

# Notice of Meeting and Agenda



## Midlothian Integration Joint Board

**Venue:** Virtual Meeting,

**Date:** Thursday, 10 February 2022

**Time:** 14:00

**Morag Barrow**  
**Chief Officer**

**Contact:**

### **Further Information:**

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

## **1 Welcome, Introductions and Apologies**

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## **2 Order of Business**

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

## **3 Declaration of Interest**

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

## **4 Minute of Previous Meeting**

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**4.1** Minutes of the MIJB held on 9 Dec 2021 - For Approval. 5 - 16

**4.2** Minutes of the Strategic Planning Group held 17th November 2021 - For Noting 17 - 20

## **5 Public Reports**

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**5.1** Chair's Update

**5.2** Chief Officer Report – Morag Barrow, Chief Officer. 21 - 32  
For Decision

**5.3** Lothian Strategic Development Framework - Report by Rebecca Miller, Strategic Planning 33 - 54

**5.4** Reappointment of NHS Lothian Board Members to the Midlothian IJB 55 - 60  
For Discussion

**5.5** Financial Update - Out-turn 2021/22 and outline 22/23 financial position. - Report by David King, Interim Chief Finance Officer. 61 - 70

**5.6** NHS Lothian Public Health - Partnership and Place - Presentation by Jim Sherval, Public Health Consultant

**5.7** Performance Overview Report – Report by Elouise Johnstone, Programme Manager, Performance 71 - 74  
For Noting

**5.8** Clinical Care and Governance Report - Report by Fiona Stratton, Chief Nurse 75 - 82

Follow on appendix to Item 5.7

## **6 Private Reports**

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No private reports to be discussed at this meeting.

## **7 Date of Next Meeting**

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The next meeting will be held on:

- Thursday 17th March 2022 at 2pm Special MIJB Meeting and Development Workshop
- Thursday 14th April 2022 at 2pm Midlothian Integration Joint Board

Clerk Name:	Mike Broadway
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# Midlothian Integration Joint Board

Midlothian Integration Joint Board  
Thursday 10 February 2022  
Item No: 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 9 December 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

## Present (voting members):

Carolyn Hirst (Chair)	Tricia Donald	Jock Encombe
Cllr Catherine Johnstone	Angus McCann	Cllr Jim Muirhead
Cllr Pauline Winchester		

## Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Joan Tranent (Chief Social Work Officer)
Fiona Stratton (Chief Nurse)	Hamish Reid (GP/Clinical Director)	Johanne Simpson (Medical Practitioner)
Hannah Cairns (Allied Health Professional)	James Hill (Staff side representative)	Wanda Fairgrieve (Staff side representative)
Keith Chapman (User/Carer)	Lesley Kelly (Third Sector)	

## In attendance:

Jill Stacey (Chief Internal Auditor)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Nick Clater (Head of Adult & Social Care)
Gary Fairley (Chief Officer Corporate Solutions)	Graham Kilpatrick (Service Manager Disabilities)	Jamie Megaw (Strategic Programme Manager)
Roxanne King (Business Manager)	Lois Marshall (Assistant Strategic Programme Manager)	Miriam Leighton (Volunteer Midlothian)
Val Holtom (Care Inspectorate)	Andrew Henderson (Democratic Services Officer)	Mike Broadway (Clerk)

## Apologies:

Councillor Derek Milligan (Vice Chair)	Mairi Simpson (Integration Manager)	
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## Midlothian Integration Joint Board

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### 1. Welcome and Introductions

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The Chair, Carolyn Hirst, in welcoming everyone to this virtual Meeting of the Midlothian Integration Joint Board, extended a warm welcome on behalf of the Board to Miriam Leighton and Hannah Cairns. Carolyn expressed her gratitude and thanks to Jamie Megaw and Lesley Kelly, who were attending their final Board meeting, and requested that the Boards' best wishes be passed on to Councilor Milligan, who was making a good recovery following recent surgery.

### 2. Order of Business

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

### 3. Declarations of interest

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No declarations of interest were received.

### 4. Minute of Previous Meetings

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#### 4.1 Minutes of the MIJB held on 14 October 2021

The Minutes of Meeting of the Midlothian Integration Joint Board held on 14 October 2021 were submitted and approved as a correct record subject to with the wording in Item 7.1 being adjusted to read as follows –

"It was acknowledged that such an incident could have happened anywhere and as such that the wording in the national Patient Group Direction (PGD) had been updated for clarity in order to remove this error and so avoid future incidents."

#### 4.2 Minutes of the Special MIJB held on 11 November 2021

The Minutes of Meeting of the Special Midlothian Integration Joint Board held on 11 November 2021 were submitted and approved as a correct record subject to the expansion, for sake of clarity, of the decision reached at Item 4.2 to read as follows –

"Agreed to approve the Initial Agreements with the following addendums that the MIJB was seeking assurances on:

- The principle of resource transfer and would obviously wish to see the detail regarding that;

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- That there would be a degree of flexibility in the system in relation to beds in recognition that there may some occasions when demand may exceed supply; and
- That further detail on the above two points will come as the business case further develops.”

### 4.3 Minutes of the Audit & Risk Committee held on 2 September 2021

The Minutes of Meeting of the MIJB Audit and Risk Committee held on 2 September 2021 were submitted and noted.

### 4.4 Minutes of the Strategic Planning Group held on 17 November 2021

The Minutes of Meeting of the Strategic Planning Group held on 17 November 2021 were submitted and noted.

## 5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<b>5.1 Chair's Update.</b> By way of a Chair's update, Carolyn Hirst thanked Members for their contributions at the recent development workshop session, and acknowledged the circulation of the new monthly IJB bulletin, which she hoped everyone had found helpful. If anyone had any feedback, or requests for items to be included, these should be fed back in the first instance to Chief Officer, Morag Barrow. Carolyn Hirst also made reference to the recent Midlothian Community Planning Partnership Conference which had been held online on 23 and 24 November 2021. The focus of the Conference which had been People, Place and Wellbeing, had clearly highlighting the potential for tie-ins with work being progressed by H&SC. The Chair concluded by referring to the work that was being undertaken with regard to assurance	All Members to note.		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
and monitoring, and on the considerable systems pressure being experienced entering the normally very busy winter period.			
<p><b>5.2 Chief Officer Report – Morag Barrow, Chief Officer.</b></p> <p>This report provided a summary of the key service pressures and service developments which had occurred during the previous month across health and social care as well as looking ahead at future developments.</p> <p>Having heard from the Chief Officer, Morag Barrow in amplification of her report, the Board in echoed her concerns about the pressure that the Health and Social Care system was under across Scotland due to staff absence, recruitment challenges and increased demand noted that the priority was to work across Midlothian to cope with the new COVID variant and general winter pressures.</p> <p>In response to questions and comments from Board Members', Head of Primary Care and Older Peoples Services, Grace Cowan provide an update on district nursing, and jointly with Chief Officer, Morag Barrow explained the current position in relation to rate of delayed discharges in Midlothian.</p> <p>The Board also discussed the ongoing COVID booster and Flu vaccine programme and acknowledged a request for assistance in helping to promote the programme with younger people.</p>	Noted the issues and updates arising from the Chief Officers Report.		



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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.3 Chief Social Work Officer - Annual Report 2020-2021 – Joan Tranent, Chief Social Work Officer.</b></p> <p>With reference to paragraph 5.10 of the Minutes of 14 October 2021, there was submitted a report the purpose of which was to present the Annual Report of the Chief Social Work Officer (CSWO). The shortened version of the Annual Report provided a high level overview of key issues and challenges as a result of Covid-19.</p> <p>Having heard from Chief Social Work Officer, Joan Tranent, who responded to Members' question and comments, the Board discussed the level of control that the local authority had over the type of tasks undertaken by the unpaid work team, and also concerns that some carers did not appear to be receiving information that they should have. Joan Tranent and Nick Clater confirmed that they would follow up on these matters and feedback to Members in the new year.</p>	<p>a) Noted that information would be fed back on the issues raised during discussion; and</p> <p>b) Noted the contents of the report.</p>		
<p><b>5.4 Midlothian Integration Joint Board Strategic Plan 2022-2025 - Report by Lois Marshall, Assistant Strategic Programme Manager.</b></p> <p>With reference to paragraph 5.10 of the Minutes of 8 April 2021, there was submitted a report the purpose of which was to provide the Board with an update on the development of the new Strategic Plan 2022-2025; a draft copy of which was appended to the report.</p>	<p>(a) Noted the update on the development of the new Strategic Plan; and</p> <p>(b) Noted and approved the proposals for consultation on the new Strategic Plan.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The report also set out proposals for the official consultations on the draft Plan which in line with the Scottish Government guidance on Strategic Commissioning Plans, were due to begin in mid-January, following the IJB Development Workshop.</p> <p>The Board, having heard from Assistant Strategic Programme Manager, Lois Marshall, who provided an overview of the MIJB Strategic Plan 2022-2025 and thereafter responded to Members' questions and comments, discussed the draft Plan and how feedback from the proposed consultations would be used to inform the finalisation of the Plan. Other issues considered by the Board included the need to be strategic when driving forward transformational change; to ensure that as many people as possible had the opportunity to participate in the consultation process and that work was also done to engage with the third sector; and that information was presented in an easily understandable format.</p>			
<p><b>5.5 Financial Out-turn 2021/22, additional Scottish Government social care 21/22 funding and financial plan update – Report by David King, Interim Chief Finance Officer.</b></p> <p>The purpose of this report was to provide an update on the MIJB's projected out-turn for 21/22 (remaining at breakeven) and provide some details on the funding provided to the partnership as part of the Scottish Government's £300m investment to support Winter pressures. The report also provide an update to the use of the General Reserve and the financial impact of</p>	<p>(a) Noted the projected out-turn position for 2021/22 being break-even on an operational basis;</p> <p>(b) Noted the additional Winter Funding.</p> <p>(c) Agreed that the additional winter funding be provided to the HSCP as per the letter of 4/11/21 from the Scottish Government: a copy of which was appended to the report;</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>the Council's Care at Home Recommissioning programme. In addition it continued the discussion around the financial planning process and the movement towards a clear relationship between the strategic plan, a balanced financial plan to support that strategic plan and a set of directions that ask partners to provide operational plans to deliver the IJB's strategic plan.</p> <p>The Board, having heard from the Interim Chief Finance Officer, David King who responded to Members' question and comments, considered the proposals detailed in the report and discussed in particular governance in respect of additional Scottish Government funding, the potential use of unallocated general reserves to fund catch ups and innovation, winter funding and the Care at Home recommissioning programme and possible need to provide non-recurrent support.</p> <p>With regard to recommissioning programme, Chief Officer Corporate Solutions, Gary Fairley confirmed that the renegotiation of contracts with providers was underway and that some additional funding had been provided by the Scottish Government to the IJB.</p>	<p>(d) Noted the update on the use of the general reserve to provide 20 additional healthcare support workers;</p> <p>(e) Agreed in principle, if required, to provide non-recurrent support to Midlothian Council to deliver the Care at Home recommissioning programme from the IJB's general reserve; and</p> <p>(f) Supported the further development of the IJB's five year financial plan through the use of the IJB's workshop in January 2022.</p>		
<p><b>5.6 Learning Disability Services – Financial Position – Nick Clater, Head of Adult &amp; Social Care.</b></p> <p>The purpose of this report was to provide the Board with an overview and initial analysis of the Learning Disability social care expenditure for Midlothian Health</p>	<p>(a) Noted the content of the report; and</p> <p>(b) Agree that a further paper be brought back to the Midlothian IJB in March 2022 which provided options for addressing the financial pressures on Learning Disability services.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>and Social Care Partnership (MHSCP). The report detailed a breakdown of the expenditure and identified some of the complexities around managing the cumulative expenditure where the scope for changing individual care packages can be limited. This work was in line with Midlothian HSCP service transformation plans.</p> <p>The Board, having heard from Head of Adult &amp; Social Care, Nick Clater and Service Manager Disabilities, Graham Kilpatrick, who provided an overview of the report and current position, responded to Members' question and comments, discussed the potential possible options detailed in the report.</p>			
<p><b>5.7 2021-22 IJB Directions - Interim Progress Report - Report by Lois Marshall, Assistant Strategic Programme Manager.</b></p> <p>The purpose of this report was to provide the Board with an interim (6 month) report on progress towards each Direction</p> <p>Assistant Strategic Programme Manager, Lois Marshall in providing an overview of the IJB Directions interim progress report highlighted that there were no particular issues that required flagging at this point.</p> <p>With regard to the action being taken in relation to the Safe Leave programme. Lois Marshall clarified that the programme was difficult to evaluate due to confidentiality and would be wrapped up with the</p>	<p>To note the 6-month review on the progress of the Directions issued to Midlothian Council and NHS Lothian for 2021-22.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
gender based violence review due to be submitted to Midlothian Council in 2022.			
<p><b>5.8 Primary Care Strategic Plan – Report by Jamie Megaw, Strategic Programme Manager.</b></p> <p>The purpose of this report was to set out the HSCP's strategic priorities for General Practice in Midlothian.</p> <p>The paper described the three main elements that would make up the revised Midlothian Primary Care Strategic Plan:</p> <ul style="list-style-type: none"> <li>• Implement the revised Memorandum of Understanding which updates the priorities for the Primary Care Improvement Plan.</li> <li>• Implement the Midlothian Primary Care Capital Plan</li> <li>• Improve communication and quality in collaboration with General Practice</li> </ul> <p>and sought the Board's support for them. Actions for the Primary Care Strategic Plan were also incorporated into the IJB Strategic Plan in the Primary Care and Frailty sections; copies of which were appended to the report.</p> <p>Having heard from both Chief Officer, Morag Barrow and GP/Clinical Director, Hamish Reid, in support of the report, the Board then heard from Jamie Megaw, Strategic Programme Manager who responded to Members' questions and comments.</p>	To support the main elements that will make up the revised Midlothian Primary Care Strategic Plan, as detailed in the report.		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.9 Performance Overview Report – Report by Jamie Megaw, Strategic Programme Manager.</b></p> <p>The purpose of this report was to update the Board on progress towards achieving the current IJB performance goals.</p> <p>Jamie Megaw was heard in amplification of the report and thereafter offered to respond to Members questions and comments.</p>	To note the performance against the IJB performance goals.		
<p><b>5.10 Assurance Arrangements – Civil Contingencies Act 2004 – Report by Roxanne King, Executive Business Manager.</b></p> <p>The purpose of this report was to provide the Board with an oversight of the assurance processes currently managed by Midlothian Health and Social Care Partnership which ensured that Midlothian Joint Integration Board meets its requirements as a Category 1 Responder, along with NHS Lothian and Midlothian Council.</p> <p>Having heard from Executive Business Manager, Roxanne King, who provided an overview of the information contained within the report, and thereafter responded to Members' questions and comments, the Board discussed the current assurance arrangements as detailed in the report.</p>	<p>a) Agreed that details of the current assurance arrangements set out in the report be included as part of Monthly IJB bulletin; and</p> <p>b) To otherwise note the contents of the report.</p>	Chief Officer	
<p><b>5.11 Midlothian Community Mental Health and Wellbeing Fund - Report by Lesley Kelly,</b></p>	To note the contents of the report and the activity undertaken.		

## Midlothian Integration Joint Board

Thursday 9 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>Chief Officer, Midlothian Third Sector interface.</b></p> <p>The purpose of this report was to provide Members with an update on the Midlothian Community Mental Health and Wellbeing Fund, a new £241,000 funding pot being distributed by Midlothian Third Sector Interface to local third sector organisations.</p> <p>Lesley Kelly explained that the Fund aimed to promote initiatives that will be of benefit to adults aged 16+ in helping to address the impact of social isolation and loneliness caused by the pandemic, as well as health inequalities that have been exacerbated by the Covid-19 pandemic. The funding had been provided by the Scottish Government as part of a wider £15 million programme for Covid-19 recovery and renewal.</p>			
<p><b>5.12 Clinical and Care Governance Group (CCGG) report – Report by Fiona Stratton, Chief Nurse.</b></p> <p>The purpose of this report was to provide assurance to the Board regarding the Care and Clinical Governance arrangements within Midlothian Health and Social Care Partnership and to provide an update on the work of the Clinical and Care Governance Group.</p> <p>Chief Nurse, Fiona Stratton was heard in amplification of the report, highlighted in particular that further thought was being given to how best to present the information contained in the report in</p>	To note and approved the contents of the report.		

## Midlothian Integration Joint Board

Thursday 9 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
order to aid understanding. Chief Officer, Morag Barrow emphasised the considerable improvements made by the CCGG some of which were highlighted in the report.			

### 6. Any other business

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Carolyn Hirst took the opportunity in closing the meeting to extend festive best wishes to everyone and to thank all the Health and Social Care staff for their continued contributions over what was likely to be a busy festive period.

### 7. Private Reports

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No private reports were submitted for consideration.

### 8. Date of next meeting

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

- Thursday 13 January 2022      2.00pm      Development Workshop.
- Thursday 10 February 2022      2.00pm      Midlothian Integration Joint Board

**(Action: All Members to Note)**

The meeting terminated at 16:14.



