

Notice of Meeting and Agenda



Midlothian Integration Joint Board

Venue: Council Chambers/Hybrid,
Midlothian House, Dalkeith, EH22 1DN

Date: Thursday, 18 April 2024

Time: 14:00

Morag Barrow
Chief Officer

Contact:

| | |
|------------------|--|
| Clerk Name: | Democratic Services |
| Clerk Telephone: | 0131 271 3160 |
| Clerk Email: | democratic.services@midlothian.gov.uk |

Further Information:

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

1 Welcome, Introductions and Apologies

2 Order of Business

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

3 Declaration of Interest

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

4 Minute of Previous Meeting

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| 4.1 | Minute of the meeting of Midlothian Integration Joint Board held on 8 February 2024 | 5 - 20 |
| 4.2 | Minute of the special meeting of Midlothian Integration Joint Board held on 21 March 2024 | 21 - 30 |
| 4.3 | Minute of the meeting of MIJB Audit and Risk Committee held on 7 December 2023 | 31 - 38 |

5 Public Reports

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| 5.1 | Chair's Update by Councillor McManus | |
| 5.2 | Chief Officer's Report by Chief Officer For Decision | 39 - 48 |
| 5.3 | MIJB Dates for December 2024 - December 2025, report by Democratic Services Officer | 49 - 56 |
| 5.4 | MIJB Financial Recovery Actions: Planning, Performance and Programme, report by Integration Manager | 57 - 66 |
| 5.5 | Midlothian Health and Social Care Partnership System Transformation Planning, report by Integration Manager For Discussion | 67 - 78 |
| 5.6 | National Care Service Discussion, report by Deputy Director, Adult Social Care Local Improvement & Transformation Division, Scot Gov | 79 - 92 |
| 5.7 | MIJB Finance Update, report by Interim Chief Finance Officer | 93 - 108 |
| 5.8 | MIJB Performance Report by Performance Manager | 109 - 122 |

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| 5.9 | Public Health Prevention Update, presentation by Public Health Practitioner and Group Service Manager | |
| 5.10 | Integrated Assurance Report by Chief Nurse | 123 - 174 |
| | For Noting | |
| 5.11 | Annual Performance Report: Content and Proposed Timeline, report by Integration Manager | 175 - 180 |

6 Private Reports

No items for discussion

7 Date of Next Meeting

The next meetings will be held on:

- Thursday, 16 May 2024 at 2pm - Midlothian Integration Joint Board Development Session (for Board Members only).
- Thursday, 20 June 2024 at 2pm - Midlothian Integration Joint Board (full Board meeting).

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday, 18 April 2024
Item No 4.1



| Meeting | Date | Time | Venue |
|------------------------------------|---------------------------|--------|---|
| Midlothian Integration Joint Board | Thursday, 8 February 2024 | 2.00pm | Virtual Meeting held using Microsoft Teams. |

Present (voting members):

| | | |
|---|--|---|
| Connor McManus (Chair) | Val de Souza (Vice Chair NHS) | Councillor Winchester (attended virtually) |
| Councillor Milligan (attended virtually) | Andrew Fleming (NHS Lothian) | Angus McCann (NHS Lothian) (attended virtually) |
| Nadin Atka (NHS Lothian) (attended virtually) | Councillor McKenzie (attended virtually) (substitute for Councillor Parry) | |

Present (non-voting members):

| | | |
|--|--|---|
| Morag Barrow (Chief Officer) | David King (Interim Chief Finance Officer) | Joan Tranent (Chief Social Work Officer) |
| Fiona Stratton (Chief Nurse) (attended virtually) | Rebecca Green (Clinical Director) (attended virtually) | Jordan Miller (Partnership Representative NHS) (attended virtually) |
| Wanda Fairgrieve (Partnership Representative NHS) (attended virtually) | Marlene Gill (User Representative) | Keith Chapman (User Representative) |
| Magda Clark (Third Sector Representative) (attended virtually) | | |

In attendance:

| | | |
|--|---|---|
| Councillor McEwan (attended virtually) | Gill Main (Integration Manager) | Grace Cowan (Head of Primary Care and Older Peoples Services) |
| Duncan Stainbank (Chief Internal Auditor) (attended virtually) | Nick Clater (Head of Adult & Social Care) | Jenny Long (Director of Primary Care) (attended virtually) |
| Gary Leadbetter (Democratic Services Officer) | Hannah Forbes (Assistant Democratic Services Officer) | |

Midlothian Integration Joint Board

Thursday 8 February 2024

Apologies:

| | | |
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| Councillor Parry | | |
|------------------|--|--|

1. Welcome and Introductions

The Chair welcomed everyone to this Meeting of the Midlothian Integration Joint Board (MIJB).

Apologies were received from Councillor Parry with Councillor McKenzie substituting.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated, with the exception of Item 5.8 which was removed from the Agenda prior to the meeting.

3. Declarations of Interest

No declarations of interest were received.

4. Minute of Previous Meetings

4.1 The Minute of the Meeting of the MIJB held on 21 December 2023 was submitted for approval and agreed as a correct record, with the following amendment:

Under Item 5.2, the wording “integration that can be spread across the rest of the team” to be updated to “integration developed by the community respiratory team could be spread across the rest of the health and social care partnership.”

4.2 The Minute of the Meeting of the MIJB – Strategic Planning Group held on 30 November 2023 was submitted for noting.

5. Public Reports

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|---|----------|--------------|-------------------------------|
| <p>5.1 Chair's Update - Presented by Councillor McManus</p> <p>The Chair stated that there is a finance workshop on 29 February 2024 and that the Integration Manager would follow up with more details on this. The Chair encouraged everybody to attend this.</p> <p>The Chair explained that the IJB financial outlook is still being pulled together before any proper and in-depth directions can be formulated. The Chair noted that this might not be until April / May before it can be brought to the Board. The Integration Manager explained that the nature of directions is about issuing these to partners around what the Board should be doing and until the finances are clear this cannot be done.</p> | | | |
| <p>5.2 Chief Officer's Report – Presented by Chief Officer</p> <p>The Chief Officer presented their report and highlighted system pressure, pressure on acute hospital beds, high emergency department attendances and because of this a higher need for patients to be transferred out to Midlothian for rehabilitation, primarily in Midlothian hospital. The Chief Officer also noted that financial planning is underway and the adult, support and protection inspection which is due to start in the spring.</p> <p>The Chair thanked the Chief Officer for the report and opened it up for questions.</p> <p>It was asked why the mental health and resilience service is age limited, with the cutoff at age 65. The Chief Officer stated that there is a desire to look beyond the age limit and that this is being investigated for its potential.</p> | | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|----------|--------------|-------------------------------|
| <p>There was a query in relation to the pneumococcal vaccine programme and the attendance/uptake rates, as well as a question in relation to the challenges being experienced with the glaucoma service. In relation to the first question, the Head of Primary Care and Older People's Services explained that this is a did not attend rate, and that there are efforts to try to encourage people to attend their appointments. There is also some work going on to look at why this might be. In relation to the second question, the Clinical Director explained that optometrists need to be suitably trained to do the work and require training to be prescribers which takes time to do. The Clinical Director explained that there is work going on around this.</p> <p>It was asked how the pneumococcal vaccine uptake compared to that of the shingles vaccines uptake. A question was also raised in relation to the spring covid vaccine and further on measles. The Head of Primary Care and Older People's Services explained that they were not sure of the percentage rate for shingles, but this could be forwarded on after the meeting. It was also explained that there had been a huge push on the Covid vaccine and flu vaccines over winter, and those who didn't attend will be followed up with. The Chief Nurse explained that children who have not already had the MMR vaccine will be offered this.</p> <p>It was queried whether, in relation to learning disabilities, the full range of neurodevelopmental and neurodiverse presentations was being looked at. The Head of Adult and Social Care explained that neurodiverse issues are managed across both mental health and learning disability.</p> <p>A question was raised in relation to the dentistry contact and the review underway, including its remit, timescales and impact. The Clinical Director explained that they were not sure of the wider Scottish Government review but</p> | | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|---|--|--------------|-------------------------------|
| <p>could come back with details on this. It was explained that the good news for Midlothian is around the situation looking better. The Clinical Director explained some of the most recent updates to dentistry in Midlothian, such as the online service that people can log on to, to find where a dentist is. There are 3 practices out of 12 in Midlothian that are taken NHS patients. The Director of Primary Care noted that the Scottish Government implemented the first phase of the reform in November 2023, which saw dentists get paid more and instead of 6-monthly checks these are now on a case-by-case assessment.</p> <p>It was asked if the details of the free dental practices could be passed on to Members. The Director of Primary Care stated all this information was available on the NHS Lothian website and agreed this could be shared, explaining that people who are not registered, or cannot register, can go through Chalmers dental service for emergency treatment.</p> <p>A query was raised in relation to whether the risk assessment considered the cost-of-living crisis and healthy living. The Director of Primary Care explained that this is a clinical risk assessment between the dentist and patient, which will look at what the patient requires or needs.</p> | | | |
| <p>5.3 Primary Care Capital Prioritisation – Presented by Director of Primary Care</p> <p>The Director of Primary Care shared a presentation and spoke to it.</p> <p>The Chair thanked the Director of Primary Care for the presentation and opened it up for questions.</p> | <p>Explore “plan B” in March Development Session.</p> <p>MIJB to write to Midlothian Council’s Planning Committee on the matter of Shawfair.</p> | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|--|--------------|-------------------------------|
| <p>It was asked whether there was an outline of “plan B” if it will have to be put into operation. The Director of Primary Care explained that there was ongoing work in terms of maintenance and making sure the premises are fit for purpose. There is no firm plan B right now, and for this support from the MIJB will be required.</p> <p>The Chair asked if this could be explored in the upcoming Development Session in March.</p> <p>It was queried what the plan was in terms of Shawfair, as the health centre that currently serves the area will shortly be overwhelmed. It was further asked if the MIJB should write to Midlothian Council’s planning authority stating that there will be difficulties in finding medical practices to take on the residents coming to this area. The Chief Officer stated that population growth will be an issue around managing primary care in a traditional way, and there will be a need to look at alternative ways to provide primary care. The Chief Officer agreed that we should write to the Planning Committee.</p> <p>The Integration Manager explained that the HSCP has submitted a lengthy document and is working closely with planning colleagues, which includes providing estimations for the next 10-15 years with the already planned development.</p> <p>The Clinical Director provided short-term and medium-term assurances around trying to manage the population growth within Midlothian, noting some of the measures that had been put in place.</p> <p>A question was raised as to whether the online access allows a practice to reach a larger population. The Chief Officer explained that this does reach a</p> | <p>Presentation to be brought to MIJB on patient online access system.</p> | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|---------------------------|--------------|-------------------------------|
| different part of the population and that this was live now and there has been relative success around this. The Clinical Director explained that this does not necessarily mean that a practice can take on additional patients. The interest in this is using it to improve patient access and a further 4 practices across Midlothian have been funded to use this online access to evaluate it. It was agreed that it would be helpful to have a presentation or more information on this. | | | |
| <p>5.4 IJB Improvement Plan – Presented by Chief Internal Auditor</p> <p>The Chief Internal Auditor presented the report. The purpose of this report is to obtain the formal agreement of the Midlothian Health and Social Care Integration Joint Board (IJB) on the Board Improvement Plan that was created following two IJB Development Workshops held on the 11 May 2023 and the 9th November 2023. It is the intention that this self-improvement plan will then be refreshed on an annual basis going forward following a review of the implementation of the actions.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Approve the IJB Improvement Plan, including formal approval of the Board Action owners and associated timeframes. • Confirm that the IJB Improvement Plan should be reviewed on an annual basis. <p>The Chair thanked the Chief Internal Auditor for the report and opened it up for questions.</p> | Recommendations approved. | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|---|-------------------------|-------------------------------|
| There was discussion around commitments to committees, including the need to make sure there was a good spread across the membership of committees. The Integration Manager agreed that this would be picked up. | | | |
| <p>5.5 Strategic Plan Proposals – Presented by Integration Manager</p> <p>The Integration Manager presented the report. This report sets out the actions and progress to date in relation to the development of Midlothian Integration Joint Boards new Strategic Commissioning Plan for 2025-40. The Public Bodies (Joint Working) (Scotland) Act, 2014 places a duty on Integration Authorities to plan and direct delegated health and social services through the development of a Strategic Commissioning Plan. Integration Authorities must develop strategic proposals and ask the Strategic Planning Group to consult and develop these in the development of a Strategic Commissioning Plan. Between September and November 2023, a first stage consultation was undertaken to review and feedback on the current Strategic Commissioning Plan 2022-2025 and explore the hopes and ambitions of people and communities, delegated services, partner organisations and Third and Independent Sector partners. Over 150 individuals, services, and organisations took part, and a thematic analysis was completed to highlight key recurring themes. On 18th January 2024, the Midlothian HSPC Planning and Performance Teams led a Midlothian IJB Development Session to establish the strategic proposals for 2025-40.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Review the initial proposals generated in the IJB Development Session on 18 January 2024. Provide any feedback or proposed amendments. | Recommendations approved, with the proposed amendment that under the seventh bullet point under 3.7, palliative and end of life care be added | The Integration Manager | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|----------|--------------|-------------------------------|
| <ul style="list-style-type: none"> Formally adopt these proposals and commission the Strategic Planning Group to consult and expand on these proposals to develop the first draft of a new Strategic Commissioning Plan for 2025-40. <p>The Chair thanked the Integration Manager for the report and opened it up for questions.</p> <p>The Vice Chair asked that, under the seventh bullet point under 3.7, palliative and end of life care can be added. The Integration Manager agreed.</p> <p>It was queried if equitable distribution of resources was covered in the seven points outlined. The Integration Manager and the Chief Officer both explained that this was one of the underlying threads that goes through everything.</p> <p>In relation to the citizens panel, it was queried whether there will be a sense of prioritisation amongst people. The Integration Manager explained that there would be and when there is something more tangible, this will allow this piece of work will be able to be undertaken in more detail.</p> | | | |
| <p>5.6 IJB Finance Update – Presented by Interim Chief Finance Officer</p> <p>The Interim Chief Finance Officer presented the report. Papers were presented to the Midlothian Integration Joint Board's (IJB) meeting in December 2024, laying out the quarter 2 financial forecast for 2023/24 and an initial financial outline for 24/25 to 28/29. This paper provides an update to both those papers. The quarter 3 financial out-turn review is currently being developed by the IJB's partners, these were not available at the time of writing this paper. However, early indications suggest that it has not improved from the quarter 2 position. The financial forecast presented to the IJB in December for 24/25 was prepared</p> | | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|----------|--------------|-------------------------------|
| <p>before the Scottish Government published its 2024/25 budget. Budget briefings have been presented to voting members by their respective bodies, but the impact is that the health financial forecast for 2024/25 has now deteriorated substantially. However, it appears that the budget will not have a further impact on the social care element of the forecast. Both partners are reviewing their 2024/25 financial projections. The IJB has to set a balanced budget at its March 2024 meeting. Clearly this will depend on a series of savings proposals which are being developed by the management teams and the overall position may be impacted further by the Partner's budget offers to the IJB. These proposals will be considered by the IJB at its workshop on 29th February.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the update on the 23/24 projected out-turn. • Note the update on the 24/25 financial plan. • Attend the workshop on 29 February 2024. <p>The Chair thanked the Interim Chief Finance Officer for the report and opened it up for questions.</p> <p>The Vice Chair queried what uncertainties are making it challenging to forecast the cost of social care services delivered by third parties. The Interim Chief Finance Officer explained that there are challenges around feeding information back into the system that is used for social care services and this system is not designed to do a financial forecast.</p> <p>It was queried whether there were proposals coming to the MIJB at the workshop on the on 29 February on service reductions, removals, etc. The Interim Chief Finance Officer stated that the HSCP have had three workshops</p> | | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|----------|--------------|-------------------------------|
| <p>to look at the challenge and work through this. There will be some solutions, feedback and information built into the presentation.</p> <p>It was asked whether there was scope to slow down any non-discretionary expenditure in this financial year and it was noted that there would need to be communications around difficult decisions. The Interim Chief Finance Officer stated that NHS Lothian are hoping they can breakeven this year and if they do then the MIJB can breakeven. It was explained that there are management actions ongoing in social care to try and understand the forecast and refine it, and that the management team have stopped all discretionary spending. The Chief Officer explained that there had been a discussion on comms at the third financial planning workshop and everybody feels strongly about being open and transparent with staff and the public. The Chief Officer noted that MIJB works with partners in terms of comms and NHS Lothian are having discussions with the Scottish Government about national comms. It was further stated that the allocations need to come out before there can be movement on this.</p> | | | |
| <p>5.7 IJB Performance Report – Presented by Performance Manager</p> <p>The Performance Manager presented the report. The purpose of this report is to update the Midlothian Integration Joint Board (IJB) on progress towards the IJB performance goals set for the financial year 2022/23. Due to the processes required to validate these data, the full reporting year is almost complete for all indicators (indicators at 3.11 and 3.12 are outstanding). A report describing progress against each improvement goal is attached in Appendix 1. There is an inbuilt reporting delay (noted above). More recent management data is available for a number of the improvement goals but as they have not been validated, they cannot be published. In order to support the Board's</p> | | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|---|--------------|-------------------------------|
| <p>understanding of the current position regarding progress towards the improvement goals, a brief summary is provided. Following the Midlothian IJB meeting on 13th April 2023, the Performance, Assurance, and Governance Group (PAGG) was commissioned to consider a local improvement goal(s) for the IJB. The group met on 4th May 2023, and collaboratively produced one improvement goal with 8 locally relevant process measures. It was agreed at the December 2023 Board meeting that the non-validated management data are examined in detail by the Performance Assurance and Governance Group each month, and then submitted to IJB as a private paper. PAGG did not meet in December as attendance was significantly reduced.</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Note the performance against the IJB Improvement Goals for 2023/24. <p>The Chair thanked the Performance Manager for the report and opened it up for questions, of which there were none.</p> | | | |
| <p>5.8 Public Health Prevention Update – Presented by Public Health Consultant</p> <p>Removed prior to meeting.</p> | | | |
| <p>5.9 Chief Social Work Officer's Report – Presented by Chief Social Work Officer</p> <p>The Chief Social Work Officer presented the report, explaining that it presents a high-level overview on local governance arrangements, service delivery, resources and workforce.</p> | <p>Presentation on the work around the Promise to be given to the MIJB.</p> <p>Presentation on the justice aspects of the</p> | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|---|--------------------------------------|--------------|-------------------------------|
| <p>The Chair thanked the Chief Social Work Officer for the report and opened it up for questions.</p> <p>On the change in welfare guardianship waiting list, it was questioned what the thoughts were on the 16. It was also queried how well technology supports the work in Midlothian and what more should be done around digital social care and digital integrated health and social care. The Head of Adult and Social Care explained that the guardianship figures tend to fluctuate, as it is a complex and nuanced area, although there is work ongoing to tighten up delays. It was explained that the Local Authority should only apply for guardianships when nobody else is able to. It was further noted that there are limits on this due to timescales, particularly around court timeframes. In terms of digital solutions, the Head of Adult and Social Care explained that there is a desire to do more around this, however highlighted that there are challenges inherent in this.</p> <p>The Vice Chair queried whether there was anything to do to change the perception of IJBs focus being adult & health, noting that there are also justice elements within it. The Vice Chair noted they would welcome a presentation on the justice elements and to hear more on SDS and would speak to the Chair about this. The Chief Social Work Officer stated that it would be good to widen the agenda and bring relevant data to the MIJB.</p> <p>The Chair left the Chambers temporarily and the Vice Chair took over the role as Chair in the interim.</p> <p>There was a request to hear some of the background in relation to the increase in adult support and protection referrals and a request that a presentation be given on the work around the Promise. The Chief Social Work Officer explained</p> | <p>MIJB to be given to the MIJB.</p> | | |

Midlothian Integration Joint Board

Thursday 8 February 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|----------|--------------|-------------------------------|
| <p>that there has been awareness training on how data is recorded and more of a drive to get a more consistent approach with East Lothian. The Head of Adult and Social Care explained that data is analysed all the time. It was explained that some of the trends being seen around adult support and protection are financial harm, self-neglect, hoarding and drug and alcohol misuse. It was noted that there needed to be robustness on how these things are managed.</p> <p>The Chair returned to the Chambers.</p> | | | |

6. Private Reports

No items for discussion.

7. Any Other Business

The following additional business had been notified to the Chair in advance of the meeting:

7.1 Audit and Risk Committee Terms of Reference – Interim Chief Finance Officer

The Interim Chief Finance Officer explained that membership of the Audit and Risk Committee was discussed at the last meeting of the MIJB, with it being agreed that Val De Souza would be Chair and that Councillor Milligan would join the Committee. The Interim Chief Finance Officer explained that, as per the TORs, the Chair and Vice Chair of the MIJB cannot be the Chair of the Audit and Risk Committee. As such, permission was requested to remove this constraint.

It was agreed that the TORs can be changed to remove the constrain that the Vice Chair of the MIJB cannot be the Chair of the Audit and Risk Committee.

7.2 Chief Finance Officer Position – Chief Officer

Midlothian Integration Joint Board

Thursday 8 February 2024

The Chief Officer explained that Midlothian Council are not able to take on the role of the Chief Finance Officer for the MIJB and, as such, there is a need to look at the interim plan, pending a formal full plan. The Chief Officer stated that they will revise the plan and bring something more solid on this when the position is updated.

8. Date of Next Meeting

The next meetings of the Midlothian Integration Joint Board will be:

- Special MIJB held on Thursday, 21 March 2024 at 2pm.
- MIJB held on Thursday, 18 April 2024 at 2pm.

(Action: All Members to Note)

The meeting terminated at 15:53pm.

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday, 18 April 2024
Item No 4.2



| Meeting | Date | Time | Venue |
|--|-------------------------|--------|---|
| Midlothian Integration Joint Board (Special) | Thursday, 21 March 2024 | 2.00pm | Virtual Meeting held using Microsoft Teams. |

Present (voting members):

| | | |
|------------------------------|-------------------------------|--------------------------|
| Cllr McManus (Chair) | Cllr Parry | Cllr Winchester |
| Cllr Milligan | Val De Souza (Vice Chair NHS) | Nadin Atka (NHS Lothian) |
| Andrew Fleming (NHS Lothian) | | |

Present (non-voting members):

| | | |
|---|--|--|
| Morag Barrow (Chief Officer) | David King (Interim Chief Finance Officer) | Joan Tranent (Chief Social Work Officer) |
| Claire Ross (Chief AHP) | Fiona Stratton (Chief Nurse) | Rebecca Green (Clinical Director) |
| Grace Chalmers (Partnership Representative MLC) | Wanda Fairgrieve (Partnership Representative, NHS) | |
| Keith Chapman (User Representative) | Marlene Gill (User Representative) | |

In attendance:

| | | |
|--|---|--|
| Cllr Virgo | Cllr McKenzie | Gill Main (Integration Manager) |
| Nick Clater (Head of Adult Services & Social Care) | Grace Cowan (Head of Primary Care and Older Peoples Services) | Fiona Kennedy (Service Manager – Health and Social Care) |
| Roxanne King (Executive Business Manager) | Gary Leadbetter (Democratic Services Officer) | Hannah Forbes (Assistant Democratic Services Officer) |

Apologies:

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Midlothian Integration Joint Board

Thursday 21 March 2024

1. Welcome and Introductions

The Chair welcomed everyone to this Special Meeting of the Midlothian Integration Joint Board (MIJB).

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

No items for discussion.

5. Public Reports

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|---------------------------|--------------|-------------------------------|
| 5.1 Chair's Update - Presented by Councillor McManus The Chair noted that a Development Session would directly follow this meeting. | | | |
| 5.2 Midlothian IJB Outturn Projection 2023-24, report by Chief Finance Officer (Interim) The Interim Chief Finance Officer (Interim) presented the report. This paper considers the IJB's projected out-turn position for 2023/24. The final financial position for the IJB will be supplied by the IJB's partners by the end of May 2024. This projected out-turn is therefore remains an estimate, but Midlothian IJB must note this position for two key reasons: | Members noted the report. | | |

Midlothian Integration Joint Board

Thursday 21 March 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|----------|--------------|-------------------------------|
| <p>1. The significant recurrent overspend in the IJB's social care budget in 2023/24 means that a recovery programme is necessary. A financial recovery programme alongside the requirement to find additional efficiencies to support further financial pressures in 2024/25 will result in a very challenging savings target for 2024/25.</p> <p>2. The IJB has reserves. These reserves are required to be used in 2023/24 to allow the IJB to break-even. The result is that the IJB will not have any uncommitted reserves in 2024/25 with which to support the savings programmes in that year.</p> <p>Members are asked to note:</p> <ol style="list-style-type: none"> 1. The projected financial out-turn for 2023/24. 2. The IJB's available reserves will all be used in 2023/24 (based on the current forecast). <p>The Chair thanked the Interim Chief Finance Officer for the report and opened it up for questions.</p> <p>The Vice Chair raised a query as to what the considerable delivery costs around Covid-19 are. The Chief Officer explained that the complexity of people being seen post-covid was not there pre-covid. There is also the post-covid legacy of waiting times that are being dealt with and cost increases that are still impacting. Further, Covid-19 has not went away and there are still issues being experienced due to this.</p> <p>A question was raised in relation to the 800K gap between expected outturn and the use of the reserves and the consequences of this. The Interim Chief Finance Officer explained that for planning purposes, there is an assumption that this overspend position will be managed by a mixture of reserves and funds from partners,</p> | | | |

Midlothian Integration Joint Board

Thursday 21 March 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|---|--------------|-------------------------------|
| <p>5.3 2024/25 Budget Offers from Midlothian IJB's Funding Partners, report by Chief Finance Officer (Interim)</p> <p>The Chief Finance Officer (Interim) presented the report. Midlothian IJB receives its funding from its statutory partners - Midlothian Council and NHS Lothian. The partners have made offers to the IJB for 2024/25 and Midlothian IJB must now consider these offers prior to setting its own 2024/25 budget. The offer from Midlothian Council is final in that Midlothian Council has now set its own 2024/25 budget. NHS Lothian will set a budget for 2024/25 at its April Board meeting but it has provided the IJB with an indicative offer. The IJB applies two tests to the partners offers, these being that the offer complies with the Scottish Government's guidance, and that the partner is offering the IJB what it has available. It should be noted that Midlothian Council's offer considerably exceeds the first test.</p> <p>Members are asked to:</p> <ol style="list-style-type: none"> 1. Note the budget offers and the details behind them. 2. Accept Midlothian Council's formal budget offer for 2024/25. 3. Accept NHS Lothian's Budget indicative budget offer for 2024/25. <p>The Chair thanked the Interim Chief Finance Officer for the report and opened it up for questions, of which there were none.</p> | <p>Members agreed to the recommendations as outlined.</p> | | |
| <p>5.4 Midlothian IJB Budget Setting 2024/25, report by Chief Finance Officer (Interim)</p> <p>The Chief Finance Officer (Interim) presented the report. Midlothian IJB is required to set a balanced budget before the start of the financial year. The IJB's budget is funded by its partners, Midlothian Council and NHS Lothian. The partners have now made budget offers to the IJB for the 2024/25 financial year. The offer from Midlothian Council is final in that Midlothian Council has now set</p> | <p>Members agreed to the recommendations as outlined.</p> | | |

Midlothian Integration Joint Board

Thursday 21 March 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|---|----------|--------------|-------------------------------|
| <p>its own 2024/25 budget. NHS Lothian will set a budget for 2024/25 at its April Board meeting but it has provided the IJB with an indicative offer.</p> <p>A paper laying out the indicative financial pressures for the years 2024/25 to 2028/29 was presented to the IJB on 21st December 2023. This showed a very significant projected financial pressure in 2024/25 of £12.5m. This position was prior to the Scottish Government's own budget setting process, the impact of which was to increase the IJB's gap to a forecast position of £14.3m. Since then, the forecasts have been revised and additional funding has been made available by Midlothian Council. However there remains a financial pressure for Midlothian IJB in 24/25 of c. £10.0m. A series of proposals have been brought forward by the operational management teams which would, if agreed, allow the IJB to set a balanced budget for 2024/25. It is worth also noting that the Set Aside budget is not balanced at this time.</p> <p>Members are asked to:</p> <ol style="list-style-type: none"> 1. Note the development of the 2024/25 budget setting process. 2. Consider the proposals that support the development of a balanced budget for 2024/25. 3. Agree to set a balanced budget for 2024/25 on the presumption of the delivery of the savings programmes include working with the other IJBs and NHS Lothian to deliver a balanced position for the Set Aside budget. <p>The Chair thanked the Interim Chief Finance Officer Interim for the report and opened it up for questions.</p> <p>The Chief Officer explained that every IJB is in a similar position and formally thanked partners for their work and Midlothian Council on their position around additionality. The Chief Officer also commended the work of the HSCP team and spoke to some of the work that has went into this. The Chief Officer noted that there will be a significant transformation project over the next 18-month period and the Integration Manager will bring back a transformation programme.</p> | | | |

