

Notice of Meeting and Agenda



Midlothian Integration Joint Board

Venue: Virtual Meeting,

Date: Thursday, 10 December 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 | Minutes of the MIJB held on 8 October 2020 - For Approval. | 5 - 14 |
| 4.2 | Minutes of the MIJB Audit & Risk Committee held on 13 September 2020 - For Noting. | 15 - 20 |
| 4.3 | Minutes of the MIJB Strategic Planning Group held on 18 August 2020 - For Noting. | 21 - 36 |
| 4.4 | Minutes of the MIJB Strategic Planning Group 28 October 2020 - For Noting. | 37 - 40 |

5 Public Reports

- | | | |
|------------|--|----------|
| 5.1 | Midlothian Response to Delayed Discharges - Presentation by Grace Cowan, Head of Primary Care & Older People's Services. | |
| 5.2 | Chief Officers Report – Morag Barrow, Chief Officer.

For Decision | 41 - 44 |
| 5.3 | Vision and Values – Report by Lois Marshall, Assistant Strategic Programme Manager.

For Discussion | 45 - 48 |
| 5.4 | Midlothian IJB Directions 2020 Update – Report by Mairi Simpson, Integration Manager. | 49 - 66 |
| 5.5 | Independent Review of Adult Social Care - Report by Alison White, Head of Adult Services.

For Noting | 67 - 72 |
| 5.6 | Clinical and Care Governance Group - Report by Caroline Myles, Chief Nurse. | 73 - 100 |

- 5.7** MIJB Improvement Goal Progress – Report by Jamie Megaw, Strategic Programme Manager (To Follow).
- 5.8** Covid Vaccination - Report by Jamie Megaw, Strategic Programme Manager (To Follow).
- 5.9** Finance Update for 2020/21 and 5 Year Financial plan - Report by Claire Flanagan, Chief Finance Officer. 101 - 110

6 Private Reports

No private business submitted for this meeting

7 Date of Next Meeting

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

14 January 2021 at 2 pm – **Development Workshop**

13 February 2021 at 2 pm - **Midlothian Integration Joint Board**

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

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 10 December 2020
Item No 4.1



Meeting	Date	Time	Venue
MIJB Minute	Thursday 8 October 2020	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

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

Present (non-voting members):

Morag Barrow (Chief Officer)	Alison White (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Caroline Myles (Chief Nurse)	Johanne Simpson (Medical Practitioner)	Hamish Reid (GP/Clinical Director)
Wanda Fairgrieve (Staff side representative)	James Hill (Staff side representative)	Keith Chapman (User/Carer)
Ewan Aitken (Third Sector)		

In attendance:

Grace Cowan (Head of Primary Care and Older Peoples Services)	Mairi Simpson (Integration Manager)	Jacquie Campbell (Chief Officer, Acute Services)
Jenny Long (Programme Director for Unscheduled Care)	Leah Friedman (Operational Business Manager)	Jordan Simpson (Staff side representative, NHS Lothian)
Val Holtom (Care Inspectorate)	Mike Broadway (Clerk)	

Apologies:

Cllr Catherine Johnstone (Chair)	Fiona Huffer (Head of Dietetics)	Jill Stacey (Chief Internal Auditor)
----------------------------------	----------------------------------	--------------------------------------

1. Welcome and introductions

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

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

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

- (a) MIJB held on 27 August 2020 – subject to the addition of Lesley Kelly (MVA) to the list of those attending; correction of Jamie Megaw's name in the body of the minute and clarification that the Lord Advocate's review related to Care Homes; and
- (b) Special MIJB held on 10 September 2020.

4.2 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 3 March 2020 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Remobilisation of Acute Out-patients Services – Presentation Jacquie Campbell, Chief Officer, Acute Services provided a presentation on the Remobilisation of Acute Out-patients Services in which she highlighted some of the impacts experienced as a result of the	To thank Jacquie for her extremely helpful and informative presentation and note that this would be picked up further as part of the November Development Workshop session.	All to note	Ongoing

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Covid-19 pandemic, and how following an initial drop demand for services was beginning to increasing again. Although not back to pre-Covid levels, the rise in demand was in itself bring additional pressures as a result of services having to operate with often reduced capacity due to having to observe strict social distancing measures. Jacquie then outlined the steps being proposed by NHS Lothian to address this and highlighted possible ways in which Midlothian IJB might assist in this process.</p> <p>There then followed a general discussion during which Morag Barrow in making reference to plans for a 'Near Me' service operating out of the old Bonnyrigg medical practice, confirmed that H&SC would be happy to explore possible options. Whilst the use of new technology was broadly welcomed, concerns were expressed that it might exclude those not comfortably using technology or who did not have access to it. It was also pointed out that it needed to be made clear when services were being offered in this manner how patients accessed them and also the supports available should they be required. It was acknowledged that public engagement was at an early stage and how both the IJB and the Council fed into the consultation process would be a matter for further discussion.</p>			
<p>5.2 Chief Officers Report</p> <p>This report provided a summary of the key service pressures and service developments which had occurred during the previous months across health</p>	<p>(a) To note and welcome the development of new Equality Outcomes for 2021-2025 and also a draft Performance Framework;</p> <p>(b) To note that the outcome of the unannounced</p>	<p>Chief Officer</p> <p>Chief Officer</p>	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>and social care, highlighting in particular a number of the key activities, as well as looking ahead at future developments.</p> <p>The Board in considering the Chief Officer's report made particular reference to the need to ensure that in developing new Equalities Outcomes they fed into the both the emerging Performance Framework and going forward the Directions. In addition, it was suggested that there should be a role for the Audit and Risk Committee in taking this forward which also required to be explored.</p> <p>The Board also noted that initial feedback received following an unannounced Healthcare Improvement Scotland inspection visit to Midlothian Community Hospital had been encouraging and discussed the challenges associated with the recommissioning works, in particular how new services would be procured and the opportunities for partners to be involved in that process.</p>	<p>Healthcare Improvement Scotland inspection visit to Midlothian Community Hospital would be presented to the Board upon receipt of the formal feedback; and</p> <p>(c) To otherwise note the content of the Chief Officer's Report.</p>		
<p>5.3 Midlothian IJB Directions 2020</p> <p>With reference to paragraph 4.3 of the Minutes of 16 April 2020, there was submitted a report the purpose of which was to set out for the Board consideration proposals from the Midlothian Strategic Planning Group to refresh the Directions that reflected changes to timeframes and/or plans since April 2020.</p> <p>The report explained that the Directions had been issued to Midlothian Council and NHS Lothian at a time when both organisations were managing responses to the COVID-19 pandemic, which had</p>	<p>To approve the revised Directions for 2020 onwards.</p>	<p>Chief Officer/ Integration Manager</p>	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>caused significant disruption to services; health, social care and community based services. It had also influenced expectations and priorities, at least in the short term. As the Directions identified key changes that need to be progressed to support the delivery of health and care services in Midlothian, aligned to the Strategic Commissioning Plan 2019-22, it was considered appropriate that they be reviewed and where feasible amended to reflect changed ambitions or timeframes.</p> <p>Mairi Simpson was heard in amplification of the report after which there was a general discussion during which consideration was given to how to link actions arising from the Directions into the Performance Framework, the involvement of partners, particularly those in the third sector in the Directions and the potential need for a further review depending on future developments as a result of the ongoing COVID-19 pandemic.</p>			
<p>5.4 Community Justice Annual Report</p> <p>The purpose of this report was to update the Board on activity carried out by the Community Justice Partnership in Midlothian during 2019/20.</p> <p>The report explained that the Community Justice (Scotland) Act 2016 placed a duty on local community justice statutory partners to produce a Community Justice Outcome Improvement Plan (CJOIP) which outlined key local needs and priorities and the plans and actions to address these. Beyond</p>	<p>(a) To note the report; and</p> <p>(b) To note that details of the Trauma Informed Workshops (Level 1) would be circulated to Board Members.</p>	Chief Social Work Officer/ Clerk	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>this, partners were also tasked with reporting on an annual basis to Community Justice Scotland.</p> <p>Alison White was heard in amplification of the report making particular reference to items of interest to the Board, which included resumption of the Trauma Informed Training.</p>			
<p>5.5 Midlothian Health & Social Care Partnership Winter Plan 2020/21</p> <p>The purpose of this report was to provide the Board with an update on 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.</p> <p>The report outlined the work being undertaken locally to prepare for winter pressures, explaining that the overarching Winter Plan was joined up to cover a wide range of areas – reducing 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 was also an ongoing focus on supporting staff wellbeing and a winter communications plan both for staff and the public.</p> <p>Leah Friedman was heard in amplification of the report following which there was a general</p>	<p>(a) To note the update on the Winter Plan 2020/21; and</p> <p>(b) To approve the approach to winter planning.</p>	All to note	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
discussion regarding the importance of a whole systems co-ordinated approach with a single point of contact involving the use of volunteers and input from third sector partners. It was also felt that it would be helpful to acknowledge other factors which might impact on the Plan such as Brexit.			
<p>5.6 Care for People Group During Lockdown</p> <p>The purpose of this report was to introduce the Midlothian's Care for People Report on the Response to Lockdown which detailed the actions taken by the Council's 'Care for People' Group during lockdown; a copy of which was appended to the report.</p> <p>The report explained that given the nature of the pandemic emergency, the high level of public interest and the extensive range of interventions undertaken, it is considered important that Board Members were fully briefed, particularly given the possibility of a second wave of Covid-19.</p> <p>Having heard from Alison White in amplification of the report, the Board discussed the role of resilience groups in providing a link to communities and how this might be grown to ensure it was fit for purpose, and also the role and use of volunteers, which had been complicated somewhat by a highly successful national campaign, giving rise to a higher than anticipated capacity that it had sometime proven difficult to fully utilise.</p>	To note the report outlining the activities and services coordinated by the 'Care for People' Group during lockdown.		

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.7 Clinical and Care Governance Report</p> <p>The purpose of this report was to provide assurance to the Board as to the clinical and care governance arrangements within Midlothian, along with highlight good practice and identify any emerging issues or risks. Additional reports would be submitted as appropriate throughout the year to provide updated information from specific service areas. Appended to this report was a copy of the Healthcare Governance Committee Annual Report – Midlothian HSCP.</p> <p>Carolyn Myles was heard in amplification of the report after which there was a general discussion on this matter. Issues around carers being unable to visit those in care homes were acknowledged, it being accepted that whilst there were no easy answers there was a perception of inequality that would benefit from being addressed if possible.</p>	<p>To note and approve the content of the report.</p>	<p>All to note</p>	
<p>5.8 IJB Improvement Goal Progress</p> <p>With reference to paragraph 5.4 of the Minutes of 14 February 2019, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators recommended by the Ministerial Strategic Group for Health and Community Care. The improvement goals focused on reducing unscheduled hospital and institutional care using</p>	<p>(a) To note the performance across the indicators;</p> <p>(b) To note that in spite of the impact of the Covid-19 pandemic many of the Improvement Indicators goals had be achieved during 2020;</p> <p>(c) Note that the Improvement Indicators use data provided by Public Health Scotland with a lag time of three months, so further information was included showing hospital activity for Midlothian residents up to the week beginning 7 Sept.</p>	<p>All to note.</p>	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>data provided by the Health and Social Care team at ISD Scotland.</p> <p>Morag Barrow was heard in amplification of the report after which there was a general discussion on this matter.</p>			
<p>5.9 Finance Update – Quarter 1 2020/21</p> <p>This report set out the results of the MIJB's partner's (Midlothian Council and NHS Lothian) quarter one financial reviews and considered how this impacted on the projected financial position for the IJB for 2020/21.</p> <p>The report advised that understanding the financial position for the IJB was not straightforward as in addition to 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 implications for the remainder of the financial year, the extent to which costs could be recovered from the Scottish Government through the mobilisation/remobilisation planning processes further complicated the picture.</p> <p>Claire Flanagan was heard in amplification of the report after which there was a general discussion during which Morag Barrow highlighted that in terms of normal core spend the IJB was looking at a balanced budget.</p>	<p>(a) Noted the quarter one financial reviews undertaken by partners; and</p> <p>(b) Noted the impact COVID has had on the IJB financial position.</p>	Chief Finance Officer	

6. Private Reports

Exclusion of Members of the Public

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

6.1 Redesign of Urgent Care – Implementing the National Model in Lothian – Noted

7. Any other business

The Board, having noted that this would be Ewan Aitken's last meeting as Third Sector representative, joined the Chair in expressing their thanks to Ewan for all his hard work in support of the Midlothian Integration Joint Board over the years.

8. Date of next meeting

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

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

(Action: All Members to Note)

The meeting terminated at 4.31 pm.

Minute of Meeting



Midlothian Integration Joint Board Audit and Risk Committee

Date	Time	Venue
Thursday 3 September 2020	2.00pm	Virtual Meeting – MS Teams

Present (voting members):

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

Present (non-voting members):

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

In attendance:

Grace Scanlin (EY, External Auditor)	Marie Sharp (Local Reporter)
Janet Ritchie (Democratic Services Officer)	

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

1. Welcome and introductions

The Chair, Councillor Jim Muirhead welcomed everyone to the 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

The Minutes of Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 5 March 2020 was submitted and approved as a correct record.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Annual Audit Report to Members and the Controller of Audit - year ended 31 March 2020 – Report by EY, External Auditors	Stephen Reid
Executive Summary of Report		
<p>The purpose of this report was to present the external Annual Audit report to the IJB and the controller of Audit for the year ending 31 March 2020.</p> <p>This report was prepared in accordance with Terms of Appointment letter from Audit Scotland dated 31 May 2016 through which the Accounts Commission appointed EY as external Auditor of Midlothian Integration Joint Board (IJB) for financial year 2016/17 to 2021/22. The Audit is undertaken in accordance with the Local Government (Scotland) Act 1973 and it is EY's responsibility as set out within Audit Scotland's Code of Audit Practice. This report was for the benefit of the IJB and was made available to the Accounts Commission, the Controller of the Audit and Audit Scotland.</p> <p>The external Auditor concluded the audit of the IJB's financial statements for the year ended 31 March 2020 and no audit adjustments were required to be made and there were no unadjusted differences that were required to be communicated. The draft financial statements and supporting working papers were of a good quality. The External Auditor worked with the Chief Finance Officer to make improvements to the Management Commentary and notes to the financial statements to reflect the implication of the Covid-19 global pandemic on the financial statements and the IJB's planning processes.</p> <p>The external Auditor concluded that the other information subject to audit, including the applicable parts of the Remuneration Report and the Annual Governance Statement were appropriate. They were satisfied that the Annual Governance</p>		

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

Statement reflected the requirements of the *Delivering Good Governance Framework*, and the key changes in governance arrangements that were required as a result of changes to working practices due to Covid-19.

Summary of discussion

Grace Scanlin, EY, External Auditor provided the Committee with an outline of the report highlighting the key sections contained within the report.

Thereafter the External Auditor responded to Members questions and comments and it was agreed that there were no particular issues or areas for concern.

Decision

The Audit and Risk Committee noted the external auditors report on the MIJB's annual accounts and the Appendices attached to the report.

Action

Chief Officer

Report No.	Report Title	Presented by:
5.2	2019/20 Audited Annual Accounts – Report by Chief Finance Officer	Clare Flanagan

Executive Summary of Report

The purpose of this report was to present for the Committee's consideration and approval the Annual Accounts 2019/20 which had been reviewed by the IJB's Independent Auditors.

As a statutory body, the IJB was required to produce a set of annual accounts at the end of its financial year (31 March). These accounts were then reviewed by the IJB's external auditors who reported their opinion of the IJB's Annual Accounts to the IJB's Audit and Risk Committee. This report having been agreed by the committee and no outstanding issues the Committee would recommend the annual accounts to the IJB.

The accounts would then be signed by the Chair of the IJB, the Chief Officer of the IJB and the Chief Finance Officer of the IJB.

Summary of discussion

Clare Flanagan, Chief Finance Officer presented the Annual Accounts highlighting the high level points contained within the Accounts.

Thereafter the Chief Finance Officer responded to questions and comments raised by Members. It was noted that the recommendation in the cover report was that the committee was approving both the external Auditors report and this report and both these would be presented to the IJB.

Decision

The Audit and Risk Committee, having noted the external Auditors report on the MIJB's Annual Accounts, agreed to recommended the 2019/20 Annual Accounts to the Midlothian Integration Joint Board.