## Midlothian Strategic Planning Group

### MS Teams

### MINUTES

Wednesday 17<sup>th</sup> November 2021

**IN ATTENDANCE:** Mairi Simpson (Chair) Roxanne King, Jim Sherval, Lois Marshall, Wanda Fairgrieve, Colin Baptie, Morag Barrow, Marlene Gill, Laura Hill, Grace Cowan, Fiona Stratton, Carly McLean, Sandy Watson, Matthew Curl, James Kilpatrick, Lisa Cooke (Note Taker)

**APOLOGIES:** Carolyn Hirst, Kirsty McLeod, Simon Bain, Sarah Fletcher, Nick Clater, Martin Bonnar, Dougie Harvie,

			<b>ACTION</b>
<b>1</b>	<b>Welcome and Introductions</b>	Mairi Simpson welcomed members to the meeting.	
<b>2</b>	<b>Minutes of Last Meeting</b>	Minutes of meeting on 15 September 2021 had some minor amendments and were then approved as accurate	<b>LM/LC</b>
<b>3</b>	<b>Action Log</b>	The action log was updated and shared with the group with all actions complete	
<b>4</b>	<b>Soapbox</b>	<p><b>The Soapbox section provides an opportunity for members to give a brief update to SPG on key areas of interest across the HSCP</b></p> <p><b>Pharmacy Update</b> SW provided the group with an update on Pharmacy. SW mentioned the possibility of extending services to increase support to other strategic areas such as Care Homes and Falls.</p> <p>JS asked if there was any involvement with substance misuse. SW explained that this is something that could be looked at in future with training to support this.</p>	

		<p>Several members of the group acknowledged the hard work involved in getting the team of pharmacists in place. SW asked group to email any questions around pharmacy</p> <p><b>Winter Pressure &amp; Vaccinations Update</b> GC provided the group with an update on the possible winter pressures and vaccination programme.</p> <ul style="list-style-type: none"> <li>• Social Care services under pressure but are still delivering care to the most vulnerable.</li> <li>• Vaccines – 83% of over 70's have now received their flu vaccine with 48% receiving their booster as others were out with the 24 week period to be eligible.</li> <li>• Self-booking portal opened on Monday for over 50's</li> <li>• Clinic for people with Learning Disability to be offered for boosters and flu vaccinations.</li> </ul> <p>LH highlighted need to strengthen links between Care at Home and Vocal to understand challenges and impacts of service pressures on carers, and so Vocal can offer additional support. GC asked LH to contact her directly to progress</p>	<p><b>ALL</b></p> <p><b>LH</b></p> <p><b>GC and LH</b></p>
5.	<b>Report on Progress</b>	<p><b>(i) Directions 6 – month interim progress update</b></p> <p>LM circulated a paper in advance of the meeting to provide a 6 month update on progress against the directions. There are 24 directions, covering a total of 125 separate actions.</p> <p>DK asked how the groups will ensure the strategic plans are delivered operationally. LM explained the work being undertaken to align the new strategic plans with the directions and develop performance indicators.</p> <p>All to consider Directions and feedback any comments to LM or MS</p> <p><b>(ii) Substance Use Service approach to Drug related Deaths.</b> CB circulated a paper in advance of the meeting to update the group on drug related deaths. CB highlighted that each day he receives an update from TRAC on near fatal overdoses which is then discussed with different areas on who is best to contact patient and discuss next steps.</p> <p>CB updated the group on services reopening; Monday drop in clinics have reopened offering, food, peer to peer support and ability to speak to a nurse. Horizon Café is open on both Monday and Friday's and the Woman's Supper Club restarted last week.</p>	<p><b>ALL</b></p>

		<p>LH highlighted the impact on Carers. LH and CB to meet to strengthen partnership working between Vocal and number 11 on this area.</p> <p>FS mentioned that Health Visitors are keen to work with substance misuse team and agreed to arrange a meeting.</p> <p>All to feedback around future SPG meeting and Drug related deaths.</p> <p><b>(iii) Prevention Intention Update.</b></p> <p>JS circulated a paper in advance of the meeting along with Appendix 1 prevention. Two of the key principles of the Midlothian IJB is a shift in the health and social care system from dealing with demand to prevention, and to reduce the inequity in health outcomes in the population. Embedding the Midway as part of developing a prevention confident workforce has been taken forward with AF as part of the organisational development of the HSCP. Good progress has been made at integrating prevention into work and this will be further advanced with the Integrated Joint Board Strategic Plan 2022-2025. JS acknowledged the work done by Tracy McLeod, Rebecca Hilton and Sarah Archibald.</p>	<p><b>CB and LH</b></p> <p><b>FS and CB</b></p> <p><b>ALL</b></p>
<b>6.</b>	<b>Developments for Discussion</b>	<p><b>(i) New Strategic Plan 2022 – 2025 development</b></p> <p>LM circulated a paper in advance of the meeting along with a draft Strategic Plan 2022 – 2025. LM and DK shared a presentation summarising the development of the plan to date and considerations in terms of budget to support the plan and areas to be included. A discussion will take place on both the new plan and the medium-term financial plan that will support it at the IJB Development Workshop in January. The Public consultation will then be undertaken following this workshop in January and February.</p> <p>Several members of the group acknowledged and commented on the positives around their greater involvement in developing the plan to date.</p> <p>LM asked the group to consider any gaps or key areas which should be included in the plan. All to feedback</p>	<b>All</b>
<b>7.</b>	<b>Report Schedule 2021</b>	<p>Meeting dates for 2022 have been agreed with next date 19 January.</p> <p>All to ensure dates are in calendar and feedback to LC or LM if no invite has been received</p>	<b>All</b>

8.	AOCB	None	
9.	Future Meetings	<p><b>All future meetings below are via MS Teams</b></p> <p>Wed 19 January 14:00 to 16:00pm</p> <p>Wed 16 March 14:00 to 16:00pm</p> <p>Wed 25 May 14:00 to 16:00pm</p> <p>Wed 03 August 14:00 to 16:00pm</p> <p>Wed 21 September 14:00 to 16:00pm</p> <p>Wed 23 November 14:00 to 16:00pm</p>	

**10th February 2022, 2pm**

## **Chief Officer Report**

**Item number: 5.2**

### **Executive summary**

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

**Board members are asked to:**

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

## Chief Officer Report

### 1 Purpose

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

### 2 Recommendations

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- 2.1 As a result of this report Members are asked to:
- Note the updates highlighted by the HSCP Senior management team within the report.

### 3 Background and main report

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#### 3.1 Chief Officer

Chief Internal Officer

Shared Internal Audit Services have been provided between Midlothian and Scottish Borders Councils since December 2017. Internal Audit assurance services are also provided by Midlothian Council's Internal Audit team to the Midlothian Integration Joint Board (including the appointed MIJB Chief Internal Auditor). The operating environment has changed significantly since the inception of the shared Internal Audit services arrangement, in particular over the past 22 months, which provided the opportunity for both Councils to assess the wider options of joint working that have been explored and evaluate the shared Internal Audit services arrangement.

The proposal for the mutual opt out of the Shared Internal Audit Services at the end of 2021/22 between Midlothian and Scottish Borders Councils has been agreed by both Councils. Midlothian Council has agreed to progress to a permanent staff resourcing of the Internal Audit team to recruit a 1 FTE Chief Internal Auditor and 1 FTE AN Other Auditor from 2022/23 onwards. This Internal Audit staff resourcing will replace the shared 0.5 FTE Chief Internal Auditor and 1.42 FTE Interim Specialist Auditor resource from Scottish Borders Council. This will ensure Midlothian Council Internal Audit staffing levels will be at least maintained at the current level, albeit a proposed change in the mix and FTE of the relevant posts, to enable delivery of the Internal Audit Annual Plans for Midlothian Council and MIJB. Other than the change in personnel there is expected to be no change to the Internal Audit assurance services provision to MIJB in terms of audit days, plans, approaches and reports to meet statutory requirements, though in due course a formal appointment of the MIJB Chief Internal Auditor will need to be endorsed by MIJB ARC and approved by MIJB.

Audit Scotland report on Social Care

Audit Scotland published a further report on the challenges facing social care. The key messages lifted from the report are:

1. There are huge challenges facing the sustainability of social care, and the integration of health and social care more widely. There are good examples of improved service delivery, but despite efforts made by the Scottish Government, Integration Authorities, NHS, local government, and their partners in recent years, the pace of change has been slow. At the same time, the pressures from increasing demand and demographic changes are growing. Although a lot of public money is spent on social care (£5.3 billion in 2019/20), progress in moving to more preventative approaches to delivering social care has been limited. This has led to tighter eligibility criteria being applied for accessing care and increasing levels of unmet need.
2. Service users and carers do not always have a say or choice about what support works best for them. Bringing together their views, knowledge and experience is critical if the Scottish Government is to deliver its long-standing ambitions for social care. There are around 700,000 unpaid carers who provide most of the social care support in Scotland. Many carers are forced to give up work because of their caring responsibilities and most are not aware of their rights under the Carers (Scotland) Act 2016.
3. The 209,690 people working in social care are under immense pressure, and the sector faces ongoing challenges with recruitment and retention. Staff are not adequately valued, engaged, or rewarded for their vitally important role. The workforce is predominantly female and poor terms and conditions for staff contribute to recruitment difficulties, rising sickness absence and high vacancy levels. This puts the capacity, sustainability, and quality of care services at a considerable risk.
4. Other challenges identified through this, and past audit work include: • Commissioning tends to focus on cost rather than quality or outcomes. Current commissioning and procurement procedures have led to competition between providers at the expense of collaboration and quality. • A high turnover of senior staff in councils, the NHS and Integration Authorities, increasing short-term posts and an ageing workforce are affecting leadership capacity. Cultural differences between partner organisations are a barrier to collaborative working. • An inability or unwillingness to share information, along with a lack of relevant data, means that there are major gaps in the information needed to inform improvements in social care.
5. The Scottish Government is planning significant changes in social care over the next five years. This includes the introduction of a new National Care Service (NCS) which will need legislation to implement it. Work is under way, but there is much to do, including establishing the true costs of reform. Stakeholders have raised concerns about the scale of reform and the time it will take to implement it. They told us about services in near-crisis, and that a lack of action now presents serious risks to the delivery of care services for individuals.
6. Regardless of what happens with reform, some things cannot wait. A clear plan is needed now to address the significant challenges facing social care in Scotland based on what can be taken forward without legislation, which could provide strong foundations for an NCS. The Scottish Government should develop this quickly, with clear timescales, to remove any uncertainty about the future direction of social care, building on lessons learned from previous reform.

The full report is available to read at:

<https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

[morag.barrow@nhslothian.scot.nhs.uk](mailto:morag.barrow@nhslothian.scot.nhs.uk)

## 3.2 Head of Adult Services

### ➤ Redesign of Urgent Care for Adult Mental health

The Scottish Government's Redesign of Urgent Care (RUC) looked to build upon opportunities offered by the reconfiguration of services during COVID-19 to support public access to the *"Right Care"* in the *"Right Place"* at the *"Right Time"*. To improve the response to people presenting in crisis to unscheduled care services in Lothian with distress and mental health problems.

Midlothian Health and Social Care Partnership (MHSCP) recognised the need for local developments in relation to mental health unscheduled care and was keen to take forward shared goals of effectively responding and improve pathways for people who present in distress/crisis and with emerging mental health problems.

Midlothian Adult Mental Health service was successful in their application to obtain the additional workforce funding to support the redesign model. Midlothian Mental Health Services aim is to improve outcomes for people in distress and people experiencing a mental health crisis through direct support enabling people to manage their distress over time. The model supports Individuals who contact the out of hours service who requiring further input for their mental health and crisis/distress are provided/engaged with access to same/next day further assessment and support within their own local area.

The service will be for residents of Midlothian who are aged 18 years (people presenting under 18 will be supported to access more appropriate resource) and over who are experiencing mental distress or a mental health crisis. The service will provide triage/assessment and evidenced based ongoing support such as Distress Brief Intervention (DBI). Operates 365 days per year and is a 7-day week service.

### ➤ Community Safety and Justice Partnership: A multi-agency partnership that works together to reduce re-offending & proactively works to promote community safety

Community Justice is about reducing offending and supporting people to stop re-offending. Agencies work in partnership with local communities to make a positive change for people with an offending history, their families and victims of crime.

Community Safety is how safe people feel and how safe they are from becoming a victim of crime. It includes a range of issues including antisocial behaviour, violent crime, violence against women, protection of children and adults, misuse of alcohol and drugs, theft, road safety, home safety and fire safety.

### ➤ Strategic Analysis:

Community Safety & Justice Partnership work together to achieve over 30 actions to promote desistance and community safety. In reviewing the 2021-2022 citizen's panel survey we have identified key themes that the participants identified as priorities. The following work is being undertaken to support these key themes:

#### Making Communities Safer:

84% of participants felt that 'reducing violent crime' should be a priority in making communities safer.

Ongoing work to support theme: Stride - a psychoeducational programme to support men involved in justice services to gain better coping skills to promote the



reduction of offence; Spring – group specifically designed to support woman involved in the justice system.

80% of participants felt that 'reducing violence against woman and girls' should be a priority in making communities safer.

Ongoing work to support theme: Community Justice & Safety have representation on our board and working group from the violence against woman and girl's network and Woman's Aid. Community Justice are currently working with the charity, Thriving Survivors to increase awareness of a survivor led justice system.

#### Ways to Reduce Re-Offending:

67% of participants felt that 'supporting individuals to attend school and gain qualifications' would be most effective in promoting re-offending.

Ongoing work to support theme: The partnership actively works together to promote awareness within education settings. We are currently working with Edinburgh College in supporting students on their final year project on raising awareness of Community Justice, whilst our community payback team work closely with further education to support clients gain qualifications whilst completing their Community Payback Order.

### Medication Assisted Treatment (MAT) Standards for Drug and Alcohol Services

In 2021 the Drug Deaths Task Force established by the Scottish Government developed a set of Medication Assisted Treatment (MAT) standards. These 'person centred' standards were designed to ensure that people have immediate access to the treatment they need and are supported to make informed choices about the treatment options that best suits their needs. The first five of the ten MAT standards have to be implemented by April 2022. These are:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.

To support the implementation of the MAT Standards the Scottish government has provided additional funding and support through the MAT Standards Implementation Support Team (MIST). Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) have developed proposals regarding this funding and await a final response from the Scottish Government regarding allocation.

### Learning Disability Day Services

Learning Disability Day Services have been significantly impacted throughout covid. To ensure that individuals still received support some the way we provided some of our Day Services changed. As we emerge from covid work is being undertaken to learn from the experiences of delivering services differently and to consider if some or all of these service models should be embedded in our core service provision going forward.

Colleagues in NHS Lothian have contacted us regarding the above which the IJB previously approved by the IJB on 11<sup>th</sup> November 2021. They have provided the IAs in a revised format but ultimately the case is the same - as in, there will still be the same preferred solution. The case is now focussed on the strategic options rather than build options as it was previously

Nick Clater, Head of Adult Services – [nick.clater@midlothian.gov.uk](mailto:nick.clater@midlothian.gov.uk)

### 3.3 Nursing

#### Health visiting

The IJB has previously heard of the plan to recruit a Clinical Nurse Manager to the health visiting Service. This post has been introduced to support the team and drive forward service improvements service to ensure children in Midlothian get the best start in life. Rachael Marples will join the service from her current role of Supervisor in the Family Nurse Partnership in Edinburgh on 21<sup>st</sup> February.

Work will be taken forward to continue to improve the delivery of the Universal Health Visiting Pathway, improve integrated approaches to help families with children with additional support needs and to continue to address the impacts of health inequalities which have been magnified by the COVID pandemic.

Lynsey Buchan, Acting Health Visiting Team Manager in has been selected to participate in the 2022 Queen's Nurse programme. The programme provides opportunities for significant personal and leadership development. Lynsey will be using the opportunity to develop her interest and impact in relation to the work of Health Visitors with families where substance misuse is present.

Midlothian's 0-5 immunisations team continues to deliver a primary vaccination programme which has uptake above the NHS Lothian and Scottish average at 12 and 24 months and 5 years. Flu vaccination for the under 5s achieved 72% uptake in 2021 compared to 57% in 2020. The team delivered from usual clinic venues as well as a number of 'pop up' events in alternative locations including community venues and retail premises, at times parents had indicated would be helpful for them. Feedback from parents has been positive and the team will use the learning from this year's campaign to inform the future delivery of primary, flu and any other vaccination activity.

#### Adults with Complex and Exceptional Needs (Complex Care)

The ACENS service provides one to one support to people in their own homes where their underlying health condition requires them to have specialist support to meet their health care needs, often including artificial ventilation. A significant increase in referrals has been noted, partly explained by COVID and by changes in the pathway delivered by the Home Ventilation Service. Recruitment activity is being progressed to meet this increase in demand. The service is hosted by Midlothian HSCP and is funded by all four Lothian partnerships. A paper has been developed to update the partnerships on the current level of service delivery and to highlight the increasing demand for the service which will have implications for the funding required from all 4 to enable the service to grow to meet demand.

Fiona Stratton, Chief Nurse – [Fiona.stratton@nhslothian.scot.nhs.uk](mailto:Fiona.stratton@nhslothian.scot.nhs.uk)

### 3.4 Vaccinations

The vaccination programme within Midlothian continues to offer booked appointments and drop-in clinics from Gorebridge Vaccination Centre and Midlothian Community Hospital. The

team have developed and are progressing our inclusivity plans for covid vaccinations and have had three successful weekend drop-in clinics in Penicuik, Newbattle and Ikea. There is also a focus on the homeless population and completion of people with Learning Disability. Midlothian vaccination team are also hosting the vaccination trailer at Fort Kinnaird which offers drop in and last-minute appointments. Ongoing discussions are taking place with community pharmacies within Midlothian to offer the service locally.

As of 01.02.22, 56,869 over 16-year-olds in Midlothian have received their covid booster vaccination. All 18–59-year-olds, who are eligible for their booster but not yet received it will receive an appointment letter in the post.

On 29<sup>th</sup> January, all vulnerable 5–11-year-olds were invited to attend a clinic at Royal Hospital for Children and Young People for their covid vaccination. JCVI is expected to make a decision this week around universal 5–11-year-old covid vaccinations.

As per Scottish Government Chief Medical Officer's guidance we continue to offer the seasonal flu vaccine to 65 years and over and those aged 16-64 at high risk.

The team have been working on the future for vaccinations and planning for winter 2022/23 and are looking at a potential venue within Bonnyrigg as a vaccination hub, more details to follow.

### **3.5 Head of Older people and Primary care**

#### **System pressure**

Ongoing Covid impact have continued to lead to significant and sustained pressure across the system around flow. Package of care availability has continued to be adversely affected by the impact of staff isolation, and people awaiting Care Home placements have been delayed in hospital due to covid outbreaks resulting in multiple Care Home closures across Midlothian. This relates to the mandatory 14-day closure following an outbreak.

As a result, there has been a rise in delayed discharge numbers due to blockages in the system of flow in the community. The teams continue to work flexibly, collaboratively, and innovatively to manage this demand, reduce inappropriate admissions, reduce length of stay, facilitate earlier appropriate discharge and reduce unnecessary delay wherever possible.

#### **Midlothian Community Hospital**

Vacancy management continues to be challenging as successful recruitment is countered by staff leavers. Plans are in place to recruit to an AHP Team lead, and to progress with a formal recruitment process to secure a permanent Service manager.

The wards maintain a high rate of compliance with Model Ward Person Centred Care Planning, and LACAS (NHS Lothian accreditation standards) evidence improving standards in quality of care, with specific improvements noted in pain management.

Plans are currently underway to reopen a Café on site, with a focus on ensuring access to adequate rest space and hot meals for staff as part of our Wellbeing commitment.

#### **District Nursing**

The District Nursing service remains busy. The HSCP have invested in additional Band 5 posts and supported early recruitment of Scottish Government funded Advanced Nurse Practitioner posts. Teams have also been reconfigured to support 3 District Nurse team managers who are now in post, giving us a team manager in each team base.

## Hospital at Home

The Scottish Government have requested that Hospital at Home Services double their capacity by 2023. The HSCP team will work alongside the Healthcare Improvement Scotland team on the new modelling of Hospital at Home moving forward.

A Band 8 Team Lead Advanced Practitioner post will be recruited to in the next few months.

## Care at Home

There continues to be significant Covid-related pressure on residential and non-residential Community Care services, and Care at Home. Multi-disciplinary Social Work and Occupational Therapy Teams continue to provide assessments and support to ensure adults can remain independent in their homes for as long as possible and ensure carers in the community have access to appropriate support. They work closely with third- sector and commissioned providers to offer minor adaptation and carer assessments. Community residential staff continue to ensure robust adherence to infection control guidelines, and are focusing on areas of quality improvement, including staff training and medication policy.

The internal Care-at-Home model is being reviewed, to identify areas of improvement and build on existing progress to ensure a quality-based service delivery model is in place. There is work ongoing to support additional recruitment and further measures to support the well-being of carers.

Grace Cowan, Head of Primary Care & Older People -  
[grace.cowan@nhslothian.scot.nhs.uk](mailto:grace.cowan@nhslothian.scot.nhs.uk)

## 3.6 Public Health & Strategic Planning

### Public Health developments

There has been a lot of changes in the public health world. The Directorate of Public Health and Health Policy has been finishing a reorganisation (begun before the pandemic started). Each Local authority area now has a Partnership and Place Team led by a consultant. Midlothian's team will be led by Jim Sherval. Becky Hilton will be moving to the team as Strategic Programme Manager, with Jillian Adie and Tracy McLeod as Project managers. They will be working closely with the HSCP public health practitioners, and their new manager Fiona Kennedy, to progress the new strategic plan including embedding the Midway, increasing physical activity, and addressing money worries. The Partnership and Place Team will also be working on child poverty, and other community planning priorities which will impact on the upstream causes of, and contributors to, poor health. There will be a presentation at the next IJB meeting on this.

### Strategic Plan Consultation

Following agreement at the IJB Development session on 13th January the strategic plan is now open for consultation. The consultation has been successfully promoted in the Evening News, in the Midlothian Advertiser, in the Midlothian Third Sector Update, and on local community Black Diamond radio. In addition, approximately 43,000 postcards on the strategic plan consultation will be delivered to all Midlothian households from mid-February. HSCP Facebook posts on the consultation have so far reached nearly 8000 news feeds and had over 100 engagements. There has also been successful promotion via the HSCP twitter channel and Midlothian Council Facebook and twitter social media channels. To date there have been 54 responses received and 292 page views of the HSCP website pages.

