Place, the Committee in discussing issues arising from the current strategic risk profile, acknowledged the need to redress the balance away from the focus on purely operational matters, which where the responsibilities of the respective partners, to include risks that were the direct responsibility of the IJB.</p> <p>Pam Russell (Independent Member) advised that she had some specific comments on the risk evaluations that she would pass on following the meeting which she hoped would be of some assistance. She also had a number of points which she would welcome clarification on.</p>	<p>(a) Noted the current Risk Register;</p> <p>(b) Noted the updates provided on the risk control measures and the progress being made to address all risks; and</p> <p>(c) Confirmed that, otherwise, the risks contained in the Risk Register reflected the current risks/opportunities facing the MIJB.</p>	Risk Manager	March 2022

Audit and Risk Committee

Thursday 2 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.4 Audit Scotland Reports of Interest - Report by Interim Chief Finance Officer.</p> <p>The purpose of this report was to highlight audit reports from Audit Scotland on areas of interest to the IJB Audit and Risk Committee. Topics cover included:</p> <ul style="list-style-type: none"> • Impact of Covid-19 on Scottish Councils Benefit Services <ul style="list-style-type: none"> ▪ Christie – It Really is Now or Never ▪ Covid-19 Vaccination Programme ▪ Covid-19 – Tracking the Impact of Covid-19 on Scotland’s Public Finances ▪ Social Care ▪ Local Government in Scotland Overview 2021 ▪ Covid-19 Following the pandemic pound : Our Strategy • NHS in Scotland 2020 <p>The executive summaries of each of the reports, together with a hyperlink to the complete audit report, were included in Appendix 1 to the report. Also included as Appendix 2 was a copy of the full audit report on the Covid-19 Vaccination Programme as this was a major part of the current operational aspects of Midlothian Health & Social Care Partnership.</p> <p>Having heard from the Interim Chief Finance Officer, David King, the Committee discussed how best to share this information with the wider Board</p>	<p>(a) Noted the publications and the key messages they contained; and</p> <p>(b) Agreed that the Chief Officer be asked to include the summary appendix (appendix 1) as part of the Briefing Bulletin circulated to all Board Members and that the Independent Member be added to the circulation list.</p>	Chief Officer	Regular Briefing Bulletin

Audit and Risk Committee

Thursday 2 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>membership.</p> <p>The Committee also heard from Chief Officer, Morag Barrow, who in response to a number of questions and comments, gave an update on the vaccination programme in Midlothian.</p>			
<p>5.5 MIJB Recommendations Internal Audit Follow-Up Review – Report by Chief Internal Auditor</p> <p>With reference to paragraph 5.6 of the Minutes of 10 June 2021, 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 there were 6 In-Progress Internal Audit Recommendations currently remaining, and detailed the progress being made with regards implementation, completion of which was expected in full by March 2021, although these could still be impacted by Covid-19 related activities.</p> <p>After hearing from both the Chief Internal Auditor, Jill Stacey and Chief Officer, Morag Barrow, the Committee acknowledged the complexities involved in addressing the issues concerned, and also the considerable challenges faced by H&SC services in addressing the normal winter pressures whilst still</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	June 2022 – within Internal Audit Annual Assurance Report 2021/22

Audit and Risk Committee

Thursday 2 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
facing issues posed by the ongoing Covid-19 pandemic.			
<p>5.6 Progress Update on Delivery of Midlothian IJB Internal Audit Annual Plan 2021/22 – Report by Chief Internal Auditor</p> <p>With reference to paragraph 5.4 of the Minutes of 4 March 2021, 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 2021, towards completing the Internal Audit Annual Plan 2021/22 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 were 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 still 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 2021/22 (Appendix 1);</p> <p>(b) Approved continuing to explore the possibility of a pan-Lothian audit utilising the 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	March 2022
<p>5.7 The Principles to Underpin the Working Relationship between Partners' Audit Committees – Report by Chief Internal Auditor</p> <p>The purpose of this report was to share with the Committee the updated Principles to Underpin the Working Relationships between Partners' Audit Committees; details of which were set out in an</p>	<p>(a) Agreed to the Principles to Underpin the Working Relationships between Partners' Audit Committees that were set out in the Appendix to the report; and</p> <p>(b) Noted how this would work in practice for each Principle, as set out in the Appendix to the report.</p>		

Audit and Risk Committee

Thursday 2 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>appendix to the report, along with details of how each Principle would work in practice.</p> <p>The Committee, having heard from Chief Internal Auditor, Jill Stacey, welcomed the update and were encouraged by the work that been undertaken to establish an effective working relationship with the Partners' Audit Committees.</p>			

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 3 March 2022 at 2.00 pm.

(Action: All Members to Note)

The meeting terminated at 3.08 pm.

Midlothian Strategic Planning Group

Wednesday 19 January 2022 via MS Teams

MINUTES

Chair: Carolyn Hirst (NHSL)

Vice Chair:

Minutes taken by: Lisa Cooke

In attendance

Grace Cowan (HSCP)	Head of Primary Care & Older People's Services	Nick Clater (HSCP)	Head of Adult & Social Care
Fiona Stratton (HSCP)	Chief Nurse	Mairi Simpson (HSCP)	Integration Manager
Roxanne King (HSCP)	Executive Business Manager	Hannah Cairns (HSCP)	Chief AHP
Elouise Johnstone (HSCP)	Programme Manager: Performance	Wanda Fairgrieve (NHSL)	Partnership Rep, Unison
Shelagh Swithenbank (HSCP)	Planning Officer: Carers	Jacqueline Kirkland (HSCP)	Public Health Practitioner
Jordan Miller (HSCP)	Partnership Rep, Unison	Karen Darroch (HSCP)	Service Manager Mental Health and Substance Use
David King (NHS)	Chief Finance Officer	Jim Sherval (NHS)	Public Health Practitioner
Carly McLean (HSCP)	Social Worker	Matthew Curl (NHS)	Digital Program Lead
Rebecca Miller (NHS)	Strategic Programme Manager	Laura Hill (Vocal)	Carers Rep (proxy)
Clare Dorrell (MDC)	OT, Physical Disability & Long Term Conditions	Seb Fisher (Vocal)	Carers Rep (proxy)
Lois Marshall (HSCP)	Project Team Manager Neurological Conditions	Amanda Fox (HSCP)	Programme Manager

Apologies

Morag Barrow (HSCP)	Chief Officer	James Hill (MDC)	Partnership Rep, Unison
Marlene Gill	Community / Service User Rep	Kirsty McLeod (HSCP)	Team Leader, Justice
Joan Tranent (MDC)	Chief Social Worker	Stuart Grant (HSCP)	Community Service Manager
Lesley Kelly, (MVACVS)	Interim Third Sector Rep	Debbie Crerar (HSCP)	Clinical Lead Physio
Chris King (HSCP)	Assistant Management Accountant	Melissa Goodbourn	Service Manager Older People
Debbie Marklow	Clinical Vaccination Manager	Laurie Eyles (NHS)	Dietetic Service Lead

			ACTION
1	Welcome and Introductions	<p>Carolyn Hirst welcomed all to meeting and introducing new members Hannah Cairns (Chief AHP), Amanda Fox (Strategic Programme Manager) , Elouise Johnstone (Performance Manger), Jacqueline Kirkland (Public Health Practitioner), Clare Dorrell (Community OT), Seb Fischer (VOCAL)</p> <p>CH also noted that this would be MS last meeting due to securing a new post with NHS Lothian Public Health. CH thanked MS for the hard work and dedication MS has given to the group and wished MS success for the future</p>	
2	Minutes of Last Meeting	Minutes of meeting on 17 November were then approved as accurate	
3	Action Log	The action log was updated and shared with the group with all actions complete	
4	Reports on progress	<p>(i) Strategic Plan Update</p> <p>LM circulated a paper in advance of the meeting, alongside the latest draft of the Strategic Plan. This provide an update on the development of the new Strategic Plan 2022-25 and the accompanying consultation. The SPG was asked to provide comment on the plans and to promote the consultation.</p> <p>LM agreed to circulate information on consultation to all SPG members</p> <p>There was a discussion around prioritisation of different areas of the plan. SPG members were invited to attend a workshop to discuss this on 4th Feb.</p> <p>All to consider plan and feedback comments to LM</p>	<p>LM</p> <p>ALL</p> <p>ALL</p>
5.	Developments for discussion	<p>(1) Unpaid Carers Update</p> <p>SS circulated a paper along with the new Carer Strategy 21-25 in advance of the meeting and provided a brief update on this.</p> <p>SF from Vocal shared a presentation on the Carer Survey 2021 with the group. The full survey is available at: https://www.vocal.org.uk/wp-content/uploads/2021/11/Midlothian-Report-2021.pdf</p>	

		<p>All to consider and feedback any comments on survey and presentations to SF and LH.</p> <p>CH highlighted need for carers with lived experience on the IJB board and asked group to consider this.</p> <p>(ii) Lothian Strategic Development Framework</p> <p>RM circulated a paper in advance of the meeting to provide an update on the development of the LSDF and to seek support from the SPG for the report to be shared and recommended to the IJB for approval.</p> <p>All to consider report and feedback comments to RM</p> <p>The group agreed to approve the LSDF report to go to IJB.</p>	<p>ALL</p> <p>ALL</p> <p>ALL</p>
7.	Report Schedule 2021	<p>Meeting dates for 2022 have been agreed with next date 16 March.</p> <p>All to ensure dates are in calendar and feedback to LC or LM if no invite has been received</p>	All
8.	AOCB	None	
9.	Future Meetings	<p>All future meetings below are via MS Teams</p> <p>Wed 16 March 14:00 to 16:00pm</p> <p>Wed 25 May 14:00 to 16:00pm</p> <p>Wed 03 August 14:00 to 16:00pm</p> <p>Wed 14 September 14:00 to 16:00pm</p> <p>Wed 23 November 14:00 to 16:00pm</p>	



14th April 2022, 2.00pm

Chief Officer Report

Item number: 5.2

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 updates highlighted by the HSCP Senior management team within the report.

3 Background and main report

3.1 Chief Officer

System Pressures

Late January 2022 to early March 2022 was particularly challenging, with sustained and ongoing pressure on the system due to a number of factors including:

- Omicron variant, and subsequent community infection spread
- Staff absence
- Care Home closures relating to covid outbreaks
- Ward closures relating to covid outbreaks

This resulted in an increase in patients who had their discharge form hospital delayed. The teams continue to work flexibly, collaboratively, and innovatively to manage this demand, reduce inappropriate admissions, reduce length of stay, facilitate earlier appropriate discharge and reduce unnecessary delay wherever possible. We are now starting to emerge from the other side of this peak and note numbers starting to fall again to late 2021 position.

Morag.barrow@nhslothian.scot.nhs.uk

3.2 Head of Adult Services

Medication Assisted Treatment (MAT) Standards

In order to support local areas to implement MAT Standards, the Scottish Government has created a MAT Implementation Support Team (MIST).

A Midlothian and East Lothian Drug and Alcohol Partnership proposal has been successful in securing funding for four and a half years to assist with the implementation of the MAT

Standards. However, the funding allocation will not meet the full requirement to deliver MAT locally.

To meet the shortfall, it is proposed that funding allocations from MELDAP, for Near Fatal Overdose Pathway work and Assertive Outreach will augment the Scottish Government MIST funding to deliver the required level of service provision.

This allows recruitment of staff that will focus on supporting people into treatment, increase the level of support and improve retention in services. These being key areas for intervention and prevention in relation to near fatal and fatal overdose. The service provision will provide rapid access to services at our No.11 Hub and provide a focus on assertive outreach into communities in Midlothian that are most effected by deprivation.

Cherry Road Day Centre and the Pandemic

At the height of the pandemic Cherry Road Day Service remained open to people with complex disabilities. Their service was delivered within the context of altered environments, rooms changed with social distancing, one to one working, more time with one person. Artlink work with people attending Cherry Road.

For those people who could not come to the centre, staff had to rethink our ways of working.

They needed to reach out and reduce risks to service users - finding safe spaces to deliver activity in people's neighbourhoods. When they couldn't go into homes they delivered activities in conservatories, on doorsteps, in gardens, through windows. From this Cherry Road's Outreach Programme grew. They now deliver regular weekly workshops in Rosewell, Gorebridge, Mayfield and Dalkeith through workshops in sensory sound, product design, live music and textiles.

The success of their work is down to genuine collaboration with users of services, residential care and support staff, Thera, St Joseph's Care Services, ELCAP, Artlink and community organisations. Joint working has allowed staff to create meaningful activity for people in local spaces and places, providing shared purpose within experiences and opportunities that have true meaning.

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

3.3 Chief Nurse

Health visiting

Midlothian Health Visiting teams will be delivering the Universal Pathway in full from 31st May 2022. A working group has been set up with Early Years Services colleagues to focus improvement work around the early identification of children with Additional Support Needs and subsequent delivery of appropriate interventions.

Midlothian is a pilot site for the development of interventions from the newly established Perinatal and Infant Mental Health Service. This will begin with staff training in the Solihull Approach, 'Working with the parent-infant relationship' and a separate 'Newborn Behavioural Observations' training as a 'Test of Change' with 2 staff, to assess effectiveness in practice. Training will start in April 2022

Nursing

There is ongoing work to address the challenges around Nursing vacancies, covid related and other sickness absence. A range of recruitment and retention initiatives are being utilised, including plans to recruit this year's newly qualified nurses and the development of

the Assistant Practitioner role. Difficult decisions have been made by NHS Lothian to pause non-essential learning opportunities in order to maximise the availability of the workforce to undertake frontline clinical roles to meet the sustained high level of demand for patient care. The 'Safecare' electronic workforce tool is mandated across all in patient areas to provide a whole Lothian view of inpatient demands and pressures.

Fiona Stratton, Chief Nurse – Fiona.stratton@nhslothian.scot.nhs.uk

3.4 **Head of Older people and Primary care**

Vaccinations

The Midlothian vaccination programme has commenced the covid spring booster programme for those aged 75+, care home residents and those 12+ years who are severely immunosuppressed. Alongside this, the team have started the 5–11-year-old vaccination clinics mid-March with around a 25% uptake to date.

The team continue to develop and progress with our inclusivity plans for covid vaccinations across Midlothian.

Gorebridge vaccination centre will close its doors on 03.04.22, all vaccinations will temporarily be delivered from Midlothian Community Hospital (MCH) until we move to our permanent venue. The team have been working on the future vaccination model, and planning for winter 2022/23.

As well as Covid vaccinations, work has been ongoing, in collaboration with the Community Treatment and Assessment (CTAC) team, as part of the Vaccination Transformation Programme. From 01.04.22, all vaccinations except unscheduled, will transfer from the GPs to the HSCP. Unscheduled vaccinations will transfer on 01.05.22.

Community Respiratory Team (CRT)

Midlothian CRT/ Dynamic Scotland project is set to launch on 1st April 2022, with the aim of:

- improving the self-management of COPD in the community
- reducing ED attendances
- reducing unnecessary admissions
- reducing Length of Stay

This is a digital offering targeting patients who are frequent ED attenders, and those currently not known to CRT who are admitted to hospital relating COPD exacerbation. This focusses on a proactive outreach approach from the team, to trial the LENUS digital platform.

Targets for year 1 (based on data from a Glasgow trial) are to:

- Increase % of people in Midlothian with COPD who are admitted to hospital and are known to CRT from 45% to 80%
- Reduce Midlothian ED attendances for COPD by 30%
- Reduce Midlothian admissions to RIE for COPD by 28%
- Reduce Midlothian Occupied Bed Days for COPD by 30%

Midlothian Community Hospital

The HSCP are recruiting a new Operational manager to run MCH, supported clinically by the operational Service manager. This will provide additional capacity and leadership to develop the vision, and subsequent model development across both In-patient care and Outpatient services, allowing more Midlothian residents to be managed closer to home.

The Inpatient wards continue to maintain a high rate of compliance with Model Ward Person Centred Care Planning, and Lothian Accreditation standards, (L). Current compliance is 95.8% for LACAS and 100% for Person Centred Care Planning.

The Royal Volunteer Service (RVS) Café reopened on 7th March, with a focus on ensuring access to adequate rest space and hot meals for staff, and relatives, as part of the HSCP Wellbeing commitment. Progress is being made on a wellbeing room for staff in MCH, and a staff survey has been completed to inform the development of this space. Wellbeing Trolleys are being set up to provide healthy snacks, flasks, and wellbeing information for all staff.

Clinical Educator post for MCH will commence recruitment in April. This post will support all staff with learning and development across the site and will support recruitment and retention.

Two new Consultants for Medicine of the elderly join MCH in April. This represents an exciting opportunity to further develop the site approach to delivering the right care and the right time in the right place.

Hospital at Home

Hospital at Home have a new medical Consultant starting in April, which has increased the medical staffing within the team. Hospital at Home is working alongside Healthcare Improvement Scotland (HIS) and the Scottish Government to increase capacity by March 2023. This is nationally mandated initiative and will augment the current model.

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

3.5 Public Health

The NHS Lothian Partnership and Place Team is now fully staffed. Candidates have been shortlisted for the vacant HSCP Public Health Practitioner role. Interviews will take place in the next month.

The whole systems approach to preventing type II diabetes pilot work in Mayfield and Easthouses has restarted after the pause during Covid restrictions. Community engagement is about to start with participatory budgeting planned to agree a bid of up to £50,000 to invest in the community. The focus is on increasing the money in people's pockets, access to healthy food and keeping physically active.

A response from Midlothian HSCP was approved and submitted at the end of March 2022 to the Scottish Parliament Health and Sport Committee's Inquiry into Health Inequalities. This Inquiry is a follow up to their 2015 Inquiry and seeks information about progress and barriers toward tackling inequalities. The response outlined some of the investments and contributions that the HSCP has made both with its own services and in partnership working, and its ambitions for the future in tackling inequality as outlined in the IJB Strategic Plan.

The Green Prescribing project is firmly back up and running with an event planned on the 21st April aiming to connect, promote learning and sharing and to experience an activity. 55 people are signed up so far.

Work is about to start to check on the status of existing breastfeeding friendly locations in Midlothian post-pandemic, and also enrol new venues including any NHS or council locations that do not already have this status.

Dona Milne, the Director of Public Health at NHS Lothian has agreed to be the Poverty Prevention Champion and convene a Community Planning Partnership (CPP) group after the local council elections in May, for a year in the first instance, to build on existing poverty mitigation work and take a more preventative and cross cutting approach across the community planning partnership. Public Health team members will be supporting Dona in that work, and it will also connect closely with the Child Poverty Action Plan.

3.6 Chief Allied Health Professional

Digital Implementation and Delivery Plan

The HSCP Digital Delivery and Implementation Plan, commissioned by the HSCP Digital Governance Board (DGG) and the HSCP Senior Management Team (SMT) has been approved. The Digital Plan stands-up a programme of work to be taken forward by a newly appointed HSCP Digital Programme Manager and overseen by a Digital Programme and Oversight Board (previously the DGG). The Digital Plan outlines an indicative series of priorities with key deliverables as follows:

Priority Area	Key Deliverable	Date
Develop Leadership & Management	To have increased digital management and leadership capacity across Midlothian HSCP, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Ensure Appropriate Resources	Ensure there are appropriate levels of investment and resource in equipment, infrastructure and workforce to prove a baseline of digital capability across Midlothian HSCP, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Build a Digital Culture for Service Planning & Development	To have increased digital capacity across all aspects of Midlothian HSCP, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Promote Prevention, Early Intervention & Self-Management	To have increased digital offerings that relate to early intervention and prevention, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Mitigate Digital Inequality	To have increased digital awareness, access and capability across all areas of the Midlothian HSCP and population, in line with Strategic Actions plans, evidenced by service-led Digital and TEC solutions across all areas of the partnership	May 2024
Adopt Co-design & Co-production in Service Development	To have increased involvement and participation of service users and service providers in service development utilising quality improvement methodology, in line with Strategic Actions plans, evidenced by co-designed Digital and TEC solutions across all areas of the partnership	May 2024
Work in Partnership	To have established an active Pan-Lothian HSCP Group, to influence eHealth policy, using a network approach that promotes the business needs of the community services	January 2023
Existing committed and known projects	To have evidence of progress and/or completion of the committed projects in line with individual delivery plans, or a clear audit-trail of collaborative decision-making that reduces or eliminates them as a priority for the organisation	May 2024

Further information regarding the recruitment and appointment of the Digital Programme Manager and the launch of the Digital Programme across the partnership will follow in the near future.

Clinical Lead Occupational Therapist

The Clinical Lead Occupational Therapy post is a key component of the Midlothian HSCP AHP Senior Management Team and has now been vacant for a considerable period after the previous post-holder retired and the post was updated and revised. After a very competitive recruitment process, the post has been recruited to. The preferred candidate is external to Midlothian and NHS Lothian and comes with considerable clinical, management

and leadership experience been carried out, I will be able to release more information about the preferred candidate.

Dynamic Scot Project

You may be aware that the Midlothian Community Respiratory Team (CRT) have been part of a pathfinder digital innovation project to test the LENUS digital system that enables service-users to safely self-manage their Chronic obstructive pulmonary disease (COPD). Following success of the initial phase, Phase 2 of the project will commence in April as a much larger project and comes with 2 years Scottish Government funded resource to enable the Midlothian CRT team to further develop use of the system to test it to greater effect. We anticipate benefits for service users, the CRT Team and the wider Health and Social Care system including front-door services (incl. A&E and SAS). The project will be monitored and evaluated internally within Midlothian HSCP through the Digital Programme and Oversight Board will feed into a wider Dynamic Scot Project Board including the NHS Lothian eHealth, the Digital Health and Care Innovation Centre (DHI) and Greater Glasgow and Clyde (GG&C) Health Board.

Dietetics Service

Karen Henderson has now taken up post as the new Head of Dietetics as a hosted service in Midlothian HSCP. Karen comes with considerable experience as a clinician and a leader in the acute sector. Karen recently presented and was commended by executive managers in NHS Lothian for the innovative work ongoing across Dietetics in relation to; Weight Management and the Prevention of Type 2 Diabetes (Adults and Children), Self-Management Approaches in Coeliac Disease and the reduced/controlled Use of Oral Nutritional Supplements in Primary Care.

Hannah Cairns, Chief Allied Health Professional – hannah.cairns@nhslothian.scot.nhs.uk

3.7 **Clinical Director**

Medicine Of the Elderly (MOE) medical staff reconfiguration

As previously noted in this paper, Dr Patricia Cantley left the Midlothian MOE service at the end of last month. The HSCP is grateful for her contribution over the past 8 years however, this has given us the opportunity to reconfigure. We aim to double the capacity of Hospital at Home over the next year and for this we needed to increase our medical staff and to develop the service so that suitable patients (as an alternative to admission) can attend Midlothian Community Hospital for urgent medical assessments rather than the current model where all patients are seen in their homes.

Dr Elizabeth Boyce will continue in Hospital at Home in her role of Associate specialist and will be joined by Dr Simon Akroyd, also an Associate specialist. Both have many years' experience in medicine of the elderly as well as both being fully qualified GPs. Between them, they will cover the service with access to Consultant advice as needed on a daily basis.

General Practice (GP) remobilisation

All practices continue to face high levels of patient demand. Practices have evolved their systems through the pandemic and most continue to operate some form of patient triage. Appropriate patient triage should improve patient care journeys as well as helping with practice efficiency. All practices are offering face to face appointments for suitable patients.

Primary care data

Unfortunately, the activity and workload data in Lothian and Midlothian that should underpin this intelligence remains limited in scope. High quality intelligence around GP workload and activity would help inform:

- Recovery of Primary Care Services from the pandemic,
- Ongoing implementation of the new General Medical Services contract/Primary Care Transformation
- Increase understanding of what underpins sustainability of existing GP/Primary care services
- Contribute evidence to ensure increased and sustained resourcing of high-quality primary care services.

Sustainable Primary Care underpins cost-effective long term population health. Therefore, the HSCP wish to enable practices to approach GP activity data from a quality improvement perspective, with the long-term goal of ensuring their practice was:

- Correctly orientated for the needs of local population
- That its activity was a meaningful and impactful use of its resource
- Patient-facing and non-patient facing aspects of work were in sustainable balance

Planning has commenced with the HSCP performance team to work collaboratively with GP practice to develop data reporting, which will underpin future primary care developments.

Hamish Reid, Clinical Director – Hamish.reid@nhslothian.scot.nhs.uk

4 Policy Implications

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

5 Directions

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

6 Equalities Implications

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

7 Resource Implications

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

8 Risk

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

9 Involving people

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

10 Background Papers

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3402
DATE	05/04/2022

Appendices:



14th April 2022, 2.00pm

Nomination and Appointment of Members to the Midlothian Integration Joint Board

Item number: 5.3

Executive summary

The purpose of this report is to note the nomination of two NHS Lothian Board Members to the Midlothian Integration Joint Board and to agree the appointment of the Third Sector Representative Board Member.

Board members are asked to:

Note the nomination of Val De Souza and Nadin Akta as board members of the Midlothian IJB.

To agree the appointment of Miriam Leighton (Midlothian Voluntary Action) as a board member of the Midlothian IJB.

To agree the appointment of Grace Chalmers (Unison) as a board member of the Midlothian IJB

Nomination and Appointment of Members to the Midlothian Integration Joint Board

1 Purpose

- 1.1 The purpose of this report is to note the nomination of two NHS Lothian Board Members to the Midlothian Integration Joint Board and to agree the appointment of the Voluntary Sector Representative Board Member and a Staff Side Representative Board Member.

2 Recommendations

Board members are asked to:

- 2.1 Note the nomination of Val De Souza and Nadin Akta as voting board members of the Midlothian IJB.
- 2.2 To agree the appointment of Miriam Leighton (Midlothian Voluntary Action) as a board member of the Midlothian IJB.
- 2.3 To agree the appointment of Grace Chalmers (Unison) as a board member of the Midlothian IJB.

3 Background and main report

- 3.1 Dr Patricia Donald will step down as a member of Midlothian IJB on 31 July 2022. Carolyn Hirst will step down as a member and Chair of Midlothian IJB on 31 August 2022.
- 3.2 A decision will be made at the NHS Lothian Board meeting on 6 April 2022 to:
- Nominate Val De Souza as a voting member of Midlothian IJB for the period from 1 August 2022 to 31 March 2025, and as the lead NHS voting member from 1 September 2022. Val will consequently become the Chair of the IJB from 1 September
- Nominate Nadin Akta as a voting member of Midlothian IJB for the period from 1 September 2022 to 31 March 2025.
- 3.3 The board is asked to agree the appointment of Miriam Leighton as the Voluntary Sector Representative Board Member of Midlothian IJB.
- 3.4 The board is asked to agree the appointment of Grace Chalmers as the Staff Side Representative Board Member of Midlothian IJB.

4 Policy Implications

4.1 There are no policy implications arising from this report.

5 Directions

5.1 There are no directions implications arising from this report.

6 Equalities Implications

6.1 In line with the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 the IJB must publish the Gender Composition of Midlothian Integrated Joint Board.

7 Resource Implications

7.1 There are no resource implications arising from any decisions made on this report.

8 Risk

8.1 There are no risk implications as a result of this report.

9 Involving people

9.1 There are no implications for involving people as a result of this report.

10 Background Papers

10.1

AUTHOR'S NAME	Carolyn Hirst (and Lois Marshall)
DESIGNATION	Chair
CONTACT INFO	/
DATE	31.03.2022

Appendices: Board Member Biographies

Midlothian IJB Board Member Biographies

Val de Souza

Val de Souza is a Social Worker by profession and has held a number of senior leadership roles in health, social care and social work in Scotland. She spent the last 5 years as Chief Officer for South Lanarkshire's Health and Social Care Partnership (HSCP), and Director of Social Services, working across NHS Lanarkshire and South Lanarkshire Council. In these roles Val was responsible for community health services, primary care, palliative care, allied health professionals and social work services. Prior to this she was acting Chief Officer for Stirling and Clackmannanshire HSCP and the Chief Social Work Officer for these two local authorities, which included responsibility for two national prisons, Glenochil and Cortonvale. Val was instrumental in introducing and implementing the Adult Support and Protection (Scotland) Act 2007 and continues to have a keen interest in all aspects of Public Protection and social justice. With over 30 years' experience of strategic and operational management she is committed to promoting interagency collaboration and multidisciplinary working. She is a graduate of University College Dublin and holds postgraduate qualifications from the Universities of Edinburgh and Robert Gordon Business School. Val has recently been appointed Chair of the Bairns Hoose, and is a professional adviser for Positive Help, an Edinburgh based charity supporting child and families affected by HIV and Hepatitis C.

Nadin Akta

Nadin Akta holds a MSc degree in Intercultural Business Communication and TESOL. Her interests are in cultures, cross cultures, barriers and challenges for ethnic minorities in Scotland and she has a wide knowledge from working with BME communities through her previous jobs in a professional capacity and through volunteering with charitable organisations across the Lothians. Nadin previously work with East Lothian Council and other charity organisations as an Integration Coordinator and TESOL Teacher. More recently, she has been working at the University of Edinburgh as an Outreach and Projects Coordinator for the BME communities in the Lothians.

Miriam Leighton

Miriam trained as an occupational therapist and worked for NHS Lothian and City of Edinburgh Council before qualifying as a community education worker. Miriam has since gained over 15 years' experience working in Scotland's third sector and is currently part of the management team at Midlothian Third Sector Interface (TSI). In this role, Miriam oversees the promotion of volunteering, the development of the local third sector, and specialises in community development and health and wellbeing approaches. Miriam is currently leading on the implementation of the new Communities Mental Health and Wellbeing Fund in Midlothian that takes an innovative approach to the distribution of funding that supports mental health and wellbeing in communities across Scotland. Miriam is a skilled cross-sector collaborator and enables people from marginalised communities or those with lived experience to be more involved in driving forward change. Miriam is very much looking forward to being part of the IJB and supporting health and social care provision in Midlothian.