Action

Chief Finance Officer

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

Report No.	Report Title	Presented by:
5.3	Risk Register – Report by Risk Manager	Morag Barrow
Executive Summary of Report		
<p>The Integrated Joint Board (IJB) Audit and Risk Committee maintained a strategic risk profile which was regularly scrutinised. However, it was important that Midlothian IJB was kept informed of its key risks and the actions undertaken to manage these risks. This report contains the strategic risk profile covering quarter 4 2019/20 (1 January 2020 – 31 March 2020) and the current version of the IJB's strategic risk profile covering quarter 1 2020/21, 1 April 2020 – 30 June 2020. The Committee members are asked to consider the strategic risk profile and current response to the issues, risk and opportunities.</p>		
Summary of discussion		
<p>Morag Barrow, Chief Officer presented this report advising that there were two risks added since the last time in relation to Covid-19 and Care Homes. The Chief Officer provided assurances that there had been significant planning put in place with regards Covid-19 and that there was daily contact with the teams in the Care Homes.</p> <p>It was noted that as well as the risks relating to Care Homes and the public's perception of this there was the additional risk of the IJB reputation and the Chief Officer advised she was working with the Communication's team on appropriate communication.</p> <p>There followed a discussion on the risks during the Covid response phase and the different risks for the Council and Health Board as well as the ones which were unique to the IJB. It was noted that the IJB was an entity in its own right and the need to capture the strategic risks which relate to the strategic plan. The Chief Finance Officer advised that she was involved in the quarterly discussions and would highlight these points to the Risk Manager.</p>		
Decision		
<p>The Audit and Risk Committee considered the strategic risk profile especially those issues and risks highlighted in the covering report.</p>		
Action		
<p>Risk Manager</p>		

Report No.	Report Title	Presented by:
5.4	Midlothian Health and Social care Integration Joint Board Internal Audit Report on Workforce Development	Jill Stacey
Executive Summary of Report		
<p>The purpose of this report was to present to the Midlothian IJB Audit and Risk Committee Internal Audit's report on Workforce Development arrangements in place within Midlothian Health and Social Care Partnership. The Midlothian IJB Audit and Risk Committee was therefore asked to consider the Midlothian Health and Social Care Integration Joint Board Internal Audit Report on Workforce Development, Appendix 1 attached to the Report, and findings contained therein, and to provide any commentary thereon.</p>		

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

Summary of discussion
<p>The Chief Internal Auditor, Jill Stacey advised that the Internal Audit work concluded last year was carried out during 2019/20 by NHS Lothian Internal Auditors. The findings and conclusions of the Internal Audit review were to be included as part of the Annual Assurance report and was presented in full to this Committee for consideration.</p> <p>The Chief Internal Auditor highlighted the main sections contained within the report and in responding to a question raised with regards to the plans for revising some of the dates which are set out in the actions confirmed that flexibility in terms of the implementation dates for these actions had been revised in discussion with management and reasonable review dates agreed.</p>
Decision
<p>The Audit and Risk Committee considered the Internal Audit report on Workforce Development arrangements in place within Midlothian Health and Social Care Partnership (Appendix 1), and findings contained therein.</p>
Action
<p>Chief Internal Auditor</p>

Report No.	Report Title	Presented by:
5.5	Midlothian Integration Joint Board Internal Audit Follow-up Review Completed Recommendations	Jill Stacey
Executive Summary of Report		
<p>The purpose of this report was to provide information on Internal Audit actions flagged as completed during 2019/20 and confirm the adequacy of the new internal controls and governance of the Midlothian Health and Social Care Integration Joint Board (MIJB). The Midlothian IJB Audit and Risk Committee was therefore asked to consider the progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance of the Midlothian Health and Social Care Integration Joint Board.</p>		
Summary of discussion		
<p>The Chief Internal Auditor, Jill Stacey provided the Committee with a brief update on the work carried out by the internal audit team on the completed audit actions to ensure there was evidence on the ongoing improvement of internal control, risk management and governance arrangements.</p> <p>There followed a brief discussion during which the Chief Internal Auditor responded to questions and comments raised by members of the Committee. The Chief Internal Auditor confirmed that a further follow-up report would be presented in December 2020 on progress with the MIJB Internal Audit recommendations still in progress.</p>		

Midlothian Integration Joint Board

Audit and Risk Committee

Thursday 3 September 2020

Decision
The MIJB Audit and Risk Committee was therefore asked to consider the progress made by Management in implementing Internal Audit recommendations to improve internal controls, risk management and governance arrangements of the Midlothian Health and Social Care Integration Joint Board.
Action
Chief Internal Auditor

Report No.	Report Title	Presented by:
5.6	Midlothian Health and Social Care Integration Joint Board Internal Audit Report on Performance Management	Jill Stacey

Executive Summary of Report
<p>The purpose of this report was to present to the Midlothian IJB Audit and Risk Committee Internal Audit's report on Performance Management arrangements in place within Midlothian Health and Social Care Integration Joint Board (MIJB)</p> <p>The Midlothian IJB Audit and Risk Committee was therefore asked to consider the Midlothian Health and Social Care Integration Joint Board Internal Audit Report on Performance Management, Appendix 1 attached to the Report and findings contained therein, and to provide any commentary thereon.</p>
Summary of discussion
<p>Jill Stacey, Chief Internal Auditor presented this report advising that this was one of the focussed internal audit pieces of work on the internal audit plan and provided an update on some of the work undertaken to obtain assurances over the arrangements in place for performance management.</p> <p>There followed a brief discussion on the on the performance measures and the work under way in developing the performance management framework.</p>
Decision
The Audit and Risk Committee considered the Midlothian Health and Social Care Integration Joint Board Internal Audit Report on Performance Management (Appendix 1), and findings contained therein.
Action
Chief Internal Auditor

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 3 December 2020 at 2.00 pm.

The meeting terminated at 15.17 pm.



MIDLOTHIAN IJB STRATEGIC PLANNING GROUP

MS Teams

NOTES OF OUTCOMES AND ACTIONS

Tuesday 18th August 2020

PRESENT: Carolyn Hirst (Chair), Morag Barrow, Mairi Simpson, Jane Crawford, Claire Flanagan, Kaye Skey, Jim Sherval, Carly McLean, Grace Cowan, Giovanna Di Tano, Leah Friedman, Sarah Fletcher, Andrew Coull, Sarah Archibald, Simon Bain, Debbie Crerar, Matthew Curl Fiona Huffer, Jordan Miller, Keith Slight

APOLOGIES: Dervilla Bray, Sheena Wight, James Hill, Lisa Cumming, Dr Carol Levstein, Marlene Gill, Caroline Myles, Simon Bain, Aileen Murray, Jamie Megaw, Wanda Fairgrieve, Aileen Murray, Adam Duncan-Rusk, Alison White, Rebecca Miller,

			ACTION
1	Welcome and Introductions	Welcome & Introductions. Carolyn Hirst welcomed members to the meeting. Apologies noted. This meeting was scheduled with limited notice to allow discussion on Terms of Reference prior to the Aug IJB.	
2	Minutes of Last Meeting	Minutes of meeting on 15 th July approved.	
3	Action Log	<p>Actions from 15 July 2020:</p> <ul style="list-style-type: none"> (i) Update Terms of Reference to allow opportunity for SPG to contribute to change programmes at earlier stage of development. (CH & MS) – complete. (ii) JC to consider, with the third sector reference group, how the third sector can be better supported to influence IJB strategic planning. Carried forward. (iii) CH and MS to consider representation from the independent sector and housing. In progress. Carry forward. (iv) CH and MS to discuss and review the Terms of Reference. Complete. (v) CH and MS to progress requirement for a vice chair from Council. See section 4. (vi) MB and MS to consider engagement in NHS Lothian Integrated Care Forum. Carry forward. 	<p style="text-align: center;">JC</p> <p style="text-align: center;">MS CH</p> <p style="text-align: center;">MB MS</p>

		<p>(vii) MB to contact Colin Briggs regarding membership of NHS Lothian Strategic Planning Group. CH reported that a meeting is planned with IJB Chief Officers, IJB Chairs and Vice-Chairs to look at potential model.</p> <p>(viii) MS to arrange update to SPG on set-aside and the responsibilities of the IJB. Completed</p> <p>(ix) AC requested that the SPG inputs to Midlothian work around reshaping care home services. Agreed that GC will progress.</p>	<p>MB CH</p> <p>GC</p>
4.	Strategic Planning Group Terms of Reference - Carolyn Hirst	<p>Updated Terms of Reference discussed. Mairi to remove 'formal committee' as the SPG is an advisory group. Agreed to the two elements – contribute to developments and provide assurance to the IJB regarding the implementation of the Strategic Plan. Agendas to be prepared accordingly.</p> <p>MS and AC to discuss who should be the representatives from the NHS acute sector.</p> <p>TEC Lead to be added to membership list.</p> <p>At IJB Meeting on 27 August 2020, CH to ask for Midlothian Council for a representative to take on role as SPG Vice-Chair.</p> <p>Following the amendments listed above, MS to circulate final version of the Terms of Reference. Appendix 1.</p>	<p>MS</p> <p>AC MS</p> <p>MS</p> <p>CH</p> <p>MS</p>
5.	Understanding Set-aside – Claire Flanagan	<p>CF delivered a presentation explaining set-aside. Appendix 2.</p> <p>Discussed delegated functions. Some may change as a result of the review of the Scheme of Integration for the four Lothian IJBs.</p> <p>Discussed relationship between set-aside and Directions. Agreed that IJBs need to be bolder when setting Directions.</p>	
6.	Midlothian IJB Directions 2020-21 – review - Mairi Simpson	<p>Agreed that Directions should be reviewed on the assumption that some timeframes or tasks may have to be amended as a result of the delay caused by the pandemic. The Directions were issued to Midlothian Council and NHS Lothian in May 2020. There has been no response as yet, which is most likely related to other priorities during the pandemic.</p> <p>Updates to be forwarded to Mairi within the next 3 weeks.</p>	ALL DIRECTION LEADS

7.	Report Schedule 2020 – Carolyn Hirst	Mairi and Carolyn to consider.	MS CH
8.	AOCB	No issues raised.	
9.	Future Meetings	All future meetings below are via MS Teams meantime(previously at Melville Housing, Corn Exchange,200 High Street Dalkeith) Wed 28 th October 2020 2 - 4pm Wed 25 th November 2020 2 - 4pm	

Appendix 1 – Terms of Reference

Appendix 2 – Understanding Set-aside slides

**Midlothian Integrated Joint Board
Strategic Planning Group
Terms of Reference**

1. CONTEXT

The Public Bodies (Joint Working) (Scotland) Act 2014 (Section 32) places a duty on Integration Authorities to establish a Strategic Planning Group to support the development and review of a strategic commissioning plan (the Strategic Plan) for their area.

Effective strategic commissioning is the mechanism via which the Health & Social Care Partnership will deliver better care and support for people, and make better use of the significant resources we invest in health and social care provision. It includes involving a range of service providers, service users and their carers, representative bodies, and professionals in the strategic commissioning process.

The Scottish Government *Health and Social Care Integration - Public Bodies (Joint Working) (Scotland) Act 2014 Strategic Commissioning Plans Guidance* can be accessed [here](#).

2. NAME OF GROUP

The name of the group is the Midlothian Strategic Planning Group (SPG).

3. REMIT

The SPG will be concerned primarily with:

- a. Informing the development of the Strategic Plan, together with ongoing iterative review.
- b. Providing stakeholder advice to the Integration Joint Board (IJB) for any emerging plans, programmes and interventions.

In so doing the SPG will:

- i. Influence and shape the development of the Strategic Plan on a 3 yearly basis (with annual updating of Plan).
- ii. Consider and agree Directions to Midlothian Council and/or NHS Lothian in order to deliver the Strategic Plan and recommend these Directions to the IJB for formal adoption.
- iii. Have oversight of the implementation of the Strategic Plan including performance and financial reporting. In doing so it will:
 - a. Provide critical review and insight to emerging service change including recommendations to IJB on additional Directions

- b. Review implementation of Directions
 - c. Review implementation of approved plans – provide critical appraisal and support.
- iv. Review the strategic planning process for the IJB.
- v. Display positive behaviours which support the integration agenda to peers and other stakeholders.
- vi. Provide advice to Integration Joint Board (IJB) when developing responses to emerging Scottish Government policy and regulations.
- vii. Provide an effective conduit and feedback loop to IJB members on key proposals and service changes by linking effectively to wide groups of staff, users, carers, clinical & care professionals and locality members.
- viii. Support Midlothian IJB engagement in other strategic planning groups such as the Midlothian Community Planning Partnership and within NHS Lothian.

4. MEMBERSHIP

Where the integration authority is an integration joint board SPG membership must include:

(i) at least one person nominated by the Health Board which is a constituent authority in relation to the integration joint board (NHS Lothian)

(ii) where one local authority is a constituent authority in relation to the integration joint board, at least one person nominated by the local authority (Midlothian Council)

Standing Orders state that the IJB appoints the SPG membership (except for the members nominated by each constituent party). Membership of the SPG includes the Midlothian IJB Chief Officer and Chief Finance Officer and also includes representation from:

	Number
Carers	1
Public (locality representatives)	2
Service User	1
NHS Staff Side	1
Midlothian Council Union	1
Acute Hospital representatives	4
Housing (council and RSL representative)	2
Social Work (Criminal Justice, Adult Services)	4
Third Sector representative	1
Independent Health Contractors (General Practice, Community Pharmacy)	2
Health professions (Nursing, AHPs, Mental Health, Psychology, Public Health)	5
Digital Lead	1
Commercial Care Sector	1

5. CHAIR AND VICE-CHAIR

The Chair of the SPG will be appointed by voting membership of the IJB.

A Vice-Chair will be appointed to ensure continuity of meetings in the Chair's absence. The Vice-Chair will be chosen from among the voting membership of the IJB.

The Chair will hold the casting vote during meetings of the SPG.

6. ROLE AND REMIT OF SPG MEMBERS

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

Group members will table issues arising from their own 'constituency' discussions at the SPG and will bring appropriate issues from the SPG to their own groups.

Members are expected to:

- prepare adequately for meetings by familiarising themselves with the agenda and by reading any associated papers
- develop and maintain the necessary links and networks to enable views to be sought and represented over the development, review and renewal of the Strategic Plan
- actively contribute to meeting discussions in a way that represents their community of interest, sector or professional area
- submit apologies ahead of any SPG meeting where attendance is not possible

7. DEPUTIES

Each member should have a nominated deputy who will attend meetings in their absence.

8. TERMS OF OFFICE

The membership of the SPG will be reviewed every three years in line with Strategic Planning cycles.

9. CO-OPTION

The SPG will co-opt additional members for particular pieces of work, or for specific periods of time, as appropriate.

10. LINK TO THE IJB

The SPG is an advisory group to the IJB.

The Chair of the SPG will ensure regular reporting to the IJB via the minutes of the SPG meetings. The IJB may request a particular view from the SPG for specific work areas and developments as required.

On occasions the IJB and the SPG may hold joint meetings. This would normally be at the request of the IJB.

11. SUPPORT TO THE SPG

The Chief Officer of the IJB will ensure adequate officer support for the SPG including appropriate secretarial support.

12. EXPENSES

The Health and Social Care Partnership will reimburse reasonable expenses associated with carer/service user/community members attending meetings of the SPG.



Understanding Set Aside

Strategic Planning Group

18th August 2020



HSCP v IJB

- HSCP operationally manages services some of which will be delegated functions of the IJB. Therefore operationally manages these budgets.
- IJB strategically commissions functions delegated to the IJB within its available resources.
- The IJB delegated functions fall into categories of core, hosted and set aside.



What is Set Aside?

- Set Aside budget relates to services provided by large hospitals on behalf of the IJB. The principle is illustrated in the diagram below.



What is Set Aside?

What is a set aside budget?

The budgets of integration authorities (IAs) are composed of two elements:

- Social care
- Health care – including primary and community healthcare, as well as some hospital care

The majority of integration authorities (IAs) have a 'set aside' budget. This relates to unscheduled acute hospital care.

How is the set aside budget agreed?

When setting the budget, the integration authority agrees with the NHS health board partner how much it expects to need for unscheduled acute hospital care. To do this, the partners use hospital data on levels of activity.

For IAs using the "set aside" approach, the agreed amount remains within the NHS rather than being paid to the IA (like the rest of the NHS contribution). This "set aside" budget should still remain under the control of the IA.



Source - Scottish Government Health and Sport Committee report in October 2019 "Looking ahead to the Scottish Government Health Budget 2020-21: When is hospital bad your health?"



What is Set Aside?

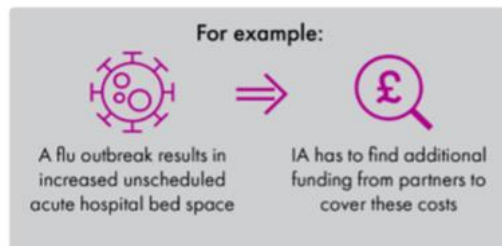
What can change the set aside budget?

In year

During the year, actual **unscheduled acute activity** might be higher or lower than anticipated.

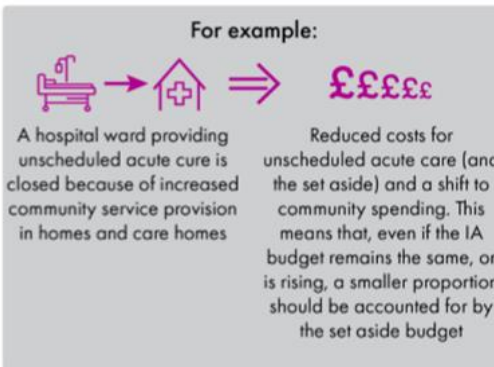
If activity is higher, the IA needs to agree with partners how these additional costs will be met.

If activity is lower, the IA should be able to decide how to spend the difference between actual and anticipated costs.



Longer term

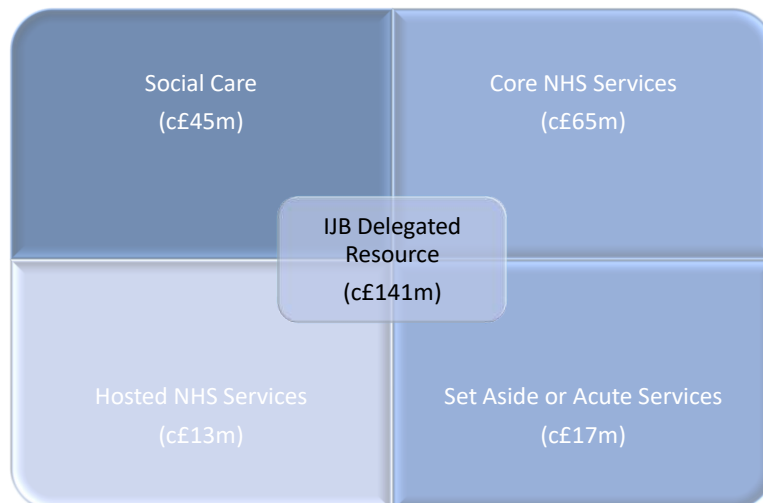
Over the longer term, changes to how services are delivered should also be aimed at reducing demand for unscheduled acute care and – in turn – the set aside budget.



Source - Scottish Government Health and Sport Committee report in October 2019 "Looking ahead to the Scottish Government Health Budget 2020-21: When is hospital bad your health? "



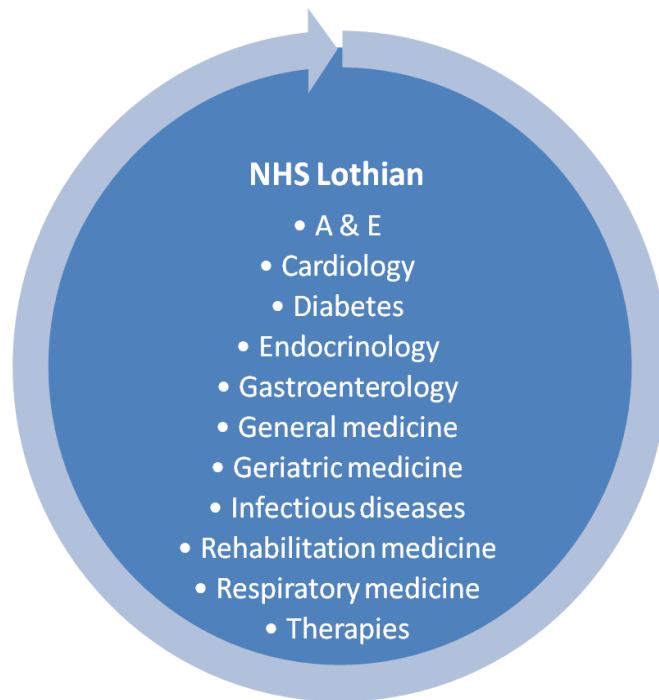
IJB Components



as at Q1 review



SET ASIDE SERVICES



HOSTED NHS SERVICES



What is Set Aside?