Following a discussion about the latest draft of the Strategic Plan at the IJB Development Session on 13<sup>th</sup> January 2022, members expressed support for further work to identify and plan a programme of more focussed support to services within the HSCP. It was agreed that a workshop should be held for the Executive Senior team, with representation from the IJB and Strategic Planning Group, to schedule this support for each of the areas set out within the three years of the Strategic Plan.

Attendees will consider a number of principles to guide decision-making in order to ensure that the plan is aligned to strategic aims and makes effective use of resources. The workshop will be held on 4<sup>th</sup> February 2022 and the resulting recommendations will be presented to the IJB for discussion and approval.

Mairi Simpson, Integration Manager – [mairi.simpson@nhslothian.scot.nhs.uk](mailto:mairi.simpson@nhslothian.scot.nhs.uk)

### 3.7 Chief Allied Health Professional

#### Digital Transformation

Digital transformation is a key focus of the Scottish Government and has been agreed as central priority for the delivery of MHSCP strategic ambitions. Two national strategies, '*A changing nation: how Scotland will thrive in a digital world*' and '*Scotland's Digital Health & Care Strategy*' outline the key priorities and deliverables for public sector organisations. These strategies, alongside other local directives, and priorities, require coordinated action on the part of the MHSCP to implement in conjunction with colleagues in NHS Lothian and Midlothian Council.

There is considerable work ongoing across the HSCP with regards to digital and technology development which is overseen by the Digital Governance Board. The Board is currently developing an HSCP Digital Implementation Plan. This plan will bring together the relevant National and local strategies, consider MHSCP priorities and outline priority actions to make best use of digital technology.

#### Examples of Digital Innovation in the Allied Health Professions (AHPs)

##### Dietetics Service – MyDesmond Platform for Type 2 Diabetes

- The Dietetics Service for Lothian is hosted in Midlothian HSCP. The Dietetics service have been extremely forward-thinking in their approach to modernisation which includes the use of innovative technology. As an example, in a recent development and in response to very high demand and an ever-increasing waiting list, the Dietetics team, have introduced a new digital platform to support the management of Type 2 Diabetes.
- The legacy of Covid-19 is one of significant wait and backlog. There are currently over 1200 people in Lothian waiting for traditional type 2 diabetes education in person (DESMOND) and almost 2000 people waiting on tier 2 and 3 weight management treatment with a 46 week wait. The introduction of digital self-management solutions is a key action available to address the lengthy waits.
- The MyDesmond platform will augment and enhance the existing in-person group education and supported self-management programme for people living in Lothian with type 2 diabetes and for those at moderate to high risk of developing type 2 diabetes, including women with gestational diabetes.

- Chronic obstructive pulmonary disease (COPD), a chronic and progressive pulmonary condition, is a common cause of morbidity and mortality. This results in high acute care utilisation, with COPD exacerbations being the commonest cause of respiratory presentation to ED and front door medical wards. It is anticipated that digital tools and services, when integrated into COPD Care Pathways have the potential to transform COPD management to a proactive preventative person-centred care model that empowers patient self-management and enables clinicians to provide tailored intervention and risk assessment.
- The Dynamic Scot Project is a collaboration between NHS Greater Glasgow and Clyde (GGC), Digital Health and Care Innovation Centre (DHI), NHS National Services Scotland (NSS) and Storm ID/Lenus Health that has deployed a digital service for patients with high-risk COPD. The application comprises a patient facing progressive web application with symptom diary and self-management resources, patient-clinician messaging and a clinician dashboard which integrates with Statutory NHS data systems.
- The Midlothian Community Respiratory Team (MCRT) and NHS Lothian have contributed to Phase 1 of the Dynamic Scot project since 2020 at the Early Pilot stage. An opportunity has arisen for MCRT to participate in Phase 2 of the project which would involve expanding the patient cohort in Midlothian and initiating service level implementation over the next year. Learning from this phase will inform and support NHS Lothian to progress further with its strategic aims for COPD and plan for the next level of the project the following year i.e. advanced scale up and service integration.

Hannah Cairns, Chief Allied Health Professional – [hannah.cairns@nhslothian.scot.nhs.uk](mailto:hannah.cairns@nhslothian.scot.nhs.uk)

## **4 Policy Implications**

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

## **5 Directions**

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

## **6 Equalities Implications**

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

## **7 Resource Implications**

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

## **8 Risk**

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

## 9 Involving people

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

## 10 Background Papers

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<b>DATE</b>	01/02/2022

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**Appendices:**





**10<sup>th</sup> February 2022, 2pm.**

## **Lothian Strategic Development Framework**

**Item number: 5.3**

### **Executive summary**

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The purpose of this report is to update the Midlothian Integration Joint Board on progress in developing the Lothian Strategic Development Framework (LSDF) and seek the support of the IJB for the approach set out in the appended LSDF summary.

The Lothian Strategic Development Framework intends to identify the approach that the Lothian Health and are System (LHCS) will take over the next five years to deliver improved outcomes.

This report outlines the proposed format of the LSDF, including detailed sections outlining the actions we intend to take in Scheduled Care; Unscheduled Care; Mental Health, Illness & Wellbeing; Primary Care and services for Children and Young People.

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

Note progress to date in developing the LSDF

Note the content of the LSDF summary document appended to this report

Support the proposed approach the Lothian Health and Care System (LHCS) will take over the next five years to deliver improved outcomes, as set out in the summary document

## Lothian Strategic Development Framework

### 1 Purpose

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- 1.1 The purpose of this report is to update the Midlothian Integration Joint Board on progress in developing the Lothian Strategic Development Framework and seek the support of the IJB for the approach set out in the LSDF summary.

### 2 Recommendations

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- 2.1 As a result of this report what are Members being asked to:-
  - 2.1.1 Note progress to date in developing the LSDF
  - 2.1.2 Note the content of the LSDF summary document appended to this report
  - 2.1.3 Support the proposed approach the Lothian Health and Care System (LHCS) will take over the next five years to deliver improved outcomes, as set out in the summary document

### 3 Background and main report

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- 3.1 The impacts of the COVID-19 pandemic have been well-rehearsed. At one end of the spectrum, there are challenges around inequalities and around the effective provision of healthcare services, and at the other, significant opportunities for redesign. NHS Lothian needs to refresh its strategy to focus on these elements and reflect the changed landscape.
- 3.2 The LSDF includes a focus on areas that cut across the organisational boundaries of NHS Lothian and the 4 Lothian Integration Joint Boards, known collectively as the Lothian Health & Care System.
- 3.3 The Lothian Strategic Development Framework intends to identify the approach that the Lothian Health and are System (LHCS) will take over the next five years to deliver improved outcomes in:
  - 3.3.1 Population Health – tackling inequalities, maximising prevention of ill-health and increasing the number of years of healthy lives
  - 3.3.2 How we work with people – increasing citizen engagement and understanding of the system, and working to ensure that the way we deliver care is of a standard we would all wish
  - 3.3.3 Performance – working to improve our performance against key national measures

- 3.4 The final LSDF document suite will include:
- 3.4.1 A short, accessible and readable summary of the case for change and the actions we will take;
  - 3.4.2 A series of aligned documents for each “pillar” within the LSDF (Children & Young People; Mental Health, Illness & Wellbeing; Primary Care; Scheduled Care and Unscheduled Care) which cover, in detail, the case for change in each section and the actions we will take. This will therefore be a mix of narrative and bullet points
  - 3.4.3 Cross-cutting sections on our parameters and outlining our commitments around workforce, finance, capital, and environmental measures,
- 3.5 The summary document, appended to this report, builds on the Principles, Assumptions and Fixed Points discussed with the Midlothian IJB Strategic Planning Group in August 2021. It includes a broad outline of the key areas of work we intend to take forward over the next five years to achieve our goals under each of the five pillars.
- 3.6 The more detailed content of the sections aligned to each pillar have been developed via existing Programme Boards, or in partnership with colleagues across the Lothian Health and Care System. Each section sets out the context relevant to the pillar, and details the actions we intend to take. Colleagues within Health & Social Care Partnership operational teams have had the opportunity to review and contribute to these sections, which should where appropriate reflect the strategic plans and directions of the four Lothian Integration Joint Boards. Copies of these sections are available to IJB members and operational teams working within the Lothian Health & Care System on request.
- 3.7 The LSDF summary document was shared with the Midlothian IJB Strategic Planning Group in January 2022, and members of the group supported the submission of the summary document to the IJB.

## 4 Policy Implications

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- 4.1 The LSDF should summarise how the Lothian Health & Care System will contribute to the delivery of the Scottish Government’s National Outcomes

## 5 Directions

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- 5.1 The Lothian Strategic Development Framework includes a focus on areas that cut across the organisational boundaries of NHS Lothian and the 4 Lothian Integration Joint Boards. As such it is relevant to, and should support the fulfilment of, a number of Directions, including:
- Direction 1: Inpatient Hospital Care
  - Direction 2: Accident & Emergency
  - Direction 3: Midlothian Community Hospital
  - Direction 7: Dental, Ophthalmic & Audiology Pathways
  - Direction 8: Older People
  - Direction 9: Physical Disability & Long-term conditions
  - Direction 11: Mental Health
  - Direction 19: Public Health
  - Direction 22: Digital Development

## 6 Equalities Implications

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- 6.1 No specific impact assessment has been undertaken. It is expected that ongoing engagement will inform an impact assessment in the coming weeks.

## 7 Resource Implications

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- 7.1 Delivery of the LSDF will focus on how resources can best be utilised to deliver improved outcomes for those who live in the Lothians.

## 8 Risk

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- 8.1 The LSDF should provide a tool to manage risks over the next five years.
- 8.2 The output and result of the consultation regarding the National Care Service may pose a risk, which will need to be considered.

## 9 Involving people

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- 9.1 In October and November 2020, over 100 senior leaders across the Lothian Health & Care System took part in a series of workshops to learn from our experiences during the pandemic. These workshops informed the early development of the draft LSDF, and engagement with staff on the content of the LSDF continues.
- 9.2 There has been significant ongoing press coverage of the pressures experienced by health and social care organisations in recent months, including NHS Lothian and its partners in the Lothian Health & Care System.
- 9.3 In the autumn of 2021, the Royal Society of Arts, Manufactures and Commerce (RSA) was commissioned to run a series of public and stakeholder engagement sessions to help inform the direction of the LSDF, alongside an online survey to gather the views of a broader range of people.
- 9.4 Members of NHS Lothian's Strategic Planning and Communication and Engagement teams are currently working with the Consultation Institute to review engagement undertaken to date, and guide future engagement.

## 10 Background Papers

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- 10.1 N/A

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<b>DATE</b>	1 <sup>st</sup> February 2022

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### Appendices:

#### 1 The Lothian Strategic Development Framework (Draft)

Midlothian Integration Joint Board

# The Lothian Strategic Development Framework

Draft 5 – for consideration by the Board, December 21 meeting

DRAFT

## **About this document**

This document is the Lothian Strategic Development Framework and lays out what will happen across Lothian's Health and Care system over the next 5 years, up to and including the financial year 2027-28. It is a collaboration between the bodies with responsibility for the planning, commissioning, and delivery of health and care services in the Lothians;

- East Lothian Integration Joint Board;
- Edinburgh Integration Joint Board;
- Midlothian Integration Joint Board;
- NHS Lothian;
- West Lothian Integration Joint Board.

Collectively, we refer to these five organisations as the Lothian Health and Care System (LHCS).

We call this document a Framework because it knits together the five interdependent approaches of the collaborating bodies and lays out a basis for us to collectively move forward. It represents our high-level thinking of what will happen and what we will do over the next five years, but it is important to note that it is impossible to guarantee that our aims and objectives will be met over that time period. Indeed, it may be that as we go forward, it will make more sense for us to change our plans than to stick with what is outlined herein.

We do need to be candid that as we are publishing this, public services are under enormous strain. The NHS and services which are crucial to promoting health, preventing disease, and providing treatment are no different. The ongoing challenges of the pandemic, combining the disease, the impact on our workforce, and "catching up" with other diseases, means that we are in a position where performance and outcomes are not what we would want them to be. However, we believe that the principles and assumptions we make support a general direction of travel in a post-COVID world, and that we will adhere to these.

As you read through this Framework, you will see some words and phrases are underlined. These are links to associated documents with much more detail on that particular word or phrase. These may be detailed plans, or they may be the [glossary](#) of terms we use to aid understanding.

The Framework describes;

- What we are trying to achieve;
- Where we are now and the impact of the COVID-19 pandemic on the services we provide;
- Our principles, assumptions, and fixed points;
- The needs of our population, and the longer-term demographic challenges we face;
- The parameters of our system in terms of our people, our financial resources, and our infrastructure;
- The actions we will take to deliver over the next five years across a range of settings;
  - Population health and anchor institution status;
  - Children and Young People;
  - Mental Health, Illness, and Wellbeing;
  - Primary Care;

- Unscheduled Care;
- Scheduled Care

We also present supporting assessment and evidence which outlines the parameters we work within;

- Our **workforce** context, where we have a population growing rapidly and aging simultaneously. We note that across the country we have a reducing number of people of working-age, which means there are fewer people to work in health and care services and settings;
- Our **financial** context, where we have an accumulated financial gap as a result of the national funding formulas as they have applied to the public sector in the Lothians, and growing financial challenges from new drugs and treatments;
- Our **capital** context, where, while we have significant Scottish Government investment pledged for large new clinical facilities such as a new Cancer Centre, a new Eye Pavilion, and a new short-stay scheduled treatment centre at St John's Hospital, we do not as yet have investment for improvements to the Royal Edinburgh Hospital and have a significant challenge to fund other community facilities;
- Our **digital** context, with technology more and more capable and supportive of clinical practice and practitioners;
- Our **environmental** context, where we have an obligation to ensure that we reduce our carbon footprint. 5% of all travel in the UK is healthcare-related.

## What are we trying to achieve?

The health and care system is a key underpinning of the success and prosperity of Scottish society. To this end, it contributes directly to the National Outcomes which drive the national Programme for Government. At a more local level, our organisations seek to work together to improve the health and wellbeing of a population of nearly 1 million. Our population has grown by 12% since 2011 and we expect it to grow by 8% over the next ten years.

Our aims and objectives for the next five years are;

- An improvement to population health;
- Outcomes we aim for in how we will work with citizens and with patients;
- To deliver nationally-prevailing performance measures;

There are some broad themes about how we will work that are central to our approach;

- We want to move care closer to home where we can. The citizen's home will be the key fixed point for how services are designed and delivered. We believe that we should have very good clinical reasons to ask someone to come to one of our facilities;
- We see an ever-increasing role for self-care by citizens, and of their deeper engagement in the prevention of disease. We see this as particularly valuable in the provision of services for children and young people;
- We will seek to embed things we have learned from the covid-19 pandemic in everything we do;
- We will work ever-closer with all of our partners in the public square – local authorities, the third sector, the Scottish Government, educational institutions, and the private sector – to maximise and augment the positive impact each sector can have on citizen's lives. We see this as crucial to meet our aspirations to work as an anchor institution;
- We will work to improve our health and care facilities whenever and wherever we can, and remain committed to our campuses at the Royal Edinburgh Hospital, Royal Infirmary of Edinburgh, St John's Hospital, and the Western General. This will mean some new buildings, but also the closure of buildings which are no longer suitable for treatment and care;
- When we do need to build new facilities, we will work with our partners from across the public square to ensure that these are multi-use and bring together the services citizens access on a regular basis. It doesn't matter to the citizen what the nameplate on the building says – it matters that we make it easier for the citizen to get the right help;
- We will increasingly use technology and innovation to support our delivery of treatment and care. Citizens will see this in the increased use of digital communications technology to provide appointments where previously they had to travel to outpatient or general practice settings;
- Recovery from the impacts of the COVID-19 pandemic will take years, not months, and this will mean longer waits for scheduled care. We will work to prioritise treatment for cancer and life-threatening illness in this context.



## **Where are we now? The impact of Covid-19**

We are all aware of the direct impact of COVID-19. It will be rare to not know someone who has been infected, and unusual to not know of someone who has been seriously ill, or died, as a result of the disease. Our people worked, and continue to work, to manage the spread of the disease and the impact of the illness where it appears. We continue to run the largest vaccination programme in history, and our hospitals continue to see high numbers of people admitted to wards and to critical care units.

What is less clear to many is the set of associated impacts, which include but are not limited to;

- A health debt built up in people who did not access our services during the most acute lockdowns, and who now have conditions which are more advanced than they would have been previously;
- A rapidly-increased series of waits for scheduled care – hip replacements, cancer treatments, outpatient appointments;
- Severe difficulties for many independent-sector care providers, who support people in their homes. Many of these organisations are struggling to sustain themselves;
- Impacts on the people who work in our services, ranging from exhaustion, through stress-related mental illness, to a desire to retire early or reduce their hours to protect their own wellbeing;

Changes in how society operates that previously may have taken years have happened in days and weeks and we have delivered some services in very different ways, with a much greater reliance on digital services, on self-management, on being remote from buildings, and on explicitly prioritising some forms of care above others. LHCS has also shown an ability to re-engineer and re-provide at a pace that hasn't existed previously. This work has also shown the importance of working effectively and at speed with our partners in the rest of the public sector, the third sector, and the private sector.

Before the pandemic we did find it increasingly difficult to meet national targets due to the nature of our funding settlement. This funding settlement sees us receive less revenue than we should according to the national resource allocation framework set by the Scottish Government. This has, over time, widened the gap between the money we should have, and the money we do have. Similar challenges apply for our local public sector partners and this, in particular, has contributed to widening inequalities.

We also have the same problems as before the pandemic in terms of finance and the fabric of our buildings, and the pressure put upon us by the changing demographics within the Lothians. We also need to step up our efforts to improve quality and play our part in tackling climate change.

Perhaps our biggest concern in sustaining and improving our services is ensuring we can recruit and retain an appropriately-skilled workforce. The demographic challenges we face in caring for and treating an expanding and aging population also apply to our workforce. Some key services are facing particularly acute challenges, where the workforce is unbalanced and where not enough young people are joining the workforce. These pressures mean that we need to radically redesign some of our services in order to sustain them.

## **How we built the LSDF**

The extant NHSL strategy – *Our Health, Our Care, Our Future* – was intended to cover the years 2014-2024, which would have coincided with the end-point for the next iteration of IJB Strategic Plans. However, the impact of first wave of the pandemic was such that during the late summer of 2020, we began working with the Royal Society of the Arts, using their Future Change Framework, to see what we had learned. We were also open to the idea that, as well as the vast range of problems and difficulties that the pandemic had wrought, we had also learned a lot about ways we could positively change how our system works and the services we provide.

Based on this work the NHSL Board adopted a series of principles and assumptions, and agreed fixed points to give us a skeleton to work within.

We have also worked with our finance, workforce, and other teams to identify the parameters of what can be done over the next five years. We have worked on the basis of the best currently-available information on these areas and have drawn our conclusions in good faith, and are keen to be as transparent with citizens as we can be.

We are keen to be seen as an anchor institution in the community. Across the LHCS we have a combined purchasing power of close on £2 billion. We are the largest employer in the South-East of Scotland, and have extensive land holdings. We therefore aim to leverage these more effectively and document 4 shows more detail on this.

Over the last 3 years, we have established a series of programme boards which bring together the leadership teams from our IJBs and from NHSL to map out our actions to improve services. These programme boards – for scheduled care, unscheduled care, and mental health, illness, and wellbeing – have worked over the last year to build plans for the next five years to deliver on our aims and objectives. These are summarised in documents six, eight, and nine.

In addition, we have worked with partners to develop plans for primary care and children's services and these are shown in documents five and seven.

