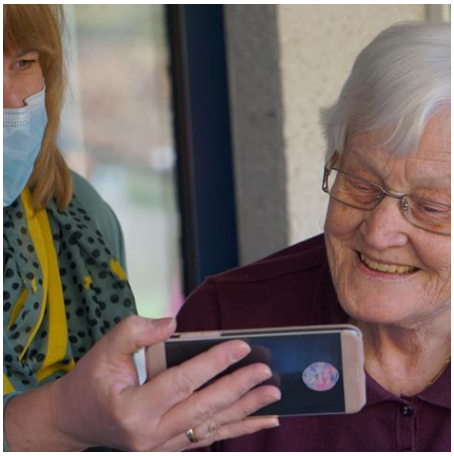





Midlothian
Health & Social Care



Midlothian Integration Joint Board ANNUAL PERFORMANCE REPORT 2020/21

Contents

Foreword

This report shares our performance around planning and delivering health and social care services. It covers the period 1st April 2020 to 31st March 2021. It shows how we have done over the past year in improving the quality and experience of health and social care services for people and communities in Midlothian.

COVID
The pandemic brought many challenges and disruption to the Health and Social Care Partnership (HSCP), our partners and the communities we serve. There was increased anxiety and pressure on many service users, unpaid carers and staff.

Our priority was the safety of clients, communities and staff. It was important to be innovative and support people effectively and safely. As well as managing changes to existing services, the HSCP provided care and treatment to people who had contracted COVID-19 and their families. It provided personal protective equipment and staff testing support to partner agencies.

Partners
The last year has highlighted the importance of working with local communities and involving them at all levels. Our third sector and independent partners remain crucial and we will continue to work with these strong and innovative sectors.

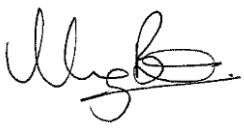
Improving outcomes for people
The level of service transformation in the HSCP over the last year demonstrates innovation, flexibility and a focus on sustainable change to improve outcomes for people. This report includes example of service transformation. As a partnership we aim to work with people and make a positive difference to their health and wellbeing – as a result we have increased our focus on performance and our ability to demonstrate that our services are contributing to improved outcomes for people.

Data
This report includes results from a 2 yearly survey to a small number (2.5% for Midlothian) of people aged 17 or over in 2019. This showed that 93.3% of adults in Midlothian are able to look after their health well or very well. However further work is required to ensure services are coordinated and people have positive experiences.

This report also includes information from Public Health Scotland. This showed that our performance related to use of acute hospitals has improved but again more work is required, for example, people getting home from hospital promptly.

New Strategic Plan
During 2021-22 we will continue to reshape our services to support people to stay well and at home as far as possible. We will continue to involve people in developing our next 3-year Strategic Plan. We will continue to manage finances well and demonstrate good governance.

I would like to thank our staff, the IJB Board and our partners for all their work over the year.



Morag Barrow,
Chief Officer,
Midlothian Integration Joint Board

HOW DID WE DO?

Health & Wellbeing Outcomes

The Scottish Government set 9 National Health and Wellbeing Outcomes to improve the quality and experience of health and social care services. This report shows how we are working towards these.

Outcome 1 – Health and wellbeing
People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2 – Living in the Community
People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3 – Positive Experiences and Dignity
People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4 – Quality of Life
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those

Outcome 5 – Health Inequalities
Health and social care services contribute to reducing health inequalities.

Outcome 6 – Carers
People who provide unpaid care are supported to look after their health and wellbeing

Outcome 7 - Safe from Harm
People using health and social care services are safe from harm.

Outcome 8 – Workforce
People who work in health and social care services are engaged with their work and improve information, support, care and treatment they provide.

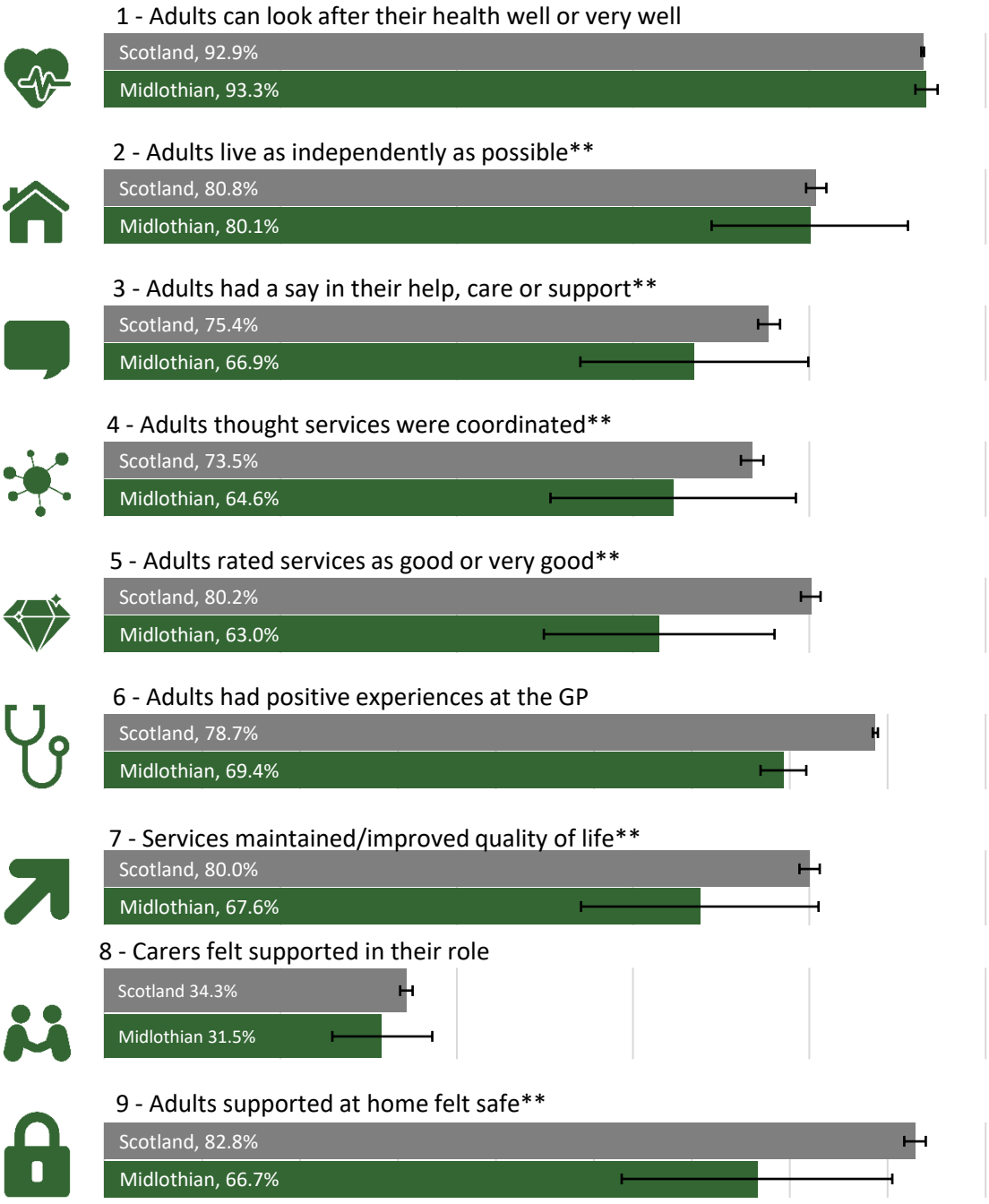
Outcome 9 – Resources
Resources are used effectively and efficiently.

National Performance Indicators

We use National Performance Indicators to measure how we are meeting the outcomes. These are from the Health and Care Experience (HACE) Survey and Public Health Scotland.

**2,060 people from Midlothian contributed to the HACE survey, however for indicators 2,3,4,5,7, 9 under 60 responses were received as only people receiving NHS Lothian and Midlothian Council funded health and social care services were surveyed. Results for 2019/20 should not be directly compared to previous years due to changes in methodology.

Confidence intervals have been added to indicators 1- 9 to show the degree of uncertainty around the survey response; results with larger confidence intervals have a high degree of uncertainty. The black bars show the range within which there is a 95% confidence that the true result will be found. This should be taken into account when considering these results.



Results from Previous Years

1 - % of Adults can look after their health well or very well

	13/14	15/16	17/18	19/20
Scotland	94.0	95.0	93.0	92.9
Midlothian	94.9	93.5	91.7	93.3

2- % of Adults live as independently as possible**

	13/14	15/16	17/18
Scotland	83.0	83.0	81.0
Midlothian	82.6	78.0	86.3

3- % of Adults had a say in their help, care or support**

	13/14	15/16	17/18
Scotland	83.0	79.0	76.0
Midlothian	84.9	84.4	79.7

4 - % of Adults thought services were coordinated**

	13/14	15/16	17/18
Scotland	78.0	75.0	74.0
Midlothian	76.8	71.3	70.8

5 - % of Adults rated services as good or very good**

	13/14	15/16	17/18
Scotland	83.0	81.0	80.0
Midlothian	83.5	73.1	71.3

6 - % of Adults had positive experiences at the GP

	13/14	15/16	17/18	19/20
Scotland	85.0	85.0	83.0	78.7
Midlothian	77.7	78.6	75.8	69.4

7 - % of Services maintained/improved quality of life**

	13/14	15/16	17/18
Scotland	85.0	83.0	80.0
Midlothian	80.2	82.3	73.1

8 - % of Carers felt supported in their role

	13/14	15/16	17/18	19/20
Scotland	43.0	40.0	37.0	34.3
Midlothian	44.5	39.4	32.1	31.5

9 - % of Adults supported at home felt safe**

	13/14	15/16	17/18
Scotland	85.0	83.0	83.0
Midlothian	76.8	80.7	79.5

Hospitals

12 - Emergency Admission rate per 100,000 of the population

	15/16	16/17	17/18	18/19	19/20	2020
Scotland	12,295	12,229	12,210	12,279	12,522	11,111
Midlothian	11,602	10,923	11,599	11,153	12,666	11,295

13 - Emergency Bed Rate per 100,000 of the population

	15/16	16/17	17/18	18/19	19/20	2020
Scotland	127,563	125,948	123,388	120,155	118,288	102,961
Midlothian	122,683	122,772	122,160	120,976	113,821	104,076

14 – Emergency readmission into hospital within 28 days (rate per 1,000 discharges)

	15/16	16/17	17/18	18/19	19/20	2020
Scotland	98	101	103	103	105	115
Midlothian	104	109	114	110	109	120

19- Number of days of people 75+ spend in hospital when ready to be discharged per 1,000 population

	15/16	16/17	17/18	18/19	19/20	20/21
Scotland	915	841	762	793	774	488
Midlothian	835	971	1,422	1,323	966	678

20 - % health and care resource spent on hospital stays after an emergency admission

	15/16	16/17	17/18	18/19	19/20	2020
Scotland	23.2	23.4	24.1	24.1	24.1	21.2
Midlothian	21.7	21.8	22.9	23.9	23.0	20.8

Community

15 - % of the last 6 months of life spent at home or in a community setting

	15/16	16/17	17/18	18/19	19/20	2020
Scotland	87.0	87.3	88.0	88.0	88.4	90.0
Midlothian	84.6	85.5	87.3	85.9	86.5	88.6

16 - Falls rate per 1,000 of the population aged 65 or over

	15/16	16/17	17/18	18/19	19/20	2020
Scotland	21.1	21.4	22.2	22.5	22.8	21.7
Midlothian	21.1	18.7	20.2	17.9	23.9	25.9

17 - Proportion (%) of care services rated good or better by the care inspectorate

	15/16	16/17	17/18	18/19	19/20	20/21
Scotland	82.9	83.8	85.4	82.2	81.8	82.5
Midlothian	85.0	75.7	89.0	87.0	83.3	79.8

18 - % Adults with intensive care needs receiving care at home

	2015	2016	2017	2018	2019	2020
Scotland	61.2	61.6	60.7	62.1	63.1	62.9
Midlothian	64.9	68.8	69.8	67.7	61.0	56.8

11 - Premature Mortality Rate per 100,000 people

	2015	2016	2017	2018	2019	2020
Scotland	441	440	425	432	426	457
Midlothian	396	400	389	409	425	397

If data has not been published for 2020/21 we have included data from Jan – Dec 2020. Public Health Scotland recommends this use of calendar year data to improve consistency between Health and Social Care Partnerships.

Ministerial Steering Group Targets

The Scottish Government's Ministerial Strategic Group (MSG) have additional targets.