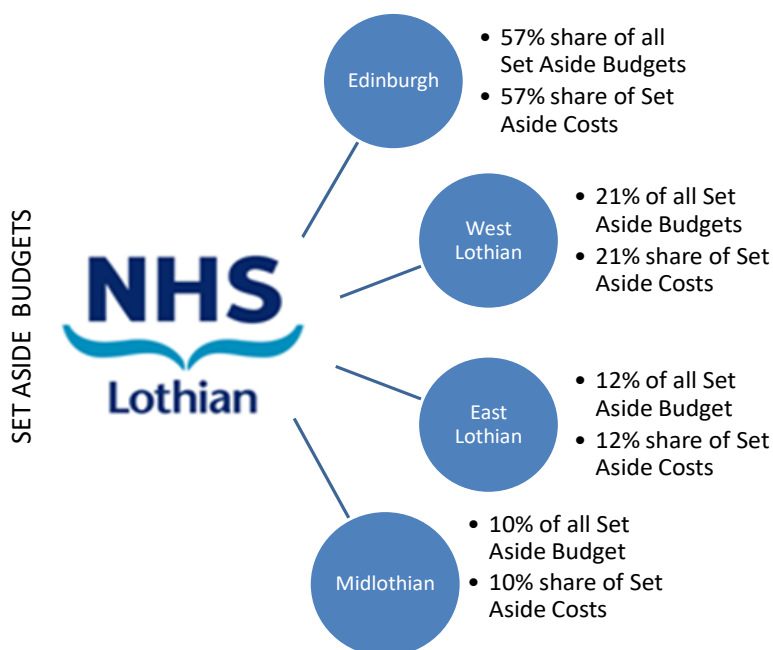
- The way NHS Lothian reports 

Identifies budgets associated with delegated functions and allocates those budgets to IJBs using an appropriate allocation tool:

- ❖ **Core** services - Partnership budgets are allocated in full to the IJB
- ❖ **Hosted** services (held within a specific Partnership on behalf of all Partnerships) - Budgets are allocated to IJBs based on appropriate shares, mainly using PCNRAC;
- ❖ **Set Aside** services (those services operationally managed within Acute services but are functions delegated to the IJB) - The same principle is applied as that used for Hosted Services.



What is Set Aside?

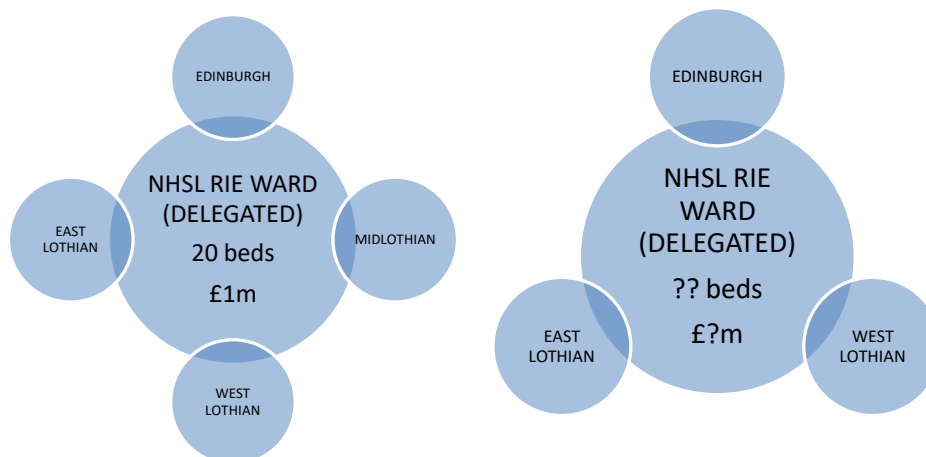


What is Set Aside?

- ✓ Simple
- ✓ Relatively easy to produce
- ✓ No turbulence
- × Difficult to understand reasons for variance
- × Does not reflect actual usage of services
- × Difficult to make changes and move money
- × Difficult for IJBs to plan

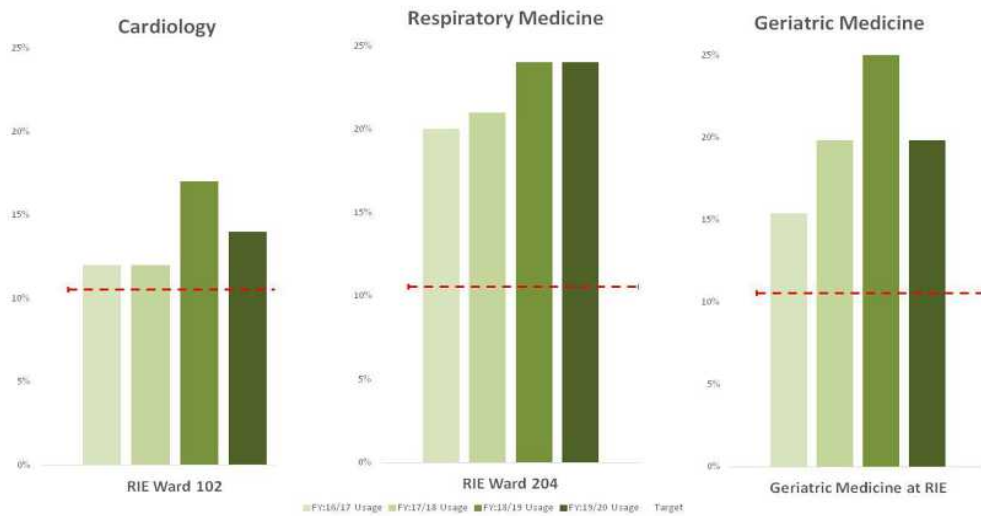


What is Set Aside?



What is Set Aside?

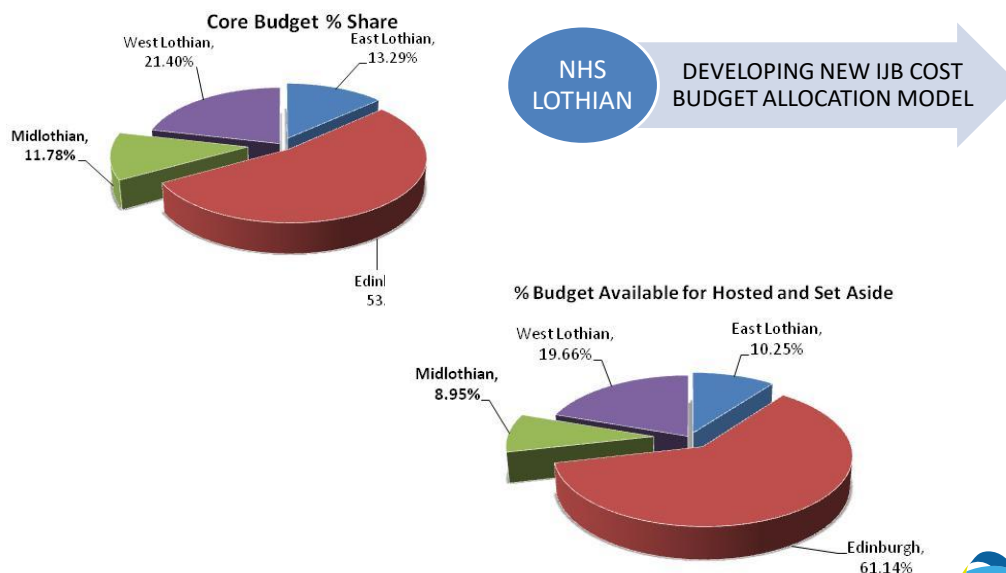
MIDLOTHIAN ACTIVITY ANALYSIS



as at November 2019



What is Set Aside?



as at November 2019



What is Set Aside?

- Balance between IJB working
- Directions & Strategic Plan
- Forums for wider collaboration
 - CO Meeting – Lothian COs, CFOs meet monthly
 - Integrated Care Forum





MIDLOTHIAN IJB STRATEGIC PLANNING GROUP
MS Teams

NOTES OF OUTCOMES AND ACTIONS
Wednesday 28th October 2020

PRESENT: Carolyn Hirst (Chair), Mairi Simpson, Jane Crawford, Kaye Skey, Jim Sherval, Grace Cowan, Andrew Coull, Debbie Crerar, Matthew Curl, Lois Marshall, Alison White, Sheena Wight, Fiona Huffer, Jordan Miller, Caroline Myles, Rebecca Miller, Wanda Fairgrieve, Aileen Murray

APOLOGIES: James Hill, Dr Carol Levstein, Carly McLean, Morag Barrow, Claire Flanagan, Giovanna Di Tano, Anthea Fraser, Angela Tuohy

			ACTION
1	Welcome and Introductions	Welcome & Introductions. Carolyn Hirst welcomed members to the meeting. Apologies noted.	
2	Minutes of Last Meeting	Minutes of meeting on 18 August 2020 approved.	
3	Action Log	<p>Actions from 18 August 2020:</p> <p>(i) <i>Update Terms of Reference to allow opportunity for SPG to contribute to change programmes at earlier stage of development.</i> CH & MS – complete.</p> <p>(ii) <i>JC to consider, with the third sector reference group, how the third sector can be better supported to influence IJB strategic planning.</i> JC has met with Lesley Kelly and will feedback once meeting with third sector reference group has taken place.</p> <p>(iii) <i>Representation from the Independent Sector :</i> MS to speak to AF regarding independent Sector Group. Carry forward.</p> <p><i>Representation from Housing sector:</i> MB & MS meeting Lynne Douglas , CEO of Bield Housing. In progress.</p> <p>(iv) <i>CH and MS to discuss and review the Terms of Reference.</i> Complete.</p>	<p>JC</p> <p>MS</p> <p>MB MS</p>

	(iii)	<p>Equality Outcomes – Lois Marshall</p> <p>LM described work around Equality Outcomes as described in paper circulated prior to meeting.</p> <p>CH asked that the outcome(s) are more explicit around implications for Black, Asian and Minority Ethnic people (BAME).</p> <p>LM is working to ensure that outcomes are measurable.</p> <p>CH asked that once approved, the implications for the SPG, Directions and services be considered.</p> <p>Jane Crawford offered to encourage service users and third sector organisations to engage in the public consultation around the equality outcomes.</p> <p>Further comments to Lois Marshall.</p>	<p>LM</p> <p>JC</p> <p>All</p>
6.	Report Schedule 2020/21	<p>25th November 2020:</p> <p>Care Homes & Care At Home – Anthea Fraser</p> <p>Directions – Mairi Simpson/Lois Marshall</p> <p>20th January 2021:</p> <p>Technology Pathway Programme – Matthew Curl</p> <p>Climate Emergency & Green Health Prescribing – Jim Sherval</p> <p>Redesign of urgent care – Midlothian response – tbc</p> <p>Primary Care Improvement Plan – Jamie Megaw</p> <p>Equality Outcomes – update – Lois Marshall</p>	
7.	AOCB	CH suggested that the SPG could do more to provide advice to the IJB. For example, explore and discuss options on a specific topic. For further discussion.	
9.	Future Meetings	<p>All future meetings below are via MS Teams meantime(previously at Melville Housing, Corn Exchange,200 High Street Dalkeith)</p> <p>Wed 25th November 2020 2 - 4pm</p> <p>Wed 20th January 2021 2 – 4pm</p>	

Appendix 1:

Discussion points on Home First Model (item 3)

AC- Acute teams want a system that covers all Partnerships as opposed to 4 independent processes. We need to increase trust and confidence between community and acute services.

AC – Will we achieve the same good outcomes via Home First that we see in hospital settings? Can partnerships identify demand and capacity (both for bed based/hospital care and community services)?

There is an enormous duplication in community services – too many small teams.

The experience across the Western world is that more people are living longer, with complex issues such as dementia. The involvement of a geriatrician is important to the multidisciplinary team.

AM – The availability of Care at Home support is critical.

AW – There are good examples of multiagency working in mental health and substance misuse services.

FH- Is there any evidence that this model works?

AC stated that EL has a good example of very low delayed discharges. However when the Discharge to Assess model was introduced it took 2 years for acute and community services to trust each other, and for acute services to 'let patients go'.

Edinburgh data awaited. Social care delays remain although like all Partnerships they did reduce during initial stages of the pandemic. Further data and robust review is required.

GC – We should be also looking to Fife and Glasgow where this model has been effective. GC to include feedback on both models when progressing the model locally.

Community colleagues need to stop reassessing people but to trust the assessment by acute colleagues.

AW – Public health angle needed. Need to think broader, for example fuel poverty and benefit checks. The support to carers is also very important. The pandemic has limited their options to respite.

CH – There are a lot of related discussions at present – how does home First, Discharge to Assess and so on fit together? Multiple small teams.

GC – Third Sector investment will be important. Work under way with Kindecorn to look at how and where the third sector could contribute. GC to report back on third sector contribution to the pathway. MS has just led recruitment of a volunteer co-ordinator.

GC – Single Point of Access to be operational by early December. GC & team to take vision and principles to the IJB and staff for consultation. GC intends to report back to SPG February or March.

FH – In Midlothian we have very good models for MH and LD. How do we incorporate support to those with physical health issues, how do MH and LD services support people in Acute Care?

KS – Is Home First trying to do 3 things at once; rehab, intermediate care and unscheduled care/A&E avoidance?

10th December 2020

Chief Officer Report

Item number: 5.2

Executive summary

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

Board members are asked to:

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

Chief Officer Report

1 Purpose

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

2 Recommendations

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

3 Background and main report

3.1 Covid

Midlothian HSCP continue to focus on Covid Phase 2 management and operational planning. The NHS assurance process for support of Care Homes remains in place, with a significant support infrastructure wrapped around all local Care Homes. Performance has been good, with Testing processes for staff and residents working well. The HSCP continue to push for expanded testing to cover Care at Home team, and are working with Midlothian Council and NHS Lothian to progress under Scottish Government guidance.

3.2 NHSL Performance Escalation

The Lothian Recovery Programme was put on hold in late March 2020 to allow the system to focus on the emergency response to the Covid-19 pandemic. Following the first Covid-19 wave certain elements of the programme were restarted to support the remobilisation and recovery agenda, in particular, work on a national initiative to 'schedule' unscheduled care, delivering low levels of delayed discharges and maintaining access to mental health services. It is expected that a focus on performance will be maintained throughout the second wave of Covid-19.

3.3 Highbank Inspection

Highbank Intermediate Care Centre received an unannounced virtual inspection from the Care Inspectorate at the beginning of November. Feedback received for the Inspector was very positive, raising inspection grade to 4 (very good). A formal report is expected soon, and will be incorporated into HSCP care governance workstreams.

3.4 Brexit

The UK ceased to be a member of the European Union on 31st January and have entered a negotiation transition period until 31 December 2020.

At the time of this update, negotiations are continuing, if an agreement cannot be met by 31st December, this will raise a number of challenges for Health and Social Care.

- Border disruptions have a high risk of causing delays and restrictions on the movement of medicines, medical devices and clinical consumables (MDCC). NHS Lothian has been working with procurement and pharmaceuticals to review all MDCC that could be affected and either find alternative suppliers or maintain a higher level of stock to maintain services while a new processes is implemented.
- The ending of freedom of movement for EU citizens is expected to result in a reduction of existing workforce and have ongoing repercussions for recruitment, NHS Lothian and Midlothian Council have been working with staff to assist EU settlement for existing employees and has carried out consultations with key partners (Care Homes and agencies) to ensure they are confident that they can maintain safe levels of staffing throughout this transitional period and beyond 31st December.
- Ongoing COVID Management - Midlothian HSCP has been working over the past few months to ensure that suitable levels of stock of PPE is available locally. Care Homes have been given a rolling stock of 8 weeks of staff testing kits to ensure compliance with COVID surveillance testing and this will be increased to other areas (care at home) once Scottish Government guidance becomes available on the testing programme for this service.
- A task force will be put in place to monitor and manage the delivery of services and provisions after 31st December. This work will cover health, social care and suppliers to monitor any key risk supply areas. Midlothian HSCP takes part in Strategic BREXIT groups for both NHS Lothian and Midlothian Council and this is the escalation route for any issues arising.

3.5 Winter preparedness

Midlothian HSCP presented its Winter plan 2020/21 to IJB in October. Since then, Scottish Government has published its Adult Social Care Winter Preparedness Plan 2020-21. This can be found at:

<https://www.gov.scot/publications/adult-social-care-winter-preparedness-plan-2020-21/>

The HSCP are cross referencing this with the local 2020/21 Winter plan, and the HSCP Delayed Discharge plan to ensure all elements covered, with relevant actions in place. Monitoring of performance is through the HSCP Winter planning group.

3.6 Psychological Therapies

A test of change in how Psychological Therapies are delivered within Midlothian is underway, and already there is a positive reduction in the waiting times. The pilot started in August when the waiting list was at its highest, with 420 people waiting to be seen (350 of these over 18 weeks). By the end of October this had reduced to 340 waiting (250 of these over 18 weeks). Whilst there is still much to do the team is feeling very positive and once the waits have reduced appropriately there are plans as to how to better embed the work into the overall multi-disciplinary approach delivered within No 11. Current trajectories suggest that Midlothian should be at zero waits by July 2021.

4 Policy Implications

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

5 Directions

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

6 Equalities Implications

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

7 Resource Implications

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

8 Risk

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

9 Involving people

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

10 Background Papers

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3402
DATE	23/11/2020

Appendices:

10th December 2020

Vision and Values

Item number: 5.3

Executive summary

In order to meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Midlothian Health & Social Care Partnership is required to publish a new strategic plan in 2022. An agreed vision is a key requirement of the strategic plan, as outlined in the 3-Step Improvement Framework for Scotland's Public Services 2013.

This report aims to update the board on the development of a new vision and values for the strategic plan 2022-2025.

Board members are asked to:

Review and approve the proposed new vision and values for the strategic plan 2022 - 2025

Vision and Values

1 Purpose

- 1.1 To update the board on the proposed final vision and values for the new strategic plan 2022-2025

2 Recommendations

- 2.1 As a result of this report Members being asked to: approve the proposed vision and values for the new strategic plan.

3 Background and main report

- 3.1 In order to meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Midlothian Health & Social Care Partnership is required to publish a new strategic plan in 2022. An agreed vision is a key requirement of the strategic plan, as outlined in the 3-Step Improvement Framework for Scotland's Public Services 2013.
- 3.2 The new vision and values will provide a foundation to support the process of drafting the new strategic plan.
- 3.3 The current vision and values were reviewed, and draft new vision and values were proposed. These were discussed at the Strategic Planning Group on 28th October and at the IJB Workshop on 12th November. These have also been discussed by Senior Management Team the Planning and Transformation Group.
- 3.4 The final proposed vision and values are:

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

New Values: Right support, right time, right place.