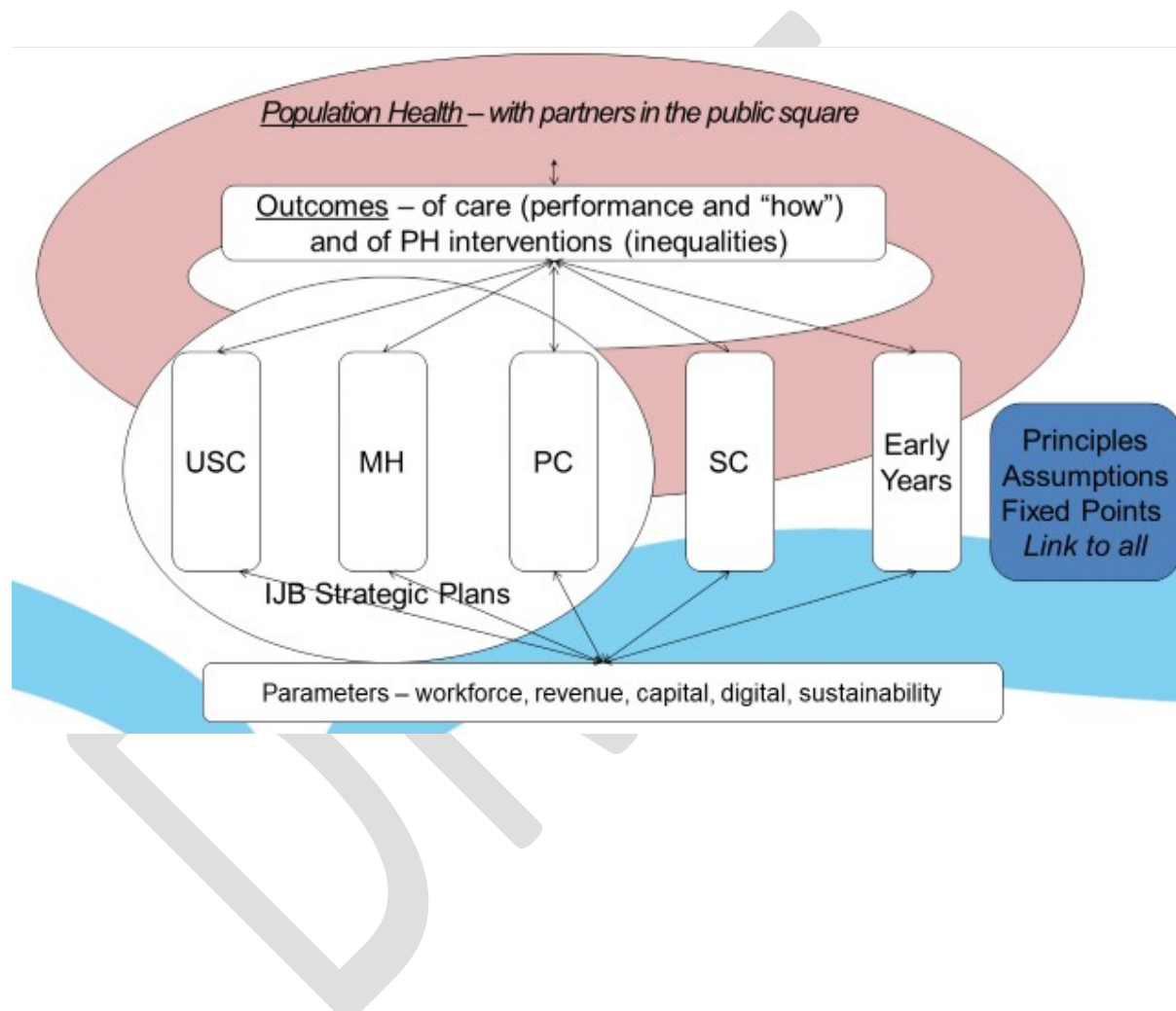
We have worked to ensure that we take account of citizens views. The consultation exercise we will undertake is crucial in seeking the broader view of a larger number of people but our engagement work, which seeks to inform our thinking, is outlined below:

Figure x: Engagement

<b>Purpose</b>	It is important that we don't do what we think is right without seeking the views of the people we work for. Engaging our communities in this work will help us to understand what is important to people who live in Lothian, and help to inform the choices we make.
<b>Expectations</b>	<p>By sharing with residents what we and our partners have learned during the pandemic, we hope to build understanding about how we might tackle the challenges we face to deliver efficient and effective services to support good health and wellbeing in future.</p> <p>By seeking views on what is important to our residents, we hope to shape our ideas to ensure they meet the needs and wants of our communities.</p> <p>By engaging in dialogue with our communities, we hope to envisage new models of wellbeing and care, and to begin to discuss what we might let go of in order to make way for new innovations and models.</p> <p>By working with partners across the public and third sector, we hope to improve understanding of our shared challenges, and tease out synergies and opportunities for collaboration to address these challenges.</p> <p>Some elements of our future direction are fixed by policy directives, and will be out of scope of this work. We will be open about what these elements are.</p>
<b>Anticipated Outcomes</b>	<p><b>For Lothian residents:</b> Able to influence choices within a harsh reality, informed by relevant data and information.</p> <p><b>For NHS Lothian:</b> Confidence that our future direction is cognisant of the priorities of our communities, and focussed on delivering the outcomes they value.</p>
<b>Actions</b>	<p><b>Inform:</b> We will share information about the LSDF via our website, social media and by engaging with the media, and invite local networks to participate in engagement opportunities.</p> <p><b>Engage:</b> We will may existing local and national engagement activity, and distribute an online survey to seek a broad understanding of what is important to people in Lothian, in terms of health and care.</p> <p>Working with the RSA, we will bring together partners from across the public and third sector to understand our shared challenges and tease out synergies and opportunities for collaboration.</p> <p>Working with the RSA, we will convene a reference group to engage in a dialogue with residents, to envisage new models of care and consider what we might let go of to make way for new innovations.</p>

Taken altogether, the work we have done builds into a strategic framework where the outcomes we aim to achieve are delivered by our 5-year plans for scheduled care and children’s services - where NHSL is the planner and commissioner – and for unscheduled care, primary care, and mental health, illness, and wellbeing – where our IJBs are the planners and commissioners. These plans are sensitive to and supported by our parameters – workforce, revenue, capital, technology, and sustainability. Figure xxx below shows how this all fits together.

*Figure xxx – how the Lothian Strategic Development Framework fits together*



### **Our principles, our assumptions, and our fixed points**

We have agreed a series of principles and assumptions to guide our work in developing this strategy and delivering it over the next 5 years. These will help us deliver on the outcomes of care we are committed to delivering. These are shown in Figure 1, below.

We also have a series of fixed points that we will work with over the next five years. The most important of these fixed points is the citizen's home. We believe that we will continue to work to enhance our four major hospital campuses as the backbone of our acute hospital system.

1. We will retain the four campus sites – The Royal Edinburgh Hospital, the Royal Infirmary of Edinburgh, St John's Hospital at Howden, and the Western General Hospital.
2. Per *the Lothian Hospitals Plan*, we will use the sites as;
  - a. The Royal Edinburgh Hospital will be the specialist acute mental health facility with specialist learning disabilities and rehabilitation services;
  - b. The Royal Infirmary of Edinburgh will be South-East Scotland's major unscheduled care centre, incorporating the Major Trauma Centre, and specialist neurosciences and children's services;
  - c. St John's Hospital will be West Lothian's district general hospital, with specialist regional surgical services and a short-stay elective centre;
  - d. The Western General will be South-East Scotland's Cancer Centre, with breast, urology, colorectal surgical services on-site
3. We will have community inpatient facilities in East Lothian (ELCH) and Midlothian (MCH);
4. We will only provide general anaesthetics at RIE, SJH, and WGH, with provision at REH to support treatments such as electro-convulsive therapies;
5. We are clear that the Western General will be the home for the new Edinburgh Cancer Centre, which will be the Cancer Centre for the South-East of Scotland
6. Sexual Health Services within Edinburgh are provided at the Chalmers Centre
7. We will not provide high-secure forensic mental health accommodation
8. The strategic planning and commissioning of unscheduled care, primary care, general practice, rehabilitation, and mental health services are delegated to the four IJBs – East Lothian, Edinburgh, Midlothian, and West Lothian
9. All other services are the strategic planning and commissioning responsibility of NHS Lothian.

Figure 1: Challenges & Principles

Assumptions	Principles
We will honour legally committed investment to date.	All cases and actions need to be clear on the question they seek to answer
We will test fully approved investment (not yet legally committed) against the principles to the right before legally committing.	All cases and actions need to be able to demonstrate that they advance the organisational strategy
We accept that there will be significant financial constraints	All facilities will be flexible and multi-use
We will start with large waiting lists and work through these according to clinical prioritisation	We will work to reduce “on-site” attendances wherever we can
Workforce availability will be a key consideration, and all models will need to reflect this.	We will separate emergency and elective activity where possible and maximise the use of “single-day” pathways
The pandemic has and will continue to change our models of care (how significantly is uncertain)	We will align actions and facilities with our public and third-sector partners
There will be a requirement for redesign capacity to support change	Non-clinical space will be minimised
There will be an evolving context and narrative.	Our actions and facilities will align with the Climate Change (Scotland) Act which outlines a requirement for the public sector to achieve net-zero by 2045 at the latest.



### **Specific proposals for change**

We have a system serving a million people, employing over 35,000, and with budgets totalling over £2billion, would have a broad range of actions it intends to take forward. There is a lot of detail provided in the supporting documents, but key highlights are;

- We expect to increasingly emphasise prevention and self-management of disease, supporting this with community services and new technologies like closed-loop insulin pumps;
- We will work to develop our ways of accessing our services and this will mean an increasing use of digital communication technologies for outpatient and primary care services, in particular;
- Where we need to replace buildings that we deliver community services in, we will look to bring as many services together from across public services together in community centres and use these as flexibly as we can;
- We will continue to change the model of care in primary care generally and general practice in particular, emphasising the role of the GP as the “expert medical generalist” and developing alternatives delivered through pharmacy, nursing, mental health, physiotherapy, and other services;
- We will work to strengthen communications and links between the different parts of our system to deliver streamlined pathways for citizens;
- We will continue with our work to provide more services for people with mental health needs or learning disabilities in the community. This includes increasing the number of community placements and reducing the size of the Royal Edinburgh Hospital;
- We will look to move from buildings that are no longer fit for purpose and utilise land to create modern, flexible, multi-use, accommodation to replace them. This affects the Royal Edinburgh Hospital, St Michael’s Hospital in Linlithgow, and the Eddington Hospital in North Berwick, as well as a number of facilities inside the City of Edinburgh. It will also see us develop business cases for REH, for a new West Lothian Community Hospital, and for the development of East Lothian Community Hospital, as well as community treatment centres;
- We will continue to implement systems to schedule urgent care, with citizens given same or next-day appointments to attend, and will work with NHS24 and the Scottish Ambulance Service to deliver this;
- We will develop a new Cancer Centre on the Western General Hospital campus;
- We will deliver surgical treatments where the patient will stay less than 48 hours in hospital in the new National Treatment Centre at St John’s Hospital in Livingston. This will include procedures in gynaecology, general surgery, colorectal surgery, urology, and orthopaedics;
- We will develop a new specialist eye hospital in Edinburgh to replace the Princess Alexandra Eye Pavilion;
- We will work to improve the efficiency and productivity of our elective services, but our recovery from the impact of COVID-19 will take years, and not months or weeks, to reach the levels we would want;
- We will explicitly consider the sustainability impacts of our services and commit to deliver the commitments made by the Scottish Government on carbon zero service provision.

## **Working to become an Anchor Institution**

LHCS has a combined spending power of £2 billion, employs roughly 35,000 people, and serves a population of nearly a million people. The actions we take are fundamentally focussed on improving the health and wellbeing of our population, as we have described in the rest of this document. We will continue to undertake our work in preventing ill-health through our services, but we also recognise that prevention needs to work beyond service provision. Engaging with and influencing the wider social determinants of health such as housing, employment, income, sustainable placemaking and sustainable transport systems is crucial to population health improvement.

A key element of this is recognising the LHCS can have a direct impact through our spending power, our providing jobs, and how we work with partners to maximise our economic “weight” for social good. The LHCS should seek to be a good neighbour, a good consumer, and a good employer by deploying its influence in purchasing and procurement, its assets and facilities, its significance as a regional employment hub to impact positively the health and wellbeing of the local population. The Sustainable Development Framework is a key component of this approach.

This work comes under the banner of seeing LHCS as anchor institutions for our communities, where we impact on lives not just through the way we provide care and treatment but through our engagement with health in all policies at local partnership, regional and national level to shape and influence a health promoting environment across Lothian.

Our analysis is that several key actions are fundamental to how we can deliver on this aspiration;

- Focussing on providing the best possible start to life, as outlined in the Children and Young People’s section of this LSDF;
- Focussing on supporting people in their own homes and neighbourhoods, as described in our Mental Health, Illness, and Wellbeing, Primary Care, Unscheduled Care, and Scheduled Care sections;
- Maximising income for the low-paid, some of whom are within our own workforce;
- Becoming accredited Living Wage employers, and working to ensure that our suppliers and contractors are also Living Wage employers;
- Ensuring that our community benefits clauses really provide benefit for our population;
- Ensuring that NHS Lothian contributes actively to emerging community planning partnership discussions about community wealth building by utilising its influence as an anchor institution
- Considering whether and how our buildings can bring together a broader range of public services to deliver on shared aims;
- Considering whether and how our land disposal and redevelopment can support a larger series of broader public goals including population health improvement and reduction of health inequalities.

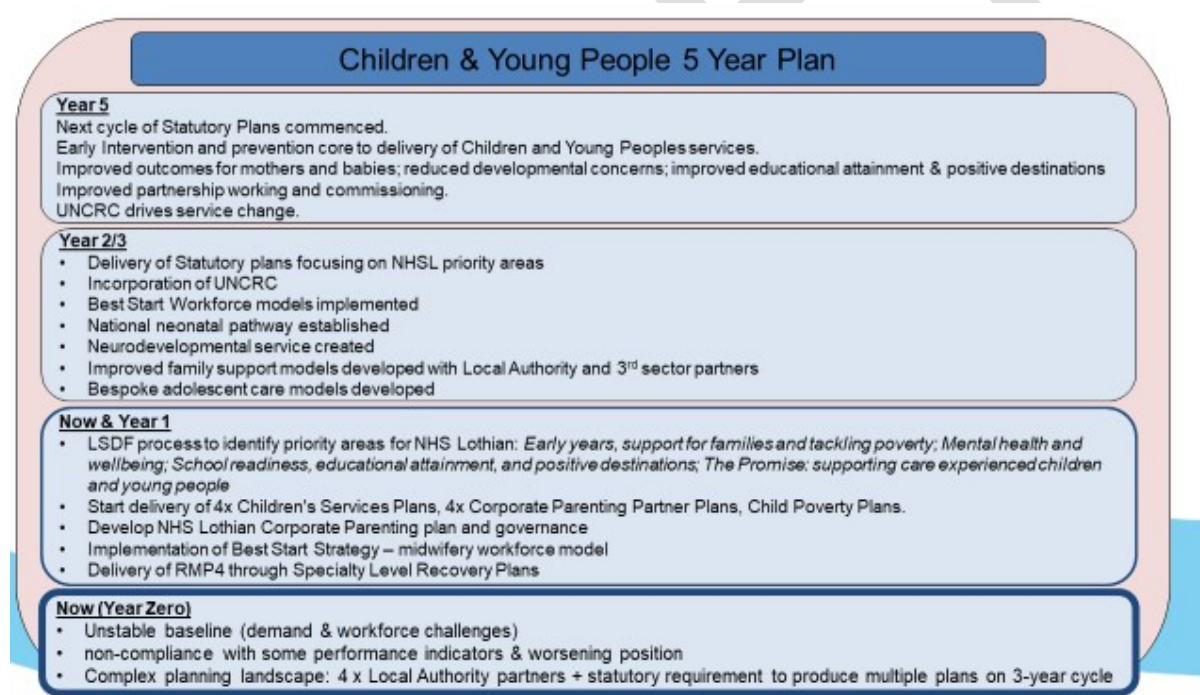


## Children's Services

We see the provision of appropriate support, care, and treatment when required for children as the major investment we can make in the health of the Lothians. To this end, we will continue to work closely with our partners in education, the third sector, social care, and with parents and families, to ensure that we provide the best possible support for our young people.

Foremost in this area is the radical redesign of mental health services for children and young people. It is well-known that our performance in providing treatment for children waiting for psychological support has not been at the level we would have wanted for some time. Our analysis shows that this is at least in part because the other layers of care have weakened, and in turn that our highly specialised services are unable to cope. We have therefore set out to strengthen the less specialised levels, and will work to provide support closer to where young people are – in communities, in schools, in youth clubs, and by remote means where appropriate.

We will design and implement a new pathway for children and young people with neurodevelopmental challenges.



## **Mental Health, Illness, and Wellbeing**

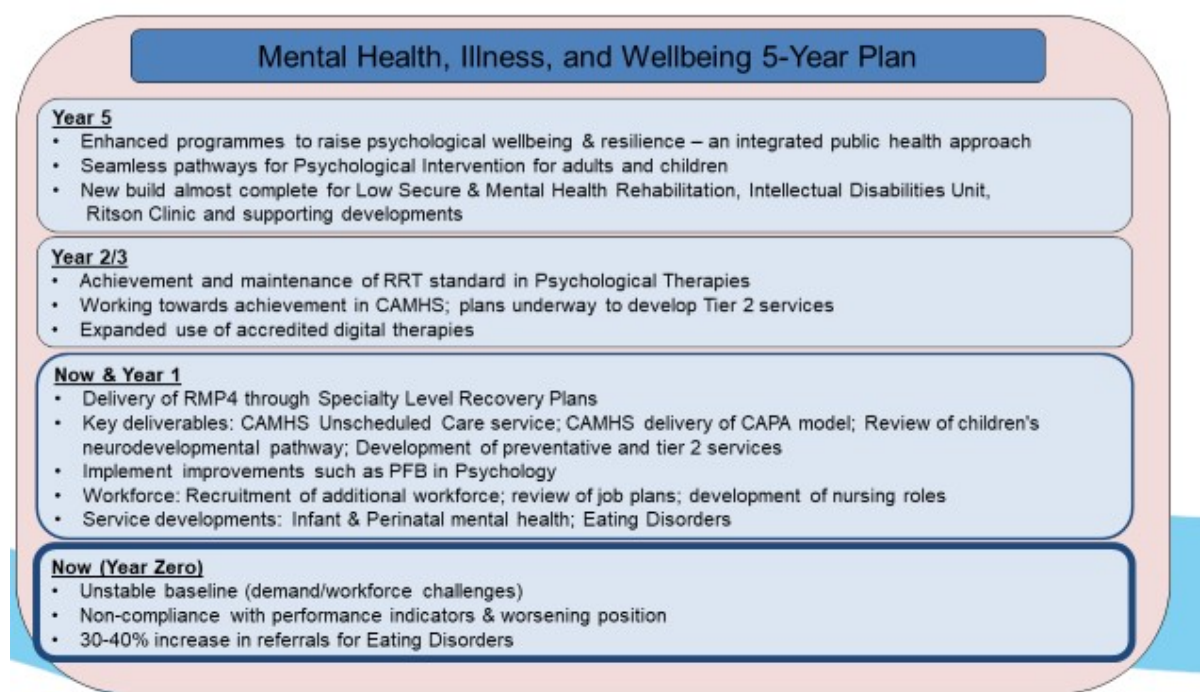
All four of our IJB areas are committed to developing programmes focussed on sustaining people's wellbeing. These programmes are tailored to the particular circumstances of each community, but bring together NHS services, volunteering, lived experience, the third sector, local authorities, and the private sector to expand access for support at a less acute level.

We will invest to expand our capacity in respect of psychological therapies, with a focus on meeting the Scottish Government's target that no one should wait longer than 18 weeks for this key form of treatment.

All five partners in the Lothian system are committed to improving the standard of facilities provided for inpatient treatment at the Royal Edinburgh Hospital, which looks after patients diagnosed with serious mental illness. We aim to commence construction of new facilities for mental illness rehabilitation, and of a new national unit for young people with learning disabilities and mental illness, by 2024.