Updated targets for 2020/21 were developed by the HSCP, agreed by the Midlothian IJB and submitted to Scottish Government in February 2020. Our targets are measured against a baseline from 2017/18.

MEASURE	2017-18	2018-19	2019-20	2020-21	STATUS	PERFORMANCE
Reduce emergency admissions into hospital from Midlothian by 5% (all ages)	9,028	8,841	10,139	8,733*	Not achieved	*2020 Calendar year 3.26% reduction from baseline
Reduce number of unscheduled hospital bed days: acute specialties by 10% (all ages)	63,019	62,372	59,798	53,546*	Achieved	*2020 Calendar year 15% reduction from baseline
Decrease in the use of unscheduled geriatric long-stay beds (all ages)	12,734	13,551	12,806	12,802*	Not achieved	*2020 Calendar year 0.53% increase from baseline
Decrease in the use of unscheduled mental health beds (all ages)	14,843	15,162	12,847	12,706*	Achieved	*2020 Calendar year 14.4% decrease from baseline
Maintain Emergency Department Attendance at baseline level (all ages)	29,382	29,688	30,804	24,518	Below baseline	16.55% reduction
Reduce occupied bed days as a result of delayed discharge (all reasons) by 20% (age 18+)	12,295	12,934	10,412	7,150	Achieved	41.85% reduction from baseline
Increase percentage of time spent in community in last six months of life	87.3%	85.9%	86.5%	No data	Not achieved	0.8 percentage point change
Balance of Care - Increase the proportion of people over the age of 65 living in the community (supported and unsupported)	96.4%	96.5%	96.7%	No data	Achieved	0.3 percentage point change

SOURCE: Public Health Scotland Integration Performance Indicators June 2021 (Integration-performance-indicators-v1.42 MSG)

Notes

- Where noted the calendar year 2020 is used as a proxy for 2020/21 due to the national data for 2020/21 being incomplete. We have done this following guidance from Public Health Scotland.
- Figures presented will not take into account the full impact of COVID-19 during 2020/21. In particular the reduction in emergency department attendance is likely due to the fact that in 2020 there was a national lockdown because of COVID-19 and therefore may not reflect a true improvement in performance.

WHAT DID WE DO?

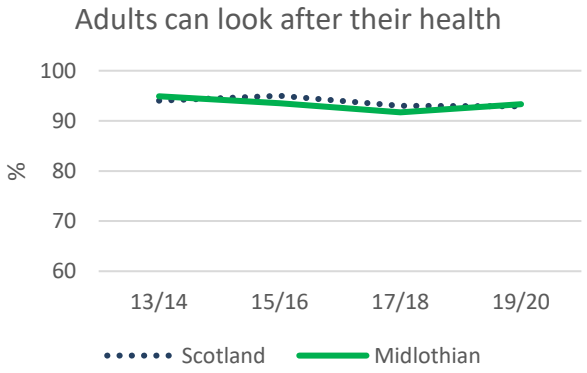
1 – Health & Wellbeing

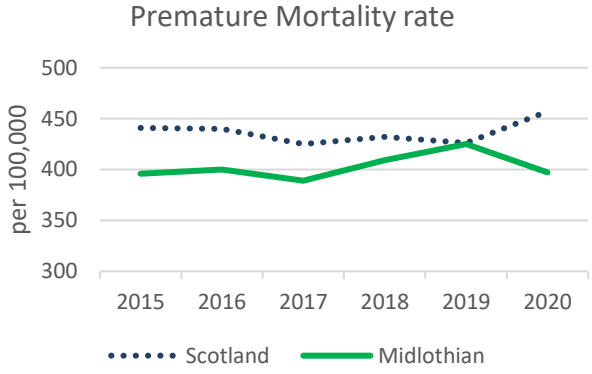
This outcome is aimed at making sure people are able to look after and improve their own health and wellbeing and live in good health for longer. We are moving money to a range of services that support people to do this including classes to help reduce the risk of falling, services to support people dealing with grief and services that provide support to people at home to help them avoid a hospital admissions.

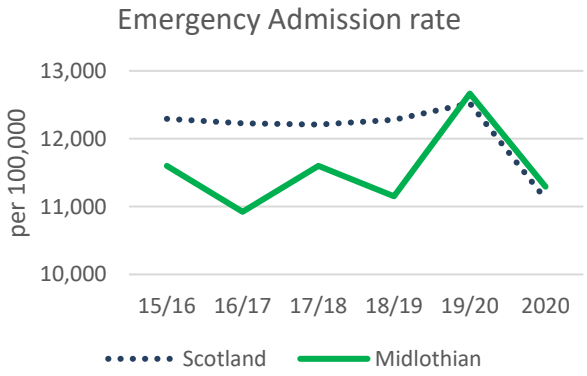
Empowering communities and individuals to manage their health and wellbeing can be challenging because of the difficulties some people face, including poverty and long term health conditions.

How we measure this outcome – yearly trends:

These are the national indicators used by Scottish Government to measure our progress towards this outcome.







New Beginnings

New Beginnings is a six week course for people who are bereaved. Due to Covid-19 the course was redesigned by the Health in Mind team working with the Thistle foundation so it could be delivered online.

The first online course was successful with 9 participants. One person said "I have found that hearing others' stories has helped me a lot. I felt very alone before the group and I've learned to open up and share how I'm feeling rather than bottling it up."

Reduce the risk of falling

Sport and leisure services joined the Health and Social Care Partnership during the year.
Together with Ageing Well and Midlothian Active Choices, they have worked with physiotherapy and Occupational Therapy services to support people at risk of falling.

By encouraging people to take part in Strength and Balance classes and short walking sessions they hope to improve people's mobility and independence of and reduce their risk of falling.

Resilience Art Project

Children and young people shared their experiences of coping during COVID-19 through artwork using the '5 ways to wellbeing'.

152 pieces of art from 13 schools was exhibited across Midlothian in a woodland trail and online gallery, along with Information on support available.

2 – Living in the Community

This outcome is aimed at ensuring people can live independently and at home or in a homely setting in their community. To support this, we continued to plan and build new specialist housing to meet people's care and support needs. We worked with third sector partners to help support people at home during the national lockdown, and we also continued to develop our support to help people get back home from hospital promptly.

How we measure this outcome – yearly trends:

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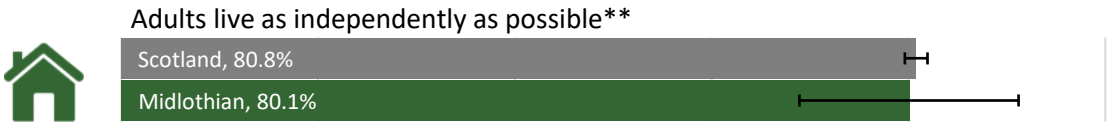

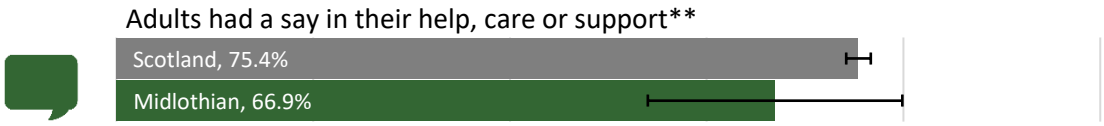

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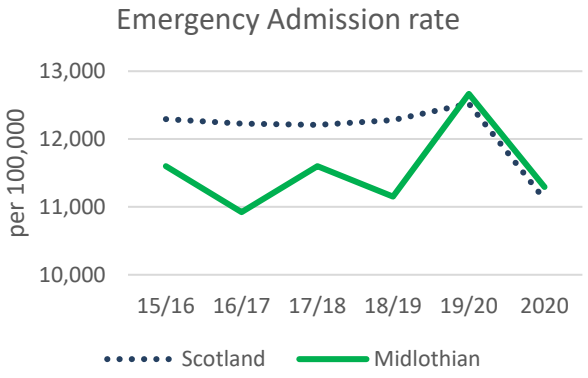
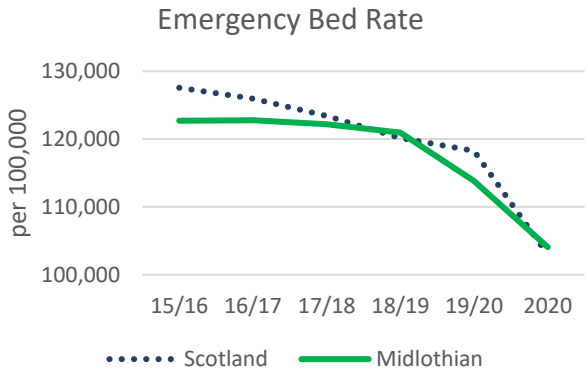
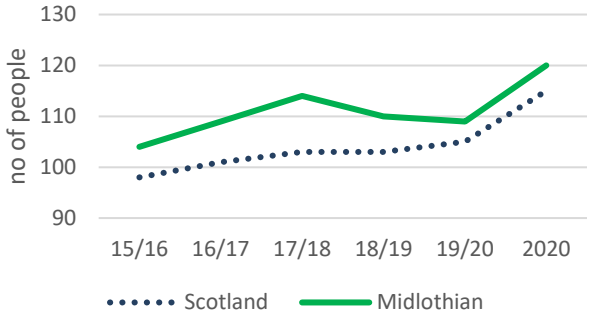
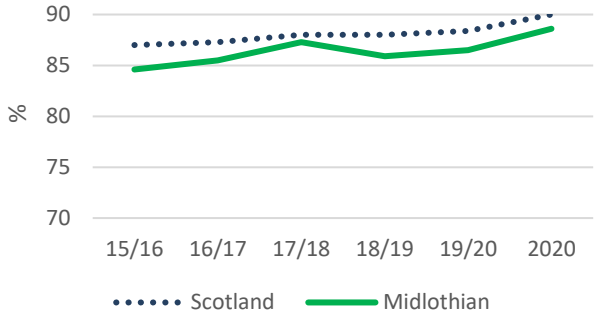




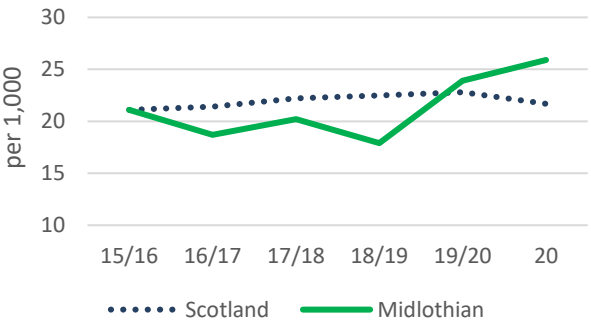
Readmission into hospital in 28 days



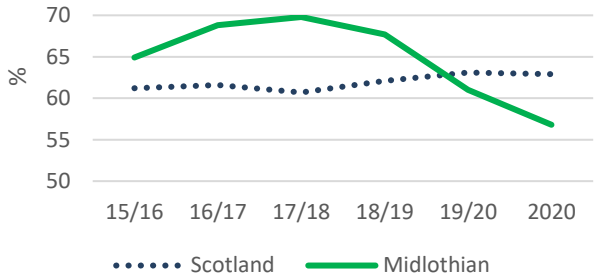
Last 6 months of life spent at home



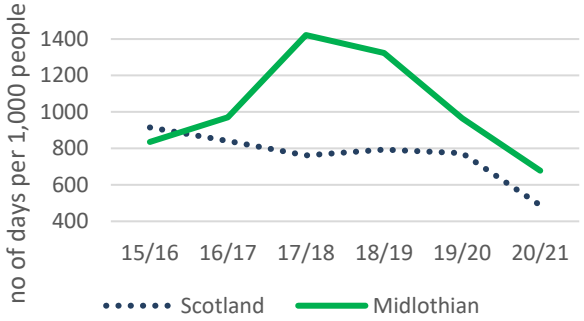
Falls rate (65+)



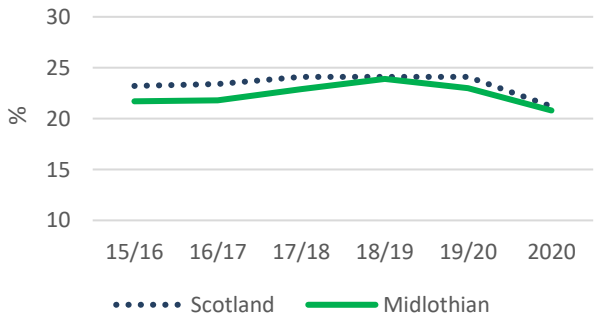
Adults with Intensive care needs recieving care at home



Delayed discharge (75+)



% spend after emergency admission



Extra Care Housing

Extra Care Housing allows people to access social care support while living in their own tenancy.

