

# Notice of Meeting and Agenda



## Midlothian Integration Joint Board

**Venue:** Virtual Meeting,

**Date:** Thursday, 09 December 2021

**Time:** 14:00

**Morag Barrow**  
Chief Officer

**Contact:**

**Further Information:**

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

## **1 Welcome, Introductions and Apologies**

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## **2 Order of Business**

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

## **3 Declaration of Interest**

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

## **4 Minute of Previous Meeting**

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|------------|--|---------|
| <b>4.1</b> | Minutes of the MIJB held on 14 October 2021 - For Approval.                    | 5 - 16  |
| <b>4.2</b> | Minutes of the Special MIJB held on 11 November 2021 - For Approval.           | 17 - 22 |
| <b>4.3</b> | Minutes of the Audit & Risk Committee held on 2 September 2021 - For Noting.   | 23 - 28 |
| <b>4.4</b> | Minutes of the Strategic Planning Group held on 17 November 2021 - For Noting. | 29 - 32 |

## **5 Public Reports**

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|------------|---|-----------|
| <b>5.1</b> | Chair's Update.   |           |
| <b>5.2</b> | Chief Officer Report – Morag Barrow, Chief Officer.   | 33 - 42   |
| <b>5.3</b> | Chief Social Work Officer - Annual Report 2020-2021 – Joan Tranent, Chief Social Work Officer.  | 43 - 78   |
|            | (NB: Item for Noting continued from the 14 October 2021 Board meeting)  |           |
|            | For Decision  |           |
| <b>5.4</b> | Midlothian Integration Joint Board Strategic Plan 2022-2025 - Report by Lois Marshall, Assistant Strategic Programme Manager.   | 79 - 146  |
| <b>5.5</b> | Financial Out-turn 2021/22, additional Scottish Government social care 21/22 funding and financial plan update – Report by David King, Interim Chief Finance Officer. | 147 - 168 |
| <b>5.6</b> | Learning Disability Services – Financial Position – Nick Clater, Head of Adult & Social Care.   | 169 - 182 |

For Discussion

- 5.7** 2021-22 IJB Directions - Interim Progress Report - Report by Lois Marshall, Assistant Strategic Programme Manager. 183 - 254
- 5.8** Primary Care Strategic Plan – Report by Jamie Megaw, Strategic Programme Manager. 255 - 280
- 5.9** Performance Overview Report – Report by Jamie Megaw, Strategic Programme Manager. 281 - 298
- 5.10** Assurance Arrangements – Civil Contingencies Act 2004 – Report by Roxanne King, Executive Business Manager. 299 - 304

For Noting

- 5.11** Midlothian Community Mental Health and Wellbeing Fund - Report by Lesley Kelly, Chief Officer, Midlothian Third Sector Interface. 305 - 308
- 5.12** Clinical and Care Governance Group (CCGG) report – Report by Fiona Stratton, Chief Nurse. 309 - 314

## **6 Private Reports**

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No private reports to be discussed at this meeting.

## **7 Date of Next Meeting**

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

- 13 January 2022 at 2 pm – Development Workshop
- 10 February 2022 at 2 pm - Midlothian Integration Joint Board

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



# Midlothian Integration Joint Board

Midlothian Integration Joint Board  
Thursday 9 December 2021  
Item No 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 14 October 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

## Present (voting members):

Carolyn Hirst (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)	Joan Tranent (Chief Social Work Officer)
Fiona Stratton (Chief Nurse)	Hamish Reid (GP/Clinical Director)	James Hill (Staff side representative)
Keith Chapman (User/Carer)		

## In attendance:

Jill Stacey (Chief Internal Auditor)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Nick Clater (Head of Adult & Social Care)
Mairi Simpson (Integration Manager)	Roxanne King (Business Manager)	Leah Friedman
Lois Marshall (Assistant Strategic Programme Manager)	Nickola Jones	Jamie Megaw (Strategic Programme Manager)
Anthea Fraser (Practice Learning and Development Manager)	Mike Broadway (Clerk)	

## Apologies:

Councillor Derek Milligan (Vice Chair)	Wanda Fairgrieve (Staff side representative)	Johanne Simpson (Medical Practitioner)
Lesley Kelly (Third Sector)		

# Midlothian Integration Joint Board

Thursday 14 October 2021

## 1. Welcome and Introductions

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The Chair, Carolyn Hirst, in welcoming everyone to this virtual Meeting of the Midlothian Integration Joint Board, expressed her gratitude and thanks to Fiona Huffer (Head of Dietetics) and wished her well in her new role in West Lothian. She also extended a warm welcome on behalf of the Board to Joan Tranent (Chief Social Work Officer) and Nick Clater (Head of Adult & Social Care).

Councillor Jim Muirhead then briefly updated the Board on the health of Vice Chair, Councillor Derek Milligan, advising that he was recovering at home after surgery. The Chair, on behalf of all present, extended best wishes to Councillor Milligan for a speedy recovery.

## 2. Order of Business

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The order of business was confirmed as outlined in the agenda that had been previously circulated. An additional item of urgent private business had been notified to the Chair and this was dealt with in the Addendum hereto.

## 3. Declarations of interest

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No declarations of interest were received.

## 4. Minute of previous Meetings

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- 4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 26 August 2021 were submitted and approved as a correct record, subject to correction of Item 5.3 to reflect that Councillor Jim Muirhead, in his capacity as Chair of the MIJB Audit and Risk Committee had presented, and jointly responded to questions and comments on, the MIJB Audit and Risk Committee Annual Report 2020/21: rather than the Chief Internal Auditor, Jill Stacey as was currently stated.
- 4.2 The Minutes of Special Meeting of the Midlothian Integration Joint Board held on 9 September 2021 were submitted and approved as a correct record, subject to correction of the date of the MIJB Audit and Risk Committee meeting in Item 4.1 which should read '2 September 2021' rather than '2020'.
- 4.3 The Minutes of Meeting of the MIJB Strategic Planning Group held on 11 August 2021 were submitted and noted.

## Midlothian Integration Joint Board

Thursday 14 October 2021

### 5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.1 Chief Officers Report</b></p> <p>This report provided a summary of the key service pressures and service developments which had occurred during the previous months across health and social care as well as looking ahead at future developments.</p> <p>Having heard from the Chief Officer, Morag Barrow in amplification of her report, the Board, in welcoming the new format for the report discussed the challenging position facing the Health and Social care system as it entered what was generally acknowledged to be its busiest time of the year still in the midst of the coronavirus pandemic, and echoed the Chief Officer's thanks to all of the HSCP team.</p> <p>The importance of winter planning and the adoption by Midlothian of a whole systems approach was welcomed by the Board, as was the Cabinet Secretary's announcement of new investment; details of which were appended to the report. The Board noted the disappointment expressed on behalf of the third sector that they had not been included in the Minister's letter but acknowledged the important role they would continue to play and the ongoing work with MVA.</p> <p>Members also gave consideration to the Seasonal Flu/Covid Booster vaccination programme, which would be cover in more detail later in the meeting.</p>	<p>Noted the issues and updates arising from the Chief Officers Report.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>With regards to support for unpaid carers, Members were informed that H&amp;SC continued to work closely with partners and that once the outcome of the survey led by Vocal targeting unpaid carers was known this would hopefully help informed steps to be taken to ensure that carers' voices in Midlothian continued to be heard.</p>			
<p><b>5.2 Proposed Meeting Schedule and Development Workshops Dates for 2022 and 2023 – Clerk to the Board</b></p> <p>The purpose of this report was to set the dates for the Board and Development Workshops for the Midlothian Integration Joint Board and for the meetings of the Audit &amp; Risk Committee, for 2022 and 2023 as prescribed by Midlothian Integration Joint Board Standing Orders 5.2.</p> <p>Having heard from the Chief Officer, the Board considered the proposed dates for 2022 and 2023 and approach to Service Visits.</p>	<p>(a) Approved the Meeting Schedule and Development Workshops dates 2022 and 2023; and</p> <p>(b) Noted the approach for Service Visits for the Members of the Midlothian Integration Joint Board, and that any particular requests be fed back to the Chief Officer.</p>	<p>All To Note</p> <p>All To Note</p>	
<p><b>5.3 Development of services for citizens with learning disabilities, and rehabilitation after severe and enduring mental illness – Colin Briggs, Director of Strategic Planning, NHS Lothian</b></p> <p>The purpose of this report was to seek the Board approval of Initial Agreements supporting the development of services for citizens with either learning disabilities or rehabilitation needs after severe</p>	<p>(a) Noted the strategic case outlining how services would change over the next 5 years;</p> <p>(b) Noted that this case delivers on strategic aspirations of the MIJB;</p> <p>(c) Supported NHSL's Finance and Resources Committee giving consideration to the capital and revenue aspects; and</p>		

## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>and enduring mental illness, copies of which were appended to the report.</p> <p>The report explained that the Initial Agreements were for the development of inpatient facilities at the Royal Edinburgh Hospital. Specifically, these facilities would support citizens with Learning Disabilities and those with rehabilitation needs following severe and enduring mental illness.</p> <p>The programme of work to develop these services focussed on delivering new support and services for citizens in these categories and in providing care closer to home. This was genuinely transformational work and a major plank of the MIJB's strategic direction.</p> <p>These Initial Agreements suggested that the revenue costs for MIJB were neutral, and that the capital costs were for NHSL to consider. However the latter could not be done until the four Lothian IJBs had all considered and approved the strategic case contained within the Initial Agreements.</p> <p>Nickola Jones in presenting the report to the Board summarised some of the key points and conclusions. Following which she responded to Members questions and comments.</p> <p>Whilst broadly supportive of the proposals, a number of areas of concern were highlighted by Board Members during the ensuing discussion, these included:-</p>	<p>(d) Agreed to continue consideration of the Initial Agreements to allow clarification to be sought on the issues raised by Board Members during discussion.</p>		

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Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<ul style="list-style-type: none"> <li>• Given the low number of allocated beds, how overall bed numbers would be managed, in particular whether there was scope to utilise unoccupied bed allocated to other areas;</li> <li>• In the case of chronically ill patients how their care would be managed in order to avoid bed blocking;</li> <li>• Anticipated levels of resource transfer;</li> <li>• Need for greater clarity on the community investment;</li> <li>• Staff recruitment;</li> <li>• Role of/for the Third Sector and would they be able to access any of the transferred resources.</li> </ul> <p>After further discussion, it was felt that without some reassurance on these issues the Board did not feel it was in a position to give its' agreement to the Initial Agreements, but was content to continue consideration in order that the necessary reassurances could be provided.</p>			
<p><b>5.4 Financial Position August 2021, financial out-turn 2021/22 and financial planning 2022/23 – 25/26 – David King, Interim Chief Finance Officer.</b></p> <p>The purpose of this report was to set out expenditure as at August 2021 against the current financial year's budget of c. £150m by the IJB partners (an overspend of c. £ 429k), lay out the projected out-turn for the</p>	<ul style="list-style-type: none"> <li>(a) Noted the financial position at August 2021;</li> <li>(b) Noted the projected out-turn position for 2021/22;</li> <li>(c) Noted the deployment of the earmarked reserves in 2021/22;</li> <li>(d) Agreed the applications of the general reserve; and</li> </ul>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>financial year 2021/22 (projected to be break-even) and consider the use of the IJB's general reserve in year. The report also explained that the IJB was required to prepare a balanced financial plan and then considered the current position and examined the progress in driving this work forward.</p> <p>The Board, having heard from the Interim Chief Finance Officer, David King who responded to Members' question and comments, considered the proposals detailed in the report and discussed in particular the linkage between the five year financial plan and the Strategic Plan.</p>	(e) Supported the further development of the IJB's five year financial plan		
<p><b>5.5 Draft Annual Performance Report 2020-21 - Lois Marshall, Assistant Strategic Programme Manager.</b></p> <p>The purpose of this report was to present for the Board approval the Midlothian Annual Performance Report 2020/21.</p> <p>The report advised that the Annual Performance Report provided information on the health and wellbeing of the people of Midlothian. It also described local health and care services, the financial performance of the Partnership and the quality of health and care services delivered during 2020/21.</p> <p>Assistant Strategic Programme Manager, Lois Marshall in speaking to the report provided the Board with a broad overview of the progress which had been made and thereafter responded to Members'</p>	Approved the contents of the Annual Performance Report.		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>questions and comments, the Board in considering the Annual Performance Report discussed the apparent disparity between some of the data and the experience/feedback on the ground, which it was explained may be due to the small sample sizes used as a result of low response rates; this was something that would be kept under review going forward.</p>			
<p><b>5.6 Clinical and Care Governance Group - Report by Fiona Stratton, Chief Nurse</b></p> <p>The purpose of this report was to provide assurance to the Board regarding the Care and Clinical Governance arrangements within Midlothian Health and Social Care Partnership and to provide an update on the work of the Clinical and Care Governance Group.</p> <p>Chief Nurse, Fiona Stratton was heard in amplification of the report, highlighted in particular the Annual Report to NHS Lothian Healthcare Governance Committee; a copy of which was appended to the report, and in response to Members questions and comments, the work of the Quality Improvement Teams and also supports in place for Homelessness.</p>	<p>Noted and approved the contents of the report.</p>		
<p><b>5.7 Midlothian Health &amp; Social Care Partnership Winter Plan 2021/22 – Leah Friedman, Operational Business Manager.</b></p> <p>The purpose of this report was to provide the Board with an update on Midlothian Health &amp; Social Care Partnership's Winter Plan 2020/21 and outline plans in</p>	<p>(a) To note the update on the Winter Plan 2020/21; and</p> <p>(b) To approve the approach to winter planning.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>coping with increased pressure through effective forward planning and the provision of additional capacity in key services.</p> <p>The report outlined the work being undertaken locally to prepare for winter pressures, explaining that the overarching Winter Plan was joined up to cover a wide range of areas – reducing delayed discharges, preventing admissions, increasing service capacity, gritting priority areas, implementing the flu and Covid booster programme, and resilience planning for severe weather, ongoing COVID-19 measures, and staff absences. There was also an ongoing focus on supporting staff wellbeing and a winter communications plan both for staff and the public. A Winter Executive Management Group had been mobilised to meet weekly, in tandem with an operational manager group. Performance management was a key part of this process, with the use of a winter dashboard to track key performance indicators and progress against winter plans.</p> <p>Leah Friedman was heard in amplification of the report following which there was a general discussion regarding the importance of a whole systems co-ordinated approach with a single point of contact involving the use of volunteers and input from third sector partners. It was also felt that feedback from GPs/Medical Practices would be useful; it being noted that this would be picked up at the November Development Workshop.</p>			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.8 Workforce Plan – Anthea Fraser, Practice Learning and Development Manager.</b></p> <p>The purpose of this report was to highlight the workforce planning currently underway to support the development of the new Workforce Strategic Plan 2022-2025 and to also raise awareness of the new initiatives and actions being undertaken to reduce the challenges that specific service teams were having in relation to their workforce, to improve service delivery, and mitigate risks of this reoccurring in the future.</p> <p>Practice Learning and Development Manager, Anthea Fraser in speaking to the report provided the Board with a broad overview of the progress which had been made and thereafter responded to Members’ questions and comments, the Board in considering the Plan welcomed the positive actions and initiatives currently underway, in particular the ongoing involvement of staff and plans to establish focus groups.</p>	<p>(a) Noted the current strategic workforce planning; and</p> <p>(b) Noted and welcomed the actions and initiatives that were being implemented to address the challenges that specific workforce teams were experiencing.</p>		
<p><b>5.9 Vaccination Programme Update – Jamie Megaw, Strategic Programme Manager.</b></p> <p>The purpose of this report was to provide Board Members with an update on the Seasonal Influenza and COVID vaccination programme.</p> <p>The Board, having heard from Strategic Programme Manager, Jamie Megaw, who gave a further update on current uptake figures and thereafter responded to</p>	<p>(a) Noted the progress of the programme.</p> <p>(b) Noted the Action Plan and that further updates on progress would be brought to the Board.</p>	Integration Manager	

## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Members questions and comments, considered the report and discussed the changes in way this year's Seasonal Influenza vaccination programme was being delivered and the public's response to it, which in spite of difficulties being reported elsewhere appeared locally to be generally positive.			
<p><b>5.10 Chief Social Work Officer - Annual Report 2020-2021 – Joan Tranent, Chief Social Work Officer.</b></p> <p>The purpose of this report was to present the annual report of the Chief Social Work Officer (CSWO). The shortened version of the report provided a high level overview of key issues and challenges as a result of Covid-19.</p>	Agreed to continue consideration of the CWSO's Annual Report to the December Board meeting.		

### 6. Any other business

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An additional item of urgent private business had been notified in advance to the Chair and this was dealt with in the Addendum hereto.

### 7. Private Reports

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#### Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraphs 1 and 3 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

#### 7.1 Clinical Incident – Noted.

## Midlothian Integration Joint Board

Thursday 14 October 2021

### 8. Date of next meeting

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

- Thursday 11 November 2021      1.30pm      Development Workshop.
- Thursday 9 December 2021      2.00pm      Midlothian Integration Joint Board

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

The meeting terminated at 16:31.

# Midlothian Integration Joint Board

Midlothian Integration Joint Board  
Thursday 9 December 2021  
Item No 4.2



Meeting	Date	Time	Venue
Special Midlothian Integration Joint Board	Thursday 11 November 2021	1.30pm	Virtual Meeting held using Microsoft Teams

## Present (voting members):

Carolyn Hirst (Chair)	Tricia Donald	Jock Encombe
Cllr Jim Muirhead	Cllr Catherine Johnstone	Cllr Pauline Winchester

## Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Joan Tranent (Chief Social Work Officer)
Fiona Stratton (Chief Nurse)	Johanne Simpson (Medical Practitioner)	Wanda Fairgrieve (Staff side representative)
James Hill (Staff side representative)	Keith Chapman (User/Carer)	Lesley Kelly (Third Sector)

## In attendance:

Jill Stacey (Chief Internal Auditor)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Nick Clater (Head of Adult & Social Care)
Mairi Simpson (Integration Manager)	Roxanne King (Business Manager)	Elizabeth McDonald (HR Business Partner)
Andrew Henderson (DSO)	Mike Broadway (Clerk)	

## Apologies:

Cllr Derek Milligan (Vice Chair)	Angus McCann	Hamish Reid (GP/Clinical Director)
Jordan Miller (Staff side representative)		

## Midlothian Integration Joint Board

Thursday 11 November 2021

### 1. Welcome and introductions

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

### 2. Order of Business

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

### 3. Declarations of interest

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No declarations of interest were received.

### 4. Public Reports

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#### 4.1 National Care Service for Scotland – Consultation Response from the Board of Midlothian IJB - Carolyn Hirst, Chair, Midlothian IJB

The purpose of this report was to provide Board Members with the Midlothian Integration Joint Board response to the National Care Service for Scotland consultation.

The report explained that in order to meet the consultation closing date, a draft response to the consultation based on earlier discussions had been prepared and circulated to Board Members for comment and agreement. The Midlothian IJB Board response to the National Care Service for Scotland consultation was subsequently submitted to the Scottish Government on 29 October and a copy of it was appended to the report.

Noted the content of the response

## Midlothian Integration Joint Board

Thursday 11 November 2021

<p>The Board, having heard from the Chair, Carolyn Hirst, discussed the likely next steps, the ambitious timescales set out by Scottish Government and the likely need for further consultation in the event that services for young people and children were to be included in the review. The Board were further advised that the Midlothian Third Sector had also submitted a response, based on a consultation event, and that the key issues for them were the large potential changes proposed to children and young people's services, the potential impact on procurement and funding for the third sector and concern regarding possible changes to the Drug and Alcohol Partnerships, which were perceived to be working well locally.</p>			
<p><b>4.2 Development of services for citizens with learning disabilities, and rehabilitation after severe and enduring mental illness - Supplementary Report - Nick Clater, Head of Adult and Social Care</b></p> <p>With reference to paragraph 5.3 of the Minute of 14 October 2021, there was submitted a report the purpose of was to provide a response to the questions raised regarding the Initial Agreements at the earlier Board meeting and seek subsequent approval of the Initial Agreements supporting the development of services for citizens with either learning disabilities or rehabilitation needs after severe and enduring mental illness.</p> <p>The report confirmed that there would be the ability to use beds flexibly in the new configuration so, should, for example, Midlothian require an additional bed, this would be possible subject to capacity. Assurances</p>	<p>Agreed to approve the Initial Agreements subject to the bed flexibility and funding release.</p>		

## Midlothian Integration Joint Board

Thursday 11 November 2021

had been received that there would be funding released to Midlothian IJB based on the bed reductions. The move from inpatient to community was considered to be consistent with current mental health strategic planning in Midlothian. Additionally, what was being put forward for approval were two Initial Agreements. Initial Agreements were the very first stage in the process and would be followed by Outline Business Cases and then Full Business Cases which would all be subject to the same extensive governance process with the IJBs.

Nick Clater, Head of Adult and Social Care in presenting the report to the Board took Members through the key points and conclusions summarised above. Following which he responded to Members questions and comments.

The Board in discussing the report, welcome the clarification and reassurance offered in response to the issues previously raised, and agreed that, subject to the position on the flexibility and resource transfer, they were now in a position to offer agreement to the Initial Agreements.

### 5. Private Reports

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There were no private reports for consideration at this meeting.

### 6. Any other business

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

## Midlothian Integration Joint Board

Thursday 11 November 2021

### 7. Date of next meeting

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

- Thursday 9 December 2021      2.00pm      Midlothian Integration Joint Board
- Thursday 13 January 2022      2.00pm      Development Workshop.

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

The meeting terminated at 1.58pm.



# Midlothian Integration Joint Board



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

**Present (voting members):**

Cllr Jim Muirhead (Chair)	Carolyn Hirst	Councillor Derek Milligan
Jock Encombe	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)	Mike Broadway (Clerk)

**Apologies:**

Stephen Reid (EY, External Auditor)		

## Audit and Risk Committee

Thursday 2 September 2021

### 1. Welcome and introductions

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

### 2. Order of Business

The Order of Business was as detailed below, with Item 5.4 moved to the beginning of the agenda and dealt with as the first item of business.

### 3. Declarations of interest

No declarations of interest were received.

### 4. Minutes of Meeting

4.1 The Minutes of Meeting of the Audit and Risk Committee held on 10 June 2021 was submitted and approved as a correct record.

4.2 Matters Arising – With regards item 5.4 in the minutes, Chief Internal Auditor, Jill Stacey raised the need for consideration to be given to arrangements for further self-assessment sessions, and suggested offering sessions prior to each Audit and Risk Committee meeting starting from the December meeting, which was agreed by the Committee.

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

### 5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<b>5.4 Risk Register – Report by Chief Officer - Place</b> The purpose of this report was to provide the Audit & Risk Committee with an update on the MIJB Strategic Risk Profile and the actions being taken to identify and manage risk in order to ensure the	(a) Noted the current Strategic Risk Profile; (b) Noted the updates provided on the risk control measures and the progress being made to address all risks; and (c) Confirmed that, otherwise, the risks contained	Chief Officer - Place	Next update report on MIJB Strategic Risk Profile scheduled for December 2021

## Audit and Risk Committee

Thursday 2 September 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>successful delivery of the MIJB's key objectives, as detailed in the Strategic Plan. The report also provided the Committee with an overview of the MIJB's operating context taking account of current issues, future risks and opportunities.</p> <p>The Committee, having heard from Derek Oliver, Chief Officer: Place, who responded to Members' question and comments, discussed issues arising from the current strategic risk profile, with particular consideration being given to the most significant issues and risks highlighted in the report. It was acknowledged that whilst in order to assist in understanding the risks and/or opportunities facing the IJB strategically a basic knowledge of the operational risk facing the partners was beneficial, it was important that the Strategic Risk Profile focused on the IJB.</p>	<p>in the Strategic Risk Profile reflected the current risks/opportunities facing the MIJB.</p>		
<p><b>5.1 New CIPFA Financial Management Code 2021/22 &amp; Best Value, Audit Scotland Questionnaire – Update by Interim Chief Finance Officer.</b></p> <p>The purpose of this update was to provide the Committee with details of the new CIPFA Financial Management Code 2021/22 and the Audit Scotland Best Value Questionnaire.</p> <p>The Committee, having heard from Interim Chief Finance Officer, David King who responded to Members' questions and comments, discussed the</p>	<p>(a) Noted the update; and</p> <p>(b) Noted that it was intended to bring a further report on the Audit Scotland Best Value Questionnaire back to the Audit and Risk Committee.</p>	<p>Interim Chief Finance Officer</p>	

## Audit and Risk Committee

Thursday 2 September 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
new CIPFA code and in considering the Best Value Questionnaire debated whether it would be useful to invite Audit Scotland to a future meeting to speak about the Questionnaire and Best Value.			
<p><b>5.2 Annual Audit Report to Members and the Controller of Audit - year ended 31 March 2021 – Report by EY, External Auditors.</b></p> <p>The purpose of this report was to present the external Annual Audit report to the IJB and the controller of Audit for the year ending 31 March 2021.</p> <p>In accordance with the Local Government (Scotland) Act 1973, the Accounts Commission appointed EY as the external auditor of Midlothian Integration Joint Board (IJB) for the five year period 2016/17 to 2020/21. As a result of the impact of Covid-19 EY's appointment was extended by a further 12 months to include the financial year 2021/22. This Annual Audit Report was designed to summarise the key findings and conclusions from the audit work. It was addressed to both members of the IJB and the Controller of Audit, and presented to both IJB management and those charged with governance. After consideration by the IJB, this report would be provided to Audit Scotland and published on their website.</p> <p>Grace Scanlin, EY, External Auditors, provided the Committee with an outline of the report highlighting</p>	Noted the External Auditors report on the MIJB's Annual Accounts		

## Audit and Risk Committee

Thursday 2 September 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>the key messages detailed within the Executive summary which included Financial Management, Financial Sustainability, Governance and Transparency and Value for money. An Action Plan summarises specific recommendations included within the Annual Audit Report was set out in Appendix D.</p> <p>The Committee, having heard from Grace, who thereafter responded to Members' questions and comments, discussed the Annual Audit Report 2020/21.</p> <p>With regards the amber rating for Value for Money the Committee expressed its disappointment that the decision to exercise powers granted by the Coronavirus (Scotland) Act 2020 to delay publication of the Annual Performance Report for 2020/21, appeared to have adversely impacted on this particular rating.</p>			
<p><b>5.3 Audited Annual Accounts 2020/21 – Report by Chief Finance Officer.</b></p> <p>The purpose of this report was to present for the Committee's consideration and approval the Annual Accounts for financial year 2020/21, which had been reviewed by the IJB's Independent Auditors.</p> <p>The report explained that as a statutory body, the IJB was required to produce a set of annual accounts at the end of its financial year (31 March). These accounts were then reviewed by the IJB's external</p>	<p>Agreed, having noted the earlier report of the independent auditors, to recommend to the MIJB approval of the 2020/21 Audited Annual Accounts.</p>	<p>Interim Chief Finance Officer</p>	

## Audit and Risk Committee

Thursday 2 September 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>auditors who reported their opinion of the IJB's Annual Accounts to the IJB's Audit and Risk Committee. This report having been agreed by the Committee and presuming that there were no outstanding issues, the Committee could then recommend the annual accounts to the IJB. The accounts would then be signed by the Chair of the IJB, the Chief Officer of the IJB and the Chief Finance Officer of the IJB</p> <p>David King, Interim Chief Finance Officer presented the Annual Accounts highlighting the high level points contained within the Accounts and thereafter responded to Members questions and comments.</p>			

### 6. Private Reports

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No private business to be discussed at this meeting.

### 7. Any other business

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

### 8. Date of next meeting

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

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

The meeting terminated at 3.06 pm.

# Midlothian Strategic Planning Group

## MS Teams

### MINUTES

Wednesday 17<sup>th</sup> November 2021

**IN ATTENDANCE:** Mairi Simpson (Chair) Roxanne King, Jim Sherval, Lois Marshall, Wanda Fairgrieve, Colin Baptie, Morag Barrow, Marlene Gill, Laura Hill, Grace Cowan, Fiona Stratton, Carly McLean, Sandy Watson, Matthew Curl, James Kilpatrick, Lisa Cooke (Note Taker)

**APOLOGIES:** Carolyn Hirst, Kirsty McLeod, Simon Bain, Sarah Fletcher, Nick Clater, Martin Bonnar, Carolyn Hirst, Dougie Harvie,

			<b>ACTION</b>
<b>1</b>	<b>Welcome and Introductions</b>	Mairi Simpson welcomed members to the meeting.	
<b>2</b>	<b>Minutes of Last Meeting</b>	Minutes of meeting on 15 September 2021 had some minor amendments and were then approved as accurate	<b>LM/LC</b>
<b>3</b>	<b>Action Log</b>	The action log was updated and shared with the group with all actions complete	
<b>4</b>	<b>Soapbox</b>	<p><b>The Soapbox section provides an opportunity for members to give a brief update to SPG on key areas of interest across the HSCP</b></p> <p><b>Pharmacy Update</b> SW provided the group with an update on Pharmacy. SW mentioned the possibility of extending services to increase support to other strategic areas such as Care Homes and Falls.</p> <p>JS asked if there was any involvement with substance misuse. SW explained that this is something that could be looked at in future with training to support this.</p> <p>Several members of the group acknowledged the hard work involved in getting the team of pharmacists in place. SW asked group to email any questions around pharmacy</p> <p><b>Winter Pressure &amp; Vaccinations Update</b> GC provided the group with an update on the possible winter pressures and vaccination programme.</p>	<b>ALL</b>

		<ul style="list-style-type: none"> <li>• Social Care services under pressure but are still delivering care to the most vulnerable.</li> <li>• Vaccines – 83% of over 70's have now received their flu vaccine with 48% receiving their booster as others were out with the 24 week period to be eligible.</li> <li>• Self-booking portal opened on Monday for over 50's</li> <li>• Clinic for people with Learning Disability to be offered for boosters and flu vaccinations.</li> </ul> <p>LH highlighted need to strengthen links between Care at Home and Vocal to understand challenges and impacts of service pressures on carers, and so Vocal can offer additional support. GC asked LH to contact her directly to progress</p>	<p>LH</p> <p>GC and LH</p>
<p>5.</p>	<p><b>Report on Progress</b></p>	<p><b>(i) Directions 6 – month interim progress update</b></p> <p>LM circulated a paper in advance of the meeting to provide a 6 month update on progress against the directions. There are 24 directions, covering a total of 125 separate actions.</p> <p>DK asked how the groups will ensure the strategic plans are delivered operationally. LM explained the work being undertaken to align the new strategic plans with the directions and develop performance indicators.</p> <p>All to consider Directions and feedback any comments to LM or MS</p> <p><b>(ii) Substance Use Service approach to Drug related Deaths.</b>  CB circulated a paper in advance of the meeting to update the group on drug related deaths. CB highlighted that each day he receives an update from TRAC on near fatal overdoses which is then discussed with different areas on who is best to contact patient and discuss next steps.</p> <p>CB updated the group on services reopening; Monday drop in clinics have reopened offering, food, peer to peer support and ability to speak to a nurse. Horizon Café is open on both Monday and Friday's and the Woman's Supper Club restarted last week.</p> <p>LH highlighted the impact on Carers. LH and CB to meet to strengthen partnership working between Vocal and number 11 on this area.</p> <p>FS mentioned that Health Visitors are keen to work with substance misuse team and agreed to arrange a meeting.</p> <p>All to feedback around future SPG meeting and Drug related deaths.</p> <p><b>(iii) Prevention Intention Update.</b></p>	<p>ALL</p> <p>CB and LH</p> <p>FS and CB</p> <p>ALL</p>

		<p>JS circulated a paper in advance of the meeting along with Appendix 1 prevention. Two of the key principles of the Midlothian IJB is a shift in the health and social care system from dealing with demand to prevention, and to reduce the inequity in health outcomes in the population. Embedding the Midway as part of developing a prevention confident workforce has been taken forward with AF as part of the organisational development of the HSCP. Good progress has been made at integrating prevention into work and this will be further advanced with the Integrated Joint Board Strategic Plan 2022-2025. JS acknowledged the work done by Tracy McLeod, Rebecca Hilton and Sarah Archibald.</p>	
6.	<b>Developments for Discussion</b>	<p><b>(i) New Strategic Plan 2022 – 2025 development</b></p> <p>LM circulated a paper in advance of the meeting along with a draft Strategic Plan 2022 – 2025. LM and DK shared a presentation summarising the development of the plan to date and considerations in terms of budget to support the plan and areas to be included. A discussion will take place on both the new plan and the medium-term financial plan that will support it at the IJB Development Workshop in January. The Public consultation will then be undertaken following this workshop in January and February.</p> <p>Several members of the group acknowledged and commented on the positives around their greater involvement in developing the plan to date.</p> <p>LM asked the group to consider any gaps or key areas which should be included in the plan. All to feedback</p>	<b>All</b>
7.	<b>Report Schedule 2021</b>	<p>Meeting dates for 2022 have been agreed with next date 19 January.</p> <p>All to ensure dates are in calendar and feedback to LC or LM if no invite has been received</p>	<b>All</b>
8.	<b>AOCB</b>	None	
9.	<b>Future Meetings</b>	<p><b>All future meetings below are via MS Teams</b></p> <p>Wed 19 January 14:00 to 16:00pm  Wed 16 March 14:00 to 16:00pm  Wed 25 May 14:00 to 16:00pm  Wed 03 August 14:00 to 16:00pm  Wed 21 September 14:00 to 16:00pm  Wed 23 November 14:00 to 16:00pm</p>	





**Thursday 9 December 2021, 2.00pm**

## **Chief Officer Report**

**Item number: 5.2**

### **Executive summary**

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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

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- 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

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- 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

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#### 3.1 Chief Officer

The Health and Social care system remains under pressure. Workforce capacity, impacted by covid and general absence, continues to be an issue across all services. Demand on Emergency departments also remains high. Winter planning/delivery is well under way and embedded into operational service delivery.

Mairi Simpson and Jamie Megaw have been successful in securing new posts within Lothian. Both have been with Midlothian for a considerable time and have contributed to many of the local successes Midlothian HSCP has achieved. Both will be sorely missed, and I would like to thank them for their commitment and support, both personally, and to the wider service. I wish them every success in their new posts. Recruitment is underway to replace these posts.

Welcome to Hannah Cairns, who is our new Chief AHP (Allied Health Professions). Hannah joins the HSCP team from Edinburgh HSCP, where she has managed integrated teams, and carried a significant general management portfolio.

[morag.barrow@nhslothian.scot.nhs.uk](mailto:morag.barrow@nhslothian.scot.nhs.uk)

#### 3.2 Head of Adult Services

Community Justice

The Covid-19 pandemic has challenged all services including Justice Social Work and Community Justice. Adapting service delivery within the context of limited face-to-face contact has impacted on both service users and staff. Use of technology has been at the forefront of service delivery to provide consistency of contact giving some predictability in the pandemic. In line with 'Connecting Scotland', funding was sourced to ensure that digital poverty was addressed via the use of tablets and smart phones as well as data of which 400 top ups were provided. Continuation of the No.11 Allocations Service has been hugely beneficial to those individuals who were liberated from Scottish Prison Service establishments as part of the early release programme. Data gathered since the inception in

2019 of the No 11 Allocations Service shows that every individual liberated from HMP to Midlothian has an offer of suitable accommodation, voluntary support through Change Grow Live and if necessary, substance misuse support.

Addressing employability during the pandemic became a greater need particularly for those within Midlothian communities who were involved with the justice system. Training sessions were delivered to staff in conjunction with Recruit with Conviction, a project that promotes safe, suitable and sustainable employment for people with convictions. This was to ensure frontline workers understood the legislative changes within the Management of Offenders Act (Scotland) Act 2019, which came into force on 30 November 2020.

The partnership continues to monitor actions within Community Justice Outcome Improvement Plan 2020-2023. Relaying the importance of Community Justice and increasing awareness is embedded throughout the actions within the plan. To aid this, Midlothian's Community Justice Toolkit has been developed. This is now a compulsory learning module for all Midlothian Council Staff and will be available for partnership agencies and for young people in Midlothian's High schools.

## Wellbeing

Midlothian HSCP recruited a Wellbeing Lead in September 2021 to develop and take forward the wellbeing programme for staff working within the HSCP. Since coming into post the Wellbeing lead has been exploring and focussing on a range of forums with the aim of meeting some of the immediate wellbeing areas of need across the HSCP over the winter period. These include:-

- The development of Peer Supervision group-based support (trial sites Care at Home), followed by extension to MCH (Midlothian Community Hospital) and residential homes with the support of trained peer support staff.
- Supporting the creation of wellbeing spaces in MCH and Highbank Intermediate Care facility – this was highlighted by staff at both facilities as lacking for staff at present.
- Mapping wellbeing areas for access to rest spaces and meal preparation – on the back of the engagement the wellbeing lead has undertaken with teams this is an emerging theme.
- Communication - scoping and revision of the Staff Wellbeing Update. The wellbeing lead is liaising with the communications team to ascertain preferred methods of communication with staff for the dissemination of information on wellbeing.
- Trail the 4 week wellbeing programme created by Newbyres Care Home (if appropriate) within other areas with support from the Learning & Development team. This 4 week programme is based on the Thistle Foundation House of Care model and has been working well at Newbyres.
- Prioritising the Scottish Government funding for wellbeing across other staff teams including Primary Care) - reviewed the bids submitted from service leads and prioritised funding where they meet the criteria of supporting teams who are affected by work inequalities and highest demand to improve staff wellbeing.
- An action plan is currently being developed to capture the current and intended actions over the next 12 months.