The changes to the Royal Edinburgh Hospital will see us implement a radical redesign of care. For people with learning disabilities, care will increasingly be provided away from hospital, in homes with support provided by care workers, as opposed to doctors and nurses.

Similarly, our 4 IJBs will invest heavily in providing non-medicalised care and support outside of hospital for those recovering from long-term mental illness, with people settled into new homes and supportive environments designed around them.



## Primary care services

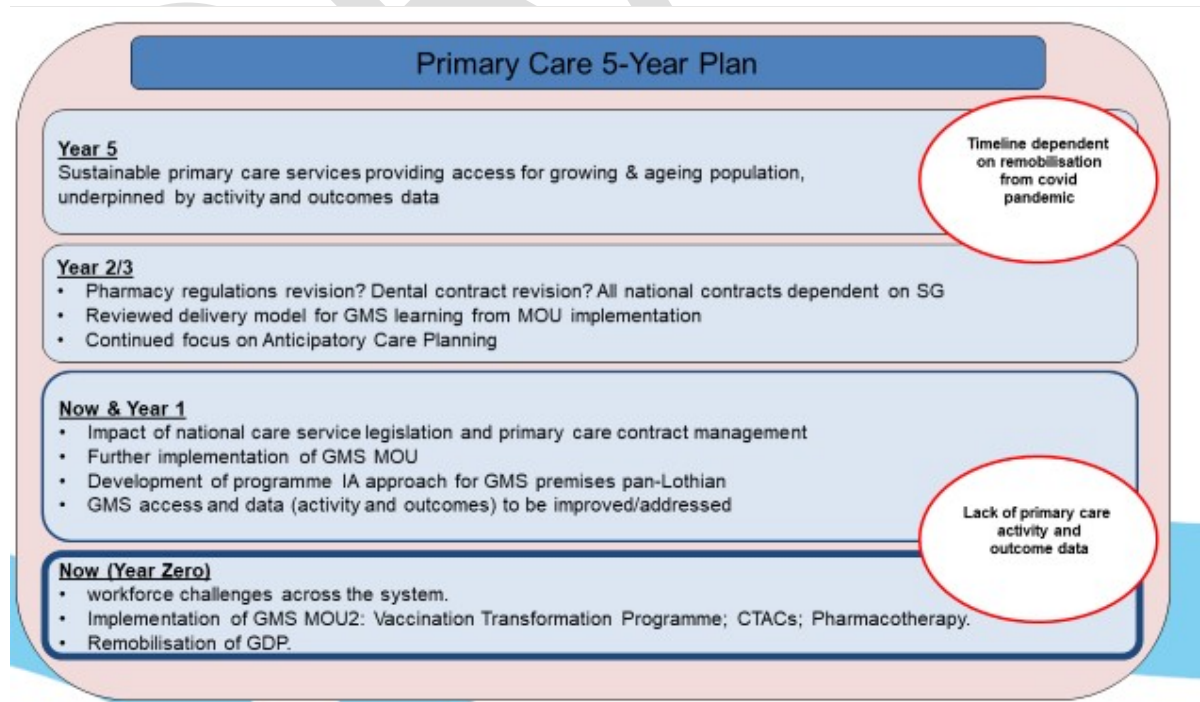
We will implement the next stage of the GP contract. We are conscious that GP contracting arrangements are negotiated nationally and not locally, and that as we complete this document, the Scottish Government's proposals for general practice would see these contracts managed in new Community Health and Social Care Boards. What we propose as a direction of travel, however, is one that we believe stands as the right direction to ensure a sustainable and high-quality service. The way in which we deliver general practice services will continue to evolve. As with the model for hospital outpatients, we will seek to ensure that people only travel to their general practice if they absolutely have to, with alternatives via digital technologies – and the telephone – increasingly offered. This will also mean that we continue to use telephone triage to stream citizens to the most appropriate professional, which will not always be the general practitioner.

We also recognise that general practice is one of the key elements of any community, and we also recognise that many of our general practice buildings are in need of replacement. When we require to replace a facility of this type, we will seek to do so in conjunction with our partners and create new buildings which bring together education, social care, other primary care services, the third sector and other services. Experience of the pandemic has been that citizens seek one place for support.

We have collectively sought to move from buildings which are not suitable for the delivery of modern care and treatment, and this affects general practices and hospitals both large and small.

We will look to further develop the services that are provided through pharmacies and opticians across the Lothians, recognising that these are a vital part of communities.

We will also work to help the recovery of our dental services. Currently our estimate is our services are running at 40% of pre-pandemic levels, with a Scottish Government expectation of at least 20% .



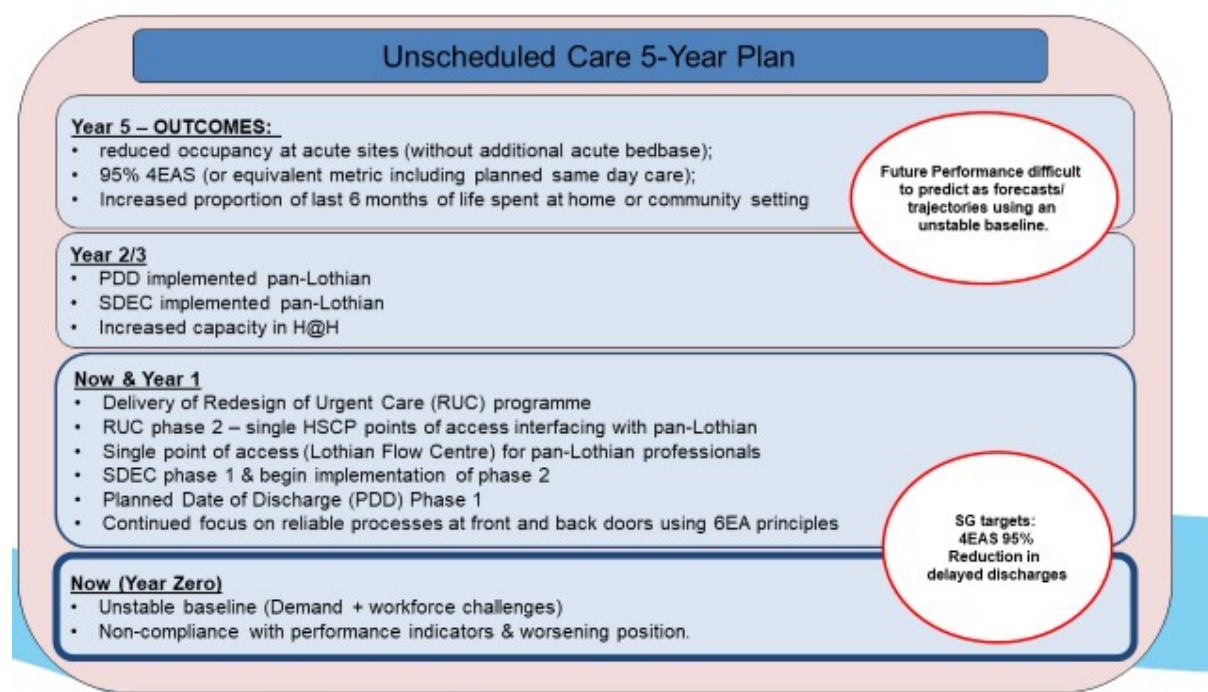
## Supporting access to unscheduled care

We will continue to aim to deliver improved patient experience and safety as measured against the 4-hour emergency access standard.

Our system is consistent in its belief that people should only come to a hospital if they absolutely have to, and should not stay in hospital any longer than absolutely necessary. We will therefore continue to develop the approach to redesign urgent care we introduced during the pandemic, with citizens asked to use the 111 phone number to be assessed and directed appropriately, with as many attendances as possible scheduled according to clinical priority and patient convenience.

To support this change, we will also roll out the Same-Day Emergency Care programme that has been very effective at the Western General Hospital. We will introduce the service at the Royal Infirmary of Edinburgh and St John's Hospital, and look to deliver as much as possible of this work at East Lothian Community Hospital and Midlothian Community Hospital. We will develop a business case for a new West Lothian Community Hospital and seek to develop further the services delivered at the East Lothian Community Hospital. We believe that this will improve the quality of care we can offer in these areas and allow us to replace buildings which are no longer fit for purpose.

We will continue to develop the approaches introduced successfully in each of the four IJB areas to get people home quickly after they have been in hospital. This means we will expand our Hospital to Home, HomeFirst, and Discharge to Assess approaches, allowing elements of acute hospital care and social care assessment to take home in the patient's own home.





## Scheduled Care

### We will

Begin the construction of a new regional Cancer Centre on the Western General campus, which will include specialist diagnostics, breast care, and chemotherapy and radiotherapy services;

Build and commence operating a new National Treatment Centre at St John's Hospital, which will see the vast majority of elective treatment for patients we expect to stay less than two days. We expect this centre to see the bulk of people receiving treatment in general surgery, orthopaedics, urology, colorectal surgery, and gynaecology;

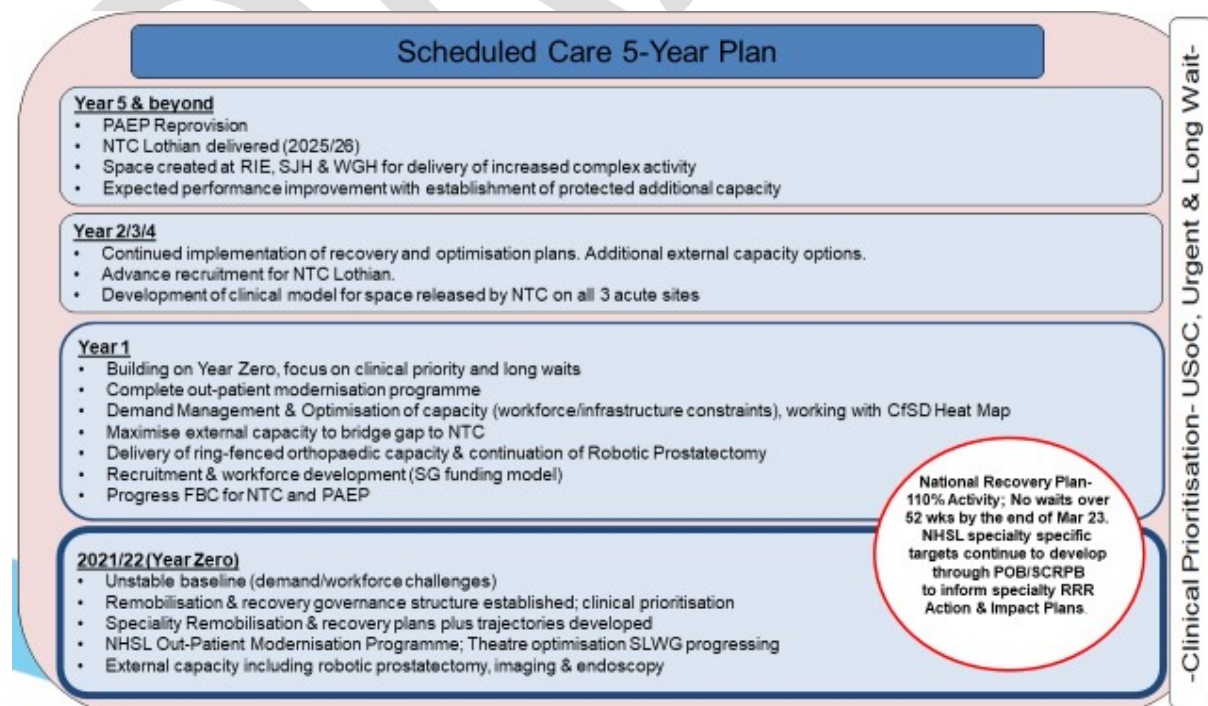
Work to recruit an additional xxx staff to operate this NTC;

Build and commence operating a new Princess Alexandra Eye Pavilion on the Royal Infirmary of Edinburgh campus, to bring together all aspects of specialist eye treatment for the people of Lothian;

Work to achieve prevailing national targets for diagnostics and treatment, prioritising those with life- and limb-threatening conditions, and supporting those who wait longer than we would want;

Use the physical space freed up in the Royal Infirmary, St John's Hospital, and the Western General to increase our capacity for the most complex conditions, thereby accelerating treatment for those with cancer or complex orthopaedic needs;

As part of our move to improve the waiting time for outpatient assessment, we will look to build on learning from the pandemic and use digital communications technologies such as NearMe to replace appointments in person, when this is appropriate to do so.



## **What next?**

This summary lays out the framework as we see it. We are keen to work with our citizenry, our partners, and our staff, to refine this and make sure we have captured all the elements required for a credible strategy that we would all endorse.

To this end, we are undertaking a formal consultation exercise in Spring 2022. We have therefore prepared a suite of documents which provide further detail on the concepts and initiatives explained here. The entire suite is linked to in the following list;

- Summary
- Assessment of where we are and what people have told us
- Where we want to be - Outcomes/population health/performance
- Anchor Institutions
- Children and Young People
- Mental Health, Illness, Wellbeing
- Primary Care
- Unscheduled Care
- Scheduled Care
- Overall 5-year plan
- Finance - revenue
- Capital - capital plan
- Workforce planning
- Workforce wellbeing
- Digital
- Environmental and sustainability
- Engagement process
- Questions

We would particularly direct readers to the section titled “Questions”, as we have specific questions we want to discuss with you and need your views so we can progress our system. You do not have to read all of the documents we have identified, but you are very welcome to do so.



**10<sup>th</sup> February 2022, 2.00pm**

## **Reappointment of NHS Lothian Board Members to the Midlothian Integration Joint Board**

<b>Item number:</b>	<b>5.4</b>
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### **Executive summary**

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The purpose of this report is to outline the proposed reappointment of 2 NHS Lothian Board Members to the Midlothian Integration Joint Board.

**Board members are asked to:**

**Note and approve the proposed reappointment of Carolyn Hirst and Patricia Donald as board members of the Midlothian IJB**

## Reappointment of NHS Lothian Board Members to the Midlothian Integration Joint Board

### 1 Purpose

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- 1.1 The purpose of this report is to update on the proposed reappointment of 2 NHS Lothian Board Members to the Midlothian Integration Joint Board.

### 2 Recommendations

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- 2.1 **Note and approve the reappointment of Carolyn Hirst and Patricia Donald as board members of the Midlothian IJB.**

### 3 Background and main report

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- 3.1 As outlined in the NHS Lothian Board letter (**appendix 1**) a decision will be made at the NHS Lothian Board meeting which will take place on 9<sup>th</sup> February 2022 regarding the recommendation to:

Re-nominate Carolyn Hirst as the lead voting member of the Midlothian IJB for the period from 7<sup>th</sup> January 2022 to 26<sup>th</sup> June 2023.

Re-nominate Dr Patricia Donald as a voting member of the Midlothian IJB from 1<sup>st</sup> April to 31<sup>st</sup> July.

### 4 Policy Implications

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- 4.1 This has no policy implications.

### 5 Directions

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- 5.1 This has no impact on Directions.

### 6 Equalities Implications

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- 6.1 In line with the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 the IJB must publish the Gender Composition of Midlothian Integrated Joint Board.



## 7 Resource Implications

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7.1 This has no resource implications

## 8 Risk

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8.1 N/a

## 9 Involving people

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9.1 N/a

## 10 Background Papers

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10.1

<b>AUTHOR'S NAME</b>	Lois Marshall
<b>DESIGNATION</b>	Project Team Manager – Neurological Conditions
<b>CONTACT INFO</b>	Lois.marshall@nhslothian.scot.nhs.uk
<b>DATE</b>	27 <sup>th</sup> January 2022

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**Appendices: Lothian NHS Board Letter**



**Sent by Email**

[Carolyn.Hirst@nhslothian.scot.nhs.uk](mailto:Carolyn.Hirst@nhslothian.scot.nhs.uk)

Date 21 January 2022

Your Ref

Our Ref JC/AP/GS

Enquiries to John Connaghan

Extension 35808

Direct Line 0131 465 5808

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EA [georgia.sherratt@nhslothian.scot.nhs.uk](mailto:georgia.sherratt@nhslothian.scot.nhs.uk)

Dear Carolyn

**THE NHS LOTHIAN VOTING MEMBERSHIP OF MIDLOTHIAN INTEGRATION JOINT BOARD ('IJB')**

I am writing to advise you that Lothian NHS Board will be meeting on 9 February 2022. I will be recommending to the Board that it:

- Re-nominate you as a voting member and the lead NHS voting member of the Midlothian IJB from 7 January 2022 to 26 June 2023.
- Re-nominate Dr Patricia Donald as a voting member of the Midlothian IJB from 1 April 2022 to 31 July 2022. Her current term ends on 31 March 2022 and this is for a short term as Dr Donald is retiring on that date.

Yours sincerely



**PROFESSOR JOHN CONNAGHAN CBE**  
Chairman

CC: Cllr Derek Milligan - Vice-Chair of Midlothian Integration Joint Board  
Dr Patricia Donald - Non-Executive Director  
Morag Barrow - Chief Officer of Midlothian Integration Joint Board



**10<sup>th</sup> February 2022, 2.00pm**

## **Financial Update - Out-turn 2021/22 and outline 22/23 financial position.**

**Item number: 5.5**

### **Executive summary**

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*This report updates the IJB on its out-turn position for 2021/22 and considers an outline financial projection for 22/23.*

*In 21/22 NHS Lothian (NHSL) is forecasting an underspend in the IJB's delegated functions and social care services delivered by Midlothian Council, having considered the impact of the additional winter allocations (reported at the December IJB,) will also show an underspend. These underspends will be taken to the IJB reserves either as earmarked reserves or to the general reserve as appropriate. This will increase the IJB's reserves from the 2020/21 balance (excluding the Covid-19 reserve).*

*The 22/23 forecast position is, however, very challenging and the IJB will have to consider how to develop a breakeven position in 22/23 using its reserves as appropriate to underpin operating pressures. The 22/23 financial settlement from the Scottish Government was discussed at the IJB's workshop in January 2022 and this is detailed further below.*

*The broad plan for 22/23 will be to consider how any additional resources from the 22/23 settlement plus the use of reserves as appropriate can support financial balance in year and allow the IJB to continue to deliver the objectives of its strategic plan.*

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

- 1. Note the projected out-turn position for 2021/22**
- 2. Note the projected impact on the IJB's reserves**
- 3. Note the Scottish Government's 22/23 financial settlement**
- 4. Note the projected financial forecast for 2022/21**

## Financial Update - Out-turn 2021/22 and outline 22/23 financial position.

### 1 Purpose

1.1 This paper has the following objectives: -

- To update the IJB on the projected 21/22 out-turn position.
- To update the IJB on the projected impact of this position on its reserves
- To inform the IJB of the Scottish Government's 22/23 financial settlement for the IJBs
- To provide the IJB with an outline financial position for 2022/23

### 2 Recommendations

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

1. Note the projected out-turn position for 2021/22
2. Note the projected impact on the IJB's reserves
3. Note the Scottish Government's 22/23 financial settlement
4. Note the projected financial forecast for 2022/21

### 3 Background and main report

#### 3.1 Update on the 2021/22 Out-turn

At its December meeting, it was reported that the IJB was projecting a break-even position overall in 2021/22 although additional 21/22 Winter funds from the Scottish Government would mean that the social care position would be underspent.

NHS Lothian has updated its out-turn forecast for the IJB as follows:-

NHS Services	Annual	YTD	YTD	YTD	Forecast
	Budget	Budget	Actual	Variance	Out- turn
	£000's	£000's	£000's	£000's	£000's
Core	72,386	47,663	47,623	40	453
Hosted	15,330	10,127	9,944	183	205
Set Aside	19,365	14,188	14,283	(94)	(278)
	<b>107,081</b>	<b>71,979</b>	<b>71,850</b>	<b>128</b>	<b>380</b>

Based on the position at Month 9 (December 2021). This includes budgetary provision for the additional costs of supporting the Covid-19 pandemic.

