

# Midlothian Integration Joint Board



Midlothian  
Health & Social Care

**Thursday, 18<sup>th</sup> April 2024, 14:00 -16:00**

## **Chief Officer's Report**

**April 2024**

**Item number: 5.2**

### **Executive summary**

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The paper sets out the key strategic updates for Midlothian IJB Board meeting April 2024.

**Board members are asked to:**

- Note the content of the report

# Midlothian Integration Joint Board

## Chief Officer's Report

### 1 Purpose

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- 1.1 The paper sets out the key strategic updates for Midlothian IJB Board meeting April 2024.

### 2 Recommendations

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

### 3 Background and main report

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#### 3.1 Chief Officer

Midlothian Council are no longer able to support the plan to provide a Chief Finance Officer for the IJB. NHS Lothian and Midlothian Council have agreed to try to recruit to a 0.5 wte post, with job matching processes currently underway. The current interim arrangements will remain in place with David King continuing to provide CFO support, pending successful permanent recruitment. This will be reviewed in May 2024.

#### 3.2 Adult Support and Protection (ASP) Inspection

In January this year, Midlothian HSCP were informed under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland would undertake a joint inspection of adult support and protection arrangements in the Midlothian partnership area. The period of scrutiny will continue until the report is published in June. To date, the HSCP, NHS and Police Scotland have submitted an evidential 'Position Statement' whereby we can benchmark ourselves against quality indicators around the themes of key processes and leadership. Inspectorate activity will continue during March and April with a staff survey, on site file reading and staff focus groups.

Once the ASP inspection has been concluded, attention will turn to progressing a Council Social Work and Occupational Therapy transformational review. It is intended that this review will include data analysis on waiting lists, capacity, demand, the skill set of the workforce and pathways between services. Extensive consultation and engagement with key stakeholders and staff will also contribute to the process.

## Justice

The Justice Service continue to develop early intervention and prevention strategies for men and women involved in offending behaviour to reduce the risk of further offending.

### Services for Women

Midlothian Justice Service are leading on the creation of a National Women's Justice Network. This will be for Local Authorities and 3<sup>rd</sup> sector partners to consider best practice, consider national issues with consideration to local responses. 21 Local Authorities have noted interest in being part of the network.

The Spring Service is a bespoke service for women aged 18+ who are involved, or are at risk of becoming involved, in the formal justice system. An online briefing session was delivered to all staff within the HSCP, as well as partner agencies on 21/2/24. The presentation included key information about the service, including the voices of women speaking about what the service means to them and outcomes they have achieved.

### Working with those impacted by Domestic Abuse

Equally Safe – Priority 4 'Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response'. Community Justice lead on this priority in the thematic Group 'Midlothian will be Safer' in Community Planning Partnership's Single Midlothian Plan 2023 – 2027. The justice service continues to make progress in meeting this priority through the delivery of the Caledonian System. The system has 3 parts: a change programme delivered to men who have been domestically abusive to their female partners, a Women's Worker to provide support and assistance to (ex)partners and a Children's Worker to support children affected by the man's behaviour.

The Justice Service offers this programme as a sentencing option to the Court (a programme requirement of a Community Payback Order) but also as an early intervention; referrals are open from social work, health, police and self-referral from a man concerned about his behaviour. Scottish Government Justice Analytical Services and Community Justice Scotland reviewed data gathered on those who have completed the programme between 01/05/2018 – 31/03/2023 and identified the following as part of outcome monitoring:

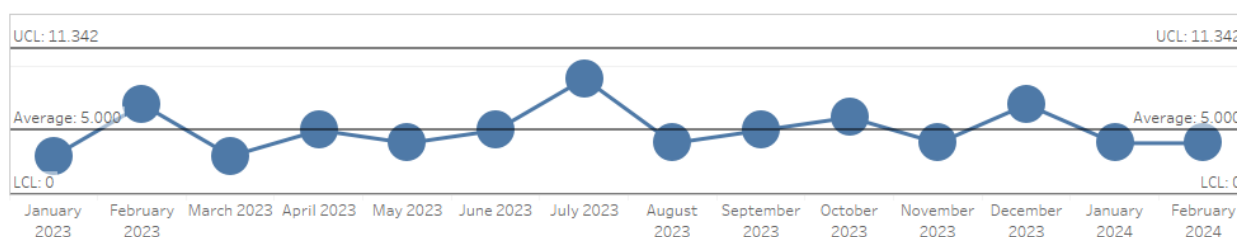
Monitoring Question	Outcomes
Q1 To what extent do men's beliefs, attitudes & behaviours change between starting the programme and completing it?	<ul style="list-style-type: none"><li>• Men show an increase in respectful communication and behaviours</li><li>• There is a reduction in the negative attitudes and beliefs which underpin men's abusive behaviour</li><li>• Men have increased feelings of responsibility for their behaviour</li></ul>
Q2 What does this tell us about the effectiveness of the programme in reducing men's likelihood to re-offend?	<ul style="list-style-type: none"><li>• Men's risk of perpetrating domestic abuse is reduced</li><li>• Men have increased motivation to change their behaviour</li></ul>

Monitoring Question	Outcomes
Q3 What differences are there between men that complete the programme and men that do not?	Comparison of all men's outcomes mentioned in the row above between those that complete and those that do not complete the programme – where data is available - potentially provide us insights in who the programme is working for and for who it is not
Q4 To what extent do women who engage with the programme show improvements in understanding of DA, safety, empowerment and well-being?	<ul style="list-style-type: none"> <li>• Women have increased feelings of safety</li> <li>• Women have improved health and wellbeing</li> <li>• Women feel more self-empowered to take control of their lives</li> <li>• Women understand more about domestic abuse, how it affects them/and their children</li> </ul>
Q5 To what extent is the well-being of children improved and risk of harm to children reduced?	<ul style="list-style-type: none"> <li>• Children have improved wellbeing as set out in Getting it Right for Every Child (GIRFEC) and measured by the SHANARRI indicators</li> <li>• There is a reduction in the negative impact of men's abusive behaviours on their children</li> <li>• Men understand more about domestic abuse and how it affects their children/dependents</li> </ul>

## Mental health in-patient Performance at Royal Edinburgh Hospital

Midlothian HSCP continue to robustly manage the Adult Mental Health Bed performance. Over 2023/2024 Midlothian has seen a total of 71 admissions, with a mean average of 5 beds used per month. The effective collaborative working between the Adult Community Mental Health Team and Intensive Home Treatment Team has been essential in providing an effective response to supporting individuals at home rather than in hospital. This is achieved through assertive outreach, dynamic risk assessment, early intervention, and prevention, supporting individuals in their own home environment where appropriate.

Monthly admissions:



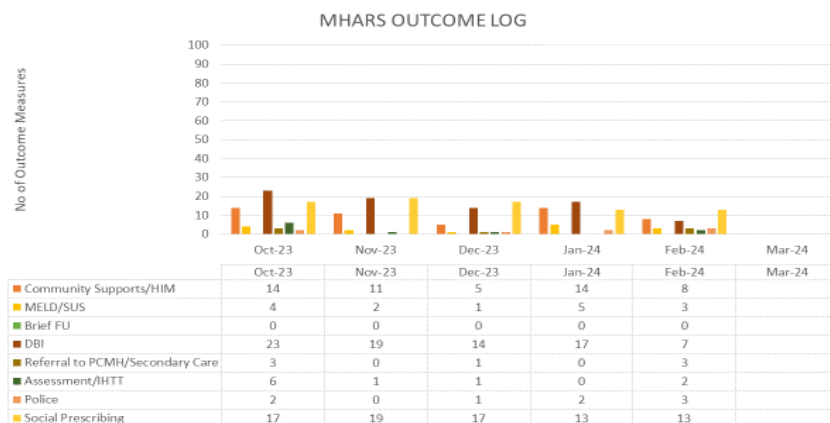
## Midlothian Substance Use Services A 11 target

Midlothian Substance Use Services (SUS) continues to make ongoing improvements to deliver the 90% target for A 11 (A11 individuals accessing services will be seen within 21 days from point of referral). Q3 performance for Midlothian services is 91.46% overall and 95.29% for MELDAP.