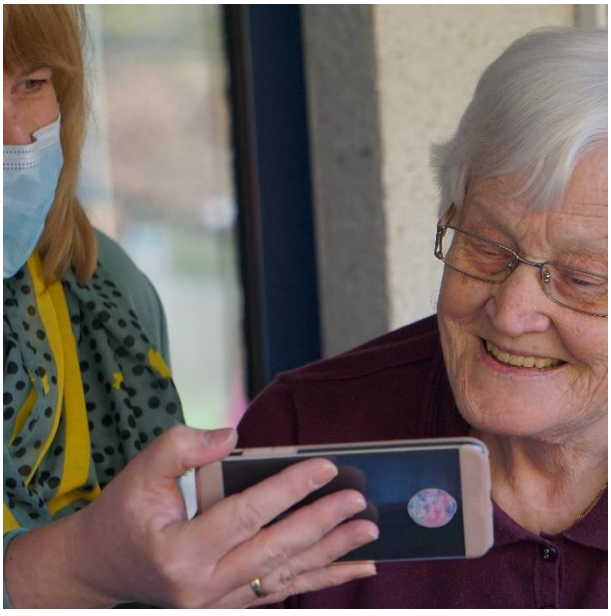
Building work was underway on 3 sites to provide 106 Extra Care Housing units.

In addition planning consent was awarded for 40 Extra Care flats and 8 Extra Care bungalows in Dalkeith.

Support through COVID

The Red Cross developed new ways of working and formed many new partnerships over the COVID pandemic to support as many people as possible.

Activities included delivering food and library books to people who were housebound, making over 5,000 welfare calls to elderly people, replacing hearing aid batteries, presenting a Radio show and creating activity packs with exercise programmes.



Supporting people with Frailty

The HSCP, GPs and Third Sector groups worked together to support people with moderate and severe frailty. They used GP data to create a 'Frailty Index' that could identify patients that may benefit from proactive support.

Once identified a person living with frailty was contacted and invited to receive care from the Primary Care frailty team who could offer longer, more holistic appointments, often at home. People who received this specialised and proactive support had less emergency admissions to hospital.

3– Positive Experiences & Dignity

This outcome is aimed at ensuring people who use health and social care services have positive experiences and have their dignity respected. Due to the impact of COVID our GP services developed new ways of providing primary care services including online, by phone and by email. Our GP practice teams also expanded with more specialist services located in practices such as physiotherapists, pharmacists and mental health nurses which allows people to be seen quicker and have a better experience.

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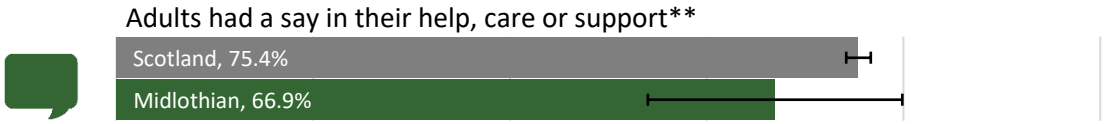

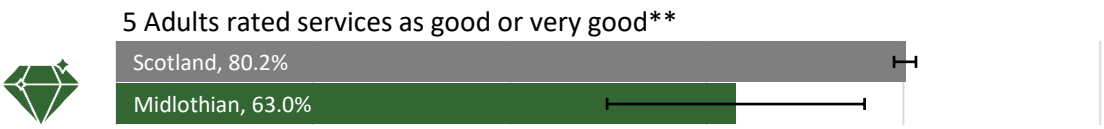

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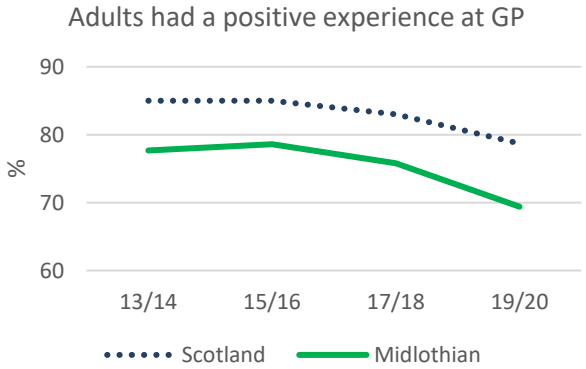

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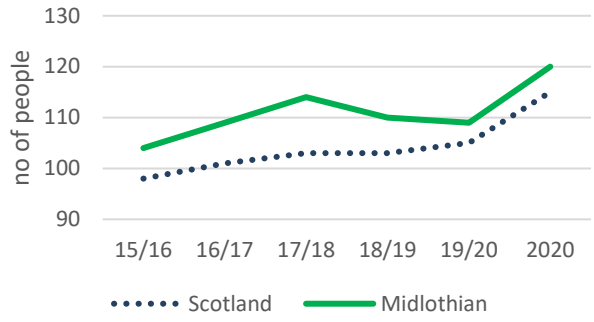

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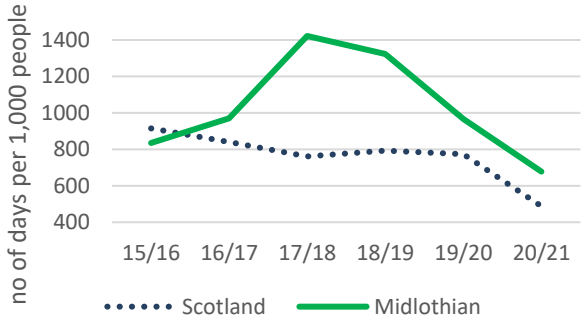

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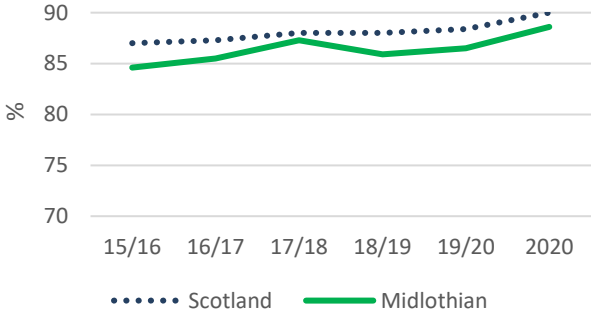
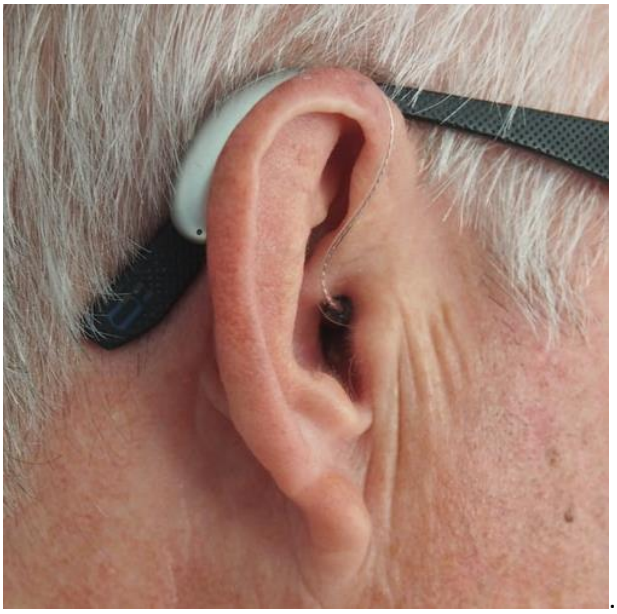




Sensory Champions

Audiology run hearing aid repair clinics at Midlothian Community Hospital but due to COVID it was not possible for people to attend the clinics in person.

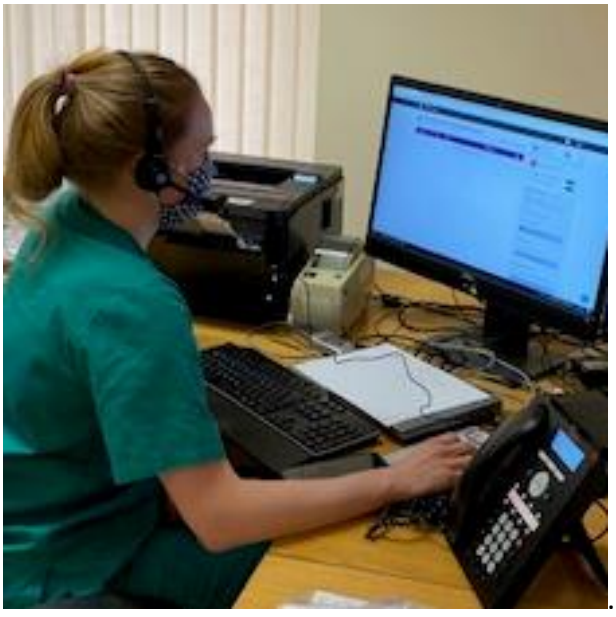
To address this a scheme was put in place where local volunteers collected hearing aids from individuals in advance of the clinic and delivered them back after the clinic. This support has been appreciated as it is minimises the length of time people are without working hearing aids.

Mental Health Nurses

Primary Care Mental Health Nurses are now in all 12 GP practices.

People can ask their GP to refer them, and in some GP practices patients can book to see the nurses directly via the reception team.

As well as providing direct support to people, they can link people to other community based support that support mental health such as Health in Mind, Women's Aid and volunteering programmes.



Remote GP consultations

COVID has speeded up ways to make it easier to access support from a doctor.

Most practices now offer consultations via the telephone, video or email in the first instance so that people don't have to travel to their surgery if they don't need to.

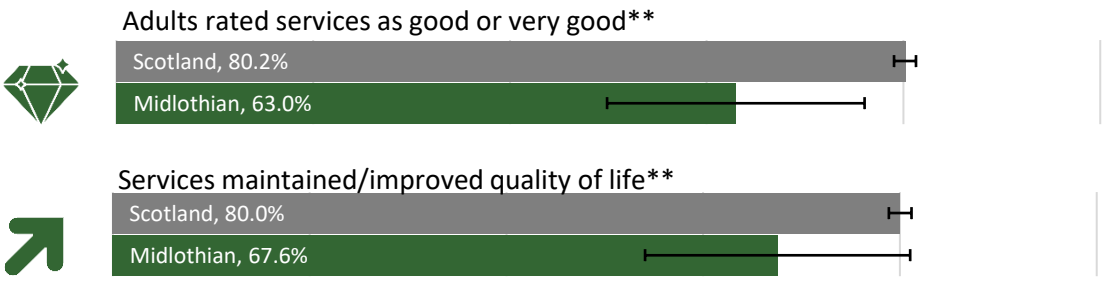
Where a physical examination adds value, people are seen face to face for that part of the consultation.

4 – Improved Quality of Life

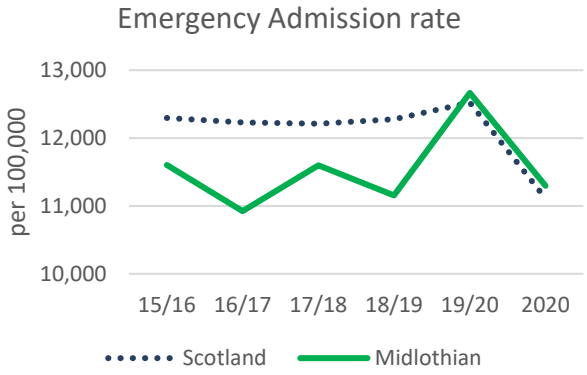
This outcome is aimed at ensuring health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. Due to the lockdown our day services developed a range of new ways to keep in touch and provide support. We also continued to develop our falls service to quickly help people who have fallen and offer support to help prevent falls.

