Notice of Meeting and Agenda

Midlothian Integration Joint Board

Venue: Virtual Meeting,

Date: Thursday, 13 April 2023

Time: 14:00

Morag Barrow
Chief Officer

Contact:

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

Further Information:

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

For Discussion

For Noting

None

( ) Indicative timings.

6   Private Reports

No private reports to be discussed at this meeting.

7   Date of Next Meeting

The next meeting(s) of the Midlothian Integration Joint Board will be held on:
- Thursday 11 May 2023 2pm - Development Workshop (For board members only)

- Thursday 1 June 2023 2pm - Audit and Risk Committee

- Thursday 15 June 2023 2pm - Midlothian Integration Joint Board

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 9 February 2023	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Val de Souza (Chair)	Angus McCann	Cllr Kelly Parry
Cllr Pauline Winchester	Cllr Stuart McKenzie (substitute for Cllr Colin Cassidy)	Cllr Kelly Drummond (substitute for Cllr Derek Milligan)

Present (non-voting members):

Morag Barrow (Chief Officer)	Joan Tranent (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Rebecca Green (Clinical Director)	Wanda Fairgrieve (Staff side representative)	Grace Chalmers (Staff side representative)
Hannah Cairns (Allied Health Professional)	Miriam Leighton (Third Sector)	

In attendance:

Andrew Fleming (NHS Lothian)	Nick Clater (Head of Adult & Social Care)	Grace Cowan (Head of Primary Care and Older Peoples Services)
Patricia Fraser (Audit Scotland)	Robert Dick (Audit Scotland)	Duncan Stainbank (Chief Internal Auditor)
Sarah Hall (NHS Lothian)	Debbie Marklow (NHS Lothian)	Gill Main (Integration Manager)
Alan Turpie (Standards Officer)	Elouise Johnstone (Programme Manager for Performance)	Mike Broadway (Clerk)

Apologies:

Cllr Colin Cassidy	Cllr Derek Milligan	Cllr Willie McEwan (proxy for Cllr Derek Milligan)
Keith Chapman (User/Carer)	Fiona Stratton (Chief Nurse)	Johanne Simpson (Medical Practitioner)
Jordan Miller (Staff side representative)		

Midlothian Integration Joint Board
Thursday 9 February 2023

1. Welcome and introductions

The Chair, Val de Souza, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

4.1   The Minutes of Meeting of the MIJB Board held on 15 December 2023 were submitted and approved as a correct record.

4.2   The Minutes of Meeting of the MIJB Strategic Planning Group held on 24 November 2023 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chair's Update - Presented by Val de Souza Val de Souza commented on the considerable systems pressure experienced again this year, commending all staff for their efforts during the very busy winter period. Val then went on to remark on the unprecedented budgetary pressures being faced by both partners and the potential challenges this would likely present not just for them but for the IJB also.	To note the Chair's update	All To Note	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The possible need to review the timing of the June Board meeting was also raised and discussed.			
5.2 Chief Officers Report – Presented by Morag Barrow, Chief Officer 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, highlighting in particular a number of the key activities, as well as looking ahead at future developments. Having heard from the Chief Officer, Morag Barrow in amplification of her report, the Board echoed her concerns about the pressure that the Health and Social Care system was under across Scotland, and welcomed the actions being taken by HSCP services in collaboration with colleagues to help reduce avoidable admissions where possible and treat patients back in the community. Members also discussed the winter vaccination programme, the challenges posed by hard to reach groups, and long Covid numbers and how it was being treated.	To note the content of the Chief Officer's Report.	All to Note.	
5.3 Midlothian IJB Performance Framework - Paper presented by Elouise Johnstone, Performance Manager The purpose of this report was to provide the Board with a draft of the Performance Framework for 2023-2024.	(a) To note the draft Performance Framework for 2023-2024; and (b) To note the process and schedule for completion, approval, and publication of the full Performance Framework for 2023-2024.	All to note	Ongoing

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The report explained that a Performance Framework was a summary of all the measures used to determine how well an organisation was meeting its aims. The Performance Framework would be completed following confirmation of the Directions for 2023-24 and would be subject to parallel internal governance processes. This approach would ensure approval of the Framework to permit its publication in support of the timeline for publication of Directions 2023-24. Having heard from Performance Manager, Elouise Johnstone, in amplification of the report, the Board discussed the draft Performance Framework for 2023-24, and the challenges posed by current data sharing arrangements given the need to access date from multiple systems, not yet used consistently across the partner organisations.			
5.4 Primary Care GP activity data - Paper presented by Rebecca Green, Clinical Director The purpose of this report was to update the Board on current Primary Care GP activity data and provide assurance that appropriate actions were being taken to maintain and improve access for patients to general medical services, including unscheduled care. The report advised that 62% of people report that they have had a positive experience of the care provided by their GP practice, however this is lower	(a) To note the data provided on local demand, capacity, and activity in primary care in Midlothian, including the higher clinical activity than across the rest of Lothian; (b) To recognise the disparity between the objective evidence presented and the often unhelpful narrative portrayed in the lay media and some anecdotal reports/opinion; (c) To note the significant pressure on local GP practices which is impacting on resilience and risks the future provision of sustainable general medical services; and	All to note.	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
than in previous years, and lower than the average in Scotland. Primary Care and GP appointments represent excellent value for money in providing healthcare for patients close to home. Access to an appropriate primary care professional or service ('right person right time right place') is therefore a priority for local residents, the wider health & social care system, and for the Scottish Government. Clinical Director, Rebecca Green was heard in amplification of the report, following which she responded to Members questions and comments. The Board warmly welcomed the progress being made in improving the follow of data from GP practices as it was felt it gave a much truer picture of the invaluable nature of the service which they provided to local communities and the support they offered to the wider health & social care system.	(d) To note the potential need to 'invest to save' to support resilience of local practices to be able to continue to provide the high-value care for patients in the community and close to home.		
5.5 Midlothian IJB Directions End of Year Update 2022-23, and Proposed Directions 2023-24 - Paper presented by Gill Main, Integration Manager and Elouise Johnstone, Performance Manager The purpose of this report was to share with the Board the end of year report on progress towards the Directions issued in 2022-23 and present the first draft of MIJB Directions for 2023-24. Having heard from Integration Manager, Gill Main in amplification of the report, the Board in discussing the end of year report acknowledged the progress	(a) To note the end of year performance updates for the 2022-23 Directions; (b) To note the recommendations from SPG to progress Directions as Complete, Revised, or Revoked; and (c) To note the first draft Directions for 2023-24.	Chief Social Work Officer	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
which had been made towards each Direction. The Board also welcomed the more strategic focus taken in reducing the proposed number of Directions to be issued by the Board for 2023-24.			
5.6 Midlothian IJB Mainstreaming Equalities Report and Action Plan - Paper presented by Gill Main, Integration Manager With reference to paragraph 5.6 of the Minutes of 11 February 2021 there was submitted a report the purpose of which was to provide the Board with key updates on progress against the 2021-23 Mainstreaming and Equalities Outcomes report action plan and proposes a new set of actions for 2023-25. The report advised that Midlothian IJB was subject to the Public Sector Equality Duty (PSED) and must report on the progress towards mainstreaming equality to date and set out plan for 2023-25. The Board, having heard Integration Manager, Gill Main in amplification of the report, discussed the proposed actions for 2023-25 and associated resource and capacity implications. Whilst acknowledging the importance of equalities work, it was generally felt that perhaps more work was needed to properly quantify accurately what was required in order to deliver the intended outcomes.	(a) To note the status of actions outlined in the Equalities Outcomes and Mainstreaming Report for 2021-2023; (b) To note the proposed actions for 2023-2025; (c) To note the resource and capacity implications; (d) To note specifically the requirement for the IJB to develop, implement, monitor and review a system for completing Integrated Impact Assessments for all its all new and revised strategies, policies and plans, provisions, practices, and activities, and the resource implications of this.	All to note	

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Thursday 9 February 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.7 Midlothian Integration Joint Board Standing Orders - Paper presented by Alan Turpie, Standards Officer With reference to paragraph 5.4 of the Minutes of 15 December 2022 there was submitted a report the purpose of which was to set out for the Board's consideration proposed amendments to the Board's Standing Orders in order to ensure that the Standing Orders remain fit for purpose. Having heard from Standards Officer, Alan Turpie in amplification of the report, following which he responded to Members question and comments, the Board discussed the proposed amendments. Particular consideration being given to the possibility of a meeting continuing to deal with non-decision making business in the absence of a formal quorum. Alan Turpie confirmed that this would be an option available should that position arise but that it would be up to those present at the meeting to decide if they wished to proceed in this manner.	(a) To note the review of the Standing Orders; (b) To approve the proposed amendments to the Standing Orders; and (c) To note the requirement for the completion of an Integrated Impact Assessment (IIA).		
5.8 Finance Update – Quarter 3 2022/23 - Paper presented by Claire Flanagan, Chief Finance Officer The purpose of this report was to set out the results of the MIJB's partner's (Midlothian Council and NHS Lothian) quarter three financial reviews and considered how these impacted on the projected financial position for the IJB for 2022/23.	To note the quarter 3 financial reviews undertaken by partners.	Chief Finance Officer	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Chief Finance Officer, Claire Flanagan was heard in amplification of the report and responded to Members question and comments. With regards the arrangements for monies due to be passed onto the IJB as a result of the national revenue funding to support all Council staffing budgets with the costs of the pay deal, which included staff within budgets delegated to the IJB, discussions with Midlothian Council were ongoing.			
5.9 Midlothian IJB Performance Report - Paper presented by Elouise Johnstone, Performance Manager The purpose of this report was to update the Board on progress towards achieving the current IJB performance goals (2022/23). Performance Manager, Elouise Johnstone was heard in amplification of the report following which there was a general discussion about the some of the progress that had been made and the challenges that remained.	To note the performance against the IJB Improvement Goals for 2022/23.	All to note.	
5.10 Midlothian IJB Internal Audit Arrangements & Plan 2022/23 - Paper by Duncan Stainbank, Chief Internal Auditor The purpose of this report was to present the new arrangements which had been put in place for the provision of a Chief Internal Auditor for MIJB and	To note the arrangements in place for the Provision of a MIJB Chief Internal Auditor, and the progress with the Internal Audit Plan for 2022/23 for the MIJB.	All to note	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
provide an update on the progress with the MIJB Internal Audit Plan for 2022/23. Chief Internal Auditor, Duncan Stainbank was heard briefly in amplification of the report following which there was a general discussion on the new Internal Audit arrangements and the progress being made with the Internal Audit Plan.	.		
5.11 Midlothian Community Justice Annual Report 2020 - Paper by Nick Clater, Head of Adult Services The purpose of this report was to provide a summary of the April 2021/2022 Annual Report prepared for Community Justice Scotland by the Midlothian Community Justice Partnership. The report highlighted key aspects of community justice activities, outcomes and improvements carried out by the Community Justice Partnership in Midlothian during 2021/2022. A copy of the April 2021 - 2022 Annual Report was appended to the report.	To note the contents of the report.		

6.   Private Reports

No private business to be discussed at this meeting.

7.   Any other business

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

8.   Date of next meeting

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

- Thursday 16 March 2023   2pm   Special Board Meeting/Development Workshop
- Thursday 13 April 2023   2pm   Midlothian Integration Joint Board

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

The meeting terminated at 4.05 pm.

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Special Midlothian Integration Joint Board	Thursday 16 March 2023	2.00pm	Virtual Meeting held using Microsoft Teams

Present (voting members):

Val de Souza (Chair)	Andrew Fleming	Angus McCann
Cllr Derek Milligan	Cllr Kelly Parry	Cllr Pauline Winchester
Peter Knight (substitute for Nadin Akta)	Cllr Stuart McKenzie (substitute for Cllr Colin Cassidy)	

Present (non-voting members):

Morag Barrow (Chief Officer)	Joan Tranent (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Rebecca Green (Clinical Director)	Fiona Stratton (Chief Nurse)	Grace Chalmers (Staff side representative)
Hannah Cairns (Allied Health Professional)	Miriam Leighton (Third Sector)	

In attendance:

Cllr David Virgo	Kevin Anderson (Executive Director Place)	Craig Marriott (Director of Finance)
Nick Clater (Head of Adult & Social Care)	Kay Jenks (Audit Scotland)	Gill Main (Integration Manager)
Elouise Johnstone (Performance Manager)	Fergus Grierson (Communications Officer)	Mike Broadway (Clerk)

Apologies:

Cllr Colin Cassidy (Vice Chair)	Nadin Akta	Johanne Simpson (Medical Practitioner)
Keith Chapman (User/Carer)	Wanda Fairgrieve (Staff side representative)	Jordan Miller (Staff side representative)

Midlothian Integration Joint Board
Thursday 16 March 2023

1. Welcome and introductions

The Chair, Val de Souza, welcomed everyone to this virtual Special Meeting of the Midlothian Integration Joint Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received, however statements of transparency were made by Councillors Milligan, Parry, Winchester and McKenzie all of who had been involved in setting the Midlothian Council's budget.

4. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
4.1 Chair's Update - Presented by Val de Souza Val de Souza reported the appointment of Andrew Fleming as a MIJB Voting Member and Peter Knight as a Proxy Voting Member for Nadin Akta, and welcomed both to the meeting. Val then went on to remark on the unprecedented budgetary pressures being faced by both partners and the potential challenges this was likely to present not just for them but for the IJB also.	(a) To endorse the appointment of Andrew Fleming as a MIJB Voting Member and Peter Knight as a Proxy Voting Member for Nadin Akta; and (b) To otherwise note the Chair's update	All To Note	
4.2 Midlothian Council Finance Update - Verbal update from Kevin Anderson, Executive Director Place, Midlothian Council The Board heard from Kevin Anderson, Executive	To note the update.		

Midlothian Integration Joint Board
Thursday 16 March 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Director Place regarding the budget position facing the Council. He emphasised that the formal budget offer to the MIJB should be considered in the context of an extremely challenging financial climate, forecasted expenditure and the resulting financial gap.			
4.3 NHS Lothian Finance Update - Verbal update from Craig Marriot, Director of Finance, NHS Lothian The Board, then heard from Craig Marriott, Director of Finance regarding the budget positions facing NHS Lothian. He sought to emphasise that whilst work on the formal budget offer was progressing, the indicative position should similarly be considered in the context of a no less challenging financial climate than that facing the Council, forecasted expenditure and the resulting financial gap	To note the update.		
4.4 Financial Update – Budget Offers from Partners for 2023/24 - Paper presented by Claire Flanagan, Chief Finance Officer The purpose of this report was to provide the Board with confirmation of the formal Midlothian Council budget offer to the MIJB and an update on the current indicative proposed budget offer and principles for 2023/24 from NHS Lothian. Further to this the report also set out the IJBs updated medium term financial plan projections and the financial recovery plans and assumptions to support the IJB balancing its budget in 2023/24. A	(a) Agreed to defer consideration of the formal budget offers from Partners for 2023/24 to the April MIJB Board meeting; (b) Agreed to enter into discussions with both Partners regarding their budget offers and to explore in particular possible alternative options to address the remaining financial gap of £1.3m for 2023/24 and the resultant recurring funding gap;	Chief Finance Officer	

Midlothian Integration Joint Board
Thursday 16 March 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
position of the IJB reserves was included covering both general and earmarked reserves. Finally, the reports asked the IJB to agree to request options for the remaining financial gap of £1.3m for 2023/24 be developed further and brought to Aprils IJB meeting. The Board heard from Chief Finance Officer, Claire Flanagan, who in acknowledging the challenging financial landscape, sought to address the "fair and adequacy" measure used by the Board when considering the partners' budgetary offers. The Board, in considering the offers made by its partners, discussed how the remaining financial gap of £1.3m for 2023/24 had arisen; ways in which it could potentially be addressed; and the most appropriate way too proceed in terms of governance.	(c) Agreed to seek further clarity on the Scottish Government's funding requirements for IJBs in view of the current funding offers; (d) Agreed to share draft letter to Scottish Government with IJB members; and (e) To otherwise note the current report.		
4.5 Midlothian IJB Directions 2023/24 - Paper presented by Gill Main, Integration Manager With reference to paragraph 5.5 of the Minutes of 9 February 2023 there was submitted a report the purpose of which was to present the proposed MIJB Directions for 2023-24. The Board, having received an overview from Integration Manager, Gill Main who responded to Members' questions and comments, discussed the proposed MIJB Directions for 2023-24.	(a) Approved the Directions for 2023/24; and (b) Agreed to delegate authority to the Chief Officer to issue the Directions for 2023/24 to the Chief Executives of NHS Lothian and Midlothian Council on 31st March 2023.	Integration Manager/ Chief Officer	

5.   Private Reports

No private business to be discussed at this meeting.

6.   Date of next meeting

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

- Thursday 13th April 2023   2pm   Midlothian Integration Joint Board
- Thursday 11th May 2023   1pm   Development Workshop

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

The meeting terminated at 3.50 pm.

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Strategic Planning Group	Thursday 26 January 2023	14.00	Virtual Meeting held using MS Teams.

Present (MIJB members):

Morag Barrow (Chair)		
Keith Chapman		

Present (HSCP):

Gill Main (Integration Manager)	Fiona Kennedy (Group Service Manager)	Elouise Johnstone (Programme Manager, Performance)
Hannah Cairns (Chief AHP)	Grace Cowan (Head of Primary Care & Older People)	Fiona Stratton (Chief Nurse)
Emma-Jane Gunda (Programme Manager)	Chris King (Finance)	

In attendance:

Rachael Honeyman	Graeme McGuire	Jim Sherval
Pat Wynne		

Strategic Planning Group
Thursday 26 January 2023

Apologies:		
Angus McCann	Nick Clater	Laura Hutchison
Annette Laing	Sarah Archibald	Laura Douglas
Lesley Crozier		

1. Welcome and introductions

Morag Barrow (Chair) welcomed everyone to the meeting.

2. Order of Business

The order of business was as set out in the Agenda.

3. Minutes of Meeting

The Minutes of Meeting of the Strategic Planning Group held on 24 November 2022 were reviewed and approved.

4. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
4.1 Chairs Update Morag Barrow provided an update on current system pressures and confirmed whilst things are improving, there is still high demand and a requirement to maximise flow			

Strategic Planning Group
Thursday 26 January 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Morag discussed the budget planning exercise and work to establish a 2023-24 savings plans. Morag has written to Midlothian Council with concern around the passing over of monies and asked Scottish Government for support. Morag recognised the good work of teams, and ongoing progress, and thanked all the staff. It was noted that a range of new members may require support to attend and engage with the SPG agenda. Morag to discuss with officers of the HSPC and IJB Chair.			
4.2 Finance & Performance update – Elouise Johnstone (Programme Manager for Performance) Elouise Johnstone provided an update on F&P activity, the current focus being on the financial recovery position and proposals. Elouise stated there has been a rolling programme of Directions and each lead has reported on progress. This will shift to a review of service governance as the IJBs Directions take a more strategic focus			
4.3 Performance, Assurance & Governance Group update – Elouise Johnstone Work has focused on reviewing and assuring the Directions for 2023-24 along with the IJB Performance Framework.			

Strategic Planning Group
Thursday 26 January 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5. Items for discussion **5.1 Volunteering Programme update – Rachael Honeyman** Rachael Honeyman provided an overview of the presentation. Morag asked Rachael to link with Gill Main as the operational contact to work on opportunities to link the volunteer plan with the IJB Directors.			
5.2 Directions 2023-24 update – Gill Main & Elouise Johnstone Gill Main provided a historic overview that saw an increase in the Directions from 108 in 2020-21 to 157 in 2022-23. The Boards ambition is to reduce these to a maximum of 20 for 2023-24. Morag discussed some small working changes to be actioned before the draft is submitted to the IJB. All agreed.			
5.3 Mainstreaming Equalities 2021-25 review **2021-23 action review and proposed action 2023-25 – Gill Main & Emma-Jane Gunda** Gill Main provided an overview of the paper. The report is a requirement under the Equalities Act and provides an update on progress for 2021-23 along with proposed			

Strategic Planning Group
Thursday 26 January 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
actions for 2023-25. Morag suggested including a high-level summary page for 2023-25. All agreed to recommend the report to the IJB for review.			
5.4 Requirement for all Integrated Authorities regarding Equality Impact Assessment – Gill Main & Emma-Jane Gunda Gill Main provided an overview of the requirements of the IJB under the public sector equality duty. Gill asked the group to agree to the principles of action in the paper and commission a process for the IJB to identify, complete, monitor and review IIAs. The group agreed and Morag thanked Gill for her work around this. Gill will bring back a process for consideration to the next meeting			
5.5 Set-Aside Financial Update - Q2 position discussion – Graeme McGuire Graeme McGuire provided an overview of the presentation. Morag asked how we bring this in line with the 3% budget and provide assurance to the IJB of the plans in place. Graeme confirmed that some areas already have plans in place. Morag asked Graeme to discuss local plans with Chris King and Claire Flanagan and return to SPG in 3 months' time with an update.			

Strategic Planning Group
Thursday 26 January 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments

6. Any other business

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
none			

7. Date of next meeting

The next meeting of the Strategic Planning Group will be held on 23 February 2023 at 2.00pm.

Actions: All Members please note and progress the actions detailed in this document

The meeting terminated at 4.00pm

Midlothian Integration Joint Board

Thursday, 13 April 2023, 14:00-16:00

Chief Officer's Report

Item number:	5.2

Executive summary

The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous 2 months and looks ahead to the following 4 weeks.

Board members are asked to:

1. *Note the issues and updates raised in the report*

Midlothian Integration Joint Board

Chief Officer's Report

1.   Purpose

1.1   This report provides a summary of the key activities within health and social care over the previous two months and future key developments.

2.   Recommendations

2.1   To note the issues and updates raised in the report

3.   Background and main report

IJB Directions 2023/24

Directions for 2023/24 have been issued to NHS Lothian and Midlothian Council in line with Scheme of Integration requirements. These were issued to both Chief Executive Officers on 31st March.

Hybrid IJB meetings

It was agreed by the IJB that Board meetings would continue to be held virtually over winter 2022/23, with a hybrid solution in place for 2023/24. Securing a facility that can provide the infrastructure to support a hybrid model within Midlothian has been challenging. An initial site was identified, but feedback from other users report issues with connectivity.

There is an opportunity to hold a hybrid meeting within Council Chambers in Midlothian House, Dalkeith. Internal infrastructure work is being progressed by Midlothian Council, and there will be an opportunity to consider this as a venue from June 2023 onwards.

Morag.barrow@nhslothian.scot.nhs.uk

Appointment of the Clinical Lead Physiotherapist

I am delighted to inform the Board that, after a competitive recruitment process, Fionna MacKinnon has been successful in the role of Clinical Lead Physiotherapist for Midlothian HSCP. Fionna has been covering the post in an interim position for the last couple of years and has done a tremendous job in challenging circumstances whilst attempting to cover a full clinical caseload. Fionna will have operational responsibility for the MSK and GP Advanced Physiotherapy Practitioner (GP APP) teams and professional responsibility for all Physiotherapists in integrated teams in the HSCP.

Midlothian Integration Joint Board

Fionna is the final part of the puzzle that forms the AHP Leadership Team in Midlothian alongside myself, Karen Henderson (Head of Dietetics), Lynn Freeman (Clinical Lead Occupational Therapist) and Matthew Curl (Digital Programme and Midcare Manager).

Progress of the Governance and Assurance Framework

March sees the end of a year-long period of testing and iterative development of the AHP Governance and Assurance Framework with data entry via a PowerApp and output via a Tableau dashboard. This testing phase has enabled the framework, App and dashboard to be co-designed and adapted to meet the needs of the AHP's across Lothian (including Council Occupational Therapists). Final changes have been made and the framework is now live for all AHP's across Lothian from 1st April 2023 enabling the AHP Director (NHS Lothian) and Chief Officers in the HSCP's to obtain professional governance assurance for the AHP's in their areas. Additionally, this framework will form the basis of the development of a Hosted Service Report for the HSCP's that is being led by Midlothian HSCP in codesign with the Dietetics Service.

As a component of the overarching Quality Management System for Midlothian HSCP, the framework has been adapted to provide a system for operational governance for all services within Midlothian HSCP. Colleagues in NHS Lothian eHealth Innovation Team have built a PowerApp and corresponding dashboard and it anticipated that training and testing will begin during Quarter 1 2023/24. In anticipation of the framework, the operational teams are in the process of developing their Group Service Specifications, Service Plans and Team Plans which will enable them to identify baseline performance and quality measures that can be reporting against through the Midlothian HSCP Governance and Assurance Framework.

Hannah.cairns@nhslothian.scot.nhs.uk

Planning, Performance and Programme: Workforce

In recognition of our commitment to Workforce Planning, the HSCP created a new Programme Manager post to support Workforce and Strategy. Kevin Dickson joined the Planning, Performance, and Programme team in February 2023 and comes with a long and impressive history of working in workforce planning. Kevin is an expert in workforce planning methodology, workforce tools, and the Health and Care (Staffing) (Scotland) legislation. The officers of the HSPC are looking forward to working with Kevin and supporting this key agenda.

Third Sector partners

The Third Sector Summits continue to be an important quarterly event for all partners. As part of the Third Sector Summit in January 2023, the Planning Team facilitated an interactive feedback session to gather views and opinions on how we can continue to improve this key forum and meet the needs of all partners. Feedback has been collated and analysed for discussion and review at the next Third Sector Summit

Anticipatory Care Planning (ACP)

Midlothian Integration Joint Board

The HSCP Programme Team continue to support work on Anticipatory Care Planning (ACP). NHS Lothian Care Academy have acknowledged Midlothian's ACP project and the adoption of a human rights-based approach linked to this project as exemplar and have established a working group to spread this approach across Lothian.

Gill.main@nhslothian.scot.nhs.uk

4   Policy Implications

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

5   Equalities Implications

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

6   Resource Implications

6.1   There are no direct resource implications arising from this report.

7   Risks

7.1   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.

8   Involving People

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

9   Background Papers

None

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3605
DATE	04/04/23

Midlothian Integration Joint Board

Midlothian Integration Joint Board

Thursday, 13 April 2023, 14:00-16:00

Proposed Meeting Schedule and Development Session Dates for 2023 and 2024

Item number:	5.3

Executive summary

The purpose of this report is to set the dates for the meetings and development sessions of the Midlothian Integration Joint Board for 2023 and 2024 including meetings of the Midlothian Integration Joint Board.

Members are asked to:

a) To approve the Meeting Schedule and Development Session dates 2023 and 2024; and
b) To note the approach for Service Visits for the Members of the Midlothian Integration Joint Board.

Midlothian Integration Joint Board

Proposed Meeting Schedule and Development Session Dates for 2023 and 2024

1 Purpose

1.1 To set the dates for meetings, groups, and development sessions of Midlothian Integration Joint Board for 2023 and 2024, as prescribed by the Midlothian Integration Joint Board Standing Orders – 5.2.

2 Recommendations

2.1 To approve the meeting schedule and development session dates for 2023 and 2024 as set out in Appendix 1.

2.2 To note the approach for service visits for the Members of the Midlothian Integration Joint Board as set out in the report.

3 Background and main report

3.1 The proposed schedule follows the current existing pattern where Integration Joint Board meetings and development sessions are held on alternative months, with quarterly Audit and Risk Committee meetings and Special Integration Joint Board meetings in March and September to consider the budget and annual accounts respectively.

3.2 The proposed schedule of meetings for 2023 and 2024 is detailed in Appendix 1.

3.3 Members are reminded that the facility exists under Standing Orders for special meetings to be called if and when required.

3.4 Appropriate arrangements are made where applicable to allow for the access of the public and press to attend.

3.5 Any service visits will continue to be scheduled as required, or at the request of Members of the Midlothian Integration Joint Board.

4 Policy Implications

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

Midlothian Integration Joint Board

5   Directions

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

6   Equalities Implications

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

7   Resource Implications

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

8   Risk

8.1   The availability of the schedule of meeting dates contributes to the mitigation of risk by:

   a)   facilitating forward planning for meetings;
   b)   contributing to the governance framework which allows the Board to conduct its business; and
   c)   providing a timetable to which Officers can work to ensure that reports are submitted timeously.

9   Involving people

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

10   Background Papers

None.

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DATE	30/03/2023

Appendix 1: Proposed MIJB schedule of meetings and development session dates for 2023 and 2024

Midlothian Integration Joint Board

Midlothian Integration Joint Board

Proposed Meeting Schedule and Development Session Dates 2023 and 2024

2023
Day/Date   **Time**   **Meeting**
August
Thursday 24th August 2023   2pm   MIJB Board

September

Thursday 7th September 2023   2pm   MIJB Audit and Risk Committee
Thursday 21st September 2023   2pm   Special MIJB and Development Session (Annual Accounts)
Thursday 28th September 2023   2pm   MIJB Strategic Planning Group

October
Thursday 12th October 2023   2pm   MIJB Board
Thursday 26th October 2023   2pm   MIJB Strategic Planning Group

November
Thursday 9th November 2023   2pm   Development Session
Thursday 30th November 2023   2pm   MIJB Strategic Planning Group

December
Thursday 7th December 2023   2pm   MIJB Audit and Risk Committee
Thursday 21st December 2023   2pm   MIJB Board

2024
Day/Date   **Time**   **Meeting**
January
Thursday 18th January 2024   2pm   Development Session
Thursday 25th January 2024   2pm   MIJB Strategic Planning Group

February
Thursday 15th February 2024   2pm   MIJB Board
Thursday 29th February 2024   2pm   MIJB Strategic Planning Group

March
Thursday 7th March 2024   2pm   MIJB Audit and Risk Committee
Thursday 18th March 2024   2pm   Special MIJB and Development Session

Midlothian Integration Joint Board   Page 1

April

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

May

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

June

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

Summer Recess

August

Thursday 22nd August 2024	2pm	MIJB Board

September

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

October

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

November

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

December

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

Service Visits

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

Midlothian Integration Joint Board

Thursday, 13th April 2023, 14:00-16:00

Finance Update – Budget Offers from Partners for 2023/24

Item number:	5.4

Executive summary

This report is to provide the IJB with the formal budget offer for 2023/24 from NHS Lothian. The report also provides the IJB with the recommendations from the March IJB paper on budget offers.

Members are asked to:

- *Agree and accept the budget offer from NHS Lothian*

- *Agree the recommendation from the March IJB budget paper to not accept the IJB budget offer from Midlothian Council for 2023/24*

- *Note the update from Midlothian Council on the support from their Capital Planning Board with capital funding for the one-off purchase of digital alarms, subject to Council.*

Midlothian Integration Joint Board

Finance Update – Budget Offers from Partners for 2023/24

1   Purpose

1.1   This report presents the Board with confirmation on the formal budget offer to the IJB from NHS Lothian.

1.2   The report also includes the budget paper and appendices from the 16th of March IJB meeting on the budget offer from Midlothian Council.

1.3   Finally, the report also asks members to note the conciliatory and collegiate approach by Midlothian Council, in response to Marchs IJB discussion to finding a non-recurring solution to support bridging the budget reduction in 2023/24 with welcomed capital funding.

2   Recommendations

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

- Agree and accept the budget offer from NHS Lothian
- Agree the recommendations from the March IJB budget paper to not accept the IJB budget offer from Midlothian Council for 2023/24
- Note the update from Midlothian Council on the support from their Capital Planning Board with capital funding for the one-off purchase of digital alarms, subject to Council approval on the 9th of May 2023.

3   Background and main report

3.1   NHS Lothians Board met on Wednesday 5th April 2023 and approved their financial plan and as a result we now have the formal budget offer from NHS Lothian to the IJB. The indicative offer and principles were shared at the IJBs meeting in March. The formal offer remains consistent with the indicative offer. The offer is shared at figure 1 and the letter is attached at Appendix 1

	£m
Full year recurring budget	**92.7**
Additional resources	
Base Uplift @ 2%	1.5
Other	0.7
	2.2
2023/24 Allocation	**94.9**

Fig 1: NHS Lothian budget offer to the IJB

3.2 The budget offer from NHS Lothian follows the Scottish Governments parameters laid out in their letter dated 15th December 2022 and should be considered in the context of NHS Lothians challenging financial position.

3.3 The formal budget offer from Midlothian Council was presented at the March IJB meeting the March budget paper and appendices are included at appendix 2 and overall, this would make the IJB total budget for 2023/24 £151.6m

Midlothian Integration Joint Board	**2023/24**
	£m
Midlothian Council	56.6
NHS Lothian	94.9
Midlothian IJB	**151.6**

Fig 2: combined IJB budget

3.4 Given the instruction from Scottish Government to Councils to pass across funding to their IJBs and for this funding to be additional and not substitutional to 2022/23 IJB recurring budgets. It is recommended that the Board do not accept the reduced budget offer from Midlothian Council.

3.5 However, the IJB should note the update from Midlothian Council. Midlothian Councils Capital Planning Board have recently supported the funding request for the one-off purchase of digital alarms. This capital funding will be subject to Council approval in May 2023. This revised approach will support the IJB during 2023/24 to mitigate the financial challenge associated with the significant reduction in the budget offer.

4   Policy Implications

4.1 There are no policy implications from this report.

5   Directions

5.1 There is no implication for Direction at this stage.

6   Equalities Implications

6.1 There are no equalities implication from this report at this stage.

Midlothian Integration Joint Board

7   Resource Implications

7.1   The resource implication is laid out above.

8   Risk

8.1   The risks raised by this report are included within the IJB risk register

9   Involving people

9.1   The IJB papers are publicly available.

10   Background Papers

None

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DATE	April 2023

Appendices:

Appendix 1: Midlothian IJB Budget Letter 2023/24 from NHS Lothian
Appendix 2: Midlothian IJB March paper on Budget offers from partners
Appendix 2a: Midlothian IJB Letter 2023/24 from Midlothian Council
Appendix 2b: Midlothian IJB Indicative Budget Letter 2023/24 from NHS Lothian
Appendix 2c: Draft Financial Recovery Plans Summary 2023/24
Appendix 2d: Draft IJB Reserves Position
Appendix 2e: Financial Recovery Plans Summary 2023/24

Appendix 1

Lothian NHS Board

Finance Director's Office
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

Telephone 0131 536 9000

www.nhslothian.scot.nhs.uk

By Email Only
Letter to Chief Officer & Chief Finance
Officer of Midlothian IJB

Date   6 April 2023
Your Ref
Our Ref

Enquiries to Craig Marriott
Extension   35543
Direct Line   0131 465 5543
Email Craig.Marriott@nhslothian.scot.nhs.uk

Dear Colleagues,

MIDLOTHIAN IJB – UPLIFT FOR 2023/24

I write further to my letter of the 28th February and the subsequent approval of the NHS Lothian Financial Plan by the Board of NHS Lothian on the 5th of April. At this stage, NHS Lothian cannot provide assurance on the achievement of a breakeven outturn for the health board next year.

The underlying gap of £52m reported in the Financial Plan assumes that each of the IJBs will agree the application of additional resource against cost pressures which feature across NHS Lothian delegated functions.

This letter sets out the current position relating to uplift to be allocated to Midlothian IJB by NHS Lothian in 2023/24. The figures shared with you are now based on the final Plan that has been agreed, however an outstanding element is the final SG uplift settlement in relation to the recurring pay uplift for 22/23.

Based on the 2% uplift communicated to Boards from the Scottish Government in its letter of December 15th, NHS Lothian's uplift allocation against baseline for 2023/24 equates to £33.9m. As agreed and per previous years, we will pass through the full share of this settlement to each IJB, based on budget shares.

Midlothian IJB recurring budget is £92.7m. The total proportionate share of the uplift to be passed through to Midlothian IJB has been calculated at £1.5m based on 2%.

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The Financial Plan for Midlothian IJB shows the following share of resource requirements

Pay Uplift (@2%)	£ 0.8m
Balance of Uplift	£ 0.7m
Total Uplift	£1.5m

In addition to the above uplift, there is £0.7m of resources made recurring in 23/24 bringing the total IJB recurring budget for 23/24 to £94.9m.

We will continue to update you on any further changes to your budget offer, relating to additional funding expected into your base as a result of the 2022/23 pay agreement and the 2023/24 pay offer.