4 Policy Implications

- 4.1 Clarifying the values and vision of the IJB for 2022-2025 will shape the strategic commissioning plan 2022-25 and influence all future service delivery, redesign and commissioning.

5 Directions

- 5.1 Clarifying the vision and values of the IJB for 2022-2025 will affect the drafting of all future directions.

6 Equalities Implications

- 6.1 An Equality Impact Assessment will be undertaken on the Strategic Plan when it is drafted.

7 Resource Implications

- 7.1 The new vision and values will influence the drafting of the new strategic commissioning plan 2022-25 and all future service delivery, redesign and commissioning. This will impact resource allocation.

8 Risk

- 8.1 There is a risk of not meeting the legal obligation in relation to the preparation and publication of the strategic plan if timescales for development of the plan, including agreement of the new vision and values, are not met.

9 Involving people

- 9.1 The proposed new vision and values have been discussed by a wide range of stakeholders across the partnership including SMT and at the Planning and Transformation Group.
- 9.2 There will be public consultation on the new strategic plan from July to September 2021.

10 Background Papers

10.1

AUTHOR'S NAME	Lois Marshall
DESIGNATION	Assistant Strategic Programme Manager
CONTACT INFO	Lois.marshall@nhsllothian.scot.nhs.uk
DATE	1 st December 2020

Midlothian Integration Joint Board



Thursday 10th December, 2.00pm

Midlothian IJB Directions Update

Item number: 5.4

Executive summary

Midlothian IJB Directions were reviewed in October 2020 and reissued to the Chief Executives of Midlothian Council and NHS Lothian.

This report provides an interim review of progress on all Directions reissued in October 2020.

Board members are asked to:

- **Note the update of progress on Midlothian Integration Joint Board Directions to Midlothian Council and NHS Lothian**
- **Note the proposed change to Direction 1 Action iv**

Midlothian IJB Directions Update

1 Purpose

- 1.1 This report provides an interim review of progress on all Directions reissued in October 2020.

2 Recommendations

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

Note the update of progress on Midlothian Integration Joint Board Directions to Midlothian Council and NHS Lothian.

Note the proposed change to Direction 1 Action iv

3 Background and main report

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control and includes a requirement for IJBs to issue Directions to one or both of the NHS Lothian and the Midlothian Council.
- 3.2 Directions are the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. Directions therefore identify key changes that need to be progressed to support the delivery of health and care services in Midlothian. They are aligned to the Strategic Commissioning Plan 2019-22.
- 3.3 Directions were approved by Midlothian IJB on 16 April 2020 and formally issued to Midlothian Council and NHS Lothian for action in May 2020. The Directions were therefore issued as both organisations were managing responses to the COVID-19 pandemic. As a result they were reviewed by the IJB in October 2020 are reissued to the Chief Executives of Midlothian Council and NHS Lothian.
- 3.4 An interim review of progress on all Directions is reported in Appendix 1. This includes the proposed change to Direction 1 Action iv as outlined in the "Summary of Update"
- 3.5 It is noted that there is an opportunity to improve output and outcome measures for a small number of Directions. This is in hand and will compliment work in the Partnership to improve performance measures.

4 Policy Implications

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

5 Directions

- 5.1 This report relates to all existing Directions for 2020.

6 Equalities Implications

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

7 Resource Implications

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

8 Risk

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

9 Involving people

- 9.1 Lead officers across the Health and Social Care Partnership have been engaged in providing progress updates on the directions.
- 9.2 The Strategic Planning Group discussed the progress update on Directions at its meeting on 25th November 2020. This group includes community and service user representatives.
- 9.3 Community engagement on the planning and review of services related to Directions will continue.

10 Background Papers

10.1

AUTHOR'S NAME	Lois Marshall
DESIGNATION	Assistant Strategic Programme Manager
CONTACT INFO	Lois.marshall@nhsllothian.scot.nhs.uk
DATE	02/12/2020

Appendices: Appendix 1 Directions Tracker

Direction No	Action no	Direction	Approved at (Board Date)	Submitted To (Parent Org)	Lead Officer	Action	Summary of Update	RAG
1	1	1 IN-PATIENT HOSPITAL CARE	08/10/2020	NHS Lothian and Midlothian Council	Grace Cowan	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.	Working to implement the Home First approach within Midlothian. This work will continue over the next 6 months. Potentially Preventable Admissions review awaited.	
1	2	1 IN-PATIENT HOSPITAL CARE	08/10/2020	NHS Lothian and Midlothian Council	Alison White / Linda Ferrier	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.	Patients transferred and new ward space created, this was expedited due to covid, there are some works on the ward that need to be completed	
1	3	1 IN-PATIENT HOSPITAL CARE	08/10/2020	NHS Lothian and Midlothian Council	Grace Cowan	iii. Evaluate the impact of new approaches to In Reach including identifying patients suitable for Reablement in MOE wards by November 2020.	Inreach team lead (temp) in place revisiting roles and remit of team, allocation of work.	
1	4	1 IN-PATIENT HOSPITAL CARE	08/10/2020	NHS Lothian and Midlothian Council	Grace Cowan	iv. Increase further the proportion of patients admitted to the RIE as the local Acute Medical Unit	It is proposed that this action should be removed as there is no aim to increase the proportion of patients admitted to the RIE.	
1	5	1 IN-PATIENT HOSPITAL CARE	08/10/2020	NHS Lothian and Midlothian Council	Grace Cowan / Lianne Swadel	v. Implement Home First Model by April 2021 to focus on care in the right place, at the right time, by the right people.	Initial planning phase underway. Single Point of Access to be operational by early December 2020. Workforce planning discussions underway regarding the broader Home First approach.Updated IJB Workshop 12/11/2020	
1	6	1 IN-PATIENT HOSPITAL CARE	08/10/2020	NHS Lothian and Midlothian Council	Grace Cowan / Stuart Grant	vi. Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by December 2020.	To be progressed.	
1	7	1 IN-PATIENT HOSPITAL CARE	08/10/2020	NHS Lothian and Midlothian Council		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).	Not progressed as yet. Timeframe to be added.	
1	8	1 IN-PATIENT HOSPITAL CARE	08/10/2020	NHS Lothian and Midlothian Council	Mairi Simpson	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.	Acute sector representatives to be invited to IJB twice a year. In October 2020 Chief Officer for Acute Sector was asked to attend IJB and present plans on the remobilisation of Out-Patient Services. IJB schedule for 2021 under consideration and regular updates on budget position and acute developments and/or performance will be factored in.	
2	1	2 ACCIDENT AND EMERGENCY	08/10/2020	NHS Lothian	Mairi Simpson / Leah Friedman	i. Implement the support and/or review to frequent attenders at A&E by Jan 2021.	Discussions with partners at E&E and within local services has taken place. Different model proposed. To be reconsidered at Planning Group in December. Nurse vacancy advertised.	
2	2	2 ACCIDENT AND EMERGENCY	08/10/2020	NHS Lothian	Jamie Megaw	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.	CTAC implementation has commenced. Interviews for CTAC staff organised for first week of November. Phase 1 of CTAC implementation will take place in three General Practices. HSCP has been working with practice leads since summer 2020 and practice teams are being supported to prepare for changes with new approach developed with NHS Lothian Psychology	

2	2 ACCIDENT AND 3 EMERGENCY	08/10/2020	NHS Lothian	Debbie Crerar	iii. Implement community pathways for Musculoskeletal physiotherapy and older people's assessment in line with national plans around scheduling unscheduled care by March 2021.	In progress	
2	2 ACCIDENT AND 4 EMERGENCY	08/10/2020	NHS Lothian	Grace Cowan	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.	Plans at early stage.	
2	2 ACCIDENT AND 5 EMERGENCY	08/10/2020	NHS Lothian	Jamie Megaw	v. Implement the new performance frameworks to determine the impact of community services in reducing A&E attendances and unscheduled admissions by March 2021.	Work underway to improve the performance frameworks for the IJB and HSCP. Currently meeting with named leads in the plan to review progress against actions and ensure all points are relevant and up to date, especially in light of changes due to the pandemic. Looking to provide an annual update against all actions which will also feed into the strategic plan update, with a direction of travel for the 2021-22 year. The plan is being overseen by the Acute Services Planning Group which is chaired by the Chief Officer, and the updated plan will go through this group, the Hospital Management Group, and the Strategic Planning Group.	
2	2 ACCIDENT AND 6 EMERGENCY	08/10/2020	NHS Lothian	Leah Friedman	vi. Monitor the implementation of the Midlothian Acute Service Plan 19-22 bi-monthly.		
2	2 ACCIDENT AND 7 EMERGENCY	08/10/2020	NHS Lothian	Grace Cowan / Lianne Swadel	vii. Continue to reshape pathways to ensure people access community based services wherever viable.	Single Point of Access being implemented by Dec 1 2020, initially 5 days a week 8am-5pm. Following recruitment of 2 more staff, will move to 7 days a week 8am-5pm	
3	3 MIDLOTHIAN COMMUNITY 1 HOSPITAL	08/10/2020	NHS Lothian and Midlothian Council	Grace Cowan	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.	Delayed by COVID pandemic. Meetings have started with WGH oncology service to reconvene this work	
3	3 MIDLOTHIAN COMMUNITY 2 HOSPITAL	08/10/2020	NHS Lothian and Midlothian Council	Grace Cowan	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.	Plans progressing. Intention is to open ward mid January 2021.	
4	4 PALLIATIVE 1 CARE	08/10/2020	NHS Lothian and Midlothian Council	Hamish Reid	i. Increase the accuracy of the Palliative Care Registers in GP practices by March 2021.	Practices continue to participate in the palliative care enhanced service. All practices maintain palliative care registers and review their numbers annually. All practices hold MDT meetings to discuss their palliative patients. The GP quality cluster see palliative care as a priority for quality improvement work.	
4	4 PALLIATIVE 2 CARE	08/10/2020	NHS Lothian and Midlothian Council	Tom Welsh	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.	To be completed prior to March 2021	
4	4 PALLIATIVE 3 CARE	08/10/2020	NHS Lothian and Midlothian Council	Caroline Myles	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).	Slight delay in starting project due to COVID situation. Project group established and operational lead now in place. Currently in early stages of implementing the project and detailed plan in place	

			NHS Lothian and Midlothian Council	Caroline Myles / Lynne Paton	iv. Develop a palliative Care Champion Network across Midlothian care homes by March 2021	Link roles identified for MCH DN and care homes. Currently being updated as a number of staff movements	
4	4	PALLIATIVE CARE	08/10/2020		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	There has been some delay in this programme due to COVID response. CTAC development was delayed by now started. Vaccination programme also delayed but recent flu vaccination programme by HSCP has provided valuable learning for the full transfer of the flu vaccination programme from General Practice in 2021	
5	1	5 PRIMARY MEDICAL SERVICES	08/10/2020	NHS Lothian	Jamie Megaw		
5	2	5 PRIMARY MEDICAL SERVICES	08/10/2020	NHS Lothian	Hamish Reid	ii. The Prescribing Plan should continue to be implemented building upon the success achieved in 2019/20.	Work progressed.
6	1	6 COMMUNITY HEALTH SERVICES	08/10/2020	NHS Lothian	Caroline Myles	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.	Further work taking place within service around governance. Agency use has reduced due to the implementation of enhanced support for the team and improved working arrangements which have reduced absence rates and improved staff retention. Each HSCP put additional funds into the service and and overspend due to agency use would be split between the HSCP.
6	2	6 COMMUNITY HEALTH SERVICES	08/10/2020	NHS Lothian	Stuart Grant / Grace Cowan	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).	delayed due to pandemic and increase in workload for this service will be picked up now in the devleopment of home first model
6	3	6 COMMUNITY HEALTH SERVICES	08/10/2020	NHS Lothian	Jamie Megaw	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.	The efrailty population health management programme has pivoted during COVID19 with Red Cross taking on lead with regular welfare calls to almost everyone identified with moderate or severe frailty. MidMed and the Penicuik MDM have continued with the MDM moving to online. New working commencing using data to learn how hospital admissions can be used to trigger a proactive community response to address underlying issues and potentially prevent a readmission (60% of severely frail admissions result in a readmission within 6/12. The Frailty learning collaborative continues to meet virtually.
6	4	6 COMMUNITY HEALTH SERVICES	08/10/2020	NHS Lothian	Jamie Megaw	iv. Work to ensure our frailty services are accessible to people under 65 years.	No progress.
7	1	7 DENTAL; OPTHALMIC and AUDIOLOGY SERVICES	08/10/2020	NHS Lothian	Hamish Reid / Roxanne King	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.	There is not a plan to progress this at this time.
7	2	7 DENTAL; OPTHALMIC and AUDIOLOGY SERVICES	08/10/2020	NHS Lothian	Sarah Archibald	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.	There is no annual survey for adults at a Midlothian level as indicated in the latest 2019 Joint Needs Assessment. Work is underway with the Public Health Dental Consultant to obtain data at a local level to support improvement.

7	3	7 DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	08/10/2020	NHS Lothian	Hamish Reid / Sarah Archibald	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.	There is no annual survey for adults at a Midlothian level as indicated in the latest 2019 Joint Needs Assessment. Work is underway with the Public Health Dental Consultant to obtain data at a local level to support improvement.	
7	4	7 DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	08/10/2020	NHS Lothian	Hamish Reid / Sarah Archibald	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.	Not progressed.	
7	5	7 DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	08/10/2020	NHS Lothian	Hamish Reid	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.	Community optometrists continue to develop their role as "first port of call" for patients with eye problems. This allows patients to be seen close to home and receive appropriate treatment for a range of eye conditions including painful eyes, watery eyes, loss of vision, foreign body removal, eye infections and more. Many practices now have a prescribing optometrist to treat a wider range of eye conditions which traditionally would have to go to hospital. The new Pharmacy First service with a clear referral programme will allow more patients to receive treatment without having to visit their GP for a prescription. The first cohort of community glaucoma specialist optometrists is about to complete their training which will allow patients to have their glaucoma review at a local practice instead of in hospital. This will free up valuable clinic time in the hospital and allow patients to have their regular care in a more convenient location.	?
8	1	8 OLDER PEOPLE	08/10/2020	NHS Lothian and Midlothian Council	Jamie Megaw	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).	The efrailty population health management programme has pivoted during COVID19 with Red Cross taking on lead with regular welfare calls to almost everyone identified with moderate or severe frailty. MidMed and the Penicuik MDM have continued with the MDM moving to online. New working commencing using data to learn how hospital admissions can be used to trigger a proactive community response to address underlying issues and potentially prevent a readmission (60% of severely frail admissions result in a readmission within 6/12. The Frailty learning collaborative continues to meet virtually.	
8	2	8 OLDER PEOPLE	08/10/2020	NHS Lothian and Midlothian Council	Anthea Fraser	ii. The Care Home Strategy should be implemented, including the full establishment of the Care Home Support Team by November 2020.	Implemented and recruitment almost complete	
8	3	8 OLDER PEOPLE	08/10/2020	NHS Lothian and Midlothian Council	Anthea Fraser	iii. Explore all options to offer day care/support to people in Midlothian who are isolated and implement plan by October 2020.	More options being explored but day care suspended due to Covid however a range of telephone contact, skype, digital meet ups etc being considered/some plans in place.	
8	4	8 OLDER PEOPLE	08/10/2020	NHS Lothian and Midlothian Council	Anthea Fraser	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	Residential Respite suspended due to Covid but about to recommence at Cowan Court as an interim measure. Other forms of respite have been explored such as extension of wee breaks, companionship support etc	
8	5	8 OLDER PEOPLE	08/10/2020	NHS Lothian and Midlothian Council	Anthea Fraser	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.	As above	

8	8 OLDER 6 PEOPLE 9 PHYSICAL DISABILITY AND LONG TERM 1 CONDITIONS 9 PHYSICAL DISABILITY AND LONG TERM	08/10/2020	NHS Lothian and Midlothian Council	Jamie Megaw / Anthea Fraser	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)	The efrailty population health management programme has pivoted during COVID19 with Red Cross taking on lead with regular welfare calls to almost everyone identified with moderate or severe frailty. MidMed and the Penicuik MDM have continued with the MDM moving to online. New working commencing using data to learn how hospital admissions can be used to trigger a proactive community response to address underlying issues and potentially prevent a readmission (60% of severely frail admissions result in a readmission within 6/12. The Frailty learning collaborative continues to meet virtually.	
9	1 CONDITIONS 9 PHYSICAL DISABILITY AND LONG TERM	08/10/2020	NHS Lothian and Midlothian Council	Graham Kilpatrick / Jayne Lewis	i. All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by March 2021.	This work has been put on hold as service providers are focussing on COVID-19 response.	
9	2 CONDITIONS 9 PHYSICAL DISABILITY AND LONG TERM	08/10/2020	NHS Lothian and Midlothian Council	Alison White	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	Following a break at the early stages of covid the planning meeting is back up and running with a number of key workstreams being progressed. There is a delay in the changes to AA	
9	3 CONDITIONS 9 PHYSICAL DISABILITY AND LONG TERM	08/10/2020	NHS Lothian and Midlothian Council	Graham Kilpatrick / Jayne Lewis	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)	Group was established to progress this, but has impacted by COVID prioritising other other areas of work. Planned restart of this activity in the new year. Opportunity to participate in Housing Strategy Consultation in November 2020.	?
9	4 CONDITIONS 9 PHYSICAL DISABILITY AND LONG TERM	08/10/2020	NHS Lothian and Midlothian Council	Gillian Chapman	iv. (Midlothian extra care housing commitments are described in Direction 16)	The actions remain ongoing and on-schedule for the identified timescales indicated.	
9	5 CONDITIONS 9 PHYSICAL DISABILITY AND LONG TERM	08/10/2020	NHS Lothian and Midlothian Council	Graham Kilpatrick	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	Work to review this is ongoing.	
9	6 CONDITIONS	08/10/2020	NHS Lothian and Midlothian Council	Sarah Archibald	vi. Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and CHD) by March 2021	This was paused due to the Covid-19 pandemic repsonse. Work is beginning to understand exisiting pathways of support for those living with T2D and CHD in Midlothian. Whole system workshop involving all CPP thematic groups on 18/11/2020. Project to review and redesign day services to reduce costs including transport was suspended due to Covid-19. This is now being progressed as part of the Covid-19 recovery plan with a focus on re-establishing and building up centre based services within the restriction of current guidance and supplemented by home based, community based, and on line using new models of support.	
10	10 LEARNING 1 DISABILITY	08/10/2020	NHS Lothian and Midlothian Council	Graham Kilpatrick	i. Review day care provision and associated costs inc transport by December 2020.	83 Bonnyrigg High Street Site- preparation complete and Design Brief for 20 flats submitted to architect for detailed drawing. Primrose Lodge, Loanhead, design and costings complete.	
10	10 LEARNING 2 DISABILITY	08/10/2020	NHS Lothian and Midlothian Council	Graham Kilpatrick / Duncan Mcintyre	ii. Support the delivery of new housing models–initially in Bonnyrigg by 2021.	Support tender to be developed.	