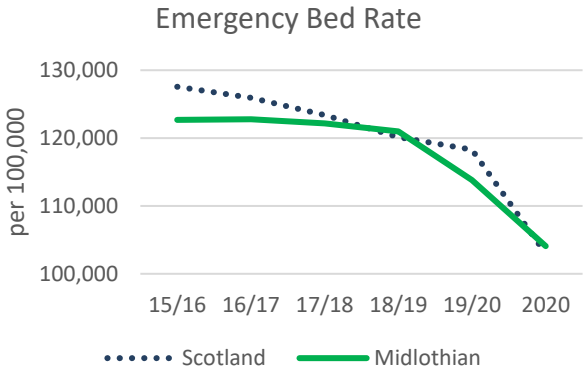
How we measure this outcome – yearly trends:

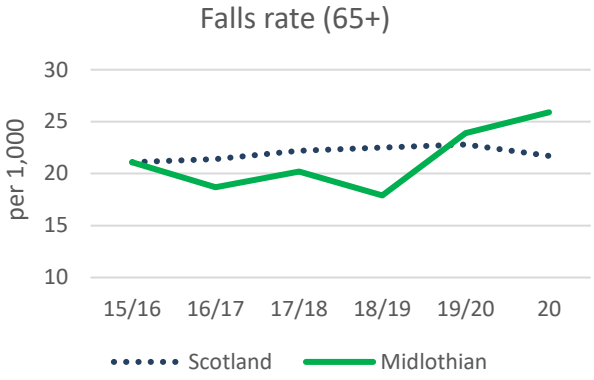
These are the national indicators used by Scottish Government to measure our progress towards this outcome.



* Due to changes in the 2019/20 survey wording, these indicators are no longer comparable to previous years.






Falls rate (65+)
per 1,000
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25
20
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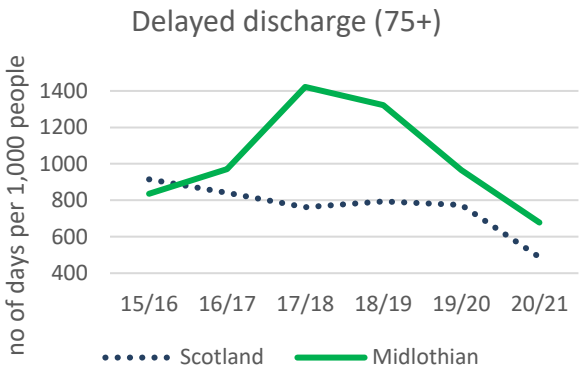
10
15/16
16/17
17/18
18/19
19/20
20
Scotland
Midlothian


Delayed discharge (75+)
no of days per 1,000 people
1400
1200
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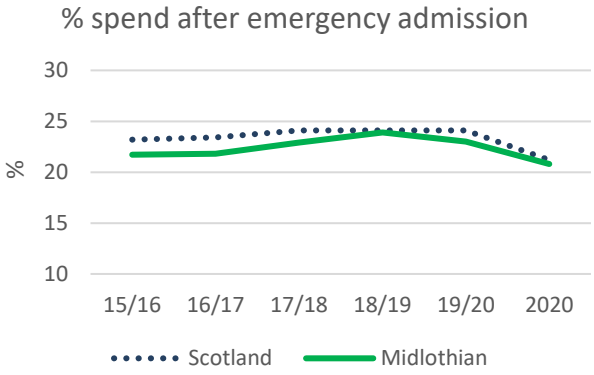
15/16
16/17
17/18
18/19
19/20
20/21
Scotland
Midlothian


% spend after emergency admission
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2020
Scotland
Midlothian

Day Services – response to COVID

Day services for older people maintained regular contact with clients, offering essential support.

St David's phoned clients daily, helping with shopping and prescriptions. They delivered activity packs, including knitting and jigsaws.
Broomhill staff visited clients at their doorstep to provide support and delivered meals
Grassy Riggs kept in touch with people and during summer months encouraged people to host "garden bubble socials".

Artlink TV – Thursday Live!

Before lockdown, every Thursday a different entertainer would visit Cherry Road Learning Centre in Bonnyrigg.

When visits to the centre were no longer possible, Thursday Live! went online. Performers filmed themselves at home, and videos were streamed to Artlink TV on YouTube , so that anyone could watch them at home.

Artists familiar to Thursday Live! tailored performances to an audience who they knew well – and people could watch recordings of their videos multiple times.

Vaccination Programme

For some people attending a regular clinic for a vaccination can be difficult or anxiety provoking. So Learning Disability Nurses, the Vaccination Team at the Community Hospital, Social Workers, Support Providers, and families and carers worked together to organise a Learning Disability Vaccination Programme with an adapted clinical environment and a supportive and individual approach to accommodate people's needs.

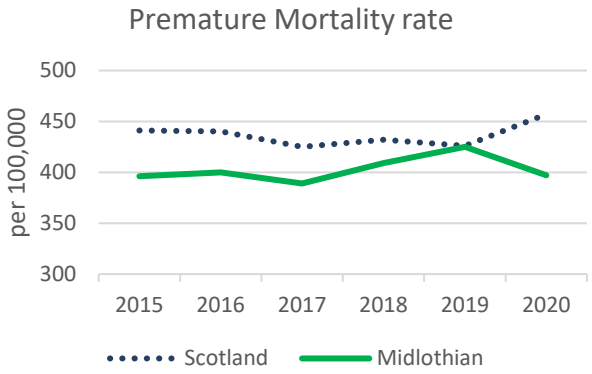
137 people received their first dose in early March and 135 their second in May.

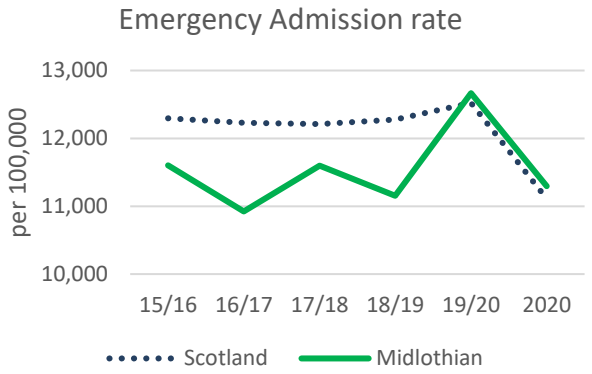
5 – Reduced Inequality

This outcome is aimed at ensuring that health and social services contribute to reducing health inequalities. Inequalities are avoidable and unfair differences in people's health across social and population groups. We adapted our services, and provided technological support to ensure we could continue to reach those most at risk.

How we measure this outcome – yearly trends

These are the national indicators used by Scottish Government to measure our progress towards this outcome.





Digital Response to COVID

Substance Misuse Services used phone, video platforms and essential 1 to 1 meetings to continue to provide care throughout COVID.

Across Midlothian and East Lothian, MELDAP provided 381 phones, 37 tablets and 553 digital top ups to assist those most at risk to keep in contact with treatment and support agencies.

Money in your pocket

The Welfare Rights Service supported people receiving a HSCP service to access £4,282,119,239.

This included 239 people with cancer who received support from the MacMillan Welfare Rights Advisor.

Third sector partners also provided welfare rights support including Citizen's Advice and the Red Cross.

Community Inclusion

The team adapted to ensure they could continue to offer essential support to vulnerable people and Carers throughout the pandemic.

They offered telephone and video health and wellbeing appointments and continued to offer face to face appointments where essential. They visited homeless accommodations regularly, knocking on each resident's door and offering them the opportunity to speak to a nurse.

6 – Support for Carers

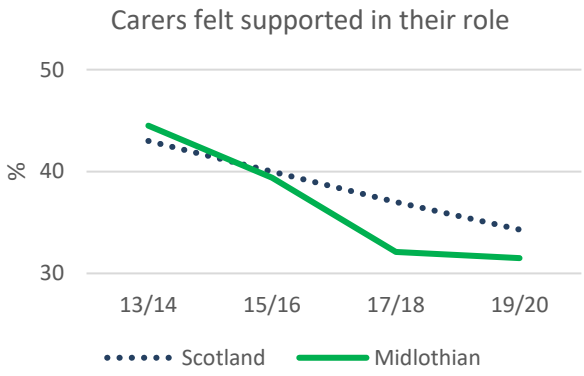
This outcome is aimed at ensuring people who provide unpaid care are supported to look after their health and wellbeing.

Midlothian has approximately 9,000 unpaid carers and it is crucial we recognise the significant impact and effect their caring role can have on them, and offer support to sustain their role as long as they wish to do so. Many of these carers are not actively known to our services and we continue to try and reach these hidden carers.

We appreciate that the restrictions and worry caused by the pandemic increased the pressure on carers. We are grateful to third sector partners such as VOCAL Midlothian and Alzheimer's Scotland for the support offered.

How we measure this outcome – yearly trends:

This is the national indicator used by Scottish Government to measure our progress towards this outcome.



Local Data/Evidence

1,623 carers received an adult carer support plan of their care needs during 2020-21 (VOCAL and Adult Social Care combined). This more than doubled from the previous year.

2,278 carers received 1 to 1 support by VOCAL during 2020-21. This was an 18.71% increase from the previous year.

316 carers accessed short breaks through VOCAL Wee Breaks Service during 2020-21.
Penicuik CAB continued to offer surgeries and support to carers receiving support from VOCAL.

Additional carer income generated through contact with Penicuik CAB in 2020-21 was **£415,208.**

Recommissioning Carer Services

During 2020/21 we consulted with carers, the public, HSCP and Third Sector staff on what services should look like.

The review identified aims and priorities around carer support and services and used these to re-commission local services that will begin in July 2021 and be in place for 3 years.

Designing & Delivering Services

We worked in partnership and involved carers in decisions and arrangements around providing support to the people they care for and for themselves (as carers).

We had a carers' planning group and also involve carers within our wider processes, service commissioning and delivery, and strategic decisions which will impact on them and the care they provide.

Support during COVID

During the pandemic we recognised unpaid carers as Key Workers and issued guidance and PPE.

We worked with Third sector partners to send out Identification Letters.

As normal "short break" opportunities and respite support wasn't available, we put in place funding to support different and creative breaks from caring and discussed alternative ways to use SDS budgets.

7 – Safe from harm

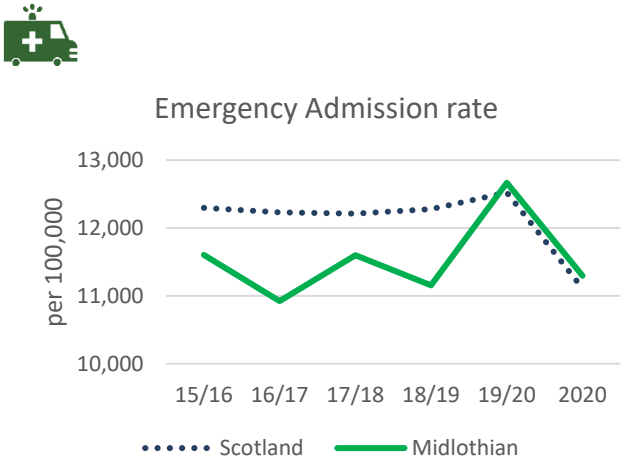
This outcome is aimed at ensuring that people using health and social care services are safe from harm. All services must aim to keep people safe from harm and prevent avoidable risks. There is a strong link between substance misuse, community justice and mental health and the Number 11 Hub in Dalkeith improves collaboration between these services.

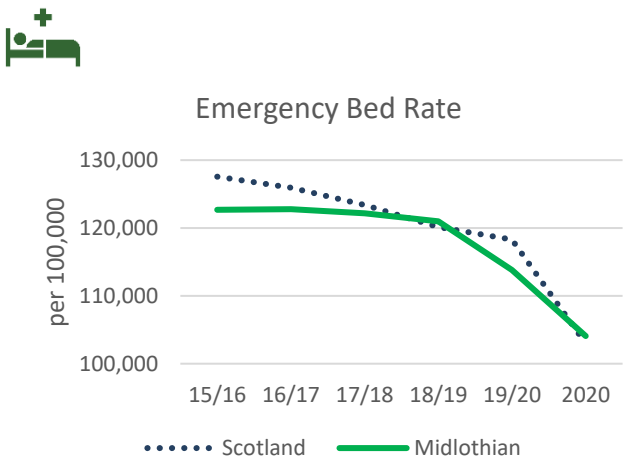
We adapted our training methods due to the impact of COVID so to ensure we were still able to deliver essential high quality training and assessment to all staff.

How we measure this outcome – yearly trends:

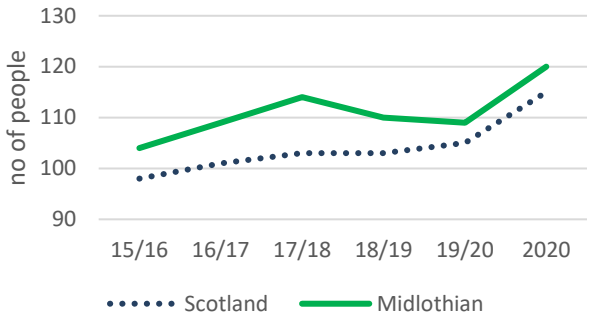
These are the national indicators used by Scottish Government to measure our progress towards this outcome.

