

Notice of Meeting and Agenda



Midlothian Integration Joint Board

Venue: To be held via Microsoft Teams,

Date: Thursday, 08 October 2020

Time: 14:00

Morag Barrow
Chief Officer

Contact:

Further Information:

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

1 Welcome, Introductions and Apologies

2 Order of Business

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

3 Declaration of Interest

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

4 Minute of Previous Meeting

- | | | |
|------------|--|---------|
| 4.1 | Minute of Meeting of MIJB of 27 August 2020 | 5 - 14 |
| 4.2 | Minute of Special Meeting of MIJB of 10 September 2020 | 15 - 18 |
| 4.3 | Minute of Meeting of MIJB Audit and Risk Committee of 3 March 2020 | 19 - 26 |

5 Public Reports

- | | | |
|------------|---|-----------|
| 5.1 | Mobilisation of Acute Out-patients – Presentation by Jacquie Campbell, Chief Officer, Acute Services | |
| 5.2 | Chief Officer Report - Morag Barrow, Chief Officer | 27 - 32 |
| 5.3 | Midlothian IJB Directions 2020 – Report by Mairi Simpson, Integration Manager | 33 - 70 |
| 5.4 | Midlothian Community Justice Annual Report - Report by Alison White (Head of Adult Services) | 71 - 108 |
| 5.5 | Midlothian Health & Social Care Partnership Winter Plan 2020/21 – Report by Leah Friedman, Operational Business Manager | 109 - 120 |
| 5.6 | Care for People Group During Lockdown - Report by Alison White, Head of Adult Services | 121 - 144 |
| 5.7 | Clinical and Care Governance - Report by Caroline Myles, Chief Nurse | 145 - 168 |
| 5.8 | IJB Improvement Goal Progress – Report by Jamie Megaw, Strategic Programme Manager | 169 - 184 |
| 5.9 | Finance Update – Quarter 1 2020/21 by Claire Flanagan, Chief Finance Officer | 185 - 190 |

(A) TO CONSIDER RESOLVING TO DEAL WITH THE UNDERNOTED BUSINESS IN PRIVATE IN TERMS OF PARAGRAPHS 3 AND 6 OF PART 1 OF SCHEDULE 7A TO THE LOCAL GOVERNMENT (SCOTLAND) ACT 1973 - THE RELEVANT REPORTS ARE THEREFORE NOT FOR PUBLICATION; AND (B) TO NOTE THAT NOTWITHSTANDING ANY SUCH RESOLUTION, INFORMATION MAY STILL REQUIRE TO BE RELEASED UNDER THE FREEDOM OF INFORMATION (SCOTLAND) ACT 2002 OR THE ENVIRONMENTAL INFORMATION REGULATIONS 2004.

6 Private Reports

6.1 Redesign of Urgent Care – implementing the national model in Lothian Report by Jenny Long Programme Director for Unscheduled Care

- 11. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office-holders under, the authority
- 3. Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the authority.
- 6. Information relating to the financial or business affairs of any particular person (other than the authority).

7 Date of Next Meeting

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

- 12 November 2020 at 2 pm – Development Workshop
- 10 December 2020 at 2 pm - Midlothian Integration Joint Board

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



Meeting	Date	Time	Venue
MIJB Minute	Thursday 27 August 2020	2.00pm	Via Microsoft Teams.

Present (voting members):

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

In attendance:

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)	Caroline Myles (Chief Nurse)
Mike Ash	K. Chapman (User/Carer)	Jamie Megaw (Strategic Programme Manager)
Mairi Simpson (Integration Manager)	Wanda Fairgrieve (Staff side representative)	Fiona Huffer (Head of Dietetics)
Alison White (Chief Social Work Officer)	Jim Sherval (Public Health Consultant)	Johanne Simpson
Leah Friedman (Operational Business Manager)	Gordon Aitken (Democratic Services)	

1. Welcome and introductions

The Chair, Councillor Johnstone, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board. The Board noted that the arrangements for today's meeting had been agreed in advance to take account of the current public health restrictions as a result of the current Covid19 (Coronavirus) pandemic.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

The Minutes of the undernoted Meetings of the Midlothian Integration Joint Board were submitted and approved as correct records:

MIJB held on 13 February 2020 -

Special MIJB held on 12 March 2020

MIJB held on 16 April 2020

5 Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
5.1 Covid-19 Data Presentation Jim Sherval provided a presentation on the high level data available on the national position as well as that of Midlothian with regard to Covid-19, during which it was noted that:	To thank Jim for his extremely helpful and informative presentation and that this position would continue to be monitored.	All to note	Ongoing

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>Lothian had the third highest level of:</p> <ul style="list-style-type: none"> • Covid related cases within Scotland with Midlothian accounting for 645 cases equating to 11% of all cases in Lothian. • Although the position was still unclear, deprivation did not appear to be a major factor in this matter. • There did not appear to be a higher rate of fatalities within Midlothian in comparison to other areas • That 60% of Midlothian Care Homes experienced some form of outbreak. • That the infection rate within Midlothian Care Homes was currently higher than those recorded across NHS Lothian as a whole. <p>There followed a general discussion on this presentation after which Morag Barrow made reference to the Lord Advocate's Review into all areas of Covid and that as a result of all the exceptional hard work undertaken by all concerned that Midlothian was now in a strong position in the event of a second outbreak.</p>			
<p>5.2 Membership of the Midlothian Integration Joint Board and Appointment of Audit and Risk Committee Members</p> <p>The purpose of this report is to provide information about a proposed change in the NHS Lothian Board voting members on the Midlothian IJB and to seek approval for the appointment of members to fill</p>	<p>(a) To endorse the proposed change within the NHS voting membership of the Midlothian Integration Joint Board; and</p> <p>(b) To appoint Caroyne Hirst, Mike Ash and Councillor Milligan as members of the MIJB Audit and Risk Committee.</p>	Clerk.	

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>vacant positions on the MIJB Audit and Risk Committee. Board Members were asked to:</p> <p>(i) endorse the proposed change within the NHS voting membership of the Midlothian Integration Joint Board and</p> <p>(ii) approve the appointment of Carolyn Hirst, Mike Ash and Councillor Derek Milligan as members of the MIJB Audit and Risk Committee.</p>			
<p>5.3 Chief Officers Report - Report by Chief Officer</p> <p>The paper set out the key service pressures and service developments which had occurred across Midlothian IJB over the previous month and looks ahead to the following 8 weeks.</p> <p>The Board in discussing the report made particular mention of the Midlothian Community Hospital: Glenlee ward and noted that the Chief Finance Officer and Chief Officer were pursuing avenues of funding and would report back to IJB with a proposed Business Plan once all options had been explored for a decision on future usage.</p> <p>There was also a general view expressed that although the IJB had “punched above its weight” during the recent Covid pandemic, that concerns remained over the level of support in terms of staffing that was available to it. Morag Barrow agreed to pursue this matter within Midlothian Council.</p>	<p>(a) To pursue avenues of funding and report back with a proposed Business Plan once all options had been explored for a decision on future usage;</p> <p>(b) That the level of support in terms of staffing that was available to the MIJB be further explored by the Chief Officer; and</p> <p>(c) To otherwise note the content of the Chief Officer’s Report.</p>	<p>Chief Officer/ Chief Finance Officer</p> <p>Chief Officer</p>	

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>5.4 IJB Improvement Goal Progress</p> <p>This report's purpose was to provide a summary of the progress towards achieving the IJB's Improvement Goals. Board members were asked to review performance across the indicators and note further information was included about performance in Midlothian against the Core Suite of Indicators.</p> <p>John Megaw was heard in amplification of the report after which there was a general discussion on this matter.</p>	<p>To note the performance across the indicators and that further information was included about performance in Midlothian against the Core Suite of Indicators.</p>	<p>All to note.</p>	
<p>5.5. Annual Performance Report 2019-20</p> <p>The Midlothian 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 2019-20. Board members were asked to approve the content of the Annual Report.</p> <p>Mairi Simpson was heard in amplification of the report after which there was a general discussion during which consideration was given on how to better publicise the level of work being undertaken and achieved by the IJB.</p>	<p>(a) To approve the content of the Annual Performance Report;</p> <p>(b) To note that the data related to the Health and Care Experience Survey was for 2017-18 due a delay in publishing 2019 data by the Scottish Government; and</p> <p>(c) To further explore use of digital platforms and Council websites to better publicise the level of work being undertaken and achieved by the IJB.</p>	<p>Chief Officer/ Mairi Simpson</p>	

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>5.6. General Practice Remobilisation in Midlothian</p> <p>The purpose of this report was to update the IJB on the remobilisation of primary care and the plans for the 2020 seasonal flu vaccination programme. Board members were asked (i) to note the changes to access to General Practice in Midlothian as a result of COVID19 (ii) note the plans for remobilisation of primary care and progress implementing the Primary Care Improvement Plan and (iii) to support the plan for the 2020 Seasonal Flu Vaccination Programme.</p> <p>John Megaw was heard in amplification of the report making particular reference to the flu vaccination arrangements being made due to the anticipated higher uptake in the traditional population cohorts; the age range for people eligible for the vaccine being reduced to either 55 or 50; eligible staff being expanded and that clinics would need to be run with appropriate PPE and physical distancing procedures in place.</p>	<p>a) To note the changes to access to General Practice in Midlothian as a result of COVID19</p> <p>(b) To note the plans for remobilisation of primary care and progress implementing the Primary Care Improvement Plan; and</p> <p>(c) To support the plan for the 2020 Seasonal Flu Vaccination Programme.</p>	All to note.	
<p>5.7. COVID-19 Next Phase Planning and Winter Planning</p> <p>The purpose of this report was to provide an update on COVID-19 next phase and winter planning. Planning began in response to Midlothian's Pandemic Recovery Strategy which was drafted in June 2020.</p>	<p>(a) To note this update on next phase planning and contribution to the (draft) NHS Lothian Remobilisation Plan; and</p> <p>(b) To approve the approach to winter planning.</p>	All to note	

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>This involved a programmed plan of actions to support individual services transitioning out of emergency mode, overarching workstreams around technology, staff wellbeing, finance, Third Sector and Communities, winter planning and acute/community flow. Board members were requested to note this update and contribution to the NHS Lothian Remobilisation Plan and approve the approach to winter planning.</p> <p>Leah Friedman was heard in amplification of the report after which there was a general discussion during which Morag Barrow highlighted that as a result of additional emergency funding from the Scottish Government it was anticipated that approximately 20FTE members of staff of a high calibre could be employed/redeployed.</p>			
<p>5.8 Clinical and Care Governance Report</p> <p>The purpose of this report was to provide assurance as to the clinical and care governance arrangements within Midlothian. It will highlight good practice and identify any emerging issues or risks. It was highlighted that additional reports would be submitted as appropriate throughout the year to provide updated information from specific service areas. Board members were asked to note and approve the content of this report as well as the proposed development of a clinical and care governance dashboard.</p>	<p>To note and approve the content of the report as well as the proposed development of a clinical and care governance dashboard.</p>	<p>All to note</p>	

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>Carolyn Myles was heard in amplification of the report after which there was a general discussion on this matter.</p>			
<p>5.9 Midlothian HSCP Older Peoples' Care Home Briefing Paper</p> <p>This report provided an overview of the ongoing work with Care Homes in Midlothian and the enhanced response now required following the release of Scottish Government Guidance. This work would continue to advance best practice, embed local clinical governance arrangements and provide ongoing assurance regarding the care of people in Midlothian Care Homes. Board members were requested to note this update on current COVID-19 work within Older Adult Care Homes in Midlothian and the significant work undertaken by the HSCP team in line with Scottish Government and Health protection Scotland guidance at all times. Carolyn Myles was heard in amplification of the report after which there was a general discussion on this matter.</p>	<p>(a) To note the update on current COVID-19 work within Older Adult Care Homes in Midlothian; and</p> <p>(b) To note the significant work undertaken by the HSCP team in line with Scottish Government and Health protection Scotland guidance at all times.</p>	All to note.	
<p>5.10 Strategic Planning Group</p> <p>The report provided an update on Strategic Planning Group discussions around Terms of Reference and membership.</p> <p>Board members were requested to:</p>	<p>(a) To approve the revised Terms of Reference for the Strategic Planning Group;</p> <p>(b) That the appointment of an elected Member from Midlothian Council be continued to establish whether this required to be a decision of the full Council or by the MIJB;</p>	<p>All to note.</p> <p>Clerk</p>	

Report Title/Summary	Decision	Action Owner	Date to be Completed/ Comments
<p>(i) Approve the revised Terms of Reference for the Strategic Planning Group. (ii) note the request for a member of the Local Authority to become a member of the Group (iii) note the proposal of the Strategic Planning Group to revise the Directions issued in May 2020 and (iv) note the Minutes of the meeting 15 July 2020.</p> <p>Mairi Simpson was heard in amplification of the report after which there was a general discussion on this matter.</p>	<p>(c) To note the proposal of the Strategic Planning Group to revise the Directions issued in May 2020; and (d) To note the Minutes of the Meeting of 15 July 2020.</p>		

6. Private Reports

Exclusion of Members of the Public

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

6.1 Unpaid Work, Analysis of Reoffending- Report by Chief Social Work Officer – Noted; and

6.2 Redesign of Urgent Care – Implementing the National Model in Lothian - Report by Chief Officer – Noted

7. Date of next meeting

The next meeting of the Midlothian Integration Joint Board would be held on Thursday 8 October 2020 at 2.00 pm. (**Action: All Members to Note**)

The meeting terminated at 4.05 pm.



Meeting	Date	Time	Venue
Special MIJB Minute	Thursday 10 September 2020	2.00pm	As a consequence of the current public health restrictions this was a virtual meeting held using Microsoft Teams.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)	Mike Ash
Angus McCann	Cllr Derek Milligan	Cllr Jim Muirhead
Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)		

Present (non-voting members):

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)	Caroline Myles (Chief Nurse)
Johanne Simpson (Medical Practitioner)	James Hill (Staff side representative)	Keith Chapman (User/Carer)

In attendance:

Grace Cowan (Head of Primary Care and Older Peoples Services)	Mairi Simpson (Integration Manager)	Sarah Archibald (Public Health Practitioner)
Tracy McLeod (NHS Lothian)	Jim Sherval (Public Health Practitioner)	Keith Slight (Unison)
Mike Broadway (Clerk)		

Apologies:

Tricia Donald	Cllr Pauline Winchester	Alison White (Chief Social Work Officer)
Hamish Reid (GP/Clinical Director)	Wanda Fairgrieve (Staff side representative)	Fiona Huffer (Head of Dietetics)
Ewan Aitken (Third Sector)	Jill Stacey (Chief Internal Auditor)	

1. Welcome and introductions

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

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>4.1 2019/20 Audited Annual Accounts - Report by Chief Finance Officer</p> <p>As a statutory body, the IJB is required to produce a set of annual accounts at the end of its financial year (31 March). These accounts are then reviewed by the IJB's external auditors who report their opinion of the IJB's annual accounts to the IJB's Audit and Risk Committee. The Independent auditors have given the accounts an 'unqualified' opinion which means that they meet the requirements of the regulations and give a fair and true view of the IJB's financial position in 2019/20. The accounts are required to be signed off by 30 September and signed by the Chair of the IJB, the Chief Officer of the IJB, the Chief Finance Officer of the IJB and the Independent Auditor.</p>	<ul style="list-style-type: none"> Noted the report of the independent auditor; and Approved the MIJB's Annual Accounts for 2019/20. 	<p>Chief Finance Officer</p>	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The Independent Auditor reported his view to the meeting of the IJB's Audit and Risk committee on 3 September 2019. The IJB's Audit and Risk committee was satisfied with the report of the Independent Auditor and recommends that the Annual Accounts are approved by the IJB.</p> <p>The Chief Finance Officer in presenting the Annual Accounts to the Board summarised some of the key findings and conclusions contained in the Annual Audit Report and made particular reference to the new services and approaches detailed in the Annual Accounts.</p> <p>There then followed a general discussion on the Annual Accounts during which both Morag Barrow and Clare Flanagan provided clarity on the issue of overspends against key budgets, particularly in regards to Learning Disabilities.</p>			
<p>4.2 Prevention and Early Intervention: Update - Presentation</p> <p>The Board received a presentation on Prevention from Sarah Archibald, Tracy McLeod and Jim Sherval, who responded to Members' questions and comments.</p> <p>In discussing the contents of the presentation, the Board gave consideration to the issue of what, at a strategic level, the MIJB should prioritise in relation to prevention.</p>	<ul style="list-style-type: none"> • Noted, and thanked Sarah Archibald, Tracy McLeod and Jim Sherval, for their Presentation; • Noted that the themes in the presentation would be picked up as part of the review of the Strategic Plan and also in future Directions; and • Agreed that the slides from the Presentation be circulated to Board Members for their interest. 	<p>Integration Manager</p> <p>Clerk</p>	
<p>Sederunt: Angus McCann (14:28) and Cllr Janet Lay-Douglas (14:41) both left the meeting during the foregoing item of business.</p>			

5. Private Reports

Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraph 11 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

5.1 Redesign of Urgent Care – Implementing the National Model in Lothian – Report by Chief Officer – Noted

6. Date of next meeting

The next meeting of the Midlothian Integration Joint Board would be held on Thursday 8 October 2020 at 2.00 pm. (**Action: All Members to Note**)

The meeting terminated at 3.21 pm.

Minute of Meeting



Midlothian Integration Joint Board Audit and Risk Committee

Date	Time	Venue
Thursday 5 March 2020	2.00pm	Committee Room, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present (voting members):

Cllr Jim Muirhead (Chair)	Carolyn Hirst (substitute for Angus McCann)
Pam Russell (Independent Member)	

Present (non-voting members):

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

In attendance:

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

Apologies:

Cllr Pauline Winchester	Angus McCann
Alex Joyce	Sarah Croft (EY, External Auditor)

Midlothian Integration Joint Board Audit and Risk Committee

Thursday 4 March 2020

1. Welcome and introductions

The Chair, Councillor Jim Muirhead welcomed everyone to this meeting of the Midlothian Integration Joint Board Audit and Risk Committee, following which there was a round of introductions.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Note of Meeting

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 5 December 2019 was submitted and approved as a correct record.

4.2 A Rolling Action Log – March 2020 was submitted.

The Committee, having received updates on the various action points detailed therein, agreed:-

- (a) to close off the completed actions;
- (b) to note that a further follow-up report on progress with the remaining Internal Audit Follow-Up Review recommendations was included on today's agenda; and
- (c) to note that regular updates on the NHS Lothian escalation were being included in the Chief Officer's Report to the Board.

(Action: Chief Officer/Chief Finance Officer/Clerk)

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Risk Register	Chris Lawson
Executive Summary of Report		
<p>The purpose of this report was to provide the Audit & Risk Committee with an update on the MIJB Strategic Risk Profile and the actions being taken to identify and manage risk in order to ensure the successful delivery of the MIJB's key objectives, as detailed in the Strategic Plan. The report also provided the Committee with an overview of the MIJB's operating context taking account of current issues, future risks and opportunities.</p>		

Midlothian Integration Joint Board Audit and Risk Committee

Thursday 4 March 2020

Summary of discussion

Having heard from Risk Manager, Chris Lawson, who responded to Members' questions and comments, the Committee took the opportunity to review, and comment on the contents of the current Risk Register. It was felt that it would be useful going forward if the impact of any actions that were off target, or in danger of going off target, could be quantified and the accompanying narratives used to highlight what corrective action was being taken or was being proposed. Of particular concern in this regards was the action relating to 'Interagency Information Exchange' that had a due date of 31 March 2018. Consideration was also given to the implications for the MIJB of NHS Lothian being placed at level 3 of the NHS Board Performance Escalation Framework and also the likely impacts arising as a result of COVID-19 (Coronavirus).

Decision

The Audit and Risk Committee, after further discussion:-

- **noted the current Risk Register;**
- **noted that a further report on actions relating to 'Interagency Information Exchange' would be prepared for consideration at a future meeting;**
- **agreed that any implications for the MIJB arising from the Recovery Plan adopted as a consequence of NHS Lothian being placed at level 3 of the NHS Board Performance Escalation Framework should be picked up in the Risk Register;**
- **noted that risks associated with COVID-19 (Coronavirus) would be picked up in the Q4 report; and**
- **confirmed that, otherwise, the risks contained in the Risk Register reflected the current risks/opportunities facing the MIJB.**

Action

Risk Manager/Chief Officer

Report No.	Report Titles	Presented by:
5.2	Midlothian Integration Joint Board Annual Audit Plan Year ending 31 March 2020	Stephen Reid, EY, External Auditors

Executive Summary of Report

There was submitted the Midlothian Integration Joint Board Annual External Audit Plan for the financial year ending 31 March 2020.

Summary of discussion

Stephen Reid, External Auditor, EY in presenting the Plan to the Committee explained that it covered the audit approach to the financial statements and the wider responsibilities under the Audit Scotland code which included an assessment around the IJB's arrangements for securing Best Value. In addition, the Plan outlined the key areas and challenges in the current year including the financial sustainability, value for money and the identification of significant audit risks. Also included within the Plan was a timetable on the key phases of the audit for 2019/20. Thereafter he responded to Members' questions and comments.

Midlothian Integration Joint Board Audit and Risk Committee

Thursday 4 March 2020

The Committee, in considering the Plan, discussed how value for money, which it was noted would be a key focus of this year's Audit, would be measured and also if it could be picked up as part of future reports either by way of an adjustment to, or incorporation in, the existing MIJB report template.

Decision

The Audit and Risk Committee agreed to:-

- **note the report and Annual External Audit Plan; and**
- **explore ways of incorporating 'value for money' into the MIJB report template.**

Action

EY, External Auditors/Integration Manager

Report No.	Report Title	Presented by:
5.3	Midlothian IJB Internal Audit Annual Plan 2020/21	Jill Stacey

Executive Summary of Report

The purpose of the report was to present for the Committee approval the proposed Internal Audit Plan for 2020/21; a copy of which was appended to the report.

The report advised that the Public Sector Internal Audit Standards require the Chief Internal Auditor to develop a risk-based audit plan which sets out the priorities for the Internal Audit activity during the year in order to enable the Chief Internal Auditor to prepare the annual opinion on the adequacy of the overall control environment of the Midlothian Integration Joint Board. These priorities needed to be consistent with the MIJB's goals and objectives as set out in the Strategic Plan.

Summary of discussion

Having heard from Chief Internal Auditor, Jill Stacey, who responded to Members' questions and comments, the Committee discussed the Plan and the importance of the work being undertaken by Internal Audit. It was acknowledged that there was a need to ensure that the resources available were used as effectively and efficiently as possible in carrying out the audit function of the MIJB, and in this regards potential items for possible inclusion in the assurance audit work to be undertaken by the NHS Lothian Internal Audit team were discussed.

Decision

The Audit and Risk Committee agreed:-

- **that any further comments on potential items for possible inclusion in the assurance audit work to be undertaken by the NHS Lothian Internal Audit team be fed back to the Chief Internal Auditor as soon as possible; and**
- **to otherwise approve the Internal Audit Annual Plan for 2020/21.**

Action

Chief Internal Auditor

Midlothian Integration Joint Board Audit and Risk Committee

Thursday 4 March 2020

Report No.	Report Title	Presented by:
5.4	Performance Monitoring of the Midlothian Acute Services Plan	Morag Barrow
Executive Summary of Report		
<p>The purpose of this report was to seek approval for the approach now in development to measure the impact of local community services in relation to the demands on acute hospitals, and to manage performance thereby enabling the HSCP to continually adapt and reshape its services.</p>		
Summary of discussion		
<p>Morag Barrow, Chief Officer reminded the Committee that the new Midlothian Acute Services Plan laid out a series of actions over the next two years designed to reduce demands on acute hospitals. This was a key responsibility of the IJB however, it was very challenging given the growing and ageing population and the increasing number of people living longer with long-term health conditions. In view of this, it was considered vital that a strong performance management system was in place to ensure the Plan remained on track in terms of implementation and impact</p>		
Decision		
<p>After discussion and questions to the Chief Officer, the Audit and Risk Committee:</p> <ul style="list-style-type: none"> • Agreed to the overall approach to ensuring effective measurement of the impact of community services upon the hospital system; and • Agreed to receive progress reports, including performance information, on a six monthly basis 		
Action		
Chief Officer		

Report No.	Report Title	Presented by:
5.5	NHS Lothian Recovery Update	Morag Barrow
Executive Summary of Report		
<p>The purpose of this report was to provide the Audit and Risk Committee with the latest report from NHS Lothian on the progress being made on the delivery of the NHS Lothian Recovery Plan, following the decision by Scottish Government to place NHS Lothian on Level 3 of Performance Escalation matrix.</p>		
Summary of discussion		
<p>The Committee, having heard from Chief Officer, Morag Barrow, who responded to Members questions and comments, welcomed the overview of work underway, and assurance of planning in place, but acknowledged that other events connected with the global spread of COVID-19 were very likely to have a major impact on the progress being made.</p>		

Midlothian Integration Joint Board Audit and Risk Committee

Thursday 4 March 2020

Decision
<p>After further discussion, the Audit and Risk Committee:-</p> <ul style="list-style-type: none"> • noted the progress being made, and planning in place; • noted the potential impact of COVID-19; and • agreed to receive six monthly update reports to continue to provide assurance relating to improvement, and any changes in Scottish Government escalation.
Action
Chief Officer

Report No.	Report Title	Presented by:
5.6	Integration Authorities Financial Performance for 2019-20 after Quarter 2	Claire Flanagan
Executive Summary of Report		
<p>The purpose of this report was to summarise the quarterly report from the CIPFA IJB CFO Section on the Financial Performance for all the Integration Authorities (IA's) for financial year 2019-20 after Quarter 2. Key messages were summarised in the report, along with details of Midlothian's (ML) position as a comparison.</p>		
Summary of discussion		
<p>Claire Flanagan, Chief Finance Officer in presenting the report highlighted that this was the second summary report which presents an overview of financial performance for all 31 IA's for 2019-20. The report included forecasted year-end positions for 28 IA's and year to date positions at Quarter 2 for 3 IA's, showing the key factors contributing to these positions principally increased demand and higher costs.</p> <p>The Committee, welcomed the report and the narrative provided by the Chief Finance Officer, as it gave a better perspective of the Midlothian IJB's position and an opportunity to explore common issues. It also confirmed that demographic pressures and the challenging financial position were likely to continue to remain issues for the foreseeable future.</p>		
Decision		
<p>After discussion and questions to the Chief Finance Officer, the Audit and Risk Committee agreed to note the report and the key messages.</p>		
Action		
Chief Finance Officer.		

Report No.	Report Title	Presented by:
5.7	Audit Scotland Report on Local Government in Scotland Financial Overview 2018-19	Claire Flanagan

Midlothian Integration Joint Board Audit and Risk Committee

Thursday 4 March 2020

Executive Summary of Report

The purpose of this report was to summarise the findings and key messages in the context of Midlothian Integrated Joint Board contained in the Audit Scotland report on how Local Government in Scotland was performing and what challenges it faced. The report recognised that Councils faced the increasing challenge of meeting changing and growing demands on their services, but their income was straining to keep pace

Summary of discussion

Chief Finance Officer, Claire Flanagan in presenting the report to the Committee highlighted that Audit Scotland's overview report of the 2018-19 financial year - "Local Government in Scotland Financial Overview 2018-19", provided an independent, public assessment of how effectively Scottish local government was managing public money and responding to the financial challenges it faced. It was aimed primarily at councillors and senior council officers as a source of information and to support them in their complex and demanding roles.

Decision

The Audit and Risk Committee, after discussion and questions to the Chief Finance Officer, noted the publication of the Audit Scotland report "Local Government in Scotland Financial Overview 2018-19" and the key messages contained therein.

Action

Chief Finance Officer

6. Private Reports

No private business to be discussed at this meeting.

7. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 4 June 2020 at 2.00 pm.

The meeting terminated at 3.34pm.



Chief Officer Report October 8th 2020

Item number: 5.2

Executive summary

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

Board members are asked to:

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

Chief Officer Report

1 Purpose

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

2 Recommendations

- 2.1 As a result of this report Members are asked to:
- Note the issues and updates raised in the report.

3 Background and main report

Equality Outcomes

Midlothian HSCP need to produce and publish new Equality Outcomes for 2021-2025 as part of the Public Sector Equality Duty (PSED) requirements. Organisations across Lothians, including City of Edinburgh Council, Midlothian Council, West Lothian Council, Edinburgh HSCP and Midlothian HSCP have agreed to work together to draft and consult on their new Equality Outcomes. The organisations recognise the value of developing a common approach to equalities issues.

The organisations have identified joint equality principles and have now drafted joint equality outcomes. Consultation of both staff and public on the draft equality outcomes will take place across the Lothians from October onwards as per the requirements of the PSED.

Following the consultation, Midlothian IJB will be asked to discuss and approve the key equality outcomes which will be taken forward by Midlothian HSCP.

Resilience Art Project

There was an opportunity to convey important, universal messages to Midlothian children and communities about resilience and coping with Covid through an art project. School aged children (P1-S2) were asked to share their experiences of what they did to cope during COVID-19 through artwork as part of their nurture and resilience curriculum. The artwork is currently exhibited in Midlothian communities, encouraging community reflection and conversations on resilience. The artwork has been curated in line with 5 ways to wellbeing.

The gallery is running from 17th September- 4th October on window displays across local venues. We have 33 participating venues made up of businesses, third sector organisations and public buildings, spread across Midlothian. There is also an outdoor gallery through the accessible yellow woodland walk at Dalkeith Country Park. To complement this and for people who are not able to view the physical galleries there is also an online gallery from the 17th September – 26th October on Midlothian Council's website. We have support from an educational psychology student to analyse the artwork and pull key themes from the project.

The benefits/purpose is to:

- Encourage children to explore and share their resilience during the COVID outbreak
- Encourage Midlothian citizens and communities to reflect on their own resilience and ways of coping and to offer insight into different ways to cope and avenues to support (signposting to local supports).
- Support local businesses and promote outdoor spaces through exhibiting the artwork.

They are being displayed from 17th Sept to 4th Oct in 33 venues listed here:

www.midlothian.gov.uk/info/878/schools/670/midlothian_art_resilience_project/16

They can also be viewed on a Wilderness Walk at Dalkeith Country Park from 17 Sept to 26 Oct and in the online gallery at www.midlothian.gov.uk/resilience.

IJB Performance Framework

Following recommendation from the IJB external audit, the HSCP will be developing a Performance Framework. This will include capturing current performance metrics on operational performance against current indicators, wait times and include measures against Directions. This will pull together the work underway on the Health and Social care digital dashboard, and the digital outcomes matrix which will be able to demonstrate performance, outcomes and key contributors. Performance against key targets have been achieved this year, with exception of unscheduled admissions into hospital. However, the impact of Covid has also contributed to this in relation to unscheduled occupied bed days, emergency department attendances and occupied bed days caused by a delayed discharge. Members of the Board will be asked to consider current targets to agree appropriate performance indicators. A draft framework will be presented to the Board in December 2020.

Midlothian Community Hospital

Midlothian Community Hospital received an unannounced Healthcare Improvement Scotland inspection on 22nd September. This is part of a national routine inspection programme. The outcomes of this will be presented to the Board on receipt of formal feedback.

Unpaid carers

The HSCP recognises the significant pressure on unpaid carers relating to Covid. Due to phase 1 of the pandemic, respite beds were closed. The team are currently

looking at options to provide breaks for unpaid carers to include Self Directed Support, short breaks and alternative ways of supporting families. The previous model of bed-based care, together with restrictions relating to Covid infection control, does not provide a safe model of care, nor provide a person centred experience for the resident. The team will continue to work with other HSCPs to develop a model of respite care.

Community rehabilitation services update

In line with our post Covid19 recovery work and implementation across Lothian of the Home First model for community services, Midlothian HSCP is continuing to develop our primary care and older people's services in line with our vision – to enable people to maximise their health gain and independence through a co-ordinated approach by all partners. The definition of rehabilitation is a process aiming to restore personal autonomy to those aspects of daily life considered most relevant by patients or service users, and their family carers. This work links also to the local response required to support the national work across NHS to scheduling of unscheduled care. Review of our current pathways for community referral within older people's rehabilitation services.

Initially we will focus on the creating of a single point of access for intermediate care services – which will be open to requests for assistance to support those experiencing a change in their needs within the community, support early planned discharge and promote reablement following a period of illness. A range of staff engagement sessions will be planned to shape this vision into service delivery. The sessions will include both sector team and Midlothian wide events, examples of these include opportunities for virtual team members to meet with the Service Managers, Head of Service for Primary Care and Older People, Professional Advisors and Clinical Director Midlothian – working to develop the home first service model within Midlothian.

Commissioning and Contracting

We are currently undertaking three major pieces of recommissioning work; for Carers, Community Mental Health Supports and Care at Home services. This offers us significant opportunities to improve the services and supports available and to ensure that they are fit to meet the changing and increasing demands as we move into the next few years. Significant consultation is being undertaken in all areas to ensure that we are able to respond to the needs of people who use these services. With any changes there is likely to be some anxiety both from existing service providers and from people who use these services. We will work closely with people to allay any fears they may have, acknowledging that change can be difficult for people.

Learning Disability Services

Following changing guidance from Government it is now possible to open more day service provision for people with a learning disability. We have, throughout the pandemic offered services to people who had a critical requirement for this but have now been able to offer more of a resource. However, due to continued restrictions we have not been able to offer services to all people at the same level as was available pre-pandemic, this includes access to transport as people are now unable to share this resource. Decisions have been taken based on risk and on other supports and services that someone may have and recognise that this has been

difficult for some people. We are working to ensure that those no longer receiving a building based service have access to support through the use of Self Directed Support and through offering support to our providers to provide creative and meaningful activities.

4 Policy Implications

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

5 Directions

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

6 Equalities Implications

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

7 Resource Implications

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

8 Risk

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

9 Involving people

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

10 Background Papers

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DATE	24/9/2020

Appendices:



Thursday 8th October 2020

Midlothian IJB Directions 2020

Item number: 5.3

Executive summary

Directions were approved by Midlothian IJB on 16 April 2020 and formally issued to Midlothian Council and NHS Lothian for action in May 2020. The Directions were therefore issued as both organisations were managing responses to the COVID-19 pandemic.

Midlothian Strategic Planning Group discussed the Directions and is proposing that the IJB considers refreshed Directions that reflect changes to timeframes and/or plans since April 2020.

Board members are asked to:

Approve the updated Directions form Midlothian IJB.

Midlothian IJB Directions 2020

1 Purpose

- 1.1 Directions identify key changes that need to be progressed to support the delivery of health and care services in Midlothian. They are aligned to the Strategic Commissioning Plan 2019-22.
- 1.2 The COVID-19 pandemic has caused significant disruption to services; health, social care and community based services. It has also influenced expectations and priorities, at least in the short term.
- 1.3 Directions were approved by Midlothian IJB on 16 April 2020 and formally issued to Midlothian Council and NHS Lothian for action in May 2020. The Directions were therefore issued as both organisations were managing responses to the COVID-19 pandemic.
- 1.4 Midlothian Strategic Planning Group discussed the Directions and is proposing that the IJB considers refreshed Directions that reflect changes to timeframes and/or actions since April 2020.

2 Recommendations

- 2.1 As a result of this report Members are asked to:-
Approve the revised Directions for 2020 onwards.

3 Background and main report

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control and includes a requirement for IJBs to issue Directions to one or both of the NHS Lothian and the Midlothian Council.
- 3.2 Directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan. They are the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB.
- 3.3 Directions were approved by the IJB on 16th April 2020 and formally issued to NHS Lothian and Midlothian Council in May 2020. Both organisations were therefore

were managing responses to the COVID-19 pandemic at the time that the Directions were issued.

- 3.4 The pandemic has brought many challenges but it has also allowed an acceleration of certain plans. While a formal response from both NHS Lothian and Midlothian Council is awaited, the Strategic Planning Group recommended that Directions were reviewed and where feasible amended to reflect changed ambitions or timeframes.
- 3.5 Leads for each Direction have recommended a number of amendments. These are highlighted in the document attached (appendix 1).

3 Policy Implications

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

4 Directions

- 5.1 This report relates to refreshed and new Directions for 2020 onwards.

5 Equalities Implications

- 6.1 An impact assessment is not relevant to this paper however Health and Social Care Partnership programmes that relate to Directions and the Strategic Plan are subject to an Equality Impact Assessment.

6 Resource Implications

- 7.1 Directions include 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

- 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

- 8.1 The Strategic Planning Group discussed the Directions at its meetings on 15th July 2020 and 18th August 2020. The group recommended that the Directions were refreshed as a result of the pandemic.
This group includes community and service user representatives.
- 8.2 Community engagement on the planning and review of services related to Directions will continue.

9 Background Papers

- 9.1 Statutory guidance on Directions, published on 27 January 2020. Available [here](#)

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Appendices: Directions to Midlothian Council and NHS Lothian 2020



MIDLOTHIAN INTEGRATION JOINT BOARD:

DIRECTIONS TO

MIDLOTHIAN COUNCIL AND NHS Lothian

September 2020

Version	
Approved by IJB April 2020	09/04/2020
Updated - Draft to IJB (updates highlighted)	29/09/2020

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**MIDLOTHIAN INTEGRATION JOINT BOARD:
DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS Lothian 2020 ONWARDS**

INTRODUCTION

The Midlothian IJB is now entering the fifth year of its existence. The new governance systems are now fully established and good progress is being made on integrating management arrangements and frontline services. The planned redesign of Health and Social Care is outlined in the three year Strategic Plan 2019-22.