Given that our financial planning indicates that the level of uplift is insufficient to meet all cost pressures in the system, I am keen to understand from Midlothian IJB as early as possible how its Directions will shape the delivery of efficiency savings in 2023/24 and the application of resources in support of financial balance.

I would be happy to have further discussion with your IJB on the application of health resources in 2023/24.

Yours sincerely

CRAIG MARRIOTT
Director of Finance

Midlothian Integration Joint Board

Thursday, 16th March 2023, 14:00-16:00

Finance Update – Budget Offers from Partners for 2023/24

Item number:	Agenda number

Executive summary

This report is to provide the IJB with the formal budget offer for 2023/24 from Midlothian Council and the principles and intentions set out by NHS Lothian on their indicative proposed budget offer to the IJB next financial year. The report also provides the IJB with an update on the IJBs medium term financial plan and the financial recovery plans and assumptions to support the IJB in delivering financial balance in 2023/24. Finally, the report updates the IJB on the IJBs reserves position reminding the IJB of its reserves policy and asks the IJB to agree to request options on how to mitigate the remaining financial gap be brought back to the IJB for consideration.

Members are asked to:

- *Agree the recommendation not to accept the IJB budget offer from Midlothian Council for 2023/24*

- *Note the principles in the indicative NHS Lothian budget with a formal offer following in due course*

- *Note the updated medium term financial plan projections*

- *Note the financial recovery plans and assumptions to support the IJBs financial balance for 2023/24*

- *Note the IJBs provisional reserves position*

- *Agree to request further options be brought to a future IJB meeting for the remaining financial gap for 2023/24*

Report

Finance Update – Budget Offers from Partners for 2023/24

1 Purpose

1.1 This report presents the Board with confirmation on the formal budget offer to the IJB from Midlothian Council and the current indicative proposed budget offer and principles for 2023/24 from NHS Lothian.

1.2 The report also sets out the IJBs updated medium term financial plan projections and the financial recovery plans and assumptions to support the IJB balancing its budget in 2023/24. A position of the IJB reserves in included covering both general and earmarked reserves.

1.3 Finally, the reports ask the IJB to agree to request options for the remaining financial gap of £1.3m for 2023/24 be developed further and brought to Aprils IJB meeting.

2 Recommendations

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

- Agree the recommendation not to accept the IJB budget offer from Midlothian Council for 2023/24
- Note the principles in the indicative NHS Lothian budget with a formal offer following in due course
- Note the updated medium term financial plan projections
- Note the financial recovery plans and assumptions to support the IJBs financial balance for 2023/24
- Note the IJBs provisional reserves position
- Agree to request options for the remaining financial gap for 2023/24 be developed and assessed and brought to the IJB at its April meeting for decision.

3 Background and main report

Budget Offers for 2023/24

3.1 Midlothian Council agreed their budget at Council on the 21st February 2023 following which a formal budget offer letter was issued to the IJB.

Midlothian Integration Joint Board

3.2   This position is the formal offer from Midlothian Council for 2023/24 and it should be noted is not in line with the parameters set by Scottish Government. As reported to the IJB at its February meeting these parameters were

"The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets."

3.3   Details of the budget offer are noted in the table below and a copy of the offer letter is included as Appendix 1.

	£m
2022/23	56.438
In year changes through distributional changes	0.155
Base 23/24 allocation	**56.593**
Scottish Government Funding Changes:	
Living wage uplift	1.436
Free personal & nursing care	0.202
End of NR interim care funding	-0.305
Total	**57.926**
Less	-1.333
2023/24 MIJB allocation	**56.593**

Fig 1: Midlothian Council budget offer to the IJB

3.4   Given there is no additionality in the overall budget offer from 2022/23 and the significant financial challenges facing the IJB, as reported at the December 2022 meeting when the IJBs medium term financial plan was presented, Officers are recommending the IJB do not accept this budget offer from the Council.

3.5   NHS Lothians Board does not meet until early April 2023 after which a formal budget offer to the IJB will be provided. NHS Lothian have provided, at this stage, an indicative budget offer to the IJB which lays out the principles they are applying. This letter is attached at Appendix 2 and the table below shows this position

	£m
Full year recurring budget	92.719
Additional resources	
Base Uplift	1.588
Other	0.663
	2.251
2023/24 Indicative allocation	**94.970**

Fig 2: NHS Lothian indicative budget offer to the IJB

3.6   The indicative budget offer from NHS Lothian does follow the Scottish Governments parameters and we await their formal budget offer for 2023/24 and

Midlothian Integration Joint Board

will report this back to the IJB. It should be noted the GMS budget is uplifted separately to this budget offer.

3.7 Overall, this would make the IJB total indicative budget for 2023/24 £151.6m

Midlothian Integration Joint Board	2023/24
	£m
Midlothian Council	56.593
NHS Budget offer excluding GMS	94.970
Midlothian IJB	151.563

Fig 3: Indicative combined IJB budget

Medium Term Financial Plan

3.8 The IJBs medium term financial plan was presented back in December to the Board highlighting the financial challenges facing the IJB in 2023/24 and beyond. For 2023/24 the IJB was projecting a £4.5m financial gap. The IJBs financial plan has been refined as partners refine their financial plans.

3.9 The current IJB projections based on February 2023 iteration of partners financial plans is £4.3m, this iteration was still assuming the same IJB income assumptions based on the Scottish Governments parameters of budget offers being flat cash plus the uplift or additional funding provided for IJBs. In Figure 4 below there are 2 items within the table highlighted as changes, these are a movement regarding prescribing expenditure (recent data has informed that prescribing expenditure is likely to increase above the NHS Lothians February financial plan assumptions) and to take account of the reduction of £1.3m to the IJB budget from Midlothian Council. This moves the IJBs projected gap for 2023/24 to £6m before any recovery plans.

	23/24	24/25	25/26	26/27
	£m	£m	£m	£m
Total Income	152.896	152.223	153.109	154.012
Total Expenditure	157.202	158.719	162.451	166.285
Gap before savings plans	**(4.306)**	**(6.497)**	**(9.343)**	**(12.273)**
Gap (%)	**3%**	**4%**	**6%**	**8%**
Changes				
increase in prescribing expenditure	(0.397)			
MLC budget offer	(1.333)			
Updated Gap before savings plans	**(6.036)**	**(6.497)**	**(9.343)**	**(12.273)**
Updated Gap (%)	**4%**	**4%**	**6%**	**8%**

Fig 4: IJBs February iteration of financial plan with amendments

Financial Recovery Plans

3.10 Since the December financial plan position was reported the HSCP Officers along with other budget managers across delegated services have been building up a range of financial recovery plans to try and get back to financial balance. You'll see for Midlothian IJB the plans and some working assumptions which assumes financial recovery plans of £4.7m as the planning of financial recovery plan was

Midlothian Integration Joint Board

working to ensure the £4.3m projected gap and the £0.4m prescribing change could be manged next year.

| | 23/24 | 24/25 | 25/26 | 26/27 |
	£m	£m	£m	£m
Financial Recovery Plans				
core	1.846			
hosted	0.221			
set aside*	1.678			
social care	0.953			
Total	**4.698**	**0**	**0**	**0**

Fig 5: IJBs financial recovery plans 2023/24

3.11 Within the financial recovery assumptions above, even after the identification of financial recovery plans there was still a financial gap within set aside services. The Chief Finance Officer has discussed this with NHS Lothian's Director of Finance. Both have agreed a shared ambition to work collaboratively to deliver a balanced outturn. On that basis the working assumption built into the financial plan is that set aside services will break even. A fuller table of financial recovery plans and assumptions is attached at Appendix 3.

Reserves position

3.12 The IJB does hold both general and earmarked reserves and has a reserves policy with a minimum level of general reserves to be held being 2%. This equates to circa £3.2m. Given the financial sustainability challenges reported above it is vital we hold the general or contingency reserves at this minimum level.

3.13 A summary of the reserves position is shared at Appendix 4 and worth noting that through our earmarked reserves all COIVD funding has been utilised or reclaimed, moving into 2023/24 the IJB does not hold any COVID funding.

3.14 Planned utilisation of the earmarked reserve in year is currently projected to be £14.7m and similarly there is planned utilisation of the general reserve of £0.5m to support decisions made by the IJB previously. For the general reserve there is also a longer-term projection included within the appendix and this should be noted and considered in line with the medium term financial plan projections above.

Final Financial Recovery Actions to mitigate remaining gap

3.15 With a £6m projected overspend next year and only £4.7m of financial recovery plans there remains a £1.3m financial gap that the IJB requires to decide how this is mitigated. The options are included below:

3.16 It is recommended the IJB request that Officers come back to the IJB in April with further financial recovery actions to aim to mitigate the additional financial gap. These actions should be developed further, and an assessment of the actions undertaken.

Midlothian Integration Joint Board

3.17 This would mean at this stage the IJB does not have a balanced budget and the CFO will ensure both Partners are aware of this. The IJB at its April meeting will consider the formal budget offer from NHS Lothian and the financial recovery actions to balance the IJBs budget. Any delay to decisions on the actions will impact of the financial impact they will deliver in year.

4 Policy Implications

4.1 There are no policy implications from this report.

5 Directions

5.1 There is no implication for Direction at this stage.

6 Equalities Implications

6.1 There are no equalities implication from this report at this stage.

7 Resource Implications

7.1 The resource implication are laid out above.

8 Risk

8.1 The risks raised by this report are included within the IJB risk register

9 Involving people

9.1 The IJB papers are publicly available.

10 Background Papers

10.1 None

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DATE	March 2023

Midlothian Integration Joint Board

Appendices:

Appendix 1 – Midlothian IJB Letter 2023/24 from Midlothian Council
Appendix 2 – Midlothian IJB Indicative Budget Letter 2023/24 from NHS Lothian
Appendix 3 – Financial Recovery Plans Summary
Appendix 4 – Draft IJB Reserves Position

Midlothian Integration Joint Board

Midlothian

Place
Financial Services
Midlothian Council
Midlothian House
Buccleuch Street
Dalkeith   Executive Director
EH22 1DN   Kevin Anderson

22 February 2023

Morag Barrow
Chief Officer
Midlothian Integration Joint Board
Fairfield House
8 Lothian Road
DALKEITH
EH22 3AA

Dear Morag

ALLOCATION TO MIDLOTHIAN INTEGRATION JOINT BOARD 2023-24

Following the Council meeting on Tuesday 21st February I am writing to confirm that Council agreed an allocation to the Integration Joint Board of £56.593 million. This offer is made up as follows and includes an expectation that the Integration Joint Board will be able to transform service provision to contain costs at 2022/23 funding levels.

The makeup of the allocation is as follows:-

Approved Requisition 2022/23	**£56.438**	**million**
In-year changes through distributional changes	£0.155	million
Base 2023/24 allocation	**£56.593**	**million**
Scottish Government Funding Changes:		
Living Wage Uplift net of Housing element	£1.436	million
Free Personal & Nursing Care Uplift	£0.202	million
Ending of non-recurring Interim Care funding	(£0.305)	million
Total	**£57.926**	**million**
Less	(£1.333)	million
2023/24 MIJB Requisition	**£56.593**	**million**

I hope that you will understand that the offer reflects the overall financial position of the Council and the overall available Scottish Government funding for 2023-24.

I would be grateful if you could confirm in due course Midlothian Integration Joint Board's acceptance of the 2023-24 allocation.

Yours sincerely

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Midlothian

David Gladwin
Acting Chief Financial Officer
david.gladwin@midlothian.gov.uk

cc Claire Flanagan, Chief Financial Officer Midlothian IJB
    Ruth Nichols, Senior Finance Business Partner

Your Ref:
Our Ref:

Lothian NHS Board

Finance Director's Office
Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

Telephone 0131 536 9000

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By Email Only
Letter to Chief Officer & Chief Finance
Officer of Midlothian IJB

Date 6 April 2023
Your Ref
Our Ref

Enquiries to Craig Marriott
Extension 35543
Direct Line 0131 465 5543
Email Craig.Marriott@nhslothian.scot.nhs.uk

Dear Colleagues,

MIDLOTHIAN IJB – INDICATIVE UPLIFT FOR 2023/24

Further to NHS Lothian's Finance and Resources (F&R) Committee on February 7th, I write to update you on the position relating to uplift to be allocated to Midlothian IJB by NHS Lothian in 2023/24.

We have yet to conclude our financial planning process, and we will look to take a final iteration of the Plan through our F&R Committee on the 20th of March, with final sign off at our Board meeting on the 5thApril. The figures shared with you at this stage are therefore indicative until the final Plan has been agreed, and also the final SG uplift settlement has been confirmed after the pay uplift for 22/23 is resolved.

In total, and based on the indicative 2% uplift communicated to Boards from the Scottish Government in its letter of December 15th, NHS Lothian's uplift allocation against baseline for 2023/24 equates to £32.8m. As agreed and per previous years, we will pass through the full share of this settlement to each IJB, based on budget shares.

The Plan shared at the February Committee recognised a budget of £92,719k for Midlothian IJB. Net of GMS (which will receive a separate uplift allocation) the total recurring budget equates to £79,764k, although this still includes elements of budget beyond the baseline.

The total proportionate share of the indicative uplift to be passed through to Midlothian IJB has been calculated at £1,588k. We have assumed that each IJB will continue to prioritise funding of pay awards. At this stage, the Plan for Midlothian IJB shows the following share of resource requirements (see Appendix for further detail):

Headquarters
Waverley Gate
2-4 Waterloo Place
Edinburgh EH1 3EG

Chair Professor John Connaghan CBE
Chief Executive Calum Campbell

Lothian NHS Board is the common name of Lothian Health Board

Our Values Into Action

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CARER POSITIVE Employer in Scotland EXEMPLARY

We are a Living Wage Employer

Pay Uplift (@2%)	£ 851k
Balance of Uplift	£ 737k
Total Uplift	£1,588k

The final review of the NHS Lothian Financial Plan will conclude shortly, and further updates will be incorporated in the final iteration in terms of any agreed changes to the IJB mapping table for 2023/24 (where these are agreed with CFOs), additional savings and efficiencies identified and any further additional resources allocated. A further update on 2023/24 budgets will be provided to you at this time. We will also update you on any changes to your budget offer, relating to additional funding expected into your base as a result of the 2022/23 pay agreement.

Given that our financial planning indicates that the level of uplift is insufficient to meet all cost pressures in the system, I am keen to understand from Midlothian IJB as early as possible how its Directions will shape the delivery of efficiency savings in 2023/24 and the application of resources in support of financial balance.

I would be happy to have further discussion with your IJB in advance of the final confirmation on the application of health resources in 2023/24.

Yours sincerely

CRAIG MARRIOTT
Director of Finance

APPENDIX 2c - 2023/24 DRAFT FINANCIAL PLAN SUMMARY BY INTEGRATED JOINT BOARDS

	Mid Lothian IJB £k
Full Year Recurring Expenditure Budget	**92,719**
Baseline Pressures	**(1,996)**
Projected Expenditure Uplifts & Commitments	(1,590)
Growth and Other Commitments	(1,539)
Policy Decisions	
Strategic Investments	160
Essential Service Development	
Projected Expenditure Uplifts & Commitments	**(2,969)**
Percentage of Recurring Budget	*(3.2%)*
Projected Costs	**(4,965)**
Recurring Resources	
23/24 Base Uplift @ 2%	1,588
Recurrency of 22/23 Uplift	613
Recurrency of 22/23 FP Investment	50
Non Recurring Resources	0
Additional Resources	**2,251**
Financial Outlook Gap before FRP's	**(2,713)**
Financial Recovery Plans	**668**
Financial Outlook Gap after FRP's	**(2,045)**
Percentage of Recurring Budget	*(2.2%)*
Final estimated outturn - 23/24	**(2,045)**

Appendix 4 - Draft Reserves Position

	23/24
Earmarked Reserves	**£m**
Opening balance 2022/23	17.641
Drawn down or planned to utilise in year	14.709
DRAFT closing balance	**2.932**
Earmarked Funding in Reserves	
TEC project	0.208
GP & GP premises	0.180
Mental Health recovery & renewal	0.242
Carers act	0.679
Integrated care fund	0.399
Wellbeing service funding	0.242
Interim care	0.450
Big lottery funding	0.049
Community living support fund	0.307
Other	0.177
Commitments in place for future years	**2.932**
Balance	**0.000**

		23/24	24/25	25/26	26/27
General Reserves	**£m**	**£m**	**£m**	**£m**	**£m**
Opening balance 2022/23	5.870	5.376	3.852	3.297	2.709
Drawn down or planned to utilise in year	0.494	0.524	0.555	0.588	0.624
DRAFT closing balance	**5.376**	**4.852**	**3.297**	**2.709**	**2.085**
Reserve Policy @ 2%		3.200	3.200	3.300	3.300
Position against Policy		**1.652**	**0.097**	**(0.591)**	**(1.215)**
Analogue to Digital alarms Est		1.000			
Care at Home block contracts					
OutNav					
Balance		**3.852**	**3.297**	**2.709**	**2.085**

* actual reserve balances will be finalised at year end

Appendix 3 - Financial Recovery Plans 2023/24

Financial Recovery Plans	Midlothian IJB Value (£m)
Core	
Workforce	0.273
GP Prescribing	1.297
Procurement and Contracts	0.060
Capacity/Service Redesign	0.198
NHS Lothian Thematic Programmes	0.018
Core Sub total	**1.846**
Hosted	
Workforce	0.074
GP Prescribing	0.000
Procurement and Contracts	0.001
Capacity/Service Redesign	0.141
NHS Lothian Thematic Programmes	0.005
Hosted Sub total	**0.221**
Set Aside	
Workforce	0.238
Acute Medicines	0.056
Procurement and Contracts	0.007
Capacity/Service Redesign	0.000
NHS Lothian Thematic Programmes	0.006
Other *	1.372
Set Aside Sub total	**1.678**
Social Care	
Workforce	0.192
Procurement and Contracts	0.161
Capacity/Service Redesign	0.600
Social Care Sub total	**0.953**
Grand Total	**4.697**

Midlothian Integration Joint Board

Thursday 13 April 2023, 14:00-16:00.