## The East Lothian and Midlothian Public Protection Committee (EMPPC)

The East Lothian and Midlothian Public Protection Committee (EMPPC) is the local strategic partnership responsible for the overview of policy and practice in relation to Adult Protection, Child Protection, Offender Management and Violence Against Women and Girls. The primary aim of the Committee is to provide leadership and strategic oversight of Public Protection activity and performance across East Lothian and Midlothian. It discharges its functions through four sub-groups. Every group meets quarterly and has representation from partner agencies, including Police, NHS, Health and Social Care Partnership, Council services (such as Housing, Children's Services, Learning and Development), Scottish Fire and Rescue Service, Third Sector.

The EMPPC annual report was approved by the Chief Strategic Oversight Group in October 2021. It covers the period April 2020 to March 2021 and provides an overview of the Committee's response to the COVID pandemic, and adaptation of services, to ensure that vulnerable children and adults at risk of harm and in need of protection continued to receive supports and intervention.

### [EMPPC Annual Report 2020-21](#)

## Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP)

MELDAP, the Midlothian Substance Use Service and third sector colleagues, are preparing a proposal for Scottish Government for staffing resource to ensure the delivery of national Medication Assisted Treatment Standards (MAT).

This proposal will include Nurse Practitioner Non-Medical Prescribers, third Sector Peer and Substance Use Workers and management support. If successful, these staff will lead the delivery of specific treatment standards including:-

- Standard 1 - All people accessing services have the option to start MAT from the same day of presentation.
- Standard 2 - All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.
- Standards 3 - All people at high risk of drug- related harm are proactively identified and offered support to commence, re-commence or continue MAT.
- Standard 4 - All people are offered evidence-based harm reduction at the point of MAT delivery.
- Standard 5 - All people will receive support to remain in treatment as long as requested.
- Along with other treatment, psycho-social support and recovery services, MLHSCP/MELDAP will also assist to further develop the delivery of the following treatment standards
- Standard 6. The system that provides MAT is psychologically and trauma informed (Tier 1); routinely delivers evidence based low intensity psychosocial interventions (Tier 2); and supports the development of social networks.
- Standard 7. All people have the option of MAT shared with Primary Care.
- Standard 8. All people have access to advocacy and support for housing, welfare and income needs.
- Standard 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
- Standard 10. All people receive trauma informed care

The MELDAP Midlothian Core Delivery Group met to discuss final investment recommendations to the MELDAP Strategic Group. These will be presented at the meeting of the MELDAP Strategic Group on 6th December 2021 for final decision making.

Recommendations include proposed expenditure against new monies provided by Scottish Government in areas such as Assertive Outreach provision, Out of Hours support and provision of Navigators based at RIE.

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

### 3.3 Nursing

#### Health Visiting

A recruitment process has been progressed for a Clinical Nurse Manager to lead the Health Visiting Service and the 0-5yrs Immunisations Team. A preferred candidate has been identified and plans are being made for them to come into post early in the New Year. More details will be shared once pre-employment checks have been completed.

The Health Visiting teams continue to deliver a universal service to support parents, promote the health and wellbeing of children, and to undertake targeted work to address health inequalities. Work continues to nurture collaboration and supportive relationships with colleagues across health, social work, early years services and third sector organisations, with the aim of delivering seamless and integrated approaches when working with Midlothian's most vulnerable children. Health Visitors are participating in Good Conversations training, programmes to improve skills in supporting mental health (The Solihull Model) and in promoting the healthy weight programme. We are planning for 4 of our experienced Health Visitors to undertake a programme at Queen Margaret University to become Practice Assessors. Undertaking this qualification will increase the number of practice placements we can provide for qualified nurses who are training to be Health Visitors. Providing placements supports workforce planning and promotes Midlothian as good place to practice as a Health Visitor.

#### 0-5 Immunisations

The 0-5 years Immunisations team has continued to deliver the schedule of routine childhood vaccinations. Since September, the team has also been delivering nasal flu immunisations from a range of local venues, including weekend clinics. Uptake to the 19th November was 69.5% which is a significant improvement from the 57% achieved in the flu campaign in 2020. There are still a number of scheduled clinics to take place, so the final figure will be higher. The use of social media to promote awareness has proved very successful in encouraging parents and carers to bring children to have their flu vaccine and has created opportunities to discuss other issues with the team on duty.

#### ACENS - Adults with Exceptional and Complex Needs

This service is a Lothian wide service hosted by Midlothian, and demand continues to grow. A number of new staff have been recruited recently and are completing their induction. The nature of the work provides limited opportunities for the team to get together face to face, and the team continue to use technology to keep in touch and provide each other with support when on shift in a number of different locations. Quality improvement projects are being undertaken to improve person centred care planning, safety checks, equipment ordering and infection control awareness. The team are planning to provide more learning opportunities for student nurses who will have the opportunity to participate in the delivery of complex care in people's own homes.

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

### 3.4 Vaccinations

Since the Autumn flu and COVID Booster programme commenced at the end of September over 30,000 residents have received a flu vaccination and 25,500 residents have received a COVID Booster Vaccination. Uptake is good with 74% of people over 70 receiving a Booster already with more scheduled during the last week of November. The Flu vaccination uptake in people over 70 is now over 85%. The HSCP has taken over the flu vaccination programme from General Practices and has run clinics for adults from three locations. This has meant that people have had to travel further to access a vaccination and the HSCP has monitored uptake across communities to assess the model and there is minimal variation between practice populations (between 83% and 88% uptake in the people over 70 between practices).

Midlothian HSCP is currently vaccinating almost 1000 people per day. Online booking is now available for anyone over the age of 40 to book an appointment and for people aged 16 or 17 to book their 2<sup>nd</sup> COVID Vaccination. The housebound vaccination programme will be finished by the 10<sup>th</sup> December. The Care Home vaccination programme has been completed.

Jamie Megaw, Strategic Programme Manager – [Jamie.megaw@nhslothian.scot.nhs.uk](mailto:Jamie.megaw@nhslothian.scot.nhs.uk)

### 3.5 Head of Older people and Primary care

#### District Nursing

Demand for our District Nursing service has increased year on year. This has prompted a need to review the leadership, structure and capacity within the team. Funding has been recently agreed to introduce 4 Team Lead roles to District Nursing. Work is also underway to streamline access to the service via the single point of access, thereby improving the patient journey and facilitating better collaborative working across all our community services.

#### GP Advance Physiotherapy Practitioners (APP)

GP App service is available in all 12 GP practices with convincing evidence to suggest the service has improved the patient experience, improved GP capacity, reduced referrals to secondary care, reduced inappropriate MRI requests and has consistently high levels of staff and patient satisfaction. All clinics offer appointments within 48 hours.

#### Musculoskeletal Physiotherapy (MSK)

Waits remain higher than is desirable following restriction to service delivery relating to the pandemic. The team are looking at options to increase capacity. They are also exploring options for starting student led evening MSK clinics in collaboration with Queen Margaret University..

#### Intermediate Care

All teams are working collaboratively to reduce inappropriate admissions to hospital for Midlothian residents, reduce length of stay where safe and appropriate, facilitate earlier appropriate discharge, and reduce unnecessary delay using Home First principles. Robust data to support the investment in the team is having the intended impact. Continued focus on re-ablement and rehabilitation within the community has also enabled the teams to prevent crisis, reduce Emergency Department attendances, develop new pathways and reduce demand for packages of care. This team is contributing significantly to the continued management of delayed discharges in Midlothian and helped us to maintain our position through a challenging time.

## Care at Home

Care at Home services nationally have experienced significant difficulties maintaining service delivery due to staffing pressures. Midlothian HSCP care at home services and external provider partners have also felt this pressure around service delivery, particularly across September and early October. Letters were issued to all service users to reassure that any impact on care provision would be discussed directly with them if service delivery were to be disrupted due to shortage of available resource. staff recruitment has continued to be a focus and we have seen a slight increase in applications as we came into autumn/winter.

## Care Homes

The care inspectorate undertook an inspection recently within Newbyres Care Home, with the following indicative gradings were indicated in the draft report:

- How well we support peoples wellbeing:

people experience compassion, dignity and respect	grade 4
people get the most out of life	grade 4
peoples health benefits from their care and support	grade 3
- How good is our care and support during Covid 19:

Infection control practice support a safe environment for people experiencing care & staff	grade 4
staffing arrangements are responsive to the changing needs of people experiencing care	grade 4

A full report will follow in relation to the final care inspectorate report at future IJB meeting.

Grace Cowan, Head of Primary Care & Older People -  
[grace.cowan@nhslothian.scot.nhs.uk](mailto:grace.cowan@nhslothian.scot.nhs.uk)

## 3.6 Public Health & Strategic Planning

### Midlothian IJB Strategic Plan 2022-25

Work continues to progress on the IJB Strategic Plan 2022-25 and the corresponding Joint Needs Assessment. Workshops for IJB and Strategic Planning Group members took place in October. A revised timeframe for the plan was approved by IJB members at the workshop on 11<sup>th</sup> November 2021. Strategic Planning Group members from third sector organisations reported that they had felt involved in the development of the Midlothian IJB Strategic Plan 2022-25.

### IJB Scheme of Integration

NHS Lothian has restarted work to review and update the integration scheme. The original scheme was approved in 2015 but was revised in 2019 to incorporate new responsibilities arising from the Carers (Scotland) Act 2016 and associated regulations. The Scheme should have been reviewed in 2020 but this was delayed due to the pandemic. NHS Lothian officials have made contact with counterparts in Midlothian Council as both parties have responsibility for this task.

## Midway

Midlothian HSCP is supporting staff to adopt 'The Midway' as an approach – where staff are facilitators, not fixers, shift power to the person, understand trauma and recognise inequality. The Senior Management Team of the HSCP undertook Good Conversations training in November to reinforce their support for, and understanding of, the approach.

The Management Team training focused on:

- Adopting a Good Conversation approach to staff supervision
- Supporting teams to change processes to better prepare and empower people for appointments/services

In October 2021 the Scottish Government announced an allocation of £1.6m funding in 2021-22 to support the implementation of the National Trauma Training Programme and trauma-informed practice. This will support the sustainability of the Midlothian Trauma Pilot.

## Drug Related Deaths Funding application

A collaborative bid to the Corra Foundation was submitted for a Digital Harm Reduction pilot in Midlothian Council's two high support temporary accommodations. It would involve peer support and the use of technology to build on existing practices and to provide an early welfare warning to support the detection of possible overdose.

This proposal is aligned to MAT Standard 3- All people at high risk of drug-related harm are proactively identified and offered support to commence or continue treatment.

The bid included Midlothian HSCP, Midlothian Council (housing and homelessness services), MELDAP (Midlothian and East Lothian Alcohol and Drug Partnership) and With You (third sector organisation providing temporary accommodation support).

## Health Inclusion Team (HIT) and Detect Cancer Early

The Health Inclusion Team nurses are participating in a pilot programme led by Public Health to detect head and neck cancers. Head and neck cancers are a priority tumour group because of high rates of late diagnosis, as well as a strong link between lifestyle and risk of developing head and neck cancer.

The HIT nurses will invite people they already meet with to engage and will offer a brief intervention conversation if they are:

- an individual with a history of substance misuse, homeless, and severe mental health with either or both
  - Excess alcohol intake
  - Smokers (tobacco chewed or smoked)
- South Asian and Indian men with either or both
  - Excess alcohol intake
  - Smokers (tobacco chewed or smoked)

## Unpaid Carers

VOCAL – Voice of Carers Across Lothian, has undertaken a survey since 2011 to understand the experiences of unpaid carers, and receive feedback on the services and support it provides. Over 1,200 unpaid carers took part in the 2021 survey, sharing their views and experiences of caring in Edinburgh and Midlothian. (394 respondents lived in Midlothian.)

The findings are being considered by the Midlothian Carer Strategic Group and there are plans to share with a broader stakeholder group in January 2022. A summary of findings and the full Midlothian report are available [here](#). The findings will be discussed by the IJB Strategic Planning Group in 2022.

Midlothian Community Planning Partnership

The annual Community Planning Partnership Conference took place on 22<sup>nd</sup> and 23<sup>rd</sup> November 2021. Midlothian Health and Social Care Partnership is one of the 5 themes of the Midlothian Community Plan. The conference focused on people, place, planet and wellbeing. Cllr Muirhead is Chair of the Midlothian Community Planning Partnership.

Mairi Simpson, Integration Manager – [mairi.simpson@nhslothian.scot.nhs.uk](mailto:mairi.simpson@nhslothian.scot.nhs.uk)

## 4 Policy Implications

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

## 5 Directions

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

## 6 Equalities Implications

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

## 7 Resource Implications

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

## 8 Risk

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

## 9 Involving people

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

## 10 Background Papers

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<b>AUTHOR'S NAME</b>	Morag Barrow
<b>DESIGNATION</b>	Chief Officer
<b>CONTACT INFO</b>	0131 271 3402
<b>DATE</b>	26/11/21

### Appendices:

Midlothian Integration Joint Board





**Thursday 9 December 2021, 2.00pm**  
~~14 October 2021, 14.00~~

## **Chief Social Work Officer – Annual Report 2020 - 2021**

**Item number: 5.10 5.3**

### **Executive summary**

---

To provide Council and IJB with the annual report of the Chief Social Work Officer (CSWO). The shortened report provides Council and IJB with a high level overview of key issues and challenges as a result of Covid-19.

**Board members are asked to:**

- **Note the Chief Social Work Officer's Annual Report for 2020-21;**

# Midlothian Integration Joint Board

## Chief Social Work Officer – Annual Report 2020 - 2021

### 1 Purpose

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- 1.1 To provide Council and IJB with the annual report of the Chief Social Work Officer (CSWO). The shortened report provides Council and IJB with a high level overview of key issues and challenges as a result of Covid-19.

### 2 Recommendations

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

**Note the Chief Social Work Officer's Annual Report for 2020-21**

### 3 Background and main report

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- 3.1 The requirement that every local authority should have a professionally qualified Chief Social Work Officer is contained within Section 45 of the Local Government (Scotland) Act 1994. The particular qualifications are set down in regulations. This is one of a number of officers, roles or duties with which local authorities have to comply. The role replaced the requirement in Section 3 of the Social Work (Scotland) Act 1968 for each Local Authority to appoint a Director of Social Work.

The attached report uses the reduced template developed for the 2019-20 report, taking cognizance of the ongoing pressures being experienced across the sector as a result of Covid-19.

### 4 Policy Implications

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- 4.1 None

### 5 Directions

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- 5.1 There are no implications on Directions arising from any decisions made in this report.

### 6 Equalities Implications

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- 6.1 None

### 7 Resource Implications

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- 7.1 This report does not make recommendations which entail the allocation of resources.

## 8 Risk

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- 8.1 CSWO's have well-developed arrangements in place to assess and manage risk both within social work services and in inter-agency contexts. This has been particularly prevalent during the ongoing Covid-19 pandemic where as CSWO with a children and families background I have had to liaise with colleagues in health and social care to support the roll out of robust governance and oversight around high risk areas such as care at home and residential care homes settings. Having positive professional working relationships with a clear understanding of each other's roles has reduced any potential risk.

## 9 Involving people

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- 9.1 The report highlights the involvement of users of services in the development of services

## 10 Background Papers

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10.1

<b>AUTHOR'S NAME</b>	Joan Tranent
<b>DESIGNATION</b>	Chief Social Work Officer
<b>CONTACT INFO</b>	Joan.tranent@midlothian.gov.uk
<b>DATE</b>	7 <sup>th</sup> October 2021

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**Appendices: Chief Social Work Officer Annual Report (Attached).**



# Chief Social Work Officer's Annual Report 20/21



**Midlothian – A Great Place to Grow**



## **Executive Summary**

The CSWO is required to produce an annual report. The format changed some years ago, when local authorities were asked to use a template devised by the Chief Social Work Adviser to the Scottish Government to ensure consistency across Scotland in annual report submissions. As a result of the pandemic, this format has once more been altered to reflect the challenges that the pandemic has brought to social work services across Scotland.

### **Background:**

Every local authority must have a professionally qualified CSWO as per Section 45 of the Local Government (Scotland) Act 1994. The role is to ensure that provision of appropriate professional advice in the of a local authority's statutory function as described in Section 5 (1B) of the Social Work A(Scotland) Act 1968. The role covers the full range of a local authority's social work functions to provide a focus for professional leadership and governance. The role also provides strategic and professional leadership in the delivery of social work services.

This is the first report written by the Chief Social Work Officer, Joan Tranent, following the departure of Alison White in July 2021.

### **Main Report:**

Give the workload implications of the pandemic, the government's chief social work advisor set out a requirement for this year's report to focus on the following areas:

- Governance and accountability arrangements
- Service quality and performance
- Resources
- Workforce
- COVID-19

The report acts as the required annual report to elected members on the operation of the statutory social work complaints process. The report highlights the impact that Covid-19 has had upon Midlothian's communities and its social work and public protection services, as well as indicating how these continue to affect and contribute to even greater levels of need and vulnerability for local people living in Midlothian.

### **Next Steps**

A draft of this report will be shared with the Chief Social Work Advisor to the Scottish Government by the end of September 2021. The report shall go to both the Council Meeting and the IJB for sign off in October 2021.

## **Financial impact**

The report is an overview of strategic and operations social work matters covering the areas of Children's services, Adult's and Justice based social work. There is no financial impact from this report, which will not have already been considered through existing Council Committees or the Integrated Joint Board.

## **Stakeholder/Community Impact:**

All social work services have the expectation to engage the participation of those citizens who require the support and assistance of those services. Each departmental area has existing mechanisms in place to address stakeholder and community impact.

## **Policy Implications**

There are no direct policy implications of this report. However, the report highlights the areas of practice, service delivery and policy that will require further review as the full impact of the pandemic on services becomes clearer.

## Introduction

I am pleased to present the Chief Social Work Officer's annual report for 2020/21, having just taken over the role in July 2021. The report provides a summary of social work and key social care activity, including key developments and information on statutory decisions made by the Chief Social Work Officer on behalf of the Council and Council services. The report is not intended to be exhaustive but gives an indication of trends, priorities, challenges and opportunities over the past year. In recognition of the arrival and impact of the COVID 19 pandemic, the report includes a summary of how our services have responded and adapted during this time.

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

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



**92,460** people living in Midlothian

**18%** of people are **over 65**

**20%** are under 16



**3%** of children looked after are on the CP register (as of 31/03/2021)



It is projected that the **over 75 age group** is to see the largest percentage increase **+40.9%** over the next 10 years

Section 1.

## Overview of Governance Arrangements

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

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

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

The role of the **Chief Social Work Officer** has just transferred to the Chief Officer for Children's Services, Partnerships and Communities in July 2021 following the departure of the previous Head of Adult Services who also held the CSWO role. Social work and social care services play a vital role in championing and addressing the impact of poverty and inequality in the lives of vulnerable people and are well placed to inform the prevention and early intervention agenda that is embedded in the key strategic plans for Midlothian. Most social work functions take place within the context of joint operational working with colleagues within the H&SCP and council services and across key partner agencies including the third sector. The principle strategic partnerships that lead and direct the work to protect and improve the lives of vulnerable people are:

- East and Midlothian Public Protection Committee (EMPPC)
- Getting it Right for every Child - Midlothian Children's Strategic Partnership (CSP)
- Midlothian Health and Social Care Partnership (MH&SCP)
- Midlothian Community Justice Partnership (CJP)
- MELDAP (Mid and East Lothian Drug and Alcohol Partnership)

Section 2.

**Service Quality and Performance –  
Justice Social Work:**



Unpaid work team delivered **3568** hot meals

**8924** hours remain outstanding for unpaid work group



**35** clients gained **SCQF recognised qualifications**

**15** active **Spring service users**



The Covid-19 pandemic has challenged all services including Justice Social Work and Community Justice. Adapting service delivery within the context of limited face-to-face contact has impacted on both service users and staff. The use of technology has been at the forefront of service delivery to provide consistency of contact giving some predictability in the pandemic. In line with 'Connecting Scotland', funding was sourced to ensure that digital poverty was addressed via the use of tablets and smart phones as well as data. Of which 400 top ups were provided. Continuation of the No.11 Allocations Service has been hugely beneficial to those individuals who were liberated from Scottish Prison Service establishments as part of the early release programme. Data gathered since the inception in 2019 of the No 11 Allocations Service shows that every individual liberated from HMP to Midlothian has an offer of suitable accommodation, voluntary support through Change Grow Live and if necessary substance misuse support.

Addressing employability during the pandemic became a greater need particularly for those within Midlothian communities who were involved with the justice system. Training sessions were delivered to staff in conjunction with Recruit with Conviction, a project that promotes safe, suitable and sustainable employment for people with convictions. This was to ensure frontline workers understood the legislative changes within the Management of Offenders Act (Scotland) Act 2019, which came into force on 30 November 2020.

The partnership continues to monitor actions within Community Justice Outcome Improvement Plan 2020-2023. Relaying the importance of Community Justice and increasing awareness is embedded throughout the actions within the plan. To aid this, Midlothian's Community Justice Toolkit has been developed. This is now a compulsory learning module for all Midlothian Council Staff and will be available for partnership agencies and for young people in Midlothian's High schools.

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

Due to Covid-19, 20/21 was a challenging one in many respects, not least for the ongoing management of those who are assessed at risk of serious harm. At the end of 20/21 there were a total of 13 such offenders being managed by Justice Services within Midlothian. Throughout the last year agencies have continued to work effectively together to share information and to ensure that appropriate risk management strategies are in place.

The overall total number of individuals convicted of sexual offences and managed within our MAPPA processes was 54, the vast majority of whom are managed at MAPPA level 1. The numbers managed under MAPPA within Midlothian has remained fairly static over the last 2 years. The Justice Social

Work Service are the Responsible Authority for 21 individuals who have committed a sexual offence and are managed under MAPPA arrangements. The ability of all agencies to adapt to new ways of working, as a result of the pandemic, has been monitored and reviewed. The most recent quarterly audit of cases managed by both Justice Social Work Services and the Sex Offending Police Unit highlighted good practice and positive examples of multi-agency working.

The Team continue to work closely with colleagues on the Sex Offender Policing Unit and are aware of the potential for the lockdowns, which were part of managing Covid-19, to have increased the incidents of sexually harmful behaviour online.

### **Unpaid Work**

The 2020/21 reporting year proved to be a challenging time for the Unpaid Work Team due to the impact of the Covid 19 pandemic and the associated lockdowns. Despite restrictions in place for much of the year the unpaid work team found new and creative ways to support both our clients and the communities that we serve. Our staff assisted with making telephone calls to those who had received shielding letters from the government to ensure that they had received and understood their advice letter and to promote the services available to them. The team also assisted local foodbanks and community larders by collecting groceries that were being donated from shops and supermarkets and transporting these to their distributions hubs. In addition to supporting our communities the Unpaid Work Team maintained regular telephone contact with our service users to support and manage the risks of the client group during a time of unprecedented stress. The team were trained in using, and training service users in the use of Naloxone to assist colleagues from the Substance Misuse Service minimise risks of overdose at a time when clients were having less face to face appointments with support services. The Team also delivered interventions including an individual offending behaviour pack to help promote client's desistance from further offending and to promote their engagement with the virtual recovery community.

Despite the reduction in work placements and face to face contact the Unpaid Work Team developed and implemented a training pathway for clients. This new pathway starts with all clients undertaking a Scottish Credit and Qualifications Framework (SCQF) award at Level 4 in Health and Safety. Working with the Community Lifelong Learning Team (CLL) a further pathway has been developed to allow clients to undertake a variety of training courses including: an adult achievement award, CSCS card (needed to work on building sites), digital skills, an introduction to wellbeing or to work to improve their literacy and numeracy skills.

The Covid 19 pandemic resulted in the reduction in cases being dealt with by our local Court (Edinburgh Sheriff Court) and in the last year the team received 42 new Orders with conditions of unpaid work. This was significantly down on previous years, although as placements were unable to go ahead for much of the reporting year a backlog of hours started to build. The Scottish Government in recognition of the growing backlog brought in legislation to allow a 35% reduction in outstanding Orders. Due to social distancing, the size of unpaid work groups remain smaller than in the past and to support the Team getting through this backlog of hours a further unpaid work supervisor is being employed to increase the capacity of our team. This will also assist the Team prepare for any increase in work from Edinburgh Sheriff Court who will be employing expanded opening hours from September 2021 to get through their own backlog work.

### **Men's Group Work Service**

The Midlothian Community Justice Outcome Improvement Plan 2020-2023 was published in April 2020 and sets out 40 actions that Midlothian Community Justice Partnership will take forward over the coming three years to deliver better outcomes for those affected by the justice system.

The Men's Group will be facilitated by social workers (from Justice and the Substance Misuse Service) and peer support workers with lived experience. The expectation is that all men placed on a CPO will be considered for the Men's Service. It is hopeful that as the group develops, other external services that aim to promote better outcomes for men will become involved. The Men's Group is set to start in mid-June 2021.

### **Women's Group Work Service – Midlothian Spring Service**

The Spring service has continued to develop as an example of a trauma informed and gendered specific service, supporting women who are affected by histories of complex trauma and have issues with substance use, mental health and/or offending behaviour. Spring is a collaborative service, involving staff from Women's Aid East and Midlothian (women's support worker), Access to Industry (Shine worker), Health in Mind (Peer support worker), NHS (Spring Occupational Therapist and Health Inequalities Team nurse) and Justice Social Work (Spring Social Worker, Caledonian Women's Worker and Justice Social Worker). Research indicates that there are significant benefits to creating a 'one stop shop', where women can access support for all of their needs under one roof.

There are currently 15 active service users and 22 women on the waiting list. Developments in the service have included revising the 'Stepping Stones' programme, which is renamed 'Stepping Forward'. The key focus of these

changes has been on integrating the theme of emotional regulation and distress management throughout all 11 sessions. The Spring Occupational Therapist has focused her time on refining the Stepping Forward programme and updating the afternoon sessions, focused on 'steps to wellbeing'.

Despite the challenges of Covid-19 women still reported improvements; 83% of women reporting improvements in 'identity and self-esteem' and 83% of women indicating an improvement in 'trust and 'hope' (these findings are based on the domains within the outcomes star for recovery). Both of these domains are often scored very low for women who have experienced trauma and are identified as being significant barriers to recovery. Therefore, achieving improvements in these domains is a key outcome measure for the service.

DRAFT

## Children's Services



**765** children attended a hub or early years setting over the summer of April 20-21

Midlothian has **2 children's houses** run by Council which care for young people aged 12-18



**4%** rise in **Children Protection** referrals

**25%** rise in **Domestic abuse** referrals

**34%** rise in **financial assistance** claims



Over **100** children discussed in Team around the Child meetings

COVID 19 brought unprecedented times and associated challenges across the whole of Children's Services. At the commencement of Covid-19 the People and Partnership Directorate agreed the need to work together and share resources during school closures to make sure that all vulnerable families were supported. A directorate wide guidance document which included a gatekeeping process was introduced to review referrals for families in need and provide appropriate supports including 1:1 youth work and places at early years and school hubs.

The Care Inspectorate managed to complete their : **Joint Inspection of services for children and young people in need of care and protection in Midlothian before Covid-19 lock down happened at the end of March 2020.** The following grades were awarded;

- Leadership and Direction – GOOD
- Impact on Families – GOOD
- Impact on Children and Young People – GOOD
- Improvement in the safety, wellbeing and life chances of vulnerable children and young people – GOOD

Following the inspection we are working collaboratively with partners in health, police, education, SCRA and the third sector, to implement the areas identified for improvement. The plan will be monitored via the GIRFEC Board.

The joint inspection highlighted the positive impact of our Early Intervention approach across the partnership which supports the identification and management of risk at an early stage of intervention. Relationships with colleagues in partner agencies have continued to strengthen and this is supported by the work of our two Early Intervention and Prevention Development Officers.

Despite the impact of COVID, Team around the Child (TATC) meetings continued to take place between April 2020 and March 2021 with referrals received from 9 different referral sources. The annual evaluation of TATC acknowledges a lack of available family supports for 5-12 age group. This is something the group will look into in 2021. An audit was undertaken in relation to secondary school wellbeing meetings with positive results.

The LAC attainment fund, jointly shared between education and children's services, agreed to employ 3 x children and families practitioners in an effort to drive down poor attendance and to support improved attainment. A positive evaluation of the intervention of these practitioners has been completed evidencing improved outcomes for the children and young people. In partnership with one of our commissioned services Artlink, we supported the development of the project, which now offers therapeutic

intervention for young people who are offending, LAC young people and those experiencing mental health issues.

The Youth Justice Strategy was completed and signed off by the GIRFEC board in September 2020.

### **Safe and Together**

Over the past year we have delivered nine 'Domestic Abuse: Revised Approaches in Midlothian' briefings to 125 people across the council and are training a further 19 workers in the Safe and Together core principles. Nine managers are also completing the supervisory training. Our second annual audit is due for completion which shall evidence how the training is impacting on practice.

We are continuing to develop the Families First Perpetrator programme and are now rolling out referrals into this programme to partner agencies. We acknowledge that we need to continue to develop work with perpetrators of Domestic Abuse and are in the process of introducing a Developing Dads Group that will create informal steps to engage with Safe and Together principles to support preparatory work to reflect on the impact of their behaviour on family functioning.

### **Income maximisation**

In September 2020 an income maximisation worker was commissioned via Penicuik CAB with a remit to work with families where children were either on the child protection register or subject to a CSO at home. Between October and the end of December 2020 this worker received 21 referrals which led to 10 direct contacts with parents. Outcomes of these referrals have evidenced an encouraging start with an evidenced service user financial gain of £5,757.50. A number of parents were also signposted onto other services for additional support i.e. fuel poverty, employment etc. We have commissioned this service for a further year.

### **Children Services – Looked after population**

At the time of writing this report, we have 235 who are looked out with their parents care and 32 who are looked after at home with a compulsory supervision order in place via the children's hearing system. The numbers change on a daily basis. Within Midlothian, the numbers of children being looked after has reduced year on year as our commitment and focus is towards keeping families together where safe to do so, in line with the recommendations from The Promise.

Much of the change can be attributed towards building local capacity and capability within our services. In particular, our move towards earlier intervention, increased outreach and strengthening families. The development of the Family Group Decision Making project has enabled a shift in the balance of care towards family care.

### **Family Group Decision Making**

Following the success of the pilot exercise we have now embedded FGDM into our mainstream work. Since October 2020 – January 2021, the service received 25 referrals with only two families choosing not to engage. This decrease in non-engagement demonstrates that with the appropriate resources local families will engage. This is an area of work that will continue to grow as we divert resources to earlier intervention and preventative work.

### **Midlothian Council – Young People’s Houses**

To strengthen the skills and capability of our staff working in our care homes we provided a range of learning and development opportunities. This included safe and together, confident staff-confident children, trauma informed and relationship based practice. We also introduced a nurturing approach throughout our care homes. An overarching document called ‘Building Positive Relationships’ was introduced after consultation with staff and carers from across the Local Authority.

While the impact of COVID cannot be underestimated in terms of how it has affected our most vulnerable young people, it is a testament to our staff that our young people have coped remarkably well during the pandemic. Our care staff continued to provide a high level of care and support throughout the pandemic through changing shift patterns and working in bubbles, despite dealing with a number of COVID related matters on a personal level.

### **External Residential Provision**

Children’s Services have seen a marked reduction in children and young people being placed externally. However, our recent data suggests that there is a real change in the age and profile of the few children who have been placed externally, mainly due to the level of distress and trauma these children aged between 5-12 years present. Some young children are unable to cope with the intimacy, which is part of family living, and can only cope with a residential provision at that point in their lives. In February 2021 Children’s Services were fortunate that the Elected Members agreed funding to purchase a house which will deliver a local therapeutic environment for a maximum of 3 children to help them heal and recover from their previous experiences and in doing so be able to be reintroduced into family living. A project board has

been established to begin planning with the aim of being fully functioning in April 2022.

### **Foster Care – Midlothian**

We currently have 52 fostering households in Midlothian and the team who support the carers have the responsibility for recruiting and assessing all potential foster carers. The recruitment of foster carers remains an ongoing challenge. This can be due to resignations or because some elect to permanently care or adopt the child/ren for whom they care for. While this is a good outcome for children it has an impact on our ability to provide resources for children and young people.

### **Adoption Service**

In the last year the team have undertaken 4 adoption assessments and are currently involved in 4 step parent adoptions, this is an increase of assessments compared with previous years.

As well as the recruitment and assessment the team are heavily involved in working with other children's services workers in relation to preparing children for living with alternative families, whether this be a permanent carers or adopter. The team 'track and family find' for individual children.

### **Continuing Care Service**

We currently have 38 young people in Midlothian who are supported and cared for under a continuing care arrangement and 12 carers who have been formally approved as adult carers for those young people. When the young person moves on the carers will revert to being foster carers.

### **Kinship Care**

Historically, Midlothian have had high numbers of kinship carers though we have noted an increase in the number of kinship placements during Covid-19 and believe this is in part due to the success of the Family Group Decision Making Project . Whilst this growth area is to be welcomed, we do acknowledge that our current kinship resources are directed towards the assessment and care planning demands of kinship care. As a consequence, there is little time to provide early interventions and supports within the wider community. Our proposal is that we align early intervention and engagement with kinship care alongside the Family Group Decision Making Service.

### **Independent Reviewing Team (IRO)**

Despite the Covid-19 challenges and a slight delay while workers and families adapted to using virtual technology, Child Protection Case Conferences and Looked after Child Reviews continued to take place. Again this is testament to the commitment of social workers, partner agencies and families who have worked together to address the many challenges these changes have brought.

Type of Review	Number of children reviewed between March 2020 – February 2021
Child Protection Case Conference	243
LAAC Review	321
LAC Review	129
	<b>Total: 693</b>

### **National House Project (NHP)**

The NHP was officially launched in Midlothian on 1 July 2020. Between 1 July 2020 and 30 September 2020, 10 young people were successful in gaining a place on the project. The young people are all care experienced and come from a range of placement/care backgrounds. A steering group was established with representation from: NHP; Children's Services; Residential Services; Police Scotland; Housing Services; NHS Lothian; Community and Lifelong Learning; Skills Development Scotland and the 3<sup>rd</sup> sector (Gorebridge Community Cares). As part of the initial stages of the project, an updated housing nomination document was developed and as such, Housing Services have committed 6 properties per cohort. Meetings have been organised with the 3 Housing Associations who have indicated an interest in supporting the project. In early 2021 a successful application was made to Connecting Scotland for 30 iPads/Chromebooks (including Wi-Fi) to support the young people involved in the NHP.

An official press release was issued on 28 October 2020 which received positive and significant press and social media interest.

### **Complex Needs and Challenging Behaviour (including Lothian Exceptional Needs Group (LENS))**

Five young people with complex and challenging behaviours reside in long stay houses in Woodburn and Penicuik. Action for Children and Barnardos are commissioned by Midlothian Council to manage these houses. A third house (2 bedded) has more recently been established.

### **0-12 years Practice Team**

Permanence planning remains the primary focus for the 0-12 Team. The 0-12 Team have operated throughout the pandemic and where possible have endeavoured to progress care planning for children in care. Nevertheless, for a variety of different reasons, COVID-19 has impacted on certain cases and as such, there are a few examples of timescales not being in line with the very high practice standard set via our PACE work. We shall endeavour to ensure we focus on this work over the coming year.

### **12+ Practice Team**

This service user group can often be chaotic and unpredictable and this requires the team to be flexible, creative and realistic in their approach. The team are passionate about promoting the life chances of care experienced young people (CEYP) and will often go to extraordinary lengths to achieve a positive outcome for a young person. The team have established relationships with a number of stakeholders, including: NHS Lothian; local schools/colleges; Police Scotland; National House Project; Community Lifelong Learning and Justice. The partnership work with the Community Lifelong Learning team is a particular example where a collaborative approach is helping to keep young people in local schools and communities where ordinarily they would be at risk of accommodation and/or school exclusion. It is extremely rare for the 12+ Team to remove a child from their home/community setting – this practice and culture has developed over time and is aligned to the current national drivers mainly The Promise.

### **Corporate Parenting**

Midlothian Council's revised Corporate Parenting Plan (2020-2023) is currently being reviewed and updated. Our Corporate Parenting Board meets 4 times a year to review the plan. In addition to the Corporate Parenting Board and in order to widen and encourage participation with CEYP, there are a range of groups held, including: a fortnightly core group for 12-26 year olds; monthly satellite groups at each of Midlothian's secondary schools and sessions for the mini-champs (under 12s). All of the groups focus on the positives and negatives of care in Midlothian, with a key focus on education; employment; health & safety; housing; care; communication and relationships.