We have a shared long-term vision focussed upon prevention and recovery. However, the financial climate is increasingly challenging and we must respond by transforming services as quickly as possible while always being mindful of our responsibilities not to compromise the provision of safe, high quality care. These Directions are intended to address the short-term financial pressures whilst also building long-term sustainability.

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

POLICY CONTEXT

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

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

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

MIDLOTHIAN STRATEGIC PLAN

The [Strategic Plan 2019-22](#) outlines the direction of travel for the development of health and social care services in Midlothian. This plan will be updated annually through the compilation of a Delivery Plan. NHS Lothian and Midlothian Council are asked to develop and implement action plans that will enable the objectives outlined in the Strategic Plan to be realised with a particular emphasis on all services seeking to adopt a preventative approach and continuing to proactively address Health Inequalities. In this regard, **Direction 19** relating to **Public Health** is particularly crucial to the longer-term objectives of the IJB.

There is a wide range of forums in place (see page 6 of 2019-22 Strategic Plan) whose responsibility includes both the implementation of the Plan and the development of clear SMART action plans for the delivery of these Directions. The IJB Chief Officer will confirm timescales for the completion and submission of these plans, to the relevant senior managers, taking into account the COVID-19 crisis. These plans should include reference to the lead officer and timescales for each specific action to ensure clear accountability.

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

NHS HOSTED SERVICES

Developing more locally responsive services will demand a varied approach. Good progress has been made in identifying opportunities to reorganise and enable more local, and more integrated management arrangements for services such as Substance Misuse. Services that will require a particular focus in 2020-21 include the re-provision of the Royal Edinburgh and the Astley Ainslie. Although the IJB's objective is to manage community-based services locally wherever possible, it is recognised that, for some services, such an approach will not be viable; for these services arrangements will be developed which strengthen a whole system approach within Midlothian working closely with the Hosted Services.

FINANCIAL CONTEXT

The financial context for 2020-21 remains a very challenging one with both NHS Lothian and Midlothian Council facing major financial pressures. It is also recognised that the initial proposals as to how best to allocate the Set-Aside and Hosted Services budgets continue to require more detailed work to ensure parity but also take account of significant differences in population need and in the availability of local resources. A key direction of travel will be to disinvest in institutional care including bed-based hospital care and care homes for older people. We have taken steps to strengthen our partnership with the Voluntary Sector through a programme of quarterly summits, intended to jointly identify new ways of providing services in the context of diminishing resources. The Voluntary Sector is crucial and the services they provide account for 33% of the total social care budget for adults and older people.

PROVISION OF DIRECTIONS

These Directions are issued to provide as much clarity as possible about the changes which need to take place in the design and delivery of our services. As further plans are developed, new or revised Directions will be issued during 2020-21. For those services which are not covered by a specific Direction, the expectation is that NHS Lothian and Midlothian Council will continue to provide high quality services within current budgets, endeavouring to meet national and local targets, and following the strategic objectives laid out in the Strategic Plan. All Directions issued by the IJB are pursuant to Sections 26 to 28 of the Public Bodies (Joint Working) Act 2014 and the appropriate element of the Integration Scheme as detailed Below.

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

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

DIRECTION 1: IN-PATIENT HOSPITAL CARE: Budget: £14,563,000
DIRECTION : NHS Lothian & Midlothian Council

1. Midlothian IJB has approved a plan for those unscheduled care services for which it is responsible as one of its delegated functions arising from Integration. This plan will be developed and implemented in close collaboration with both the NHSL Acute Hospitals and with neighbouring IJBs. The plan aims to capture the wide range of activity required to:

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

2. The following actions are required:

- i. Complete the review of 'potentially preventable admissions' by **December 2020** and develop a plan to strengthen access to local alternatives and where appropriate develop new services.
- ii. Implement plans to free capacity in MCH by enabling alternative care options for people with dementia and completing the transfer of patients to East Lothian by May 2020.
- iii. Evaluate the impact of new approaches to In Reach including identifying patients suitable for Reablement in MOE wards by November 2020.
- iv. Increase further the proportion of patients admitted to the RIE as the local Acute Medical Unit
- v. **Implement Home First Model by April 2021 to focus on care in the right place, at the right time, by the right people.**
- vi. Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by **December 2020**.
- vii. Ensure joint work is undertaken between NHS Lothian and Midlothian Council Transport Section to design and provide flexible and responsive transport arrangements for people to attend hospital (this will include planned clinics and treatment).
- viii. **Increase collaborative decision making around acute hospital decision making. Report to the IJB on proposed developments and on budget position at least twice per year.**
- ix.

3. The impact will be that fewer people from Midlothian will be in an acute hospital bed when not requiring such level of care and treatment. This will enable people awaiting

hospital care to be admitted earlier whilst also releasing resources for community alternatives. The plan addresses a number of issues that will impact on Acute Hospitals in the short- term, such as reducing the number of people with a COPD exacerbation being admitted. It will also impact on the demand on hospitals in the medium to longer term such as the reduction in the prevalence of type 2 diabetes; development of the use of Midlothian Community Hospital; and addressing local service gaps that result in high attendance at A&E by people under 65yrs old.

4. This work should be undertaken throughout 2020-21. Regular reports on progress will be submitted to relevant governance groups in both Midlothian HSCP and NHS Lothian.

5. The targets will include reductions in delayed discharge bed days from 12,295 in 2017-18 to 9,836 in 2020-21 and unplanned bed days from 60,230 in 2017-18 to 54,207 in 2020-21.

DIRECTION 2 : ACCIDENT AND EMERGENCY: Budget: £2,369,000

DIRECTION : NHS Lothian

1. We are committed to achieving a reduction of attendances from Midlothian.
2. The following actions are required:
 - i. Implement the support and/or review to frequent attenders at A&E by Jan 2021.
 - ii. The option appraisal for Community Treatment and Care Centre(s) should be completed and phase 1 of implementation to begin November 2020 with review report available by March 2021.
 - iii. Implement community pathways for Musculoskeletal physiotherapy and older people's assessment in line with national plans around scheduling unscheduled care by March 2021.
 - iv. Agree Midlothian response to national redesign of urgent care programme to improve access to urgent care pathways so people receive the right care, in the right place, at the right time.
 - v. Implement the new performance frameworks to determine the impact of community services in reducing A&E attendances and unscheduled admissions by March 2021.
 - vi. Monitor the implementation of the Midlothian Acute Service Plan 19-22 bi-monthly.
 - vii. Continue to reshape pathways to ensure people access community based services wherever viable.
3. This work will impact on the number of people attending A&E and the number of frequent attenders who are supported to consider locally based services that improve their wellbeing.
4. This work should be reported to Midlothian Strategic Planning Group via the Acute Services Planning Group.
5. The target in 2020-21 will be to maintain the number of attendances at the 2017-18 level - 20,900 (MSG Indicator).

DIRECTION 3 : MIDLOTHIAN COMMUNITY HOSPITAL: Budget: £5,829,000

DIRECTION : NHS Lothian & Midlothian Council

1. Midlothian IJB is committed to making maximum use of the Community Hospital in providing locally accessible inpatient and outpatient services
2. The following actions are required:
 - i. The option appraisal regarding the most appropriate outpatient Clinics and day treatment to be provided in MCH should be completed. This should include implementation of an Audiology Clinic; an examination of the viability of chemotherapy; and consideration of the potential role of remote technology in providing consultations with specialist medical and nursing staff.
 - ii. Progress plans and identify funding to use Glenlee Ward at Midlothian Community Hospital and a step-up from community and day treatment facility by January 2021.
3. The impact will be to provide more localised inpatient and outpatient services.
4. Formal reports outlining progress against both actions should be submitted to the Strategic Planning Group by 30th November 2020.
5. Appropriate measures should be devised to quantify the benefits gained in relation to localised service provision and reduced demand on acute hospital care.

DIRECTION 4 : PALLIATIVE CARE: Budget: £416,000

DIRECTION : NHS Lothian & Midlothian Council

1. We are committed to supporting people to spend as much time as possible at home or in a local homely setting when they have a life limiting illness.
2. The following actions should be undertaken
 - i. Increase the accuracy of the Palliative Care Registers in GP practices by March 2021.
 - ii. 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 2021.
 - iii. Obtain family, carer and staff feedback on the quality of palliative and end of life care provided in Midlothian Community Hospital and the District Nursing service by March 2022 (interim report **September 2021**).
 - iv. Develop a palliative Care Champion Network across Midlothian care homes by March 2021..
3. These actions should be reported to the local Palliative Care Group and the Strategic Planning Group.
4. The Midlothian Palliative Care group will oversee this work and report to the Strategic Planning Group and Care and Clinical Governance Group.
5. The target is to increase the percentage of the last 6 months of life spent in the community to 88% by the end of 2020/21. There will also be measures related to quality of care.

DIRECTION 5 : PRIMARY MEDICAL SERVICES:

Budget - GMS: £12,781,000 Prescribing: £17,590,000. Total £30,371,000

DIRECTION : NHS Lothian

1. The Midlothian Primary Care Improvement Plan (PCIP) describes the priorities and approach taken in Midlothian to support the implementation of the 2018 General Medical Services Contract. It aims to strengthen the primary care team skill mix and capacity to cope with growing demand and the provision of more community based treatment.
2. The following actions should be undertaken:
 - i. The Primary Care Improvement Plan should be progressed to deliver the plan, recognising financial and workforce limitations. This includes significant developments around
 - (a) Community Treatment and Care Centres (phase 1 completed and reported on by March 2021) and (b) Vaccination Transformation Programme
 - ii. The Prescribing Plan should continue to be implemented building upon the success achieved in 2019/20.
3. The impact of this work will be the transformation of primary care services; changes to the multi-disciplinary primary care team, to services available and to the relationship with the community and partner agencies.
4. These actions should be monitored by the Primary Care Management Group, with six monthly reports to the Strategic Planning Group.
5. Targets should include a reduction in restricted GP lists and an improvement in the National Health and Wellbeing Survey rating of adults having a positive experience of the care provided by their GP Practice (76% in 2017/18).

DIRECTION 6 : COMMUNITY HEALTH SERVICES: Budget: £4,837,000

DIRECTION : NHS Lothian

1. Our objective is to provide stronger community-based health services, promoting prevention and recovery wherever possible.
2. The following actions should be undertaken:
 - i. Work with other Lothian Health & Social Care Partnerships to agree on appropriate model and financial plan for complex care by November 2020 and implement it by June 2021.
 - ii. Undertake a review of community nursing services should be undertaken by March 2021 in light of the changes in Primary Care and the shift from hospital based care. This should include the options for deploying more Advanced Practitioners and strengthening interdisciplinary locality working. This should take cognisance of Community Treatment and Care centres (CTACs).
 - iii. Improve quality and options for people with frailty in primary care through
 - (a) proactive in-reach to ERI when someone with frailty is admitted and
 - (b) virtual medical teams involving the frailty GPs and key hospital consultants.
 - iv. Work to ensure our frailty services are accessible to people under 65 years.
3. The impact will include more robust arrangements for supporting people with complex care needs, stronger joint working arrangements with GP Practice Staff and other community based workers and greater clarity of roles in light of developments in primary care, Intermediate care and acute hospital care.
4. This work involves several planning groups including Primary Care, Intermediate Care and Workforce Development. A report should be provided to the Strategic Planning Group by March 2021.
5. There are no clear outcome targets but progress should be reported in terms of changes to organisational arrangements that impact on the health, care and wellbeing of Midlothian residents.

DIRECTION 7 : DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES

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

DIRECTION : NHS Lothian

1. Primary Care planning and delivery sits within a complex governance and decision-making environment. The NHS Lothian Board and Midlothian IJB need to be clear what their responsibilities are. IJBs have the responsibility for strategic planning for delegated functions in General Medical Services, General Dental Services, General Pharmaceutical Services and General Ophthalmic Services. The independent contractor model is the basis of most primary care services and therefore independent contractors are responsible for the vast majority of day-to-day patient-facing service delivery. Midlothian IJB aims to strengthen working arrangements with these services which play a vital role in the wider primary care team.
2. The following actions should be undertaken:
 - i. The plans for the provision of audiology clinics in MCH should be progressed by **March 2021**. This should include consideration of digital audio screening and funding for capital works if required.
 - ii. Use data from NHS Lothian Public Health to determine the impact of NHS general dental services on the oral and general health of Midlothian population by **July 2021** and use this information to identify further actions if required.
 - iii. Use data to determine the impact of public dental services in Midlothian by **July 2021** and use this information to identify further actions if required.
 - iv. Work with Director of Edinburgh Dental Institute to consider how best the Oral Health Improvement Plan recommendations on 'Meeting the Needs of an Ageing Population' can be jointly pursued by **March 2021**.
 - v. The role of Optometry services in pathways of care for patients in a range of services such as general medical practice, ophthalmology, diabetes and A&E, providing both ongoing and urgent care for patients closer to home to be clarified by **March 2021**.
3. The impact will be to strengthen joint work with these services and wider health and social care provision in order to improve and/or maintain people's health, wellbeing and independence as far as possible.

4. This work should be completed by March 2021. Progress should be reported to the Strategic Planning Group and Primary Care Management Group.
5. Targets for each service area will be established as part of the planning determined above and will, where possible, include national benchmarking measures such as dental registrations and engagement.

DIRECTION 8 : OLDER PEOPLE

Budget: £7,086,000

DIRECTION : NHS Lothian & Midlothian Council

1. Midlothian IJB is committed to supporting older people to stay well and remain as independent as possible.
2. The following actions should be undertaken:
 - i. The e-Frailty Programme should be progressed to enable improved coordination of care and to provide support at an earlier stage. This includes the use of learning from the e-frailty programme to develop a frailty informed workforce (by November 2020).
 - ii. The Care Home Strategy should be implemented, including the full establishment of the Care Home Support Team by November 2020.
 - iii. Explore all options to offer day care/support to people in Midlothian who are isolated and implement plan by October 2020.
 - iv. Explore all options to provide an alternative respite service to older people to support carers in their caring role for longer and to prevent avoidable hospital admissions
 - v. Exploring all options to provide a respite service to older people to support carers in their caring role for longer and to prevent avoidable hospital admissions by October 2020.
 - vi. Improve primary care quality and options for older people (See Direction 5)
 - a. Pro-active in-reach into hospital when someone with frailty is admitted
 - b. Develop virtual medical teams involving frailty GPs and key hospital consultants
 - c. Consider MCH role for frailty step-up step-down (See Direction3)
3. The impact will be to improve older people's health and wellbeing, including those living in care homes.
4. These actions will continue throughout 2020/21 but progress should be reported to the Strategic Planning Group by the end of November 2020.

5. A range of indicators will apply including a reduction in admissions to hospital from care homes and measures capturing the impact of the work-streams flowing from the Frailty Project.

DIRECTION 9 : PHYSICAL DISABILITY AND LONG TERM CONDITIONS

Budget: £2,155,000

DIRECTION : NHS Lothian & Midlothian Council

1. We aim to support people with disabilities to live independently and those with long term health conditions to live well.
2. The following actions should be undertaken:
 - i. All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by **March 2021**.
 - ii. A full appraisal of the optimum balance of community based and hospital-based services should be carried out within the context of the re-provision of Astley Ainslie by **March 2021**
 - iii. There should be collaboration, where feasible, with Housing Providers and national policy makers to press for change in policy around the inadequate availability of suitable housing in new housing developments. (See Direction 16)
 - iv. (Midlothian extra care housing commitments are described in Direction 16)
 - v. The role of MCPRT community rehab team should be reviewed by March 2021 to maximise its impact on people have a long term condition or have experienced an acute event
 - vi. Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and CHD) by March 2021
3. The impact will be to enable people who have a physical disability or a long-term health condition to have a good quality of life; manage their own conditions; and direct their own care as far as possible.
4. Timescales for these actions are listed although the local Astley Ainslie project will be influenced by pan-Lothian plans. A report on progress should be provided to the Strategic Planning Group every 6 months.
5. The expansion of suitable housing including extra care housing will be measurable. All work-streams should develop a set of measures which enable progress to be quantified.

DIRECTION 10: LEARNING DISABILITY

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

DIRECTION : NHS Lothian & Midlothian Council

1. We aim to support people with learning disabilities to live as independently and as full members of their local communities as is possible.
2. The following actions should be undertaken:
 - i. Review day care provision and associated costs inc transport by December 2020.
 - ii. Support the delivery of new housing models–initially in Bonnyrigg by 2021.
 - iii. The arrangements for transport should be subject to a full review with a view to creating efficiencies and reducing expenditure by December 2020.
 - iv. Strengthen joint working of Learning Disability Services and care providers.
 - v. A review of the services available for diagnosis and support to people with autism should be undertaken by **March 2021**.
 - vi. Positive Behavioural Support approaches to be embedded in all Learning Disability services by **March 2021**.
3. The impact will be to enable people who have a learning disability to have a good quality of life and to be safe and well supported in appropriate accommodation.
4. This is a key area of transformation area given the growing level of expenditure and regular reports should be provided to the Finance and Performance and the Planning and Transformation Groups and annually to the Strategic Planning Group.
5. Each work-stream should develop a set of measures which enable progress to be quantified.

DIRECTION 11: MENTAL HEALTH

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

DIRECTION : NHS Lothian & Midlothian Council

1. Given the high prevalence of mental health concerns in the population (e.g. 19% on medication for anxiety or depression) we are committed to achieving the national ambition to “prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems”.
2. The following actions should be undertaken:
 - i. Explore options for recovery for people experiencing poor mental health through development of community based housing with access to appropriate support. Timeframes are dependent on next phase of developments at Royal Edinburgh Hospital. .
 - ii. Review effectiveness of the multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice now operational at Number 11 (multiagency hub) by March 2021.
 - iii. Continue close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.
 - iv. A coherent approach to the delivery of services to support improved mental wellbeing should be developed. This should include new services funded through Action 15 along with the Wellbeing and Access Point services. A key element of these work is to identify new approaches to addressing the continuing pressures on Psychological Therapies. Each GP Practice will have access to Wellbeing and Primary Care Mental Health workforce by October 2020
 - v. Implement a recovery plan to deliver a substantial improvement in waiting times for psychological therapy by March 2021.
 - vi. Update Suicide Prevention Action Plan to include Scottish Government’s 4 new priorities..Implement and review effectiveness of Action Plan by March 2021
 - vii. Work with partners to redesign and commission community based mental health supports by July 2021.

- viii. Phase 2 - Royal Edinburgh Hospital - NHS Lothian to ensure better care for physical health needs of Midlothian in-patients at the Royal Edinburgh Hospital campus by proceeding with the development of the business case for Phase 2 and the planning and delivery of integrated rehabilitation services. NHS Lothian to ensure Midlothian HSCP is involved in development, decision-making and approval of the business case.
- 3. The impact will be to enable people with moderate to severe mental health illness to recover through a clearer, more effective rehabilitation pathway. For those with low level mental wellbeing needs services should enable people to regain a sense of control over their lives and reduce the reliance upon medication.
- 4. A report on progress should be provided to the Strategic Planning Group every 6 months.
- 5. There are clear access targets for psychological therapies whilst other services such as the Access Point and Wellbeing have their own measurement systems the outcomes of which should be considered through the Mental Health Planning Group.

DIRECTION 12: SUBSTANCE MISUSE

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

DIRECTION : NHS Lothian & Midlothian Council

- 1. The human and financial cost of substance misuse is considerable. We must redouble our efforts to prevent misuse and enable people to recover.
- 2. The following actions should be undertaken:
 - i. Ensure that people’s involvement in the planning, delivery and reviewing of their individual care is maximised. This relates to the eight National Quality principles.
 - ii. Evidence that people using MELDAP funded services contribute to ongoing development of the service.
 - iii. People with lived experience to be members of the MELDAP Strategic Group
 - iv. MH&SCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by March 2021.
 - v. Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by March 2021.
 - vi. MH&SCP/MELDAP and NHS Lothian should further develop working practices to ensure a seamless provision of services to those people using No11. Maximise the use of the building by recovery oriented groups in the evenings and at the weekend

3. The impact will be to strengthen services focussed on recovery for people with substance misuse problems.
4. A report on progress should be provided to the Strategic Planning Group every 6 months.
5. Each of these work-streams should develop a set of measures which enable progress to be quantified.

DIRECTION 13 : JUSTICE SOCIAL WORK

Budget: N/A - Fully funded from Scot Govt

DIRECTION : Midlothian Council

1. We know that people who offend are much more likely to experience multiple health issues and have a lower life expectancy. We must find ways of supporting people to improve their wellbeing and enable them to establish a more settled and style of life.
2. The following actions should be undertaken
 - i. Strengthen efforts and partnership working to enable people on Community Payback Orders to achieve qualifications by **March 2021**.
 - ii. Peer support should be strengthened including through continued expansion of a peer support scheme that will work across justice, substance misuse and mental health by **March 2021**
3. The impact will be that people who offend or are at risk of doing so will have improved access to services which will help them address their underlying health and wellbeing challenges.
4. Progress reports should be provided to the Community Safety Partnership 6 monthly and annually to the Strategic Planning Group.

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

DIRECTION 14 : UNPAID CARERS

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

DIRECTION : NHS Lothian & Midlothian Council

1. We recognise that the health and care system is very dependent upon the contribution of unpaid carers. The shift towards self-management and care at home will depend upon the ability of carers to continue in their role and we must support them to do so. It is vital that we identify carers; recognise what carers do and the physical, emotional and financial impact that their caring role can have on them whilst providing support, information and advice, aiming to make caring roles sustainable.
2. The following actions should be undertaken:
 - i. Develop a carer Strategic Statement as required by the Carers Act 2018 by October 2020.
 - ii. Work collaboratively with carers and stakeholders to redesign services that provide support to carers by March 2021.
 - iii. Improve carer identification through connections to services, and through information to the public to support self-identification by March 2021.
 - iv. Design a performance framework by March 2021 to capture the impact of carer support services and encourage ongoing service improvement. Framework should include both qualitative and well and quantitative feedback.
3. The impact of this work will be to reduce any negative impact of caring, and make the continuation of the caring role more sustainable and improve carer choice in support options available.

4. There should be a report on progress to the Strategic Planning Group by November 2020 and by March 2021.
5. Each of these work-streams should develop a set of measures which enable progress to be quantified; these would include an increase in the number of carers receiving support from voluntary service providers and an increase in the number of ACSPs offered. Primarily, the target should be to improve the numbers of carers who feel supported including as measured by the National Health and Wellbeing Survey.

DIRECTION 15 : CARE AT HOME

Budget: £15,749,000

DIRECTION : Midlothian Council

1. Care at home services are a vital component of care in the community and yet the capacity of service has been under considerable strain over the past three years. Designing alternative more sustainable approaches to care at home is one of the most important challenges requiring to be addressed by the IJB.
2. The following actions should be undertaken:
 - i. By December 2020 re-commission care at home services in line with the Vision statement approved by the IJB in January 2020.
 - ii. Workforce – develop a multifaceted workforce plan that includes council and external providers by December 2020.
 - iii. Work closely with Intermediate Care to provide reablement following hospital discharge to promote optimum level of function by March 2021
3. The impact of developing services which provide sustainable good quality ‘care at home’ will be evident across the system, with service users enjoying a better quality of life, unpaid carers supported in their caring role and acute hospitals able to discharge people sooner once they are fit to do so. It will also impact on budget with less spend on agency staff.
4. This work will be overseen by the Older People Planning group with a six monthly update to the Strategic Planning group and a report to the IJB in January 2021.

5. The ultimate target is to reduce considerably the unmet need in terms of the hours of assessed need not delivered. Other metrics to demonstrate improved outcomes to be prepared by the Older People Planning Group.

DIRECTION 16 : HOUSING (Including Aids and Adaptations) Budget: £296,000
DIRECTION : NHS Lothian & Midlothian Council

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

2. The following actions should be undertaken:

- i. Planning for Newmills, Gore Avenue and Bonnyrigg extra care housing should continue in order to deliver an extra 90 flats or bungalows (inc bariatric options) by spring 2022.
- ii. Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be considered by March 2021
- iii. The implementation of a proactive approach to ensure people are able to live in housing appropriate to their needs should be rolled out through *Housing Solutions* training.
- iv. The Partnership should strengthen its joint working with the Housing Service to support people who are homeless. This will include contributing to the Rapid Rehousing Transition plan including active participation in the Housing First model.

- v. The Partnership should also actively participate in planning of new housing developments such as Shawfair, with the Council Housing Service, Housing Associations and the Private Sector. This will include determining what additional health and care services will be required such as GPs as well as ensuring that the special needs of the Midlothian population are being taken into account fully.
 - vi. Joint working on housing solutions for people with disabilities should continue through maximising the Aids and Adaptations budget. Alongside this, the promotion of an anticipatory planning approach should continue, in order to enable people to move to more appropriate accommodation in advance, rather than precipitated by of a crisis.
3. The impact will be to maximise people's independence and quality of life through living in the most appropriate housing
 4. There should be a report to the Strategic Planning Group annually.
 5. Each of these work-streams should develop a set of indicators and timescales that enables progress to be monitored.

DIRECTION 17: INTERMEDIATE CARE

Budget: £1,842,000

DIRECTION : NHS Lothian & Midlothian Council

1. Intermediate care services focus on prevention, rehabilitation, reablement and recovery. They provide an alternative to going into hospital and provide extra support after a hospital stay. In Midlothian, there are several services that fit this description. It is important that they are co-ordinated and work together as they individually and/or collectively evolve.
2. The following actions should be undertaken:
 - a. Develop a transformation plan by **October 2020** around Midlothian Intermediate Care Services to meet the changing needs of the Midlothian population and create opportunities to deliver care in people's local community as opposed to acute hospitals. **This should include a single point of access by December 2020 and should encompass all teams under the intermediate care umbrella.**
 - b. **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.
3. The impact will be improved outcomes for local people and across the health and social care system. More people will receive care and support in their own home as opposed to acute care
4. The Plan should be reported to the Strategic Planning Group by October 2020.

5. The Plan should include outcome measures to aid future monitoring.

DIRECTION 18 : ADULT PROTECTION AND DOMESTIC ABUSE Budget: £611,000
DIRECTION : NHS Lothian & Midlothian Council

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

Equally Safe, Scotland's Strategy to prevent and eradicate Violence Against Women and Girls was introduced 23/03/2016 and updated in 2018 by the Scottish Government and CoSLA. This strategy's vision is a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it. The strategy covers all forms of violence against women and girls

While the governance of public protection rests with the *East Lothian and Midlothian Public Protection Committee* it remains a central responsibility of the Health and Social Care Partnership to enable people to stay safe.

2. In this regard the following actions should be undertaken:
 - i. Review the effectiveness of the new combined Public Protection module, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection by March 2021.
 - ii. As recommended by the Thematic Inspection in 2018, the partnership should make sure that all adult protection referrals are processed timeously by August 2020.

- iii. When women or children have experienced domestic abuse or sexual abuse, ensure that Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people by March 2021.
 - iv. Support the embedding of Safe and Together (keeping the child Safe and Together with the non-offending parent) across social, health and care services
 - v. Support implementation of the East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation signed by the Critical Services Oversight Group on 01/08/2018
 - vi. Monitor the Midlothian Council Safe Leave Programme - for those employees who are experiencing gender based violence and need additional time off work to deal with resulting matters by March 2021.
3. The impact will be to strengthen our capacity to protect people from or respond to referrals regarding adult protection and domestic and sexual abuse.
 4. Work to be led by the East and Midlothian Public Protection Committee with annual report to the Strategic Planning Group.
 5. The impact of these developments should be measured by the performance indicators already in place in the Public Protection Plan.

DIRECTION 19: PUBLIC HEALTH Budget: £230,000

DIRECTION : NHS Lothian

1. The importance of shifting the emphasis of our services towards prevention and early intervention along with the need to redouble our efforts to tackle inequalities is evident in the new Strategic Plan.
2. The following actions should be undertaken:
 - i. All service providers should adopt the Midlothian Way to build a prevention confident workforce that supports self-management working with what matters to the person through a Good Conversation (train 80 people by March 2021). In addition, provide training on trauma (400 people by March 2021), health literacy and health inequalities (60 people by March 2021).
 - ii. There should be a continued programme of work to enable people to stay well including the implementation of the Physical Activity Strategy and a review of the range of services in place to improve health and wellbeing across the population e.g. reduce isolation by March 2021; and addressing obesity one of the key factors in the prevalence of ill-health and Type 2 Diabetes.
 - iii. A comprehensive Public Health action plan should be developed with clear and measurable contributions from Health and Social Care and the wider NHS Lothian Public Health Directorate by October 2020.
 - iv. Work should continue to develop our Prevention Intention through engagement with all of the planning groups and renew our commitment to embed Integrated

Impact Assessments in action plan development by September 2020. This will complement the work on staff training to support a prevention confident workforce.

- v. The NHS Lothian Public Health Directorate and Midlothian Health & Social care Partnership should negotiate an appropriate arrangement for the integration of NHS Lothian Public Health staff in Midlothian by August 2020.
 - vi. The impact of the CHIT (Community Health Inequalities Team) should be reported to evaluate the case for continued or increased investment by June 2021.
 - vii. Initiate discussions with the 3 other Integrated Joint Boards about the potential disaggregation of Public Health funding including but not limited to Health Improvement Fund, Hep C and Blood Borne Virus by November 2020.
 - viii. Improving the Cancer Journey (ICJ) programme to be established by September 2020 to ensure support to people following a cancer diagnosis. This work should complement the Wellbeing Service.
 - ix. Facilitate trauma-informed practice across Health and Social Care and Community Planning Partnership services. Train 400 people in Level 1 training by March 2021.
 - x. Having reviewed the gaps in service provision in Midlothian for pregnant women who smoke, allocate resource from existing scheme of establishment within NHS Lothian Quit Your Way Service to develop and deliver service model for pregnant women based upon best practice learning from NHS Dumfries and Galloway.
3. The impact will be to reduce failure demand and contribute to the gradual improvement of the health and wellbeing of the population.
 4. A report on progress should be reported to the Strategic Planning Group by the end of November 2020.
 5. Each of these work-streams should develop a set of measures that enable progress to be quantified.

DIRECTION 20: SERVICES TO PEOPLE UNDER 18YRS

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

DIRECTION : NHS Lothian

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

2. The following actions should be undertaken:

Health Visiting –

- i. Work to increase staff compliment to full, including adequate support staff, - Nursery Nurses and Admin support by March 2021
- ii. Monitor implementation of the Universal Pathway by March 2021.
- iii. Review the management structure for all nursing in Midlothian including health visiting by December 2020.

School nursing -

- iv. Implement the refocused role of school nursing including the 10 priorities by March 2021.

0 -5 yrs Immunisations -

- v. Develop and implement a new service model for 0 – 5 yrs immunisations that is safe and available in all areas of Midlothian and ensure good governance by March 2021.

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

4. A report on progress should be available to the GIRFEC Board and the Strategic Planning Group by March 2021.

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

DIRECTION 21: ALLIED HEALTH PROFESSIONALS Budget: £3,278,000 **DIRECTION : NHS Lothian & Midlothian Council**

1. Allied Health Practitioners (AHPs) are expert in rehabilitation and enablement. They are practitioners who apply their expertise to diagnose, treat and rehabilitate people across health and social care. They work with a range of technical and support staff to deliver direct care and provide rehabilitation, self-management, “enabling” and health improvement interventions.
2. The following actions should be undertaken:
 - i. Explore options for a Musculoskeletal Advanced Practice Physiotherapy service at MCH for appropriate patients redirected from the Royal Infirmary A&E by March 2021.
 - ii. Develop a Falls Prevention plan and associated performance measures by September 2020.
 - iii. The organisational arrangements for AHPs should be reviewed in light of changes in the social work fieldwork service and the outstanding work-stream regarding the deployment of acute hospital AHPs in the community by December 2020
 - iv. Review AHP model of care to Highbank and MCH to create a flexible and responsive single workforce by December 2020. This should improve flow.
 - v. Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by March 2021.

3. The impact will be measured through progress in transformational planning. Planning will include determination of impact measures.
4. A report on progress should be provided to the Strategic Planning Group before March 2021.
5. Specific targets and monitoring arrangements will be managed by the individual services and reported to the Strategic Planning Group annually and via topic specific reports such as Primary Care or Midlothian Community Hospital.

DIRECTION 22: DIGITAL DEVELOPMENT

Budget: N/A

DIRECTION : NHS Lothian & Midlothian Council

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

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

2. While strategic collaboration is required, a number of tactical/operational deliverables have already been identified as required to support core business and as rate limiting factors in developments. In this regard the following actions should be taken:

- i. Identify business partner representative(s) from eHealth¹ and Digital Services² respectively to support the new Partnership governance planning meetings and strengthen closer working links for developing future strategic deliverables (e.g. TrakCare changes).
- ii. eHealth to deliver on work to develop a data capture tool for use by the Midlothian Wellbeing Service by November 2020.
- iii. Digital Services and eHealth to provide the technical integration required to share and combine Health and Care data sets according to the planning needs of the Partnership within calendar year 2020 and a roadmap for this by end of calendar year 2020³.
- iv. Digital Services to support direct connection to Mosaic Database Universes within Dashboard technical stack/environment. Specification on how to achieve this post Mosaic migration by end of calendar year 2020⁴.
- v. eHealth to support scoping TrakCare utilisation across Partnership teams within 2020/21 for the purpose of developing a specification for developing full functionality standardised eWorkflow across Midlothian, specify requirements for delivery, and (subject to any IJB approval requirement for financial allocation) allocate resources for delivery by end of calendar year 2021 and mechanism for maintenance.
- vi. Digital Services to have completed the migration of Mosaic to the remote hosted service by Q3⁵ of FY 2020/21.
- vii. eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:
 - a) Attend Anywhere simply as a contact modality
 - b) Attend Anywhere as a fully functional clinic solution with all necessary associated Trak developments.
 - c) Digital Services to enable Council Care Teams to access Near Me under existing national licence
- viii. Digital Services to advise on ensuring delivery of contractual obligation on CM2000 to provide integration with Mosaic post migration to hosted service.
- ix. eHealth and Digital Services to support improved cross organisational collaboration of the HSCP [e.g. through scoping and road mapping Teams to consider issues such tenant (having to 'hot swap' tenancies to see staff), view calendars, book shared physical resources (i.e. rooms), joint distribution lists, holding virtual meetings without member/guest issues barring participation in chat/file share/presentation viewing.

¹ Account Manager already in place but not as well connected within governance structures.

² Senior management support already in place but not as well connected within governance structures.

³ Amended from June 2020 to take account of Covid.

⁴ Amended from June 2020 to take account of Covid.

⁵ Amended from Q1

3. The impact will appropriately support core business from e-health and digital services in order that transformation programmes and core services can operate effectively.
4. The impact will be measured through progress in by the relevant planning groups. Planning will include determination of impact measures.
5. Specific targets and monitoring arrangements will be managed by the individual planning groups and reported to the Strategic Planning Group before November 2020.

DIRECTION 23: HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY

Budget: N/A

DIRECTION : NHS Lothian & Midlothian Council

1. The Public Bodies (Joint Working) Act 2014 sets out the legislative framework for integrating health and social care. The Act requires the integration of the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services.
2. It is a radical change in how local services and governed and delivered. It is important that the Partnership works to mature and develop in order to meet its objectives and truly integrate service provision for local people. This requires some focus on partnership development and maturity as well as on specific programmes and services.
3. The following actions should be undertaken:
 - i. Collaborative leadership model should be progressed by **December 2020.**

- ii. The Partnership should take opportunities for self-evaluation and improvement planning – for example Scirocco Knowledge Exchange Programme by March 2021
 - iii. Meaningful and sustained engagement with local communities and/or service users should be evident. A Communication and Engagement Strategy to be published by Dec 2021 and impact report available to end March 2021 and annual thereafter.
 - iv. A tool to better capture the impact of the Partnership on outcomes for local people and on the wider health and social care system to be functional by March 2021.
4. The impact will be improved engagement of staff and communities in the Partnership’s planning and review processes and subsequent improvement actions
 5. A report on progress should be provided to the Strategic Planning Group before March 2021.
 6. Specific targets and monitoring arrangements will include ‘imatter’ and other processes. The Senior Management Team will maintain an overview or programmes of work and will report progress to the Strategic Planning Group.

Midlothian Integration Joint Board Financial Summary

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

Service Management	358		Integrated
Strategic Commissioning	268		Integrated
	<u>45,026</u>		

Health Services

Core

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

Hosted

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

Set Aside

ED & Minor Injuries	2,369	2	Set Aside
Acute Management	542	1	Set Aside
Cardiology	684	1	Set Aside
Diabetes & Endocrinology	344	1	Set Aside
Gastroenterology	551	1	Set Aside

General Medicine	5,218	1	Set Aside
General Surgery	618	1	Set Aside
Geriatric Medicine	2,497	1	Set Aside
Infectious Disease	1,014	1	Set Aside
Junior Medical	136	1	Set Aside
Rehabilitation Medicine	420	1	Set Aside
Respiratory Medicine	954	1	Set Aside
Therapy Services	1,532	1	Set Aside
Other	52	1	Set Aside
	<u>16,931</u>		
	136,142		



8th October 2020

Midlothian Community Justice Annual Report 2020

Item number: 5.4

Executive summary

The Community Justice (Scotland) Act 2016 places a duty on local community justice statutory partners to produce a Community Justice Outcome Improvement Plan (CJOIP) which outlines key local needs and priorities and the plans and actions to address these. Beyond this, partners are also tasked with reporting on an annual basis to Community Justice Scotland.