10	10 LEARNING 3 DISABILITY	08/10/2020	NHS Lothian and Midlothian Council	Graham Kilpatrick	iii. The arrangements for transport should be subject to a full review with a view to creating efficiencies and reducing expenditure by December 2020.	Review Officer recruited but diverted to remobilisation of Adult Day Services and associated transport.	?
10	10 LEARNING 4 DISABILITY	08/10/2020	NHS Lothian and Midlothian Council	Duncan Mcintyre	iv. Strengthen joint working of Learning Disability Services and care providers.	Fortnightly meetings of the Learning Disability Providers' Forum and Day Service Providers' Forum working on remobilisation of services and development of new support models.	
10	10 LEARNING 5 DISABILITY	08/10/2020	NHS Lothian and Midlothian Council	Duncan Mcintyre	v. A review of the services available for diagnosis and support to people with autism should be undertaken by March 2021.	Delayed by COVID pandemic. New models of support for Autistic people being developed as part of COVID remobilisation and recovery plan. Strategy Group to be reconvened. Implementation has been impacted by COVID but the steering group and training sub group have now reconvened.	?
10	10 LEARNING 6 DISABILITY	08/10/2020	NHS Lothian and Midlothian Council	Duncan Mcintyre	vi. Positive Behavioural Support approaches to be embedded in all Learning Disability services by March 2021.	Practitioner Training resources and a competency framework being developed. Training comprises two levels – part one has been trialed and evaluated positively.	
11	11 MENTAL 1 HEALTH	08/10/2020	NHS Lothian and Midlothian Council	Sheena Lowrie	i. Explore options for recovery for people experiencing poor mental health through development of community based housing with access to appropriate support. Timeframes dependent on next phase of developments at Royal Edinburgh Hospital.	Part two is ready to be trialed.	
11	11 MENTAL 2 HEALTH	08/10/2020	NHS Lothian and Midlothian Council	Alison White	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.	Not progressed awaiting outcome to Direction 59 (Direction 11, Action 8)	
11	11 MENTAL 3 HEALTH	08/10/2020	NHS Lothian and Midlothian Council	Rebecca Hilton	iii. Continue close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.	Staff survey underway, will result in review of building meeting structure and identify additional training required.	
11	11 MENTAL 4 HEALTH	08/10/2020	NHS Lothian and Midlothian Council	Sheena Lowrie / Mairi Simpson / Mairi MacKay	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 this 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	Housing First model in early stages of implementation- being monitored/ evaluated regularly. Housing First was delayed due to Covid (now live). Stakeholders reflective session planned to bring people together. Housing and Housing First staff beginning to attend Good Conversations and Trauma training and training for HSCP teams on changes to housing legislation planned. Planned HSCP session on draft Local Housing Strategy to provide co-ordinated feedback.	
11	11 MENTAL 5 HEALTH	08/10/2020	NHS Lothian and Midlothian Council	Alison White	v. Implement a recovery plan to deliver a substantial improvement in waiting times for psychological therapy by March 2021.	All GP practices covered (minus turnover in 1) by Primary Care MH Nurses. Roll out of OT provision next. Mental health collaborative continues to meet monthly and has began to develop specific tests of change to coordinate community mental health services in Midlothian. Primary Care Mental Health Nurses cover all 12 GP practices providing support across Midlothian. Wellbeing Service in all GP Practices. 1324 referrals 2019. Significant increase in WEMWBS, coping and confidence scores. Test of change underway with PTS waiting list initiative- some positive early results seen in waiting times. The pilot started in August when the list was at its highest with 420 people waiting to be seen (350 of these over 18 weeks). By the end of October this had reduced to 340 waiting (250 of these over 18 weeks). Whilst there is still much to do the team is feeling very positive and once we have reduced the waits appropriately there are plans as to how to better embed their work into the overall multi-disciplinary approach delivered within No 11.	

11	11 MENTAL 6 HEALTH	08/10/2020	NHS Lothian and Midlothian Council	Sheena Lowrie / Jim Sherval	vi. Update Suicide Prevention Action Plan to include Scottish Government's 4 new priorities. Implement and review effectiveness of Action Plan by March 2021	Suicide prevention action plan reviewed and a focus on economic impact of Covid on mental health and risk of suicide. Statutory and third sector working together to review support for people in distress. Review of effectiveness of Action Plan will be completed by March 2021	
11	11 MENTAL 7 HEALTH	08/10/2020	NHS Lothian and Midlothian Council	Sheena Lowrie / Kaye Skey	vii. Work with partners to redesign and commission community based mental health supports by July 2021.	Stakeholder and people who use consultation complete and informing service specifications. On target to implement key milestones. Invitation to Tender will be issued by 11 Jan 2021	
11	11 MENTAL 8 HEALTH	08/10/2020	NHS Lothian and Midlothian Council	Alison White	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.	MH&SCP are well embedded in the plans for phase 2 of REH rehab plans, no details are set as yet for this provision to be progressed As part of Quality Improvement meetings, all services have been asked how they have involved clients in the planning, delivery and reviewing of their individual care. This has been challenging through the pandemic but services have used phone, video platforms and essential 1 to 1 meetings to provide care. MELD has undertaken an extensive evaluation involving some 80+ clients to better understand those aspects of current service delivery that needs to be retained.	
12	12 SUBSTANCE 1 MISUSE	08/10/2020	NHS Lothian and Midlothian Council	Martin Bonnar / Kaye Skey	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.	As part of Quality Improvement meetings, MELDAP have asked services how they have involved people in ongoing development of the service.	
12	12 SUBSTANCE 2 MISUSE	08/10/2020	NHS Lothian and Midlothian Council	Martin Bonnar	ii. Evidence that people using MELDAP funded services contribute to ongoing development of the service.	Preliminary work was started to recruit two people with lived/living experience. This work has been paused during the Covid 19 pandemic	
12	12 SUBSTANCE 3 MISUSE	08/10/2020	NHS Lothian and Midlothian Council	Martin Bonnar / Alison White	iii. People with lived experience to be members of the MELDAP Strategic Group	MH&SCP/MELDAP have introduced one further paid Peer Supporter in Midlothian. The programme of peer volunteer training has been paused because of Covid-19 related restrictions. The Recovery College has continued to provide online classes for students. It has purchased laptops and Chromebooks to ensure students have access to these courses. Face to face support has been restarted. In the last year 97% of students have achieved a qualification, 10 students became SMART peer trainers and 10 students progressed into employment.	
12	12 SUBSTANCE 4 MISUSE	08/10/2020	NHS Lothian and Midlothian Council	Martin Bonnar	iv. MH&SCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by March 2021.	This work had been increasing with the further development of the Womens Supper session and delivery of SMART Recovery Groups in No11 and the Welfare Hall in Dalkeith. However as a result of COVID 19, this work has had to be curtailed. One further SMART Recovery Group with a focus for armed forces veterans, did begin in the summer of 2020, using on line video platforms. There are between 4-6 veterans who attend this group weekly.	
12	12 SUBSTANCE 5 MISUSE	08/10/2020	NHS Lothian and Midlothian Council	Martin Bonnar	v. Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by March 2021.		
12	12 SUBSTANCE 6 MISUSE	08/10/2020	NHS Lothian and Midlothian Council	Martin Bonnar / Alison White / Kaye Skey	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		

13	13 JUSTICE SOCIAL 1 WORK	08/10/2020	Midlothian Council	Fiona Kennedy	i. Strengthen efforts and partnership working to enable people on Community Payback Orders to achieve qualifications by March 2021.	Internally Unpaid Work staff are delivering Health and Safety and First Aid certificated training courses. These courses are delivered at SCQF level 4 and are good preparatory courses for clients to build their confidence and motivation to undertake further training. The Unpaid Work Team have 35 clients having completed these courses during the current financial year. To develop a training and education pathway for unpaid clients the team have been working with Midlothian's Life Long Learning Team (CLL) to offer two courses. The 1st is "Introduction to Wellbeing" and this course is due to run from the 11th November 2020. This course is one of many that can be offered by CLL and it is hoped this pilot will lead to further courses being offered to UPW clients. A 2nd option available through CLL is CSCS card training which is the construction industry required Health and Safety Certificate. 5 client from unpaid work have completed this award with 2 of these 5 using the certificate to gain employment on building sites. The UPW Team support clients by applying for funding through the Individual Training Account and building client's knowledge to support their learning. The Team have also put in a bid for funding to the Job Centre to run intensive training for unpaid work clients in partnership with CLL and Newbattle Abbey college. This would provide 8 weeks of intensive training where clients will have the opportunity to gain certificates and qualifications. We are waiting for the outcome of this funding bid. The Team also have a long term partnership with Newbattle Abbey College however the 4 Rural skills courses usually offered by the college have not went ahead in 2020 due to Covid 19 restrictions.
13	13 JUSTICE SOCIAL 2 WORK	08/10/2020	Midlothian Council NHS Lothian and Midlothian Council	Fiona Kennedy	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	There are a number of new and continuing initiatives undertaken by the peer support scheme. Peer Support training continues to run 4 times annually and consists of a 6 week course. Further, Health in Mind are delivering a Personal Development Award in Mental Health which is an SQA approved qualification; this will be ran in conjunction with the Peer Support Training. Developmental opportunities have included a MENS group in partnership with MENSHARE and Bonnyrigg Rose Football Club. There is a weekly Peer led Anxiety and Depression Group for men and women and a boxing club to assist with low mood and wellbeing. A low threshold clinic for the most chaotic drug users sees Peer workers in partnership with Substance Misuse Service (SMS) staff to deliver a weekly drop-in clinic. Ongoing development opportunities include a recovery cafe within HMP Edinburgh, peers supporting service user who utilise No 11 and service user evaluation/Justice focus groups. A female peer support has been recruited with a specific remit to work in partnership with SMS and Justice. She was attending Spring (women's service) on a weekly basis, with the focus on building relationships with the women and supporting them at the time where they were motivated to engage. The peer support worker has also attended Spring team meetings and weekly briefings to provide a service user perspective to service provision. Going forward it is hoped she will be linked in with the Women's Supper Club. Peer support workers continue to be a valuable assist within No 11. Work on the strategy has been interrupted by the pandemic. However, this delay has allowed progression of the Carer Support & Service Review and accompanying consultation. The feedback material gathered from the consultation will be used to update the carers strategy and Action Plan.
14	14 UNPAID 1 CARERS	08/10/2020	Midlothian Council	Shelagh Swithenbank	i. Develop a carer Strategic Statement as required by the Carers Act 2018 by October 2020.	

14	14 UNPAID 2 CARERS	08/10/2020	NHS Lothian and Midlothian Council	Shelagh Swithenbank	ii. Work collaboratively with carers and stakeholders to redesign services that provide support to carers by March 2021.	Workshops beginning the review and re-commissioning process began in early 2020. Sufficient progress was made, that after a pause due to COVID work priorities, work was able to resume early summer and a staff/public/stakeholder consultation was undertaken August - September. This material is being finalised in a consultation report, and is being used to prepare the specification for re-commissioned carer services, contract start date 1st July 2021.	
14	14 UNPAID 3 CARERS	08/10/2020	NHS Lothian and Midlothian Council	Shelagh Swithenbank	iii. Improve carer identification through connections to services, and through information to the public to support self-identification by March 2021.	Carer identification is a priority within the Carer Strategy and future commissioning of carer support services. Scottish Government are preparing to launch a carer marketing campaign in November 2020, this will be promoted in Midlothian in partnership with local third sector partners. New carer support service contracts to begin 1st July 2021.	
14	14 UNPAID 4 CARERS	08/10/2020	NHS Lothian and Midlothian Council	Shelagh Swithenbank	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.	Reporting and evaluation framework will be developed to support commissioning of new carer support services. New carer support service contracts beginning 1st July 2021. Re-commissioning of care at home is underway and planned to be in place in September 2021. Contracts extended until 30 August 2021. Project team re-established. Project plan in place. Human rights based approach being followed. Consultation to run from Monday 16 November - Friday 18 December.	
15	15 CARE AT 1 HOME	08/10/2020	Midlothian Council	Anthea Fraser / Catherine Evans	i. By December 2020 re-commission care at home services in line with the Vision statement approved by the IJB in January 2020.		
15	15 CARE AT 2 HOME	08/10/2020	Midlothian Council	Anthea Fraser	ii. Workforce – develop a multifaceted workforce plan that includes council and external providers by December 2020.	Workforce plan in place	
15	15 CARE AT 3 HOME	08/10/2020	Midlothian Council	Anthea Fraser	iii. Work closely with Intermediate Care to provide reablement following hospital discharge to promote optimum level of function by March 2021	Partnership working with intermediate care is in place and further reablement training is in the process of being delivered to RR carers	
16	16 HOUSING (Including Aids and Adaptations)	08/10/2020	NHS Lothian and Midlothian Council	Gillian Chapman	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.	The actions remain ongoing and on-schedule for the identified timescales indicated.	
16	16 HOUSING (Including Aids and Adaptations)	08/10/2020	NHS Lothian and Midlothian Council	Gillian Chapman	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	the actions remain ongoing and on-schedule for the identified timescales indicated.	
16	16 HOUSING (Including Aids and Adaptations)	08/10/2020	NHS Lothian and Midlothian Council	Aileen Murray / Catriona Luff	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.	First virtual training for professional staff group on housing solutions starting wk beg 2/11/2020. Rolling out full training programme next year if possible. Taking part in train the trainers course to allow us to develop a programme to support other AHPS, assistants and third sector agencies with minor adaptations and detail about the major adaptation processes and decision making.	
16	16 HOUSING (Including Aids and Adaptations)	08/10/2020	NHS Lothian and Midlothian Council	Rebecca Hilton	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.	Housing First was delayed due to Covid (now live). Stakeholders reflective session planned to bring people together. Housing and Housing First staff beginning to attend Good Conversations and Trauma training and training for HSCP teams on changes to housing legislation planned. Planned HSCP session on draft Local Housing Strategy to provide co-ordinated feedback.	

16	16 HOUSING (Including Aids and Adaptations)	08/10/2020	NHS Lothian and Midlothian Council	Jamie Megaw	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.	There has been some involvement regarding GP facilities. Initial Agreement application submitted to Scottish Government for a new practice in Danderhall/Shawfair. Further involvement regarding town planning to be progressed.
16	16 HOUSING (Including Aids and Adaptations)	08/10/2020	NHS Lothian and Midlothian Council	Aileen Murray / Catriona Luff	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.	We continue to provide our triage service which supports people with early conversations about housing and if adaptations will be the best long solution, therefore completing anticipatory care meetings regarding adaptations and housing needs.
17	17 INTERMEDIA 1 TE CARE	08/10/2020	NHS Lothian and Midlothian Council	Grace Cowan / Stuart Grant	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.	Single Point of Access to in place by Dec 2020 - plans underway. Plan awaited.
17	17 INTERMEDIA 2 TE CARE	08/10/2020	NHS Lothian and Midlothian Council	Gillian Chapman	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.	1 x ECH flat at Hawthorn Gardens agreed with Trust HA and in preparation – ready for occupation December 2020. Cowan Court ECH IC flat agreed by SMT for temporary change of use to respite for 6 months from December 2020. 3 x IC flats included in ECH New build projects at Gore Avenue, Gorebridge, Newmills Rd Dalkeith, St Mary's PS Bonnyrigg - estimated completion range from December 2022 – summer 2023.
18	18 ADULT PROTECTION AND DOMESTIC 1 ABUSE	08/10/2020	NHS Lothian and Midlothian Council	Alison White	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.	This has been monitored via PPU L&D group, due to covid there has been less feedback than hoped but still being monitored
18	18 ADULT PROTECTION AND DOMESTIC 2 ABUSE	08/10/2020	NHS Lothian and Midlothian Council	Alison White	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.	This is completed
18	18 ADULT PROTECTION AND DOMESTIC 3 ABUSE	08/10/2020	NHS Lothian and Midlothian Council	Alison White / Veronica Campanile	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.	Services for women and children in place - details on the effectiveness awaited.
18	18 ADULT PROTECTION AND DOMESTIC 4 ABUSE	08/10/2020	NHS Lothian and Midlothian Council	Alison White / Veronica Campanile	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	Work underway to ensure S&T embedded, local working group monitoring this and justice team supporting this work

18	5	18 ADULT PROTECTION AND DOMESTIC ABUSE	08/10/2020	NHS Lothian and Midlothian Council	Alison White	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	This is completed	
18	6	18 ADULT PROTECTION AND DOMESTIC ABUSE	08/10/2020	NHS Lothian and Midlothian Council	Alison White	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.	Monitored via HR colleagues, it has now been implemented	
19	1	19 PUBLIC HEALTH	08/10/2020	NHS Lothian	Tracey Mcleod	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).	Due to Covid Training was suspended in March and recommenced in August. To date 29 have attended GC and 64 have attended Bite Size	
19	2	19 PUBLIC HEALTH	08/10/2020	NHS Lothian	Morag Nicholson / Sarah Archibald	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.	Work continues to support implementation of a whole system Type 2 diabetes strategy as part of regional planning and as a Scottish Government early adopter site. Work has taken place to increase Tier 2 adult weight management programmes by 50% (although this delivery has been halted by the Covid-19 pandemic response). The HSCP led a successful bid for an additional £60,000 to support whole systems work in the locality of Mayfield and Easthouses.	
19	3	19 PUBLIC HEALTH	08/10/2020	NHS Lothian	Morag Nicholson / Jim Sherval	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.	A PH action plan was in progress but it has been seriously disrupted by COVID-19. Many public health staff have been shifted to work on the response to the Pandemic at various times over the last 9 months.	?
19	4	19 PUBLIC HEALTH	08/10/2020	NHS Lothian	Jim Sherval	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.	The pandemic response has greatly disrupted this work and will continue to do so for some time.	
19	5	19 PUBLIC HEALTH	08/10/2020	NHS Lothian	Mairi Simpson	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.	The Public Health Review (led by Jim Crombie and Katie Dee) has been delayed. Expected end December 2020.	
19	6	19 PUBLIC HEALTH	08/10/2020	NHS Lothian	Mairi Simpson	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.	In progress. Research commissioned by Public Health and Southampton University was paused during the pandemic but will restart.	
19	7	19 PUBLIC HEALTH	08/10/2020	NHS Lothian	Morag Barrow/ Jim Sherval / Sarah Archibald	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.	This has not happened yet. As additional context there is an ongoing NHSL Public Health review which may have implications for this action.	
19	8	19 PUBLIC HEALTH	08/10/2020	NHS Lothian	Sandra Bagnall	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.	In progress. The ICJ will be established by January 2021 not September 2020	