### **Hawthorn Family Learning Centre**

COVID-19 has had a profound impact on Hawthorn and the way the service has been run. Most significantly, restrictions have limited the ability to provide day care and family support in the usual fashion. And yet it provided opportunities to learn, to try new and creative solutions and continue to develop our service and support for families and the community. The team were an active part in providing whole family support via a Hub in March – August 2020 supporting existing children, their siblings and new families. Over 18 weeks of lockdown and school holidays, Hawthorn provided 89 days of support. This included support for 121 children from 63 vulnerable families. During this time, 2162 children crossed the door, were provided food and supported with learning and activities.

The community engagement during COVID-19 lockdown and the increase of referrals has evidenced the changing nature of the service and the change in the community perception of the support that Hawthorn can provide. Based on the learning from COVID-19 Hawthorn has made a range of changes to make referral and induction to the service easier, to reintroduce 3-5 placements, routinely provide home learning packs and extend our registration and support from birth to the end of primary school.

Going forward the national drivers around UNCRC, The Promise and Child Poverty are all large areas of work that will impact upon Children's Services. In the coming year we shall ensure we are able to contribute to these significant issues at a national and local level to support change and improve service provision.

## Midlothian Health and Social Care Partnership

Midlothian Health and Social Care Partnership (HSCP) brings NHS Lothian and Midlothian Council together and is responsible for services that help Midlothian residents to live well and get support when they need it. This includes all community health and social care services for adults in Midlothian and some hospital-based services such as Accident and Emergency.

**1,623 carers** received an **adult support plan**

**2,278 carers** received 1o1 support by **VOCAL** during 2020-21

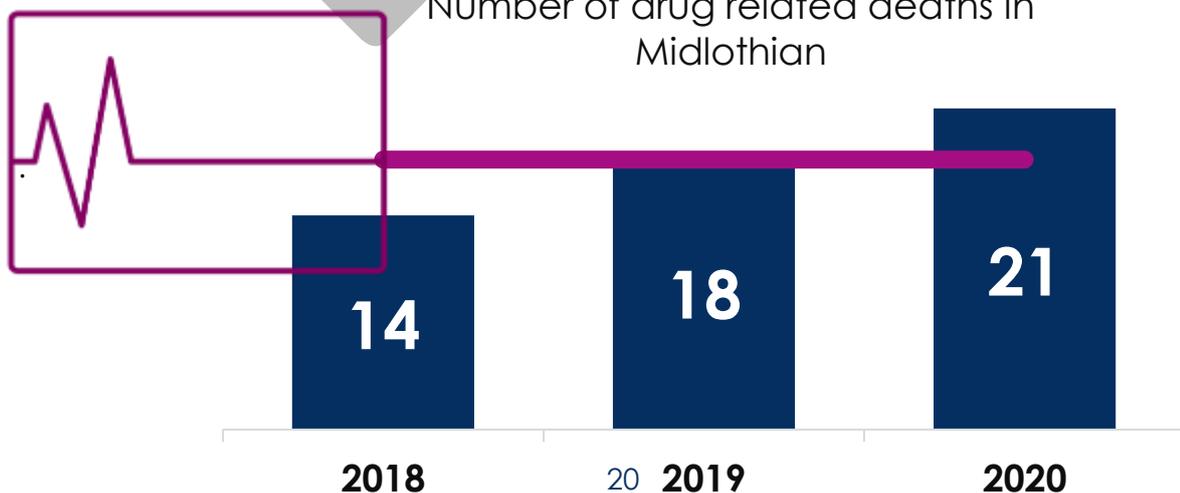


**316 carers** accessed short breaks



Midlothian has **10 care homes** for older people - 8 privately run and 2 run by H&SCP

Number of drug related deaths in Midlothian



Three year average (17.66)

The Midlothian Integrated Joint Board (IJB) has governance responsibility for the services that the Health and Social Care Partnership delivers and manages the allocation of the budget, approximately £131million a year. The IJB gives instructions to Midlothian Council, NHS Lothian, or both on the key actions they need to deliver for the

## VISION

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

## Values

Our services will provide the right support for you, at the right time and in the right place.

## HSCP COVID-19 Response

The COVID-19 pandemic brought many challenges and much disruption to the Health and Social Care Partnership, its partners and the communities it serves. There was increased anxiety and pressure on many service users, unpaid carers and staff. While challenges may have changed over 2020, they continued into 2021.

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

## Care Homes for Older people

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 in line with the Scottish Government guidelines (May 2020). Midlothian HSCP has local mechanisms in place to deliver its responsibilities and to link its work with pan-Lothian and national mechanisms.

Midlothian Care Home Support Team identified significant concerns about the quality of care being delivered to residents in Thornlea Care Home in November 2020. Following an inspection by the Care Inspectorate in December, the Care Inspectorate applied to the Sheriff Court to suspend its registration, and the Care Home was closed on 18<sup>th</sup> January 2021. Appropriate alternative accommodation was arranged for the remaining residents and

significant HSCP resources were deployed to support the safe care of residents over the transition period. This incident represents a very difficult period for the residents and their families, and the staff involved.

Midlothian's Care Home Support Team has been funded to have increased capacity and provides a proactive and preventative support approach as well as a reactive response where care homes need additional support/advice/training. They provide advice, support and education directly and maintain strong links with Lothian-wide specialist teams, enabling the provision of additional specialist infection prevention and control, tissue viability, clinical education and quality improvement support. Partnership working with these teams, the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership delivers multidisciplinary perspectives on the care and support of older people within our local care homes. This enables proactive support of the delivery of person-centred care, and regular input to address issues and challenges being faced in the care homes as they arise using risk assessment skills to drive informal approaches and more formal procedures as required.

Substantial support has been provided to care homes for older people to address the challenges faced throughout the Covid-19 pandemic. Examples include the provision of direct support to meet staffing challenges, input to meet the complex care needs of individual residents, vaccination, testing of staff and residents, support with the reintroduction of visiting and providing practical and emotional support to staff affected by the impacts of the loss of residents in unprecedented numbers. Quality improvement approaches have been utilised to develop checklists to build on the learning the team has acquired and to ensure a thorough and consistent approach.

The Midlothian 'Care home rapid rundown' takes place three times per week and provides regular senior oversight of emerging issues and improvement work and the opportunity to discuss any concerns raised by Care Home managers and/ or identified by the Care Home Support Team. The data gathered by the Care Home Support Team and that which is entered directly into the national 'TURAS' safety huddle tool enables local assessment of risk and the provision of assurance around staffing, care standards and the actions in place to address the risks posed to care home residents by the COVID -19 virus.

Midlothian HSCP continues to work closely with partners including Midlothian Council, NHS Lothian, the Care Inspectorate and Scottish Care. The Care Home workforce is an area of ongoing development and this will continue to be a focus for 2021. Midlothian is one of the partners involved in the plans to develop a Lothian Care Academy to provide a route into health and social care work.

## **Drug related deaths**

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

Midlothian is the pilot site for 2 of the 10 new Medication Assisted Treatment (MAT) standards. The MAT standard 3 pilot offers assertive outreach to individuals identified at a weekly multi-agency huddle as having experienced a near fatal overdose. MAT standard 9 aims to provide an integrated, person centred mental health and substance misuse service to people who present to Substance Misuse Services with a concurrent mental health problem.

## **Care at Home**

There was one internal and three externally contracted providers in Midlothian delivering Care at Home to older people in 2020-21. Within the Care at Home service an enablement model was adopted and this enabled MERRIT carers to co-work with intermediate care to facilitate patient flow. This work continues.

## **Support to Unpaid Carers**

In early 2021 services were re-commissioned in line with changes in Carer's Act legislation and the Midlothian carer support service review and comprehensive consultation undertaken in 2020 on this foundation.

Work continued to support carers in partnership with local organisations, in particular VOCAL Midlothian but also Alzheimer's Scotland and others. While traditional respite options were very limited due to the pandemic, especially for older people, alternative support to carers was progressed and additional funds were provided for Wee Breaks. Social Workers and others including VOCAL also discussed alternative ways to use SDS budgets.

## **Services to People under 18 Years**

Health visiting recruitment continued on rolling basis across Lothian. Health Visitors continued to manage larger caseloads with support from Nursery Nurses, as maternity leave and sickness absence impacted on staffing levels.

Nursery Nursing is fully staffed and only a small vacancy gap remains in HV admin.

Work continues to achieve full implementation of the Universal Pathway; work will be undertaken to achieve full implementation once COVID restrictions ease and the effects on capacity that staffing issues have created are fully resolved and we expect this to be addressed by November 2021.

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## Learning & Development



Offered **9** placements to **social work students**



**7** students completed and **graduated to become social workers** during last year

**2** social workers completed Practice Educators

**3** completed Link worker training



Developing the workforce continues to be a key priority for the Council and for the Midlothian Health & Social Care Partnership. Over the last 18 months it has proved particularly challenging to provide the essential training for the registered workforce to ensure they meet the requirements of the SSSC and the services are Care Inspectorate compliant. The Practice Learning and Development team have sought alternative models and forums to deliver training/assessment including the rapid induction for new care staff during the height of the Covid Pandemic in 2020.

**NQSWs:** We have continued to support our NQSWs by adapting support sessions to online delivery and have increased our support by working with Borders and East Lothian to offer a bi-monthly joint session for NQSWs across authorities- this has been well received and evaluated.

**Children & Families:** We were able to adapt some of our core training to an online format and have delivered regular sessions on Mental Health & Suicide Awareness; Child Protection level 1 and Domestic Abuse and Safe & Together (co-delivered with Safe & Together Champions).

In terms of postgraduate study staff members have access to: Leadership & Management, Adult Support & Protection, Child Welfare & Protection, Occupational Therapy, Dementia Studies, Practice Education and the Mental Health Officer Award.

It has been particularly challenging to keep up to date with Team Teach training to new staff and refresher training due to the nature of the training that needs to be face to face. This was ceased last year, however this was re-established this year with around 100 staff receiving Team Teach training to date.

The SVQ Assessment centre has managed to continue working and supporting staff with their qualifications despite the restrictions – all be it to a lesser extent. However a successful external verifier visit that was highly complementary about the SVQ Assessment centre is testimony to the team and their diligence to keep going and adapting approaches to support staff achieve their qualifications. We are recruiting an additional SVQ assessor to support the team to increase resource to ensure all new staff and existing staff have access to an SVQ assessor in a timely manner to complete their qualification for registration within the appropriate timescales.

### **Achievements with SVQ for 2020/21**

- Early years Modern Apprenticeships Level 3 (CYP) 56 completed, plus 25 in process
- Foundation Apprenticeships - 10 from year one completed NPA CYP and 9 Year twos completed whole qualification **CYP** = 19 and **H & SC** – 9 completed
- Commenced another 10 year ones
- Level 2 in H&SC = 20
- Level 3 in H&SC = 3
- Level 4 in H&SC = 5
- Level 3 in CYP = 8

- Level 4 in CYP = 2
- Level 4 in Management = 8 = 5
- IV award = 1
- Assessor Award = 4

There are many programmes in place commencing August 2021 which will include Community Justice – supporting unpaid work people to complete SVQ's while undertaking the unpaid work. In addition Foster Carers in Midlothian as well as, Childminders in Midlothian and East Lothian.

The challenges facing the delivery of learning & development for the workforce continue to reflect the national picture. As the pressure on operational staff increases, the ability to release staff for essential learning & development is challenging for managers in frontline services. The Learning & Development staff continue to liaise closely with managers in order to design the delivery of learning and development as closely as possible to meet their needs/capacity for release of staff.

## **Public Protection**

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

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

Adult Support and Protection: Midlothian received 453 referrals, a 3.25% reduction over the previous year. Police, followed by Health, were the largest single referrer accounting for 29% of referrals. In Midlothian over the past year the most common type of harm investigated under ASP was financial and the most common category of client group with an ASP investigation was 'infirmity due to age accounting for 45% of referrals.

Child Protection: In light of Covid-19 we produced local interim guidance to supplement the national child protection guidance which reflected our own local procedures. Hubs were quickly established to children who required to be in school and for those whose parents were deemed to be part of the critical workforce. During the year we implemented the national child protection minimum dataset to review our performance data on an academic quarterly basis.

Violence against women and girls: The impact of Covid-19 upon the number of referrals relating to domestic abuse seen a slight reduction of referrals from police (1.1%). There was also a decrease of 3.4% of the number of sexual crimes report to police over the year. Given a second lockdown happened during this reporting period it was acknowledged that the ability to report these type of crimes was restricted due to lack of opportunity for the victim and not all services offering face-to-face contact.

## Conclusion

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

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

Finally, my thanks once again to all staff during what has and continues to be a very challenging time.

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**APPENDIX 1**

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

**APPENDIX 2**

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

**APPENDIX 3**

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

**APPENDIX 4**

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

For access to these Reports, please contact Lorraine O'Malley, PA at Email – [Lorraine.O'Malley@midlothian.gov.uk](mailto:Lorraine.O'Malley@midlothian.gov.uk)

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**Thursday 9<sup>th</sup> December 2.00pm**

## **Midlothian Integration Joint Board Strategic Plan 2022-2025**

**Item number: 5.4**

### **Executive summary**

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

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

**Board members are asked to:**

**Note the update on the development of the new Strategic Plan  
Note the proposal for consultation on the new Strategic Plan**

## Midlothian Integration Joint Board Strategic Plan 2022-2025

### 1 Purpose

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- 1.1 To update the Board on the development of the new Strategic Plan 2022-2025

### 2 Recommendations

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

**Note the update on the development of the new Strategic Plan**

**Note the proposal for consultation on the new Strategic Plan**

### 3 Background and main report

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- 3.1 In order to meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Midlothian Health & Social Care Partnership is required to develop, consult on, and publish a new Strategic Plan in 2022.

- 3.2 Our strategic plan will let people know:

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

- 3.3 A new vision and values were agreed by the IJB in December 2020. Strategic aims were agreed by the IJB in March 2021.

#### 3.4 Development of the Strategic Plan

An initial draft of the strategic plan was presented to the IJB at the workshop in November 2021. The plan has been further developed following this workshop, and also now includes the primary care and frailty plans. The next draft of the plan is attached at **Appendix 1**

- 3.5 The IJB will discuss the plan and the budgetary pressures that may impact on aspirations for the Strategic Plan at the IJB workshop in January 2022. This is to ensure that consultation is undertaken is on a plan that can be financially supported.

- 3.6 Work is continuing with each lead to develop performance indicators and targets for the new directions for 2022-2023 for each area (e.g., Mental Health, Older People) based on the draft new strategic plan. This will help us measure our performance in achieving the plan and ensure a clear link between the directions and the strategic plan.
- 3.7 **Consultation on the Strategic Plan:**  
Work is in progress to capture all the consultation and engagement which has informed the development of the plan so far and to produce individual reports for each area. This includes capturing the involvement and engagement of services users and their families as well as representative groups, such as joint planning groups (e.g. Older People's Planning Group), advocacy and support organisations (e.g MOPA, Forward MID, Enable), carers organisations (e.g. VOCAL) staff, trade unions, providers and those involved in local community planning.
- 3.8 There are a number of areas where a range of consultation and engagement has been undertaken since the last strategic plan and this has been used to inform the development of new plan (e.g. Older people, Unpaid Carers). However, there are also a number of other sections where consultation or engagement has been more limited. Restrictions due to the Covid pandemic have also prevented or limited engagement via face-to-face events and community groups.
- 3.9 An official consultation on the draft plan will begin in mid-January, following the IJB Workshop, in line with the [Scottish Government guidance on Strategic Commissioning Plans](#). The draft plan will be made available online on the Midlothian HSCP website and there will be an opportunity to provide feedback on this. Paper copies will be provided where required. Equalities monitoring information on responses to the consultation will be collected.
- 3.9 Information on the consultation will be sent to all key stakeholders. This will include the third sector (including Midlothian Voluntary Action, VOCAL, Enable, Red Cross) Advocacy Groups, Midlothian Council, NHS Lothian, East, West and Edinburgh Integration Joint Boards, Midlothian IJB Strategic Planning Group, joint planning groups, trade unions, service providers, the Community Planning Partnership and staff. The consultation will also be advertised to members of the public through our social media and other communication channels.
- 3.10 When considering each area of the draft plan (e.g. Mental Health, Learning Disability) the new website has been developed so it will be possible to also look at any consultation and engagement which has taken place for that area, and to look at local data from the Joint Needs Assessment, as there will be links to both of these areas. This will enable people looking at the draft plan to consider how both engagement and data on local needs has influenced the development of the plan.
- 3.11 Each planning lead will have the opportunity to consider the feedback received on the draft plan, discuss with their planning group and propose any changes to the plan before the final draft plan is submitted to the IJB for approval.
- 3.11 **Key dates:**
- |   |   |
|---|---|
| 9th Dec 2021                              | Draft plan presented to IJB and consultation plan agreed        |
| 13 <sup>th</sup> Jan 2022                 | IJB Workshop to discuss financial plan                          |
| 19 <sup>th</sup> Jan -2 <sup>nd</sup> Mar | Stakeholder & public consultation on first draft, EQIA complete |

Feb-Mar 2022  
17<sup>th</sup> March  
1<sup>st</sup> April 2022

Changes proposed & plans updated following consultation  
Final draft plan to IJB meeting  
Plan published

## **4 Policy Implications**

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

## **5 Directions**

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

## **6 Equalities Implications**

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- 6.1 An Equality Impact Assessment will be undertaken on the draft Strategic Plan 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. The plan will include information on how the IJB will address the Health Inequalities experienced by people in Midlothian.

## **7 Resource Implications**

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

## **8 Risk**

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

## **9 Involving people**

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- 9.1 A wide range of stakeholders across the Partnership have contributed to discussion on the new vision and values, new strategic aims, and the draft plans for 2022-25. This includes regular discussion at the Strategic Planning Group, the IJB, the Planning and Transformation Group, local Planning Groups and the 8 IJB workshops on the draft strategic plans.

- 9.2 Reports on engagement and consultation which has been undertaken with staff, service users and stakeholders in each area will be made available.
- 9.3 Plans for stakeholder and public consultation on the draft plan are outlined in this report.

## 10 Background Papers

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

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<b>DATE</b>	30 <sup>th</sup> November 2021

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### Appendix 1 - Draft Midlothian IJB Strategic Plan 2022-2025





**Midlothian  
Health & Social Care**

# Midlothian Integration Joint Board Strategic Plan 2022-2025



# Foreword

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# Who we are

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The Integration Joint Board (IJB) plan and direct the health and social care services for the people of Midlothian. These services are delivered by the Midlothian Health and Social Care Partnership (Social care and Community health care services and local hospital services) and by NHS Lothian (hospital based services). You can find the full list of delegated services at [www.midlothian.gov.uk/mid-hscp](http://www.midlothian.gov.uk/mid-hscp). in the [Scheme of Integration](#). We manage some services (including Podiatry, Adults with Complex and Exceptional Needs Service (Complex Care) and Dietetics) for all of Lothian on behalf of NHS Lothian. Other IJBs host services on our behalf.

The Health and Social Care Partnership work with third sector organisations and independent providers. All staff in the partnership are employed by either Midlothian Council or NHS Lothian.

The partnership brings together parts of Midlothian Council and NHS Lothian to help you live well and get support when you need it - from care homes to care at home, primary care to telecare, voluntary organisations to vaccinations. 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

# What we are trying to achieve

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The IJB plan and direct health and social care services and manage the allocation of the budget of approximately £150 million per year. 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 2022-2025

**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 2022-2025

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

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

## **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**

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 a range of 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 at times infrastructure restrictions. 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 the HSCP can support admission avoidance and improve people's outcomes.

### **COVID-19**

Covid 19 will continued to influence how the delivery of core services, it will impact staff absence and deployment, and will required additional resource, for example to deliver vaccination clinics, deliver services in line with guidance , coordinate staff testing, and manage PPE provision locally.

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# How can Digital Technology help us?

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The COVID pandemic and the restrictions it put on all of us has shaken up the way we provide services. We have become more comfortable using technology and 'doing things a little differently'. This change is here to stay and digital technology will play a part in all of our services over the next three years.

Digital technology can allow us to keep in touch with our GPs from the comfort of our living rooms, control everyday devices by talking to them and keep a track of our health through miniature computers we wear on our wrists.

Digital technology can also help us collect information about people who use our services in a way that can help us plan and deliver them more effectively. This might mean using anonymous data to help us understand when the busy periods at A&E are or it might mean allowing you to share your story with a number of people who support you so you don't need to repeat yourself.

Our Digital Governance Group supports us to make best use of new technology and make sure we use it in a co-ordinated way, taking into account issues such as privacy, inclusion, choice, and power.

## **Our core themes to support our digital development:**

### **1. Building an infrastructure that helps us work together**

Integrating health and social care services requires us to share data across NHS and council services and with the third sector, carers and people who use our services. We need to build an infrastructure that helps us to do this.

### **2. Person Centred Care**

A Digital approach will help us consider how care can become more about people and not the process. With a clear understanding of people's needs we can ensure the right technology, is used at the right time, in the right place, in the right way and that it enhances quality.

### **3. Asset management and optimisation.**

We will need a culture change in adopting new thinking, embracing new skills and delivery models and in our organisational planning. This will require leadership and strategic support, and training, to develop closer relationships across a range of stakeholders.

# How we plan services

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## Strategic Plan

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 3 years to improve and support the health and wellbeing of the people of Midlothian.

Our strategic plan lets people know:

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

Through the 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.

## Assessment of Need

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

To develop the plan we work with a wide range of stakeholders including staff, people who use our services, voluntary organisations, unpaid carers, providers and the public

## Localities

The law requires that each IJB must designate at least two 'localities' for planning purposes. In Midlothian there are west and east localities. However, as the smallest mainland authority operating as a Partnership, Midlothian IJB cannot plan, organise and commission services in two separate localities which do not reflect any recognisable sense of belonging. Instead we will focus our energies 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.

## **Clinical Care & Governance**

In delivering our plan over the next 3 years we need to make sure that we provide high quality, safe and person centered 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 centredness of Midlothian HSCP Services is monitored and assured

## **Engagement with people in Midlothian**

We are developing our engagement with people and partner organisations through supporting representatives from the third sector, carers and people with lived experience on our formal planning groups including the IJB, the Strategic Planning group and Service Area planning groups. Our [Engagement Statement](#) outlines 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 must also continue to work with a wide range of people who live and work in Midlothian and stakeholders to inform our plans, including third sector organisations, service providers and staff.

## **Inequalities**

Inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. Social determinants of health are the conditions in which we are born and in which we live and work. 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 and compared to people in most deprived areas, and the life expectancy of people with learning disabilities is substantially shorter than the Scottish average.

Covid-19 has widened health inequalities as it has affected those already experiencing health inequalities more, such as those in the most-deprived areas and people from ethnic minority backgrounds. We have a duty to address inequalities, and to do this we must distribute resources and plan our services according to need so that they do not make inequalities worse, and may help in reducing them.

## **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](#) set out the key equalities areas we have identified and how we will work on these over the next 4 years.

## **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

## How we measure performance

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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

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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 our integrated budget. A Direction must be given for every function that has been delegated to the IJB.

We need to both 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 changes to services or new investments during the year and need to provide Directions on these.

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## Finance page **Note to IJB: To be finalised following IJB Workshop**

### Budget and Financial Plan

The IJB's Strategic Plan is the foundation for the development and preparation of the IJB's financial plan which lays out in financial terms, how the IJB will deliver its strategic plan.

The IJB can only use the resources available to it (the IJB's budget) to deliver the strategic plan. The budgets for the IJB are to fund the services that have been delegated to it from its partners Midlothian Council and NHS Lothian.

**Our annual budget is £144.2m\*** This is split up into four parts: -

- 1. Social Care (from Midlothian Council). £47.7m\***  
This is for the adult social care services in Midlothian. These services are managed operational by the Midlothian Health and Social Care Partnership (HSCP)
- 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 the local 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. These services are :- Accident and Emergency, Cardiology, Diabetes, Endocrinology, Gastroenterology, General Medicine, Geriatric Medicine, Rehabilitation Medicine, Respiratory Medicine and various ancillary support services for the above. They are delivered at the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital.

\*budgets to be discussed at IJB Workshop in January 2022.

## Financial Risks

Pressures from pay awards and improved terms and conditions (the move towards 'fair work' practices in commissioned services). Its 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

## Strategic Developments and Changes

The financial resources available to the IJB are generally fixed at the time of the setting of the annual budget (in March each year) – although further resources may be made available by the Scottish Government in year – and are limited by the resources available to the partners.

This poses challenges to the development of a 3 year plan, as we only have the budget confirmed for the current year.

The Strategic plan, as part of the transformational process, will redesign the delivery of services and may also require additional investments in these services. However, the IJB only has four sources to fund any additional investments -

1. New resources from the SG and that will be generally agreed as part of the budget setting process.
2. A transfer of resources from elsewhere within the IJB's budget. For example as part of the change in the balance of care from institutional to community in theory resources should be releasable from institutional services. However, any such change would have to make a sustained and significant impact to allow a such a movement of resources
3. A reorganisation of budgets 'internally' – that is redesign within a service or a reallocation of the budgets currently available to the IJB.
4. The IJB may decide to disinvest in a current services in order to support a development. Clearly an appropriate process will have to be followed to ensure that any decisions reached are appropriate

Redesign work requires elements of double running costs to be covered to continue to cover the costs of services as they are, whilst also covering the cost of developing new approaches and redesign. This could be funded from within the IJB's reserves if agreed.

# Our plans

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# Older People

## (Community Services)

**Planning group:** Older People's Planning Group

**Planning Lead:** Catherine Evans

[Older People 2022-25 - Midlothian Health and Social Care Partnership](#)

## 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 – including GP practices, home care, care homes and dementia services.
- Improve awareness and fulfilment of human rights for older citizens, including people who live in care or treatment facilities or receive care in their own homes.
- 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.
- 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:** Jamie Megaw

## Prevention & Early Intervention

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

## Support & Treatment

- Improve continuity and 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 (Temp)

[Physical Disability & Sensory Impairment 2022-25 - Midlothian Health and Social Care Partnership](#)

## Prevention & Early Intervention

- Increase the availability of suitable housing including wheelchair accessible housing, care and repair and early housing conversations.
- 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 including reducing waiting times for Occupational Therapy and for equipment/aids, improve access to respite, local health care premises and remote consultations.
- 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:** Sheena Lowrie

[Mental Health 2022-25 - Midlothian Health and Social Care Partnership](#)

## Prevention & Early Intervention

- Improve access to Community Mental Health Supports including more local provision through changing the location of services e.g. The Orchard Centre
- Suicide Prevention
- Improve physical health including screening and monitoring
- Improve access to information about self-management including Midspace

## Support & Treatment

- Improve holistic support including integrating service in No11, working with MELDAP, Homelessness services and supporting people who have experienced Trauma.
- Reduce waiting times for Psychological Therapy
- Reduce waiting times for Occupational Therapy
- Improve the provision of appropriate Housing including Grade 4 and 5 housing for residents at Royal Edinburgh Hospital, supporting people who experience homelessness.

## Crisis & Emergency

- Improve same day access for people with Mental Health and crisis/distress including the Mental Health and Resilience Service and Distress Brief Interventions.
- Improve support for people who attend A&E frequently
- Improve access to Mental Health and well being services through the Redesign Urgent Care



# Learning Disability & Autism

**Planning group:** Learning Disability & Autism

**Planning Lead:** Duncan McIntyre

[Learning Disability & Autism 2022-25 - Midlothian Health and Social Care Partnership](#)

## 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 including screening and health, relationship and wellbeing
- 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 for People with Learning Disability and Autism including building units in Bonnyrigg and Loanhead.
- 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 for People with Complex Needs
- Develop a Broader Range of Respite and Breaks Support for People with Learning Disability and Autism.
- Improve information on Advice, Support and Services for Autistic People and People with a Learning Disability.

## Crisis & Emergency

- Support disabled 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: TBC

[Long Term Conditions 2022-25 - Midlothian Health and Social Care Partnership](#)

## 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 and increase chronic disease management.
- Improve how we support people to plan for the future
- Improve community-based support for people with Heart Disease including preventing avoidable admissions to hospital and increasing access to community based rehabilitation.
- Increase number of people managing COPD at home including expanding the Community Respiratory Team
- 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 and support women with gestational diabetes.
- Establish appropriate support pathways and improve outcomes for people with neurological conditions.

## Crisis & Emergency

- Reduce preventable admissions to A&E
- Reduce hospital discharge delays resulting from housing needs



# Falls & Fracture Prevention

**Planning group:** Strategic Falls Group

**Planning Lead:** Gillian Chapman

[Falls & Fracture Prevention 2022-25 - Midlothian Health and Social Care Partnership](#)

## 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 including working with the Emergency Services, Midlothian Community Hospital and On Calls Falls Service.
- Improve outcomes after a fall



# Palliative & End of Life Care

**Planning group:** Palliative and End of Life Partnership Group

**Planning Lead:** Fiona Stratton

[Palliative & End of Life Care 2022-25 - Midlothian Health and Social Care Partnership](#)

## Prevention & Early Intervention

- Improve people's choice and control over their support & treatment
- Improve how people plan for the future.

## Support & Treatment

- Improve and develop services for people receiving palliative care
- Improve bereavement support

## Crisis & Emergency

- Reduce preventable admissions to hospital
- Improve discharge from hospital



# Under 18

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

**Planning Lead:** Fiona Stratton

[Under 18s 2022-25 - Midlothian Health and Social Care Partnership](#)

## Prevention & Early Intervention

- Monitor health of children and young people including Health visitors and School Nurses.
- Reduce inequality including Care Experienced Children and where Domestic Violence, Substance Misuse and money or housing worries are occurring or suspected.
- Support Parents
- Prevent avoidable illness including vaccinations, early detection and healthy weight.

## Support & Treatment

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

## Crisis & Emergency



# Public Protection

(Adult Protection & Violence Against Women and Girls)

**Planning group:** East Lothian and Midlothian Public Protection

**Planning Lead:** Kirsty MacDiarmid

[Public Protection 2022-25 - Midlothian Health and Social Care Partnership](#)

## Prevention & Early Intervention

- 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

## Support & Treatment

- 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

## Crisis & Emergency

n/a



# Community Justice

**Planning group:** Community Justice

**Planning Lead:** Fiona Kennedy

## Prevention & Early Intervention

- Improve understanding of Community Justice.
- Plan and deliver services in a strategic and collaborative way
- Prevent and reduce the risk of further offending including restorative justice and community payback orders.

## Support & Treatment

- Improve relationships and opportunities to enable participation in education, employment and leisure.
- Improve resilience and capacity for change and self-management including the SPRING service.
- Improve life chances through addressing needs, including; health; financial inclusion; housing and safety including Fresh Start and No 11.

## Crisis & Emergency

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



# Substance Misuse

**Planning Group:** MELDAP

**Planning Lead:** Martin Bonnar

[Substance Misuse 2022-25 - Midlothian Health and Social Care Partnership](#)

## 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 including improving waiting times and geographical access
- Commissioning and Assuring High Quality, Cost Effective Outcomes Focused Services

## Crisis & Emergency

- Reducing Harm and Promoting Recovery including out of hours access to recovery hubs, assistance at A&E and polydrug overdose

# RESOURCES

DRAFT



# Workforce

**Planning Group:** Workforce Strategic Planning Group

**Planning Lead:** Anthea Fraser

## Prevention & Early Intervention

- Attract staff to fill vacancies including 'Hard to Fill' posts.
- Reduce vacancies and retain, support and upskill staff

## Support & Treatment

- Reduce workforce inequalities
- Increase support with digital access

## Crisis & Emergency

DRAFT



# Unpaid Carer

**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: We want to 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



# Primary Care

Planning lead: Jamie Megaw

Planning Group: TBC

## 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.
- Maintain and improve access to the Primary Care Mental Health and the Wellbeing services to support people needing mental health support.
- 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

## 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 – including health and care facilities in Danderhall for the Shawfair Development Area, and developing plans for South Bonnyrigg/Rosewell
- 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

- Provide access to primary care services in evenings, at night and weekends through the Lothian Unscheduled Care Service
- Collaborate with General Practices to support improvement to access.



# Acute Services

**Planning group:** Acute Services Planning Group

**Planning Lead:**

## Prevention & Early Intervention

- Reduce potentially preventable admissions through early diagnosis, reduce admissions from falls, flu & COVID,
- Establish community-based early intervention support for people to reduce the need for acute care

## Support & Treatment

- Maintain delayed discharge occupied bed days at 40% below the 2017/18 rate.
- Maintain the number of people living in and receiving care in the community at 97% or higher.

## Crisis & Emergency

- Maintain attendances to A&E at 2017/18 level.
- Reduce unscheduled admissions by 5% compared to 2017/18.
- Reduce unscheduled occupied bed days by 10% compared to 2017/18.



# Midlothian Community Hospital

**Planning group:** TBC

**Planning Lead:** Kirsty Jack

[Midlothian Community Hospital - Midlothian Health and Social Care Partnership](#)

## Prevention & Early Intervention

- Improve accessible information about MCH 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 MCH are operating effectively and efficiently including a new staffing model for Mental Health wards, recruitment and admissions
- Improve quality of care for older people with mental illness
- Improve quality of care for people with dementia
- Increase the provision of holistic care including creating a culture of 'cross ward working' and working with volunteers
- Improve access to and quality of care and treatment for out-patients including increasing nurse prescribers and clinical decision makers and cancer treatment.
- Improve people's choice and control over their care and treatment and participation in decision making including good conversations, anticipatory care plans and advocacy.
- 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

[Sport & Leisure 2022-25 - Midlothian Health and Social Care Partnership](#)

**(plan will note sport and leisure is not a delegated function)**

## Prevention & Early Intervention

- Improve equity of access to all physical activity opportunities including financial difficulties and protected characteristics.
- Increase the number of people having a positive experience at a Sport & Leisure venue or activity through training staff.

## Support & Treatment

- Increase community based support opportunities including Midlothian Active Choices, Ageing Well and providing clinical/rehabilitation spaces.

## Crisis & Emergency

- Increase support for communities in crisis or emergency including the Keep Safe Scotland scheme.



# Housing & Homelessness

**Planning group:** Health and Homelessness & Extra Care Housing

**Planning Leads:** Becky Hilton & Gillian Chapman

[Housing & Homelessness 2022-25 - Midlothian Health and Social Care Partnership](#)

## Prevention & Early Intervention

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

## Support & Treatment

- Increase the number of people accessing support in temporary accommodation including peer support, advocacy and access to digital devices.
- Increase choice and control for recovery from substance misuse including an 'Oxford House' (a self run, self supported recovery house)
- Improve support for people who are homeless with complex and multiple needs
- Reduce avoidable hospital admissions / delayed discharges including use of intermediate care flats.
- Enable people to live independently including a 'Care & Repair' scheme and Technology Enhanced Care

## 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 \(2021-2026\)](#)

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 \(annual\)](#)

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](#)

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:

<b>AIM</b>	<b>PREVENTION EARLY INTERVENTION</b>
<b>2,6</b>	Deliver further Housing Solutions training sessions to Health and Social Care staff and other partner organisations.
<b>5,6</b>	Occupational Therapist/Community Health Specialist input for all new build general housing
<b>3,5,6</b>	Partnership working with Children's Services to develop a homeless prevention pathway for care experienced and looked after young people.
<b>1,6</b>	Investigate the implications of significant projected numbers of older households for specialist and general housing
<b>1,2</b>	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
<b>1,6</b>	Target energy efficiency advice at households most at risk of fuel poverty
<b>3,5,6</b>	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.
<b>3,5,6</b>	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.
<b>AIM</b>	<b>Support &amp; Treatment</b>

**AIM PREVENTION EARLY INTERVENTION**

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 (check with Alan Ramage). Add stats (can be provided by Alan/Fiona).
- **Registered Social Housing owned by registered social landlords** - funded directly from the Scottish Government. Add stats (Brook McGee at Castle Rock may provide stats along with Nancy Booth @ Melville).
- **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. (I would check this with Edel Ryan to make sure she is in agreement). Add Stats (Edel Ryan).

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.



# Respite

**Planning group:** Respite & Short Breaks

**Planning Lead:** Gillian Chapman

## Prevention & Early Intervention

- Improve Overnight Respite including working with existing providers, Extra Care Housing and Respite at Home
- Improve equality of access to respite across Midlothian
- Plan respite for future need – efficient & effective use of resources including a new respite facility.

## Support & Treatment

- Improve quality of respite
- Improve Procedures for Planning and Accessing Respite including separating planned and emergency care, SDS and transport.
- Improve Information on Respite

## Crisis & Emergency

- Reduce potentially preventable hospital admissions



# Public Health

**Planning group:** Public Health Reference Group (TBC)

**Planning lead:** Becky Hilton

## Prevention & Early Intervention

- Increase the number of people who are supported to be more physically active including green health prescriptions, Get Moving with Counterweights, Let's Prevent Diabetes, Midlothian Active Choices and Ageing Well.
- Increase the number of people who are supported to address money worries including Good Conversations and benefits.
- 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 including people in homeless accommodation, carers, people in receipt of drug and alcohol services or justice services and gypsy travellers.