** Due to changes in the 2019/20 survey wording, this indicator is no longer comparable to previous years.

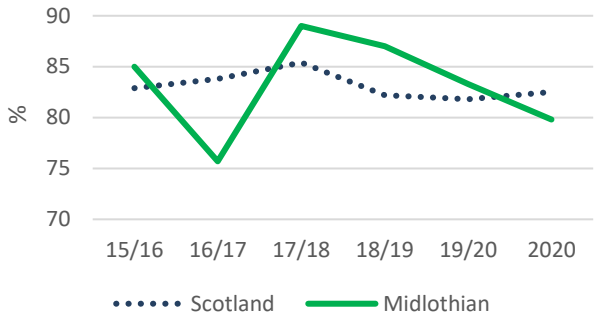




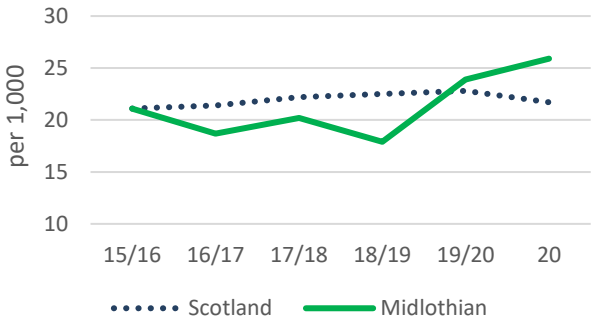
Readmission into hospital in 28 days



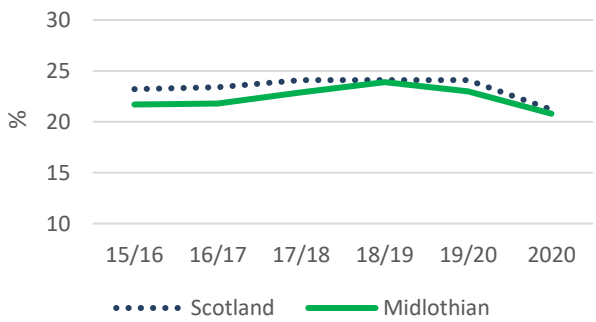
Care services rated good or better



Falls rate (65+)



% spend after emergency admission



COVID & Gender Based Violence

In Midlothian there was a 29% increase in the number of women referred to our specialist domestic abuse referral pathway following a police incident, from 244 to 315.

The impact of the COVID pandemic led to increased waiting lists for services for domestic abuse. Guidance for domestic abuse was developed in collaboration with Midlothian Council Housing and Homelessness Services and specialist services.

Care at Home

In November and December 2020 we asked people for feedback on Care at Home Services. Over 200 people took part. **88% of people said they always feel safe** "…**having the same carers are good for me and give me security and confidence because they know me and I know them**"

Some of the other ways people said that the care at home services promoted privacy and safety were through using a key safe, locking the door, and encouraging the person to say if something wasn't right.

Staff Training during COVID

The Practice Learning and Development team continued to deliver training and assessment to a range of staff.

They had to adapt their methods of training and assessment due to COVID and a number of courses moved to e-learning including dementia awareness, medication management and infection control.

Moving and handling training continued to be delivered in person, but was adapted to ensure social distancing and infection control measures were met.

8 – Workforce

This outcome is aimed at ensuring people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

We have developed a comprehensive staff training programme which allows staff to have a "Good Conversation" with people to support self-management. The Midway includes training in trauma, health inequalities and health literacy.

How we measure this outcome:

We measure this outcome through our staff surveys.

1,191 staff work in Midlothian Health and Social Care Partnership. The majority are full time, with 975.41 full-time equivalent staff across the partnership. The largest percentage of the workforce are 45-60 years.

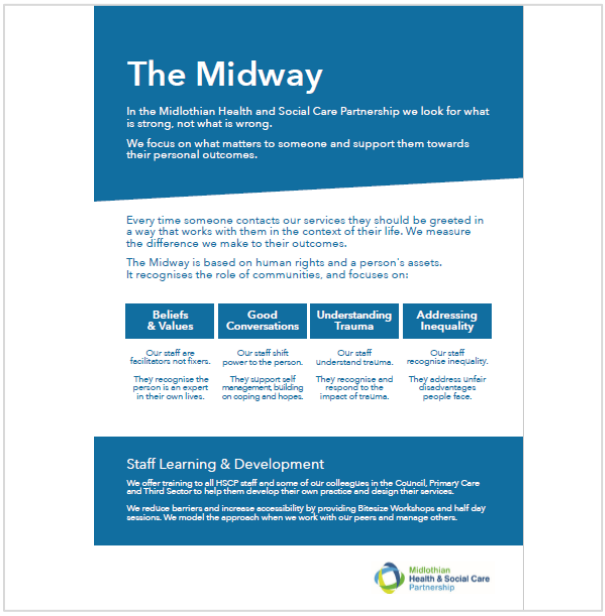
The number of staff employed by NHS and working for the HSCP has increased by 39 to 649 (compared to the previous two years). The full-time equivalent figure has increased from 486 in 2019 to 525 in 2020 with 49% of staff working full time and 51% part time. The gender split is 90% female and 10% male with 74% of the male workforce working full time and 44% of the female workforce working full time.

The number of staff employed by Midlothian Council in March 2021 and working within the HSCP has increased to 542 in 2021 with 450 full-time equivalent staff. This compares to 534 employees (441 full-time equivalent) in 2020 - an increase but not as significant as for NHS employees. 87% (471) staff were female and 13% (71) were male. Within the council employed staff in the HSCP there is a significant difference in the gender split regarding part or full time contracts with nearly 50% of female staff working part–time and 80% of male staff working full time.

The HSCP conducted a staff survey in January 2021 to understand what matters in relation to health and wellbeing.

The HSCP engaged staff to develop a new workforce plan. Key themes that emerged were:

- realistic career opportunities
- an increase in transition awards to enable staff to progress their career in a more supportive way when seeking alternative carer pathways.
- improved support/guidance and induction for team leaders/first line managers to enable them to become effective leaders to support front line staff. This was specifically around HR polices – improved briefings on these and in particular more effective and consistent approach of sickness absence polices to support staff to be well at work.
- Staff, in particular front line staff, needing to be listened to, respected and valued



The MidWay Approach

We trained staff so that anytime someone contacts our services, the focus in on their needs and what matters to them, and what their personal circumstances are.

We have trained and developed 228 staff so that our staff are facilitators not fixers, shift power to the person, understand trauma, recognise inequality We call this “The Midway”.

Care Home Support

During the pandemic the HSCP provided support to all care homes. This included support to access routine COVID tests.

This helped the homes identify staff with Covid-19 who were not showing symptoms but might have spread the virus without knowing they were infected.

9 – Effective & efficient use of resources

This outcome is aimed at ensuring resources are used effectively and efficiently in the provision of health and social care services. We continued to invest in community-based support to help more people get treatment at home and avoid a hospital admission. During the lockdown staff across the partnership were supported to take on new roles to help support the delivery of critical services and emergency response during COVID.

How we measure this outcome – yearly trends:

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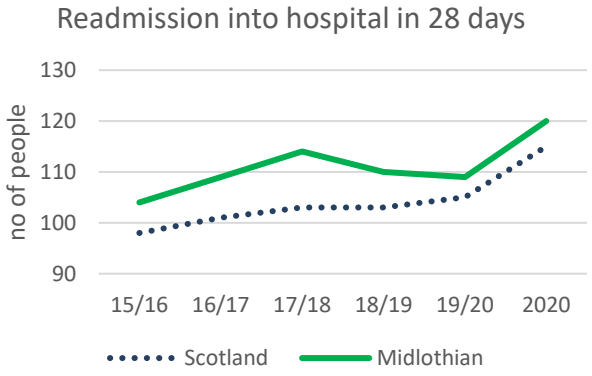

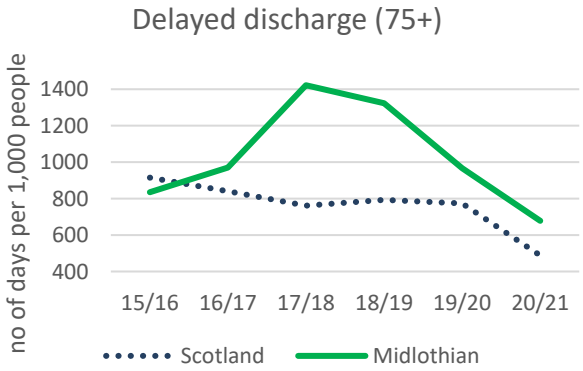

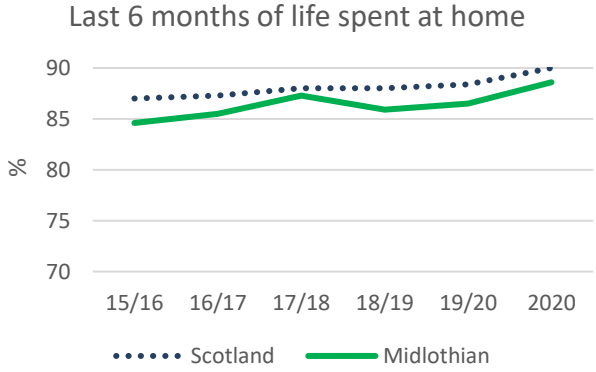

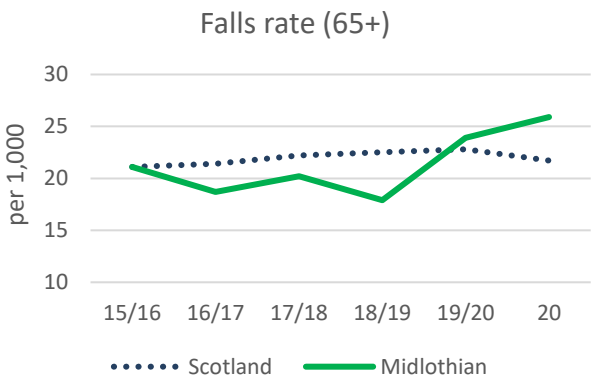
Falls rate (65+)
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Midlothian

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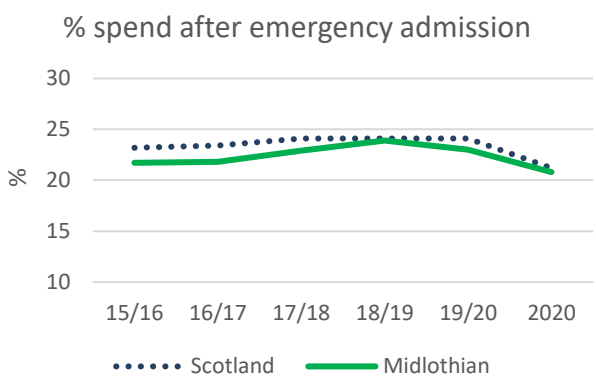
% spend after emergency admission
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19/20
2020
Scotland
Midlothian

Getting home from hospital

We developed a new way of working that included the “Single Point of Access”.

This has reduced the number of people waiting in hospital to get home once they are well enough to leave, helped more people to avoid an unnecessary hospital admission and has increased the number of people who can get treatment at home.

Support during COVID

Alzheimer Scotland adapted its supports by moving many of its physical groups and activities online from Tea & Blether to Football Memories.

They also developed outdoor walking groups for people living with dementia, and provided ongoing wellbeing support, as an alternative for people who used its day services.

Taking on new roles

Staff from all over the organization took on new roles to support critical services during COVID.

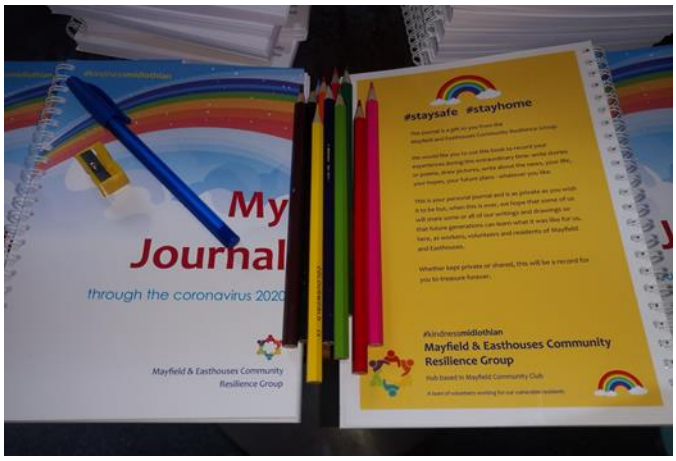
Many Sport and Leisure staff supported care work, vaccination centres and GP practices, they delivered medication and PPE delivery. Physiotherapy staff changed roles to assist respiratory teams. Staff also helped with wider Midlothian Council services including, education, waste, roads, IT and the contact centre.