19	19 PUBLIC 9 HEALTH	08/10/2020	NHS Lothian	Sheena Lowrie	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.	Delivery method changed to online due to Covid-19. and 20 level 1 events have been organised taking place between September 30th and November 25th 2020. Capacity 300
19	19 PUBLIC 10 HEALTH	08/10/2020	NHS Lothian	Rebecca Hilton	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.	Agreement for the creation of a dedicated smoking in pregnancy Quit Your Way Midlothian post. Job description with NHS matching. Delays in progress resulting from Covid and NHS Public Health Review. Interim work strengthening rapport and relationships between key teams, reviewing training needs and dedicated telephone support. Quit rates have begun to increase.
20	20 SERVICES TO PEOPLE 1 UNDER 18YRS	08/10/2020	NHS Lothian	Caroline Myles	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.	Recruitment for HV remain central within NHS Lothian. Additional NN and Admin still required for HV teams. UP now fully implemented but levels achieved affected by COVID but also by unfilled vacancies, HV currently managing larger caseloads and being supported by NN. Nursing structure not yet reviewed. Delayed due to COVID. Will aim to progress over coming couple of months
20	20 SERVICES TO PEOPLE 4 UNDER 18YRS	08/10/2020	NHS Lothian	Caroline Myles	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.	with Healthy Respect Team Lead, to re-open Healthy Respect Drop Ins, safely. Drop Ins, provide support, and advice as well as health promotion, sexual health advice and condoms. Offer 1-1 about stopping smoking, substance misuse, drinking or emotional health and well being. School nurse are now attending the Multi-Agency Risk Assessment Conference (MARAC), to identify vulnerable young people, to offer support or sign post to the relevant agencies. The school nursing team have worked closely with education, educational psychologists and Children and families workers to provide Headstrong, a transition programme for primary 7 children. During the pandemic, produced a virtual Headstrong that primary 7 children completed at home. This went out to every P7 child within Midlothian. School nurses attend Transition forums and from this identify children who are needing more support, guidance, or health care plans written prior to commencing high school. Moving forward, to look at transition into primary 1, health visiting and school nurses plan to meet and start the transition process earlier, possibly February, to allow for introduction to families, to attend Child Planning Meetings and to be able to complete health care plans if required, as well as supporting education staff with training for additional health needs. The school nursing team and the Looked After Children Nurses, work closely together, and have regular meetings to identify, the Care Experienced young people in our community and to address who is best placed to carry out the interventions required. The team regularly receive invites for LAC reviews, and attend these when appropriate. School nursing continue to liaise with education and the management staff in schools, to ascertain who the vulnerable children and families are
20	20 SERVICES TO PEOPLE 5 UNDER 18YRS	08/10/2020	NHS Lothian	Caroline Myles	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.	0-5 immunisation team now managed alongside HV team within Midlothian. Some ongoing recruitment. Some lothian-wide developments within Child Health Services are still ongoing. For example the telephone call and recall system being centralised. Immunisation rates in Midlothian remain good.
21	21 ALLIED HEALTH PROFESSION 1 ALS	08/10/2020	NHS Lothian and Midlothian Council	Debbie Crerar	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.	In progress

21	2	21 ALLIED HEALTH PROFESSION	08/10/2020	NHS Lothian and Midlothian Council	Sheena Wight	ii. Develop a Falls Prevention plan and associated performance measures by September 2020.	Plan is at early draft stage. Group in place.	
21	3	21 ALLIED HEALTH PROFESSION	08/10/2020	NHS Lothian and Midlothian Council	Sheena Wight / Grace Cowan	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	To be progressed.	
21	4	21 ALLIED HEALTH PROFESSION	08/10/2020	NHS Lothian and Midlothian Council	Sheena Wight / Grace Cowan	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.	To be progressed	
21	5	21 ALLIED HEALTH PROFESSION	08/10/2020	NHS Lothian and Midlothian Council	Sarah Archibald	v. Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by March 2021.	This work has been delayed due to the Covid-19 pandemic response.	
22	1	22 DIGITAL DEVELOPME	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	i. Identify business partner representative(s) from eHealth[1] and Digital Services[2] respectively to support the new Partnership governance planning meetings and strengthen closer working links for developing future strategic deliverables (e.g. TrakCare changes).	Existing contacts remains most appropriate within Council and Health. Both teams committed to supporting. Still need to settle into governance structure - Council reforming theirs at highest level and HSCP needs to fit into this.	
22	2	22 DIGITAL DEVELOPME	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl / Mairi Simpson	ii. eHealth to deliver on work to develop a data capture tool for use by the Midlothian Wellbeing Service by November 2020.	Not progressed during COVID. However alternative support from LIST colleagues has proved valuable. Backdated analysis completed to end 2019. Currently working on 2020 data.	
22	3	22 DIGITAL DEVELOPME	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	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 2020[3].	Progress made with Health data within existing infrastructure to work around issue with temporary fix. Technical integration still required. Council may have more time to dedicate to this now that CGI review is ended.	
22	4	22 DIGITAL DEVELOPME	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	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 2020[4].	See above (prerequisite) step.	
22	5	22 DIGITAL DEVELOPME	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	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.	Covid and Near Me roll out added huge pressure to eHealth to review and provide these requirements for most teams in Lothian. Awaiting contact from central team.	
22	6	22 DIGITAL DEVELOPME	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	vi. Digital Services to have completed the migration of Mosaic to the remote hosted service by Q3[5] of FY 2020/21.	This is complete - there were glitches into early November	

22	22 DIGITAL DEVELOPME 7 NT	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	vii. eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:	Covid brought this forward as core eHealth programme.	
22	22 DIGITAL DEVELOPME 7.1 NT	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	a) Attend Anywhere simply as a contact modality	This is now in use in several service areas. Other potential areas to be explored.	
22	22 DIGITAL DEVELOPME 7.2 NT	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	b) Attend Anywhere as a fully functional clinic solution with all necessary associated Trak developments.	Core NHS Lothian project to develop this being explored.	
22	22 DIGITAL DEVELOPME 7.3 NT	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	c) Digital Services to enable Council Care Teams to access Near Me under existing national licence	Licencing issues for the Council - Attend Anywhere (what powers Near Me) only licenced for Health and Care, council concerns far larger. To date no great pressure for council only teams to use as council has provided alternatives in COVID response.	
22	22 DIGITAL DEVELOPME 8 NT	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	viii. Digital Services to advise on ensuring delivery of contractual obligation on CM2000 to provide integration with Mosaic post migration to hosted service.	In place but will need to be reviewed	
22	22 DIGITAL DEVELOPME 9 NT	08/10/2020	NHS Lothian and Midlothian Council	Matthew Curl	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.	No capacity in technical teams for this to date. Individual organisational roll outs challenging enough in current climate. Some collaboration issues are user issues rather than structural. Some persistent issues in meetings.	
23	23 HEALTH AND SOCIAL CARE PARTNERSHIP 1 MATURITY	08/10/2020	NHS Lothian and Midlothian Council	Mairi Simpson	i. Collaborative leadership model should be progressed by December 2020.	To be progressed. Work with Scirocco and others to be restarted following a pause due to the pandemic.	
23	23 HEALTH AND SOCIAL CARE PARTNERSHIP 2 MATURITY	08/10/2020	NHS Lothian and Midlothian Council	Mairi Simpson	ii. The Partnership should take opportunities for self-evaluation and improvement planning – for example Scirocco Knowledge Exchange Programme by March 2021	Work underway. Maturity Assessment from Scirocco now available and we have indicated our plans to re-engage with the programme. Plans also underway to begin a programme of self-evaluation.	
23	23 HEALTH AND SOCIAL CARE PARTNERSHIP 3 MATURITY	08/10/2020	NHS Lothian and Midlothian Council	Caroline Shilton / Lois Marshall	iii. Meaningful and sustained engagement with local communities and/or service users should be evident. Engagement Statement to be published by Dec 2020 (pending approval by IJB) and impact report available to end March 2021 and annual thereafter.	Engagement Statement has been written and approved at Strategic Planning Group. Will be discussed at IJB Dec 2020.	
23	23 HEALTH AND SOCIAL CARE PARTNERSHIP 4 MATURITY	08/10/2020	NHS Lothian and Midlothian Council	Mairi Simpson	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.	Work underway. Three workshops planned in December 2020 to begin work on the outcome map for the IJB.	

Thursday 10 December 2020, 2.00pm

Independent Review of Adult Social Care

Item number: 5.5

Executive summary

An Independent Review of Adult Social Care (IRASC) in Scotland is currently underway. They had invited comments until the 6th November 2020 and will report to the Scottish Government in January 2021. Terms of reference for the review are attached (appendix 1). This report highlights the scope of the review.

Board members are asked to:

Note the report and agree to receive a further update in the New Year once the outcome of the review is known.

Independent Review of Adult Social Care

1 Purpose

- 1.1 To provide board members with information regarding the scope of the Independent review of Adult Social Care.

2 Recommendations

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

Note the report and agree to receive a further update in the New Year once the outcome of the review is known.

3 Background and main report

- 3.1 The Review of Adult Social Care in Scotland was announced by the First Minister as part of the Programme for Government on 1 September.

The Review's chair is Derek Feeley, former President of the Institute for Healthcare Improvement and ex-Director General of the NHS in Scotland. An advisory panel supports him in this role.

Phase one of the review sought the views of people using social care services, staff working in them and social care provider organisations, as well as local authorities, Integration Joint Boards and NHS Boards.

The review will make recommendations for improvements in outcomes for people using adult social care services, their carers and families and improvements in the experience of people working in adult social care. The review will take a 'human rights' based approach.

The Review is focusing on:

- Dimensions of high quality social care
- Needs, rights and preferences of people using social care services and supports
- The experience of staff working in the social care sector
- Regulation, scrutiny and improvement of social care
- Human rights and ethics in social care
- Commissioning and procurement
- Finance
- Potential national aspects of a social care system.

4 Policy Implications

- 4.1 There are potentially significant implications for the IJB and Partnership depending upon the outcome.

5 Directions

- 5.1 There is no current need to make any changes to directions; however once the outcomes of the review is known there may be a need to undertake a review on key areas relating to social care.

6 Equalities Implications

- 6.1 The review will be ensuring that equalities are considered throughout their process.

7 Resource Implications

- 7.1 There are no specific resource implications as a result of this report however there may be implications once the outcome of the review is known.

8 Risk

- 8.1 There are no explicit risks as a result of this report.

9 Involving people

- 9.1 The review has been seeking feedback from a wide range of stakeholders. The Chief Social Work Officer was involved in a meeting with the Chair of the review and contributed to a Social Work Scotland response to the review. (appendix 2)

10 Background Papers

10.1

AUTHOR'S NAME	Alison White
DESIGNATION	CSWO
CONTACT INFO	alison.white@midlothian.gov.uk
DATE	18/11/2020

Appendices:

Appendix 1

Terms of Reference – Review of Adult Social Care in Scotland

Background

The Review of Adult Social Care in Scotland was announced by the First Minister as part of the Programme for Government on 1 September. It will be chaired by Derek Feeley and will report by January 2021.

Remit

The principal aim of the review is to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review will take a human-rights based approach.

The Review will consider and make recommendations on:

- The needs, rights and preferences of people who use services, their carers and families;
- The experience of people who work in social care, including their employment arrangements, opportunities for training and progression, and relationships with other professions across health and social care;
- Arrangements for funding, governance, ownership, administration and delivery of social care services;
- Arrangements for meaningfully involving users in the assessment of need and in co-design and co-production (including self-directed support);
- Social care and health care service models and their interaction with other services, such as housing, education and employment;
- Regulation, scrutiny, quality assessment and quality improvement capacity and capability;
- The role of local communities in providing capacity and assets to support people to live as well and as independently as possible and to enjoy the same facilities, universal services and opportunities as other citizens;
- The role and contribution of local and system level leadership;
- Future policy developments that should be a focus for the Scottish Government and any recommendations regarding the legislation that currently underpins social care provision and regulation; and
- Opportunities to redesign the overall system of social care to improve people's experience of care.

The review will consider what is required to achieve the highest attainable standard of support for the independence and wellbeing of people who use adult social care services. This will include, but not be constrained to, the following matters:

- How equitable and non-discriminatory enjoyment of rights can be achieved;
- How decision-making, participation, independent living and control can be maximised by people using adult social care services;

- People's experiences of adult social care support and outcomes achieved;
- How individuals' social care "needs" are assessed by social work, social care and health professionals;
- The overall quality, and sustainability of current social care services and supports;
- The need to develop a skilled, purposeful and sustainable adult social care workforce; and
- The effectiveness of the statutory environment within which adult social care is commissioned, procured and delivered.

Previous and ongoing work around adult social care

The review will consider previous and ongoing work in this field, including:

- The programme for social care reform currently being taken forward by the Scottish Government and COSLA;
- Progress with integration of health and social care in Scotland, including the outcomes of the recent review undertaken by the Scottish Government and COSLA;
- Work undertaken by the Care Inspectorate to consider opportunities for improving adult social care provision;
- Work undertaken by wider partners including the third sector to understand people's experience of care and support improvement;
- Scrutiny by Audit Scotland of social care and progress with integrating health and social care; and
- Scrutiny by the Health and Sport Committee of the Scottish Parliament of reform of social care to date and progress with integrating health and social care.

Review outcomes

The review will produce its report by January 2021, which will make such recommendations as the Chair considers appropriate in relation to improving adult social care in terms of any of the matters listed under Remit, and any other recommendations as the Chair considers appropriate.

The Chair has overall responsibility for the report but will ensure that people with lived experience of using social care are at the centre of the review, and fully involved in proposing recommendations for the final report, together with the views of carers and families, members of the workforce and local communities.

Secretariat to the Review of Adult Social Care in Scotland:

secretariat.adultsocialcarereview@gov.scot

Thursday 10th December 2020

Clinical and Care Governance Group Report

Item number: 5.6

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

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 Tuesday 10th November 2020.
- 3.3 There are eight Quality Improvement Teams (QIT) reporting in to the CCGG. These cover all service areas in Midlothian Health and Social Care Partnership (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. Current examples of work include; Skills Passports for all members of Health Visiting teams; Review of Safe and Well procedure for Adults with Complex and Exceptional Needs Service; Covid First Wave learning event for Dietetics; Child Learning Disability Diagnosis Care Pathway being piloted in Midlothian; Promoting usage of new Social Care Support Plan, which will be subject to audit.
- 3.5 Healthcare Improvement Scotland (HIS) re-commenced a programme of inspections across community hospitals in Scotland. An unannounced inspection was carried out in Midlothian Community Hospital 22-24 September 2020. A draft report from HIS was received at the end of November and an opportunity offered to challenge any points of accuracy. In addition a draft action plan was developed by Midlothian Chief Nurse and submitted to HIS for approval. The final HIS report was published on 1st December 2020 and is attached to this report. It highlights two areas of good practice and seven requirements. A local Action Plan is being developed in response to the issues highlighted within the report. Midlothian Community Hospital also has a local programme of inspections and reviews carried out by the Service Manager and the Senior Charge Nurses. A local action plan has been commenced to facilitate an early response to issues identified.

- 3.6 Midlothian HSCP overview of Midlothian care homes continues to provide assurance about the standards of care for residents. All Midlothian care homes continue to submit daily data through the electronic reporting system, TURAS. This system reports directly to the Scottish Government. HSCP managers have access to this data and monitor this as part of the daily assurance calls to care homes. The Care Home Support Team (CHST) continues to offer regular targeted support to Midlothian care homes, with the current focus being on completion of the updated Care Home Assurance Tool. The weekly teleconference, chaired by Midlothian Service Manager continues with all Midlothian care homes. The HSCP Daily Care Home Assurance meeting continues to monitor all data and reports, agree actions required and escalate concerns.
- 3.7 In preparation for winter weather and potential supply chain difficulties due to Brexit, clinical teams have been asked to order additional essential supplies to hold as a 'buffer' against any delays in the supply chain. It has also been suggested to Midlothian care homes that they take similar action. In addition updated resilience plans have been requested with specific detail about PPE, clinical supplies and staffing contingency.
- 3.8 Management of incidents in Midlothian HSCP has been reviewed. A monthly commissioning meeting has been put in place to monitor significant adverse events. Monitoring of overall numbers of incidents under review is a standing item on Senior Management Team agenda. Learning from all events is shared within teams and between teams through the Clinical and Care Governance Group.

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 additional resource 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

AUTHOR'S NAME	Caroline Myles
DESIGNATION	Chief Nurse
CONTACT INFO	0131 271 3947
DATE	10th December 2020

Unannounced Inspection Report

Hospital Inspection

Midlothian Community Hospital
NHS Lothian

22–24 September 2020

*This report is embargoed until 10.00am
on Tuesday 1 December 2020*

CONFIDENTIAL – DRAFT REPORT

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

© Healthcare Improvement Scotland 2020
First published December 2020

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

About our Hospital inspections	4
A summary of our inspection	6
What we found during this inspection	8
Appendix 1 – Areas of good practice	19
Appendix 2 – Requirements	20
Appendix 3 – List of national guidance	22
Appendix 4 – Inspection process flow chart	23

About our Hospital inspections

Background

1. Prior to March 2020, Healthcare Improvement Scotland inspection activity included:
 - Safety and Cleanliness inspections carried out against Healthcare Associated Infection (HAI) standards, in both acute and community hospitals, and
 - Care of Older People in Acute Hospital (OPAH) inspections carried out in acute hospitals (inpatient ward areas) caring for older people.
2. During the COVID-19 pandemic, in March 2020, a letter was issued from Healthcare Improvement Scotland to all NHS Board Chief Executives and Integrated Joint Boards (IJB) Chief Officers to advise that the inspections of NHS facilities in Scotland would be paused until further notice.
3. In May 2020, Healthcare Improvement Scotland received a letter from the Chief Nursing Officer (CNO) Directorate of Scottish Government requesting that hospital inspections be reinstated due to the number of COVID-19 related outbreaks in hospital sites. As COVID-19 outbreaks appear to affect older people, our inspections will have a combined focus on Safety and Cleanliness and Care of Older People in Hospital.
4. We have adapted our current inspection methodology for safety and cleanliness and care of older people as a result of this combined focus. We will measure NHS boards against a range of standards, best practice statements and other national documents, including the Care of Older People in Hospital Standards (2015) and Healthcare Associated Infection (HAI) standards (2015). A list of relevant national standards, guidance and best practice can be found in Appendix 3.
5. During our inspection, we identify areas where NHS boards are to take actions and these are called requirements.
6. A requirement sets out what action is required from an NHS board to comply with national standards, other national guidance and best practice in healthcare. A requirement means the hospital or service has not met the standards and we are concerned about the impact this has on patients using the hospital or service. We expect that all requirements are addressed and the necessary improvements are made.