## Crisis & Emergency

9<sup>th</sup> December 2021

## Financial Out-turn 2021/22, additional Scottish Government social care 21/22 funding and financial plan update

Item number: 5.5

### Executive summary

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*This report provides an update on the IJB's projected out-turn for 21/22 (remaining at break-even) and provides some details on the funding provided to the partnership as part of the Scottish Government's £300m investment to support Winter pressures. The report also provides an update to the use of the General Reserve and the financial impact of the Council's Care at Home Recommissioning programme.*

*The report continues the discussion around the financial planning process and the movement towards a clear relationship between the strategic plan, a balanced financial plan to support that strategic plan and a set of directions that ask partners to provide operational plans to deliver the IJB's strategic plan.*

#### Board members are asked to:

1. *Note the projected out-turn position for 2021/22*
2. *Note the additional Scottish Government social care funding made available to the IJB and agree to allocate that funding to the HSCP*
3. *Note the update on the use of the General Reserve (in relation to the 20 additional healthcare workers)*
4. *Agree in principle to support the double running costs of the Council's Care at Home recommissioning programme from the IJB's general reserve if required.*
5. *Support the further development of the IJB's five year financial plan, specifically by using the next IJB workshop in January 2122 as a finance workshop.*

## Financial Out-turn 2021/22, additional winter 21/22 funding and financial plan update.

### 1 Purpose

---

1.1 This paper has the following objectives :-

- To update the IJB on the projected 21/22 out-turn position.
- To update the IJB on the receipt of funding to provide additional winter support.
- To seek the IJB's agreement that these additional winter funds are allocated to the HSCP
- To update the IJB on the use of its general reserve to provide 20 additional healthcare support workers.
- To ask the IJB in principle if required to provide non-recurrent support to Midlothian Council to deliver its Care at Home recommissioning programme.
- To further progress the development of the longer term financial plan

### 2 Recommendations

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

- Note the projected out-turn position for 2021/22 being break-even on an operational basis.
- Note the additional Winter Funding.
- Agree that the additional winter funding be provided to the HSCP per the letter of 4/11/21. (point 3.3.2 below).
- Note the update on the use of the general reserve to provide 20 additional healthcare support workers.
- Agree in principle, if required, to provide non-recurrent support to Midlothian Council to deliver the Care at Home recommissioning programme from the IJB's general reserve.
- Support the further development of the IJB's five year financial plan through the use of the IJB's workshop in January '22

### 3 Background and main report

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#### 3.1 Background and Context

The overall principles of financial management and governance of the IJB require that it be informed of the actual financial performance against its budget in year and

that any significant changes to that budget be reported to the IJB. This is addressed further below.

### 3.2 Update on the 2021/22 Out-turn

The IJB partners continue to provide updated financial out-turn projections for 2021/22 as the financial year progresses. NHS Lothian, based on the month 6 position have provided :-

	Mid IJB projected out- turn variance '000
<b>NHS Services</b>	
Core	323
Hosted	77
Acute	(535)
<b>NHS Services</b>	<b>(135)</b>

NHS Lothian provides the IJB with an out-turn forecast based every quarter, hence the use of month 6 as above. However, the position for month 7 is now available and that shows an improvement on the month 6 position with an assumed improvement in the out-turn forecast. Funding for Covid related pressures has been assumed in this forecast, the Scottish Government providing such funding to HSCP and NHSIL (Set Aside and Hosted) services quarterly on receipt of funding requests.

There remains a concern around the set aside position albeit there are a range of operational pressures within Acute services and, even having accounted for Covid funding, these remain significant. Given the general effect of Covid and winter on the Acute system this pressure will probably remain in 21/22. That said, further discussions are taking place to understand this position and to consider mitigating actions in 22/23

Midlothian Council has also updated its year-end forecast to take account of its revised provider contracts. Currently and including funding for Covid pressures and having taken account of the revised cost arising from the Care at Home recommissioning programme the Council are now forecasting a broadly break-even position for social care services.

On that basis, the forecast out-turn for the IJB in 21/22 remains at a break-even position.

### 3.3 Additional Winter funding

#### 3.3.1 Background

Further to the Scottish Government Winter preparedness and overview plans a letter was set to IJBs on 5<sup>th</sup> October detailing out a range of proposed developments to support the Health and Social Care system through the winter of 21/22 and announcing a fund of £300m nationally – a recurrent fund – to support this work. This is attached as appendix 1.

A further letter was received on 4/11/21 (attached as appendix 2) which detailed the values which would be allocated to each IJB in 2021/22. For Midlothian IJB the allocations are as follows :-

Item	Value £000's
Interim Care Arrangements	603
Care at Home Capacity	934
Multi-disciplinary Teams	302
Total	1,839

There is also an additional amount, to be agreed, to ensure that providers can pay their social care staff a base minimum wage of £10.02 per hour, an uplift from the current minimum of £9.50 per hour. This is discussed further below

### 3.3.2 Governance

These funds have been made available to the Council who must then pass them to the IJB. This is unusual in that in-year allocations are generally routed through the NHS. The IJB formally accepts budget offers from its partners as part of its budget setting at the beginning of the financial year. The health budget is regularly increased as in year allocations are received or further adjustments are made to the position. However, the Council do not, as a rule, amend their opening budget offer and the receipt of this Winter Funding presents a consideration around the governance. In theory the funds are allocated to the Council, who then (and its clear in the letter) must amend their budget offer to the IJB who will then accept these funds and then decide where they will be directed. The IJB would then direct these funds to the HSCP who will then use them to fulfil the ambitions described in the letters from the Scottish Government

This process has the potential to take up a considerable amount of time due to Council and IJB meetings and this could have impacted on delivering the outcomes. The Council's S95 Officer has clearly indicated that the funds will be made available to the IJB and the IJB's S95 Officer (in consultation with the Chief Officer, the Chair and the Vice Chair) has indicated that the IJB will accept this budget amendment and then direct these funds to the HSCP. It is clear that the Scottish Government wishes to move as quickly as possible to support the winter pressures and the IJB would wish to support this. The IJB is asked to support this position.

### 3.3.3 Pay Uplift for provider's Staff

As can be seen from the letter of 4/11 an amount will be made to the IJB to allow the council to provide resources to each of its social care service providers to ensure that their social care staff are paid a minimum of £10.02 per hour. There was a very clear direction that this payment be actioned as quickly as possible with the ambition being that this payment would be in the pay packets of these staff in December 2021. That was an element of the rationale of ensuring that there were no governance issues around the funding route as above and Council colleagues are working through the practicalities of delivering this payment as quickly as possible. The understanding is that the Council will be fully reimbursed for this payment which is then made on an 'actual' basis.

### 3.3.4 Recurrency of the additional Scottish Government funding for social care

The letter of 4/11/21 details out the funding in 21/22. The 22/23 the position will be as follows :-

Item	Value £000's	Note
Interim Care Arrangements	301	These funds are non-recurrent after 22/23
Care at Home Capacity	1,868	Recurrent – 6 mths 21/22 and then a full year
Multi-disciplinary Teams	604	Recurrent – as above

The pay uplift for the providers staff will be met in 21/22 based on actual costs. Given that this is for 4 months, the full year effect of this will be agreed in 22/23 and those funds will be made available.

### 3.4 Update on the agreed use of the General Reserve to support the 20 additional healthcare support workers.

At its September 2021 meeting the IJB agreed to provide c. £756,000 from its general reserve for 12 months to provide an additional 20 WTE healthcare support workers. To date 15 staff have been appointed and work continues to recruit to the full agreed numbers. However, NHS Lothian have agreed that the funding for these staff should be support through the Local Mobilisation Plan (that is with Covid funding) in 2021/22 and this will reduce the overall amount which will be required from the IJB.

### 3.5 Support for the Care at Home recommissioning Programme

At its February 2121 meeting the IJB received a paper laying out the Council's Care at Home Recommissioning programme. This work has now been completed and the Care at Home contracts have been re-let. The paper indicated that the new contracts might generate a financial pressure of c. £350,000 and that further management actions would be required to being the position back into balance.

The paper also indicated that during the transition period from the old contracts to the new contracts some non-recurrent funding might be required and the HSCP would request support from the IJB. At this time, a value is not available but the IJB is asked to support this position in principle if these funds are required. A further report will be brought to the IJB as the financial position is clarified.

### 3.6 Further Development of the Financial Plan

The IJB has continued to develop its Strategic plan and it is the Strategic Plan that will drive the IJB's multi-year Financial Plan. This principle was discussed at the previous IJB workshop and is included in the financial section of the current strategic plan draft.

It is intended that the January IJB workshop will be devoted to the financial plan and address the issues of on-going financial pressures (both currently within the system and also driven by demand and cost pressures in 22/23), the impact of the £300m above and any further investments that arise from the Scottish Government's 22/23 budget (which will be announced on 9/12/21) with a further examination of how the resources available to the IJB can then deliver the ambitions of its strategic plan.

As to the resources available to the IJB, much of that will flow from the announcements of the settlements for the Councils and the NHS arising from the Scottish Government's budget. That said, Midlothian Council have developed a Medium Term Finance Strategy and that indicates that the Council's plan for 22/23 include a provision for a pay uplift and £1.04m for demographic pressures to be made available to the IJB. It can be assumed that the NHS will pass onto the IJB its baseline uplift as before. Both partners are developing detailed plans which will lay out the operational services pressures reflecting the issues above.

## 4 Policy Implications

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- 4.1 There are no policy implications from this report, however policies may require to be revised arising from any operational or transformation proposals to balance the IJB's financial plan.

## 5 Directions

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- 5.1 There are no implications on directions from this report.

## 6 Equalities Implications

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- 6.1 There are no equalities implications from this report

## 7 Resource Implications

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- 7.1 There are no resource implications from this report.

## 8 Risk

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- 8.1 The risks raised by this report are already included within the IJB risk register, any further risks arising from any proposals will be included in the register as required.

## 9 Involving people

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

## 10 Background Papers

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- 10.1 IJB's Financial Strategy.

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<b>DATE</b>	November 2021

### Appendices:

**Appendix 1 – Letter of 5<sup>th</sup> October 2021 – Winter Planning for Health and Social Care**

**Appendix 2 – Letter of 4<sup>th</sup> November**

NHS Scotland Chief Operating Officer  
John Burns



Scottish Government  
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Local Authority Chief Executives  
Chief Officers  
Chief Social Work Officers  
COSLA  
Chairs, NHS  
Chief Executives, NHS  
Directors of Human Resources, NHS  
Directors of Finance, NHS  
Nurse Directors, NHS

*By email*

Dear colleagues,

## Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.



2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.



## **Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff**

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.



NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

### **Providing interim care**

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

### **Expanding Care at Home capacity**

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.



## **Social Care Pay Uplift**

Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1<sup>st</sup> December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

## **COVID-19 Financial Support for Social Care Providers**

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

## **Nationally Coordinated Recruitment in Specialist Areas of Need**

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

## **International Recruitment**

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.



To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

### **Professional Regulators' Emergency Covid-19 Registers**

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

### **Healthcare Students**

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.



A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

## Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns  
Chief Operating Officer,  
NHS Scotland

Donna Bell  
Director of Mental Wellbeing  
and Social Care



## Annex A

### Volume of Staffing – NRAC Share

Allocations by Territorial Board 2021-22		
	Target share	NRAC Share
NHS Ayrshire and Arran	7.38%	74
NHS Borders	2.13%	21
NHS Dumfries and Galloway	2.99%	30
NHS Fife	6.81%	68
NHS Forth Valley	5.45%	54
NHS Grampian	9.74%	97
NHS Greater Glasgow & Clyde	22.21%	222
NHS Highland	6.59%	66
NHS Lanarkshire	12.27%	123
NHS Lothian	14.97%	150
NHS Orkney	0.50%	5
NHS Shetland	0.49%	5
NHS Tayside	7.81%	78
NHS Western Isles	0.67%	7





**Mental Wellbeing, Social Care and NCS Directorate**

Donna Bell, Director

Local Authority Chief Executives  
HSCP Chief Officers  
Chief Social Work Officers  
COSLA  
Chairs, NHS Territorial Boards  
Chief Executives, NHS Territorial Boards  
Directors of Finance, NHS Territorial Boards  
Nurse Directors, NHS  
HSCP Chief Finance Officers  
Local Government Directors of Finance

via email

4th November, 2021

Colleagues

Further to John Burns' letter of 5 October, and following discussion at the Settlement and Distribution Group meeting on 18 October, this letter provides further detail on key components of the additional winter 2021-22 funding announced. Specifically it covers:

- £40 million for interim care arrangements,
- £62 million for enhancing care at home capacity,
- Up to £48 million for social care staff hourly rate of pay increases, and
- £20 million for enhancing Multi-Disciplinary Teams (MDTs).

**Purpose of Funding**

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and,
- iii. expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the **Schedule 1-3** attached to this letter. A template will be provided to enable this to be done consistently and as easily as possible.



Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

### **Distribution of Funding 2021-22**

**Annex A** to this letter sets out the distribution of £40 million for interim care, £62 million for expansion of care at home capacity and £20 million to enhance multi-disciplinary teams to cover the period from 1 October 2021 to 31 March 2022. This additional funding will be distributed to local authorities on a GAE basis and will require to be passed in full to Integration Authorities. Distributions will be made as redeterminations of the General Revenue Grant in March 2022.

In addition, we plan to make up to £20 million available for providing interim care in 2022-23, while support for expansion of care at home capacity will be made available on a recurring basis to support permanent recruitment and longer term planning. Further detail will be set out as part the Scottish Budget for 2022-23 to be published on 9 December.

Funding for pay uplifts for staff will be discussed further with HSCP CFOs to agree the most appropriate distribution method, with the final distribution methodology and guidance to be covered in a separate note.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals. Advice provided in **Schedule 2** is intended to provide further detail on how that funding should be utilised.

Yours sincerely

Richard McCallum  
Director of Health Finance and Governance

Donna Bell  
Director of Mental Wellbeing, Social Care and NCS



## Annex A – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE %	Interim care (£)	Care at home capacity (£)	Multi-Disciplinary Teams (£)	Total (£)
Aberdeen City	3.77%	1,507,000	2,337,000	754,000	4,598,000
Aberdeenshire	4.24%	1,698,000	2,632,000	848,000	5,178,000
Angus	2.39%	954,000	1,479,000	477,000	2,910,000
Argyll & Bute	1.82%	728,000	1,129,000	364,000	2,221,000
Clackmannanshire	0.90%	359,000	556,000	179,000	1,094,000
Dumfries & Galloway	3.27%	1,306,000	2,025,000	653,000	3,984,000
Dundee City	2.88%	1,153,000	1,787,000	577,000	3,517,000
East Ayrshire	2.32%	929,000	1,439,000	464,000	2,832,000
East Dunbartonshire	2.04%	816,000	1,265,000	408,000	2,489,000
East Lothian	1.92%	767,000	1,188,000	383,000	2,338,000
East Renfrewshire	1.76%	703,000	1,089,000	351,000	2,143,000
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000
Na h-Eileanan Siar	0.62%	248,000	384,000	124,000	756,000
Falkirk	2.84%	1,134,000	1,758,000	567,000	3,459,000
Fife	6.92%	2,768,000	4,291,000	1,384,000	8,443,000
Glasgow City	11.16%	4,464,000	6,919,000	2,232,000	13,615,000
Highland	4.40%	1,761,000	2,730,000	881,000	5,372,000
Inverclyde	1.68%	670,000	1,039,000	335,000	2,044,000
Midlothian	1.51%	603,000	934,000	302,000	1,839,000
Moray	1.83%	734,000	1,137,000	367,000	2,238,000
North Ayrshire	2.77%	1,109,000	1,719,000	555,000	3,383,000
North Lanarkshire	5.80%	2,321,000	3,597,000	1,160,000	7,078,000
Orkney Islands	0.44%	175,000	271,000	88,000	534,000
Perth & Kinross	3.18%	1,271,000	1,969,000	635,000	3,875,000
Renfrewshire	3.31%	1,323,000	2,051,000	662,000	4,036,000
Scottish Borders	2.35%	938,000	1,454,000	469,000	2,861,000
Shetland Islands	0.38%	151,000	234,000	76,000	461,000
South Ayrshire	2.51%	1,002,000	1,554,000	501,000	3,057,000
South Lanarkshire	5.91%	2,362,000	3,661,000	1,181,000	7,204,000
Stirling	1.66%	666,000	1,032,000	333,000	2,031,000
West Dunbartonshire	1.68%	673,000	1,043,000	336,000	2,052,000
West Lothian	2.85%	1,140,000	1,767,000	570,000	3,477,000
<b>Totals</b>	<b>100.00%</b>	<b>40,000,000</b>	<b>62,000,000</b>	<b>20,000,000</b>	<b>102,000,000</b>

## **Schedule 1**

### **Interim Care**

**Overview:** Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.

Funding allocation: £40 million for 2021-22

**Outcome:** More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available). People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a reabling element with a professionally led rehabilitation programme.

In achieving this outcome:

- There will be no financial liability for the cost of care to the individual, with interim care services provided free of charge to the service recipient.
- Each individual should have a care plan that takes account of the interim arrangements, with expected timescales for moving on.
- Interim care should have a clear focus on rehabilitation, recovery and recuperation.
- Where appropriate, each individual should have a professionally led rehabilitation plan. Professional input will be required from Allied Health Professionals so that care home staff are able to follow a programme of rehabilitation aimed at improving physical and cognitive abilities, particularly focussed on activities for daily living (ADLs).
- Individuals should not be forced to move to an interim placement and must consent to a move. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.
- Existing guidance on choice of accommodation should be followed for those assessed as needing a care home placement.  
[https://www.sehd.scot.nhs.uk/mels/CEL2013\\_32.pdf](https://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf)
- Under this guidance, individuals are expected to make three choices of care homes, which must be suitable, available and willing to accept the person. Under normal circumstances, they must also be at the usual weekly rate, but partnerships may choose to pay a supplement for a short period.
- No one should be moved from hospital to a care home on an interim basis against their explicit wishes. Where someone lacks capacity to consent, the views of those with lawful authority to make decisions on their behalf should be consulted.



- Choosing to remain in hospital is not an option.
- Leaving hospital and not going home can be a very emotive issue and should be carefully and sensitively managed in discussion with families. Staff should be supported to carry out these discussions.
- Ideally, interim beds will be in dedicated sections of care homes and block booked for this purpose, although it is acknowledged that some partnerships will need to spot purchase individual beds where available.
- Interim placements should be accessible, flexible and responsive to the needs of families to visit and remain in close contact with their relative.
- Multi-Disciplinary Teams should conduct regular reviews of each individual in interim care to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible
- If a patient is assessed as requiring a permanent placement in a care home after the initial 6 week period, then the normal financial assessment should be undertaken and the Local Authority and/or individual will become liable for payment of care home fees in the usual manner, with the initial 6 week period wholly disregarded from the usual procedures set out in [CCD 1/2021 - Revised guidance on charging for residential accommodation \(scot.nhs.uk\)](https://www.scot.nhs.uk/ccd/1/2021-revised-guidance-on-charging-for-residential-accommodation)
- If the interim care home placement goes beyond 6 weeks and the person is ready to go home but cannot safely be discharged home due to a lack of a care package, then the Integration Authority will remain liable for all care home fees.

#### Key Performance Indicators:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.



## **Schedule 2**

### **Multi-Disciplinary Working**

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Funding allocation: £20 million for MDTs, and £15m for Band 3&4 recruitment for 2021-22

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.



## Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.



### **Schedule 3**

#### **Expanding Care at Home Capacity**

Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Funding allocation: £62 million for 2021-22

Outcome: To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.

In achieving this outcome:

- Existing services should be expanded by measures including, recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; enabling unpaid carers to have breaks.
- Resource should be put into a range of preventative and proactive approaches as rehabilitation, re-enablement and community based support.
- Increasing the use of community equipment and Technology-Enabled Care (TEC) where appropriate supporting prevention and early intervention.

Key Performance Indicators:

Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.





**9<sup>th</sup> December, 2.00pm**

## **Learning Disability Services – Financial Position**

**Item number: 5.6**

### **Executive summary**

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This report seeks to provide the Midlothian Integration Joint Board (MIJB) with an update of the current financial position in relation to Learning Disability Services.

**Board members are asked to:**

- 1. Note** the report;
- 2. Agree** the recommendations.

## Learning Disability Services – Financial Position

### 1 Purpose

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- 1.1 The purpose of this paper is to provide an overview and initial analysis of the Learning Disability social care expenditure for Midlothian Health and Social Care Partnership (MHSCP). It details a breakdown of the expenditure and identifies some of the complexities around managing the cumulative expenditure where the scope for changing individual care packages can be limited. This work is in line with Midlothian HSCP service transformation plans.

### 2 Recommendations

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- 2.1 As a result of this report Members are being asked to:
- **Note** the contents of the report
  - **Agree** that a paper be brought back to the Midlothian IJB in March 2022 which provides options for addressing the financial pressures on Learning Disability services. Whilst not an exhaustive list, this could include the following:
    - Options in relation to any management actions that could be taken to reduce the overspend (eg. A review of current care management and review processes);
    - A clearer understanding of any resource release to Midlothian HSCP from the redesign of the Royal Edinburgh Learning Disability bed base;
    - An understanding of the Learning Disability services budget in the context of the wider Midlothian IJB budget with a particular focus on areas where there has been recurring winter Covid monies invested.
    - An understanding of how transitions cases are managed as well as where older people with learning disabilities are managed.

### 3 Background and main report

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- 3.1 A report is attached as *Appendix 1*. This provides an overall context and illustrates the current spend.

#### **Summary of Key Points**

- 3.2 The total annual expenditure on Learning Disability services is currently around £16.7m. There are currently approximately 400 people with a learning disability who receive funded services from Midlothian Health and Social Care Partnership.
- 3.3 With the exception of 2020/21, the % increase in spend has exceeded the % increase in budget.

- 3.4 As of 2019/20, the cost pressure was £2.6m. This reduced to £710k in 2020/21 although caution should be exercised here due to the Covid-19 pandemic.
- 3.5 There are 371 care packages provided. 109 of these (representing 29% of all packages) cost £10k or less each. 16 of these (representing 4% of all packages) cost more than £150k each.
- 3.6 20 people account for 25% of overall expenditure.
- 3.7 An area of financial pressure is the increasing number of young adults who have a learning disability – 37% of adults with a learning disability are under the age of 30.
- 3.8 The numbers and spend relating to older adults with a learning disability (65+) may be under-recorded due to how they are counted on systems (ie. as older adults).
- 3.9 Data from 2019 shows that Midlothian has a higher than average incidence of individuals with a learning disability compared with the Scottish Average.
- 3.10 The Learning Disability spend per head of population for Midlothian is £125.35. This compares to national average of £135.60.
- 3.11 There remains work to complete in relation to reviews of care packages.
- 3.12 It is recognised that there is an ongoing need to understand the cost base of Learning Disability services.

## **4 Policy Implications**

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- 4.1 The aims and ethos of the Learning Disability services as articulated through the relevant strategic plans fit with the general policy direction of the Midlothian IJB, in providing more care closer to home and more care being community based.

## **5 Directions**

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- 5.1 Direction 10 on Learning Disability, specifically: “We aim to support people with learning disabilities to live as independently and as full members of their local communities as is possible”.

## **6 Equalities Implications**

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- 6.1 The work undertaken by the Learning Disability services aim to significantly reduce inequalities for that client/patient group.

## **7 Resource Implications**

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- 7.1 It is noted that Learning Disability services are currently operating with an overspend of the current budget and that this is not sustainable.

## 8 Risk

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- 8.1 Operating with a cost pressure as is the case currently with the Learning Disability services presents a risk to Midlothian IJB.

## 9 Involving people

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- 9.1 Midlothian HSCP teams have been involved in the development of this report. It is noted that change in senior management within the HSCP has resulted in a fresh look at the Learning Disability service.

## 10 Background Papers

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- 10.1 None.

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<b>DATE</b>	29 <sup>th</sup> November 2021	

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**Appendices:** Appendix 1: Learning Disability – Expenditure Analysis & Financial Governance.

## Learning Disability – Expenditure Analysis & Financial Governance

This paper provides an analysis of the Learning Disability (LD) social care expenditure for Midlothian Health and Social Care Partnership and the financial governance in place around LD expenditure. It details a breakdown of the expenditure and identifies some of the complexities around managing the total expenditure where the scope for changing individual care packages can be limited.

This report is based on expenditure in FY 19/20. This is due to Covid-19 causing a baseline shift in the cost base of LD services as a result of both upward and downward financial pressures. Consequently it is not possible to conduct a meaningful analysis of more recent expenditure.

### PART A – ANALYSIS OF EXPENDITURE

#### **1. Annual Expenditure**

The following table outlines the actual net expenditure on Learning Disability Services for the last five financial years. It also includes details of year on year changes in expenditure and the number of transitions cases contributing to the inflationary pressures. Changes in service provision as a result of COVID-19 mean it is not possible to make accurate year on year comparisons for the Financial Years 20/21. An updated analysis of projected LD expenditure for the FY 22/23 will be prepared early in advance of the next financial year.

	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>19/20</b>	<b>20/21</b>
<b>Learning Disability Spend</b>	12,331	13,115	14,338	16,214	15,812
<b>LD Increase</b>		784	1223	1,876	-402
<b>% Increase</b>		6.7%	9.4%	12.7%	-2.5%
<b>Budget</b>	11,159	11,534	12,510	13,597	15,102
<b>% Increase in Budget</b>		3.4%	8.5%	8.7%	11.1%
<b>Cost Pressure</b>	1,173	1,621	18,878	2,617	710
<b>Total Transition Cases</b>	13	16	18	11	15
<b>24/7 Care Transitions</b>	3	4	2	-	1

Notes:

- In FY17/18 there were a number of hospital discharges that will have resulted in an increase in LD spend.
- Teviot Court also opened in FY 17/18 which resulted in a significant step change of expenditure in this year. Some of this increase had been delayed from previous years as some individuals delayed the transition to independent living until Teviot Court opened.

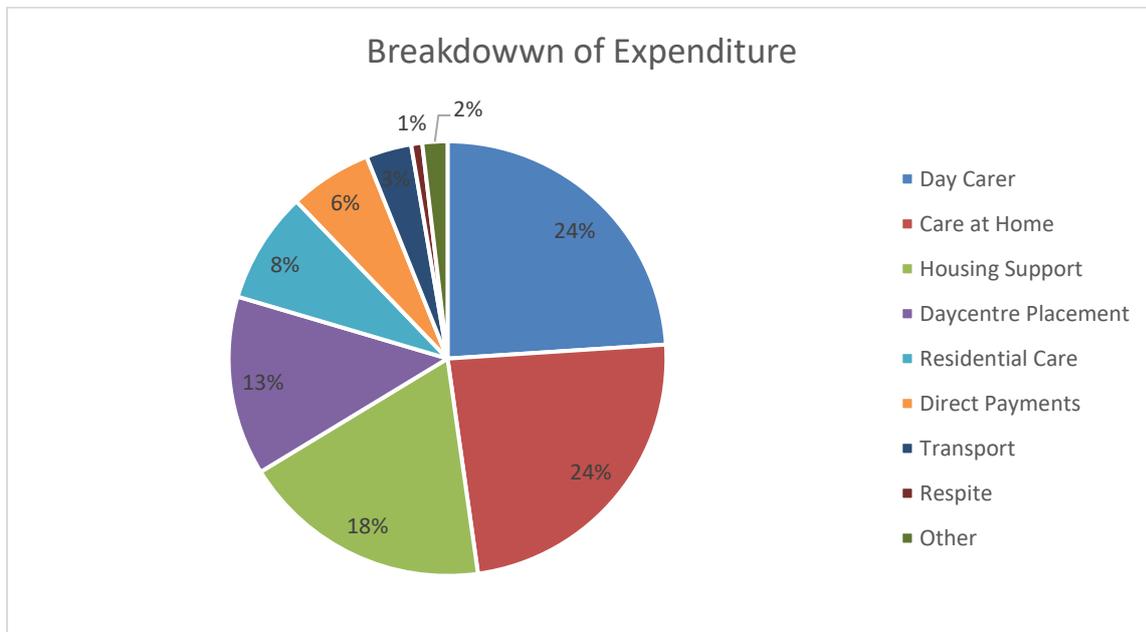
Analysis has been carried out on the increase of £1,876k in FY19/20. The increase is broken down as follows:

- Re-categorisation of clients formally categorised as Physical Disability £705k
- Living Wage increase £333k
- In year effect of this year's transition cases £246
- Year on year increase in taxi spend £77k
- Other increases/decreases £515k  
(including full year effect of 2018-19 transitions cases)

## 2. Overall Expenditure

The total annual expenditure on Learning Disability services is currently around £16.7m. There are currently approximately 400 people with a learning disability who receive funded services from Midlothian Health and Social Care Partnership.

The following graph provides a breakdown of the expenditure in FY19/20.



The following points should be noted:

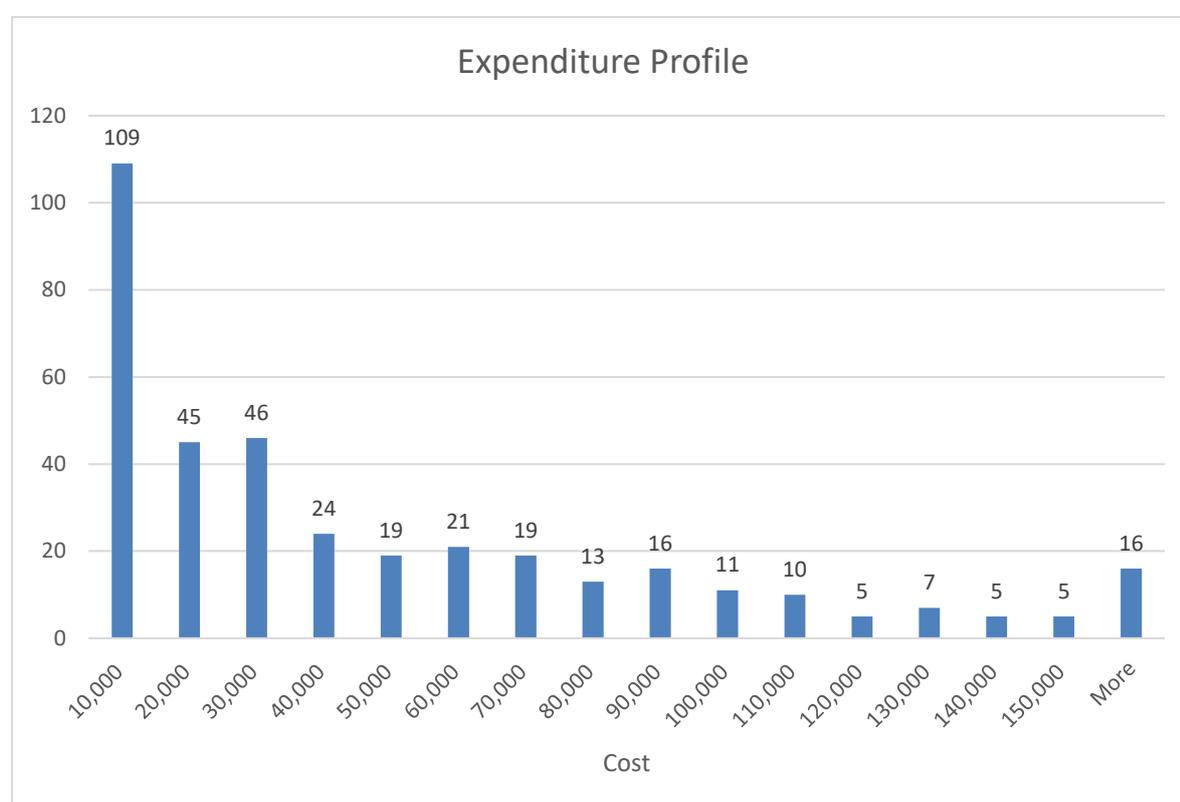
- **Supported Living Services (Care at Home, Day Carer & Housing Support)** accounts for around 65% of expenditure. This reflects the high costs of supporting individuals who cannot live independently without large amounts of support (for example individuals who require 24/7 care)
- **Residential Care** accounts for around 8% of the expenditure. 22 individuals (6%) receive residential care. This is less than the national average of 7.8%.
- **Respite** expenditure is relatively low accounting for only about 1% of the budget however this is expenditure that sustains individuals current care arrangements. There is a risk that

non provision or respite services can lead to current packages of care ceasing to be sustainable and more expensive supported living packages of care being required. It should also be noted that individuals will benefit from respite funded out of carer's budget.

- **Day Centre** expenditure accounts for about 10% of all expenditure

### 3. Breakdown & Profile of Expenditure

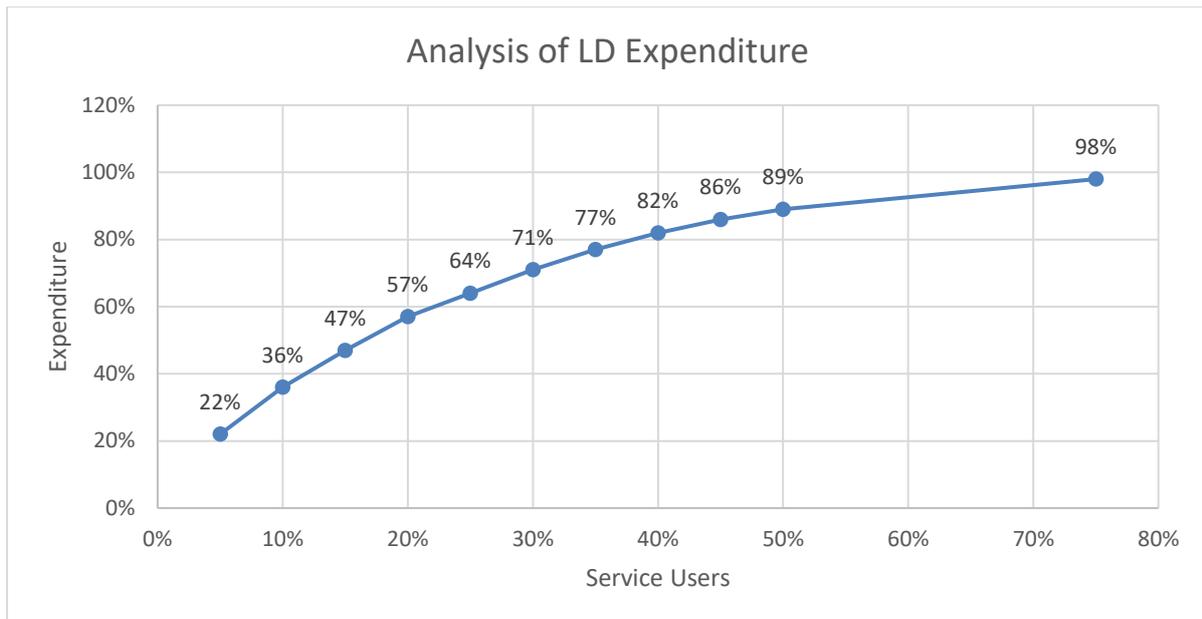
The following graph provides a breakdown of the expenditure profile for all care packages<sup>1</sup>. It highlights that there are a large number of lower cost packages of care relative to a small number of high cost packages of care.



The following table and graph illustrate the proportions of expenditure accounted for by the most expensive packages of care. Each 5% is equivalent to approximately 18 individuals. It can be seen that 20 people account for 25% of the overall expenditure.

<b>Clients</b>	5%	10%	15%	17%	20%	25%	30%	35%	40%	45%	50%	75%
<b>Expenditure</b>	22%	36%	47%	50%	57%	64%	71%	77%	82%	86%	89%	98%
<b>Threshold (£k)</b>	£142	£114	£93	£87	£80	£66	£57	£50	£39	£31	£26	£7

<sup>1</sup> Excludes individuals with annual expenditure less than £500.



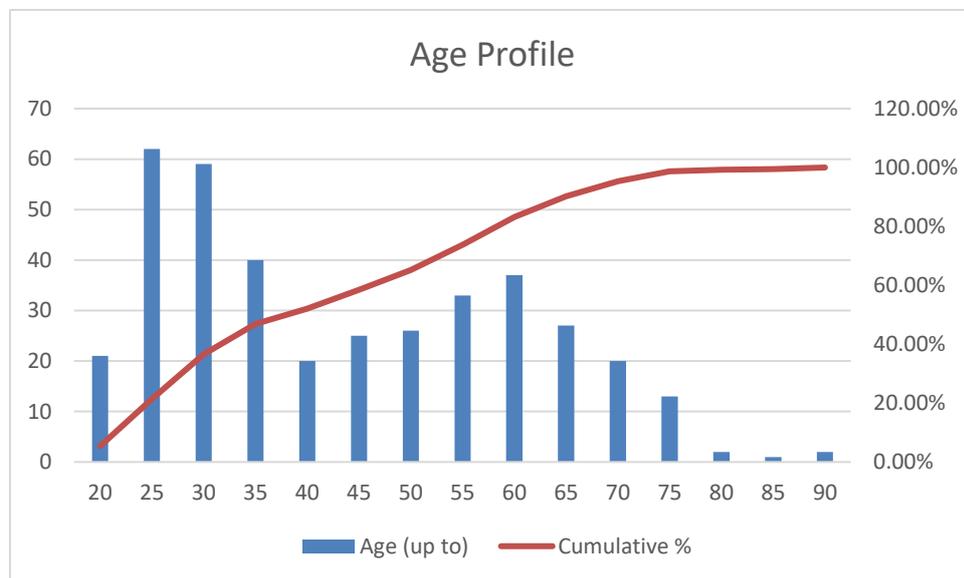
These figures demonstrate a need to consider how the expenditure on individual packages contributes to the overall expenditure.