This report is a summary of the 2020 Annual Report prepared for Community Justice Scotland by the Midlothian Community Justice Partnership. The report highlights key aspects of community justice activities, outcomes and improvements during 2019-20.

Board members are asked to:

Note the content of this report.

Midlothian Community Justice Annual Report 2020

1 Purpose

- 1.1 The purpose of this report is to update the IJB on activity carried out by the Community Justice Partnership in Midlothian during 2019/20.

2 Recommendations

- 2.1 Members asked to note the content of this report.

3 Background and main report

- 3.1 The introduction of the Community Justice (Scotland) Act 2016 triggered the formal implementation of the new model of Community Justice in Scotland.

The 2016 Act places a duty on local community justice statutory partners to produce a Community Justice Outcome Improvement Plan (CJOIP) which outlines key local needs and priorities and the plans and actions to address these.

Beyond this, partners are also tasked with reporting, on an annual basis, the community justice outcomes and improvements in their area. The 2019/2020 Annual Report is attached as an appendix.

- 3.2 Several key aspects of the Annual Report are highlighted below:

Rewrite of the new three year plan 2020-2023- A half-day workshop held on 19/02/20 brought together statutory partners, third sector, service users with lived experience of the justice system, elected members and Board members. Our new action plan contains 40 partnership actions which focus on collaborative working across the agencies.

Recovery Hub (No.11), where all community Substance Misuse and Mental Health staff, both NHS and local authority are co-located with Justice social work and relevant voluntary sector organisations for people in recovery. An example of partnership working is highlighted by the Substance Misuse Service training a number of peer support workers and Justice Social Workers to administer Naloxone during a suspected opiate overdose. The recovery hub provides a joined up approach to care, recovery and justice.

The **'Women's supper'** is a true community partnership project. The service was introduced following identification of a gap in service for a women only space to feel safe and feel less isolated and access services. The Women's Social Supper was established in October 2019. Staff from Justice Social Work, Substance Misuse staff, Change Grow Live, Children's First, Horizon's Cafe and Mid and East Lothian

Drugs provide support, encouragement and signposting to the women and children as well as the various activities each week. From October 2019 to March 2020, over 300 women and 100 children have been supported.

No 11 Allocation Meeting. This visionary forum brings together Health, Substance Misuse Services, Social Work, Housing, and third sector agencies and gives consideration to bespoke packages of care/support/treatment to individuals who use No 11. Bespoke services are considered based on risk and need of an individual. Initial data shows that between December 2019 (when the forum began) and July 2020, 43 individuals who have been liberated from custody have been discussed. Of those, all had suitable accommodation identified for them.

4 Policy Implications

None.

5 Directions

- 5.1 In terms of direction, the main area(s) of focus of the Partnership's activity over the next year will be:
- Unemployment – particularly post COVID-19. It is projected that unemployment will rise by 10% in Midlothian as a result of COVID-19. This will cause even more challenge to individuals with experience in the justice system obtaining employment post prison sentence.
 - Mental health – again post COVID there will be a clear need for a collaborative approach to address this.
 - Deliver the Midlothian Community Justice Partnership's newly published communication plan 2020-23 to help raise the profile of Community Justice.

6 Equalities Implications

- 6.1 Using robust, evidence-led research and analysis, the Community Justice Strategic Needs Assessment 2019 identified a number of inequalities in health, housing, finance, and employment within the Midlothian area. Priority areas identified are the focus of the recently published Community Justice Outcome Improvement Plan 2020-23 which contains forty actions that the partnership will strive to achieve over the next three years.

6.2 IIA

7 Resource Implications

7.1 N/A

8 Risk

- 8.1 The main risk associated with the Community Safety and Justice Partnership Annual Report and CJOIP is poor performance against objectives and outcomes. A full risk register has been produced by the partnership and available upon request.

9 Involving people

- 9.1 A key pillar of the Community Justice (Scotland) Act 2016 and the Community Justice Scotland Strategy is empowering communities. Effective community justice relies on its partnerships both with the public and a wide range of partners who support the delivery of the shared objective to reduce offending and re-offending.

Actions will aim to raise the profile, understanding and participation of Community Justice across Midlothian among the public and partners from all sectors. The audience for this communication and engagement plan is all inclusive, from strategic and non-strategic partners, to third sector organisations, elected members, local neighbourhoods and communities, people affected by offending, families of people that have offended, victims of crime and Community Justice Scotland.

10 Background Papers

AUTHOR'S NAME	Fiona Kennedy
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DATE	9 September 2020

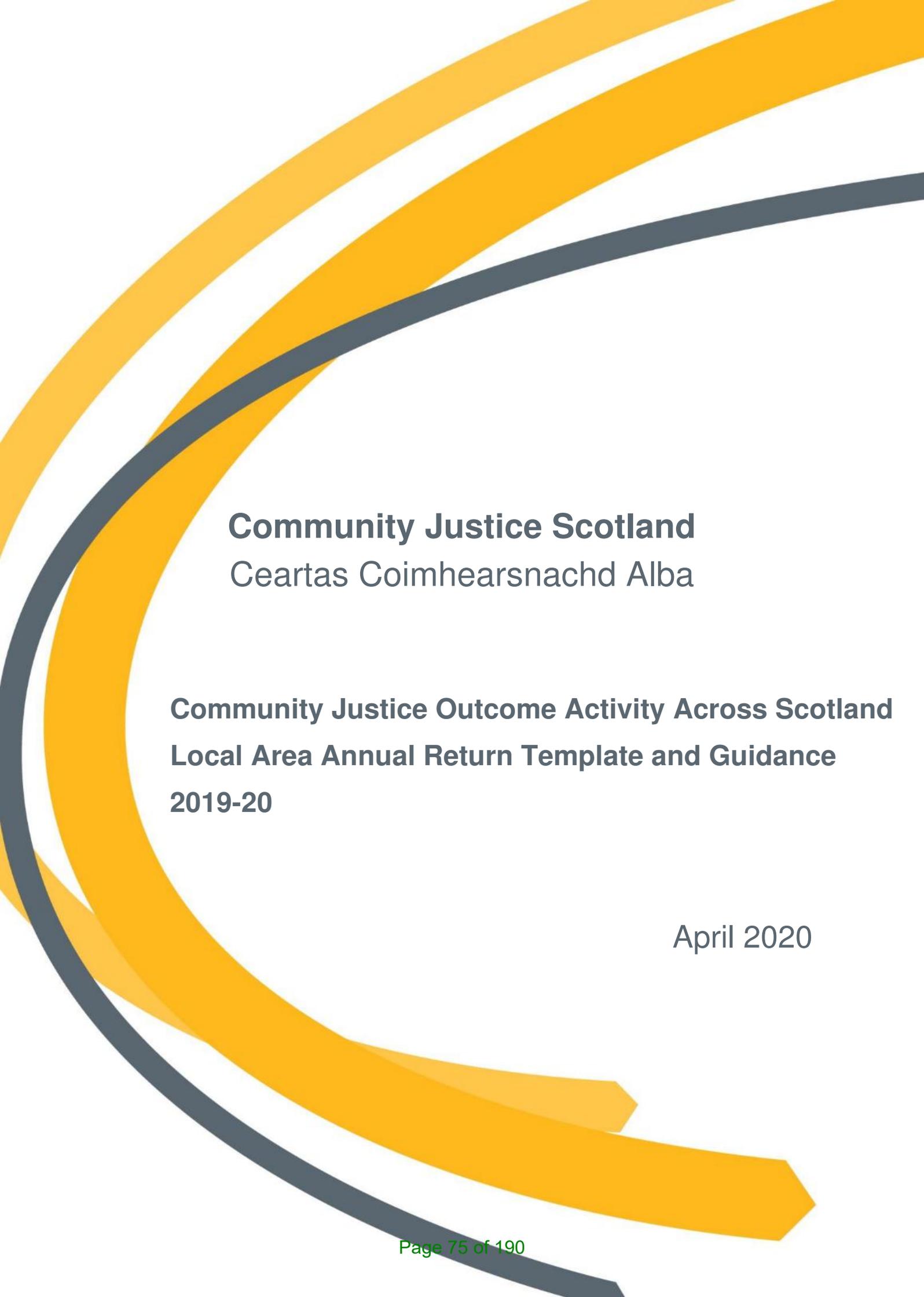
Appendix

Midlothian Annual Report 2019-20

Appendices upon request:

Community Justice Outcome Improvement Plan and Framework 2020-2023

Communication and Engagement Strategy 2020-23



Community Justice Scotland
Ceartas Coimhearsnachd Alba

**Community Justice Outcome Activity Across Scotland
Local Area Annual Return Template and Guidance
2019-20**

April 2020

1. Background

The introduction of the Community Justice (Scotland) Act 2016 triggered the formal implementation of the new model of Community Justice in Scotland. A number of key documents are associated with the Act including the National Strategy, Justice in Scotland: Vision & Priorities and the Framework for Outcomes, Performance and Improvement.

The 2016 Act places a duty on community justice statutory partners to produce a Community Justice Outcome Improvement Plan (CJOIP) which outlines key local needs and priorities and the plans and actions to address these against a backdrop of the documents noted above. Beyond this, the partners are also tasked with reporting, on an annual basis, the community justice outcomes and improvements in their area, again with reference to the associated strategy and framework documents and, when complete, submit those annual reports to Community Justice Scotland.

Community Justice Scotland is committed to working in partnership with community justice partners and have designed the template and guidance to support local areas in reporting on their annual outcomes and improvements in a meaningful way that captures necessary data in an effective and efficient manner.

2. Statement of Assurance

The information submitted to Community Justice Scotland using this template is for the purpose of fulfilling the requirement under s27 of the Community Justice (Scotland) Act 2016 for Community Justice Scotland to produce a report on performance in relation to community justice outcomes across Scotland.

The data submitted using this template will be used for this reporting purpose only. In the report, local authority areas will only be specifically identified with their consent. However, Community Justice Partnerships should be aware that any information held by Community Justice Scotland is subject to statutory Freedom of Information obligations.



3. General principles of the template

The template is designed to capture a range of important data in a way that allows local partners to highlight key aspects of community justice activities, outcomes and improvements over the specified period without it being onerous or time and resource demanding.

Most of the template is self-explanatory and, where this is the case, there is little guidance required. In the sections that require more direction for completion, please refer to the template completion guidance which was issued alongside this reporting template. The text (in blue) will outline what is expected in terms of reporting.

It would be helpful if responses in each of the “evidence and data” boxes within section 4 of the template (“performance reporting”) is held to a maximum of 300 words per indicator to ensure the main points are captured. This allows for an efficient analysis by Community Justice Scotland on return. The use of bullet points in your answers is acceptable.

Where the template asks for evidence, a written response will suffice and there is no expectation that you send additional supporting documentation – if there are any aspects Community Justice Scotland is unclear on it will be our responsibility to request clarification where necessary.

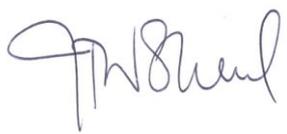
If any response or evidence requires details about people with lived experience (e.g. evidence in respect of someone’s life story) please **NO NOT** include any personal sensitive information (as outlined in Schedules 2 & 3 of the Data Protection Act 1998) as Community Justice Scotland does not require such information. If this is unavoidable then please ensure that the data is fully anonymised.

This is the third iteration of the template and guidance.



4. Template Completion

1. Community Justice Partnership / Group Details	
Community Justice Partnership / Group	Midlothian Community Justice Partnership
Community Justice Partnership Group Chair	Jim Sherval, Public Health Consultant, NHS Lothian
Community Justice Partnership / Group Co-ordinator	Fiona Kennedy, Community Safety and Justice Manager, Midlothian Council
Publication date of Community Justice Outcome Improvement Plan (CJOIP)	31 March 2020

2. Template Sign-off	
<p>The content of this annual report on community justice outcomes and improvements in our area has been agreed as accurate by the Midlothian Community Justice Board and has been shared with our Community Planning Partnership through our local accountability arrangements.</p>	
Signature of Community Justice Partnership / Group Chair:	Date: 24/09/2020
	
<p>.....</p>	

3. Governance Arrangements
<p>Please outline below your current governance structure for the community justice arrangements in your area:</p> <p>The Midlothian Community Safety & Justice Partnership Board was established to coordinate and oversee community justice in Midlothian. The Board has responsibility for the implementation of the improvement actions contained within the CJOIP and content of the national strategy. Members of the Board report annually on the indicators contained within the National Outcomes, Performance and Improvement Framework.</p> <p>A multi-agency Midlothian Community Justice Working Group – consisting of statutory and non-statutory partners - was established alongside the Board to develop the CJOIP and drive forward the improvement actions agreed within. The progress of the working group is overseen by the Midlothian Community Safety and Justice Partnership Board.</p> <p>The statutory partners are required to review the Midlothian Community Justice Outcome Improvement Plan throughout the three year period, and in the following circumstances, to determine when a new plan is required:</p>



- When a revised National Performance Framework for Community Justice is published
- When a revised National Strategy for Community Justice is published
- When a revised (Community Planning Partnership) Local Outcomes Improvement Plan (LOIP) for the local authority area is published. Indicators within the CJOIP are included in the LOIP (Single Midlothian Plan) and reported on by the Community Planning Partnership.

The Midlothian Community Safety and Justice Partnership is one of five strategic groups within the Community Planning Partnership, and is made up of the following statutory partners:

Police Scotland

Midlothian Council (Communities and Lifelong Learning, Housing, Education, Children and Families, and Justice Social Work).

Scottish Fire and Rescue Service

NHS Lothian

Integrated Joint Board for Health and Social Care

Skills Development Scotland

Scottish Courts and Tribunal Service

Scottish Prison Service

Crown Office and Procurator Fiscal Service

In addition to a number of non-standard partners agreed by the partnership:

Victim Support Midlothian

Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP)

Mid and East Lothian Women's Aid

Change Grow Live

Health in Mind

The Community Empowerment (Scotland) Act 2015 creates the legislative framework for community planning in Scotland. It places a duty on specific statutory partners to contribute towards improving outcomes through community planning. One of the strategic priorities within community planning is reducing inequalities; this includes all of the services that support the reduction of offending and reoffending.



4. Performance Reporting – National Outcomes

NATIONAL OUTCOME ONE

Communities improve their understanding and participation in community justice

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Activities carried out to engage with 'communities' as well as other relevant constituencies	<p>'Introducing Community Justice in Midlothian' event on 20/11/19 attended by 80 services users, partners from Justice, health, substance misuse and third sector. Speakers included Karyn McCluskey Naomi Breeze (one woman drama performance) and James Docherty (professional and personal experience of navigating the care and criminal justice system).</p> <p>Rewrite of the CJOIP half-day workshop held on 19/02/20. Brought together statutory partners, third sector, service users with lived experience of the justice system, elected members and Board members. 'Inclusive Justice Co-producing Change' by Weaver et al was used to ensure that voices, in particular of those with experience of the justice system, were heard and encouraged. Focus groups were established to look at the National Indicators.</p> <p>Community Council training day in Sept 2019- presentation on Community Justice delivered to Community Council members.</p> <p>Social Media continuing to be used as a platform for sharing relevant local and national consultations, strategies and partnership movements. 884 posts shared on Twitter and 79 posts on Facebook in 2019/20.</p>	<p>MOTIVATION - Improved awareness, motivation and enthusiasm for CJ partners and communities to work together in the delivery of CJ services. Event feedback extremely positive - 78% of attendees rated the event 5/5. Written feedback included "Inspiring and proof that change can happen". Overall impact was as intended.</p> <p>SERVICE USER LED CJOIP NOW FIT FOR PURPOSE - Rich data collected that formed the basis for joint actions and indicators for the new CJOIP. Positive feedback from service users who said they were pleased to have been invited and were left feeling "respected and listened to".</p> <p>INCREASED AWARENESS of the issues that underpin offending behaviour and how effective partnership working can begin to address issues within Midlothian.</p> <p>WIDER AUDIENCE AND ABLE TO REACH MORE PEOPLE - Social media pages gained 89 Twitter and 5 Facebook followers in 2019/20. Total following at 31/03/20 was 515 people, up 79 from 2018/19 (436).</p>
Consultation with communities as part of community justice planning	<p>May/June 2019 - CJ survey undertaken with individuals who live and/or work in Midlothian and included individuals held in prison custody at HMP Edinburgh/ Cornton Vale. CSJP Manager carried out two weeks of public consultations at a</p>	<p>GREATER COMMUNITY EDUCATION REQUIRED. Impact on the partnership going forward will be considerable resources deployed towards at enhancing community awareness of CJ.</p>



<p>and service provision</p>	<p>number of community centres throughout Midlothian. Geographic representation was considered to obtain a balance between rural and urban areas. 450 responses received, an increase (+14.2%) on the 2017 consultation (n=394). The survey found that awareness of community justice is low among the general Midlothian population and significant work is required to develop public/partner understanding of the link between risk factors and desistance from (re)offending.</p> <p>Communication and Engagement Strategy 2020-23 developed in Spring 2020 - outlines the partnership's approach towards National Outcome 1 along with performance framework.</p> <p>Community Planning Development Day took place in Nov 2019, the purpose being for all statutory and non-statutory partners, members of the public and young people to set Midlothian's priorities for the next year. CSJP Manager delivered a presentation on the successes and challenges of the CSJP over the last year and co-facilitated an afternoon workshop run in conjunction with an individual who has lived experience of the justice system.</p>	<p>17 consultation and engagement actions have been agreed that the CSJP will take forward through 2020-23.</p> <p>GAINED VIEWS from partners, stakeholders and members of the public as well as providing both a soapbox and networking opportunity.</p> <p>INCREASED AWARENESS OF CJ and what it looks like in Midlothian, and understanding the story behind people who have come through the justice system.</p>
<p>Participation in community justice, such as co-production and joint delivery</p>	<p>All Midlothian residents incarcerated in HMP Edinburgh and HMP Cornton Vale were consulted within the 2019 Spring Consultation.</p> <p>Focus groups held throughout the year with justice service users in relation to proposed partnership activities such as the CJ booklet.</p> <p>Rewrite of the CJOIP half-day workshop held on 19/02/20. Individuals were split into five groups each focusing on a national outcome, 13 males on unpaid work attended, providing valuable insight into what is working in CJ in Midlothian, what gaps there are in service provision, and ultimately what support is needed to prevent them from (re)offending.</p> <p>2019 Spring CJ consultation Q - "How might you be able to support or help people in the community from becoming involved in crime?" 240 responses and 4 themes identified: educating communities, supporting people in local groups,</p>	<p>Demonstration of positive joint working with SPS. Voices of service users heard.</p> <p>Positive feedback from participants who felt were listened to and actively participating in "making changes to how things are done". The booklet is user-led and will contain contact details for services identified as essential in recovery.</p> <p>SERVICE USER LED CJOIP NOW FIT FOR PURPOSE - Rich data collected that formed the basis for joint actions and indicators for the new CJOIP. This proved very positive with service users, who noted afterwards that they were pleased to have been invited and were left feeling "respected and listened to".</p> <p>There is clearly appetite among the general public to volunteer in some capacity. This will be taken advantage of in the coming months as we STRIVE TO</p>



	<p>befriending/mentoring, and being a positive role model. Many individuals would volunteer in some capacity but do not know how.</p> <p>The Mental Health Strategic Partnership group includes service user and advocacy group involvement.</p>	<p>ENGAGE FURTHER WITH COMMUNITIES and in the coproduction of services.</p>
<p>Level of community awareness of / satisfaction with work undertaken as part of a CPO</p>	<p>Social Media is updated daily and communication continues with unpaid work managers and council communications team to promote the work undertaken by the unpaid work teams in improving local communities, including with the team at Straiton Pond Nature Reserve to achieve a Green Flag award in Oct19.</p> <p>Positive feedback from community groups resulted in other organisations approaching the UW service asking for support. Beneficiary feedback has been very positive with 90% describing the service as excellent and 10% good. Quotes from beneficiaries include “I can’t praise the supervisor’s and workers enough for all the work they do for us. The guys are always very polite, respectful and civil to everyone at the Church“</p> <p>Waste Amnesty co-ordinated by CSJP and delivered by SFRS and the Unpaid Work Team in Nov 2019. Successful event with statistics showing a 135% increase in uplifts. There were 101 referrals and 405 items collected from gardens, public spaces and stairways by unpaid work.</p> <p>Spring 2019 CJ consultation - 407 respondents provided an example of UW they’d like to see in Midlothian. Responses fell broadly into three separate themes - improving the environmental attractiveness of the area, ‘filling the gap’ in terms of council cutbacks, and restorative work with victims. There was support for Unpaid Work that helps to develop skills, work experience or otherwise improves future prospects.</p>	<p>GREATER UNDERSTANDING among the public of what unpaid work is and what it achieves for communities.</p> <p>More community-led unpaid work provision.</p> <p>Reduce the likelihood of deliberate fireraisings. SUPPORTS CPP REDUCING INEQUALITIES AGENDA by focusing on three areas of deprivation/need in Midlothian. Collaborative working and UW benefiting communities.</p> <p>IMPACT. More measurable outcomes for those on UW. Will enable us to measure the benefit that UW is giving to communities. Feedback will in turn be valuable to those on UW and in making them feel appreciated and included.</p>
<p>Evidence from questions to be used in local surveys / citizens’ panels and so on</p>	<p>Spring 2019 consultation findings:</p> <ul style="list-style-type: none"> • When asked to prioritise factors that impact on offending: <ul style="list-style-type: none"> • 73% “working with young people to reduce early anti-social behaviour” • 57% “support people to reduce/manage drug use” • 56% “support people to attend school and/or gain qualifications” • 49% “help to improve family life and parenting skills” • 47% “support people with mental health issues” 	<p>EDUCATION AND CJOIP INPUT. As well as educating the 560 respondents (summary evidence from the strategic assessment was presented for each of the five priorities for CJ identified in the Spring consultation), responses yielded excellent insight into the public’s perception of Community Justice and the</p>



	<ul style="list-style-type: none"> • 46% “Support people to reduce/manage alcohol use” • 252 (56%) respondents were aware of a service/s helping to prevent people from (re)committing crime in their local area. • What more needs to be done to stop people from (re)committing crime in your local area? <ul style="list-style-type: none"> • Enhanced policing, diversion, prevention and early intervention, offender-led support, parental responsibility, and partnership working. • Respondents are often unclear as to how they as an individual can impact on a reduction of (re)offending. Despite this, there is willingness for greater participation evidenced by engagement (or desire to engage) with partner agencies to meet the needs of communities. <p>Winter 2019 Citizen’s Panel survey - consideration was given to the format of the questions around CJ. Questions re-written to reflect and build on the information gleaned during the spring public consultation and allow for more open ended, qualitative responses. Analysis revealed four central concepts prioritised by respondents:</p> <ul style="list-style-type: none"> • Diversion; • Community education and awareness raising of issues affecting (re)offending; • Creating more inclusive communities • Early intervention support service 	<p>work that is FELT to be required to address them. Insights played a key part in the writing of the CJOIP.</p>
<p>Perceptions of the local crime data</p>	<p>The Scottish Government statistics on the public’s perception of crime shows that in Midlothian for the period between 2014-17 the percentage of the population stating that crime in their area was “about the same, or a little or a lot more” was 30.81% an increase from 2012-15 when it was 28.82%. Looking solely at 2018 data, crime perception has decreased from the previous year and three-year average with 31% stating that crime in the area was the same or more (compared to 37.67% in 2017 and 33.8% three-year average). Data Source SSSQ https://bit.ly/2sTQgfo</p> <p>Police Scotland crime statistics for 2019/20 show:</p> <ul style="list-style-type: none"> • Crimes of violence down 2 in the last 12 months (n=62) 	<p>The number of crimes have decreased in Midlothian in the last 12 months, in particular housebreaking, shoplifting, vandalism, and complaints of ASB. It is anticipated that reductions in crime will lead in the longer term to a reduction in crime perception and the fear of crime.</p>



- Theft by housebreaking (including attempts) down 26.3% (n=260)
- Shoplifting down 21.8% (n=637)
- Vandalism down 8.1% (n=729)
- Complaints of ASB down 9.0% (n=5311)

Other information relevant to National Outcome One

Plans are underway to redesign and develop measurable outcomes for beneficiaries of Unpaid Work projects, and market online application form for unpaid work. There is a page on the Council website asking for ideas for Unpaid Work projects and providing an email address for ideas to be submitted.

The partnership acknowledges that better links are required with our partners representing victims and witnesses. There is a commitment from Victim Support Scotland and Mid and East Women's Aid who sit on both the Working Group and Board. It is hoped that going forward stronger partnership working can be forged so the views and hopes of victims and witnesses can be fully considered within service planning, design and delivery.

CSJP Manager sits on both the Community Planning Partnership Working Group and the Violence Against Women and Girls Working group thus promoting integrated partnership working and raising the profile of Community Justice.

There is a strong third sector involvement within the MCSJP with Midlothian Voluntary Action, Victim Support Scotland, Women's Aid East and Midlothian, Change, Grow, Live and Families Outside having places on either the Board and/or Working Group.

Presentation written on CJ- A power point presentation on CJ has been developed complete with relevant Second Chancer videos from CJS. This has, and will continue to be used to engage with community groups, internal staff teams etc.

The 2019/20 financial year saw a new approach taken to the delivery of unpaid work in Midlothian. Following the conclusion of a service review in 2018/19 the team worked alongside community groups and organisations to undertake a variety of projects that have sought to promote clients' engagement in their communities whilst making reparation (payback) to those communities who experience the highest levels of crime and anti-social behaviour. This has been a significant change in the practice of the team where in the past groups would often work alone in isolated rural locations and organisations knew little about the support the team could provide. This new approach has supported communities with initiatives including food and clothes banks, developing a community garden and community hub, gardening and maintenance work at a project for young people, creating a memory garden for a project supporting people with dementia and helping support the set-up of Midlothian's first early years outdoor nursery. Developing and maintaining the close working relationships with community groups allowed the Justice team to support these organisations and communities as they started to deal with the impact of Covid 19 in March 2020. The team supported the establishment of food banks providing hot food to the most vulnerable in the community and also assisted by delivering hot food and food parcels and in supplying the food banks by transporting donated food from supermarkets.

Alongside working in partnership with community groups and organisations the Unpaid Work Team have sought to target work on behalf of the most vulnerable members of our community. To this end we have met with colleagues from social work and NHS to promote the work that our team could do to support their clients and their interventions. This resulted in our Team receiving 170 referrals during the 2019/20 year to undertake projects for people with mental health problems, disabilities, financial problems and support needs that qualify them for social work support and intervention. This is a significant



increase of 36% in referrals from the previous year when we undertook projects for around 125 individual beneficiaries. Examples of the work that we have done has included supporting the mental health team renovate a client's home to allow them to move to accommodation more suited their needs. We supported another mental health case by helping the social worker clear the house of a hoarder who was creating a fire risk in their home. Other work has included gardening to allow a disabled person access to their garden. Having formed these contacts with social work and NHS we were able to help services respond quickly to individual need when the Covid-19 situation developed. One example involved us assisting the NHS and community care colleagues furnish a property to allow a person with physical disabilities to leave hospital at a time when demand for hospital beds was increasing. Undertaking more work for individual beneficiaries has helped motivate clients who have reported being more motivated to undertake their Order as they can see the direct benefit for the beneficiary. Some quotes from clients includes:

- “the changes in unpaid work have been brilliant. It’s so different. We are helping people who without us would have nothing”
- “in the past unpaid work was boring the supervisors didn’t give us much to do, the day really dragged. The new guys have been great. We now help the elderly and do work that means something. I actually want to be here”
- “I look forward to coming in. It’s an amazing feeling being able to help. One old woman had no family and we were able to help clear her garden and make things better for her”
- “I truly enjoyed my time and feel like I have immensely contributed to the community”.

In 2019/20 we refurbished the Justice Service website and sought to promote the email address where members of the public could make referrals or submit ideas for projects. The numbers of referrals through this route has been slow and prior to the implementation of our new working practices there was a concern that the public and especially the most vulnerable would not be aware of the support offered by the team. To raise the profile of the service when working with the community groups we have asked them to publicise the support of our service on their newsletters and Facebook pages. We have also sought to use the council's and community justice's social media accounts to highlight the work of the Team. The approach of working alongside the NHS and social work colleagues has meant that we have been able to assist the most vulnerable in our community by taking away the need for them to self-refer. The benefit of this new approach has been highlighted by colleagues from the Substance Misuse Service who raised the partnership approach that we have adopted at the Scottish Drugs Forum receiving positive feedback from their colleagues around the country about the approach of our team.

NATIONAL OUTCOME TWO		
Partners plan and deliver services in a more strategic and collaborative way		
Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Services are planned for and delivered in a strategic and collaborative way	In 2019 workshops were arranged for CJPWG partners to consider the Care Inspectorate self-evaluation indicators. Unfortunately workshops were cancelled due to non-attendance. Focus this coming year will be on partners' accountability within the self-evaluation process.	POTENTIAL FOR SIGNIFICANT NEGATIVE IMPACT. Lack of engagement in the self-evaluation process from all but two partners.



	<p>Midlothian was successful in securing funding from SG to pilot Trauma Informed Training across all Council services. The CSJ manager has now completed training for trainers and can deliver level one trauma training.</p> <p>Spring remains one of the best examples of strategic and collaborative working.</p> <ul style="list-style-type: none"> • 19/20: 20 women referred to spring with 18 active users. Women made progress in all ten areas of the outcome star (e.g. managing mental health, progress made was 64%). • 25 women started phase 2 (group work), up from 12 the previous year. <p>Promoted partnership participation in the Y2K180 project including peer support workers and Substance Misuse Service. Visits to HMP Edinburgh scheduled and we will be encouraging CSJP to support Y2K180 by delivering relevant input and use of the Community Reach and Inclusion Bus in Midlothian's most deprived areas.</p> <p>Mapping exercise carried out to identify services available for the 13700 C&YP aged 12-25 in Midlothian. Initial conversations held with voluntary sector and Early Intervention Officer to plan for transition of C&YP who may need to access CJ services.</p>	<p>Training will equip Midlothian workforce with skills and confidence to recognise and respond to the signs and impacts of ACES.</p> <p>INCREASED RESILIENCE and ability to make positive decisions and promote belief in self to achieve personal goals. <i>"Spring has made a massive difference to me. I feel like I can breathe again. I have got a better understanding and I don't feel alone anymore. I now feel so much more positive ... I am more open minded to new things whereas before I was closed down"</i></p> <p>Added value in the easier access for young people to contact/refer to community justice services. Further, reducing the gap between youth and adult CJ services.</p> <p>The partnership is aware that there is an intelligence gap around community justice services for young people.</p>
<p>Partners have leveraged resources for community justice</p>	<p>Midlothian residents incarcerated in HMP Edinburgh and HMP Cornton Vale were consulted within the Spring Consultation. A demonstration of positive joint working with the Scottish Prison Service.</p> <p>A Progress Record template was approved in 2019 to allow the partners to record and update the other partners on activity, improvements, partnership working and data. At each Working Group meeting one partner is asked to vocalise their progress to the group.</p> <p>Recovery Hub (No 11) (see page 17 for more information)</p> <p>No 11 Allocation Meeting (see page 16 for more information).</p>	<p>INSIGHT ON NEEDS - Analysis yielded some excellent insight and rich data on needs of communities and individuals in the justice system.</p> <p>PROMOTES ACCOUNTABILITY, INFORMATION SHARING, awareness raising and will facilitate future self-evaluation.</p>



	<p>The 'Women's supper' is a true community partnership project. The service was introduced following identification of a gap in service for a women only space to feel safe and feel less isolated and access services should they so desire. The Women's Social Supper was born in October 2019. Staff from Justice Social Work including Spring, Substance Misuse staff, Change Grow Live, Children's First, Horizon's Cafe and MELD provide support, encouragement and signposting to the women and children as well as the various activities each week. Access to Industry, Midlothian Housing, Health in Mind, Peer Support, With You Support Service, Citizens Advice Bureau as well as NHS Sexual Health staff have provided various services including dishwashing and food service and support to the women that attend. From October 2019 to March 2020, over 300 women and 100 children have attended.</p>	<p>Encompasses all women in Midlothian to reduce stigmatisation by bringing the community together. Women are able to access free food, clothing, support, new friendships, birth control and access any of the services or staff available at Number 11, St Andrew Street.</p>
<p>Development of community justice workforce to work effectively across organisational/ professional /geographical boundaries</p>	<p>Large-scale 'Introducing Community Justice in Midlothian' event on 20/11/19 attended by 80 services users, partners from Justice, health, substance misuse and third sector organisations. Speakers included Karyn McCluskey Naomi Breeze (one woman drama performance) and James Docherty (professional and personal experience of navigating the care and criminal justice system).</p> <p>Midlothian CJ Peer Support Development worker, employed by third sector organisation Health in Mind sits on both Working Group and Board and has lived experience of the justice system. He coordinates a team of 25 peer support volunteers.</p> <p>Pathway created for people who do Peer Support Training and interested in volunteering. Over 40 people trained over the past 2 years including PDA in Mental Health (SQA accredited), Coping Strategies, Boundaries, Strengths, Trauma, and Active Listening. Next step is looking into providing SVQ's longer term to support people into employment.</p> <p>Statutory and non-statutory partners met every six weeks at the CJ Working Group with a focus on partner updates, accountability of actions, and CJOIP progression. Each meeting was followed by a CSJ Board to help resolve issues as they arose and provide feedback on documents and consultations. During 2019/20 the Board met and provided guidance and scrutiny on the draft CJOIP (now published). In the next six months a review will be carried out of membership and operation of CJ Board and Working Group.</p>	<p>MOTIVATION - The aim of the event was to improve awareness of CJ and motivate and enthuse partners and communities to work with CSJP in the delivery of CJ services. Feedback from event extremely positive - 78% rated the event 5/5 and written feedback included "Inspiring and proof that change can happen". Overall impact was as intended.</p> <p>Upskilling individuals to move forwards in their life.</p> <p>Monitoring and accountability of actions, ensures progression of the CJOIP, information sharing and allows for collaborative working.</p>



<p>Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPA</p>	<p>Multi-agency work continues to take place to effectively manage MAPPA cases and to support the implementation of the MAPPA extension. Two briefings have been given to elected members and the Midlothian Federation of Community Councils during this reporting period.</p> <p>Statistics are collected every quarter by the MAPPA Unit (44 indicators) and discussed as a standalone at the quarterly East and Midlothian Offender Management Group. 11 of the indicators are then included in the quarterly report for the East and Midlothian Public Protection Quality Improvement group. This group in turn reports to the Public Protection Committee.</p> <p>The Offender Management Improvement Plan consists of 7 outcomes and corresponding actions. Progress against these outcomes is again monitored by the Offender Management Group, the PPQI group and the PP committee. This more qualitative document includes analysis of the views of high-risk offenders about the supervision they received, carried out at the end of orders or licences. We have just started separating high-risk offenders from others to be able to look specifically at this data.</p> <p>There is a quarterly MAPPA Operational Group, held in Edinburgh, where Police Scotland, NHS Lothian, the MAPPA Coordinator and the 5 CJ managers from Lothian and Borders meet. This in turn feeds into the Lothian and Borders Strategic Officers Group.</p>	<p>Awareness raising for both elected members and Community Council members. Shared understanding of risk management and increase in public confidence.</p> <p>Considerable scrutiny of MAPPA information within the context of the East and Midlothian Public Protection Committee. Ability to benchmark and share good practice ideas across the two LA's. Leads to discussion opportunities to take a more joined-up approach to this area of work.</p>
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<p>Other information relevant to National Outcome Two</p>
<p>The CRIB (Community Reach & Inclusion Bus) was a project between SPS and Heavy Sound. The bus was renovated by a group of 20 men and women from HMP Edinburgh, in partnership with Police Scotland's Violence Reduction Unit and the Scottish Prison Service. Midlothian CSJP has had initial talks with Midlothian youth diversionary sector and Heavy Sound in a bid to identify gaps in services where the CRIB would bridge this gap, in particular among our most deprived communities.</p> <p>Mapping exercise for all services and resources across Midlothian - This was a large piece of work that mapped both local and national services within our area. This directory will inform our future ALISS work.</p>



Multi agency meeting with East Lothian around risk assessment protocol – CSJ Manager is now representing Midlothian in a cross council risk management working group. It is hoped we can establish a new protocol around high risk and vulnerable individuals who are not currently managed under existing legislation.

Strategic Assessment – In October/November 2019 a strategic assessment was produced comprising of a wealth of information and intelligence on the links between offending and health inequalities, substance misuse, education and employment, housing, positive relationships and positive attitudes. The assessment provides an evaluation of current local need and presents an intelligence picture around community justice issues and challenges. A mapping exercise was also undertaken researching all support services available to Midlothian residents in relation to the CJ issues raised in the assessment. By identifying current services in Midlothian we will be able to identify service gaps, and thereafter there is the potential to determine priority actions for Community Justice.