Financial Recovery options following reduced budget offer from Midlothian Council

Item number:	5.5

Executive summary

On the 21st of February 2023, Midlothian Council agreed a budget that led to a reduced budget offer to Midlothian IJB. As previously noted in finance reports to the IJB in February and March 2023, Local Authorities must pass over the full allocations from Scottish Government to IJBs.

"The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets."

As a result of this, additional financial recovery plans are now required to support the extra £1.33m budget gap, over and above the core budget financial planning from officers to deliver a balanced budget for IJB for 2023/24.

As Midlothian Council did not follow the Scottish Government parameters, Midlothian IJB chose to defer a decision on the budget offer, pending HSCP officers bringing back an options paper on recovery actions available. The IJB will decide on the budget offer at this Board meeting and advise officers on the chosen strategic recovery plan. The IJB also requested that a formal letter be drafted to send on to Scottish Government, stating full allocation not passed over to the IJB, pending the Board decision today.

This paper details options available for discussion, and decision, to advise Officers which actions should be taken forward.

Members are asked to:

- Note the financial gap incurred by a reduced budget offer from Midlothian Council
- Agree which recovery actions should be progressed by Officers to support the subsequent funding gap.

Midlothian Integration Joint Board

Additional Financial Recovery options following reduced budget offer from Midlothian Council

1   Purpose

1.1   The purpose of this paper is to present additional financial recovery actions required to support a reduced budget offer to the IJB form Midlothian Council. This equates to £1.33m, and Officers were advised of this at Midlothian Council Meeting on 21st February 2023.

2   Recommendations

As a result of this report, Members are asked to:

- Note the financial gap incurred by a reduced budget offer from Midlothian Council
- Agree which recovery actions should be progressed by officers to support the subsequent funding gap, noting the preferred recurring recovery actions 1 and 2, supported by non-recurring recovery action 7, being the recommended actions from Officers.

3   Background and main report

3.1   Midlothian Council agreed their budget at Council on the 21st February 2023 following which a formal budget offer letter was issued to the IJB.

3.2   This position is the formal offer from Midlothian Council for 2023/24 and it should be noted is not in line with the parameters set by Scottish Government. As reported to the IJB at its February meeting these parameters were:

"The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets."

Midlothian Integration Joint Board

	£m
2022/23	56.438
In year changes through distributional changes	0.155
Base 23/24 allocation	56.593
Scottish Government Funding Changes:	
Living wage uplift	1.436
Free personal & nursing care	0.202
End of NR interim care funding	-0.305
Total	**57.926**
Less	-1.333
2023/24 MIJB allocation	**56.593**

Fig 1: Midlothian Council budget offer to the IJB

3.2 Following March Board meeting, Officers were asked to consider further recovery action options to support a break-even position. A request for a draft letter to be prepared to advise Scottish Government of the position has been prepared following no revision of offer form Midlothian Council. These are now additional to the core efficiency plans already in place for the IJB to break even.

3.3 Details of the recovery actions are noted below. It should be noted that none of the options are palatable in a normal budget environment, and all carry a degree of risk. Options have been developed to minimise impact on care and/or workforce and have been assessed against a matrix to support decision making. This is contained within the appendix of this report.

- **Withdraw from Extra Care Housing development (1)**

  The HSCP Extra Care Housing (ECH) Draft Action Plan 2019-2022 highlighted the benefits and extra care housing agenda prior to Covid. It is noted that the further expansion of Extra Care Housing was approved as formal Midlothian policy at a meeting of the full Council in November 2016 when it agreed to include additional extra care housing in Phase 3 of the housing programme. The Normandy Court ECH Development is currently part of Midlothian Council's Local Housing Strategy 2021-2026 and relevant to IJB Directions 8.12 and 8.13, which call for increased intermediate care provision and a reshaped model of care through provision of new purpose-build accommodation. The site consists of 40 x 1 bed 2-person flatted ECH complex and 8 ECH bungalows (one is adapted for bariatric use). The anticipated handover date to the Council is June 2023.

  No additional funding was received from Midlothian Council for the additional care provision and initial budget plans had been around re-alignment of Care at Home contract funding. This would provide additionality to care provision and would not

Midlothian Integration Joint Board

be a diluting of internal workforce. Due to the reduction in budget offer, it is no longer financially viable for Midlothian HSCP to deliver this additional development.

The cost of delivering this service is £647k. If this recovery action were not to be chosen, it would place significant financial pressure on the budget in 2023/24. As there is no model currently in place, there would be no workforce implications, or material change in care provision to Midlothian residents.

- **Transition to a Care at Home model with only 30/25/20% care delivered from internal Care at Home team, moving to 70/75/80% via External providers (2)**

  Currently the Midlothian HSCP Care at home service operates 3 Externally provided block contracts for care across Midlothian, delivering 62% of current care at home service provision.   The remaining 38% is provided by an internal HSCP Care at Home service.

  Transitioning to an enhanced external service provision, will provide a more cost-effective model, supporting a savings option below once fully implemented. This relates to a more efficient cost per hour relating to terms and conditions.

  - 70% External/30% Internal   £227k
  - 75% External/25%Internal   £600k
  - 80% External/20% Internal   £900k

  It is anticipated that the move to a 70%/75% models can be achieved through minimal workforce disruption. This would be delivered though natural turnover, and a reduced spend in locum and overtime use.

  There is a risk that local providers may not be able to provide additional care hours given the national workforce challenges across social care. With this noted, the maintenance of a percentage of internal service allows the HSCP to safeguard around statutory responsibility to provide care if any of the external providers are unable to deliver on contracts. It should be noted that a full year effect would not be realised in 2023/24, due to the planning and contracting processes that will be required.

- **Real living wage not passed over to External care providers (3)**

  As part of the 2023/24 budget settlement there is funding from Scottish Government via Local Authorities to support the funding of provider to deliver paying the real living wage.

  "As you are aware, in the Scottish Budget for the 2023/24 financial year, it was announced that £100 million will be transferred to Local Government to support the delivery of a £10.90 minimum wage for all adult social care staff delivering direct care in commissioned services from April 2023. This funding will be paid to Local Authorities in the weekly General Revenue Grant payments from 1 April 2023. While the majority of the funding is expected to be committed to this pay uplift, Integration Joint Boards (IJBs) have the discretion to spend any remaining funding on other measures relating to the social care workforce in commissioned services."

  Letter from Donna Bell, Director of Social Care and National Care Service Development, Scottish Government

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Midlothian Council received funding of £1.436m to be passed to the IJB to support this increase in costs to IJBs. Unfortunately, the overall budget offer from Council was a flat cash budget to the IJB and therefore the IJB needs to consider if this is now financially affordable. If the IJB chose this financial recovery action it is estimated that if we exclude the National Care Home Contracts that this would equate to circa £1m.

There is a significant risk associated with this recovery action as the IJB would risk the financial sustainability of our external providers, and therefore provide system instability, and a direct impact on care provision.

- **Earmarked IJB reserve re-prioritisation (4)**

Midlothian IJB has £2.932m earmarked reserves. There are reserves that are being used to support direct care delivery commitments. However, as part of the recovery action process, officers have reviewed all allocations to ascertain if any could be re-prioritised to support the budget gap. There is no earmarked funding that could be reprioritised.

- **Learning Disability Service Model Review (5)**

A full service model review is underway for Midlothian Learning Disability delivery model of care. This was supported by Midlothian IJB. There may be opportunities that a revised model of care could present some options for a more cost-effective model of care. However, this is only partially underway, and recommendations are not expected until June 2023. In addition to this, there is a separate HSCP savings target already in place to support the core savings plans required to break even, before the additionality of the £1.33m.

- **Raise all social care Eligibility criteria to critical only (6)**

The provision of social care support is governed by Eligibility Criteria in line with the 2009 National Guidelines. The eligibility criteria are graded into four bands which describe the seriousness of risk to independence or the consequences if needs are not addressed. The bands are, Critical, Substantial, Moderate and Low. Currently care packages are provided to meet Critical and Substantial criteria, but consideration could be given to meeting critical care needs only.

Further detailed work would be required to fully quantity the consequential reduction in expenditure however initial analysis indicates this could be in the region of £1.5m. There would need to be programme of work including public consultation to progress changes to eligibility criteria. It needs to be noted that changing eligibility criteria may mean a reduction in the support for many people we support. For some individuals it will mean a reduction in support that has been provided for significant periods of time.

Without prejudging the outcome of detailed analysis, it is anticipated that changing to critical only care provisions will likely mean:

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- Higher thresholds for funding for care home placements
- Individuals will not be receiving care at home support unless they are at significant (critical) risk without this support
- A reduction in the annual amounts of respite care being provided
- Reduced day service provision for people with Learning Disabilities
- Less time being provided to housing support people with housing support for people who need assistance to manage housing and finances

There are two key risks associated with changing eligibility criteria. Firstly, there is likely to be strong reputational risk to the HSCP and a resistance to any reduction to current packages care. Secondary there is a risk the by not providing support in relation to substantial risks situations can deteriorate to the extent that risks become critical and additional expenditure is required in the long run to mitigate these risks.

Midlothian HSCP charges for care in line with COSLA guidance and therefore care charges (except telecare and transport) are financially assessed. The financial assessment is tied to benefit income and is updated annually to take into consideration changes in benefits. As a result of welfare benefits increasing by 10.1% it is anticipated that there will be a corresponding increase in charging income resulting in additional income of approx. £104k.

Consideration can also be given to increasing charging rates (excluding telecare) which would increase income by a further £20k to £30k. It would not be recommended increasing charges in excess of 10% as the financial assessment mechanism means fees are capped and therefore minimal additional income would be generated. Telecare charges generate income of £320k per year and are not financially assessed therefore a 10% increase in these charges would generate and addition £32k income. A higher increase in charges could be considered.

- **Request Analogue to Digital telecare support to purchase technology as a non-recurring cost/benefit to support budget (7)**

By 2025 the UK telephony network will complete a transformation to a fully digital network, many telephony service providers expect to complete by a stretch target of 2023. This deadline has been communicated widely. Scotland's telecare providers community has been aware of it for several years and has been working to understand the implications and consequences.

Since 2017 the Local Digital Government Office (LDGO) has led a national programme of work to ensure a smooth, safe transition to digital services is achieved and support a Once for Scotland approach.

There is no national funding for this transition, and it is estimated to cost Midlothian HSCP £1m on a non-recurring basis. Actual costs won't be known until purchasing begins. Midlothian HSCP were looking to request to utilise the IJBs general reserve for this purchase given its one-off nature.

From discussion at the March IJB meeting it was recommended that the paper for this transition be taken to the Council capital planning committee, to be considered for non-

Midlothian Integration Joint Board

recurring support this year. The committee met on 4th April 2023 and have supported capital funding for this. This requires to be agreed at full Council meeting on 9th May 2023.

This would provide the IJB with one off (non-recurring) financial support for 2023/24 to allow time for any other financial recovery actions to be implemented.

Recommended Recovery actions

It is recommended that Recovery Actions 1 and 2 are progressed, with non-recurring support from Midlothian Council capital funding for Recovery action 7.

4   Policy Implications

4.1   The reduced budget offer from Midlothian Council will impact on delivery of the IJB Strategic Plan 2022-25 and the IJB Mainstreaming Equalities Report and Action Plan 2021-25.

5   Directions

5.1   A reduced budget offer from Midlothian Council will directly impact on the HSCPs ability to successfully operationalise several Directions 2023-24. Generalised financial pressure will not necessarily mean a Direction cannot be delivered but will significantly limit progress. In this case, there is a high potential for operational risk to become strategic risk and threaten the IJBs ability to achieve its own strategic aims.

5.2   Impact will also be felt across the six strategic aims of the IJB, which are:
- Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead.
- Enable more people to get support, treatment and care in community and home-based settings
- Increase people's choice and control over their support and services
- Support more people with rehabilitation and recovery
- Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law through our services and support
- Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs

5.3   The options described above have the potential to create significant challenge in relation to ensuring fair access to services (Direction 2.1), improve personal outcomes (4.2), support the equitable provision of service offers and support across our communities, minimise disadvantage where possible, meet different needs, and encourage participation (5.1), and our ability to deliver on the HSCP Workforce Plan (8.1; 8.2). Any reduction in statuary service provision will increase the burden on unpaid carers and the impact will be significant (6.1; 6.2)

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6   Equalities Implications

6.1   There will be an impact on equalities on some of the noted actions

6.2   The IJBs ambitions to improve equality and to reduce disadvantage will be more difficult to realise, and particularly in relation to group of people with protected characteristics. The options described above to limit or review eligibility criteria, the level of support for care at home, and support for people with Learning Disabilities will most significantly impact on the protected characteristics of disability and age. The IJB should consider whether an IIA is required to fully identify and mitigate any impact on equalities

6.3   Should the Board agree with Officers' recommendations for recovery action 1 and 2 to be implemented, with recovery action 7 being supported by Midlothian Council on a non-recurring basis from their capital budget, this would minimise impact.

7   Resource Implications

7.1   Should the Board decide not to progress with any recovery actions recommended, there will be budget pressure likely to replicate the reduced offer.

8   Risk

8.1   There is significant additional financial risk related to reduced budget offer. It is recommended to the Board that risk can be supported by a clear decision to progress on the suggested recovery actions.

9   Involving people

9.1   The Board and included Trade Union representatives have been fully briefed on the position. No further consultation has taken place at present until a decision and direction of travel is agreed.

10   Background Papers

None.

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DATE	6/4/23

Appendices:

Appendix 1: Recovery actions options matrix

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Appendix 1: Recovery Actions Options Matrix

Actions	Safe	Workforce	Reputation	System Impact	Financial benefit	Recurring or Non-Recurring
1. **Withdraw from additional Extra Care Housing**	1	1	2	1	£647k	Recurring
2. **Move to 75/25 Care at Home split**	1	1	2	1	£600k	Recurring
3. **Real Living Wage**	2	1	3	3	Circa £1m	Recurring
4. **Earmarked Reserve reprioritisation**	N/A	N/A	N/A	N/A	N/A	N/A
5. **Learning Disability Review**	N/A	N/A	N/A	N/A	N/A	N/A
6. **Eligibility Criteria move to critical only**	2	2	3	3	Circa £1.5m	Recurring
7. **Analogue to Digital equipment procurement**	N/A	N/A	N/A	N/A	Circa £1m	Non recurring

Low risk   1   Medium risk   2   High risk   3

Midlothian Integration Joint Board

Thursday 13 April 2023, 14:00-16:00

Analogue to Digital Transition 2023/24

Item number:	5.6

Executive summary

The purpose of this report is to provide background on the requirement for investment to implement the Analogue to Digital (A2D) transition and estimated associated funding required. It should also provide an update on the progress of securing the necessary funding.

Members are asked to:
- Note the non-recurring funding requirement to support the A2D transition and the associated risks that may result without appropriate resourcing.
- Note the positive update from Midlothian Council Capital Plan and Asset Management Board that provided support for provision of the funding with formal approval anticipated following full Council on 9 May 2023.

Midlothian Integration Joint Board

Analogue to Digital Transition

1   Purpose

1.1   This report sets out to provide background on the requirement for investment to implement the Analogue to Digital (A2D) transition and estimated associated funding required.

1.2   Update the IJB following the discussion at the March IJB meeting where it was recommended that a paper (see Appendix 1) for this transition be taken to the Midlothian Council Capital Plan and Asset Management Board, to be considered for non-recurring support this year.

2   Recommendations

2.1   As a result of this report, Members are asked to:
- Note the non-recurring funding requirement to support the A2D transition and the associated risks that may result without appropriate resourcing.
- Note the positive update from Midlothian Council Capital Plan and Asset Management Board that provided support for provision of the funding with formal approval anticipated following full Council on 9 May 2023.

3   Background and main report

3.1   In 2017 it was announced by all the main telephony providers in the UK that their existing analogue telephone infrastructure would be decommissioned and replaced with a digital internet protocol (IP) service by 2025. Updates provided by these suppliers indicate acceleration of these timescales in some cases with an end date of 2023. Although many users will be unaware of any change to their telephony service following this transition, this announcement causes significant implications for telecare service providers, and for citizens in Scotland who are currently in receipt of these essential services within their home.

3.2   Over the past few years, the Local Government Digital Office (LGDO) has been working in partnership with Technology Enabled Care (TEC) and COSLA to develop best practice, strategic guidance, and operational support to Scottish telecare service providers for the planned transition from analogue to digital telecare.

3.3   The LGDO worked collaboratively with a group of telecare service providers to identify the requirements to ensure a smooth, safe, transition to a digital service delivery model. This learning and collaboration has been captured and collated and now forms the basis of the Digital Telecare Playbook which provides a Once for

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Scotland approach to transformation, reducing effort, time and costs, and streamlining the process.

3.4   Midlothian Health and Social Care Partnership (HSCP) elected to work collaboratively with the Scottish Borders and East Lothian HSCP's to carry out the required A2D transition. The tri-partite arrangement successfully applied for 2-year funding for a Project Manager, hosted and managed by Midlothian HSCP. The project manager has begun work and a project team and project steering group have been established with representatives from the three areas and led by the HSCP Digital Programme Manager and overseen by the Digital SRO. Work is underway with Midcare (Midlothian's telecare service) to safely transition the service over to digital technology.

3.5   In carrying out the exploratory work within the A2D project, there is clear evidence of a need for a large capital spend programme (for replacement alarms and peripherals) to mitigate the effect of the digital telecom's switchover.

3.6   Considering a discussion at the IJB Special Meeting on 16 March 2023 in relation to the Council's resource allocation to the IJB for 2023/24, it was suggested that a request for this funding from the Capital Plan and Asset Management Board be submitted.

3.7   The anticipated costs and risks of not approving funding are outlined below in sections 7 and 8.

4   Policy Implications

4.1   There are no policy implications arising from this report.

5   Directions

5.1   This report does not relate to any specific directions.

6   Equalities Implications

6.1   There are no equalities implications from this report at this stage.

Midlothian Integration Joint Board

7   Resource Implications

	Clients	Alarm Cost	Peripherals Package Cost		
Total Client Base	1776				
60% Basic 'average package (Alarm + pendent + falls detector)	1066	£200	£144		
35% Full 'average package' (BASIC + 3 Smokes + Heat + CO + 2xFlood, + Chair Occupancy + Bed Occupancy)	622	£200	£744		
5% Enhanced 'average' package (FULL + Property Exit Sensor, PIR)	89	£200	£1,049		
Basic 'Average' package	1066	£213,120	£153,446		
Full 'average package'	622	£124,320	£462,470		
Enhanced 'average' package	89	£17,760	£93,151		
		£355,200	£709,068	£1,064,268	**Total Estimated Equipment Cost**

The estimated costs are based on the current service data and are subject to change based on the 'actual' requirements when works gets underway and needs of individuals, and real-time demand is realised.