- High Expenditure** – Around 17% (62) of care packages account for 50% of all expenditure. The individuals in receipt of these care packages have complex needs of requiring high staff ratios. These packages are subject to increased scrutiny and while reducing the costs of some of these packages can have a significant impact on the overall budget in reality there is infrequently much scope for changing making any significant changes to these packages of care.
- Mid Expenditure** – The 125 packages costing between £26k and £87k account for 33% of all care packages and 39% of all expenditure. Arguably there on average slightly more scope to make changes to packages of care in this price range that could have some degree of impact on the overall budget. Consequently there is need to ensure scrutiny and to avoid drift in reviews of care packages in this expenditure range.
- Low Expenditure** – The least expensive packages account for 50% of packages of care but only about 11% of expenditure. While there is scope to manage costs of individual packages in this area it does have a relatively smaller effect on the overall budget. (e.g. if the cost of these individual packages of care were reduced by 5% the overall budget would only decrease by 0.6%). The general characteristic of these packages therefore is diminishing returns with large amounts of effort to require to change packages of care would only result in relatively small reduction in costs.

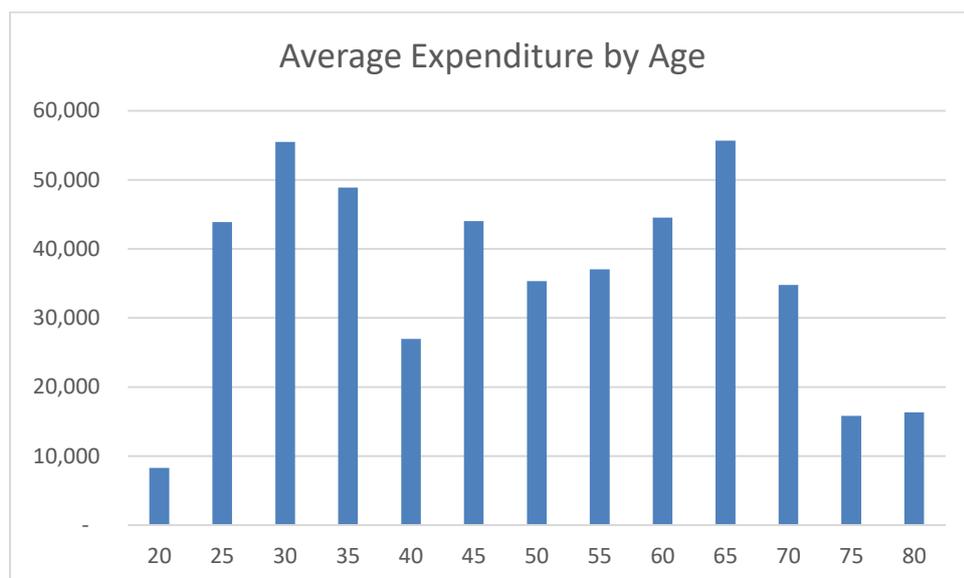
#### 4. Age Profile and Transition from Children's Services

An area of financial pressure is the increasing number of young adults who have a learning disability. The graph below displays the age profile of individuals receiving a Learning Disability service in November 2021. It shows an age profile with a large number numbers of young adults with a learning disability (37% are under 30) although there is a noticeable rise in the number of individuals aged between 50 and 65.

It should be noted the number of people with Learning Disability over the age of 65 may be understated as some care provision may be allocated to the older people cost centre. The data included here are clients whose costs are attributed to the learning disability cost code.



The following graph displays the average expenditure by age. There does seem to be a consistency on the costs by age, although there does seem to be evidence of reduced average expenditure in the 35-55 age range. Again the expenditure on people aged 65 or over may be understated with some costs assigned to older people.



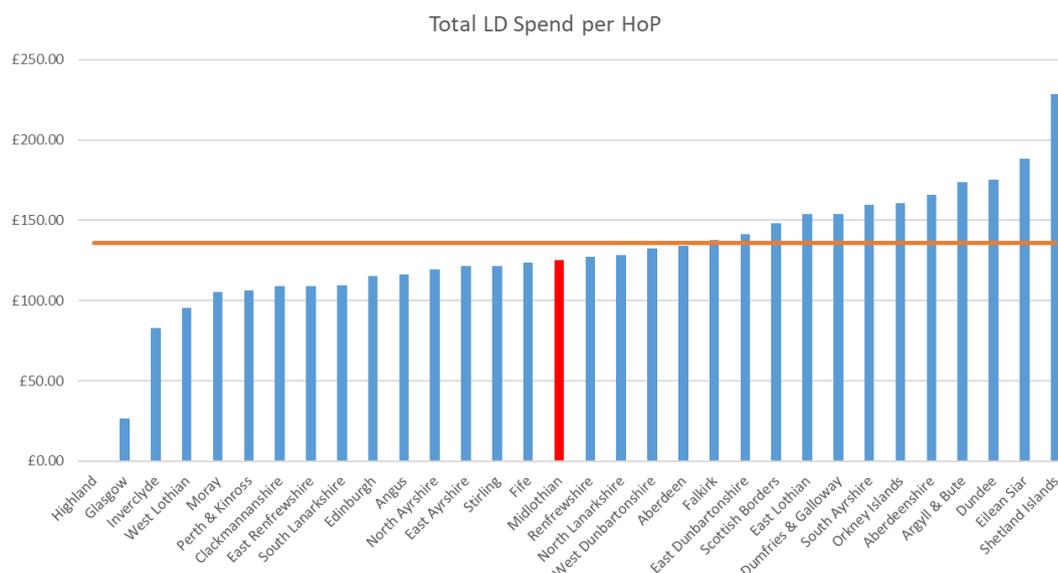
## 5. Social Care Spend – National Comparison

Data from 2019 shows that Midlothian has a higher than average incidence of individuals with a learning disability compared with the Scottish Average. The table below compares each of the Lothian’s Local Authorities and the national average.

### Adults with Learning Disability known to Local Authority<sup>2</sup>

Authority	Number / 1000 or Population	Rank of all Scottish LAs
East Lothian	7.3	4
Midlothian	6.3	9
Edinburgh	5	22
West Lothian	4.7	27
Scottish Average	5.2	-

The following diagram provides the most recently available comparison of social care spend per head of the population for all Scottish Local Authorities. The source of this data is the CIPFA social care statistic – 17/18 actuals. More recent information is not available.



This shows that the Learning Disability spend per head of population for Midlothian is £125.35. This compares to national average of £135.60.

The above graph generally correlates with the SCLD figures on number of adults with learning disabilities, (i.e. local authorities with greater number of adults with learning disabilities have a greater spend per head of the population. It is notable that while Midlothian has an above average incidence of individuals with a learning disability it has a below average spend per head of population.

<sup>2</sup> SCLD Learning Disability Statistics Scotland, 2019

## 6. Lothian Wide Comparison

The following table provides a Lothian wide comparison of Health and Social Care Expenditure. It shows that when health costs are taken into consideration Midlothian's spend per head of population is relatively low.

The position with respect to West Lothian seems unclear. While they appear to have a lower incidence of individual's with a Learning Disability than the wider population their costs also seem to be significantly lower than other Local Authorities suggesting there may be a systemic reason for this difference.

	Population	Social Care LD Spend /HoP	Inpatient bed usage	Inpatient Spend / HoP	Total H&SC Spend / HoP
<b>East Lothian</b>	103,100	£153.61	5.85%	£4.77	£158.38
<b>Edinburgh</b>	498,000	£114.98	79.82%	£13.44	£128.42
<b>Midlothian</b>	87,400	£125.35	0.28%	£0.27	£125.62
<b>West Lothian</b>	178,600	£95.23	11.32%	£5.33	£100.56

Notes on the above figures:

- Figures for population and LD Spend are from CIPFA social care statistic – 17/18 actuals
- % LD bed usage is calculate based on use in 2018 and 2019
- Inpatient annual spend is £8.4m per year
- 2.73% inpatient bed usage for non-Lothian patients

## **PART B – GOVERNANCE AROUND EXPENDITURE**

### **7. Changes to Care Packages**

Over a normal year there will be a significant number of changes to care packages as a result of:

- Increased / reduces support needs due to changes in circumstances / conditions
- Life events such as transitioning from school, leaving home, growing old
- Changes to shared living services that can effect shared support

The table below highlights the number of resource panel requests agreed in the past two years. This highlights a significant level of oversight activity given there are around 400 individual with a Learning Disability in receipt of a package of care. It also highlights the volume of changes to packages of care in any year and the level of ongoing assessment and review activity taking place each year with each resource panel request being signed off by a service manager. The resource panel includes team leaders from both health and social care and a finance representative ensuring there is robust review of the decision making.

<b><u>Panel Requests Type</u></b>	<b><u>FY 19/20</u></b>	<b><u>FY 20/21</u></b>
Non-Residential Resource Request *	229	143
Non-Residential Decrease/Change of use	21	49
Residential Resource Request	27	26
<b>Total</b>	<b>277</b>	<b>218</b>

*\* It should be noted that the reductions in service can also be included in Non-Residential Resource Request.*

### **8. Reviews**

A key area of governance around packages of care is the completion of reviews which should be completed on a regular basis. The following table outlines the key measures in place to track performance and the performance as of October 2020

<b>Cases with Assessment / Review</b>	<b>% of Cases</b>	<b>% of Expenditure</b>
Within the previous year	47%	46%
Within the past two years	62%	66%

Work continues to improve the timescales since the last assessment / review, but this has been challenging for the following reasons:

- **Covid-19** – This has put additional pressures on the team to respond to operational demands to ensure the continued provision of critical services meaning reviews have had to take a lower priority. There are also practical issues completing thorough reviews where covid-19 restrictions can restrict direct work with clients and limit opportunities to explore alternative and more cost effective options for service provision.

- **New referrals** – There has also been a steady flow of new referrals to the LD team. These are frequently associated with changing care needs and / or incidents (including ASP) that require a social work response. Responding to these referrals can impact the capacity to take on reviews however the risk of not responding promptly to these referrals is that care provision is increased by default without robust scrutiny.
- **Review Complexity** – Where care packages have not been reviewed for a significant period of time there is frequently a complexity about the reviews that mean they can take additional time to resolve. A dedicated worker has been progressing completing reviews focused on the cases with the greatest length of time since the last review and this work is now making an impact on the average time since the last review for all cases.

## 9. Managing Overall Expenditure

An area for consideration is the amount of scope there is in practice for managing the overall expenditure on Learning Disability service provision. The following table outlines some key points for consideration.

Area	% of exp.	Scope for Change & Risk	Actions to Manage Expenditure
20 most expensive care packages (cost greater than £139k)	25%	The 23 most expensive packages all cost in excess of £139k and account for 25% or overall LD social care spend.	Individual scrutiny of packages of care
Packages between £88k and £139k	25%	Approx. 37 packages that cost between £88k and £139k account for 25 % of all expenditure	Consider extending individual analysis of these care packages
Respite provision	4%	While there is scope for reducing this area of expenditure there is a risk of unintended consequences. One or two placement breakdowns would more that negate any savings in this area.	Continue to ensure respite provision is aligned to risk of placement breakdown
Packages under £27k	10%	Scope of change but little influence on overall bottom line	Continue to manage through reviews process / resource panel
Day Service Provision	11%	Review service provision as part of covid remobilisation	Work is being progressed with day service providers both individually and collectively

## 10. Transformation Projects

In addition to reviewing individual packages of care it is recognised there is a need for transformational initiatives that will result in changed models of care that facilitate more cost effective service provision.

- **Extra Care Housing** – The planned provision of extra care housing will provide increased opportunities for shared support for individuals in their own tenancies.
- **Day Service Provision** – Covid-19 has had a significant impact on the day to day delivery of day services. Despite this work is ongoing to ensure that as part of the remobilisation of day services there is an element of reconfiguration to ensure more cost effective provision.
- **Positive Behavioural Support (PBS)** – The disaggregation of PBS services is allowing more targeted responses when individuals present challenging behaviour. There is evidence of this already starting to have a positive response and ensure that increased staffing ratios does not become the default response when individuals display challenging behaviour.
- **Transport & Taxi Provision** – Currently taxi provision is constrained by Covid restrictions, but work is being undertaken to prepare for the recommissioning of transport provision which should lead to more consistent and cost effective pricing structure.

While these project will aim to reduce overall financial commitment there is a risk of any reduction in commitment being offset by financial pressures arising from transitions from Children’s services the demographic pressure of an aging learning disability population. As part of the new proposed reporting arrangements work will be done to assess the financial impact of these new transitions.

## **11. Future Actions**

It is recognised that there is an ongoing need to understand the cost base of LD services. It is therefore proposed that work is carried out in the first quarter of 2022 to understand the budget for the FY 22/23 and compare it to the analysis of expenditure pre-covid. The analysis will aim to identify and quantify any changes in the underlying cost of LD services. This will include the impact of recent and future impact of transition cases and ongoing financial pressures as a result of any ongoing limitations on service provision due to covid.

***Graham Kilpatrick***

***29/11/21***



**9<sup>th</sup> December, 2.00pm**

## **2021-22 IJB Directions - Interim Progress Report**

**Item number: 5.7**

### **Executive summary**

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Midlothian IJB Directions for 2021-22 were issued to the Chief Executives of Midlothian Council and NHS Lothian. An interim (6-month) report on progress towards each Direction is provided in this report.

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

**Board members are asked to:**  
**Review the 6-month progress against Directions**

## 2021-22 IJB Directions - Interim Progress Report

### 1 Purpose

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- 1.1 To provide an interim (6 month) report on progress towards each Direction.

### 2 Recommendations

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

**Review the 6-month progress on Directions**

### 3 Background and main report

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- 3.1 IJBs, have a legal duty to both issue Directions and monitor their effectiveness, as described in the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.3 Directions are how the IJB action their strategic plan to achieve their aims. Directions are also an important part of governance and accountability between partners. They are the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. They are also how a legal record is maintained of which body is responsible for what, and which body should be audited for what, whether in financial or decision-making terms.
- 3.4 An interim 6-month report on progress towards the 2021-22 Directions is provided in the attached **Appendix 1**. Despite the continuing challenges of the Covid Pandemic, and a range of pressures, partners have successfully progressed work across a range of areas including, for example:
- Respite  
Cowan Court Respite Flat due to go live from 15<sup>th</sup> November 2021
  - Mental Health  
Wellbeing Service on track to support 800 people over the year with 447 referrals in the first 6 months
  - Under 18s  
0-5 years Immunisations. Vaccination data for the quarter ending June 2021 indicates that a reduction in uptake noted during the pandemic has been corrected and that uptake is increasing. Uptake for a range of vaccinations is above 95% and consistently sits above the Lothian and Scottish average.
  - Midlothian Community Hospital

Plans for Glenlee Ward to increase bed capacity for step up from community and rehabilitation have been progressed with the successful recruitment of staff and 14 beds opened

- Extra-Care Housing  
Newmills Road Dalkeith site currently under construction and on schedule for estimated completion timeframe of November 2022.
- Carers  
Monitoring and evaluation framework now in place designed to deliver quantitative data regarding service delivery, and qualitative data relating to outcomes for carers.

3.5 To support clear reporting of progress against the directions this interim update has been provided on a new template. As well as providing information on progress against each action this includes a rating on whether each action is in progress, or delayed, using colour coding to support this. This new template also ensures a clear link between the strategic plan and the directions.

### 3 Policy Implications

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- 4.1 This paper supports the strategic Direction of the IJB and relates to the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#). (section 26 and 26) and the requirement for Directions from Integration Authorities to Health Boards and Local Authorities.
- 4.2 [Statutory Guidance \(2020\)](#) on Directions from integration authorities to health boards and local authorities how to improve practice in the issuing and implementation of Directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014.

### 4 Directions

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

### 5 Equalities Implications

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

### 6 Resource Implications

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

## 7 Risk

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

## 8 Involving people

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- 8.1 The Strategic Planning Group discussed the progress update on Directions and proposals around performance management, at its meeting on 17<sup>th</sup> November 2021. This group includes community and service user representatives.
- 8.2 Community, staff and stakeholder engagement on the planning and review of services related to Directions will continue.

## 9 Background Papers

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<b>AUTHOR'S NAME</b>	Lois Marshall
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<b>CONTACT INFO</b>	Lois.marshall@nhslothian.scot.nhs.uk
<b>DATE</b>	29.11.21

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**Appendices:**  
**Appendix 1 Directions 6-month update 2021/2022**



**Midlothian  
Health & Social Care**

**Midlothian Integration Joint Board**  
**DIRECTIONS 2021-22**  
**6 Month Update (Mar - Sept 21)**



# Who we are

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The Integration Joint Board (IJB) plan and direct the health and social care services for the people of Midlothian. These services are delivered by the Midlothian Health and Social Care Partnership (Social care and Community health care services and local hospital services) and by NHS Lothian (hospital based services). You can find the full list of delegated services at [www.midlothian.gov.uk/mid-hscp](http://www.midlothian.gov.uk/mid-hscp). in the [Scheme of Integration](#). We manage some services (including Podiatry, Adults with Complex and Exceptional Needs Service (Complex Care) and Dietetics) for all of Lothian on behalf of NHS Lothian. Other IJBs host services on our behalf.

The Health and Social Care Partnership work with third sector organisations and independent providers. All staff in the partnership are employed by either Midlothian Council or NHS Lothian.

The partnership brings together parts of Midlothian Council and NHS Lothian to help you live well and get support when you need it - from care homes to care at home, primary care to telecare, voluntary organisations to vaccinations. 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

# What are directions?

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The IJB need a way to action their strategic plans and achieve their aims. To do this they send written instructions to NHS Lothian and Midlothian Council. These instructions are called **Directions**.

The Directions tell the Health Board and Local Authority what services they need to deliver, and the budget they have been allocated to do this from the IJBs integrated budget. A Direction must be given for every function that has been delegated to the IJB.

Directions are 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 body is responsible for what, and which body should be audited for what, whether in financial or decision-making terms.

IJBs, have a legal duty to both issue Directions and monitor their effectiveness, as described in the Public Bodies (Joint Working) (Scotland) Act 2014.

Directions are sent at the start of each year but can then be updated on an ongoing basis throughout the year, as IJBs can make decisions about service change, service redesign, and investment and disinvestment throughout the year and need to provide Directions accordingly.

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# Older People

## (Community Services)

**Planning group:** Older People's Planning Group

**Planning Lead:** Catherine Evans

[Older People 2022-25 - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p><b>Respite - Explore all options to provide a respite service</b> to older people to support carers in their caring role for longer and to prevent avoidable hospital admissions.</p> <p><b>Develop Midlothian Respite Policy and Action Plan</b> by September 2021.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Cowan Court Respite Flat - Recruitment underway. Duty Social Work Team coordinating identification, prioritisation and timetabling of clients. Plan for service to go live week beginning 15/11/21, for 6 month pilot period, with review and report with recommendations to SMT after 3 months.</li> <li>• Work ongoing with identification of alternative residential respite options including the purchase / build / conversion of suitable property.</li> <li>• Request to SMT for development of formal respite planning group to lead on action plan and respite policy approved April 2021.</li> </ul> <p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>• Respite Action Plan drafted for consideration by IJB October 2021. Work ongoing re Respite Policy - draft to be submitted to SMT December 2021.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Wee Breaks training being developed in partnership with Vocal and Midlothian Learning &amp; Development team for professionals to maximise appropriateness of applications - first virtual session planned for October 2021.</li> </ul>

## Care at Home

Direction	Update
<p><b>Implement care at home services, in line with the vision statement and human rights based approach.</b></p> <p><b>Establish robust monitoring systems</b> to ensure block contracts are effectively implemented, and to demonstrate the impact of care at home on promoting human rights by September 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• New contracts for external care at home providers came into effect on 01 September. A contract implementation group has met weekly, to ensure effective communication with and between providers.</li> <li>• Recruitment has initially been difficult, however there are signs now that the implementation of a block contract and associated terms and conditions for carers has started to have a positive impact on recruitment for some providers.</li> <li>• Monitoring systems are in place and providers are completing weekly monitoring forms to provide detailed information regarding the care they are providing.</li> </ul>

	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>• A renewed focus on human rights monitoring will commence once the new contracts have been in place for at least three months, so that services can become more established and stable following this period of change.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Challenges remain regarding capacity and high levels of demand - these challenges are experienced across all services including the HSCP in-house service, and across the country.</li> </ul>
<p><b>Workforce – implement a multifaceted workforce plan</b> that includes council and external providers by July 2021.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• The interim plan is being implemented and is supported by a clear action plan. A number of actions have been progressed successfully. For example: hard to fill posts - % of those posts vacant has reduced and access to training has been improved; pharmacy posts will all be filled by December 2021. The Wellbeing lead is now in post and supporting teams. Organisational development sessions have taken place and more have been planned for next year.</li> </ul>
<p><b>Evaluate impact of new reablement model</b> within Home Care Service to promote optimum level of function by March 2022</p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>• Due to pressures on our care at home services we are taking our reablement services into home first Single Point of Access with an aim of providing rapid reablement</li> </ul>

# Frailty

**Planning group:** TBC

**Planning Lead:** Jamie Megaw

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Direction	Update
<p><b>The e-Frailty Programme should be progressed</b> to improve coordination of care and to provide support at an earlier stage. This includes the use of learning from the e-frailty programme to develop a frailty informed workforce (by December 2021).</p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>The efrailty programme was disrupted by the COVID Pandemic. It has been incorporated into the IJB's 2022/23 strategic plan.</li> </ul>
<p><b>Improve primary care quality and options for older people.</b></p> <p><b>Develop and evaluate pro-active in-reach into hospital</b> when someone with frailty is admitted by December 2021.</p> <p><b>Develop virtual medical teams</b> involving frailty GPs and key hospital consultants by December 2021.</p> <p><b>Consider Midlothian Community Hospital (MSH)role for frailty step-up, step down</b></p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Frailty team embedded within Intermediate Care to inreach to those with moderate and severe frailty who attend Emergency Departments (ED) for less than 24 hours. Test of change using a QI approach to determine next steps. Early ED data suggests that there were higher numbers of moderately frail and severely frail people who attended ED and were discharged in less than 24 hours than originally thought, so looking at how we make this cohort smaller. Occupational Therapist, Physio Therapists and GP working closely and linking with Red Cross and Pharmacy to provide an appropriate intervention. Aim to prevent repeated ED attendances.</li> <li>Second test of change with 2 GP practices also in early stages of operation to proactively review those with moderate and severe frailty, considering medicines reconciliation, equipment, third sector involvement.</li> </ul> <p>(See MCH Update)</p>
<p><b>Improve quality and options for people with frailty in primary care</b> by October 2021 through proactive in-reach to Edinburgh Royal Infirmary when someone with frailty is admitted and virtual medical teams involving the frailty GPs and key hospital consultants.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>People with frailty who attend ED will be contacted by a multidisciplinary clinical team in the HSCP to identify support to reduce reattendance at ED. (see further detail above)</li> </ul>
<p>Work to ensure our <b>frailty services are accessible to people under 65 years</b> by December 2021</p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>There has been no progress to improve access to people with frailty under 65</li> </ul>



# Physical Disability & Sensory Impairment

**Planning group:** Physical Disability & Sensory Impairment

**Planning Lead:** Tom Welsh (Temp)

[Physical Disability & Sensory Impairment 2022-25 - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p><b>All service providers should adopt an approach which focuses on personal outcomes</b> and encourages self-management and recovery by March 2022.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Good conversation training is being rolled out across Midlothian. Cohort 10 and 11 are currently underway. All staff have been offered Good Conversations training and are supported to explore what matters to patients to focus on personal outcomes, self management and recovery.</li> </ul>
<p><b>A full appraisal of the optimum balance of community based and hospital-based services</b> should be carried out within the context of the re-provision of Astley Ainslie(AAH) by October 2021</p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>• Lothian wide plans are being reviewed in light of an extended timetable for any re-provisioning of Astley Ainslie. Work is being progressed to review plans to take forward this work on a local basis, although current operational pressures mean it is likely to be early 2022 before this work can be progressed.</li> </ul>
<p>There should be <b>collaboration, where feasible, with Housing Providers and national policy makers to press for change in policy</b> around the inadequate availability of suitable housing in new housing developments.</p>	<p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Work has been undertaken to include the needs of people with physical disabilities and long term conditions within the housing contribution statement. Sickness absence and covid priorities has delayed opportunity to collaborate to influence wider policy but some work related to this is still planned.</li> </ul>
<p><b>Review role of MCPRT community rehab team</b> in line with ongoing development of intermediate care to maximise impact on people with a long term condition or who have experienced an acute event by December 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Work is ongoing to understand capacity and demand.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Non clinical tasks have been redirected from clinical staff to administrative staff.</li> <li>• Increased the availability of support staff within these teams, to maximise the specialist clinical capacity.</li> <li>• Some data is emerging from the Community Physical Rehabilitation Team, but need to further refine this.</li> </ul>
<p><b>Develop clear pathways and support provision for people affected by long term conditions</b> (in particular Type 2 Diabetes and CHD) by March 2022</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Review of Stroke Pathway completed, recommendations incorporated into Strategic Plan.</li> </ul> <p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>• Coronary Heart Disease and Type II Diabetes pathways in development with a focus on pathway of supports for Potentially Preventable Admissions. *Delay in Type II diabetes work due to a vacancy.</li> </ul>
<p><b>Develop clear pathways and support for people affected by neurological conditions</b> by March 2022.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Delivered a stakeholder workshop in August to gain input at the initial stages of the project.</li> <li>• Recruited a project team manager and a data analyst.</li> </ul>

	<ul style="list-style-type: none"> <li>• Linked with Public Health Scotland analysts, who have identified potential sources of data.</li> <li>• Began work to establish Programme Board and ensure co-design of the project can be undertaken.</li> </ul>
<p><b>Work with other Lothian Health &amp; Social Care Partnerships to implement appropriate model and financial plan for complex care by June 2021.</b></p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Model and financial plan was agreed prior to march 2020. Finance business partners are working to produce an annual update for each HSCP to deliver clear picture on inputs and activity.</li> </ul>

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# Mental Health

**Planning group:** Adult Mental Health

**Planning Lead:**

[Mental Health 2022-25 - Midlothian Health and Social Care Partnership](#)

Directions	Update
<p><b>Explore options for recovery</b> for people experiencing poor mental health through <b>development of community based housing</b> with access to appropriate support. Timeframes dependent on next phase of developments at Royal Edinburgh Hospital.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Initial discussions been had and mapping regarding potential Grade 5 housing with Midlothian. Project Meetings commenced with REAS (Royal Edinburgh and Associated Hospitals) regarding design of rehab and low secure plan.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Heath in Mind commissioned to deliver mental health community support – outreaching to local communities</li> </ul>
<p><b>Review effectiveness of the multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice now operational at Number 11</b> (multiagency hub) by September 2021.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Year 1 staff survey completed – outcome that teams are to meet with each other to give better understanding of roles and function – commenced and nearly completed. Increased joint working, multi agency meetings</li> </ul>
<p>Continue close collaboration with Housing in <b>supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.</b></p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>New shared actions have been agreed for Strategic Plan. This includes the continued support of Housing First with an aim to provide health and social care support to 20 people and consistent representation from No. 11 teams at allocation meetings</li> </ul>
<p><b>A coherent approach to the delivery of services to support improved mental wellbeing should be developed.</b> This should include new services funded through Action 15 along with the Wellbeing and Access Point services.</p> <p>A key element of this work is to <b>identify new approaches to addressing the continuing pressures on Psychological Therapies.</b></p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Additional practitioner appointed to support the expansion of Midlothian access point across the county.</li> <li>All GPs have mental health nursing within the practices.</li> <li>Occupational Therapist into primary care.</li> <li>1.6 wte distress brief intervention.</li> <li>Psychological therapies have completed phase 1&amp;2 of the 4 session model and now in phase 3 which has improved access to psychological intervention.</li> <li>Workforce trained in Decider and Metallisation training</li> </ul>
<p><b>Implement updated Suicide Prevention Action Plan</b> including Scottish Government’s 4 new priorities by December 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Updated Suicide Prevention Action Plan being implemented.</li> </ul>

<p>Phase 2 - Royal Edinburgh Hospital - NHS Lothian to ensure better care for physical health needs of Midlothian in-patients at the Royal Edinburgh Hospital campus by <b>proceeding with the development of the business case for Phase 2 and the planning and delivery of integrated rehabilitation services.</b> NHS Lothian to ensure Midlothian HSCP is involved in development, decision-making and approval of the business case.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Midlothian is represented at the project meetings to discuss Phase 2 of Royal Edinburgh Hospital which have commenced</li> </ul>
<p><b>Evaluate impact of Wellbeing and Primary Care Mental Health workforce by April 2022.</b></p> <p>Wellbeing Service aims to support 800 people 2021-22.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Primary care is going through an evaluation process with the GPs/user of the service.</li> <li>• Wellbeing Service on track - 447 referrals in the first 6 months</li> </ul>
<p>Work with Psychological Therapies to <b>increase the number of people commencing (general adult) treatment</b> within 18 weeks to 90% by July 2022</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Waiting times on track to increase the number of people commencing (general adult) treatment within 18 weeks to 90% by July 2022</li> </ul>
<p>Work with other Lothian IJBs to <b>agree plans for pan-Lothian and hosted mental health service provision 2022-25</b> by November 2021. This includes Royal Edinburgh Hospital services such as Forensic Psychiatry and Eating Disorders Services and the implementation of the Early Intervention in Psychosis Action Plan.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Work with other Lothian IJBs to agree plans for pan-Lothian and hosted mental health service provision 2022-25 in progress</li> </ul>
<p><b>Report on pilot to deliver a substantial improvement in waiting times for psychological therapy</b> by July 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Initial report on pilot to deliver improvement in waiting times for psychological therapy written and submitted to the partnership. Final report and data on track for completion.</li> </ul>



# Learning Disability & Autism

**Planning group:** Learning Disability & Autism

**Planning Lead:** Duncan McIntyre

[Learning Disability & Autism 2022-25 - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p><b>Review day care provision and associated costs</b> including transport by December 2021.</p> <p><b>Work with providers to pilot new community based and personalised models of day services</b> by 31st March 2022</p>	<p><b>In progress:</b></p> <ul style="list-style-type: none"> <li>• Work is ongoing to review costs and pilot alternative models for support however there will be limitations on this work until covid restrictions are eased.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Learning Disability Day Services continue to be operating at reduced capacity due to covid guidance.</li> </ul>
<p><b>Support the delivery of new housing models</b> in Bonnyrigg (8 flats) by Dec 2022, and Primrose Lodge, Loanhead by March 2022 to support people with Profound and Multiple Learning Disabilities</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Work is proceeding as planned to support the delivery of new housing models.</li> </ul>
<p><b>Complete retender of the taxi contract</b> for existing taxi services</p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>• Work is ongoing to prepare for the retendering of taxi services, however the tender process itself will not be able to be progressed until covid guidance eases.</li> </ul>
<p><b>Strengthen joint working of Learning Disability Services and care providers</b> to inform longer-term changes in how adult social care is planned and delivered.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Learning Disability (LD) Providers' forum well established. Expert panel to be convened to develop new models of support. Focus remains on remobilisation as National Guidance Allows.</li> </ul>
<p><b>Review of the services available for diagnosis and support to people with autism</b> complete by March 2022</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• New models of support being developed by the Providers' Forum and Expert Panel. To be incorporated into the LD and Autism Commissioning Plan.</li> </ul>
<p>Support people with complex needs in crisis by <b>training practitioners on Positive Behavioural Support</b> as part of embedding Positive Behavioural Support in Learning Disability</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Quality framework based around Capable Environments developed.</li> <li>• Competence Framework based on the Positive Behavioural Support academy Framework completed and initially aimed at direct care staff.</li> <li>• Behaviour support pathways implemented within the Community Learning Disability Team Plans.</li> <li>• Specification for a film with People First to use in staff training around values and PBS complete and agreed at Strategy Group.</li> </ul>



# Long Term Conditions

Planning group: TBC

Planning Lead: TBC

[Long Term Conditions 2022-25 - Midlothian Health and Social Care Partnership](#)



# Falls & Fracture Prevention

**Planning group:** Strategic Falls Group

**Planning Lead:** Gillian Chapman

[Falls & Fracture Prevention 2022-25 - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p>Develop a dedicated <b>system for data analysis / reporting of falls</b> data to identify clear priorities and inform future direction of falls work by December 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>In partnership with the HSCP's Performance and Improvement Lead Officer baseline data requirements agreed June 2021, and will be collated and reported on to the Falls Lead / Strategic Falls Group quarterly. Longer term work remains required around inclusion on the partnership's data dashboard, which will provide further detail.</li> </ul>
<p><b>Develop an integrated &amp; coordinated Midlothian Falls Pathway</b> across Health and Social Care Partnership and third sector providers by September 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Work ongoing with Falls Pathway - workshops commenced and planned draft pathway report to be submitted to SMT for consideration December 2021 followed by consultation.</li> </ul>
<p>Work with Primary Care providers to <b>develop a standard identification process, signposting / self-referral system</b> for all patients at risk of falls linked into the integrated Falls Pathway by December 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Work ongoing in partnership with GP frailty rep, Dr Leona Carroll.</li> </ul>

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# Palliative & End of Life Care

**Planning group:** Palliative and End of Life Partnership Group

**Planning Lead:** Fiona Stratton

[Palliative & End of Life Care 2022-25 - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p><b>Increase the accuracy of the Palliative Care Registers in GP practices by September 2021.</b></p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>GP practices in Mid are all signed up to the palliative care enhanced service in which they commit to identifying palliative patients and planning their care. Whilst proof of full participation in all enhanced services has not been a contractual requirement during the pandemic it is believed that all practices have prioritised palliative care and continued to provide the enhanced service.</li> </ul>
<p><b>Undertake an audit of admissions to Acute Hospitals of patients in receipt of palliative care in order to strengthen local services (care homes, district nursing, MCH and Hospital at Home) by March 2022.</b></p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Work on the audit of admissions to Acute Hospitals of patients in receipt of palliative care will be progressed by March 2022.</li> </ul>
<p><b>Obtain family, carer and staff feedback on the quality of palliative and end of life care provided in Midlothian Community Hospital and the District Nursing service by September 2022</b></p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Work undertaken with Information Governance and IT Security to support application to Caldicott Guardian. Application submitted and Caldicott approval granted. Initial recruitment of families and carers to the project has begun. Project promotional materials and staff feedback tools shared with all staff teams.</li> </ul>
<p><b>Evaluate the impact of the Palliative Care Champion Network across Midlothian care homes by March 2022.</b></p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>Turnover of staff in care homes has hampered efforts to establish and maintain a palliative care champion network, hence an evaluation has not been undertaken.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>The Care Home Support Team prioritises education and support in relation to palliative care in the 10 care homes in Midlothian.</li> <li>Care Rounding has been completed for every resident and Palliative Review meetings are being set up in each care home to review progress of actions from that work. Examples of actions include establishing whether Power of Attorney (POA) and (Adults with Incapacity) AWI are in place if appropriate, that an Advance Care Plan (ACP) is clearly documented in notes, assuring quality of escalation plan, seeking evidence of family involvement and whether Key Information Summary (KIS) aligns with plan in Care Home.</li> </ul>

Attempts will continue to be made to establish a network of palliative care champions in the care homes once the vaccination programme has been completed.

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# Under 18

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

**Planning Lead:** Fiona Stratton

[Under 18s 2022-25 - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p><b>Health Visiting:</b> Work to <b>increase staff compliment</b> to full, including adequate support staff, - Nursery Nurses and Admin support by July 2021</p> <p><b>Monitor implementation of the Universal Pathway</b> by Nov 2021.</p> <p><b>Review the management structure for all nursing</b> in Midlothian including health visiting by September 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Improved picture re establishment; less than 1.0WTE vacancy in Health Visiting which will be progressed with pan Lothian recruitment; Nursery Nurses and admin support are staffed to establishment.</li> <li>• Regular data is now being produced by NHS Lothian which is supporting monitoring of implementation of Universal Health Visiting Pathway, including work on data quality.</li> <li>• Clinical Nurse Manager Role being introduced for Health Visiting - recruitment process underway. Chief Nurse involved in discussion of Service Management structure across the HSCP with Heads of Service which encompasses review of management structure for all nursing in Midlothian.</li> </ul>
<p><b>School nursing:</b> <b>Implement the refocused role of school nursing</b> including the 10 priorities by March 2022.</p> <p><b>Complete delayed Primary 1 surveillance programme</b> (height and weight) in all schools including initial vision screening by March 2022</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Scottish Government funding is supporting the upscale and upskilling of the School Nursing workforce and a plan across Lothian will deliver this, though delayed due to COVID 19 until 2023.</li> <li>• Primary 1 surveillance programme (height and weight) progressing in all schools including initial vision screening and will be completed by March 2022</li> </ul>
<p><b>0 -5 years Immunisations:</b> 0 – 5 yrs. <b>immunisations focussing on increasing uptake;</b> targeting gypsy travellers, working with families who appear on the 'failure to attend' list and creating an information awareness session and delivering this to HV's and Nursery Nurses in Midlothian by March 2022 .</p> <p><b>Centralisation of the telephone and recall system</b> with all appointments managed by CCH by September 2021.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Vaccination data for the quarter ending June 2021 indicates that a reduction in uptake noted during the pandemic has been corrected and that uptake is increasing. Uptake for primary vaccinations at 12 months, and for primary and booster vaccinations at 24 months, 5 years and 6 years is above 95% and consistently sits above the Lothian and Scottish average. The 2021 0-5yrs flu vaccination programme is being progressed with the aim of increasing uptake compared to 2020. Direct approaches are made to families where children are not brought for vaccination appointments offering reappointment or same day drop in with a good response. Analysis of data on the children who were not brought to vaccination appointments have identified some organisational factors which may</li> </ul>

lead to nonattendance, and quality improvement work with Community Child Health is planned on the basis of this analysis. Work will continue to support Health Visitors and Nursery Nurses to promote vaccination, particularly with the groups more likely to have difficulty attending. Plans are being developed to work with Public Health to support a particular focus on vaccination uptake by children in the gypsy traveller community.