NATIONAL OUTCOME THREE
 People have better access to the services that they require, including welfare, health and wellbeing, housing and employability

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Partners have identified and are overcoming structural barriers for people accessing services	<p>‘Housing first’ approach now adopted in Midlothian. A method of helping people who are homeless/have complex needs to secure accommodation using housing as a starting point rather than an end goal. Referrals come from all sectors of health and social care.</p> <p>SPS and DWP have recently signed a Data Sharing Agreement which allows the exchange of personal data.</p> <p>CHIT nurse now offering health assessments to all individuals on a CPO. Hour-long appointments go beyond basic health check to look at lifestyle issues and mental/emotional health.</p> <p>Funding secured to implement ‘Recruit with Conviction’. This stems after SPS research</p> <ul style="list-style-type: none"> • 66% recidivist offenders are unemployed at the time of their offence • 66% feel that having a job would be an important factor in future offending • 50% believe having enough money to support themselves was important in preventing reoffending. 	<p>Overcomes structural barriers in accessing housing.</p> <p>Improves housing, welfare and employability support services that promote reintegration of individuals into the community following release.</p> <p>Reduction in waiting time for mental health and improves speedier access to services.</p> <p>UW team views listened to and acted on. Longer term aim - higher employment rates among individuals with previous convictions.</p>



	<p>Research findings have been reflected in focus groups with the UW team who find it difficult to secure work after CPO sentence finished.</p> <p>Low threshold clinic now in place between Peer Dev Worker and SMS for the most at risk substance users in Midlothian. The clinic offers prescription collection, peer support, food, hot drinks/water, and a Wellbeing Nurse. On average 25 people attending weekly and viewed as hugely successful.</p>	<p>Less people being discharged from the service, improved health and wellbeing, peer support, more inclusive community.</p>																		
<p>Existence of joint-working arrangements such as processes / protocols to ensure access to services to address underlying needs</p>	<p>In the last 12 months there were 176 new referrals made to Midlothian Fresh Start - Arrest referral service (see table below). Any prisoners seen at St Leonards Police station living in Midlothian were also referred.</p> <table border="1" data-bbox="472 564 875 868"> <thead> <tr> <th>Disposal</th> <th>2019/20</th> </tr> </thead> <tbody> <tr> <td>New referrals</td> <td>176</td> </tr> <tr> <td> Through care</td> <td>15</td> </tr> <tr> <td> RoLO</td> <td>12</td> </tr> <tr> <td> HDC</td> <td>3</td> </tr> <tr> <td>Closed</td> <td>130</td> </tr> <tr> <td> Planned</td> <td>31</td> </tr> <tr> <td> Unplanned</td> <td>99</td> </tr> <tr> <td>Assessments completed</td> <td>66</td> </tr> </tbody> </table> <p>No 11 Allocation Meeting. This visionary forum brings together Health, SMS, SW, Housing, voluntary through care and third sector agencies and gives consideration to bespoke packages of care/support/treatment to individuals who use No 11. With a signed ISP with SPS Midlothian is now aware of individuals returning to our communities. The forum has seen excellent examples of holistic support being offered to services users. In-reach work in the prisons and then transitioning support to the community is now coordinated, person-centred and solution focused; involving Midlothian specific services, resources and agencies.</p> <p>Peer Support Development Worker working in partnership with HMP Edinburgh to develop peer support in the prison for Midlothian men and women. The plan is to build a supportive relationship during their sentence, identify barriers prior to release (e.g. benefits, housing, bank account, photo identification, prescriptions), and aid a smooth transition back into the community. This service</p>	Disposal	2019/20	New referrals	176	Through care	15	RoLO	12	HDC	3	Closed	130	Planned	31	Unplanned	99	Assessments completed	66	<p>Every individual liberated from HMP to Midlothian now has accommodation, is offered support through Change Grow Live, and substance misuse support.</p> <p>We believe that peer support is a vital component to aid recovery and this is the first time criminal justice clients have had access to such a service. Identifying and arranging support needs in advance of release will allow for a smooth a transition back into the community.</p>
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	<p>will also be available to those on remand who currently cannot access support services.</p> <p>CJ are looking at developing a Recovery Café within Edinburgh Prison alongside CJS and Natalie Logan who runs the recovery café in Barlinnie Prison. This will be a safe space for prisoners to go to talk with peers and be involved in groups.</p>	
<p>Initiatives to facilitate access to services</p>	<p>Midlothian Council is the first in Scotland to develop a Recovery Hub (No.11), where all community Substance Misuse and Mental Health staff, both NHS and local authority are co-located with Justice SW and relevant voluntary sector organisations for people in recovery. An example of partnership working is highlighted by the Substance Misuse Service training a number of peer support workers and Justice Social Workers to administer Naloxone during a suspected opiate overdose.</p> <p>Following mapping of support services available within Midlothian, we met with the ALISS team (A Local Information System for Scotland) and created an online database of the services. From employment support, to foodbanks, family groups, financial advice services and mental health supports, all are now easily searchable on ALISS, by postcode area.</p> <p>‘CJ booklet’ co-produced with the unpaid work team. Provides a source of information on key support services for individuals and their families at any stage in the justice system. The booklet is made up of chapters each focusing on an issue linked to reducing (re)offending (including substance misuse, ACEs, employment, housing, victims, and positive relationships). Due for print mid 2020 but delayed due to Covid-19.</p> <p>Women’s Supper (see page 13 for details)</p> <p>In early 2020, The Alcohol Problem Solving Court was established in Midlothian. This brought together Justice Social Work who would provide a rapid assessment on men appearing at Court, the SMS who would provide medical support and treatment and Community Justice who would coordinate third sector support to aid recovery and rehabilitation.</p>	<p>The recovery hub provides a joined up approach to care, recovery and justice. Evidence from analysis of LSCMi shows the positive impact on the lives of service users and this could not be achieved without good working relationships and clear pathways/referrals to other services.</p> <p>Not only is ALISS a single location that helps individuals find help and support close to them when they need it most, but it is anticipated that the launch and subsequent marketing of ALISS will increase awareness and understanding of the range of community-based services that are available.</p> <p>SHORT TERM – Unpaid work team feel their voice is heard. MEDIUM TERM - Increased awareness and understanding of the range of elements that constitute CJ and that impact on likelihood of (re)offending.</p> <p>Due to the Scottish Courts closing as a result of COVID there have been no referrals to date therefore it is difficult to assess impact.</p>



<p>Speed of access to mental health services</p>	<p>In the process of developing an automatic referral process to third sector support agencies with a focus on males aged 18-26 with mental health and substance misuse issues (who are on CPOs). To consider this at a strategic level, a new Desistance Team Leader Post was created, advertised and appointed to. This post will drive forward service, design, implementation and delivery.</p> <p>Midlothian Access Point established as a drop-in service for adults 18-65 years registered with a Midlothian GP. Self-referral clinics are tailored to meet individual needs and provides links to a wide range of other agencies that can support an individual on their personal journey of recovery.</p> <p>The Wellbeing service is provided by the Thistle Foundation in partnership with NHS Lothian. There is now a Wellbeing worker in every GP practice. The Wellbeing service has linked with Spring and made a number of referrals to the Spring service (5 in last 24 months).</p> <p>Several peer support groups aimed at supporting mental health have been initiated in the last 12 months. These include:</p> <ul style="list-style-type: none"> • Anxiety and Depression weekly meeting based on the 12 Step Model for Addictions • 'Midlothian Men Matter' - weekly men's Group in partnership with local Football Club. On average 5 men attend each week. • Weekly Boxing Class for anyone in Midlothian who is using CJ services. Aim for post COVID is to have food prepared for afterwards so that people can access food and nutrition. • Peer support to accompany new attendees to the Orchard Centre Art Therapy group. 	<p>Anticipated that more effective ways of collaborative working will benefit the men aged 18-26 on CPOs.</p> <p>Offers an integrated drug and alcohol assessment and access to high quality services, advice, support and medical/psychological treatments.</p> <p>Women are referred quickly and easily to support service.</p> <p>Peer support plays a pivotal role in recovery and desistance from offending. Provides men and women with a sense of purpose, belonging and enhances self-esteem, exercise and nutrition</p>
<p>% of people released from a custodial sentence :</p> <p>a) registered with a GP</p> <p>b) have suitable accommodation</p>	<p>HMP Edinburgh health group have processes in place that ensure that all prisoners on liberation have 5-7 days of medication unless it is controlled medication where an appointment is made with the prescriber to ensure continuity of prescribing.</p> <p>a) Not recorded/able to obtain</p> <p>c) Not recorded/able to obtain</p>	



<p>c) have had a benefits eligibility check</p>	<p>No 11 Allocation Meeting (for details see page 16). Between December 2019 (when the forum began) and July 2020, 43 individual liberations have been discussed. Of those, all had suitable accommodation on being released from custody. Of the 21 individuals discussed between November 19 and April 20, 23% reoffended within 3 months of release.</p> <p>DWP are working to ensure that people being discharged from HMP Edinburgh get the necessary advice on claiming benefits following their discharge.</p>	<p>Every individual liberated from HMP to Midlothian now has accommodation, is offered support through CGL, and substance misuse support. Bespoke services considered based on risk and need of individual.</p> <p>Individuals are less likely to reoffend if they have stable accommodation and stable income. Impact being cost savings to SPS and PF and positive life outcomes for those individuals.</p>
<p>Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending</p>	<p>Peer Support Service in HMP (see page 17 for further details).</p> <p>In 2018/19 186 individuals commenced CPOs in Midlothian. Most CPOs included a requirement for unpaid work or other activity (67%) and offender supervision (46%). Almost a quarter had both of these requirements.</p> <p>Analysis of Midlothian UW client charge history for 2016/17 cohort found that:</p> <ul style="list-style-type: none"> • The majority of clients (81%) who were given UW as an element of CPO had a reduced rate (or desistance) of offending following termination of UW. • Desistance from reoffending was higher for clients who successfully completed their UW with 50% not reoffending in the three years following completion of the order. • The average number of charges held by an individual in the three years prior to beginning UW was 7.9. In the three years following successful completion, the average number of charges dropped to 3.1 (a decrease of 61%). <p>To support the implementation of the Safe and Together Model in 2019, the Justice Team continues to work closely with Children and Families Social Work by offering Midlothian Families First, a structured intervention working with unconvicted male perpetrators of domestic abuse. MFF is the same as the Caledonian programme, inclusive of women and children's workers offering support, safety planning and advocacy services for partners, ex-partners and children.</p>	<p>Three in four CPOs in 2018/19 were successfully completed – above the three-year average of 65%.</p> <p>Increased safety for women and children as men are held to account and supported more effectively to change patterns of behaviour. Provides a voice for women and children within the Justice system, which empowers women to speak more openly and honestly about the impact of domestic abuse. A positive example is where one women felt empowered through her contact with the Caledonian women's worker to</p>



	MFF are now open to referrals following contact with police. During 2019/2020 there were 5 referrals to the service; 2 were assessed as unsuitable and 3 as suitable. Of the three cases that progressed two men remain involved with the programme; one near completion of the preparatory work.	report further patterns of abuse to police, due to feeling believed and supported.
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Other information relevant to National Outcome Three

NATIONAL OUTCOME FOUR

Effective interventions are delivered to prevent and reduce the risk of further offending

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Use of 'other activities requirements' in CPOs	<p>To enhance the rehabilitation of Justice clients, four members of staff have been trained as Level 3 trainers now able to deliver a suite of certified Health and Safety and First Aid courses. Training was offered to female offenders as an initial target group and then the plan was to widen this out to the other clients. The Team re-wrote the induction process that clients go through at the start of their Order which will now include the opportunity to complete a Health and Safety in the work place certificate. This new approach was just being adopted when Covid 19 changed our working practices and we will return to this newly planned approach as we come out of the lockdown.</p> <p>Rural Skills taster courses continue to be run at Newbattle Abbey College and through partnership working with Lifelong Learning colleagues, clients can now complete training in the CSCS card. So far 20 clients have completed these training opportunities and another 12 female clients completed internal training. These opportunities have been offered under the 'other activity' component of Unpaid Work. The 'other activity' has also included the Team referring clients to substance misuse services, employability courses, the Venture Trust personal change programmes and the Spring Service. Supervisors now actively engage clients in conversations to promote the other activity.</p>	<p>In the last year 2018-19 the percentage of unpaid work issued as part of a CPO in Midlothian increased by 5% to 75%. Other than Unpaid Work and Supervision, in 2018-19, conduct was the most commonly issued of CPO requirements. The proportion of orders with conduct requirements has risen gradually since 2012-13 and now sits at over 7%.</p> <p>The proportion of orders with an offender supervision requirement rose to 53% in 2017-18, the highest level since records began, remaining high at 51% in the last year.</p>
Effective risk management for public protection	The Offender Management Group Improvement (OMG) sits as a sub-group of the East Lothian and Midlothian Public Protection Committee. The OMG improvement plan 2018-2021 has now been brought into the overarching Public Protection Improvement Plan.	



	<p>Quarterly data, accompanied by an analytical narrative is used to monitor performance and provide a level of scrutiny and assurance. At the end of quarter 4 (2019/20), the total number of sex offenders subject to MAPPA at the period end date was 43; the lowest in the reporting year. The number of sex offender cases managed at MAPPA Level 1 at the period end stood at 40; again the lowest in the reporting year. There were no sex offender cases managed at MAPPA Level 3 during the reporting year. One RSO managed by Police committed a further sexual offence in quarter 4. Midlothian have made strong progress with Visor. All relevant staff have been successfully vetted. The Visor terminal is now installed and operational.</p> <p>In 2018, the Public Protection Committee adopted Safe and Together; a domestic abuse informed approach, keeping the child safe and together with the non-offending parent. Justice staff are members of the Midlothian implementation group and provide support for Children's Services to develop their confidence and skills in working with fathers who are perpetrators of domestic abuse. In 2019/20, 23 Midlothian practitioners completed Core Practice training. A domestic abuse audit of children and families social work files was carried out to provide a baseline for measuring systems improvement.</p> <p>Families First (see page 19)</p> <p>The Community Justice Co-ordinator sits on the Violence Against Women and Girls Delivery Group.</p>	<p>Ensures strong strategic links between the VAWG and CSJP at a local level</p>
<p>Quality of CPOs and DTTOs</p>	<p>Justice SW planned in 2020 to redesign exit questionnaires for all individuals on CPO to gain feedback on the service delivery of the justice team. This work had stalled due to anticipation that CJ Scotland was developing one to be used nationally. As this has not happened, JSW developed a new form which will go to peer mentors to trial with service users before finalising.</p> <p>The peer development worker has also been involved in focus groups to gather information from the UW team on how to improve the service by asking service users for feedback as to whether their needs have been met.</p> <p>An analysis using data from both initial and re-assessment scores on LSCMi (assessment of risk and needs for those engaged with the Justice Service on some kind of supervision) was undertaken in June 2019. This indicated a positive</p>	



	<p>impact was being made on all 6 of the risk and need factors (one showed no change – companions).</p> <p>There were positive findings from the 55 exit questionnaires completed by JSW service users.</p> <p>Family relationships: Just under one third of clients reported a positive change in their relationships with family at the end of their CPOs.</p> <p>Housing and Employability: 17% of clients had seen improvements in their housing situation; 56% remained happy with their accommodation situation. 33% of clients noted that they had moved into employment, training or education by the end of their order; 51% had already been happy with their situation.</p> <p>Substance Misuse: Half of clients noted that they had a substance misuse issue. 48% stated they had reduced their drug/alcohol use and 4% felt it had stayed the same or increased.</p> <p>Offending behaviour: Of the 47 clients who answered this question, 8 (17%) answered yes and 38 (81%) answered no (1 unsure).</p>	
<p>Reduced use of custodial sentences and remand :</p> <p>a) Balance between community sentences relative to short custodial sentences under one year</p>	<p>The % of custody sentences as a proportion of all sentences remained stable through 2017/18 and 2018/19 at 6% and sits well below the national average of 16%. Financial penalties increased slightly to 55% of all convictions from 53% the previous year and 51% three-year average.</p> <p>The % of community sentences as a proportion of all convictions increased by 1% in 2018/19 compared to the previous year (16%) and three-year average (16%). <i>Source: Criminal Proceedings in Scotland 2018-19, Local Authority of the Offender Tables https://www.gov.scot/isbn/9781839606625</i></p>	



b) Proportion of people appearing from custody who are remanded	<table border="1"> <thead> <tr> <th>People Convicted by Main Penalty</th> <th>3-yr avge</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>Custody</td> <td>93 (8.4%)</td> <td>96 (9.3%)</td> <td>89 (9.4%)</td> </tr> <tr> <td>Community Sentence</td> <td>182 (16.3%)</td> <td>165 (16.0%)</td> <td>157 (16.6%)</td> </tr> <tr> <td>Financial Penalty</td> <td>569 (51.0%)</td> <td>542 (52.5%)</td> <td>521 (55.2%)</td> </tr> <tr> <td>Other</td> <td>271 (24.3%)</td> <td>230 (22.3%)</td> <td>176 (18.7%)</td> </tr> <tr> <td>Total</td> <td>1116 (100.0%)</td> <td>1033 (100.0%)</td> <td>943 (100%)</td> </tr> </tbody> </table>				People Convicted by Main Penalty	3-yr avge	2017/18	2018/19	Custody	93 (8.4%)	96 (9.3%)	89 (9.4%)	Community Sentence	182 (16.3%)	165 (16.0%)	157 (16.6%)	Financial Penalty	569 (51.0%)	542 (52.5%)	521 (55.2%)	Other	271 (24.3%)	230 (22.3%)	176 (18.7%)	Total	1116 (100.0%)	1033 (100.0%)	943 (100%)		
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<p>The number of short-term prison sentences under 12 months reduced from 78 to 66 in the last 12 months and sits below the previous three-year average.</p>																														
The delivery of interventions targeted at problem drug and alcohol use [NHS Local Delivery Plan (LDP) Standard]	<p>The Section 27 allocation has been used to meet a number of Community Justice outcomes. The Peer Support Development worker is funded by the allocation, but is employed by a third sector organisation, Health in Mind. The grant has also been used to enhance substance misuse services in Midlothian, such as the MELD worker whose remit is to provide support to Spring and to people on statutory supervision.</p>																													
	<p>Recovery Hub (see page 17 for further details)</p>																													
	<p>In 2018/19 Midlothian's SMS developed a café style clinic based within a local charity in Midlothian. There is an open-door policy with service users having the chance to engage with peer support workers, access to housing and benefits advice, mental health referrals, physical health checks, and a chance to pick up clean needles or overdose-reversing naloxone kits. The low threshold services has been successful in attracting and sustaining contact with a group of people who previously were not in contact with services or who had a poor record of service engagement. Some 12 at risk clients, mostly men attend weekly and the service has been able to deliver same day or next day providing for those clients</p>				<p>Services provided through at Number 11 continue to evolve with the increased presence of MELD and peer workers to complement the work of health, mental health and criminal justice staff. Initiatives such as the Women's Supper Club have proved to be extremely successful in creating a safe space for women and families to meet and access support and advice.</p>																									



most at risk as well as providing support to family through the engagement with the Children 1st family peer worker.

Midlothian clients are able to access support for their alcohol use through a prison based alcohol service run by Edinburgh and Lothian Council for Alcohol (ELCA). In 2019/20- ELCA received 13 referrals of which 8 people engaged, 7 males and 1 females. Services provided were Alcohol Brief Interventions (5), short-term support (2) and counselling (1).

Number of Police Recorded Warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences (including CPOs, DTTOs and RLOs)¹

Police Disposals	3-yr avge	2017/18	2018/19
ASBFPN (Anti-Social Behaviour Fixed Penalty Notice)	119	90	77
Police Formal Adult Warning	18	0	0
Recorded Police warnings	192	203	222
<i>Total Police Disposals</i>	<i>329</i>	<i>293</i>	<i>299</i>

Source: Criminal Proceedings in Scotland 2018-19, Local Authority of the Offender Tables <https://www.gov.scot/isbn/9781839606625>

There were 299 police disposals in 2018/19 which although an increase of six from 293 the previous year, is 9.1% below the previous year. The majority of police disposals are recorded police warnings (74%), the other 26% ASBFPNs.

PF Disposals	3-yr avge	2017/18	2018/19
Fiscal Fine (COFF)	301	214	152
Fiscal Fixed Penalty (COFP)	98	69	93
Fiscal Combined Fine with Compensation (COMB)	38	26	63
Fiscal Compensation (Comp)	13	20	7
Fiscal Fixed Penalty (Pre- SJR)	-	-	-
<i>Total Fiscal Disposals</i>	<i>450</i>	<i>329</i>	<i>315</i>

Source: Criminal Proceedings in Scotland 2018-19, Local Authority of the Offender Tables <https://www.gov.scot/isbn/9781839606625>

In 2018/19 there were 315 fiscal disposals issued in Midlothian, down from 329 the previous year and 30% below the three-year average of 450.



	<table border="1"> <thead> <tr> <th>Community Payback Order imposed</th> <th>3-yr avge</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>Community Payback Order</td> <td>224</td> <td>217</td> <td>208</td> </tr> <tr> <td> <i>Unpaid work</i></td> <td>121</td> <td>100</td> <td>102</td> </tr> <tr> <td> <i>Unpaid work and supervision</i></td> <td>49</td> <td>52</td> <td>53</td> </tr> <tr> <td> <i>Supervision</i></td> <td>54</td> <td>64</td> <td>53</td> </tr> <tr> <td>Drug Treatment Order (DTTO)</td> <td>17</td> <td>15</td> <td>19</td> </tr> </tbody> </table> <p>There were 208 CPOs issued in 2018/19 to 186 individuals, which is a slight decrease from the previous year (217 orders, 198 individuals) and three-year average (224 orders, 202 individuals). Unpaid work or other activity was a requirement in 75% of CPOs (up from 70.0% the previous year), and offender supervision orders a requirement of 51% having decreased from 53.5% the previous year.</p>	Community Payback Order imposed	3-yr avge	2017/18	2018/19	Community Payback Order	224	217	208	<i>Unpaid work</i>	121	100	102	<i>Unpaid work and supervision</i>	49	52	53	<i>Supervision</i>	54	64	53	Drug Treatment Order (DTTO)	17	15	19	
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Number of short-term sentences under one year	<p>The % of custody sentences as a proportion of all sentences remained stable through 2017/18 and 2018/19 at 6% and sits well below the national average of 16%. Financial penalties increased slightly to 55% of all convictions from 53% the previous year and 51% three-year average.</p> <p>The % of community sentences as a proportion of all convictions increased by 1% in 2018/19 compared to the previous year (16%) and three-year average (16%). <i>Source: Criminal Proceedings in Scotland 2018-19, Local Authority of the Offender Tables https://www.gov.scot/isbn/9781839606625</i></p> <table border="1"> <thead> <tr> <th>People Convicted by Main Penalty</th> <th>3-yr avge</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>Custody</td> <td>93 (8.4%)</td> <td>96 (9.3%)</td> <td>89 (9.4%)</td> </tr> <tr> <td>Community Sentence</td> <td>182 (16.3%)</td> <td>165 (16.0%)</td> <td>157 (16.6%)</td> </tr> <tr> <td>Financial Penalty</td> <td>569 (51.0%)</td> <td>542 (52.5%)</td> <td>521 (55.2%)</td> </tr> <tr> <td>Other</td> <td>271 (24.3%)</td> <td>230 (22.3%)</td> <td>176 (18.7%)</td> </tr> <tr> <td>Total</td> <td>1116 (100.0%)</td> <td>1033 (100.0%)</td> <td>943 (100%)</td> </tr> </tbody> </table>	People Convicted by Main Penalty	3-yr avge	2017/18	2018/19	Custody	93 (8.4%)	96 (9.3%)	89 (9.4%)	Community Sentence	182 (16.3%)	165 (16.0%)	157 (16.6%)	Financial Penalty	569 (51.0%)	542 (52.5%)	521 (55.2%)	Other	271 (24.3%)	230 (22.3%)	176 (18.7%)	Total	1116 (100.0%)	1033 (100.0%)	943 (100%)	
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Sentence Length	3-yr avge	2017/18	2018/19
Up to 3 months	29	22	17
Over 3 months to 6 months	34	49	40
Over 6 months to 1 year	14	7	9
All prison sentences under 1 year	77	78	66

In terms of short-term prison sentences under one year, in 2018/19 66 people received a short term prison sentence, down from 78 in 2017/18 and a three-year average of 77.

Other information relevant to National Outcome Four

A new unpaid work process has been created on Mosaic (computer records system) to understand referrals and team performance. Unpaid work has adapted to incorporate rehabilitation into the day-to-day work of the Team and supervisors now actively look to support their clients with any problems and issues that arise promoting their desistance from re-offending. Feedback from clients about this approach has been hugely positive including: "I would never have become involved with the recovery community without the supervisor taking me to my first meeting. Without their support I would have kept putting off doing anything about my drinking".

To illustrate the impact that the new approach to Unpaid Work has had please see the case study on page 31.

NATIONAL OUTCOME FIVE
Life chances are improved through needs, including health, financial inclusion, housing and safety, being addressed

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Individuals have made progress against the outcome	<p>An inspection into mental health problems by HM Chief Inspector of Prisons for Scotland found that around 4.5% of prisoners (excluding Polmont) have a severe or enduring mental health condition, compared to the estimated 1-1.5% of the general population. Further research by SPS in 2017 found that 46% of prisoners reported they rarely/never 'felt interested in other people', 48% reported they rarely/never 'felt loved' and 49% reported they rarely/never 'felt close to other people'.</p> <p>No 11 Allocation meeting (see page 16 for further details).</p>	



There were positive findings from the exit questionnaires completed by Justice Social Work service users. Of the 55 CPO exit questionnaires that were analysed in this reporting period, 83% stated they had not been charged with a new offence.

- Just under half (48%) of clients had reduced their drug/alcohol use.
- 17% of clients had seen improvements in their housing situation.
- Just under one third of clients stated that family relationships had improved as a result of being subject to supervision.
- An overwhelming majority of clients (98%) felt that they had made payback to the Community by the work they had done during their CPO.
- In relation to attitudes towards CPOs, all clients felt they had been treated with respect and courtesy during their CPO. 96% of clients felt their circumstances had been taken into account.

The Spring Service statistics for the period of 2019/20 highlight a number of outcomes that demonstrate the effectiveness of the support and intervention offered by the service.

Outcome Percentage by Scale	Decrease	Same	Increase
Managing mental health	23%	14%	64%
Physical health and self-care	27%	23%	50%
Living skills	27%	27%	45%
Social networks	23%	-	77%
Work	32%	27%	41%
Relationships	14%	32%	54%
Addictive behaviour	18%	18%	63%
Responsibilities	9%	18%	72%
Identity and self-esteem	18%	27%	55%
Trust and hope	9%	32%	59%

INCREASED RESILIENCE and ability to manage emotions to support women to make positive decisions and promote belief in self to achieve personal goals. Potential cost savings as a result of early intervention

Other information relevant to National Outcome Five



In 2019/20 the Justice Team arranged training for all members of the team in the administration of Naloxone (an emergency treatment to those who have overdosed on an opiate). The team are now able to train clients in the use of the drug and as part of a local strategy to reduce the number of drug related deaths have been training and providing kits to those most at risk of overdose.

NATIONAL OUTCOME SIX
 People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities

Indicator	Evidence and Data (max 300 words per indicator)	
	Please describe the activity	Then describe the impact
Individuals have made progress against the outcome	<p>Several focus groups with people serving unpaid work orders have been carried out through 2019/20, many individuals spoke of the purpose that unpaid work gave them. Several spoke of anxiety around completing unpaid work, and how they would spend their time going forward. In light of this we have secured funding to implement the programme designed by Recruit with Conviction with training due to begin in April 2020 however delayed due to COVID.</p> <p>In early 2020 the CJP agreed to finance a youth project with specifics around educating parents and family relationships. Play Midlothian supports families to engage children in happy and healthy relationships. Research by the Scottish Prison Service found that almost two thirds of those taking part in the prisoner survey reported having children (62%). Of these, two in five (40%) had one child and almost a third had two children (30%). Along with a family history of problem behaviour, offending risk factors include poor parental supervision and discipline, family conflict, family involvement and attitudes towards condoning problem behaviour.</p> <p>The CJ Manager met with colleagues from Skills Development Scotland (SDS) to consider how best to link in workers from SDS to the No 11 Allocation Meeting mentioned above. Making links with employment agencies and other positive destinations (training and volunteering) is critical when individuals are 'ready'. SDS workers have also spoken about in-reach to prisons for identified individuals. Initial conversations have also taken place with the Department of Working Pensions around how DWP colleagues can be more integrated into the Recovery Hub (#11). Potential for staff from DWP to spend some time meeting with #11 teams and basing themselves in a drop-in location within.</p>	<p>UW team views listened to and acted on. Longer term aim - higher employment rates among individuals with previous convictions.</p> <p>Play Midlothian supports families to engage children in happy and healthy relationships.</p> <p>Joined up working with a focus on streamlining the accessing of services. Removal of physical and structural barriers that can exist for service users who require support from services.</p>



Other information relevant to National Outcome Six
<p>Case example: Mr A was sentenced to 275 hours unpaid work. On completion, Mr A explained that whilst he was working through his Order he felt supported, especially throughout the difficulties he experienced along the way, such as having a close family bereavement, and anxieties of this being his first community disposal. Mr A said that by attending charity shop and working together with volunteers, he built close working relationships and felt a sense of achievement when helping members of the community – “many who are disadvantaged”.</p> <p>Mr A reported that since starting his placement, cycling has become a new enjoyable hobby for him, which in turn has improved his health and well-being. Mr A has continued to volunteer 2/3 days per week at charity shop since completing his Order and has further developed his communication, teamwork and problem solving skills. Mr A has also provided support and guidance to new charity shop volunteers and encourages others by sharing his positive placement and volunteering experiences</p>

NATIONAL OUTCOME SEVEN Individuals' resilience and capacity for change and self-management are enhanced		
Indicator	Evidence and Data (max 300 words per indicator)	
	<i>Please describe the activity</i>	<i>Then describe the impact</i>
Individuals have made progress against the outcome	<p>Midlothian Families First project (see p19)</p> <p>Wellbeing worker in every GP practice (see p18)</p> <p>All women on a CPO are considered for the Spring service. The Spring service offers one to one support and programmed group work. Spring offers opportunities to learn new skills to cope with difficult and stressful situations and manage complex emotions, build self-esteem and reduce isolation, improve health, wellbeing and safety and access a range of supports.</p> <ul style="list-style-type: none"> • 19/20: 20 women referred to spring with 18 active users. Women made progress in all ten areas of the outcome star (e.g. managing mental health, progress made was 64%). • 25 women started phase 2 (group work), up from 12 the previous year. <p>The Edinburgh and Midlothian Offender Recovery Service (EMORS) provides Throughcare support to individuals for 12 months after their liberation. The figures for throughcare for 2019/20 are shown below.</p>	<p>INCREASED RESILIENCE and ability to make positive decisions and promote belief in self to achieve personal goals.</p> <p><i>“Spring has made a massive difference to me. I feel like I can breathe again. I have got a better understanding and I don’t feel alone anymore. I now feel so much more positive”</i></p>



Numbers of service users in Through-care	Total
No. of new referrals	25
No. of assessments	16
No. of closed cases - Planned	10
No. of closed cases - Unplanned	15

Other information relevant to National Outcome Seven



5. Priority Areas of Focus

Please use this section to describe the main area(s) of focus of your Partnership's activity over the reporting period. This could be described in relation to the national outcomes, people's needs or something else.

For example, you may feel that the work of your Partnership has been mainly focused around improving people's health and wellbeing. Or you may describe that the majority of your activity has been around improvement towards national outcome one.

Please also describe why your Partnership has chosen to focus on these areas of activity. You may refer, for example, to evidence within the strategic needs and strengths assessment or local consultation.

Please describe no more than 3 main areas of focus.

1. Unemployment – particularly post COVID-19. It is projected that unemployment will rise by 10% in Midlothian as a result of COVID-19. This will cause even more challenge to individuals with experience in the justice system obtaining employment post prison sentence or post CPO. An action in our new three-year CJOIP is to implement the project Recruit with Conviction.
2. Mental health – again post COVID and we have several actions in the CJOIP around this
3. Deliver the Midlothian Community Justice Partnership's newly published communication plan 2020-23 to help raise the profile of Community Justice.

6. Case Studies

Please use this section to describe one aspect of your Partnership's work that has demonstrated significant improvement towards one, or a number of, the national outcomes.

Please try and describe an area of activity that is directly related to the work of the Partnership – something that in all probability would not have happened if your local Partnership did not exist.

The key aspect of this section is about the IMPACT this activity had on the achievement of one, or a number of, national outcomes.

Case Study 1

Mr A was sentenced to 275 hours Unpaid Work, or Unpaid Work and Other Activity, to complete within 9 months. During his Unpaid Work Induction, Mr A reported having high levels of anxiety due to this being his first Community disposal. Mr A also highlighted to the Community Payback Case Manager that he had recently given up his full time employment due to new family care commitments. He also advised that he may experience some travel difficulties as he no longer had a car. Mr A was therefore concerned that he would be unable to complete his hours within the 9 months ordered by the Court. Mr A was reassured and provided with support/guidance in order to effectively manage his concerns and anxieties. The Community Payback Case Manager researched various individual placement options that would allow Mr A to complete his Unpaid work hours around his family care commitments. A follow up meeting was arranged with Mr A to discuss these options and during this meeting Mr A agreed to complete his Unpaid work Order at a local clothing library. The clothing Library is a recycling project that aims to provide clothing (for all ages), home and baby goods to vulnerable individuals and families.

The Community Payback Case Manager and Mr A attended the charity shop for an introductory meeting with the service manager, before Mr A began his placement there. Mr A initially agreed to attend the shop one day per week and purchased a bike in order to prevent him having travel difficulties. Mr A gradually increased his attendance to 2 days per week once he felt comfortable to do so. As Mr A was determined



to complete his Unpaid work hours within the required time frame, it was suggested that he could take on extra practical tasks at home, such as organising clothes into age/ size order then boxing them up appropriately and creating home starter kits. Mr A also agreed to this, which allowed him to care for his family member whilst completing his Unpaid work hours and also helping the charity to develop its service.

The effective working relationships between services allowed Mr A to successfully complete his Order within the given expiry date. Mr A explained that whilst he was working through his Order he felt supported, especially throughout the difficulties he experienced along the way, such as having a close family bereavement. Mr A said that by attending his placement and working together with volunteers, he built close working relationships and felt a sense of achievement when helping members of the community – “many who are disadvantaged”.

Mr A reported that since starting his placement, cycling has become a new enjoyable hobby for him, which in turn has improved his health and well-being. Mr A has continued to volunteer 2/3 days per week since completing his Order and has further developed his communication, teamwork and problem solving skills. Mr A has also provided support and guidance to new volunteers and encourages others by sharing his positive placement and volunteering experiences.

Case Study 2

Mr B was concerned about the impact of his conviction and offending behaviour on his employment so made the decision to resign from his job. He was conflicted by wanting to work in terms of use of time and money, and his chronic low mood which had deteriorated prior to attending court and would make sustaining employment difficult.

Mr B was able to discuss these concerns and potential consequences during supervision as part of his Community Payback Order and made contact with Citizen Advice Bureau and was supported to apply for benefits therefore addressing some of his financial concerns. He was then referred by his Justice SWer to Access to Industry for support and assistance around writing a CV and discussion on future employment options with the intended outcome that Mr B would increase his sense of agency and self-determination by completing tasks related to his future goal of being back in employment. The worker from Access to Industry met with him, fortnightly in a local café and supported him with developing his CV and addressing gaps in employment. This was an important first step in working towards his goal of employment.

Mr B also had to undertake unpaid work as part of his Community Payback Order. This has benefitted him in terms of reducing feelings of isolation and making him feel included and valued in the group. Mr B has also learnt new skills which he has been able to incorporate into this CV and which he has also been able to use to structure his time on a home project during lockdown. This has provided him with a positive use of time and he advised that this type of project and distraction helps improve his mental health which enables him to maintain a sense of purpose during a stressful period and helped him to reduce the ongoing risk of further offending.

Case Study 3

Mr T was sentenced to an 18 months Community Payback Order with a supervision and unpaid work element. His children have been removed from his care several years before because of the risks he posed to them and due to the nature of his offending he became marginalised within his community and had no social networks. Work was undertaken with Mr T as part of his CPO to support him to integrate himself into his current community and to structure his use of time resulting in him gaining employment. Mr T established a relationship and his partner became pregnant and, due to the previous concerns, their unborn child became subject to child protection procedures.

Mr T's mental health deteriorated and his social worker worked closely with him and professionals from other agencies involved with the family unit. Mr T was linked in with agencies with specialist knowledge related to his assessed risk, voluntary organisations and Children and Families and a robust Child Protection Plan was developed and agreed. The work that was undertaken, and is ongoing, has empowered Mr T in terms of developing his knowledge and understanding of his behaviour and enabled him to access services where he can continue to make necessary changes to his behaviour and to make positive decisions. Crucially Mr T has stated that he feels more included in the current child protection process even though some of the strategies being put in place are similar to those made previously.