LOCALITY PLANNING

A locality is ‘a smaller area within the borders of an Integration Authority’. In Midlothian we have two lcalities – East and West and this helps us plan services that suit local communities. We also use “Area Targeting” to support communities. Areas of Dalkeith/Woodburn, Mayfield/Easthouses and Gorebridge (in the East) and parts of Bonnyrigg, Loanhead and Penicuik (in the West) are areas of deprivation. There is more evidence of deprivation in the East locality as the data below indicates.

Each community council area has a neighbourhood plan that allows residents and Community Planning Partners to identify areas to work on together - using assets, activities and resources, from the public, voluntary and private sectors and local communities. These plans are based on local data, lived experience and community engagement and are at various stages of maturity . Some local priorities include Type 2 Diabetes prevention in Mayfield and Easthouses and Community Connections and the Food Bank in Gorebridge.

Tailored support for local communities



Community Treatment & Care

3 Community Treatment and Care centres were piloted in Penicuik, Eastfield and Roslin Practices through the roll-out of the Midlothian Primary Care Improvement Plan.

Community Treatment and Care Centres are a new approach which bring more staff into the practice team to assist with different clinical tasks (such as chronic disease monitoring, phlebotomy) which will increase capacity in General Practice. They have a range of benefits for patients including increased choice, increased capacity of GPs and more care delivered in the local community by a range of skilled professionals. Staff use the Midway Approach to help people prepare for their appointments to focus on what matters to them.

Care for People

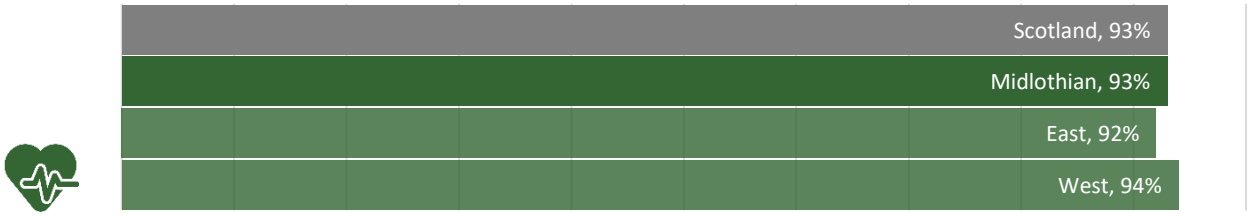
We were involved in the planning and delivery of activities to support people and communities affected by the lockdown through the Care for People Group, led by Midlothian Council Community Planning Partnership. The group ensures partnership working reduces the harmful effects of an emergency on individuals.

We worked alongside many local organisations such as Mayfield and Easthouses Community Resilience Group, Rosewell Resilience Group, and new groups, such as BERT in Bonnyrigg.

We supported the #KindnessMidlothian campaign to promote and coordinate the help on offer to people during the pandemic including the wide range support offered by local community groups

Indicator data by Locality

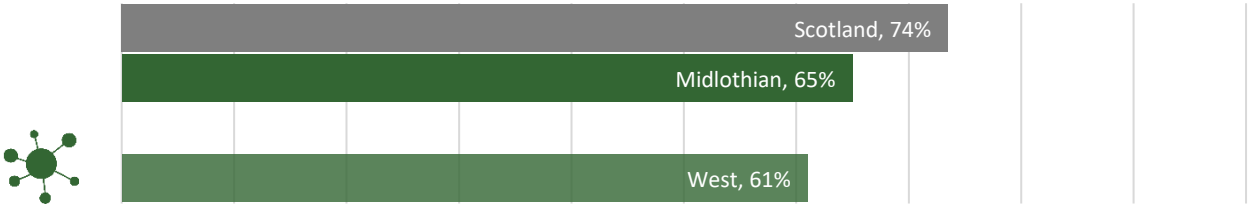
1 - Adults can look after their health well or very well



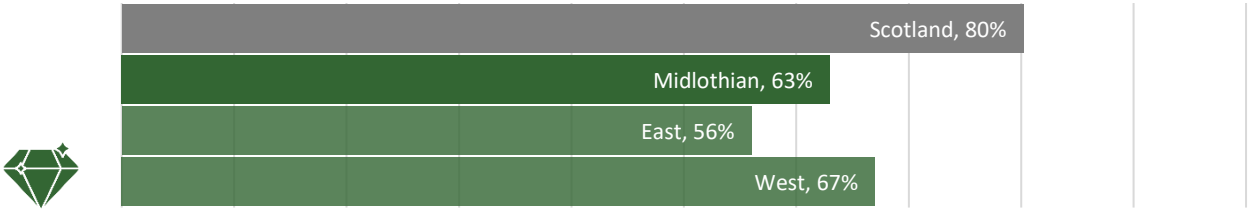
2 - Adults live as independently as possible*

3 - Adults had a say in their help, care or support

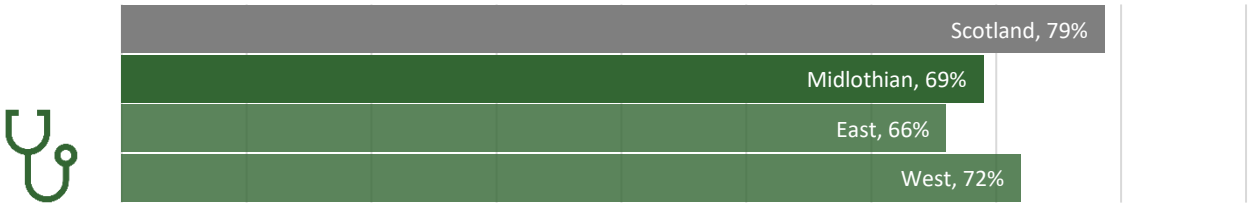
4 - Adults thought services were coordinated*



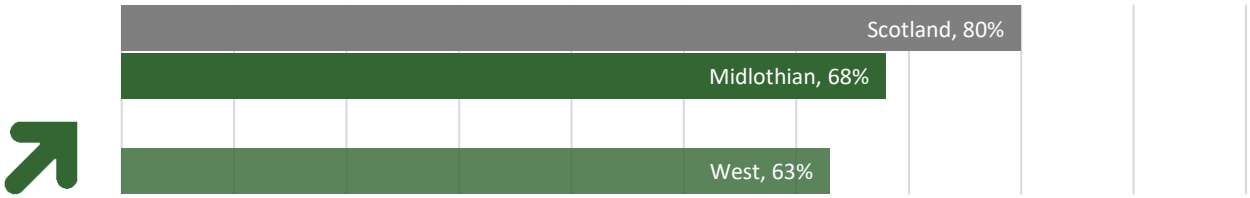
5 - Adults rated services as good or very good



6 - Adults had positive experiences at the GP

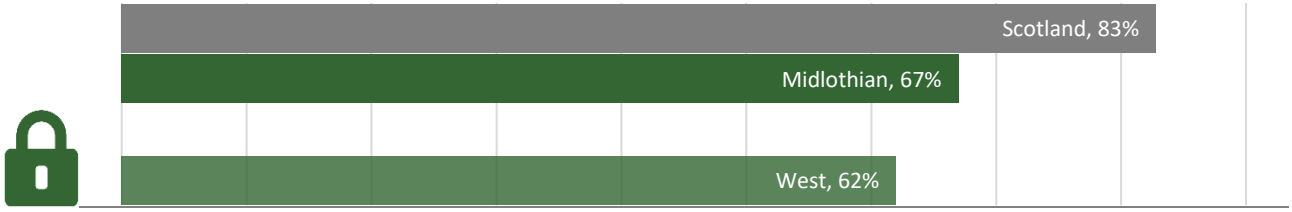


7 - Services maintained/improved their quality of life*



8 - Carers felt supported in their role

9 - Adults felt safe*



*Locality data for “East” for indicators 2,4,7,9 is currently unavailable due to the low response rate.

Discussion

Every two years, the Scottish Government asks 100,000 people across Scotland about their experience of health and social care services in the Scottish Health and Care Experience Survey. The most recent survey took place in 2019/20. In total 2,060 people from Midlothian contributed to this (a response rate of 30% 2.8% of the Midlothian population). The results of this survey were published by the Scottish Government on 15 October 2020 and used to give the results for national indicators 1 to 9. In addition to this survey data we have also included data related to quality of life and use of different services, these are listed in national indicators 10 to 20.

This report covers the period from 1st of April 2020 to 31st of March 2021. As a result of the COVID pandemic and the UK moving to lockdown on 23rd March 2020, this has been a year like no other. The pandemic and lockdown brought many challenges to the planning and delivery of health and social care services, but also supported the partnership to accelerate the delivery of certain plans.

We are committed to supporting people to stay well, to look after and maintain their health, and are pleased our figure for adults able to **look after their health very well or quite well** is now above the national average. We have a key focus on prevention and early intervention across all areas, and a range of programmes which aim to increase people's support and opportunities to stay well.

Our care services are good; but the percentage of **care services graded 'good' (4) or better** in inspections is lower than the Scottish average. Our care services continue to receive support to improve – for example the HSCP Care Home Support Team work with all independent and HSCP run care homes for older people.

While our figure for the percentage of **adults who spent the last 6 months of life at home or in a community setting** increased to 88.9% this was slightly lower than the Scottish average. However, this figure does not include time spent in our community hospital; thereby missing this group of people cared for in their local community.

Our **emergency admission rate and emergency bed rate** are higher than the national average, along with our figure for **days in hospital when ready to be discharged** and our **readmission to hospital rate**. We are committed to addressing this and increasing the number of people in Midlothian who receive the right support, in the right place, at the right time, including in their own home and local community. Work is underway to achieve this through the development of our "Home First" approach that includes a range of services that can help to prevent people being admitted to hospital in an emergency, and help people to keep well and in their own homes. This includes the Community Respiratory Team – supporting people to manage their COPD exacerbations at home.

Our figure for adults supported at home who agreed that they had a **say in how their help, care, or support was provided** was lower than the Scottish average. In response we are rolling out our "Midway" training programme to all health and social care staff. This helps staff to develop their approach to focus on what matters to someone, and support them to be directly involved in their care and decisions that affect their health and wellbeing.

Our figure for adults receiving any **care or support who rate it as excellent or good** was lower than the Scottish average as was our figure for adults supported at home who agree that their services and support had an **impact on improving or maintaining their quality of life**. We are committed to providing high quality care and support and will listen to people who use our services and identify areas for improvement. To address this we developed new guidelines for services that were bidding to deliver Care

at Home services through the Care at Home commissioning process. These guidelines included a human rights framework and key activities that aim to support the full range of rights for people who receive these services. Organisations that deliver these services will be evaluated to monitor how well they support people who receive their service and activities which support their human rights.

The percentage of adults **supported at home who agreed they felt safe** was lower than the Scottish average. This measure only relates to the very small number of people who responded to the survey who were in receipt of a health or social care service. We will listen to service users to understand this better and believe that the actions above around the Midway and human rights approaches being embedded in service delivery will make a difference.

The percentage of people with **positive experience of care at their GP practice** remains lower than the Scottish average. A range of work is underway to help address this. Medical practices are leading on improvements to make sure the patients with the highest need to get to the right clinician in the primary care team as soon as possible. The Health and Social Care Partnership is investing in new roles in practice teams such as Primary Care Mental Health Nurses and Advanced Physiotherapists, and investing in primary care buildings to improve physical capacity. Community Treatment and Care Centres (CTAC) are a new approach which the Health and Social Care Partnership has piloted over the past year bringing more staff into the practice team to assist with different clinical functions (e.g chronic disease monitoring, phlebotomy) which will increase capacity in General Practice and free up time available to GPs and their teams.

In the most recent Citizens Panel survey people reported more positively on their experience of care, with 92 % agreeing or strongly agreeing that they were was listened to, and 83% that they were treated with compassion and understanding.