- Centralisation of the telephone and recall system completed in September 2021 with all appointments now managed by CCH

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# Public Protection

(Adult Protection & Violence Against Women and Girls)

**Planning group:** East Lothian and Midlothian Public Protection

**Planning Lead:** Kirsty MacDiarmid

[Public Protection 2022-25 - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p><b>Review the effectiveness of the new combined Public Protection module</b>, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection by July 2021.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• There is a half day, level one, Public Protection training course that will be run in November 2021. This will be evaluated and reported to the East and Midlothian Public Protection Committee (EMPPC) Learning and Development Sub-group. This course will run quarterly by MS teams.</li> </ul>
<p><b>Complete joint strategic needs assessment</b> for Public Protection to identify gaps in services, including early and effective intervention services for children experiencing the impact of Domestic Abuse and adults experiencing Domestic Abuse by December 2022.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Complete and reported to East and Midlothian Public Protection Committee (EMPPC) Critical Services Oversight Group on 1st September 2021.</li> </ul>
<p><b>Support the embedding of Safe and Together</b> (keeping the child Safe and Together with the non-offending parent) including training across social, health and care services</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Lead Officer for Child Protection has taken on the lead role within the East Lothian and Midlothian Public Protection Office to support this work. There is a local implementation group in Midlothian which meets regularly to support embedding of S&amp;T.</li> </ul>
<p><b>Develop guidance to support the implementation of the East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation</b> and link work with the Midlothian equalities outcomes by March 2022</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• This was being led by the NHS Health Promotion Specialist.</li> </ul>
<p><b>Evaluate Midlothian Council Safe Leave Programme</b> - for those employees who are experiencing gender based violence and need additional time off work to deal with resulting matters by March 2022.</p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>• No plans to evaluate the Safe Leave programme at present. The Midlothian Council Gender Based Violence Policy (which includes the Safe leave programme) will be reviewed later in 2022 as part of the work towards achieving Silver Accreditation for Equally Safe at Work. <b>Proposal to remove this direction.</b></li> </ul>
<p><b>Review and streamline the Adult Support and Protection referrals process</b> by December 2022</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Review of all Adult Support and Protection processes from the point of referral onwards has begun. The purpose of this review is to (1) Identify any gaps or weaknesses in the system that could lead to information not being recorded and shared properly with the right people within our own organisation and (2) identify any areas where there is scope to simplify and clarify our processes which would facilitate and</li> </ul>

also help reduce the current administrative load leading to more time spent working with service users at risk. In addition we want to ensure that all ASP recording at all stages of the process is clear, that risks and protective factors are transparent that and all information can be easily accessed if needed.

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# Community Justice

**Planning group:** Community Justice

**Planning Lead:** Fiona Kennedy

Direction	Update
<p><b>Develop a trauma informed service</b> that focuses on tailored, structured intervention and access to wraparound services for men on Community Payback Order supervision (using some of the elements from the women's SPRING project)</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• The first step in designing the new holistic service was to consult with those individuals who would be most impacted by the service. One part of this was an online questionnaire devised to capture feedback from clients currently in the Justice system.</li> <li>• Taking into account the results of the survey, a screening tool was developed which indicates areas of therapeutic intervention. This tool will also be used as a referral process to the Men's Group.</li> <li>• Structured interventions that will initially be offered via the Men's Group are separated into three phrases: Phase 1 is 4 sessions based on MBT (Mentalisation Based Therapy) skills and Decider Skills; phase 2 will be the Emotional Resources Group, which is a 6-session course developed by the NHS with evidence that it has positive effects on emotional regulation, wellbeing and self-efficacy. Phase 3 will be a 10-week, psycho-educational intervention course 'Survive and Thrive'. This course is designed for people who have experienced trauma, focusing on their safety and supporting efforts to create stability. The general purpose of the group is to help participants develop a better understanding of trauma and common reactions to trauma as well as to learn and practice coping strategies for dealing with some of the impacts of traumatic experiences.</li> <li>• The Men's Group will be facilitated by social workers (from Justice and the Substance Misuse Service) and peer support workers with lived experience. The expectation is that all men placed on a Community Protection Order CPO will be considered for the Men's Service. It is hopeful that as the group develops, other external services that aim to promote better outcomes for men will become involved.</li> </ul>
<p><b>Develop the SPRING service.</b> Specifically develop 'Stepping Stones' and the 'Next Steps' phase of SPRING.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Developments in the Spring service have included revising the 'Stepping Stones' programme, which is renamed 'Stepping Forward'. The key focus of these changes has been on integrating the theme of emotional regulation and distress management throughout all 11 sessions.</li> <li>• The Spring Occupational Therapist has focused her time on refining the Stepping Forward programme and updating the afternoon sessions, focused on 'steps to wellbeing'.</li> </ul>

**Other:**

- Despite the challenges of Covid-19 women still reported improvements; 83% of women reporting improvements in 'identity and self-esteem' and 83% of women indicating an improvement in 'trust and 'hope' (these findings are based on the domains within the outcomes star for recovery). Both of these domains are often scored very low for women who have experienced trauma and are identified as being significant barriers to recovery. Therefore, achieving improvements in these domains is a key outcome measure for the service.

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# Substance Misuse

**Planning Group:** MELDAP

**Planning Lead:** Martin Bonnar

[Substance Misuse 2022-25 - Midlothian Health and Social Care Partnership](#)

Directions	Update
<p>Ensure that <b>people's involvement in the planning, delivery and reviewing of their individual care is maximised</b>. This relates to the eight National Quality principles.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Medication Assisted Treatment (MAT) Standards have to be implemented by all treatment services by April 2022. There are nine standards of which Standard 2 <b>Choice: All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose</b> is the most relevant. Good progress has been made in this area with same day prescribing offered and the introduction Buprenorphine.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>The MAT standards complement the National Quality Principles. QP online meetings were organised throughout 2021.</li> </ul>
<p>Evidence that people using MELDAP funded services <b>contribute to ongoing development of the service</b>.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Peer workers continue to provide a valuable insight into the lives of people who use alcohol and other drugs. This information is used to shape service provision, for example the development of low threshold cafes. The appointment of a women's Peer Worker based at the Orchard Centre was designed to identify the barriers to access and additional challenges women face, particularly those with childcare responsibilities. Children 1st have now appointed a second peer worker to support families affected by substance use.</li> </ul>
<p><b>People with lived experience to be members of the MELDAP Strategic Group</b></p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>Because of Covid no new members with lived and living experience were invited to join the Strategic Group.</li> </ul> <p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>MELDAP received funding from the Drugs Mission Fund to develop further ways to involve people with lived and lived experience. The funding will be used to develop two local forums chaired by and comprising of people with lived and living experiences and the recovery community. It is planned that representatives from these forums will be invited to join the Strategic Group.</li> </ul>
<p>MH&amp;SCP/MELDAP will <b>increase the numbers of paid and unpaid Peer Supporters</b> in Midlothian by March 2022.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>An agreed career development structure with associated salary costs has been approved. The new structure was designed to enhance job satisfaction and career development opportunities for people who historically had no formal qualifications apart</li> </ul>

	<p>from lived experience. The improved salary levels should attract a greater number of applicant when posts are advertised. Applications for drugs mission money included the appointment of a peer worker to work in supported accommodation. Funding for the women's peer support worker was continued. Peer volunteer training was delivered online by Health in Mind.</p>
<p><b>Employment opportunities for people in recovery should be increased</b> by improving engagement in education, training and volunteering by March 2022.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>The Recovery College continued provided blended learning with face to face meetings being restarted in November 2020. Throughout 2020/21 college staff still provided a high level of support to students with a total of 93 students receiving a total of 1324 'contacts'. A large number of awards were achieved which included, 23 obtaining a Vocational Training Outcome, 10 a SQA qualification and 4 sustained 13 weeks employment. Students also achieved success in areas such as digital skills, creative writing and NPA peer mentoring.</li> </ul> <p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>Covid restrictions meant there was no opportunity for volunteering.</li> </ul>
<p>MH&amp;SCP/MELDAP and NHS Lothian should further develop working practices to ensure a <b>seamless provision of services to those people using No11.</b></p> <p>Maximise the use of the building by recovery oriented groups in the evenings and at the weekend</p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>The use of Number 11 premises by outside groups was not allowed during most of 2020/21. Only recently has the Women's Supper Club and SMART meetings resumed.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>The implementation of the MAT Standards by April 2022 will require more effective working across Number 11 based services, particularly SMS and mental health services to deliver Standard 9: Mental Health. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.</li> </ul>

# RESOURCES

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# Workforce

**Planning Group:** Workforce Strategic Planning Group

**Planning Lead:** Anthea Fraser

**(see update on page 8)**



# Unpaid Carer

**Planning group:** Carers Strategic Planning Group

**Planning Lead:** Shelagh Swithenbank

Direction	Update
<p><b>Review the Carer Strategic Statement</b> to reflect the direction and recommendations of the Independent Review of Social Care, and publish by September 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>The activity taking place to update the Carer Strategic Statement is nearing completion with publication expected to be in November 2021. The updated Carer Strategic Statement now reflects the direction and recommendations of the Independent Review of Social Care (IRASC). Activity to reach conclusion includes:-(a) Agreement re inclusion of strategic vision for young carers (b) Finalising inclusion of carer strategic planning group feedback/comments. One of the key recommendations for carers within the independent review is the 'right to respite'. The IRASC has introduced this as a future driver for carer supports within a period when facilitating any respite and breaks from caring for carers has been challenging and impacted by the pandemic. When there is clarity locally and nationally about which recommendations are to be adopted as policy and how these will be supported, then this will further influence the drivers for service delivery and provision, including the 'right to respite' and what this translates into in practice</li> </ul>
<p><b>Improve carer identification</b> through connections to services, and through information to the public to support self-identification by March 2022.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>VOCAL are partnering with British Red Cross to introduce and increase capacity for engagement in communities, reaching into local areas to increase carer awareness and identification through these sources. Due to this new partnership beginning in July there is limited performance data available at this time to demonstrate the impact of community engagement and carer awareness.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>The number of Carers receiving 1-1 support from VOCAL. Q1 – Existing carers 506, (plus) new carers 114, Q2 – Existing carers 517, (plus) new carers 143. Overall, the number of Carers receiving 1-1 support from VOCAL has increased by 30% compared to the same time period last year. The number of carers receiving an adult carer support plan of their care needs by VOCAL. Q1 – Existing carers 391, (plus) new carers 66. Q2 – Existing carers 379, (plus) new carers 107. Overall, the number of Carers who had an adult carer support plan of their care needs by</li> </ul>

	<p>VOCAL has increased by 31.5% compared to the same time period last year.</p> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Carer identification is a key focus within the new carer support contracts implemented on the 1st July with VOCAL Midlothian as the main provider, and VOCAL commissioning British Red Cross to undertake aspects of service delivery. Central to the prevention agenda client identification is a gateway into support and lessening the impact of caring. Unpaid carers receiving support from VOCAL would have experienced a continuity of service and support through this period, as VOCAL expanded into the new contract from the existing service they provided. Learning from what carers told us during local consultation (Aug/Sept 2020)</li> </ul>
<p><b>Design a performance framework</b> by July 2021 to capture the impact of carer support services and encourage ongoing service improvement. Framework should include both qualitative and well and quantitative feedback.</p>	<p><b>Achieved:</b></p> <ul style="list-style-type: none"> <li>• Achieved. Monitoring and evaluation framework in place designed to deliver quantitative data regarding service delivery, and qualitative data relating to outcomes for carers. Case studies and reference to VOCAL survey data will be referenced and utilised for wider use and comparison to national survey outcomes, e.g. Health and Care Experience</li> </ul>

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# Primary Care

Planning lead: Jamie Megaw

Planning Group: TBC

Direction	Update
<p><b>Use data from NHS Lothian Public Health to determine the impact of NHS general dental services</b> on the oral and general health of Midlothian population and use this information to identify further actions if required by December 2021.</p>	<p><b>Other:</b></p> <ul style="list-style-type: none"> <li>We have developed a collaboration between Midlothian Public Health colleagues and Oral health Public Health colleagues with a view to developing a joint strategy for the new strategic plan. Work is ongoing.</li> </ul>
<p>Work with Director of Edinburgh Dental Institute to <b>consider how best the Oral Health Improvement Plan recommendations</b> on 'Meeting the Needs of an Ageing Population' can be jointly pursued by March 2022.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>We have developed a collaboration between Midlothian Public Health colleagues and Oral health Public Health colleagues with a view to developing a joint strategy for the new strategic plan. Work is ongoing.</li> </ul>
<p><b>Evaluate the impact of community glaucoma specialist optometrists</b> by March 2022</p>	<p><b>No update available at this time (evaluation due March 2022)</b></p>
<p><b>Implementation of the Community Treatment and Care Centre model (CTAC)</b> to effectively manage and support patients with long term/chronic conditions in the community.(PCIP priority) by 31 July 2022</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>The CTAC model was piloted during 2021. Learning from this approach will inform the final model which will progressed during the Winter of 2021/22 so that a CTAC service is operational by April 2022</li> </ul>
<p><b>Responsibility and management of the Vaccination Transformation Programme transferred to the HSCP</b> by 1st Oct 2021. (PCIP priority) This includes planning around COVID and flu vaccination programmes.</p>	<p><b>Delayed:</b></p> <p>The CTAC model was piloted during 2021. Learning from this approach will inform the final model which will progressed during the Winter of 2021/22 so that a CTAC service is operational by April 2022</p>
<p>Continued implementation of the Prescribing Plan <b>with 100% of Practices with Pharmacotherapy level 1 service in place</b> (March 2022)</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>All practices have received elements of the level 1 pharmacotherapy service.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Levels of service have fluctuated throughout the period in question as a consequence of recruitment and retention issues. By September this position has stabilised with all practices receiving Pharmacy support, with 2 practices currently receiving support only from a pharmacy technician. We have successfully recruited to the vacancies with pharmacists recruitment being completed in December when considering notice periods.</li> </ul>

<p><b>Funding above the 21/22 PCIF allocation secured</b> to enable the Pharmacotherapy service to be scaled up to all practices.</p>	<p><b>No update available at this time</b></p>
<p><b>Established Medicine Reconciliations service</b> provided to all practices. (March 2022)</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>All but one GP practices has access to medicines reconciliation. Level of activity has varied depending on the recent vacancy rate, but with staffing stabilising from Sept on, a more uniform service will be established across the HSCP.</li> </ul>
<p><b>Progress Capital Development programme in Primary Care</b> developing plans for new health centres in Shawfair and in South Bonnyrigg addressing the current demand on healthcare facilities and predicated population growth in both these areas. (PCIP priority)</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>The Initial Agreement for the Shawfair Development Area was approved by NHS Lothian in 2020. It is currently with Scottish Government for approval to progress to the Outline Business Case stage. The capital planning for the South Bonnyrigg area is with the HSCP to develop an Initial Agreement for approval by NHS Lothian.</li> </ul>

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# Acute Services

**Planning group:** Acute Services Planning Group

**Planning Lead:**

Direction	Update
<p>Undertake a <b>review of all frequent attendees at A&amp;E</b> by October 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Head of Primary Care and Older People leading frequent attender group in NHS Lothian.</li> </ul> <p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>• OT and Frailty GP planning to undertake reviews of moderate and severe frailty cohort attending A&amp;E without an admission.</li> <li>• Frequent attenders and admissions over 65 - medicines review of this cohort planned between Oct 21 and March 22.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Health Inequalities Team work young (&lt;55 years) frequent attenders.</li> <li>• Further expansion of Community Respiratory Team from winter funding.</li> <li>• Ongoing Scottish Ambulance Service pathway work. Looking to expand to respiratory conditions beyond COPD to further prevent hospital activity.</li> </ul>
<p>Implement <b>community pathways for Musculoskeletal physiotherapy</b> in line with national plans around scheduling unscheduled care by 31<sup>st</sup> December 2021.</p>	<p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Scoping exercise at St Johns Hospital found those at Minor Injury Unit were appropriately attending; scoping GP referrals via Flow Centre and NHS24 also found to be appropriate. Now looking at self-presenters and have found majority attending for lower back pain.</li> <li>• Undertaking patient consultation to understand reasons behind attendance which will feed into any development or changes to community pathways.</li> </ul>
<p><b>Agree Midlothian response to national redesign of urgent care</b> programme to improve access to urgent care pathways so people receive the right care, in the right place, at the right time.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• NHS Lothian auditing of all patient pathways beginning November 2021. Currently in process of scheduling all attendances to Minor Injuries Unit throughout Lothian and looking to go live beginning December.</li> <li>• Unscheduled Programme Board approved pan-Lothian SDEC model as alternative to admission.</li> <li>• Rescheduling Urgent Care project working with Hospital at Home teams for Scottish Ambulance Service referrals to avoid hospital admission. Ongoing work in mental health to develop pathways in partnership between the Midlothian Intensive Home Treatment Team and Mental Health Assessment Service (MHAS) service, and improving access for same day mental health crisis/distress.</li> </ul>

<p><b>Implement a tableau dashboard to support managers in accessing performance data</b> to determine the impact of community services in reducing A&amp;E attendances and unscheduled admissions by September 2021.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Tableau Dashboard implemented for most services but ongoing work with individual services to tailor to needs.</li> <li>• Winter dashboard also developed with key performance indicators over the winter period.</li> <li>• Performance management postholder appointed who will lead on this work across the partnership.</li> </ul>
<p><b>Monitor the impact of the implementation of the Midlothian Acute Service Plan 19-22</b> on A &amp; E attendances, Unplanned bed days, Delayed discharge, and unplanned admissions to identify areas of success and areas for improvement.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Final impact of the 2019-22 plan will be reflected in MSG indicators/IJB improvement goals which are reported on separately.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Acute Services Plan updated for 2022-25, and went to IJB workshop for feedback in October 2021. The Planning Group will continue to refine the updated 3-yearly plan, with actions mapped to IJB improvement goals (related to MSG indicators).</li> <li>• Some actions carried across to 2022-25 plan due to Covid delays (e.g., Midlothian Community Hospital work) but other areas of focus added (e.g., potentially preventable admissions work).</li> </ul>
<p><b>Implement and monitor the impact of the Single Point of Access</b> on ensuring people access community-based services and reducing demand on A and E and unscheduled admissions.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Single Point of Access still working. Linked with Flow Centre so they're aware of SPOA in Midlothian, and will redirect any appropriate calls they receive to them.</li> <li>• Teams are working in more linked-up way. Looking at the referrals in and out of SPOA from Dec 2020 to Oct 2021, total number of referrals received have been 647 to date. (Dec 20-Oct21) At this time it is unclear how many of these referrals have resulted in an admission avoidance, this is analysis that is still ongoing.</li> </ul>
<p><b>Implement the Health Inclusion Team support to adult (under 55) frequent A &amp; E attendees</b> by July 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Joint initiative to identify and offer support to a number of people under 55 years old who attend A&amp;E more than 3 times within the past year. Programme in place and data currently being analyzed however early indications that it is reducing return visits to A&amp;E ( caveat - numbers small at present). Programme includes staff from A&amp;E, Justice, Substance Misuse and Health Inequalities Team nurses.</li> </ul>

<p>Take an active role in <b>pan-Lothian decisions around A&amp;E front-door redesign</b> (Midlothian IJB set-aside budget) and ensure engagement of acute services staff in Midlothian IJB planning groups</p>	<p><b>Delayed:</b></p> <ul style="list-style-type: none"> <li>Work was paused on the front door re-design because of the pandemic. This has now re-started following consideration of the recent developments in the unscheduled care programme and their impact on the front door services, flow and pathways. It is anticipated that the front door steering group will re-commence soon - Midlothian IJB is an existing member. Important to ensure the right people are involved in discussions going forward recognising the financial pressures in the set-aside budget.</li> </ul>
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## In patient Hospital Care

Direction	Update
<p><b>Complete the review of 'potentially preventable admissions'</b> by September 2021 and develop a plan to strengthen access to local alternatives and where appropriate develop new services</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Potentially Preventable Admissions (PPA) Working Group established to look at top 5 PPA conditions. Named lead for each condition identified. Each Lead has recommended actions to reduce both short-term winter and longer-term PPAs where feasible. Action plans in progress and regular updates reported to the group.</li> </ul>
<p><b>Evaluate the impact of new approaches to In Reach</b> (including identifying patients suitable for Reablement in Medicine of the Elderly wards) by September 2021</p>	<p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Flow and Intermediate Care teams continue to work together to identify and track any Midlothian patient who attends Emergency Department or is admitted to RIE Hospital to seek the earliest available opportunity to bring them home quicker. The daily 10 am call gives opportunity to take a proactive Multi Disciplinary Team approach to inreach and discharge facilitation. The Single Point of Access is up and running giving a Multi Disciplinary Team approach to admission prevention - whereby all teams will work together to prevent admission by offering assessment, rehabilitation, equipment or short term packages of care. We have enhanced our carer capacity to support these workstreams.</li> </ul>

<p><b>Increase further the proportion of patients admitted to the Royal Infirmary of Edinburgh</b> as the local Acute Medical Unit compared to the Western General.</p>	<p><b>Not met:</b></p> <ul style="list-style-type: none"> <li>April-Sep 2021, Midlothian adults, source: NHS Lothian Tableau. 811 unscheduled admissions for Midlothian patients at WGH. 3751 unscheduled admissions for Midlothian patients at Royal Infirmary Edinburgh Hospital (RIE). RIE unplanned admissions remain consistent at 80% of total admissions between RIE and WGH. Ratio of RIE to WGH for 2020/21 was 4.5, this has <i>slightly</i> increased to 4.6 for Apr-Sep 2021 period.</li> </ul>
<p><b>Evaluate the impact of the Home First Model</b> by March 2022</p>	<p><b>Delayed</b></p> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Single Point of Access (SPOA) still working. Linked with Flow Centre so they're aware of SPOA in Midlothian, and will redirect any appropriate calls they receive to them. Teams are working in more linked-up way. Looking at the referrals in and out of SPOA from Dec 2020 to Oct 2021, total number of referrals received have been 647 to date. (Dec 20-Oct21) At this time it is unclear how many of these referrals have resulted in an admission avoidance, this is analysis that is still ongoing.</li> </ul>
<p><b>Evaluate the impact of the enhanced 'Discharge to Assess' Service</b> to determine the case for continued investment by September 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Ongoing collection of data to support evaluation of enhanced Discharge to Assess Service. 1340 Year to date bed days saved by Discharge To Assess service.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Agreed winter funding for additional 20 Healthcare Clinical Support Workers plus admin support.</li> </ul>
<p><b>Maintain collaborative decision making around acute hospital decision making.</b> Report to the IJB on proposed developments and on budget position at least twice per year.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Agreed acute hospital representation on the Midlothian Acute Services Planning Group. Acute Services Plan shared with IJB in October 2021. Acute Hospital representative is a member of the IJB (non-voting). Midlothian IJB and Strategic Planning Group has discussed and contributed to NHS Lothian Strategic Development Framework.</li> </ul>
<p><b>Review Midlothian Hospital at Home Service</b> in line with wider pan-Lothian review</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Investigating addition of paramedics into Hospital at Home team.</li> </ul>

**Maintain the number of people who are delayed in hospital while awaiting community based support to 13 or below each day by July 2021**

**Not met**

- Average 13.3 Census delays between Apr-Sep 2021. Work ongoing within intermediate care to streamline processes and increase capacity. Winter funding agreed for additional carer support, plus British Red Cross funding for a Local Area Coordinator to support people in the community. Other actions within directions relevant to this.

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# Midlothian Community Hospital

**Planning group:** TBC

**Planning Lead:** Kirsty Jack

[Midlothian Community Hospital - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p>Implement plans to <b>free capacity in Midlothian Community Hospital by enabling alternative care options for people with dementia</b> by July 2021.</p>	<p><b>Review Direction</b></p> <ul style="list-style-type: none"> <li>Direction needs to be reviewed in light of service changes. Review of care provision for older people experiencing mental ill health planned.</li> </ul>
<p><b>The option appraisal</b> regarding the most appropriate outpatient Clinics and day treatment to be provided in Midlothian Community Hospital <b>should be completed</b> by September 2021. This should include an examination of the viability of chemotherapy; and consideration of the potential role of remote technology in providing consultations with specialist medical and nursing staff.</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>Vaccine clinic remains on site, with no date to relocate at this time.</li> <li>Meetings with cancer services held; they will carry out scoping exercise and report back .</li> <li>Consideration to be given to other uses for treatment chairs such as dialysis.</li> <li>Review of outpatient services conducted and list of clinics drawn up, with wide range of services noted to be utilising facility. Discussion taking place, with high volume specialty clinics being given priority</li> </ul>
<p><b>Further develop plans for Glenlee Ward to increase bed capacity</b> for step up from community and rehabilitation, aligning this with successful recruitment of staff.</p>	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>Glenlee Ward have recruited to 20.3 of the planned 27.3 WTE (whole time equivalents), and now has 14 open beds. Further recruitment is ongoing and interviews scheduled over the next four weeks to address the vacancies. Successful recruitment will enable further beds to be opened, and this will be reviewed mid November.</li> </ul>
<p><b>Evaluate impact of the development of Glenlee Ward</b> at Midlothian Community Hospital as a step-up from community and day treatment facility by March 2022</p>	<p><b>No update available at this time (evaluation due by March 2022)</b></p>



# Sport & Leisure

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

**Planning Lead:** Allan Blair

[Sport & Leisure 2022-25 - Midlothian Health and Social Care Partnership](#)



# Housing & Homelessness

**Planning group:** Health and Homelessness & Extra Care Housing

**Planning Leads:** Becky Hilton & Gillian Chapman

[Housing & Homelessness 2022-25 - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p><b>Planning for Newmills, Gore Avenue and Bonnyrigg extra care housing should continue</b> in order to deliver an extra 106 Extra Care Housing units (inc bariatric options) by spring 2022.</p>	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>• Newmills Road Dalkeith - site currently under construction and on schedule for estimated completion timeframe of November 2022. Will be known as Normandy Court (mainstream properties will be Normandy Drive).</li> <li>• St Mary's / Polton St Bonnyrigg Intermediate Care / Extra Care Housing/ Day Care - public consultation event held April 2021. Planning application submitted July 2021 Demolition commenced August 2021. On schedule for completion October 2023.</li> <li>• Gore Avenue Gorebridge - work ongoing to achieve agreement and sign off of Peer Review due to environmental site sensitivities..</li> </ul>
<p><b>Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be considered</b> by March 2022 (see Direction 10)</p>	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>• Work ongoing re identification of future potential sites in line with analysis of housing demand and need.</li> </ul>
<p><b>Implementation of a proactive approach to ensure people are able to live in housing appropriate to their needs</b> should be rolled out through Housing Solutions training.</p>	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>• We have trained another 15 staff approximately on housing solutions Module 1 over Sep and October.</li> </ul>
<p>The Partnership should <b>strengthen its joint working with the Housing Service</b> to support people who are homeless. This will include contributing to the Rapid Rehousing Transition plan including active participation in the Housing First model.</p>	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>• New shared actions have been agreed for 2022-25 HSCP Strategic Plan and presented to IJB. This includes the continued support of Housing First with an aim to provide health and social care support to 20 people and consistent representation from No. 11 teams at allocation meetings.</li> </ul>
<p>The Partnership should also <b>actively participate in planning of new housing developments such as Shawfair</b>, with the Council Housing Service, Housing Associations and the Private Sector. This will include determining what additional health and care services will be required such as GPs as well as ensuring that the special needs of the</p>	<p><b>No update available at this time</b></p>

<p>Midlothian population are being taken into account fully.</p>	
<p><b>Joint working on housing solutions for people with disabilities</b> should continue through maximising the Aids and Adaptations budget. Alongside this, the promotion of an anticipatory planning approach should continue, in order to enable people to move to more appropriate accommodation in advance, rather than precipitated by of a crisis.</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"><li>• The triage service continues and is now part of everyday work</li></ul>

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# Respite

**Planning group:** Respite & Short Breaks

**Planning Lead:** Gillian Chapman

**(see update on page 7)**

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# Public Health

**Planning group:** HSCP Public Health Reference Group (TBC)

**Planning lead:** Becky Hilton

Direction	Update
<p><b>All service providers should adopt the Midlothian Way</b> to build a prevention confident workforce that supports self-management, working with what matters to the person through a Good Conversation. In addition, trauma-informed practice should be adopted across Health and Social Care and Community Planning Partnership services through providing training on trauma.</p>	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>• Good Conversation = 3 cohorts /52 Participants.</li> <li>• Prepared Service Design - 5 Bitesize =8 workshops/119 Participants</li> <li>• Trauma pilot completed.</li> </ul>
<p>There should be a continued programme of work to enable people to stay well including <b>joint work with Sport and Leisure and a review of the range of services in place to improve health and wellbeing across the population</b> e.g. reduce isolation by March 2022; and addressing obesity one of the key factors in the prevalence of ill-health and Type 2 Diabetes.</p>	<p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• The Public Health Section of the HSCP 2022-25 Strategic Plan has been consulted on, drafted and presented to IJB.</li> <li>• Physical Activity has been named as one of three amplified Public Health priorities and joint working with sport and leisure is embedded in the plan alongside actions to address obesity. Social isolation is mainly addressed through population group plans.</li> </ul>
<p>A comprehensive <b>Public Health action plan should be developed</b> with clear and measurable contributions from Health and Social Care and the wider NHS Lothian Public Health Directorate by September 2021.</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• The Public Health Section of the HSCP 22-25 Strategic Plan has been consulted on, drafted and presented to IJB.</li> </ul>
<p>Work should continue to <b>develop our Prevention Intention through engagement with all of the planning groups</b> and renew our commitment to embed Integrated Impact Assessments in action plan development by December 2021. This will complement the work on staff training to support a prevention confident workforce.</p>	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>• The Public Health Section of the HSCP 22-25 Strategic Plan has been consulted on, drafted and presented to IJB.</li> <li>• Engagement with all planning groups on the amplified priorities of embedding the Midway, Money worries and physical activity has begun.</li> </ul>

<p>The NHS Lothian Public Health Directorate and Midlothian Health &amp; Social care Partnership should <b>negotiate an appropriate arrangement for the integration of NHS Lothian Public Health staff</b> in Midlothian by August 2021.</p>	<p><b>Completed.</b></p> <ul style="list-style-type: none"> <li>NHS Lothian's Dept of Public Health review has concluded. Two Population Health Project Managers have been allocated to Midlothian and will be supported by a Strategic Programme Manager (vacant at present) and Public Health Consultant. The roles from the Dept of Public Health work closely with the Public Health Practitioners employed by the HSCP and operate from a shared workplan, however they have a broader remit to include Getting It Right for Every Midlothian Child (GIRFEMC) priorities.</li> </ul>
<p>The <b>impact of the HIT (Health Inequalities Team)</b> should be <b>reported</b> to evaluate the case for continued or increased investment by September 2021.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Monitoring reporting has improved. Work on the Transformative Evaluation programme involving Plymouth University restart on 6th July 2021.</li> <li>Additional Nurse to recruited May 2021.</li> <li>113 people have received a 1 to 1 service .</li> <li>The Nurses also assisted with covid vaccines in the homeless hostels and offer brief interventions and/or full 1 to 1 assessment to people in all temporary homeless hostels.</li> </ul>
<p>Following outcome of the NHS Lothian Public Health Review, <b>initiate discussions with the 3 other Integrated Joint Boards about the potential disaggregation of Public Health</b> funding including but not limited to Health Improvement Fund, Hep C and Blood Borne Virus by March 2022.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>To be progressed Dec to March 2022</li> </ul>
<p><b>Evaluate the impact of the Improving the Cancer Journey (ICJ)</b> programme by March 2022 to ensure support to people following a cancer diagnosis.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Referrals numbers have been slow to increase (despite local and CNS team engagement work) possibly hampered by restriction on comms until after the Official Launch.</li> <li>The target for this year is to reach 30% of people with a new diagnosis of cancer in Midlothian (161 of 538), which would mean an average referral rate of 13.4 new referrals a month. The current average referral rate is 7.6 per month. Between 1st March and 31st September, the service has received a total of 46 referrals. The Midlothian team managed 17 referrals from Edinburgh and East Lothian while these teams were being recruited. In Midlothian referrals were received from a range of sources,</li> </ul>

	<p>including CNS teams – 31%; self-referral - 27% and primary care – 15% (this was GP and Primary Care Mental Health team). Referrals are managed by a central admin team with timely access (target - within 5-10 working days) to an initial appointment.</p> <ul style="list-style-type: none"> <li>• In the first six months of the service a total of 41 Holistic needs assessments were completed from the 63 referrals received (an engagement rate of 65%). The age range of the people accessing the service was 37-88 years (average age 63 years) and 70% were females. ICJ is reaching a high percentage of people living in SIMD 1 (10%) and 2 (40%). Nine of the people accessing the service were carers or family members of people with cancer. People accessing the service had a range of cancer diagnoses and the majority of these people (54%) were in treatment when they accessed support and 14% were in palliative care.</li> <li>• The top 5 concerns for people accessing the service include fatigue, mobility issues, breathing difficulties, worry/ anxiety and uncertainty</li> </ul>
<p>Having reviewed the gaps in service provision in Midlothian for pregnant women who smoke, allocate resource from existing scheme of establishment within NHS Lothian Quit Your Way Service to <b>develop and deliver service model for pregnant women</b> based upon best practice learning from NHS Dumfries and Galloway.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Recruitment is underway for a dedicated 0.6 wte Pregnancy Advisor in Quit Your Way Midlothian.</li> <li>• Mandatory training for Midwives has been agreed and will be launched by March 22. Q1 21/22 = 35% of women identified as smoking at booking set a quit date (target 30%)</li> </ul>
<p>Review potential for <b>multi-agency long term condition strategic planning group</b></p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Long-term conditions workshop held with representatives from acute, primary care, social care, third sector and people with lived experience. General consensus with creating a multi-agency long term condition strategic planning group. Concept presented and met with agreement from IJB. Work to be taken forward by Allied Health Professional Lead once in post.</li> </ul>

## OTHER AREAS:

# Allied Health Professionals

<p>Redesign Musculoskeletal pathway from NHS 24 and Accident and Emergency back to Midlothian Musculoskeletal Advanced Practice Physiotherapy service. (see Direction 2)</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• Work continues to progress to redirect appropriate patients back from Emergency Departments into Musculoskeletal Advanced Practice Physiotherapy services. A number of tests of change have been carried out in line with the NHS Lothian wide workstream.</li> <li>• All GP practices in Midlothian have access to Musculoskeletal Advanced Practice Physiotherapy service which is directing work from GP to Musculoskeletal Advanced Practice Physiotherapy service.</li> </ul>
<p>Continue review of Occupational Therapy and Physiotherapy model of care to Highbank and Midlothian Community Hospital to create a flexible and responsive single workforce by December 2022. This should improve patient flow.</p>	<p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Operating a model of therapy rehabilitation model across MCH and Highbank to ensure consistency in rehabilitation processes and approach.</li> </ul>
<p>Redesign NHS Lothian Dietetic Outpatient Services as part of the Acute and AHP Outpatient Redesign Programme</p>	<p><b>Completed:</b></p> <ul style="list-style-type: none"> <li>• The redesign of the Dietetic Outpatient Services has been successful and we have now moved to make posts permanent.</li> </ul>
<p>Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by March 2022. Further actions and plans to be developed based on review.</p>	<p><b>Delayed</b></p> <ul style="list-style-type: none"> <li>• Work initiated, forming part of the Type II Diabetes Prevention Strategic Group. *Delay in Type II diabetes work due to recruitment.</li> </ul>