Case Study 4

Mr C was given an 18 month CPO with supervision and 100 hours unpaid work for a range of different types of offences. Work was undertaken around the triggers to his offending and these were identified as being substance misuse, family relationships, education/employment, accommodation and issues related to his mental and physical health. The social worker supported Mr C in his communication with other agencies to ensure that the housing issue was addressed and he was able to take action regarding his substance misuse. Mr C ceased his alcohol use and has maintained abstinence over the last 9 months. As a consequence he was able to commence and maintain full-time employment; which he had previously found unsustainable. He also successfully complete his unpaid work which Mr C stated had helped him to develop his confidence and supported him to get back into his paid employment.

Mr C's sobriety, stability in his accommodation and employment has enabled him to better manage his mental health and meant that he has been more able to build better relationships with his family and spend increased time with his daughter, with an improved relationship with his ex-partner.

7. Challenges

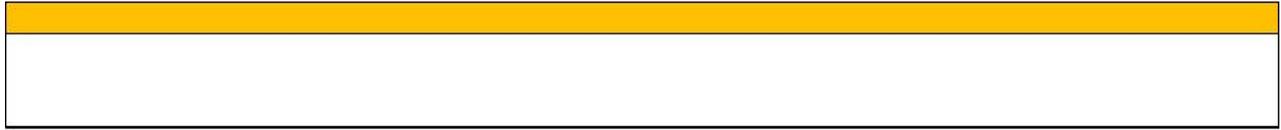
You may want to reflect on the structure or functioning of your Partnership or outline issues that were particularly problematic in the implementation of your CJOIP. Also, you may want to reflect on any non-structural barriers, e.g. factors outwith the remit of the Partnership that you thought hindered progress.

In Midlothian there have been a number of challenges since the Partnership's existence. Examples of these are as follows;

- Lack of partnership engagement in the self-evaluation process.
- COVID – The pandemic and lockdown posed a number of challenges to the partnership towards the end of the fiscal year (including the Community Safety and Justice Manager being seconded to head up the Shielding Team in mid-March), during the writing of the annual report, and will likely continue to do so in the coming months as resources are stretched and business processes altered significantly post COVID.
- Whilst we have managed to increase the public's awareness of Community Justice we feel that our audience is limited and we need to explore ways of communicating with the broader public, those involved in the justice system and victims of crime.
- There is a lack of data available to the Partnership relating to disposals. The information on disposals is provided at Court level and as Midlothian residents will normally appear at Edinburgh Sheriff Court our data is combined with City of Edinburgh and East Lothian. The demographics of Midlothian are considerably different from both of these other Local Authorities. The Scottish Government have produced "experimental statistics" at Local Authority level but these have health warning as the data disaggregation is not complete. It should also be noted that the data available to Partnerships does not include 2018/19 and 2019/20. If we are to measure change systems will be needed to be put in place to collect and analyse real-time data.
- The Common Indicators included in the Outcomes, Performance and Improvement Framework are vague and difficult to measure as methodologies do not exist to ensure consistent measurement by partnerships. Clarification on the Common Indicators is required.
- All partners are experiencing reducing resources and the leveraging of financial resources to reduce offending will be a challenge. Partnerships will have to look at innovative ways of sharing resources to improve the services that are provided. The funding received from the Scottish Government for Community Justice is not permanent and lack of investment could result in the National Outcomes not being achieved.
- There are ongoing challenges related to the waiting lists of Psychological services. This is proving complex in an ever changing landscape of need versus resources. Partners will be required to seek innovative ways of working within the constraints.
- Double reporting within the various frameworks that exist for Community Justice can be time consuming and prove of limited benefit.

8. Additional Information





ⁱ Criminal Proceedings in Scotland 2018-19, Local Authority of the Offender Tables
<https://www.gov.scot/isbn/9781839606625>



8 October 2020

Midlothian Health & Social Care Partnership Winter Plan 2020/21

Item number: 5.5

Executive summary

The purpose of this report is to update the Integration Joint Board on Midlothian Health & Social Care Partnership's winter planning. Health and Social Care Services come under increased pressure over the winter months due to a greater incidence of ill-health and the impact of adverse weather conditions. Services will also be coping with the ongoing COVID-19 pandemic this winter in addition to the usual increased pressures.

This report outlines the work being undertaken locally to prepare for winter pressures. The overarching Winter Plan is joined up to cover a wide range of areas – reducing length of stay for people in hospital once medically fit, preventing avoidable admissions, increasing service capacity, gritting priority areas, implementing the flu programme, and resilience planning for severe weather, ongoing COVID-19 and potential local lockdowns, and staff absences. There is also an ongoing focus on supporting staff wellbeing and a winter communications plan both for staff and the public.

Board members are asked to

- **note this Winter 2020/21 report**
- **approve the approach to winter planning**

Report title

1 Purpose

- 1.1 The purpose of this report is to provide Midlothian Health & Social Care Partnership's Winter Plan 2020/21 and outline plans in coping with increased pressure through effective forward planning and the provision of additional capacity in key services.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:
- Take assurance that Winter Plan is in place
 - Approve the approach to winter planning

3 Background and main report

- 3.1 Every year, NHS Boards are required to write plans to ensure resilience over winter in response to the well-documented additional pressures experienced in hospitals and community-based services during the winter due to increased ill-health and the impacts of adverse weather. This year, there is additional pressure from the ongoing COVID-19 pandemic on top of the usual winter pressures.
- 3.2 In addition to the Partnership's contribution to NHS Lothian's Winter Plan, Midlothian Health & Social Care Partnership is creating a local Winter Plan for 2020/21 that covers a wide range of focus areas. This includes the following key areas:
- **Resilience** – business continuity plans, anticipating impact of severe weather and staff absence, planning for future local lockdowns, 7-day working and festive cover, transportation plans, and individual resilience plans; linking in with council colleagues for transportation and gritting priority areas
 - **Patient flow** – preventing avoidable admissions, minimising length of stay for people in hospital once medically fit, increasing capacity of key services, preventing falls, linking in with the Royal Infirmary of Edinburgh
 - **Infection Control** – flu programme, standard infection control measures, ongoing COVID-19 measures, staff testing and PPE
 - **Impact & Inequalities** – Integrated Impact Assessment actions, financial and food insecurity, reducing loneliness, increasing community resilience, supporting good physical and mental health
 - **Communications** – public communications through various channels; staff communication plan, mobilising communication channels created in response to COVID-19, specific flu campaign

- **Staff Wellbeing** – winter and ongoing pandemic-specific wellbeing initiatives, resource and information sharing, supporting managers to support their teams
- **Monitoring and Escalation** – setup of Winter Tactical Group, regular huddles, reporting through Senior Management Team, mobilising groups and channels created in response to COVID-19, progress against detailed action plan

- 3.3 The Winter Plan is attached separately in Appendix I.
- 3.4 The Winter Tactical Group will be established at the start of October and begin meeting weekly to visit the action plan and monitor progress against it. This can be stepped up in frequency as required throughout the winter period, and additional check-ins and/or rapid rundowns established as needed.
- 3.5 The action plan contains key performance indicators against which progress can be monitored and issues raised at the earliest opportunity.

4 Policy Implications

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

5 Directions

- 5.1 This plan will support the work of a number of the Directions, including Directions related to Inpatients and Accident & Emergency, Older People, Midlothian Community Hospital, Community Health Services, Care at Home, Unpaid Carers and Public Health.

6 Equalities Implications

- 6.1 Although there are no direct implications for equality groups arising from this report, some people may have been particularly affected indirectly by the pandemic.
- 6.2 An Integrated Impact Assessment was completed on 02/09/2020 to ensure any unintended impacts of winter plans are prevented or mitigated, and specific actions will be taken by services as a result of this assessment.

7 Resource Implications

- 7.1 This year Midlothian Health & Social Care Partnership submitted three winter bids to NHS Lothian for funding. The bid for increasing capacity of community rehabilitation services and enablement to cover anticipated increased demand in winter was supported and costed at £102,533.33.
- 7.2 The partnership is planning an extended flu programme in line with Scottish Government guidelines. Proposals and cost projections have been developed. The situation around the programme this year is uniquely complex and substantially bigger than previous years. It is estimated that there will be a significant increase in

the total cost of the programme. This increase in cost is coordinated via the Health Board and their mobilisation/remobilisation plans with funding sources currently being explored by the Health Board and Scottish Government.

- 7.3 The funding for remobilisation and the associated cost impact are still uncertain, the remobilisation plan is coordinated via NHS Lothian and a draft was submitted to Scottish Government at the end of July 2020. Through the Local Mobilisation Plan (LMP) process, NHS Lothian has submitted regular updates on estimated forecast and actual additional costs across health and social care associated with the response to the COVID 19 pandemic. In parallel, the Board and Health and Social Care Partnerships (HSCPs) have worked with regional and national partners to establish a Peer Review process and benchmarking. This seeks to ensure consistency in approach where possible on identification, quantification and verification of costs and offsets from mobilisation. It also helps inform and assure the Scottish Government on the consistency of LMP returns. The NHS Lothian remobilisation plan in May 2020 indicated the Quarter 1 process would be the earliest opportunity to assess the impact of the remobilisation plans described in this document. The Board remains committed to this approach, following endorsement by the Corporate Finance Network and agreement with the Scottish Government.

8 Risk

- 8.1 There is a potential risk of another wave of COVID-19 happening concurrently with flu and other increased winter pressures.
- 8.2 The risk of not preparing as well as possible for winter is that the hospital system is unable to cope with the volume of attendances and unplanned admissions. It is important that resilience plans are in place for local services and staff to continue to function at full capacity. This includes maximising flu vaccinations, preparing for adverse weather, anticipating local lockdowns, and ensuring contingency plans are in place for staffing shortages that occur despite forward planning.
- 8.3 Midlothian Health & Social Care Partnership must ensure that it is able to protect staff and service users from COVID-19 as far as is possible. However, it must also ensure that it is able to return to providing the full range of services to address the broader health and care needs of the population. Crucially, this must include the resumption of prevention and early intervention activities.

9 Involving people

- 9.1 Planning has taken place across services with a range of key Health & Social Care Partnership managers. Plans involve public engagement and consultations. Staff-side representatives will be involved throughout the winter planning process. It is key that the Winter Plan continues to be monitored and adapted with input from key stakeholders to ensure it encompasses many perspectives and takes a joined up approach.

10 Background Papers

10.1 nil

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Appendices:

Appendix I: Midlothian Health & Social Care Partnership Winter Plan 2020/21

Midlothian Health and Social Care Partnership – Winter Plan 2020/21

INTRODUCTION

This document forms the Midlothian Health & Social Care Partnership's overarching Winter Plan for 2020/21. The overall aim of winter planning is to ensure that the partnership is prepared for winter pressures, alongside ongoing pressures due to COVID-19, so that we can continue to deliver high quality care. It is recognised that demand for services is likely to be at its highest level during the winter period.

The expectation is that plans for 2020/2021 build on the Winter Plans and learning from 2019/2020. Plans should also account for anticipated extra pressure due to COVID-19 (due to increased health & social care needs for post-covid patients, potential future local lockdown(s), and other long-term impacts of the pandemic such as on mental health and wellbeing).

The required outcomes of winter planning are to ensure:

- That comprehensive, joined-up plans are in place in Midlothian Health and Social Care Partnership with established monitoring and escalation processes
- The provision of high-quality services are maintained through periods of pressure;
- The impact of pressures on the levels of service, national targets and finance are effectively managed.

The Winter Plan will be a standing agenda item on the Senior Management Team meetings. Levels of pressure in the system, progress against plans, and other issues will be monitored and escalated as necessary. Progress monitoring and check-ins will begin with a weekly rapid run-down with service managers; this will be continually monitored and stepped up if necessary. Various communication mechanisms, such as debriefs and huddles, were formed in response to COVID-19, and these can be reinstated or stepped up again throughout the winter period to ensure open lines of communication.

REVIEW OF PREVIOUS WINTERS

Managers noted several key lessons from reviewing previous winters. These mainly included preparedness for winter weather: for example, ensuring availability of 4x4 vehicles when needed to transport staff, having bank staff available, clear plans for seeing the most vulnerable patients, and rotas for holiday cover.

These lessons, paired with lessons from the pandemic, highlight the need to plan ahead and prepare for the worst to ensure that staff are safe and service delivery is maintained.

KEY PRIORITIES FOR ACTION IN 2020/21

A detailed action plan sits behind this with timescales and key performance indicators.

This will be used to monitor progress against the winter plan and will be a live document.

- **Resilience**
 - Business continuity plans for all services have been reviewed in light of COVID-19 and will be updated for winter through a general resilience workshop and taking specific winter issues into considerations. These will detail escalation processes and essential service provision in response to critical incidents such as another lockdown, major staff absence, or severe weather.
 - Midlothian Health and Social Care Partnership's critical incident response will be detailed by updating the Major Incident Plan
 - The Midlothian Health and Social Care Partnership COVID-19 Response Plan (v3 14/05/20) will be updated by using key learning from our initial response to the pandemic, to develop a resilience plan for potential future waves and local lockdowns due to COVID-19 so that staff are mobilised and services respond effectively.
 - Services will have resilience plans in place for their workforce by providing robust plans to account for staff absence and/or staff inability to travel due to severe weather
 - All services will have contingency plans for severe weather by providing robust plans for issues such as transporting staff, traveling to patients in the community, and delivering care to vulnerable patients. These will also link to Midlothian Council plans for accessing 4x4 vehicles when required to transport staff in severe weather.
 - Resilience plans for travelling in severe weather will also link with Midlothian Council for gritting roads and footways, and clearing car parks for our identified priority areas through close working between council and health & social care colleagues.
 - All services will ensure sufficient capacity is in place over the festive period and to cover 7-day working where appropriate by agreeing staff cover and rotas and ensuring resilience plans are in place to deal with lockdown, severe weather, and/or unexpected staff absence during this period.
 - Clear communication and escalation channels will be put in place by instating a weekly huddle with an identified Winter Tactical Group, with the ability to step this up in frequency and mobilise other channels of communication that were originally created in response to the pandemic
 - Identifying surge capacity by progressing potential staffing resource to open Glenlee ward in Midlothian Community Hospital
 - Individual services will prepare for major incidents by Red-Amber-Green (RAG) rating caseloads and prioritising per their resilience plans and updating this regularly
 - All staff will ensure individual resilience plans are in place that take into consideration risks such as car preparation, school closures, travel plans in severe weather, health & wellbeing, and general winter safety. These will be

promoted by managers and team leads and through normal staff communication channels such as the Council website, social media, and all-staff emails.

- *Preventing admissions, reducing hospital length of stay, delayed discharges, patient flow*
 - We will prevent admissions, reduce hospital length of stay, avoid delayed discharges, and support patient flow as far as possible by:
 - Strengthening our intermediate care model, including an increase in capacity to implement a 7-day working model for intermediate care services and developing a single point of access
 - Reducing delayed discharges to 10 by end of October
 - Progressing the opening of Glenlee Ward in Midlothian Community Hospital as a step-up/step-down facility
 - Implementing a Falls Prevention Plan through the Strategic Falls Group, including the promotion of prevention measures during bad weather, working with the Roads Department within Midlothian Council to ensure priority footpaths, pavements, car parks, and roads are gritted and cleared
 - Working alongside the national redesign of urgent care to plan for appropriate same-day community capacity for patients redirected from the Lothian Flow Centre via a national urgent single point of access
 - Linking in with Royal Infirmary of Edinburgh winter plans and discharge planning
 - Increasing capacity of the Hospital at Home service from 10 beds to 12 beds with a view to reviewing and increasing if service required to 15 beds
 - Recruiting 20 full-time carers into the Care at Home service
 - Recruiting 6 nursing posts for 1 year into District Nursing

- *Infection Control, including Flu*
 - Standard infection control measures will be taken to address the requirements of the most common infections, for example, Norovirus, Clostridium difficile, Influenza, MRSA and contingency plans are in place to minimise the impact of outbreaks of infection by complying with infection control audits and completing associated infection control action plans
 - PPE stock and supplies are managed with contingency plans in place should demand greatly increase to ensure supplies are available to safely deliver services by forward-planning and ordering buffer stock
 - COVID-19 Health Protection Scotland and Scottish Government guidance is followed ensuring defined patient pathways
 - Accessible and timely COVID-19 testing pathways should be available to all who require a test (there may be instances where national system pressures affect this)
 - An effective immunisation programme against seasonal influenza is in place. Midlothian Health and Social Care Partnership is covering flu vaccinations for staff, housebound, and the shielding cohorts. Staff clinics are set up across Lothian and managers from both health and council will be encouraging staff to attend for vaccination. Data on staff uptake will be monitored and reported to the Senior Management Team weekly.

- *Impact & Inequalities*
 - COVID-19 and winter has and will continue to detrimentally impact certain groups of people – not only older people and those with underlying health

- conditions but also those who are vulnerable simply because they do not have the resources and opportunities to stay well.
- These will be mitigated by completing an Integrated Impact Assessment as part of the winter planning process to identify any gaps in planning and actions that managers will need to take to mitigate these. Service-specific impact assessments may need to be completed.
 - Opportunities for good health and preventing and addressing health inequalities will be developed and supported across the Partnership with Public Health, by prioritising work over winter to reduce financial and food insecurity, build strong communities and community resilience, promote good physical and mental health, and support activities to mitigate the climate emergency.
- *Communications*
 - A clear communications plan with the public will be established by sharing timely and relevant information through channels such as social media, the Council website, general practice websites, and a winter Older People's newsletter. This will require close working between and contributions from the communications team, planning groups, the Strategic Falls Lead, and all other services to promote public health information, awareness weeks, safety during winter, and other relevant updates.
 - A clear communications plan with staff will also be established by utilising various staff communication channels formed in response to COVID-19 that can be remobilised throughout winter to share important updates, good news stories, promotion of staff wellbeing activities and initiatives, and other winter-specific information around falls, travel, car safety, etc. to promote individual resilience.
 - A major flu campaign and communications plan is also underway to promote vaccination uptake amongst Midlothian residents and staff
 - *Staff Wellbeing*
 - A Midlothian Health & Social Care Partnership staff wellbeing group was established in early April with an identified wellbeing champion.
 - The group will continue to focus on supporting staff, sharing resources, and helping managers to support their teams' wellbeing throughout winter by tailoring its work for winter-specific pressures such as winter weather safety and stress and fatigue due to working under extreme conditions long-term in response to the ongoing pandemic.
 - *Monitoring & Escalation*
 - Risks will be escalated and progress monitored through reporting by exception via an established Winter Tactical Group (on a weekly basis at first, with the ability to step up frequency and/or introduce further huddles)
 - Progress against the plan will be monitored and reported via the Senior Management Team fortnightly meetings

Table I: Additional resources and specific winter plans by service (next page)

TABLE I: Additional resources and service changes

**some of these are permanent while others are winter-specific, but all of the below will support the Partnership through the winter period*

Service	Additional Resource	Service Changes
ALL SERVICES	NA	<ul style="list-style-type: none"> • Workforce resilience for staff absence • Festive Period and 7-day cover • Severe weather resilience planning <ul style="list-style-type: none"> ○ Staff transport, getting to patients, travel time, staff and patient safety, Red-Amber-Green rating patients, etc. • Flu Vaccination staff uptake • Reduced face-to-face/use of telephone and Near Me • Recruiting to establishment/vacancies
Intermediate Care	Winter Bid (£102,533.33): <ul style="list-style-type: none"> - 1 Whole Time Equivalent (WTE) Band 6 Physiotherapists - 1 WTE Band 6 Occupational Therapists - 2 WTE Band 5 Physiotherapists - 4 WTE Band 3 Support (incl. Laptop/phones) 	<ul style="list-style-type: none"> • 7-day working over winter • Strengthening intermediate care model • Additional resource proposal • Newbyres street nursing home assessment area • Highbank for Packages of Care assessments and reablement • Criteria for rehabilitation at Edenview and admission process from Royal Infirmary of Edinburgh • Occupational Therapist Band 7 recruited (<i>mobilisation funding</i>) • recruiting four Band 5 and two Band 6 nurses for one year into the district nursing service • introduction of Community Treatment Assessment Centres • integrate frailty service
Care at Home	- 20 Full Time carers	<ul style="list-style-type: none"> • Ongoing locum recruitment • 6 geographical areas to reduce travel • Reduction in overnight toileting visits from Rapid Response carers
Hospital at Home	- 1 WTE Band 6	<ul style="list-style-type: none"> • Setting up Midlothian Community Hospital clinic • Increasing from 10 to 12 bed capacity, with an aim to review and establish 15 beds at full virtual capacity • Additional Equipment – drip stands

Care Home Support Team	<ul style="list-style-type: none"> - 1 Band 6 for clinical assessment and reviews – 6 months - 2x WTE Band 5 – 6 months for 7 day cover 	<ul style="list-style-type: none"> • Daily contact with care homes and clinical reviews weekly • Continue Anticipatory Care Plans • Revenue business case progression
Mental Health & SMS	<ul style="list-style-type: none"> - Increase in Community Mental Health Team staffing (permanent from September 2020) - Increase in Substance Misuse Service capacity for multiple complex needs (2 year funding from October 2020) - Excess hours/bank staff for flu vaccination for staff and patients (within existing resource) - Midlothian Access Point Additional Action 15 funding – permanent Primary Care Mental Health nurses and fixed term Access Point Development worker 	<ul style="list-style-type: none"> • Good Grief webinar • Primary Care Mental Health Nurses in all General Practices
Older People's Mental Health and Dementia		<ul style="list-style-type: none"> • Review of staffing skill mix within Dementia • Review of model of care within wards

Loanesk/Edenview		<ul style="list-style-type: none"> • Agreed correct admission process and escalation plans • Correct staffing levels 1.3 WTE per bed • flexible workforce across wards • moving on policy discussed on admission
Dietetics	<ul style="list-style-type: none"> - Additional Band 5 bank staff shifts - Extra hours payment for Part Time Band 6 and Band 7 - Additional 1 WTE Band 5 in adult acute January-March 	<ul style="list-style-type: none"> • 7 day on call paediatrics • Prioritisation 24hr, 48hr, and 72 hour response to acute and community hospital referrals • Urgent home visits within 1 week • Primary care and hospital discharge referrals within 4 weeks • Public Holiday cover over festive period in acute sites • Critical care bed dietetic service provision escalation due to COVID
Disabilities	<p>Midlothian Community Physical Rehabilitation Team (MCPRT):</p> <ul style="list-style-type: none"> - 1 Physiotherapist extra 2 days in Midlothian Community Hospital - 1 Band 6 Physiotherapist extra 7.5 hours in Midlothian Community Hospital - Band 4 & Band 5 recruitment into MCPRT - 1 WTE Band 6 Physiotherapist for MCPRT backlog but also covering Learning Disabilities 	<ul style="list-style-type: none"> • MCPRT collaboration with intermediate care • Access to all disciplines within Community Learning Disabilities Team – telephone as default • Update Red-Amber-Green ratings

Extra Care Housing		<ul style="list-style-type: none"> • Re-allocate hours to intermediate care flat at Cowan Court • Commence intermediate care flat at Hawthorn Gardens
Social Work		<ul style="list-style-type: none"> • Reestablishment of Highbank respite • Reestablishment of day care across 3rd sector providers • Review and prioritisation of referrals coming through
Justice		<ul style="list-style-type: none"> • Route Map • Considering '0 hours' contract for unpaid work • SPRING service identified space in Arts Centre
Public Health	- Interviewing Volunteer Coordinator Post	<ul style="list-style-type: none"> • Older Peoples Benefits Project • Money Worries work • Food Security - work with Food and Health Alliance • new Health & Social Care Partnership volunteer coordinator role; building relationships with organisations with volunteers to support and contact people who are isolated • Connecting Scotland & tech library • Care for People connection • Art Resilience Project • physical activity and social prescribing promotion • free gym membership pilot (homeless)



8 October 2020

'Care for People' Group during lockdown

Item number: 5.6

Executive summary

This covering report introduces the attached report on the actions taken by the Council's 'Care for People' Group during lockdown. Given the nature of the pandemic emergency, the high level of public interest and the extensive range of interventions undertaken, it is important that board members are fully briefed, particularly given the possibility of a second wave of COVID.

Board members are asked to:

Note the accompanying report outlining the activities and services coordinated by the 'Care for People' Group during lockdown.

Report title

1 Purpose

- 1.1 This covering report introduces the attached report on the actions taken by the Council's 'Care for People' Group during lockdown. Given the nature of the pandemic emergency, the high level of public interest and the extensive range of interventions undertaken, it is important that board members are fully briefed, particularly given the possibility of a second wave of COVID.

2 Recommendations

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

Note the accompanying report outlining the activities and services coordinated by the 'Care for People' Group during lockdown.

3 Background and main report

- 3.1 The Care for People Group was established in 2012 in response to legislation and guidance relating to civil emergencies. Its remit is to undertake a coordinating role across agencies and communities in the provision of humanitarian assistance during emergencies. In addition to responding to emergencies such as severe weather or power cuts, the Group has also provided a vehicle for coordinating activities in dealing with social issues of a more ongoing nature such as the settlement of Syrian refugees.
- 3.2 The organisational arrangements and main activities undertaken are outlined in the attached report. The report also considers the lessons learned and makes recommendations for improvement in responding to similar situations including a second wave of COVID 19.
- 3.3 While it is the Council's role is to ensure that the humanitarian response to civil emergencies is well coordinated, the report acknowledges that a wide range of organisations and services - public, voluntary and private - played vital roles in providing support during lockdown. Community Councils had a particularly significant role in enabling support systems to be effective in their local communities.

4 Policy Implications

- 4.1 The primary focus of the 'Care for People' activities was to support people to stay well during lockdown in terms of their physical and mental health, including those people at risk of health inequalities. In addition, it was recognised that some people would be under increased financial pressure e.g. people unable to work and yet not eligible for furlough. The availability of financial assistance, or support in kind, and financial advice made a short- term contribution to reducing the gap in financial circumstances.

The Care for People activities were intended to prevent, as far as possible, the unintended adverse consequences of lockdown on people's health and wellbeing. The approach to providing these supports included the paramount necessity of exacerbating the spread of the virus. The use of technology; safety guidelines; and the provision of personal protection equipment where possible; were some of the main steps taken to prevent the spread of the virus in the process of providing support.

The interventions outlined in the accompanying report were put in place to reduce the potential adverse consequences of lockdown. They were not intended to improve performance but rather to help to limit potential deterioration in relation to health inequalities and the physical and mental wellbeing of the people of Midlothian.

5 Directions

- 5.1 This report has no impact on any directions.

6 Equalities Implications

- 6.1 As is noted in the full report, an Integrated Impact Assessment was undertaken on behalf of the Care for People Group early on during lockdown. It identified the potential risks of some people being at a disadvantage in being able to access the supports provided through Care for People activities. These included the ability to access on-line services/resources such as basic shopping. Another example of risk was the possibility that some people might be unable to access support during lockdown due for instance, to domestic violence. The Care for People Group developed actions to seek to mitigate any identified risk of inequity.

7 Resource Implications

- 7.1 This report does not make recommendations which entail the allocation of resources. It outlines actions and services which have already been provided. The redeployment of Council staff to respond to the humanitarian needs of the population was on a significant scale. However, this report does not attempt to quantify the costs associated with this response. Nor does it consider the extent to which the allocation of the Government's COVID 19 funding package to the Council

will cover any additional costs incurred as a result of the 'Care for People' activities arising from the pandemic.

8 Risk

- 8.1 The Local Authority has clear duties in responding to civil emergencies as laid out in The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 and subsequent guidance on resilience under the banner *Preparing Scotland*. This guidance includes detailed advice about how to "Care for People Affected by Emergencies". <https://www2.gov.scot/Resource/Doc/284989/0086538.pdf>

The failure to provide a robust humanitarian response would have incurred a significant risk that vulnerable people, including people who were shielding and older people, would have been unable to access basic essentials, particularly food and medicine. This in turn would have led to a reputational risk to the Council.

The activities undertaken by the Care for People Group were intended to manage these risks. Nevertheless, in the event of a second wave or future pandemic it is important to take stock and to seek to identify measures which would improve the humanitarian response. The preparation of the accompanying report is intended to facilitate an exercise of reflection on what worked and what could have been done better.

9 Involving people

- 9.1 The membership and approach of the Care for People Group reflects the emphasis placed on seeking to work very closely with localities including with Community Councils and Community Development Trusts. One of the lessons learned from the pandemic is that stronger links ought to be developed with these local organisations well in advance of future civil emergencies.

10 Background Papers

10.1

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Appendices: Midlothian's Care for People Report on the Response to Lockdown

MIDLOTHIAN 'CARE FOR PEOPLE' GROUP

REPORT ON THE RESPONSE TO LOCKDOWN

MARCH TO JULY 2020

Foreword

Looking back to early March, the national predictions about the likely scale and consequences of COVID-19 were indeed frightening. The move to lockdown across the country seemed to confirm that we were moving into uncharted waters. As chair of the Midlothian Care for People Group, I was in no doubt that we would have a significant role to play in helping to support residents of Midlothian through the worst of the crisis. However, it was a case of learning as quickly as we could who needed what kind of help and who would be able to provide this help. It was wonderful to see so many volunteers come forward through a desire to help their fellow citizens. Equally, it was a privilege to be part of such a committed joint effort, involving so many organisations working together with the common goal of supporting local people during this traumatic time, as best as we could.

I am sure that there are things we could have done better and we will look to learn from the experience. Nevertheless, on behalf of the many people across Midlothian, supported during lockdown, I would like to record our sincere gratitude to all those who played a part in the response. A very big **thank you** to

- the hundreds of Midlothian community resilience volunteers who came forward
- the many paid workers from statutory, voluntary and private sectors who so willingly changed their role in response to the crisis
- the countless contributions made by good neighbours and family carers
- the key role played by the Federation of Community Councils and local community resilience partnership groups
- local businesses who made donations and provided support

It was indeed *Kindness Midlothian* in action.

Alison White

Chair Midlothian Care for People Group

10th September 2020

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12. Long-Term Planning
13. Recommendations

1. INTRODUCTION

This report provides a summary of the humanitarian response made by the Community Planning Partnership and its partners to the state of emergency imposed as a result of the UK moving to lockdown on 23rd March 2020. This response complemented the work undertaken by local Health Services in treating and testing people for COVID-19 alongside the delivery of a range of essential services by the Council such as social care, childcare and education, refuse collection and emergency housing repairs, as well as the continued support of vulnerable people by many voluntary organisations. The report considers the measures undertaken or coordinated through the 'Care for People' Group whilst recognising that the Council as a whole, along with its statutory and voluntary sector partners, sought, as far as possible, to provide essential services to the whole population and particularly to those most directly affected by the imposition of lockdown.

2. RESPONDING TO CIVIL EMERGENCIES

The Civil Contingencies Act 2004 seeks to minimise disruption in the event of an emergency and to ensure that the UK is prepared to deal with a range of emergencies. Scottish Government developed subsequent guidance, under the banner of *Preparing Scotland*. One of the supplementary guidance documents developed was specifically in relation to 'Caring for People affected by Emergencies', and was most recently updated in November 2017.

Local Authorities in particular, were advised on the need to draw on the resources and abilities of their communities to help prepare for, respond to and recover from emergencies as effectively as possible. This is known as 'community resilience' and can be defined as "*communities and individuals harnessing resources and expertise to help themselves prepare for, respond to and recover from emergencies, in a way that complements the work of the emergency responders*".

3. MIDLOTHIAN 'CARE FOR PEOPLE' GROUP

The Midlothian 'Care for People' Group was established in 2012. Its principal remit is to ensure that effective partnership arrangements exist in order to-

- Provide for the welfare and well-being of those affected by emergencies
- Reduce to a minimum, the harmful effects of an emergency on individuals and communities
- Contribute support for their recovery
- Respond at all times.

Until the COVID pandemic, local civil emergencies have tended to be relatively short-term, often weather-related, although the Midlothian 'Care for People' Group has taken a key role in relation to ongoing local issues including the resettlement of

Syrian refugees, and the ingress of carbon dioxide in some houses in Gorebridge. The projected timescales and the community-wide impact of the pandemic gave rise to new challenges on a much larger scale than previously experienced. The 'Care for People' Group has played a key role within a much wider collective response to these challenges. The Group amended its objectives in relation to COVID 19 adopting the action points recommended for all communities by the Centre for Welfare Reform. <https://www.centreforwelfarereform.org/>

- *Everyone knows how to stay safe and has what they need to be safe*
- *Every community has a network of communication, which connects every member of the community, so that people can get extra help when they need it*
- *Volunteers are safe and supported in their roles*
- *People and organisations must have security and the chance to contribute*
- *Central coordination must be clear and empowered to act*

4. ORGANISATIONAL RESPONSES TO THE PANDEMIC

National: In response to the nation-wide scale of the emergency, the UK and Scottish Governments enacted legislation and issued a raft of guidance including Scotland's Route Map through and out of the crisis. For example, Scottish Government directed health boards and local authorities to put in place stronger clinical governance systems in support of Care Homes. Funding, particularly for food, was allocated via Local Authorities with a suite of funding for the Third Sector being distributed by SCVO (Scottish Council for Voluntary Organisations) and national funders, assisted by the Midlothian Third Sector Interface (MTSI). The recruitment of volunteers was another aspect of the response to the emergency in which there has been a well-publicised national dimension.

Regional: The East of Scotland Regional Resilience Partnership Care for People Group had ceased to operate some time ago but in response to Covid-19 related issues, a Lothian and Borders Local Resilience Partnership Care for People Group was established. Alison White, Chair of the local 'Care for People Group', and Jane Young, Contingency Planning Officer, represented Midlothian. The local voluntary organisations were represented on this Group through EVOG (Edinburgh Voluntary Organisations Consortium) and the Lothian and Borders Voluntary Sector Group. The Regional Group has had a particular focus on accommodation and support for people declared homeless, tourists and others who had to self-isolate. The Group's primary role has been information sharing across organisations including with Scottish Government, as well as escalating any concerns.

The four Lothian Health and Social Care Partnerships worked together on a regional basis with NHS Lothian in ensuring a coordinated response to the health issues

arising as a result of the pandemic. The NHS Lothian Resilience Team worked in partnership with local HSCPs and Councils and maintained regular communication with the Midlothian Care for People Group.

Midlothian: The scale of the pandemic resulted in Midlothian Council and the Midlothian Community Planning Partnership devoting much of their time and collective resources to responding to the welfare needs of the population. Midlothian Health and Social Care Partnership (HSCP) established a dedicated COVID Team that reported daily to its Senior Management Team. This team kept staff within the HSCP informed of developments and sources of advice and assistance on such matters as personal protection equipment.

Midlothian Care for People Group: The group had to operate in this complex environment keeping abreast of new guidance and rapidly changing projections of need whilst also keeping in close touch with policies and activities at national, regional and council level. Alongside this, the widespread impact of the pandemic meant that many established local organisations were involved including Community Councils, Voluntary Organisations and Rosewell Resilience Group, alongside new groups specially formed to respond to local need, such as BERT in Bonnyrigg. The Midlothian Third Sector Interface and the Federation of Community Councils are standing members on the 'Care for People' Group. Additional members were co-opted to ensure a fully coordinated response to the crisis, including local Public Health staff and members of the Council's Communities and Lifelong Learning service.

5. RESOURCES DIRECTED TOWARDS CARE FOR PEOPLE

Community Councils: Fifteen of the sixteen Community Councils agreed to become involved in the response to the pandemic at different levels. They played a central role in the local resilience activities. For those Community Councils that had less capacity, alternative arrangements were made such as pairing with other local anchor organisations in Bonnyrigg, while Penicuik Community Council covered Howgate and another rural community council area received support from a neighbouring Community Council until it was able to become operational.

Third Sector and Social Enterprises: Midlothian Third Sector Interface, as a coordinating body for voluntary organisations, took a lead in the mobilisation of the sector albeit that some organisations, particularly Red Cross, have a long tradition and considerable experience in responding to emergencies. These community-wide responses complemented the action taken by individual voluntary organisations to support their existing service users, such as Grassy Riggs' support to older people; Bright Sparks' support to children and families; and Art in Mind's support of people with learning disabilities. Across Midlothian, Community Development Trusts were

active and creative in their responses to needs within their communities. They provided hot meals, grocery deliveries, clothing parcels, online social and creative activities, and helped to promote other local businesses. They drew in funding from the Scottish Government to undertake this work, and have been focal points for local, community-led resilience.

Local Hubs: Initially all sixteen Community Council areas were covered, supported by a link Communities and Lifelong Learning officer working together through the Midlothian Federation of Community Councils. These were then realigned with the four childcare/school hubs through the creation of locality email boxes and links to the school hubs. The smooth running of the local resilience groups was dependent upon the quick development of robust finance systems, volunteer registers, risk assessment processes and arrangements for the provision of personal protection equipment.

Council Staff: Many Council staff became involved and 'redeployed' in the measures being taken to support the people of Midlothian through the crisis. Indeed a number of staff volunteered to be trained as care workers. Examples of the roles played by Council staff include:

Communities and Lifelong Learning: CLL members of staff, with their background in enabling community resilience, were well placed to support local communities and volunteers, enabling them to provide assistance to people in need. They also provided a central email box logging requests for support and coordinated these requests to community resilience groups. As well as this supportive role, staff undertook very practical tasks including the delivery of shopping and medicines.