Midlothian Integration Joint Board

Thursday 21 March 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|---|----------|--------------|-------------------------------|
| <p>It was queried whether there would be opportunities to support and be supported by surrounding IJBs. The Chief Officer confirmed that these would be looked at.</p> <p>A question was raised as to why project financial pressure in social care has not increased from the outturn for this year. The Interim Chief Finance Officer explained that the MIJB has had additional resources from Midlothian Council which account for this.</p> <p>The Chair queried why there was no expected timeframe for expected savings under commissioned services and if there was any plan to provide clarity around this. The Head of Adult Services and Social Care explained that they need to scope out what this will look like and that this will take around three months to do properly. The results of the scoping exercise will be brought back.</p> <p>A question was raised in relation to Newbyres and whether, in relation to bed capacity, there is any baseline of need and if there a real risk here. The Chief Officer stated that this is being mitigated and explained that the Head of Adult Services and Social Care's team has commissioned a piece of work to try and work through some of the complexity, what this means in terms of workforce needs, what the offer is around Newbyres going forward and how does this fit within the financial aspects. The Chief Officer explained that this will feed into the transformation work to understand what the bed base is, what is needed and what is best value moving forwards. The Head of Adult Services and Social Care explained that one of the main cost pressures is around the use of agency and if this can be brought under control this will deliver savings. It was further explained that the pressures were less so around vacancies and more around sicknesses and absences.</p> | | | |

Midlothian Integration Joint Board

Thursday 21 March 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|----------|--------------|-------------------------------|
| <p>It was queried whether justice is in the budget. The Head of Adult Services and Social Care explained that justice is ringfenced funding and in terms of the financial algorithm it is not used. It was further explained that there is some creativity that can be used here in terms of underspend in justice, particularly in terms of linking in with services in No. 11.</p> <p>In relation to planning, performance and programme service funding and the staffing issues, it was asked whether this was going to be done on a phased basis. The Integration Manager explained that the £448K that needs to come out of the system requires a need to go through organisational change that meets the requirements and legal responsibilities. It was noted that this can be a positive process which can bring positive change but this takes time and takes intentional effort to do it well. The Integration Manager explained that they had met with trade unions on both sides to discuss the organisational change and had also met with HR or ER to set plans in motion in early April to put the scope together. It was noted that it is difficult to determine the number of staff this will impact until the scope is set, but it will mean losing key personnel. The Chief Officer stated that this figure is about taking key roles out of the Integration Manager's team completely, although noted that the final outturn will not be known until the end of May and so the position may be better. It was noted that taking these roles out in their entirety would present a risk and the preferred approach would be to not replace posts as they go and take a measured review throughout the year.</p> <p>A question was asked about the quantum identified and the deliverability of it, and whether this factors in the three months noted by the Head of Adult Services and Social Care or whether this is the whole year cost of the savings. The Chief Officer stated that they think they are all deliverable, but accepted that there will not be full year effect from all of them. The Chief Officer also explained that there is a financial monitoring infrastructure in place that is very</p> | | | |

Midlothian Integration Joint Board

Thursday 21 March 2024

| Report Title/Summary | Decision | Action Owner | Date to be Completed/Comments |
|--|----------|--------------|-------------------------------|
| <p>tight, and there is a lot of clarity around what to do with slippage moving forward.</p> <p>It was queried whether communities that are likely to be affected being engaged with. The Chief Officer explained that the communities have not been engaged with yet, but they will be as things move forward.</p> <p>On the financial monitoring, it was noted that there will be challenges with implementing changes when costs are reduced, whilst also managing the core costs and whether the team was on top of this. The Interim Chief Finance Officer explained that they recognise this and the importance of joining these aspects back together. It was explained that there will be interactions on this going forward and that the hope is the financial situation at the year end will be better. It was further noted that the partners would be engaged on this to determine if there was any non-recurring funds that could help underpin some of this change.</p> <p>In relation to the commissioned services, it was noted that one of the risks was about not delivering statutory duties and, in the impacts assessment, that this would likely have a disproportionate affect on people with disabilities and mental health issues. It was asked how this would be dealt with. The Chief Office explained that there is a two-fold approach to this, and that what equates to a 3% target would not be looked at across every single commissioned service. The Chief Officer explained that the belief is that a lot of the target can be made by improved contract management, more efficient models of care and looking at outcomes being built into the contract management. The Chief Officer also noted that non-person facing contracts would be looked at first as well.</p> | | | |

6. Private Reports

Midlothian Integration Joint Board

Thursday 21 March 2024

No items for discussion.

7. Any Other Business

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

8. Date of Next Meeting

The next meeting of the Midlothian Integration Joint Board will be held on Thursday, 18 April 2024 at 2pm.

(Action: All Members to Note)

The meeting terminated at 15:02pm.

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday, 18 April 2024
Item No 4.3



| Meeting | Date | Time | Venue |
|--------------------------|--------------------------|--------|-------------------------------------|
| Audit and Risk Committee | Thursday 7 December 2023 | 2.00pm | Virtual Meeting held using MS Teams |

Present (voting members):

| | | |
|----------------------|---------------------|------------------|
| Val de Souza (Chair) | Cllr Connor McManus | Cllr Kelly Parry |
| Nadin Akta | Andrew Fleming | |

Present (non-voting members):

| | | |
|------------------|---------------|-----------------|
| Morag Barrow | Gill Main | Claire Gardiner |
| Duncan Stainbank | Rebecca Green | Claire Ross |
| David King | | |

In attendance:

| | | |
|---------------|--------------|-------------|
| Roxanne King | Lisa Cumming | Lucy Roddie |
| Hannah Forbes | | |

Apologies:

| | | |
|-----------------|-----------|--|
| Patricia Fraser | Kay Jenks | |
|-----------------|-----------|--|

Audit and Risk Committee

Thursday 7 December 2023

1. Welcome and Introductions

The Chair welcomed everyone to the meeting.

2. Order of Business

The Order of Business was as detailed in the agenda.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Meeting

- 4.1 The Minute of Meeting of the Audit and Risk Committee held on 23 November 2023 was submitted. Gill Main, Integration Manager, reported that she had been listed as in attendance at the meeting, but had not been present. Democratic Services agreed to amend the minute.

The Minute was approved as a correct record, subject to the correction noted above.

- 4.2 Matters Arising: None.

5. Public Reports

5.1 Q3 2023/24 Risk Register, report by Chief Financial Officer – David King

David King, Chief Financial Officer, presented the report. David King highlighted that the risk around financial resources had been increased to the highest level, 'critical'. David King reported that the risk register is currently held as a document file but it was suggested that it should be integrated into one of the risk management systems used by the partners.

The Committee is asked to:

1. Note the Q3 risk register;
2. Consider the amendments made from the Q1 risk register;
3. Consider if any further additions or changes should be made to the risk register;
4. Require the management of the IJB to put the risk register into a more formal management system.

The Chair, Val de Souza, thanked David King for the report and opened it up to questions.

Andrew Fleming commented that population growth in Midlothian would have a significant impact over the coming years and asked if this risk had been accounted for. Morag Barrow, Chief Officer to Midlothian IJB, voiced her support to register population growth as a separate risk and noted the unique challenges facing Midlothian in relation to demographics. It was agreed that it was important that the IJB were seen to be aware of, and mitigating, this risk. Gill Main gave assurances to the Committee that the HSCP was fully engaged with the Midlothian Local Development Plan 2 (MLDP2) and had provided input to the review of the draft evidence statement.

Councillor Parry noted that a report had been presented to the meeting of Midlothian Council on 10 October 2023 regarding the impact of population growth in Midlothian. Councillor Parry had written to the UK government, Scottish Government and COSLA in relation to this, and offered to share these communications with the IJB. It was agreed that Councillor Parry would share the relevant information with Morag Barrow for review. The IJB would then consider any necessary action at a future meeting.

Some discussion took place around the risk related to recruitment. It was noted that plans had recently been proposed to reduce net migration, and this may have an impact on the workforce. Gill Main reported that while health and social care workers would be exempt from the proposed restrictions, limitations may be imposed by employer partners. Gill Main reported that she was working with NHS and Council partners and would provide updates as relevant. The Chair commented on the importance of monitoring the implementation of the changes and assessing any associated risk. It was agreed to retain a risk rating of 4 for the time being.

Audit and Risk Committee

Thursday 7 December 2023

The Committee:

1. Noted the Q3 risk register
2. Considered the amendments made from the Q1 risk register
3. Considered that no further additions or changes were required to risk register
4. Agreed to instruct the management of the IJB to put the risk register into a more formal management system.

The Chair thanked members for their feedback.

Action:

Councillor Parry to share relevant communications regarding population growth with Morag Barrow for review. IJB to consider any necessary action at a future meeting.

David King to instruct the management of the IJB to put the risk register into a more formal management system.

5.2 Midlothian IJB Publication Scheme 2023, report by Integration Manager - Gill Main

Gill Main, Integration Manager, introduced the report. Gill Main reported that the IJB is required to provide the public with a Publication Scheme under The Freedom of Information (Scotland) Act 2002. This update brings the publication scheme in line with the Scottish Information Commissioner Model Publication Scheme (2021). Lisa Cumming, Business Support Manager, had worked with the Information Commissioner's Office (ICO) to ensure the information is accessible and the scheme is adopted appropriately. Gill Main highlighted the Equality and Children's Rights Impact Assessment in Appendices 2 and 3 of the report.

The Committee is asked to:

1. Review the updated information within the Scheme of Publication
2. Review the accompanying Equality and Children's Right Impact Assessment
3. Consider updates and agree to recommendation to the IJB for approval.

The Chair thanked Gill Main and Lisa Cumming for the report and opened it up to questions.

Some discussion took place around the Scheme's reference to translation. Gill Main confirmed that there is no legislative requirement to provide translations, noting that it would be impractical to produce copies of documents in every language. Translations would be provided on a request basis. It was noted that the impact assessment refers to the legislative requirements to promote BSL as a language, and a BSL version would be produced if a request was received.

Audit and Risk Committee

Thursday 7 December 2023

The Committee:

1. Reviewed the updated information within the Scheme of Publication
2. Reviewed the accompanying Equality and Children's Right Impact Assessment
3. Agreed to recommend the Midlothian IJB Publication Scheme 2023 to the IJB for approval.

The Chair thanked Gill Main and Lisa Cumming for their work on the revised Scheme of Publication.

Action:

Gill Main to recommend the Midlothian IJB Publication Scheme 2023 to the IJB for approval.

5.3 Internal Audit Report, report by Chief Internal Auditor – Duncan Stainbank

Duncan Stainbank, Chief Internal Auditor, introduced the report. The report details the MIJB's reported performance in addressing and closing the issues and recommendations raised by Internal Audit. Duncan Stainbank noted that good progress had been made by Management during the year with the completion of 7 recommendations as summarised in Appendix 1. There are currently 2 remaining in-progress Internal Audit Recommendations for the MIJB which are summarised in Appendix 2.

The Committee is asked to:

1. Acknowledge the progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance, and mitigate risks;
2. Consider whether it is satisfied with the progress made by Management and any other actions required; and
3. Note that Internal Audit will continue to monitor the completion of the outstanding recommendations and will provide update reports to the MIJB Audit and Risk Committee.

The Chair thanked Duncan Stainbank for the report and opened it up to questions.

Andrew Fleming noted that action reference IA.MIJB-MTFP.01 in relation to the development of the Medium-Term Financial Plan for the IJB was due to be completed by 31 December 2023 and asked if this was achievable. In response, David King reported that a paper regarding the development of a Medium-Term Financial Plan would be presented to the meeting of IJB on 21 December 2023. David King would provide an update to the IJB on the process and associated timetable at this meeting and suggested this would satisfy the 31 December deadline.

Audit and Risk Committee

Thursday 7 December 2023

The Committee:

1. Acknowledged the progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance, and mitigate risks;
2. Considered that it was satisfied with the progress made by Management and no other actions were required; and
3. Noted that Internal Audit will continue to monitor the completion of the outstanding recommendations and will provide update reports to the MIJB Audit and Risk Committee.

The Chair thanked Duncan Stainbank for the report.

5.4 NHS Lothian Internal Audit Report Complaints Handling, report by Chief Internal Auditor - Duncan Stainbank (to follow)

It was noted that the reports which had been marked as 'to follow' had not been circulated in advance of the meeting.

It was agreed that Duncan Stainbank would submit the reports to Democratic Services for circulation directly after the meeting. The Committee would consider the reports and a fuller discussion would be tabled at the next meeting of 7 March 2024. It was agreed that provisional comments could be submitted directly to either Duncan Stainbank or the Chair.

Action:

Committee members are invited to submit provisional comments regarding the Complaints Handling report to either Duncan Stainbank or the Chair.

6. Private Reports

No private business to be discussed at this meeting.

7. Date of next meeting

The next meeting will be held on Thursday 7 March 2024 at 2.00pm.

(Action: All Members to Note)

Audit and Risk Committee

Thursday 7 December 2023

The meeting terminated at 2.47pm.



Thursday, 18th April 2024, 14:00 -16:00

Chief Officer's Report

April 2024

Item number: 5.2

Executive summary

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

Board members are asked to:

- Note the content of the report

Chief Officer's Report

1 Purpose

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

2 Recommendations

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

3 Background and main report

3.1 Chief Officer

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

3.2 Adult Support and Protection (ASP) Inspection

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

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

Justice

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

Services for Women

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

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

Working with those impacted by Domestic Abuse

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

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

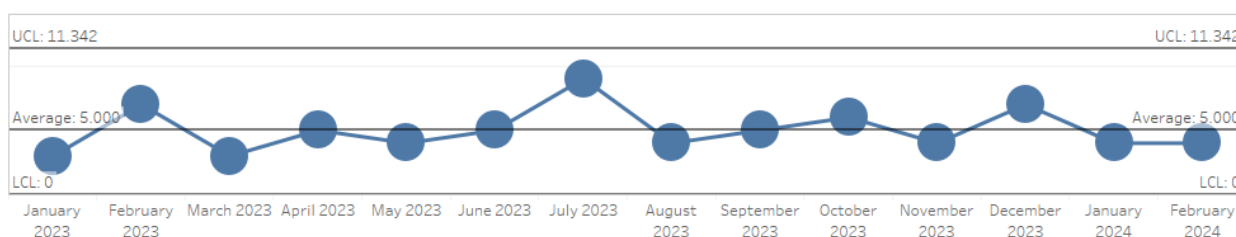
| Monitoring Question | Outcomes |
|---|---|
| Q1 To what extent do men's beliefs, attitudes & behaviours change between starting the programme and completing it? | <ul style="list-style-type: none">• Men show an increase in respectful communication and behaviours• There is a reduction in the negative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

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

Mental health in-patient Performance at Royal Edinburgh Hospital

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

Monthly admissions:



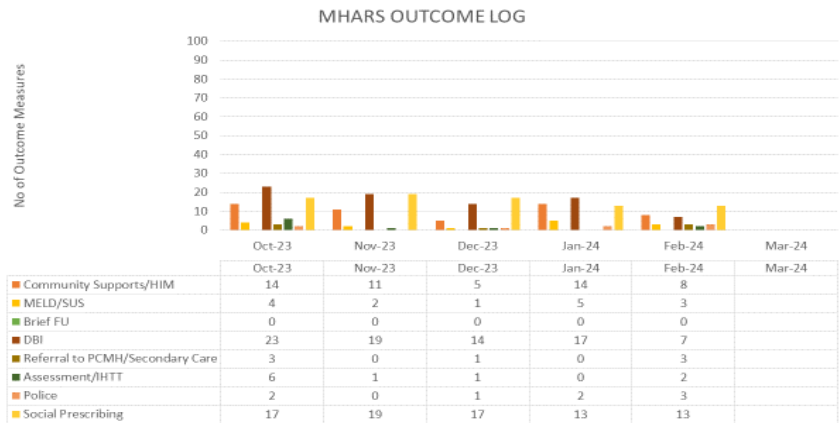
Midlothian Substance Use Services A 11 target

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

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

Mental Health and Resilience Service (MHARS)

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



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

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

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

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

Mental Health Officer Training Award

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

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

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

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

3.3 Midlothian Integration Joint Board Strategic Commissioning Plan

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

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

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

Midlothian IJB Model Scheme of Publication

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

IJB Community Engagement Self-Evaluation and Action Plan

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

Workforce

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

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

Gill Main, Integration Manager – gill.main3@nhs.scot

3.4 Increasing risk to GP practice sustainability

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

Older People and Frailty

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

Rebecca Green, Clinical Director – rebecca.green@nhs.scot

3.5 Governance and Assurance Framework

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

Safe Staffing

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

Claire Ross, Chief Allied Health Professional – claire.ross4@nhs.scot

3.6 Chief Nurse

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

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

Fiona Stratton, Chief Nurse – fiona.stratton@nhs.scot

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 | April 2024 |



Thursday, 18 April 2024, 14:00-16:00

Midlothian Integration Joint Board Proposed Meeting Schedule and Development Session Dates for 2025

Item number: 5.3

Executive summary

The purpose of this report is to set the dates for the meetings, committees, groups, and development sessions of the Midlothian Integration Joint Board for 2025.

Dates for the Midlothian Integration Joint Board meetings, associated committees, groups, and development sessions have been agreed up to the end of December 2024. These having been previously presented to the Board on April 13th 2023, and following revision were agreed at the June 22nd 2023 meeting. These are detailed in appendix 1.

Members are asked to:

- Approve the meeting schedule and development session dates for 2025 as set out in Appendix 2.
- Note the scheduling of service visits for the Members of the Midlothian Integration Joint Board.

Midlothian Integration Joint Board

Proposed Meeting Schedule and Development Session Dates for 2025

1 Purpose

- 1.1 To set the dates for meetings, groups, committees, and development sessions of Midlothian Integration Joint Board for 2025, as prescribed by the Midlothian Integration Joint Board Standing Orders – 5.2.

2 Recommendations

- 2.1 As a result of the report, members are asked to:
- To approve the meeting schedule and development session dates for 2025 as set out in **appendix 2**.
 - To note the scheduling of service visits for the Members of the Midlothian Integration Joint Board.

3 Background and main report

- 3.1 The proposed schedule follows the current existing pattern where Integration Joint Board meetings and development sessions are held on alternative months, with Special Integration Joint Board meetings in March and September to consider the budget and annual accounts respectively.
- 3.2 The proposed schedule also continues to note quarterly Audit and Risk Committee (ARC) meetings, and now more formally includes the Strategic Planning Group (SPG) as the other committee of Midlothian Integration Joint Board. As such, the Performance, Assurance and Governance Group (PAGG), reporting to the Strategic Planning Group, is also included on the proposed schedule (appendix 2).
- 3.3 Dates for the Midlothian Integration Joint Board meetings, associated committees, groups, and development sessions have been agreed up to December 2024. These having been previously agreed by Board at the June 22nd 2023 meeting (appendix 1).
- 3.3 Members are reminded that the facility exists under Standing Orders for special meetings to be called if and when required.
- 3.4 Appropriate arrangements are made where applicable to allow for the access of the public and press to attend.
- 3.5 Any service visits will continue to be scheduled as required, or at the request of Members of the Midlothian Integration Joint Board.

4 Policy Implications

- 4.1 There are no policy implications arising from any decisions made in this report.

5 Directions

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

6 Equalities Implications

- 6.1 There are no equalities issues arising from any decisions made in this report.

7 Resource Implications

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

8 Risk

- 8.1 The availability of the schedule of meeting dates contributes to the mitigation of risk by:
- facilitating forward planning for meetings,
 - contributing to the governance framework which allows the Board to conduct its business; and
 - providing a timetable to which Officers can work to ensure that reports are submitted timeously.

9 Involving people

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

10 Background Papers

None.

| | |
|----------------------|--|
| AUTHOR'S NAME | Gary Leadbetter |
| DESIGNATION | Democratic Services Officer |
| CONTACT INFO | Democratic.Services@Midlothian.gov.uk |
| DATE | 20 March 2024 |

Appendices:

Midlothian Integration Joint Board

Appendix 1: Proposed MIJB schedule of meetings and development session dates for 2024

Appendix 2: Proposed MIJB schedule of meetings and development session dates for 2025

Midlothian Integration Joint Board

Proposed Meeting Schedule and Development Session Dates 2023 and 2024

| | | |
|--|-------------|--|
| 2023 | | |
| Day/Date | Time | Meeting |
| August | | |
| Thursday 24 th August 2023 | 2pm | MIJB Board |
| September | | |
| Thursday 7 th September 2023 | 2pm | MIJB Audit and Risk Committee |
| Thursday 21 st September 2023 | 2pm | Special MIJB and Development Session (Annual Accounts) |
| Thursday 28 th September 2023 | 2pm | MIJB Strategic Planning Group |
| October | | |
| Thursday 12 th October 2023 | 2pm | MIJB Board |
| Thursday 26 th October 2023 | 2pm | MIJB Strategic Planning Group |
| November | | |
| Thursday 9 th November 2023 | 2pm | Development Session |
| Thursday 30 th November 2023 | 2pm | MIJB Strategic Planning Group |
| December | | |
| Thursday 7 th December 2023 | 2pm | MIJB Audit and Risk Committee |
| Thursday 21 st December 2023 | 2pm | MIJB Board |
| 2024 | | |
| Day/Date | Time | Meeting |
| January | | |
| Thursday 18 th January 2024 | 2pm | Development Session |
| Thursday 25 th January 2024 | 2pm | MIJB Strategic Planning Group |
| February | | |
| Thursday 15 th February 2024 | 2pm | MIJB Board |
| Thursday 29 th February 2024 | 2pm | MIJB Strategic Planning Group |
| March | | |
| Thursday 7 th March 2024 | 2pm | MIJB Audit and Risk Committee |
| Thursday 18 th March 2024 | 2pm | Special MIJB and Development Session |

April

| | | |
|--------------------------------------|-----|-------------------------------|
| Thursday 18 th April 2024 | 2pm | MIJB Board |
| Thursday 25 th April 2024 | 2pm | MIJB Strategic Planning Group |

May

| | | |
|------------------------------------|-----|-------------------------------|
| Thursday 16 th May 2024 | 2pm | Development Session |
| Thursday 23 rd May 2024 | 2pm | MIJB Strategic Planning Group |

June

| | | |
|-------------------------------------|-----|-------------------------------|
| Thursday 6 th June 2024 | 2pm | MIJB Audit and Risk Committee |
| Thursday 20 th June 2024 | 2pm | MIJB Board |
| Thursday 27 th June 2024 | 2pm | MIJB Strategic Planning Group |

Summer Recess**August**

| | | |
|---------------------------------------|-----|------------|
| Thursday 22 nd August 2024 | 2pm | MIJB Board |
|---------------------------------------|-----|------------|

September

| | | |
|--|-----|--|
| Thursday 5 th September 2024 | 2pm | MIJB Audit and Risk Committee |
| Thursday 19 th September 2024 | 2pm | Special MIJB Board and Development Session |
| Thursday 26 th September 2024 | 2pm | MIJB Strategic Planning Group |

October

| | | |
|--|-----|-------------------------------|
| Thursday 17 th October 2024 | 2pm | MIJB Board |
| Thursday 24 th October 2024 | | MIJB Strategic Planning Group |

November

| | | |
|---|-----|-------------------------------|
| Thursday 21 st November 2024 | 2pm | Development Session |
| Thursday 28 th November 2024 | 2pm | MIJB Strategic Planning Group |

December

| | | |
|---|-----|-------------------------------|
| Thursday 5 th December 2024 | 2pm | MIJB Audit and Risk Committee |
| Thursday 19 th December 2024 | 2pm | MIJB Board |

Service Visits

Further service visits will be scheduled as required or at the request of members of the Midlothian Integration Joint Board.

Midlothian Integration Joint Board

Proposed Meeting Schedule and Development Session Dates 2025

| 2025 Day/Date | Time | Meeting |
|---|------|--|
| January | | |
| Thursday 9 th January 2025 | 2pm | Development Session |
| Thursday 16 th January 2025 | 2pm | MIJB Strategic Planning Group |
| Thursday 30 th January 2025 | 2pm | Planning and Transformation Session |
| February | | |
| Thursday 20 th February 2025 | 2pm | MIJB Board |
| Thursday 27 th February 2025 | 2pm | MIJB Strategic Planning Group |
| March | | |
| Thursday 6 th March 2025 | 2pm | MIJB Audit and Risk Committee |
| Thursday 13 th March 2025 | 2pm | Special MIJB Board and Development Session |
| Thursday 20 th March 2025 | 2pm | Performance & Assurance Governance Group |
| April | | |
| Thursday 3 rd April 2025 | 2pm | MIJB Board |
| Thursday 24 th April 2025 | 2pm | MIJB Strategic Planning Group |
| May | | |
| Thursday 1 st May 2025 | 2pm | Planning and Transformation Session |
| Thursday 8 th May 2025 | 2pm | Development Session |
| Thursday 22 nd May 2025 | 2pm | MIJB Strategic Planning Group |
| Thursday 29 th May 2025 | 2pm | Performance & Assurance Governance Group |
| June | | |
| Thursday 5 th June 2025 | 2pm | MIJB Audit and Risk Committee |
| Thursday 12 th June 2025 | 2pm | MIJB Board |
| Thursday 19 th June 2025 | 2pm | MIJB Strategic Planning Group |
| Summer Recess | | |

August

| | | |
|---------------------------------------|-----|-------------------------------------|
| Thursday 21 st August 2025 | 2pm | MIJB Board |
| Thursday 28 th August 2025 | 2pm | Planning and Transformation Session |

September

| | | |
|--|-----|--|
| Thursday 4 th September 2025 | 2pm | MIJB Audit and Risk Committee |
| Thursday 11 th September 2025 | 2pm | Performance & Assurance Governance Group |
| Thursday 18 th September 2025 | 2pm | Special MIJB Board and Development Session |
| Thursday 25 th September 2025 | 2pm | MIJB Strategic Planning Group |

October

| | | |
|--|-----|-------------------------------|
| Thursday 9 th October 2025 | 2pm | MIJB Board |
| Thursday 30 th October 2025 | 2pm | MIJB Strategic Planning Group |

November

| | | |
|---|-----|--|
| Thursday 6 th November 2025 | 2pm | Planning and Transformation Session |
| Thursday 13 th November 2025 | 2pm | Development Session |
| Thursday 20 th November 2025 | 2pm | MIJB Strategic Planning Group |
| Thursday 27 th November 2025 | 2pm | Performance & Assurance Governance Group |

December

| | | |
|---|-----|-------------------------------|
| Thursday 4 th December 2025 | 2pm | MIJB Audit and Risk Committee |
| Thursday 18 th December 2025 | 2pm | MIJB Board |

Service Visits

Further service visits will be scheduled as required or at the request of members of the Midlothian Integration Joint Board.

Midlothian Integration Joint Board



Thursday 18th April 2024, 14:00-16:00

Midlothian Integration Joint Board Financial Recovery Action: Planning, Performance, and Programme Service

Item number: 5.4

Executive summary

On 21st March 2024 Midlothian IJB requested Midlothian HSCP review the posts within the Planning, Performance and Programme service previously agreed to be funded by Midlothian IJB. The total investment in this team was £448k annually, and this report presents the three options to either reduce expenditure or rescind investment support. This is one of five Financial Recovery Action Plans to achieve the required financial recovery position.

In light of the budget position for 2024/25, the Chief Financial Officer and the Chief Officer met with the Integration Manager on 31st January 2024 to review this position and begin considering a set of recovery options. Work was undertaken to review core funding and establish what recurring resource can be utilised to support this position.

Three options are now presented to Midlothian IJB ranging from continued investment at current staffing levels, to the removal of Midlothian IJB investment in this support service. Midlothian IJB currently funds 6.6WTE which is 60% of the service.

As part of the 2023/24 HSCP financial recovery planning, the Planning, Performance and Programme service has already offered significant savings comparative to the size of the service. In 2023/24, the Planning, Performance and Programme service has

- completed a review of contracts and Service Level Agreements (SLAs), that has resulted in an annual cost avoidance of £70k.
- returned £114k in-year to the IJB reserves through a review of previously drawn down reserves for integrated transformation opportunities.
- participated in the HSCP financial grip and control review and returned in-year non-recurring savings of £105k, approximately 14.5% of the total annual budget.
- reviewed processes and activities to identify and eliminate inefficiencies i.e., process mapping and job planning.

Members are asked to:

- Consider the benefits and risks associated with the presented options
- Determine and agree a position in relation to 2024/25 funding for this service

Midlothian Integration Joint Board

Midlothian Integration Joint Board Financial Recovery Action: Planning, Performance, and Programme Service

1 Purpose

- 1.1 This report presents three options to either reduce expenditure or rescind investment support to the Planning, Performance and Programme service as one of five Financial Recovery Action Plans to achieve the required financial recovery position.