Predicted further improvement for Midlothian SUS Service: Reviewing the current completed wait data for January 2024, MELDAP have seen a further overall improvement for the Q4 Month of January 97.50%

## Mental Health and Resilience Service (MHARS)

Midlothian's Mental Health and Resilience Service (MHARS) continues to provide prompt, effective and compassionate support to individuals aged 18-65 residing in Midlothian. The service continues to provide a wide range of support with positive outcomes.



Our unique collaborative workforce delivery model between Penumbra and Midlothian Intensive Home Treatment Team (IHTT), support the phone lines with IHTT staff and the delivery of level 2 Distress Brief Intervention (DBI). Midlothian's commissioning element of the model is 4.5 Penumbra practitioners. Early into the delivery of the service we recognised that to ensure a full delivery of our model, we needed to increase our workforce to support 7 days a week, 8am-10pm access.

Midlothian had the opportunity to increase the workforce from 4 to 6 Penumbra practitioners through funding from the National DBI Service on a 1-year basis, who recognised the impressive service design model. This additional funding is due to end in June 2024.

Through regular monitoring and evaluation, we have considered the potential of increasing the MHARS service to include access for individuals 65+. We recognise the positive addition of support this would provide individuals over the age of 65 across Midlothian, who may require support with their crisis and/or distress, mental health and/or well-being. The main challenges to the delivery of this model are the current workforce and the financial implications.

We are now in the process of evaluating and reviewing our current staffing model and exploring opportunities to use any existing resource to maintain the increased workforce of 6 Penumbra practitioners permanently. This increased workforce will enable the service to trial a test of change, to include access to the service for individuals aged 65+ in Year 3 of the commissioning contract, reviewing and evaluating the service in 2025.

## Mental Health Officer Training Award

Edinburgh University deliver Post Graduate Mental Health Officer (MHO) Training Award each year and the learning and development team will fund up to two social workers per year to undertake this training. We have had social workers funded each year for the last 4 years to undertake this training which has proved a successful

model to increase the number of qualified mental health officers in Midlothian. The training is well received, and social workers have returned to their post and become highly skilled mental health social workers.

The training consists of critical theoretical perspectives on mental illness, including social model, citizenship – counter to medical perspectives, knowledge of resources, knowledge of ‘mental disorder’, social work values and the legal knowledge. The expectation from the funding invested in each social worker is the social worker will return to their post and provide Mental Health Officer input on a rota basis with the Joint Mental Health Team.

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

### **3.3 Midlothian Integration Joint Board Strategic Commissioning Plan**

The HSCP Planning, Performance and Programme Team continue to support the development of a new Strategic Commissioning Plan due for publication in April 2025. In the January 2024, the Board participated in a Development Session to establish the main proposals for this plan and commission the Strategic Planning Group to develop the plan before a large-scale public consultation from August 2024.

Officers of the HSCP have also been working with our council colleagues in Community lifelong learning, Community Planning, people who experience our services, and the Citizens Panel to better understand the ambitions and priorities of people and communities.

A Skelton draft was produced based on the Boards proposals and an assessment of Place and Wellbeing has been undertaken with the Improvement Service and Public Health Scotland. A report from the Improvement Service and Public Health Scotland will follow along with recommendations to incorporate into the next draft to be developed at the Strategic Planning Group on the 25<sup>th</sup> April then the next IJB development session in May.

#### **Midlothian IJB Model Scheme of Publication**

The Midlothian IJB Scheme of Publication was reviewed, approved, and then submitted to the Scottish Information Commissioner in December 2023. NHS Lothian internal audit have now completed an audit of this Model Scheme and returned a recommendation of ‘Reasonable Assurance’. The actions resulting from this audit will be progressed in Q1 and Q2 of 2024/25.

#### **IJB Community Engagement Self-Evaluation and Action Plan**

The HSCP Planning, Performance and Programme Team are supporting the Strategic Planning Group by leading on the completion of the Healthcare Improvement Scotland Quality Framework for Community Engagement self-evaluation. This work is well underway and on target for completion alongside a proposed action plan by September 2024. A collaborative and multisector approach has been taken to undertake the self-evaluation, and engagement across all partners has been high. This work is informing the review and updating of the Midlothian Health and Social Care Public Engagement Statement which is also on target for September 2024.