Leisure: Sport and Leisure staff were redeployed to undertake essential tasks such as delivering hot meals, shopping and prescriptions. During the summer, Sport and Leisure staff collaborated with third sector agencies to provide critical childcare and support to vulnerable families via four summer activity hubs.

Contact Centre Staff: The Contact Centre team has played a vital role in being the first point of contact for the public with support services.

Library Staff: Staff were involved in augmenting the Contact Centre, working on the *Kindness Midlothian* helpline and the *Fancy a Blether* befriending service.

Human Resources: A member of the HR Team took on the role of coordinating a befriending service to people isolated as a result of lockdown.

Volunteers: Many people volunteered to assist, both locally to support community resilience, and through the national recruitment campaign set up to encourage volunteering as a response to the national crisis. There were 515 local community

resilience volunteers and an additional 450 who came through the 'Ready Scotland' website but were not able to be utilised. These volunteers included some S5 and S6 pupils. Gorebridge had a particularly high record of volunteers offering their services.

A Working Group, involving representatives from Volunteer Midlothian, Communities and Life Long Learning Service, and Midlothian Health and Social Care Partnership, was established and it created a suite of guidance on volunteering for front-line community responders, and for distance volunteering (e.g. telephone befriending). This 'Scenario Planning' pack, created by the working group, has subsequently been used by Third Sector Interfaces across Scotland.

Shielding Team: A special team was established to provide support and services to people who were shielding (approximately 3,000) as a consequence of underlying health conditions. This support included referring 'shielders' to the hubs and community groups for support with shopping, food and prescriptions.

Food Depot: A food depot was established to maximise the provision of free food for food banks linking in to the Scottish Government food fund.

Education and Children's Services: A special COVID email address was set up to enable people to seek help and advice on child-care issues for key workers. Education, Children Services and Communities and Lifelong Learning staff established a gatekeeping group, working together to ensure there was support tailored to the most vulnerable families. Staff across the Council were central to the provision of critical childcare for key workers and vulnerable families. They worked in partnership with Sport and Leisure and the Third Sector to provide ongoing childcare and support over the summer period.

6. ARRANGEMENTS ELSEWHERE IN SCOTLAND

While organisational arrangements varied across Scotland, many areas established 'Humanitarian Assistance Centres' carrying out similar functions to the Midlothian Care for People Group, the Local Hubs and the Food Depot, including the provision of food and assistance with shopping and prescriptions.

7. REPORTING ARRANGEMENTS- DATA and ACTIVITIES

As has been the case in previous civil emergencies, effective and timeous information exchange has been vital. Participation by member(s) of the Group in the senior management teams in both the Council and NHS Lothian was critical to effective briefing. Weekly meetings of the Community Planning Partnership helped to ensure that wider stakeholders were kept informed and were able to highlight particular issues or concerns. In relation to 'Care for People' issues, representation on the Lothian and Borders Care for People Group ensured exchange of emerging issues and sharing of good practice. The provision of assistance with food and the

utilisation of resilience funding required weekly returns to the Council Chief Executive and Elected Members as well as regular returns to Scottish Government.

8. COMMUNITY RESILIENCE IN MIDLOTHIAN

- a. **Background in Midlothian:** At the point when lockdown was imposed, there was only one formal Community Resilience Group-in Rosewell-which had been fully established. Other communities were at various stages of the process and many quickly established local partnerships to take forward community resilience in response to COVID. Nevertheless, Midlothian communities have a history of pulling together in crisis situations such as in bad weather (e.g. during the *Beast from the East*).
- b. **Relevance to COVID Pandemic** There was a recognition very early on that the predicted lengthy period of a state of emergency and the forecast that many people would be affected, necessitated a strong response from local communities and volunteers. A number of “resilience groups” quickly became established in local communities by people keen to help those in need. They were not all affiliated to an established group such as a Community Council. That people wanted to step forward, and in such numbers, was humbling. Challenges associated with this spontaneous desire to help included:
 - i. There was potential for duplication of effort e.g. households receiving offers of help from various sources and conversely, some areas not being covered at all. Coordination was vital and this was enabled by Community Councils, Communities and Lifelong Learning (CLL) staff and the Care for People Group.
 - ii. Advice on safety issues was needed by volunteers and by those requesting help. Midlothian Third Sector Interface coordinated the preparation of a guidance pack with support from CLL, HSCP, Environmental Health, Police Scotland and Red Cross. The pack included advice on food hygiene, personal protection equipment and insurance cover.
- c. **Virtual Locality Support Hubs:** In order to be able to respond to any dramatic spikes and increases in requests as a result of shielding numbers in an area, virtual hubs were introduced to further support the community resilience groups. Two managers were allocated to support the community resilience work taking half of Midlothian each and to ensure a strategic perspective across Midlothian. The managers also linked with the school hubs to address any gaps. There was no prior blueprint for how best to organise support during a national lockdown and to some extent the local arrangements developed organically.

9. POPULATION NEEDS ASSESSMENT

The speed of the spread of the virus and the impact on people's health was very difficult to predict. However, there were a number of sources of information about who might be particularly vulnerable as a result of the move to Lockdown:

People shielding	Estimate 3,000-3,300
People over 65yrs	Estimate 17,000
People needing help with wheelie bins not known to Social Work	Estimate 3,200
Single person households	Estimate 12,500
Families in receipt of free school meals	Estimate 2,000
Family Carers	Estimate 8,000+
People with learning disabilities	Estimate 1,500
People with frailty	Estimate 8,500
People living in poverty	8,800 people in SMID 1
People self-isolating	Continually changing

Many of these people managed, through their own networks and supports, to cope without seeking formal assistance. There was also considerable overlap between these groups with many people falling into more than one category. However, these estimates gave an indication of the scale of support that may have been required.

Individuals varied greatly in their need of formal supports. An Integrated Impact Assessment was undertaken on behalf of the Care for People Group to assess the potential impact of actions taken on different population groups as they evolved and to identify potential mitigating actions to ensure equity. Challenges likely to affect some people more than others included the ability to access on-line resources and the ability to access information and support safely e.g. those experiencing domestic violence or at risk of harm. The Care for People Group developed actions to mitigate these adverse impacts.

In order to understand better the issues arising for people, six typical pen pictures are being developed with an analysis of the likely educational, economic, health and social impact of the pandemic. This approach is intended to help strengthen the service responses to people affected significantly by the consequences of the pandemic. Whilst the impact of the crisis inevitably varies from individual to individual, four key needs continue to guide the response of the support services, including the Care for People Group, these being **food, medicine, money and social isolation**.

In addition to these basic needs, survey feedback from the local *Ageing Well* Group provides some insight into how lockdown has affected the lives of older people in maintaining good physical and mental wellbeing:

- 65% of respondents said they are now doing less activity
- 42% felt they were socially isolated
- 55% highlighted the value of internet or telephone for social contact
- 25% felt there would have to be a vaccine to feel safe exercising in a group
- 84% said walking kept them active and 39% valued on line exercise videos

10. ACTIVITIES OVERSEEN BY ‘CARE FOR PEOPLE’ GROUP

10.1 Overview

By the end of June, arrangements overseen by the ‘Care for People’ Group had resulted in some 25,000 interventions being undertaken including shopping assistance and delivery of prescriptions, emergency food parcels and hot meals (these figures do not include the majority of the foodbank statistics). There were significant geographical variations in the provision of hot food, delivery of prescriptions by volunteers and the provision of food parcels.

At a national level, there was a particular focus on access to food. In Midlothian, sixteen groups made up of fourteen Community Councils and two community groups received funding from the Scottish Government Food Fund via Midlothian Council. £140,000 was allocated from Midlothian’s allocation of the Food Fund to these groups. In addition, the foodbanks received a separate allocation. The funds were made available to local authorities for structured responses working with resilience groups to support households who were experiencing barriers in accessing food.

10.2 Information dissemination –guidance; signposting

- i. Many organisations had a role in providing direct advice and information including the Council Contact Centre, Local Hubs and the Midlothian COVID Team. To enable a consistent up to date response to enquiries, an Emergency Guide was prepared and distributed widely to statutory and voluntary organisations and was subsequently adapted to be directly accessible by members of the public. Statutory bodies also continually updated information on their websites.
- ii. Midlothian Third Sector Interface (TSI) sent out daily COVID briefings to 560 people in the Third Sector, and other stakeholders with fifty-seven briefings to date. Midlothian TSI hosted ‘Coronavirus Connect’ online meetings for staff from a range of stakeholders.
- iii. The Council issued basic information early on in the crisis, by postcard. These were sent to single person households and people considered potentially vulnerable in view of their known need of help with their wheelie bins.

10.3 Central contact points: The Community Councils were supported by the CLL staff to act as a central point for receiving and dealing with requests including for hot meals, medicine collection and assistance with transport, as well as deploying and supporting volunteers. Between 24th March and 24th June, these contact points had received and dealt with 1186 referrals. In addition, members of resilience groups received many requests directly from the public.

10.4 Role in relation to people who were Shielding: People who were shielding faced particular challenges accessing food and other essentials. From the 3rd of April, shielded individuals in Midlothian began to receive food boxes via the national SMS service. Midlothian Council set-up a dedicated shielding support email address and routed shielding calls through the main council switchboard. Midlothian kept a master spreadsheet of the total number of shielded individuals. On the 16th April, there were 2010 people recorded as having received shielding letters in Midlothian and this figure was reported to have risen closer to 3300 at the height of the pandemic. On the 24th July there were 3073 recorded as shielded on the master spreadsheet. All but two of these people were contacted by phone or by a home visit.

People contacted 3071
People in receipt of food boxes 643
Requests for on line shopping 155

10.5 Medicines: Many local pharmacies have home delivery services. However, the move to lockdown placed significant additional pressure on their delivery services and these were augmented by Red Cross staff, redeployed Council staff and volunteers. This was a particular pressure point in Penicuik with a heavy reliance upon volunteers.

Prescriptions delivered through Care for People volunteers 899 (12 April-14 June)
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10.6 Shopping: The high numbers of older people over 70 years old and those having to shield put a particular strain on supermarket and shop delivery services. Volunteers provided an alternative source of shopping although supermarkets quickly increased their home delivery capacity.

Shopping Deliveries 727 (12 April-14 June)

10.7 Emergency Food Parcels and Free Food Boxes: Volunteers and Council staff delivered food parcels to people known to be in need and to those people shielding or self-isolating who were unable to arrange shopping. In addition, Scottish Government arranged delivery of free food boxes to people shielding through contracts with two food companies, *Brakes* and *Bidfood*.

Food parcels delivered 493
Food vouchers 107
(12 th April-14 th June)

10.8 Food vouchers: These were operated following Children's Services protocols.

10.9 Hot Meals: Hot meals were prepared and delivered in the areas of deprivation, in rural areas and by the Red Cross. Local caterers volunteered their time and local clubs provided premises. These arrangements were checked and approved through the Council Environmental Health service. Deliveries were made by volunteers, Red Cross staff, Woodburn Grassy Riggs staff and the Council which redeployed some staff to support the response to the pandemic. Anecdotally, there was feedback from recipients that the social contact was a valuable aspect of the hot meal delivery.

Hot meals delivered 15,322
12 April-14 June

10.10 Food Banks: Local food banks were already heavily used prior to the pandemic. More people became reliant as their level of income reduced with a 55-90% increase in referrals over the equivalent period last year for the three church food banks (data from Trussell Trust and Food Fact Friends not included).

Food parcels 413 providing 6147 meals to 1067 people
(Penicuik Dalkeith and Newbattle Churches Foodbanks)

10.11 Befriending: In recognition of the likely damaging effects of isolation brought about by lockdown, a new befriending service, *Fancy a Blether*, was arranged through the Council HR Team. It was a primarily a telephone service, although Zoom was used on occasion allowing visual contact. This complemented existing befriending services such as that provided by Red Cross.

Volunteers 19
People befriended 20

10.12 Financial Support: Although 95% of people received benefits on time, some people not eligible for furlough quickly fell under financial pressure. The Emergency Guide gave information to staff about sources of support. Money and support in kind came from Thomas Frank co and 'Eat Well Age Well' who provided over £2k to enable Red Cross to provide hot meals 3 times a day to the elderly and 250 free meals to Mayfield Resilience group. Red Cross also received a £5k donation to give to local people for fuel poverty, particularly young families who had children at home most days. The local Co-op in Mayfield set up a food collection bin with the proceeds going to Mayfield resilience group to help them prepare hot food. Red Cross had a large delivery of bags of potatoes, the majority of which went to the local foodbank and Mayfield Resilience group. Advice agencies continued to work during the pandemic (by telephone or on line) while the multi-agency redundancy group, PACE, has also continued to provide support.

10.13 Mental Health: The Midlothian 'Mental Health in the Community' Small Grants Fund was established following an award of £74,000 through the National Lottery. The fund aims to build the capacity of local organisations to support individuals whose mental health has been adversely impacted by the pandemic and lockdown. This is an opportunity for local charities and social enterprises

working with volunteers, to apply for small grants of up to £10,000 each, to expand and develop their mental health and wellbeing support services. The fund aims to build organisations' capacity to provide volunteer-led mental health support in the community. Volunteer Midlothian has collaborated with 'Health in Mind' to deliver bespoke online training to the volunteers delivering this support.

More generally, a cross-agency group has been planning how best to proactively promote good mental health across the Midlothian population. The Midlothian Mental Health Strategic Planning Group worked to create a Midlothian wide strategy of support across the life span and endorsed the use of 'Five ways to Wellbeing' which was then disseminated and integrated into NHS, Council and Third Sector support systems.

10.14 Transport: To support the provision of transport assistance, Midlothian Council and Melville Housing Association offered free access to their electric cars. In practice, staff and volunteers used their own cars.

10.15 Peer Support: Midlothian Voluntary Action has run online thematic peer support meetings, with community development trusts and others operating community assets and venues. They have also been providing informal peer support to project managers and social entrepreneurs who are struggling with stress and anxiety due to the current situation. Forward Mid published a Resource Guide to Staying Well and maintaining good spirits through the coronavirus epidemic, to support disabled citizens living in Midlothian, and this was distributed to around 1000 people.

10.16 Technology Support As part of the response to school closures during lockdown Midlothian Council issued a number of pupils with laptops to enable them to participate in virtual lessons. The Council also issued 23 I pads for use in care homes and Midlothian Community Hospital. Midlothian benefitted from 'Connecting Scotland' a Scottish Government programme set up in response to coronavirus. It provides iPads, Chromebooks, 12 months connectivity, and support to develop digital skills for people who are

Connecting Scotland devices distributed locally 120

- digitally excluded, do not have an appropriate device and/or are not connected to the internet at home
- on low incomes, unable to afford to buy a device or pay internet access
- at risk of isolation due to coronavirus because they're in the extremely high vulnerability group or the higher risk of severe illness group

The Midlothian HSCP also sourced funding from Edinburgh & Lothians Health Foundation for twelve devices with data to pilot a digital library for citizens in homeless accommodation.

10.17 Red Cross Services: Red Cross worked in collaboration with other voluntary organisations and the Community Councils throughout the Pandemic whilst maintaining statistics on the services provided by their staff and volunteers.

People who are known to be Frail: Ten GP Practices, in collaboration with Red Cross arranged for welfare calls to be made to patients who had been identified as having moderate or severe frailty to ensure they had information and practical support to cope during the pandemic.

RED CROSS
Deliveries of food 822
Deliveries of hot meals 1205
Deliveries of library books 221
Befriending by telephone 543
Welfare calls to frail elderly 2,647

11 LESSONS LEARNED

A formal evaluation has not been undertaken. In part, this reflects that the crisis is not yet over and measures such as facemasks, social distancing and the continued closure of some facilities are continual reminders that our way of life has not returned to how it was. However, volunteers received anecdotal feedback while Red Cross sought feedback directly from their service users. This feedback has generally been very positive not just for the assistance provided but also for the friendly, reassuring manner of the volunteers:

Thank you so much for arranging to convey me to the Eye Pavilion

You are making a big difference around the local area and delivering food supplies

The helpers are great and talk to us when they come.

Every meal is excellent and tasty. Service is second to none,

From start to finish, I was treated with politeness and dignity. Also, found it easy to phone for help with my shopping during this most difficult time

The service went a long way to ease a lot of the stress related to this awful virus COVID-19. I no longer have to worry if I have enough cat food, litter etc., food, personal things.

Systematic feedback from members of the general public regarding the work of the Care for People Group itself would have been a challenging task given the wide range of agencies involved and the fact that some population groups, such as those who were shielding, were deliberately targeted. However, the Care for People Group has reflected critically on what worked well and what could have been more effective. In addition, a survey was undertaken of the volunteers and staff who worked through

the hubs and 61 people responded. The main learning points that were raised are as follows.

i. **Strong partnership working** at both local and Midlothian-wide levels was vital. The focus of Community Councils in considering the needs and resources of their individual localities helped to reinforce the importance of working together towards that shared aim. The establishment of community resilience partnerships also helped strengthen partnership working at local level.

The view was expressed that, in some instances, the joint working between pharmacies and volunteers could have been stronger. This is worth reviewing with community pharmacies recognising that, as was the case with supermarkets, the demand for home deliveries gave rise very quickly to considerably more pressure on pharmacies.

ii. **Preparation for Emergencies** enables a coordinated approach from the start of a crisis. In this regard, there is value in reviewing the local approach to the promotion of community resilience. The response from members of the public was very strong but initially it could have been coordinated more effectively. Clearer arrangements from the outset would have minimised duplication and reduced complications such as insurance cover.

iii. **The role played by Volunteers** was vital in enabling people to manage during lockdown. Many people stepped forward quickly including 515 local community resilience volunteers and undertook tasks such as shopping and delivering prescriptions or hot meals. However, the response outstripped the need for volunteers and this gave rise to some frustration for volunteers whose offer of assistance was not utilised. Additionally, the complexities of issues such as obtaining PVGs (Protecting Vulnerable Group disclosures) quickly, and making decisions about the provision of PPE (Personal Protection Equipment) to volunteers when it was in such short supply, resulted in some delays in mobilising new volunteers.

iv. **Redeployment of Council staff** increased significantly the resources available to provide basic services. This included staff from leisure services delivering meals and prescriptions and library staff answering phones. There may be value in reviewing whether these staff could feel and be better prepared in future through prior training for working in crises situations.

v. **Communication** was critical given the scale and the duration of the emergency. The use of emails and videoconferencing was very effective although it must be recognised that in other emergencies, such as those that are weather-related, these cannot always be relied upon and alternative communication methods may be needed. While the move to

videoconferencing was very helpful it did highlight the issue of data security, with some organisations unable to use Zoom or Microsoft Teams and having to rely on telephone communication.

There was a sense of some confusion about COVID-19 guidelines, not surprisingly, given how quickly these changed. To some extent, this reflects the nature of fast moving emergencies and it is difficult to know whether more effective communication could have been achieved. The Emergency Guide was highlighted as a helpful aid to volunteers and redeployed staff in being aware of what services and supports were available.

vi. **Targeting People at Risk** made it easier to manage the scale of the crisis. The role of the shielding team in proactively reaching out to people having to shield was crucial. The decision by the Council to issue postcards to single person households and those on the 'wheelie bin' list made it more likely that those most seriously affected by Lockdown would know who to contact if in need. The work of Red Cross and Primary Care was another example of reaching out to people known to be at greater risk –in this case due to frailty.

vii. **Administration** was considered by some to be overly burdensome. However, this needs to be set alongside the value of accurate and timeous record keeping during emergencies. The widespread and ongoing nature of the COVID emergency perhaps requires a different approach to record keeping and is worth reviewing to ensure, as far as possible, that requirements are clear and the necessary tools and proforma are in place. Specific mention was made of the focus on accounting for expenditure in using the Scottish Government food fund monies. While the administration demands should be proportionate, it is entirely appropriate that those charged with distributing public funds are enabled and supported in their responsibility to account for how the money has been used.

viii. **Access to Food** quickly became a major issue. Panic buying and much higher dependency on home deliveries by supermarkets were major contributing factors. Alongside this, some individuals and families faced financial pressures leading to considerably greater reliance upon food banks. Some people involved in the response, expressed the view that a more coordinated approach would have been more effective. Delivery of food parcels and of hot food, the issuing of food vouchers, the use of foodbanks and the provision of free food boxes (by Scottish Govt.) to people shielding may indeed have benefitted from greater coordination but this is with the benefit of hindsight. The situation was very volatile and uncertain and the primary focus was responding quickly and effectively to the expressed needs of individuals struggling with the impact of lockdown. The primary objective of ensuring people did not go without food was achieved for people referred.

12 LONG TERM PLANNING

There are lessons to be learned generally for the Care for People Group in responding to future emergencies including possible further waves of the pandemic. There are also some key issues to emerge from the response to the crisis, which go beyond the scope of the Care for People Group.

12.1 Membership of Care for People Group: There are number of voluntary sector organisations (and indeed other organisations) within the core membership of the Midlothian Care for People Group who were not involved in the local response to the pandemic. These include Lothian 4x4 Response (vehicles) and the Salvation Army. These organisations were willing to lend assistance if required – and there are established contact methods. However, the specific circumstances of this situation and the number of local volunteers who came forward meant that there was not an immediate need for them. However, they are aware that, as circumstances change, volunteers return to work and community resilience groups start to wind down, there may still be a need for their assistance. There was clearly a benefit to retaining flexibility as to who participated in the Group in response to the nature of the crisis.

12.2 Joint Working between Council and HSCP: The HSCP and Midlothian Council worked closely together on Care for People issues. There is no doubt that the HSCP contributors brought a different dimension to the discussions at the meetings and their continued participation would be very beneficial. However, Care for People covers a whole range of different scenarios and timescales and not just protracted public health emergencies (e.g. severe weather, transport accidents, fires, explosions, terrorist attacks) – though the types of impacts considered for Covid-19 may well be the same – lack of access to funds, trauma, bereavement, mental health.

12.3 Volunteers: The response by the community to the crisis was quite humbling. As in previous emergencies, people rallied round to support their neighbours and people in particular need. The Volunteering Working Group is drafting guidance on returning to face-to-face volunteering. The Human Resources Section of the Council is looking at how the Council's volunteers might be supported in the long-run beyond the current crisis. Discussions are continuing about COVID 'buddies'. More generally, and beyond the scope of the Care for People Group, there are broader issues about supporting more effectively the potential expansion of volunteering in Midlothian and this is now being addressed by the HSCP.

12.4 Food: Ensuring access to food has been a key feature of providing support during the crisis period, particularly to older people. This has included food parcels, food vouchers, hot food and shopping assistance. Alongside this, there has been an increased use of food banks. A review has been requested by the Council Chief Executive to ensure as we move forward in Midlothian, that there is confidence that everyone who needs access to food and nutrition can do so as part of their human rights and with dignity. This is particularly important in light of the forecast in

relation to unemployment. This goes beyond the services provided or arranged by social work for people in assessed need and has a wider community focus. In the meantime, the availability of frozen meals through *Appetito* is being promoted and further work on benefit entitlement is being undertaken by the 'pension credit' working group to increase the affordability of hot meals. The local Food Alliance is encouraging a cross partnership review of how best to reduce food insecurity and promote eating well.

12.5 **Community Resilience:** Prior to the pandemic, Midlothian had one established Community Resilience Group which had managed to receive start-up funding from Scottish Government. Come the start of the pandemic, a number of "resilience groups" quickly became established in local communities by local people keen to help those in need. That people wanted to step forward, and in such numbers was testament to the underlying sense of community. Nevertheless, there were challenges. There was the potential for duplication of effort, such as households receiving offers of help from various sources and conversely, some areas not covered at all. The Care for People Group had the responsibility for enabling a more coordinated approach with Communities and Lifelong Learning staff having a particularly important role. Volunteers and those requesting help needed safety advice such as guidance on food preparation and food hygiene and the use of Personal Protective Equipment. Insurance cover was also critical and affiliation to Community Councils was important in this respect. A guidance pack has now been created and while it will need continual updating, this resource provides a robust starting position for future emergencies.

13 RECOMMENDATIONS

Recommendation 1: Care for People Group should review its arrangements with local communities to ensure robust **communication** links are in place in times of emergencies.

Action: Care for People Group

Recommendation 2: A review should be undertaken involving local **pharmacy** representatives to consider any lessons learned for future emergencies.

Action: Care for People Group and D Bray Pharmacy Lead

Recommendation 3: The **administration systems** developed for use in the local hubs and community groups should be reviewed and streamlined. They should be retained for use in civil emergencies, particularly for a pandemic.

Action: Communities and Lifelong Learning Service

Recommendation 4: In light of the pandemic experience, the approach to promoting **community resilience** should be reviewed.

Action: Care for People Group, Communities & Lifelong Learning Service

Recommendation 5: Given the important roles undertaken by redeployed Council staff during the response, consider additional **induction** training on civil emergencies for all staff as part of the civil emergencies training programme.

Action: Care for People Group and Human Resources

Recommendation 6: The **Emergency Guide** should be reviewed to consider whether it provides the basis of a generic guide during civil emergencies.

Action: Care for People Group

Recommendation 7: In view of the overwhelming interest in **volunteering** during the pandemic, a review of the infrastructures in place should be undertaken.

Action: Communities & Lifelong Learning, Midlothian TSI, Midlothian HSCP

Recommendation 8: The needs and demands for affordable **food** and hot meals should be the subject of a comprehensive review.

Action: Midlothian Council, Midlothian HSCP and Midlothian Food Alliance



Thursday 8th October 2020

Clinical and Care Governance Group Report

Item number: 5.7

Executive summary

The purpose of this report is to provide assurance to Midlothian Integrated Joint Board as to the clinical and care governance arrangements within Midlothian Health and Social Care Partnership (HSCP). It will highlight good practice and identify any emerging issues or risks.

Additional reports will be attached as appropriate throughout the year to provide updated information from specific service areas.

Board members are asked to:

- Note and approve the content of this report

Report title:

Clinical and Care Governance Group Report

1 Purpose

- 1.1 This is the Clinical and Care Governance Group (CCGG) report for Midlothian IJB.

2 Recommendations

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

- Note and approve the content of this report

3 Background and main report

- 3.1 Bi-monthly meetings of CCGG are taking place facilitated by Microsoft Teams, to comply with social distancing recommendations.
- 3.2 Service leads and managers attend or send a deputy. A meeting of the CCGG took place on Wednesday 2nd September 2020.
- 3.3 There are eight Quality Improvement Teams (QIT) reporting in to the CCGG. These cover all service areas in Midlothian HSCP. Standards are implemented and monitored as part of the QITs and reports on improvement work taking place are submitted to the CCGG.
- 3.4 Quality Improvement Teams are beginning to meet again and develop programmes of work to measure or improve standards. This includes a patient feedback audit for a number of services, and audits of care planning and documentation.
- 3.5 Healthcare Improvement Scotland has re-commenced a programme of inspections across community hospitals in Scotland. These are unannounced inspections. Within Midlothian Community Hospital a local programme of inspections and reviews has been set up to monitor standards within the hospital.
- 3.6 Midlothian Health and Social Care Partnership (HSCP) overview of Midlothian care homes, detailed in the last report, continues to provide assurance about the standards of care for Midlothian residents. An electronic reporting system – TURAS – has been put in place to allow care homes to submit daily data to Scottish Government. HSCP managers have access to this data and monitor this as part of the daily assurance calls. In addition the Care Home Support Team makes daily contact with Midlothian care homes. This information allows the HSCP to target specific support where it is most required. A programme of more intensive support

has commenced which includes education and training around the use of the Restore2 tool to help carers identify residents whose condition is deteriorating. This will assist carers to identify residents requiring early intervention and treatment from visiting professionals.

- 3.7 The Midlothian Healthcare Governance Annual Report was presented to the NHS Lothian Healthcare Governance Committee on 8th September 2020. This highlights the improvements made in the past year, identifies the key risks and mitigation for these and gives an overview of changes planned for the coming year. The report is attached.

4 Policy Implications

- 4.1 This report should provide assurance to the IJB that relevant clinical and care policies are being appropriately implemented in Midlothian.

5 Directions

- 5.1 Clinical and Care Governance is implicit in various Directions that relate to the delivery of care.

6 Equalities Implications

- 6.1 Any equalities implications will be addressed by service managers as they arise. There are no specific policy implications arising from this report.

7 Resource Implications

- 7.1 Any resource implications will be identified by managers as part of service development, and this may at times be required to ensure good clinical and care governance arrangements. There exists an expectation of staff time to attend the Clinical and Care Governance Group meetings and that they will ensure this work is embedded in local areas/teams.

8 Risk

- 8.1 This report is intended to keep the IJB informed of local governance arrangements and any related risks and to provide assurance to members around continuous improvement and monitoring.
- 8.2 All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

9 Involving people

- 9.1 Midlothian staff will be involved in the development and ongoing monitoring of processes related to clinical and care governance.
- 9.2 Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10 Background Papers

10.1 Healthcare Governance Committee Annual Report – Midlothian HSCP

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NHS Lothian

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HEALTHCARE GOVERNANCE COMMITTEE ANNUAL REPORT MIDLOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

1 Purpose of the Report

- 1.1** The purpose of this report is to recommend that the Committee consider the actions taken and service developments planned within Midlothian Health and Social Care Partnership (HSCP), to identify the risks, develop services to mitigate these risks and provide quality assurance and governance of our services.

Any member wishing additional information should contact the Director of Midlothian HSCP in advance of the meeting.

2 Recommendations

- 2.1** Confirm that the healthcare governance arrangements for Midlothian HSCP as described in this paper provide moderate assurance to committee members.
- 2.2** Support the developments within the partnership which have improved patient care.
- 2.3** Note the key risks identified, particularly in relation to the delivery of patient-centred, safe and effective care, and the actions taken to mitigate these risks.
- 2.4** Note specific actions taken due to COVID-19 pandemic to ensure continued safe provision of services.
- 2.5** Note the developments planned for the coming year.

3 Discussion of Key Issues

3.1 Older People

An ageing population, with increasing co-morbidity, continues to challenge service delivery. A significant focus for this year has been to improve efficiency, whilst continuing to deliver high quality care to the Midlothian population. There has been a significant focus on building the workforce to improve response times, as well as maximising the available capacity.

Three areas for particular highlight are noted below, but these are only a few of many work streams that are making a difference to the older people. Compassionate leadership is integral to the service model planning, as well as a focus on developing the teams to be able to have the courage to manage, and to have the difficult conversations this often requires.

3.1.1 Delayed Discharges

A key factor in Midlothian HSCP ability to achieve the delayed discharge target relates to the ability to provide care at home. Currently the demand within Midlothian for care at home exceeds the ability to provide the amount required. Various measures have deployed to improve performance in this area.

A full review of the service has led to improved systems and processes, meaning all availability can be seen on a daily basis, allowing best use of the capacity available. The service continues to work with three external providers, which has worked well over the past year.

The challenges faced are not related to finance but to the availability of carers prepared to work in this role. With this in mind Midlothian HSCP has established a new Carer Academy, funded mobile teams and built a locum bureau to develop capacity, as well as provide resilience over winter

Other measures deployed to improve performance in reducing delays are

- Midlothian Integrated Flow Hub established - dedicated tracking role in place
- Multi disciplinary Team/Multi agency team daily huddles to review all delayed patients
- Intermediate care bed flow improved with additional team working with the 31 beds in Highbank Intermediate Care Facility
- Step down beds identified in Midlothian Community Hospital to support flow for Rehabilitation
- Discharge to Assess (DC2A) team has been expanded to facilitate 7 day working and since have exceeded £1m cost of hospital bed days saved.
- Use of technology to improve pathways, and safety for older people reducing direct contact with the use of video consultations
- Enhancement and investment to increase Community Respiratory Team to improve management of COPD. The service model is being developed to meet increasing demand.
- Expanded Care Home Support Team (CHST) continues to provide support and education within local care homes. Including daily contact and weekly visits to monitor standards.
- CHST to develop comprehensive ACPs for patients in care homes - this has been delayed due to COVID-19.
- GP Practices resourced to have a frailty lead in each Practice, to ensure all severely frail people have ACPs in place, polypharmacy reviews and geriatric assessment.
- A pilot using the RESTORE2 tool (physical deterioration of resident and escalation tool for care homes) is being implemented by the Care Home Support Team. This will support nursing staff and carers to make appropriate

assessment of deteriorating residents, facilitating early escalation and intervention.

- Commencing work to provide a clear vision for community rehabilitation and enablement, with the key communication of home first. This will be implemented with a view to improving performance around discharge home from intermediate care, Midlothian Community Hospital and Hospital at Home settings.

3.1.2 Care Homes

Care homes are an essential part of how some of the most vulnerable people are cared for within communities. With 11 care homes, and 552 beds, under the care of Midlothian HSCP, there is a duty to ensure that the quality of care delivered meets the required needs for every individual living there and that health and social care national standards are met.

Within Midlothian HSCP there is one care home with 61 beds and one intermediate care facility with 40 beds, both run by the HSCP. The remaining 9 Midlothian care homes are run by external providers, with a mix of private and charitable organisations.

All care homes in Midlothian are supported by the Care Home Support Team. This is a multi-disciplinary team, led by the Care Home Team Manager, and includes adult Nurses, Community Psychiatric Nurses, Occupational Therapists, Social Workers and a Quality Assurance Practitioner. The team has close links to the wider multidisciplinary team such as District Nurses, Dieticians, GPs, Hospital at Home and Marie Curie nurse specialists. It is also working to develop close working links with the Care Inspectorate.

Under the care home assurance process, each care home is contacted on a daily basis by a member of the CHST and regular visits to the homes are carried out on a weekly basis. There has been weekly teleconference calls to the care home managers group which has provide information/advise/support and also sought feedback and provide reassurance around their roles of managing the home during COVID-19. Current engagement with Midlothian care homes is good, with one exception. This situation has been escalated within NHS Lothian and with the Care Inspectorate.

Staff in care homes where they have had COVID-19 have found the experience particularly challenging and stressful and they have been provided with support and guidance on dealing with their experience. Family members too have found the experience of not being able to visit their loved ones very stressful and distressing, and Midlothian HSCP has worked with care homes to support new ways of working to allow greater contact using technology. This situation has eased with the introduction of visiting in care homes but this has also brought challenges as care homes work to ensure residents staff and visitors remain safe.

At the time of writing this report Midlothian care homes have had no residents confirmed positive since June 2020. This is due to high levels of infection control management and ongoing risk assessment of every aspect to reduce the risks of COVID-19 being introduced into the home.

There is a need for ongoing training/guidance and support from the CHST with regular infection control monitoring and training for staff on supporting residents who have severe frailty and might still feel isolated.

3.1.3 Care at Home

There are three externally contracted providers in Midlothian delivering care at home to older people. In addition there is a large internal service which makes up around 45% of the total care at home service for older people in Midlothian. All care at home services have managed to continue their normal service delivery in recent months.

COVID-19 has had a significant effect on the workforce within care at home services. Many staff within the internal care at home service received letters advising them to shield due to their own health conditions. This impacted highly on the service delivery, reducing capacity.

Alongside this a number of families of clients who required the service of care at home decided they did not wish carers coming into their family member's home during COVID-19 so their services were suspended until the family advised otherwise. No packages of care were reduced by Midlothian HSCP due to COVID-19.

There have been very few clients receiving a care at home service that have contracted COVID-19. Care at home staff have been highly vigilant in ensuring they are following the infection control protocol and have had access to a range of appropriate PPE.

There have been weekly care at home provider teleconference calls and support out with to ensure effective partnership working has been maintained. This has reduced now and the Quality Assurance Officer for care at home keeps in regular contact with the providers, as does the Service Manager for Older People.

Following an appropriate risk assessment carers who have been shielding are returning to work. This has assisted in increasing the capacity of services. Geographical remapping has also been undertaken during this time to reduce the travel of carers to different areas in Midlothian and keep them confined to small geographical areas. This has assisted in increasing capacity, reducing travel time and reducing the risk of COVID-19 spreading to other areas in Midlothian.

3.2 New ways of working

COVID-19 has led to rapid change in deployment of new technologies from the technical services supporting the Partnership.

- Where practical and possible, staff have been enabled to work remotely either by direct provision of laptop/smartphone or by enrolment in a Remote

Access solution. Combined with a pragmatic policy of supporting remote working staff have been able to work effectively during COVID-19 lockdown (and coming out of lockdown) and remain productive

- Adoption of remote video consultation across a range of services through NHS Near Me supported by NHS Lothian eHealth's rollout project
- Adoption of various business continuity tools e.g. Zoom and Microsoft Teams to support remote working and seek to offer a degree of *connection* when working in isolation from colleagues
- Provision of iPads to support virtual visiting and remote health care access at: Highbank, Newbyres, Midlothian Community Hospital and Cowan Court
- Provision of Kindle Fires to support virtual visiting at Midlothian Community Hospital
- Continuing Scottish Government TEC Pathfinders project to support technology into local frailty pathways of care in collaboration with the Digital Health & Care Institute / Glasgow School of Art.
- Seeking to establish infrastructure for automated dashboard for HSCP performance indicators/situational awareness.
- Continuing to develop and embed frailty care models
- GP access through telephone triage and remote video consultation

3.3 Mental Health

3.3.1 Access to Community Mental Health Services

The Midlothian HSCP Wellbeing Service is now available in all 12 Midlothian GP Practices. This is a service providing person centred care and support, care that treats people as equal partners, focuses on personal outcomes, supports their role in managing their health and wellbeing, and recognises the importance of prevention and anticipatory care and support. Over 43% of people attending reported that they have a mental health difficulty (anxiety, depression, past trauma, eating disorder etc.)