2 Recommendations

- 2.1 As a result of this report, Members are asked to:
- consider the benefits and risks associated with the presented options
 - determine and agree a position in relation to 2024/25 funding for this service

3 Background and main report

- 3.1 Following the Midlothian IJB on 21st March 2024, Midlothian IJB requested Midlothian HSCP review the posts within the Planning, Performance and Programme service as part of financial recovery. The total investment in this team is currently £448k annually.
- 3.2 The Planning Performance, and Programme service was established in November 2022. This repatriated a number of posts under one support service to ensure the most effective and efficient delivery of Midlothian IJB statutory duties, strategic planning, and reporting while also supporting a range of planning, performance, and project activity within Midlothian HSCP.
- 3.3 The Integration Manager leads this service, supports a number of leadership functions within Midlothian HSCP executive team, and has oversight of the strategic planning and associated governance functions of the IJB and HSCP. This is achieved through a networked model of delivery that relies on collaborative cross-system working and input from the performance and programme teams.
- 3.4 This work includes ensuring the statutory duties of Midlothian IJB as a Public Body are met, providing support to Midlothian IJB members, the coordination and planning of Midlothian IJB business, the coordination of statutory governance alongside the Chief Finance Officer and Standards Officer, managing Midlothian IJB publications, leading and coordinating statutory and locally mandated

Midlothian IJB and HSCP planning and reporting, and delivering project-based improvement activity to support Midlothian HSCP service delivery.

- 3.5 It is not possible to complete this full range of activity without project support and input from specialist posts. Midlothian IJB recognised this in 2021 when it agreed to fund 1.0 WTE of additional analyst support, in 2022 when it agreed to fund 3.0 WTE to advance and develop the ambitions of the Strategic Commissioning Plan, and again in 2023 when it agreed to fund a 0.6 WTE Equalities and Human Rights Lead post.
- 3.6 On 24th August 2023, Midlothian IJB agreed to fund in total 6.6 WTE within the Planning Performance, and Programme service over 5 years by moving this funding from Midlothian IJBs general reserve to the earmarked reserve.
- 3.7 The Planning, Performance, and Programme service has already undertaken the following ‘Grip and Control’ actions as part of the 2023/24 HSCP financial recovery planning
- reviewed relevant contracts and Service Level Agreements (SLAs), that resulted in an annual cost avoidance of £70k.
 - returned £114k in-year to the IJB through a review of integrated transformation opportunities.
 - participated in the HSCP service-wide grip and control review and returned in-year non-recurring savings of £105k, approximately 14.5% of the total annual budget.
 - reviewed processes and activities to identify and eliminate inefficiencies i.e., process mapping and job planning.
- 3.8 In light of the budget position for 2024/25, the Chief Financial Officer and the Chief Officer met with the Integration Manager on 31st January 2024 to begin exploring the impact of reduced or rescinded financial support from Midlothian IJB.
- 3.9 The posts currently funded by Midlothian IJB are detailed in table 1.

Table 1: Midlothian IJB financial commitment to Planning, Performance, and Programme

| Role | Band | WTE | Annual Cost (£k) | Cost 5 Years (£k) |
|--------------------------------|----------|-------------|------------------|-------------------|
| Programme Manager: Frailty | 1 x B8a | 1.00 | 76 | 379 |
| Programme Manager: Workforce | 1x B8a | 1.00 | 76 | 379 |
| Principal Analyst | 1x B7 | 1.00 | 71 | 357 |
| Equality and Human Rights Lead | 1x B7 | 0.60 | 43 | 214 |
| Project Team Manager | 1x B7 | 1.00 | 71 | 357 |
| Project Manager | 1x B6 | 1.00 | 61 | 305 |
| Project Support Manager | 1x B5 | 1.00 | 50 | 248 |
| Totals | 7 | 6.60 | 448 | 2,241 |

- 3.10 Three options are now presented to Midlothian IJB ranging from continued investment at current staffing levels to the removal of Midlothian IJB investment in this support service.

- 3.11 The four options available to the Midlothian IJB are
- **Option 1:** Reduce expenditure based on natural attrition
 - **Option 2:** Reduce funding to Planning, Performance, and Programme
 - **Option 3:** Rescind funding to Planning, Performance, and Programme
 - **Option 4:** Continue to fund Planning, Performance, and Programme

3.12 **Option 1: Reduce expenditure based on natural attrition**

There are currently 3 vacancies within the Planning, Performance and Programme service detailed in table 2. Recruitment to these vacant posts has been intentionally paused to maximise in-year savings and minimise the impact of future funding decisions.

Table 2: currently vacant posts within the Planning, Performance, and Programme service

| Role | Band | WTE | Annual Cost (£k) | Cost 5 Years (£k) |
|--|----------|----------|------------------|-------------------|
| Programme Manager: Frailty (secondment until August 2024) | 1 x B8a | 1.00 | 76 | 379 |
| Programme Manager: Workforce | 1x B8a | 1.00 | 76 | 379 |
| Principal Analyst | 1x B7 | 1.00 | 71 | 357 |
| Totals | 3 | 3 | 223 | 1,115 |

However, there is a financial risk associated with this option as the postholder for the Programme Manager: Frailty is on secondment and currently due to return to post in August 2025.

Additionally, the impact of sustaining reduced capacity by not recruiting to these three posts has significantly increased the workload of the service and, in particular, the workload of the remaining service leadership. This position is not sustainable and, should option 1 be the Boards preferred choice, the HSPC will be required to agree to the reallocation of work which does not require the unique skills of the Planning, Performance and Programme service to other areas within the HSPC.

3.13 **Option 2: Reduce funding to Planning, Performance, and Programme**

This option will require Midlothian IJB to determine if it can continue to provide a reduced amount of funding to this service. It is important to note that this option does not prevent the need for Organisational Change as strategic workforce planning is required to ensure the best mix of skills and competencies will be required alongside more significant reallocation of tasks across the system.

In addition to the areas described in option 1, further mitigations would include

- considering the ongoing use of funding for other currently vacant posts within the core funding of the service (e.g., the Programme Manager: Digital),
- the initiation of Organisational Change to determine the most effective model of support service delivery across all teams within the Planning, Performance, and Programme portfolio.
- negotiation with NHS Lothian and Midlothian Council regarding mutual aid for areas of statutory work that are identified as a risk
- the cessation of all non-statutory work identified as outwith service capacity

The size of any reduction in funding would therefore determine the scope and remit of Organisational Change and influence the future choice of model to best utilise available resource.

This option would also require Midlothian HSCP to consider other areas from which to achieve the remaining financial recovery value.

3.14 Option 3: Rescind funding to Planning, Performance, and Programme

Should Midlothian IJB consider the preferred option, the cost avoidance over 5 years will be approximately £2.241m. However, this represents the loss of 6.6WTE in capacity which is a 60% loss across the team.

As such, this option would require Organisational Change with a wide scope and remit across the HSCP in order to most equitably, effectively, and sustainably achieve the financial recovery value. This would necessitate the inclusion of all support services including Business functions, Admin, and the Service Planning Officers.

3.15 Option 4: Continue to fund Planning, Performance, and Programme

Midlothian IJB could chose to continue to fund the Planning, Performance, and Programme service at the current level. This would require Midlothian HSCP to consider other areas from which to achieve the financial recovery value. In this scenario, the service would continue to review skill mix and allocation of workload as part of ongoing strategic workforce planning to ensure the ongoing Best Value from available resource.

3.16 Recommended Option

The recommendation is to proceed with Option 2 as the preferred option and for Midlothian IJB to agree an ongoing commitment to the Planning, Performance, and Programme service.

4 Policy Implications

- 4.1 This report has implications for a range of statutory duties currently undertaken by the Planning, Performance, and Programme service including
- IJB Strategic Commissioning Plan
 - Consultation Statement (published alongside the Strategic Plan)
 - Housing Statement (published alongside the Strategic Plan)
 - IJB Joint Strategic Needs Assessment (JSNA)
 - IJB Directions and Annual Reporting
 - IJB Annual Performance Report
 - IJB Equality Outcomes and Mainstreaming Equality Report
 - IJB Community Engagement Plan
 - IJB Market Facilitation Plan and the requirement for an associated HSPC Commissioning Strategy
 - IJB and HSCP Equality Impact Assessments
 - IJB Scheme of Publication and Information Guide (including all IJB and HSPC published material under the Scheme of Publication, paper and digital, including the website)
 - IJB and HSCP Public Engagement Statement

- IJB and HSPC Integrated Workforce Plan
- IJB and HSCP contribution to the Midlothian Community Planning Partnership
- IJB connection with the Third Sector (Third Sector Summit)
- Progressing the ambitions of the Strategic Commissioning Plan through project-based activity i.e., the upcoming Newbyres Report
- IJB and HSCP Freedom of Information (FOI) requests
- IJB and HSCP Subject Access Requests (SARs)
- HSCP Service Planning Support
- HSCP Service Reporting Support

5 Directions

- 5.1 All three funding options relating to the Planning, Performance, and Programme service will directly impact upon the ability to deliver the following Directions in a way that is proportionate to the funding decision;
- **Direction 2.1**
All services delegated to Midlothian IJB must evidence the connection with communities, partners, and use of technology to improve self-management and self-monitoring, by January 2024
 - **Direction 3.1**
All services delegated to Midlothian IJB will contribute to the IJBs ability to describe activity, experience, and outcomes. Services must use and develop outcome mapping, by January 2024
 - **Direction 5.1**
NHS Lothian and Midlothian Council must ensure that data can be disaggregated by HSCP area in order to support the equitable provision of service offers and support across our communities, minimise disadvantage where possible, meet different needs, and encourage participation. This should include ensuring
 - systems and data have the capabilities to collect and filter data appropriately by HSCP area and by protected characteristics
 - health and social care workforce are suitably trained and skilled to gather and input this data, and
 - data quality assurance, by January 2025
 - **Direction 5.2**
NHS Lothian and Midlothian Council must explore opportunities for integrated system-wide digital solutions and create an action plan of jointly agreed priorities by January 2024
 - **Direction 8.2**
NHS Lothian and Midlothian Council should work in collaboration with Midlothian HSCP to support the delivery of the Midlothian HSCP Integrated Workforce Plan 2022-25.
 - **Direction 9.1**
9.1 Maximise opportunities to work collaboratively across Lothian to design an approach and methodology to better understand and evidence the use of the set aside budget and associated services by HSPC area. This should

include mechanism to better understand the impact of community prevention and early intervention activity across the whole system.

6 Equalities Implications

- 6.1 This report does not directly impact on groups of people with protected characteristics.
- 6.2 However, when strategy plans, information, and services are not designed to be accessible, people get left behind without alternatives. Midlothian IJB will need to consider how it continues to meet statutory requirements without the planned contribution, specialist knowledge and project support capacity of the Planning, Performance and Programme service, and act lawfully in relation to:
- [Public Sector Equality Duties](#)
 - [Equality Act, 2010](#)

- 6.3 In this regard, Midlothian IJB must consider its ability to meet statutory duties relating to major service change

- **Legally**

If an Integrated Authority cannot adequately show how the voices and needs of the most impacted, vulnerable, or legally protected people in communities have been sought and considered, particularly at the planning phase of the decision, it risks both penalty and legal challenge.

Equality Impact Assessments (EIAs) must demonstrate a thorough exploration of potential impacts on communities and use this information to inform decision making. An example of when inadequate consideration to equality resulted in legal challenge being raised is the [Scottish Borders Council in relation to the closure of Teviot Day Service, Hawick](#).

- **Moral/Ethical**

All major changes to policy, provision, or planning must involve a thorough exploration of the potential impacts of its proposed action through an Equality Impact Assessment (EIA). Failing to recognise, understand, identify and mitigate any barriers to equality that result from major service change may be considered unlawful discrimination, particularly in relation to people that have a Protected Characteristic or are vulnerable.

If the voices of the people and communities are missing from the relevant stages in the process, Midlothian IJB could be considered to be exacerbating disadvantage and reinforcing systemic discrimination that has a negative impact on health inequalities and outcomes.

- 6.4 The Planning, Performance and Programme service is currently supporting a number of pieces of work involved in [Meeting the Accessible Information Standard](#) to ensure the information provide about services is straightforward and easy to access. Meeting the Accessible Information Standards is seen as best practice to help implement the duties in the Equality Act including the duty to ensure that people with disabilities are not unfairly discriminated against. This work includes

leading actions to implement improvement recommendations in the recent Care Inspectorate Joint Inspection of Adult Services.

- 6.5 Failure to make a reasonable adjustment is classed as discrimination and Midlothian IJB must identify, remove, reduce, or prevent barriers for people with disabilities where it is reasonable to do so. Providing information in an accessible format will always be deemed reasonable if not doing so would put someone at a substantial disadvantage. ([NHS Lothian Impact Assessment Guidance](#)).

- **Implementation of the Scheme of Publication**

Internal Audit have recently completed a review of the Midlothian IJB Scheme of Publication and will shortly be making their report and recommendations available. Provisional feedback indicates this will include a request to ensure the development of a 'style guide' for all information publicly available from Midlothian IJB and HPSC. This is to ensure format, content, and style of information is written in a way that can be accessed by everyone.

- **Improvement actions from the Care inspectorate in relation to the provision of service information**

Recommended actions require the specialist skills and project capacity of the Planning, Performance, and Programme service to deliver the necessary improvements.

- **A planned review of the website**

The Web Content Accessibility Guidelines (WCAG) are being updated in October 2024 and will be the new minimum accessibility standard for all UK public sector websites and mobile apps. From October 2024, services will be monitored for WCAG 2.2 AA compliance.

7 Resource Implications

- 7.1 This report presents a number of options that seek to achieve Best Value in the context of the financial position for 2024/25.

8 Risk

- 8.1 Should the Board choose to either reduce or rescind funding to this service, the financial saving cannot be realised immediately. The process to realise the financial savings will require Organisational Change and could involve a range of teams that provide support services. Although Organisational Change is a meaningful process that realises effective change, it is not a quick process and can take several months to conclude.
- 8.2 Reducing the support available to the IJB provided by the Planning, Performance, and Programme service will result in a risk that the IJB will not meet all of its legislative duties in relation to the delivery of statutory planning and reporting. Non-compliance with some statutory planning and reporting activity would risk an improvement notice, litigation, or penalty e.g., from the Equality and Human Rights Commission (EHRC), or the Information Commissioner's Office (ICO).

- 8.3 Any reduction in capacity within the Planning, Performance and Programme service will result in
- agreeing the prioritisation of all work that is not a statutory requirement
 - requesting partner organisations support any key gaps in specialist input as required.

9 Involving people

- 9.1 This report has been written in collaboration with the Chief Officer, Chief Finance Officer, the Integration Manager, and Finance partners.

10 Background Papers

- 10.1 None

| | |
|----------------------|-----------------------|
| AUTHOR'S NAME | Gill Main |
| DESIGNATION | Integration Manager |
| CONTACT INFO | Via email or MS Teams |
| DATE | 07/04/2024 |

Appendices: None

Midlothian Integration Joint Board



Thursday, 18th April 2024, 14:00-16:00

Midlothian System Transformation Planning 2024/25

Item number: 5.5

Executive summary

The purpose of this paper is to note the planned Financial Recovery Actions within the context of transformation opportunities within Midlothian Health and Social Care strategic commissioning, planning and operational delivery.

On 21st March 2024, Midlothian Integration Joint Board (IJB) agreed the budget for 2024/25. In order to set a balanced budget, Midlothian IJB asked Midlothian Health and Social Care Partnership (HSCP) management team to progress 5 financial recovery actions and cost reduction programmes within the service areas of Care at Home, Newbyres Care Village, services commissioned from third parties, transportation, and Planning, Performance, and Programme.

In addition, Midlothian IJB also asked the Midlothian HSCP management team to consider the whole-system transformation actions required to bring the greatest system gain, and how this information could be used to develop and initiate a wider piece of whole-system strategic planning.

An initial scoping exercise has been undertaken by the Planning, Performance, and Programme service to explore where the HSCP can develop intelligence and decision making based on objective data that helps identify and describe where the best system impact can be made.

Members are asked to:

- Consider the strategic whole-system transformation proposals and recommendations described in this report
- Determine which of these recommendations the Board would like to be considered as priority areas for investigation and development within the Strategic Commissioning Plan 2025/40
- Commission the Strategic Planning Group to take forward any identified strategic development

Midlothian Integration Joint Board

Midlothian System Transformation Planning 2024/25

1 Purpose

- 1.1 The purpose of this paper is to note the planned Financial Recovery Actions within the context of transformation opportunities within Midlothian Health and Social Care strategic commissioning, planning and operational delivery.

2 Recommendations

- 2.1 As a result of this report, Members are asked to:
- Consider the strategic whole-system transformation proposals and recommendations described in this report
 - Determine which of these recommendations the Board would like to be considered as priority areas for investigation and development within the Strategic Commissioning Plan 2025/40
 - Commission the Strategic Planning Group to take forward any identified strategic development

3 Background and main report

- 3.1 Change is a response to external factors and how we respond to achieve the results we need to meet changing targets or variation in resource. This usually involves the implementation of several discrete, well-defined shifts in activity. Transformation involves more significant reinvention, sometimes in profound ways. This can require a shift in our core beliefs or releasing ourselves from legacy design. Transformation focuses on a portfolio of initiatives which are all interdependent, intersecting and aim to create impact across the whole system.

3.2 Midlothian IJB Financial Recovery Actions

On 21st March 2024, Midlothian IJB asked Midlothian HSCP to pursue 5 financial recovery action plans.

Commissioning

A 3% reduction in overall costs of commissioned arrangements will commence with initial focus on all contracts that do not directly provide services to people. A review of all external contracts will be undertaken working with providers to identify where efficiencies could be made through modifying delivery models. There is a risk that a reduction of this size in commissioned services cannot be delivered through revised delivery alone. Any resulting reduction in capacity will generate significant vulnerability in the system, poorer outcomes for

people and communities, and additional pressure generated within the wider system.

Newbyres

Work is underway to redefine the vision and purpose of Newbyres Care Village. This will be informed by both the Planning, Performance and Programme review due for completion at the end of April 2024, and the Midlothian Bed-Based Care review. Key actions are to establish a new vision, strategy, and workforce plan to deliver high quality, safe and effective care and achieve a sustainable financial model alongside a new communication strategy for residents, their families, staff, elected members, IJB members and the wider community in Gorebridge. There is a risk that lack of care home beds in Midlothian drives the requirement to reopen beds while ongoing staff absence and vacancy rates remain high. This will result in the continued requirement to utilise agency staff and perpetuate high levels of spend beyond the available budget.

Care at Home

A review of the provision of care at home services will be undertaken so that 20% is provided internally and 80% externally. This work will include a review of all packages of care, developing a staffing algorithm to support the new allocation of care at home hours, working with providers to identify how capacity can be created, and the associated amendments to contracts for services commissioned from third parties as required. There is a risk that providers cannot create enough capacity to safely enable this change and that providers decide it is no longer sustainable or cost-effective for them to operate in Midlothian. This could result in contracts not being fulfilled or handed back.

Transport

This recovery action aims to achieve a reduction in spend on transport for service users by £170,000. Work will include a review of all transport provision for Social Work within Midlothian and form part of Midlothian Council's Transformational Blueprint work on transport. There is a risk that demand increases for placements for people with disabilities which could increase the need for transport and result in rising external transport costs through capacity/demand and inflationary uplifts.

Planning, Performance, and Programme

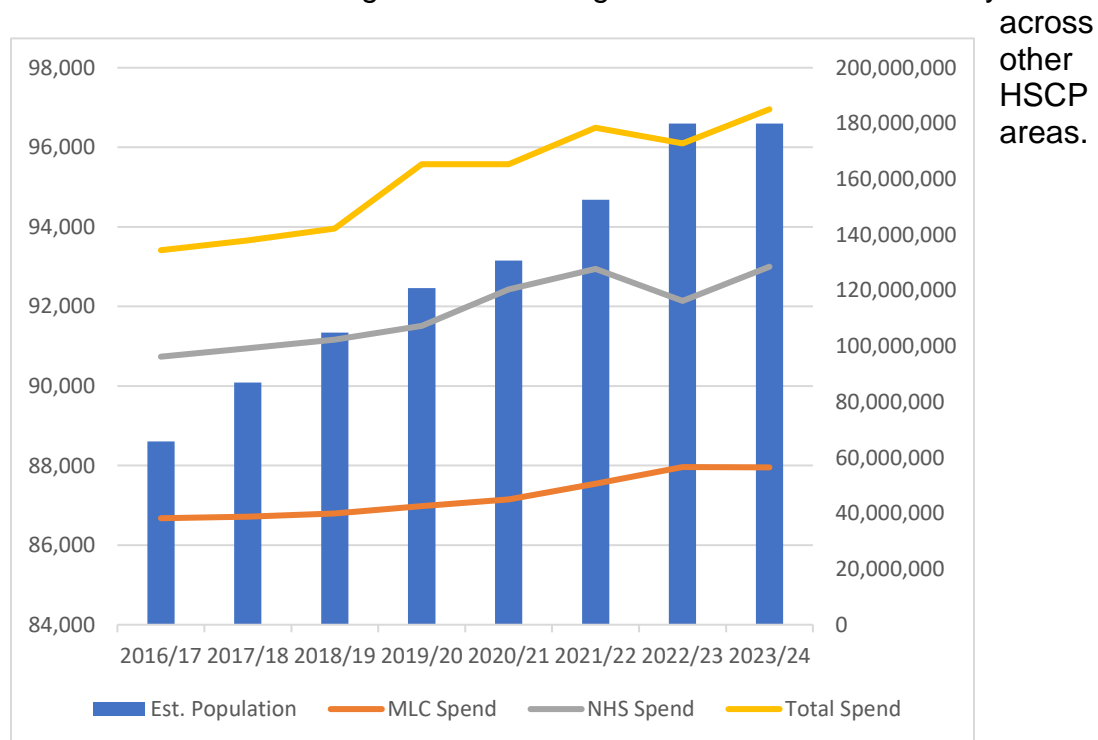
This recovery action required the review of the posts within the Planning, Performance and Programme service previously agreed to be funded by Midlothian IJB. The total investment in this team was £448k annually, and the three options have been presented to Midlothian IJB to establish a reduction or withdrawal of investment support. There is a risk that this team becomes an organisation risk without the resource, capacity, and ability to support the delivery of the statutory functions of a public body.

- 3.3 The areas of finance recovery action were generated at pace to achieve financial balance in 2024/25, and despite aiming to deliver service change, are not system transformation. Delivering a balanced budget based on areas of overspend cannot be conflated with an integrated system making powerful strategic decisions to

deliver best whole system benefit. It is clear that the financial recovery action activities alone are unlikely to deliver the scale of change required to transform health and social care in the way our communities need.

- 3.4 System transformation will involve Midlothian IJB developing their ability to understand the relationship and connections between services to enable decisions that focus our efforts to realise the greatest system gain. This includes developing intelligence and decision making based on objective data that helps identify and describe where best system impact can be made.
- 3.5 The following information and subsequent proposals are early high-level intelligence and examination of system data to support a new way of developing a system approach to transformation in Midlothian.
- 3.6 **Background information**
Since the first year for which we have finance data for Midlothian IJB in 2016/17, the population of Midlothian has grown by 9%. Over the same time period, the Midlothian Council spend has grown by 48% and the NHS Lothian spend has increased by 34%.
- 3.7 The chart below shows the Midlothian population growth year by year, based on estimates from National Records of Scotland, in the blue bars. The annual spend of Midlothian Council is shown by the orange line, and the NHS Lothian spend by the grey line. The yellow line shows the combined spend of both partner organisations. It is important to note the impact of short-term increases relating to Covid funding during 2020/21 and 2021/22. Some of the increases in social care are related to Scottish Government funding for policy, for example the real living wage. An element of the increase in spending across both partners will only reflect pay awards.

- 3.8 In 2016/17, when the population was approximately 88,610, the Midlothian Council average spend per head of population was £432. By 2023/24, with a population of approximately 96,600, the Midlothian Council average spend per head of population was £585, an increase of 35%. In 2016/17 the NHS Lothian average spend per head of population was £1086. By 2023/24 the NHS Lothian average spend per head of population was £1331, an increase of 23%. The ambition is to benchmark Midlothian data against national figures and to understand any variation



- 3.9 The 2022 Census tells us that the percentage of the Midlothian population currently aged 65+ is 19%. It is of interest to note that this figure is the seventh lowest of all HSCP areas, which means that Midlothian has the seventh lowest percentage of people aged 65 and over in Scotland.
- 3.10 Long term predictions indicate that the 75+ age group is projected to see the largest percentage increase (+40.9%). In terms of size, however, those aged 25 to

44 is projected to become the largest age group (National Records of Scotland data).

3.11 Proposal 1: Opportunities for powerful system review

There are some emerging indications from primary care data sets that people on waiting lists for planned care, social care and rehabilitation require increasing interim care with limited options for support beyond GPs and unscheduled care. Some data suggests that people unable to access the identified care they need will on average visit the GP 2 to 3 times more frequently compared to age matched control groups.

3.12 Additionally, early investigation suggests that one of the places where are likely to be able to effect most significant change and increase volume in the system is social care (**appendix 1**). The level of investment required to provide the necessary social care capacity may simply be in excess of the available budget, rather than the budget being under pressure from social care expenditure.

3.13 To be able to test this assumption, a larger piece of work to better understand the connections, relationships, and interdependencies between the individual element within the health and social care system. This will require a level of veracity to the data that is also agnostic to the system and enables the identification of the areas where the Board has the greatest leverage to create the biggest impact.

3.14 Recommendation 1:

The Board is therefore asked to consider and commission the Strategic Planning Group to undertake the work as described in 3.13.

3.15 Proposal 2: Redesigning beyond the places of observed pressure for system gain

Severe and recurring challenges in relation to improving flow and reducing delayed discharges continue to be a focus of HSCP activity. Planning, Performance, and Programme have conducted an initial high-level analysis using average monthly rates from NHS Lothian data. This shows very little variation in the use of unscheduled care across all four Health & Social Care Partnerships.

3.16 An initial review of NHS management data, stratified by all 4 Lothian HSCPs, shows the percentage of all adult A&E attendances, by people aged 75+, ranges from 13 – 16%. Of those people aged 75+ who present at A&E, between 74% and 86% had been professionally directed there, with a conversion rate from A&E attendance to Inpatient Admission ranges from 54% to 59%.

3.17 There is no evidence to suggest that a Midlothian-only approach to the challenges will bring the sustainable change, and a pan-Lothian approach is required to achieve the required impact and tackle the challenges in relation to unscheduled care.

3.18 Local management data from two HSCPs in NHS Grampian indicated that where social care resource is directly targeted at reducing delayed discharges, the corresponding impact was an increase of 30% in community waiting lists for

packages of care. People who were waiting for a first assessment in the community were found to be at higher risk of presentation to unscheduled care.

- 3.19 This suggests there may be some benefit to reviewing both the mechanisms available to access unscheduled care, and how and when the system directs people to A&E. There is also an opportunity to better understand how we can contribute to a transformed approach to unscheduled care presentation and assessment that could be supported with a greater social care contribution and appropriate resource.
- 3.20 **Recommendation 2:**
The Board is therefore asked to consider and commission the Strategic Planning Group to undertake the work as described in 3.19.
- 3.21 **Proposal 3: Service design by predictable clusters of need (multimorbidity)**
The data show that age as a single indicator doesn't provide the richness of information needed to effectively consider the redesign of services, particularly when seeking to better connect integrated services to improve outcomes.
- 3.22 In the UK, one in four people are now living with at least two health conditions, also known as multimorbidity. We know that people often have several long-term conditions, and focusing on people who we can predict are most likely to have multiple long-term conditions is one way to make a significant system impact.
- 3.23 Emerging data tells us that there are predictable clusters of disease that frequently occur together. By establishing the most frequently occurring and predictable clusters of multimorbidity in Midlothian, the opportunity to reorganise our health and social care around those clusters, rather than individual diseases, is likely to provide better care, more efficiently, alongside how people live their lives.
- 3.24 Scottish Government currently collect information about long term conditions based on single conditions across the population. There is currently no data to indicate the profile of people living with more than one long term condition, or the most commonly occurring clusters of health and social care need.
- 3.25 The development of local evidence could connect services and multidisciplinary teams (MDTs) in new ways. It will be essential to continue working with our colleagues at Public Health Scotland to use data in ways we have not been able to do before. The additional benefit of this approach is the ability to design and build better mechanisms of likely future service demand modelling, and therefore financial, capacity, and workforce resource planning.
- 3.26 **Recommendation 3:**
The Board is therefore asked to consider and commission the Strategic Planning Group to undertake the work as described in 3.25.

3.27 Proposal 4: Enabling a connected system from the perspective of people and communities to understanding what planned support is missing

There are a range of initiatives that have already been identified as part of the ongoing process to improve how people and communities have access to information and services and how we are better guests in their lives.

3.28 As part of the work to develop the new Strategic Commissioning Plan, people told us they don't want to have to rely on services to live the life they choose. People don't want services; they want a good life. People told us they wanted support, relationships, and most of all, to be understood. People who do need our support, care, or treatment have told us they want practical help, not to be reliant on services and feel trapped in 'the system'. People told us they want us to be honest and realistic about what we can do as well as what we can't and come alongside them.