## **Workforce**

The officers of Midlothian HSPC have proactively reviewed the IJBs duties and delivered a benchmark position report in readiness for the application of the Health and Care (Staffing) (Scotland) legislation. Reporting for Integration Authorities will commence from April 2025.

The officers of Midlothian HSCP continue to work closely with Scottish Government workforce planning colleagues and are representing all HSCPs on the Scottish Government led Workforce Planning Guidance Sub-Group. This group complements the work of the Workforce Planning Practice Sub-Group which aims to review the existing workforce planning guidance in time for the completion of the 2022-25 workforce planning cycle and new Integrated Workforce Plans for 2025-28.

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

### **3.4 Increasing risk to GP practice sustainability**

General Practice clinical activity in Midlothian remains consistently higher than the rest of Lothian and continues to attempt to meet the growing access demand presented by our rapidly rising population, while expansion of premises capacity remains restricted by Scottish Government financial restrictions. All 11 practices currently have open lists for registration with access to core general medical services (unscheduled medical assessment and long-term condition care), however the provision of 'enhanced' medical services may be partially restricted in some areas. The increasingly complex challenges were discussed at the recent IJB development session, with agreement that the IJB would write to the Scottish Government, NHS Lothian, and Midlothian Council Planning Committee to express their concern about the risks to patient access and experience without adequate resource to develop new premises and workforce capacity.

#### **Older People and Frailty**

In February, the HSCP brought together stakeholders from Health, Social Care, Council, and Third Sector partners to reconsider the prevention, identification, support for and management of Frailty in our Community. The event was very well attended and generated rich discussion about potential opportunities for improving and/or redesigning our services. In-depth analysis of the intelligence gathered continues, but with the commitment to reconvene with the group for a further session in June to plan what and how we commit to priorities for action to improve outcomes for older people.

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

### **3.5 Governance and Assurance Framework**

We continue to learn across the partnership in terms of the testing of our Governance and Assurance Framework and digital app. Process improvements have been made ahead of Q4 reporting on 15<sup>th</sup> April which seek to support managers to assess and record.



## Safe Staffing

Our focus across the AHP services has been on preparedness for 1/4/24. This includes focus on four key areas associated to safe staffing. These are Benchmarking (as part of the IJB and NHS Lothian exercises), reviewing recording options for recording real time staffing, signposting staff to national learning resources to enable understanding of the legislation and designing and testing an escalation tool. An AHP leadership session (28/3/24) seeks to support those in leadership positions to meet the requirements of the legislation.

Claire Ross, Chief Allied Health Professional – [claire.ross4@nhs.scot](mailto:claire.ross4@nhs.scot)

### 3.6 Chief Nurse

Work continues to reduce the reliance on agency nurse staffing as this is a costly solution that does not deliver best value. All agency requests now require the approval of a Nurse Director, and from 1<sup>st</sup> April there will be a moratorium on the engagement of non-registered nurses through agencies. Midlothian's reliance on agency has reduced since controls were re-introduced last summer. As a result of close working with the Staffbank and recruitment teams, vacancy gaps have reduced and there has been an increase in the numbers of staff on the Staffbank who know our services and pick up additional shifts. There is still a degree of reliance on agency for last minute requirements due to sick leave or other unplanned, short notice absence. Work will continue to develop local resilience and to develop longer-term plans to deliver the workforce required to continue to deliver safe, effective and person-centred services.

IJB members will recall the project undertaken by District Nursing and the Midlothian Community Hospital which explored methods for gaining the feedback of families of people who had received end of life care from our Midlothian teams. Following the recent publication of a journal article previously advised to the Board, an education workshop has been held to share the findings of the project with local Higher Education providers with the aim of the learning from the project being used to develop undergraduate and post graduate learning resources. A submission has also been made to present the work as a poster at the NHS Scotland annual event in June.

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

## 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>DATE</b>	April 2024

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