# Digital

<p>Establish a Digital Governance Group to act as a forum in the HSCP to connect with technical business partners by September 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Group was established in May 2021 and has met 3 times. To support attendance by HSCP staff a novel meeting approach is being tried using SharePoint to allow interaction with the agenda a week in advance and a week after the meeting in absentia (the week after also benefitting from a video recording of the meeting to watch/dip in and out of).</li> </ul>
<p>Digital Services and eHealth to provide the technical integration required to share and combine Health and Care data sets according to the planning needs of the Partnership within calendar year, and a roadmap for this by December 2021</p>	<p><b>Delayed</b></p> <ul style="list-style-type: none"> <li>Following some initial promise of development earlier this year this remains an outstanding action. Digital Services continue to reprioritise their extensive list of corporate priorities as the Digital Strategy in the council continues to be implemented. NSS (their technical partner) are working to capacity with COVID related national infrastructure developments so securing the required support from them is a challenge. No new approach made to eHealth by HSCP beyond advising of the Direction. Development of proposed MODA also still pending.</li> </ul>
<p>Digital Services to support direct connection to Mosaic Database Universes within Dashboard technical stack/environment. Specification on how to achieve this post Mosaic migration by December 2021.</p>	<ul style="list-style-type: none"> <li>See update above</li> </ul>
<p>eHealth to support scoping TrakCare utilisation across Partnership teams for the purpose of developing a specification for developing full functionality standardised eWorkflow across Midlothian, specify requirements for delivery, and (subject to any IJB approval requirement for financial allocation) allocate resources for delivery by end of calendar year 2021 and mechanism for maintenance.</p>	<p><b>Delayed</b></p> <ul style="list-style-type: none"> <li>Trak team slow to respond to direct emails. Need to pick this work and operational resource allocation to support strategic planning up through the Digital Governance Group with eHealth to clarify capacity and availability. Raised at the IJB planning sessions as a macro point about establishing IJB service requirements within Health Board prioritisation so we don't miss out on support due to lack of provision for our needs and strategic planning.</li> </ul>

<p>eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:</p>	<p><b>Completed:</b></p> <ul style="list-style-type: none"> <li>• Now Business As Usual function in NHS Lothian with a resourced process around it. Direction achieved.</li> </ul> <p>See response to 4 above.</p>
<p>Attend Anywhere as a contact modality for new service areas</p>	<p><b>Completed:</b></p> <ul style="list-style-type: none"> <li>• As above</li> </ul>
<p>Digital Services to enable Council Care Teams to access Near Me under existing national licence</p>	<p><b>Delayed</b></p> <ul style="list-style-type: none"> <li>• No progress on the use of Near Me by Council care teams. No strong pressure from social care within the HSCP to adopt.</li> </ul>
<p>Review implementation with CM2000 Account Manager and review the information needs and development needs of the service in context with other services needing similar to determine if CM2000 is still fit for purpose.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>• CM2000 review being actively planned with Business Applications Manger and Care At Home Interim Service Manager. Finding time and resource to prioritise the required scoping is a challenge with operational pressures on Care at Home but is a requirement to establish the necessary foundation from which to move forward from resiliently.</li> </ul>
<p>Digital Services to support improved cross organisational collaboration of the HSCP [e.g. through scoping and road mapping Teams to consider issues such tenant (having to 'hot swap' tenancies to see staff), view calendars, book shared physical resources (i.e. rooms), joint distribution lists, holding virtual meetings without member/guest issues barring participation in chat/file share/presentation viewing via the Digital Governance Group.</p>	<p><b>Delayed</b></p> <ul style="list-style-type: none"> <li>• No progress. Remains a challenging area not just because of governance but also technical capacity. Council is still finalising roadmap for Microsoft 365 deployment and considering the technical implications to the existing infrastructure and software dependencies. Again we would rely on NSS (who runs the NHS Scotland Tenant) for support. The DGG will hopefully try to take this forward and scope potential to deliver this. Microsoft has announced Team Connect which is a feature that will allow users to have all channels that they are members of to show in their logged in instance of Teams which would be a good step forward if both areas adopted.</li> </ul>

# Health & Social Care Partnership Maturity

<p>Ongoing activities to support Collaborative leadership model completed by December 2021.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Facilitated sessions on Collaborative Leadership continued for the Extended management Team. There were further sessions in April and September and another planned Jan 2022. In addition the Extended Management Team asked to attend two Good Conversation sessions planned for November 2021.</li> </ul>
<p>Complete self-evaluation and improvement planning activities, including Scirocco Knowledge Exchange Programme, by December 2021</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Range of improvement planning activities undertaken as part of Scirocco Programme. 2 Logic Models produced on Public Engagement and Population Health Management. Workshop held with wide range of stakeholders and Optimedis (Scirocco partner) to inform further development of public engagement logic model and improvement planning. Areas for knowledge exchange with European partners identified. Outcome Mapping includes consideration of IJB governance issues inc citizen engagement. This work is progressing. Care Inspectorate involvement in this work is very valuable.</li> </ul>
<p>Meaningful and sustained engagement with local communities and/or service users should be evident. Communication and Engagement impact report available to end March 2022</p>	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>Range of consultation and engagement undertaken to support development of new strategic plan, alongside continued ongoing feedback from service users. Consultation report will be produced with new strategic plan in 2022.</li> </ul>
<p>A tool to better capture the impact of the Partnership on outcomes for local people and on the wider health and social care system to be functional by September 2021 (first 3 outcome maps) with a further 9 maps by March 2023.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>Development of Outnav tool and first 3 outcome maps continued. Tools and maps presented to SMT Feb 2021. Next 3 maps agreed August 2021.</li> </ul>

# Intermediate Care

<p>Evaluate impact of developments to Midlothian Intermediate Care Services to meet the changing needs of the Midlothian population and create opportunities to deliver care in people’s local community as opposed to acute hospitals by March 2022</p>	<p><b>Delayed</b></p> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>SPOA has been running for 11 months now and we have further enhanced staffing of the SPOA/Flow hub for this winter with additional staff/funding.</li> </ul>
<p>Increase the number of Intermediate Care Flats throughout Midlothian by August 2021 to facilitate earlier supported hospital discharge and reduce delayed discharge, whilst allowing individuals to return to their local communities and/or reside in a homely environment rather than the clinical setting.</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>One additional Intermediate Care flat opened in partnership with Trust Housing Association's Extra Care Housing (ECH) facility at Hawthorn Gardens Loanhead, July 2021. 3 additional Intermediate Care units included within ECH new build projects at Dalkeith, Bonnyrigg and Gorebridge by October 2023.</li> </ul>
<p>Commitment to strengthen community rehabilitations pathways by April 2022 across health and social care services in line with the Rehabilitation Framework and the Adult Review of Social Care (2021)</p>	<p><b>In Progress:</b></p> <ul style="list-style-type: none"> <li>review of pathways for flow through system either from community or acute referrals for community rehabilitation and reablement. Increase in number of Health Care Support Workers to support reablement.</li> </ul>

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**9<sup>th</sup> December 2021, 2.00pm**

## **Primary Care Strategic Plan**

**Item number: 5.8**

### **Executive summary**

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This report describes the HSCP's strategic priorities for General Practice in Midlothian.

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

Support the main elements that make up the revised Midlothian Primary Care Strategic Plan.

## Primary Care Strategic Plan

### 1 Purpose

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- 1.1 To describe the HSCP's strategic priorities for General Practice in Midlothian.

### 2 Recommendations

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- 2.1 Support the main elements that make up the revised Midlothian Primary Care Strategic Plan.

### 3 Background and main report

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- 3.1 This paper describes the three main elements that make up the revised Midlothian Primary Care Strategic Plan:
- Implement the revised Memorandum of Understanding which updates the priorities for the Primary Care Improvement Plan.
  - Implement the Midlothian Primary Care Capital Plan
  - Improve communication and quality in collaboration with General Practice
- 3.2 Actions for the Primary Care Strategic Plan are incorporated into the IJB Strategic Plan in the Primary Care and Frailty sections (Appendices 1 and 2).
- 3.3 The IJB has previously endorsed the 2018-2021 Midlothian Primary Care Improvement Plan (PCIP) and has received updates on progress towards its implementation, most recently in June 2021. The PCIP set out timeframes and priorities to implement the HSCP's requirements stemming from the 2018 GMS (Scotland) contract and the associated Memorandum of Understanding which set out the functions that would become the responsibility for the HSCP to deliver.
- 3.4 Scottish Government provided funding over four-years that increased from £860K to Midlothian in 2018/19 to £2.4M in 2021/22. The HSCP developed PCIP services, following the prioritisation plan agreed by the IJB, GP Subcommittee of the Local Medical Committee and General Practices in Midlothian.
- 3.5 Service development remained agile as the HSCP responded to constraints in the workforce market for specific professional roles. In 2020 the COVID Pandemic disrupted implementation of the Primary Care Plan specifically delaying the establishment of an extended CTAC (Community Treatment and Care) service above the established treatment room nurse service in Midlothian. Overall, the implementation of the 2018-21 plan was successful with the establishment of the MSK APP team, the Pharmacotherapy service, the transfer of the majority of vaccinations (including Seasonal Influenza), the Primary Care Mental Health service, the extension of the Wellbeing service and learning from a CTAC pilot that will inform the future model.

- 3.6 This revised Memorandum of Understanding (MoU) for the period 2021-2023 between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS Boards refreshes the previous MoU between these parties signed on 10 December 2017. The focus of this renewed Memorandum of Understanding remains the delivery of the General Practice Contract Offer, specifically the transfer of the provision of services from general practice to HSCP/Health Boards.
- 3.7 The key aim remains expanding and enhancing multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes. Implementation of multidisciplinary team working should remain underpinned by the seven key principles outlined in the previous MoU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money. All six MoU areas remain areas of focus for the MoU signatories. However, following the joint SG/SGPC letter of December 2020, the parties acknowledge that the focus for 2021-22 should be on the following three services:
- Vaccination Transformation Programme
  - Pharmacotherapy
  - Community Treatment and Care Services.
- 3.8 Information was requested by Scottish Government in May 2021 from all HSCTPs describing progress and requesting detail on the cost of delivering the full PCIP. Based on a series of assumptions at that stage the HSCP reported the full cost is circa £5.8M per annum and require approximately 131 WTE staff. This did not include the cost of the Vaccination Transformation Programme which is a further £222K. The assumptions used to estimate the cost of a 'full PCIP' are subjective and will be refined by further modelling work in the HSCP informed by national workstreams focussing on the pharmacotherapy and pharmacotherapy service level.
- 3.9 Scottish Government requested further information in November 21 on PCIP spend in 2021/22 and forecast spend in 2022/23. A summary of the detail in the return is described in the table below:

Table 1: Summary of the application of PCIP funding

PCIP Function	21/22 Spend	Forecast	22/23 Spend	Forecast
Vaccination Transfer Programme <sup>1</sup>	£222K		£222K	
Pharmacotherapy <sup>2</sup>	£863K		£1,076K	
CTAC services <sup>3</sup>	£433K		£866K	
Urgent Care <sup>4</sup>	£765K		£765K	
Community Link Workers <sup>5</sup>	£54K		£54K	
<b>Total</b>	<b>£2,363</b>		<b>£3,014K</b>	

<sup>1</sup> This does not include costs for the extended flu or COVID vaccination programme.

<sup>2</sup> Increased cost relates to establishment of a remote medicine reconciliation team

<sup>3</sup> CTAC costs increase as service is set up to support all practice populations

<sup>4</sup> Includes cost of the MSK APP (Advanced Practice Physiotherapists) and the Primary Care Mental Health teams. The majority of the Mental Health team is also funded from Action 15.

<sup>5</sup> Funds the extension of the Wellbeing service into two practices. The majority of the service is funded by the HSCP from a separate source

3.10 The revised objectives for the Primary Care Strategic Plan that relate to PCIP implementation are set out in the Primary Care Section of the Midlothian Strategic Plan (see Appendices 1 and 2).

### 3.11 **Updating and Implementing the Midlothian Primary Care Capital Plan**

3.12 The HSCP has followed a capital plan to improve access to General Practice. The following improvements from the current plan will have been completed or started by the end of 2020/21:

- New Loanhead Medical Practice.
- Newtongrange Clinic
- Newbyres Practice extension

3.13 There are two substantive General Practice developments which are in the business-case stage:

### 3.14 **Shawfair Development Area:**

3.15 An integrated health and care facility is required to replace the Danderhall Practice building and to house a second General Practice and the community services required for an area where the population will increase from 3,500 to 15,000 people.

3.16 The Initial Agreement has been approved by NHS Lothian and was submitted to Scottish Government in August 2020. Approval is required from Scottish Government to allow the Business Case to be developed.

### **South Bonnyrigg/Rosewell:**

3.17 A new practice or equivalent is required in this area because the nearby General Practices do not have the capacity for the anticipated population growth from house building in this area. This development is at the pre-initial agreement stage with the HSCP.

3.18 The revised primary care capital plan will include the following actions:

- Updated assessment from the impact on housebuilding on all practice teams.
- Assessment of the impact from PCIP services on clinical and administrative space required in Midlothian (a combination of space in practice buildings, other locations in communities and remote sites for digital/telephonic activity).
- Assessment of systemic changes which will change demand on community health and care facilities.

### 3.19 **Communication and Quality Improvement**

3.20 The IJB Primary Care Workshop in November 2021 identified the importance to improve communication with key stakeholders about General Practice, the access models that are being used and the improvements that are being made to triage

people to the most appropriate and available service. There is opportunity to improve communication to people in Midlothian but also a need to support a citizen-led collaboration so that the requirements, opportunities, and constraints with General Practice are better understood and there is a greater shared ambition about the strategic direction for General Practice.

3.21 There was an established quality improvement programme between General Practices through the Quality Cluster and a substantive quality improvement collaboration between the HSCP and Cluster on improving care for people living with frailty. The COVID Pandemic disrupted this work but it remains important and needs to be re-established in 2022.

3.22 The analysis from the efrailty learning collaborative, the quality improvement projects, and learning from the substantive projects should form the basis for developing the frailty model of care in primary care:

- **MidMed:** Part funded by the HSCP this novel practice-based frailty service in Newbattle Practice has been evaluated by the University of Edinburgh against a control group and has shown a 38% reduction in ED attendances and a 46% in readmissions along with improvements in anticipatory care planning (Power of Attorney in place, Palliative Care register and Anticipatory Care Plans). It led to 52% more contacts with the practice and significant improvement in continuity of clinician, a factor that improves patient outcomes and reduces unscheduled hospital activity.
- **General Practice to Red Cross pathway:** Funded by the HSCP this pathway addressed the disconnect identified in the system between General Practice and the third sector. The Midlothian frailty system of care was unreliable to connecting people with frailty to 3<sup>rd</sup> sector services that could support them. This pathway can proactively connect all people estimated to have severe or moderate frailty to the Red Cross and on to other 3<sup>rd</sup> sector services they would benefit from. It builds on a successful approach during Lockdowns in 2020 when everyone estimated to be frail was contacted by the Red Cross to offer support.
- **Penicuik Living Well model:** Funded by the HSCP this supports Penicuik Practice to develop an enhanced frailty service. Connected to this is the Frailty Multidisciplinary meeting which now involved three General Practices, HSCP community teams and third sector organisations to work together to improve and coordinate care for people living with frailty.
- **Multidisciplinary Anticipatory Primary Care 'Winter Frailty Team':** Tested during the winter of 2020/21 the goal was to identify and work with individuals at risk with undisclosed frailty needs who require additional support and intervention to remain safe and well in their own homes. The team consisted of a GP, an occupational therapist, a District Nurse and a Red Cross worker. The project was data-driven using the electronic frailty index and SPARRA score to prioritise people. The impact of this service with one practice for 62 people was 100% had a high-standard ACP (2% at start), 50% had a medication change, 37% had reduced falls risk and 8% regained independence in Activities of Daily Living/ Leisure. Learning from this model can be used to support the development of the role of the Expert Medical Generalist described in the MOU.

## 4 Policy Implications

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There are no policy implications from this paper

## 5 Equalities Implications

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An Equality Impact Assessment is required for the Primary Care Strategy.

## 6 Resource Implications

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- 6.1 The HSCP will implement the requirements set out from the update Memorandum of Understanding within the PCIF funding allocated by Scottish Government for this programme.
- 6.2 In addition to the PCIF the HSCP also receives a recurring allocation of £500K per annum from NHS Lothian to support Primary Care. The application of this funding is set out in the following table.

Primary Care (internal) budget	2021/22	% of budget
Local Enhanced Services and Advanced Nurse Practitioner training	98K	20%
Pharmacotherapy	107K	21%
efrailty programme (MidMed, Penicuik Living Well, Red Cross)	119K	24%
COPD Community Respiratory Team	173K	32%
Total	£500K	100%

## 7 Risk

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### Financial

- 7.1 The HSCP needs to deliver the requirements set out in the revised Memorandum of Understanding specifically with the development of the CTAC service, pharmacotherapy, and vaccinations. The HSCP will ensure that resources committed to this remain within the PCIF funding allocated by Scottish Government
- 7.2 The other financial risk concerns cost avoidance and the financial savings (or improvements in patient outcomes) that can be achieved through investment in primary care services, for example MidMed.

## Premises

- 7.3 General Practice accommodation is under pressure in most areas in Midlothian and require a combination of investment in the existing infrastructure and development of new facilities to not constrain General Practice and PCIP service development

## Resilience

- 7.4 Increased pressure on all public services as a result of the COVID Pandemic has impacted on the workforce. The HSCP and the IJB need to support General Practice so that practice teams are resilient and primary care in Midlothian is an appealing place to work.

## 8 Involving people

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- 8.1 The COVID Pandemic disrupted public engagement in developing primary care strategy across the HSCP. Further work is required to redress this with a specific focus on supporting a citizen-led collaboration so that the requirements, opportunities, and constraints with General Practice are better understood and there is a greater shared ambition about the strategic direction for General Practice

## 9 Background Papers

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Appendix 1: Extracts from the IJB Strategic Plan for Primary Care  
Appendix 2: Extracts from the IJB Strategic Plan for Frailty

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<b>DATE</b>	25 <sup>th</sup> November 2021

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## Primary Care Strategic Plan 21/22

### Prevention & Early Intervention

- Develop CTAC (Community Treatment and Care services) to support all General Practices in Midlothian.
- 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.
- Maintain and improve access to the Primary Care Mental Health and the Wellbeing services to support people needing mental health support.
- 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

### Support and Treatment

- Provide a comprehensive vaccination service including flu and COVID Booster vaccinations
- Develop Primary Care premises to meet service requirements and respond to population growth in Midlothian by:
  - Creating an Integrated health and care facility in Danderhall for the Shawfair Development Area
  - Reviewing house-building plans and develop plans for the equivalent of a new General Practice in the South Bonnyrigg/Rosewell area
  - Securing clinic space to provide the vaccination programme (including flu and potentially future COVID Booster programmes)
  - Assessing the impact of new services on existing practice buildings and develop a premises improvement plan.
- Improve communication about primary care to improve signposting 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 and Emergency

- Provide access to primary care services in evenings, at night and weekends through the Lothian Unscheduled Care Service
- Collaborate with General Practices to support improvement to access.



Midlothian  
Health & Social Care  
Partnership

# Primary Care Action Plan

2021-2022

# Prevention & Early Intervention

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**Strategic Aim 1: Develop the CTAC (Community Treatment and Care services) to support all practices in Midlothian.**

IJB	Action	Target	Partner	Budget
	Establish an integrated CTAC and Treatment Room Nurse service team by merging the established TRN service with the developing CTAC service	<i>April 2021 2022?</i>	HSCP/General Practices	PCIF and existing TRN service budget in HSCP
	Develop an IT solution which provides good continuity of information between General Practice and the CTAC services	April 2021 2022	HSCP/General Practices	General Practices
	Establish referral pathways for people to access CTAC services from all practices in Midlothian	<i>April 2021 2022</i>	HSCP/General Practices	PCIF and existing TRN service budget in HSCP

**Strategic Aim 2 Develop Pharmacotherapy services in General Practice to improving medicines management and access to medicines.**

IJB	Action	Target	Partner	Budget
	Develop a remote Pharmacotherapy service with a focus on the timely completion of medicines reconciliation for patients leaving acute services. Ensuring timely access to medicines, communication of changes and accurate documentation in GP systems in line with SPSP Primary Care Medicine Reconciliation guidelines.	Complete all med rec appropriate for pharmacy services in Midlothian HSCP	HSCP	PCIF
	Use the electronic frailty index and other relevant data tools (eg SPARRA) to identify people living with frailty who may benefit from a polypharmacy review	People with moderate and severe frailty have option to have a polypharmacy review	HSCP/General Practices	PCIF

- **Strategic Aim 3** 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.

IJB	Action	Target	Partner	Budget
	Develop the service model and MSK pathway into and out of practices to enable more people to access assessment and intervention for their MSK condition and reduce requirement for GP involvement, ED attendance or onward referral.		HSCP	PCIF

**Strategic Aim 4: Maintain and improve access to the Primary Care Mental Health and the Wellbeing services to support people needing mental health support.**

IJB	Action	Target	Partner	Budget
	TBC			PCIF

**Strategic Aim 5: 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**

IJB	Action	Target	Partner	Budget
	Work with General Practice Quality Cluster to develop and implement a joint Cluster/HSCP quality-improvement plan			

IJB	Action	Target	Partner	Budget
	Reestablish the e frailty quality improvement programme building on the experience from the previous improvement programme.			

# Support & Treatment

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## Strategic Aim 1 Provide a comprehensive vaccination programme including Seasonal Flu and COVID Booster vaccinations

IJB	Action	Target	Partner	Budget
	Deliver the seasonal flu vaccination programme and fully transfer from General Practices	April 21	HSCP	PCIP/COVID
	Establish a travel health vaccination service	April 21	HSCP/RIDU/NHS Lothian	PCIP
	Transfer all remaining vaccination responsibilities from General Practice	April 21	HSCP	PCIP
	Deliver the COVID Booster programme	Ongoing	HSCP	COVID

## Strategic Aim 2: Develop Primary Care premises to meet service requirements and respond to population growth in Midlothian

IJB	Action	Target	Partner	Budget
	Create an Integrated health and care facility in Danderhall for the Shawfair Development Area		HSCP/NHSL/Scottish Government	
	Review house-building plans and develop plans for the equivalent of a new General Practice in the South Bonnyrigg/Rosewell area			
	Securing clinic space to provide the vaccination programme for the flu and COVID Booster vaccinations			
	Assessing the impact of new services on existing practice buildings and develop a premises improvement plan			

## Strategic Aim 3: Improve communication about primary care to improve sign-posting to the right support

IJB	Action	Target	Partner	Budget
	Develop and implement a joint communication plan between HSCP and General Practices to increase understanding about access to General Practice and options for self-management	Have primary care communications capacity in place by June 2022.		
	Develop a collaborative approach between citizens, General Practices and the HSCP to understand the requirements, constraints and opportunities to inform a shared ambition for access to General Practice.			

## Strategic Aim: Support uptake and optimisation of technology across primary care

IJB	Action	Target	Partner	Budget
2, 4	Develop and implement a joint digital plan to support the optimizing of existing technologies and adoption of new technologies in primary care.		General Practices/HSCPs	

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

IJB	Action	Target	Partner	Budget
	Develop a data-led programme across primary care to improve shared understanding about demand and capacity		General Practices/HSCPs	
	Identify analytical capacity in the HSCP to support the development of this programme		HSCP	

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# Crisis & Emergency

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- Provide access to primary care services in evenings, at night and weekends through the Lothian Unscheduled Care Service
- Collaborate with General Practices to support improvement to access.

## Strategic Aim 1: Provide access to primary care services in evenings, at night and weekends through the Lothian Unscheduled Care Service

IJB	Action	Target	Partner	Budget
	TBC			

## Strategic Aim 2: Collaborate with General Practices to develop resilient primary care teams.

IJB	Action	Target	Partner	Budget
	Develop and implement a joint-plan to optimize the role of the Expert Medical Generalist			
	Identify opportunities to increase the appeal for General Practice workforce to want to work in Midlothian			

DRAFT



## Primary Care Strategic Plan 21/22

### Prevention & Early Intervention

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

### Support and Treatment

- Improve continuity and 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 and Emergency

- Develop approaches to reduce avoidable unscheduled activity
- Adopt a “No place like Home” approach to care delivery



# Frailty Action Plan

2021-2022

## **Prevention & Early Intervention**

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## Strategic Aim 1: Identify people who are living with frailty in Midlothian

IJB	Action	Target	Partner	Budget
	Use the electronic frailty index to identify people estimated to have frailty living in Midlothian.			
	Identify analytical support to improve understanding of how people with frailty use services to develop and implement an improvement plan.			

## Strategic Aim 2 Improve anticipatory support for people living with frailty

IJB	Action	Target	Partner	Budget
	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			
	Work collaboratively with General Practice and use the learning from MidMed and other frailty pilots in Midlothian to improve use of anticipatory care planning, increase uptake of power of attorney.			
	Develop a process in the Pharmacotherapy service to support people identified as living with frailty (e.g. polypharmacy review)			

## Strategic Aim 3 Make it easier for people with frailty to access support from third sector organisations

IJB	Action	Target	Partner	Budget
	Establish the process which shares information with the Red Cross to allow all people estimated with frailty to be contacted to offer support and connect people to other third sector organisations .		HSCP	PCIF

# Support & Treatment

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

IJB	Action	Target	Partner	Budget
	Develop and scale-up the Penicuik Multidisciplinary Meeting model to improve coordination of care across community services			

IJB	Action	Target	Partner	Budget
	Collaborate between the HSCP and General Practices to develop and implement a plan that improves continuity of care for people with frailty			

- Strategic Aim 2: Support services to identify people living with frailty to improve treatment plans

IJB	Action	Target	Partner	Budget
	Work with all relevant health and care services to identify how using the electronic frailty index can improve treatment plans for people living with frailty			

## Strategic Aim 3: Improve the support offered to people with frailty by Primary Care

IJB	Action	Target	Partner	Budget
	Use the joint HSCP/Quality Cluster frailty improvement plan to develop the primary care model for people living with frailty			

# Crisis & Emergency

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## Strategic Aim 1: Develop approaches to reduce avoidable unscheduled activity

IJB	Action	Target	Partner	Budget
	Assess the impact of the new pathway where people with severe and moderate frailty who have attended ED are assessed by a multidisciplinary community team			



**9<sup>th</sup> December 2021, 2.00pm**

## **Performance Overview Report**

**Item number: 5.9**

### **Executive summary**

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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

## Performance Overview Report

### 1 Purpose

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The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals.

**Board members are asked to:**

### 2 Recommendations

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

- Note the performance against the IJB performance goals

### 3 Background and main report

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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 produced by the LIST team on behalf of the Midlothian HSCP.

### 4 Directions

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4.1 There are no implications on the Directions.

## 5 Equalities Implications

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

The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are 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

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

## 7 Risk

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- 7.1 The main risk is that the IJB fails to set 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

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- 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

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- 10.1 Appendix One: LIST Report describing progress against the IJB performance goals.

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<b>DATE</b>	01/12/2021

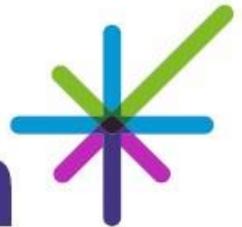
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# Midlothian HSCP MSG Indicators

Performance from April 2017 to November  
2021, with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST),  
Nov 2021



# 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 Oct-21, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Aug-21	n/a	-
2. Emergency admissions	Mar-21	Aug-21	(SMR01) Nov-20 = 92%
3a. Unplanned bed days (acute)	Mar-21	Aug-21	(SMR01) Nov-20 = 92%, May-21 = 96%, Aug-21 = 94%
3b. Unplanned bed days (GLS)	-	Aug-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%
3c. Unplanned bed days (MH)	Mar-20	Aug-21	-
4. Delayed discharges occupied bed days	Aug-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 Aug-21, 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	26,321	2,193	✓
2. Emergency admissions	5% decrease	9,207	767	9,212	768	✗
3a. Unplanned bed days (acute)	10% decrease	60,888	5,074	57,436	4,786	✓
3b. Unplanned bed days (GLS)	-	-	-	-	-	-
3c. Unplanned bed days (MH)	-	-	-	-	-	-
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)	-	-	-	-	-	-

(p) = provisional

- Indicators 3b and 6 are still provisional, and 6 is for 2019/20.

# Data Sources

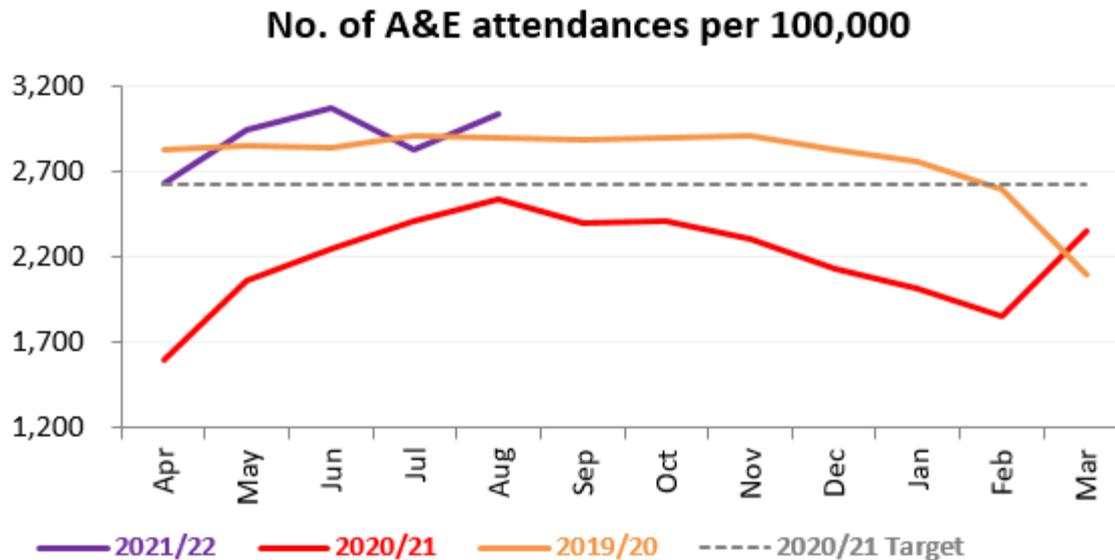
## 2020/21 MSG Targets

- Source: MSG data release v1.47, Oct-21; Public Health Scotland
- These are official monthly figures released by PHS and will be nationally published by the Partnerships
- Next data release: Nov-21

# A&E Attendances

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

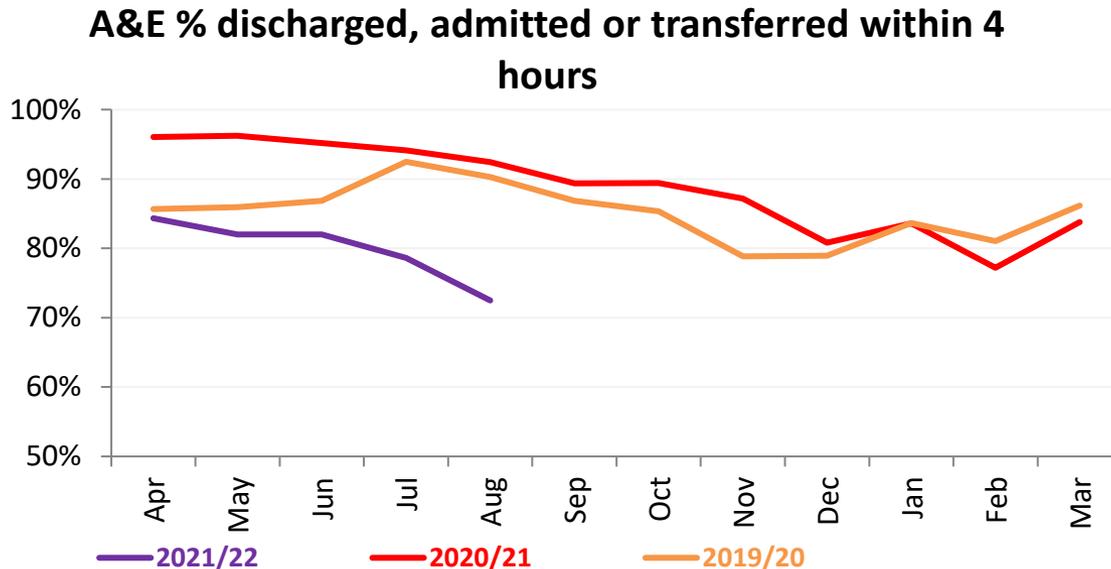
Target = maintain	Annual	Monthly
2020/21 Target Rate (per 100,000)	31,543	2,629
2019/20 Rate (per 100,000)	33,316	2,776
2020/21 Rate (per 100,000)	26,321	2,193
2021/22 Running average (Aug)		2,901



- 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, as there was a dramatic drop in March and April 2020.
- The rate of attendances had increased back to typical levels by Aug-20, but steadily decreased again since then, until Mar-21 when it started increasing.
- Since Apr-21 it has exceeded the 2020/21 target level.

# A&E 4 hour performance

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



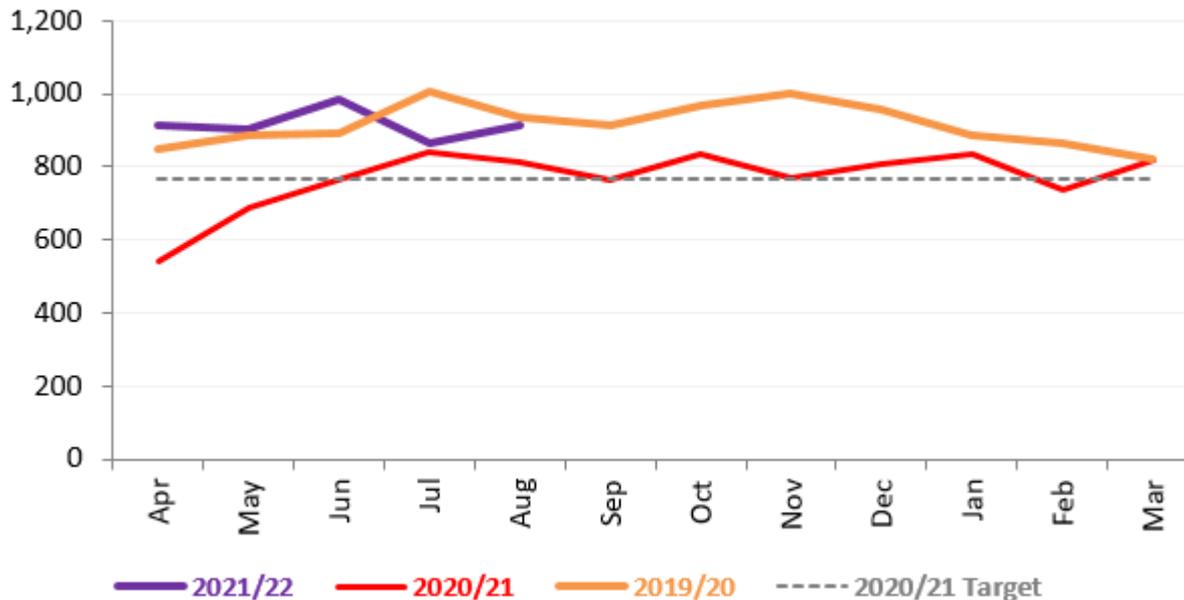
- Four hour performance was steady through the winter of 2020-21
- **Overall four-hour performance for 2020/21 was 79.9%**, a slight decrease from the 2019/20 level (85.2%)
- Performance in Aug-21 was around 73%

# Emergency Admissions

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

Target = 5% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,207	767
2019/20 Rate (per 100,000)	10,966	914
2020/21 Rate (per 100,000)	9,212	768
2021/22 Running average (Aug)		916

Number of emergency admissions per 100,000



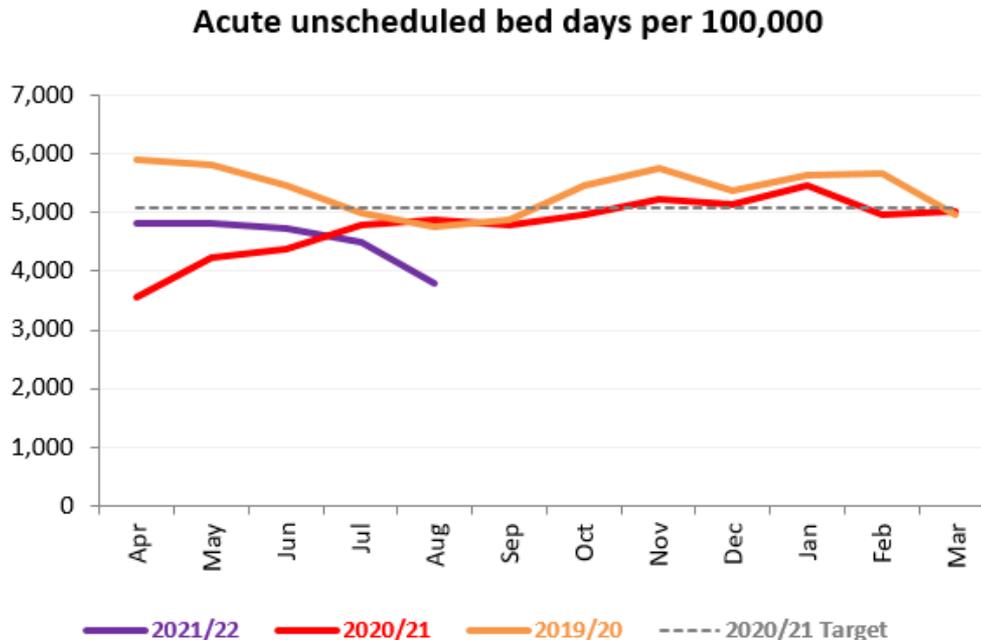
- The 2020/21 target was not met (but almost)
- The rate of emergency admissions dropped in Apr-20 due to Covid-19, but quickly returned to more typical levels – although remained lower than 2019/20 until March-21
- Since March-21 the admissions rate has increased above the 20/21 target level and above 2019/20 levels

# Unplanned Bed Days - Acute

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

Target = 10% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	60,888	5,074
<i>2019/20 Rate (per 100,000)</i>	<i>64,681</i>	<i>5,390</i>
<i>2020/21 Rate (per 100,000)</i>	<i>57,436</i>	<i>4,786</i>
<i>2021/22 Running average (Aug)</i>		<i>4,536</i>

- 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 appears to have dropped again during 2021/22 so far.