3.29 There are a number of opportunities for wider system thinking to improve the facilitation and provision of often multiple services in a way that feels seamless and supports people take action to prevent, ill or worsening health and stay well. Areas for transformation range from how we provide and signpost information, improvements in flexible access to and relationship across services in a connected way across health and social care, and digital opportunities.

3.30 Recommendation 4:

The Board is therefore asked to consider and commission the Strategic Planning Group to undertake the work as described in 3.29.

3.31 Decisions and next steps

The Board is now asked to consider each proposal and recommendation to determine which areas it would like to commission the strategic planning group to explore and define future strategic planning opportunities 2024/25 for integrated health and social care.

Ongoing work to connect the strategic ambitions of the IJB to operational strategic planning continues and will be addressed through the Midlothian HSCP Operational Transformation Group. Examples of work already underway include a review of Community Nursing models, the Midlothian Bed-Based Care Review, redesign of Home First and a review of the strategy and vision for Newbyres Care Village. In addition, the HSCP is mindful of increasing demands on adult services as young people transition across the system with an estimated financial pressure of £2.5m within Learning Disability services for the period 2023-24 to 2025-26. A Transition Development Worker is now in post to support the development of a Transitions Framework.

4 Policy Implications

4.1 This report does not have any direct impact on policy. However, should the Board wish to pursue the proposals for system transformation described above, it will

influence the development of the IJB Strategic Plan 2025/40 and is likely to impact on a number of operational policies.

5 Directions

- 5.1 The content of this report does not have any direct impact on existing Directions at this time. However, should the Board wish to pursue this approach to system transformation it will require a number of new Directions to enable the development of system wide planning and change.

6 Equalities Implications

- 6.1 The content of this report does not have any direct impact on equalities at this time. However, should the Board wish to pursue this approach to system transformation, a range of Equality Impact Assessments will be required to inform and enable the development of system wide planning and change.

7 Resource Implications

- 7.1 There are no resource implications as a result of this report.

8 Risk

- 8.1 There are no direct risks related to the contents of this report. However, it is worth noting that the proposals and recommendations in this report have been developed by the Planning, Performance, and Programme service who are uniquely placed to deliver the analysis, strategic planning and design required to successfully navigate whole system transformation. This team are currently under financial review, and this may impact on the ability of this service to support work of this nature in the future.
- 8.2 There is a risk that without whole system transformation, health and social care will be unable to deliver the care and support required to see progress towards the 9 national Health and Wellbeing outcomes in the most effective and deficient way.

9 Involving people

- 9.1 This report has been written following consultation with the Midlothian HSCP executive management team, the LIST team, and our partners.

10 Background Papers

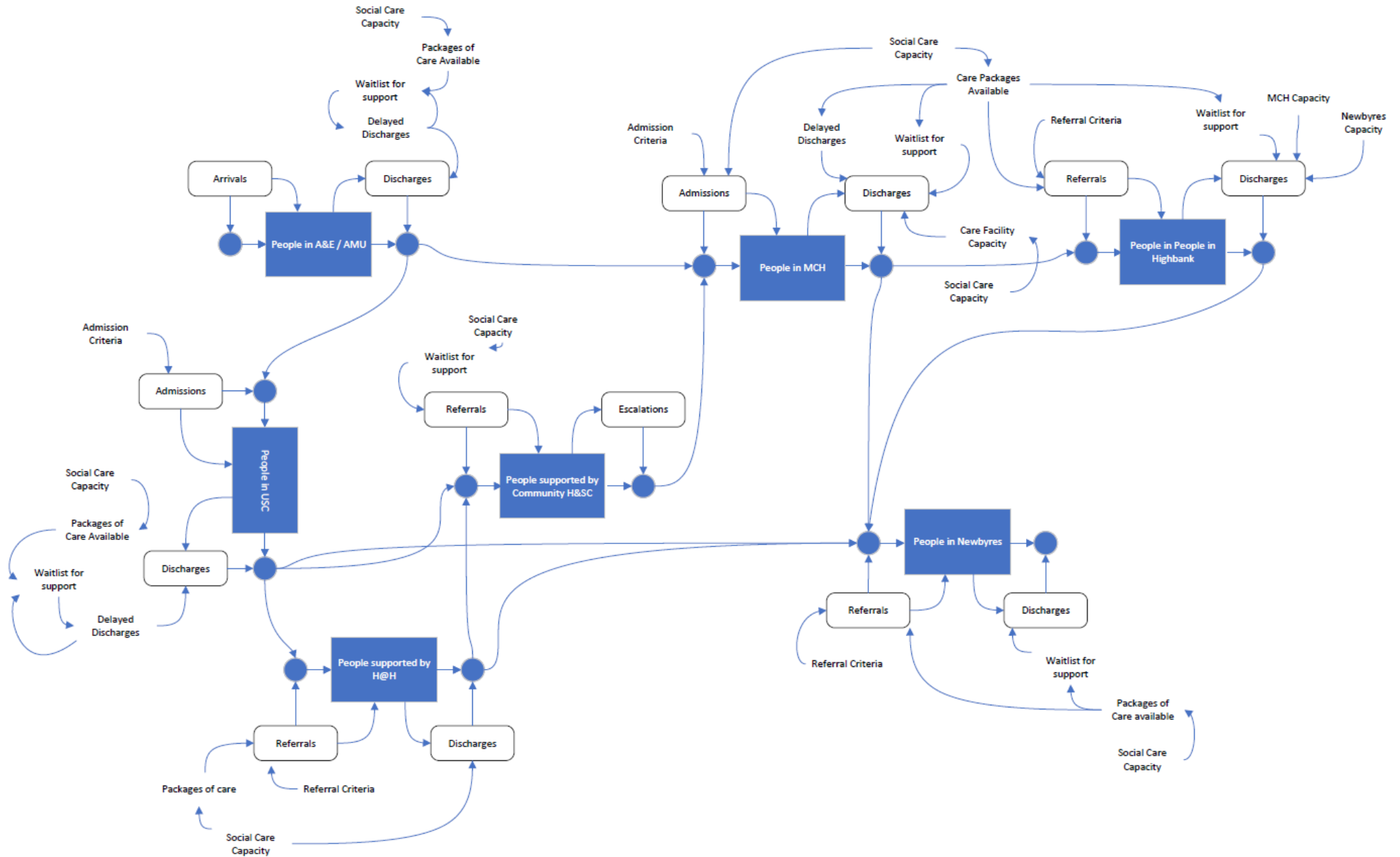
- 10.1 None.

| | |
|--|---|
| AUTHOR'S NAME & DESIGNATION | Gill Main, Integration Manager Elouise Johnstone, Strategic Programme Manager for Performance David King, Chief Finance Officer |
| CONTACT INFO | Via email or MS Teams |
| DATE | 08/04/2024 |

Appendices:

Appendix 1: Initial Capacity and Volume Analysis within Midlothian HSCP

Appendix 1: Initial Capacity and Volume Analysis within Midlothian HSCP



National Care Service

Midlothian IJB

Thursday 18th April 2024



Rachael McGruer

Deputy Director

Scottish Government

Background

IRASC



Adult Social Care

The **Independent Review of Adult Social Care** (IRASC) recommended the establishment of a National Care Service (NCS).

The approach defined by Ministers goes significantly beyond the IRASC recommendations. They are viewing this as a collaborative, cross-government opportunity to deliver transformation and to ensure that changes are real and make tangible improvements to outcomes of people in social care.

Background

NCS – Broadened Scope



Adult Social Care

Addiction Services

Social Work

Children's Services

Justice Services

Community Health

- ✓ Embedding Human Rights and living-experience at the heart of the NCS.
- ✓ Including all community health and social care services in the scope of the NCS to essentially form a community health and social care service (the detail and options for delivery will need to be carefully scoped including the inter-relationship with the NHS and local authorities, commissioning and contractual arrangements and accountabilities, the employment status of staff and clinical governance).
- ✓ Including the social work profession (either in whole or in part) as part of the NCS, in particular ensuring legal powers and social work expertise remain inextricably linked with the delivery of care.

Background

NCS – Broadened Scope



Adult Social Care

Addiction Services

Social Work

Children's Services

Justice Services

Community Health

- ✓ Embedding fair work and workforce development in legislation.
- ✓ Specific reference to support for unpaid carers.
- ✓ Inclusion of addictions support and services.
- ✓ Inclusion or alignment of criminal justice social work and services.
- ✓ Making clear the links to and/or duties of other services not included in the NCS eg. Housing, Education.

National Care Service (NCS)

Timeline to Bill Stage 2



National Care Service (NCS) Timeline to Bill Stage 2

June
2022

National Care Service
(Scotland) Bill is introduced
to Parliament and moves to
Stage 1 – General
Principles

September 22-
February 24

Committees
consider the Bill
and gather written
and oral evidence

29 February
2024

Parliament votes
for the Bill to pass
Stage 1

March 2024

The Bill moves to
Stage 2 where
changes
(amendments)
can be made to
the Bill

National Care Service - Vision

Vision


Scotland's community health and social care services support everyone when they need it.

The National Care Service will:

- Transform people's experience of social care support and related services, strengthen prevention and community-based support and reform access.
- Continue integrating community health and social care and strengthen partnerships working with other services and agencies.
- Ensure that individuals can participate in their care design.
- Ensure people's needs are met holistically and driven by the outcomes that are important to them and their communities.
- Strengthen prevention, early intervention and end of life care.

Framework and co-design approach

The Scottish Government is committed to engaging with people who access support, including carers, and with those who provide it, to co-design the detail of how the National Care Service will work.



To enable that co-design approach, the Bill creates a framework for the National Care Service but leaves space for more decisions to be made at later stages.

This also provides flexibility for the service to develop over time.

The National Care Service (Scotland) Bill

Part 1:

- Below describes the Bill as introduced, however, the Scottish Government now wants to make amendments to the Bill at Stage 2, to reflect agreements reached in talks with stakeholders.
- Scottish Ministers will have a duty to promote a care service designed to secure improvement in the wellbeing of the people of Scotland.
- In doing so they must reflect the principles set out in the Bill.
- Ministers will have powers to create local care boards, and special care boards for national functions.
- “The National Care Service” means care boards and the parts of the Scottish Government managing NCS services.
- Ministers will be able to make regulations to transfer listed functions from local authorities or health boards to the NCS.
- Before transferring children’s or justice services, Ministers will have to have a public consultation and report to Parliament on the results.

Ministers must also create a charter for the NCS, provide a complaints service and rules on handling complaints, and may make regulations about advocacy services.


Part 2:

Ministers will be able to make regulations to allow information to be shared effectively between NCS and NHS organisations and providers.

This will support a nationally-consistent, integrated and accessible electronic social care and health record.

The National Care Service (Scotland) Bill

Part 3 introduces:

- Rights for care home residents to see people who are important to them (Anne's Law).
 - Rights to breaks for carers.
- 
- Procurement changes to help not-for-profit organisations to bid to provide social care services.
 - Powers for the Care Inspectorate to cancel a care service's registration without first issuing an improvement notice.
 - Power for Health Improvement Scotland to support the Care Inspectorate with inspections.

The National Care Service (Scotland) Bill

Progress of the Bill in Parliament

- Stage 1 of the Bill was passed on 29 February 2024.
- The Scottish Government will continue to work with stakeholders and people with lived experience to develop proposals for the NCS, and will consider any changes that may be needed to the Bill at Stage 2.
- The Health Social Care and Sport Committee requested clarification on the Scottish Government's proposals for the NCS Bill following its discussions with COSLA, the NHS and other stakeholders. A response was issued on 6 December 2023, which provides further detail on the Scottish Government's proposed changes to the Bill due to the shared accountability discussions with COSLA and the NHS.
- Amendments proposed are that local authorities will retain responsibility for delivering social work and social care services and there will be no transfer of staff or assets, reforms will be delivered through amending the existing integration authorities as opposed to creating new public bodies locally, and the creation of a National Care Service Board, which reformed integration authorities will be accountable to.
- We now believe we can achieve the aims of our proposed Care Boards through reforming the current integration authorities. Thus, it is important that we do not make change for the sake of it. Instead, we will keep the knowledge and good work already happening whilst improving the areas we know desperately need reform.
- We are committed to ongoing work to reach consensus with stakeholders following their feedback on the Bill, ensuring the best interests of those who receive and deliver social care and community health support are at the forefront of our work.

Scottish Parliament Bill Process

The Bill and accompanying documents are published by the Scottish Parliament at:
parliament.scot/bills-and-laws/bills/national-care-service-scotland-bill

At Stage 1, various Committees of the Parliament ask for written and in-person evidence on the Bill, and write reports on it. You can find out about the evidence they've heard at [Stage 1 | Scottish Parliament Website](#) Then the whole Parliament votes on whether the Bill should continue. This Bill has passed Stage 1.

1

MSPs will have the chance to propose changes (amendments) to the Bill (Stage 2). You can ask MSPs to propose changes you would like to see.

2

Stage 3 is a further amending stage. Finally, the whole Parliament will vote on whether to pass the final Bill.

3

Agreement with COSLA

- The Scottish Government and the Convention of Scottish Local Authorities (COSLA) have given initial support to a proposed new national framework for social care and social work support.
- On 12 July 2023 Minister for Social Care, Mental Wellbeing and Sport, Maree Todd wrote to the Health, Social Care and Sport Committee that Ministers, Local Authorities and NHS boards would share accountability for social care and social work support.
- Under this proposal, Local Authorities keep service delivery functions, staff and assets. Staff will continue to be employed by local authorities, and councils will still be responsible for assets like buildings and the delivery of services.
- The proposed model of shared accountability means that Scottish Ministers, Local Government and NHS Boards will each have responsibilities to fulfil within the new national framework, and will share overall legal accountability.
- The Scottish Government will consider what changes may be required to the Bill to reflect this proposed model, reflecting ongoing discussions with Local Authorities and the National Health Service.
- New governance arrangements will be introduced to ensure consistently high levels of service across the country, while building the flexibility to meet varying community needs at a local level.
- The detail of how this will work at a local level will be developed in the coming months and we will continue to update parliament on this work, along with the results of our ongoing co-design events taking place across the country, after the summer recess.
- The original goals for the NCS remain unchanged, despite the changes in how they will be delivered. The NCS will ensure everyone can access high quality health and social care, designed alongside those who provide and receive care, while respecting their rights.
- The aim is to recognise the value of social care investment, contribute to the wellbeing of the economy, use public funds efficiently, and reduce unnecessary repetition.

Midlothian Integration Joint Board



Thursday, 18th April 2024, 14:00-16:00

Midlothian Integrated Joint Board Five Year Financial Plan 2024/25 - 2028/29

Item number: 5.7

Executive summary

This paper presents a further iteration of the IJB's five-year financial plan (2024/25 to 2028/29), the previous version having been presented to the IJB at its December 2023 meeting. The five-year plan presented to the IJB in December 2023 projected a **total** financial gap from 2024/25 to 2028/29 of £99.5m. Having revised and reviewed the forecast and having incorporated the actions identified as part of the 2024/25 IJB budget setting the total projected gap is now £39m. Further work and proposals are now required to move towards a balanced position for 2025/26 and the years thereafter.

The IJB Strategic Plan is currently under review and work will continue to ensure that the financial plan is clearly mapped onto and driven by the Strategic Plan.

In summary the revised position is –

| | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
|-------------|---------|---------|---------|----------|----------|
| | £000's | £000's | £000's | £000's | £000's |
| Health | 0 | (2,379) | (3,418) | (4,502) | (5,636) |
| Social Care | 0 | (2,271) | (4,578) | (6,923) | (9,306) |
| Total | 0 | (4,650) | (7,996) | (11,425) | (14,942) |

NB - Set Aside pressure of £1.3m yet to be fully resolved in 24/25

Members are asked to:

- Note the five-year plan update.
- Note the ambition to take a transitional approach in 2024/25 to realign the strategic, financial, and workforce planning with the new Strategic Commissioning Plan 2025/40 scheduled for publication in April 2025.
- Support the work to ensure that the financial plan aligns with the IJB's Strategic Plan.
- Support the work to deliver a balanced five-year financial plan.

Midlothian Integration Joint Board

Midlothian Integration Joint Board Five Year Financial Plan 2024/25 - 2028/29

1 Purpose

- 1.1 The paper presents a further iteration of Midlothian IJB's five-year financial plan for the years 2024/25 to 2028/29 reflecting on further financial planning information provided by the IJB's partners and including the financial recovery actions agreed as part of the IJB's 2024/25 budget setting.

2 Recommendations

- 2.1 Members are asked to -
- Note the five-year plan update.
 - Note the ambition to take a transitional approach in 2024/25 to realign the strategic, financial, and workforce planning with the new Strategic Commissioning Plan 2025/40 scheduled for publication in April 2025.
 - Support the work to ensure that the financial plan aligns with the IJB's Strategic Plan.
 - Support the work to deliver a balanced five-year financial plan.

3 Background and main report

3.1

| Summary | £000's | £000's | £000's | £000's | £000's |
|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Health | (4,838) | (6,265) | (7,529) | (8,856) | (10,257) |
| Social Care | (7,824) | (9,995) | (12,302) | (14,647) | (17,030) |
| Total | (12,662) | (16,260) | (19,831) | (23,503) | (27,287) |

At its December 2023 meeting the IJB was presented with an initial outline financial plan for the years 2024/25 to 2028/29. In Summary, this plan showed the following-

- 3.2 The forecast position for 2024/25 was then revised and updated in the light of the Scottish Government's Budget announcements for 2024/25, further revisions to the NHS Lothian forecast, a revision to the IJB's Set Aside budget model and the budget offer for 2024/25 from the IJB's funding partners. It should be noted that Midlothian Council's budget offer included £3.3m of additional funds above those funds for policy programmes which the Scottish Government's budget had required to be passed onto the IJBs. The impact of these changes was to reduce the 2024/25 financial gap to £10.0m. Appendix 1 summarises these changes.

- 3.3 The IJB set its 2024/25 budget at its meeting in March 2024. This budget included a series of recovery actions that will deliver a balanced budget albeit Midlothian IJB was not able to resolve a pressure within the Set Aside budget of £1.3m. The Lothian IJBs have agreed to work with NHS Lothian to produce further recovery programmes to move towards a balanced Set Aside position.
- 3.4 The financial plan presented to Midlothian IJB in December 2023 indicated a **total** financial pressure over that period of £99.5m. The revised financial plan for the five-year period incorporating both the financial recovery actions as described in the 2024/25 budget setting agreement and the impact of the revision to the IJB's Set Aside budget model -which reduced the financial pressure on the IJB – indicates a total financial pressure of £39m.
- 3.5 NHS Lothian has revised its five-year financial plan and a paper was presented to the NHS Lothian Finance and Resources committee at its March 2024 meeting. The information pertaining to the IJB's health budgets for 2025/26 to 2028/29 has been extracted and used for the IJB's plan. The 2024/25 health position remains based on those figures used by the IJB at its 2024/25 budget setting. NHS Lothian has an underlying recurrent financial pressure within its budgets and its forecasting model addresses this.
- 3.6 The main drivers of financial pressures within the health budgets largely reflect shortfalls in funding for non-pay inflation over recent years (e.g., energy costs), the increasing costs and demand for GP prescribed drugs, and unfunded discretionary points for medical and dental staff.
- 3.7 Midlothian Council is updating its Medium-Term Financial Strategy in detail, and this will be presented to the Council when this work is completed. As part of its 2024/25 budget setting work, Midlothian IJB identified the following pressures within its social care budgets –

| | £000's |
|---|----------------|
| 23/24 out-turn - 'systemic' overspend | (4,012) |
| N/R Support from Earmarked Reserves in 23/24 | (1,583) |
| MLC - MTFS October '23 - Inflationary & Other pressures | (1,241) |
| Proxy for Demography | (1,000) |
| Opening Pressures Forecast | (7,836) |
| Impact of Council Budget Settlement | |
| Elderly Demographic Pressures | 1,000 |
| Transitions | 500 |
| Pay Award Uplift | 664 |
| Provision for inflationary and other pressures | 1,168 |
| | (4,504) |

The table above illustrating the impact of Midlothian Council's 2024/25 budget offer in bring down the opening financial pressures from £7.8m to £4.5m.

- 3.8 The outstanding financial pressure in the IJB's social care budget (£4.5m as above) will be resolved through the actions identified as part of the 2024/25 budget setting and this has the impact of recovering the 2023/24 financial overspend.

The financial pressures within social care from 2025/26 onwards are generated by a range of main drivers - demography, unfunded pay awards, commissioned services inflation, complexity, and demand post Covid.

- 3.9 Midlothian IJB's revised financial plan for the years 2024/25 to 2028/29 is attached as appendix 2 and in summary is –

| | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
|--------------|----------|----------------|----------------|-----------------|-----------------|
| | £000's | £000's | £000's | £000's | £000's |
| Health | 0 | (2,379) | (3,418) | (4,502) | (5,636) |
| Social Care | 0 | (2,271) | (4,578) | (6,923) | (9,306) |
| Total | 0 | (4,650) | (7,996) | (11,425) | (14,942) |

NB - Set Aside pressure of £1.3m yet to be fully resolved in 24/25

- 3.10 It is worth noting that the projected social care financial pressure exceeds the health pressure by 2026/27. This is caused by two factors –
- Within the health budgets there is an assumption that all future pay awards are fully funded by the Scottish Government. The Councils do not receive any additional funding for pay awards.
 - The Social Care forecast includes £1,0m per annum for demography. There is not a specific provision in the health forecast for demography as such. However, having included a provision for demography in the December 2023 forecast and the 2024/25 budget setting then the forecasting methodology for the social care budgets has not been changed.

- 3.11 This plan is underpinned by the following key assumptions -

Health Budgets

- That all future pay awards are fully funded.
- That the costs of changes in staff terms and conditions are fully funded.
- That the recovery programmes agreed for 2024/25 are delivered in full.

Social Care Budgets

- That any future Scottish Government policy directives (e.g., Real Living Wage increases) will be funded by the Scottish Government.
- That the Council's budget offers to the council will be 'flat cash'. It should be noted that the Councils do not get additional funding from the Scottish Government for pay awards or other inflationary pressures.
- That the recovery programmes agreed for 2024/25 are delivered in full

- 3.12 There are a range of risks both in the setting and delivery of the IJB's five-year financial plan. The main ones being:

- **Demography:** Midlothian has currently the fastest growing population of any council area in Scotland. The funding models for both health and social care (through the model for funding of the local authorities) do not fully reflect

population increases and such demographic movements generate additional demand.

- **Strategic alignment:** Ensuring congruence with Midlothian IJB's Strategic Plan (see below)
- **Recovery plans:** Delivery of any recovery plans required to balance the overall position.
- **GP Prescribing:** There are a range of pressures on the IJB's GP prescribing budgets – increasing population, an ageing population, high cost of new drugs and further demand.
- **Set Aside:** The IJB is committed to working with the other Lothian IJBs and NHS Lothian to develop recovery actions to manage the financial pressures within the Set Aside budget. This will inevitably take time and will be challenging given the current range of pressures on the Acute health system in Lothian.
- **Operational delivery pressures:** the operational management teams will now have to deliver both their financial recovery programmes whilst continuing to manage within their operational budgets.
- **General Medical Services (GMS) allocation:** The GMS allocation for 2024/25 has not yet been made. These are the funds to support the Midlothian GP practices and it may be that there are further financial pressures within these budgets that are not yet in the financial plans above
- **Funding uncertainty:** Changes in the financial resources being made available to the funding partners.

3.13 National policy and guidance notes the importance of strategic, financial and workforce planning (including clinical care and governance) to be intrinsically linked and designed, evaluated, monitored, and reviewed in parallel. Considerable steps have been taken in the last 18 months to better align these processes and this is reflected in the ambition to align the medium-term financial plan with the new Strategic Commissioning Plan scheduled for publication in April 2025.

3.14 Midlothian IJB's financial plan should articulate, in financial terms, how the Strategic Commissioning Plan will be delivered. There remains a risk that the financial plan is simply a reaction to the financial challenges rather than providing a delivery mechanism for strategic planning. The current plan shows that the first draft of the IJB's Strategic Commissioning Plan will be presented to the IJB at its August 2024 meeting before a large-scale public consultation. Publication is scheduled for April 2025, and the next iteration of the IJB's five-year financial plan will more closely reflect the revised Strategic Commissioning Plan.

4 Policy Implications

4.1 There are no new policy implications in this report.

5 Directions

5.1 This report does not directly impact on any of the IJB's current Directions nor require an additional Direction. However, at any time any change to funding has the potential to require a new Direction.

6 Equalities Implications

- 6.1 This report has no implications on equalities. However, any change in service funding has the potential to result in a reduced ability for Midlothian IJB to meet statutory duties in relation to Mainstreaming Equalities, the Equality Duty, and Community Engagement activity that may include people with protected characteristics.

7 Resource Implications

- 7.1 Resource implications are set out above.

8 Risk

- 8.1 Financial risks are already recorded on the IJB's risk register.

9 Involving people

- 9.1 This report has been written following a range of consultations with Midlothian IJB members, the Boards partners, and the HSCP management team.

10 Background Papers

- 10.1 MIJB Medium-Term Financial Plan - 1, presented to the IJB at its meeting on 21st December 2023.

| | |
|----------------------|--|
| AUTHOR'S NAME | David King |
| DESIGNATION | Interim Chief Finance officer |
| CONTACT INFO | David.king4@nhsllothian.scot.nhs.uk |
| DATE | April 2024 |

Appendices:

Appendix 1: MIJB Five Year Plan Review - Movements between the 2024/25 financial forecast between the December '23 presentation of the five-year plan and this revised version

Appendix 2: MIJB Revised Five-Year plan 2024/25 to 2028/29

Appendix 3: MIJB Medium-Term Financial Plan, December Board Paper

Appendix 1
Midlothian IJB - Five Year Plan review

Movement Between 2024/25 Forecast pressures - December 2023 and April 2024

| | December Paper £000's | March Paper £000's | Movement £000's | Notes |
|--------------------|-----------------------------|--------------------------|--------------------|---|
| Health | | | | |
| Core | (2,413) | (3,213) | (800) | Impact of SG budget |
| Hosted | 175 | (155) | (330) | Impact of SG budget |
| Set Aside | (2,600) | (1,717) | 883 | Impact of SG budget offset by revision to Set Aside finance model |
| Social Care | (7,824) | (4,504) | 3,320 | Impact of Midlothian Council budget offer |
| IJB | | (448) | (448) | Impact of reduction in IJB reserves |
| Total | (12,662) | (10,037) | 2,625 | |

Appendix 2
Midlothian IJB - Revised Five year plan

Five Year Financial Plan

| | 2024/25 £000's | 2025/26 £000's | 2026/27 £000's | 2027/28 £000's | 2028/29 £000's |
|----------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Health Budgets | | | | | |
| Core | (3,213) | (900) | (1,693) | (2,511) | (3,360) |
| Hosted | (155) | (19) | (118) | (224) | (338) |
| Set Aside | (1,717) | (1,460) | (1,607) | (1,767) | (1,938) |
| Total Health | (5,085) | (2,379) | (3,418) | (4,502) | (5,636) |
| Social Care Budgets | | | | | |
| Baseline | (4,504) | 0 | (2,271) | (4,578) | (6,923) |
| Pressures | | (1,271) | (1,307) | (1,345) | (1,383) |
| Demography | | (1,000) | (1,000) | (1,000) | (1,000) |
| Total Social Care | (4,504) | (2,271) | (4,578) | (6,923) | (9,306) |
| IJB | (448) | | | | |
| Total IJB | (10,037) | (4,650) | (7,996) | (11,425) | (14,942) |
| Recovery Plans | | | | | |
| Health | 5,085 | | | | |
| Social Care | 4,504 | | | | |
| IJB | 448 | | | | |
| Total | 0 | (4,650) | (7,996) | (11,425) | (14,942) |



Thursday 21st December 2023, 14:00-16:00

MIJB Medium-Term Financial Plan

Item number: 5.4

Executive summary

The Midlothian Integration Joint Board (IJB) is required to prepare a medium-term financial plan. The IJB's partners have now provided the IJB with their own financial plans for the period 2024/25 to 2028/29, and this information allows the IJB to build its own forecast.

This shows: -

| Summary | £000's | £000's | £000's | £000's | £000's |
|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Health | (4,838) | (6,265) | (7,529) | (8,856) | (10,257) |
| Social Care | (7,724) | (9,995) | (12,302) | (14,647) | (17,030) |
| Total | (12,562) | (16,260) | (19,831) | (23,503) | (27,287) |

These values being overspends.

It is important to note that this is a forecast based on an initial review. There is no impact of management actions in this position nor any further funding that may be made available. That said, the overall position is clear and the IJB will now, working closely with its partners, have to develop a series of recovery plans to bring it back into a balanced financial position.

Members are asked to:

- Note the forecast position from 2024/25 to 2028/29.
- Consider the assumptions underlying this forecast.
- Support the development of a recovery programme.

MIJB Medium-Term Financial Plan

1 Purpose

- 1.1 This report sets out the output from the initial review of the IJB's projected financial position 2024/25 to 2028/29, discusses the background to the position and lays out the assumptions that underlie the forecast.

