

# Midlothian Integration Joint Board



**Thursday 13<sup>th</sup> October 2022, 14.00-16.00**

## **Integrated Care Assurance Report**

### **Executive summary**

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<b>Item number:</b>	<b>5.9</b>
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This report provides the Midlothian Integration Joint Board with an update on assurance arrangement in the Midlothian Health and Social Care Partnership (MHSCP). It outlines the clinical and care governance arrangements in place to provide professional governance, and assurance regarding the safety, effectiveness, and person centredness of services, including hosted services. The report provides an update on the corporate business assurance arrangements including risk and resilience management, winter planning and the introduction of a Quality Management approach.

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

- Note the assurance measures in place across MHSCP and take moderate assurance that the partnership has robust systems and processes in place to ensure the provision of safe, effective, and high-quality care across all professional groups and corporate business, for operational services which are delegated and hosted.
  - Note, and support planning in place for Winter 2022/23
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## Integrated Assurance Report

### 1 Purpose

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- 1.1 The purpose of this report is to recommend that the Midlothian Integration Joint Board takes moderate assurance that Midlothian Health and Social Care Partnership has appropriate systems and processes in place to ensure the provision of safe, effective, and high-quality care across the Partnership.

### 2 Recommendations

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- 2.1 As a result of this report Board Members are asked to:
- Take moderate assurance that the Midlothian Health and Social Care Partnership management team have comprehensive systems in place to deliver robust health, care, professional and business governance across the Partnership.
  - Note the ongoing work to deliver programmes of change and improvement across the Partnership and the governance processes in place to oversee this work.
  - Note, and support planning in place to cover Winter 2022/23

### 3 Background and main report

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#### 3.1 Current Governance and Assurance Processes

The Midlothian HSCP Management Team is responsible for the management and oversight of a range of delegated health and social care services within Midlothian, and for two hosted Lothian services (Dietetics, and the Adults with Complex and Exceptional Needs Service)

#### 3.2 Integrated Governance Structure and Processes

The Midlothian HSCP management team have developed a governance structure to ensure that services are provided with management support and that oversight is in place for the management of clinical, care, professional leadership and business continuity, quality and governance.

- Fortnightly **Senior Management Team (SMT)** meetings chaired by the Director of Health and Social Care provide ongoing formal oversight of

service developments, discussion of emerging issues, and verbal updates are received on adverse events, complaints and performance, risk and resilience issues.

- The **Midlothian Safety and Experience Action Group (MSEAG)** chaired by the Chief Nurse and attended by the Clinical Director, Heads of Service and relevant Service Managers meets fortnightly to manage and have oversight of the review of significant adverse events within Midlothian HSCP.
- **Quality Improvement Teams (QITS)** are organised at service level and are chaired by Service Managers. QITs are required to meet at least four times per year and are required to provide assurance around the safety, effectiveness, and person centredness of the services delivered.
- The QITS report to the quarterly meeting of the **Care and Clinical Governance Group (CCGG)**, submitting a standard template covering the dimensions of quality, improvement activity, inspection updates and identifying service level and escalated risks.
- **An annual report is provided to NHS Lothian Healthcare Governance Committee.** This provides assurance that Midlothian Health and Social Care Partnership has comprehensive systems in place to deliver robust health and care governance across all services. The report, appended to this document also outlines the work undertaken to deliver programmes of change and improvement across the Partnership and the governance processes in place to oversee this work, including identification and mitigation of risks to patient safety
- The **NHS Lothian Accreditation and Care Assurance Standards (LACAS)** provide a framework to give organisational and service user assurance that quality person-centred care is being delivered consistently across all NHS Lothian's in-patient services.
- The **AHP Governance and Assurance Framework** is currently under testing and provides a robust and consistent structure for all AHP services across NHS Lothian and the associated HSCP's. Midlothian HSCP services with AHP's in their integrated teams and the hosted Dietetics services report on a quarterly basis. Improvement action plans are in place and are overseen by the SMT on a quarterly basis.
- Midlothian HSCP meets the requirements set out in the Civil Contingencies Act by completing **annual assurance reports for both NHS Lothian and Midlothian Council** on their compliance with their requirements as Category 1 Responders.
- Additional governance is provided on compliance with responsibilities set out in **Midlothian Council's Financial Regulations and Directives** for ensuring the security, custody, and control of all resources.
- The **NHS Lothian Annual Certificate of Assurance Governance Statement** confirms that Midlothian HSCP has undertaken a review, evidenced by the completed Internal Control Checklist, of the internal control arrangements in place within the HSCP covering resilience, risk management, financial management and compliance with NHSL governance arrangements.
- The **Midlothian Performance Assurance and Governance Group (PAGG)** has been convened to provide additional capacity out with the IJB Board

meeting to support further scrutiny of performance and support assurance reporting to the IJB. Membership includes Midlothian HSCP's Executive Team, Performance Team, Local Intelligence Support Team and Midlothian Integration Joint Board (MIJB) members, to ensure representation of Midlothian Council, NHS Lothian and the third sector.