14th April 2022 2.00pm

Midlothian Integration Joint Board Strategic Plan 2022-2025

Item number: 5.4

Executive summary

In order to meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Midlothian Integration Joint Board is required to publish a new Strategic Plan in 2022.

This report presents the Strategic Plan 2022-2025 for publication.

Board members are asked to:

- **Approve the Strategic Plan 2022-2025**

Midlothian IJB Strategic Plan 2022-2025

1 Purpose

- 1.1 To present the Midlothian IJB Strategic Plan 2022-2025

2 Recommendations

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

Approve the Midlothian IJB Strategic Plan 2022-2025 for publication

3 Background and main report

- 3.1 In order to meet the legal requirements of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), the Midlothian Integration Joint Board is required to develop, consult on, and publish a new Strategic Plan in 2022.
- 3.2 The **Midlothian Strategic Plan 2022-2025 (appendix 1)** sets out:
- the functions that have been delegated by the Local Authority and by the NHS Board and the arrangements for the carrying out of the integration functions over 2022-2025
 - what we are trying to achieve including the 9 national health and wellbeing outcomes and the vision, values and strategic aims of the IJB
 - why change is necessary, the current challenges and the need to do things differently
 - how we will plan our services, including the role of health inequalities, equalities, engagement and advocacy in ensuring the aims of the plan are achieved for all
 - our commitment to developing a human-rights based approach
 - how we will use our budget to achieve the vision, aims and outcomes of the plan
- 3.3 The online public consultation on the draft strategic plan ended on Monday 14th March 2022. Following a verbal update and discussion at the special IJB on 17th March final changes have been made to the plan. These include highlighting the

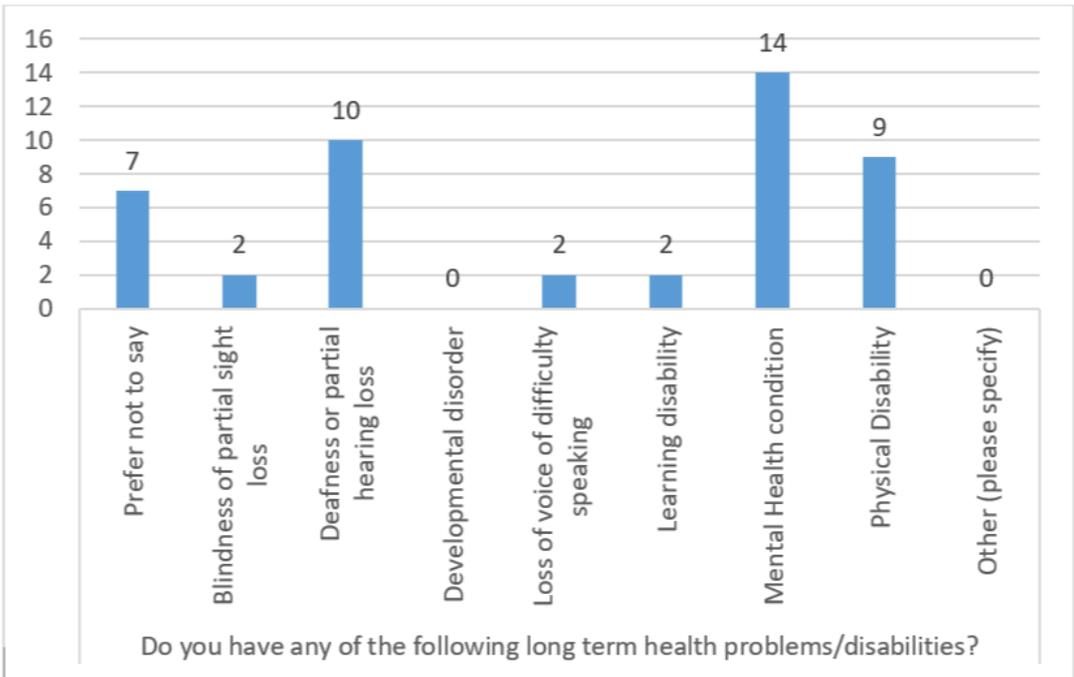
role of advocacy in supporting the IJB to achieve the aims of the strategic plan, an update in relation to the Acute section of the plan and combining the Public Protection and Community Justice pages. The workforce and finance pages have also been finalised with recognition that updates will be made as further information is available, and links to the new workforce plan 2022-2025, and the finance plan will be published on the website once available. The strategic plans for each area will be made available online on the HSCP website under [“What we do”](#)

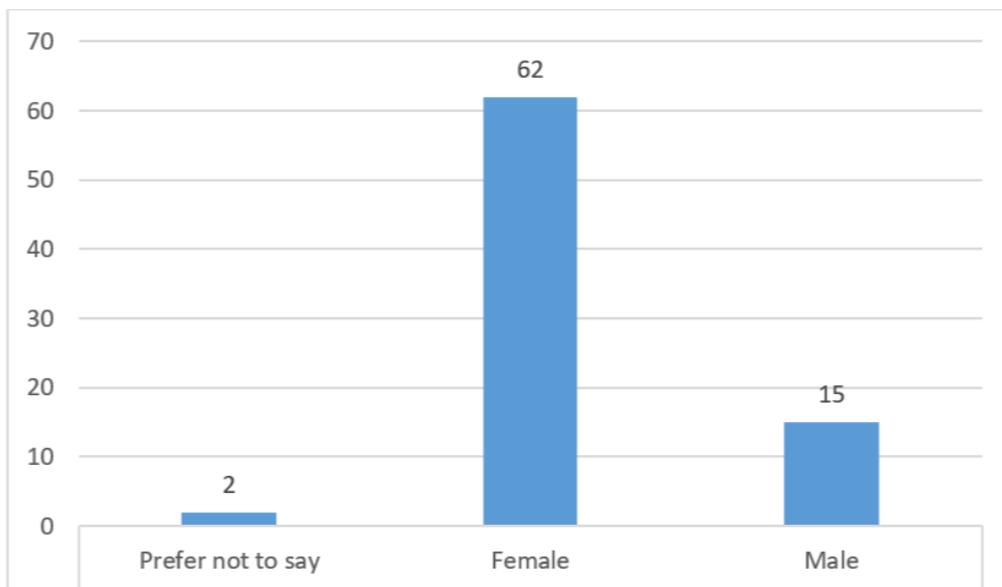
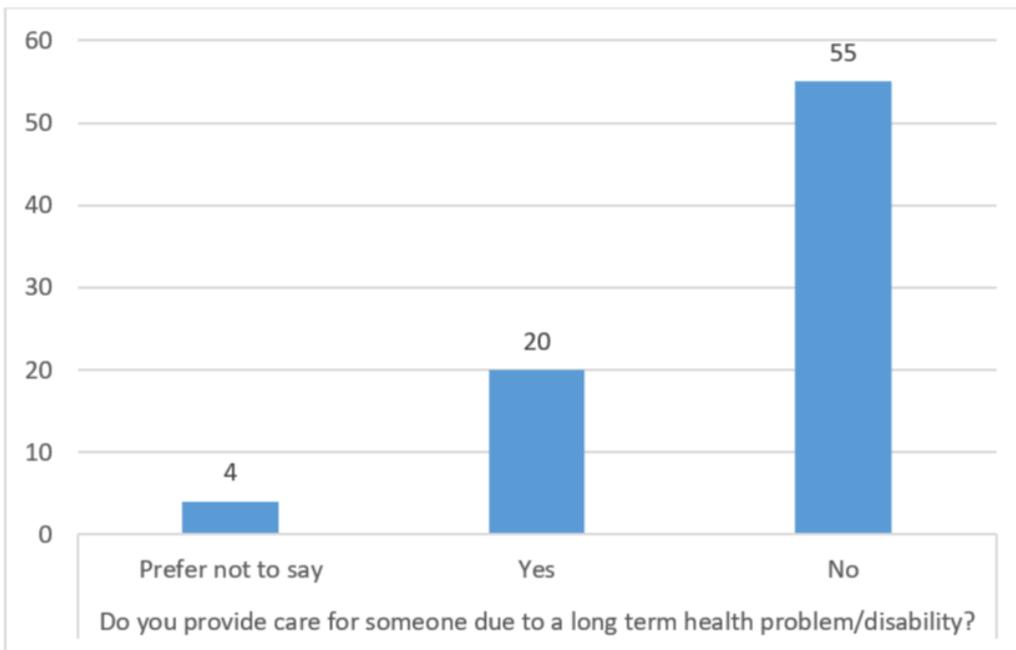
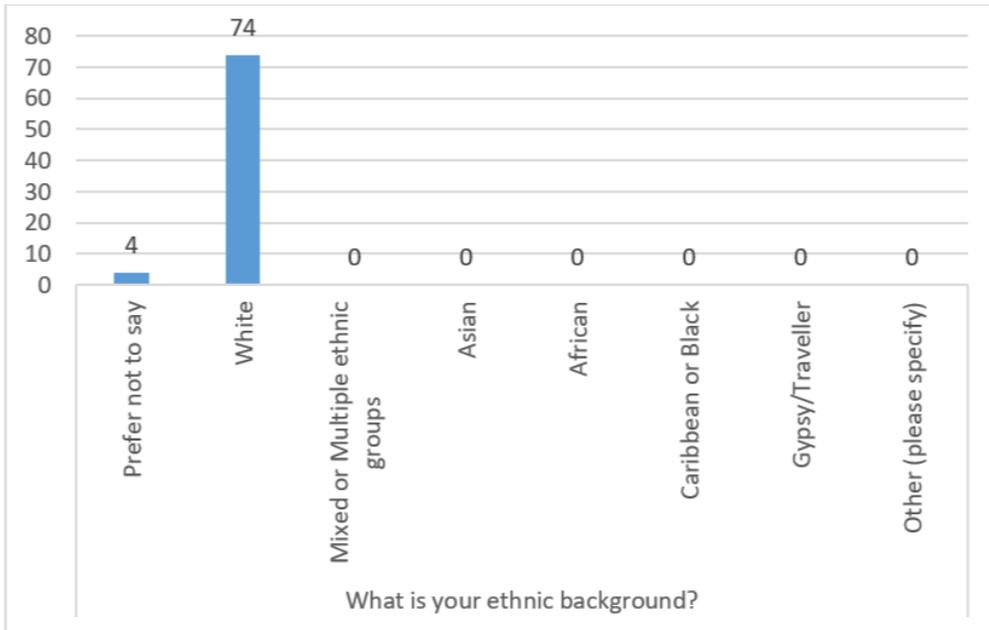
Once the plan is approved for publication, we will arrange for social media posts to thank everyone who took the time to comment on and promote the consultation, and to let people know where they can read the final plan and report of the consultation.

3.4 Equalities

To develop the plan, planning leads were worked with key partners and front-line staff to carry out a range of consultations and engagement including through online surveys, focus groups, 1:1 interviews and events sessions. Together they spoke to over 2,500 people. This included speaking to people and frontline staff from a wide range of third sector organisations, representing a range of people with protected characteristics, including Forward Mid, MOPA, Enable, Red Cross, VOCAL, Deaf Action, Sight Scotland, MVA, Community Payback service users, Health in Mind, Midlothian People’s Equality Group, Grassy Rigs, Advocacy organisations and people who use Number 11. This also included taking into account other consultations such as the Midlothian Citizen’s Panel 2021. We are not able to present equalities monitoring information on all engagement and consultation which supported the development of the plan, however this has been identified as an area for future development through the Integrated Impact Assessment on the plan.

We were able to collect equalities data on a much smaller group of people who completed the public consultation on the draft of the plan, and also chose to share their equalities monitoring information. This is detailed in the graphs below:





The data shows that we received feedback on the draft plan from a number of people with lived experience of disabilities, and carers, however we were less successful in receiving feedback via this mechanism from people from ethnic minorities* and from men. *The 2011 census provides the most recent data on the ethnic make-up of the population. 1.8% of the population belonged to a Minority Ethnic Community.

3.5 Integrated Impact Assessment

A wide range of stakeholders attended 2 workshops in February 2022 to carry out an Integrated Impact Assessment on the plan to meet legal duties to consider equality, human rights, sustainability and the environment in planning decisions. The Integrated Impact Assessment allowed the HSCP to identify and agree actions to address impacts on wider causes of poor outcomes, such as inadequate housing, low income, low literacy, transport, poverty, stigma and social inequality. The proposal is considered strategic under the [Fairer Scotland Duty](#) and the impact of the plan on inequalities of outcome caused by socio-economic disadvantage was considered.

A range of positive impacts of the plan on different groups were identified along with key areas to address. Specific actions will be undertaken to:

- Improve collection of equalities data throughout every service
- Improve representation of people with lived experience within planning processes
- Improve inclusive communication around the services we provide
- Explore the impact of being Digital First - including access to devices, connectivity, safe spaces, ability to use it, lack of/enhancing relationships.

The Integrated Impact Assessment is presented at Appendix 2 and will be published online on the HSCP website.

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 in 2022-203 will align with the Strategic Plan 2022-25.

6 Equalities Implications

- 6.1 An Integrated Impact Assessment (IIA) was undertaken on the draft Strategic Plan on 8th February 2022 to consider how best to ensure that there are no unintended adverse implications for equality groups arising as a result of the plan and its proposed implementation.

7 Resource Implications

- 7.1 Financial resource will be discussed at the IJB on 14th April 2022 and subsequently aligned to the Plan. Budgetary pressures may impact on aspirations for the Strategic Plan.

8 Risk

- 8.1 Challenges regarding an available workforce may impact on aspirations for the Strategic Plan. The workforce plan will aim to address some of the challenges identified.
- 8.2 Budgetary pressures may impact on aspirations for the Strategic Plan.

9 Involving people

- 9.1 A wide range of stakeholders have been involved in the development of the plan. This involvement is detailed in the [Strategic Plan Consultation report](#) which is published on the HSCP Website.

10 Background Papers

AUTHOR'S NAME	Lois Marshall
DESIGNATION	Project Team Manager Neurological Conditions
CONTACT INFO	Lois.marshall@nhslothian.scot.nhs.uk
DATE	29.03.2022

Appendix 1 - Midlothian IJB Strategic Plan 2022-2025
Appendix 2 - Strategic Plan Integrated Impact Assessment



**Midlothian
Health & Social Care**

Midlothian Integration Joint Board Strategic Plan 2022-2025



Contents

Who we are	3
Integration Joint Board Development.....	4
What we are trying to achieve	5
Challenges we face.....	6
Planning	8
How Digital Technology can help us	9
How we plan services.....	10
How we measure performance	14
How we put our plan into action.....	14
How we will use our budget.....	15
Our plans	17
Older People	18
Frailty.....	20
Physical Disability & Sensory Impairment.....	22
Mental Health.....	24
Learning Disability & Autism.....	26
Long Term Conditions	28
Falls & Fracture Prevention	30
Under 18	32
Public Protection & Community Justice Public Protection:.....	34
Substance Use	36
Unpaid Carers.....	39
Respite.....	41
Primary Care.....	43
Acute Services.....	45
Midlothian Community Hospital	47
Sport & Leisure.....	49
Housing & Homelessness.....	51
Public Health.....	58

Who we are

The Integration Joint Board (IJB) plan and direct health and social care services for the people of Midlothian. It is a planning and decision-making body that was created by Midlothian Council and NHS Lothian in 2015 and is responsible for the integrated budget (received from Midlothian Council and NHS Lothian). It allocates this in line with the objectives set out in this Strategic Plan. The IJB has a range of responsibilities and legal duties as outlined in the Public Bodies (Joint Working) (Scotland) Act (2014).

The IJB meets regularly and includes members from NHS Lothian and Midlothian Council, the Third Sector, staff and people who represent the interests of people and communities, patients, service users and carers.

The IJB is supported to develop and monitor the delivery of this Strategic Plan by the Strategic Planning Group – with representatives from Midlothian Council, NHS Lothian and the Third Sector.

You can find the full list of services the IJB is responsible for at www.midlothian.gov.uk/mid-hscp in the Scheme of Integration. We have listed some of the services below:



Care in Hospitals which isn't planned (unscheduled care) including Accident and Emergency, Minor Injuries, Acute wards.

Midlothian Community Hospital

Community based health care (Primary care) including GPs, District Nurses, Dentists, Pharmacists, Mental Health services, Substance Use Services, Community Respiratory team

The following Health services for children and young people under 18: Health Visiting, School Nurses, Vaccinations of children.

Allied Health Professionals –including physiotherapists, dietitians, podiatrists

Palliative and End of Life Care



Social Work support for adults including adults with dementia, learning disabilities, older people

Day services for older adults and people with learning disabilities

Care at Home services

Health services for people who are homeless
Extra Care Housing for people who need housing with extra support

Services to support unpaid carers and breaks from caring

Care Homes

Services to address health and care needs of people in the justice system

Integration Joint Board Development

Integration Joint Boards are public bodies. Collectively, Board members have a responsibility to act in the interests of the Board and to plan strategically for, and have operational oversight of, the range of integrated health and social care functions and services set out within the Midlothian Integration Scheme. Board members also have a responsibility to act in accordance with relevant legislation as well as have regard to any guidance issued by Scottish Ministers.

Board members have a complex role. They bring a variety of different experiences, skills, knowledge and understanding of particular issues. They need to work constructively and collaboratively with each other, with the Board's Officers and with other planning and delivery organisations that contribute to health and social care. They need to understand the complexities of finance and the implications of risk, provide leadership and challenge, to make decisions and to scrutinise performance.

There will be a particular focus on Board Development during the period of this Strategic Plan to continue to strengthen, develop and improve Board member contribution. This will include Board self-evaluation, resulting in a Board Development Plan to pull together themes and areas for action. This Development Plan will aim to ensure an on-going development programme that is tailored to the individual and collective needs of both new and current Board members.

What we are trying to achieve

We plan and direct health and social care services and manage the allocation of the budget. We aim to:

- **Improve the quality of health and social care services** and achieve the 9 national health and wellbeing outcomes;
- **Change how health and social care is delivered** to better understand and meet the needs of the increasing number of people with long term health conditions, with complex needs and those who need support, working with people as partners in their health and social care.
- **Provide more support, treatment, and care for people in their homes, communities, or a homely setting** rather than in hospitals

Our Vision and Values

Vision: People in Midlothian are enabled to lead longer and healthier lives.

Values: We will provide the right support at the right time in the right place.

Our Strategic Aims

1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead.
2. Enable more people to get support, treatment and care in community and home-based settings.
3. Increase people's choice and control over their support and services.
4. Support more people with rehabilitation and recovery.
5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support.
6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs.

Challenges we face

People expect to receive high quality health and care services when they need them, whether as a result of age, disability, sex, gender or long term health conditions. Yet there are a number of pressures on our services.

COVID-19

COVID-19 has had a huge impact on the services we plan and direct, our staff, and the people we support. As the COVID-19 pandemic continues it continues to influence how we deliver services and what we are able to deliver. COVID-19 impacts staff absence and also deployment as staff may be required to move to different roles to support our response. COVID-19 will continue to require additional resource, for example to deliver vaccination clinics, deliver services in line with guidance, coordinate staff COVID-19 testing, and manage PPE provision locally.

A growing and ageing population

Midlothian is the second smallest Local Authority in mainland Scotland but the fastest growing. This brings challenges for health and social care services and changes communities. As people live longer many more people will be living at home with frailty, dementia or multiple health conditions. An increasing number of people live on their own, and this may bring a risk of isolation.

Workforce pressures

There is reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers and Staff Nurses. The COVID-19 pandemic will continue to influence the health and care workforce and programmes such as mass vaccination have increased pressure on already stretched resources.

Financial pressures

We need to do things differently: the traditional approach to delivering health and care services is no longer financially sustainable. However shifting resources from hospital and care home provision to community based services, and placing more emphasis on prevention, can be challenging especially with the financial constraints facing health and social work.

Independent Review of Adult Social Care (Feb 2021)

The Review looked at outcomes for people who use services, their carers and families and the experience of those working in the sector. There are likely to be significant changes to care services as a result.

Unpaid carers pressures

Unpaid carers fulfil significant, valuable and wide-ranging roles, helping to keep people with care and support needs within our communities. During the pandemic many people became carers for the first time, or saw changes to their caring role, resulting in them providing significantly more

care for their elderly, sick or disabled family, friends and neighbours. Through this period services supporting carers continued to offer support, including digitally, and by telephone, though services supporting the person they provide support to may have been reduced, e.g. respite and day services, impacting on carers. Further work is required to reduce the significant pressure and impact of caring that carers reported, by continuing to explore innovative options to enable support to be given to both carers and the cared-for, and for there to be opportunities for breaks from caring.

Acute hospitals

Acute hospitals are under huge pressure due to unsustainable demand and financial, workforce and infrastructure challenges. Investing in community-based services and work with carers is required to minimise avoidable and inappropriate admissions and facilitate earlier discharge. By treating people closer to home, or in their own home we can help to prevent people needing to be admitted to hospital and improve people's outcomes.

Planning our workforce

The health and social care workforce is our greatest asset. We must continue to invest in developing a skilled, flexible and adaptable workforce to support people and communities achieve the outcomes that are most meaningful to them. How we deliver on the strategic objectives will require a clear and ambitious workforce plan. To do this, workforce planning must recognise both the local and national workforce challenges alongside the ambition to redesign and transform integrated service offers and supports.

Even in challenging circumstances, health and social care staff continue to demonstrate an incredible commitment to the health, care, wellness and wellbeing of people and communities. Of course, the impact of the COVID-19 pandemic remains far reaching for us all. It is important not to miss the opportunity to also embed staff wellbeing and wellness as a core element of our culture. Now, more than ever, our commitment to develop new and meaningful ways to support the wellness and wellbeing of staff, teams and services must remain a long-term priority.

The 2022-2025 workforce plan will support this Strategic Plan and reflect the way we deliver services based on a shared responsibility to improve outcomes. It is vital to build a realistic and representative picture of the workforce required to realise those ambitions.

Our focus for workforce planning:

- Deliver the 2022-2025 Workforce Plan
- Attract staff to fill vacancies including hard to fill posts
- Reduce vacancies, retain, support and upskill staff
- Reduce workforce Inequalities
- Increase support with digital access

How Digital Technology can help us

We live in a digital world and it is changing the way we work and provide services for you. We have to change the way plan and deliver services. Digital transformation is a key focus of the Scottish Government. A changing nation: how Scotland will thrive in a digital world*, and Scotland's Digital Health & Care Strategy** provide guidance from the Scottish Government about how we can best use digital technology to provide the right services for you, at the right time, at the right place.

Good health and social care relies on strong human relationships. Digital technology cannot replace those but can enhance them by transforming how we connect and keep in touch with services or monitor our own health. It can also help us capture and bring together information about people who use our services in a way that can help us plan and deliver them more effectively.

Our Digital Programme and Oversight Board will make best use of digital technology across the organisation and consider issues such as: privacy; inclusion; choice; access; and control.

Our focus for digital development:

1. Supporting People

We will support our staff and people who use our services so everyone is comfortable and confident with these changes.

2. Equipment and Technology

We will support our staff and people who use our services to access new and existing digital technology

3. Improving Access to Person-Centred Care

We will support our network of partners to change our thinking and planning processes to explore alternative ways to deliver our services

*www.gov.scot/publications/a-changing-nation-how-scotland-will-thrive-in-a-digital-world

**www.gov.scot/publications/scotlands-digital-health-care-strategy

How we plan services

We write this Strategic Commissioning Plan (we call it a Strategic Plan) to set out how we will plan and deliver health and social care services over the next 3 years to improve and support the health and wellbeing of the people of Midlothian. It tells people:

- What we want to achieve - through our vision and strategic aims
- The way we will do things - through our values
- What we will do, including what we will do differently to achieve our aims
- How we will use our budget and resources to do this
- How we will measure how well we are doing

Through this plan we must make big changes to how we plan and fund services to make sure that we can continue to meet the needs of our growing and ageing population, and that the challenges we laid out above can be addressed. This involves redesigning services, and a redistribution of resources, including financial resources. We must put more focus on prevention and early intervention and move resources from hospitals to community-based services. To support this each area of the plan has been split into 3 sections - prevention and early intervention, support and treatment, and crisis and emergency. This helps us to demonstrate how we are increasing the balance of our work across all services towards prevention and early intervention.

Human rights

We are committed to developing a human-rights based approach. This means taking practical steps to put human rights principles and standards at the centre of our policies and day-to-day practices. This not just about protecting people's rights and preventing harm, it means improving and demonstrating how we fulfil rights including social, cultural and economic rights.

The approach provides a practical framework that supports decision-making at all levels, including day-to-day operational decisions. It will enable us to balance competing priorities and to demonstrate the basis for decisions in difficult circumstances.

Applying the approach complements our commitment to equality and reduction of health inequality as it prioritises people who face the biggest barriers to realising their rights. Applying this approach will mean that:

- People will know more about their rights, how to claim them and how to hold people to account
- Practitioners will be more aware about their role in promoting and upholding rights
- People will have greater opportunity to participate in decisions that affect their rights
- As an organisation we will be better able to demonstrate how we are fulfilling our human rights obligations
- We will be more accountable for our actions and decisions

Understanding needs

To help us develop our plan we research and produce a **Joint Needs Assessment**. The Joint Needs Assessment uses different data to build up a picture of the key health and social care issues affecting people in Midlothian. It helps us ensure we plan and design services to meet the current and future health and social care needs of the population in Midlothian.

Localities

The law requires that we designate at least two 'localities' for planning purposes. We have 'west' and 'east' localities. However, as the smallest mainland authority operating as a Partnership, we cannot plan, organise and commission services in two separate localities which do not reflect any recognisable sense of belonging. Instead we focus on developing stronger links with our natural communities, including those identified by the Community Planning Partnership for 'area targeting'. Data will be produced annually for each locality and published in the Annual Report.

Engagement with people and partner organisations

We support representatives from the third sector, carers and people with lived experience to be part of our formal planning groups including the IJB, the Strategic Planning group and Service Area planning groups. Our Engagement Statement on www.midlothian.gov.uk/mid-hscp explains how we engage with people. To be successful and achieve our aims our plans need to be continually informed by engagement with people who use our services and their families and carers. We will continue to work with a wide range of people who live and work in Midlothian and stakeholders including third sector organisations, service providers, and staff.

Advocacy

Advocacy plays an important role in making sure people's views are heard and taken into account so that people are fully involved in decisions that impact their lives. It can help people understand their care and support processes, talk about how they feel about their care, and challenge decisions about their care and support. Independent Advocacy will support our human-rights based approach. It is a crucial tool in supporting people's understanding of their human rights and exercising the ability to access those.

Health inequalities

Health inequalities are unfair and avoidable differences in people's health across population groups. They disadvantage people and limit their chance to live longer, healthier lives. For example people in the most affluent areas of Scotland, experience over 20 more years of good health compared to people in most deprived areas. The life expectancy of people with learning disabilities is substantially shorter than the average life expectancy in the UK. COVID-19 has widened inequalities. The effects of contracting the illness, as well as the lockdown measures, are significant and unequal. Groups that were already experiencing health, economic and other inequalities, such as those in the most-deprived areas and people from ethnic minority backgrounds have been most affected. We have a duty to address inequalities, and to do this we must distribute resources and plan our services according to need.

Equality in Midlothian

We believe that everyone should have equal opportunities. No one should have worse life chances because of their sex or gender, what they believe, or whether they have a disability. Equality does not mean that everybody should be treated in the same way; sometimes services should be provided in a different way to meet the different needs of people. We are committed to working to reduce inequalities in Midlothian. Our Equalities Outcomes on www.midlothian.gov.uk/mid-hscp set out the key equalities areas we have identified and how we will work on these over the next 4 years.

Palliative and End of Life Care

We work together with health, social care and the third sector to improve the services offers and supports available for people of any age whose illness is not curable.

Our ambition for palliative and end of life care is to ensure that

- people are always at the centre of the care they receive
- service offers and supports are accessible, adaptable, and flexible
- people experience care in a way that is most meaningful to them

We will ensure that staff have the knowledge, skills and support to deliver excellent care for people at the end of their life. We will improve anticipatory care planning by enabling staff in all sectors to access appropriate learning opportunities, and improving the support available for people approaching the end of their lives, their families and the staff involved in their care. A continuing focus is to access information and inform plans around workforce and capacity in the community to provide high-quality palliative and end of life care as close to home as possible.

The Midway

We are committed to our work on focussing on what matters to someone and looking for what is strong, not what is wrong. We call this approach “The Midway”. We will support our staff, and colleagues in the Council, Primary Care and Third Sector to help them develop how they work, and how they design their services using “The Midway” so that people are equal partners in care and treatment.

The Midway focuses on:

- **Beliefs and Values:** Our staff are facilitators not fixers. They recognise the person is an expert in their own life.
- **Good Conversations:** Our staff shift power to the person. They support self-management, building on coping, and hopes.
- **Understanding Trauma:** Our staff understand trauma. They recognise and respond to the impact of trauma.
- **Addressing Inequality:** Our staff recognise inequality. They address unfair disadvantaged people face.

Clinical Care & Governance

We need to make sure that we provide high quality, safe and person centred services, continually improve our services, and that everyone working in the organisations understands their responsibility for this. Clinical and care governance is the process by which we do this. It ensures accountability for the quality, safety, effectiveness and person centeredness of Midlothian HSCP Services is monitored and assured.