8   Risk

8.1   Not approving funding would present significant risks to the Council and Health and Service Care Partnerships ability to maintain the safety of the most vulnerable people in our society as outlined below.

Risk	Description	Consequence
Risk of alarm failure	Call failing due to progression digitalisation for the network.	There is a risk that an emergency call fails to connect when required due to loss of service. This could result in the most severe injury to a person and ultimately potential litigation and compensation costs to the organisation.
Finance	Wasting public resources	While we continue to buy alarms that we expect to become obsolete before the end of their serviceable life, we are wasting resource.
Risk of inaction	Procuring equipment from a nascent supplier marketplace	The global supply chain issues with technological kit is impacting suppliers adding to scarcity at a time with the whole UK industry is needing to react. Cost and availability are considerations here.
Risk of not establishing a foundational infrastructure	Developing a model of Digital Telecare	With the arrival of *digital* equipment there is a convergence of Telecare and smart home/assisted living/consumer tech. There are likely to be increasing cases where, through the convergence of Midcare with Home Care, Reablement, Home first, proactive frailty support, etc, that we see opportunities to support technology adoption to facilitate connection and communication, or environmental control, or active monitoring.
Risk of telecare system failure	Midcare is unable to provide a proactive maintenance programme.	Installation workflow and alert response demand high – & the service carries a waiting list. If the system does not report a fault but rather a component (door exist senor, movement sensor, bed sensor, etc) goes 'off-line' then the telecare package is no longer providing care.

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9   Involving people

9.1   Internal stakeholders have been consulted during the preparation of this report.

10   Background Papers

None.

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DATE	04 April 2023

Appendices:

Appendix 1: Analogue to Digital (A2D) Transition Capital Plan and Asset Board Report 2023

Appendix 2: Analogue to Digital (A2D) Transition slide pack April 2023

Midlothian Integration Joint Board

Analogue to Digital (A2D) Transition 2023/24

Report by Hannah Cairns, Chief AHP and Digital SRO, Health and Social Care

Report for Decision

1   Recommendations

That Capital Plan and Asset Management Board:

Note the report and endorse the recommendation to approve capital funding or capital receipt flexibility for 2023/24 in light of the Integration Joint Board (IJB) discussion on the 16 March 2023 in relation to the 2023/2024 resource allocation.

2   Purpose of Report/Executive Summary

The purpose of this report is to provide background on the requirement for investment to implement the A2D transition and estimated associated funding required.

Date: 24-03-23

Report Contact:

Name: **Hannah Cairns**   Tel No: **07929 078782**

Hannah.Cairns@nhslothian.scot.nhs.uk

3   Background

In 2017 it was announced by all the main telephony providers in the UK that their existing analogue telephone infrastructure would be decommissioned and replaced with a digital internet protocol (IP) service by 2025. Updates provided by these suppliers indicate acceleration of these timescales in some cases with an end date of 2023. Although many users will be unaware of any change to their telephony service following this transition, this announcement causes significant implications for telecare service providers, and for citizens in Scotland who are currently in receipt of these essential services within their home.

Over the past few years, the Local Government Digital Office (LGDO) has been working in partnership with TEC and COSLA to develop best practice, strategic guidance and operational support to Scottish telecare service providers for the planned transition from analogue to digital telecare.

The LGDO worked collaboratively with a group of telecare service providers to identify the requirements to ensure a smooth, safe, transition to a digital service delivery model. This learning and collaboration has been captured and collated and now forms the basis of the Digital Telecare Playbook which provides a Once for Scotland approach to transformation, reducing effort, time and costs, and streamlining the process.

Midlothian Health and Social Care Partnership (HSCP) elected to work collaboratively with the Scottish Borders and East Lothian HSCP's to carry out the required A2D transition. The tri-partite arrangement successfully applied for 2-year funding for a Project Manager, hosted and managed by Midlothian HSCP. The project manager has begun work and a project team and project steering group have been established with representatives from the three areas and led by the HSCP Digital Programme Manager and overseen by the Digital SRO. Work is underway with *Midcare*, Midlothian's telecare service, to safely transition the service over to digital technology.

In carrying out the exploratory work within the A2D project, there is clear evidence of a need for a large capital spend programme (for replacement alarms and peripherals) to mitigate the effect of the digital telecom's switchover.

Considering a discussion at the IJB Special Meeting on 16 March 2023 in relation to the Council's resource allocation to the IJB for 2023/24, it was suggested that a request for this funding from the Capital Plan and Asset Management Board be submitted. There is a requirement for the IJB Meeting of 13 April 2023 to set a budget for 2023/24 and agreement regarding the A2D project is important within this context.

The anticipated costs and risks of not approving funding are outlined below.

4   Report Implications (Resource, Digital and Risk)

4.1 Resource

	Clients	Alarm Cost	Peripherals Package Cost
Total Client Base	**1776**		
60% Basic 'average package (Alarm + pendent + falls detector)	1066	£200	£144
35% Full 'average package' (BASIC + 3 Smokes + Heat + CO + 2xFlood, + Chair Occupancy + Bed Occupancy)	622	£200	£744
5% Enhanced 'average' package (FULL + Property Exit Sensor, PIR)	89	£200	£1,049
Basic 'Average' package	1066	£213,120	£153,446
Full 'average package'	622	£124,320	£462,470
Enhanced 'average' package	89	£17,760	£93,151
		£355,200	£709,068

£1,064,268 Total Estimated Equipment Cost

The estimated costs are based on the current service data and are subject to change based on the 'actual' requirements when works gets underway and individuals needs and real-time demand is realised.

4.2 Digital

It is not anticipated that resource would be required from Digital Services and Business Applications to contribute to the A2D transition.

4.3 Risk

Not approving funding would present significant risks to the Council and Health and Service Care Partnerships ability to maintain the safety of the most vulnerable people in our society as outlined below.

Risk	Description	Consequence
Risk of alarm failure	Call failing due to progression digitalisation for the network.	There is a risk that an emergency call fails to connect when required due to loss of service. This could result in the most severe injury to a person and ultimately potential litigation and compensation costs to the organisation.
Finance	Wasting public resources	While we continue to buy alarms that we expect to become obsolete before the end of their serviceable life, we are wasting resource.
Risk of inaction	Procuring equipment from a nascent supplier marketplace	The global supply chain issues with technological kit is impacting suppliers adding to scarcity at a time with the whole UK industry is needing to react. Cost and availability are considerations here.
Risk of not establishing a foundational infrastructure	Developing a model of Digital Telecare	With the arrival of *digital* equipment there is a convergence of Telecare and smart home/assisted living/consumer tech. There are likely to be increasing cases where, through the convergence of Midcare with Home Care, Reablement, Home first, proactive frailty support, etc, that we see opportunities to support technology

		adoption to facilitate connection and communication, or environmental control, or active monitoring.
Risk of telecare system failure	Midcare is unable to provide a proactive maintenance programme.	Installation workflow and alert response demand high – & the service carries a waiting list. If the system does not report a fault but rather a component (door exist senor, movement sensor, bed sensor, etc) goes 'off-line' then the telecare package is no longer providing care.

4.4   Ensuring Equalities (if required a separate IIA must be completed)

Not required.

4.5   Additional Report Implications (See Appendix A)

Not applicable.

Appendices

APPENDIX A – Report Implications

A.1   Key Priorities within the Single Midlothian Plan

Not applicable.

A.2   Key Drivers for Change

Key drivers addressed in this report:

☐ Holistic Working
☐ Hub and Spoke
☒ Modern
☒ Sustainable
☒ Transformational
☒ Preventative
☐ Asset-based
☒ Continuous Improvement
☐ One size fits one
☐ None of the above

A.3   Key Delivery Streams

Key delivery streams addressed in this report:

☐ One Council Working with you, for you
☒ Preventative and Sustainable
☒ Efficient and Modern
☐ Innovative and Ambitious
☐ None of the above

A.4   Delivering Best Value

Based on the recommendations above, approving capital funding would help maintain and secure on premise business critical applications.

A.5   Involving Communities and Other Stakeholders

Internal stakeholders have been consulted during the preparation of this report.

A.6   Impact on Performance and Outcomes

Based on the recommendations above, approving capital funding would help maintain and secure on premise business critical applications.

A.7   Adopting a Preventative Approach

Based on the recommendations above, approving capital funding would support those living with long term conditions and frailty and reduce the need for hospital admission and long-term care.

A.8   Supporting Sustainable Development

Not applicable.

Appendix 2
Analogue to Digital Transition (A2D) Midcare / Telecare

Situation

Midlothian HSCP has recently brought together the operational (Midcare) element of telecare provision with the strategic requirement to manage the A2D transition.

During the exploratory work within the A2D project, there is evidence of a need for a large capital spend programme (for replacement alarms and peripherals) to mitigate the effect of the digital telecom's switchover.

Background

In 2017 it was announced by all the main telephony providers in the UK that their existing analogue telephone infrastructure would be decommissioned and replaced with a digital internet protocol service by 2025. Updates provided by these suppliers indicate acceleration of these timescales in some cases with an end date of 2023. Although many users will be unaware of any change to their telephony service following this transition, this announcement causes significant implications for telecare service providers, and for citizens in Scotland who are currently in receipt of these essential services within their home.

Analysis

Risk of alarms failure (digitisation of network)

Inefficient use of resources

Risk of inaction (global supply chain issues)

Risk of not establishing a foundational infrastructure

Risk of telecare system failure (maintenance)

Anticipated Capital Request

	Clients	Alarm Cost	Peripherals Package Cost		
Total Client Base	1776				
60% Basic 'average package (Alarm + pendent + falls detector)	1066	£200	£144		
35% Full 'average package' (BASIC + 3 Smokes + Heat + CO + 2xFlood, + Chair Occupancy + Bed Occupancy)	622	£200	£744		
5% Enhanced 'average' package (FULL + Property Exit Sensor, PIR)	89	£200	£1,049		
Basic 'Average' package	1066	£213,120	£153,446		
Full 'average package'	622	£124,320	£462,470		
Enhanced 'average' package	89	£17,760	£93,151		
		£355,200	£709,068	£1,064,268	Total Estimated Equipment Cost

Midlothian Integration Joint Board

Thursday, 13th April 2023, 14:00 – 16:00

Midlothian IJB Mainstreaming Equalities Report and Action Plan

Item number:	5.7

Executive summary

Midlothian IJB must report on the progress towards its Mainstreaming Equality Report 2021-25 to be complaint with the requirements of The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The IJB must therefore provide key updates on progress against the 2021-23 Action Plan and proposes a new set of actions for 2023-25.

The Strategic Planning Group (SPG) scrutinised the draft report and proposed action plan on 26th January 2023 and 23rd February and subsequently recommended the Board grant delegated authority to the officers of the Health and Social Care Partnership to publish the key updates on progress against the 2021-23 Action Plan and a new set of actions for 2023-25 before the 30th April.

Board members are asked to:
- Note the progress to date in relation to Midlothian IJBs Equalities Outcomes and Mainstreaming Report 2021-25
- Note the progress made in relation to the 2021-23 Action Plan
- Note the proposed Action Plan for 2023-2025
- Approve this report and action plan for publication

Midlothian Integration Joint Board

Midlothian IJB Mainstreaming Equalities Report and Action Plan

1   Purpose

1.1   This report presents the required progress report on Midlothian IJBs progress towards the 2021-23 Action Plan within its Mainstreaming Equality Report 2021-25, and a new set of actions for 2023-25. The IJB must publish this information to remain complaint with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

2   Recommendations

2.1   As result of this report Members are asked to:

- Note the progress to date in relation to Midlothian IJBs Equalities Outcomes and Mainstreaming Report 2021-25
- Note the progress made in relation to the 2021-23 Action Plan
- Note the proposed Action Plan for 2023-2025
- Approve this report and action plan for publication

3   Background and main report

3.1   The IJB must report on the progress towards mainstreaming equality in line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. These duties support the equitable provision of service offers and support across our communities, minimise disadvantage where possible, meet different needs, and encourage participation.

3.2   The proposed Equality Outcomes and Mainstreaming Report: Action Update Report (appendix 1) fulfils the statutory requirement for an interim progress report on equality mainstreaming actions and provides an update on each action from the 2021-23 action plan. The report also contains proposed actions for 2023-25 for review and feedback prior to further review and Board approval. The actions proposed for 2023-25 are as follows:

- Provide 'Equality and Diversity' training for Board members
- Agree and implement a process for Midlothian IJB to identify, complete, publish, monitor, and review Integrated Impact Assessments (IIAs)
- Complete Integrated Impact Assessments (IIAs) for to all new and revised strategies, policies and plans, provisions, practices, and activities which fall under the Midlothian IJB remit
- Assess the impact of Midlothian HSCP services through the HSCP governance and assurance

Midlothian Integration Joint Board

- Review the information Midlothian IJB publishes and ensure it meets Scottish Government accessibility standards
- Ensure the Midlothian IJB and Midlothian HSCP webpages hosted on the Midlothian Council website are distinct and hold the relevant information

4 Policy Implications

4.1 The Equality and Human Rights Commission (EHRC) has requested that all Integration Authorities agree and implement a system for the identification, completion, publication, monitoring, and review of equality impact assessments (EIAs) by the end of March 2023. This process must be applied to all new and revised **strategies, policies and plans, provisions, practices, and activities** which fall under the Midlothian IJB remit.

4.2 The proposed process was reviewed by the Strategic Planning Group (SPG) on 23rd February. Officers have continued to work alongside specialist colleagues with both NHS Lothian and Midlothian council to adopt suggested improvements. The proposed process will return to the Strategic Planning Group (SPG) for review on 27th April with a view to seek approval from the June Board.

5 Directions

5.1 This report does not relate to any specific directions.

6 Equalities Implications

6.1 This report is specifically about work that improves Midlothian IJBs ability to support the equitable provision of service offers and support across our communities, minimise disadvantage where possible, meet different needs, and encourage participation.

6.2 Mainstreaming Equality Report and Equality Outcomes 2021-25, the progress report on the 2021-23 Action Plan, and a new set of actions for 2023-25 meets legal accessibility requirements and outlines proposed actions to further equality mainstreaming.

7 Resource Implications

7.1 The resource implications arising from this report are limited to the time required for the Board and officers of the HSCP to undertake specific actions relating to compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and will be an ongoing requirement.

7.2 On 9th February 2023, Midlothian Integration joint Board (IJB) agreed to support fund a 23 month 0.6wte Equalities Lead post to support the implementation, review and ongoing impact evaluation of work related to these statutory requirements.

Midlothian Integration Joint Board

8   Risk

8.1   Publishing the progress report on Midlothian IJBs Equality Outcomes and Mainstreaming Report, the 2021-23 Action Plan, and a new set of actions for 2023-25 mitigates the risk of non-compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

9   Involving people

9.1   The Strategic Planning Group (SPG) scrutinised the draft report and proposed action plan on 26th January, and 23rd February 2023 and recommended to progress for Board review.

9.2   Mainstreaming Equalities highlights the importance of ongoing engagement with people, communities and the health and social care workforce to effectively progress equality mainstreaming.

10   Background Papers

None

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DATE	26/03/2023

Appendices:

Appendix 1: Midlothian IJB Draft Mainstreaming Equalities Report and Action Plan

Midlothian Integration Joint Board

Equalities Outcomes & Mainstreaming

Update & Future Plans 2023

Contents

Introduction

This report shows our progress on our actions to improve equality and our plans for the future. It looks at the progress we made over 2021/22 to deliver the key priorities from our [Equalities Outcomes and Mainstreaming 2021-2025 Report.](#)

Everyone should be treated equally: no-one should have worse opportunities because of where they were born, how they identify, what they believe or whether they have a disability. Under the law there are 9 characteristics which protect people from being treated differently, unfairly or excluded. These are:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity

- Race
- Religion or belief
- Gender
- Sexual orientation.

This report shows how we are progressing with our mainstreaming equality work. This includes the way we make decisions; the way people who work for and on behalf of us behave; how we decide how we spend money and how we improve our services. Midlothian Health and Social Care Partnership is the organisation delivering services to the community, and working to further equality in its work, but the IJB must publish the report on its actions.

We have shown how we are progressing against the actions from last year using a simple code:

🟩 - We have achieved the target set.
🟨 - We have partially achieved the target set.
🟥 - We have not achieved the target set.

Who we are

We are the Midlothian Integration Joint Board (IJB). We plan and direct health and social care services for the people of Midlothian. We are a planning and decision-making body created by Midlothian Council and NHS Lothian. We are responsible for the integrated budget (received from Midlothian Council and NHS Lothian) and allocate this in line with our objectives in the Strategic Commissioning Plan.

Our responsibilities and legal duties are outlined in the Public Bodies (Joint Working) (Scotland) Act (2014). We are subject to the Public Sector Equality Duty – we must work towards eliminating discrimination and harassment and advancing equality opportunities between people who share a protected characteristic and those who do not.

WE PLAN HEALTH & CARE SERVICES FOR

93,150

PEOPLE IN THEIR HOMES, IN THE COMMUNITY & IN HOSPITALS

Dalkeith
Bonnyrigg
Penicuik

OUR SERVICES INCLUDE:

ADULT SOCIAL CARE	CARE HOMES	A&E	COMMUNITY HOSPITAL
DAY SERVICES	END OF LIFE CARE	VACCINATIONS	ALLIED HEALTH PROFESSIONALS
CARE AT HOME	JUSTICE	MENTAL HEALTH	COMMUNITY NURSES
SUPPORT FOR CARERS	SPORT & LEISURE	GP	REHAB & RECOVERY

Summary of Actions 2023-25

Midlothian IJB Actions

- **Board Membership, Induction and Training**
  - Improve Board members understanding of their role in relation to equalities issues.
- **Integrated Impact Assessment (IIA)**
  - Agree and implement a system for the identification, completion, publication, monitoring, and review of Integrated Impact Assessments (IIAs)
  - Assess the impact of new IJB policies and practices
  - Assess the impact of Midlothian HSCP services
  - Request assurance via HSCP Governance that new and revised HSCP service strategies, policies and plans have completed an IIA where appropriate.
- **Data, Evidence, & Directions**
  - Improve the infrastructure required to collect equality data for Midlothian HSCP
- **Communication with the Public**
  - Review the information Midlothian IJB publishes online

.