Midlothian Council has also updated its year-end forecast to take account of its revised provider contracts. Currently and including funding for Covid pressures and having taken account of the revised cost arising from the Care at Home recommissioning programme the Council are now forecasting a broadly break-even position for social care services. However, that is before the application of the additional winter support allocations made by the Scottish Government in November 2021.

### 3.2 Additional Winter funding

As was reported to the IJB in December 2021, a letter was received on 4/11/21 from the Scottish Government detailed the values which would be allocated to each IJB in 2021/22 for additional Winter Funding. For Midlothian IJB the allocations are as follows: -

Winter Allocations	£000's	Note
<b>Council</b>		
Interim Care	603	
Care at Home	934	
Pay provision to providers	741	Real Living Wage - £9.5 to £10.02
<b>Health Board</b>		
Multi-Disciplinary Teams	302	Was through the Council, now moved to HB
Add'n 1,000 band 3 and 4	tbc	Under discussion
	<b>2,580</b>	

Apart from the payment of the Real Living Wage to the providers – which is currently in the process of being paid – the expenditure in 21/22 against these additional allocations above is still being finalised. However, it is clear that not all of these funds will be utilised in 21/22 and, as was described above, unused funds will be carried into 2022/23 through the IJB's reserves.

### 3.3 Impact on IJB Reserves

At the end of 20/21, the IJB reserves stood at c. £13m, of which c. £5.5m was the Covid-19 reserve, a further £2.8 of reserves for earmarked programmes and a general reserve of c. £4.7m. Work is underway to confirm the utilisation of these reserves in year and it can be assumed that the Covid-19 reserve will be fully utilised. However, given the impact of the 21/22 Winter Pressures allocation and the overall underspend within health it's clear that the IJB's reserves (excluding Covid-19) will increase at the end of 21/22. Work is underway to establish the final balances and a further projection will be brought back to the IJB for its March 2022 meeting, but the IJB now needs to consider how these funds can be utilised to support the 22/23 financial position and how that can support the development of the balanced multi-year financial plan.

### 3.4 Scottish Government 22/23 budget settlement

The Scottish Government published its 22/23 budget on 9<sup>th</sup> December 2021. This contained the 22/23 financial settlements for the NHS, the Local Authorities and the IJBs. The budget is for one year only, the Scottish Government is developing a Medium-Term Financial Plan as are NHS Lothian and Midlothian Council.

The settlement, in terms of the IJB can be summarised as follows: -

1. Health – general uplift of 2% plus the costs of the employers NI increase. In principle this should cover the pay awards but there is no provision for the increased costs of drugs and the pressures of demography. Overall health inflation tends to run above general inflation, and, at this time, general inflation is considerably more than 2%.
2. Council – there is no uplift available for the Local Authorities and no support will be given for the impact of the employers NI increase. In absolute terms, this is a reduction in the resources available to the Councils.
3. Additional resources have been made available by the Scottish Government to support Social Care and these funds must be passed on, in full, to the IJBs. Nationally an amount of £554m is available – Appendix 1 details this – although a considerable element of this money is to support payments to providers to implement the Real Living Wage (to move the baseline from £9.5 to £10.02 and then from £10.02 to £10.5) and much of the rest is, in effect, the recurrency of the Winter Plan investments discussed above.
4. The Scottish Government are clear that the minimum budget proposals from partners to the IJBs should be as follows: -
  - From health the opening recurrent baseline plus 2% + NI cost increase. There are other Mental Health, PCIF and MDT (multidisciplinary team) allocations to be made. These are still to be finalised, but these funds will be passed onto the IJB as appropriate
  - From the Council, the opening recurrent baseline plus the share of the £554m discussed above.

### **3.5 Outline of 22/23 financial position**

#### **3.5.1 Covid-19**

In 20/21, c £6.5m of financial support for the additional costs incurred by the Covid-19 pandemic were used to underpin the financial position. Appendix 2 lays out how these funds were used. In its briefings the Scottish Government are clear that it's unlikely that they will have a similar amount of resources to support Covid-19 pressures in 22/23 than they had previously. The management teams are discussing exit strategies for these projects but it is clear that pressures on the health and social care system will continue. NHS Lothian have taken the view that any Covid-19 financial pressures in their 22/23 position will be fully funded by the Scottish Government. As a working planning assumption, the health Covid-19 costs will be assumed to be funded through NHSL whilst those costs incurred by social care services will be considered in detail with exit strategies drawn up as appropriate. This may seem to be a position that is prejudicial to social care but given that the largest element of the social care support is the sustainability programme to the providers and PPE (PERSONAL PROTECTIVE EQUIPMENT), and these elements will have to be underpinned by the Scottish Government the impact is manageable. As dialogue with the Scottish Government around financial support continues this position will be revised.

#### **3.5.2 Recurrency of the 21/22 Winter support funds**

As was noted in 3.2 above, additional allocations were made by the Scottish Government in November 2021 to support winter Pressures. It was clear from the letter that elements of this would be recurrent and the recurrency was considered in the finance paper presented to the IJB in December. The recurrency of these funds is captured in the additional £554m.



### 3.5.3 Midlothian share of the £554m additional funds

Appendix 1 also shows the projected Midlothian share of the £554m. As was discussed above, perhaps half of these funds are to deliver the Real Living Wage for the providers with the remainder being available to support pay awards, the costs of the employers NI increase and demographic pressures. An estimate of the commitments against these allocations is included in the appendix.

### 3.5.3 NHS

NHS Lothian has provided an initial forecast of the 22/23 position for the health elements of the IJB. This is

#### **NHSL Projected 22/23 position**

	Gross £000's	Covid- 19 £000's	Net £000's
Core	(6,259)	5,759	(500)
Hosted	(303)	149	(154)
Set Aside	(1,400)	562	(838)
<b>Total</b>	<b>(7,962)</b>	<b>6,470</b>	<b>(1,492)</b>

Where 'Gross' are the costs without any additional covid-19 budgets and net then being the position after assuming in support for the costs of the Covid-19 projects in 2022/23. A figure in brackets bring an overspend.

These pressures are \_

Core (health element of the HSCP (Health and Social Care Partnerships)) - £500,000 - this is largely prescribing, and work is underway to identify efficiency schemes to close this gap  
Set Aside – £838,000 - dialogue is underway with Acute colleagues both to understand the drivers behind this pressure and the planned actions to manage it  
Hosted - £154,000 – as with set aside above

### 3.5.4 Social Care (Council)

Work continues with Council colleagues to identify the pressures in the social care budget and to consider which of the new resources discussed above can be used to support them. The obvious pressures (excluding Covid-19) being pay awards, the cost of the employers NI increase, increases in the National Care Home Contract and the pressing issue of demographic change include the costs of transitions of clients from children's services to adult services. This work continues with the HSCP management team and will be detailed further in the report to the March 2022 IJB

## **3.6 Broad outline for the 22/23 financial plan**

Work will continue to develop a more detailed financial projection for 22/23 and this will include a consideration of the use of additional resources and uplift available as discussed above. It's important that the IJB has a balanced financial position laid out for 22/23 although this will depend on discussions with Acute colleagues in terms of the forecast set aside position and further dialogue with NHSL colleagues who manage the hosted services. A key

element of this will be funding for the Covid-19 pressures and the IJB will adopt the NHSL planning assumption that these pressures will be funded for health services and the sustainability payments.

If necessary, in order to develop balanced financial position in 22/23 the IJB will use its reserves. Reserves that are not earmarked for specific projects – for example carry forwards of unused winter allocation for Care at Home or Interim Care – will be used to provide financial support in these services during the financial year. In addition, further work will take place to develop a range of efficiencies both in 22/23 and thereafter to support the delivery of a balanced, multi-year financial plan for the IJB.

### **3.7 Further Development of the Financial Plan**

The setting of a budget for 22/23 will be further considered at the IJB's March meeting and the IJB is required to set a balanced budget at the start of the financial year. This budget will be used to support the IJB's directions for 2022/23 and the delivery of the IJB's Strategic Plan in that financial year. Budget setting for 22/23 is part of the longer-term process of developing the IJB Strategic Financial Plan and this work will continue into 22/23.

## **4 Policy Implications**

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- 4.1 There are no policy implications from this report, however policies may require to be revised arising from any operational or transformation proposals to balance the IJB's financial plan.

## **5 Directions**

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

## **6 Equalities Implications**

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- 6.1 There are no equalities implications from this report

## **7 Resource Implications**

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- 7.1 There are no resource implications from this report.

## **8 Risk**

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- 8.1 The risks raised by this report are already included within the IJB risk register, any further risks arising from any proposals will be included in the register as required.

## **9 Involving people**

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- 9.1 The IJB's meetings are recorded and available to the public and all of its papers are available on the internet.

## 10 Background Papers

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### 10.1 IJB's Financial Strategy.

<b>AUTHOR'S NAME</b>	David King
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<b>CONTACT INFO</b>	David.king4@nhslothian.scot.nhs.uk
<b>DATE</b>	February 2022

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#### Appendices:

**Appendix 1 – 22/23 Settlement – Additional £554m for social care (including Midlothian share)**

**Appendix 2 – Covid-19 Financial Support in 2021/22**

**Appendix 1 – 22/23 Settlement - £554m for additional social care, Midlothian share (estimate) and estimated commitments**

<b>Item</b>	<b>Value Nationally £m</b>	<b>Mid Share £000's</b>	<b>Committed</b>	
Carers	20.4	306	306	Ring fenced, but available for investment
FPNC	15.0	225	225	Pass through
20/21 RLW	30.5	457	457	Funding for payment already made
21/22 RLW	144.0	2,276	1,950	Funding for payment made - estimate
Care at Home	124.0	1,891		
Interim Care	20.0	305		Non recurrent
Social Care Investment	200.0	3,020	1,950	Estimate of cost of £10.02 to £10.50
<b>Sub total</b>	<b>553.9</b>	<b>8,480</b>	<b>4,888</b>	

NB – the Mid Share and the committed columns are working estimates at this time.

## Appendix 2 – Covid-19 Support in 21/22 (projected out-turn)

Description of Cost	Projected Spend £k (Sept 21)	Recurrency: Y/N	Comments
Sustainability Payments	825	N	
PPE	165	Y	
Additional Carers	300	Y	
Loss of Service User Income	150	N	
Increased staff cover in frontline services due to Covid response	500	Y	
Cowan Court: Respite Agreement	84	Y	
Wellbeing Post	31	N	
<b>Social Care Total</b>	<b>2,055</b>		
Opening Glenlee Ward	958	TBC	Full year cost £1.6m
Care at Home posts	345	Y	
Care Home Team Expansion	166	Y	
Community Respiratory Team Expansion	316	Y	
Discharge to Assess Expansion	1,132	Y	Only £252k factored in for new posts - £756k total for full year
Hospital at Home Expansion	160	Y	
Flow Hub 7 day working	276	Y	
Home first expansion	158	Y	
MCH Works	150	N	
Old Bonnyrigg Wards	20	N	
Volunteer Coordinator	46	N	
GMS	64	N	
Prescribing	523	Y	
Covid FLU	66	Y	
GP Funding	212	N	
<b>Health Total</b>	<b>4,592</b>		
<b>Midlothian Total</b>	<b>6,647</b>		





**10<sup>th</sup> February 2022, 2.00pm**

## **Performance Overview Report**

**Item number: 5.6**

### **Executive summary**

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The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals.

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

- Note the performance against the IJB performance goals;
- Identify IJB representation on Data Assurance and Governance Group (section 3.4);
- Approve reallocation of existing fixed-term funding for recruitment (section 3.5);
- Approve request for additional fixed-term for recruitment (section 3.6).

## Performance Overview Report

### 1 Purpose

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The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals.

**Board members are asked to:**

### 2 Recommendations

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

- Note the performance against the IJB performance goals
- Identify IJB representation on Data Assurance and Governance Group (section 3.4)
- Approve reallocation of existing fixed-term funding for recruitment (section 3.5)
- Approve request for additional fixed-term for recruitment (section 3.6)

### 3 Background and main report

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3.1 The IJB has previously identified improvement goals to monitor progress implementing the Strategic Plan. The improvement goals focus on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care.

3.2 The IJB approved the following revised improvement goals at the IJB meeting in April 2021:

- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18
- Reduce Unplanned Occupied Bed Days (OBD) by 10% by April 2022 compared to 2017/18
- Maintain Emergency Department attendances at the level of 2017/18
- Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity
- Reduce the percentage of time people spend in a large hospital in their last six months of life.
- Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher.

3.3 A report describing progress against each improvement goal is attached in Appendix 1. This report is informed by LIST data and is produced by the LIST team, on behalf of the Midlothian HSCP.



### 3.4 Performance Measurement

To support the development of a Partnership-wide Performance Framework, a new Data Assurance & Governance Group will be created with membership drawn from the HSCP SMT, the HSCP Performance team, finance colleagues and representation from the IJB. The group's initial meeting will take place in April 2022 and will meet on a monthly basis thereafter. The remit will include examination of performance data and the application of appropriate scrutiny to ensure governance and quality standards are met.

Board members are asked to give consideration as to how this representation is best achieved (for example standing members, attendance on rotation, etc); and to identify any potential volunteers.

### 3.5 Performance Team Recruitment Update

The Board had previously approved fixed-term funding for the role of Programme Manager (NHS Grade 8a) with responsibility for performance. Elouise Johnstone was appointed and commenced in post on 10<sup>th</sup> January 2022.

The Board had also approved fixed-term funding to recruit a Data Analyst (NHS Grade 7) and significant efforts had been made to align this recruitment through the central NHS Lothian Analytical Services team. In recognition of the challenges associated with recruiting to this role, a review of the existing roles and skills within the Performance Team was completed.

Based on this information, the recommendation is that the funding be reallocated to permit recruitment of a fixed-term Assistant Programme Manager (NHS Grade 6). The benefits of this approach include a small financial efficiency, a more appropriate skillset, and the continued stability of the existing team.

Board members are asked to consider and approve this revised proposal.

### 3.6 Additional Recruitment to support delivery of Strategic Plan

The Draft Strategic Plan for 2022 / 2025 is currently at consultation stage. Once the Plan has been formally adopted, a number of priority areas requiring enhanced focus will be identified. Additional staffing resource will be required to provide this bespoke support and the recommendation is that funding be agreed for 2 x WTE fixed-term Assistant Programme Managers (NHS Grade 6) for a period of two years. The posts will be nominally hosted within the Performance Team and will work flexibly across the Partnership to support the implementation of the Strategic Plan.

(Total cost for 2 x WTE NHS Band 6 for two years = £216k, based on 2021/22 pay rates, funded from IJB reserves.)

Board members are asked to consider and approve this additional funding.

### 3.7 IJB Development Session March 2022

The next Development Session is scheduled for March 2022 and the focus will be on Performance. The session will be held in MS Teams, following the model of previous sessions, making best use of the functionality – this will include break out rooms to encourage discussion around specific questions.

The session will provide the Board with an opportunity to discuss existing performance data provision, whether it meets the needs of the Board, and how it can be improved.

Board members are asked to submit any specific data / performance questions they wish to be considered in advance to Elouise Johnstone (by 28<sup>th</sup> February 2022).

## 4 Directions

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- 4.1 There are no implications on the Directions.

## 5 Equalities Implications

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- 5.1 There are no equality implications from focussing on these goals but there may be implications in the actions that result from work to achieve them.

The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are population groups that make more use of hospitals than other groups – for example older people or people living in areas of deprivation.

## 6 Resource Implications

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

## 7 Risk

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- 7.1 The main risk is that the IJB fails to set a suitable ambitious pace of change across the health and care system to reduce hospital utilisation and respond to the changing demographics

## 8 Involving people

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- 8.1 The Strategic Planning Group was consulted in 2017 to agree the first set of Local Improvement Goals. The revised improvement goals in this paper were discussed at the April 2019 SPG meeting.

## 9 Background Papers

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- 10.1 Appendix One: LIST Report describing progress against the IJB performance goals.

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<b>DATE</b>	28 <sup>th</sup> January 2022

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**10<sup>th</sup> February 2022, 2pm**

## **Clinical and Care Governance Group (CCGG) report**

<b>Item number:</b>	<b>5.8</b>
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### **Executive summary**

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This report to Midlothian Integrated Joint Board aims to provide assurance regarding the Care and Clinical Governance arrangements within Midlothian Health and Social Care Partnership.

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

## Clinical and Care Governance Group (CCGG) report

### 1 Purpose

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

### 2 Recommendations

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

### 3 Background and main report

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- 3.1 This report will update the IJB on the activity undertaken to provide assurance around the delivery of safe, effective and person-centred care in Midlothian.

- 3.2 **Clinical Care and Governance and Assurance Structure and Processes**  
The Clinical and Care Governance Group (CCGG) meets quarterly and is the overarching group within Midlothian and is the means by which the Partnership provides assurance to the IJB around the safety, effectiveness and person centredness of MHSCP Services.

Quality Improvement Teams (QITs) are established and cover the services directly provided and hosted within the Partnership, bringing together representatives of the various multidisciplinary teams. These teams report to the CCGG around their actions to address clinical and care governance and deliver quality improvement as a result of learning and innovation.

The Quality Improvement Teams should meet at least 4 times per year and report to the CCGG. The QITs submit reporting template which provides a summary of the actions in place to provide assurance. This includes adverse events and complaints, responses to safety alerts, improvement work, implementation of specific standards and guidance, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides. These issues may relate to areas covered in other groups (e.g. Health and Safety, Staff Governance, Finance and Performance) but which are assessed as creating a risk to the service's ability to deliver safe, effective or person-centred care. Work is underway to refresh the assurance template to support a more streamlined and consistent approach across services and to provide greater clarity on the level of assurance services report.

Allied Health Professions (AHPs) have previously reported under a stand-alone QIT, but recent discussion has led to agreement that AHPs will participate in the clinical and care governance processes through the QITs configured in the services in which they work. The Chief AHP is newly in post and will provide assurance to

the NHS Lothian AHP Director in through the Lothian AHP Governance and Assurance Framework. A Professional AHP Forum will be established, similar to the Professional Nursing Forum led by the Chief Nurse, to provide a focus for professional issues that can inform and drive the provision of assurance through AHP participation in integrated QITs and other clinical and care governance processes.

Developing services including Community Treatment and Care Centres (CTACS) and the Covid Vaccination programme will report through existing QITs in the next reporting cycle. COVID Vaccination was previously managed Pan Lothian and local reporting will provide assurance at a Midlothian level while maintaining governance and reporting lines which link with national mechanisms for information sharing, surveillance, and quality management.

Assurance processes are also in place around the services provided in care homes for older people and care at home services. These report to Pan Lothian operational and strategic oversight groups which in turn report to the Scottish Government around specific issues relating to delivery of these services throughout the COVID 19 Pandemic.

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups address patient/client falls and pressure ulcers. Another group, the Midlothian Safety and Experience Action Group has oversight of all other significant adverse events (adverse events which result in harm assessed as moderate or above), including those which are a drug-related death or suicide by patients engaged with mental health and substance misuse services. This group commissions external reviews in line with NHS Lothian protocols. The MSEAG minutes are submitted to the Lothian Patient Safety and Experience Action Group, and all Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure.

### **3.3 The Clinical and Care Governance Group**

The Clinical and Care Governance Group meets on a quarterly basis and most recently met on 25<sup>th</sup> January 2022.

QIT reports were received from, Mental Health, Substance Misuse and Justice, Midlothian Community Hospital, Disabilities, Health Visiting and Adults with Complex and Exceptional Needs, Older People Residential and Intermediate Care.