2 Recommendations

- 2.1 As a result of this report, Members are asked to:
- Note the forecast position from 2024/25 to 2028/29
 - Consider the assumptions underlying this forecast
 - Support the development of a recovery programme

3 Background and main report

- 3.1 The IJB is governed by local authority regulations and, like Councils, the IJB must set a balanced budget before 1st April every year. It is worth noting that the NHS Boards are governed by different financial regulations and must break-even at the end of each financial year. Thus, Midlothian Council will set a balanced budget based on the achievement of a range of efficiency plans for the following financial year whereas NHS Lothian will make a financial forecast (at the start of the current financial year) which shows the totality of the financial challenge and proposes a series of outline plans to move towards a break-even position by the end of the financial year. The IJB will also set a balanced budget for the next financial year and that will be based on a series of financial recovery actions which will, operationally, be delivered by the partners.
- 3.2 Both partners have provided information to allow the IJB to broadly project its financial position over the next five years. In summary this shows –

Where the variance is an overspend against the projected budgets in each year.

| | 24/25 | 25/26 | 26/27 | 27/28 | 28/29 |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | Variance | Variance | Variance | Variance | Variance |
| Health | | | | | |
| Core | (2,413) | (3,193) | (3,986) | (4,803) | (5,652) |
| Hosted | 175 | (53) | (158) | (268) | (385) |
| Set Aside | (2,600) | (3,019) | (3,385) | (3,785) | (4,219) |
| Total Health | (4,838) | (6,265) | (7,529) | (8,856) | (10,257) |
| Social Care | | | | | |
| Opening | (4,000) | (7,824) | (10,095) | (12,402) | (14,747) |
| N/R support in 23/24 | (1,583) | | | | |
| Per MLC paper | (1,241) | (1,271) | (1,307) | (1,345) | (1,383) |
| Demography | (1,000) | (1,000) | (1,000) | (1,000) | (1,000) |
| Total Social Care | (7,824) | (10,095) | (12,402) | (14,747) | (17,130) |
| Total IJB | (12,662) | (16,360) | (19,931) | (23,603) | (27,387) |

It should be noted that the above forecast does not show the impact of any management actions (recovery programmes) or any additional funding. In the absence of such actions and given that the demographic and inflationary pressures in future years are significantly greater than the funding available, the pressures will simply continue to increase.

3.3 Assumptions

Both partners have started from slightly different places and have a different range of assumptions.

Health

NHS Lothian have assumed a 2% uplift every year along from the Scottish Government (which will be passed to the IJBs) with a 2% pay award to all staff. The underlying pressure (that is financial pressures supported non-recurrently in 22/23) is included in the forecast with no assumption of any other uplifts or non-recurrent funding. The pressure is therefore a reflection of the historical position plus new pressures arising from pay costs (beyond the pay award) and inflation on health provision generally (for example cost of new drugs).

Social Care

The social care budget will be subject to the offer made by the Council as part of its budget setting process and therefore the assumptions that underly this forecast may be changed through the Council budget setting process. Midlothian Council has produced their Medium-Term Financial Strategy which went to the Council on the 10th of October 2023. This lays out a flat cash settlement for the IJB over the period noted above. The schedule also shows the inflationary pressures across the Council, and this provides the IJB with a position for those pressures. There is also a provision for demographic growth, this is based on the historic value and may not

now represent the totality of this pressure. In order to address the underlying pressures currently in the system, the quarter 2 year-end adjusted forecast has been used and the elements of spend that are being supported non-recurrent from within the reserves in 2023/24 are also included.

Appendix 1 further analyses the forecast above and discusses the nature of the pressures and the basis of any assumptions.

- 3.4 The Scottish Government will set its budget for 2024/25 during the month of December and this will provide further information about any further funding available.
- 3.5 Further work is being undertaken with both partners to review the assumptions above and discussions are underway to understand the impact of the Set Aside pressures (c. £3.0m in 2024/25 above) and how the IJB can manage this.
- 3.6 As is discussed above, the forecast itself requires to be reviewed and there will be further impacts on it from both the Scottish Government budget assumptions and the budget setting processes of the partners. However, it is highly unlikely that any further uplifts or funding will not have any material difference on the pressures laid out above and the IJB now needs a series of detailed financial proposals to allow it to live within the resources available to it. Plans are being progressed to prepare a series of workshops both with the operational management teams and the IJB itself, to discuss proposals and to ensure that the final plans adopted will support the delivery of the IJB's objectives as laid out in its' Strategic Plan.

4 Policy Implications

- 4.1 No further policy implications arise from this report.

5 Directions

- 5.1 No further directions are required from this report.

6 Equalities Implications

- 6.1 A recovery plan will unquestionably require a range of Impact Assessments to be made this will be developed as part of that programme.

7 Resource Implications

- 7.1 Resource implications are discussed above

8 Risk

- 8.1 The IJB's risk register recognises the financial challenges noted in this report.

9 Involving people

- 9.1 The IJB meets in public and publishes all of its papers. Proposals for recovery actions will be brought to the IJB and shared with the Strategic Planning Group.

10 Background Papers

- 10.1 Financial Plan, presented to the IJB, December 2022.

| | |
|----------------------|--|
| AUTHOR'S NAME | David King |
| DESIGNATION | Interim Chief Finance Officer |
| CONTACT INFO | David.king4@nhslothian.scot.nhs.uk |
| DATE | 5 th December 2023 |

Appendices:

Appendix1: Analysis of the Forecasting Model

Thursday 18th April 2024, 14:00-16:00

IJB Performance Report

Item number: 5.8

Executive summary

The purpose of this report is to update the IJB on progress towards the IJB performance goals set for the financial year 2023/24. Due to the processes required to validate these data, the full reporting year is almost complete for all indicators (indicators at 3.11 and 3.12 are outstanding). A report describing progress against each improvement goal is attached in Appendix 1. There is an inbuilt reporting delay (noted above).

More recent management data are available for a number of the improvement goals but as they have not been validated, they cannot be published. In order to support the Board's understanding of the current position regarding progress towards the improvement goals, a brief summary is provided.

It was agreed at the December 2023 Board meeting that the non-validated management data are examined in detail by the Performance Assurance and Governance Group each month. The Performance Assurance and Governance Group met on Thursday 28th March 2024 and reviewed the non-validated management data, in direct comparison with the limited published data available at the time of the meeting.

A review of Performance Assurance and Governance Group (PAGG) meeting dates was completed and revised dates have been proposed. This will enable better alignment with MIJB paper submission dates.

Members are asked to:

- Note the performance against the IJB Improvement Goals for 2023/24 (Appendix 1).
- Note the proposed new dates for Performance Assurance and Governance Group Meetings for 2024.

Midlothian Integration Joint Board

IJB Performance Report

1 Purpose

- 1.1 The purpose of this report is to update the IJB on progress towards the IJB performance goals set for the financial year 2023/24. Due to the processes required to validate these data, the full reporting year is almost complete for all indicators.

2 Recommendations

- 2.1 As a result of this report, Members are asked to:
- Note the performance against the IJB Improvement Goals for 2023/24 (Appendix 1).
 - Note the proposed new dates for Performance Assurance and Governance Group Meetings for 2024.

3 Background and main report

- 3.1 The IJB has previously identified improvement goals to monitor progress on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the [Scottish Government Ministerial Strategic Group for Health and Community Care](#)).
- 3.2 At the IJB meeting in June 2022 the Performance Assurance & Governance Group recommended that the improvement goals for 2022/23 were set to prioritise an increase in system stability, focussing on workforce recovery and wellbeing.
- 3.3 An updated report describing progress against each improvement goal is attached in Appendix 1. This report is produced by the Local Intelligence Support Team (LIST) on behalf of the Midlothian HSCP. Members are asked to note the information in Appendix 1, specifically regarding data completeness. Due to the processes required to validate these data for publication, there is an inbuilt reporting delay, and this information is not taken from a “live” system. This means that we are not yet able to calculate the full year performance for some measures.
- 3.4 Members are asked to note that Public Health Scotland (PHS) has moved to a schedule of quarterly, rather than monthly, updates.
- 3.5 Members are asked to note that there was an additional delay to the PHS update this quarter. This is due to some Health Boards having been unable to submit the required data to enable the production of the Scottish Morbidity Record.
- 3.6 More recent management data are available for a number of the improvement goals but as they have not been validated, they cannot be published. In order to

support the Board's understanding of the current position regarding progress towards the improvement goals, a brief summary is provided below.

3.7 A&E Attendances

2022/23 Target Rate per 100,000 people 2,629 / month

2023/24 Running Average 2,758 / month

The validated data are available up to September 2023. Based on this information, the target is not currently being met.

The most recent non-validated management information data indicate an improved position, currently meeting the target.

3.8 Emergency Admissions

2022/23 Target Rate per 100,000 767 / month

2023/24 Running Average 820 / month

The validated data are only available up to June 2023. Based on this information, the target is not currently being met.

The most recent non-validated management information data indicate an improved position, currently meeting the target.

3.9 Unplanned Bed Days (Acute)

2022/23 Target Rate per 100,000 5,074 / month

2022/23 Rate 5,227 / month

The validated data are only available up to March 2023. Based on this information, the target is not currently being met.

The most recent non-validated management information data indicate a further improvement, currently meeting the target.

3.10 Delayed Discharge Occupied Bed Days

2022/23 Target Rate per 100,000 820 / month

2023/24 Running Average 750 / month

The validated data are only available up to September 2023. Based on this information, the target is not currently being met.

3.11 End of Life – Percentage of Last Six Months Spent in Large Hospitals

2022/23 Target Rate <8.7%

2020/21 Rate 7.9% (provisional data)

The validated data are only available on a provisional basis for 2020/21. Based on this information, the target is currently being met.

It is not possible to refer to management information as these data are not held locally.

3.12 Balance of Care

2022/23 Target Rate >96.4%

2021/22 Rate 96.9% (provisional data)

The validated data are only available on a provisional basis for 2021/22. Based on this information, the target is currently being met.

It is not possible to refer to management information as these data are not held locally.

3.13 It was agreed at the December 2023 Board meeting that the non-validated management data are examined in detail by the Performance Assurance and Governance Group each month.

- 3.14 Members are asked to note the revised meeting dates for the Performance Assurance and Governance Group (PAGG) for 2024. This is to ensure improved alignment with IJB paper submission dates.

| PAGG papers circulated | PAGG Meeting | IJB papers submission | IJB meeting |
|------------------------|--------------------------------------|-----------------------|-------------|
| 23 May | 30 May | 3 June | 20 June |
| 26 Jul | Old date: 8 Aug New date: 1 Aug | 5 Aug | 22 Aug |
| 5 Sep | Old date: 3 Oct New date: 12 Sep | 30 Sep | 17 Oct |
| 14 Nov | Old date: 12 Dec New date: 21 Nov | 2 Dec | 19 Dec |

4 Policy Implications

- 4.1 There are no policy implications arising from this report.

5 Directions

- 5.1 This report does not directly impact upon service ability to deliver existing Directions.
- 5.2 It is acknowledged that there will be a requirement for ongoing review and revision to the Performance Report, in alignment with any revisions to existing Directions / issue of new Directions at any stage in the reporting period.

6 Equalities Implications

- 6.1 There are no equality implications from focussing on these goals but there may be implications in the actions that result from work to achieve them.
- 6.2 The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are groups of people that make more use of hospitals than others – for example older people, people living in areas of deprivation or people who live alone.

7 Resource Implications

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

8 Risk

- 8.1 The risk of not finding solutions to address complex performance measurement challenges is that we are underinformed in relation to increases in complexity, acuity and the resulting additional pressures these create for our workforce; and what this may mean for wellbeing, retention and recruitment.

9 Involving people

- 9.1 The Performance Assurance & Governance Group (PAGG) meet monthly to review and discuss these and other measures as part of wider data assurance. Membership of the group will be expanded to ensure increased representation of elected officials, the third sector and public health.

10 Background Papers

- 10.1 No background papers.

| | |
|----------------------|--|
| AUTHOR'S NAME | Elouise Johnstone |
| DESIGNATION | Strategic Programme Manager for Performance |
| CONTACT INFO | elouise.johnstone@nhslothian.scot.nhs.uk |
| DATE | 31 st March 2024 |

Appendices:

Appendix 1: Local Intelligence Support Team (LIST) Report describing progress against the IJB improvement goals.

Midlothian HSCP MSG Indicators

Performance from April 2019 to Sept 2023,
with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST),
February 2024



Data Sources

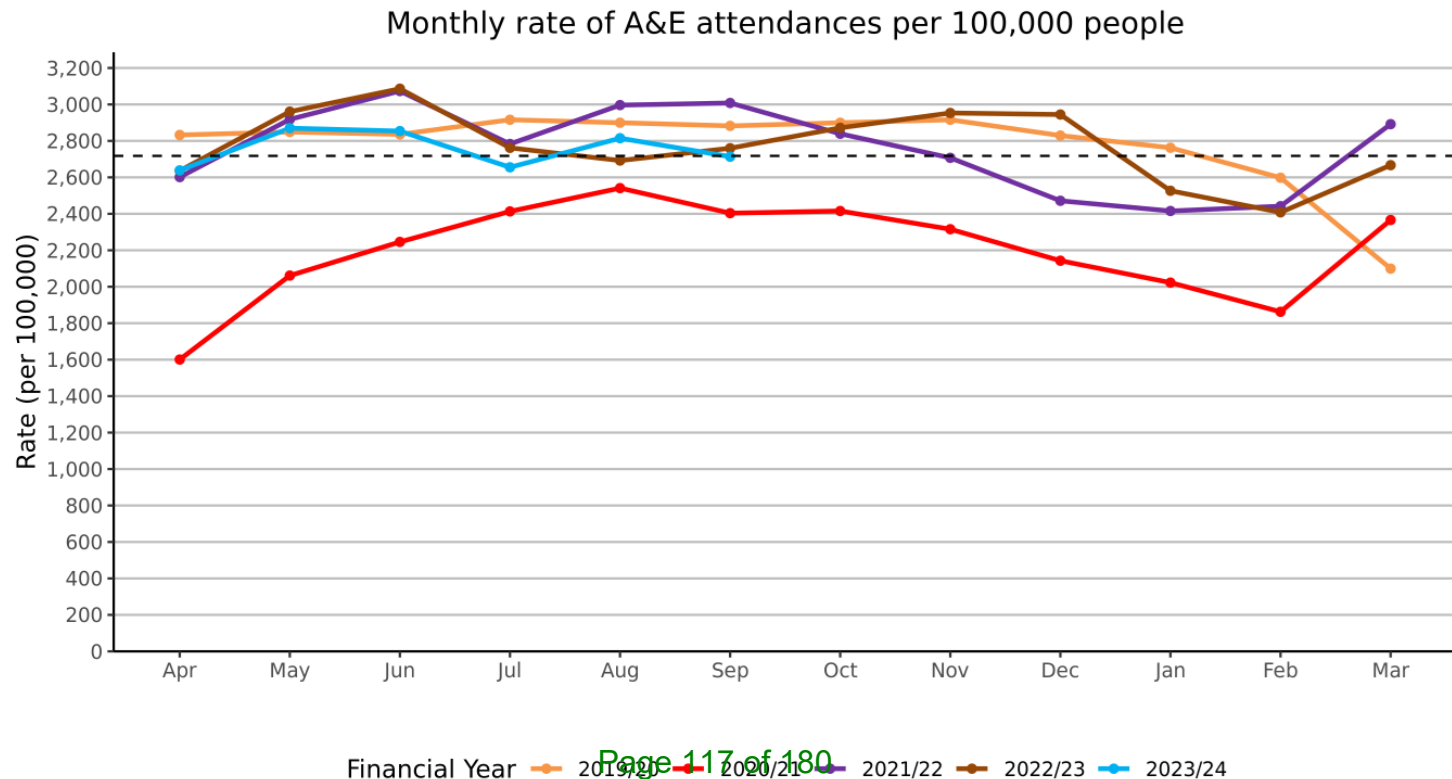
2020/21 MSG Targets

- Source: MSG data release v1.651, Feb-24; Public Health Scotland
- These are official monthly figures released by PHS and will be nationally published (some data is provisional and not yet published)
- Next data release: Mar-24

A&E Attendances

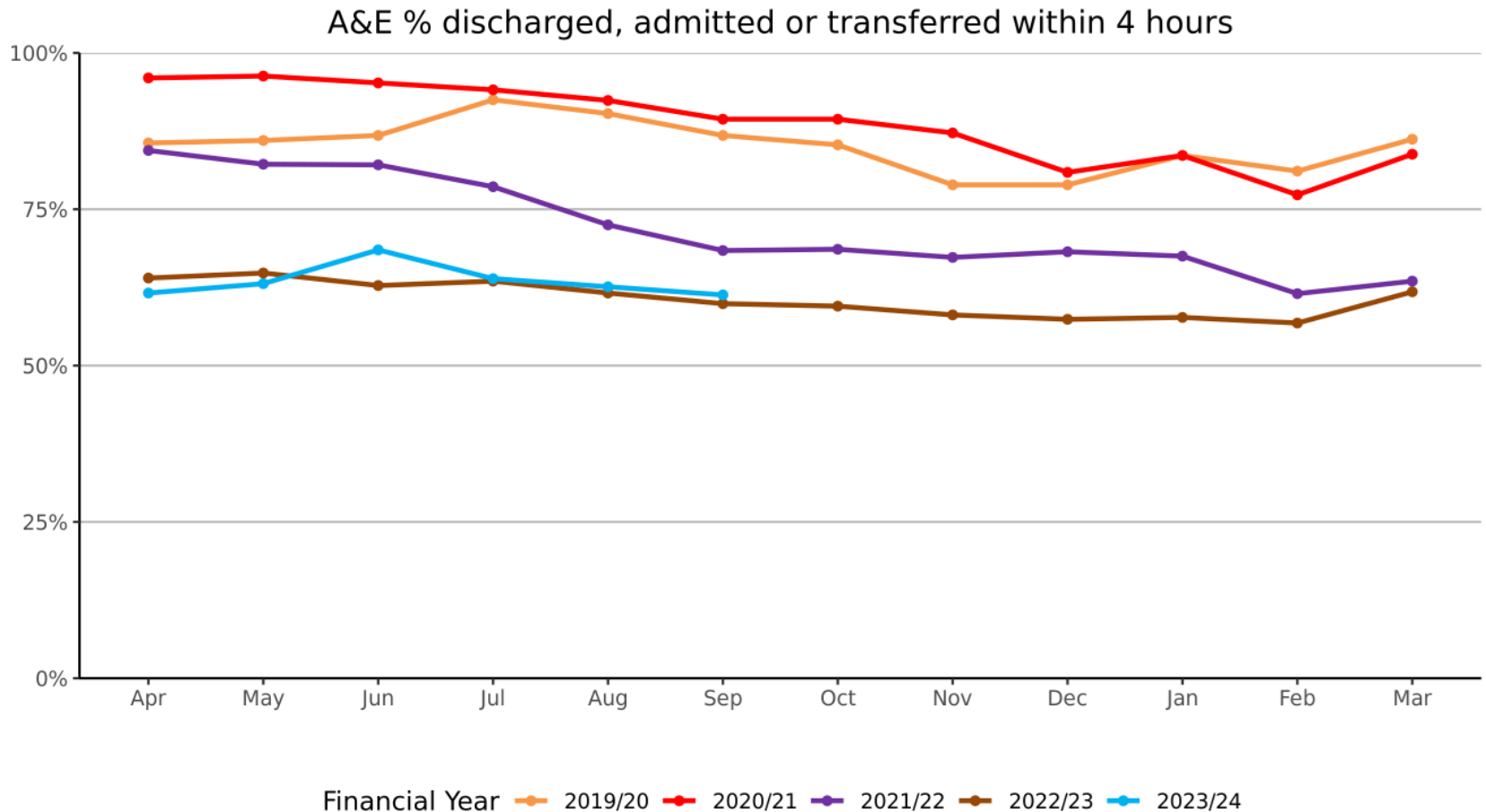
Source: MSG data release Feb-24; data published up to Sep-23

| Year | Annual | Monthly |
|-----------------------------------|--------|---------|
| 2020/21 Target Rate (per 100,000) | 32,614 | 2,718 |
| 2019/20 Rate (per 100,000) | 33,319 | 2,777 |
| 2020/21 Rate (per 100,000) | 26,391 | 2,199 |
| 2021/22 Rate (per 100,000) | 33,147 | 2,762 |
| 2022/23 Rate (per 100,000) | 33,268 | 2,772 |
| 2023/24 Running Average (Sep) | | 2,758 |



A&E 4 hour performance

Source: MSG data release Feb-24; data published up to Sep-23

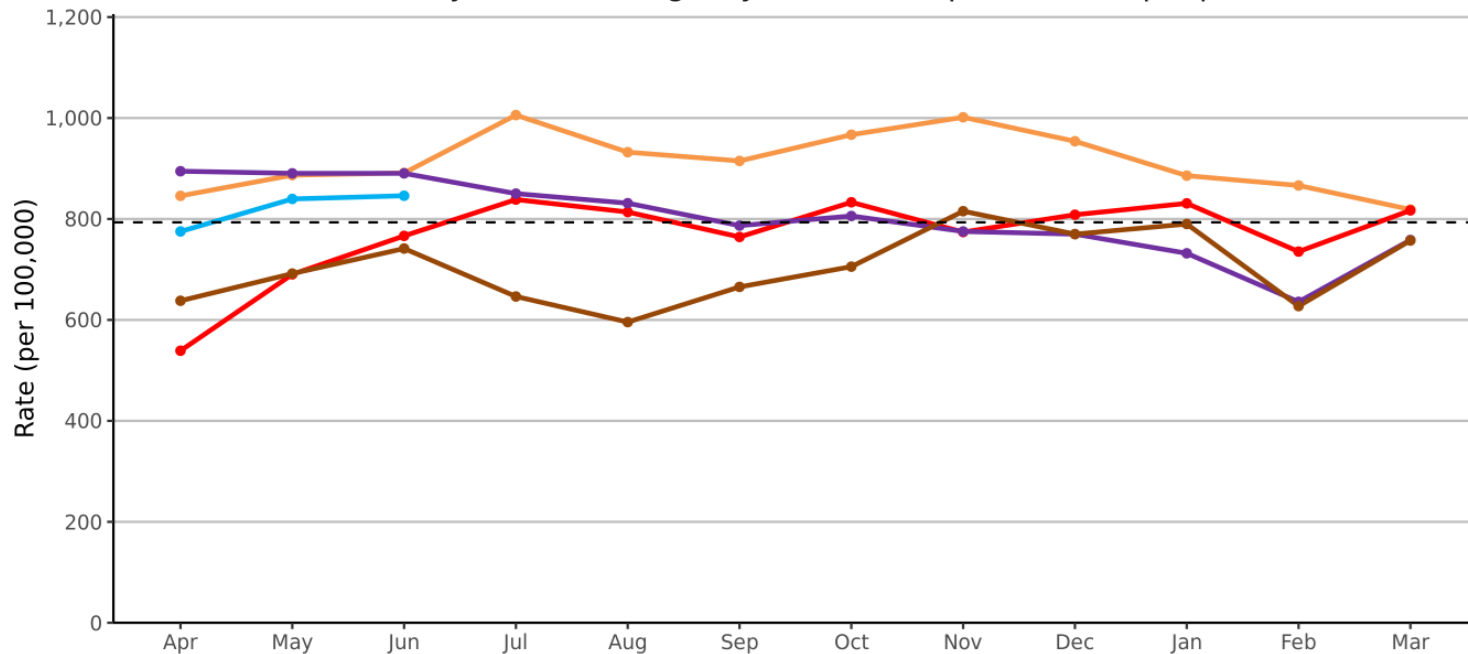


Emergency Admissions

Source: MSG data release Feb-24; data published up to Jun-23

| Year | Annual | Monthly |
|-----------------------------------|--------|---------|
| 2020/21 Target Rate (per 100,000) | 9,520 | 793 |
| 2019/20 Rate (per 100,000) | 10,970 | 914 |
| 2020/21 Rate (per 100,000) | 9,211 | 768 |
| 2021/22 Rate (per 100,000) | 9,621 | 802 |
| 2022/23 Rate (per 100,000) | 8,444 | 704 |
| 2023/24 Running Average (Jun) | | 820 |

Monthly rate of emergency admissions per 100,000 people



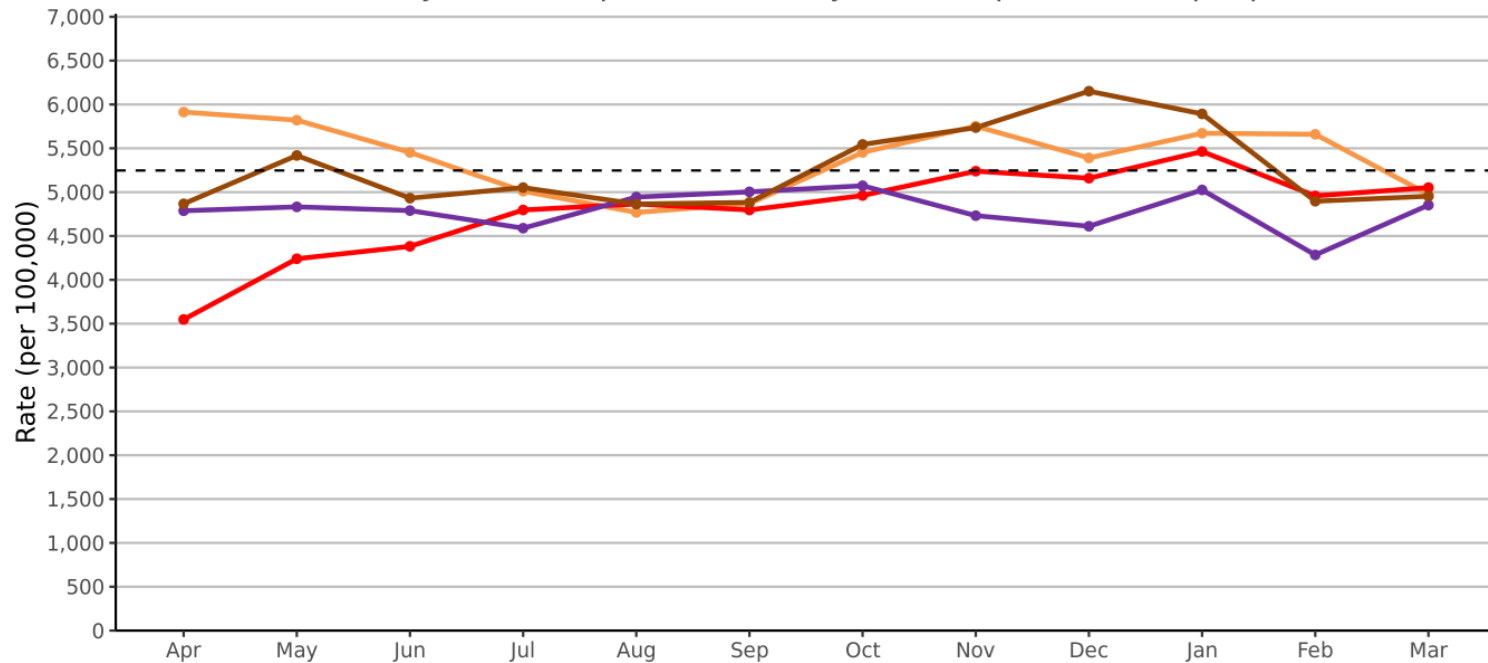
Financial Year 2019/20 2020/21 2021/22 2022/23 2023/24

Unplanned Bed Days - Acute

Source: MSG data release Feb-24; data published up to Mar-23

| Year | Annual | Monthly |
|-----------------------------------|--------|---------|
| 2020/21 Target Rate (per 100,000) | 62,963 | 5,247 |
| 2019/20 Rate (per 100,000) | 64,736 | 5,395 |
| 2020/21 Rate (per 100,000) | 57,462 | 4,789 |
| 2021/22 Rate (per 100,000) | 57,523 | 4,794 |
| 2022/23 Rate (per 100,000) | 63,190 | 5,266 |