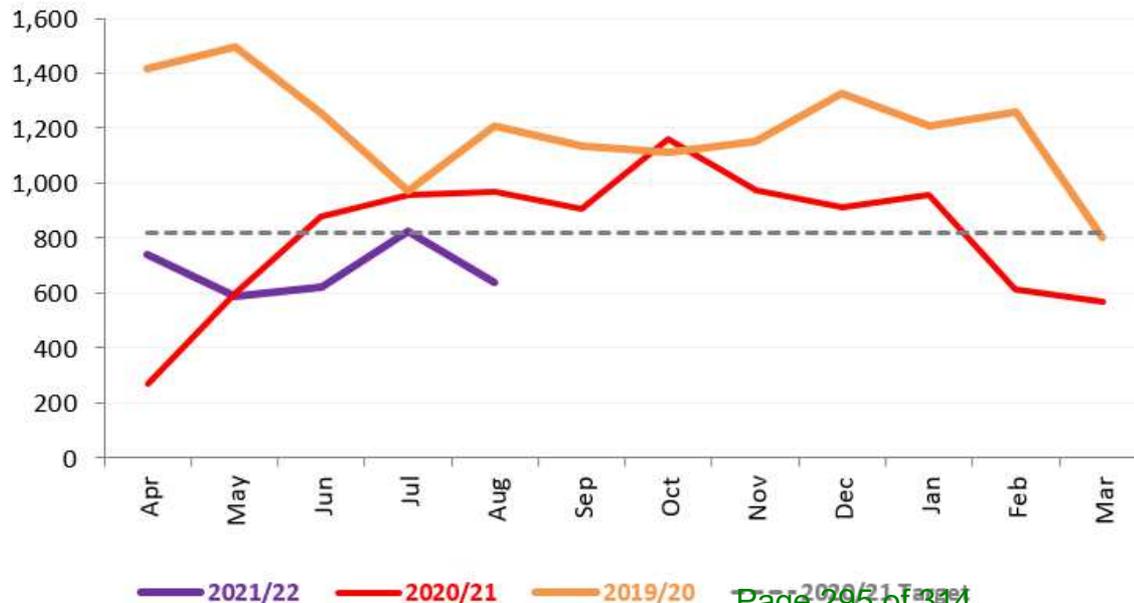
# Delayed Discharges Occupied Bed Days

Source: MSG data release Oct-21; data published up to Aug-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 (Aug)</i>		<i>682</i>

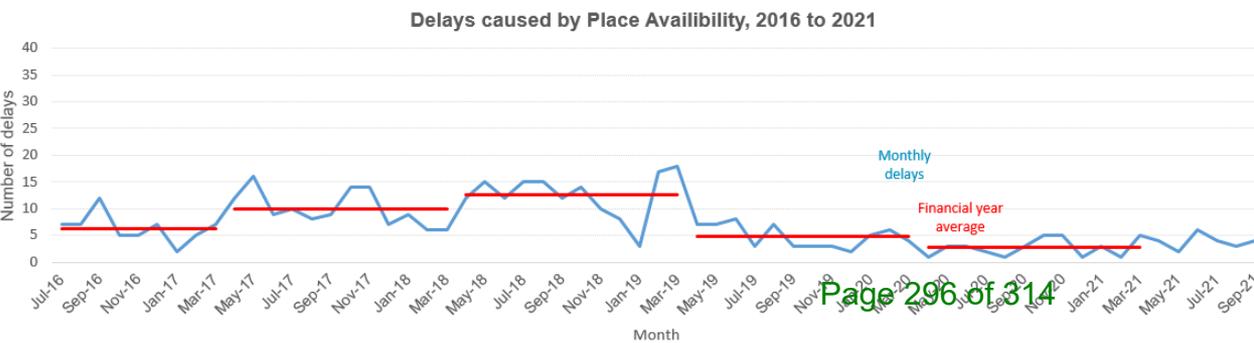
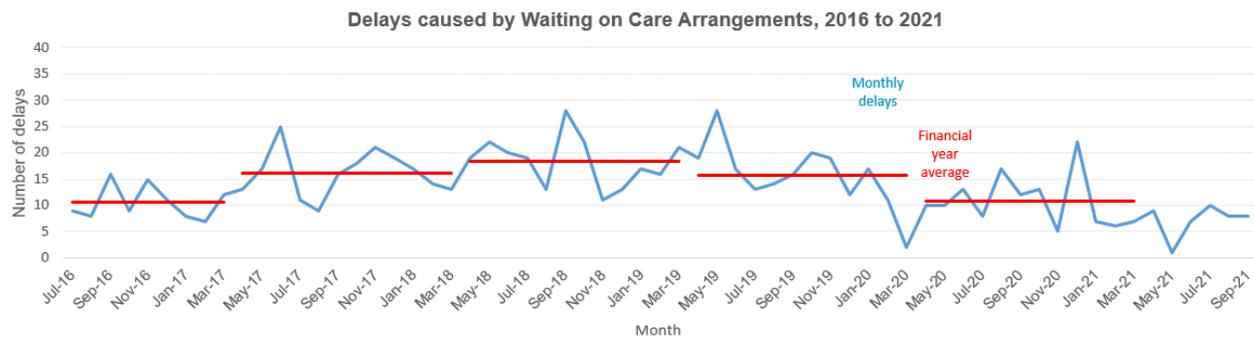
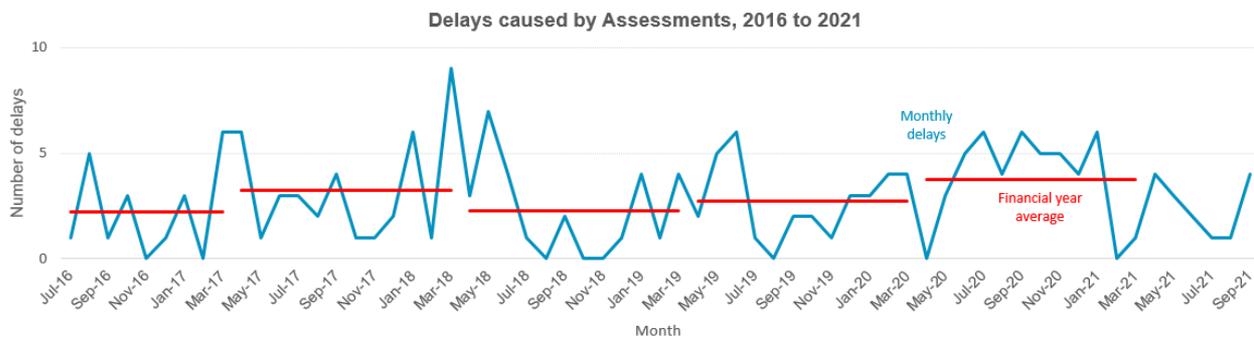
- **The 2020/21 target was met**
- The rate of delayed discharge occupied bed days in Apr-20 was about 80% lower than the previous April's rate due to Covid-19
- The rate has remained mostly lower than the previous year ever since

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 November 2021 Publication

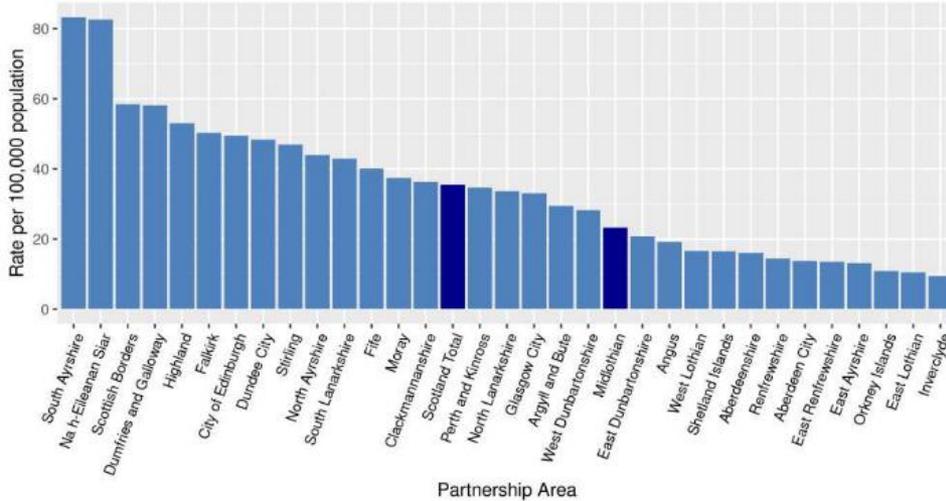


- These charts show the long term trend and the yearly average of the number of delays caused by: Assessments; Place Availability and Waiting on Care Arrangements.
- Data has been taken from the monthly Census from Public Health Scotland.
- Performance was improving before the Covid-19 pandemic, and delays have dropped further since the start of the pandemic across these categories.

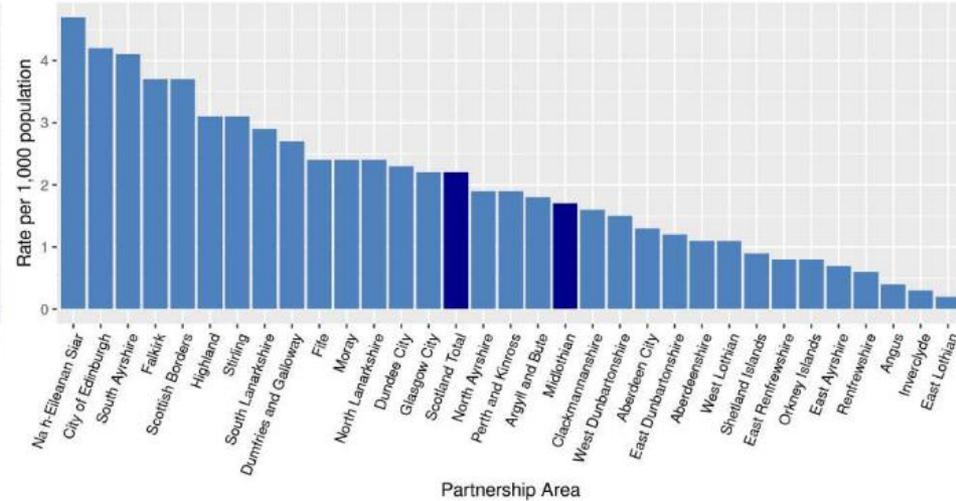
# Delayed Discharges: Midlothian Position

Data Source: Public Health Scotland Delayed Discharges Oct 2021 Publication

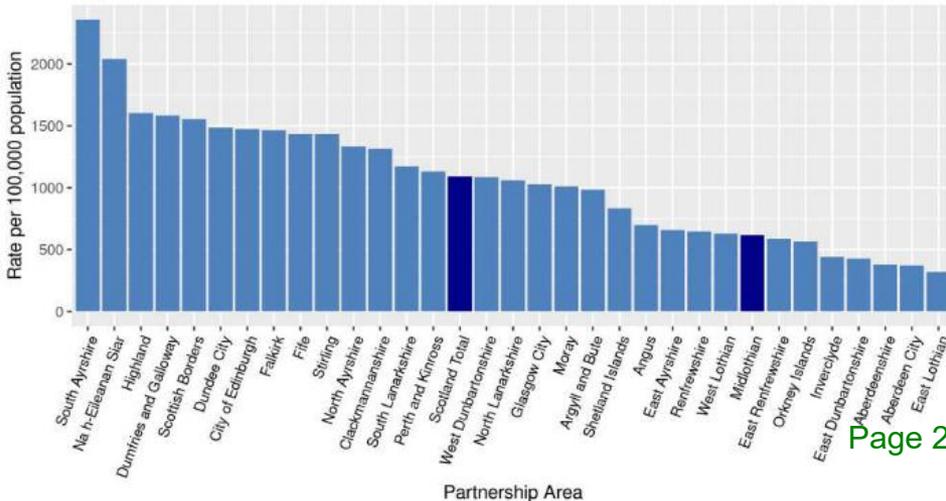
Delayed Discharge Rates per 100,000 Population, Aged 18+  
Sep 21



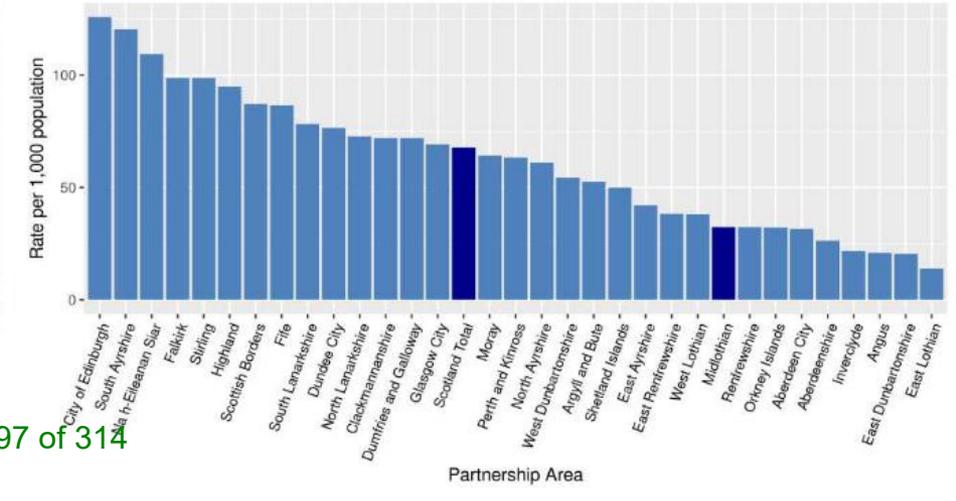
Delayed Discharge Rates per 1,000 Population, Aged 75+  
Sep 21



Occupied Bed Days for Delayed Discharges - Rate per 100,000 Population, Aged 18+  
Sep 21



Occupied Bed Days for Delayed Discharges - Rate per 1,000 Population, Aged 75+  
Sep 21

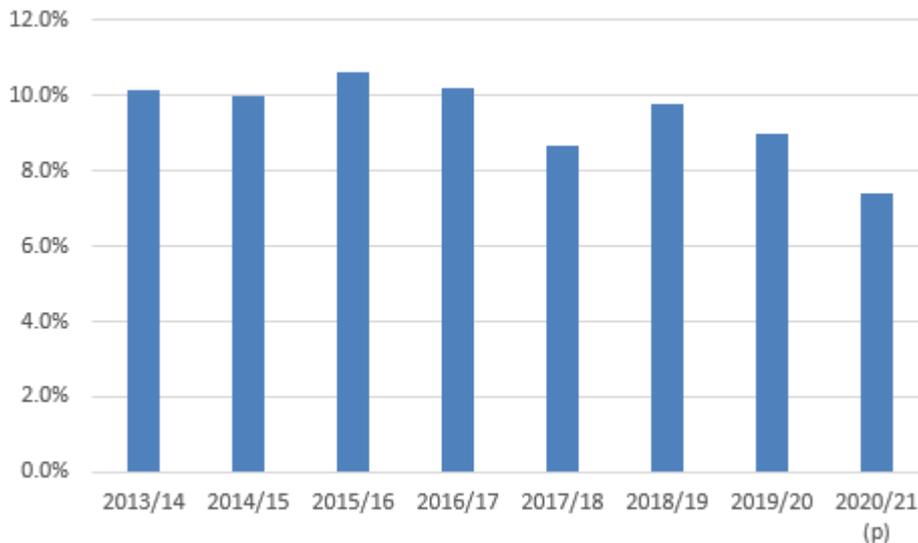


# End of Life - Percentage of Last Six Months Spent in Large Hospitals

Source: MSG data release Oct-21; data published up to 2019/20

Target = decrease	Annual
2020/21 Target	<8.7%
2019/20	9.0%
2020/21 Provisional	7.4%

- The 2020/21 target was met (provisional data)
- The provisional percentage for 2020/21 is below the target and is lower than the 2019/20 level



Thursday 9<sup>th</sup> December 2021

## Assurance arrangements – Civil Contingencies Act 2004

Item number: 5.10

### Executive summary

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To provide Midlothian Integration Joint Board with assurance and an operational understanding of the arrangements in place to ensure compliance with their responsibilities as Category 1 Responders in terms of the Civil Contingencies Act 2004/

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

Review this paper and be assured that the current assurance arrangements as detailed in this paper ensure that the Integration Joint Board meets the requirements set out in the Civil Contingencies Act 2004 and be informed on the operational aspects of the arrangements.

## Assurance arrangements – Civil Contingencies Act 2004

### 1 Purpose

---

- 1.1 The purpose of this report is to provide Midlothian Integration Joint Board with oversight of the assurance processes currently managed by Midlothian Health and Social Care Partnership which ensures that Midlothian Joint Integration Board meets its requirements as a Category 1 Responder, along with NHS Lothian and Midlothian Council.

### 2 Recommendations

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- 2.1 As a result of this report what are Members being asked to:- note the contents and be informed on the current processes. Feedback and discussion is welcomed.

### 3 Background and main report

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- 3.1 The paper *Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004* was tabled and discussed at the Board meeting held on 17<sup>th</sup> June 2021, during this meeting the board agreed to the recommendation that the Chief Officer, as the Accountable Officer, should continue to manage the necessary arrangements relating to this Act on behalf of the Integrated Joint Board.

This paper follows on to provide detail and assurance to Midlothian Integration Joint Board that the arrangements in place meet the Category 1 Responder responsibilities.

- 3.2 Civil Contingencies Act 2004

The Civil Contingencies Act 2004 (CCA) is supplemented by the Contingency Planning (Scotland) Regulations 2005 and “Preparing Scotland” Guidance. Taken together the law and guidance provides a consistent and resilient approach to emergency planning, response and recovery which responders have used to develop good practice.

- 3.3 The Act placed new duties and responsibilities on organisations. It defines an emergency as:

- An event or situation which threatens serious damage to human welfare;
- An event or situation which threatens serious damage to the environment;
- War, or terrorism, which threatens serious damage to the security of the UK.

3.4 A brief overview of the specific duties of a Category 1 Responder are outlined below:

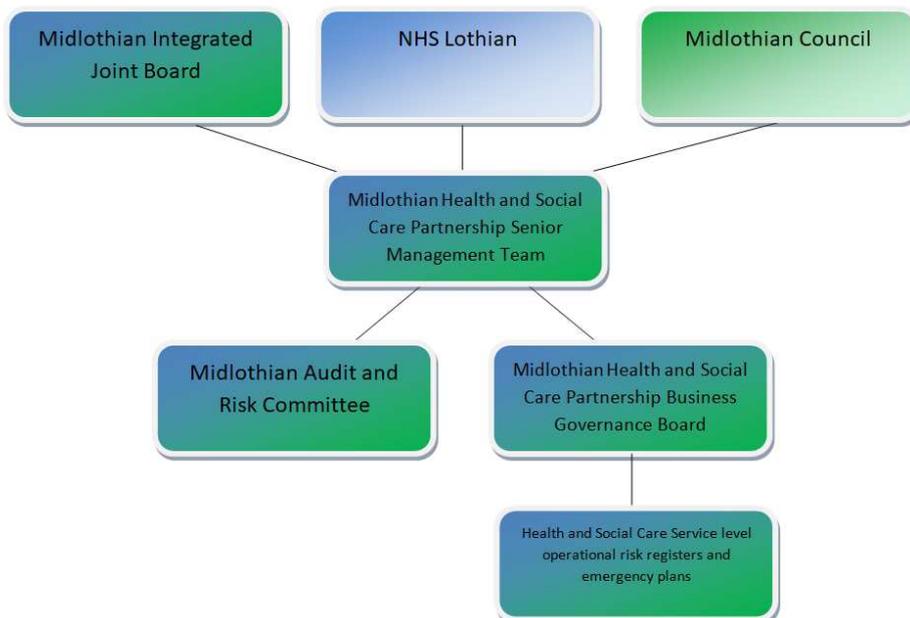
- Assessing the risk of emergencies occurring and use this to inform contingency planning in the form of a Community Risk Register
- Put in place emergency plans.
- Create business continuity plans to ensure that they can continue to exercise critical functions in the event of an emergency
- Make information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

### 3.5 Governance Arrangements

Within Midlothian Health and Social Care Partnership, working alongside NHS Lothian and Midlothian Council, there are well established arrangements in place to meet the requirements set out in the Act and to provide annual assurance to both NHS Lothian and Midlothian Council.

#### 3.5.1 Assessing the risk of emergencies occurring and use this to inform contingency planning in the form of a Community Risk Register:

- Midlothian Health and Social Care Partnership maintains and monitors risk registers across all Health and Social Care services and reports risk through NHS Lothian, Midlothian Council and the Integration Joint Board Audit and Risk Board.
- Midlothian Integration Joint Board Audit and Risk register is managed collectively within the partnership and routinely updated and presented at the Audit and Risk Board Meeting.
- The table below provides information on the flow of risk management within Midlothian Integration Joint Board:



### **3.5.2 Put in place emergency plans.**

- Midlothian Health and Social Care Partnership
  - In line with Scottish Government 'Preparing for Emergencies' guidance, all services within Midlothian Health and Social Care Partnership maintain and regularly review resilience plans to ensure that services can maintain delivery in times of emergencies.
  
  - In line with our responsibilities as a Category 1 responder, Midlothian Health and Social Care Partnership works with our partners NHS Lothian and Midlothian Council to maintain an annual assurance cycle of emergency and business continuity plans this includes:
    - ❖ **January:**  
6 monthly progress reporting on specific resilience work-streams as agreed by Resilience Committee.
    - ❖ **April:**  
Maintenance of risk assessments  
Review of communication and call out arrangements
    - ❖ **July**  
6 monthly progress reporting on specific resilience work-streams as agreed by Resilience Committee.
    - ❖ **October**  
Maintenance of tactical and service operational plans  
Training and exercising  
Prep Stat and pandemic review and oversight

By maintaining a routine cycle of assurance reporting, we are able to give assurance to Midlothian Integration Joint Board that we meet this requirement as set out in the Act.

### **3.5.3 Create business continuity plans to ensure that they can continue to exercise critical functions in the event of an emergency**

- As detailed above, Midlothian Health and Social Care Partnership has operational Business Continuity plans which feed into an overarching Strategic Business Continuity plan which is shaped by service specific business impact and risk assessments.
- During times of emergency response, the Partnership establishes the Incident Management Team which is comprised of Senior Managers from across the partnership.
- A virtual control room has been established to further reinforce our ability to quickly respond to any incident.

### **3.5.4 Make information available to the public about civil protection matters, and maintain arrangements to warn, inform and advise the public in the event of an emergency**

- The Midlothian Health and Social Care Partnership social media channels will carry relevant information as soon as it becomes available in order to inform the public and our staff in a timely manner of important developments and updates. The Partnership also contributes to public information released by our partner organisations and other Category 1 responders where appropriate.

### **3.5.5 Share information with other local responders to enhance co-ordination and cooperate with other local responders to enhance coordination and efficiency**

- Midlothian Health and Social Care, NHS Lothian and Midlothian Council have representation on the East of Scotland Regional Resilience Partnership who bring together the organisations involved in dealing with emergencies to plan for and respond to all kinds of emergencies. These multi-agency groups have plans in place to respond to all kinds of events and are regularly tested in joint exercises and during real emergencies. Through these established channels Midlothian Health and Social Care Partnership can share information with other responders to enhance co-ordination.

**3.5.6** The information in this report is to provide the board with assurance that all requirements as set out in the responsibilities of Category 1 Responder are being met by the Chief Officer, in her role as Accountable Officer for the Integrated Joint Board.

## **4 Policy Implications**

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4.1 No issues to raise

## **5 Directions**

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5.1 There are no directions arising from this report.

## **6 Equalities Implications**

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6.1 No issues to raise

## **7 Resource Implications**

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7.1 There are no resource implications set out in this report.

## **8 Risk**

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8.1 The inclusion of the Midlothian Integrated Joint Board as Category 1 responders under the Civil Contingencies Act 2004 means that the board has identified duties they are required to undertake. There is a risk that these duties are not met.

Midlothian Health and Social Care Partnership will continue to monitor compliance with meeting the requirement of the Act and therefore mitigate the areas of risk and will provide a annual report to the board to provide routine assurance.

## **9 Involving people**

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9.1 No issues to raise.

## 10 Background Papers

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- 10.1 *Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004* was tabled and discussed at the Board meeting held on 17<sup>th</sup> June 2021
- 10.2 Scottish Government 'Preparing for Emergencies':  
<https://www2.gov.scot/Resource/0043/00434687.pdf>

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<b>DATE</b>	27 <sup>th</sup> November 2021

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**Appendices:**



**Thursday 9 December 2021, 2.00pm**

## **Midlothian Community Mental Health and Wellbeing Fund.**

**Item number: 5.11**

### **Executive summary**

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The purpose of this report is to provide Board members with the Midlothian Integration Joint Board with an update on the Midlothian Community Mental Health and Wellbeing Fund, a new £241,000 funding pot being distributed by Midlothian Third Sector Interface to local third sector organisations.

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

- Note the activity undertaken

## Midlothian Community Mental Health and Wellbeing Fund

### 1 Purpose

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- 1.1 The purpose of this report is to provide Board members with the Midlothian Integration Joint Board with an update on the Midlothian Community Mental Health and Wellbeing Fund.

### 2 Recommendations

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

### 3 Background and main report

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- 3.1 A new fund to support mental health and wellbeing has been launched in Midlothian today with £241,000 to be distributed to local third sector organisations and community groups through the Midlothian Third Sector Interface. Social enterprises will also be able to benefit from the Fund, which aims to promote initiatives that will benefit adults aged 16+.
- 3.2 The money will help to address the impact of social isolation and loneliness caused by the pandemic, as well as health inequalities that have been exacerbated by the Covid-19 pandemic. The funding has been provided by the Scottish Government as part of a wider £15 million programme for Covid-19 recovery and renewal.
- 3.3 In Midlothian, the Fund will be overseen by representatives from the TSI, Midlothian Health and Social Care Partnership, Midlothian Council, Health in Mind, Penumbra, CAPS Collective Advocacy and people with lived experience. There will be £241,000 across three separate grant streams consisting of micro-grants up to the value of £2000, small grants up to £10,000 and a limited number of larger grants in the region of £30,000 each. Money will also be available for capital spend on land or building projects, to compliment the small and larger grant streams.
- 3.4 As a condition of the grant we were required to draft a plan for how the funding will be spent in Midlothian. The guidance noted that 'TSIs should engage closely with HSCP Chief Officers or representatives on the plan to ensure fit with strategic plans of IJBs. The plan may be shared with integrated joint boards however given the tight timescales would not be involved in signing off of the plans.'
- 3.5 The Local Partnership Plan can be accessed here: [PLAN](#)

More information on the funding is available here: [MORE INFORMATION](#)

## 4 Policy Implications

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- 4.1 This funding supports local priorities around mental health, as outlined in Section 4 of the plan.

## 5 Directions

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- 5.1 This report does not impact on existing Directions.

## 6 Equalities Implications

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- 6.1 This activity will impact positively on a number of equalities organisations, by supporting them to access funding to tackle isolation.

## 7 Resource Implications

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

## 8 Risk

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- 8.1 There are no risks to the IJB arising from this report.

## 9 Involving people

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- 9.1 A key aim of the fund is to develop the involvement of people with lived experience in shaping and distributing the funding. Work is underway with partnership organisations to recruit and train people with lived experience to be members of the funding panels.

## 10 Background Papers

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- 10.1 None.

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<b>DATE</b>	01/12/21

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### Appendices:





**Thursday 9<sup>th</sup> December, 2.00pm**

## **Clinical and Care Governance Group (CCGG) report**

**Item number: 5.12**

### **Executive summary**

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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

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- 1.1 This is the Clinical and Care Governance Group (CCGG) report for Midlothian IJB

### 2 Recommendations

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- 2.1 Board members are asked to note and approve the content of this report

### 3 Background and main report

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- 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.

The Clinical and Care Governance Group (CCGG) is the overarching group within Midlothian and is the means by which the Partnership provides assurance to the IJB around the safety, effectiveness and person centredness of MHSCP Services. Quality Improvement Teams are established and cover the services across the partnership, bringing together representatives of the 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 provide at least 4 reports per year utilising a reporting template which enables the Quality Improvement Teams to provide assurance on actions in place relating to safety alerts, adverse events and complaints, improvement work, implementation of specific standards and guidance, 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.

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, including those which are drug related death or suicide by patients engaged with mental health and substance misuse services.

### 3.2 The Clinical and Care Governance Group

The Clinical and Care Governance Group meets on a quarterly basis and most recently met on 26<sup>th</sup> October 2021.

QIT reports were received from Intermediate Care, Allied Health Professions, Community Residential, Substance Misuse, Mental Health and Justice, Midlothian Community Hospital, Health Visiting and Adults with Complex and Exceptional Needs, and Disabilities. The group also received an update on the plans to develop the Lothian Care Academy.

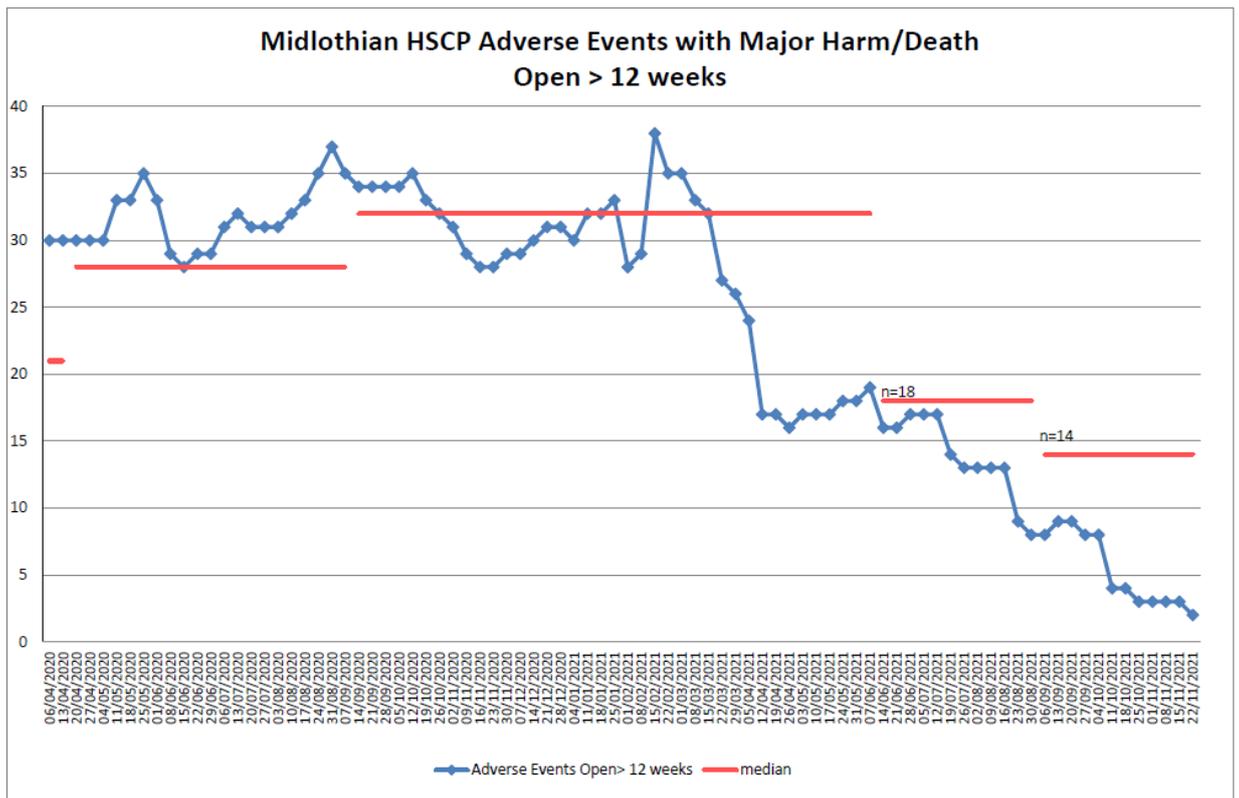
Particular points to highlight to the IJB are:

- District nursing's review of documentation to support improved referral pathways.
- A new model for the Community Treatment and Care (CTAC) service to be tested from January.
- Introduction of pharmacy support to support the development of a new medication administration policy and the review of all clients' medications in Home Care.
- Establishment of a collaborative multiagency meeting to discuss Care Home support by the Care Home Support Team
- Recruitment in progress to increased Physiotherapy and Dietetic staffing in the Community Respiratory team.
- Dietetics leading Type 2 Diabetes Prevention, early intervention and remission through the East Region T2D programme.
- A pan-Lothian Action plan developed to implement recommendations of the Food in Hospitals Report – to be implemented locally through the Food Fluid and Nutrition group.
- Work being undertaken to address catering at Cowan Court Extra Care Housing.
- Plans to commence a respite service at Cowan Court to address the gap in provision created by ongoing restrictions in care homes.
- Newbyres Care Village management team working with HSCP Pharmacy team to improve systems, processes and practice in medication administration
- Substance Use Services implementation of a Standard Operating Procedure to follow up on patients who do not attend (DNA) planned appointments
- Ongoing work to address accommodation needs for No11 staff to undertake groups
- No 11 survey of people using services.
- 'Music in Hospitals' running weekly In Midlothian Community Hospital
- Continued Falls improvement work in Midlothian Community Hospital, including identification of falls links for each ward
- A number of quality improvement projects in ACENS including care planning, infection prevention and control and equipment ordering
- Continued improvements in delivery of the Universal Health Visiting Pathway and immunisations uptake for under 5s

### 3.3 Investigating and Learning from Adverse Events and Complaints

The HSCP Senior Management Team (SMT) receives a fortnightly formal verbal 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 SMT has heard of a continued reduction in the number of open adverse events overall, and about Significant Adverse Events in particular. At the time of writing 3 Significant Adverse Events remain open beyond the timescales and KPIs required by NHS Lothian, Chart 1 shows the improvement in performance against these targets over the last 8 months.



Work has continued to ensure that all outstanding learning and actions from previously investigated Significant Adverse Events are updated and progressed on the Datix reporting system.

Work continues to consistently deliver responses to complaints within agreed targets.

### 3.4 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. Midlothian HSCP has local mechanisms in place to deliver its responsibilities and to link its work with pan-Lothian and national mechanisms.

The Care Home Support Team continues the pattern of support to the 10 Care Homes in Midlothian as previously reported to the IJB. A regular collaborative meeting with the Pan Lothian teams delivering additional Clinical Education, Tissue Viability, Infection Prevention and Control and Quality Improvement Support has been established. Partnership working with the Care Inspectorate and the social work

teams within the Midlothian Health and Social Care Partnership continues to deliver multidisciplinary perspectives on the care and support of older people within our local care homes. This enables proactive support of the delivery of person-centred care, and regular input to address issues and challenges being faced in the care homes as they arise using both 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 pre-existing 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.

### **3.5 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.

Newbyres Care Village was subject to an unannounced inspection by the Care Inspectorate on 11<sup>th</sup> November 2021 and the report has now been published. A grading of 3 (Adequate) was awarded in relation to 'How well do we support people's wellbeing?'. A grading of 4 (Good) was awarded for 'How good is our care and support during the COVID-19 pandemic?' An action plan to address the requirements and areas for improvement will be developed by the service.

### **3.6 Midlothian Community Hospital**

Workforce challenges persist and securing sufficient Nursing staff continues to be a factor limiting the bed capacity available in Midlothian Community Hospital. IJB members will be aware that this is a reflection of the national shortfall of registered nurses. The 14 beds at Midlothian Community Hospital additional to the 2020 baseline remain open, and the Partnership will continue its efforts to recruit staff to support further bed capacity to be available to enable people from Midlothian to receive their care locally.

The nursing teams at Midlothian Community Hospital are participating in trial runs of the workforce tools that will be required from April 2022 to meet the requirements of safe staffing legislation. Quality improvement projects associated with the areas of focus identified through the Lothian Accreditation and Care Assurance Standards continue to be progressed.

### **3.7 Workforce and clinical and care assurance**

Board members have been advised previously of the challenges being faced across a range of services due to increasing demand and complexity, seasonal pressures and sickness absence attributed to Covid and non-Covid causes.

The framework developed to enable managers to utilise clear criteria to identify and escalate demand and capacity pressures described to the IJB is now in place. IJB members will recall that front line staff are involved in identifying the staffing levels they need to provide their usual level of service - 'safe to start'. The framework supports decisions around the prioritisation of service delivery and identifies escalation and support mechanisms.

## 4 Policy Implications

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- 4.1 This report should provide assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian.

## 5 Directions

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- 5.1 Clinical and care governance is implicit in various directions that relate to the delivery of care.

## 6 Equalities Implications

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- 6.1 There are no equalities implications arising directly from this report.

## 7 Resource Implications

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- 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

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- 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

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- 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

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- 10.1 N/A

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