Our focus

7. Given the impact of COVID-19, our inspections will focus on ensuring that older people in hospital receive care that:
 - meets their care needs in relation to food, fluid and nutrition, falls and the prevention and management of pressure ulcers
 - manages risks specifically for standard infection prevention and control precautions, falls, and the prevention and management of pressure ulcers, and
 - is safe and effective, and in line with current standards, best practice and delivered with local systems and policies in place to effectively manage the care provided.
8. The flow chart in Appendix 4 summarises our inspection process.
9. We will report our findings under three key outcomes:
 - people's health and wellbeing are supported and safeguarded during the COVID-19 pandemic
 - infection control practices support a safe environment for both people experiencing care and staff, and
 - staffing arrangements are responsive to the changing needs of people experiencing care.

A summary of our inspection

About the hospital we inspected

10. Midlothian Community Hospital, Bonnyrigg is a 60 bedded hospital. The hospital provides a wide range of services for care of older people. This includes hospital-based complex clinical care, rehabilitation and mental health services.

About our inspection

11. We carried out an unannounced inspection to Midlothian Community Hospital, NHS Lothian from Tuesday 22 – Wednesday 23 September 2020, and we inspected the following areas:
 - Edenview (elderly rehabilitation), and
 - Loanesk (elderly hospital-based complex clinical care).
12. On Thursday 24 September 2020, we held a virtual discussion session with key members of NHS Lothian staff.
13. During the inspection, we:
 - spoke with staff and used additional tools to gather more information. In both wards, we used a mealtime observation tool
 - observed infection control practice of staff at the point of care
 - observed interactions between staff and patients
 - inspected ward environments and patient equipment, and
 - reviewed patient health records to check the care we observed was as described in the care plans. We reviewed all patient health records for infection prevention and control management, food, fluid and nutrition, falls, and pressure ulcer care.
14. We would like to thank NHS Lothian and in particular all staff at Midlothian Community Hospital for their assistance during the inspection.

Key messages

15. We noted areas where NHS Lothian is performing well and where they could do better, including the following:
 - Patients were treated with dignity and respect.
 - There was good verbal communication between the ward teams to ensure safe delivery of care.

- Staff must perform hand hygiene at appropriate opportunities.
- The patient's oral health status should be considered and recorded as part of the nutritional assessment for all patients.

What action we expect the NHS board to take after our inspection

16. This inspection resulted in two areas of good practice and seven requirements. A full list of the areas of good practice and requirements can be found in Appendices 1 and 2, respectively on pages 19 and 20.
17. We expect NHS Lothian to address the requirements. The NHS board must prioritise the requirements to meet a national standard. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org

What we found during this inspection

People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Key areas include the extent to which:

- people's rights are respected, and they are treated with dignity and respect
- people are enabled and supported to stay connected
- people's physical, mental and emotional health is promoted.

Treating older people with compassion, dignity and respect

18. We saw all patients were treated with dignity and respect, staff addressed patients in a respectful manner and all interactions seen were positive. Patients appeared well cared for, and nurse call bells were not often heard as staff were attentive to patient needs.
19. Patients were cared for in large, spacious single rooms with ensuite facilities.
20. We were told that patients were able to keep in touch with relatives by telephone and video call.
21. Care plans were in place for communication. These detailed how staff should communicate with family, power of attorneys or legal guardians to provide information if they were not able to visit the hospital. We also saw staff speaking with relatives who were able to visit the ward.
22. We were told that during lockdown, when visiting was restricted, patient's relatives could meet staff outside the hospital to handover items of clothing and many used this opportunity to drop off additional snacks for their relatives.

Screening and assessments

23. We reviewed NHS Lothian's electronic patient health record system, with a member of ward staff, for initial assessments including, falls, food, fluid and nutrition, infection prevention and control and pressure area care.
24. At previous OPAH inspections to NHS Lothian, we reported issues with staff having difficulty accessing information within the electronic system. During this inspection, the majority of staff were able to access information regarding assessment and care planning.

25. We were told that both wards have a 'champion' of the electronic system to support staff who are less experienced using the system and that training is also available.
26. Of the electronic patient health records reviewed, we saw that the majority of patients generally had assessments completed at the point of admission to hospital, and that these were updated on transfer of care. However, we noted that despite there being a place to record the patients' usual weight, it was not recorded in the patient's health record, or if the patient had reported any recent weight loss. This information is required for the accurate completion of Malnutrition Universal Screening Tool (MUST).
27. The Food, Fluid and Nutritional Care Standards state that the patient's oral health status should be considered and recorded as part of the nutritional assessment for all patients. During our inspection, we saw that the electronic patient health record system does not include an oral health screening tool. Staff told us that they would generate a care plan if the patient required assistance with oral care.
28. The falls and pressure area care reassessments were generally well completed, in line with local policy.

Care planning

29. The assessments contained within the electronic patient health record system will trigger a care plan, where a need is identified. Staff can also add additional care plans, if required.
30. We saw that the majority of care plans in place were linked to assessments such as MUST, falls, pressure area care and infection, prevention and control. Some contained a good level of detail to guide care with evidence of ongoing review. However, we saw that some additional care needs were not reflected in the patient's electronic health record. For example, patients requiring assistance with eating and drinking.
31. As well as care plans linked to assessments, we saw that some additional care plans were in place, for example communication with families because of the restrictions in visiting, due to COVID-19. We also saw some care plans in place for oral care, which detailed the assistance required, and frequency for maintaining oral hygiene.
32. Care rounding is when staff check on individual patients at defined, regular intervals to anticipate any care needs they may have. All patient health records reviewed had a care rounding chart in place. The decision for the frequency of care rounding was informed by the patients' care plans for the management of falls, pressure ulcer prevention and other care needs. Care rounding was generally well completed within the prescribed timeframes.

Food, fluid and nutrition (incl. mealtimes)

33. We observed a mealtime in both wards, and noted that there was no mealtime preparation such as offering hand hygiene to patients. In one ward, physiotherapists used the opportunity of the mealtime to assess the patient for getting out of bed and transferring into a chair.
34. The coordination of the mealtime varied between wards. In one ward, there was no clear process for serving meals, some staff did not know who had received a meal and who had not. Several patients were not well positioned to eat their meal, meaning that the meal was left until staff were able to assist them with repositioning.
35. In one ward, several patients were seen to return their meal as they did not want the meal that had been ordered for them. Staff offered alternative options.
36. Both wards inspected had a nutritional board to communicate information to staff about patients requiring special or modified diets, fluid balance charts, food record charts and oral nutritional supplements. One ward also used this to highlight those patients requiring assistance and their likes/dislikes, however this information was not always up to date.
37. Adaptive aids were available, such as cutlery and plate guards for those patients who required them. Some staff were seated at the patient level whilst assisting patients with their meal so that this was done in a dignified manner. However, two staff members stood over the patient whilst assisting them.
38. Both wards stocked a wide range of snacks to offer patients throughout the day. Additional snacks, such as sandwiches and cakes could be ordered from the kitchen for those patients who required them.
39. Patients had access to drinks such as water and juice which staff refreshed throughout the day. Hot drinks were also offered at various times.
40. We saw that some patients had a fluid balance chart in place, however, we found variable completion of these.
 - The input and output was not always accurately completed.
 - There were no goals or guidance to inform any decision on what should be escalated.
 - It was unclear how the cumulative total over a number days was being monitored to inform future treatment decisions.
41. Food record charts were in place for two of the three patients who needed them. The charts were fully completed for all snacks and mealtimes taken. However, we observed staff removing plates without charts being filled in and

then later asking patients if they could recall what they had eaten. Therefore, we cannot be assured of the accuracy of these charts.

42. Some patients required input from the dietitian or speech and language therapist. Referrals are made by telephone or through the electronic system, if necessary. There was evidence within the patients' health records of ongoing review. Advice given to staff was captured on the wards nutritional board. Staff told us that many patients come to the ward with dietetic input already in place which is then continued on the ward. At the beginning of the COVID-19 pandemic, dietitians contacted the ward to review patients by telephone where possible, but did visit to review patients who needed additional input.
43. One patient required oral nutritional supplements and these were prescribed on the patients medication prescription chart.
44. As no oral health assessments were in use, we were unable to state how many patients required assistance with oral hygiene. The care rounding documents in use contained a section for staff to record when oral care had been given. There was variable completion of this section of the care rounding documents. Some patients had oral care recorded consistently every day, whilst other patients had days with no oral care documented as being given.

Prevention and management of falls

45. The care rounding documents in use contained a section for the prevention of falls. This prompts staff to check that appropriate footwear is being worn, mobility aids, glasses, hearing aids and nurse call bells are within reach, and that the chair and bed height are appropriate for the patient's needs. There is also a section to record if a falls alarm is in use and attached. The guidance notes for staff state they should ensure it is working correctly, however staff told us that they do not routinely check this and would rely on hearing the alarm sounding when activated.
46. Assessment and care planning is essential when considering the use of technology in the management of falls. During the inspection, three patients had a falls alarm in place, however there was no supporting documentation or risk assessment completed to support its use. The falls care plans in use did not detail how the alarm will be monitored, what interventions are expected if the alarm is activated, or when the decision for the need for the alarm will be reviewed.
47. Staff told us that they do not use any risk assessment to guide the decision for the use of falls alarms, and that no guidance document is available to them. Staff told us that if the patient could not consent to the alarm being in place, they would seek permission of relatives or any legal proxy, such as power of attorney.

48. Staff on all wards can access physiotherapy and occupational therapy input, when required, this continued throughout COVID-19. During the inspection, we saw physiotherapists assisting patients and evidence of this in the patients' health records.

Pressure ulcer prevention and management

49. If a patient's Pressure Ulcer Risk Assessment (Waterlow) considers them to be at risk of pressure ulcers, then a SSKIN Bundle (skin, surface, keep moving, incontinence and nutrition) should be implemented.
50. The SSKIN bundle is contained within the care rounding document. All patients who required a SSKIN Bundle had this in place. We found the following.
- The type of mattress was detailed on the front of the monthly care rounding document as well as in the care plan.
 - The SSKIN bundle elements of the care rounding document were generally well completed within the prescribed timeframes. There were some days where the frequency of care was not prescribed.
 - However, there were some entries showing the patient had been in the same position for prolonged periods of time with no explanation for this.
 - We saw some examples of skin damage such as redness being recorded, but it did not state the skin area it was located, despite there being a place for staff to record this.
51. We were provided with evidence that showed there had been no pressure ulcers that had developed in Midlothian Community Hospital in the past 18 months.
52. The tissue viability service can be contacted by phone for advice as well as through the electronic system. Staff told us that the tissue viability nurses are very approachable, supportive and can attend the ward from the acute or community setting.

Access to equipment

53. All wards inspected had access to different types of weighing scales, such as sit on or hoist scales and all were calibrated.
54. A range of equipment for the management of falls and pressure ulcer care was available to staff in all wards. This included high and low beds, pressure relieving mattresses and cushions, heel protectors and falls alarms.

Area of good practice

- Good availability and range of snacks for patients.

Requirements

1. NHS Lothian must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This includes nutritional screening and assessment including oral health assessment. There must be evidence of accurate reassessment, where required
2. NHS Lothian must ensure that mealtimes are managed consistently in a way that ensures that patients are prepared for meals, including hand hygiene. The NHS board should also ensure that the principles of Making Meals Matter are implemented.
3. NHS Lothian must ensure that food record and fluid balance charts are commenced and accurately completed for patients who require them, and appropriate action is taken in relation to intake or output, as required.
4. NHS Lothian must ensure that where falls alarms are in use that consideration is given to the Mental Welfare Commissions Decisions about technology (Good Practice Guide, September 2015) to ensure that the individual's human rights are met. They must also ensure that systems are in place to ensure the correct maintenance and use of the falls alarms.

Infection control practices support a safe environment for both people experiencing care and staff

Key areas include the extent to which:

- people are protected as staff take all necessary precautions to prevent the spread of infection.

Physical distancing

55. All staff observed physical distancing, where possible and staff in clinical areas wore surgical face masks at all times. Physical distancing was promoted with posters throughout the hospital, including guidance on how many people could be in staff rooms and kitchens at the same time.

Standard infection prevention and control precautions

56. Compliance with standard infection control precautions such as linen, waste and sharps management was good.
57. Hand hygiene facilities, including alcohol-based hand rub were readily available throughout the clinical areas and were easily accessible.
58. Most staff were bare below the elbows, in line with the Health Protection Scotland's *National Infection Prevention and Control Manual* in order to effectively perform hand hygiene. Any exceptions were raised at the time of inspection.
59. The majority of staff wore personal protective equipment appropriately, however some staffs' over used gloves during mealtimes which prevented them from performing hand hygiene at the correct times. We also saw most staff involved in the serving of meals also wore disposable single-use gloves and these were rarely changed. We were told by the infection control team that staff are expected to wear a fluid resistant surgical face mask and a disposable apron during mealtimes, and perform hand hygiene in line with the World Health Organization's 5 moments for Hand Hygiene.
60. We saw sufficient stocks of personal protective equipment for staff and visitors on the wards.
61. Staff we spoke with told us that they had sufficient uniforms for each shift. They told us they laundered these at home separately from other items, and at the correct temperature, in line with national guidance.
62. All staff spoken with were able to correctly describe the process for cleaning blood or body fluid spillages. Chlorine-based detergents used by domestic staff were appropriate and within expiry date.

Transmission based precautions

63. At the time of our inspection, visitors were allowed in the hospital as per the national COVID-19 guidance for visiting. Each ward had a system in place to reduce the risks to patients, staff and visitors. Staff had communicated these arrangements to patients and their visitors.
64. We saw that an appointment system was used and no more than two visitors were allowed in the ward at one time. Visiting slots were booked for one hour at a time.
65. At the time of our inspection, there were no patients with suspected or confirmed COVID-19. There are processes in place for the regular testing for COVID-19 of patients, including prior to transfer to another care facility. There are also arrangements for testing of staff, if required.
66. In line with Scottish Government guidance at the time of our inspection, patients aged over 70 were tested for COVID-19 on admission to the ward, and

every fourth day thereafter. Other patients are tested if symptomatic. Patients would require two negative results within 24 hours before being discharged to a care home.

67. One ward, that had previously had an outbreak of COVID-19, told us that the infection prevention and control team were fully involved in the outbreak. This included visiting the ward daily to assess the outbreak and provide specialist advice.
68. Where patients were isolated for other reasons, appropriate transmission based precautions were in place. There was signage on the door to highlight that precautions were in place and personal protective equipment was available. Isolation room doors should be kept closed, however we saw many patients in isolation had their doors open for safety reasons. These were stated on the failure to isolate risk assessments that were in place for these patients.
69. Staff were able to describe the correct precautions that should be in place for a patient in isolation, however this knowledge was not always put into practice. For example, we saw that staff did not always remove single-use personal protective equipment after attending a patient in isolation. This was raised at the time of inspection.

Audits, policies, procedures and guidelines

70. We were provided with evidence of audit activity carried out by ward staff, and by the infection prevention and control team. Staff told us that the electronic system that generates the action plan for ward level audits was not working at the time of inspection. We saw that the data was still being collected and we were told that it would be put into the system retrospectively.
71. All ward staff were aware of audit activity with results of audits including areas for improvement being shared with staff during the safety brief.

Patient equipment

72. The majority of patient equipment was found to be clean. Any exceptions were raised at the time of inspection.

Environment

73. The ward areas were clean and mostly well maintained. Appropriate chlorine-based cleaning solution was used for all surface areas. Frequently touched surfaces such as, handrails and door handles were cleaned in line with national guidance.

74. Staff told us they have sufficient equipment, and domestic staff were able to demonstrate the correct process and products for cleaning. We saw daily and weekly cleaning schedules in place for all rooms and communal areas. There was also schedules for cleaning of frequently touched areas.

Estates

75. Midlothian Community Hospital is a Private Finance Initiative (PFI) building with the estates team managed by an external contractor. Staff told us that any estates issues are picked up on the senior charge nurse's walkround assurance tool and the domestic supervisors monitoring tool. Staff can also report any issues by telephone and this is recorded in a ward log book. Staff told us that reported issues are usually fixed the same day. If there are any delays, this is communicated to staff with an estimated timeframe.
76. We were provided with evidence that all infrequently used water outlets were flushed by the maintenance team. We also saw records to demonstrate that showerheads were cleaned appropriately.

Requirements

5. NHS Lothian must ensure that all staff perform hand hygiene at appropriate opportunities, as per the World Health Organisation's Five Moments for Hand Hygiene guidelines.
6. NHS Lothian must ensure that all staff use Personal Protective equipment in line with the Health Protection Scotland National Infection Prevention and control manual.

Staffing arrangements are responsive to the changing needs of people experiencing care

Key areas include the extent to which:

- staffing arrangements are right and are responsive and flexible
- staff are well supported and confident
- staff knowledge and skills improve outcomes for people.

Staffing resource

77. Senior charge nurses told us that they value their domestic staff and the work they do. We were told that domestic resource is good and they do not usually have any issues with domestic cleaning. They told us that if they had any concerns they can escalate these to the domestic supervisor, if necessary.

- 78. Senior charge nurses told us they had adequate staffing and they are able to use the nurse bank, if required. Systems were in place to escalate any concerns.
- 79. When wards were reconfigured due to COVID-19, staff from other areas were moved to provide a good skill mix across all wards, to ensure patient safety.
- 80. In one ward, staff told us that as the ward was allocated as a COVID-19 rehab ward during the height of the pandemic. This meant that additional support was provided by a palliative care consultant, and Marie Curie nurses to ensure that specialist care was given to any patient who was at the end of their life.
- 81. Domestic staff told us they usually always have enough time to complete their duties. If they feel they need help or when deep cleans are needed, the domestic supervisor will send an additional domestic staff member to help.