- A quality planning approach has been adopted to five **spotlight areas** of work in year one of the MIJB Strategic Plan 2022-2025 and a system for planning, monitoring, and reporting has been established. The five areas of 'Spotlight' work for first year of the plan are:
  - Frailty
  - Midlothian Community Hospital
  - Primary Care
  - Mental Health and Learning Disabilities, and
  - Workforce
- MHSCP services are subject to **external inspections from statutory bodies**. This includes Healthcare Improvement Scotland, the Mental Welfare Commission and the Care Inspectorate. These reports are noted at the SMT and reported through the QITs and CCGG.

### 3.3 Professional Governance Assurance

NHS Lothian and Midlothian Council are the bodies responsible for ensuring care, clinical, performance and business governance are in place. These bodies are subsequently responsible for providing the Midlothian Integration Joint Board, as the commissioning body, with assurance around the systems in place to deliver safe, effective and person-centred services.

### 3.3 Local Authority (Social Work)

The requirement for every local authority to appoint a **Chief Social Work Officer (CSWO)** is set out in section 3 of the Social Work (Scotland) 1968 Act. The role provides a strategic and professional leadership role in the delivery of social work services. The role is also within integrated arrangements brought in through the Public Bodies (Joint Working) (Scotland) Act 2014.

The CSWO's responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements.

The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery including particular issues such as corporate parenting, child protection, adult protection and the management of high-risk offenders.

The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.

Practically within Midlothian, the current Head of Adult Services, who is a qualified Social Worker, deputises for the CSWO when they are unavailable. There is a current piece of work to ensure that CSWO assurance requirements are included in the wider quality management framework and clinical and care governance

arrangements within the HSCP and IJB. It is an area of development, and it is acknowledged that greater assurance within social work services would be beneficial.

### 3.4 NHS Lothian (Nursing and Allied Health Professions)

Clinical governance is provided through the systems and processes described in section 3.2. Professional governance and support is delivered by the Clinical Director, Chief Nurse and Chief AHP as professional leads. In addition, the AHP Governance and Assurance Framework is being implemented for the four domains of Governance: Safe, Effective, Person-Centred and Regulatory (see above). It is anticipated that this framework will be adapted to be used for all integrated services and professions in Midlothian HSCP to strengthen governance and assurance mechanisms as a component of a total system for Quality Management.

### 3.6 Hosted Services

Historically, two pan Lothian services are hosted by Midlothian HSCP. These are the Adults with Complex and Exceptional Needs Service (ACENS) and Dietetics. Both hosted services have direct operational management from a member of the HSCP Senior Management team.

- **ACENS** is under the direct line management of the Chief Nurse who leads on the scrutiny of activity and performance and provides line management and professional support to the Team manager. Finance and performance information is provided within the HSCP and over the last year, more regular reporting to the Lothian Chief Officers has been commenced. ACENS has a local QIT and provides assurance to NHS Lothian through the Midlothian Clinical and Care Governance Group.
- **Dietetics** is a large service delivering across the 3 acute hospitals and 4 HSCPs. Under the new leadership team including the Head of Dietetics, and the Chief Allied Health Professional (AHP) in Midlothian HSCP, development is underway to ensure that all aspects of Dietetics Governance Assurance, Quality and Performance are robustly managed, reportable and improvement orientated.

### 3.7 Protecting People at Risk of Harm

Systems and processes are in place deliver oversight and assurance around the work undertaken within Midlothian HSCP services to improve the safety of people at risk of harm.

- Public Protection duties are delivered under the oversight of the **East and Midlothian Public Protection Committee (EMPPC)**, and the **NHS Lothian Public Protection Action Group (PPAG)**.
- The EMPPC is a multi-agency statutory committee which addresses Adult Support and Protection, Child Protection, Violence against Women and Girls and the **Multiagency Public Protection Arrangements (MAPPA)** for service users in East Lothian and Midlothian. The committee has a wide range of multiagency senior representatives across services and key agencies and reports to the **Critical Services Oversight Group (CSOG)** where the Chief Officers of core partners provide strategic leadership,

scrutiny, governance and direction to the EMPPC.