Best Value

We need to ensure we meet the duty of Best Value as outlined in the Local Government in Scotland Act 2003. This means ensuring there is good governance, good management of our resources, and ongoing improvement, so we deliver the best possible outcomes for the public with the money and resources we have available. To help us to do this the IJB must make sure there are arrangements in place for looking at performance, progress towards achieving objectives, and holding partners to account.

How we measure performance

We measure our performance to see what is working well, what can be improved and how well we are meeting the key aims of integration, our strategic aims and progressing our strategic plan.

We look at:

- Our annual performance report
- Quarterly reports across a range of services
- A performance framework with quantitative measures (in development).
- Quarterly reports to the Scottish Government Ministerial Strategic Group (MSG) Indicators
- Reports on progress against directions

How we put our plan into action

To put our plan into action we send written instructions to NHS Lothian and Midlothian Council. These instructions are called **Directions**.

The Directions tell NHS Lothian and Midlothian Council what services they need to deliver, and the budget they have been allocated to do this from the IJB budget. A Direction must be given for every function that has been delegated to the IJB.

We need to issue directions and look at how well they are being delivered.

Directions are sent at the start of each year but can be updated on an ongoing basis throughout the year as IJBs can make decisions which will mean changes to services or new investments during the year and they will need to provide Directions on these.

How we will use our budget

Each year both partners (Midlothian Council and NHS Lothian) agree the contribution they will allocate to the IJB for the health and social care services that the IJB is responsible for. This is the IJB Budget. The budget is limited by the resources available to the partners. The IJB may receive additional Scottish Government funding through the year.

The IJB's financial plan explains in financial terms, how the IJB will deliver this 3-year strategic plan. A separate detailed medium term financial plan is being developed covering the period of this new Strategic Plan.

Financial Risks and Challenges

Pressures from pay awards and improved terms and conditions (the move towards 'fair work' practices in commissioned services). It is not clear if the partners will be fully funded for these investments in staff and therefore if there will be a financial pressure on the IJB

Covid 19 Pandemic. From March 2020 to March 2022 a range of additional funds were made available to support the large costs of delivering health and social care services during the COVID-19 pandemic. It's currently unclear how much, if any of these funds will be available in 2022/23 and beyond whilst it is clear that a range of costs due to the COVID-19 pandemic will continue.

Drug cost pressures- as new drugs and new drug treatment regimes become available these cost pressures have historically been greater than any resource increases. Part of this challenge will be the increased costs of vaccinations arising from both a new model of delivery and the impact of the COVID-19 pandemic.

Inflation – health and social care inflation runs higher than general inflation, inflation is projected to increase over (at least) 2022/23.

Demographic – growing older population and growing demand generated by an increasing overall population. The financial model that changes resource allocations to Councils and Health Boards as their populations numbers change has a considerable lag and population increase creates a significant demand and cost pressure. The challenge of caring and supporting an ageing population is an underpinning theme for the IJB.

Operational Pressures – The challenges outlined above will be greater than any additional financial resources to meet them. This will mean that the IJB need to make big changes to how health and social care is delivered in order to deliver the services, care and support needed with the money that is available.

Annual Budget – Assumptions

As the budget for the IJB is set on an annual basis in March/April each year we have to estimate the budget for the 3 years of the plan:

- **NHS Lothian** – in 2022/23 we anticipate a possible 2.0% uplift on all budgets and an element to cover the increase in employers National Insurance costs per the UK government's latest plan.
- **Midlothian Council** - Additional funds are being made available to invest in social care and to allow the social care providers to lift the base pay rates for their employees to £10.50 per hour and these funds will be made available to the IJB. However, the settlement for the Council's suggest that no uplift from the Scottish Government will be available to fund pay awards or further demand.

Our estimated annual budget for 2022/23 has not yet been finalised but the values based on the 21/22 budget as an illustration are £144.2m

1. Social Care (from Midlothian Council). £47.7m

These are adult social care services in Midlothian.

2. Health – Core Services (from NHS Lothian). £65.1m

These are local health services which are managed by the HSCP. These include primary care services (GPs, pharmacists etc), district nursing, community mental health teams, community learning disability teams, and Midlothian Community Hospital.

3. Health - Hosted Services (from NHS Lothian) £13.6m

These are services are managed on a pan-Lothian basis. The IJB has a share of the total budget for these services based on its population. These services include the mental health and learning disability in-patient services in the Royal Edinburgh Hospital, the rehabilitation in-patient services at the Astley Ainslie Hospital and the sexual health services at Lauriston.

4. Health - Set Aside budgets (from NHS Lothian). £17.8m

The IJB has functions delegated to it, referred to as unscheduled care services (Accident and Emergency and unplanned admissions) which are managed by NHS Lothian's Acute Hospital system. The IJB's budget includes a share of these services, again based broadly on population. The budget is 'set aside' by NHS Lothian on the IJB's behalf.

The IJB's budget is for the direct costs of the services that it is responsible for. This means its budgets do not include any resources for the running costs of property (e.g. cleaning, utility costs, rent, maintenance) and do not include any administrative overhead costs (e.g. finance, HR, IT, estates and other services). The IJB does have a capital budget or own any property or assets.

Our plans





Older People

(Community Services)

Planning group: Older People's Planning Group

Planning Lead: Catherine Evans

Prevention & Early Intervention

- Improve accessible information so that people know what is going on in their community and what services can help them
- Create opportunities for older people to connect to others and contribute to their community
- Provide support that promotes being active, independent, confident and financially secure
- Support people to make plans for their future health and wellbeing
- Build stronger collaboration with older people, the voluntary sector and other partners to improve outcomes for older people

Support & Treatment

- Provide services that are accessible, available, appropriate and of high quality across Midlothian.
- Improve awareness and fulfilment of human rights for older citizens.
- Provide services that connect well with each other and work holistically to support people.
- Develop appropriate day support for all older people to reduce isolation and increase social connection
- Design services and systems so that people have more control over decisions that affect them.
- Support more people with rehabilitation and recovery at home or close to home
- Improve physical, digital and personnel infrastructure

Crisis & Emergency

- Increase likelihood that emergency care is person-centred through increased use of emergency plans and supported decision making



Frailty

Planning group: TBC

Planning Lead: Amanda Fox

Prevention & Early Intervention

- Identify people who are living with frailty
- Improve anticipatory care planning support for people living with frailty
- Make it easier for people with frailty to access support from third sector organisations

Support & Treatment

- Improve coordination of care in the community for people living with frailty
- Support services to identify people living with frailty to improve treatment plans
- Improve the support offered to people with frailty by Primary Care

Crisis & Emergency

- Develop approaches to reduce avoidable unscheduled activity



Physical Disability & Sensory Impairment

Planning group: Physical Disability & Sensory Impairment

Planning Lead: Tom Welsh

Prevention & Early Intervention

- Increase the availability of suitable housing.
- Improve access to wider public services
- Reshape services in light of improved understanding of needs and barriers faced by Disabled People in relation to health and social care

Support & Treatment

- Improve access to health and social care services.
- Develop Self Directed Support in line with Social Work Scotland's new standards
- Increase access to community-based rehabilitation
- Strengthen local services for people with a Visual Impairment
- Strengthen local services for people with a Hearing Impairment
- Deliver local services for Adults with Complex and Exceptional Needs (ACENS)

Crisis & Emergency

- Improve support to Disabled People and their Carers to plan ahead and reduce stress and uncertainty at times of crises



Mental Health

Planning group: Adult Mental Health

Planning Lead: Karen Darroch

Prevention & Early Intervention

- Improve access to Community Mental Health Supports
- Suicide Prevention
- Improve physical health
- Improve access to information about self-management

Support & Treatment

- Improve holistic support
- Reduce waiting times for Psychological Therapy
- Reduce waiting times for Occupational Therapy
- Improve the provision of appropriate housing

Crisis & Emergency

- Improve same day access for people with Mental Health and crisis/distress
- Improve support for people who attend A&E frequently
- Improve access to Mental Health and wellbeing services through the Redesign of Urgent Care



Learning Disability & Autism

Planning group: Learning Disability & Autism

Planning Lead: Duncan McIntyre

Prevention & Early Intervention

- Empower people with learning disabilities and Autism to recognise and realise their human rights and to participate in community life free from fear, harassment and abuse.
- Support the wellbeing of people with Learning Disabilities and Autism throughout their life.
- Improve the Experience of Transition from School to Adult Life and Create appropriate developmental opportunities in Adult Life.

Support & Treatment

- Develop a greater range of Housing Options
- Increase the availability of Flexible and Person Centred Day Opportunities to support greater choice including the development of appropriate community opportunities and services for people with complex needs.
- Review Transport to ensure more flexible and tailored provision.
- Develop Robust Community Services incorporating Positive Behavioural Support to support People with Complex Needs in crisis.
- Develop a Broader Range of Respite and Breaks Support
- Improve information on Advice, Support and Services

Crisis & Emergency

- Support disabled people to participate in community life, free from fear of harassment and abuse.
- Support People with Complex Care Needs in Crisis



Long Term Conditions

Planning group: TBC

Planning Lead: Hannah Cairns

Prevention & Early Intervention

- Increase the number of people who are supported to be more physically active
- Increase the number of people who are supported to eat well.
- Improve screening & early detection e.g. cancer & type II diabetes
- Increase the number of people who are supported to address money worries.
- Increase the number of people who are supported to stop smoking

Support & Treatment

- Embed the Midway - Support self-management, understanding trauma & addressing inequalities.
- Improve how we support people to plan for the future
- Improve community-based support for people with Heart Disease.
- Increase number of people managing COPD at home.
- Provide local support and treatment for people with Cancer
- Establish appropriate support pathways for people with Long Covid
- Improve access to rehabilitation and rehabilitation outcomes for people post Stroke
- Improve support to manage Type 2 Diabetes and increase remission
- Improve support and outcomes for people with neurological conditions.

Crisis & Emergency

- Reduce hospital discharge delays resulting from housing needs



Falls & Fracture Prevention

Planning group: Strategic Falls Group

Planning Lead: Gillian Chapman

Prevention & Early Intervention

- Reduce number of falls during winter
- Improve knowledge of ways to reduce risk of falls
- Improve identification of people at risk of falls
- Increase physical activity programmes and falls prevention activities
- Improve knowledge of and access to home safety measures

Support & Treatment

- Train staff to promote strategies and community resources
- Build an integrated approach to falls and fracture prevention

Crisis & Emergency

- Provide timely, specialist, personalised care and support when someone has fallen.
- Improve outcomes after a fall



Under 18

Planning group: GIRFEC, Children and Young People Wellbeing Board, EMPPC

Planning Lead: Fiona Stratton

This plan describes the services for children and young people which are the responsibility of the Midlothian IJB.

A wide range of other services for children and young people are planned and managed from other parts of the NHS Lothian system, by Midlothian Council and the third sector. The Midlothian GIRFEC Board has oversight of the development and delivery of the Integrated Children's Services Plan which covers the full range of health and social care services for children and young people.

Prevention & Early Intervention

- Monitor health of children and young people.
- Reduce inequality.
- Support Parents
- Prevent avoidable illness

Support & Treatment

- Improve children and young people's physical & mental health
- Improve capacity for strategic planning of services

Crisis & Emergency



Public Protection & Community Justice

Public Protection:

Planning group: East Lothian and Midlothian Public Protection

Planning Lead: Kirsty MacDiarmid

Community Justice:

Planning group: Community Justice

Planning Lead: Fiona Kennedy

Prevention & Early Intervention

Public Protection:

- Improve risk management of Adult Support and Protection practice in care homes
- Improve staff knowledge about Adult Support and Protection and improve transfer of learning into practice
- Support staff to manage cases that do not meet Adult Support and Protection criteria
- Improve staff knowledge about Violence Against Women and Girls and improve transfer of learning into practice
- Strengthen Midlothian's commitment to embed the Equally Safe priorities to prevent and tackle violence against women and girls

Community Justice:

- Improve understanding of Community Justice.
- Plan and deliver services in a strategic and collaborative way
- Prevent and reduce the risk of further offending.

Support & Treatment

Public Protection:

- Support the HSCP to fulfil their statutory duties to report concerns about harm and co-operate with Adult Support and Protection investigations
- Improve supports for survivors and interventions for perpetrators of gender based violence

Community Justice:

- Improve relationships and opportunities to enable participation in education, employment and leisure.
- Improve resilience and capacity for change and self-management.
- Improve life chances through addressing needs, including; health; financial inclusion; housing and safety.

Crisis & Emergency

Community Justice:

- Improve access to the services people require, including welfare, health and wellbeing, housing and employability



Substance Use

Planning Group: MELDAP

Planning Lead: Martin Bonnar

Prevention & Early Intervention

- Preventing Future Harm Caused By The Misuse Of Alcohol And Drugs
- Protecting and Safeguarding Children, Young People and Communities

Support & Treatment

- Reducing Harm and Promoting Recovery.
- Commissioning and Assuring High Quality, Cost Effective Outcomes Focused Services

Crisis & Emergency

- Reducing Harm and Promoting Recovery.

RESOURCES



Unpaid Carers

Planning group: Carers Strategic Planning Group

Planning Lead: Shelagh Swithenbank

Prevention & Early Intervention

- Identify more carers
- Increase numbers of carers with future plans.
- Improve carer involvement in service design and delivery.

Support & Treatment

- Improve access to Support, Information and Advice.
- Improve Carer Health & Wellbeing including Breaks from Caring
- Improve Carer's Financial Support and Economic Wellbeing

Crisis & Emergency

- Planning Ahead: Support carers to have discussions and make plans to support the health and wellbeing of themselves and the people they care for in the event of a crisis or emergency.



Respite

Planning group: Respite & Short Breaks

Planning Lead: Gillian Chapman

Prevention & Early Intervention

- Improve Overnight Respite
- Improve equality of access to respite across Midlothian
- Plan respite for future need – efficient & effective use of resources.

Support & Treatment

- Improve quality of respite
- Improve Procedures for Planning and Accessing Respite.
- Improve Information on Respite

Crisis & Emergency

- Reduce potentially preventable hospital admissions



Primary Care

Planning group: TBC

Planning Lead: Grace Cowan

Prevention & Early Intervention

- Develop the Community Treatment and Care services to support all practices.
- Develop Pharmacotherapy services in General Practice to improving medicines management and access to medicines.
- Develop the MSK APP service to enable more people to access timely assessment and intervention for their MSK condition and reduce the requirement for GP involvement, ED attendance or onward referral.

Support & Treatment

- Provide a comprehensive vaccination programme including Seasonal Flu and COVID Booster vaccinations
- Develop Primary Care premises to meet service requirements and respond to population growth
- Improve communication about primary care to improve sign-posting to the right support
- Support uptake and optimisation of technology across primary care
- Increase the adoption of data-led collaboration between General Practices and the HSCP to improve health outcomes for people.

Crisis & Emergency

- Review admission to hospital via Primary Care services in evenings, at night and weekends through the Lothian Unscheduled Care Service to facilitate provision of care close to home.



Acute Services

Planning group: Acute Services Planning Group

Planning Lead: Grace Cowan

To ensure appropriate use of acute services and unscheduled care we are working in collaboration with NHS Lothian and neighbouring IJBs to identify opportunities for transformation. This process is based on shared decision making and shared responsibility for the delivery of outcomes in this area.

New agreements, collaborative plans and reporting are currently being agreed in partnership and this plan will be updated accordingly.

Prevention & Early Intervention

- Reduce potentially preventable admissions by improving access
- Establish and improve community-based early intervention support for people to reduce the need for acute care

Support & Treatment

- Maintain delayed discharge occupied bed days though planned date of discharge approach
- Maintain the number of people living in and receiving care in the community

Crisis & Emergency

- Maintain attendances to A&E
- Reduce unscheduled admissions
- Reduce unscheduled occupied bed days



Midlothian Community Hospital

Planning group: TBC

Planning Lead: Kirsty Jack

Prevention & Early Intervention

- Improve accessible information about Midlothian Community Hospital and the services it provides
- Support more older people to be financially secure
- Build stronger collaboration with older people, the voluntary sector and other partners to improve outcomes for older people

Support & Treatment

- Improve processes to ensure services at Midlothian Community Hospital are operating effectively and efficiently.
- Improve quality of care for older people with mental illness
- Improve quality of care for people with dementia
- Increase the provision of holistic care
- Improve access to and quality of care and treatment for out-patients.
- Improve people's choice and control over their care and treatment and participation in decision making.
- Improve awareness and fulfilment of human rights for older citizens, including people who live in care or treatment facilities
- Support more people with rehabilitation and recovery.

Crisis & Emergency

- Increase likelihood that emergency care is person-centred through increased use of emergency plans and supported decision making



Sport & Leisure

Planning group: Attend - Falls, Long term Conditions, Older People

Planning Lead: Allan Blair

Prevention & Early Intervention

- Improve equity of access to all physical activity opportunities.
- Increase the number of people having a positive experience at a Sport & Leisure venue or activity.

Support & Treatment

- Increase community based support opportunities.

Crisis & Emergency

- Increase support for communities in crisis or emergency.



Housing & Homelessness

Planning group: Health and Homelessness & Extra Care Housing

Planning Leads: Gillian Chapman

Prevention & Early Intervention

- Improve advice & support to people at risk of homelessness.
- Offer increased housing choice and options.
- Reduce unmet specialist housing demand.
- Increase awareness of Extra Care Housing to public & professionals
- Enable individuals & their families to make decisions regarding their long term care and support.

Support & Treatment

- Increase the number of people accessing support in temporary accommodation.
- Increase choice and control for recovery from substance use.
- Improve support for people who are homeless with complex and multiple needs
- Reduce avoidable hospital admissions / delayed discharges.
- Enable people to live independently.

Crisis & Emergency

- Reduce drug related deaths and non-fatal overdoses in supported temporary accommodation
- Make best use of available housing resources

Housing Contribution Statement

Introduction

Affordable, good quality, suitable housing in safe and connected neighbourhoods is vital for good health and wellbeing.

This Housing Contribution Statement describes the contribution that housing and related services play in delivering good health and social care.

Supporting people to live independently in their own home for as long as possible while managing complex needs in the community requires joint working. This statement sets out how housing and related services will work in partnership with the Integration Joint Board to achieve the outcomes in this Strategic Plan.

The main issues that affect housing and housing related support include:

- **An increase in demand for services** as people are living longer and have more complex long-term conditions
- **A shortage of suitable housing** for people who:
 - have a learning disability,
 - mental health issues
 - substance misuse problems
 - have bariatric conditions
 - use a wheelchair
 - are leaving hospital
- Design and provision of housing for people with dementia
- **Budget pressures** in relation to adaptations and differences in funding relating to tenure
- **Health implications for people who experience homelessness**
- **Pressures on temporary accommodation for homeless households**
- **Challenges faced by Care Experience Young People**

While Housing and Homelessness is not a delegated function to the Integration Joint Board housing is represented on the Strategic Planning Group and Integration and Housing sub-group and service specific strategic groups. The Health and Social Care Partnership, housing providers and 3rd sector organisations are represented at the Local Housing Strategy Strategic Working Groups and there are close links at an operational level.

Links to other Strategies

This statement links to a number of local strategies:

Local Housing Strategy (2021-2026)

www.midlothian.gov.uk/downloads/file/4206/midlothian_local_housing_strategy_2021-2026

This outlines Midlothian Council's vision that **“All households in Midlothian will be able to access housing that is affordable and of good quality in sustainable communities.”**

It aims to do this within 5 years by:

- Increasing access to housing and the supply of new housing across all tenures
- Improving Place Making
- Homeless households and those threatened with homelessness are able to access support and advice services and all unintentionally homeless households will be able to access settled accommodation.
- The needs of households will be addressed and all households will have equal access to housing and housing services.
- Housing in all tenures will be more energy efficient and fewer households will live in, or be at risk of, fuel poverty.
- Improving the condition of housing across all tenures.
- Improving Integration of Housing, Health and Social Care

Strategic Housing Investment Plan (annual)

www.midlothian.gov.uk/downloads/file/4107/strategic_housing_investment_plan_202122_to_202526

This sets out social housing building projects planned for the next five years by Midlothian Council and Registered Social Landlords (Housing Associations). The Scottish Government provide funding through the Affordable Housing Supply Programme to support this.

The plan also includes information on housing provision for wheelchair users – including plans to build 484 ‘specialist homes’ that includes wheelchair housing, amenity housing, bariatric housing and extra care housing.

Rapid Rehousing Transition Plan

www.midlothian.gov.uk/downloads/file/4108/rapid_rehousing_transition_plan_2021-202324

This plan explains how Midlothian will use the Rapid Rehousing model for homeless applicants to ensure:

- People have a settled, mainstream housing outcome as quickly as possible
- Time spent in any form of temporary accommodation is reduced to a minimum, with the fewer transitions the better
- When temporary accommodation is needed, the optimum type is mainstream, furnished and within a local community.

Shared Outcomes:

The Midlothian Integration Joint Board Strategic Plan aims for 2022-2025 are:

- Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead
- Enable more people to get support, treatment and care in community and home-based settings.
- Increase people’s choice and control over their support and services.
- Support more people with rehabilitation and recovery.
- Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support.
- Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs.

Housing can contribute to these aims by:

AIM PREVENTION EARLY INTERVENTION

2,6	Deliver further Housing Solutions training sessions to Health and Social Care staff and other partner organisations.
5,6	Occupational Therapist/Community Health Specialist input for all new build general housing
3,5,6	Partnership working with Children’s Services to develop a homeless prevention pathway for care experienced and looked after young people.
1,6	Investigate the implications of significant projected numbers of older households for specialist and general housing
1,2	Ensure new build general needs accommodation is future proofed to accommodate wheelchair users & capable of being adapted to suit a range of needs including the elderly and those with dementia
1,6	Target energy efficiency advice at households most at risk of fuel poverty
3,5,6	Ensure staff are able to deliver a full range of Housing Options advice regardless of tenure. Provided access to training the Housing Options Training Toolkit.
3,5,6	Ensure a person centred approach is taken to the delivery of all housing options, homelessness and tenancy management functions by having a trauma informed workforce.

AIM SUPPORT & TREATMENT

1,3	Develop 104 extra-care housing flats/bungalows in Midlothian by 2023
2,3	Develop at least 101 new amenity houses in Midlothian by 2022
1,3	Develop 4 bariatric properties in Midlothian by 2023
2,3	Develop 12 units for households with learning disability and or complex care needs by 2023
3,5	Develop an increased number of new homes with adaptations for specialist provision by 2022.
3,5	Set wheelchair supply targets which will ensure a % of new build properties are wheelchair accessible
1,2,6	Undertake feasibility study of delivering Care and Repair Services in Midlothian
3,5	Develop 484 units of specialist housing over a five-year period to 2026 (97 units per annum).
1,2,6	Investigate increasing provision of specialist housing via remodelling existing provision which could be developed by the public or private sector.
3,5	Open Market Purchase Scheme (the purchase of ex local authority properties from the open market) to purchase 10 'specialist homes' per annum
1,2	Complex Care facility to be built in Bonnyrigg
1,6	Carry out a comprehensive review of sheltered and retirement housing to ascertain effectiveness
1,5	Implementing 'Housing First' for those with long-term/repeated instances of homeless.

AIM CRISIS & EMERGENCY SUPPORT

2,4	Increase the number of intermediate care properties by using 6 Midlothian Council properties for intermediate care.
3	Reduce the time taken for homeless households to secure a permanent Housing outcome.
1,5	Improving the quality of temporary accommodation, particularly that which is provided to households without children

Adaptations

Adaptations, from grab rails to wet floor showers, enable people to live as independently as possible in their own homes, improve their health and wellbeing and can reduce the need for further Health and Social Care services.

Major adaptations are completed by an Occupational Therapist after consideration by the Occupational Therapy Panel - line with eligibility criteria, property type and the long-term cost effective solutions. Agreement to requests are based on need not the tenure of the property. The Occupational Therapy and Housing Partnership group supports decisions made by the panel and considers the kinds of properties that are adapted to consider the wider need of housing.

Funding of Adaptations

The funding for adaptations is dependent on the tenure of the property.

- **Council Housing owned by Midlothian Council** - funded by the Housing Revenues Account.
- **Registered Social Housing owned by registered social landlords** - funded directly from the Scottish Government.
- **Private Sector Adaptations owned by private landlords** - funded through a Home Improvement Grant. Applicants for a grant are entitled to 80% of mandatory work and those in receipt of certain benefits qualify for 100%. Some adaptations are considered discretionary - environmental health who support the grant are consulted in these cases and they are not funded to the same value as mandatory grants. The owner of the property is responsible for maintaining and servicing any adaptations after installation.

All staff in the Health and Social Care Partnership, Housing and the Voluntary Sector are offered training in how to have early conversations around housing needs.

There is ongoing work to open up assessment for minor adaptations to agencies including housing. Currently the voluntary sector support assessment for minor adaptations.



Public Health

Planning group: Public Health Reference Group (TBC)

Planning lead: TBC

Prevention & Early Intervention

- Increase the number of people who are supported to be more physically active.
- Increase the number of people who are supported to address money worries.
- Increase the number of people who are supported to stop smoking
- Increase the number of people who are supported to eat well
- Improve screening & early detection e.g. cancer & type II diabetes

Support & Treatment

- Embed the Midway - Support self-management, understanding trauma & addressing inequalities
- Increase access to health and wellbeing support for people at higher risk of health inequalities.

Crisis & Emergency

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 ਰੂਪ 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 (ناپیدا افراد کے لیے ابھرے 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

Integrated Impact Assessment

Final Report

1. Title of plan, policy or strategy being assessed

Midlothian Integration Joint Board Strategic Commissioning Plan

The Midlothian Integration Joint Board Strategic Commissioning Plan 2022-2025 was collaboratively developed over a 2-year period and was the result of significant consultation and engagement within each of the planning and service areas. The IIA reflects much of what has been captured through consultation. A Strategic Commissioning Plan 2022-2025 summary of the consultation for the Strategic Plan is available on the [HSCP Website](#)

2. What will change as a result of this proposal?

The Strategic Commissioning Plan sets out how health and social care services will develop in Midlothian over the next 3 years and how the Integration Joint Board (IJB) have approved to spend their delegated budgets for health and social care services for adults in Midlothian (and specified services for Under 18s).

The population of Midlothian is growing and communities' needs are changing. This impacts on service and budget pressures and requires services to change and adapt to ensure we are improving the experience of people accessing care, improving the health of populations and affordable and sustainable. The overarching aims of the Strategic Commissioning Plan are to

- Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead.
- Enable more people to get support, treatment and care in community and homebased settings.
- Increase people's choice and control over their support and services.
- Support more people with rehabilitation and recovery.
- Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support.
- Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs.

This IIA details how services and supports promote equality and address broader inequalities such as the impact of poverty on accessing services.

3. Briefly describe public involvement in this proposal to date and planned

Consultation with people who use services delivered by the IJB was undertaken in the second half of 2021. People who used services, their carers and staff who support them were consulted in a variety of ways including questionnaires, focus groups and online surveys.

The plan is divided into separate sections, each with a planning lead and planning group. Each lead was responsible for ensuring that they consulted with relevant groups and public involvement has taken place over a significant time period and woven throughout the planning process.

The plan as a whole was consulted on through an authority wide consultation for all stakeholders. This can be accessed online and in local libraries. There is a separate report detailing the public involvement and consultation that has taken place in the development of the strategic plan and the public consultation on the plan.

4 – Is the proposal considered strategic under the Fairer Scotland Duty?

Yes, this proposal is considered strategic under the Fairer Scotland Duty.