Actions in Collaboration with our HSCP, NHS Lothian & Local Authority Partners

- **Staff Training, Awareness and Understanding**
  - Improve understanding, knowledge, and skills of equalities issues
- **Engagement with the Public**
  - Improve the quality of all health and social care related public information in Midlothian
- **Integrated Impact Assessment (IIA)**
  - Ensure IIA completion where appropriate

Integration Joint Board Actions

Board Membership, Induction & Training

Our Board is made up of four male and four female voting members and a range of non-voting members.

The Board membership includes
- elected councillors who are then appointed to the IJB as voting members
- Non-Executive Directors appointed to the NHS Board who are then appointed to the IJB as voting members
- health and social care professionals who are appointed as members of staff to NHS Lothian or Midlothian Council and appointed to the IJB as non-voting members due to their professional leadership roles
- a range of other representatives for people who experience services, carers and the voluntary sector

Update to Actions 2021-2023

Action	Performance Indicator	Our Progress
Improve induction for Board Members	- Induction Handbook produced	⬜⬜🟩
Develop Training Plan for Board Members	- Diversity succession plan and training programme	🟥⬜⬜

We have produced an induction handbook and induction programme for Board members. These include information about how we operate, introductory sessions with the officers of the Health and Social Care Partnership, and information about service offers and supports in Midlothian. We are unable to influence the membership of the Board so have been unable to progress a diversity plan.

Future Plans 2023-2025

Action	Performance Indicator	Our Progress
Improve Board members understanding of their role in relation to equalities issues by: - Provide training in the role of Board Members in relation to equalities	- Board members report a greater understanding of equalities issues	

We will ensure our work helps to remove or minimise disadvantage, meets different needs, encourage participation, and helps to tackle prejudice and promote understanding. To do this we will review the training and development opportunities for our Board members.

Integrated Impact Assessments (IIAs)

In Midlothian, equality assessments are called Integrated Impact Assessments (IIAs). They support consideration of equality issues, health inequalities, socio-economic inequalities, needs assessments for care experienced people, human rights, and environmental impact. An IIA should be considered for all new and revised strategies, policies and plans, provisions, practices, and activities. It should highlight how to avoid discrimination against groups of people and remove/minimise disadvantage where possible.

A regional equalities working group ensures our NHS and Local Authority partners work together to improve how we are identifying equality issues.

Update to Actions 2021-2023

Action	Performance Indicator	Our Progress
Assess the impact of new and revised strategies, policies and plans, provisions, practices, and activities	- **1 IIA completed: Our Strategic Commissioning plan**	⬜🟧⬜

Future Plans 2023-2025

We will agree and implement a system to effectively identify when an IIA is required. This process will include the completion, publication, monitoring, and review of IIAs for new and revised strategies, policies and plans, provisions, practices, and activities undertaken by Midlothian IJB.

Action	Performance Indicator	Our Progress
Agree and implement a system for the identification, completion, publication, monitoring, and review of Integrated Impact Assessments (IIAs)	- Process in place by April 2023 - Quarterly Audits	
Assess the impact of new IJB policies and practices, in particular: - Standing Orders - Public Engagement Plan for 2024, and - Scheme of Publication	- IIAs completed	
Assess the impact of Midlothian HSCP services - Request assurance via HSCP Governance that new and revised HSCP service strategies, policies and plans have completed an IIA where appropriate.	- HSCP Assurance received	

Data, Evidence & Directions

Our [Joint Strategic Needs Assessment](#) contains information on our communities and their needs. This includes information on differences in health, wellbeing, and the length of life for different population groups alongside data on the wider social determinants of health.

Update to Actions 2021-2023

Action	Performance Indicator	Our Progress
Improve Equalities Data in the Joint Strategic Needs Assessment	Quartlerly updates to data	⬜⬜🟩

Future Plans 2023-2025

We will ensure there is a process to gather and review data relevant to our communities. This will help us tackle inequality and understand how people with protected characteristics are being treated. We will use our Directions as a mechanism to identify equality issues and make specific reference to areas for improvement.

Action	Performance Indicator	Our Progress
Improve the infrastructure required to collect equality data for Midlothian HSCP by: - Ensuring services have data by HSCP area - Ensure services have relevant equality data to improve service design and delivery	- Data by HSCP area is available - Relevant equality data is available	

Communication with the public

We must consider accessibility of all our published information in line with the duties of the Accessibility Regulations. This includes meeting papers for the Board, our policies, and strategies.

We will ensure that published Midlothian IJB and Midlothian HSCP information is easy to find, clear and written so that someone with a reading age of upper primary school could understand it. It must be available in alternative formats and languages as required.

We will work with our partners to ensure all health and social care information in Midlothian follows accessibility guidance.

Future Plans 2023-2025

Action	Performance Indicator	Our Progress
Review the information Midlothian IJB publishes online	- Published information meets Scottish Government accessibility standards - IJB Board Papers are available online in an accessible and searchable format	
Ensure the Midlothian IJB and Midlothian HSCP webpages hosted on the Midlothian Council website are distinct and hold the relevant information - Review the content of all Midlothian Council hosted webpages with our Midlothian Council Partners.	- Midlothian IJB webpages hold IJB information and activity - Midlothian HSCP webpages hold HSCP information and activity - The activity of delivery partners is appropriately signposted with links where appropriate	

Our Partners' Actions

We don't directly employ staff or run any services. Midlothian Health and Social Care Partnership (HSCP) oversees the delivery of the IJBs Strategic Commissioning Plan in collaboration with our partners, NHS Lothian, and Midlothian Council.

It is NHS Lothian and Midlothian Council who employ the local workforce. As such, the actions below are not undertaken by the IJB, but in collaboration with Midlothian HSCP.

Staff Training, Awareness & Understanding

It is important for staff to have the understanding and awareness of equality and available resources and support.

Update to Actions 2021-2023

Action	Performance Indicator	Our Progress
Improve understanding, knowledge, and skills of equalities issues by: - Training courses - Staff attend Midlothian Equalities Forum - Staff attend community events organised by People's Equality Group	- **93** staff attended Equality, Diversity and Rights Module - **1** staff member attended Transgender Equality and Inclusion Module - Forum paused - No data available	☐ 🟧 ☐
Train staff on IIA process	Our partners cannot currently provide disaggregated data for Midlothian	☐ 🟧 ☐

Future Plans 2023-2025

We will continue to monitor, the training, development and equality awareness opportunities provided by our partners

Action	Performance Indicator	Our Progress
Improve understanding, knowledge, and skills of equalities issues by: - Highlighting training	- No of staff attending Equality, Diversity and Rights module - No of staff attending Transgender Equality and Inclusion Module - No of Midlothian Equality Forum meetings and events - No of staff attending IIA training	

Engagement with the Public

We want to work with the people who live in Midlothian who use our services, their families, and the community to make sure our services work well for them. Engagement means that services involve people and communities in decision-making processes to better understand their needs.

Midlothian HSCP published its Public Engagement strategy in 2021. Work continues to embed these principles across services in Midlothian.

Update to Actions 2021-2023

Action	Performance Indicator	Our Progress
The HSCP will develop, implement, and support services to adopt an engagement strategy	- HSCP Public Engagement Strategy published - % of services with evidence of co-production and design	🟩 🟨

Future Plans 2023-2025

We will continue to ask Midlothian HSCP for assurance on how services are implementing the Public Engagement Strategy and increasing the opportunities for people and communities to be part of our decision making

Action	Performance Indicator	Our Progress
Improve the quality of all health and social care related public information in Midlothian - Midlothian HSCP will creating a Standard Operating Procedure for publishing information on the Midlothian HSCP webpages hosted on the Midlothian Council website - Midlothian HSCP will create guidance for Third and Independent Sector providers when providing information about a service we have commissioned	- Standard Operating Procedure completed - Guidance created	

Integrated Impact Assessments (IIAs)

Update to Actions 2021-2023

Action	Performance Indicator	Our Progress
IIAs completed	8 IIAs have been completed across the HSCP during 2021/22	☐ 🟧 ☐

Future Plans 2023-2025

We will continue to work with Midlothian HSCP to ensure IIAs completed in relation all new and revised strategies, policies and plans, provisions, practices, and activities delivered by Midlothian HSCP.

Action	Performance Indicator	Our Progress
IIAs completed	% of new or revised strategies, policies or plans across the HSCP with completed and published IIAs each year between 2023-25.	

COMMUNICATING CLEARLY

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

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

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

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

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

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

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

Midlothian Integration Joint Board

Thursday, 13th April 2023, 14.00-16.00.

Integrated Governance Report

Item number:	5.8

Executive summary

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

The structure for oversight of safe, effective, and person-centred care and professional governance consists of the Clinical Care and Governance Group and Quality Improvement Teams (QITs). A number of specialist subgroups ensure focus on identified risks and most common harms. A culture of shared learning and improvement is promoted.

Previous reports advised of testing of the Governance and Assurance Framework (GAF). With issues identified during testing now resolved and Group Service, Service and Team Plans in place across the HSCP, the rollout of the GAF will proceed from April 2023. This aims to provide a consistent and complete picture of the assurance being reported. These activities support the ambition to implement a total Quality Management System (QMS) linking clinical and care governance with the management of performance and resources.

Preparations for a Care Inspectorate and Healthcare Improvement Scotland joint adult inspection during 2023 are underway. These include a quality improvement framework and a streamlined system to record, analyse and articulate personal outcomes (OutNav). The report sets out the ongoing work to ensure Social Work and Social Care governance is appropriately managed so effective assurance can be given.

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

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

Midlothian Integration Joint Board

Integrated Governance Report

1   Purpose

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

2   Recommendations

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

3   Background and main report

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

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

Quality Improvement Teams (QITs) report to the CCGG around the actions services undertake to address clinical and care governance, deliver quality improvement share learning and progress innovation. The Quality Improvement Teams are expected to meet at least 4 times per year and report to the CCGG quarterly. A reporting template collates information about actions in place relating to the learning arising from investigation of adverse events and complaints, implementation of actions around safety alerts, specific standards and guidance, improvement work, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides

The Board have previously been advised of work underway to refresh the assurance template to support a more streamlined and consistent approach across services. From April 2023, the HSCP will begin testing the Governance and Assurance Framework adapted from the version tested by AHPs across Lothian (Appendix 1). This will support the assurance processes around clinical and care governance for all services in the HSCP. The system will provide a robust framework to enable reporting on the level of assurance being provided and will generate a system for auditing the evidence for assurance provided.

Group Service, Service and Team Plans will be in place across the HSCP from April 2023. The associated rollout of the Governance and Assurance Framework and a

Midlothian Integration Joint Board

review of meeting structures mean a clear expectation is now in place that QITs will meet in alignment with the annual calendar of CCGG groups. This should provide the CCGG with a complete picture of the assurance being reported across all services at every meeting

Delays in implementation arise from gaps being identified during testing of the AHP Governance and Assurance Framework. Correction has been progressed prior to finalisation of the Midlothian HSCP version of the framework. Group Service Specifications, Service Plans and Team Plans which articulate delivery against Strategic Objectives and key performance and quality measures will be finalised prior to the implementation of the framework. These elements are key in being able to provide a clear baseline from which to be able to provide a level of governance assurance on a quarterly basis.

These activities will support the previously advised ambition to implement a total Quality Management System (QMS) to strengthen the links between the clinical and care governance workstreams and the management of performance and resources, ensuring all activities and tasks are delivered to a desired level of excellence.

The role of Chief Social Work Officer, which carries statutory functions, sits outwith the HSCP. There is, consequently, a strong link to the Head of Adult Services who is also a Social Worker. The Head of Adult Services generally deputises for the CSWO when they are unavailable. The CSWO is a member of the IJB and pre-IJB meetings have been set up with the Chief Officer and Head of Adult Services to discuss any issues that may be particularly pertinent for professional social work. The QIT processes are integrated, and managers' report on all HSCP business thus providing assurance regarding social work services. There remains a need to ensure the CSWO is linked in effectively to this structure. The Governance and Assurance Framework will further strengthen this level of assurance.

3.3   The Clinical and Care Governance Group

The Clinical and Care Governance Group meets on a quarterly basis. Since the last report to the IJB, meetings have taken place in August, November, and February.

The HSCP's annual report (Appendix 2) was presented at the September meeting of the NHS Lothian Healthcare Governance Committee and was positively received.

3.4   Investigating and Learning from Adverse Events and Complaints

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups address patient/client falls and pressure ulcers. The Midlothian Safety and Experience Action Group (MSEAG) has oversight of all other significant adverse events (adverse events which result in harm assessed as moderate or above), including the death or suicide of patients engaged with mental health and substance 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 Serious Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure.

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The HSCP Senior Management Team (SMT) receives a fortnightly report from the Chief Nurse regarding performance around the management of complaints and the reporting and management of adverse events on the Datix system. Datix is a web-based tool accessed by NHS Lothian staff to report and learn from safety concerns such as actual adverse events and near misses and helps in the collection and analysis of information to support safety and quality improvement. The system also provides modules to support the administration of Complaints, Claims and Service Management Team level Risk Registers, to provide an integrated information system.

At the time of writing 12 Significant Adverse Event (SAEs) are under investigation, two of those being Level 1 external reviews open more than 6 months. Charts 1 and 2 show the Midlothian HSCP's performance regarding SAEs open more than 6 months and 12 weeks over 2022/23. Work continues to support actions that will enable local teams to address all adverse events within the Healthcare Improvement Scotland guidance timescales. While SAE review performance against timescales has improved, continued work is needed to maintain performance and assure the quality of the reviews and the implementation of learning gained. To support Managers across the HSCP to consistently deliver reviews within expected timescales and to the level of detail and quality required, training was delivered and well attended in Autumn 2022. Ongoing review of learning needs is undertaken and work with the Quality Improvement Support team of NHS Lothian to enable appropriate learning opportunities to be identified and delivered.

Outstanding actions from previously investigated Significant Adverse Events continue to be monitored by the MSEAG.

Chart 1
Midlothian Serious Adverse Events Open over 12 weeks at 20th March 2023
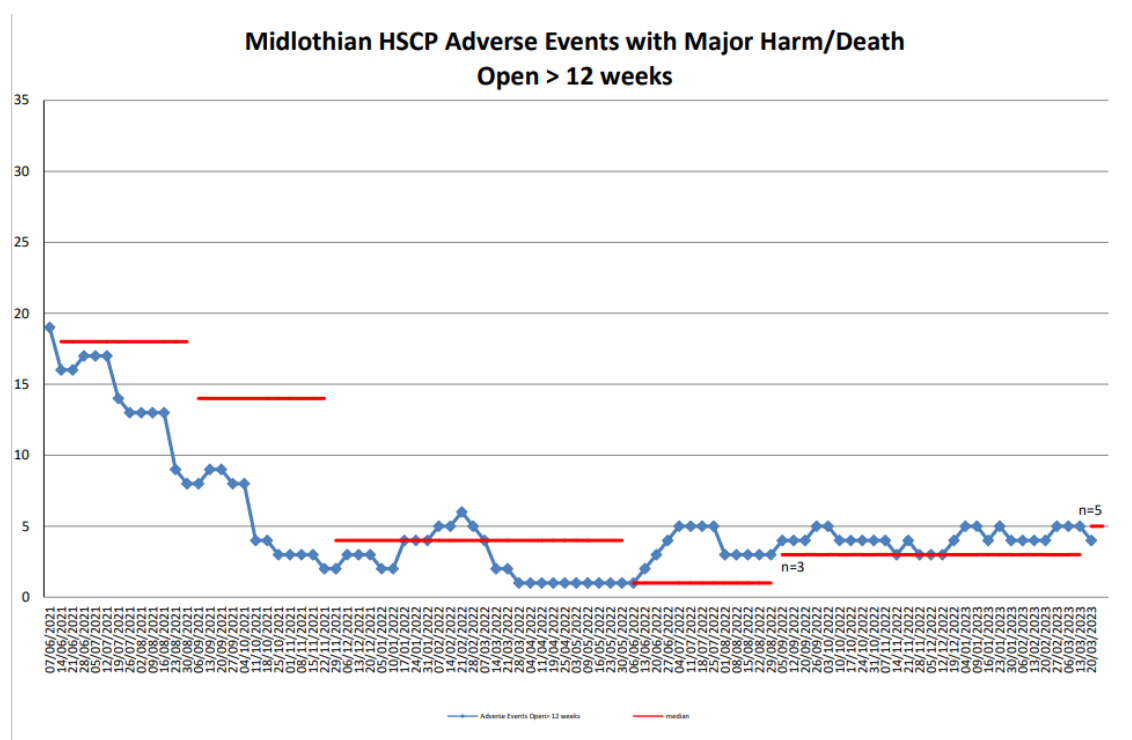
Chart 2 Midlothian Adverse Events Open over 6 months at 20ᵗʰ March 2023
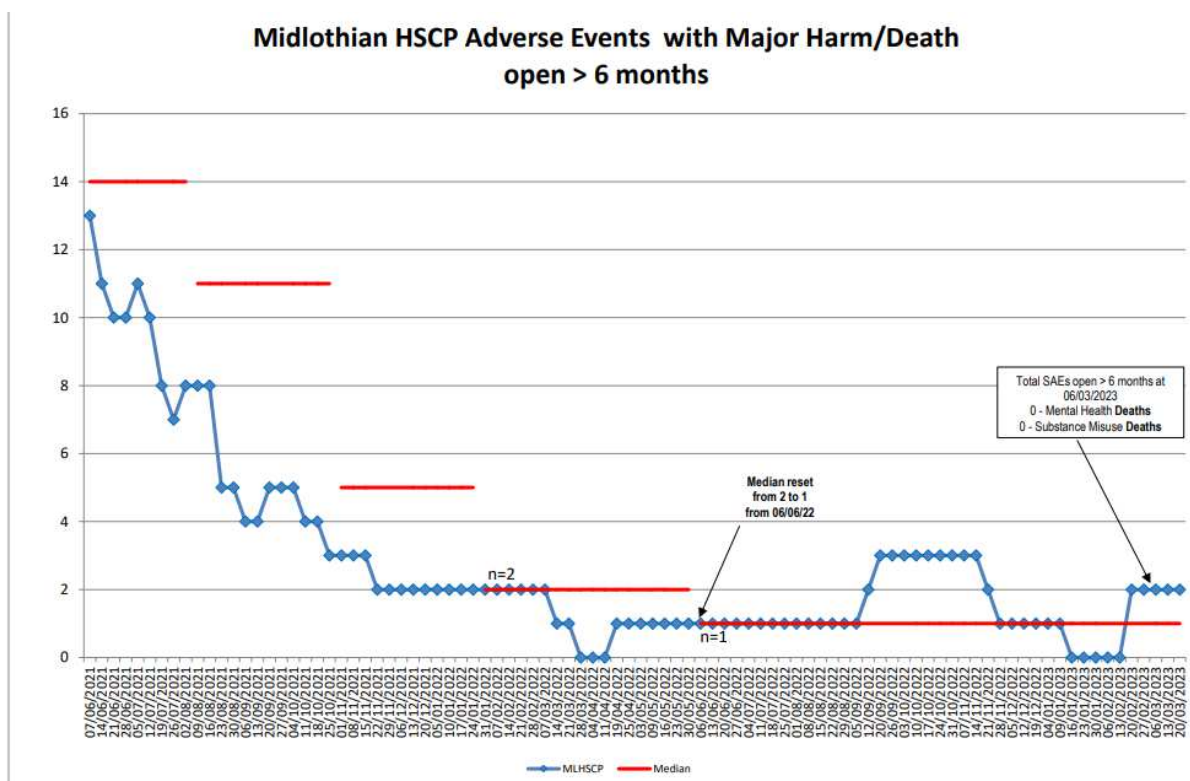
Processes for Council services remain less mature around adverse events and work is outstanding to bring a degree of synergy to this. Ultimately, the aspiration is that MSEAG will manage all adverse events across the HSCP. Presently, there is scope to ensure all parts of the system are involved in SAE's where appropriate. This is most appropriate in relation to drug related deaths and suicides as it is not uncommon that staff from integrated teams have involvement in such cases.