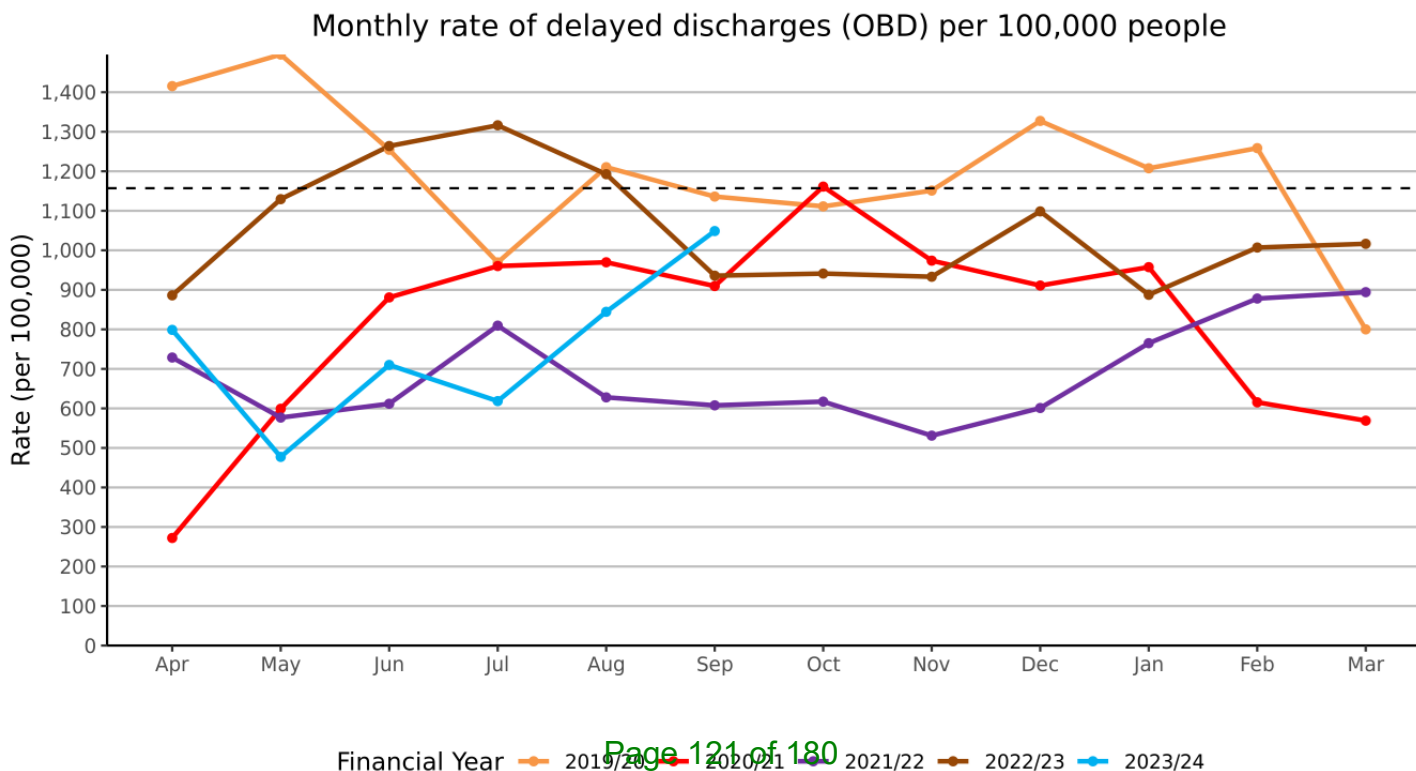
Monthly rate of unplanned beddays (Acute) per 100,000 people



Delayed Discharges Occupied Bed Days (18+)

Source: MSG data release Feb-24; data published up to Sep-23

| Year | Annual | Monthly |
|---------------------------------------|--------|---------|
| 2020/21 Target Rate (per 100,000 18+) | 13,886 | 1,157 |
| 2019/20 Rate (per 100,000) | 14,336 | 1,195 |
| 2020/21 Rate (per 100,000) | 9,779 | 815 |
| 2021/22 Rate (per 100,000) | 8,249 | 687 |
| 2022/23 Rate (per 100,000) | 12,608 | 1,051 |
| 2023/24 Running Average (Sep) | | 750 |

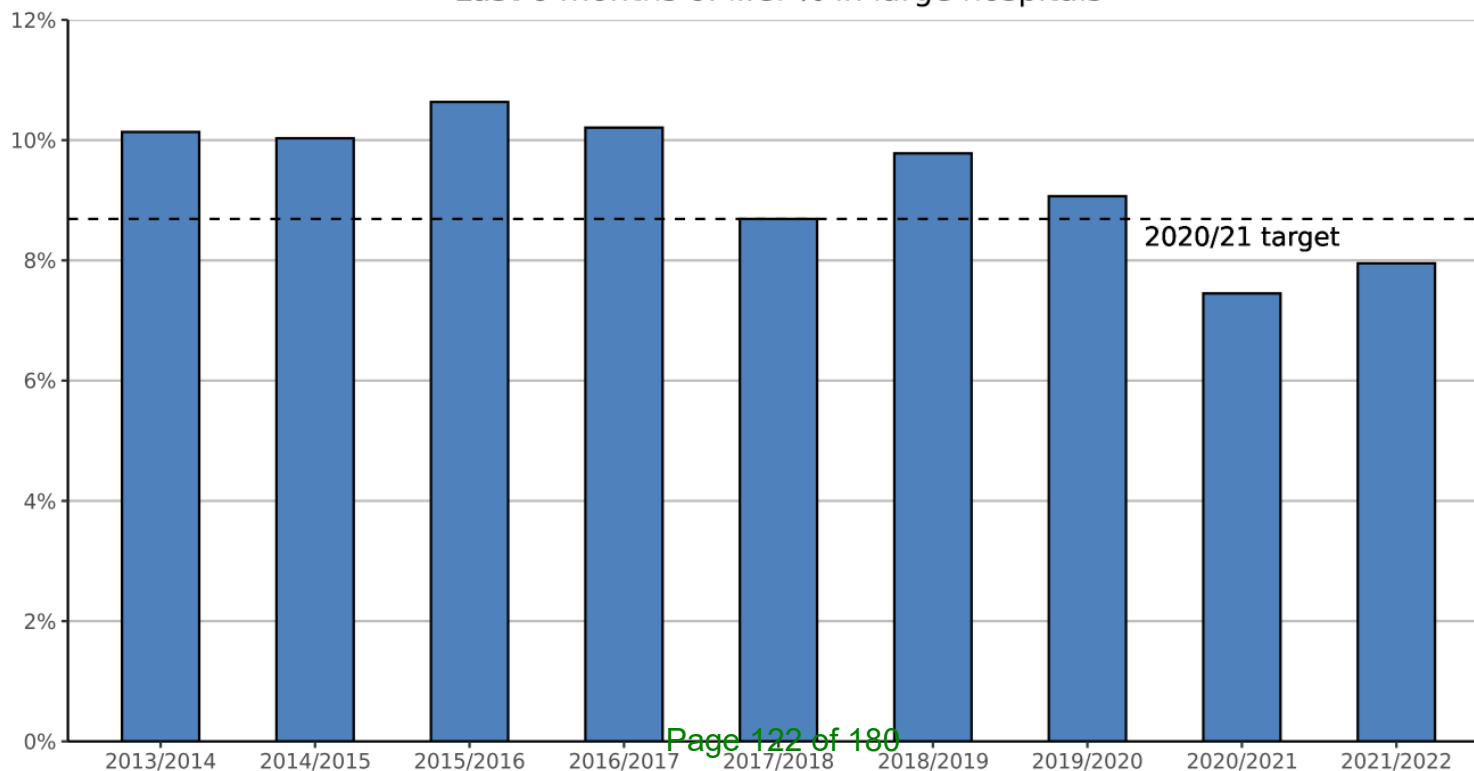


End of Life - Percentage of Last Six Months Spent in Large Hospitals

Source: MSG data release Feb-24; data published up to 2021/22

| Year | Annual |
|----------------|--------|
| 2020/21 Target | <8.7% |
| 2019/2020 | 9.1% |
| 2020/2021 | 7.5% |
| 2021/2022 | 8.0% |

Last 6 months of life: % in large hospitals



Thursday, 18th April 2024, 14:00-16:00.

Integrated Assurance Report

Executive summary

| | |
|---------------------|-------------|
| Item number: | 5.10 |
|---------------------|-------------|

This report is presented to provide the Midlothian Integration Joint Board with assurance around the processes in place to deliver clinical and care governance and risk and resilience management by the Midlothian Health and Social Care Partnership.

The structure for oversight of safe, effective, and person-centred care and professional governance consists of the Clinical and Care Governance Group and service level Quality Management Groups (QMGs). In addition, a number of specialist subgroups ensure focus on identified risks and most common harms. A culture of shared learning and improvement is promoted.

The Governance and Assurance Framework (GAF) has been in use for 3 reporting cycles and work to refine this approach is ongoing. 6 Governance Groups report to the Senior Management Team: Clinical Care and Governance, Integrated Workforce Governance Board, Finance and Performance, Business Governance, Digital Programme Board, and the Partnership Forum. Work continues to ensure that areas highlighted as medium or low assurance by services in the Governance and Assurance Framework are scrutinised by the relevant Governance Group (Appendix 1).

Group Service, Service, and Team Plans are in place across the HSCP, and plans have been developed for the delivery of progress reports to address identified risks for the next financial year. This aims to provide a consistent and complete picture of the assurance being reported and will support the ambition to implement a total Quality Management System (QMS) linking clinical and care governance with the management of performance and resources.

A joint Care Inspectorate, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary inspection into Adult Support and Protection arrangements within Midlothian is now underway. This follows on from the recent report into the Joint Inspection recently completed which had a focus on services for people with a Physical Disability, long-term conditions and their unpaid carers.

The report confirms that the Partnership's structures and processes for risk management, resilience and major incident planning address the requirements of Midlothian Council and the Lothian NHS Board. This includes the maintenance of the Partnership's Risk Register and processes which support the appropriate escalation of identified risks.

Board members are asked to discuss and approve the contents of this report

Midlothian Integration Joint Board

Integrated Assurance Report

1 Purpose

- 1.1 This is the Integrated Governance report for Midlothian Integration Joint Board (IJB).

2 Recommendations

- 2.1 Board members are asked to discuss and approve the content of this report.

3 Background and main report

- 3.1 This report updates the IJB on the activity undertaken to provide assurance around the delivery of safe, effective, and person-centred care in Midlothian and the processes in place to cover risk and resilience.

3.2 **Clinical Care and Governance and Assurance Structure and Processes**

The Clinical and Care Governance Group (CCGG) meets quarterly to enable assurance to be provided to the IJB around the safety, effectiveness, and person centredness of Midlothian Health and Social Care Partnership (MHSCP) services.

Group Service, Service and Team Plans have been in place across the HSCP since April 2023. The associated rollout of the Governance and Assurance Framework and a review of meeting structures provide the CCGG with a complete picture of the assurance and any identified risks to the delivery of clinical services and social care being reported across all services at every meeting.

Service level Quality Management Groups (QMGs) report to the CCGG on the actions services undertake to address clinical and care governance, risk management, quality planning, quality improvement activities, evidence of quality assurance and quality control. The QMGs provide an opportunity for teams within services to share learning and progress innovation. QMGs are expected to meet at least 4 times per year to populate the relevant sections of their GAF submission and CCGG template quarterly and deliver an annual summary report in the form of a short presentation. A reporting template collates information about actions in place relating to the learning arising from investigation of adverse events and complaints, implementation of actions around safety alerts, specific standards and guidance, improvement work, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides.

The IJB has previously been advised that the HSCP has been using the Governance and Assurance Framework adapted from the version developed by AHPs across Lothian (Appendix 2). The framework enables collaboration, shared learning and a visibility across the system of the current self-reported assurance levels.

Learning continues from each quarter, enabling adaptations to the Framework, digital application, and its reporting. Short-term these relate to process improvements, enabling managers to prepare for and consistently define the impact and assurance levels which collectively describe the governance levels across Safe, Effective, Person-Centred, and Regulatory domains. Medium and longer-term developments relate to the digital application to enhance the opportunities for collaboration, efficiency support business as usual including sustainability through the development of induction resources and an audit tool.

There is a shared commitment across all services to learn from the work to improve processes and streamline reporting to continue to provide assurance around the quality, safety and effectiveness of the services delivered and commissioned by the Midlothian Health and Social Care Partnership. 6 Governance Groups report to the Senior Management Team: Clinical and Care Governance, Integrated Workforce Governance Board, Finance and Performance, Business Governance, Digital Programme Board, and the Partnership Forum. Work continues to ensure that areas highlighted as medium or low assurance by services in the Governance and Assurance Framework are additionally reviewed by the relevant Governance Group (Appendix 1). Work will be undertaken to ensure that the Terms of Reference of the Governance Groups which report to Senior Management have risk as a standing agenda item to reflect this.

The role of Chief Social Work Officer, which carries statutory functions, sits outwith the HSCP. The Head of Adult Services is Deputy Chief Social Work Officer for Midlothian Council and acts as the lead Social Worker for the HSCP. The CSWO is a member of the IJB and pre-IJB meetings have been set up with the Chief Officer and Head of Adult Services to discuss any issues that may be particularly pertinent for professional social work. QMG processes are integrated, and managers report on all HSCP business thus providing assurance regarding social work services. There remains a need to ensure the CSWO is linked in effectively to this structure. The combination of the newly constituted Social Work Assurance Group (SWAG) and the Governance and Assurance Framework will further strengthen this level of assurance. SWAG is a newly developed assurance group for all Social Work services in Midlothian. It meets fortnightly currently and is chaired by the CSWO with attendance from the Deputy CSWO and two Group Service Managers. Since inception, it has provided leadership and assurance regarding the improvement plan for Newbyres Care Village and has also had oversight over all improvement plans developed following Care Inspectorate inspections of services. Whilst still a developing Group, it is anticipated that all new Policies and Procedures for Social Work services will be approved at SWAG and there will also be a role in overseeing audit and quality assurance work.

3.3 The Clinical and Care Governance Group

The Clinical and Care Governance Group meets on a quarterly basis. Since the last report to the IJB, one meeting has taken place.

3.4 Investigating and Learning from Adverse Events and Complaints

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups address in-patient falls at Midlothian Community Hospital, and pressure ulcers. The Midlothian Safety and Experience Action Group (MSEAG) has oversight of all significant adverse events (adverse events which result in harm assessed as moderate or above), including the death or suicide of patients engaged with mental health and substance use services or unexpected medical deaths. This group commissions external reviews of major harm or death significant events in line with NHS Lothian protocols. The MSEAG minutes are submitted to the Lothian Patient Safety and Experience Action Group, and all Serious Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure. In addition, a Morbidity and Mortality Review group has recently been established at Midlothian Community Hospital to undertake multidisciplinary review of unexpected in-patient deaths as a further measure to develop learning to improve the delivery of safe care.

The HSCP Senior Management Team (SMT) receives a fortnightly report regarding performance around the management of complaints and the reporting and management of adverse events on the Datix system. Datix is a web-based tool which can be accessed by all NHS Lothian staff to report and learn from safety concerns such as actual adverse events and near misses. It helps in the collection and analysis of information to inform action plans which support safety and quality improvement. The system also provides modules to support the administration of Complaints, Claims and Service and Team level Risk Registers, to provide an integrated information system. Quarterly oversight of themes and learning arising from complaints and adverse events has been added to the MSEAG agenda and is also addressed at quarterly NHS Lothian performance meetings.

At the time of writing 13 Significant Adverse Event (SAEs) are under investigation, one of those being an external review which has been open for more than 6 months. Chart 1 shows Midlothian reported median is higher than the closed median, preventing the development of a backlog. Chart 2 shows the Midlothian HSCP's performance regarding SAEs which are overdue. One level 1 SAE has been open for over 6 months at the time of writing, and one other non-level 1 review has breached the 70-day target for its completion. Work continues to support actions that will enable local teams to address all adverse events within the Healthcare Improvement Scotland guidance timescales. Work is continuing to maintain and further improve SAE review performance against timescales and assure the quality of the reviews and the implementation of learning gained. Ongoing review of learning needs is undertaken and the SMT works with the Quality Improvement Support Team of NHS Lothian to discuss actions required and to enable appropriate learning opportunities to be identified and delivered.

Outstanding actions from previously investigated Significant Adverse Events are recorded on Datix and continue to be monitored by the MSEAG to ensure that they are completed.

Chart 1:Midlothian Serious Adverse Events reported and closed at 4th March 2024

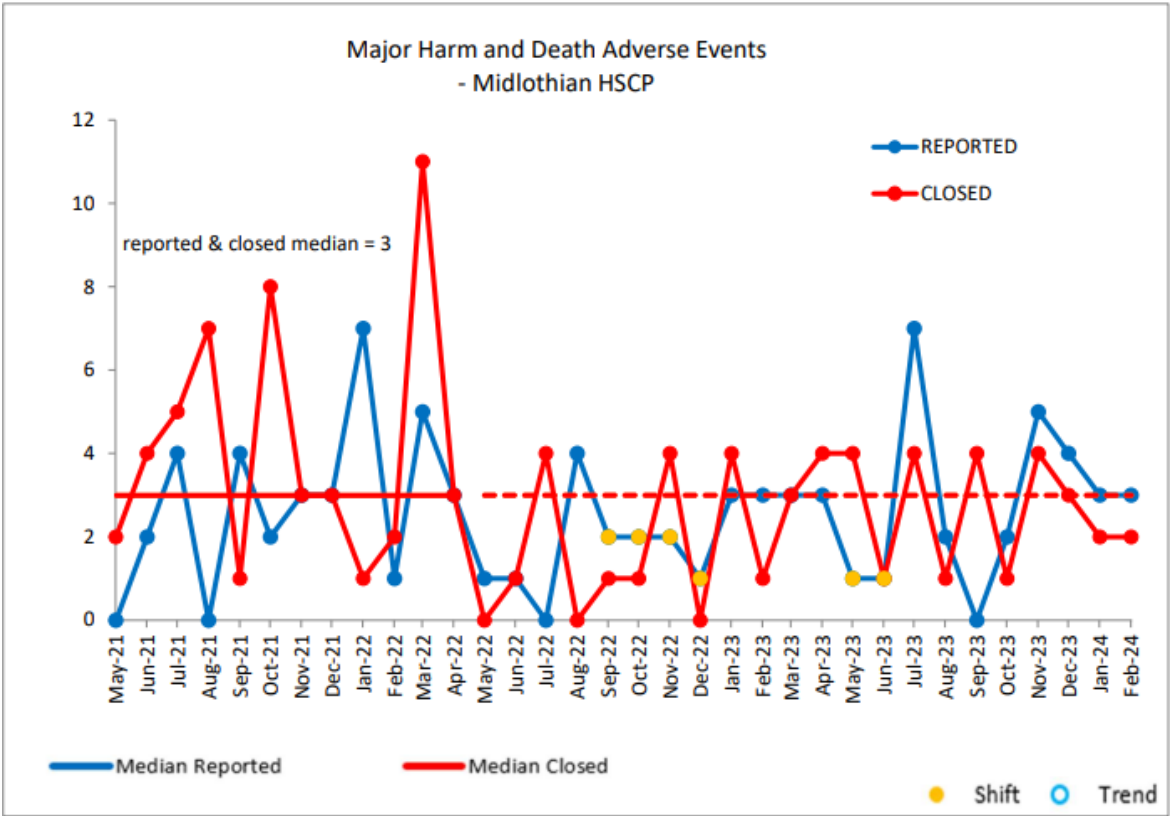
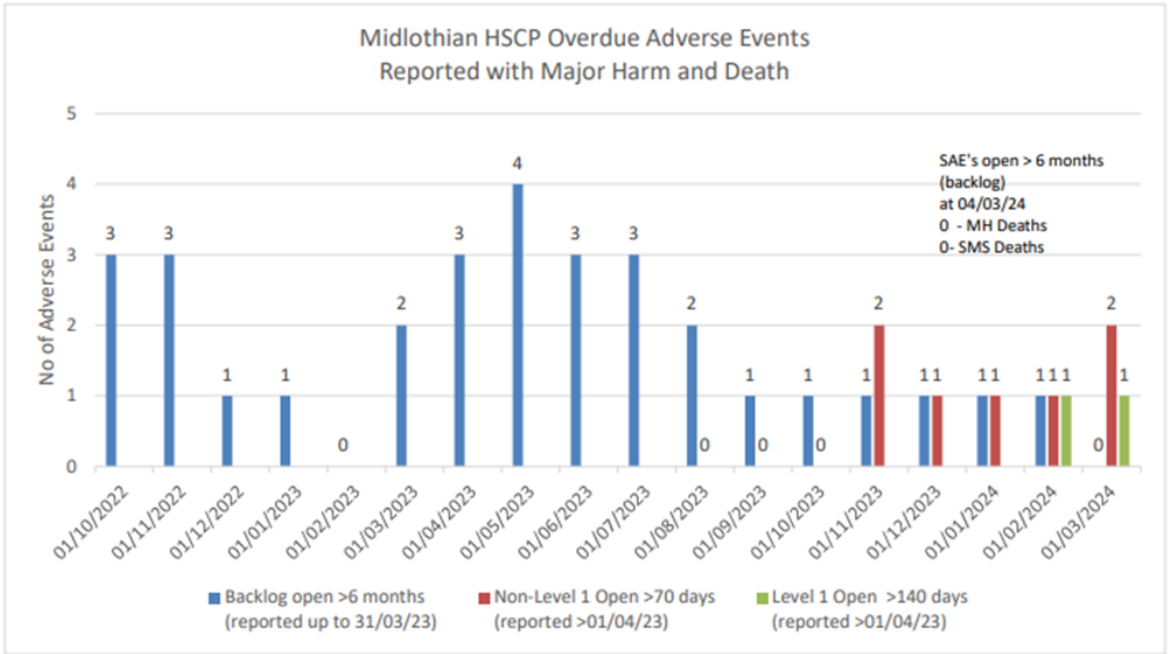


Chart 2 Midlothian Overdue Adverse Events Reported with Major Harm and Death at 4th March 2024



Processes for Council services currently remain less mature around adverse events but work is outstanding to bring a degree of synergy to this. Ultimately, the aspiration is that MSEAG will manage all adverse events across the HSCP. The Clinical Director has supported and driven an increased focus on the utilisation of primary

care /GP practice input to provide a more complete picture of the services and supports accessed by patients who have committed suicide or who have died whilst in receipt of mental health and substance use services in Midlothian.

Work to develop an adverse events management process for Social Work and Social Care services was paused due to inspectorial activity which commenced in May of last year and continues to generate substantial oversight and operational activity to support the scrutiny. The Social Work Assurance Group (SWAG) has, as has been highlighted above, brought a new layer of governance and assurance for all Social Work and Social Care services and, whilst this is still fairly new, it has proven to be key in ensuring services are operating well and safely. This has been particularly the case with the work to improve Newbyres Care Village The Chief AHP facilitated a falls review within Highbank Intermediate Care facility. This process enabled the identification of lessons learned, process improvements around falls risk assessments and potential sources of support for the team on site.

Complaints are generally managed through the respective organisations' complaints handling processes and whilst processes and timescales are similar, there are also a range of Elected Member, MP and MSP enquires which tend to be channelled through a Council route. Generally, these are managed by respective Heads of Service.

Performance against KPIs and an analysis of themes and learning from complaints Received in relation to NHS Lothian services delivered within the MHSCP is monitored by MSEAG and reported to quarterly NHS Lothian performance review meetings. This report covers data up to January 2024 from the report received from the NHS Lothian Patient Experience team on 15th March 2024.

Charts 3 and 4 illustrate the numbers of complaints received via the NHS complaints processes which relate to services delivered within the Midlothian HSCP.

Chart 3: Number of Stage 1 complaints received.

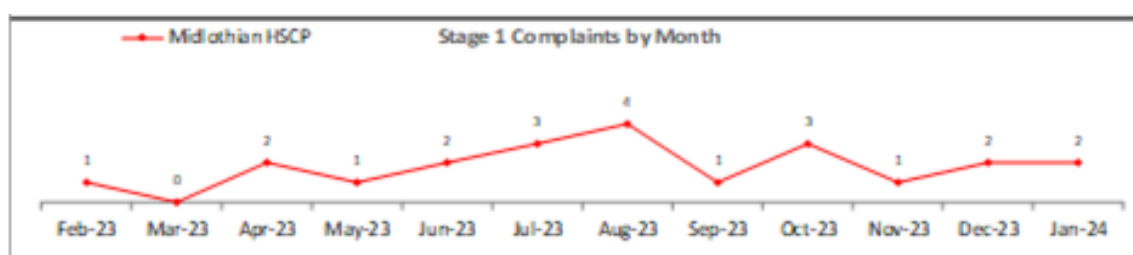
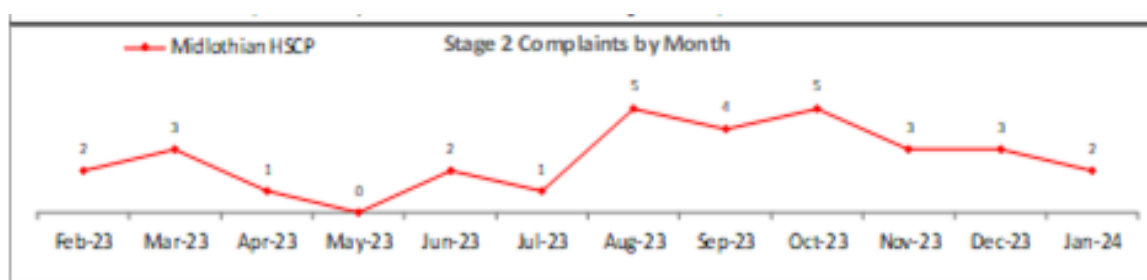


Chart 4: Number of Stage 2 complaints received.



Charts 5 and 6 illustrate performance around Stage 2 complaints responses. Of 31 Stage 2 complaints received in the 12 months illustrated, only 1 failed to meet the 20-

day target for the provision of a response – this reflected the complexity of the complaint which involved a range of services, one being provided from another Partnership in NHS Lothian. At the time of writing Midlothian is involved in responding to 5 open complaints, 2 of which are outwith the KPI for response. IJB members are advised that local data indicates an increasing number of complaints are being received by the HSCP and that 1 more recent Stage 2 complaint breached the 20-day KPI.

Chart 5: % achievement of Stage 2 responses within 20-day KPI.

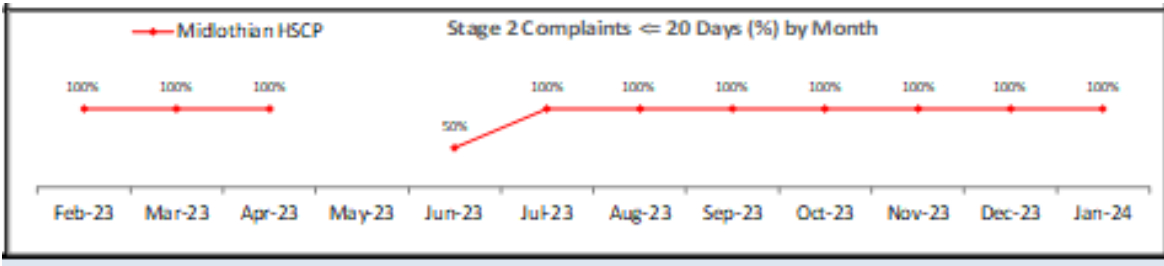
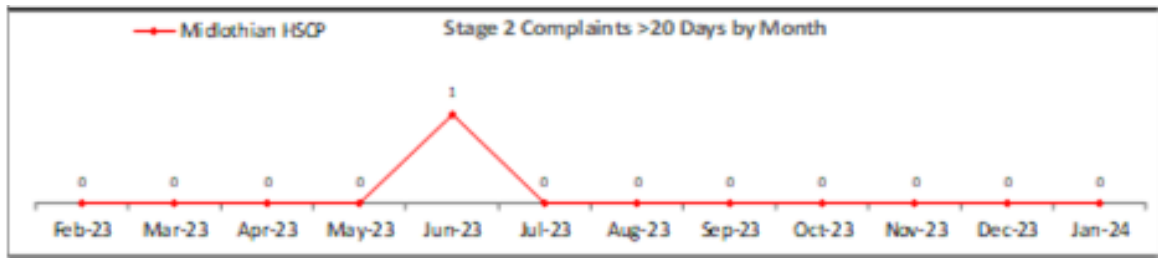


Chart 6: number of Stage 2 complaints responses outwith 20-day KPI.



The Clinical and Care Governance Group will provide a focus on shared learning around the management of adverse events and complaints and the sharing of learning from these processes at its May meeting.

3.5 Clinical and Professional Oversight of Care Homes

The Scottish Government published My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes in June 2022. An Advice Note on Enhanced Collaborative Clinical and Care Support for Care Homes issued on 14 December 2022 provides guiding principles and a framework to continue cross sector work to continue to improve the health and wellbeing of people living in care homes. Work is continuing on a Midlothian and Lothian basis to ensure these recommendations are met and that partners involved in the delivery of care home services are engaged in shaping the model going forward. The approach recognises that the role of the HSCP is different to that of the inspection and regulation responsibilities exercised by the Care Inspectorate.

3.6 Inspections

The Clinical and Care Governance Group maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements. Managers log service inspection reports with their QMG submissions.

The joint inspection of adult services with a focus on integration and outcomes for people with physical disabilities, long term conditions and their carers commenced in May last year.

The scrutiny activity was concluded with the publication of the final report on 28th November 2023. The overall conclusion of the report assessed the Partnership as being 'Good' (Grade 4) for all 5 indicators assessed.

Along with identified key strengths, priority areas for improvement included a continued need to address support for carers, to ensure an integrated approach to providing information and advice around support, care and treatment whilst continuing to support staff to be more confident in their knowledge of self-directed support. The learning from the inspection was drawn together within an improvement plan. The SMART action plan contains objectives which has been further broken down into actions and steps, with consideration given to dependencies, measures, progress and timeframes. This has been shared with and will be monitored and reviewed by the Care Inspectorate throughout 2024.