5 Date of IIA

8 Feb 2022 (completed 2 separate workshops with different groups of people & sent to people who could not be present for comment)

6. Who was present at the IIA?

Name	Job Title
Lois Marshall	Project Team Manager Neurological Conditions
Catherine Evans	Planning Officer – Older People
Caroline Shilton	Public Engagement Co-ordinator
Gillian Chapman	Planning Officer – Extra Care Housing, Respite, Falls
Matthew Curl	Programme Manager - Digital
Gill Main	Integration Manager
Hannah Cairns	Lead AHP
Leona Carroll	GP
Allan Blair	Wellbeing manager
Rebecca Hilton	Public Health Practitioner
Amanda Fox	Programme Manager
Matthew McGlone	Housing
Duncan McIntyre	Planning Officer – Learning Disability
Karen Darroch	Programme Manager – Mental Health
Anthea Fraser	Learning and Development Manager
Margaret McGillivray	Extra Care Housing
Christine Spurk	Learning and Development Practitioner (Adults)
James Hill	Unison Representative/Shared Lives
Eric Johnstone	MVA, Forward Mid and MOPA representative

Name	Job Title
Heather Henderson	Team Leader – Older People
Laura Hill	VOCAL
Jayne Lewis	Planning Officer – Physical Disability
Lorraine Dilworth	IL Service Manager Red Cross
Shelagh Swithenbank	Planning Officer – Unpaid Carers

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Yes	<p>93,150 people live in Midlothian.</p> <p>Despite being one of the smallest local authorities in Scotland Midlothian is experiencing one of the largest population growths with an extensive house building programme.</p> <p>The projections within the next decade are a population increase to 103,945 which is a 13.8% increase from 2018. It is projected there will be 45,374 households in Midlothian compared to 39,122 in 2018 and more of these households will be single people or couples</p> <p>The Joint Needs Assessment (JNA) contains detailed information about the population of Midlothian.</p> <p>Planning Leads for each area accessed relevant data for service plans. Details can be found in the individual IIAs completed as part of that process</p>
Data on service uptake/access	Yes	<p>Service managers for each area have access to operational data.</p>
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	Yes	<p>10 datazones in Midlothian were within the most deprived 20% datazones in Scotland</p> <p>As of November 2020, 7,155 households in Midlothian were on universal credit of which 6,103 are in payment. As of April 2021, 5,069 people were receipt of Personal Independence Payment</p> <p>8% of adults in Midlothian were worried about running out of food over the last 12 months due to a lack of money or resources. The highest proportion of people were younger adults aged 16-44 (11%) compared with 2% in the 75+ age group.</p>

Evidence	Available?	Comments: what does the evidence tell you?
		<p>Planning Leads for each area have access to data in the Joint Needs Assessment (JNA) and the Midlothian Profile.</p>
<p>Data on equality outcomes</p>	<p>Partially</p>	<p>There are details on the Equality Outcomes & Mainstreaming for the IJB as the Strategic Commissioning body for this plan</p> <p>Compared with the rest of Scotland, Midlothian has above average populations of children, the older element of the working population and retired people and below average populations of over 75s and young adults.</p> <p>Life expectancy has plateaued. People are living a longer period of their life in poorer health resulting in a likely increase in health and social care needs. Female life expectancy has increased by 3.3% and male life expectancy being 3.7% for Midlothian.</p> <p>The 2011 census provides the most recent view of the ethnic make-up of the population. 1.8% of the population belonged to a Minority Ethnic Community. This compared with 4% of the Scottish population.</p> <p>72 people (0.09% of the population) identify as Gypsy/ Traveller compared to 0.08% in Scotland.</p> <p>We have an aging population of people who use drugs who are more likely to be frail and experience multi morbidity requiring increased health and social care support. Services need to reach out and target those most at risk of drug related deaths as we know they are less likely to reach in.</p> <p>The national population of adults with a learning disability is predicted to increase by 2% each year. People with learning difficulties often have poorer health outcomes compared to the general population and are at risk of dying from causes that are preventable.</p> <p>12% of the Lothian population are carers. The Midlothian figure at the last census was 9.9% which is about 9,200 people. 2,173 people reported providing more than 50 hours care per week</p>

Evidence	Available?	Comments: what does the evidence tell you?
		Additional equalities data is collected through each individual service area. National and UK wide equalities data is available for some areas.
Research/literature evidence	Yes	There is considerable detail within the JNA. Planning leads for each area have access to research/literature and national policies and commissioning guidelines relevant for each area.
Public/patient/client experience information	Yes	Carers' and service users' experiences were sought and woven throughout the planning process for the Strategic Commissioning Plan Planning Leads have access to data from: - National Health and Wellbeing Outcomes. - Consultation with people who use the service - Local Citizen's Panel
Evidence of inclusive engagement of people who use the service and involvement findings	Yes	Planning Leads undertook specific consultation using appropriate methods to ensure people were able to access consultations through a range of methods e.g. Easy Read questionnaires.
Evidence of unmet need	Partially	Operation and performance data relating to delayed discharge and service waiting times demonstrate an unmet need. Specific ethnic minority services can be difficult to source By 2025 strategy Midlothian will have a population of 100,252. The impact of the ageing population and aging workforce brings challenge to ensuring we have the appropriate workforce to meet this demand. In December 2021 there was a 4.24 staffing gap which is attributed to hard to fill posts such as band 2 and band 5 posts in care of the elderly, mental health nursing, health visitor posts with an overall of 41.39 vacancies across nursing reported in December 2021. The gender split is 90% female and 10% male with 74% of the male workforce working full time and 44% of the female workforce working full time.
Good practice guidelines	Yes	Services and supports to follow the Midway – offering person centred care that is joined up, recovery focussed, and trauma informed. Scottish Government Guidance on Strategic Commissioning Plans
Carbon emissions generated/reduced data	No	This is reported by our partners – Midlothian Council and NHS Lothian

Evidence	Available?	Comments: what does the evidence tell you?
Environmental data	No	
Risk from cumulative impacts	No	The Strategic Plan is a high-level document although includes limited detailed reference to specific services. The risk from cumulative impact will be regularly reviewed and action will be taken via the strategic commissioning, planning and transformation and integration programme.
Other (please specify)	No	
Additional evidence required	No	

8. In summary, what impacts were identified and which groups will they affect?

Impact	Affected populations
<p>Equality, Health and Wellbeing and Human Rights</p> <p>Positive</p> <p>Our strategic aims should have a positive impact including:</p> <ol style="list-style-type: none"> 1. Prevention and planning ahead 2. Support, treatment and care in community and home-based settings. 3. Choice and control - through a wide range of supports and approaches. 4. Focus on human rights. 5. Joint working & integration of services. <p>Our use of digital technology, with proactive support for people to use this, should enhance care and offer choice. Our focus on proactive support and prevention should reduce crisis and promote independence. Our focus on the Midway and people’s Human rights should have a positive impact through delivering person centred support.</p> <p>Negative</p> <p>Further consideration is needed to ensure no negative impacts from:</p> <ul style="list-style-type: none"> • Moving forwards with our digital delivery plan – this includes access to devices, connectivity, safe spaces, ability to use digital tools, use of digital to enhance relationships. • Being ‘Home First’ – does it assume ‘home’ is a safe place. 	<p>All – with the effects of our digital delivery plan being of particular importance to older people, people with low incomes and refugees and asylum seekers.</p>

Impact	Affected populations
<ul style="list-style-type: none"> Financial resources – as budgets available will be challenging during this period. Transparency about how decisions are made will be needed. Services affected by COVID 	
<p>Impact on Environment and Sustainability including climate change emissions</p> <p>Positive Our strategic aim of offering services more locally and through a range of methods such as online may reduce the need for travel and have a positive impact. Our increased use of Pasivhaus technology for all care sites and intermediate care facilities will also have long term positive impacts.</p> <p>Negative The legislative requirements for COVID and use of PPE for example may have a negative impact on use of single use resources.</p>	All
<p>Economic</p> <p>Positive Our Strategic Aims focusing on providing support locally and human rights, together with our amplified priority to increase the number of people who are supported to address money worries should have positive impacts. A move to flexible provision of services may have both positive and negative impacts on staff as it may impact on skill mix and structure of teams.</p> <p>Negative Our focus on providing services locally and in people’s homes may impact staff vulnerable to falling into poverty as it may put an unfair expectation that they have access to private cars due to the rural nature of many parts of Midlothian.</p>	All – including staff who may not live in Midlothian but work here

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

The strategic plan outlines the strategic vision and aims for the next 3 years. The implementation of the plan will be outlined in separate action plans. Some services may be delivered by contractors or through commissioning, in this case the procurement processes of the relevant partner (NHS Lothian or Midlothian Council) are followed. This includes considering these issues.

10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

We have involved people throughout the process of creating the plan – with a number of service specific consultations. In addition we held public consultation of the plan for all residents of Midlothian – both online and with paper copies available in local libraries.

We have a dedicated website for the plan to allow people to use accessibility technology to access it and will have copies in every local library.

Any changes to specific services will be communicated via a wide range of methods – Social Media, our website, GPs, paper leaflets and posters where appropriate. Every communication will be made in conjunction with the Public Engagement and Communications team to ensure Scottish Government Accessibility guidelines are followed.

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? No

12. Additional Information and Evidence Required? No

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Improve collection of equalities data throughout every service	Planning Leads for each area	March 2023	October 2022
Improve representation of people with lived experience within planning processes	Planning Leads for each area	March 2023	October 2022
Improve inclusive communication around the services we provide	Planning Leads for each area, Public Engagement Officer, Communications Team	March 2023	October 2022
Explore the Impact of our digital delivery plan - this includes considering access to devices, connectivity, safe spaces, ability to use digital tools, use of digital to enhancing relationships.	Digital Governance Group	March 2023	October 2022

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions? No

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

We will improve measuring of equalities for each service to monitor any effects.

16. Sign off by Chief Officer

Signature

Name Morag Barrow

Date 23 March 2022

14th April 2022, 2.00pm

Code of Conduct Revised Model Scheme for Members of Devolved Public Bodies

Item number: 5.5

Executive summary

This report sets out key information in relation to the revised Model Code of Conduct scrutinised and approved by the Scottish Parliament in October 2021. Midlothian Integration Joint Board must revise and agree the Code of Conduct with Scottish Government and ensure local implementation by 10th June 2022.

Whilst it is a requirement to implement the revision to the Model Code in full, amendments can be proposed to the Code in order to reflect the individual circumstances of Board Members.

The Midlothian Integration Joint Board should note that the current Code of Conduct remains in place will continue to apply to the conduct of Members until such time as the revisions have been approved by Scottish Government

Board members are asked to:

1. Review the proposed Code of Conduct following the revised Model Scheme;
2. Decide whether to disapply paragraph 3.10 of the Model Scheme;
3. Highlight any other areas of concern and propose any required amendments; and
4. Agree to submit the Code of Conduct to the Scottish Government for approval

Code of Conduct Revised Model Scheme for Members of Devolved Public Bodies

1 Purpose

- 1.1 This report sets out key information in relation to the revised Model Code of Conduct scrutinised and approved by the Scottish Parliament in October 2021. Midlothian Integration Joint Board must revise and agree the Code of Conduct with Scottish Government and ensure local implementation by 10th June 2022.

2 Recommendations

- 2.1 As a result of this report Members being asked to:-
- Review the proposed Code of Conduct following the revised Model Scheme;
 - Decide whether to disapply paragraph 3.11 of the Model Scheme;
 - Highlight any other areas of concern and propose any required amendments;
 - Agree to submit the Code of Conduct to the Scottish Government for approval; and
 - Note the future action required in relation to the publication of the Code alongside the Register of Interests

3 Background and main report

- 3.1 The Ethical Standards in Public Life (Scotland) Act 2000 provides for Codes of Conduct for local authority councillors and members of relevant public bodies. As a Public Body listed in schedule 3 of the Act, the Midlothian Integration Joint Board is required to produce a Code of Conduct in line with the Model Code.
- 3.2 The revised Model Code takes into account changes which, where appropriate, are consistent with the revised Councillors' Code and suggestions submitted following public consultation.
- 3.3 The revised Model Code highlights the need for Board Members to take personal responsibility for their behaviour and to have an awareness of the organisation's policies in relation to a number of areas e.g., social media, equality, diversity and bullying and harassment.
- 3.4 The Midlothian Integration Joint Board Standards Officer has prepared a draft Code of Conduct following the terms of the Model Code of Conduct and authority is sought to submit this to the Scottish Government subject to any amendments or additions which the Board wish to make.
- 3.5 The Director for Local Government and Communities accepts that paragraph 3.11 of the Model Code may not be relevant to how IJBs operate. In this case, the

Scottish Government has proposed to resolve this by allowing IJBs to opt out of this paragraph. The wording of paragraph 3.11 which concerns collective responsibility is set out below and Board Members are asked whether they wish to disapply this paragraph:

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

- 3.6 Whilst it is a requirement to implement the revision to the Model Code in full, amendments (other than the disapplication of paragraph 3.11 above) can also be proposed to the Code in order to reflect the individual circumstances of the Board. Any proposed amendments or additions must be referred to the Board's Scottish Government contact with an explanation why the changes are deemed necessary. Amendment requests will be considered referred to the Public Bodies Unit before a decision on approval is made.
- 3.7 The Midlothian Integration Joint Board must revise the Code, return to Scottish Government, and complete all actions required for agreement the Scottish Government by 10th June 2022.
- 3.8 When the Code is formally approved by Scottish Government, a formal approval letter will be issued to advise that a copy of the approved Code has also been passed to the Standards Commission and the Ethical Standards Commission for their records. The Midlothian Integration Joint Board must then publish the approved Code and provide web-links to both the revised Code and Register of Interests.
- 3.9 Midlothian Integration Joint Board should note that the Code currently in place will continue to apply to the conduct of Members until such time as the revisions have been approved.

4 Policy Implications

- 4.1 Implementation of the Code of Conduct in line with the revised Model Scheme is a statutory requirement.

5 Directions

- 5.1 There are no implications regarding Directions.

6 Equalities Implications

- 6.1 There are no Equalities Implications arising from this report

7 Resource Implications

- 7.1 There are no resource implications.

8 Risk

- 8.1 The current Code of Conduct will remain in place until the revised Code has been approved. It is however a statutory requirement to submit a revised Code for approval and there may be reputational damage should this not be done timeously.

9 Involving people

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

10 Background Papers

- 10.1 The SSI/438 setting out the requirements for Registration came into effect on 7 December and can be viewed at <https://www.legislation.gov.uk/ssi/2021/438/contents/made>
- 10.2 The Standards Commission are providing guidance and individual Advice Notes to help members understanding of the Model Code. This information will be available on their website at <https://www.standardscommissionscotland.org.uk>

AUTHOR'S NAME	Gill Main / Alan Turpie
DESIGNATION	Integration Manager / Standards officer
CONTACT INFO	gill.main3@nhslothian.scot.nhs.uk
DATE	05/04/2022

Appendices:

Appendix 1: Revised Model Scheme Code of Conduct

Appendix 2: Current Model Scheme Code of Conduct

Code of Conduct for Members of Midlothian Integrated Joint Board (“the IJB”)

CONTENTS

Section 1: Introduction to the Code of Conduct

My Responsibilities
Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Respect and Courtesy
Remuneration, Allowances and Expenses
Gifts and Hospitality
Confidentiality
Use of IJB Resources
Dealing with the IJB and Preferential Treatment
Appointments to Outside Organisations

Section 4: Registration of Interests

Category One: Remuneration
Category Two: Other Roles
Category Three: Contracts
Category Four: Election Expenses
Category Five: Houses, Land and Buildings
Category Six: Interest in Shares and Securities
Category Seven: Gifts and Hospitality
Category Eight: Non-Financial Interests
Category Nine: Close Family Members

Declaration of Interests

Section 5:

Stage 1: Connection
Stage 2: Interest
Stage 3: Participation

Lobbying and Access

Section 6:

ANNEXES

Breaches of the Code
Definitions

Annex A
Annex B

Section 1: Introduction To The Code Of Conduct

1.1 This Code has been based on and follows the Model Code of Conduct issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of the IJB, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and the IJB’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and the IJB, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of the IJB, failing whom the Chair or Chief Officer of the IJB. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

Section 2: Key Principles Of The Code Of Conduct

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the IJB of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of the IJB when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that the IJB uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the IJB and its members in conducting public business.

Respect

I must respect all other board members and all employees of the IJB and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

Section 3: General Conduct

Respect and Courtesy

- 3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.
- 3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.
- 3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.
- 3.4 I accept that disrespect, bullying and harassment can be:
- a) a one-off incident,
 - b) part of a cumulative course of conduct; or
 - c) a pattern of behaviour.
- 3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.
- 3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, the IJB's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.
- 3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Officer, I will not become involved in operational management of the IJB. I acknowledge and understand that operational management is the responsibility of the Chief Officer and Executive Team.
- 3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.
- 3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of the IJB or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

- a) The IJB, its committees; and
- b) any outside organisations that I have been appointed or nominated to by the IJB or on which I represent the IJB.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of the IJB, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to the IJB;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by the IJB.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, the IJB.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to the IJB at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise the IJB's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that the IJB can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit the IJB (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of IJB Resources

3.26 I will only use the IJB's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the IJB, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, the IJB's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

Dealing with the IJB and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by the IJB, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and the IJB.

Section 4: Registration Of Interests

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as

appropriate. I recognise that some other employments may be incompatible with my role as board member of the IJB in terms of paragraph [6.7](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to the IJB, then I will register a description of, and statement of, any assistance towards election expenses relating to election to the IJB.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the IJB.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to the IJB and to the public, or could influence my actions, speeches or decision making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs [3.13 to 3.21](#) regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand nonfinancial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in the IJB (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by the IJB).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with the IJB or is likely to have transactions or do business with it.

Section 5: Declaration Of Interests

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by the IJB as a representative of the IJB, unless:

- a) The matter being considered by the IJB is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise

to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

Section 6: Lobbying And Access

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with the IJB (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or the IJB's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the IJB or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon the IJB.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Officer or Standards Officer of the IJB.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to

ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Annex A: Breaches Of The Code

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make

submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

Annex B: Definitions

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of the IJB, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the IJB by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the IJB; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the IJB;
- as contractors by the IJB, or
- by a contractor to work on the IJB’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable.

Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

CODE of CONDUCT
for
MEMBERS
of
Midlothian Integration Joint Board

CODE OF CONDUCT for MEMBERS of Midlothian Integration Joint Board

CONTENTS

Section 1: Introduction to the Code of Conduct

Appointments to the Boards of Public Bodies

Guidance on the Code of Conduct

Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Conduct at Meetings

Relationship with Integration Joint Board Members and Employees of Related Organisations

Remuneration, Allowances and Expenses

Gifts and Hospitality

Confidentiality Requirements

Use of Health Board or Local Authority Facilities by Members of the Integration Joint Board

Appointment to Partner Organisations

Section 4: Registration of Interests

Category One: Remuneration

Category Two: Related Undertakings

Category Three: Contracts

Category Four: Houses, Land and Buildings

Category Five: Interest in Shares and Securities

Category Six: Gifts and Hospitality

Category Seven: Non-Financial Interests

Section 5: Declaration of Interests

General

Interests which Require Declaration

Your Financial Interests

Your Non-Financial Interests

The Financial Interests of Other Persons

The Non-Financial Interests of Other Persons

Making a Declaration

Frequent Declaration of Interests

Dispensations

Section 6: Lobbying and Access to Members of Public Bodies

Introduction

Rules and Guidance

Annexes

Annex A: Sanctions Available to the Standards Commission for Breach of Code

Annex B: Definitions and Explanatory Notes

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the 2000 Act”, provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the Codes.

1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are “devolved public bodies” for the purposes of the 2000 Act.

1.4 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of Midlothian Integration Joint Board, “the IJB”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

This Code applies when you are acting as a member of Midlothian Integration Joint Board and you may also be subject to another Code of Conduct.

Appointments to the Boards of Public Bodies

1.5 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at <http://www.appointed-for-scotland.org/>.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance, which also includes information on Equality Duties and Diversity.

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government's equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

1.6 You should also familiarise yourself with how the Midlothian Integration Joint Board policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the IJB. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

Enforcement

1.10 Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of Midlothian Integration Joint Board and in accordance with the core functions and duties of the IJB.

Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity

You must make decisions solely on merit and in a way that is consistent with the functions of Midlothian Integration Joint Board when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that Midlothian Integration Joint Board uses its resources prudently and in accordance with the law.

Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of Midlothian Integration Joint Board and its members in conducting public business.

Respect

You must respect fellow members of Midlothian Integration Joint Board and employees of related organisations supporting the operation of the IJB and the role

they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of Midlothian Integration Joint Board.

2.2 You should apply the principles of this Code to your dealings with fellow members of Midlothian Integration Joint Board, employees of related organisations supporting the operation of the IJB and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of Midlothian Integration Joint Board.

SECTION 3: GENERAL CONDUCT

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

Conduct at Meetings

3.2 You must respect the chair, your colleagues and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for Midlothian Integration Joint Board, which govern the Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

Relationship with IJB Members and Employees of Related Organisations

3.3 You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of Midlothian Integration Joint Board you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules applying to the IJB regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You

should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your IJB. As a general guide, it is usually appropriate to refuse offers except:

- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
- (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
- (c) gifts received on behalf of the IJB.

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that Midlothian Integration Joint Board may be involved in determining, or who is seeking to do business with your IJB, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of Midlothian Integration Joint Board then, as a general rule, you should ensure that your IJB pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of Midlothian Integration Joint Board in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or

individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring Midlothian Integration Joint Board into disrepute.

Use of Health Board or Local Authority Facilities by Members of the IJB

3.13 Members of Midlothian Integration Joint Board must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of Midlothian Integration Joint Board.

Appointment to Partner Organisations

3.14 In the unlikely circumstances that you may be appointed, or nominated by Midlothian Integration Joint Board, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15 Members who become directors of companies as nominees of their IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the IJB’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations¹ as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

¹ SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, "Related Undertakings".

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB of which you are a member:

- (i) under which goods or services are to be provided, or works are to be executed; and
- (ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

- (i) greater than 1% of the issued share capital of the company or other body; or
- (ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: Non-Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For further detail on the declaration requirements of Midlothian Integration Joint Board, you can refer to the IJB's Standing Orders.

5.2 IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in Midlothian Integration Joint Board and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of

the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of Midlothian Integration Joint Board. You will wish to familiarise yourself with your IJB's standing orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair in the first instance.

5.5 As a member of Midlothian Integration Joint Board you might also serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of an IJB. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of an IJB as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the IJB and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair.

Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial

interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for Midlothian Integration Joint Board to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which Midlothian Integration Joint Board conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You should also familiarise yourself with the “Roles, Responsibilities and Membership” guidance for members of an Integration Joint Board.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of Midlothian Integration Joint Board or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon Midlothian Integration Joint Board.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of Midlothian Integration Joint Board.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work relating to health and social care:-

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of Midlothian Integration Joint Board in the first instance.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
 - i) all meetings of the public body;
 - ii) all meetings of one or more committees or sub-committees of the public body;
 - iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX B

DEFINITIONS AND EXPLANATORY NOTES

“**Chair**” includes Board Convener or any person discharging similar functions under alternative decision making structures.

“**Code**” code of conduct for members of devolved public bodies

“**Cohabitee**” includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

“**Group of companies**” has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

“**Parent Undertaking**” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

“**A person**” means a single individual or legal person and includes a group of companies.

“**Any person**” includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

“**Public body**” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“**Related Undertaking**” is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

“**Remuneration**” includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

“**Spouse**” does not include a former spouse or a spouse who is living separately and apart from you.

“**Undertaking**” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

14th April 2022, 2.00pm

Review of Integration Joint Board Governance Requirements

Item number: 5.6

Executive summary

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

Board members are asked to:

1. Review the key areas of action
2. Note the proposed scheme of works and timelines
3. Highlight any areas of concern and propose any required amendments
4. Approve the proposed scheme of works
5. Note the future action required

Review of Integration Joint Board Governance Requirements

1 Purpose

- 1.1 This report sets out key action required to ensure statutory governance requirements are fulfilled. The pandemic and associated pressures resulted in some statutory requirements being granted an extension to completion. Integration Joint Boards must now review all governance arrangements and ensure updates are made where required.
- 1.2 An action plan is set out in the scheme of works (appendix 1) detailing the essential activities requiring completion.

2 Recommendations

- 2.1 As a result of this report Members being asked to:-
 - Review the key areas of action
 - Note the proposed scheme of works and timelines
 - Highlight any areas of concern and propose any required amendments
 - Approve the proposed scheme of works (see Appendix 1)
 - Note the future action required

3 Background and main report

- 3.1 Integration Joint Boards are public bodies and must ensure that arrangements are established to comply with their public body duties. The Public Bodies (Joint Working) (Scotland) Act 2014 includes duties to develop a Strategic Plan for integrated functions and budgets, prepare an Annual Performance Report and publish an annual Financial Statement. There are also duties placed on Integration Joint Boards by specific legislation
- 3.2 The Ethical Standards in Public Life (Scotland) Act 2000 provides for Codes of Conduct for local authority councillors and members of relevant public bodies. As a Public Body listed in schedule 3 of the Act, the Midlothian Integration Joint Board is required to produce a Code of Conduct in line with the Model Code. This work is already underway and on target for submission and approval within the timeframe required by the Scottish Government.
- 3.3 In accordance with the Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003, Board Members of devolved public bodies are required to give notice of their interests under the seven categories of remuneration; related undertakings; contracts; houses, land, and buildings; interest

in shares and securities; gifts and hospitality; non-financial interests. All members of the IJB (voting and non-voting) are required to complete a declaration form. As such the register of members' interests of Board members must now be updated and maintained.

- 3.4 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the provisions which apply to the membership, proceedings and operation of all Integration Joint Boards. The Board has agreed Standing Orders to regulate the conduct and proceedings of meetings of the Board in terms of the above Order. The current Standing Orders and associated Scheme of Delegation were agreed on 3rd May 2018. Given the passage of time and change to working practices, it would be appropriate to review the current Standing Orders as best practice governance.
- 3.5 The Public Records (Scotland) Act 2011 details the requirements of all public authorities in relation to records management. Under Section 1 Integration Joint Boards must prepare and implement a records management plan which sets out proper arrangements for the management of their records. The records management plan must be submitted for agreement by the Keeper of the Records of Scotland. The Integration Joint Board must then ensure that its public records are managed according to the records management plan that was agreed with the Keeper.
- 3.6 Section 23 of the Freedom of Information (Scotland) Act 2002 requires the Integration Joint Board to adopt, develop, publish, review and maintain a publication scheme which sets out the classes of information the IJB routinely makes available, their manner of publication, and whether they are intended to be provided to the public free of charge or on payment. The Board adopted the Scottish Information Commissioner's Model Publication Scheme on 31 May 2017. This Scheme is still valid and whilst no further action is required on the Scheme itself it would be good practice to review and where necessary update the accompanying Guide to Information to ensure it is still relevant and up to date.

4 Policy Implications

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

5 Directions

- 5.1 There are no implications regarding Directions.

6 Equalities Implications

- 6.1 There are no equalities implications arising from this report

7 Resource Implications

- 7.1 There are no resource implications.

8 Risk

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

9 Involving people

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

10 Background Papers

AUTHOR'S NAME	Gill Main
DESIGNATION	Integration Manager
CONTACT INFO	gill.main3@nhslothian.scot.nhs.uk
DATE	05/04/2022

Appendices:

Appendix 1: MIJB Governance Requirements Scheme of Works

2022 MIJB Governance Requirements: Scheme of Works

Item	Legislation	Required Action	Deadline	Key Dates	Expected Outcome	Lead(s)	Overall RAGB Status
Code of Conduct	Ethical Standards in Public Life (Scotland) Act 2000	Update in line with the revised Model Code of Conduct	10 June 2022	April	MIJB Board to Approve Revision	Gill Main & Alan Turpie	
				April	Submission to SG for approval		
				June - July	SG approval of revised Code		
				July	Publication of Code on website (alongside Register of Interest)		
Register of Interests	Public Bodies (Joint Working) (Scotland) Act 2014	Update and maintain	June 2022 & ongoing	March	Review of current membership	Alan Turpie	
				April- May	Completion of new membership documentation		
Standing Orders	Public Bodies (Joint Working) (Scotland) Act 2014 And Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014	Update	August 2022	June to August	Review of current documentation	Alan Turpie	
				August	Report recommendation to IJB		
Records Management Plan (RMP)	Public Records (Scotland) Act 2011	Update and review with particular attention given to areas previously agreed by The Keeper under 'improvement model' terms only	September 2022	April - August	Review of RMP: Section 2: Records Manager(s) Review of named records manager(s) with council system access and training	Roxanne King	
					section 7: Archiving and Transfer		

	Completed		On Target		Some Work Completed		Overdue
--	-----------	--	-----------	--	---------------------	--	---------

					Requirement for a formal agreement to be put in place regarding permanent preservation and outcome of Council scoping exercise on Digital Archiving and Preservation		
					Section 9: Data Protection Any update on whether MIJB wish to develop its own FoI policy (as suggested as a future option in the existing MIJB RMP)		
					Section 13: Assessment and Review Update on the plan to form an RMP Planning group		
				September	Liaison with The Keeper for approval		
Publication Scheme	Freedom of Information (Scotland) Act 2002	Update and review Guide to Information	December 2022	October	MIJB to discuss review and agree associated Guide to Information which covers the type of information the Board plans on making available	Gill Main/Alan Turpie	
				November	MIJB to review proposed reviewed draft		
				December	MIJB requested to approve final draft		
				December	Publish revised Guide to Information		

	Completed		On Target		Some Work Completed		Overdue
--	-----------	--	-----------	--	---------------------	--	---------



14th April 2022, 2.00pm

Midlothian IJB Directions 2022-2023

Item number: 5.7

Executive summary

This report sets out the proposed Directions to be issued by Midlothian IJB to Midlothian Council and NHS Lothian for 2022-2023.

Board members are asked to:

Discuss and provide comment on the proposed Midlothian IJB Directions for 2022-2023

Midlothian IJB Directions 2022-2023

1 Purpose

- 1.1 This report sets out the proposed Directions to be issued by Midlothian IJB to Midlothian Council and NHS Lothian for 2022-2023.

2 Recommendations

- 2.1 As a result of this report Board Members are asked to discuss and provide comment on the proposed Midlothian IJB Directions for 2022-2023

3 Background and main report

- 3.1 In order to implement their Strategic plan IJBs must issue Directions to one or both of the NHS Lothian and the Midlothian Council as outlined in the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#). A direction must be given in respect of every function that has been delegated to Midlothian IJB. These functions are outlined in the [Midlothian IJB Scheme of Integration](#).
- 3.2 The Scottish Government published [Statutory Guidance on Directions](#) (2020) to help improve practice around issuing and implementing directions. These directions have been developed in line with this guidance. Directions are a legal mechanism and are intended to clarify responsibilities and requirements between the IJB, Midlothian Council and NHS Lothian.
- 3.3 This report and the attached **Appendix 1** sets out the proposed directions from the IJB to NHS Lothian and Midlothian Council for 2022-2023. These directions describe the key changes and actions that need to be delivered in 2022-2023 to achieve the key aims of the new strategic plan 2022-2025, improve the quality and sustainability of health and social care services, and support the health and wellbeing of people in Midlothian.
- 3.4 Planning leads have developed action plans to clearly identify how the strategic plans and aims will be progressed. The action plans were created with input from a wide range of partners and planning groups over the past year, as well as through feedback from SPG and the IJB. These directions have been developed based on these action plans.
- 3.5 The updated layout and format of the directions aims to ensure clear alignment with the new strategic plan 2022-2025 and to ensure clear targets and timelines, to support more effective monitoring of the delivery of the directions and ensure the IJB can meet its duty of best value.