NHS Lothian recently published its Patient Experience Plan and work is underway to enhance awareness of the plan and to implement revised processes around complaints handling within Midlothian. There is an opportunity to consider the alignment of NHS Lothian and Midlothian Council complaints handling processes, and how learning from complaints and feedback has greater priority and visibility in relation to the work to improvement the quality of experience and outcome for Midlothian residents. Complaints are generally managed through the respective organisations' complaints handling processes and whilst processes and timescales are similar, there are also a range of Elected Member, MP and MSP enquires which tend to be funnelled through a Council route. Generally, these are managed by respective Heads of Service.

3.5 Clinical and Professional Oversight of Care Homes

The Scottish Government published My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes in June 2022. An Advice Note on Enhanced Collaborative Clinical and care Support for Care Homes issued on 14 December 2022 provides guiding principles and a framework to continue cross sector work to continue to improve the health and wellbeing of people living in care homes. Work is continuing at a Midlothian and Lothian basis to ensure these

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recommendations are met and that partners involved in the delivery of care home services are engaged in shaping the model going forward. The approach will be evolving and iterative, recognising that the role of the HSCP is different to that of the inspection and regulation responsibilities of the Care Inspectorate.

3.6   Inspections

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

The Care Inspectorate and Healthcare Improvement Scotland share a common aim that the people of Scotland should experience the best quality health and social care. They work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. Midlothian's Health and Social Care Partnership has been given indication that the Care Inspectorate and Healthcare Improvement Scotland will be undertaking a joint adult inspection within their 2023 calendar of scrutiny.

Preparation for this inspection has involved incorporating the jointly produced quality improvement framework into our own agenda of a continuous improvement approach. This involves developing a more streamlined system that helps record, analyse, and articulate the HSCPs contribution to improving personal outcomes.

Midlothian HSCP and Matter of Focus (Mission led company) have been working together to embed more meaningful outcome focused, evaluation, and performance management across work streams, underpinned by the Matter of Focus software, OutNav. There has been a clear intention to ensure the national indicators used by the Care Inspectorate and Healthcare Improvement Scotland are contained within the system–wide digital outcome map (OutNav). This will allow services to evidence that the support, care, and treatment they provide improves people's outcomes and experiences.

In addition, several working groups have been established to consider benchmarking activity against other recently published inspection reports, particularly in H&SCPs that are within our neighbouring localities. This allows for a self-evaluation and continuous improvement plans to be implemented, ensuring internal governance and assurance is prioritised.

Through the QITs, we have begun to have a more systematic approach to managing recommendations from Mental Welfare Commission themed reports. Generally, such reports have a range of actions for Scottish Government, NHS Boards and HSCPs. These are worked into an Action Plan for later submission back to the Mental Welfare Commission.

3.7   Risk Management

Midlothian HSCP is compliant with the NHS Lothian Risk Management Policy and Midlothian Council Risk Management Policy and Strategy. The Risk Management process within Midlothian was audited in 2021 and the finalised report confirmed that the Risk Management processes within Midlothian provided high assurance and demonstrated best practice in several areas:

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- Midlothian HSCP Senior Management Team meet every 2 weeks and risk is a standing agenda item.

- The Senior Management Team is supported by 4 committees (Business Management Governance, Finance and Performance, Staff Governance and Clinical Care Governance) each of which have risk as a standing agenda item.

- Service level risks registers are locally managed and brought to Business Management Governance for oversight and escalation review.

- Risks are routinely monitored through these escalating levels with additional risk reviewed held with Midlothian Council and Midlothian IJB both strategically and operationally.

- Each risk recorded either operationally or strategically have actions associated to mitigate the risk, these are routinely monitored through the appropriate level of monitoring as mentioned above. Impacts of actions are monitored by the outcome, where improvement is not measurable, additional actions will be assigned to further mitigate the risk.

- Each risk has a risk owner identified who is the accountable person for managing the related actions and providing routine updates on the status of the risk.

3.8 Resilience and Major Incident Planning

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

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

During a major incident declared by NHS Lothian on Wednesday, 22nd March 2023, the Midlothian HSCP Resilience plan was implemented providing a robust guidance to all staff groups for relevant operational actions. In reviewing the actions taken there is confidence that no errors or oversight have been identified.

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3.9 Risk Register

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

HSCP mitigation plans contribute to the following risks on the NHS Lothian Corporate Risk Register:

- Hours Emergency Access Target
- Hospital Bed Occupancy (Previously Timely Discharge of Inpatients)
- Sustainability of Model of General Practice

Council Services risks areas which form part of HSCP mitigation plans are:
- Public Protection
- Impact assessments of Service Closures / reassignments

4.0   Policy Implications

4.1   This report should provide assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian, and that appropriate mechanisms are in place to assess and manage risk and ensure service resilience.

5.0   Directions

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

6.0   Equalities Implications

6.1   The new Governance and Assurance Framework requires services to provide assurance that they are complying with the Equalities duties including the completion of Integrated Impact Assessments (IIA's) where necessary. It is anticipated that this will strengthen the ability for the HSCP to comply with its equality's duties.

7.0   Resource Implications

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

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8.0   Risk

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

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

9.0   Involving people

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

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

10.0   Background Papers

None.

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DATE	28th March 2023

Appendices:

Appendix 1: Midlothian HSCP Governance and Assurance Framework
Appendix 2: Midlothian HSCP Annual Performance Report Correspondence 2022

Midlothian Health & Social Care

QUALITY MANAGEMENT SYSTEM

GOVERNANCE AND ASSURANCE FRAMEWORK

AND TOOLKIT

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

Contents

Introduction

Midlothian Health and Social Care Partnership (HSCP) has developed and is promoting a system of total Quality Management. It is recognised that the organisational structure of the various services within Midlothian HSCP, including employees from Midlothian Council, NHS Lothian and other partner organisations, is complex and challenges have arisen in terms of responsibility and oversight of operational, professional and information governance. It is imperative that the Leadership Team have sufficient degree of visibility of all aspects of governance assurance provided by employees within Midlothian HSCP on the four distinct governance areas, namely, *Safe, Effective, Person-Centred, Regulatory*. There is a requirement for Governance Assurance to be clearly articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues. This framework will play a clear role in the cycle of Quality Management in providing **Quality Assurance** alongside, Quality Planning, Quality Control and Quality Improvement (figure 1).

Each service has differing operational management lines and therefore differing reporting arrangements and escalation mechanisms. To prevent and reduce the need to duplicate these processes, the *Midlothian HSCP Governance and Assurance Framework* was designed to enhance and support use of these existing mechanisms. The operational structure for which services should be reported is outlined in *Appendix 1*.

Quality Planning	Quality Control	Quality Assurance	Quality Improvement
Joint Strategic Needs Assessment (JSNA)	Governance Structure	Clinical and Care Governance (C&CG)	Spotlight Programme
IJB Strategic Plan	Escalation Process – Operational & Professional	*Governance & Assurance Framework*	Various projects / TOC / PDSA cycles
IJB Directions	MSG Indicators	Performance Assurance Governance Group (PAGG)	- Neurological Project
Single Midlothian Plan / Community Planning Partnership	Key Performance Indicators (KPIs)	Audits – NHS, Council & IJB	- Frailty
Strategic Planning Board (SPG)	Quality Indicators (QIs)	Inspections – Care Inspectorate, Health	- Integrated Falls Pathway
Planning and Transformation	Strategic Priorities (from Strategic Plan)	Improvement Scotland, Mental Welfare,	Lothian Quality Academy & NES
Midlothian Council 5-year Strategic Plan	Health and Safety Measures	Health Safety Executive	Training
Integrated Workforce Plan	Quality Improvement Teams (QITS)	Finance & Performance (F&P)	Quality Improvement Coaching
Commissioning Plan	Resilience and Business Continuity Plans	Audit & Risk Committee	Prescribing Cluster
Lothian Strategic Development Framework (LSDF)	Incident and Complaints systems	Workforce Governance Board	Primary Care Quality Cluster
NHS Lothian Strategic Objectives	Significant Adverse Event (SAE) investigations	Business Governance Board	Potentially Preventable Admissions (PPAs)
NHS Annual Delivery Plan	Freedom of Information Requests (FOIs)	Digital Programme Board	
		Contracts and Commissioning	

Group Service Specifications (Appendix 5) Service Plans (Appendix 6) Team Plans (Appendix 7) Annual Review/ PDPR Winter Planning	Risk Assessment and Management Service Reviews OutNav System Workforce Measures - Professional Registration - Training - Vacancy & Absence - Staff Experience incl. iMatter - Patient Experience	H&S Quarterly Submissions Action Trackers / Logs Performance Reports (Tableau Dashboards) Evidence Based Practice Risk Monitoring Service Improvement Trackers	

Figure 1. Midlothian HSCP Quality Management Matrix

Outline of the Governance and Assurance Framework

1. **Governance Assurance Areas and Measures**

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

2. **Identification of Impact**

   The widespread and varying nature of the services across Midlothian HSCP means that the *impact* of any variances may be very different. To provide a consistent definition of *impact*, detail on the scale and range of impact are outlined from *negligible* to *extreme* for each of the *assurance* areas and *measures*.

3. **Level of Assurance**

   The widespread and varying operational management structures across services in Midlothian HSCP means that the *levels of assurance* provided may differ considerably. To provide a consistency to the definition of *assurance*, a scale ranging from *significant* to *none* is provided.

4. **Governance Assurance Outcome**

   Outline of a matrix which defines the *Governance and Assurance Outcome* for each assurance area and measurement based on the combination of *impact* and *assurance level*. When inputting into the Governance and Assurance Application this will populate automatically based on inputs from the Service Manager/Team Lead in each service.

5. **Mitigations**

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

1. Governance Assurance Areas and Measures

Assurance Area	1. Safe	2. Effective	3. Person Centred	4. Regulatory	Suggested Sources of Evidence (NHS Lothian, Midlothian Council & Midlothian HSCP)
Measure (a)	Adverse Events (including RIDDOR)	Core Mandatory Training	Complaints	Professional Registration (including Professional Audit)	Datix (Complaints, Compliments & Adverse Events) NHS Tableau/Dashboard LearnPro eESS Professional Registers CRM (Midlothian Council's Customer Relationship Management system) Pentana – Midlothian Council Corporate Risk Register SPHERA – Midlothian Council Health & Safety system Clearview - Midlothian Council Business Continuity and Emergency Planning
Measure (b)	Duty of Candour	Personal Development (including PDPR)	Service User Experience & Engagement	Staff Performance Management (Conduct or Capability)	Datix (Complaints, Compliments & Adverse Events) NHS Tableau/Dashboard LearnPro TURAS Local PFPI records Care Opinion Mosaic OutNav CRM (Midlothian Council Customer Relationship Management system) iTrent – Midlothian Council HR and Personal Development system
Measure (c)	Health & Safety	Supervision		External Compliance or Audit (e.g. HSE, MDR, EHRC)	Datix (Complaints, Compliments & Adverse Events) Health & Safety Quarterly Reports Local Quality Management Systems LearnPro TURAS QMS Reports

					Audit Records Investigation Reports SPHERA – Midlothian Council Health & Safety system Clearview - Midlothian Council Business Continuity and Emergency Planning
Measure (d)	Workforce Management	Service Performance and Quality Indicators and Standards			Tableau/Dashboard Service Performance Reports or Dashboards QMS Reports Audit Reports Investigation Reports iTrent - Midlothian HR system Pentana – Midlothian Council Performance Management
Measure (e)		Finance / Resources			Finance Reports Service Performance Reports Pentana – Midlothian Council Performance Management Integra – Midlothian Council Finance system Mosaic
Measure (f)		Change Management (including Workforce Organisational Change and Equalities duties i.e. EQIA)			Partnership Forum Papers and Reports SMT Papers and Reports Finance and Performance Papers and Reports IJB Papers and Reports iTrent - Midlothian HR system

2. Identification of Impact

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

Impact Definitions

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

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

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

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

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

3. Level of Assurance

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

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

4. Governance Assurance Outcomes Matrix

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

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

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

5. Mitigations

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

Mitigation	
1.	Local Action Plan and monitoring via Operational Management Line
2.	Raised awareness to relevant Chief Professional (Social Work, Nurse, Allied Health Professions) within HSCP
3.	Formal Escalation to relevant Chief Professional (Social Work, Nurse, Allied Health Professions) within HSCP
4.	Formal escalation to Senior Management Team (SMT) and/or including SIT REP in place
5.	Risk Register added to Local Register (Team/Service)
6.	Risk Register added to Health & Social Care Partnership Register
7.	Risk Register added to NHS Lothian or Midlothian Council Corporate Register
8.	Involvement from internal specialist team (NHS or Council) i.e. Health & Safety (H&S), Manual Handling (MH), Human Resources/Employee Relations (HR/ER), Quality Improvement (QI), Finance, Organisational Development (OD)
9.	Involvement with Scottish Public Services Ombudsman (SPSO)
10.	Involvement with Health and Safety Executive (HSE)
11.	Involvement with Professional Body i.e., HCPC, SSSC, NMC, GMC

Appendix 1.

Organisational Reporting Structure

Midlothian Health and Social Care Partnership						
Primary Care & Older People	**Adult Services**	**Nursing**	**Allied Health Professions**	**Medical**	**Business Support**	**Integration**
MCH & Highbank	Adults	ACENS	Dietetics	Pharmacy	Corporate Business Team	Performance Programme
MCH	Learning Disabilities Social Work Team	Health Visiting	Weight Management	Community	Admin / PA's	Frailty Programme
Highbank	Community Learning Disabilities Team	0-5 Immunisations	Enternal Nutrition	Acute	Operational Business Managers	Workforce Programme
Intermediate Care	Cherry Road Day Service		Community Services	Management GPs		
Community Respiratory Team	Community Access Team		Acute Services	Hospital at Home Specialty/SAS doctors		
Flow Centre	Shared Lives Team		Children & Young People	Psychiatry		
Rapid Response	Welfare Rights Team		GP APP / MSK Physiotherapy			
Hospital In Reach	Justice Services and Protection		MSK			
Discharge to Assess	Justice		Digital Programme			
Community Rehabilitation Team	Community Justice		Midcare / Telecare			
Community Nursing	Duty Social Work		Physical Disabilities & Long Term Conditions			
District Nursing	Adult Support and Protection					
CTAC	Public Health Team					
Care Homes Support	Mental Health & Substance Misuse					
Hospital at Home	Community Mental Health					
Treatment Room Practice Nurses	Intensive Home Treatment					
Older People	Primary Care Mental Health					
Extra Care Housing	Mental Health and Resilience					
Newbyres Village	Social Work Mental Health (incl. MHO Service)					
Older People Occupational Therapy	Mental Health Occupational Therapy					
Care at Home	Old Age Mental Health					
Rapid Response / MERRIT	Dementia					
Older Peoples Social Work	Integrated Substance Use					
Day Services	Sport and Leisure					
Respite	Operations					
Primary Care Improvement Plan	Active Schools					
Vaccinations	Health and Wellbeing					
	Learning and Development					
	Public Protection					
	Midlothian & East Lothian Alcohol & Drug Partnership					

Appendix 2.