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

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

Through the QMGs, we have developed a more systematic approach to managing recommendations from Mental Welfare Commission themed reports. Generally, such reports have a range of actions for Scottish Government, NHS Boards and HSCPs. These are worked into an Action Plan for later submission back to the Mental Welfare Commission. Governance is provided by reports coming to the HSCP SMT and the Social Work Assurance Group (where appropriate).

3.7 Risk Management

Midlothian HSCP is compliant with the NHS Lothian Risk Management Policy and Midlothian Council Risk Management Policy and Strategy. Midlothian Health and

Social Care Partnership is currently reviewing and updating the Risk Management Process to allow an integrated approach to risk management within the partnership.

- Midlothian HSCP Senior Management Team meet every 2 weeks and risk is a standing agenda item.
- Service level risks registers are locally managed, and oversight is held by Heads of Service for review and escalation to the Senior Management Team (if required).
- Risks are routinely monitored through these escalating levels with additional risk oversight held by Midlothian Council and Midlothian IJB both strategically and operationally.
- Each risk recorded either operationally or strategically have actions associated to mitigate the risk, these are routinely monitored through the appropriate level of monitoring as mentioned above.
- Each risk has a risk owner identified who is the accountable person for managing the related actions and providing routine updates on the status of the risk.

3.8 Resilience and Major Incident Planning

Midlothian Health and Social Care Partnership supports its partner organisations, NHS Lothian and Midlothian Council, to deliver their obligations as responders to major incidents. The Partnership provides Midlothian IJB with any relevant assurance in relation to incident management and response which supports its responsibilities as a Category 1 responder.

Midlothian Health and Social Care Partnership maintains major incident plans in line with NHS Lothian's Resilience Policy and provides assurance through NHS Lothian's reporting cycle on resilience, major incident planning and business continuity. A virtual control room is in place for incident management along with physical control rooms in both Midlothian Community Hospital and Fairfield House. Service Managers are required to review and update their service-specific resilience and business continuity plans annually which feed into the overarching Midlothian Resilience Plan.

3.9 Risk Register

Operational risks are captured in the Partnership Risk Register, which is updated and reviewed regularly, and when required escalated to the NHS Lothian Corporate Risk Register and Midlothian Council Strategic Risk Profile.

HSCP mitigation plans contribute to the overarching corporate risk registers held by NHS Lothian and Midlothian Council.

4.0 Policy Implications

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

appropriate mechanisms are in place to assess and manage risk and ensure service resilience.

5.0 Directions

- 5.1 Clinical and care governance, risk management and resilience planning are implicit in various directions that relate to the delivery of care.

6.0 Equalities Implications

- 6.1 The Governance and Assurance Framework requires services to provide assurance that they are complying with the Equalities duties including the completion of Integrated Impact Assessments (IIA's) where necessary. This supports the HSCP to comply with its equality duties.

7.0 Resource Implications

- 7.1 Resource implications are identified by managers as part of service development. and additional resource may at times be required to ensure required standards of clinical and care governance, risk management and resilience planning are met. The expectation is that these activities are embedded in service areas and teams and that staff have time built in to attend the relevant oversight groups and undertake the associated responsibilities.

8.0 Risk

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

9.0 Involving people

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

10.0 Background Papers

- 10.1 My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes in June 2022 [Introduction - My Health, My Care, My Home - healthcare framework for adults living in care homes - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/my-health-my-care-my-home-2022/pages/introduction.aspx)

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|----------------------|--|
| AUTHOR'S NAME | Fiona Stratton, Claire Ross, Nick Clater Grace Cowan and Roxanne King |
| DESIGNATION | Chief Nurse, Chief AHP, Heads of Service Adult, and Executive Business Manager |
| CONTACT INFO | Fiona.Stratton@nhslothian.scot.nhs.uk claire.l.ross@nhslothian.scot.nhs.uk Nick.Clater@midlothian.gov.uk roxanne.king@nhslothian.scot.nhs.uk |
| DATE | 27 th March 2024 |

Appendices:

Appendix 1: Midlothian Integrated Governance and Assurance Framework Escalation Routes

Appendix 2: Midlothian HSCP Governance and Assurance Framework

6. Escalations

When risks are unable to be mitigated within the service / programme areas (mitigations 1-6 above) and/or extend beyond the agreed improvement period, they require to be escalated to relevant Governance Group where a decision should be made to determine if the risk is Operational or Strategic and the necessary actions agreed. The governance group/s for each of the assurance areas and measurements are outlined below.

| Assurance Area | 1. Safe | 2. Effective | 3. Person Centred | 4. Regulatory |
|-------------------------|---|---|--|---|
| Measure (a) | Adverse Events (including RIDDOR) | Core Mandatory Training | Complaints | Professional Registration |
| Escalation Group | <i>Clinical & Care Governance or Business Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance</i> | <i>Clinical & Care Governance or Business Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance</i> |
| Measure (b) | Duty of Candour | Personal Development (including PDPR) | Service User Experience & Engagement | Staff Performance Management (Conduct or Capability) |
| Escalation Group | <i>Clinical & Care Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance or Business Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance</i> |
| Measure (c) | Health & Safety | Supervision | | External Compliance or Professional Audit (e.g. HSE, MDR, EHRC) |
| Escalation Group | <i>Business Governance or Clinical & Care Governance via Health and Safety Governance Group</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical and Care Governance</i> | | <i>Clinical and Care Governance or Business Governance</i> |
| Measure (d) | Workforce Management | Service Performance and Quality Indicators and Standards | | |

| | | | | |
|-------------------------|--|--|--|--|
| Escalation Group | <i>Workforce Governance (Access and Demand Subgroup)</i> | <i>Escalation could be to any Governance Group depending on the service specific KPIs</i> | | |
| Measure (e) | | Finance / Resources | | |
| Escalation Group | | <i>Finance & Performance or Business Governance via HSCP Premises Group or Contracts and Commissioning</i> | | |
| Measure (f) | | Change Management (including Workforce Organisational Change, Equalities Duties and Service or Programme change) | | |
| Escalation Group | | <i>Partnership Forum or Clinical & Care and Governance</i> | | |

QUALITY MANAGEMENT SYSTEM GOVERNANCE AND ASSURANCE FRAMEWORK AND TOOLKIT

Adapted from the NHS Lothian Allied Health Professions (AHP) Governance & Assurance Framework

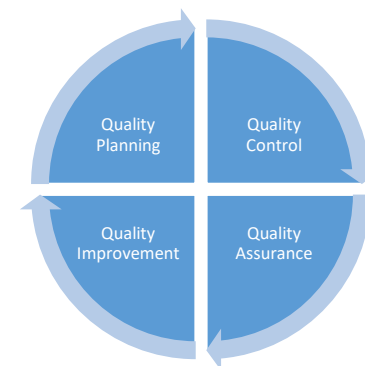
Contents

| | |
|--|----|
| Introduction | 2 |
| Outline of the Governance and Assurance Framework..... | 2 |
| 1. Governance Assurance Areas and Measures..... | 3 |
| 2. Identification of Impact..... | 4 |
| 3. Level of Assurance | 9 |
| 4. Governance Assurance Outcomes Matrix | 10 |
| 5. Mitigations | 11 |
| Appendix 1. | 12 |
| Organisational Reporting Structure | 14 |
| Appendix 2. | 15 |
| Quarterly Reporting Timetable | 15 |
| Appendix 3. | 16 |
| Service Outcome Record..... | 16 |
| Appendix 4 | 18 |
| Improvement Action Plan | 18 |
| Appendix 5 | 19 |
| Group Service Specification Template | 19 |
| Appendix 6 | 24 |
| Service & Programme Plan Template | 24 |
| Appendix 7 | 31 |
| Team Plan Template | 31 |

Introduction

Midlothian Health and Social Care Partnership (HSCP) has developed and is promoting a system of total Quality Management. It is recognised that the organisational structure of the various services within Midlothian HSCP, including employees from Midlothian Council, NHS Lothian and other partner organisations, is complex and challenges have arisen in terms of responsibility and oversight of operational, professional and information governance.

It is imperative that the Leadership Team have sufficient degree of visibility of all aspects of governance assurance provided by employees within Midlothian HSCP on the four distinct governance areas, namely, *Safe, Effective, Person-Centred, Regulatory*. There is a requirement for Governance Assurance to be clearly articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues. This framework will play a clear role in the cycle of Quality Management in providing **Quality Assurance** alongside, Quality Planning, Quality Control and Quality Improvement.



Outline of the Governance and Assurance Framework

1. Governance Assurance Areas and Measures

Outlines each of the **assurance** areas and the specific **measures** that are key indicators for Governance.

2. Identification of Impact

To provide a consistent definition of **impact**, detail on the scale and range of impact are outlined from **target to extreme** for each of the **assurance** areas.

3. Level of Assurance

To provide a consistency to the definition of **assurance**, a scale ranging from **fully compliant to limited compliance** is provided.

4. Governance Assurance Outcome

This is based on the combination of **impact** and **assurance level**. When inputting into the [Governance and Assurance Application](#) this will populate automatically

5. Mitigations

Where the overall governance outcome is either **Medium** or **Low**, the actions taken to **mitigate** the issue require to be identified. The Application will not allow you to submit until these are provided.

1. Governance Assurance Areas and Measures

| Assurance Area | 1. Safe | 2. Effective | 3. Person Centred | 4. Regulatory | Suggested Sources of Evidence (NHS Lothian, Midlothian Council & Midlothian HSCP) |
|--------------------|--------------------------------------|---|--------------------------------------|--|--|
| Measure (a) | Adverse Events (including RIDDOR) | Core Mandatory Training | Complaints | Professional Registration | Complaints, Compliments & Adverse Events Tableau/Dashboard/Mosaic LearnPro Regulatory body Registers |
| Measure (b) | Duty of Candour | Personal Development (including PDPR) | Service User Experience & Engagement | Staff Performance Management (Conduct or Capability) | Complaints, Compliments & Adverse Events Tableau/Dashboard/Mosaic LearnPro TURAS Local PFPI records |
| Measure (c) | Health & Safety | Supervision | | External Compliance or Professional Audit (e.g. HSE, MDR, EHRC) | Complaints, Compliments & Adverse Events Health & Safety Quarterly Reports LearnPro TURAS Audit Records Investigation Reports |
| Measure (d) | Workforce Management | Service Performance and Quality Indicators and Standards | | | Tableau/Dashboard/Mosaic Performance Reports or Records Audit Reports Investigation Reports |
| Measure (e) | | Finance / Resources | | | Tableau/Dashboard/Mosaic Performance Reports or Records |
| Measure (f) | | Change Management (including Workforce Organisational Change, Equalities duties & Service or Programme change) | | | Partnership Forum Papers and Reports SMT Papers and Reports Finance and Performance Papers and Reports IJB Papers and Reports |

2. Identification of Impact

Due to the widespread and varying nature of services across Midlothian HSCP in terms of size, function and location, the impact of any variances may be very different. To provide some consistency of the definition of **Impact**, the table below provides detail on the scale and range of impact from negligible to extreme for each of the *Assurance Areas* and *Measures*.

Impact Definitions

| Assurance Area | Measure | Target/ Baseline Expectations | Minor | Moderate | Major | Extreme |
|----------------|---|---|--|---|--|---|
| 1. Safe | a. Adverse Events (including RIDDOR) – to include all workforce & service-user incidents | Pro-active incident reporting & management with a culture of active experiential learning with none or very few isolated incidents | Small number of incidents <i>within normative departmental trends</i> resulting in transient minor injury or illness, &/or isolated incident requiring first aid treatment, minor intervention, &/or near-miss incidents | Moderate number of events <i>slightly above normative departmental trends</i> resulting in minor injury &/or an isolated significant injury or illness requiring medical attention &/or counselling | One or more RIDDOR reportable incident or major incident <i>above normative departmental trends</i> resulting in injury/ long term incapacity requiring medical treatment &/or counselling | One or more incidents leading to death or major, permanent incapacity &/or significant number of major adverse incidents - <i>significantly above normative departmental trends</i> |
| | b. Duty of Candour | Pro-active incident reporting & management with a culture of active experiential learning with none or very few isolated incidents. | One or more adverse event <i>within normative departmental trends</i> leading to transient minor injury or transiently reduced service quality/ patient care | One or more adverse event <i>slightly out with normative departmental trends</i> leading to significant injury &/or reduced clinical outcome | One or more adverse event <i>out with normative departmental trends</i> leading to major injury &/or severely reduced clinical outcome | One or more adverse event leading to death or major permanent incapacity - <i>significantly above normative departmental trends</i> |
| | c. Health & Safety – as reported/ required by the H&S Management System | Pro-active reporting & management of health and safety with a culture of active experiential learning | One or more local & isolated issue <i>within normative departmental trends</i> which can be addressed by low level management action | One isolated or challenging issue or, group of issues <i>slightly above normative departmental trends</i> with actions that can be addressed with an appropriate action plan | One significant issue or a group of issues <i>above normative departmental trends</i> requiring escalation to the organisational Health and Safety Group | One high level, reportable, enforcement issue or a group of major issues <i>significantly above normative departmental trends</i> resulting in formal escalation or potential prosecution |

| | Measure | Target/ Baseline Expectations | Minor | Moderate | Major | Extreme |
|--|---|---|---|---|--|---|
| | d. Workforce Management (including Health and Care Staffing principles where appropriate) | Pro-active workforce management in line with the <i>Health and Care Staffing legislation (where appropriate)</i> with little or no long-term absence or vacancies resulting in a reduction in service quality or disruption to patient care | Any short term staffing issues <i>within normative departmental trends</i> which can be addressed by local management | Ongoing issues with staffing <i>slightly above normative departmental trends</i> resulting in late delivery of key objectives / core services | Sustained staffing issues <i>above departmental normative trends</i> resulting in uncertain delivery of key objectives / core services | Sustained staffing issues <i>significantly above departmental normative trends</i> resulting in complete non-delivery of key objectives / core services |

| Assurance Area | Measure | Target/ Baseline Expectations | Minor | Moderate | Major | Extreme |
|----------------|--|---|---|--|--|---|
| 2. Effective | a. Core Mandatory Training (based on compliance rate of 80%) | Robust compliance. >80% completed core mandatory training | Good levels of compliance <i>within normative departmental trends</i> | Moderate levels of compliance <i>slightly above normative departmental trends</i> | Poor levels of compliance <i>above departmental normative trends</i> | Very poor levels of compliance <i>significantly above departmental normative trends</i> |
| | b. Personal Development (including Personal Development Performance Review - PDPR) | Proactive and supportive PDPR processes. High levels of job/ role related development and training opportunities accessible to all | Minor isolated temporary issue with PDPR or development opportunities <i>within normative departmental trends</i> , resolved locally | Moderate issue with PDPR process or development opportunities <i>slightly out with normative departmental trends</i> , resolved locally | Significant disruption with PDPR process or development opportunities <i>out with departmental normative trends</i> impacting on large staff numbers | Major disruption to PDPR or development opportunities. <i>Significantly out with departmental normative trends</i> . Impact on most of the workforce |
| | c. Supervision | Proactive and supportive supervision ongoing, appropriate to the professional staffing groups within the service area | Isolated or short-term disruption/ delays to small number of staff supervision - <i>within normative departmental trends</i> | Ongoing minor disruption to staff supervision. <i>Slightly out with normative trends</i> - moderate impact on staff group/ service | Ongoing significant disruption to staff supervision. <i>Out with departmental normative trends</i> - uncertain impact, and resolution | Major supervision issues, potential impact on HCPC registration. <i>Significantly out with departmental normative trends</i> . Continued and ongoing impact |
| | d. Service Performance and Quality Indicators and Standards | High levels of compliance with local and national service performance and quality indicators or standards appropriate to department or professional group | Minor reduction or interruption in performance or quality indicators or standards <i>within normative departmental trends</i> , which can be addressed by low level management action | Moderate reduction or interruption in performance or quality indicators or standards <i>slightly out with normative departmental trends</i> , which can be addressed with an action plan | Significant performance or quality issue(s) <i>out with departmental normative trends</i> . Enforcement action(s), require critical report | Major performance or quality issue(s) <i>significantly out with departmental normative trends</i> , with potential impact on reputation of the service or organisation. Enforcement may result in potential prosecution |

| | Measure | Target/ Baseline Expectations | Minor | Moderate | Major | Extreme |
|--|---|---|--|---|--|--|
| | e. Finance/ Resource (e.g., financial management, resources challenges, savings, lack of investment) | Robust financial management in line with Standing Financial Instructions & delegated authority - as outlined on the Authorised Signatory Database with appropriately agreed levels of resource allocation | Minor financial or resource interruption with minimal impact on local service delivery which can be addressed by low level management action | Significant financial or resource issue <i>slightly out with normative departmental trends</i> with moderate impact on local service delivery that can be addressed with an action plan | Significant financial or resource issue out with <i>departmental normative trends</i> which impact on wide-spread service delivery, with action(s) which require critical report | Major financial or resource issue(s) <i>significantly out with departmental normative trends</i> . Impact on wide-spread service delivery with potential impact on reputation of the service or organisation |
| | f. Change Management (including Workforce Organisational Change, Equalities Duties & Service or Programme change) | Robust management of change through appropriate processes & sound governance arrangements | Minor interruption or reduction in scope, quality or schedule <i>within normative departmental trends</i> which can be managed locally | Moderate interruption, reduction in scope, quality, or schedule <i>slightly out with normative departmental trends</i> that can be addressed with an action plan | Significant process or project over-run out with <i>departmental normative trends</i> with action(s) which require requiring critical report | Inability to meet project or process objectives, <i>significantly out with departmental normative trends</i> . Potential impact on reputation of the service or organisation |

| Assurance Area | Measure | Target/ Baseline Expectations | Minor | Moderate | Major | Extreme |
|-------------------|--|--|---|---|--|--|
| 3. Person Centred | a. Complaints | Pro-active & robust approach to the management of complaints with a culture of active experiential learning | Minor isolated, upheld written complaint <i>within normative departmental trends</i> peripheral to clinical care | Small number of upheld complaints <i>slightly out with normative departmental trends</i> , impacts quality of care | Multiple upheld complaints or single major complaint <i>out with departmental normative trends</i> , requires escalation | Multiple upheld complaints or single complex justified complaint. Significantly <i>out with departmental normative trends</i> |
| | b. Service-user Experience & Engagement | Pro-active & robust engagement with current and future service users with high levels of service-user satisfaction clearly evidenced and transparent | Unsatisfactory service-user experience/ outcome <i>within normative departmental trends</i> directly related to care provision – readily and locally resolved | Unsatisfactory service-user experience/ outcome <i>slightly out with normative departmental trends</i> with short term and resolvable impact (within 1 week) | Unsatisfactory service-user experience/ outcome <i>out with departmental normative trends</i> with long term and resolvable impact (more than 1 week) | Unsatisfactory service-user experience/ outcome. Significantly <i>out with departmental normative trends</i> . Continued and ongoing impact |
| 4. Regulatory | a. Professional Registration (including Professional Audit) | Clear & transparent processes in place to support and ensure all relevant staff have appropriate professional registration with quarterly audits ongoing (where appropriate) | Minor registration issue, resolved locally or short-term disruption to audit process <i>within normative departmental trends</i> | Moderate registration issue, resolved locally or ongoing disruption/poor compliance with audit process <i>slightly out with normative departmental trends</i> | Significant registration issue, uncertain impact and resolution or disruption/poor compliance with audit process <i>out with departmental normative trends</i> | Major continued registration issue, continued and ongoing impact or audit process fully disrupted. Significantly <i>out with departmental normative trends</i> |
| | b. Staff Performance Management (Conduct or Capability) | High levels of staff performance with no active or formal performance management required | Minor performance or professional error <i>within normative departmental trends</i> being managed and resolved locally | Moderate performance or professional error <i>slightly out with normative departmental trends</i> , which requires ER support to manage and resolve | Major & ongoing performance or professional issues <i>out with departmental normative trends</i> uncertain impact & resolution | Major & ongoing performance or professional issues <i>significantly out with departmental normative trends</i> . Continued & ongoing impact |
| | c. External Compliance or Professional Audit (e.g. HSE, MDR, EHRC) | High levels of compliance with requirements of any necessary governing bodies or standards appropriate to department or service area | Recommendations/ compliance actions <i>within normative departmental trends</i> which can be addressed by low level management action | Challenging recommendations / compliance actions <i>slightly out with normative departmental trends</i> that can be addressed with an action plan | Enforcement action <i>out with departmental normative trends</i> requiring critical report | High level enforcement <i>significantly above departmental normative trends</i> resulting in potential prosecution |

3. Level of Assurance

Due to the widespread and varying operational management structures across services in Midlothian HSCP, the levels of assurance able to be provided may differ considerably depending on multiple factors. To provide some consistency to the definition of **Assurance**, the table below provides a scale of assurance ranging from *significant (fully compliant)* to *none (limited compliance)*.

| Assurance Level | Definition |
|---|---|
| Limited compliance No evidence/ reporting available 0-25% | There is no assurance from the information provided and there remains significant residual risk and urgent action to be taken. The Board cannot take assurance from the information that has been provided. |
| Some compliance Limited evidence/ reporting available 26-50% | There remains a significant amount of residual risk which requires immediate action to be taken. The Board can take some assurance from the systems of control in place to manage the risk(s). |
| Mostly compliant Moderate evidence/ reporting available 51-75% | There remains a moderate amount of residual risk with action to be taken. The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. |
| Fully compliant Significant evidence or reporting available 76-100% | There may be an insignificant amount of residual risk or none. The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. |

4. Governance Assurance Outcomes Matrix

To provide an overall level of Governance Assurance (*Impact X Assurance*), the matrix outlined below should be used to calculate the level/score for each assurance area and measure which will be submitted via the **Midlothian HSCP Governance Application**.

| Assurance Level | Impact Level | | | | |
|---|-------------------|--------|----------|--------|---------|
| | Target / Baseline | Minor | Moderate | Major | Extreme |
| Fully Compliant (Significant evidence or reporting available 76-100%) | High | High | High | Medium | Medium |
| Mostly Compliant (Moderate evidence/ reporting available 51-75%) | High | Medium | Medium | Medium | Medium |
| Some Compliance (Limited evidence/ reporting available 26-50%) | High | Medium | Medium | Low | Low |
| Limited Compliance (No evidence/ reporting available 0-25%) | Medium | Medium | Low | Low | Low |

Appendix 3. provides a recording template and action plan in which the service area can use to document *Impact, Assurance Level, Overall Outcome* and *Mitigations* for each of the assurance areas and measures.

5. Mitigations

Where the **Overall Governance Outcome** from the matrix above is either **medium** or **low**, the actions taken to mitigate the issue by the Service Manager or Head of Service require to be identified. The mitigations can be chosen from the list below and can include more than one action. The Application will not allow you to submit and close the application until a minimum of one mitigation is provided for **medium** or **low** outcomes.

| Mitigation | | |
|------------|---|--|
| 1. | Local Action Plan and monitoring via Operational Management Line | |
| 2. | Risk added to Local Risk Register (Service/Programme) | |
| 3. | Raised awareness to relevant Head of Service within HSCP | |
| 4. | Risk added to Group Service Risk Register | |
| 5. | Formal escalation of clinical care risk to relevant Chief Professional (Social Work, Nurse, Allied Health Professions) within HSCP | |
| 6. | Formal escalation of information management risk to relevant Lead Professional (Executive Business, Integration Manager) within HSCP | |
| 7. | Risk escalated to relevant Governance Group (Clinical Care and Governance, Finance and Performance, Digital Board, Workforce Board, Health & Safety Committee, Partnership Forum, Business Governance Group) where a decision should be made to determine if the risk is Operational or Strategic | |
| | Operational | Strategic |
| 8. | Risk added to Health & Social Care Partnership Corporate Risk Register | <i>Risk escalated to relevant Integration Joint Board Committee (Audit & Risk or Strategic Planning Group)</i> |
| 9. | Involvement from internal specialist team (NHS or Council) i.e. Health & Safety (H&S), Manual Handling (MH), Human Resources/Employee Relations (HR/ER), Quality Improvement (QI), Finance, Organisational Development (OD) | <i>Involvement from officers of the HSCP</i> |
| 10. | Formally advise Senior Management Team (SMT) and/or including SIT REP in place and added to Health & Social Care Partnership Corporate Register | |
| 11. | Involvement with Scottish Public Services Ombudsman (SPSO) and/or Scottish Information Commissioners Office (SICO) | |
| 12. | Involvement with Health and Safety Executive (HSE), Care Inspectorate and /or Health Improvement Scotland | |
| 13. | Involvement with Professional Body i.e., HCPC, SSSC, NMC, GMC | |

6. Escalations

When risks are unable to be mitigated within the service / programme areas (mitigations 1-6 *above*) and/or extend beyond the agreed improvement period, they require to be escalated to relevant Governance Group where a decision should be made to determine if the risk is Operational or Strategic and the necessary actions agreed. The governance group/s for each of the assurance areas and measurements are outlined below.

| Assurance Area | 1. Safe | 2. Effective | 3. Person Centred | 4. Regulatory |
|-------------------------|--|---|--|---|
| Measure (a) | Adverse Events (including RIDDOR) | Core Mandatory Training | Complaints | Professional Registration |
| Escalation Group | <i>Clinical & Care Governance or Business Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance</i> | <i>Clinical & Care Governance or Business Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance</i> |
| Measure (b) | Duty of Candour | Personal Development (including PDPR) | Service User Experience & Engagement | Staff Performance Management (Conduct or Capability) |
| Escalation Group | <i>Clinical & Care Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance or Business Governance</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical & Care Governance</i> |
| Measure (c) | Health & Safety | Supervision | | External Compliance or Professional Audit |

| | | | | |
|-------------------------|---|--|--|--|
| | | | | (e.g. HSE, MDR, EHRC) |
| Escalation Group | <i>Business Governance or Clinical & Care Governance via Health and Safety Governance Group</i> | <i>Workforce Governance (Engagement Subgroup) or Clinical and Care Governance</i> | | <i>Clinical and Care Governance or Business Governance</i> |
| Measure (d) | Workforce Management | Service Performance and Quality Indicators and Standards | | |
| Escalation Group | <i>Workforce Governance (Access and Demand Subgroup)</i> | <i>Escalation could be to any Governance Group depending on the service specific KPIs</i> | | |
| Measure (e) | | Finance / Resources | | |
| Escalation Group | | <i>Finance & Performance or Business Governance via HSCP Premises Group or Contracts and Commissioning</i> | | |
| Measure (f) | | Change Management (including Workforce Organisational Change, Equalities Duties and Service or Programme change) | | |
| Escalation Group | | <i>Partnership Forum or Clinical & Care and Governance</i> | | |

Appendix 1.

Organisational Reporting Structure



| Midlothian Health and Social Care Partnership | | | | | | |
|---|--|-------------------|--|-----------|-------------------------------|-----------------------|
| Primary Care & Older People | Adult Services | Nursing | Allied Health Professions | Medical | Business Support | Integration |
| MCH & Highbank | Adults | ACENS | Dietetics | Pharmacy | Corporate Business Team | Performance Programme |
| MCH | Learning Disabilities Social Work Team | Health Visiting | Weight Management | Community | Admin / PA's | Frailty Programme |
| Highbank | Community Learning Disabilities Team | 0-5 Immunisations | Enteral Nutrition | Acute | Operational Business Managers | Workforce Programme |
| Intermediate Care | Cherry Road Day Service | | Community Services | | | |
| Community Respiratory Team | Community Access Team | | Acute Services | | | |
| Flow Centre | Shared Lives Team | | Children & Young People | | | |
| Rapid Response | Welfare Rights Team | | GP APP & MSK Physiotherapy | | | |
| Hospital In Reach | Unpaid Carers | | MSK | | | |
| Discharge to Assess | Justice Services and Protection | | Digital Programme | | | |
| Community Rehabilitation Team | Justice | | Midcare / Telecare | | | |
| Community Nursing | Community Justice | | Physical Disabilities & Long Term Conditions | | | |
| District Nursing | Duty Social Work | | | | | |
| YTAC | Adult Support and Protection | | | | | |
| Care Homes Support | Public Health Team | | | | | |
| Hospital at Home | Mental Health & Substance Use | | | | | |
| Treatment Room Practice Nurses | Mental Health | | | | | |
| Older People | Integrated Substance Use | | | | | |
| Extra Care Housing | Learning and Development | | | | | |
| Newbyres Village | Public Protection | | | | | |
| Older People Occupational Therapy | Midlothian & East Lothian Alcohol & Drug Partnership | | | | | |
| Care at Home | | | | | | |
| Rapid Response / MEFRIT | | | | | | |
| Older Peoples Social Work | | | | | | |
| Day Services | | | | | | |
| Respite | | | | | | |
| Primary Care | | | | | | |
| Vaccinations | | | | | | |

Appendix 2.