- **NHS Lothian's Public Protection Action Group** sets and oversees the strategic direction of public protection services across NHS Lothian and provides an annual assurance report to the Healthcare Governance Committee around Public Protection.
- Work to reduce the harm associated with substance use is a national priority, and multiagency working across East and Midlothian is the approach for the delivery of the **Drug and Alcohol Partnership (MELDAP)**. Recent funding allocated from the Scottish Government has allowed the Partnership to invest further in services with the aim of improving the reach and effectiveness of our substance use service offer.

## 3.8 Future Planning

### 3.8.1 Winter Planning

It is recognised that demand for services is likely to be at its highest level during the winter period. Winter planning is undertaken to ensure the continued delivery of quality care by the Partnership, over winter alongside ongoing pressures arising from COVID-19 with the background of pre-existing and continuing workforce challenges. This plan builds on lessons learned from Winter 2021/22 and uses the resilience principles adopted by the HSCP.

Winter plans are required to ensure:

- That comprehensive, joined-up plans internal and external to Midlothian Health and Social Care Partnership are in place, including robust monitoring and escalation processes.
- high-quality service provision of is maintained through periods of increased pressure.
- The impact of pressures on the levels of service, national targets and finance are effectively managed.
- Interventions are put in place to mitigate the emergence of significant pressures on the system

### 3.8.2 Winter Plan Oversight Arrangements

- Performance relating to the Winter Plan is a standing agenda item on the Senior Management Team (SMT) governance meeting.
- A winter performance dashboard is being implemented and will be utilised to monitor the performance of key services throughout the winter period. This will be presented at both SMT, and the Winter Executive Management Team (EMT) for review.
- A strategic EMT will be convened weekly to monitor performance and retain oversight of winter pressures and performance across the HSCP.
- An operational Winter Oversight Group will be convened weekly to monitor service level impacts and mitigate any escalating issues. This group will act as the main dissemination point of information and to record progress made against specific winter interventions being put in place and to monitor staff absence levels.

- Cross partner working between NHS Lothian, Midlothian Council and other Category 1 responders will be undertaken to monitor potential winter pressures e.g. severe weather, increased staff absences due to covid/flu, and other significant pressures within acute hospital and/or HSCP services.

### 3.8.3 Planned Improvement Activities

Midlothian HSCP has the ambition to deliver better care and support for people which delivers best value from the resources invested in health and social care. The HSCP Executive Management Team has committed to implement a **Quality Management System** (QMS) which will strengthen the links between the clinical and care governance workstreams and the management of performance and resources.

The QMS covers the four domains of Quality Management: Quality Planning, Quality Control, Quality Assurance and Quality Improvement (figure 1.). Implementation of the QMS will require service areas to produce a service specification, and individual service plans which identifies scope of service, resources available, Key Performance Indicators, quality measures and improvement activities which deliver targeted outcomes. In addition, the current QIT and CCGG will be remodelled and strengthened to create a more integrated approach inclusive of both health and social care.

Figure 1: Features of Quality Management



Midlothian HSCP is working with the Scottish Government to create service specifications that are aligned to the **Framework for Community Health and Social Care Integrated Services**. This is an evidence-based framework that determines the foundations for best practice integrated care. This will support the mapping of current delivery, recognise existing good practice, and support self-evaluation to identify service gaps. This will support the implementation of the QMS and inform recommendations to the Board in relation to IJB Directions for 2023/24.

An integrated framework (currently being tested for the AHP's) will be introduced to provide **Governance and Assurance** on the four governance domains of Safe, Effective, Person-Centred and Regulation. Governance Assurance will be clearly articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues.

## 4. Policy Implications

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As described above.

## 5. Directions

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The contents of this report pertain to all the IJB Directions.

## 6. Equalities Implications

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The contents of this report pertain to all service providers and users across the partnership including those with protected characteristics.

## 7. Resource Implications

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There are no resource implications arising from this paper.

## 8. Risk

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The contents of this report pertain to all aspects of quality including the reduction of risks that relate to the safety of people, workforce, building and business continuity.

## 9. Involving people

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There are no specific changes proposed within this paper which would have an impact upon service users, however the committee should take assurance that the Service continues to maintain an active dialogue with all key stakeholders and consults widely on all service changes as required.

## 10. Background Papers

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### Appendix 1: Healthcare Governance Report September 2022