The response for **unpaid carers feeling supported in their role** continues to be lower than the national average. Unpaid carers have a valuable and irreplaceable role. The partnership recognises more work must be done to make sure unpaid carers are identified and receive the support they need. To support this a wide range of unpaid carers and groups that support them were consulted in 2020 to understand their aims and priorities around carer support and services. Additional services to support carers were commissioned in March 2021. This included services to support carer health and wellbeing and financial situation. The pandemic reduced carer access to respite and other support although local services did adapt quickly to provide other, albeit more limited, options. In the most recent Citizens panel survey respondents who provided care to someone 61 % stated they were aware of local services that offer support to carers in Midlothian.

Our **falls rate** is now slightly higher than the Scottish average. To address this we have developed a new Falls and Fracture Prevention Action Plan which will be implemented over the next year.

Finally we are pleased our **premature Mortality Rate** has improved again this year and is now well below the Scottish average, showing fewer people in Midlothian are now dying before the age of 75.

FINANCE

How we spent our money

The Integration Joint Board had a total budget of **£165m** and ended the financial year with an **underspend of £8.3m**. This was due to an underspend on the IJBs operations of £1.7m and earmarked funding, predominantly for COVID not spent of £6.6m. For more information see our Annual Accounts.

	Budget	Spend	Variance
Direct Midlothian Services			
Community AHPS	£2,539,000	£2,187,000	£352,000
Community Hospitals	£5,045,000	£5,876,000	-£831,000
District Nursing	£3,878,000	£3,894,000	-£16,000
General Medical Services	£17,136,000	£17,136,000	£0
Health Visiting	£2,074,000	£1,957,000	£117,000
Mental Health	£2,739,000	£2,714,000	£25,000
Other	£17,093,000	£9,952,000	£7,141,000
Prescribing	£18,338,000	£18,257,000	£81,000
Resource Transfer	£7,158,000	£7,158,000	£0
Older People	£19,013,000	£17,074,000	£1,939,000
Learning Disabilities	£15,102,000	£15,812,000	-£710,000
Mental Health	£931,000	£891,000	£40,000
Physical Disabilities	£3,468,000	£4,168,000	-£700,000
Assessment and Care Management	£3,242,000	£2,847,000	£395,000
Other	£3,230,000	£2,944,000	£286,000
Midlothian Share of pan-Lothian			
Set Aside	£19,000,000	£19,029,000	-£29,000
Mental Health	£2,378,000	£2,454,000	-£76,000
Learning Disabilities	£1,360,000	£1,352,000	£8,000
GP Out of Hours	£1,160,000	£1,264,000	-£104,000
Rehabilitation	£1,062,000	£915,000	£147,000
Sexual Health	£668,000	£624,000	£44,000
Psychology	£836,000	£804,000	£32,000
Substance Misuse	£368,000	£363,000	£5,000
Allied Health Professions	£1,421,000	£1,304,000	£117,000
Oral Health	£1,748,000	£1,716,000	£32,000
Other	£3,359,000	£3,282,000	£77,000
Dental	£5,686,000	£5,686,000	£0
Ophthalmology	£1,705,000	£1,705,000	£0
Pharmacy	£3,636,000	£3,636,000	£0
TOTAL	**£165,373,000**	**£157,001,000**	**£8,372,000**

Challenges – this year

COVID-19 Financial Impact

The Health and Social Care Partnership via NHS Lothian submitted regular information to Scottish Government through the Local Mobilisation Plan (LMP) financial returns process and this remains the main route for confirming the additional cost and funding required in supporting the COVID-19 response. These returns covered costs for the entirety of the Health and Social Care Partnership. There were also additional Health costs within Hosted and Set Aside services. All financial positions are after a significant amount of additional COVID related expenditure has been supported either through redeployment of existing resources in year or through additional COVID-19 funding.

Additional funding allocations have been received to meet the additional costs and the financial impact of COVID-19 in 2020/21 is covered in full and where possible staff and resources were redeployed. The Scottish Government confirmed that COVID-19 funding allocations that have not been fully used in 2020/21 should be carried forward by IJB's to support COVID-19 plans in 2021/22. For Midlothian, this can be seen in the reserves statement within their Annual Accounts.

Social Care

There was a significant overspend within adult services, specifically for clients with complex needs with learning and physical disabilities. This pressure was offset by an underspend in services for older people.

Health

Although there were operational overspends within Community Hospitals, as a result in the changing environment and nature of patients these were offset by vacancies across the system and slippage of Programmes

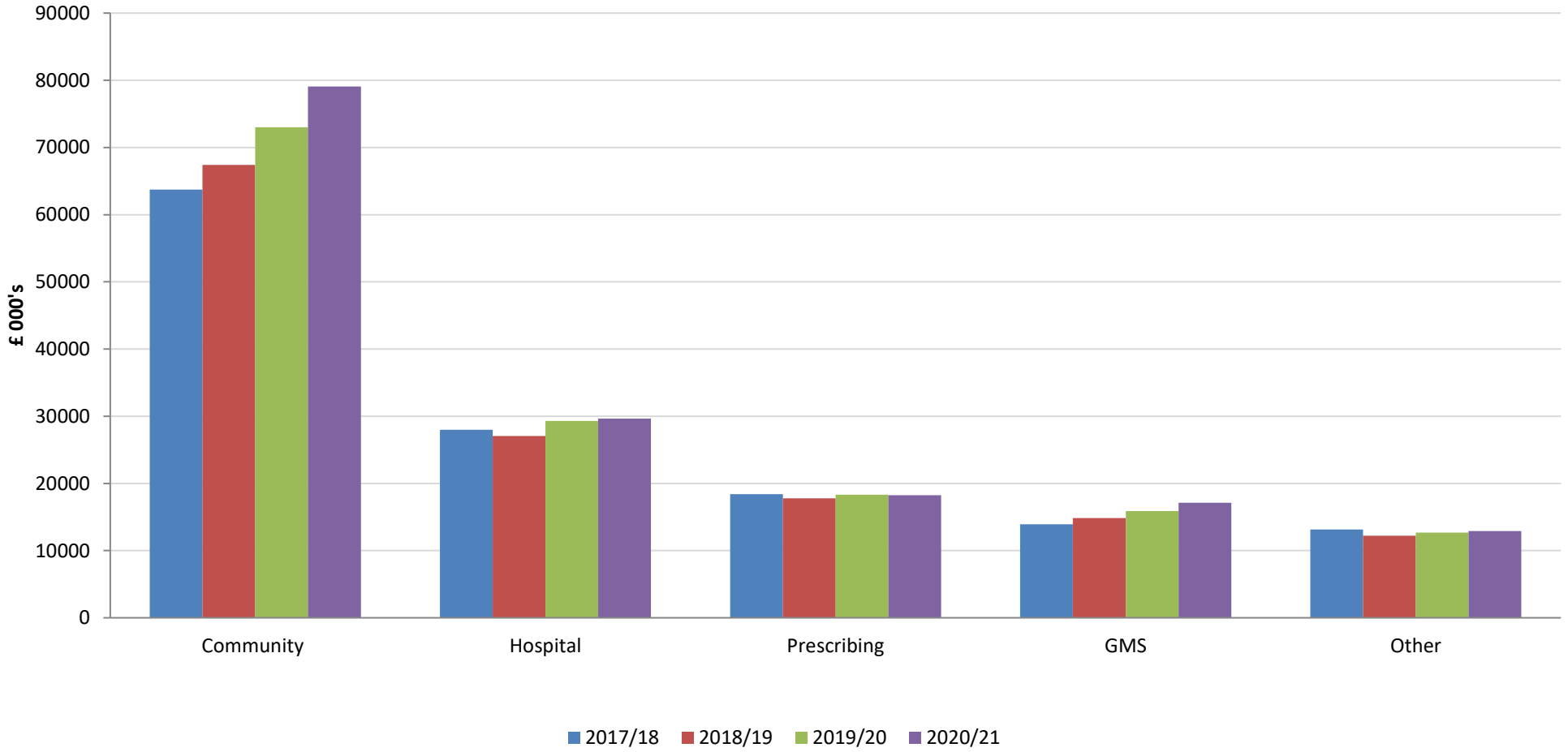
For our Hosted and Set Aside services the areas with continued pressures being experienced are Adult Psychology Services and Mental Health Inpatient services with additional capacity being required in year to cope with high demand. The main pressure for Set Aside services in this financial year lies within Gastroenterology Services and the ongoing pressure with drug costs for the treatment of long-term gastroenterology conditions. Junior Medical pay pressure also continued during this year, where additional staffing was required to fill gaps in rotas and where there were service pressures. The Junior Medical position has improved significantly from previous years but still remains a pressure.

The Scottish Government released funding to cover the impact of COVID costs on NHS Lothian's position and that funding has been allocated to delegated and set aside services to offset additional expenditure incurred. With COVID funding being allocated across the IJBs set aside specialities to cover additional costs incurred around extra staffing to cope with COVID, the overall position on set aside is much improved compared to previous years.

The IJB also has a duty under the Local Government Act 2003 to make arrangements to secure Best Value and does this through continuous improvement in the way in which its functions are exercised. Best Value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements, and sustainable development.

Main areas of spend (2017/18-2020/21)

The graph below compares our spend trends for the past 4 years. We are unable to report on 2016/17 or previous data the same way. We are also unable to report on spend by locality as we do not hold data in this form.



Challenges – next year

Midlothian is the second smallest Local Authority in mainland Scotland but the fastest growing. This will continue to pose challenges for health and social care services whilst also changing some local communities. As people live for longer many more people will be living at home with frailty and/or dementia and/or multiple health conditions. An increasing number of people live on their own, and for some this will bring a risk of isolation.

Finance

In March and April 2021 the IJB undertook of its annual financial assurance process to review the budget offer for 2021/22 from Midlothian Council and NHS Lothian. This identified financial challenges but the IJB has accepted this budget as it passed the two tests of 'fair' and 'adequacy'..
As part of the budget setting process for 2021/22, NHS Lothian uplifted the baseline budget by 1.5% and Midlothian Council provided an uplift for pay awards and additional £1.0m to support demographic pressures .The challenge is to continue the transformation of the services that deliver the IJB's delegated functions whilst continuing to deliver high quality health and social care to the population the IJB supports. The IJB has developed a financial strategy and a medium term financial plan that were presented to the IJB at its meeting in December 2020. This plan will be refined once the impact of COVID is fully understood on the service delivery of the IJBs delegated functions. The IJB continues to develop this multi-year financial plan which will show how the resources available to the IJB will be used to deliver the ambitions of the Strategic Plan.

Reshape Services

The impact of the COVID-19 pandemic brought increased anxiety and pressure on many service users, unpaid carers and staff. While challenges changed over 2020/21, many will continue into 2021/22.
As well as presenting a tremendous challenge, the crisis also created an opportunity to build on existing and newly forming community connections. We will continue to work with the people in our communities to explore what opportunities for community resilience can be developed to ensure strong, sustainable, supportive communities. In December 2021 a Volunteer Lead was appointed to embed volunteering opportunities in HSCP services.

We look forward to building a stronger Midlothian, whatever the 'new normal' is.

We will continue to work with colleagues in acute services and other Lothian IJBs to reshape unscheduled care, maximising opportunities to reduce admissions to acute care, to increase rehabilitation opportunities and to offer local services by reshaping Midlothian Community Hospital. Some digital developments were accelerated during the pandemic and continue to be progressed.

Managing long-term conditions is one of the biggest challenges facing health and social care services worldwide, with 60% of all deaths attributable to them. Older people are more susceptible to developing long-term conditions; most over 65s have two or more conditions and most over 75s have three or more conditions. People living in areas of multiple deprivation are at particular risk. Work is underway to improve pathways for people with long term conditions, including work to improve outcomes for people with a neurological condition.

Many mental health problems are preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live fulfilling healthy lives as far as possible. The incidence of mental health issues in Midlothian is similar to the rest of Scotland.

Acute hospitals are under huge pressure due to unsustainable demand. We will continue to invest in community based support to minimise avoidable and inappropriate admissions and facilitate earlier

discharge home. By treating people closer to home, or in their own home we can support admission avoidance and improve people's outcomes.