Quarterly Reporting Timetable



| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|--|
| 1 st April – 30 th June 1 st | 1 st July – 30 th September | 1 st October – 31 st December | 1 st January – 31 st March |
| Submissions on or before 15 th July | Submissions on or before 15 th October | Submissions on or before 15 th January | Submissions on or before 15 th April |

Please submit your inputs using the **Midlothian HSCP Governance and Assurance Application** by the dates outlined – specific guidelines for use of the Application are included in the associated [Standard Operating Procedure](#).

Appendix 3.

Service Outcome Record



Service Area:

Operational Service:

| Assurance Area | Measure | Impact Level (Target/Baseline, Minor, Moderate, Major, Extreme) | Assurance Level (Significant, Moderate, Limited, None) | Overall Governance Outcome (High, Medium, Low) | Mitigation Actions Taken (Low or Medium Outcomes only) |
|----------------|---|--|---|--|--|
| 1. Safe | a. Adverse Events (including RIDDOR) | | | | |
| | b. Duty of Candour | | | | |
| | c. Health & Safety | | | | |
| | d. Workforce Management (including Health Care Staffing) | | | | |
| 2. Effective | a. Core Mandatory Training | | | | |
| | b. Personal Development (including PDPR) | | | | |
| | c. Supervision | | | | |
| | d. Performance and Quality Indicators and Standards | | | | |

| | Measure | Impact Level (Target/Baseline, Minor, Moderate, Major, Extreme) | Assurance Level (Significant, Moderate, Limited, None) | Overall Governance Outcome (High, Medium, Low) | Mitigation Actions Taken (Low or Medium Outcomes only) |
|----------------------|---|--|---|--|--|
| | e. Finance / Resources | | | | |
| | f. Change Management | | | | |
| 3. Person Centred | a. Complaints | | | | |
| | b. Patient Experience & Engagement | | | | |
| 4. Regulatory | a. HCPC Registration (including Professional Audit) | | | | |
| | b. Staff Performance Management (Conduct or Capability) | | | | |
| | c. External Compliance or Audit (e.g. HSE, MDR) | | | | |



Service Area: (e.g. Primary Care & Older People, Adults, Nursing, AHP, P3)

Service / Team:

| Governance Area | Governance Assurance Status | Area for Improvement | Action Required | Who | When |
|-----------------|-----------------------------|----------------------|-----------------|-----|------|
| | | | | | |
| | | | | | |
| | | | | | |

Appendix 5

Group Service Specification Template

HSCP Group Service Specifications

| | |
|------------------------------|---|
| Service Specification Number | GSP (year) (Exec Sponsor) (vX) <i>e.g.</i> , GSP2023-24GCv1 |
| Group Service Area | <i>e.g.</i> , Primary Care and Older Peoples Services |
| HSCP Exec Sponsor | <i>e.g.</i> , Grace Cowan |
| Specification Period | <i>e.g.</i> , 1st April 2023 – 31st March 2024 |
| Date of Review | <i>e.g.</i> , December 2023 |

1. Organisational Mission, Vision, and Values

1.1 Mission

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

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

1.2 Vision

People in Midlothian are enabled to lead longer and healthier lives

1.3 Values

We will provide the right support at the right time in the right place

1.4 Our Culture, Working Together, and the Midway

Everyone in the HSCP is 'the organisation'. We believe in a strength-based approach and adapting to change and uncertainty together. We are committed to the Midway which is based on human rights and a person's assets.

2. Group Service Statement

2.1 Group Service Area (e.g., the 'What')

e.g., who are this Group Service and what do they do?

2.2 Scope (e.g., the 'How')

e.g., high level description of scope of activity delivered by this Group Service and how the Service or Programme delivers this

2.3 Shared Purpose (e.g., the 'Why')

e.g., why is this important and what drives the Group Service to deliver high quality health and social care?

3. Resource

3.1 Total Group Service Budget £XX

3.2 Total Group Service Staff Costs £XX

- Total WTE
- Total Headcount

3.3 Total Group Service Non-Staff Costs

e.g., Equipment, Travel, Consumables, CPD/Training

4. Population Needs of Group Service Area

4.1 Information and Insight

e.g., high level description on the population data in Midlothian relevant to your service design

- *What are the broad key population groups for your Group Service area?*
- *What are the challenges in using whole population data for your Group Service area?*
- *How do you use this to inform your Group Service area design?*

5. Strategic Alignment

5.1 Midlothian Integration Joint Board (MIJB) Strategic Aims

The Health and Social Care Partnership is the operational delivery arm of MIJB. Therefore, all Group Service activity is determined by the 6 strategic aims of the [Strategic Commissioning Plan 2022-25](#)

Our Progress towards the 6 strategic aims can be evaluated through our Group Service OutNav Outcome Map (this is coming mid 2023)

5.2 Directions 2023-24

[Directions 2023-24](#) (link to come once published) are the mechanism by which MIJB communicates to NHS Lothian and Midlothian Council the actions required and the integrated budget with which to improve the quality and sustainability of care.

See Appendix 1 for details of the alignment between the MIJB Directions 2023-24 and this Group Service Specification

5.3 Group Service Level Legislation and Directives

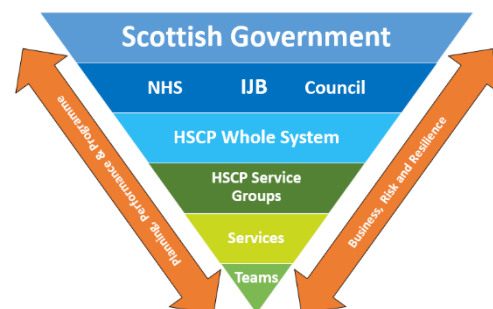
Add in as required (you might not have any)

6. Quality Management



Midlothian HSCP has developed and promotes a Quality Management System (QMS) which includes four distinct approaches as outlined (see left). These should be considered as individual approaches, and collectively as part of a system of Total Quality Management (TQM).

Quality management requires to be considered at every organisational level with specific and defined activities at each level as outlined (see right). In this case, the level being considered is **HSCP Service Groups**.



6.1 Group Service Quality Management Matrix

The quality management matrix should outline the relevant structures, processes, and activities in place for TQM at **HSCP Service Group** level.

Quality Planning

**Planning involves understanding the needs of the population and looking at the evidence and best practice to ascertain what structures and processes need to be put in place to optimise outcomes.*

Quality Control

**Quality control incorporates good operational management, monitoring performance in real time, acting when needed to bring the system back into control, and escalating rapidly when a problem cannot be solved.*

Quality Improvement

**Quality improvement is a systematic and applied approach to solving a complex issue, through testing and learning, measuring on an ongoing basis, and deeply involving those closest to the issue.*

Quality Assurance

**Quality assurance involves the checks that are in place to ensure that standards or thresholds are being maintained.*

**Please delete descriptor text and replace with all relevant identified activities in this section*

6.2 Governance and Assurance Framework (GAF)

It is critical that the highest-level stakeholders (incl. the IJB, NHS Lothian and Midlothian Council) have a sufficient degree of visibility of all aspects of governance assurance provided by employees, teams and services within Midlothian HSCP on the four distinct governance areas, namely, *Safe, Effective, Person-Centred, and Regulatory*. Governance Assurance must be clearly assessed and articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues. The GAF has been developed to provide a robust and consistent approach for providing this assurance on a quarterly basis annually with clear reporting and governance from team through to service, HSCP group service and organisational levels.

Please add a link to the location the Group Service GAF quarterly submissions and action plans

7. Workforce Planning

7.1 Group Service Workforce Plan (add hyperlink)

Appendix 1: Group Service Specification

| Directions 2023-24 | Links to Directions 2022-23 | Leading Service |
|--------------------|-----------------------------|---------------------|
| Direction No 4 | MIJB-9.9 | Physical Disability |
| | | |
| | | |
| | | |
| | | |

Service & Programme Plan Template

HSCP Service & Programme Plans

| | |
|------------------------------|--|
| Service Specification Number | SPP (year) (Service/programme Manager) (vX) <i>e.g.</i> , SPP2023-24KJv1 |
| Group Service Area | <i>e.g.</i> , Midlothian Community Hospital |
| HSCP Exec Sponsor | <i>e.g.</i> , Grace Cowan |
| Service / Programme Manager | <i>e.g.</i> , Kirsty Jack |
| Specification Period | <i>e.g.</i> , 1 st April 2023 – 31 st March 2024 |
| Date of Review | <i>e.g.</i> , December 2023 |

1. Organisational Mission, Vision, and Values

1.1 Mission

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

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

1.2 Vision

People in Midlothian are enabled to lead longer and healthier lives

1.3 Values

We will provide the right support at the right time in the right place

1.4 Our Culture, Working Together, and the Midway

Everyone in the HSCP is 'the organisation'. We believe in a strength-based approach and adapting to change and uncertainty together. We are committed to the Midway which is based on human rights and a person's assets.

2 Service or Programme Statement

2.1 Service or Programme Area (e.g., the 'What')

e.g., who are this Service or Programme and what do they do?

2.2 Scope (e.g., the 'How')

e.g., high level description of scope of activity delivered by this Service or Programme and how the Service or Programme delivers this

2.3 Shared Purpose (e.g., the 'Why')

e.g., why is this important and what drives the Service or Programme to deliver high quality health and social care?

3 Resource

3.1 Total Service or Programme Budget £XX

- Statutory Provision
- Commissioned

3.2 Total Service or Programme Staff Costs £XX

- Total WTE
- Total Headcount
 - Midlothian Council
 - » Total WTE
 - » Total Headcount
 - NHS Lothian
 - » Total WTE
 - » Total Headcount

3.3 Total Service or Programme Non-Staff Costs

e.g., Equipment, Travel, Consumables, CPD/Training

4 Population Needs of Service or Programme Area

4.1 Information and Insight

- *e.g., how do you currently use population data to help inform your Service or Programme design*

5 Strategic Alignment

5.1 See Appendix 1 for Detailed alignment to Directions relevant to the Group Service and Service or Programme Objectives and Service or Programme Performance Monitoring

5.2 Service or Programme Key Legislation Strategic Alignment

- *Add in Service or Programme Legislative Requirements*
e.g., describe the legislation that shapes the work of this Service or Programme Plan

5.3 Service or Programme Key National Plans and Policy Strategic Alignment

- National Health and Wellbeing Outcomes
e.g., describe the relationship of the Service or Programme aims to the National Health and Wellbeing Framework
- Other Specific National Policy and Plans
e.g., describe how the Service or Programme delivers of key relevant National Plans and Policy i.e., ‘Nursing 2030 Vision’, or ‘Rehabilitation and recovery: a person-centred approach’.

5.4 Service or Programme Key NHS Lothian Policy Strategic Alignment

e.g., describe the relationship of the Service or Programme aims to the LSDF

5.5 Service or Programme Key Midlothian Council Strategic Alignment

e.g., describe the relationship of the Service or Programme aims to the Council Plan

5.6 Service or Programme Key Community Planning Partnership Strategic Alignment

e.g., describe the relationship of the Service or Programme aims to the Single Midlothian plan

5.7 Service or Programme Key Interdependence with other Services or Programmes, with Independent and Third sector Services

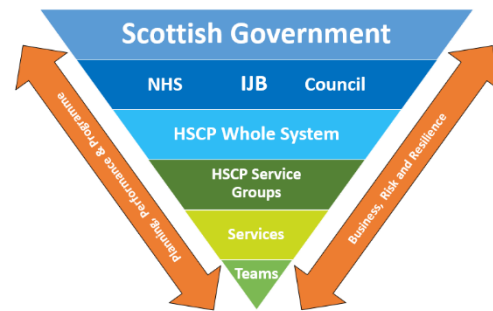
Please add

6 Quality Management



Midlothian HSCP has developed and promotes a Quality Management System (QMS) which includes four distinct approaches as outlined (see left). These should be considered as individual approaches, and collectively as part of a system of Total Quality Management (TQM).

Quality management requires to be considered at every organisational level with specific and defined activities at each level as outlined (see right). In this case, the level being considered is **Service or Programme**.



6.1 Service or Programme Quality Management Matrix

The quality management matrix should outline the relevant structures, processes, and activities in place for TQM at **Service or Programme** level.

Quality Planning

**Planning involves understanding the needs of the population and looking at the evidence and best practice to ascertain what structures and processes need to be put in place to optimise outcomes.*

Quality Control

**Quality control incorporates good operational management, monitoring performance in real time, acting when needed to bring the system back into control, and escalating rapidly when a problem cannot be solved.*

Quality Improvement

**Quality improvement is a systematic and applied approach to solving a complex issue, through testing and learning, measuring on an ongoing basis, and deeply involving those closest to the issue.*

Quality Assurance

**Quality assurance involves the checks that are in place to ensure that standards or thresholds are being maintained.*

**Please delete descriptor text and replace with all relevant identified activities in this section*

6.2 Governance and Assurance Framework

It is critical that the highest-level stakeholders (incl. the IJB, NHS Lothian and Midlothian Council) have a sufficient degree of visibility of all aspects of governance assurance provided by employees, teams and services within Midlothian HSCP on the four distinct governance areas, namely, *Safe, Effective, Person-Centred, and Regulatory*. Governance Assurance must be clearly assessed and articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues. The GAF has been developed to provide a robust and consistent approach for providing this assurance on a quarterly basis annually with clear reporting and governance from team through to service, HSCP group service and organisational levels.

Please add a link to the location the Group Service GAF quarterly submissions and action plans

7 Workforce Planning

7.1 Service or Programme Workforce Plan (*add hyperlink*)

Appendix 1: Service or Programme Plan

| Direction 2023-24 | Links to Directions 2022-23 | Service / Programme Objective | Governance and Assurance Framework | Performance Measures & Update | | | | | |
|----------------------|-----------------------------------|---|--|--|---|--|----------------------------|---|---|
| | | | | What is the measure you are using to demonstrate progress and the domain(s) of quality this relates to? <i>Safe, Effective, Efficient, Person Centres, Timely, Equitable</i> | How will you know that a change is an improvement? | What is the data/information source being used? | Baseline April 2023 | Mid-Year Position August 2023 | End-Year Position January 2024 |
| Direction No 4 | MIJB-9.9 | Support people to stay active through increased access to rehabilitation and supported leisure activities | Assurance Area(s) | | | | | | |
| | | | | | | | | | |
| | | | Measure(s) | | | | | | |
| | | | | | | | | | |
| Direction No | n/a | | Assurance Area(s) | | | | | | |
| | | | | | | | | | |
| | | | Measure(s) | | | | | | |
| | | | | | | | | | |
| Direction No | | | Assurance Area(s) | | | | | | |

| | | | | | | | | | |
|-----------------|--|--|----------------------|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | Measure(s) | | | | | | |
| | | | | | | | | | |
| Direction No | | | Assurance Area(s) | | | | | | |
| | | | | | | | | | |
| | | | Measure(s) | | | | | | |
| | | | | | | | | | |
| Direction No | | | Assurance Area(s) | | | | | | |
| | | | | | | | | | |
| | | | Measure(s) | | | | | | |
| | | | | | | | | | |

Team Plan Template

MHSCP Team Plans

| | |
|------------------------------|---|
| Service Specification Number | TP (year) (Team Lead) (vX) <i>e.g., TP2023-24SLv1</i> |
| Team Area | <i>e.g., MSK Physiotherapy</i> |
| HSCP Exec Sponsor | <i>e.g., Hannah Cairns</i> |
| Service / Programme Manager | <i>e.g., Fionna MacKinnon</i> |
| Specification Period | <i>e.g., 1st April 2023 – 31st March 2024</i> |
| Date of Review | <i>e.g., December 2023</i> |

1. Organisational Mission, Vision, and Values

1.1 Mission

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

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

1.2 Vision

People in Midlothian are enabled to lead longer and healthier lives

1.3 Values

We will provide the right support at the right time in the right place

1.4 Our Culture, Working Together, and the Midway

Everyone in the HSCP is 'the organisation'. We believe in a strength-based approach and adapting to change and uncertainty together. We are committed to the Midway which is based on human rights and a person's assets.

2 Team Statement

2.1 Team Area (e.g., the 'What')

e.g., who are this team and what do they do?

2.2 Scope (e.g., the 'How')

e.g., high level description of scope of activity delivered by this Team and how the team delivers this

2.3 Shared Purpose (e.g., the 'Why')

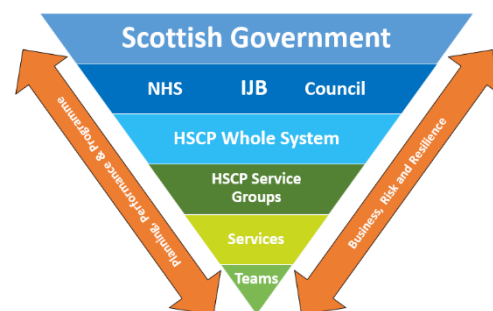
e.g., why is this important and what drives the team to deliver high quality health and social care?

| |
|---|
| 3 Resource |
| <p>3.1 Total Team Budget £XX</p> <ul style="list-style-type: none"> • Statutory Provision • Commissioned <p>3.2 Total Team Staff Costs £XX</p> <ul style="list-style-type: none"> • Total WTE • Total Headcount <p>Midlothian Council</p> <ul style="list-style-type: none"> » Total WTE » Total Headcount <p>NHS Lothian</p> <ul style="list-style-type: none"> » Total WTE » Total Headcount <p>3.3 Total Team Non-Staff Costs</p> <p>e.g., Equipment, Travel, Consumables, CPD/Training</p> |
| 4 Population Needs of Team Area |
| <p>4.1 Information and Insight</p> <ul style="list-style-type: none"> • e.g., <i>how do you currently use population data to help inform your Team design</i> |
| 5 Strategic Alignment |
| <p>5.1 See Appendix 1 for detailed alignment to MIJB Directions relevant to Service Objectives and Team Performance Monitoring</p> |



Midlothian HSCP has developed and promotes a Quality Management System (QMS) which includes four distinct approaches as outlined (see left). These should be considered as individual approaches, and collectively as part of a system of Total Quality Management (TQM).

Quality management requires to be considered at every organisational level with specific and defined activities at each level as outlined (see right). In this case, the level being considered is **Teams**.



6.1 Team Quality Management Matrix

The quality management matrix should outline the relevant structures, processes, and activities in place for TQM at **Team** level.

| | |
|--|--|
| <p>Quality Planning</p> <p><i>*Planning involves understanding the needs of the population and looking at the evidence and best practice to ascertain what structures and processes need to be put in place to optimise outcomes.</i></p> | <p>Quality Control</p> <p><i>*Quality control incorporates good operational management, monitoring performance in real time, acting when needed to bring the system back into control, and escalating rapidly when a problem cannot be solved.</i></p> |
| <p>Quality Improvement</p> <p><i>*Quality improvement is a systematic and applied approach to solving a complex issue, through testing and learning, measuring on an ongoing basis, and deeply involving those closest to the issue.</i></p> | <p>Quality Assurance</p> <p><i>*Quality assurance involves the checks that are in place to ensure that standards or thresholds are being maintained.</i></p> |

**Please delete descriptor text and replace with all relevant identified activities in this section*

6.2 Governance and Assurance Framework

It is critical that the highest-level stakeholders (incl. the IJB, NHS Lothian and Midlothian Council) have a sufficient degree of visibility of all aspects of governance assurance provided by employees, teams and services within Midlothian HSCP on the four distinct governance areas, namely, *Safe, Effective, Person-Centred, and Regulatory*. Governance Assurance must be clearly assessed and articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues. The GAF has been developed to provide a robust and consistent approach for providing this assurance on a quarterly basis annually with clear reporting and governance from team through to service, HSCP group service and organisational levels.

Please add a link to the location the Group Service GAF quarterly submissions and action plans

7 Workforce Planning

7.1 Team Workforce Plan *(add hyperlink)*

Appendix 1

| Service / Programme Objective | Team KPI | Governance and Assurance Framework | Performance Measures & Update | | | | | |
|---|----------|--|--|---|--|----------------------------|---|---|
| | | | What is the measure you are using to demonstrate progress and the domain(s) of quality this relates to? <i>Safe, Effective, Efficient, Person Centres, Timely, Equitable</i> | How will you know that a change is an improvement? | What is the data/information source being used? | Baseline April 2023 | Mid-Year Position August 2023 | End-Year Position January 2024 |
| Support people to stay active through increased access to rehabilitation and supported leisure activities | | Assurance Area(s) | | | | | | |
| | | | | | | | | |
| | | Measure(s) | | | | | | |
| | | | | | | | | |
| | | Assurance Area(s) | | | | | | |
| | | | | | | | | |
| | | Measure(s) | | | | | | |
| | | | | | | | | |
| | | Assurance Area(s) | | | | | | |

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| | | Measure(s) | | | | | | |
| | | | | | | | | |
| | | Assurance Area(s) | | | | | | |
| | | | | | | | | |
| | | Measure(s) | | | | | | |
| | | | | | | | | |
| | | Assurance Area(s) | | | | | | |
| | | | | | | | | |
| | | Measure(s) | | | | | | |
| | | | | | | | | |

Midlothian Integration Joint Board



Thursday 18th April 2024, 14:00-16:00

Midlothian Integration Joint Board Annual Performance Report 2023-24: Update & Timeline

Item number: 5.11

Executive summary

Midlothian Integration Joint Board (IJB) is required by Scottish Government and the Public Bodies (Joint Working) (Scotland) Act 2014 to publish an Annual Performance Report.

The Midlothian IJB Annual Performance Report provides information on the health and wellbeing of the people and communities in Midlothian and assesses progress in relation to the nine National Health and Wellbeing Outcomes. It also describes financial performance and the quality of health and social care services delivered during 2023/24.

The broad content of the Annual Performance Report will be approved with the Strategic Planning Group (SPG) reviewing the first draft on 23rd May 2024. Management data are expected to be received from Public Health Scotland sometime in May 2024. The first full draft of the Annual Performance Report will be discussed and scrutinised at the Strategic Planning Group (SPG) meeting on the 27th June 2024.

The data will be scrutinised at the Performance, Assurance, and Governance Group (PAGG) on 11th July 2024 following the receipt of validated data from Public Health Scotland (PHS) Local Intelligence Support Team (LIST), with a reserve date of 8th August 2024 if required.

Following review, scrutiny, and amendment, the Midlothian IJB Annual Performance Report 2023/24 will be presented to the Board for approval and the delegated authority for Morag Barrow, Chief Officer, to publish this report before 31st August 2024.

Board Members are asked to:

- **Note** that as 2023/24 is a reporting year for the Health and Care Experience survey, all indicators will be updated.
- **Note** the timeline for data publication, governance meetings, and scheduled activities.

Midlothian Integration Joint Board

Midlothian Integration Joint Board Annual Performance Report 2023-24: Update & Timeline

1 Purpose

- 1.1 The Midlothian Annual Performance Report provides information on the health and wellbeing of people and communities in Midlothian and an assessment of progress in relation to the nine National Health and Wellbeing Outcomes. It also describes financial performance, and the quality of health and care services delivered during 2023-24.

2 Recommendations

- 2.1 As a result of this report what are Members are asked to:
- Note that as 2023/24 is a reporting year for the Health and Care Experience survey, all indicators will be updated.
 - Note the timeline for data publication, governance meetings, and scheduled activities.

3 Background and main report

- 3.1 Midlothian IJB are required by Scottish Government and the Public Bodies (Joint Working) (Scotland) Act 2014 to publish an annual report detailing key achievements of the previous financial year and an assessment of performance against the national core suite of integration indicators and progress towards achieving the 9 National Health and Wellbeing Outcomes.
- 3.2 The purpose of the Annual Performance Report is to provide an overview of performance of the IJB in planning and carrying out integrated functions and is produced for the benefit of the IJB, Health and Social Care Partnerships, and local people and communities. It must be made publicly available, written using plain English, and make good use of graphics and case studies to bring performance data to life. All published reports must also meet legal accessibility standards.
- 3.3 Public Health Scotland (PHS) presents annual rates for the Core Suite of Integration Indicators for each Integration Authority area and Scotland. These indicators were developed to help Integration Authorities to review progress towards achieving each of the National Health and Wellbeing Outcomes which focus on improving how services are provided and the difference that integrated health and social care services should make for people. Some indicators are based on survey feedback while others are derived from data routinely collected for other purposes, such as hospital activity data and National Records of Scotland death records.

- 3.4 Integration Authorities have been required by legislation to report on the Core Suite of Integration Indicators within their Annual Performance Reports since 2016/17. The indicators were developed in consultation with a wide range of stakeholders and are intended for consideration within the wider context of health and social care.
- 3.5 Indicator values are derived from national data sources to enable comparability between local areas and with Scotland. There are 23 indicators in total. The indicators reported comprise of nine indicators based on the Health and Care Experience Survey which asks about people's experiences of accessing and using various services, and ten other measures mainly using health activity, community and deaths information. The remaining four indicators cannot be reported as national data is not available or there is not yet a nationally agreed definition.
- 3.6 The non-validated management data for the National Core Suite of Integration Indicators are expected to be received from Public Health Scotland in May 2024. The next validated release of this publication will be in July 2024.
- 3.7 The Health and Care Experience (HACE) survey is an online and postal survey sent to a random sample of people registered with a general practice in Scotland. This is the successor to the GP and Local NHS Services Patient Experience Survey, and has been run every two years since 2009. The survey asks about people's experiences of:
- accessing and using their general practice and out of hours services
 - aspects of care and support provided by local authorities and other organisations
 - caring responsibilities and related support.
- 3.8 Fieldwork for the 2023 to 2024 survey has now closed. The results will be published in May 2024. As 2023/24 is a reporting year for the Health and Care Experience survey, all indicators will be updated.
- 3.9 Governance Timeline
The table below sets out the timeline of all governance meetings and the scheduled activity, for each stage up to and including publication.

| Date | Group | Activity |
|-----------------------------|--|---|
| 28 th March 2024 | Performance Assurance and Governance Group | Agree APR timeline |
| 18 th April 2024 | Midlothian Integration Joint Board | Note APR timeline |
| 23 rd May 2024 | Strategic Planning Group | Draft APR to SPG |
| 30 th May 2024 | Performance Assurance and Governance Group | Review Health And Care Experience data (if available) |

| | | |
|------------------------------|--|--|
| 27 th June 2024 | Strategic Planning Group | Final Draft APR to SPG |
| 11 th July 2024 | Performance Assurance and Governance Group | Review Integration Indicators (if available) |
| 8 th August 2024 | Performance Assurance and Governance Group | Review Integration Indicators (if required) |
| 22 nd August 2024 | Midlothian Integration Joint Board | IJB approve for publication |
| 31 st August 2024 | Publication | |

The broad content of the Annual Performance Report will be approved with the Strategic Planning Group (SPG) reviewing the first skeleton draft on 23rd May 2024. Management data is expected to be received from Public Health Scotland in May 2024. The first full draft of the Annual Performance Report will be discussed and scrutinised at the Strategic Planning Group (SPG) meeting on the 27th June 2024.

- 3.10 The data will be scrutinised at the Performance, Assurance, and Governance Group (PAGG) on 11th July 2024 following the receipt of validated data from Public Health Scotland (PHS) Local Intelligence Support Team (LIST), with a reserve date of 8th August 2024 if required.
- 3.11 Following review, scrutiny, and amendment, the Midlothian IJB Annual Performance Report 2023/24 will be presented to the Board for approval and the delegated authority for Morag Barrow, Chief Officer, to publish this report before 31st August 2024.

4 Policy Implications

- 4.1 IJBs have a legal obligation to produce an annual performance report in line with [The Public Bodies \(Joint Working\) \(Content of Performance Reports\) \(Scotland\) Regulations 2014](#) and the Scottish Government Guidance: [Health and Social Care Integration Partnerships: reporting guidance](#).
- 4.2 This includes reporting on the national [Core Suite of Integration Indicators](#) provided by Public Health Scotland, to report on progress towards the [9 National Health and Wellbeing Outcomes](#) which apply to integrated health and social care.
- 4.3 The Midlothian IJB Annual Performance Report will comply with all the requirements with the exception of a breakdown of spend per locality. Systems to facilitate a robust report on this are not yet in place.

5 Directions

- 5.1 This report does not relate to any specific Directions.

6 Equalities Implications

- 6.1 There are no equalities implications arising directly from this report. However, the report itself will be written with accessibility in mind. This includes being structured and written in a way that is easily followed and understood by those in our communities who may wish to read the report. This report meets the legal requirements for accessibility standards.

7 Resource Implications

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

8 Risk

- 8.1 IJBs have a legal obligation to produce an annual performance report which meets the requirements set by Scottish Government. Not complying will pose legislative risks and it will be more difficult for the IJB to undertake its duties related to accountability and good governance.

9 Involving people

- 9.1 The report highlights the involvement of users of people and communities in the development and recommissioning of services.

10 Background Papers

- 10.1 No background papers.

| | |
|--|---|
| AUTHOR'S NAME & DESIGNATION | Gill Main, Integration Manager Elouise Johnstone, Strategic Programme Manager: Performance |
| CONTACT INFO | Via email or MS Teams |
| DATE | 31/03/24 |

Appendices: N/A.