3.6 The financial values ('budgets') have not yet been attached to these Directions as this information is not yet available. Work is ongoing to map the budget agreed in principle at the March 2022 IJB to the directions. This information will be attached to the directions once agreed.

3.7 Discussion areas

Midlothian Strategic Planning Group considered the directions at the meeting on 16th March 2022 and agreed to recommend the draft directions to the board for discussion. The IJB are asked to consider the draft directions 2022-2023 and whether

- They clearly communicate to the partners the actions required to support the implementation of the Midlothian Strategic Plan 2022-2025?
- They are clear and measurable?
- They clearly align with the Midlothian Strategic Plan 2022-2025?
- They meet the Scottish Government Statutory Guidance on Directions?

4 Policy Implications

4.1 [Public Bodies \(Joint Working\) \(Scotland\) Act 2014.](#)

4.2 [Statutory Guidance on Directions](#)

5 Directions

5.1 The directions for 2022-2023 replace previous directions given for the same functions. This report impacts on all future directions.

6 Equalities Implications

6.1 An Integrated Impact Assessment was completed for the new Strategic Plan to consider equalities implications. Individual Integrated Impact Assessments on service change or redesign will be completed as required. As outlined in the directions document it is expected that NHS Lothian and Midlothian Council will deliver the directions whilst following the Public Sector Equality Duty.

7 Resource Implications

7.1 As outlined in the directions document it is expected that NHS Lothian and Midlothian Council will deliver the directions whilst following the duty of best value.

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

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

9 Involving people

- 9.1 The Directions have been created to support the implementation of the Midlothian Strategic Plan 2022-2025. The plan was developed through a range of engagement and involvement with the Midlothian community and staff within the Health & Social Care Partnership.
- 9.2 The Strategic Planning Group discussed the progress update on Directions and proposals around performance management, at its meeting on 16th March 2022. This group includes community and service user representatives.

10 Background Papers

10.1

AUTHOR'S NAME	Lois Marshall
DESIGNATION	Assistant Strategic Programme Manager
CONTACT INFO	Lois.marshall@nhslothian.scot.nhs.uk
DATE	31/03/2022

Appendices: Draft Directions 2022-2023



**Midlothian
Health & Social Care**

Midlothian Integration Joint Board **DIRECTIONS 2022-23**

To Midlothian Council and NHS Lothian



Who we are

The Integration Joint Board (IJB) plan and direct health and social care services for the people of Midlothian. It is a planning and decision-making body that was created by Midlothian Council and NHS Lothian in 2015 and is responsible for the integrated budget (received from Midlothian Council and NHS Lothian). It allocates this in line with the objectives set out in this Strategic Plan. The IJB has a range of responsibilities and legal duties as outlined in the Public Bodies (Joint Working) (Scotland) Act (2014).

The IJB meets regularly and includes members from NHS Lothian and Midlothian Council, the Third Sector, staff and people who represent the interests of people and communities, patients, service users and carers.

The IJB is supported to develop and monitor the delivery of this Strategic Plan by the Strategic Planning Group – with representatives from Midlothian Council, NHS Lothian and the Third Sector.

You can find the full list of services the IJB is responsible for at www.midlothian.gov.uk/mid-hscp in the Scheme of Integration. We have listed some of the services below:



Care in Hospitals which isn't planned (unscheduled care) including Accident and Emergency, Minor Injuries, Acute wards.

Midlothian Community Hospital

Community based health care (Primary care) including GPs, District Nurses, Dentists, Pharmacists, Mental Health services, Substance Use Services, Community Respiratory team

The following Health services for children and young people under 18: Health Visiting, School Nurses, Vaccinations of children. Planning for children's services is the responsibility of the Midlothian Getting it right for every child group

Allied Health Professionals –including physiotherapists, dietitians, podiatrists

Palliative and End of Life Care



Social Work support for adults including adults with dementia, learning disabilities, older people

Day services for older adults and people with learning disabilities

Care at Home services

Health services for people who are homeless

Extra Care Housing for people who need housing with extra support

Services to support unpaid carers and breaks from caring

Care Homes

Services to address health and care needs of people in the justice system

Introduction

What are Directions?

The IJB's 3 year Strategic Plan 2022-2025 sets out how they will plan and deliver health and social care services to improve and support the health and wellbeing of the people of Midlothian.

The IJB need a way to put the Strategic Plan into action and achieve their aims. To do this they send written instructions to NHS Lothian and Midlothian Council. These are called **Directions** and tell NHS Lothian and Midlothian Council what services they need to deliver, and the budget they have been allocated to do this from the IJB's budget for 2022-2023.

A Direction must be given for all of the areas that the IJB are responsible for. The directions describe the changes which need to take place in the design and delivery of health and social care services to meet the aims of integration and to achieve the strategic aims of the IJB.

Directions are also an important part of governance and accountability as they are the legal basis on which NHS Lothian and Midlothian Council deliver services that are under the control of the IJB. They are also how a legal record is kept of which organisation is responsible for what, and which organisation should be audited for what, whether in financial or decision-making terms.

Directions are agreed at the start of each financial year but can be updated throughout the year, as IJBs can make decisions about service change, service redesign, and investment and disinvestment throughout the year and need to provide new or updated Directions accordingly.

Legal and Policy Requirements

The IJB must develop a strategic plan which covers the services they plan and direct (called delegated functions) and the budgets under their control as outlined in the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act). The IJB must give directions to the Health Board and Local Authority and monitor their effectiveness as outlined in Sections 26 to 28 of the Act and in the Midlothian Integration Scheme Section 5.1.

The Scottish Government published **Statutory Guidance on Directions** from Integration Authorities to Health Boards and Local Authorities in January 2020, available [here](#). These directions have been developed in line with the updated guidance.

Best Value means ensuring there is good governance, good management of resources, and continuous improvement, in order to deliver the best possible outcomes for the public. To do this the IJB must make sure there are strong arrangements in place for looking at performance, progress towards achieving strategic objectives, and holding partners to account. The IJB must ensure it meets the duty of best value under the Local Government in Scotland Act 2003. It is expected that NHS Lothian and Midlothian Council will deliver the directions outlined whilst following the duty of best value.

The IJB must make sure that everyone has equal opportunities to access our services, and comply with the **Public Sector Equality Duty** as outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. To support this the IJB has developed Equalities Outcomes. It is expected that NHS Lothian and Midlothian council will deliver the directions whilst following the Public Sector Equality Duty.

Reporting on progress

Performance measures for each of the directions have been identified along with key deadlines. Progress against the directions will be reported to Strategic Planning Group and the IJB after 6 months and 1 year.

Financial context

The financial situation for 2022-2023 remains a very challenging one with both NHS Lothian and Midlothian Council facing major financial pressures. There are a wide range of financial risks and challenges facing the IJB which are outlined in the strategic plan.

Financial Summary

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

List of Directions

Older People (Community Services).....	6
Frailty.....	10
Physical Disability & Sensory Impairment.....	13
Mental Health.....	18
Learning Disability & Autism.....	22
Long Term Conditions	27
Falls & Fracture Prevention	31
Under 18.....	35
Public Protection & Community Justice.....	39
Substance Use	47
Workforce	50
Unpaid Carer.....	54
Respite.....	59
Primary Care.....	64
Acute Services.....	68
Midlothian Community Hospital	72
Sport & Leisure.....	76
Housing & Homelessness.....	79
Public Health.....	84
FINANCIAL SUMMARY.....	91



Older People

(Community Services)

Planning group: Older People's Planning Group

Planning Lead: Catherine Evans

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Provide services that are accessible, available, appropriate and of high quality across Midlothian – including GP practices, home care and care homes

IJB	Action	Target	Partner	Progress
2, 4	<p>Identify a service delivery model that enables the HSCP Home Care Service to be sustainable by:</p> <ul style="list-style-type: none"> • Reviewing the HSCP internal home care service 	Review complete. Future model of delivery is identified: March 2023	Home Care Service Manager	

Provide services that connect well with each other and work holistically to support people – including mental and physical health teams, Midlothian Community Hospital, Primary Care and Community Services

IJB	Action	Target	Partner	Progress
4, 6	<p>Co-locate the relevant intermediate care teams at Old Bonnyrigg Health Centre to:</p> <ul style="list-style-type: none"> • contribute to embedding the Home First approach across the system • enable closer links and improved communication • support seamless transition between services 	Teams co-located by June 2022	Intermediate Care Teams	

Develop appropriate day support for all older people to reduce isolation and increase social connection

IJB	Action	Target	Partner	Progress
1, 2	<p>Identify a model for delivering future day support for older people by:</p> <ul style="list-style-type: none"> Carrying out a review using a human rights-based approach Ensure provision is inclusive of all people, including those who need more support Provide day support for people with complex support needs whilst Highbank Day Service is unavailable 	<p>Review complete and model identified by March 2023</p> <p>Indicator: Number of day services places available for people with more complex support needs</p> <p>Baseline March 2022: 55</p> <p>Target: Increase by 30%</p>	<p>Older People's Planning Officer</p> <p>Service Manager – Older People</p> <p>Day service providers</p>	

Support more people with rehabilitation and recovery at home or close to home

IJB	Action	Target	Partner	Progress
2, 4	<p>Provide purpose-built facility and accommodation for intermediate care, reablement and respite by:</p> <ul style="list-style-type: none"> Redesigning and re-providing Highbank Intermediate Care facility at a new site Providing 40 Intermediate Care Beds Involving people with lived experience in the redesign process. 	<p>Provision of purpose-built intermediate care facility by May 2024</p>	<p>Highbank Intermediate Care</p> <p>Service Managers</p> <p>Extra Care Housing Officer</p>	

IJB	Action	Target	Partner	Progress
4	<p>Reduce preventable admissions to hospital by:</p> <ul style="list-style-type: none"> • Providing a greater proportion of rehabilitation and reablement at home or as close to home as possible • Adopting a Home First approach across all teams • Proactively reaching out, assessing and supporting those who are moderately or severely frail with an Emergency Department admission of less than 24 hours. • Scoping to identify appropriate indicators, baseline measures and targets 	<p>Scoping complete - understand and establish baseline data then set targets in year 1</p> <p>Options for improvement identified by March 2023</p>	<p>Service Manager</p> <p>Intermediate Care Teams</p>	

DRAFT



Frailty

Planning group: TBC

Planning Lead: Amanda Fox

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Improve anticipatory care planning for people living with frailty

Embed a 'thinking ahead' approach promoted by health, social care and third sector practitioners to improve the quality and quantity of anticipatory care plans shared using Key Information Summaries (KIS) for people living with frailty. This will include the development of a quality criteria and embedding person centred 'good conversations' that explore what matters to people and their preferences for care and support should their health deteriorate.

IJB	Action	Target	Partner	Progress
	Develop a joint HSCP/Quality Cluster quality improvement plan including collaborating on improving the coordination and continuity of primary care for people living with frailty			
	Learning from MidMed and local/national best practice, improve the quality and quantity of anticipatory care plans shared using Key Information Summaries (KIS) for people living with frailty. This will include the development of a quality criteria and embedding person centred 'good conversations' that explore what matters to people.			

Improve coordination of care in the community for people living with frailty

Develop a Midlothian Frailty Improvement Programme. Review the learning from the e-frailty programme, Penicuik Multidisciplinary Team frailty model, MidMed and other local/national best practice to develop a Midlothian Frailty Improvement Programme that proactively identifies people living with frailty, provides holistic assessment and improved co-ordinated care and support at an earlier stage.

IJB	Action	Target	Partner	Progress
	Learning from the Penicuik Multidisciplinary Frailty model, explore options to improve coordination of care across community services and consider scaling up the approach.			

IJB	Action	Target	Partner	Progress
	Working collaboratively with General Practices and community health and social care services, explore approaches to improve continuity of care for people living with frailty.			

DRAFT



Physical Disability & Sensory Impairment

Planning group: Physical Disability & Sensory Impairment

Planning Lead: Tom Welsh (Temp)

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Improve access to health and social care services

IJB	Action	Target	Partner	Progress
2	<p>Reduce waiting times in the Physical Disability Team which have arisen in part as a consequence of the pandemic</p> <ul style="list-style-type: none"> - Recruit additional temporary staff - Review internal processes to help reduce waiting times if possible 	<p>Reduce average waiting time for priority cases assessed by OTs: target -4 weeks</p> <p>Reduce average waiting time for non-priority OT cases: target -12 weeks (if additional resources made available)</p> <p>Revised processes which reduce waiting times across all disciplines in the longer term</p>		

Develop Self-Directed Support in line with Social Work Scotland's new standards

IJB	Action	Target	Partner	Progress
3/5	<p>Focus on key areas identified by staff and service users, such as “accountability” “transparency” and “flexible commissioning”</p> <ul style="list-style-type: none"> - Establish a stakeholder group to develop and implement a local improvement plan - Improve back up arrangements for personal assistants (for people who use Direct Payments) 	<p>Stakeholder Group established and plan developed and agreed by June 2022 (some dependencies at a national level).</p> <p>Track the number of improvement actions recommended by the SDS Reference Group and monitor progress in implementation.</p> <p>SDS – establish a baseline and monitor changes in how many people are on option 1, 2, 3 & 4.</p> <p>Sample analysis of assessments and support plans (Social Work & OT in PD Team) for evidence of “<i>choice and control</i>”. Baseline to be set.</p>	<p>Service User groups</p> <p>Lothian Coalition for Inclusive Living</p> <p>Matter of Focus</p>	

Increase access to Community-based Rehabilitation

IJB	Action	Target	Partner	Progress
4	Support Disabled People to stay well by working collaboratively to establish improved pathways and a tiered approach to rehabilitation in Midlothian (See Aim 1 Long Term Conditions Plan)	<p>Increase the number of people supported through Midlothian Active Choices establish baseline for 16-65 yr. old disabled people (see LTCs Action Plan A1)</p> <p>Increase numbers of disabled people accessing physiotherapy assessment advice and support</p>	<p>Third Sector</p> <p>Sport and Leisure</p>	

Strengthen local services for people with a Visual Impairment

IJB	Action	Target	Partner	Progress
1/2/6	<p>Develop local, integrated services by:</p> <ul style="list-style-type: none"> - Creating local access points to specialist visual impairment advice and support and Increase the take up of specialist services 	<p>Introduction of new measures for enhanced communication with local people and track effectiveness</p> <p>Increase number of people accessing specialist services –baseline to be established</p>	<p>Sight Scotland</p> <p>Voluntary Organisations and Care Providers</p>	

Strengthen local services for people with a Hearing Impairment

IJB	Action	Target	Partner	Progress
2/6	Working with Audiology determine the feasibility of establishing an audiology clinic(s) in Midlothian	Option Appraisal by April 2022. If capital monies required bid to NHS Capital Steering Group May 2022	NHS Lothian Audiology	
2	Re-establish and expand local hearing aid clinics for repairs for hearing aids <ul style="list-style-type: none"> • by volunteers in libraries • by Audiology in MCH 	Timescales to be set following volunteer recruitment and training programme Repair service in Dalkeith Penicuik and Gorebridge libraries Increase the number of people accessing a local hearing aid repair service	Audiology Deaf Action Libraries Sensory Champions	
2	Re-establish the local provision of hearing aid batteries in libraries and MCH	Increase the number of people accessing a local hearing aid battery service	Audiology Council Libraries	



Mental Health

Planning group: Adult Mental Health

Planning Lead: Karen Darroch

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Improve access to Community Mental Health Supports

IJB	Action	Target	Partner	Progress
1,2,3,4 6	<p>Increase access to recovery focused mental health supports in the community</p> <p>Develop single point of enquiry</p> <p>Provide recovery focused one to one support and group support in person and online</p> <p>Deliver support in the community in the local authority wards according to need</p> <p>Create baseline data set</p> <p>Measure outcomes using validated tool (I.R.O.C)</p>	<p>Single point of enquiry by Feb 2022</p> <p>Baseline data on service use 2021 -22</p> <p>Delivery of support across all 6 LA wards</p> <p>350 people in receipt of community support in 2023</p> <p>IROC scores reported for 250 people</p>	<p>Health in Mind</p> <p>Social care</p> <p>NHS</p>	

Suicide Prevention

IJB	Action	Target	Partner	Progress
1,3,4,6	<p>Review Midlothian Approach to suicide prevention</p> <ul style="list-style-type: none"> - provide training to all staff statutory, third sector and volunteers in ASIST & Safe talk 	<p>Per year train 120 people attending accredited suicide prevention courses</p>	<p>NHS</p> <p>Social Care</p> <p>East Lothian HSCP – reciprocal training arrangements</p>	

Improve access to information about self-management

IJB	Action	Target	Partner	Progress
1,2,3,4,5,6	Increase the use of Midspace to signpost people to information and self-management resources	Total Number of Midspace users: 2021= 8,382 (6 month data until 30 Sept) 2022 = 10% increase	Health in Mind NHS Social care Third sector orgs (via reference group)	

Improve holistic support

IJB	Action	Target	Partner	Progress
1,2,3,4,5,6	Improve pathways between Mental Health, Substance use and Criminal Justice at No 11 by: <ul style="list-style-type: none"> • Annual feedback from users of number 11 (collated from patient satisfaction survey) • Annual feedback from staff at number 11. 	Baseline to be set in year 1 Year 2 and 3 review and evaluate improvement	<ul style="list-style-type: none"> • NHS • MELD • Social care • OUTNAV • Justice • Third sector 	
2,3	Increase accessibility of therapy groups by: <ul style="list-style-type: none"> - Increase number of people accessing groups by running groups – peer support, support for stress and distress, cognitive stimulation and carer stress. - Improve access to groups by running them in different areas. 	Number of people accessing groups: Baseline to be set in year 1 Access to groups: Baseline: East Target: At least one group in East and one group in West	Dementia Team	

Reduce waiting times for Occupational Therapy

IJB	Action	Target	Partner	Progress
1,2,3,4,5	<p>Reduce waiting times by ensuring people waiting for Occupational Therapy are :</p> <ul style="list-style-type: none"> - On the correct waiting list through triage and offered assessment/signpost or treatment. - Review current pathway and process to improve efficiency 	<p>Review existing and develop new pathways by August 2022</p> <p>Reduce waiting times In year 1 from 10 months to 5 months</p>	NHS	

DRAFT



Learning Disability & Autism

Planning group: Learning Disability & Autism

Planning Lead: Duncan McIntyre

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Empower people with learning disabilities and Autism to recognise and realise their human rights and to participate in community life free from fear, harassment and abuse.

IJB	Action	Target	Partner	Progress
	<p>Develop a Programme of Decision Making and Rights Workshops and Visits.</p> <ul style="list-style-type: none"> • Human Rights • Supported Decision Making. • Charter for Involvement. • Staff Awareness Raising • Human Rights Town App 	<p>Human Rights Expert Panel Established April 2022</p> <p>Programme devised and agreed May 2022</p> <p>Delivery of four Workshops by December 2022.</p> <p>70% of participants report improved knowledge of their Human Rights in evaluation.</p>	<p>Midlothian Local Area Coordination Service.</p> <p>People First Scotland.</p> <p>Learning Disability Providers' Forum.</p>	

Improve the Experience of Transition from School to Adult Life and Create appropriate developmental opportunities in Adult Life.

IJB	Action	Target	Partner	Progress
	<p>Develop a framework to structure current planning for young people who require additional support at key transition points.</p> <ul style="list-style-type: none"> • Form a local transitions forum. • Complete assessment of existing practice. • Identify priority actions required to deliver the 'improving' and 'delivering' categories of Principles into Practice. • Agree the scale and scope of a local Principles into Practice trial. 	<p>Transitions Forum established May 2022</p> <p>Assessment of Practice complete July 2022</p> <p>Priority Actions Agreed July 2022</p> <p>Trial Complete with 6 young people and their families by March 2023</p>	<p>ARC Scotland.</p> <p>Midlothian Council Education.</p> <p>Midlothian Children's Services.</p> <p>Midlothian Day Service Providers' Forum.</p>	

Develop Robust Community Services incorporating Positive Behavioural Support to support people with complex needs in crisis.

IJB	Action	Target	Partner	Progress
	<p>Improve Staff skills and knowledge by:</p> <ul style="list-style-type: none"> • Evaluating level 1 training (including use in induction programmes) • Developing competency frameworks for level 1 • Evaluate roll out of framework. Audit of use by providers. • Develop competency framework at level 2 for senior care staff. • Rolling out of the Video of People with Lived experience in the PBS Programme. 	<p>Evaluation demonstrates that 90% of participants at level 1 report improvement in knowledge. August 2022</p> <p>50% percent of Providers using framework at level 1 March 2023</p> <p>100% of people on PBS Pathway have risk tool completed. March 2023</p>	<p>Positive Behavioural Support Working Group.</p> <p>Learning Disability Providers' Network</p> <p>People First Scotland.</p>	

Support disabled to participate in community life, free from fear of harassment and abuse.

IJB	Action	Target	Partner	Progress
	Develop and support further Keep Safe Spaces in Midlothian Increase number of Keep Safe Spaces by <ul style="list-style-type: none"> - identifying further spaces • - training staff 	Number of Keep safe spaces: Baseline: 12 Target: 18	Police Scotland Third Sector Providers	

Support People with Complex Care Needs in Crisis

IJB	Action	Target	Partner	progress
	Develop, implement, and monitor a risk tool to identify people at risk of needing urgent behaviour support. <ul style="list-style-type: none"> • - developing, implementing and monitoring a risk tool 	Register is fully compliant with National Guidance for Dynamic Support Register March 2023	Positive Behavioural Support Working Group.	



Long Term Conditions

Planning group: TBC

Planning Lead: Hannah Cairns

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Improve screening & early detection e.g. cancer & type 2 diabetes

IJB	Action	Target	Partner	Progress
1, 2, 5, 6	<p>Improve Screening uptake rates</p> <ul style="list-style-type: none"> - Deliver training and awareness raising activities on teachable moments to frontline staff working with population groups who are less likely to attend screening e.g. people who are homeless, who have a learning disability, who are carers, to: <ul style="list-style-type: none"> o encourage people to attend national screening programmes o support informed decision making - Deliver phase 2 (community focus) head and neck cancer prevention project to reach groups who are particularly vulnerable e.g. people who are homeless, who have substance misuse issues, who are not registered with a GP or dentist - Scope opportunities for joint working to increase screening rates and support informed decision making for: <ul style="list-style-type: none"> o young women to attend cervical screening o women in their 50s and from deprived areas to attend breast cancer screening o men in their 50s and from deprived areas to participate in bowel cancer screening 	<p>10 training sessions/ workshops delivered by April 2023 involving staff from HSCP, Third Sector and Council.</p> <p>50 people participated in phase 2 by April 2023</p> <p>6 opportunities for joint working agreed and in progress by April 2023.</p>	<p>NHS Lothian’s Screening and Early Detection Team lead this work.</p> <p>Primary Care, Third Sector, Midlothian Council (Housing, Homelessness and Communities and Lifelong Learning)</p>	

Increase the number of people who are supported to stop smoking

IJB	Action	Target	Partner	Progress
1, 2, 5, 6	<p>Increase the number of women who quit smoking during pregnancy</p> <ul style="list-style-type: none"> - Allocate resource from the existing scheme of establishment within NHS Lothian Quit Your Way Service to develop and deliver a service model of best practice for pregnant women including: - the employment of a specialist pregnancy advisor (0.6wte) within Quit Your Way. - the implementation of mandatory training for perinatal professionals. 	<p>Once the service model is established, work towards a monthly engagement (quit date set) rate of 30%.</p> <p>Once the service model is established, work towards an annual 12 week quit rate of 35% of those who have set a quit date.</p>	<p>NHS Lothian Public Health team</p> <p>NHS Perinatal Services, Sure Start Midlothian</p>	t

Embed the Midway - Support self-management, understanding trauma & addressing inequalities

IJB	Action	Target	Partner	Progress
1, 2, 3, 4, 5, 6	<p>Increase access to health and wellbeing support for people at higher risk of health inequalities</p> <p>- Continue to invest in the provision of the Health Inclusion Team, providing 1:1 and group support from specialist nurse practitioners to</p> <ul style="list-style-type: none"> • people in homeless accommodation, • people in receipt of justice services, • carers, • people in receipt of drug and alcohol services, • gypsy travellers 	<p>100 people receive a health intervention from the Health Improvement team by March 2023.</p>	<p>Third Sector, Midlothian Council</p>	.

IJB	Action	Target	Partner	Progress
	<ul style="list-style-type: none"> people <55 who have had more than 3 attendances at emergency departments in the Lothian's within the last year. 			

Provide local support and treatment for people with Cancer

IJB	Action	Target	Partner	Progress
2	Deliver treatments locally <ul style="list-style-type: none"> Work with the Edinburgh Cancer Centre to explore, and if feasible, deliver treatments locally. 	Exploration to be completed and next actions agreed by date TBC	Edinburgh Cancer Centre	

Improve support to manage Type 2 Diabetes and increase remission

IJB	Action	Target	Partner	Progress
1, 2, 6	Reduce potentially preventable admissions related to Type 2 Diabetes <ul style="list-style-type: none"> Complete a deep dive of 60 patients most frequently admitted to acute with diabetes complications Complete Test of Change: trial an Advanced Dietetic Practitioner. 	Establish a clear understanding of the issue and baseline with an interim report by July 2022 Complete Test of Change: Advanced Dietetic Practitioner in post 1 Feb 2022 – 1 August 2022..	NHS Lothian Dietetics, Primary Care, Secondary Care, Pharmacies, Podiatry	



Falls & Fracture Prevention

Planning group: Strategic Falls Group

Planning Lead: Gillian Chapman

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Improve Information on Respite

IJB	Action	Target	Partner	Progress
2	<p>Produce information on entitlement, access, and costs</p> <ul style="list-style-type: none"> - Develop guidance on carer's entitlement to respite and the process of allocation. Promotion of materials to HSCP, Third Sector and public. - Produce & promote accessible information about availability of respite facilities and up-take in Midlothian (hard copy & online) - Develop pathway for information sharing between respite planning and processes and providers 	<p>Hard copies in all libraries and GP practices.</p> <p>Number of packs distributed</p> <p>Respite Planning Group agreement / SMT agreement</p> <p>Guidance agreed and distributed to partners</p>	<p>Gillian Chapman Respite Lead / Shelagh Swithenbank Unpaid Carers' Planning Officer / Wendy Fleming Communications Officer</p> <p>Gillian Chapman Respite Lead</p>	

Increase physical activity programmes and falls prevention activities

IJB	Action	Target	Partner	Progress
1,2,3,4,6	<p>Develop a falls prevention programme</p> <ul style="list-style-type: none"> - E.g. Strength & Balance classes covering Ageing Well, Sport & Leisure and third Sector. - Promote activity for falls prevention within Leisure Centres and Older Peoples' Housing (e.g Retirement / Extra Care Housing) working in partnership with third sector 	<p>Number of sessions 150 per annum</p> <p>5% Reduction in falls</p> <p>20 venues targeted</p>	<p>Gillian Chapman Falls Lead Allan Blair Sport & Leisure</p> <p>British Red Cross</p>	<p>H&SC / Sport & Leisure budget</p>

IJB	Action	Target	Partner	Progress
1,2,3,4,6	<p>Provide options around physical activity</p> <ul style="list-style-type: none"> - Level 4 instructor led weekly postural stability classes for those with more needs plus access to the current MAC programme - Best Step Forward - new project started offering weekly strength and balance exercises as well as short guided walks. - Ageing Well weekly programme including walks, dance and other activities (outdoors) - Other identified programmes or opportunities 	<p>Number of sessions per annum:</p> <p>Postural Stability classes = 192</p> <p>Best Step Forward = 96</p> <p>Ageing Well programme = 1100</p> <p>5% Reduction in falls</p>	Allan Blair Sport & Leisure / Vivien Wallace Ageing Well	H&SC / Sport & Leisure budget

Build an integrated approach to falls and fracture prevention

IJB	Action	Target	Partner	Progress
1,6	Develop a dedicated protocol for identifying, monitoring and recording falls across partnership services	<p>Establish a baseline from which to monitor progress.</p> <p>Identify current reporting mechanisms</p> <p>Identify gaps in available data</p> <p>Agree data required</p> <p>Agreed reporting procedure</p> <p>Dedicated analyst support</p>	Zoe Graham Performance & Improvement Lead	

IJB	Action	Target	Partner	Progress
1,6	<p>Develop and implement an integrated & coordinated Falls Pathway across H&SC and third sector providers</p> <ul style="list-style-type: none"> - Explore current service provision - Consider pathway models from other areas - Create Midlothian specific Falls Pathway - Consultation with key providers – service users, carers and staff 	<p>Publish & implement pathway October 2022</p> <p>Review of pathway March 2023</p>	<p>Hannah Cairns Chief AHP</p> <p>Amanda Fox Programme Manager</p> <p>Gillian Chapman Falls Lead</p>	

DRAFT



Under 18

Planning group: GIRFEC, Children and Young People Wellbeing Board, EMPPC

Planning Lead: Fiona Stratton

Direction to: NHS Lothian

Budget: TBC

These directions relate to the services for children and young people which are the responsibility of the Midlothian IJB. A wide range of other services for children and young people are planned and managed from other parts of the NHS Lothian system, by Midlothian Council and the third sector. The Midlothian GIRFEC Board has oversight of the development and delivery of the Integrated Children's Services Plan which covers the full range of health and social care services for children and young people.