Workforce

There is reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers and Staff Nurses. This impacts on service delivery and development. In addition, the Covid-19 pandemic continues to influence the demand for, and deployment of, the health and care workforce. Mass vaccination programmes and other COVID related measures have increased pressure on already stretched resource. How the workforce interacts with people has also changed with an increased use of digital or telephone appointments

Review of Adult Social Care

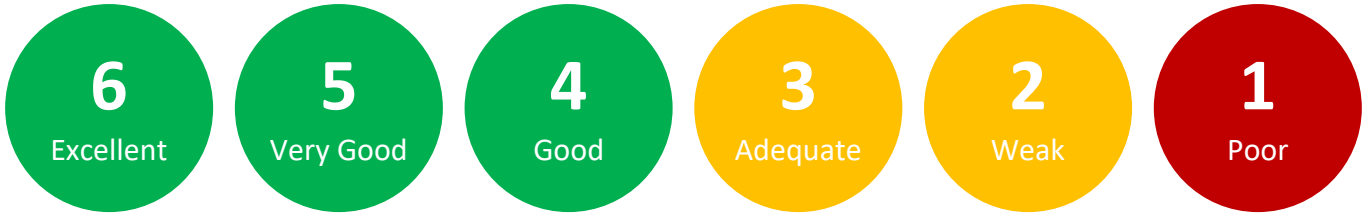
Following the Independent Review of Adult Social Care (published in February 2021), the IJB will closely scrutinise the Review, its recommendations and the implications for Midlothian and for partnership working. The Review was set up to recommend improvements to adult social care in Scotland. It looked at these in terms of the outcomes for people who use services, their carers and families and the experience of those working in the sector.

Although the financial implications of the recommendations cannot be assessed at this stage, the changes proposed do not come without costs. There are key areas with greater costs implications and but there is also opportunities to spend money better. The report describes that some costs arise in our current system because social care supports are often too focused on crisis management and late intervention, and not enough on prevention and empowering people to live fulfilling lives. Suggesting that with more effective care planning and delivery it could in some instances be put to better use to support people more effectively. The focus with all partners is to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes

INSPECTIONS

The Care Inspectorate inspects our care homes and care at home services to check the quality of care. Read the full reports here.

The directors of Public Health in Scotland advised that inspection visits would present a risk of introducing and spreading COVID-19 in care homes. To limit the spread, and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary. This resulted in the majority of services not being graded as normal and retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches They award the following grades to services:



Name	Service Type	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning	Care & support during COVID
Highbank	Intermediate Care Home	10/11/2020	-	-	-	-	-	4 Good
Nazareth House	Care home for older people	22/01/2021	-	-	-	2 Weak	-	2 Weak
Nazareth House	Care home for older people	03/03/2021	-	-	-	-	-	3 Adequate
Newbyres Village	Care home for older people	21/01/2021	-	-	-	-	-	4 Good
Pine Villa	Care home for older people	27/07/2020	-	-	-	-	-	3 Adequate
Pine Villa	Care home for older people	31/08/2020	-	3 Adequate	-	3 Adequate	-	-
MLC - Domiciliary Care	Support - Care at Home	26/11/2020	-	4 Good	-	-	4 Good	4 Good
Springfield Bank	Care home for older people	11/02/2021	-	-	-	-	-	4 Good
Archview Lodge	Care home for older people	01/02/2021	-	-	-	-	-	3 Adequate
Archview Lodge	Care home for older people	26/02/2021	4 Good	-	-	-	3 Adequate	-

Name	Service Type	Date	Care & support	Environment	Staffing	Management & Leadership	Care & support during COVID
SCRT East	Support - Care at Home	02/12/2020	-	-	-	-	3 - Adequate
SCRT East	Support - Care at Home	08/12/2020	3 Adequate	-	3 Adequate	3 Adequate	-

Recommendations

Name	Date	Recommended Improvement	How we will change
Highbank	10/11/2020	1. People experiencing care who are at risk of falling should be cared for in ways that promote their safety and independence. The manager should ensure that appropriate falls prevention guidelines, risk assessments and support plans are in place for people, based on recognised falls prevention frameworks. Staff should be provided with training and support they need to understand this and apply it to their practice.	Mandatory Falls prevention training arranged. New Falls champion in post.
Nazareth House	22/01/2021	1. In order to ensure good outcomes for people experiencing care, the provider must ensure the care home environment is clean and infection prevention and control measures are improved. 2. In order to ensure good outcomes for people experiencing care the provider must have an effective and comprehensive quality assurance system in place.	1. New flooring ordered and new Radiator covers fitted. Lower corridor is currently being decorated and bathrooms are near completion. Social Distancing in lounge areas to be promoted by management. 2. Deputy to liaise with care staff and housekeeping to ensure paperwork is being completed when cleaning takes place.
Newbyres Village	21/01/2021	1. In order to ensure good outcomes for people experiencing care, the manager should ensure that people's meals and snacks meet their dietary needs and preferences when developing their outcome care planning. 2. In order to ensure good outcomes for people experiencing care, the manager should develop communication agreements with relatives. This would detail how communication would be established and in what circumstances. Also, to cover levels of expectations balanced with what is realistically achievable for all given restrictions at that time. This should be reviewed as restrictions change.	1. Care plans are being worked on to be more person centred. Residents are constantly being asked about their likes and dislikes and this is recorded in the plan. 2. Families were asked which method of communication they would prefer and how often they would like to be contacted and when they would like to be contacted. Quarterly News Letter sent out with updates eg Vaccinations, New staff, visiting. This is being constantly reviewed to help meet the family & resident's needs.
Pine Villa	27/07/2020	The provider should ensure that each resident has sufficient opportunity to participate in meaningful activity. This could be demonstrated by setting weekly and monthly recreational goals for residents.	
Pine Villa	31/08/2020	This was a focused follow up inspection.	n/a

Name	Date	Recommended Improvement	How we will change
Midlothian Council - Domiciliary Care	26/11/2020	1. People's care and support plans should be outcome focused, detailing the agreed goals they would like to achieve to support their independence as much as possible. 2. People's care and support plans should be reviewed on a more regular basis (six-monthly or as and when required) to ensure the service continues to meet their agreed outcomes. 3. People should be made aware of who is coming to care for them on a day to day basis. They should also be clearly communicated and consulted with about their agreed times and any changes to how and when the care is provided to them.	
Archview Lodge Care Home	26/02/2021	1. Demonstrate that all personal plans record all risk, health, welfare and safety needs, in a person-centred manner, which identifies how needs and choices are met. In order to do this, the provider must ensure that documentation and records are accurate, up-to-date, sufficiently detailed and reflect the care planned, or provided for people. 2. Ensure that personal plans record all risk, health, welfare and safety needs, in a coherent manner, which identifies how service user needs are to be met. In order to do this, the provider must: (1) ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided. (2) provide training so that staff are aware of their responsibility in maintaining accurate records and demonstrate that managers are involved in monitoring and the audit of records.	The provider will ensure all care plans are reviewed and updated to reflect the current needs of the current residents. The General Manager will prioritise the higher risk care plans where residents have complex needs and through to the other plans. The Clinical Development Nurse will provide document and care plan training to all registered nurses and Care Practitioners in the home so that they have a better understanding of the information required in the care plans. The General Manager will identify clinical training required through supervision with the staff. The General Manager and Deputy Home Manager will review care plans through the resident of the Day process. The Regional Director and Clinical Development Nurse will support the home and the staff and will review the progress made by the home.

Name	Date	Recommended Improvement	How we will change
SCRT East	02/12/2020	1. Communication should be improved to ensure that people supported are informed who is coming to the house and if carers are running late over the agreed time frames. 2. The service should provide all service users and their relatives with accurate information on what can be provided as part of the agreed support. This would include reference to travel time. Where travel time is not part of the allocated time then this must be effectively monitored to ensure that people get the correct support as agreed. 3. The statistics in place for the lengths of visits against what has been agreed should be individually evaluated to look at the reasons for the differences in these. This should be recorded and discussed with the person support and the commissioning authority.	
SCRT East	08/12/2020	No report on Care Inspectorate website.	

Communication & Engagement

Participation and engagement are key to achieving our aims and vision.

We are committed to developing our engagement with people, including our ongoing engagement with people and partner organisations through representatives from the third sector, carers and people with lived experience on all our formal planning groups including the IJB, the Strategic Planning group and Service Area planning groups.

Over the past year we have been developing a new public engagement statement to share this commitment and explain the range of ways people and organsiations can be involved in shaping the work of the Partnership and Integration Joint Board. www.midlothian.gov.uk/mid-hscp/info/4/data-1

The Public Bodies (Joint Working) (Scotland) Act 2014 highlights the importance and requirements of involvement and consult with relevant stakeholders, including patients and service users, in the planning and delivery of our work.

During the past year in addition to our ongoing engagement activities, we carried out a range of consultations to inform our services and plans. This included consultations on community mental health services, carers support services and care at home services to help us better understand needs, aims and priorities. We used this information when we carried out a recommissioning process for these services, where organisations could bid to offer services and support for these areas.

The Third sector summit did not take place in 2020 due to the impact of Covid-19. An online summit has been arranged for later in 2021.

Consultations undertaken during 2020/21

- Community Support for People with Mental Health Issues
- Community Support for Unpaid Adult Carers
- Care at Home
- Support for People with Frailty
- Equalities Outcomes
- Consultation with staff on Midlothian Local Housing Strategy
- Consultation with staff on Digital Projects
- Citizen's Panel

Integration Functions & Governance Decisions

Scheme of Integration
The plan to review the Scheme of Integration in 2020 was delayed due to COVID. The review will be resumed in summer 2021 by NHS Lothian and Midlothian Council in discussion with the IJB. The updated Scheme will be published in 2021.

Strategic Commissioning Plan
Work to develop the Strategic Commissioning Plan 2022-25 began with the IJB agreeing the vision and values for the new plan in December 2020 and agreeing strategic aims to support the plan in March 2021.

Midlothian Integration Joint Board Voting Members
Alex Joyce was a voting NHSL Member who stepped down from the IJB during the year. The Board agreed to appoint Mike Ash as a voting member of Midlothian IJB for the period 12 August 2020 to 30 April 2021

Directions
A review of the Directions took place during the year due the implications from Covid. Following this the Directions were revised and re-issued to NHS Lothian and Midlothian Council in October 2020

Key decisions taken by the Integration Joint Board in 2019/20.

- Approved Midlothian Health and Social Care Partnership IJB Budget for 19-20 - 11th June 2020
- Approved Annual Governance Statement for 19-20 - 11th June 2020
- Approved Midlothian Health and Social Care Partnership Annual Performance Report 19-20 - 27th Aug 2020
- Approved Midlothian Health and Social Care Partnership Audited Annual Accounts 19-20 - 10th Sep 2020
- Approved revised Directions for 20-21 - 8th Oct 2020
- Noted the Community Justice Annual Report - 8th Oct 2020
- Noted the Midlothian IJB 5 year rolling financial plan 2020/21 to 2024/25 - 10th Dec 2020

Copies of the relevant reports can be found in the committee reports at
https://midlothian.cmis.uk.com/Live/MidlothianIntegrationJointBoard/tabid/134/ctl/ViewCMIS_CommitteeDetails/mid/503/id/11/Default.aspx

COMMUNICATING CLEARLY

We are happy to translate on request and provide information and publications in other formats, including Braille, tape or large print.

如有需要我們樂意提供翻譯本，和其他版本的資訊與刊物，包括盲人點字、錄音帶或大字體。

Zapewnimy tłumaczenie na żądanie oraz dostarczymy informacje i publikacje w innych formatach, w tym Braillem, na kasecie magnetofonowej lub dużym drukiem.

ਅਸੀਂ ਮੰਗ ਕਰਨ ਤੇ ਖੁਸ਼ੀ ਨਾਲ ਅਨੁਵਾਦ ਅਤੇ ਜਾਣਕਾਰੀ ਤੇ ਹੋਰ ਰੂਪਾਂ ਵਿੱਚ ਪ੍ਰਕਾਸ਼ਨ ਪ੍ਰਦਾਨ ਕਰਾਂਗੇ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਬਰੇਲ, ਟੇਪ ਜਾਂ ਵੱਡੀ ਛਪਾਈ ਸ਼ਾਮਲ ਹਨ।

Körler icin kabartma yazilar, kaset ve büyük nüshalar da dahil olmak üzere, istenilen bilgileri saglamak ve tercüme etmekten memnuniyet duyariz.

اگر آپ چاہیں تو ہم خوشی سے آپ کو ترجمہ فراہم کر سکتے ہیں اور معلومات اور دستاویزات دیگر شکلوں میں مثلاً بریل (نابینا افراد کے لیے اُبھرے ہوئے حروف کی لکھائی) میں، ٹیپ پر یا بڑے حروف کی لکھائی میں فراہم کر سکتے ہیں۔

Contact 0131 270 7500 or email: enquiries@midlothian.gov.uk