Midlothian Access Point (MAP) is available via telephone triage at the point of self referral. Capacity for delivery and ongoing Social Prescribing has been increased using Scottish Government Action 15 funding. The service is open access, no referral or appointment is required. The service will guide people to access the support they need to increase their mental wellbeing, reducing low mood and feelings of stress whilst increasing confidence and self-esteem. As of September there will be Primary Care Mental Health Nurses in all 12 Midlothian GP practices.

Within Substance Misuse Services (SMS) a well-established Gateway service allows for easy access to services and reduces waiting times. This has moved to initial triage taking place over the phone. This has worked well and will be retained post COVID-19. As part of the Waiting Times Local Delivery Plan Standard – Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) increased capacity and investment in Midlothian SMS. The team has instigated a “Low Threshold” clinic in Midlothian to target those ‘hardly reached’ individuals who are at higher risk. This has been happening via Assertive Outreach but will shortly be reinstated as a group with social distancing/ infection control measures in place.

This response uses nurses and peer support workers to engage this group and actively support them into treatment and psycho-social support. Referrals to SMS have increased by 25% over the period – heroin and poly-drug abuse in the main account of this increase.

Currently 85% of people are seen within 3 week target. The team have initiated rapid access opiate replacement. This can be as soon as next day for those most at risk of death. Closure of Ritson Clinic and LEAP due to COVID-19 (both inpatient detox facilities) did create challenges in how to support some high risk individuals in the community. These have now reopened but there are significant waits to access services. A more assertive outreach programme to people in their homes was delivered throughout in order to mitigate the risks presented by this. A shared care Standard Operating Procedure (SOP) has been developed with Third Sector Midlothian and East Lothian Drug service (MELD). MELD will provide 2-4 weekly support and SMS will undertake prescribing reviews every 3-6 months as indicated clinically.

Over the past year staff from across mental health, substance misuse, Justice and Third Sector have co-located in 'No.11' in Dalkeith, allowing for a new trauma informed, collaborative way of working with and supporting individuals, particularly those with multiple complex needs. The service is part of the Scottish Government's Trauma Informed Workforce Pilot. There have already been some excellent examples of joint working to support vulnerable clients and this continues to be developed via a number of routes focussed on the building where services can come together.

The most significant challenge within mental health service remains access to Psychological Therapies with waiting times remaining high. Funding has now been made available to increase staffing levels, both on a permanent and a temporary basis in order to address the backlog and to ensure that staffing levels are appropriate to meet underlying needs. The Psychological Therapies Team has worked hard to develop a new, leaner model of service provision which is due to be implemented in September 2020 and waiting times are anticipated to fall following this. The model is based upon attachment theory and evidence based theories.

3.3.2 Older People's Mental Health

Midlothian HSCP approach to care is person-centred, aiming to support people to stay healthy and to recover from ill health as fully as possible. Last year a short life working group was set up to explore the redesign opportunities arising from the reconfiguration of beds within Midlothian Community Hospital.

Due to COVID-19, the process of reconfiguring the old age mental health beds was expedited. At this time the remaining East Lothian patients were repatriated to their own area. This enabled the transfer of long stay patients within Glenlee long stay ward to the vacant beds within Rossbank ward.

Rossbank Unit now consists of two wards. Penny Lane provides 12 beds for admission and assessment of those with moderate to severe Dementia with a proportion of these beds caring for people for longer periods of time. In line with ward procedures, patients requiring longer term care will be reviewed on a 3 monthly basis to ensure that they are being cared for in the most appropriate

environment to meet their needs. Rose Lane ward has 8 beds. These beds are predominantly for assessment of patients with a functional mental health problem but will also provide assessment to those with mild to moderate Dementia. Patients will be cared for in the most appropriate ward within the unit to meet their needs.

As Midlothian HSCP reconfigure the service there will be closer working relationships between the in-patient area, the Dementia team, the functional older people's mental health team and the Care Home Support Team. Improving collaboration between these teams will improve the patient's journey through the services. Staff continue to work together to explore the areas where there may be gaps in the service provided.

The Dementia team is currently undergoing some changes to the staffing structure. This will ensure that Midlothian HSCP can provide the right care at the right time to those who need it. Development of a seven day service supported from the inpatient staff is one of the focuses of the coming year. This will include the provision of crisis care.

COVID-19 has had a significant impact on the service. Although technology has advanced it hasn't always been appropriate or possible to use systems to assess, diagnose or review this particular patient group. Carers in particular have had to face challenges such as self isolating, having additional supports such as day care removed, being unable to visit loved ones in hospital and the effects of overall loneliness.

Visiting has now recommenced within the hospital in keeping with current guidelines and although initially family members were very keen to visit, this has reduced significantly. This may be an indication of people's continuing fears for either contracting COVID-19 or transmitting the disease to their loved ones.

Staff have now settled into new ways of working. Ward staff are consistent with their approach to wearing PPE. Risk assessments are robustly used during admission and discharge of patients.

Community staff implemented a triage system to ensure those who needed face to face visits and those most at risk were seen immediately. There are no waiting lists within the two teams. Face to face visits are now increasing as restrictions relax. Each visit is risk assessed with the team before it goes ahead and appropriate PPE is worn.

3.4 Learning Disability Services

No Midlothian citizen with complex care needs is currently delayed in hospital and nobody lives away from the area, other than through their own choice.

Supporting independent living is a key priority for Learning Disability Services. Work is ongoing to develop a range of housing options based on individual needs and ensure individuals can access appropriate housing as their needs change.

The model of proactive behavioural support services continues to be developed within Midlothian. The Positive Behavioural Support Project Lead is progressing two main areas of work. Plans are being developed for a programme of training to

enhance skills within the workforce and embed positive behavioural approaches in practice. In addition the project lead is providing direct support in the care planning for individuals at greatest risk and working with their care teams to ensure positive behavioural approaches are being used to meet their needs.

Day Services for people with Learning Disabilities have been impacted by COVID-19. Plans are being developed for the re-opening these services however there will be a reduced capacity as a result of physical distancing and infection control requirements. Additionally there will be limited capacity to provide transport to and from day services. Midlothian HSCP will be working with Day Service Providers to support them to redesign their services and prioritise service provision. Also with Supported Living Providers to assist them to develop engaging and fulfilling daytime support for individuals who may not be able to return to day services.

3.5 Primary Care

3.5.1 Impact of COVID-19 Pandemic

All Midlothian practices have remained open throughout the COVID-19 Pandemic. Contingency plans were developed for the buddying or grouping of practices if there were critical issues with staffing. There was additional funding provided to all practices for the increased costs associated with the COVID-19 response as per Scottish Government guidance.

General Practices perform a critical role in the COVID-19 response. During 2020 Practices have responded to the changing demands from their patients, managing staff absence, implementing rapidly changing guidance and transforming their service delivery models with greater use of telephone and digital consultations.

Patients who believe they require GP attention have been assessed by practices throughout. In some early weeks of the crisis demand was quadrupled in practices. All practices in Midlothian managed to remain open during the COVID-19 response but some changes have occurred as a result of the pandemic. For example, there has been shift within practices as lockdown is further relaxed and there is a remobilisation of services. There has been a significant change with the move to total-telephone-triage, with an increase in practices fully adopting a total-telephone-triage for all patient contacts. All Midlothian practices have implemented total-telephone-triage. All patients speak to a GP on the phone prior to being given an appointment. Many problems can be sorted without face to face contact.

'Near me ' video consultation takes place where appropriate. There has also been an increase in the use of Near-Me with nine Midlothian practices together completing over 200 video consultations in July.

Triaged face to face consultations are taking place in practices with use of PPE and enhanced infection control measure.

There has been a considerable increase in the number of ACPs written for vulnerable patients. Practices stayed open for Easter and May Public holidays.

Midlothian HSCP is endeavouring to support practices through the pandemic. For example, a practice has been supported to pilot a new patient access model 'e-consult'

whereby patients access the practice's clinical services via an internet portal. The Lead GP for the pilot (a member of the Midlothian GP Management Group) has compiled a detailed report and guide for other practices who may wish to implement 'e-consult' themselves. This was presented at a GP representatives meeting and the offer made to provide support to other practices if requested.

Another member of the Midlothian GP Management Group has produced a toolkit on improving access which has been presented to all Midlothian practices.

The process for Primary Care for remobilisation has been agreed across NHS Lothian with robust involvement from HSCPs and Independent Contractors.

3.5.2 Primary Care Improvement Plan.

The Primary Care Improvement Plan (PCIP) is a four-year plan in response to the 2018 GMS (Scotland) Contract and the associated Memorandum of Understanding. The Plan describes the process to transfer activity from General Practice teams to the HSCP. It is now Year 3 of the plan. In Year 1 the priority was to develop the Musculoskeletal Advanced Physiotherapy Practitioner service, extend the Wellbeing link worker service, and transfer some vaccination activity. Year 2 focused on the extension of the pharmacotherapy support and establishment of the new Primary Care Mental Health service (PCMHS). In Year 3 the focus is on extending the PCMHS to all practices and developing the Community Treatment And Care Centres.

3.5.3 Musculoskeletal Advanced Practitioner Physiotherapy team

This service has been in place in all Midlothian GP Practices since January 2020. As a result of COVID-19, the service was withdrawn for a temporary period, whilst staff were redirected to other areas of priority work. However the service has since been reinstated in all GP Practices. The strategic principal of this work remains the same – to redirect appropriate patients from GP Practice to Advanced Physiotherapy Practitioners.

Midlothian HSCP has successfully recruited at Band 7 but currently not every GP Practice has a sufficient number of MSK clinical sessions for the population they serve. Part of the re-mobilisation following COVID-19 will aim to address this issue with further recruitment.

By January 2020, the data shows:

- Over 10,000 appointments made with the MSK APP team
- 86% of patients seen had no prior GP face to face appointment for the same condition
- Low onward referral rate, 90% of cases being managed in Primary Care
- No waiting list for access
- High levels of service user satisfaction

The MSK APP service has continued to expand throughout 2019-2020, being one of the only GP APP services nationally that is available in every GP practice in the HSCP. Furthermore, Midlothian had three APP staff successfully complete their

non-medical prescribing training and saw another two members of staff commence this training. One staff member successfully completed a career fellowship which has helped shape and drive the national agenda for advance practice physiotherapy. This work is now being progressed to doctorate level. Midlothian also supported a number of other areas nationally to implement a similar service within their local HSCP.

3.5.4 Pharmacotherapy

All Midlothian Practices are now receiving some Level 1 support from Midlothian HSCP Pharmacists and Pharmacy Technicians and this work stream remains on track with the milestones described in the PCIP. Progress is contingent on successful recruitment to posts and there are now signs that it is becoming difficult to recruit as other HSCP areas are advertising for new posts and staff leave for posts in other areas.

If initially unable to recruit to the level of banding required, this may be extended to review skill mix and train individuals internally, and using the current more experienced pharmacist workforce as mentors/trainers. This approach should help the new service become self sufficient as time progresses

Data collected by the new service for the year 19/20 shows:

- 12,968 Medicines Reconciliations were completed.
- 4858 Telephone encounters were carried out
- 730 Shortage issues were dealt with.

It is estimated that this has saved approximately 2283 hours of GP time. As well as this over 3,500 medication reviews have been carried out by the Pharmacy teams.

It is hoped that in the coming year the service will develop further to allow some aspects of level 2 and 3 of pharmacotherapy to be delivered. This will provide variety to the work undertaken by the team and provide more job satisfaction which in turn will support staff retention.

3.5.5 Vaccination Transformation Programme

Childhood Vaccinations were transferred from practices in Year 1 of the PCIP. Travel Vaccinations were also to be transferred in Year 1 but this is being progressed as a pan-Lothian service.

The responsibility for annual Flu Vaccinations was to be transferred to Midlothian HSCP in Year 3 which means that for 2020 the responsibility remains with practice teams. There are several exceptions to this with Midlothian HSCP taking on responsibility for specific cohorts this year including: Housebound; Care homes; Nursing homes; Children 2-5s. Midlothian HSCP is also taking on responsibility for the Shielding Patient cohort and their household members (6,500 people based on practice returns). Midlothian HSCP will also provide additional staff to practice teams to assist with the 2020 flu vaccination programme. Further details about the Seasonal Flu programme are described later in this report.

Transfer of Shingles and Pneumovax has been delayed but will be incorporated into the Community Treatment and Care (CTAC) programme during Year 3.

3.5.6 Community Treatment and Care (CTAC)

Phase 1 of CTAC development is underway in Midlothian and will be established this autumn. Three practices (Penicuik, Eastfield, Roslin) have agreed to develop the model within the HSCP during this phase. A combination of five Health Care Assistants and five Community Nurse posts have been funded for this phase and recruitment is in progress. A new Team Manager post will also be appointed to manage the service during the development of phase 1 and expansion of the service during 2021.

The three practices involved have all received support to allow them to release senior GP time to develop the new model. There is a shared ambition to make greater use of technology for remote monitoring of chronic conditions

3.5.7 Link Workers

The Wellbeing Service was operating in 75% of Midlothian Practices at the start of the PCIP and was extended to all practices in Year 1. The service moved to a telephone-based service during COVID-19 response.

During COVID-19 response the British Red Cross changed their service model to provide a service for all patients identified with moderate and severe frailty. These vulnerable people were contacted and offered additional support through a range of measures dependant on their individual needs. In Midlothian 11/12 practices shared patient contact details with the Red Cross which led to 2630 people being contacted

3.5.8 Urgent Care

- **COPD**

Midlothian HSCP has worked with General Practitioners in Midlothian to establish a Community Respiratory Team to improve management of COPD. By March 2020 demand was above the capacity of the service and the service is under review. There is an increased demand in all respiratory conditions, which has been enhanced due to COVID-19. The service will work alongside the Scottish Ambulance service to implement respiratory pathways for Midlothian in the prevention of hospital admission during 2020/21

- **Frailty**

This programme uses data to identify people with frailty, understand service utilisation and identify improvements across the frailty system of care. The programme initially focussed on General Practice and the interface with community services.

During the COVID-19 response the key new development in the programme was the Red Cross Welfare Call service where over 2700 people estimated to have moderate or severe frailty were contacted and supported (issues identified including hearing aid battery replacements, social isolation, shopping, and prescriptions).

As Scotland moves out of the national lockdown the Red Cross are making a second round of calls as the support needs of people with frailty are changing.

Since COVID-19 a new development has seen the Penicuik Frailty Multidisciplinary meeting move to meeting online and the practice using Near-Me for extended appointments. Initial assessment of this has shown an increased level of attendance as the meeting requires less time commitment from staff without the need to travel.

The General Practice Learning Collaborative has also started meeting online with the first meeting focussing on the Red Cross service. The work in the programme over the rest of 2020 is to continue the substantive pilots in the programme, consolidate the learning and focus on how the analytics produced from this work can support improvements in other parts of the frailty system of care.

3.5.9 Primary Care Mental Health Services

The Primary Care Mental Health Nurse service was developed during Year 2 of the PCIP. Initially this was fully funded by the PCIF but as the service has expanded the additional posts have been funded from Scottish Government Action 15 funding. The service will be operational in all 12 practices by September 2020. There are 10 nurses working in the services (8.8 WTE). During COVID-19 response the service was pulled back from practices at their request but is now being reintroduced. Some practices are piloting direct patient booking via the reception team to reduce GP contacts. The model of service provision has been refined and feedback is positive.

The Nurses have strong links and pathways with practices and also the Joint Mental Health Team meaning that care can be managed in the Primary Care setting where appropriate but also very easily escalated to specialist services when required.

3.6 Health Visiting

Midlothian HSCP continues to implement the Health Visiting Universal Pathway. Currently there are 4 wte Health Visitor vacancies which when filled will take Midlothian HSCP to the Scottish Government agreed establishment of 27.8 wte. Due to this vacancy the Health Visitors still require the support of the skill mix team to provide the full Universal Pathway visits. The next cohort of newly qualified Health Visitors is due in December.

As for other services, COVID-19 has challenged the ability to continue to provide services and necessitated different ways of working. Early in the Pandemic laptops were introduced, secure global desktop accessed and smart phones purchased to allow staff to work from home and continue to provide a service in a safe socially distanced way. This also allowed shielding staff to work from home and reduced the numbers of staff actually working in the bases.

The Scottish Government issued guidance detailing which aspects of the pathway should be prioritised for face to face visiting. Other contact continued through use of technology. Recent Q1 data shows that Midlothian HV are still achieving a good number of visits and a good standard of data recording.

In February/March 2020 Healthcare Improvement Scotland carried out a joint inspection of services for children and young people in need of care and protection within Midlothian HSCP. The inspection focussed on 5 questions:

1. How good is the partnership at recognising and responding when children and young people need protection?
2. How good is the partnership at helping children and young people who have experienced abuse and neglect stay safe, healthy and recover from their experiences?
3. How good is the partnership at maximising the wellbeing of children and young people who are looked after?
4. How good is the partnership at enabling care experienced young people to succeed in their transition to adulthood?
5. How good is collaborative leadership?

The Draft Inspection Report was issued 6th July 2020. Currently all areas evaluated as **GOOD**. (Good = Important strengths and some areas for improvement) Final report is due 1st September 2020.

Midlothian HSCP have created a 0-5 Immunisation Team from the Band 5 Community Staff Nurses originally working within the Health Visiting teams. This team will continue to work closely with the Health Visiting teams to ensure good communication and follow-up of families with poor attendance/uptake of immunisations.

Midlothian School Nursing Service continues to be hosted in East Lothian.

3.7 Hosted Service

3.7.1 Dietetics

NHS Lothian hosted Dietetic Service reports into Midlothian HSCP through the Joint Management Team, and the Head of Dietetics is directly responsible to Head of Older People and Primary Care. In addition, NHS Lothian Director of AHP seeks assurance of professional activities.

The focus over the last 12 months has been on reaching out to areas of highest deprivation and, introducing clinical services in each locality rather than centralised in hospitals e.g. Paediatric Dietetic clinics decentralised and there continues to be a development of service provision with a community and more patient-centred focus.

The service continues to pursue technology as part of patient pathways, with a digital first approach. E.g. the TEC project using Health Call which is a patient remote reporting system for weight, appetite and use of oral nutritional supplements, was completed and a new contract signed for this system to be embedded within the malnutrition care pathway. The test of change for Irritable Bowel Syndrome (IBS) care pathway includes a video for first line treatment.

The Weight Management Team Lead has been seconded to Scottish Government to lead on the Type 2 Diabetes Framework – prevention, early diagnosis and intervention. All community based Dietetic staff have mobile technology (laptops and mobile phones).

There has been an increase in temporary and permanent staffing levels over the last 12 months due to greater awareness of the lead role Dieticians can take in specific pathways. The service is working with national, regional and board level developments.

The National Inherited Metabolic Diseases service, funded through National Services Division, has been introduced for children and adults. A national Dietetic clinical lead, along with an additional training post (Band 6) has also been introduced in this highly complex specialty. The East Regional Diabetes Early Adopter funding has supported the tiered model of care with Tier 2 as a Service Level Agreement with local leisure services for both children and adults. Demand remains high (150 referrals per month Lothian-wide) and waiting times exceed 18 weeks for weight management in Tier 3. A secure digital solution is being explored at national level to provide virtual group programmes. Dieticians led the Tests of Change in Coeliac Disease for children and adults funded from Scottish Government Modern Outpatient Programme and from September 2019, NHS Lothian funded this on a recurring basis.

NHS Lothian Primary Care prescribing funding is supporting additional Dieticians to implement the Scottish Government Oral Nutritional Supplement Recommendations (2018) with a focus on quality of care in treating disease-related malnutrition and financial savings on prescribing budgets. As of June 2020, targeted patient review in approximately 70 (58%) of Lothian GP Practices resulted in 70% reduction (range 14-94%) in oral nutritional supplements spend within those GP Practices. 60% of patients reviewed by the project team had the supplements stopped and 11% had supplements reduced.

Financial Year	Total Spend on Adult ONS Items	Number of Patients
2016/17	£1,831,829.94	6620
2017/18	£1,671,746.88	6447
2018/19	£1,668,156.54	6198
2019/20	£1,363,688.45	5532

These developments in service provision are scrutinised through quality improvement reporting. E.g. Oral nutritional supplement project reports to NHS Lothian Prescribing Forum, Scottish Government and East region, reporting on Diabetes Prevention Framework and Weight Management services, Test of change for GI conditions report through NHS Lothian Steering Groups into the Modern Outpatient Programme.

Dietetics have fully implemented recording all interventions on TRAK and are now paperlite, giving much improved access to the MDT on care provided by the service and opportunities for performance reporting. Work continues in collaboration with the Lothian AHP Informatics Group to establish a dashboard of performance

measures which are accurate, valid and transparent, based on using TRAK. Dietetics has contributed to a pilot template for AHP Governance which is now being extended throughout Lothian to demonstrate assurance on clinical care.

3.7.2 Adults with Complex and Exceptional Needs Service

The Adult with Complex and Exceptional Needs Service (ACENS) provides care for people assessed as having exceptional healthcare needs, who have a package of care agreed through the NHS Lothian ACENS Review Group. Care needs are assessed using the agreed Decision Support Tool and are funded by the relevant HSCP where the patient resides.

This Pan Lothian service supports packages of care within the NHS Lothian area in a variety of community settings including the patient's home and any respite setting they access.

The service works in partnership with the patient and/or their family, carers and other care giving agencies, including the Education Department, Social Work Department and respite facilities. The service provides up to 24 hours, 7 days a week care for patients and ultimately support for their family and carers.

The patients have varied individual care needs, many being dependent on technology to maintain their airway, and may have life limiting conditions. All patients have an individual package of care and the aim is to provide high quality, consistent and continuous care and therefore help the patient and their family live as normal a life as possible.

Over the past two years there has been a focus to improve governance arrangements within the service. Systems and processes have been developed to support patient and staff safety and actions taken to reduce the need for use of nursing agency staff. There are currently nine packages supported across Lothian HSCPs with a total budget of almost £1.2million.

This year has seen the development of a new referral process and associated paperwork. Laptops are now in place within each patient's home, giving staff access to online support while working in the patient's home. An Intranet site is being developed for the service and will be promoted across NHS Lothian – there has been a delay due to COVID-19. The nursing team are now using TRAK to record patient interventions where possible, improving communication and continuity of care should the patient be admitted to hospital as an emergency.

The key risks continue to be linked to the need to access Nursing Agency to cover last minute absence. Actions taken to mitigate this include:

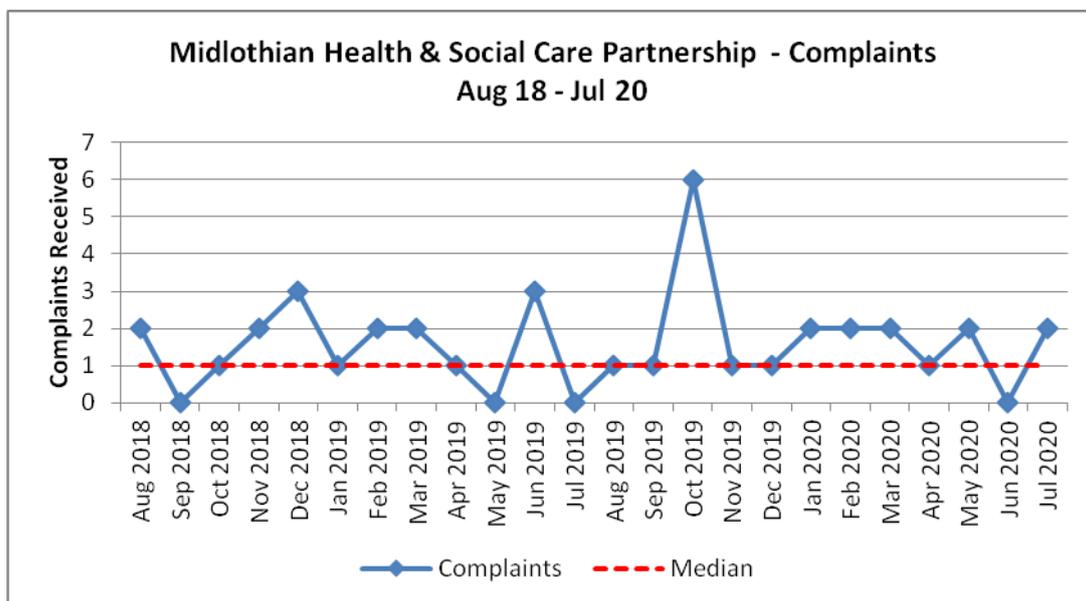
- Working with NHSL Staff Bank to increase their members with the necessary skills to work within the service.
- Addressing staff absence, recruitment and retention issues as they arise
- Introduction of eRoster
- Improving support for existing staff: Orientation programme; Training passports; Competency programme; Shift co-ordinator contact; Lone working procedures; use of Microsoft Teams.
- Escalation procedures
- Improved communication

A contingency plan was put in place due to the expected COVID-19 related issues; however the impact has been limited. Absence levels have reduced and fewer staff have moved on to other posts reducing the amount of recruitment required. This has led to improved continuity and better team working within the service. This has also led to a reduction in Agency use.

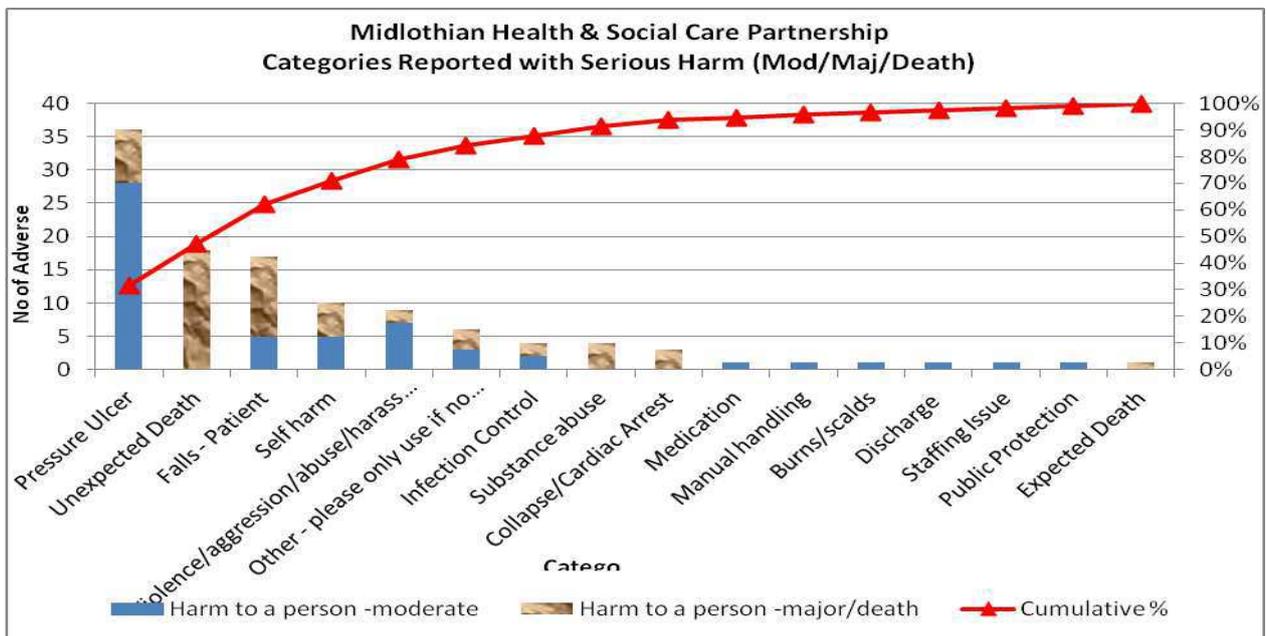
3.8 Clinical and Care Governance Group

Within Midlothian HSCP, a Clinical and Care Governance Group has been established for a number of years, drawing together health and social care services. The group is co-chaired by the Chief Nurse, Clinical Director and the Chief Social Work Officer. New structure of Quality Improvement Teams has been established within the areas of: Mental Health/Substance Misuse; Midlothian Community Hospital; Community Services; AHP; Learning Disabilities; Community Residential including care homes. These QITs report in to the Clinical and Care Governance Group. The remit of the groups is to provide appropriate governance and assurance on health and social care services in Midlothian.

3.8.1 Midlothian continues to receive relatively few complaints, as outlined in the table below, but learning from all complaints is discussed within the Clinical Care and Governance Group and within individual service areas.



3.8.2 Similarly, the reporting of issues relating to serious harm is also reviewed by the Clinical and Care Governance Group and further information is set out below:



4 Risk and Mitigation

The Midlothian HSCP Risk Register identifies and manages a number of risks and the key risks are noted below, which are all supported by agreed measures in which to mitigate and manage the risks effectively. These risks are managed at both Service level and HSCP Management Team level, and are also reported into the Audit and Risk Committee within the Integrated Joint Board (IJB).

The IJB Audit and Risk Committee maintains a strategic risk profile which is regularly monitored. Key risks and the actions undertaken to manage these risks are reviewed and updated quarterly, and presented at the Audit and Risk Committee.

Midlothian HSCP also inputs into the corporate risk register which sits within NHS Lothian Board.

Key risks for Midlothian HSCP are:

- 4.1** Capacity of service to meet increased demand due to increasing population, age, and frailty. Primary Care sustainability linked to this. Being addressed through the Primary Care Improvement Plan.
- 4.2** Lack of availability of staff with appropriate qualifications or skills, including: GP; Advanced Nurse Practitioners; Advanced Physiotherapy Practitioners; District Nurses; Health Visitors; Carers. This may impact on the Midlothian HSCP timescales to implement some of the developments planned and is being addressed through the HSCP Workforce Framework.
- 4.3** Ongoing risks related to COVID-19, substantial risk mitigation and management required to ensure services are able to reinstate safely and to meet demand. Several working groups are in place to plan how to prioritise the re-mobilisation of services while ensuring the safety of our staff and patients.

- 4.4 Risk management of Midlothian Care homes, with increased measures in place to ensure safe delivery of service and additional workforce requirements to ensure safe ways of working in a Covid environment. This is being managed through the Care home Assurance Group at both Midlothian HSCP level and NHS Lothian Board level.
- 4.5 Emergency admissions and Delayed Discharges, and the use of unscheduled care facilities, including Emergency Department, have greatly reduced as a result of COVID-19. Services to support people who have a long term condition to stay well at home have continued to operate in order to support as many people as possible to avoid hospital visits. Many services continued to operate, whilst reducing face to face contact with telephone and digital tools being employed. It is the intention of the HSCP to review the different models of service provision employed during the pandemic with a view to maintaining certain practices longer term.
- 4.6 Major incident planning, risk mitigation and resilience across HSCP continue ensuring risks are managed in an integrated way.

5 Impact on Inequality, Including Health Inequalities

- 5.1 Midlothian HSCP remains committed to tackling inequalities and to investing in preventative work. There is a particular focus on people who are more vulnerable to health inequalities whether as a result of poverty, age, disability or long term health conditions.
- 5.2 During 2019, the Community Planning Partnership sponsored whole-system Type 2 Diabetes Prevention Strategy was progressed. The tier 2 weight management service was increased by 50% in Midlothian. £60,000 was secured to support diet and healthy weight community development approach in local communities. This work will progress in 2020-21. In addition, Midlothian delivered the first regional weight stigma programme. This was delivered to a total of 16 participants working in a variety of roles within health, social care and third sector. Feedback included *“this weight stigma training has shown me how negatively obesity is depicted in the media and society. It’s very easy to see how it can go unnoticed until it’s pointed out.”*
- 5.3 Ageing Well and Midlothian Active Choices (MAC) continue to support a large number of people to be active and socially connected, in particular people with a long term condition. This also included delivering tier 2 weight management programmes and increasing the number of people being referred to participate in weight management services. In 2019-20 499 people were referred and triaged across tier 2 and tier 3 weight management services in Midlothian. These services represent a positive partnership with Sport and Leisure Services.
- 5.4 Community Health Inequalities Team nurses increased support to people living in homeless hostels and those attending substance misuse services. They also participated in the Inclusion Health Evaluation Programme (ongoing) being led by Public Health along with substance misuse service colleagues in Midlothian HSCP. One nurse has completed a sexual health qualification to allow outreach

sexually transmitted infections testing and other support around sexual health and blood borne viruses. In 2019-20 the service supported a total of 181 people with complex needs.

- 5.5** The Welfare Rights Service continued to provide effective support to people receiving a service from Children & Families and/or Adult Health and Social Care. In 2019-20 the welfare rights team secured a total of £4,411,105 for Midlothian citizens. The team works closely with community based welfare rights services such as the Citizen Advice Bureaus in Midlothian.
- 5.6** Work has been progressed to provide additional support to women who smoke during pregnancy. This involved Sure Start, income maximisation and smoking cessation support. The next step for the work is the recruitment to the smoking in pregnancy cessation worker role.

6 Duty to Inform, Engage and Consult People who use our Services

- 6.1** Communication and engagement play a crucial role in supporting Midlothian HSCP to achieve its aims for the integration of health and social care in Midlothian. It is also a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, the legislative framework for the integration of health and social care services in Scotland.
- 6.2** There was extensive consultation with staff, stakeholders and members of the public in 2018-19 about services delivered and what could be improved. This influenced the direction of the IJB Strategic Plan 2019-22 and thereby local planning groups.
- 6.3** The Partnership is developing a strategic approach to community and stakeholder engagement in service planning and review. A draft strategy is in development with the intention is to schedule patient/service user, care and staff consultation activity throughout the year, linked to current service development or review where possible.
- 6.4** During 2019-20 staff and carers of people with dementia were asked their views on community supports. Funding was secured to begin a programme of consultation around palliative care involving families and staff. VOCAL undertook a survey of unpaid carers. A mental health advocacy group and a local mental health service both gathered views and feedback from people around local provision or plans. Patients and GPs were surveyed on the community service for people with COPD. An autism group conducted an online survey for people with autism and their families. People who use substances and/or have mental health difficulties were consulted on the development of a new multi-agency hub that opened in 2019.
- 6.5** A number of consultations are planned for 2020. These relate to:
- Frailty – for the TEC pathfinder project
 - Unpaid carer service redesign
 - Mental Health in the Community Service redesign
 - Community Treatment And Care Pilot site

- Care at Home service evaluation
- Extra care housing consultation for planning approval

7 Resource Implications

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

Caroline Myles

Chief Nurse

27 August 2020

Caroline.Myles@nhslothian.scot.nhs.uk

October 2020

IJB Improvement Goal Progress

Item number: 5.8

Executive summary

This report's purpose is to provide a summary of the progress towards achieving the IJB's Improvement Goals.

Board members are asked to:

- Review performance across the indicators
- Note that many of the Improvement Indicators had goals to be achieved during 2020.
- Note that that the Improvement Indicators use data provided by Public Health Scotland with a lag time of three months, so further information is included in Appendix One which shows hospital activity for Midlothian residents up to the week beginning 7th September.

IJB Improvement Goal Progress

1 Purpose

- 1.1 To share information with the IJB on progress towards achieving the IJB's improvement goals

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- Review performance across the indicators
 - Note that many of the Improvement Indicators had goals to be achieved during 2020.
 - Note that that the Improvement Indicators use data provided by Public Health Scotland with a lag time of three months, so further information is included in Appendix One which shows hospital activity for Midlothian residents up to the week beginning 7th September.

3 Background and main report

- 3.1 The IJB has identified improvement goals to monitor progress implementing the Strategic Plan. The improvement goals focus on reducing unscheduled hospital and institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care.
- 3.2 The IJB has reviewed its improvement goals and endorsed the recommendations from the HSCP to amend the goals. The Improvement Goals reported in this report were agreed by the IJB in February 2019.
- 3.3 The data source used has changed. Previously, data was collated from local and national sources. The data used now is provided by the Health and Social Care team at ISD Scotland. The benefit to using this data source is that the data is validated by ISD and is the primary data source used by most IJBs in Scotland. However, there is always at least a three-month lag time from the most recent available performance data. To help address this further information is available in Appendix One which shows more recent performance for Midlothian residents for some of the MSG indicator areas – Emergency Department attendance, Unscheduled hospital occupied bed days and Delayed Discharges.
- 3.4 The data used for in this report was extracted from Version 1.32 of the MSG Integration Indicators provided by ISD Scotland. This was circulated to HSCPs in September 2020.

3.5 Summary of Midlothian MSG Indicator Performance

- COVID19 has had significant impact on the performance indicators in this report with a reduction in hospital activity in 2020. Consequently, it is difficult to measure performance against the Indicator Goals.
- The following section summarises performance against the goals set by the IJB.