Reduce inequality

IJB	Action	Target	Partner	Progress
	<p>Deliver consistent and effective Health Visiting interventions to use public health approaches responding by:</p> <ul style="list-style-type: none"> • increasing access to appropriate interventions through targeted support • responding to vulnerable groups including homeless families, gypsy/travellers and families affected by addiction • ensuring that the right number of Health Visitors are in the right place, with the right support available to them to enhance their professional practice. 	<p>Appropriate application of caseload weighting tool</p> <p>Workforce planning</p>		
	<p>Provide targeted support for Care Experienced children and adults up to 25 years</p> <ul style="list-style-type: none"> • LAC advisors • Corporate Parenting • 'The Promise' • Family Group Decision Making • Interagency and multidisciplinary working with Children and Families teams and other relevant agencies. 	<p>Solace data evidence appropriate contact with children who are care experienced.</p>		

Support Parents

IJB	Action	Target	Partner	Progress
	<p>Provide Mental health and wellbeing support for families and care givers by</p> <ul style="list-style-type: none"> - Implement the Solihull Approach, and associated models to support infant and perinatal mental health - Deliver peer Solihull training among work force. - Family learning model 	Training	<p>Early years</p> <p>CLL</p> <p>Hawthorn Family learning</p>	

Prevent avoidable illness

IJB	Action	Target	Partner	Progress
	<p>Increasing uptake of vaccinations by:</p> <ul style="list-style-type: none"> - Deliver core vaccination programme for under 5s utilising Child health information to provide timely and accessible services. - Deliver flu and seasonal vaccination programmes - Proactively support families who do not bring children for immunisation 			
	<p>Improve early detection of concerns by</p> <ul style="list-style-type: none"> - Respond to the findings of child health reviews, including appropriate onward referrals and advice. - Undertake quality improvement work around multi-disciplinary meetings. 	Appropriate data to evidence impact	GP	

Improve children and young people's physical & mental health

IJB	Action	Target	Partner	Progress
	Implement School nursing pathway – CP advisors, SLTI			
	<p>Improve support for school staff, CAMHS, Community Child Health and Educational Psychologists by:</p> <ul style="list-style-type: none"> - LIAM (Lets Introduce Anxiety Management), - Community Child health, CAMHS - MEAP - MH Strategic Group 	we shall need to liaise with CAMHS to identify targets that are meaningful for Midlothian Children also recognising the many projects already in operation	<p>LAC teams</p> <p>GIRFEC</p> <p>MEAP</p> <p>MH Strategic Group</p>	



Public Protection & Community Justice

Public Protection:

Planning group: East Lothian and Midlothian Public Protection

Planning Lead: Kirsty MacDiarmid

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Community Justice:

Planning group: Community Justice

Planning Lead: Fiona Kennedy

Direction to: Midlothian Council

Budget: TBC

Improve risk management of Adult Support and Protection practice in care homes

IJB	Action	Target	Partner	Progress
1,2, 4, 5, 6	Identify and share good practice and common areas for improvement in care homes by: <ul style="list-style-type: none"> • Undertaking a thematic review of Large Scale Investigations in East Lothian and Midlothian. • Developing and delivering staff briefings and training • Promoting the EMPPC Practice Guidance for Care Homes Reporting Incident and ASP Concerns through briefings for staff. 	Thematic review completed No of staff who have received briefings/training	Care Inspectorate HSCP Adult Protection Lead Officer Care Homes Practice Learning and Development Practitioner, Adult Services, Midlothian Council	

Improve staff knowledge about Adult Support and Protection and improve transfer of learning into practice

IJB	Action	Target	Partner	Progress
4, 5, 6	Better equip HSCP staff to fulfil their role as an (Adult Support and Protection) Council Officer by: <ul style="list-style-type: none"> - Revising our approach to ASP Council Officer training to modular training, with a new emphasis on consolidation of learning into practice 	CO training programme developed No of staff engaging in programme Training evaluation	HSCP Adult Protection Lead Officer	

IJB	Action	Target	Partner	Progress
	<ul style="list-style-type: none"> • ASP Lead Officer supporting regular development sessions with Council Officer staff 			

Support staff to manage cases that do not meet Adult Support and Protection criteria

IJB	Action	Target	Partner	Progress
1, 4, 5, 6	<p>Develop and implement an escalating concerns procedure by:</p> <ul style="list-style-type: none"> - Working in partnership with HSCP, third sector partners, police and fire and rescue - Raising awareness of the procedure and promoting its use 	<p>Procedure developed</p> <p>Review of cases where procedure is used to assess its effectiveness in care planning and intervention</p>	<p>HSCP</p> <p>Third sector partners</p> <p>Police</p> <p>Fire and Rescue</p> <p>Adult Protection Lead Officer</p>	

Improve staff knowledge about Violence Against Women and Girls and improve transfer of learning into practice

IJB	Action	Target	Partner	Progress
1,4,5	<p>Increase HSCP staff knowledge of gender based violence by:</p> <ul style="list-style-type: none"> - Ensuring all HSCP staff complete the Domestic Abuse Awareness Raising Tool (Daart) and attend the 'Introduction to VAWG: Spotlight on Domestic Abuse' training course (delivered by East Lothian and Midlothian Public Protection Office) • Further developing our training offering to ensure we cover all aspects of VAWG, specifically including working with men and with young people 	No of staff attending Introduction to VAWG: Spotlight on Domestic Abuse course	HSCP EMPPPO	

Strengthen Midlothian's commitment to embed the Equally Safe priorities to prevent and tackle violence against women and girls

IJB	Action	Target	Partner	Progress
	<p>Embed the four Equally Safe priorities across Midlothian HSCP and Midlothian Council by:</p> <ul style="list-style-type: none"> - Reviewing Midlothian's approach to tackling violence against women and girls in partnership with the Improvement Service - Creating a local strategy to implement the four equally safe priorities across Midlothian Council and HSCP 			

Support the HSCP to fulfil their statutory duties to report concerns about harm and co-operate with Adult Support and Protection investigation

IJB	Action	Target	Partner	Progress
1,4,5,6	<p>Plan for and implement any changes arising from the review of the Adult Support and Protection (Scotland) Act 2007 Part 1 (Guidance for Adult Protection Committees) and the Code of Practice – 2022, by</p> <ul style="list-style-type: none"> • Training • Communications, including revisions to current procedures and guidance documents 	<p>Communications updated and disseminated</p> <p>Training provided</p>	<p>HSCP</p> <p>Adult Protection Lead Officer</p>	

DRAFT

Improve understanding of Community Justice.

IJB	Action	Target	Partner	Progress
2, 3, 4, 6	Improve engagement with communities and businesses by: <ul style="list-style-type: none"> • Stories about CPOs & Unpaid Work on social media • Advertising campaign on the link between education/training, employment, health inequalities, substance misuse, housing, positive attitudes, relationships and (re)offending • Second Chancers spin off with press – voices of unpaid work telling their story (film) • Rebrand CJ logo with Newbattle High School • Launch ALISS database of services for Midlothian • Publish Community Justice Directory. 	Increase the number of combined followers on CSJP social media platforms (Facebook and Twitter) by 5% Positive feedback received from pupils ALISS publicised to all Community Councils in Midlothian Promotion of ALISS Number of Midlothian searches carried out on ALISS (target tbc) Booklet published, distributed and marketed online.	Community Justice Edinburgh College Education – Newbattle college	t.
1, 2, 3, 6	Improve MLC staff knowledge of Community Justice: <ul style="list-style-type: none"> • E-learning toolkit 	E-toolkit completed by 20% of staff	Community Justice	.
2, 3, 4, 6	Consult with public: <ul style="list-style-type: none"> • Understanding of Community Justice • Setting objectives and goals for the partnership 	% of people reporting they are aware of Community Justice	Community Justice Partners	

Prevent and reduce the risk of further offending

IJB	Action	Target	Partner	Progress
2, 3, 4, 6	Explore Restorative Justice using Community Justice Scotland guidance	Initial fact-finding carried out and plan made to develop a Restorative Justice service	Justice Social Work Community Justice	
1, 2, 3, 4, 5, 6	Improve understanding of experiences of people on Community Payback Orders by: <ul style="list-style-type: none"> Adverse Childhood Experience (ACE) questionnaire Redesign exit questionnaires 	Initial analysis carried out, recommendations on support needs made and gaps in service provision identified.	Community Justice Justice Social Work	
1, 2, 3, 4, 5, 6	Improve support for people after a Community Payback Order by: <ul style="list-style-type: none"> Develop a volunteering pathway Develop an after care service 	25% justice social work clients involved in volunteering, training or employment at the point of completion of order. New process initiated for recording of telephone calls 6 weeks post completion - Attempt made to contact 100% of clients 6 weeks post CPO	Community and Lifelong Learning Justice Social Work	
1, 2, 3, 4, 5, 6	Develop a trauma informed service that focuses on tailored, structured intervention and access to wraparound services for men on Community Payback Order supervision	Consult, plan, design and implement new holistic service	Justice Social Work	.

Improve resilience and capacity for change and self-management

IJB	Action	Target	Partner	Progress
1, 2, 3, 4, 5, 6	<p>Develop the SPRING service - 'Stepping Stones' and 'Next Steps'</p> <ul style="list-style-type: none"> Incorporate Cognitive Behaviour Therapy and Decider skills into Stepping Stones 	<p>Increase the number of referrals to SPRING by 5%</p> <p>Increase the number and percentage of women who attend Spring initial appointment who go on to engage for at least three months – by 5%</p> <p>Number of women engaging with the Next Steps phase (target tbc)</p> <p>Feedback from women that demonstrate positive change for individuals.</p>	<p>SPRING</p> <p>Psychological therapies</p>	.



Substance Use

Planning Group: MELDAP

Planning Lead: Martin Bonnar

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Reducing Harm and promoting recovery

IJB	Action	Target	Partner	Progress
1,2	<p>Improve and sustain waiting times to better than national standard.</p> <p>- Implement new access process with MELD triaging referrals into joint services - removing the need for "Gateways to Recovery Clinics"</p>	<p>Access Standard [90% of people seen within 3 weeks –referral to treatment. 100% of people seen within 5 weeks.</p> <p>Number of people accessing support through new telephone based service</p>	<p>MLHSCP MELD MELDAP Scottish Government</p>	
1,2	<p>Ensure that the provision of Medication Assisted Treatment [MAT] is safe, effective, acceptable, accessible and person-centred to enable people and their families to benefit from high-quality treatment and care.</p> <p>- Ensure sustained Delivery of Medication Assisted Treatment [MAT] Standards</p>	<p>Number of people starting OST within 1 week of referral.</p> <p>Number of clients receiving:</p> <ul style="list-style-type: none"> • Methadone • Buprenorphine • Buvidal 	<p>MLHSCP MELDAP NHS Lothian</p>	

Commissioning and Assuring High Quality, Cost Effective Outcomes Focused Services

IJB	Action	Target	Partner	Progress
1,2	<p>To maintain innovative practices implemented during the Covid 19 pandemic through the recovery phases and beyond</p> <p>- Review impact on services of Covid-19 with all service managers using digital platforms.</p> <p>- Identify effective and innovative practice and build into new Service Specifications and Service Level Agreements</p>	<p>To maintain level of support to marginalized groups to help people get of stay connected</p> <p>Type of digital support provided:</p> <p>Basic SMART phones/Digital top-ups/Tablets/lap-tops</p>	<p>MELDAP MELD Access to Industry Number 11</p>	

RESOURCES

DRAFT



Workforce

Planning Group: Workforce Strategic Planning Group

Planning Lead: Anthea Fraser

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Workforce Plan 2022-2025

IJB	Action	Target	Partner	Progress
	<ul style="list-style-type: none"> Developed a collaboratively produced workforce plan for 2022-2025, agreed by the IJB Identify challenges and opportunities to improve accuracy and specificity of workforce planning Agree action plan as identified and implement change actions to improve workforce planning capacity 	June 2022 April 2022 June 2022		

Attract staff to fill vacancies including hard to fill posts

IJB	Action	Target	Partner	Progress
	<ul style="list-style-type: none"> To complete a staffing needs analysis and produce an action plan reflecting accurate workforce planning delivered through the analysis of high-quality data by December 2022. To work alongside HEIs to increase the number of student placement offers within integrated services to at least the level of offers to those pre-pandemic. To work alongside community and education partners to offer relevant experience through the City Region Deal. Target reduction in the vacancy rate for the hardest to fill posts of 10% 	December 2022 January 2023 ongoing March 2023		

Reduce vacancies, retain, support and upskill staff

IJB	Action	Target	Partner	Progress
	<p>To deliver quality learning and development opportunities for all staff appropriate to role and development needs</p> <ul style="list-style-type: none"> • Establish a 'Training, Learning and Development Centre of Excellence' within Midlothian that provides a range of learning and development opportunities that not only meets mandatory training requirements but also delivers quality professional development across all careers and posts <ul style="list-style-type: none"> - Agree facilities plan to include appropriate accommodation and equipment - Dedicated training rooms are operational • Establish and evaluate the introduction of a framework that supports the delivery of competency-based assessment in an integrated way alongside The Lothian Care Academy <ul style="list-style-type: none"> - To have the framework for assessment signed off by October 2022 - To have 50% of all staff having completed and signed off competency training by January 2023 - To ensure each staff member who has completed an area of competency has a follow-up supervision session to reflect and consolidate learning 	<p>March 2023</p> <p>Completed</p> <p>October 2022</p> <p>October 2022</p> <p>October 2022</p> <p>January 2023</p> <p>February 2023</p>		

Reduce workforce Inequalities

IJB	Action	Target	Partner	Progress
	<p>To adopt and embed a culture of wellness and wellbeing across the workforce that recognises the shared corporate and individual roles in promoting a healthy working culture</p> <ul style="list-style-type: none"> • Review models of meaningful distributed working across all teams • Target reduction in the number of work-related long-term absence of 10% 	<p>June 2022</p> <p>March 2023</p>		

DRAFT



Unpaid Carer

Planning group: Carers Strategic Planning Group

Planning Lead: Shelagh Swithenbank

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Identify more carers

IJB	Action	Target	Partner	Progress
2	<p>Increase awareness of the caring role.</p> <ul style="list-style-type: none"> - Continue to highlight the positive contribution of unpaid carers and caring in supporting our services and communities. - Develop Communications Plan to promote carer awareness including publicising carer rights, issues relevant to carers, and support available. 	<ul style="list-style-type: none"> • Number of completed ACSP by the HSCP: Target: 60 • Number of completed ACSP by VOCAL: Target: 600 • Number of new adult referrals in to VOCAL: Target 400 • <i>10% Increase in the number of referrals received by the HSCP for adult carer support. Target 10%</i> • Number of carers accessing information and advice services from VOCAL: Target: 600 • Number of carers receiving: 1-1 support from VOCAL: Target 300 • Number of carers receiving peer group support from VOCAL: Target 250 • Percentage of carers who report increased 	<ul style="list-style-type: none"> • Midlothian Council Communications Team • HSCP Training & Development Team • HSCP Wellbeing Officer • NHS Healthy Working Lives • Midlothian Council Healthy Working Lives • Third sector Partners 	

IJB	Action	Target	Partner	Progress
		knowledge or confidence having attended training delivered or arranged by VOCAL: Target: 150		

Improve Carer Health & Wellbeing including Breaks from Caring

IJB	Action	Target	Partner	Progress
1, 5	<p>Evidence improved quality of life and managing the caring role outcomes of carers receiving support.</p> <ul style="list-style-type: none"> • Carer group activity around carer health and wellbeing. • Carer 1:1 support • Training to HSCP staff, Third sector and Voluntary groups around breaks from caring. • Access to Counselling via VOCAL 	<p>% of carers reporting maintenance or an improvement in the quality of life outcomes captured during their adult carer support planning review (VOCAL).</p> <p>% of carers reporting a maintenance or an improvement in the quality of life outcomes captured during their adult carer support planning review (HSCP).</p>		

IJB	Action	Target	Partner	Progress
		<p>% of carers reporting a maintenance or an improvement in managing the caring role outcomes captured during their adult carer support planning review (VOCAL).</p> <p>% of carers reporting a maintenance or an improvement in managing the caring role outcomes captured during their adult carer support planning review (HSCP).</p> <p>% of carers reporting a maintenance or an improvement in their health & wellbeing and management of their caring role captured during Red Cross Self-Evaluation reviews.</p> <p>Target for all above baseline established in Year One.</p>		
1, 2, 3, 6	Increase the number of carers supported to take a break from caring.	Number of carers accessing the Wee Breaks service: Target: 90 – 100	VOCAL HSCP	

IJB	Action	Target	Partner	Progress
	<ul style="list-style-type: none"> - Training to HSCP staff, Third sector and Voluntary groups around breaks from caring. - Continue with Wee Breaks Grant scheme - Support opportunities for non-funded/non statutory breaks (e.g. Respitality) - Exploring the use of SDS/Direct Payments for funded/statutory breaks 	<p>Number of carers accessing Respitality opportunities via VOCAL: Target: 40</p> <p>Training to relevant staff and volunteer groups around short breaks and breaks from caring. Target 50</p> <p>Review of SDS/Direct Payment funding breaks for carers by March 2023.</p>	Third Sector Partners	

DRAFT



Respite

Planning group: Respite & Short Breaks

Planning Lead: Gillian Chapman

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Improve Overnight Respite

IJB	Action	Target	Partner	Progress
2	<p>Increase respite bed availability in Midlothian by:</p> <ul style="list-style-type: none"> - Work with existing (and potential) respite providers including Care Homes to explore ways to increase provision. - Explore the level of unmet need for carer respite beds, and the potential for the freeing up of non-carer respite beds to meet this. - Offer residential respite within Cowan Court Extra Care Housing complex as 6 month pilot for decision on permanent establishment and roll out to ECH new build facilities. - Provide 6 Respite beds in Highbank Intermediate Care re-provisioning project - Investigate 'respite at home' options 	<p>Consultation completed by April 2022</p> <p>Review completed by May 2022</p> <p>Increase of carer respite beds</p> <p>Report to Senior Management Team for decision March 2022</p> <p>Number of respite recipients</p> <p>Feedback from recipients</p> <p>New build completion October 2023</p> <p>Number of providers identified</p> <p>Increased uptake of home based day / overnight respite</p>	<p>Gillian Chapman Respite Lead / Muriel Reid Care Home Support Team</p> <p>TBC</p> <p>Gillian Chapman Respite Lead</p> <p>Katherine Malone Intermediate Care Manager</p> <p>Shelagh Swithenbank Unpaid Carers' Planning Officer</p>	

Improve equality of access to respite across Midlothian

IJB	Action	Target	Partner	Progress
2, 6	<p>Ensure Locally Based Respite Provision with an even distribution across Midlothian</p> <ul style="list-style-type: none"> - Consider the inclusion of respite beds in Penicuik, Bonnyrigg and Dalkeith New Build Extra Care Housing following review of Cowan Court respite flat pilot. - Consider ways of supporting resilient communities – respite opportunities for older people in local community facilities such as Day Care in a church hall - Map where people feel their community is in terms of respite need, and looking at ways to fill respite gaps with communities themselves - Explore options to offer day care/support to older people in Midlothian who are isolated 	<p>Increased number of community led resources Increased Day Care capacity</p> <p>Identification of gaps</p> <p>Reduction in self-reported feelings of isolation.</p>	<p>Gillian Chapman Respite Lead / Simon Bain MC Housing</p> <p>Catherine Evans Older Peoples’ Planning Officer</p> <p>Catherine Evans Older Peoples’ Planning Officer / Catherine Duns CLL</p> <p>Catherine Evans Older Peoples’ Planning Officer</p>	

Plan respite for future need – efficient & effective use of resources

IJB	Action	Target	Partner	Progress
1, 2	<p>Develop accurate systems for recording respite</p> <ul style="list-style-type: none"> - Develop processes for recording all respite provision across Midlothian and use that information to monitor, evaluate and plan. - Monitor unmet need by looking at Carer Support Plan information and statistical data of provision. - Consider ways of anticipating future carer support needs through the Carer Support Plan processes. 	<p>Review of current processes</p> <p>Identified current reporting mechanisms</p> <p>Identified data required</p> <p>Agreed reporting procedure</p> <p>Improved identification of areas of unmet need.</p> <p>Reduction in number of hospital admissions</p> <p>Reduction in carer strain</p>	<p>Gillian Chapman Respite Lead / Zoe Graham HSCP Lead Performance & Improvement Officer</p> <p>Shelagh Swithenbank Unpaid Carers' Planning Officer</p> <p>Gillian Chapman Respite Lead / Shelagh Swithenbank Unpaid Carers' Planning Officer</p>	
	<p>Analyse demand for residential respite beds</p> <ul style="list-style-type: none"> - Inform business case for development / build / purchase a property exclusively for residential respite. 	<p>Review completed and report to SMT May 2022</p> <p>Number of beds required</p>	<p>Gillian Chapman Respite Lead</p>	
	<ul style="list-style-type: none"> - Identify potential sites for development to standalone residential respite purposes. 	<p>Report to Respite Planning Group January 2022</p>	<p>Gillian Chapman Respite Lead</p>	

Improve Information on Respite

IJB	Action	Target	Partner	Progress
2	<p>Produce information on entitlement, access, and costs</p> <ul style="list-style-type: none"> - Develop guidance on carer's entitlement to respite and the process of allocation. Promotion of materials to HSCP, Third Sector and public. - Produce & promote accessible information about availability of respite facilities and up-take in Midlothian (hard copy & online) - Develop pathway for information sharing between respite planning and processes and providers 	<p>Hard copies in all libraries and GP practices.</p> <p>Number of packs distributed</p> <p>Respite Planning Group agreement / SMT agreement</p> <p>Guidance agreed and distributed to partners</p>	<p>Gillian Chapman Respite Lead / Shelagh Swithenbank Unpaid Carers' Planning Officer / Wendy Fleming Communications Officer</p> <p>Gillian Chapman Respite Lead</p>	

DRAFT



Primary Care

Planning Group: TBC

Planning lead: Grace Cowan

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Develop the Community Treatment and Care services to support all practices in Midlothian.

IJB	Action	Target	Partner	Progress
	<p>Establish referral pathways for people to access CTAC services from all practices in Midlothian – phased 2 – provide wider access to service, hone and develop CTAC service, fully implement Good Conversations,</p> <p>Agreement information sharing between CTAC and GP and HSCP – to support performance monitoring (and compare across practices)</p> <p>Develop relationship between CTAC and GP</p>	<p>Identify baseline data</p> <p>Develop information sharing agreement By April 2023</p>	HSCP/General Practices	

Develop Primary Care premises to meet service requirements and respond to population growth in Midlothian

IJB	Action	Target	Partner	Progress
	<p>Implement plan on securing clinic space to provide the vaccination programme for the flu and COVID Booster vaccinations (subject to approval at NHS Lothian LSIG)</p>	<p>By September 2022 plan implemented (if approved)</p>	NHS Lothian LSIG	

Improve communication about primary care to improve sign-posting to the right support

IJB	Action	Target	Partner	Progress
	Develop and implement a joint communication plan between HSCP and General Practices to improve communication and increase understanding about access to GP, access to community services, and options for self-management.	Have primary care communications capacity in place by June 2022.		

Support uptake and optimisation of technology across primary care

IJB	Action	Target	Partner	Progress
2, 4	<p>Develop and implement a joint digital plan to support the optimizing of existing technologies and adoption of new technologies in primary care.</p> <p>Develop of technology in diagnostics and management of long term conditions in primary care</p> <p>Move people to new people developed by Scottish Government (from Florence to In-Reach)</p>	<p>100% of people moved by April 2023</p>	<p>General Practices/HSCPs</p> <p>Scottish Government</p>	

Increase the adoption of data-led collaboration between General Practices and the HSCP to improve health outcomes for people.

IJB	Action	Target	Partner	Progress
	Develop a data-led programme across primary care to improve shared understanding about demand and capacity	Implement April 2023	General Practices/HSCPs	

Review admission to hospital via primary care services in evenings, at night and weekends through the Lothian Unscheduled Care Service to facilitate provision of care close to home

IJB	Action	Target	Partner	Progress
	Review data on admissions to hospitals via LUCS (out of hours) from care homes to identify opportunities for earlier intervention (in hours)	Have baseline data April 2023	LUCS Care Home Support Team	



Acute Services

Planning group: Acute Services Planning Group

Planning Lead: Grace Cowan

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Reduce potentially preventable admissions by improving access

IJB	Action	Target	Partner	Progress
1	<p>Reduce admissions due to flu and COVID by:</p> <ul style="list-style-type: none"> Working to improve the uptake of the flu vaccination Continue rollout of Covid-19 vaccination and boosters 	<p>Flu 2022/23 targets:</p> <ul style="list-style-type: none"> Over 65 years: 90% Under 65 years at-risk: 75% Health and social care staff: 60% <p>See other specific targets from SG</p>	HSCP	

Maintain delayed discharge occupied bed days though planned date of discharge approach

IJB	Action	Target	Partner	Progress
1,2,4	<p>In partnership with acute services, implement a “Planned Date of Discharge” approach in order to identify and support people in hospital who live in Midlothian as early as possible</p> <ul style="list-style-type: none"> Look at flow across systems in Midlothian – identifying blockages and solutions Promote proactive flow hub arrangements including implementation and expansion of the Single Point of Access (see SPOC details above) 	<p>Implement approach by April 2022</p> <p>Maintain delayed discharge rate (MSG Indicator)</p> <p>Increase the number of people receiving of Hospital at Home by 100% by March 2023</p>	HSCP	

IJB	Action	Target	Partner	Progress
	<ul style="list-style-type: none"> Increase Midlothian Hospital at Home service capacity in line with wider pan-Lothian review 			

Maintain attendances to A&E.

IJB	Action	Target	Partner	Progress
1,6	Review Musculoskeletal (MSK) pathways to ensure more people are directed to Midlothian MSK services as an alternative to ED where appropriate	Establish baseline MSK data and existing gaps to inform next steps by September 2022.		

Reduce unscheduled admissions

IJB	Action	Target	Partner	Progress
1,2, 3,4,6	<p>Reduce unscheduled respiratory admissions:</p> <ul style="list-style-type: none"> Increase capacity by implementing 6 day working in the Community Respiratory Team (CRT) Continued development and expansion of SAS (SAS) and CRT pathway as alternative to hospital conveyance Proactively identify the people most at risk of unscheduled admissions, offer service support where appropriate, and inform future service design to increase reach 	<p>Establish and agree a timetable alongside Partnership to deliver 6 day working Community Respiratory Team (CRT) by September 2022</p> <p>Increase % of people in Midlothian with COPD who admit to hospital and are</p>		

IJB	Action	Target	Partner	Progress
	<ul style="list-style-type: none"> Introduce the new digital service, Dynamic Scot, to help patients living with COPD better manage their condition and reduce A&E attendance and admission 	<p>known to CRT from 45% to 80% by March 2023.</p> <p>Reduce respiratory ED attendances by 30% by March 2023.</p> <p>Reduce respiratory admissions by 28% by March 2023.</p> <p>Reduce respiratory OBDs by 30% by March 2023.</p>		

DRAFT



Midlothian Community Hospital

Planning group: TBC

Planning Lead: Kirsty Jack

Direction to: NHS Lothian

Budget: TBC

Improve accessible information about MCH & the services it provides

IJB	Action	Target	Partners	Progress
1	<p>Improve accessibility of information about MCH by:</p> <ul style="list-style-type: none"> • Collaborate with key stakeholders to develop webpages for MLC & NHS • Create & distribute community newsletter • Create MCH information leaflet • Establish links with local radio station 	<p>Webpage on MLC developed by June 2022</p> <p>Webpage on NHS developed by June 2022</p> <p>Newsletter distributed by November 2022</p> <p>Links made with Red Cross for radio show by June 2022</p>	<p>Service Managers, Midlothian Older People's Assembly, MVA, British Red Cross</p>	<p>Existing resources</p>

Improve processes to ensure services at MCH are operating effectively and efficiently

IJB	Action	Target	Partners	Progress
1, 5	<p>Recruit effectively into vacancies by:</p> <ul style="list-style-type: none"> • Develop accurate + appealing vacancy adverts • Promote HSCP careers at educational establishments • Incorporate specialist fields such as Dementia outreach support, and stroke rehab into posts to attract skilled staff • Develop & deliver training programme to ensure HSCP is an attractive employer 	<p>Increased awareness with students/graduates (Dec 2022)</p> <p>Starting in January 2022, and ongoing in line with service development</p>	<p>SC/N's</p> <p>Service Manager</p> <p>Recruitment</p>	<p>Existing budget</p>

Improve quality of care for older people with mental illness

IJB	Action	Target	Partners	Progress
2	<p>Improve mental health models of care by:</p> <ul style="list-style-type: none"> • Engage with Dementia Nurse Consultant to develop model • Consult & collaborate with partners and people with lived experience • Set up professional network with community team colleagues to share ideas and learning, and to drive forward change 	<p>Model developed by Aug 2022</p> <p>Consultation developed and delivered by SC/N's from Mental Health wards</p> <p>Professional network set up by SC/N's from Mental Health Wards</p>	<p>Nursing</p> <p>Medical Staff</p> <p>AHP</p> <p>Community Teams</p>	

Improve access to and quality of care and treatment for out-patients

IJB	Action	Target	Partners	Progress
2	<p>Explore options for increasing range of outpatient clinics offered at MCH by:</p> <ul style="list-style-type: none"> • Complete scoping exercise to identify all potential clinic areas within HSCP premises • Complete scoping exercise to identify all current clinics held on site at MCH (including those for older people) • Relocate non-priority clinics. 	<p>Scoping exercise of clinic areas completed by April 2022</p> <p>Scoping exercise of current clinics completed by April 2022</p> <p>Non priority clinics relocated by Sep 2022</p>	<p>Lead AHP</p> <p>Primary Care</p> <p>Lead Clinicians and Service Managers</p>	<p>To be determined</p>

Support more people with rehabilitation and recovery.