Particular points of good practice to highlight to the IJB in relation to clinical and care governance work across the QITs include:

- Ongoing commitment to capture the perspective of people who use mental health, substance use and justice services; in addition to auditing documentation, the teams are actively testing different approaches to hear the voice of the person and for that to inform service improvement.
- High levels of compliance with person centred care planning and the transition to a new quality dashboard in Midlothian Community Hospital
- Midlothian Food Fluid and Nutrition group now taking forward local plans to deliver the recommendations of the Food in Hospitals Report

- Reflection in action to capture good practice and learning in Disability Services from the management of the transition of a Midlothian resident with highly complex care needs to deliver a more local service.
- The collation of data in District Nursing to demonstrate complexity, demand and capacity in order to articulate risk and develop workforce plans to meet current and future demands for more complex care provision in people's own homes.
- Progress in the project which is capturing feedback from bereaved families about the experience of their relative receiving end of life care from Midlothian Community Hospital and District Nursing.
- HSCP pharmacy support to support the development of a new medication administration policy and the review of all clients' medications in Home Care.
- Continued work at Newbyres Care Village by the HSCP Pharmacy team to improve systems, processes and practice in medication ordering, storage and administration.
- Consistent delivery by Midlothian Health Visitors of the 13- 15 month visit across all teams and plans to fully deliver the Universal Health Visiting Pathway from March 2022.
- The use of smartphone technology to gather feedback from parents in relation to the delivery of immunisations or under 5s.

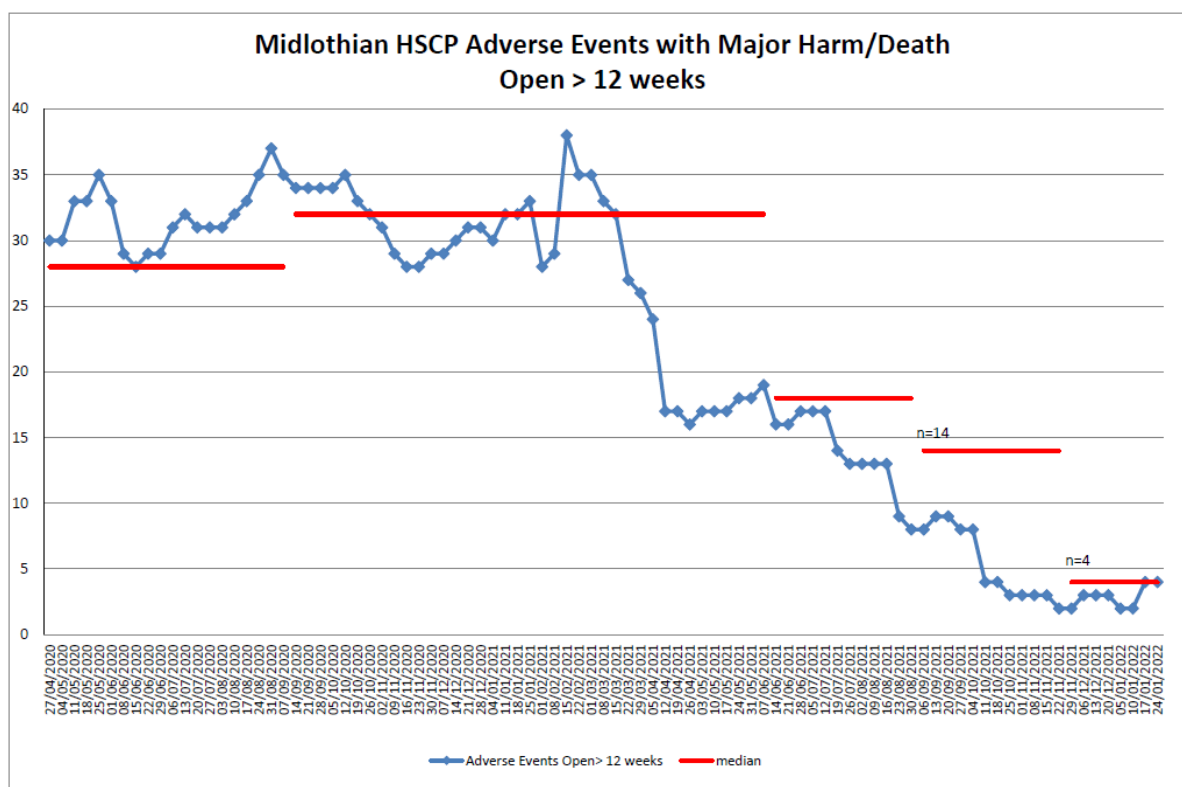
QIT reports also highlight issues including workforce, information technology and premises which have the potential to impact on the delivery of safe, effective and person-centred care. Discussion takes place at the CCGG to ensure that these risks are logged on the appropriate risk register and are being addressed through specific workstreams or by escalation through operational lines.

### **3.4 Investigating and Learning from Adverse Events and Complaints**

The HSCP Senior Management Team (SMT) receives a fortnightly summary and verbal report from the Chief Nurse regarding the reporting and management of adverse events on the Datix system, and performance around the management of complaints.

The SMT has heard of a continued reduction in the number of open adverse events overall, and about significant adverse events in particular. At the time of writing 4 Significant Adverse Events remain open beyond the 12-week Health Improvement Scotland standard which is the KPI required by NHS Lothian, Chart 1 shows the improvement in performance against these targets over 2021. Work continues to support actions that will enable local teams to address all adverse events within the national targets and to maintain and improve the processes that support teams to address this important work and complete within appropriate timescales

Chart 1.



Agreement has been reached with East and West Lothian HSCTs to establish a collaborative approach with the aim of reducing any avoidable delays in the time taken to identify the team to take forward independent external reviews of Significant Adverse Events where this is required. These are the events most likely to breach national targets for completion of the investigation process. Chief Nurses will meet to deliver oversight and to support reviewing teams with the aim of reducing the time taken to complete reviews and ensuring appropriate early communication with families.

The MSEAG has had been monitoring outstanding actions from previously investigated Significant Adverse Events. Progress has been made in ensuring these are progressed and updated on the Datix reporting system with the outstanding number of actions also much reduced.

Work continues to consistently handle complaints within agreed targets. With the backlog of SAE reviews and actions now largely addressed, improvement work will now focus on the quality of complaint response, thematic analysis and ensuring shared learning and appropriate action planning across service areas.

### 3.5 Clinical and Professional Oversight of Care Homes

Health Boards and local Health and Social Care Partnerships continue to carry responsibilities for the clinical and professional oversight of the care provided to people resident in care homes. Midlothian HSCP has local mechanisms in place to



deliver its responsibilities and to link its work with pan-Lothian and national mechanisms.

The Care Home Support Team continues the pattern of support to the 10 Care Homes in Midlothian as previously reported to the IJB.

- Daily telephone contact with Midlothian's 10 care homes for older people and triangulation of verbal reporting with data entered on the TURAS safety huddle tool.
- Weekly walk rounds with each care home manager (conducted virtually if workforce or other pressures dictate) utilising checklist methodology.
- Facilitation of a weekly Care Home Managers' meeting for mutual support, sharing good practice and information.
- A monthly collaborative meeting with the Pan Lothian teams delivering additional Clinical Education, Tissue Viability, Infection Prevention and Control and Quality Improvement Support.
- A rapid rundown three times weekly chaired by the Chief Nurse or other MHSCP Senior Manager to provide continued local oversight of CHST activity and intelligence.
- Enhanced support where staff or residents test positive for COVID 19 or where other risks to resident health and wellbeing are identified.

The Care Home Support Team also ensures appropriate dissemination of updated guidance, information and educational resources and is available for to care home staff to answer queries and assist with problem solving and crisis management.

Throughout the peak period of winter and covid pressures, some activity has stepped up. The Lothian Operational Oversight Group has met every weekday to ensure effective communication between the Health Protection, Community Testing, Infection Prevention and Control and all 4 Lothian Care Home Support Teams. At times of peak demand, this forum has been able to reach consensus around the most effective targeting of Health Protection, Community Testing, Infection Prevention and Control activity to areas where the incidence of COVID infection among staff and residents is causing greatest concern. The presence of the Care Inspectorate, Clinical Education and Independent Sector representatives at this meeting enables constructive discussion, risk assessment, problem solving and learning, and links care home staff teams to a range of educational and improvement initiatives across the sector.

The Care Home Support team also progress collaborative working with the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership through a regular meeting to discuss the observations and experience of the different teams involved in work with care home residents. This enables proactive support of the delivery of person-centred care, and regular input to address issues and challenges being faced in the care homes as they arise using both informal approaches and more formal procedures as required.

A weekly operational Care at Home assurance meeting takes place in Midlothian and links are in place with the other Lothian HSCPs to support shared learning and mutual aid. The pre-existing Lothian Strategic Oversight Group meets fortnightly and now includes oversight of Care at Home and Care Home services in recognition of the significant challenges being faced in both sectors.



### 3.6 Inspections

The Clinical and Care Governance Group maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements. QITs will log the inspection reports of providers commissioned in their service areas with their QIT submissions.

None of the partnership's directly provided registered services have been the subject of Care Inspectorate inspection activity since the last report.

### 3.7 Midlothian Community Hospital

Workforce challenges persist and securing sufficient Nursing staff continues to be a factor limiting the bed capacity available in Midlothian Community Hospital. IJB members will be aware that this reflects the national shortfall of Registered Nurses. **Delivery of a staffing plan enabled a further 6 beds at Midlothian Community Hospital to open, and now 20 beds additional to the 2020 baseline are in use.** The Partnership will continue its efforts to deliver care as close to home as possible for the residents of Midlothian.

The IJB has previously been updated on the rollout of the Lothian Accreditation and Care Assurance Standards in Midlothian Community Hospital. The programme started with 2 wards in Cycle 1 and all in-patient areas for Cycle 2. Data has been captured which can evidence improving standard attainment overall, and supports the staff teams to target their improvement work on specific domains in each ward area. Cycle 3 will take place in February and March of 2022. The next stage of development includes the introduction of weekly quality improvement 'huddles' involving the whole MDT, with plans to progress a particular focus on reducing falls and falls with harm.

### 3.8 Workforce and clinical and care assurance

Board members have been advised previously of the challenges being faced across a range of services due to increasing demand and complexity, seasonal pressures, recruitment challenges and sickness absence attributed to Covid and other causes. Across the peak winter period a daily weekday workforce huddle was held covering all Midlothian HSCP services. This provided the Senior management team with a clear articulation of the local workforce position which could inform local decision making and feed into the whole system overview of service pressures.

A Lothian framework developed to enable nurse managers to utilise clear criteria to identify and escalate demand and capacity pressures IJB has been used in Midlothian throughout the winter. IJB members will recall that front line staff are involved in identifying the staffing levels they need to provide their usual level of service - 'safe to start'. The framework has supported decisions around the prioritisation of service delivery and identifies escalation and support mechanisms and like-for-like comparison of the nursing staffing position across the whole of Lothian. This has provided assurance throughout the winter period so far and is good preparation to meet the requirements of Safe Staffing legislation which must be in place for April 2022.

## 4 Policy Implications

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

## 5 Directions

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- 5.1 Clinical and care governance is implicit in various directions that relate to the delivery of care.

## 6 Equalities Implications

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- 6.1 There are no equalities implications arising directly from this report.

## 7 Resource Implications

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

## 8 Risk

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- 8.1 This report is intended to keep the IJB informed of governance arrangements and any related risks and to provide assurance to members around improvement and monitoring activity.

All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

## 9 Involving people

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- 9.1 Midlothian staff are involved in the development and ongoing monitoring of processes related to clinical and care governance.

Public representatives on the IJB will have an opportunity to provide feedback and ideas.

## 10 Background Papers

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- 10.1 N/A

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<b>DATE</b>	28 January 2022

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# Midlothian HSCP MSG Indicators

Performance from April 2017 to December  
2021, with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST),  
Jan 2021



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  - d) admission conversion rates
3. Emergency admissions
4. Unplanned bed days:
  - a) Acute
  - b) Geriatric Long Stay
  - c) Mental Health
5. Delayed discharges occupied bed days
6. Balance of care
7. End of life

# 2020/21 MSG Targets - Methodology

- The MSG Objectives Performa was submitted in February 2020 which specified the 2020/21 targets and an action plan on how those targets were to be achieved
- 2017/18 MSG data was used as the baseline to calculate the 2020/21 targets

# Data completeness

Source: MSG data release Dec-21, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Oct-21	n/a	-
2. Emergency admissions	Jun-21	Oct-21	(SMR01) Nov-20 = 92%
3a. Unplanned bed days (acute)	Jun-21	Oct-21	(SMR01) Nov-20 = 92%, May-21 = 96%, Aug-21 = 94% (SMR01E) Quarters ending: Jun-20 = 98%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 92%; Jun-21 = 90%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 93%; June-21 = 92%, Sep-21 = 95%
3b. Unplanned bed days (GLS)	Jun-20	Oct-21	
3c. Unplanned bed days (MH)	Jun-20	Oct-21	
4. Delayed discharges occupied bed days	Oct-21	n/a	-
5. Last 6 months of life (% in community setting)	2019/20	2020/21	-
6. Balance of care (% at home)	n/a	2019/20	-

# 2020/21 targets and actuals

Source: MSG objectives 2020-21 template - Midlothian IJB; MSG data release Dec-21, PHS

Indicator	2020/21 target	2020/21 target (rate per 100,000)		2020/21 (rate per 100,000)		Target met
		Annual	Monthly	Annual	Monthly	
1. A&E attendances	Maintain	31,543	2,629	26,390	2,199	✓
2. Emergency admissions	5% decrease	9,207	767	9,207	767	✗
3a. Unplanned bed days (acute)	10% decrease	60,888	5,074	57,459	4,788	✓
3b. Unplanned bed days (GLS)	Decrease	<13,733	<1,144	13,731 (p)	1,144 (p)	✓
3c. Unplanned bed days (MH)	Decrease	<15,910	<1,326	12,903	1,075	✓
4. Delayed discharges occupied bed days	20% decrease	9,836	820	9,779	815	✓
5. Last 6 months of life (% in large hospital)	Decrease	<8.7%	-	7.4%	-	✓
6. Balance of care (% at home)	Increase	>96.4%	-	96.7% (p) - 2019/20	-	✓

(p) = provisional

- Indicators 3b and 6 are still provisional, and 6 is for 2019/20.

# Data Sources

## 2020/21 MSG Targets

- Source: MSG data release v1.49, Dec-21; Public Health Scotland
- These are official monthly figures released by PHS and will be nationally published (some data is provisional and not yet published)
- Next data release: Jan-22

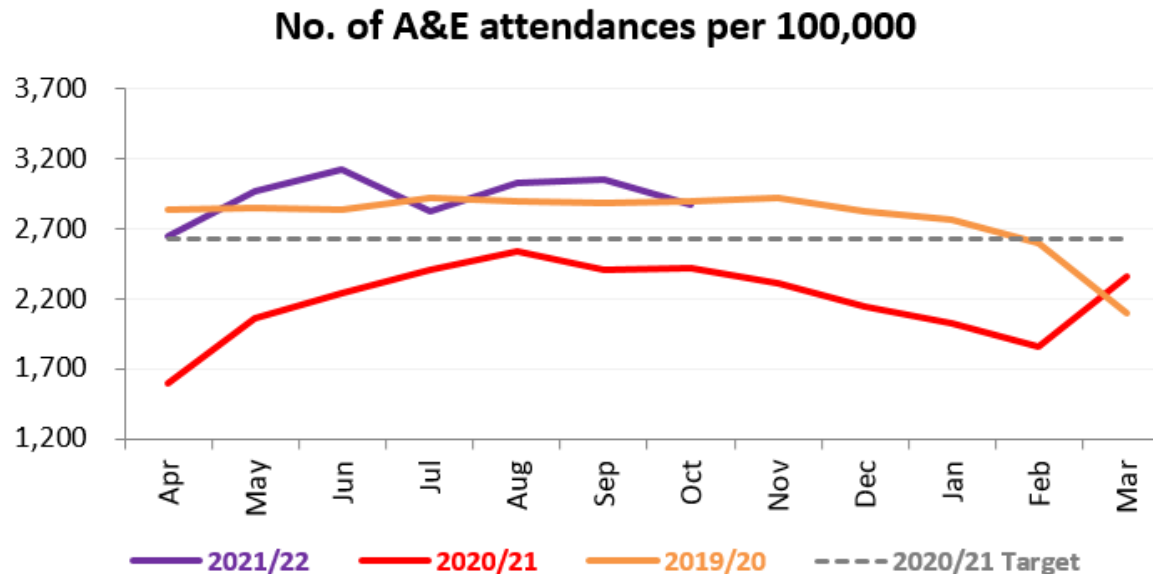


# A&E Attendances

Source: MSG data release Oct-21; data published up to Sep-21

Target = maintain	Annual	Monthly
2020/21 Target Rate (per 100,000)	31,543	2,629
2019/20 Rate (per 100,000)	33,319	2,777
2020/21 Rate (per 100,000)	26,390	2,199
2021/22 Running average (Aug)		2,930

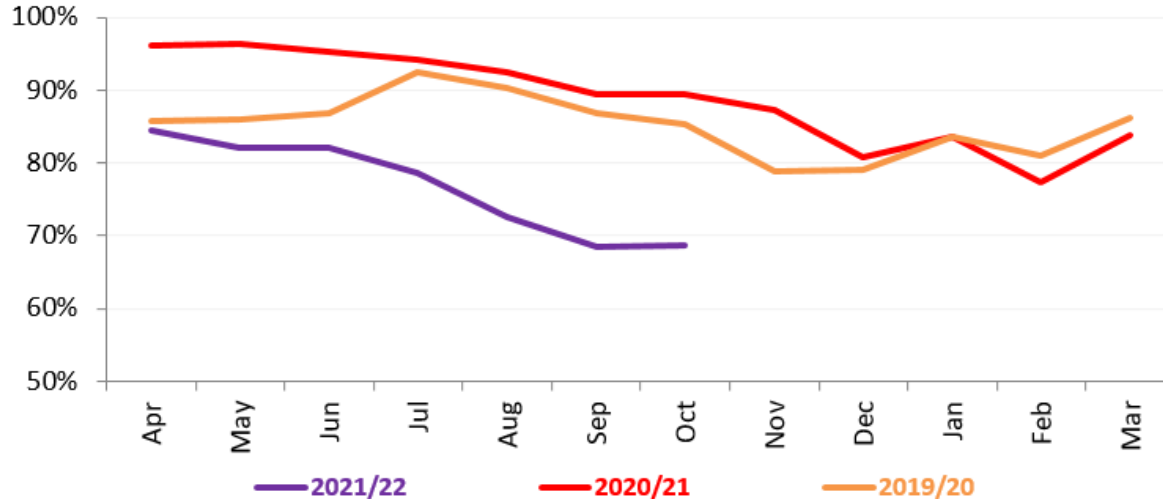
- The 2020/21 target was met
- The rate of attendances in 2020/21 was 21% lower than 2019/20, and **17% lower than the 2017/18 baseline year.**
- Much of this may be due to covid-19, as there was a dramatic drop in March and April 2020.
- The rate of attendances had increased back to typical levels by Aug-20, but steadily decreased again since then, until Mar-21 when it started increasing.
- Since Jul-21 it has exceeded the 2020/21 target level.