Improvement Goals On Track/Achieved

- Geriatric Long-Stay Occupied Bed Days (Chart 3)
- Mental Health Occupied Bed Days (Chart 4)
- Reduce time spent in a larger hospital in the last six-months of life (Chart 7)
- Increase proportion of people over 65 who are living at home (supported and unsupported) (Chart 8)

Improvement Goal progress uncertain due to COVID19

- Unscheduled Occupied Bed Days (Chart 2)
- Emergency Department Attendances (Chart 5)
- Occupied Bed Days caused by a Delayed Discharge (Chart 6)

Improvement Goals Not On Track/Not Achieved

- Unscheduled Admissions into hospital (Chart 1)

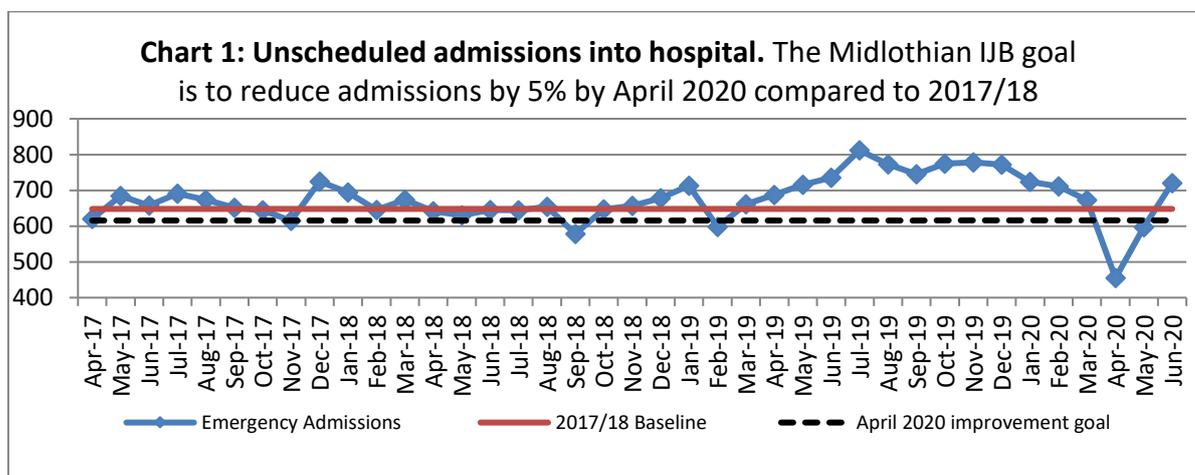
3.6 Unscheduled Admissions into Hospital

3.6.1 The IJB improvement goal is to reduce unscheduled admissions into hospital from Midlothian by 5% by April 2020 compared to the average admissions during 2017/18. Chart 1 provides a summary of the monthly unscheduled admissions.

From May 2019 an increase in admission numbers at RIE has been identified following the introduction of ambulatory care facilities at the site, advice has been sought from ISD to ensure that this activity is being appropriately recorded.

Admission data for several months in 2019 included people who have been transferred to an Emergency and Observation Unit in the Royal Infirmary. This unit is intended to reduce emergency admissions into hospital for people but was coded on Hospital TRAK (the hospital's patient record system) as an 'admission' into hospital.

The response to COVID19 from March onwards has significantly reduced unscheduled care hospital activity. The data now shows a return to a level of activity from prior to March 2020. The information in appendix one further confirms a return to pre-March levels. It should be assumed therefore that this Midlothian IJB goal was not achieved from the planned interventions described in section 3.6.2.



3.6.2 The HSCP has identified the following work that will contribute to achieving this goal:

- Reducing admissions from care homes through the new Care Home Support Team
- Establish a Midlothian Falls Prevention programme
- Review all preventable admissions (e.g. flu) and develop actions to address these.

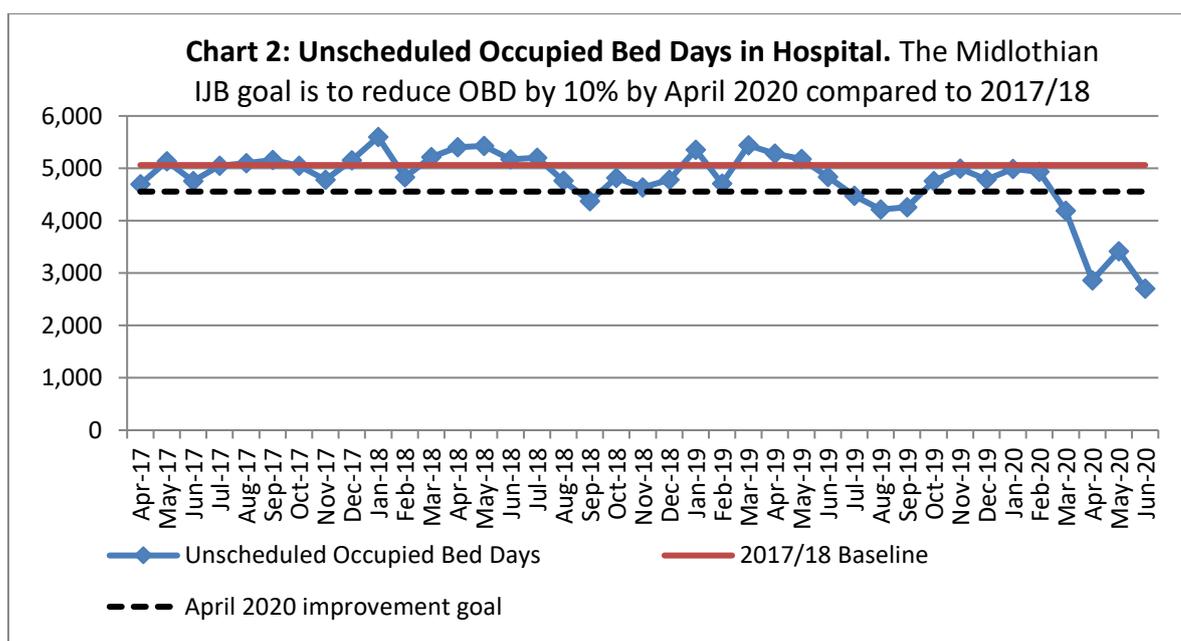
- Apply a population health management approach to COPD and Frailty to understand service utilisation and use data identify improvements across the system.

3.7 Unscheduled Hospital Occupied Bed Days

3.7.1 The IJB expects a reduction of 10% in unscheduled occupied bed days by April 2020 compared to the average OBD during 2017/18. Chart 2 provides a summary of the monthly unscheduled OBD (excluding Long Stay Geriatric and Mental Health beds). It is important to note that previous reports to the IJB excluded OBD in Midlothian Community Hospital because during that reporting period it was a strategic intention to increase the use of MCH by people from Midlothian and reduce the use of hospitals outwith Midlothian. That strategic goal has been realised with inpatient services in Liberton Hospital no longer used by people from Midlothian.

3.7.2 The data from the most recent three months in the graph should be treated as provisional as it is subject to update by Public Health Scotland. The main reason for this is that people may be in hospital who have not been discharged and will not have their OBD included.

3.7.3 NHS Lothian Management data (not included in this report) also shows a return to close to the level of activity experienced during the summer months in 2019.



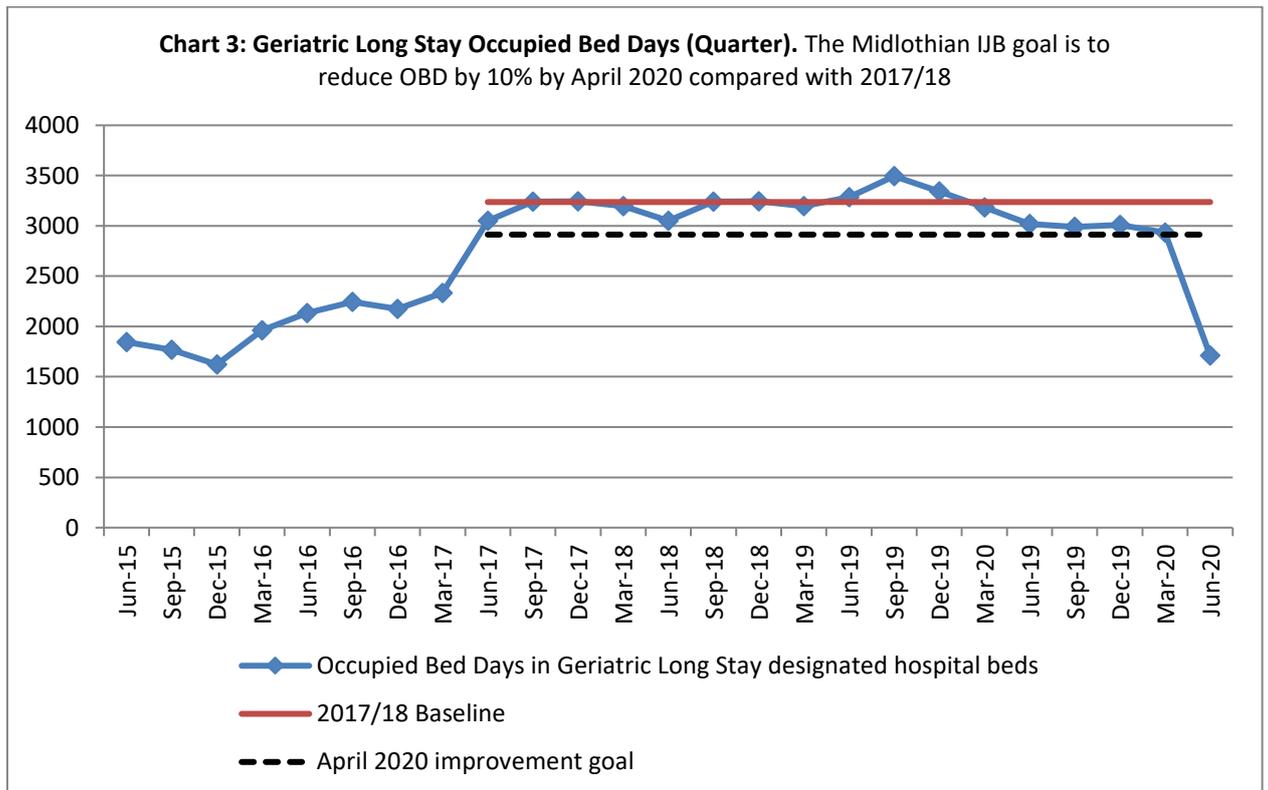
3.7.4 The HSCP has identified the following work that will contribute to achieving this goal:

- Activities described in paragraph 3.7.2
- Continue to increase care at home capacity.
- Implement the new Discharge to Assess service within the local Flow Hub
- Strengthen the Hospital to Home service
- Strengthen the In Reach (Assessment) service
- Review the role and referral criteria for Hospital at Home

- Promote Power of Attorney
- Assess the feasibility of an overnight social care service
- Accelerate the rehabilitation approach in Community Hospital
- Assess opportunity to increase capacity in Midlothian Community Hospital by providing more care for people with dementia in the community
- Extend reablement by OTs reaching in to acute hospitals

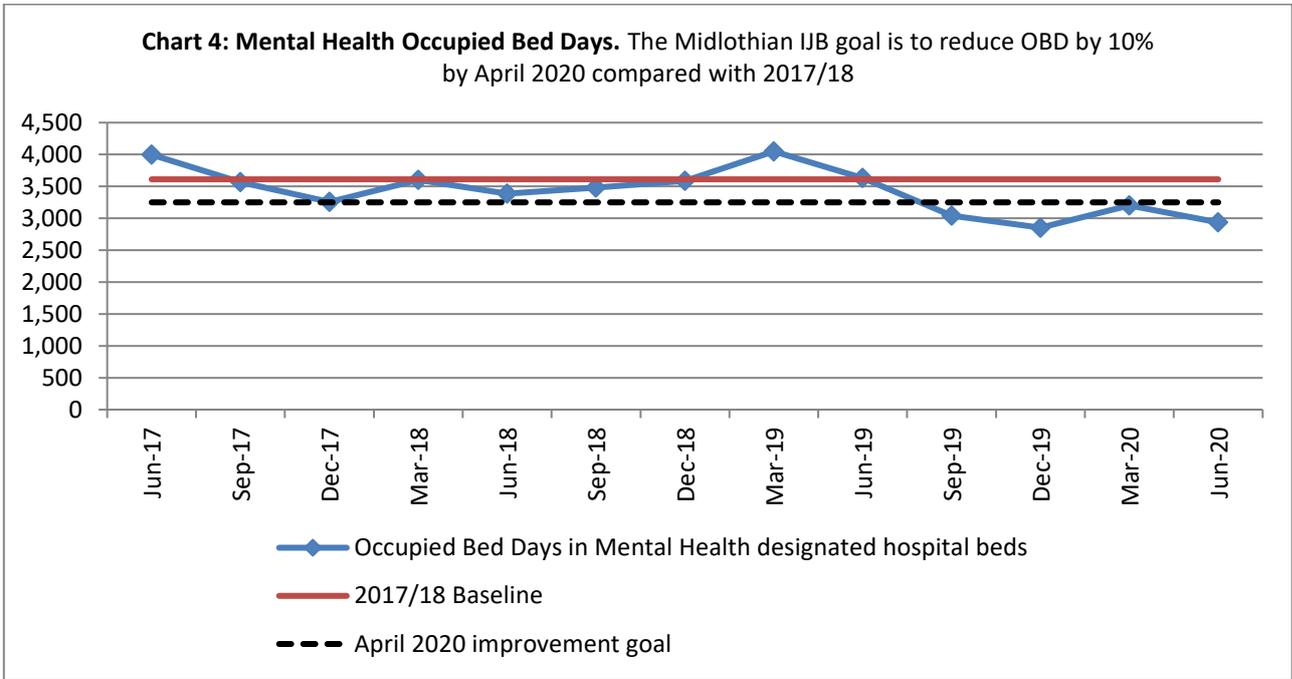
Geriatric Long-Stay Occupied Bed Days

3.7.5 To support the goal to reduce OBD by 10% there will be an expected decrease in the use of geriatric long-stay beds by people from Midlothian. Chart 3 provides a summary of use of these types of beds by quarter.



3.8 Mental Health Occupied Bed Days

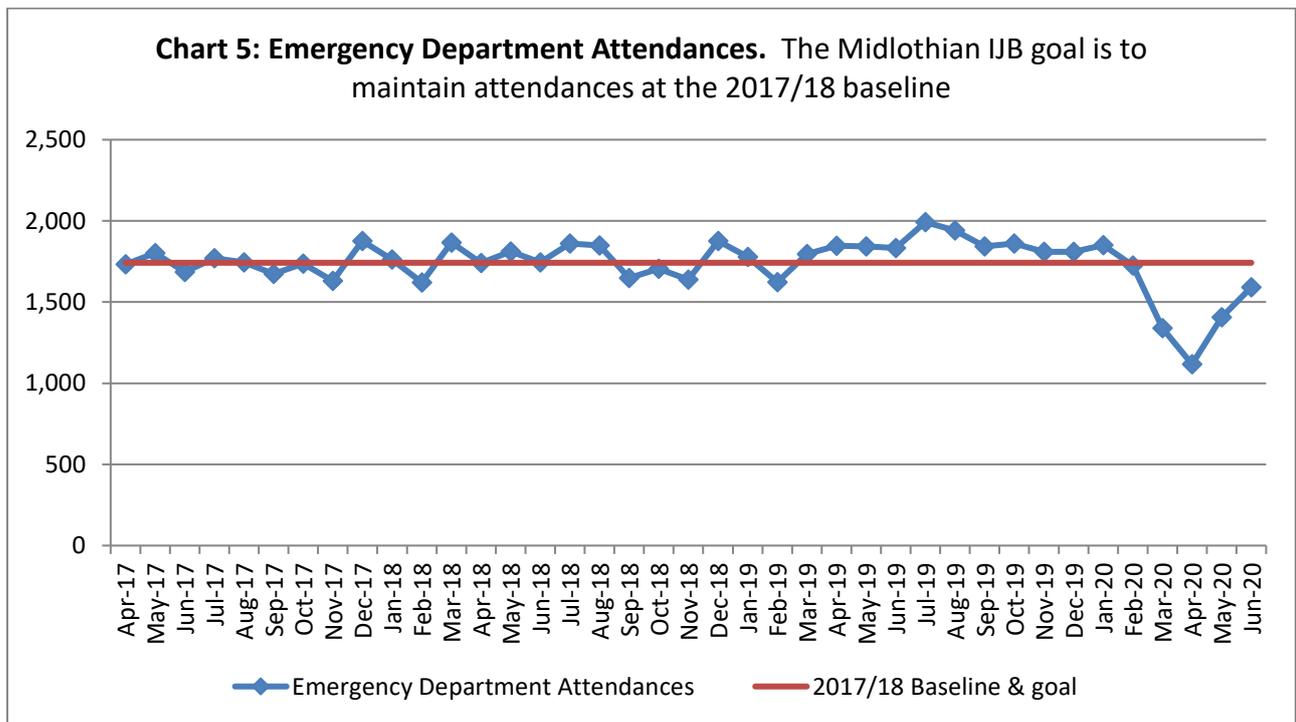
3.8.1 To support the goal to reduce OBD by 10% there will be an expected decrease in the use of mental health beds by people from Midlothian. Chart 4 provides a summary of use of these types of beds by quarter.



3.9 Emergency Department Attendances

3.9.1 The goal in Midlothian is to maintain ED attendance numbers at the level experienced in 2017/18 because currently the use of ED is increasing year-on-year. Chart 5 demonstrates the reduction in ED activity from March 2020 onwards. Further information in appendix one shows a return to pre-March activity.

3.9.2 Chart 5 provides a summary of ED activity by people living in Midlothian.

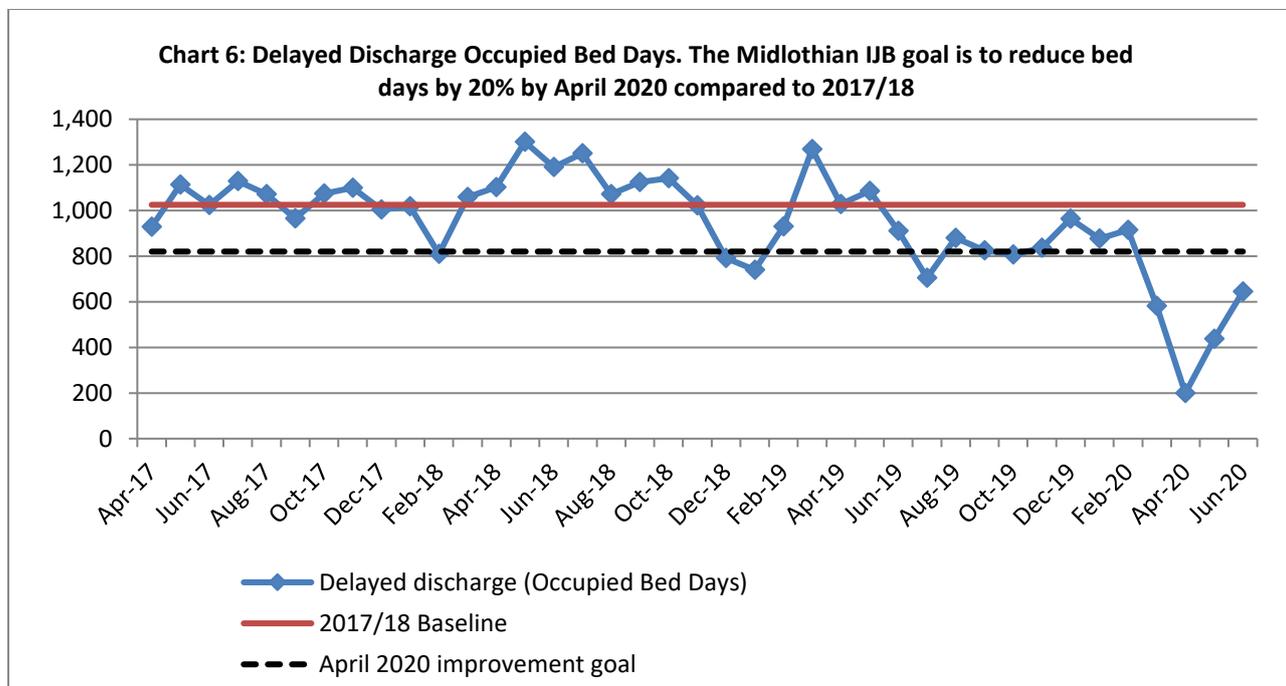


3.9.3 The HSCP has identified the following work that will contribute to achieving this goal:

- Activities described in paragraph 3.7.2
- Full analysis of ED activity from Midlothian
- Establish multidisciplinary team review of people who are accessing ED frequently
- Review services for people under the age of 65 to strength the community system of care

3.10 Occupied Bed Days resulting from a Delayed Discharge from hospital

3.10.1 The goal in Midlothian is to reduce OBD as a result of a delayed discharge by 20% compared to performance in 2017/18. Chart 6 shows progress towards this goal and demonstrates a significant reduction in Delayed Discharges from March onwards. Further information in Appendix One shows more recent performance with the number of people with a delayed discharge at 21 in early September.



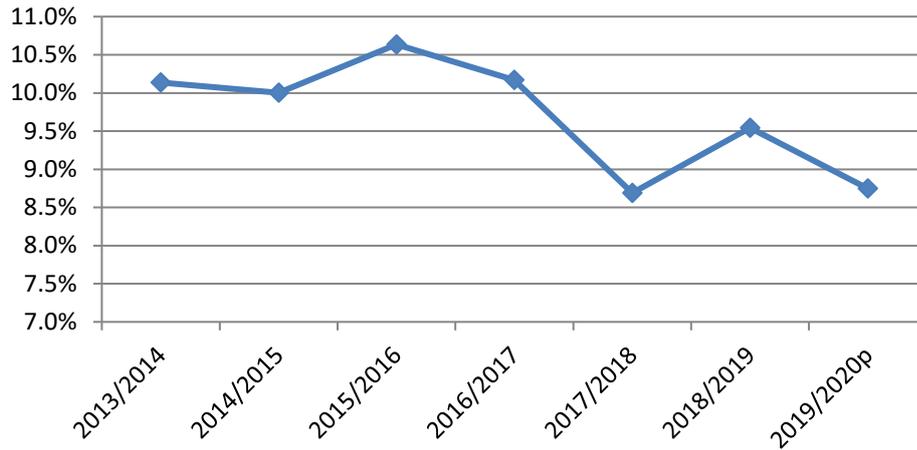
3.10.2 The HSCP has identified the following work that will contribute to achieving this goal:

- Activities described in paragraph 3.6.3
- Increase the capacity of care homes to provide care for people living with dementia
- Improve local 'positive behaviour support' to maintain no-one in hospital living with a learning disability.

3.11 End of Life Care

3.11.1 The IJB's ambition is to increase the proportion of time that is spent in their community during a person's last six months of life. To monitor progress the IJB has agreed the improvement goals in Chart 7.

Chart 7: The Midlothian IJB goal is to reduce the percentage of time people spend in a large hospital in their last six months of life



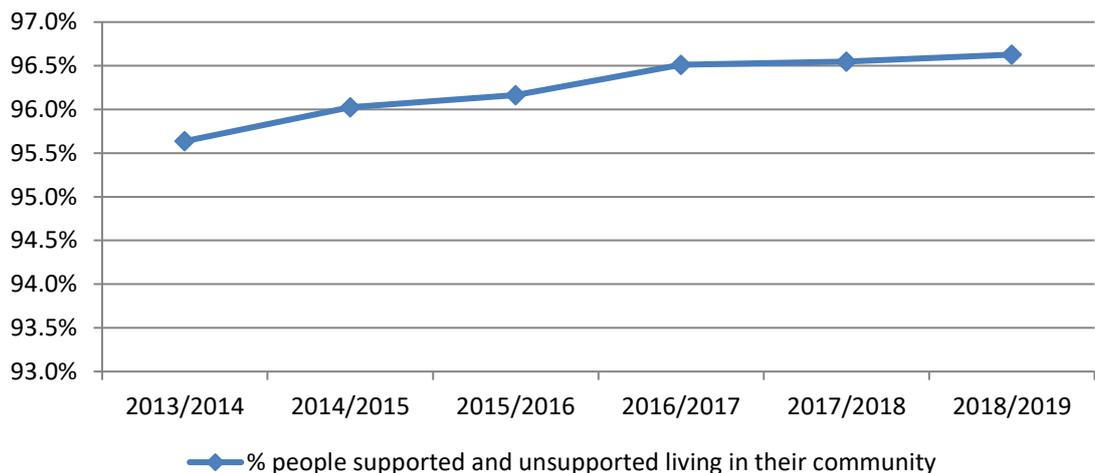
3.11.2 The HSCP has identified the following work that will contribute to achieving this goal:

- Improve the use and quality of Anticipatory Care Planning
- Review the role of MERRIT in supporting people needing palliative care
- Improve multidisciplinary working across localities building on the Penicuik Collaborative Leadership Programme.

3.12 Proportion of people over 65 who are living at home (supported and unsupported)

3.12.1 The IJB’s ambition is to increase the proportion of people over 65 who are living at home. To monitor progress the IJB has agreed the improvement goals in Chart 8.

Chart 8: The Midlothian IJB goal is to increase the proportion of people over the age of 65 who are living in the community



3.12.2 The HSCP has identified the following work that will contribute to achieving this goal:

- Expand access to Extra Care Housing in Gorebridge and Dalkeith

- Increase the contribution of non-statutory services through Voluntary Sector Summits and stronger collaborative working between front line staff
- Review the options for community support for people currently resident in Midlothian Community Hospital
- Improve use of technology to support people to live in their homes
- Applying a population health management approach to frailty to improve understanding of how services are used and use this to make improvement.

4 Policy Implications

- 4.1 Using these improvement goals to monitor change across the system of health and social care will support the implementation of the IJB Strategic Plan.

5 Directions

- 5.1 There are no implications on the Directions.

6 Equalities Implications

- 6.1 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.

7 Resource Implications

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

8 Risk

- 8.1 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

9 Involving people

- 9.1 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.

10 Background Papers

10.1 None

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DATE	23/09/2020

Appendices:

Appendix One: Further Information on Hospital Performance

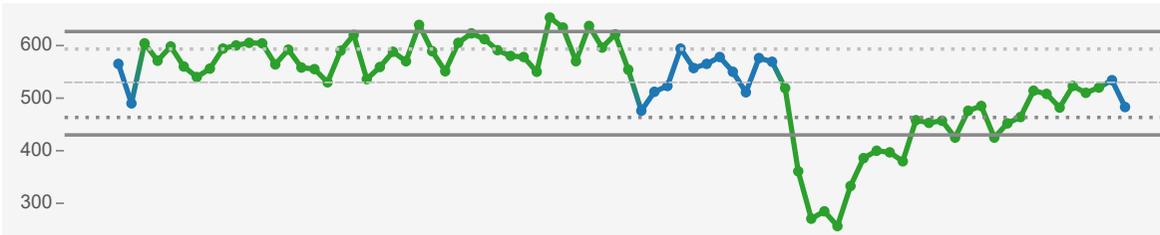
HOSPITAL FLOW: Overview

This dashboard shows a run chart for each metric. Choose your H&SC partnership from the filter below to see how the run charts look for patients from your area. The run charts are colour coded to show outliers, shifts and trends as defined by run chart protocol. See the Help and definitions tabs for more information on the metrics and how to interpret run charts.

H&SC Partnership
Midlothian

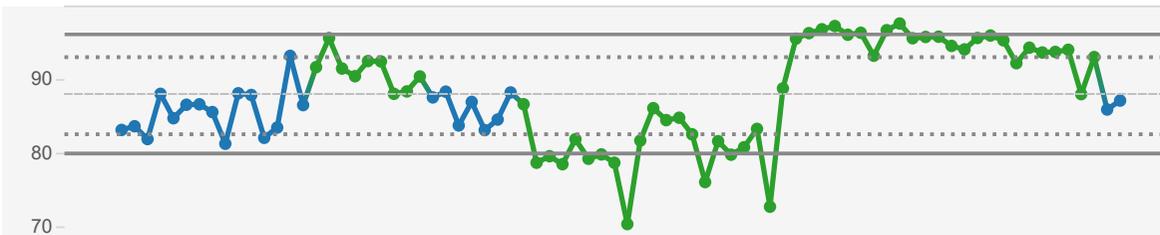
RUN CHART NOTES

A&E ATTENDANCE
PATIENT COUNT BY WEEK OF ATTENDANCE



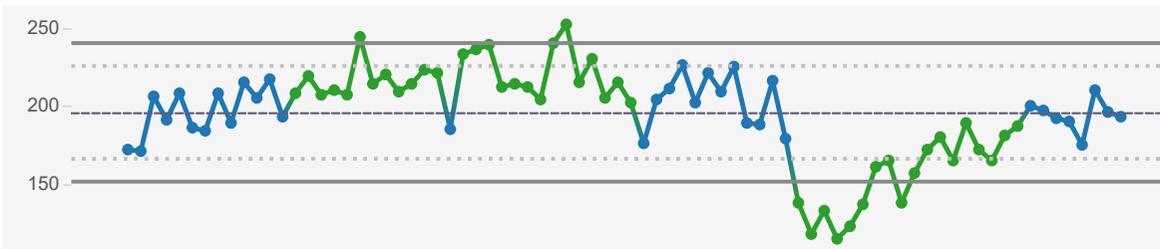
Week: 7 September 2020
Attendances: 486
In Range

% OF A&E ATTENDANCES MEETING 4HR TARGET
% BY WEEK OF ATTENDANCE



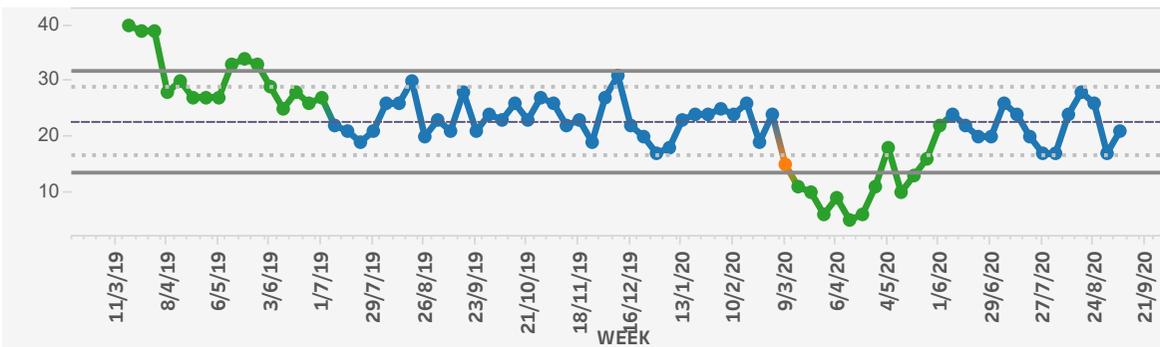
Week: 7 September 2020
4Hour Target: 87.24%
In Range

UNPLANNED ADMISSIONS
HOSPITAL ADMISSIONS BY WEEK OF ADMISSION



Week: 7 September 2020
Admissions: 194
In Range

DELAYED DISCHARGES
DELAYED DISCHARGES BY WEEK OF DELAY



Week: 7 September 2020
Delays: 21
In Range

6th October 2020 – 2pm

Finance Update – Quarter 1 2020/21

Item number: 5.9

Executive summary

Both the IJB's partners (Midlothian Council and NHS Lothian) have undertaken quarter one financial reviews – that is they look at the financial information available (as at the end of June) and use that to project a forecast outturn position. Midlothian Council presented their review at the Council meeting of 25th August 2020. NHS Lothian recently presented their review to their Finance & Resources Committee on the 23rd September 2020 this has not been formally provided to the IJB but NHS Lothian have provided an indicative position.

Board members are asked to:

- 1. Note the quarter one financial reviews undertaken by partners*
- 2. Note the impact COVID has had on the IJB financial position.*

Finance Update – Quarter 1 2020/21

1 Purpose

- 1.1 This report lays out the results of the partner's (Midlothian Council and NHS Lothian) quarter one financial reviews and considers how this impacts on the projected financial position for the IJB for 2020/21.

2 Recommendations

- 2.1 As a result of this report Members are being asked to:-
- Note the position as laid out below
 - Note the impact COVID has had on the IJB financial position.

3 Background and main report

- 3.1 At the IJB meetings during March and April 2020, the IJB accepted the budget offers from Partners NHS Lothian and Midlothian Council. These budget offers were made under business as usual and therefore did not recognise that extraordinary costs would be incurred as a result of the COVID pandemic.
- 3.2 The financial position for the IJB is therefore not straightforward to report. Understanding the results and the financial impact of COVID-19, both in terms of the impact of the actual costs incurred to date, as well as the implication for the rest of the financial year. Finance teams in both organisations will determine the extent to which the £2m projected overspend relates to: the 'core' (i.e. underlying operational) position; the impact of COVID-19 on costs incurred to date; and any (future) financial consequences of mobilisation/remobilisation. The picture is further complicated by the extent to which costs can be recovered from the Scottish Government (SG) through the mobilisation/remobilisation planning processes.
- 3.3 At the IJB meeting in March the 2020/21 financial projections presented an overspend of 1% against the IJBs budget and therefore the requirement for the IJB to have financial recovery plans bringing the budget back into balance. These plans were developed within the HSCP and although paused due to the HSCP officers responding to the COVID pandemic, are now starting to be reviewed again for area where performance can be maintained or partial delivery.
- 3.4 Both partner organisations have now completed their quarter one financial reviews which provide an updated forecast financial outturn for 2020/21. The Midlothian Council and NHS Lothian quarter one financial reviews are based on information to the end of June 2020. This position should be read in the context of the unknown factors mentioned above and the high risk that this position will deteriorate further.

- 3.5 At the time of writing there has been no confirmation that additional funding will be available in Health for the additional costs incurred. NHS Lothian continues to engage with Scottish Government with regards to their governance and reporting requirements for mobilisation and remobilisation plans.
- 3.6 The quarter one financial review position for the IJB is a projected overspend of (£2m) at the year end and is shown below in table 1:

Midlothian Forecast after Month 3

	Annual Budget	Forecast at Q1	Q1 Forecast Outturn
	£k	£k	£k
Core	65,132	66,030	(898)
Hosted	13,380	13,507	(127)
Set Aside	17,026	17,791	(765)
Health	95,538	97,328	(1,790)
Social Care	44,984	45,177	(194)
	140,522	142,505	(1,984)

Fig 1: IJB Quarter 1 review forecast

As noted above, within both positions the forecast overspend reflects additional costs due to COVID-19. These financial pressures include:

- Health - additional costs relate to extra beds open in Midlothian Community Hospital, additional costs in community nursing, GMS and Prescribing all due to the pandemic. Within Hosted and Set Aside there are additional costs due to COVID relating to staffing, higher supplies costs alongside the ongoing pressures within General Medicine, Mental Health and Junior Doctors.
 - Council - additional Care Home support, additional staffing costs in relation to cover for front-line staff sickness, for front-line staff self-isolating and shielding and a loss of service user income.
- 3.7 The outturn projections will continue to be refined throughout the year and an updated position will be brought to the next IJB, by which time we hope that clarity regarding any additional funding will be known, remobilisation plans will be further developed and the financial consequences will become clearer.
- 3.8 Midlothian IJB has received (£1.2m) for additional social care costs which will be used to cover sustainability payments to external providers. This funding has not been factored into this Quarter 1 position until the extent of the overall pressure is understood. This will be allocated in further forecasts and shared with the IJB at this time.
- 3.9 At the beginning of the financial year, as part of the budget setting process and in order to deliver a break even position there was a requirement to deliver savings to support this. Original plans are difficult to achieve due to COVID with elements being unachievable due to unavoidable slippage in project time-lines. As mentioned earlier, work has recommenced to review financial recovery actions, although these remain extremely challenging given the additional pressures the IJB faces. The table below highlights the original assumption and the revised value assumed to be delivered at this stage. This will continue to be monitored closely and there is a real risk these will slip further in light of the COVID pandemic.

Midlothian Saving/Efficiency Initiatives Update at Q1

	Original Plan	Lead	Updated Value
	£k		£k
Prescribing	457	DB	418
Hospital Service Redesign	200	LP	TBC
Homecare aim to bring budget back into a break even position	146	AF	0
Mental Health Redesign of Pathway	50	AW	TBC
Learning Disabilities Service Review	150	AW	TBC
Intensive Housing Management	264	AW	TBC
Transport Review	100	AW	TBC
Increase in charges - Telecare	20	AF	20
Increased use of TEC in homecare	50	AF/MC	TBC
Equipment Store Review	20	FH/DC	20
Community Nursing Review	50	GC	50
Reduction in agency usage at Newbyres	50	AF	0
Opening of Recovery HUB (No11)	95	AW	TBC
	1,652		508

Fig 2: Savings Plans 2020/21

- 3.10 As in previous years, the IJB produces a longer term financial outlook and updates the IJB members on this throughout the financial year. With the uncertainty attached to these extraordinary times the timetable for refining the 5 year rolling financial plan has been delayed. This will be brought to a later IJB meeting when some of the unknown issues around funding and recurrency of remobilisation plans are known and the impact these will have for the IJB.

4 Policy Implications

- 4.1 There are no policy implications from this report.

5 Directions

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

6 Equalities Implications

- 6.1 There are no equalities implications from this report.

7 Resource Implications

- 7.1 The resource implications are laid out above.

8 Risk

- 8.1 The “business as usual” risks raised by this report are already included within the IJB risk register.
- 8.2 Of particular note additional risks due to COVID-19 are:

- forecasts will vary as service driven mobilisation and remobilisation plans are developed and financial impacts crystallised;
- the extent to which COVID-19 costs will be met by the Scottish Government through the mobilisation planning process;
- delivery of the savings and recovery programme in line with projections; and
- That there will be no further waves of COVID-19.

9 Involving people

9.1 The IJB papers are publically available.

10 Background Papers

None

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