IJB	Action	Target	Partner	Progress
4	Support patient flow by: <ul style="list-style-type: none"> • Review rehabilitation processes and roles • Develop assessment processes and care plans to support successful discharge • 	Review of processes completed by July 2022 Assessment processes and care plans developed by September 2022	Nursing Medical Staff AHP	

DRAFT



Sport & Leisure

Planning group: Attend - Falls, Long term Conditions, Older People

Planning Lead: Allan Blair

Direction to: Midlothian Council

Budget: TBC

Improve equity of access to all physical activity opportunities

IJB	Action	Target	Partner	Progress
1,2,3,4,5,6	<p>Support people experiencing financial hardship to be physically active.</p> <ul style="list-style-type: none"> - Review and revise Access Midlothian scheme - Consult HSCP and 3rd Sector staff, user groups and individuals. - Review and revise Sport & Leisure scale of charges and associated policies 	<p>Consultation by Dec 2022 Implementation by April 2023</p>	<p>HSCP partners, 3rd Sector Partners, user groups individuals with lived experience</p>	
1,2,3,4,5,6	<p>Identify and reduce any barriers to accessing physical activity opportunities</p> <ul style="list-style-type: none"> - Consultation with individuals and user groups to identify barriers - pilot measures to address barriers and improve equity of access (including ways to reduce digital discrimination e.g due to advance online booking) 	<p>Consultation by Oct 2022 Pilot by April 2023</p>	<p>HSCP partners, 3rd Sector Partners, user groups individuals with lived experience</p>	
1,2,3,4,5,6	<p>Improve access for people with protected characteristics to participate in specialised and mainstream physical activity opportunities by:</p> <ul style="list-style-type: none"> - Increasing the opportunities and support for people with a Learning Disability 	<p>Each Leisure Centre to provide at least one activity per day specifically for people with a protected characteristic by Dec 2022</p>	<p>HSCP partners, 3rd Sector Partners, user groups individuals with lived experience</p>	

Increase community based support opportunities

IJB	Action	Target	Partner	Progress
1,2,3,5,6	Increase the opportunities for older people by - continuing the Ageing Well programme	Return to pre-Covid levels of activity provision for Ageing Well, volunteering and participation by April 2023.	HSCP partners, 3rd Sector Partners, user groups individuals with lived experience	

Increase support for communities in crisis or emergency

IJB	Action	Target	Partner	Progress
5,6	Join and roll out the Keep Safe Scotland Scheme including - training of key staff - promoting Midlothian Sport and Leisure venues as part of the scheme through materials provided, through the app, and through third sector partners that support vulnerable people - Evaluate the effectiveness of the scheme with venues, staff and third sector partners	At least 2 venues join as members of the Keep Safe Scotland scheme by end of March 2023	Police Scotland Keep Safe Scotland	



Housing & Homelessness

Planning group: Health and Homelessness & Extra Care Housing

Planning Leads: Becky Hilton & Gillian Chapman

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Offer increased housing choice and options

IJB	Action	Target	Partner	Progress
3,2,6	Build 12 Extra Care units (including 2 bariatric units) <ul style="list-style-type: none"> - Gore Avenue, Gorebridge 	Complete opening and active use of facility (Winter 2023/ early 2024)	Extra Care Housing Planning Group / MHSCP/ Midlothian Council Housing / Midlothian Council Building Services / NHS	
3,2,6	Build 48 Extra Care units (including 1 bariatric unit) <ul style="list-style-type: none"> - Newmills Road, Dalkeith 	Complete opening and active use of facility (November 2022)	Extra Care Housing Planning Group / MHSCP/ Midlothian Council Housing / Midlothian Council Building Services / NHS	
3,2,6	Build 44 Extra Care Units (including 1 bariatric unit) <ul style="list-style-type: none"> - St Mary's Primary School Bonnyrigg alongside new purpose built Highbank Intermediate Care facility at Dundas Buildings Bonnyrigg 	Complete opening and active use of facility (May 2024)	Extra Care Planning Officer / Housing / Occupational Therapy Housing Partnership / Extra Care Housing Planning Group	

Reduce unmet specialist housing demand

IJB	Action	Target	Partner	Progress
2,3,6	<p>Recommend change in policy around the inadequate availability of suitable wheelchair housing in new private housing developments / social housing with ground floor bedroom</p> <ul style="list-style-type: none"> - Collaborate with Housing Providers and national policy makers to 	Agreement by Housing that 5% Midlothian Council new build 2 storey properties will include ground floor bedroom and WC / shower by 2025	Occupational Therapy/ Housing Partnership Group / Building Services / Planning Team	

Increase the number of people accessing support in temporary accommodation.

IJB	Action	Target	Partner	Progress
1, 2, 3, 4, 5, 6	<p>Increase the type of support offered through assertive outreach to include:</p> <ul style="list-style-type: none"> - Dual diagnosis Community Mental Health Nurse (1-yr pilot), - Occupational therapist, - Mental Health Social Worker (TO BE CONFIRMED) - Substance Use Social Worker. (TO BE CONFIRMED) <p>(currently involves Substance Use Community Mental Health Nurse and Health Inclusion Nurse)</p>	<p>1 year pilot of Community Mental Health Nurse to be completed and next actions decided by April 2023</p> <p>Assertive outreach model to have an active presence in all supported temporary accommodation by April 2023</p> <p>Linked to MAT standard 9 - All people with co-occurring drug use and mental health</p>	Midlothian Council, With YOU	

IJB	Action	Target	Partner	Progress
		<p>difficulties can receive mental health care at the point of MAT delivery.</p> <p>Linked to MAT Standard 3- All people at high risk of drug-related harm are proactively identified and offered support to commence or continue</p>		

Improve support for people who are homeless with complex and multiple needs

IJB	Action	Target	Partner	Progress
1, 2, 3, 4, 5, 6	<p>Support the implementation of the Rapid Rehousing Policy and embed the delivery of a housing first approach with multi-disciplinary collaboration:</p> <ul style="list-style-type: none"> • Contribute to the design, allocation and evaluation of Housing First • Establish a Health, Housing and Social Care Planning Group to improve joint working to identify, plan and deliver the right holistic health and social care support. 	<p>20 people per year supported through Housing First with support from adult health and social care.</p> <p>Pilot a Health, Housing and Social Care Planning Group. Review and report on its impact by April 2023.</p>	<p>Midlothian Council</p> <p>With YOU</p>	

Reduce avoidable hospital admissions / delayed discharges

IJB	Action	Target	Partner	Progress
	Increase the availability of Intermediate Care flats available in Midlothian communities within ECH new build facilities and from suitable existing housing stock.		HSCP / Housing	

Enable people to live independently

IJB	Action	Target	Partner	Progress
1,2,3,6	Support improvements to older peoples' housing <ul style="list-style-type: none"> - Explore establishing a Care & Repair scheme 	Report with proposal to SMT March 2022	Occupational Therapy / Housing Partnership / Melville HA	



Public Health

Planning group: HSCP Public Health Reference Group (TBC)

Planning lead: Rebecca Hilton

Direction to: NHS Lothian and Midlothian Council

Budget: TBC

Increase the number of people who are supported to be more physically active

IJB	Action	Target	Partner	Progress
1, 6	<p>Drive engagement and co-ordinated action on the Public Health amplified priorities</p> <ul style="list-style-type: none"> - Establish an integrated Public Health Team (NHS Lothian Public Health Directorate and Midlothian Health & Social care Partnership) to collaboratively lead this priority including: - Work with HSCP planning groups to include physical activity measures within their action plans. - Support the inclusion of physical activity measures in other key thematic Community Planning groups (Getting it Right for Every Midlothian Child, Improving Opportunities in Midlothian and Community Safety and Justice) 	<p>Percentage of actions that are on target or completed to increase physical activity across all HSCP strategic action plans. (80% to be on target/completed)</p> <p>Percentage of thematic groups who have included physical activity in their action plans (target 100%)</p>	<p>NHS Lothian Midlothian Population Health Team, Community Planning Partnership</p>	t

Increase the number of people who are supported to address money worries.

IJB	Action	Target	Partner	Progress
1, 6	<p>Drive engagement and co-ordinated action on the Public Health amplified priorities</p> <ul style="list-style-type: none"> - Establish an integrated Public Health Team (NHS Lothian Public Health Directorate and Midlothian Health & Social care Partnership) to collaboratively lead this priority including: - Work with HSCP planning groups to include measures to address money worries within their action plans. - Support the inclusion of money worries measures in other key thematic Community Planning groups (Getting it Right for Every Midlothian Child, Improving Opportunities in Midlothian and Community Safety and Justice) 	<p>Percentage of actions that are on target or completed to address money worries across all HSCP strategic action plans. (target 80%)</p> <p>Percentage of thematic groups who have included physical activity in their action plans (target 100%)</p>	<p>NHS Lothian Midlothian Population Health Team</p> <p>Community Planning Partnership</p>	

Increase the number of people who are supported to stop smoking

IJB	Action	Target	Partner	Progress
1, 2, 5, 6	<p>Increase the number of women who quit smoking during pregnancy</p> <ul style="list-style-type: none"> - Allocate resource from the existing scheme of establishment within NHS Lothian Quit Your Way Service to develop and deliver a service model of best practice for pregnant women including: - the employment of a specialist pregnancy advisor (0.6wte) within Quit Your Way. - the implementation of mandatory training for perinatal professionals. 	<p>Once the service model is established, work towards a monthly engagement (quit date set) rate of 30%.</p> <p>Once the service model is established, work towards an annual 12 week quit rate of 35% of those who have set a quit date.</p>	<p>NHS Lothian Midlothian Quit Your Way Team,</p> <p>NHS Lothian Perinatal Services,</p> <p>Sure Start Midlothian</p>	

Improve screening & early detection e.g. cancer & type II diabetes

IJB	Action	Target	Partner	Progress
1, 2, 5, 6	<p>Improve Screening uptake rates</p> <ul style="list-style-type: none"> - Deliver training and awareness raising activities on teachable moments to frontline staff working with population groups who are less likely to attend screening e.g. people who are homeless, who have a learning disability, who are carers, to: 	<p>10 training sessions/ workshops delivered by April 2023 involving staff from HSCP, Third Sector and Council.</p>	<p>NHS Lothian's Screening and Early Detection Team lead this work.</p> <p>Primary Care</p>	

IJB	Action	Target	Partner	Progress
	<ul style="list-style-type: none"> ○ encourage people to attend national screening programmes ○ support informed decision making <p>Deliver phase 2 (community focus) head and neck cancer prevention project to reach population groups who are particularly vulnerable e.g. people who are homeless, who have substance misuse issues, who are not registered with a GP or dentist</p> <ul style="list-style-type: none"> - Scope opportunities for joint working to increase screening rates and support informed decision making for: <ul style="list-style-type: none"> ○ young women to attend cervical screening ○ women in their 50s and from deprived areas to attend breast cancer screening ○ men in their 50s and from deprived areas to participate in bowel cancer screening 	<p>50 people participated in phase 2 by April 2023</p> <p>6 opportunities for joint working agreed and in progress by April 2023.</p>	<p>Third Sector Organisations</p> <p>Midlothian Council e.g. Housing and Homelessness and Communities and Lifelong Learning</p>	

Embed the Midway - Support self-management, understanding trauma & addressing inequalities

IJB	Action	Target	Partner	Progress
1, 6	Drive engagement and co-ordinated action on the Public Health amplified priorities	Percentage of actions that are on target or completed to address money worries across	NHS Lothian Midlothian	

IJB	Action	Target	Partner	Progress
	<p>Establish an integrated Public Health Team (NHS Lothian Public Health Directorate and Midlothian Health & Social care Partnership) to collaboratively lead this priority including:</p> <ul style="list-style-type: none"> - Embed Good Conversations as an organisational approach <ul style="list-style-type: none"> o Work with HSCP planning groups to include measures to embed the Midway within their action plans. o train staff, team leaders and managers in 'good conversations'. o Build training capacity across the CPP - Increase the number of services which embed the 'prepared person' into service design and delivery <ul style="list-style-type: none"> o public health support to teams to redesign how they prepare people to come into their service. 	<p>all HSCP strategic action plans. (80% target)</p> <p>80 staff from the HSPC, Council and Third Sector trained in Good Conversations by April 2023.</p> <p>80% of participants completing Good Conversations evaluation stating they have the confidence, knowledge and skills to put what they have learnt into practice.</p> <p>Increase Good Conversations training capacity by 1 additional trainer</p> <p>5 teams who incorporate preparing people into their design</p>	<p>Population Health Team,</p> <p>Community Planning Partnership,</p> <p>Third Sector Organisations,</p> <p>Midlothian Council e.g. Children's Services</p>	

Increase access to health and wellbeing support for people at higher risk of health inequalities

IJB	Action	Target	Partner	Progress
1, 2, 3, 4, 5, 6	<p>Continue to invest in the provision of the Health Inclusion Team, providing 1:1 and group support from specialist nurse practitioners to</p> <ul style="list-style-type: none"> - people in homeless accommodation, - people in receipt of justice services, - carers, - people in receipt of drug and alcohol services, - gypsy travelers - people <55 who have had more than 3 attendances at emergency departments in the Lothian's within the last year. 	100 people receive a health intervention from the Health Improvement team by April 2023.	Third Sector Organisations e.g. VOCAL, Midlothian Council e.g. Housing and Homelessness	

FINANCIAL SUMMARY

TBC

DRAFT

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 ਰੂਪ 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 (تاییداً افراد کے لیے ابھرے 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

Midlothian Integration Joint Board



14th April 2022, 2.00pm

Clinical and Care Governance Group (CCGG) report

Item number: 5.8

Executive summary

This report to Midlothian Integrated Joint Board aims to provide assurance regarding the Care and Clinical Governance arrangements within Midlothian Health and Social Care Partnership.

Board members are asked to note and approve the contents of this report

Clinical and Care Governance Group (CCGG) report

1 Purpose

- 1.1 This is the Clinical and Care Governance Group (CCGG) report for Midlothian IJB

2 Recommendations

- 2.1 Board members are asked to note and approve the content of this report

3 Background and main report

- 3.1 This report will update the IJB on the activity undertaken to provide assurance around the delivery of safe, effective and person-centred care in Midlothian.

3.2 **Clinical Care and Governance and Assurance Structure and Processes**

The Clinical and Care Governance Group (CCGG) meets quarterly and is the route for the Partnership to provide assurance to the IJB around the safety, effectiveness and person centredness of MHSCP Services.

Quality Improvement Teams are established and cover the services directly provided and hosted within the Partnership, bringing together representatives of the various multidisciplinary teams. These teams report to the CCGG around their actions to address clinical and care governance and deliver quality improvement as a result of learning and innovation.

The Quality Improvement Teams should meet at least 4 times per year and report to the CCGG utilising a reporting template to provide assurance on actions in place relating to the learning arising from investigation of adverse events and complaints, implementation of actions around safety alerts, specific standards and guidance, improvement work, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides. These issues may relate to areas covered in other groups (Health and Safety, Staff Governance, Finance and Performance) but which are assessed as creating a risk to the service's ability to deliver safe, effective or person-centred care. Work continues to refresh the assurance template to support a more streamlined and consistent approach across services and to provide greater clarity of the level of assurance services report. This is being progressed to ensure appropriate connection with the work to develop the performance reporting framework within the HSCP.

Assurance processes are also in place around the services provided in care homes for older people and care at home services. These report to Pan Lothian

operational and strategic oversight groups which in turn report to the Scottish Government around specific issues relating to delivery of these services throughout the COVID 19 Pandemic.

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups address patient/client falls and pressure ulcers. Another group, the Midlothian Safety and Experience Action Group has oversight of all other significant adverse events (adverse events which result in harm assessed as moderate or above), including those which are drug related death or suicide by patients engaged with mental health and substance misuse services. This group commissions external reviews in line with NHS Lothian protocols. The MSEAG minutes are submitted to the Lothian Patient Safety and Experience Action Group, and all Serious Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure.

3.3 The Clinical and Care Governance Group

The Clinical and Care Governance Group meets on a quarterly basis, The group has not met since the last report to the IJB in February.

3.4 Investigating and Learning from Adverse Events and Complaints

The HSCP Senior Management Team (SMT) receives a fortnightly report from the Chief Nurse regarding the reporting and management of adverse events on the Datix system, and performance around the management of complaints.

The HSCP has reached the position of having no Significant Adverse Events (SAEs) open more than 6 months. Currently 5 SAEs are under investigation, one of those being a Level 1 external review. As reported to the IJB in February, scrutiny and support will be maintained to support the delivery of completed investigations and learning action plans for all SAEs within Healthcare Improvement Scotland guidance timescales. Charts 1 and 2 shows the progress made in reducing the number of Midlothian SAEs open more than 6 months and 12 weeks over 2021/22. Work continues to support actions that will enable local teams to address all adverse events within the national guidance timescales and to maintain and improve the processes that support teams to address this important work within appropriate timescales

Outstanding actions from previously investigated Significant Adverse Events continue to be monitored by the MSEAG.

Chart 1
Midlothian Serious Adverse Events Open over 12 weeks at 28th March 2022

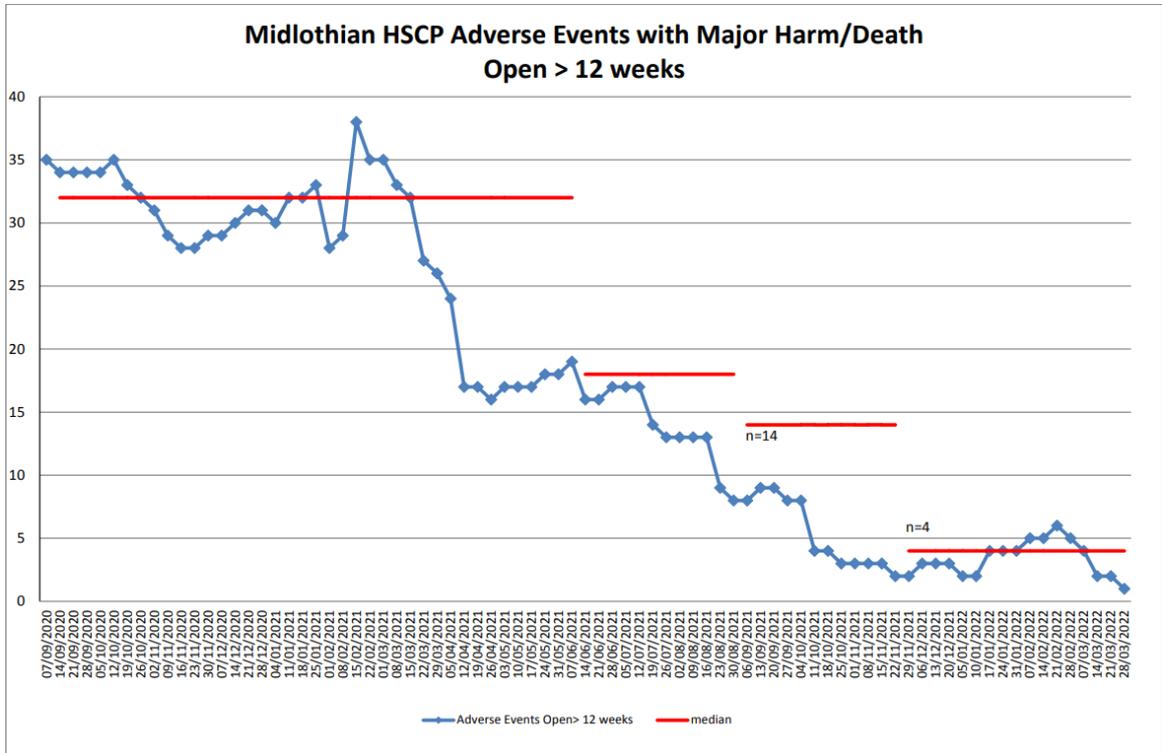
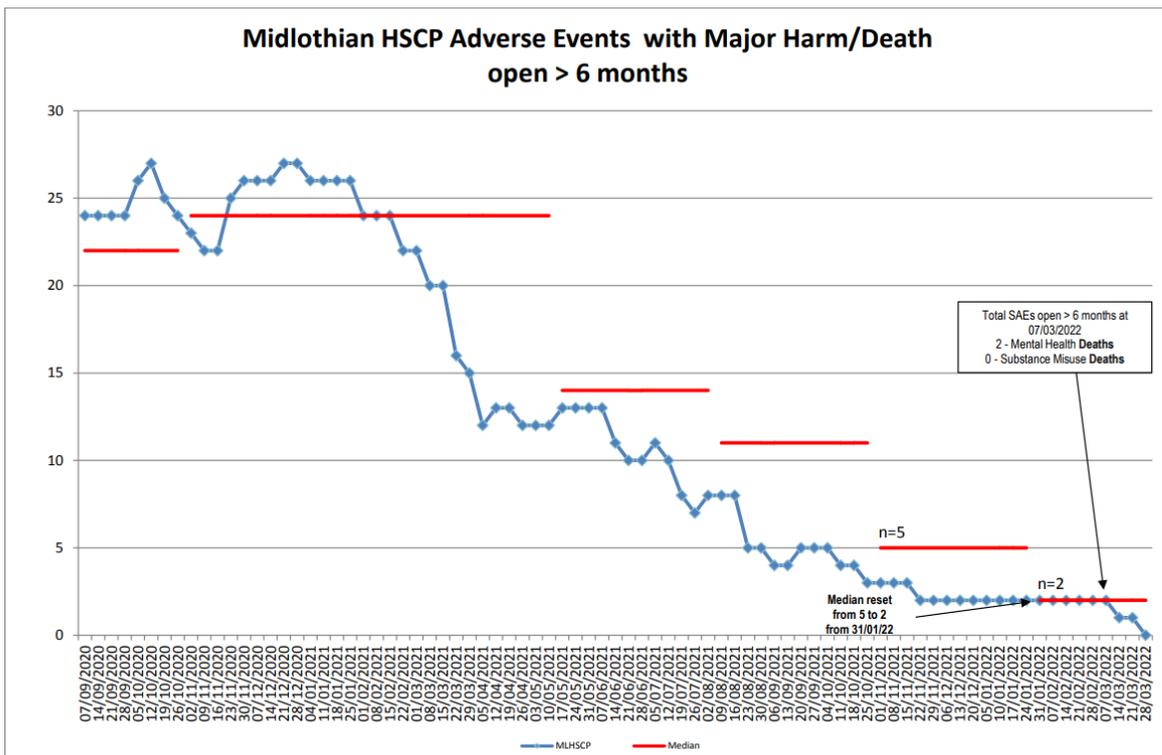


Chart 2 Midlothian Adverse Events Open over 6 months at 28th March 2022



Work continues to consistently handle complaints within agreed targets. With the backlog of SAE reviews and actions addressed, improvement work will focus on the quality of complaint response, thematic analysis and ensuring shared learning and appropriate action planning across service areas.

3.5 Clinical and Professional Oversight of Care Homes

Health Boards and local Health and Social Care Partnerships continue to carry responsibilities for the clinical and professional oversight of the care provided to people resident in care homes.

The Scottish Government confirmed on 15th March 2022 that enhanced multidisciplinary arrangements will continue to be in place until the end of March 2023.

The IJB will recall that the responsibilities given to Executive Nurse Directors are to:

- provide clinical leadership to support the health needs of care home residents
- use information from the safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required
- facilitate assurance/professional support visits providing professional and clinical advice on infection prevention and control practice, education requirements and nursing standards of care
- maintain oversight of the overall status of each care home and include in the weekly compliance report to the Scottish Government

Accountability for care home and care at home provision remains with the Chief Officer and Chief Social Work Officer.

Midlothian HSCP has well established local mechanisms in place to deliver its delegated responsibilities and to link its work with pan-Lothian and national mechanisms.

The Care Home Support Team works alongside the staff and managers in the 10 Care Homes for older people in Midlothian. This includes:

- Daily review of data entered on the TURAS safety huddle tool
- Weekly walkrounds with each care home manager (conducted virtually if workforce or other pressures dictate) utilising checklist methodology.
- Facilitation of a weekly Care Home Managers' meeting for mutual support, sharing good practice and information.
- A monthly collaborative meeting with the Pan Lothian teams delivering additional Clinical Education, Tissue Viability, Infection Prevention and Control and Quality Improvement Support.
- A rapid rundown three times weekly chaired by the Chief Nurse or other MHSCP Senior Manager to provide continued local oversight of CHST activity and intelligence.
- Enhanced support where staff or residents test positive for COVID 19 or where other risks to resident health and wellbeing are identified.

Some of the enhanced arrangements described to the IJB in the last report have been reduced to reflect the maturity of the system in addressing the level of outbreak activity. Lothian wide multi agency discussion at operational and strategic level continues to support collaborative risk assessment, problem solving and learning and links care home staff teams to a range of educational and improvement initiatives across the sector.

The Care Home Support team meets regularly with the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership to discuss the observations and experience of the different teams involved in work with care home residents. This approach enables proactive support to deliver person-centred care. The relationships forged allow issues and challenges being faced in the care homes to be identified and addressed as they arise, using informal approaches and more formal procedures as required.

A weekly operational Care at Home assurance meeting takes place in Midlothian and links are in place with the other Lothian HSCPs to support shared learning and mutual aid. The Lothian Strategic Oversight Group meets fortnightly and now includes oversight of Care at Home and Care Home services in recognition of the significant challenges being faced in both sectors.

3.6 Inspections

The Clinical and Care Governance Group maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements. Managers log their inspection reports with their QIT submissions.

The Care Inspectorate has recently published reports from unannounced inspections of Newbyres Care Village and Domiciliary Care – Care at Home. Work is being progressed to address the feedback on requirements and areas for improvement identified.

3.7 Midlothian Community Hospital

Workforce challenges persist and securing sufficient Nursing staff continues to be a daily challenge in Midlothian Community Hospital. IJB members will be aware that this is a reflection of the national shortfall of registered nurses. Delivery of a staffing plan enables 20 beds additional to the 2020 baseline to be available to provide care to Midlothian patients. Local and Pan Lothian oversight of the staffing position is maintained using the electronic 'Safecare' tool.

The IJB has previously been updated on the rollout of the Lothian Accreditation and Care Assurance Standards in Midlothian Community Hospital. The programme started with 2 wards in Cycle 1 and all in patient areas for Cycle 2. Data has been captured which can evidence improving standard attainment overall, and which supports the staff teams to target their improvement work on specific domains in each ward area. The planned LACAS cycle for February/March was paused due to the demand and staffing pressures arising from the Omicron variant. A pared back version has been progressed with the three care of the elderly wards achieving 95.8% compliance. Cycle 3 will progress from April.

4 Policy Implications

- 4.1 This report should provide assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian.

5 Directions

- 5.1 Clinical and care governance is implicit in various directions that relate to the delivery of care.

6 Equalities Implications

- 6.1 There are no equalities implications arising directly from this report.

7 Resource Implications

- 7.1 Resource implications are identified by managers as part of service development, and additional resource may at times be required to ensure required standards of clinical and care governance are met. The expectation is that clinical and care governance is embedded in service areas and teams and that staff have time built in to attend the CCGG and undertake the associated responsibilities.

8 Risk

- 8.1 This report is intended to keep the IJB informed of governance arrangements and any related risks and to provide assurance to members around improvement and monitoring activity.

All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

9 Involving people

- 9.1 Midlothian staff are involved in the development and ongoing monitoring of processes related to clinical and care governance.

Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10 Background Papers

- 10.1 N/A

AUTHOR'S NAME	Fiona Stratton
DESIGNATION	Chief Nurse
CONTACT INFO	fiona.stratton@nhslothian.scot.nhs.uk
DATE	31 March 2022



14th April 2022, 2.00pm

Performance Overview Report

Item number: 5.9

Executive summary

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals.

Board members are asked to:

- Note the performance against the IJB performance goals
- Note the draft Terms of Reference for the Performance Assurance and Governance Group
- Note the progress made by the Spotlight Programme
- Note the plan to review and update the improvement goals.

Performance Overview Report

1 Purpose

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals.

2 Recommendations

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

- Note the performance against the IJB improvement goals (section 3.3)
- Note the draft Terms of Reference for the Performance Assurance and Governance Group (section 3.4)
- Note the progress made by the Spotlight Programme (section 3.5)
- Note the plan to review and update the improvement goals (section 3.6)

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 IJB approved the following revised improvement goals at the IJB meeting in April 2021:

- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18
- Reduce Unplanned Occupied Bed Days (OBD) by 10% by April 2022 compared to 2017/18
- Maintain Emergency Department attendances at the level of 2017/18
- Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity
- Reduce the percentage of time people spend in a large hospital in their last six months of life.
- Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher.

3.3 A report describing progress against each improvement goal is attached in Appendix 1. This report is informed by LIST data and is produced by the LIST team, on behalf of the Midlothian HSCP.

3.4 Performance Measurement

The Performance Assurance & Governance Group has been formed with membership drawn from the IJB, HSCP SMT, the HSCP Performance team and finance colleagues.