# A&E 4 hour performance

Source: MSG data release Dec-21; data published up to Oct-21

**A&E % discharged, admitted or transferred within 4 hours**

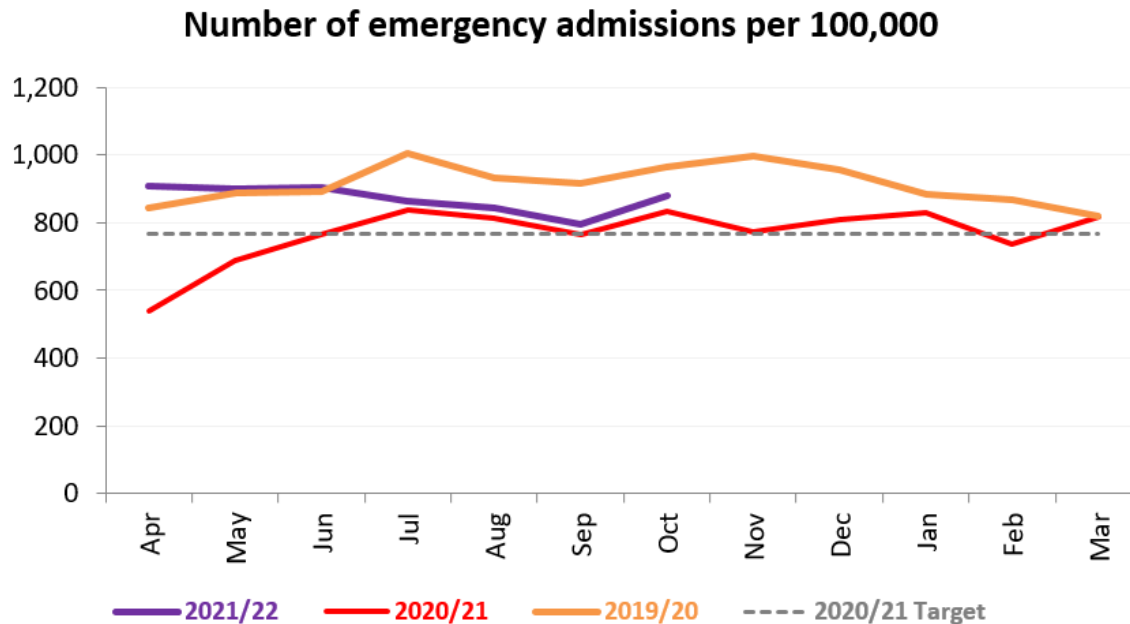


- Four hour performance was steady through the winter of 2020-21
- **Overall four-hour performance for 2020/21 was 79.9%**, a slight decrease from the 2019/20 level (85.2%)
- Performance in Oct-21 was around 68%

# Emergency Admissions

Source: MSG data release Dec-21; data published up to Jun-21

Target = 5% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,207	767
2019/20 Rate (per 100,000)	10,966	914
2020/21 Rate (per 100,000)	9,207	767
2021/22 Running average (Aug)		872



- The 2020/21 target was not met (but almost)
- The rate of emergency admissions dropped in Apr-20 due to Covid-19, but quickly returned to more typical levels – although remained lower than 2019/20 until March-21
- Since March-21 the admissions rate has increased above the 20/21 target level and above 2019/20 levels (note that this data is provisional and not yet published)

# Unplanned Bed Days - Acute

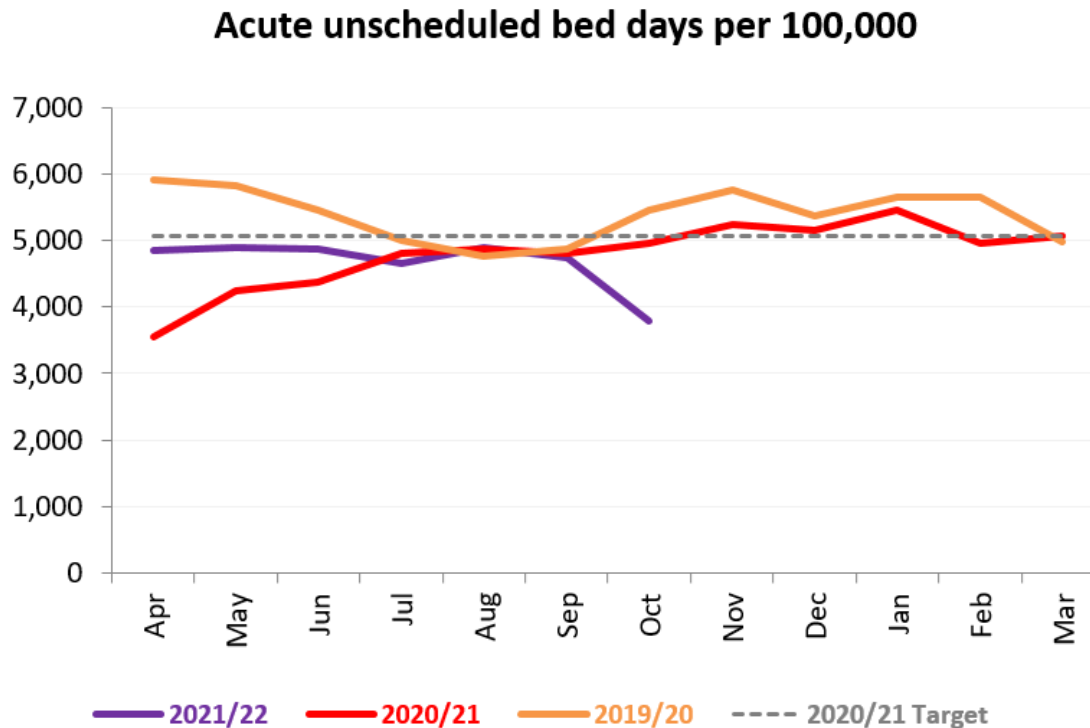
Source: MSG data release Dec-21; data published up to Jun-21

Target = 10% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	60,888	5,074
2019/20 Rate (per 100,000)	64,683	5,390
2020/21 Rate (per 100,000)	57,459	4,788
2021/22 Running average (Aug)		4,668

- The 2020/21 target was met

- The rate dropped drastically in Apr-20 due to Covid-19, but was back to a more typical level by Jul-20.

- The rate appears to have dropped again during 2021/22 so far (note that this data is provisional and not yet published)

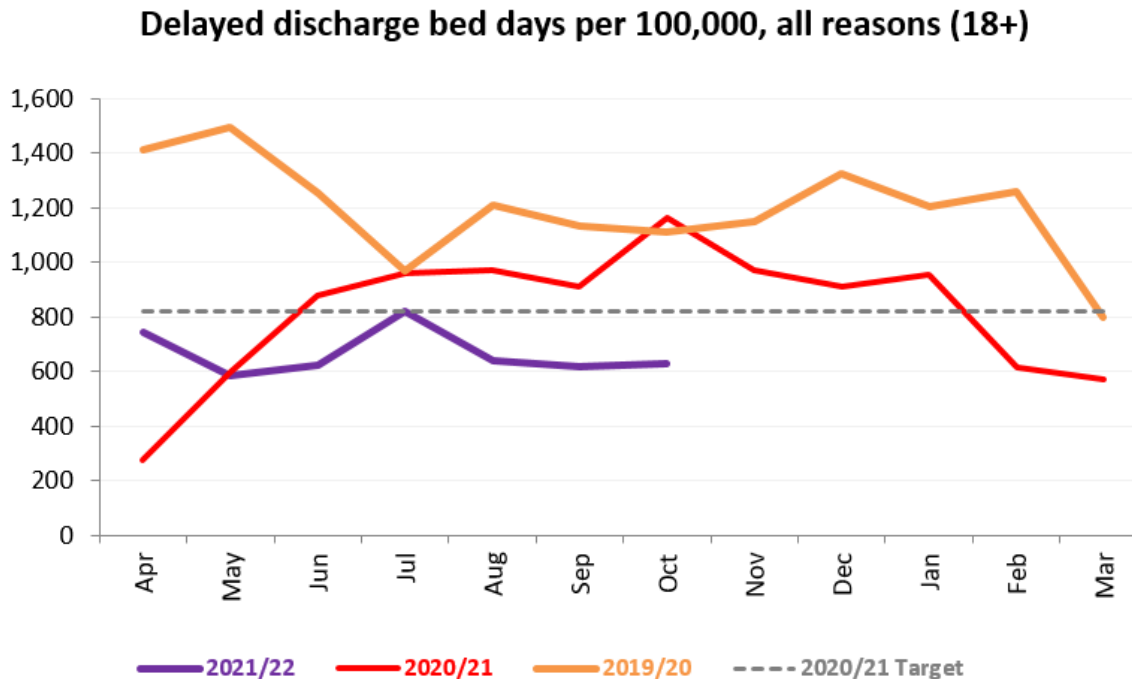


# Delayed Discharges Occupied Bed Days

Source: MSG data release Dec-21; data published up to Oct-21

Target = 20% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,836	820
2019/20 Rate (per 100,000)	14,336	1,195
2020/21 Rate (per 100,000)	9,779	815
2021/22 Running average (Aug)		665

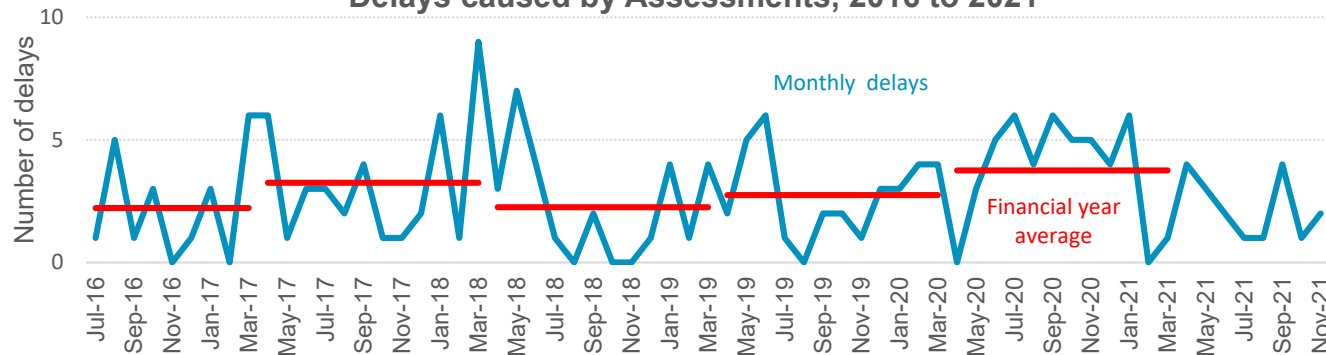
- The 2020/21 target was met
- The rate of delayed discharge occupied bed days in Apr-20 was about 80% lower than the previous April's rate due to Covid-19
- The rate has remained mostly lower than the previous year ever since



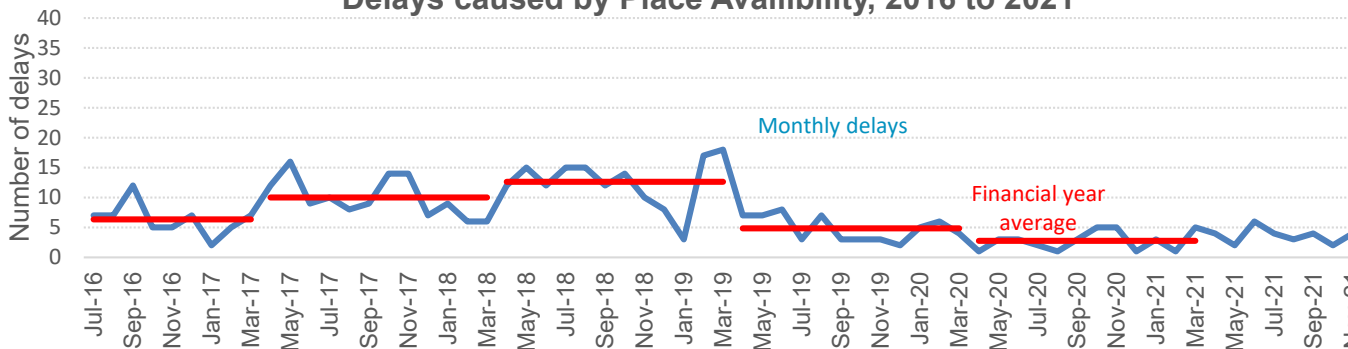
# Delayed Discharges: Trends by Reason for Delay

Data Source: Public Health Scotland Delayed Discharge Census December 2021 Publication

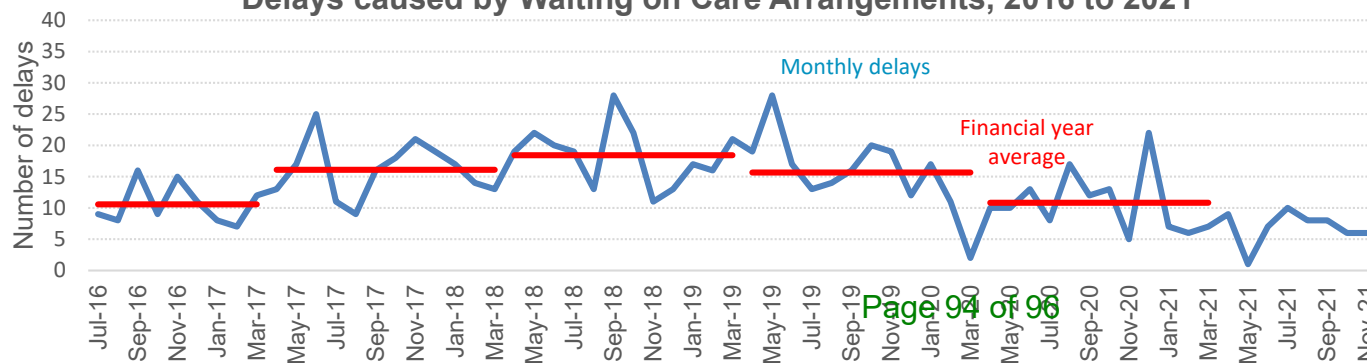
## Delays caused by Assessments, 2016 to 2021



## Delays caused by Place Availability, 2016 to 2021



## Delays caused by Waiting on Care Arrangements, 2016 to 2021



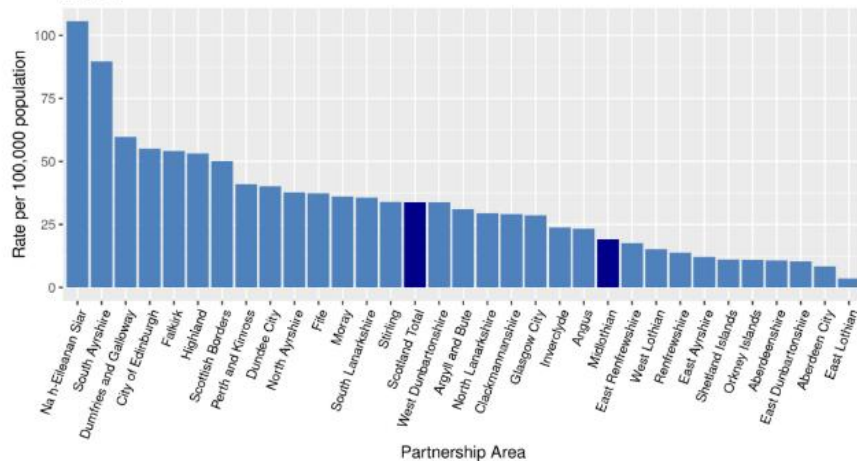
- These charts show the long term trend and the yearly average of the number of delays caused by:  
Assessments; Place Availability and Waiting on Care Arrangements.

- Data has been taken from the monthly Census from Public Health Scotland.
- Performance was improving before the Covid-19 pandemic, and delays have dropped further since the start of the pandemic across these categories.

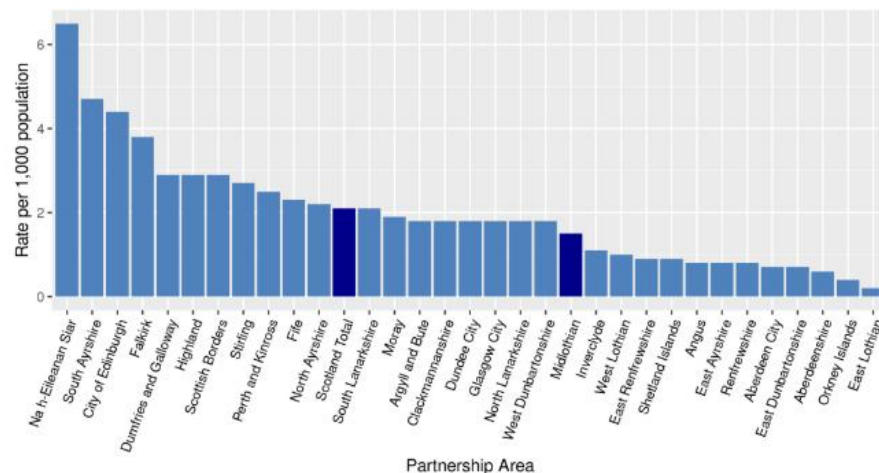
# Delayed Discharges (all reasons): Midlothian Position

Data Source: Public Health Scotland Delayed Discharges Nov 2021 Publication

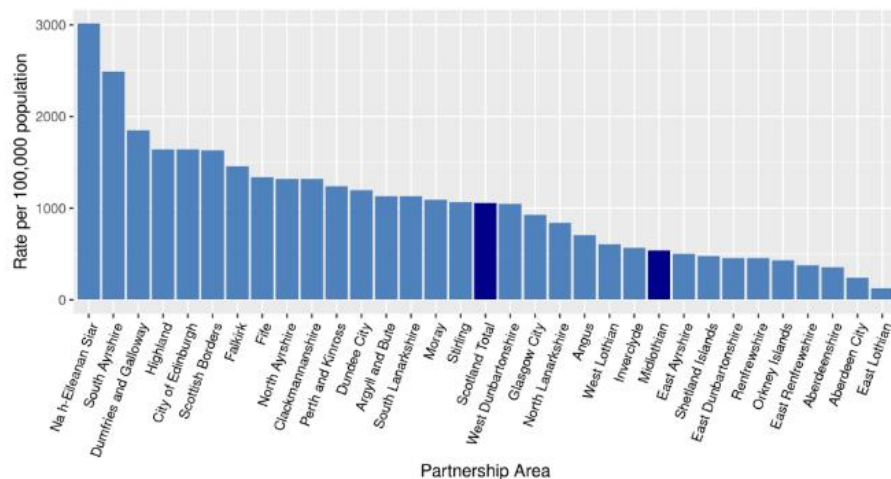
Delayed Discharge Rates per 100,000 Population, Aged 18+  
Nov 21



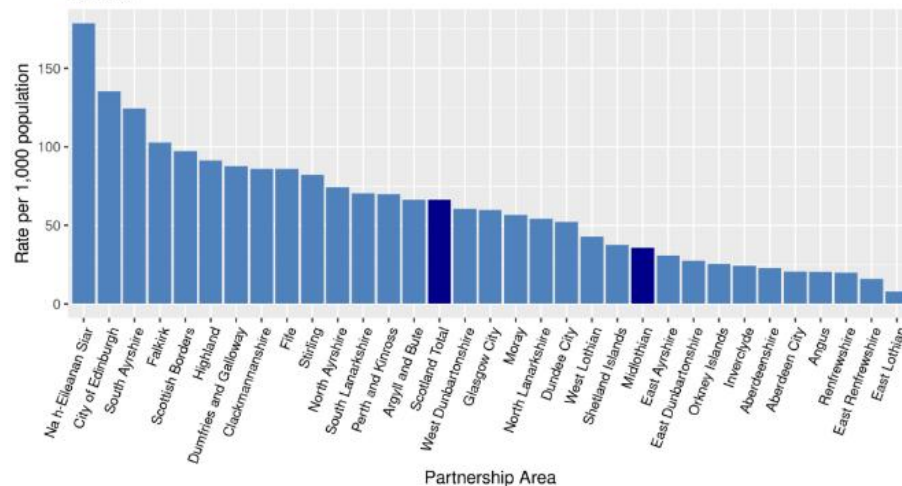
Delayed Discharge Rates per 1,000 Population, Aged 75+  
Nov 21



Occupied Bed Days for Delayed Discharges - Rate per 100,000 Population, Aged 18+  
Nov 21



Occupied Bed Days for Delayed Discharges - Rate per 1,000 Population, Aged 75+  
Nov 21



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

Source: MSG data release Dec-21; data published up to 2019/20

Target = decrease	Annual
2020/21 Target	<8.7%
2019/20	9.1%
2020/21 Provisional	7.4%

- The 2020/21 target was met (provisional data)
- The provisional percentage for 2020/21 is below the target and is lower than the 2019/20 level