Communication

- 82. There was good verbal communication between the ward teams to ensure safe delivery of care. Staff used handovers, safety briefs and alert signs to communicate risks such as infection or falls risks.
- 83. In both wards, we saw a whiteboard in the ward corridor which was visible to visitors. The whiteboards showed a range of information about named individual patients such as discharge destination, infection, occupational and physiotherapy input and alerts for falls and wounds. This does not maintain patients' privacy because of their placement in a public area of the ward.
- 84. As stated previously, NHS Lothian use an electronic patient health record. In one ward, we saw some entries detailing what care had been given that day. Staff in another ward told us that they will not routinely make an entry every day and will report by exception where care has changed from the care plan. We were told that this reflects a local decision in NHS Lothian, allowing staff autonomy with the frequency of evaluation, and updating of care plans determined on an individual's needs. Particularly in areas where due to a lengthy stay and more stable health issues, elements of the individuals care plan will require less frequent assessment.
- 85. Staff told us the infection prevention and control team are supportive and can be contacted by telephone. Posters are displayed on the wards with the infection prevention and control teams contact details and where to access infection control information.

Leadership, education and training

- 86. Wards appeared calm and organised with evidence of good team working. It was clear who was in charge of the ward.

87. Senior charge nurses were aware of the mandatory requirements for staff completion of infection prevention and control education. We were provided with compliance rates of completion for mandatory training for the wards inspected, which were good.
88. During the discussion session, we were told that mandatory face to face training sessions had been paused due to COVID-19 and the need for physical distancing. We were told that some sessions had recently been recommenced virtually.
89. We saw evidence of education provided to domestic staff on how to safely put on and take off personal protective equipment.
90. Ward staff we spoke with showed us that NHS Lothian had provided staff with online COVID-19 information that was available on the intranet and updated daily. This included links to the most recent Scottish Government guidance for work places, such as how to wear a face mask correctly and car sharing guidance. Guidance for use at home included, the rule of six, the Protect Scotland app, and where staff can access mental health support.
91. Staff could also access training specific to food, fluid and nutrition, falls and pressure ulcer prevention and management. Training could be accessed online. We also saw monthly toolbox talks available for staff that covered various topics including infection prevention and control, falls and patient confidentiality.
92. The wards had link nurses/champions for a range of topics including: falls, food, fluid and nutrition, tissue viability and infection prevention and control. They are available for advice and support and will share information from any meetings or training they have attended.
93. Staff told us they felt supported by senior management throughout the pandemic and stated they always felt safe at work with no supply issues for personal protective equipment.

Area of good practice

- Good support and resources for staff during COVID-19.

Requirement

7. NHS Lothian should ensure that patient identifiable information, such as risk alerts and care needs details, are not on public display. This will ensure that patient privacy is respected.

Appendix 1 – Areas of good practice

People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

- 1** Good availability and range of snacks for patients (see page 13).

Staffing arrangements are responsive to the changing needs of people experiencing care.

- 2** Good support and resources for staff during COVID-19 (see page 18).

Appendix 2 – Requirements

People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

- 1** NHS Lothian must ensure that all older people who are admitted to hospital are accurately assessed in line with the national standards. This includes nutritional screening and assessment including oral health assessment. There must be evidence of accurate reassessment, where required (see page 13).

This is to comply with Food, Fluid and Nutritional Care Standards (2014) criteria 2.1, 2.2 2.3 and 2.4.

- 2** NHS Lothian must ensure that mealtimes are managed consistently in a way that ensures that patients are prepared for meals, including hand hygiene. The NHS board should also ensure that the principles of Making Meals Matter are implemented (see page 13).

This is to comply with the Food, Fluid and Nutritional Care Standards (2014) criteria 4.7 and 4.8.

- 3** NHS Lothian must ensure that food record and fluid balance charts are commenced and accurately completed for patients who require them, and appropriate action is taken in relation to intake or output, as required (see page 13).

This is to comply with the Food, Fluid and Nutritional Care Standards (2014) Criterion 4.1(g).

- 4** NHS Lothian must ensure that where falls alarms are in use that consideration is given to the Mental Welfare Commissions Decisions about technology (Good Practice Guide, September 2015) to ensure that the individual's human rights are met. They must also ensure that systems are in place to ensure the correct maintenance and use of the falls alarms (see page 13).

This is to comply with Section 1.5.3 of the Human Rights Act, 1998 and the Mental Welfare Commission for Scotland's Decisions about technology (Good Practice Guide, September 2015).

Infection control practices support a safe environment for both people experiencing care and staff.

- 5** NHS Lothian must ensure that all staff perform hand hygiene at appropriate opportunities, as per the World Health Organisation's Five Moments for Hand Hygiene guidelines (see page 16).

This is to comply with Healthcare Associated Infection (HAI) standards (2015) Criterion 6.1

- 6** NHS Lothian must ensure that all staff adhere to the guidance for use of PPE when moving between isolation rooms and the appropriate use of gloves (see page 16).

This is to comply with Healthcare Associated Infection (HAI) standards (2015) Criterion 6.1

Staffing arrangements are responsive to the changing needs of people experiencing care.

- 7** NHS Lothian should ensure that patient identifiable information, such as risk alerts and care needs details, are not on public display. This will ensure that patient privacy is respected (see page 18).

Appendix 3 – List of national guidance

The following national standards, guidance and best practice are relevant to the inspection of the care of older people in acute hospitals.

- **COVID-19: infection prevention and control guidance** (Public Health England, June 2020)
- **Publication of COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus** (Scottish Government, DL (2020)
- **Healthcare Associated Infection (HAI) standards** (Healthcare Improvement Scotland, February 2015)
- **Best Practice Statement for Working with Dependent Older People to Achieve Good Oral Health** (NHS Quality Improvement Scotland, May 2005)
- **Care of Older People in Hospital Standards** (Healthcare Improvement Scotland, June 2015)
- **Prevention and Management of Pressure Ulcers Standards** (Healthcare Improvement Scotland, October 2020)
- **Food, Fluid and Nutritional Care Standards** (Healthcare Improvement Scotland, October 2014)
- **Complex Nutritional Care Standards** (Healthcare Improvement Scotland, December 2015)
- **The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives** (Nursing & Midwifery Council, January 2015)
- **Generic Medical Record Keeping Standards** (Royal College of Physicians, November 2009)
- **Allied Health Professions (AHP) Standards** (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, January 2016)

Appendix 4 – Inspection process flow chart



You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.net

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0131 623 4300

0141 225 6999

www.healthcareimprovementscotland.org

10th December 2020 2pm

Finance Update for 2020/21 and 5 Year Financial Plan

Item number: 5.9

Executive summary

This report provides an update to the IJB on its updated projected year end out-turn, undertaken by both the IJB partners Midlothian Council and NHS Lothian at Month 6.

Please note that since this forecast both IJB's partners have had confirmation on the COVID additional funding, this is not included in these forecasts as this had not been confirmed at that point, and therefore an illustrative adjustment has been made to the pre COVID funding positions.

This report presents the Board with a medium term rolling 5 year financial plan (2020/21 to 2024/25) for noting which was prepared in a Business as Usual, pre COVID scenario and will be refined when clarity on future service provision is known.

Board members are asked to:

- 1. Note the Month 6 financial reviews undertaken by partners*
- 2. Note the impact COVID has had on the IJB financial position.*
- 3. Note the COVID funding that has been confirmed since this review*
- 4. Note the pre-pandemic medium term rolling 5 year financial plan*

Finance Update – Month 6 2020/21

1 Purpose

- 1.1 This report lays out the results of the partner's (Midlothian Council and NHS Lothian) Month 6 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
 - Note the confirmed COVID funding not yet showing in these positions
 - Note the 5 year Financial Plan which was prepared pre COVID on a Business as Usual basis

3 Background and main report

- 3.1 The COVID-19 pandemic is ongoing and the financial risks to Health & Social Care will continue to change over these uncertain and volatile times. COVID-19 represents an unprecedented challenge for the delivery of health and social care services and there is significant uncertainty and additional costs arising in 2020/21. The financial position for the IJB remains a challenge to report and should be read in the context of these unpredictable times.
- 3.2 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 continues to be reviewed. Finance teams in both organisations continue to monitor the extent to which the 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.
- 3.3 The Month 6 financial review position for the IJB is a projected overspend of (£3.4m) at the year end and is shown below. This position should be read in the context that no additional funding for COVID-19 was assumed at this stage. Table 1 below shows the Month 6 position.

	Annual Budget	Forecast	Month 6 Forecast Outturn
	£k	£k	£k
Core	65,879	68,482	(2,603)
Hosted	15,075	15,071	4

Set Aside	17,298	18,157	(859)
Health	98,252	101,710	(3,458)
Social Care	44,985	44,504	481
Total	98,252	101,710	(3,458)

Table 1 IJB Month 6 review forecast

- 3.4 Since the above forecast, Midlothian HSCP has confirmed funding of £4.2m to cover COVID-19 costs. The allocation was based on the outputs of the mobilisation and remobilisation plans submitted to Scottish Government (SG) but does not cover all gross costs incurred (see table 3). The £4.2m is made up of £1.2m of funding to support additional social care costs which was reported at the last IJB and an allocation based on the financial return to SG of which Midlothian HSCP share was £3m. Funding allocations to date exclude any for GP Prescribing and FHS contractors. Funding for FHS contractor additional costs has been received by the Health Board during November 2020, the basis of allocation is being reviewed therefore as yet not allocated to a partnership level.
- 3.5 At a high level this Month 6 forecast should be adjusted to take account further COVID-19 costs not included in this outturn, the funding now confirmed and operational underspends across the system, although many of these elements are difficult to predict due to the volatility of the situation.

	Adjusted Month 6 Forecast Outturn
	£k
Month 6 Forecast Outturn	-3,458
Additional COVID costs projected but not included above	-2,500
COVID Funding for Midlothian Health & Social Care	4,178
Underlying operational underspends to offset COVID costs	1780
Additional costs for GMS and Prescribing	-1312
Additional funding for GMS and Prescribing	1312
Adjusted Forecast after COVID Funding	0

Table 2 Midlothian adjusted out turn after COVID funding

- 3.6 Although the overall COVID costs were projected at £7.4m at Quarter 2, it is important to note that forecasts are volatile and change regularly as we continue to alter our services to deal with the 2nd COVID-19 wave. Updated cost projections are fed into Scottish Government through NHS Lothian regularly. A summary of projected costs at Quarter 2 is shown below.

Forecast COVID Costs for 2020/21	£k
Additional Bed capacity cost	180
Sustainability Payments	2,025
Additional Staffing	724
Community Assessment Hub	162
Delayed Discharge Reductions	1,686
Digital	75
FHS Contractors	406
Loss of income	384
Other	279

PPE	100
GP Prescribing	906
Savings	492
COVID Projected Costs	7,419

Table 3: Midlothian IJB COVID 2020-21 Forecast

- 3.7 As notes above these plans and cost projections change regularly as we continue to alter our services to deal with the 2nd COVID-19 wave. An example of this is that since Quarter 2 submission an additional hospital beds at MLCH have been commissioned, resulting in an additional £400k since this Quarter 2 forecast position above.
- 3.8 For 2020/21, as additional funding has been received the financial risk has reduced accordingly and although difficult to give assurance the IJB will break even, the risk is lower.

Midlothian IJB 5 year rolling financial plan 2020/21 to 2024/25

- 3.9 Future planning is required every year and always includes a number of assumptions which introduces a degree of risk. For 2021/22 of particular note is the requirement for services to continually adapt to changing remobilisation plans if further waves of COVID-19 occur. As highlighted above, regardless of COVID-19, there remains a significant financial challenge on the horizon for 2021/22 and the extent to which increased cost pressures will be met by the Scottish Government is unknown. The Scottish Budget will prioritise resources as effectively as possible to drive the country's economic recovery whilst managing the ongoing impact of the virus.
- 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. Following acceptance of the formal budget offers for 2020/21 from both partners and indicative budget values for future years the IJBs rolling 5 year financial plan was developed in early 2020/21. Please note this was prepared before the significance of the pandemic was known and was based on "business as usual" planning assumptions. With the uncertainty attached to these extraordinary times the 5 year rolling financial plan should be viewed in the context of this volatile landscape.
- 3.11 The original financial assumptions "pre-pandemic" remain unchanged with the exception of 2020-21; at Month 6 the position is showing that a breakeven outcome is likely. This is likely to be a one-off position due to the unusual set off circumstances 2020-21 brings. Future year's financial plans will be updated when more intelligence is gathered regarding the plans for the new normal both in terms of funding and expenditure.
- 3.12 The overall position for the IJB is summarised in Table 4 below. A detailed breakdown is included in Appendix 1.

	20/21 £k	21/22 £k	22/23 £k	23/24 £k	24/25 £k
Total income	137,429	136,682	138,122	139,597	141,108
Total Expenditure	137,429	140,526	144,300	148,185	152,183
Gap before savings plans	(0)	(3,844)	(6,178)	(8,588)	(11,075)
% gap	(0%)	(3%)	(4%)	(6%)	(8%)

Table 4 IJB rolling five year financial plan

- 3.13 The Scottish Government published its medium term financial framework for Health and Social Care in October 2018 and this has supported the development of the rolling 5 year financial plan for the IJB. The rolling 5 year financial plan is based on formal budget offers for 2020/21, and indicative budget offers for the remaining years. Midlothian Council budget letter for 2021-20 indicated that the demographic budget uplift of £1,040k for 2020/21 should not be assumed to be recurring. Since then there has been informal discussion that this funding will continue, and is therefore included (showing as non-recurring each year). It has also been assumed that pay awards at 3% will continue to be funded each year. Table 5 summarises total anticipated delegated budgets over the next 5 years.

	20/21 £k	21/22 £k	22/23 £k	23/24 £k	24/25 £k
NHSL delegated base budget	87,409	90,251	91,020	91,804	92,603
Additional contributions	5,035	769	784	800	816
Total NHS income	92,444	91,020	91,804	92,603	93,419
MLC delegated base budget	42,289	43,986	44,623	45,278	45,953
Additional contributions	3,195	1,676	1,695	1,715	1,735
MLC savings target	(500)	0	0	0	0
Total MLC income	44,984	45,663	46,318	46,993	47,689
Total income	137,429	136,682	138,122	139,597	141,108

Table 5: Indicative IJB delegated budget 2020/21-2024/25

- 3.14 The projected costs of delegated services across the same period are shown below in Table 6. The modelling assumptions used to estimate future costs are described below.

	20/21 £k	21/22 £k	22/23 £k	23/24 £k	24/25 £k
Base expenditure	130,670	136,843	140,519	144,300	148,185
Price effects	3,266	2,251	2,307	2,366	2,433
Demographic change	1,390	1,431	1,474	1,519	1,564
Non demographic growth	2,103	0	0	0	0
Total expenditure	137,429	140,526	144,300	148,185	152,183

Table 6: Projected cost of delegated services 2020/21-2024/25

- 3.15 Future NHS Lothian costs within the financial plan are based on the detailed financial planning exercise conducted by NHS Lothian. Non-recurring base expenditure for 2020/21 has been adjusted for the additional COVID costs incurred.
- 3.16 For Midlothian Council a starting position of baseline expenditure for Social Care at £66k overspent (being the out-turn for 2019/20) was assumed. Future years increased expenditure was based on a combination of sources; pay awards from the analysis in the budget letter of 2020/21 and 3% thereafter, demographic growth at 3% and non-demographic known pressures of £2m.
- 3.17 Midlothian Social Care pressures of £2m represent the underlying system pressures that are often managed year to year through slippage in staffing budgets from vacancies or lower uptake on new funding streams. Although £1.45m additional budget was added to Midlothian Social Care recurrently in 2020/21, the increases in 2020/21 costs from pay awards, Care Home and Care at Home contracts exceeded this new funding, adding an estimated £500k pressure.

- 3.18 At this stage limited assurance can be given around the IJBs ability to break even in 2021/22 and there is a significant financial challenge on the horizon. The IJB should ask officers within the partnership to develop a financial recovery plans and update the IJB on progress against this plan at a future meeting.
- 3.19 On a general observation, as the Scottish Government continues to consider its response to changing circumstances, taking into account the whole of society and its needs. It is highly unlikely that all additional costs will be met with additional funding and increased pressures on public spending is inevitable. The IJB has to mitigate the challenges of this increased financial pressure of providing fit for purpose and value for money services for the people of Midlothian.

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 Like any year end projection, the IJB relies on a number of assumptions and estimates each of which introduces a degree of risk. The “business as usual” risks raised by this report are already included within the IJB risk register.
- 8.2 Of particular note 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;
 - The impact of Brexit is unknown – and assumed to be cost neutral in estimates to the year end. Any additional Brexit-related costs have no additional funding allocations attached to them at this stage.

9 Involving people

9.1 The IJB papers are publically available.

10 Background Papers

10.1 Scottish Government Medium Term Health and Social Care Financial Framework – October 2018

10.2 Midlothian Council Medium Term Financial Strategy- June 2019

AUTHOR'S NAME	Claire Flanagan
DESIGNATION	Chief Finance Officer
CONTACT INFO	claire.flanagan@nhsllothian.scot.nhs.uk
DATE	December 2020

Appendix 1 - Midlothian IJB 5 Year Rolling Plan 2020/21- 2024/25

Midlothian IJB 5 Year Financial Plan

	2020/21			2021/22			2022/23			2023/24			2024/25		
	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k	Rec £k	Non-Rec £k	Total £k
Income															
Recurring budget	129,698	0	129,698	134,237	0	134,237	135,642	0	135,642	137,082	0	137,082	138,557	0	138,557
Uplifts	4,845	1,040	5,885	1,405	1,040	2,445	1,440	1,040	2,480	1,475	1,040	2,515	1,511	1,040	2,551
Other adjustments	-306	2,151	1,845	0	0	0	0	0	0	0	0	0	0	0	0
Total Income	134,237	3,191	137,429	135,642	1,040	136,682	137,082	1,040	138,122	138,557	1,040	139,597	140,068	1,040	141,108
Expenditure															
Baseline expenditure	131,502	-832	130,670	137,343	-500	136,843	141,019	-500	140,519	144,800	-500	144,300	148,685	-500	148,185
<i>Anticipated cost increases:</i>															
Pay awards	2,168	0	2,168	1,473	0	1,473	1,507	0	1,507	1,544	0	1,544	1,587	0	1,587
Demographics	1,390	0	1,390	1,431	0	1,431	1,474	0	1,474	1,519	0	1,519	1,564	0	1,564
SG social care commitments	1,977	0	1,977	0	0	0	0	0	0	0	0	0	0	0	0
Non pay inflation	257	0	257	264	0	264	270	0	270	275	0	275	280	0	280
Medicines and prescribing growth	841	0	841	514	0	514	530	0	530	547	0	547	565	0	565
Investment decisions	95	31	127	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenditure	138,229	-800	137,429	141,026	-500	140,526	144,800	-500	144,300	148,685	-500	148,185	152,683	-500	152,183
Gross Position	(3,992)	3,991	(0)	(5,384)	1,540	(3,844)	(7,718)	1,540	(6,178)	(10,128)	1,540	(8,588)	(12,615)	1,540	(11,075)