The group's initial meeting took place on Tuesday 5th April 2022 and will meet on a monthly basis thereafter. The remit will include examination of IJB performance data and the application of appropriate scrutiny to ensure governance and quality standards are met.

The Terms of Reference will be circulated following agreement from the group membership.

3.5 Spotlight Programme

Following a request made by the IJB in January's Board meeting, the Executive Senior team, with representation from the IJB and Strategic Planning Group attended a workshop on 4th February 2022 to identify recommendations for areas of enhanced focus during year 1 of the Strategic Plan 2022 - 25.

The first part of the session was focused on the discussion and establishment of principles for decision-making. More than 30 suggestions were made and categorised into key themes and values. The second part of the session applied these principles to the draft Strategic Plan with the following five areas being identified for year 1: Workforce, Primary Care, Frailty, Learning Disability & Autism and Midlothian Community Hospital. It was agreed that a "Spotlight" Programme would be established, to understand how the allocation of additional programme management and performance measurement can be deployed, to provide support to services and add the most value. This will include a review of existing performance reporting, and the identification of opportunities to improve.

All five areas are required to submit an initial planning document, highlighting key areas of focus from within the Strategic Plan, and detailing the measures they will use to establish a performance baseline. A monthly report will be submitted to track activity and capture learning in order to accelerate progress across all five areas.

3.6 Improvement Goals

The IJB has previously identified improvement goals to monitor progress implementing the Strategic Plan (see Sections 3.1, 3.2, 3.3). These goals are linked to the current financial year and therefore require to be updated for 2022/23.

A review of the existing improvement goals will be carried out, and a paper will be submitted to the IJB June meeting, setting out the options and recommendations for 2022/23 improvement goals for the Board to consider and approve.

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

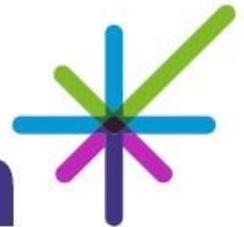
- 10.1 Appendix One: LIST Report describing progress against the IJB performance goals.

AUTHOR'S NAME	Elouise Johnstone
DESIGNATION	Programme Manager (Performance)
CONTACT INFO	elouise.johnstone@nhslothian.scot.nhs.uk
DATE	4 th April 2022

Midlothian HSCP MSG Indicators

Performance from April 2017 to December
2021, with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST),
Mar 2022



Contents

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

2020/21 MSG Targets - Methodology

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

Data completeness

Source: MSG data release Feb-22, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Dec-21	n/a	-
2. Emergency admissions	Sep-21	Dec-21	(SMR01) Nov-20 = 93%
3a. Unplanned bed days (acute)	Sep-21	Dec-21	(SMR01) Nov-20 = 93%, May-21 = 97%, Aug-21 = 97%
3b. Unplanned bed days (GLS)	n/a	Dec-21	(SMR01E) Quarters ending: Jun-20 = 98%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 92%; Jun-21 = 90%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 93%; June-21 = 92%, Sep-21 = 95%
3c. Unplanned bed days (MH)	Mar-21	Dec-21	-
4. Delayed discharges occupied bed days	Dec-21	n/a	-
5. Last 6 months of life (% in community setting)	2019/20	2020/21	-
6. Balance of care (% at home)	n/a	2019/20	-

2020/21 targets and actuals

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

Indicator	2020/21 target	2020/21 target (rate per 100,000)		2020/21 (rate per 100,000)		Target met
		Annual	Monthly	Annual	Monthly	
1. A&E attendances	Maintain	31,543	2,629	26,390	2,199	✓
2. Emergency admissions	5% decrease	9,207	767	9,207	767	✗
3a. Unplanned bed days (acute)	10% decrease	60,888	5,074	57,459	4,788	✓
3b. Unplanned bed days (GLS)	Decrease	<13,733	<1,144	14,122 (p)	1,177 (p)	✓
3c. Unplanned bed days (MH)	Decrease	<15,910	<1,326	12,903	1,075	✓
4. Delayed discharges occupied bed days	20% decrease	9,836	820	9,779	815	✓
5. Last 6 months of life (% in large hospital)	Decrease	<8.7%	-	7.4%	-	✓
6. Balance of care (% at home)	Increase	>96.4%	-	96.7% (p) - 2019/20	-	✓

(p) = provisional

- Indicators 3b and 6 are still provisional, and 6 is for 2019/20.

Data Sources

2020/21 MSG Targets

- Source: MSG data release v1.51, Feb-22; Public Health Scotland
- These are official monthly figures released by PHS and will be nationally published (some data is provisional and not yet published)
- Next data release: Mar-22

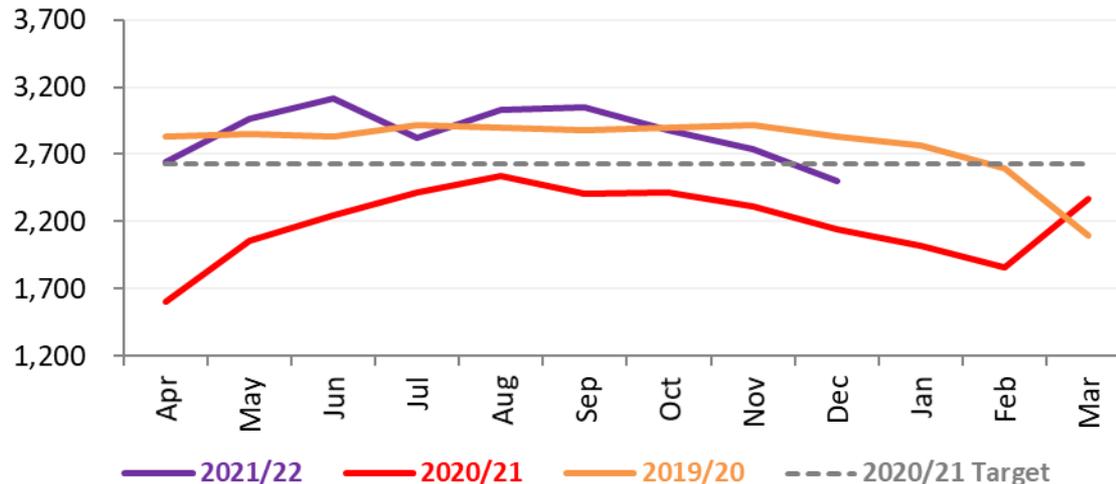
A&E Attendances

Source: MSG data release Feb-22; data published up to Dec-21

Target = maintain	Annual	Monthly
2020/21 Target Rate (per 100,000)	31,543	2,629
<i>2019/20 Rate (per 100,000)</i>	<i>33,319</i>	<i>2,777</i>
<i>2020/21 Rate (per 100,000)</i>	<i>26,390</i>	<i>2,199</i>
<i>2021/22 Running average (Dec)</i>		<i>2,862</i>

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

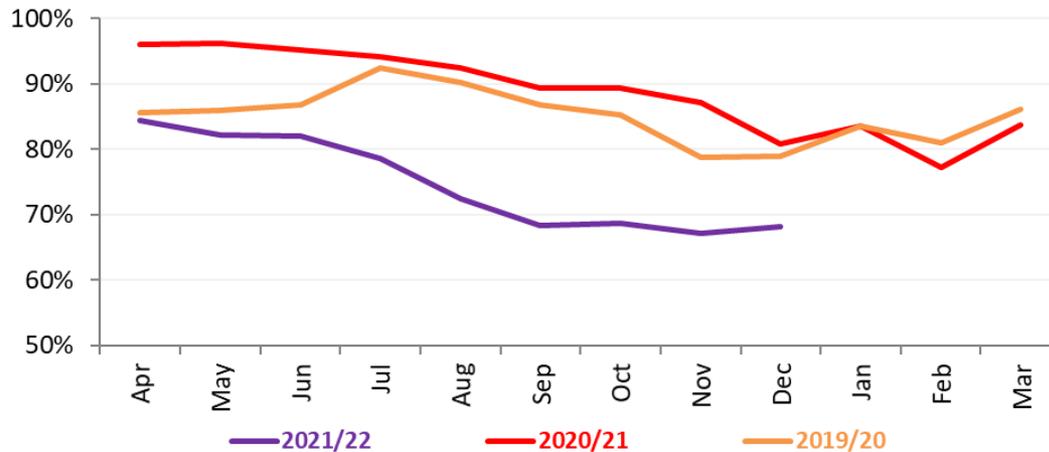
No. of A&E attendances per 100,000



A&E 4 hour performance

Source: MSG data release Feb-22; data published up to Dec-21

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



- Four hour performance was steady through the winter of 2020-21
- **Overall four-hour performance for 2020/21 was 79.9%**, a slight decrease from the 2019/20 level (85.2%)
- Performance in 2021/22 so far has steadily declined to around 67%

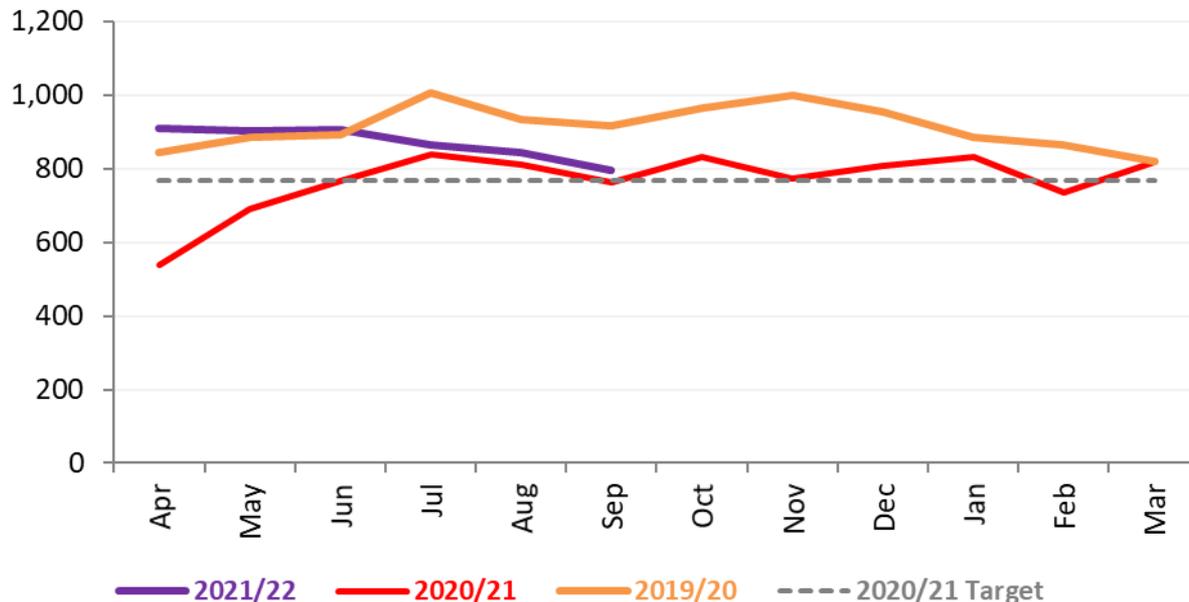
Emergency Admissions

Source: MSG data release Feb-22; data published up to Sep-21

Target = 5% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,207	767
<i>2019/20 Rate (per 100,000)</i>	<i>10,966</i>	<i>914</i>
2020/21 Rate (per 100,000)	9,207	767
<i>2021/22 Running average (Sep)</i>		<i>870</i>

- **The 2020/21 target was not met (but almost)**
- The rate of emergency admissions dropped in Apr-20 due to Covid-19, but quickly returned to more typical levels – although remained lower than 2019/20 until March-21
- In the first quarter of 2021/22 the admissions rate increased above the 2020/21 target level and above 2019/20 levels; this discrepancy has reduced since

Number of emergency admissions per 100,000



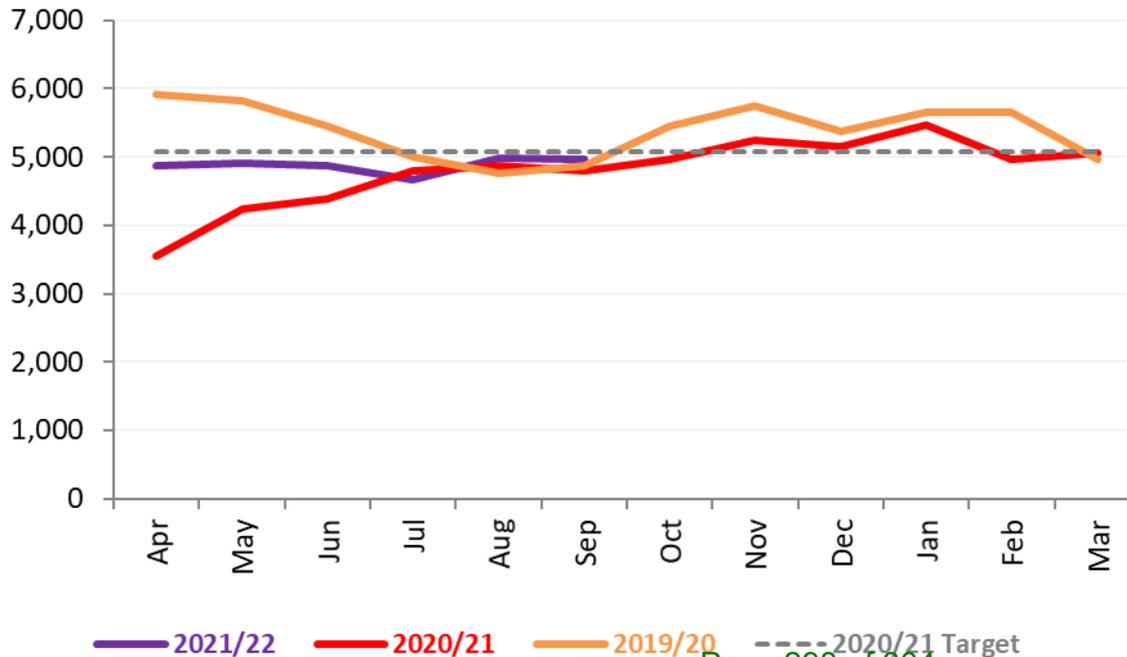
Unplanned Bed Days - Acute

Source: MSG data release Feb-22; data published up to Sep-21

Target = 10% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	60,888	5,074
2019/20 Rate (per 100,000)	64,683	5,390
2020/21 Rate (per 100,000)	57,459	4,788
2021/22 Running average (Sep)		4,875

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

Acute unscheduled bed days per 100,000

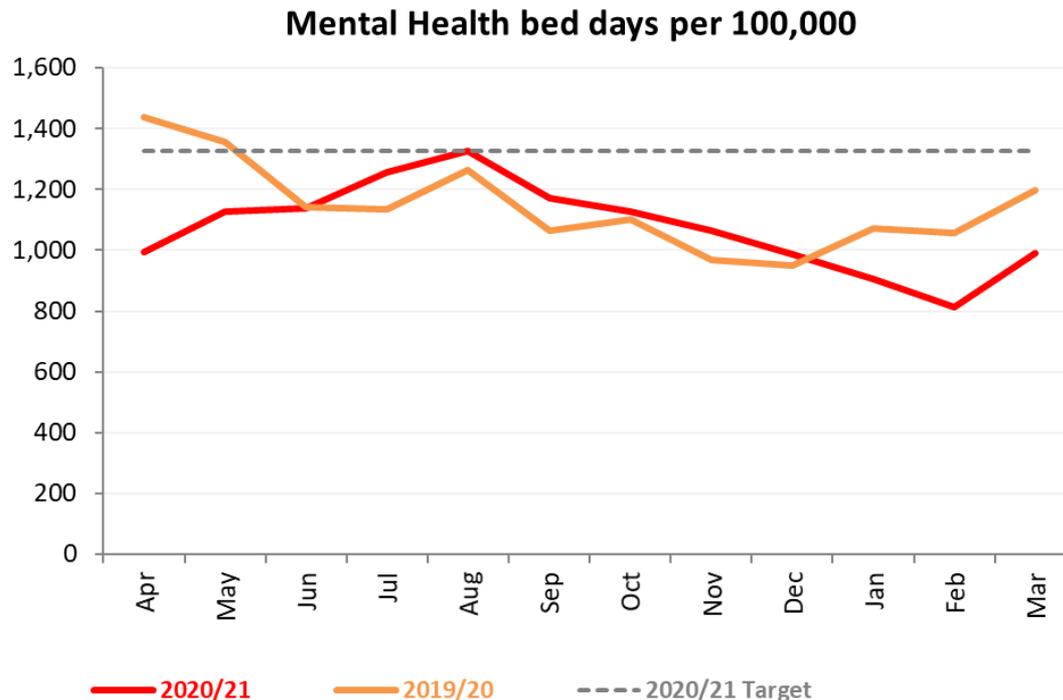


Unplanned Bed Days – Mental Health

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

Target = decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	15,912	1,326
2019/20 Rate (per 100,000)	13,742	1,145
2020/21 Rate (per 100,000)	12,903	1,075

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



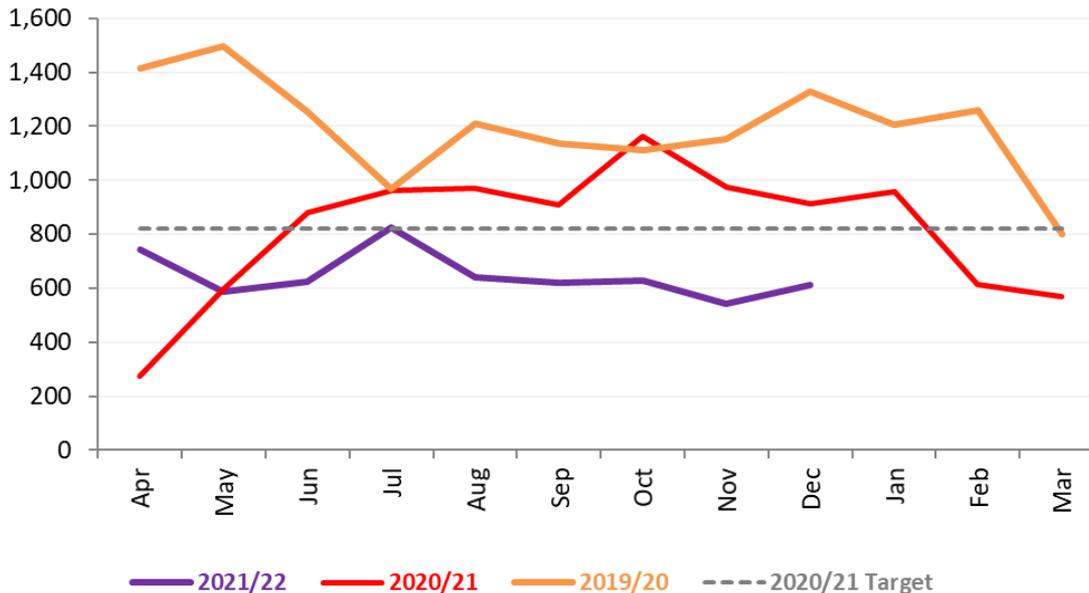
Delayed Discharges Occupied Bed Days

Source: MSG data release Feb-22; data published up to Dec-21

Target = 20% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,836	820
<i>2019/20 Rate (per 100,000)</i>	<i>14,336</i>	<i>1,195</i>
<i>2020/21 Rate (per 100,000)</i>	<i>9,779</i>	<i>815</i>
<i>2021/22 Running average (Dec)</i>		<i>646</i>

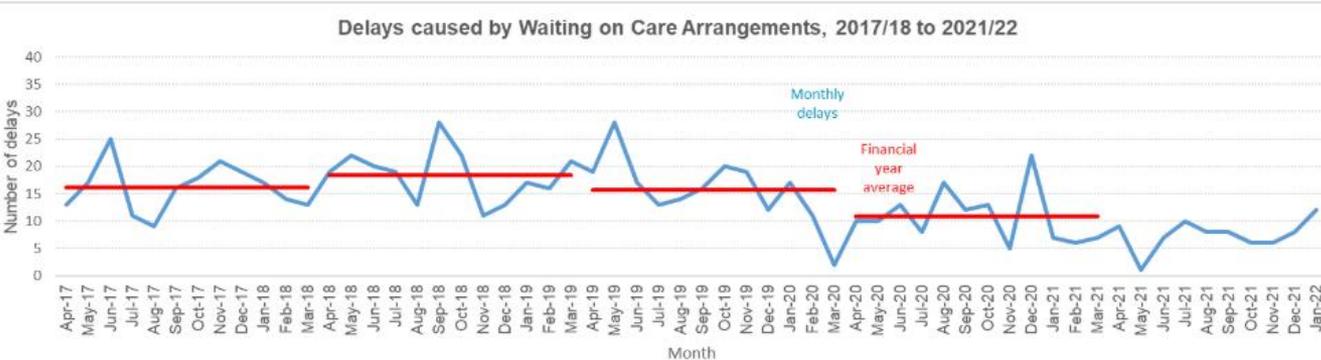
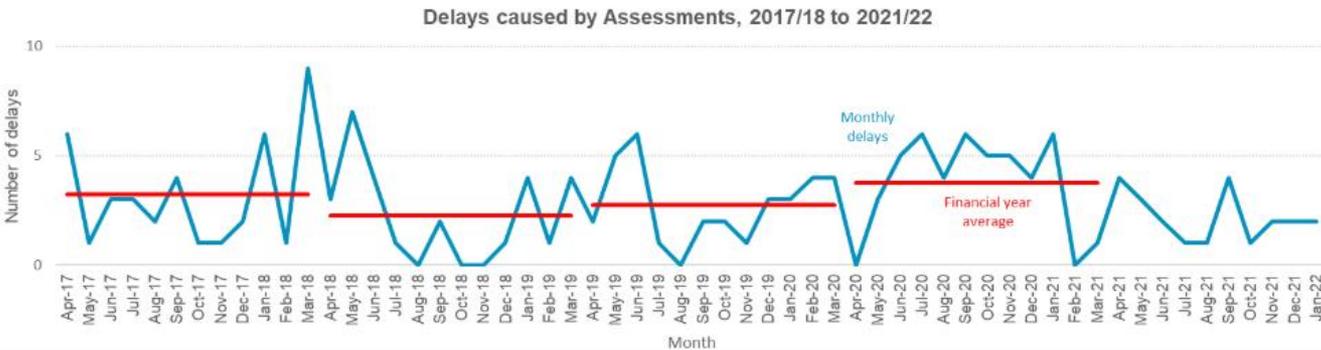
- **The 2020/21 target was met**
- The rate of delayed discharge occupied bed days in Apr-20 was about 80% lower than the previous April's rate due to Covid-19
- The rate has remained mostly lower than the previous year ever since; during 2021/22 so far it has been lower than the 2020/21 target level

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



Delayed Discharges: Trends by Reason for Delay

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

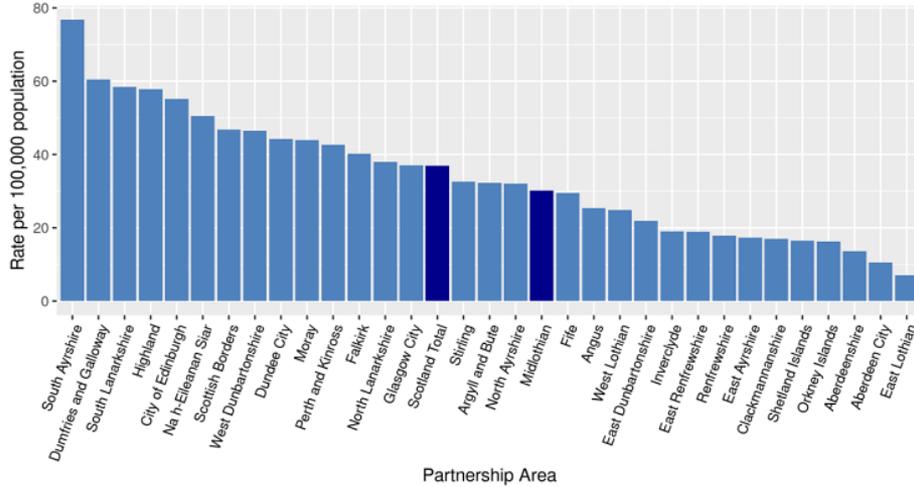


- These charts show the long term trend and the yearly average of the number of delays caused by: Assessments; Place Availability and Waiting on Care Arrangements.
- Data has been taken from the monthly Census from Public Health Scotland.
- Performance was improving before the Covid-19 pandemic, and delays have dropped further since the start of the pandemic across these categories.

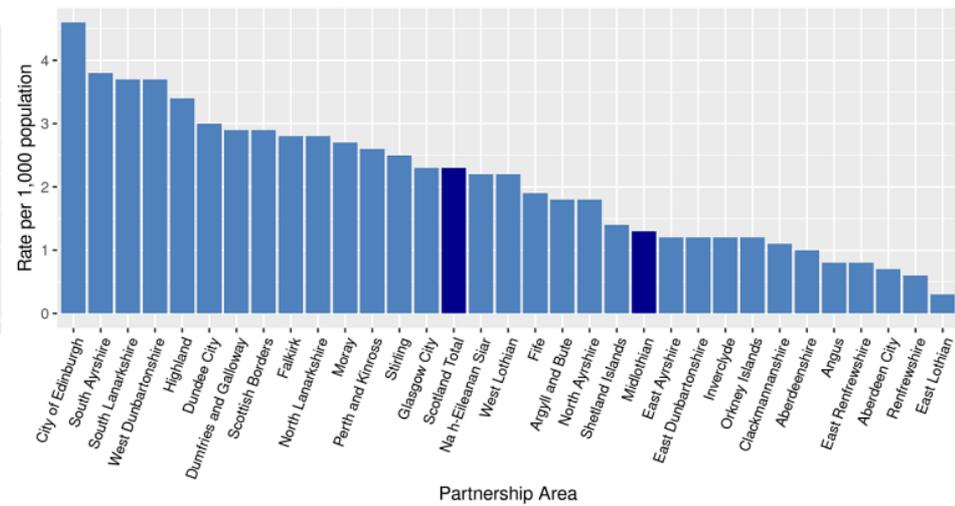
Delayed Discharges (all reasons): Midlothian Position

Data Source: Public Health Scotland Delayed Discharges March 2022 Publication

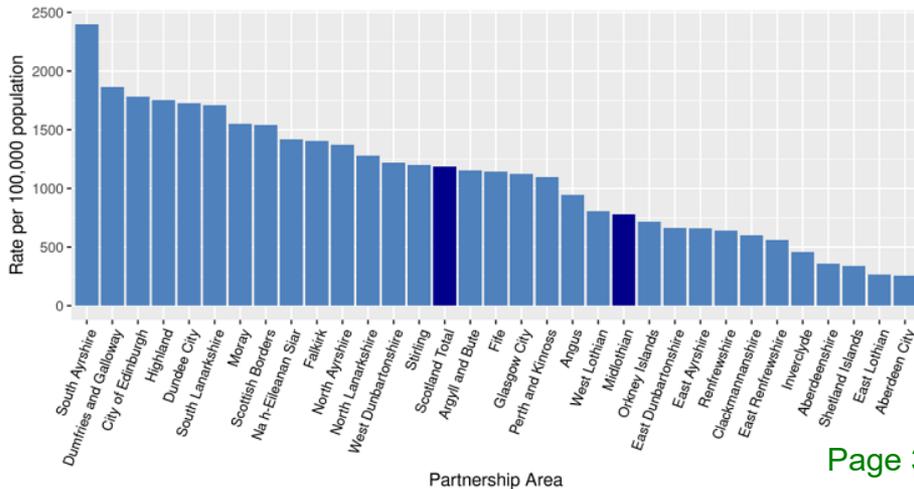
Delayed Discharge Rates per 100,000 Population, Aged 18+
Jan 22



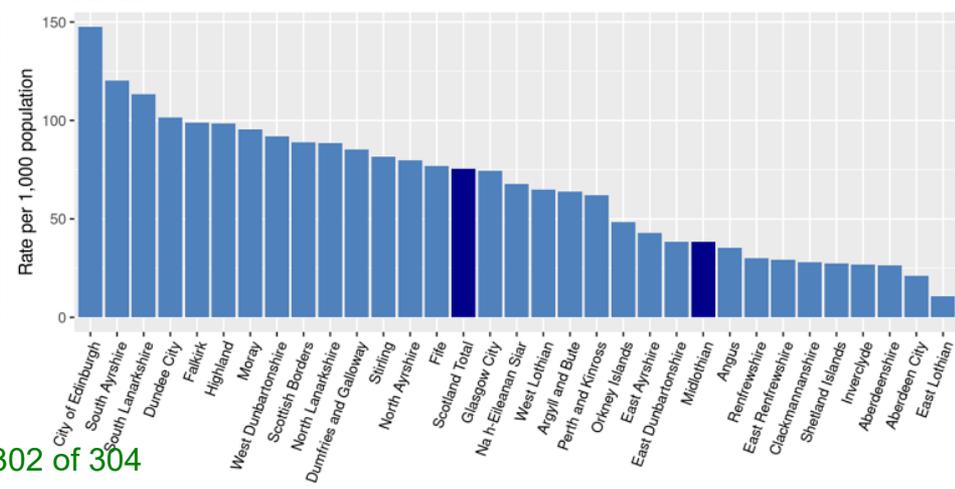
Delayed Discharge Rates per 1,000 Population, Aged 75+
Jan 22



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



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



End of Life - Percentage of Last Six Months

Spent in Large Hospitals

Source: MSG data release Feb-22; data published up to 2019/20

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