Quarterly Reporting Timetable

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

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

Service Outcome Record

Service Area:

Operational Service:

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

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

Appendix 4

Improvement Action Plan

Service Area: *(Primary Care & Older People, Adults, Nursing, AHP, Medical, Business Support, Integration)*

Service / Team: *(See Appendix 1)*

Governance Area	Governance Assurance Status	Area for Improvement	Action Required	Action By	Lead Officer

Group Service Specification Template

HSCP Group Service Specifications

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

1. Organisational Mission, Vision, and Values

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

1.2 Vision
People in Midlothian are enabled to lead longer and healthier lives

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

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

2. Group Service Statement

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

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

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

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

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

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

3. Resource

3.1 Total Group Service Budget £XX

3.2 Total Group Service Staff Costs £XX
- Total WTE
- Total Headcount

3.3 Total Group Service Non-Staff Costs

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

4. Population Needs of Group Service Area

4.1 Information and Insight

e.g., *high level description on the population data in Midlothian relevant to your service design*
- *What are the broad key population groups for your Group Service area?*
- *What are the challenges in using whole population data for your Group Service area?*
- *How do you use this to inform your Group Service area design?*

5. Strategic Alignment

5.1 Midlothian Integration Joint Board (MIJB) Strategic Aims

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

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

5.2 Directions 2023-24

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

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

5.3 Group Service Level Legislation and Directives
Add in as required (you might not have any)

---

6. Quality Management

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

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

6.1 Group Service Quality Management Matrix

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

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

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

6.2 Governance and Assurance Framework (GAF)

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

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

7. Workforce Planning

7.1 Group Service Workforce Plan (*add hyperlink*)

Appendix 1: Group Service Specification

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

Service & Programme Plan Template

HSCP Service & Programme Plans

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

---

1. Organisational Mission, Vision, and Values

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

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

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

2 Service or Programme Statement

2.1 **Service or Programme Area** (e.g., the 'What')
e.g., who are this Service or Programme and what do they do?

2.2 **Scope** (e.g., the 'How')
e.g., high level description of scope of activity delivered by this Service or Programme and how the Service or Programme delivers this

2.3 **Shared Purpose** (e.g., the 'Why')
e.g., why is this important and what drives the Service or Programme to deliver high quality health and social care?

3 Resource

3.1 **Total Service or Programme Budget £XX**
- **Statutory Provision**
- **Commissioned**

3.2 **Total Service or Programme Staff Costs £XX**
- **Total WTE**
- **Total Headcount**
  Midlothian Council
  - » Total WTE
  - » Total Headcount
  NHS Lothian
  - » Total WTE
  - » Total Headcount

3.3 **Total Service or Programme Non-Staff Costs**
e.g., Equipment, Travel, Consumables, CPD/Training

4 Population Needs of Service or Programme Area

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

5 Strategic Alignment

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

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

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

5.4 Service or Programme Key NHS Lothian Policy Strategic Alignment
e.g., describe the relationship of the Service or Programme aims to the LSDF

5.5 Service or Programme Key Midlothian Council Strategic Alignment
e.g., describe the relationship of the Service or Programme aims to the Council Plan

5.6 Service or Programme Key Community Planning Partnership Strategic Alignment
e.g., describe the relationship of the Service or Programme aims to the Single Midlothian plan

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

6   Quality Management

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

Quality management requires to be considered at every organisational level with specific and defined activities at each level as outlined (see right). In this case, the level being considered is **Service or Programme**.
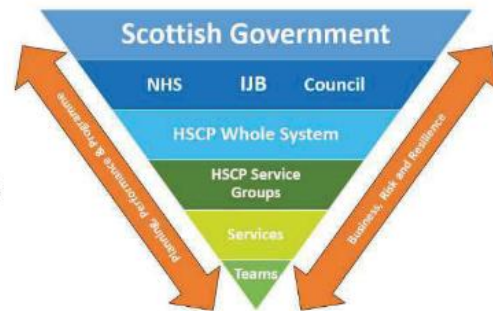
6.1 Service or Programme Quality Management Matrix
The quality management matrix should outline the relevant structures, processes, and activities in place for TQM at **Service or Programme** level.

Quality Planning

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

Quality Control

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

Quality Improvement

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

Quality Assurance

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

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

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

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

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

Appendix 1: Service or Programme Plan

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

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

MHSCP Team Plans

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

1. Organisational Mission, Vision, and Values

1.1 Mission

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

2 Team Statement

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

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

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

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

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

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

3 Resource

3.1 Total Team Budget £XX
- **Statutory Provision**
- **Commissioned**

3.2 Total Team Staff Costs £XX
- **Total WTE**
- **Total Headcount**

Midlothian Council
  - » Total WTE
  - » Total Headcount

NHS Lothian
  - » Total WTE
  - » Total Headcount

3.3 Total Team Non-Staff Costs
e.g., Equipment, Travel, Consumables, CPD/Training

4 Population Needs of Team Area

4.1 Information and Insight
- e.g., *how do you currently use population data to help inform your Team design*

5 Strategic Alignment

5.1 See Appendix 1 for detailed alignment to MIJB Directions relevant to Service Objectives and Team Performance Monitoring

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

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

6.1 Team Quality Management Matrix

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

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

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

6.2 Governance and Assurance Framework

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

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

7 Workforce Planning

7.1 Team Workforce Plan (*add hyperlink*)

Appendix 1

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

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

NHS LOTHIAN

Healthcare Governance Committee
27 September 2022

Fiona Stratton, Chief Nurse, Midlothian HSCP

MIDLOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP: ANNUAL REPORT

1   Purpose of the Report

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

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2   Recommendations

2.1   The Committee is recommended to:

▪   Take moderate assurance that the Midlothian Health and Social Care Partnership management team have comprehensive systems in place to deliver robust health and care governance across all services.

▪   Note the ongoing work to deliver programmes of change and improvement across the Partnership and the governance processes in place to oversee this work, including identification and mitigation of risks to patient safety.

3   Discussion of Key Issues

3.1   Scope of Services

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

3.1.2 Delegated services delivered by the HSCP include:
- Adult Social Work
- Care homes and Care Home Support
- Community Adult Mental Health Older Peoples' Mental Health & Dementia
- Community Learning Disabilities
- Community Treatment and Care Centres (CTACs)
- District Nursing
- Hospital at Home
- Intermediate care: Home First and Discharge to Assess

- Midlothian Community Hospital
- Occupational Therapy
- Physiotherapy
- Primary Care (GP, community pharmacy, dentistry and optometry services)
- Public Health and Health Improvement
- Sport and leisure
- Substance Use

3.2 Oversight of quality

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

3.2.2 Fortnightly Senior Management Team meetings chaired by the Joint Director provide ongoing formal oversight of service developments, discussion of emerging issues, and verbal updates are received on adverse events, complaints and performance, risk and resilience issues.

3.2.3 The Midlothian Safety and Experience Action Group (MSEAG) chaired by the Chief Nurse and attended by the Clinical Director, Heads of Service and relevant Service Managers meets fortnightly to manage and have oversight of the review of significant adverse events within Midlothian HSCP. This group undertakes initial consideration of Local Case Reviews into suicides and unexpected deaths of people engaged in mental health and substance use services and commissions external reviews in accordance with NHS Lothian's Management of Adverse Events Procedure. The group has oversight of performance of the performance in relation to the completion of significant adverse events within timescales and considerable improvement has been made (Chart 1)

Chart 1: Significant Adverse Event Reviews Midlothian November 2020- August 2022
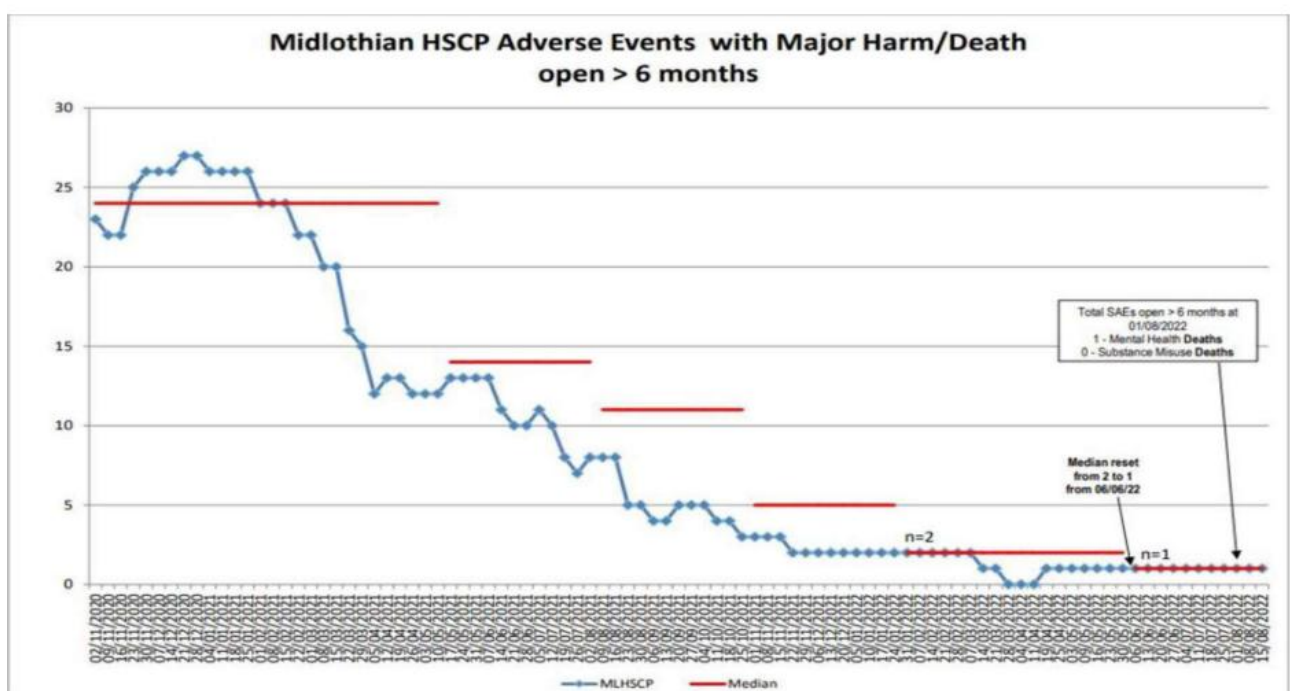
Subgroups are established to progress, support and quality assure local reviews of inpatient falls and pressure ulcers. An action tracker is in place to ensure that learning from adverse events is translated into action to improve patient safety. Plans are in development to strengthen the oversight of adverse events and complaints by MSEAG. There is recognition of the need to improve oversight of complaints and adverse events within Midlothian Council services, and to have regular oversight at Partnership level around the reporting of common harms to support early identification of trends and to support improvement actions.

3.2.4   Quality Improvement Teams (QITS) are organised at service level and are chaired by Service Managers. This structure includes the Primary Care Cluster Quality Network of all 12 Midlothian GP practices, chaired by the Cluster Quality Lead and attended by the Clinical Director. QITs are required to meet at least four times per year and are required to provide assurance around the safety, effectiveness and person centredness of the services delivered. This includes oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements associated with Healthcare Improvement Scotland inspections and Care Inspectorate Inspections of internally provided regulated services

3.2.5   The QITS report to the quarterly meeting of the Care and Clinical Governance group (CCGG), submitting a standard template covering the dimensions of quality, improvement activity, inspection updates and identifying service level and escalated risks. The CCGG is attended by the Clinical Director, Chief AHP, Heads of Service, Service Mangers, key staff with Quality Improvement, Risk Management and Performance roles and is chaired by the Chief Nurse.

3.2.6   Working groups are established to drive improvement work within Midlothian Community Hospital including Medicines Management, Falls and Food, Fluid and Nutrition. Infection Control is a standing item on the monthly Senior Charge Nurse meeting chaired by the Service Manager and links are maintained between the MCH team and specialist Infection Prevention and Control Nurses.

3.2.7   The NHS Lothian Accreditation and Care Assurance Standards (LACAS) provide a framework to give organisational and service user assurance that quality person-centred care is being delivered consistently across all NHS Lothian's services. The Framework has been developed to promote Quality Assurance activity which can be utilised to positively inform and drive improvement by engaging front line clinical staff in areas of focus.

The 5 in-patient areas in Midlothian Community Hospital have implemented the Lothian Accreditation and Care Assurance Standards. Participation has been incremental with 2 areas having completed 3 cycles of assurance, 4 out of 5 participating in the 2nd cycle and all 5 areas completing the cycle in June 2022.

The most recent LACAS review cycle identified clear themes, both in good practice and areas for improvement, which will inform quality improvement priorities at both ward and site level. A high standard of care was observed during the Ward Observations visits and a Gold Level of Assurance awarded to Seven Standards. Continuous improvement in standard attainment has been delivered across the 3

cycles, with staff reporting positive experience of involvement in the process and enthusiasm to evidence high standards of person centred and effective care.

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

3.2.9 ACENS is under the direct line management of the Chief Nurse who leads on the scrutiny of activity and performance and provides line management and professional support to the Team manager. Finance and performance information is provided within the HSCP and over the last year, more regular reporting to the Lothian Chief Officers has been commenced. ACENS has a local QIT and provides assurance to the Clinical and Care Governance group.

ACENS has experienced a significant increase in demand over the last 18 months, and a waiting list has developed. Discussion of concerns around the growing gap between capacity and demand was undertaken with the Midlothian Joint Director/Chief Officer, the Director for Primary and Community Nursing, and the Finance Business partner. A paper was taken to the Lothian Chief Officers' group outlining the complex challenges faced in growing the service to meet demand. The Chief Officers acknowledged the significant progress the service had made to meet demand and address service challenges over recent years. It was agreed that options needed to be developed around a service model and financial framework that would deliver an approach that would ensure safe and sustainable service delivery going forward. This work is being progressed with the expectation that an option paper will be take to the Chief Officers' group in October 2022.

3.2.10 Dietetics is a large service delivering across the 3 acute hospitals and 4 HSCPs. Dieticians work as part of the multidisciplinary teams in a range of settings. Under the new leadership team including the Head of Dietetics, and the Chief Allied Health Professional (AHP) in Midlothian HSCP, development is underway to ensure that all aspects of Dietetics Governance Assurance, Quality and Performance are robustly managed, reportable and improvement orientated. One component of this has been involvement in the initial testing period of the NHS Lothian AHP Governance and Assurance Framework. Several areas of improvement have been identified and will be monitored on an ongoing basis via the monthly Dietetics Service Leads group and more formally on a quarterly basis via the AHP Governance and Assurance Framework submissions. This information will be routinely reported internally via the Midlothian HSCP Clinical and Care Governance Group, have oversight from AHP Director in NHSL and can be made available to other HSCP areas as is necessary and helpful to support oversight of the delivery of this hosted service within their integrated services.

3.2.11 Midlothian HSCP directly manages the Health Visiting Service and the delivery of Immunisations to Children under 5 years. Clinical Governance assurance is delivered through the QIT and the Clinical Care and Governance Group. Midlothian HSCP has invested in the leadership of the service and appointed a Clinical Nurse Manager in February 2022.

Improved data quality and availability is driving understanding of the delivery of the Universal Health Visiting Pathway, providing the team with opportunities to benchmark, plan and deliver improvement and developing work to report on

outcomes.

Midlothian Health Visiting has benefitted from significant investment in Health Visitor training to secure a workforce that aligns to population need, but it is recognised that other partnerships in Lothian continue to experience shortfalls in staffing due to the age profile of their workforce and there is recognition of the imperative to work collaboratively to ensure the wellbeing of our youngest citizens.

Pan Lothian work under the oversight and direction of the Children and Young People Health and Wellbeing Board ensures demographic and epidemiological trends inform shared decision making to support workforce and service planning. Health visiting also features in the remit of the Midlothian GIRFEC Board, with managers and clinicians working with multi agency colleagues to deliver the Integrated Children's Services Plan.

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

Public Protection duties are delivered under the oversight of the East and Midlothian Public Protection Committee (EMPPC), and the NHS Lothian Public Protection Action Group (PPAG).

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

The Committee includes key senior officers from the statutory and third sectors who work in partnership to deliver leadership, expertise and support to scrutinise and improve public protection arrangements. Subgroups progress work around Performance and Quality improvement, Learning and Practice Development, Offender Management and Violence Against Women and Girls.

The East Lothian and Midlothian Public Protection Committee and its sub-groups are supported by a team of specialist staff in the East Lothian and Midlothian Public Protection Office (EMPPO) and NHS Lothian's Public Protection team who provide leadership, training, quality assurance and advice across the spectrum of public protection responsibilities.

NHS Lothian's Public Protection Action Group sets and oversees the strategic direction of public protection services across NHS Lothian and provides an annual assurance report to the Healthcare Governance Committee around Public Protection.

3.2.13 Work to reduce the harm associated with substance use is a national priority, and multiagency working across East and Midlothian is the approach for the delivery of the Drug and Alcohol Partnership (MELDAP). Recent funding allocated from the Scottish Government has allowed the Partnership to invest further in services with the aim of improving the reach and effectiveness of our substance use service offer.

A range of services are in place in Midlothian to assist people who face issues related to their own or others substance use. The MELDAP Strategic Group has multiagency representation and meets 6-weekly to deliver oversight of the performance and quality of a range of services. Midlothian HSCP delivers statutory Substance Use services, including the delivery of Medication Assisted Treatment (MAT), and adherence to MAT standards is subject to the scrutiny of a specialist oversight group.

3.2.14 Plans to Improve Oversight of Quality

Midlothian HSCP has the ambition to deliver better care and support for people which delivers best value from the resources invested in health and social care. The HSCP Executive Management Team has committed to implement a Quality Management System (QMS) which will strengthen the links between the clinical and care governance workstreams and the management of performance and resources.   The system covers the four domains of Quality Management: Quality Planning, Quality Control, Quality Assurance and Quality Improvement. Implementation of the QMS will require services to produce a service specification, and a service plan which identifies scope of service, resources available, Key Performance Indicators, quality measures and improvement activities which deliver targeted outcomes.

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

An integrated approach will be introduced to provide governance assurance on the four governance domains of Safe, Effective, Person-Centred and Regulation. Governance Assurance will be clearly articulated by those responsible for services and action taken with and by the most appropriate people to address any outstanding issues.

This framework will play a clear role in the system of Quality Management in providing **Quality Assurance** alongside, Quality Planning, Quality Control and Quality Improvement (Figure 1.).

Figure 1: Features of Quality Management

3.2.15 Governance and Assurance Framework

The implementation of the QMS supports the provision of assurance around the quality of both delegated and hosted services. Development and testing of the Governance and Assurance Framework (GAF) for Allied Health Professionals (AHPs) working in Acute Services and the four Lothian HSCP's has been led by Midlothian HSCP's Chief AHP. This framework has addressed the challenge of differing operational management lines, reporting arrangements and escalation mechanisms across AHP services. The GAF has been designed to deliver a consistent approach to professional governance and aiming to prevent and reduce the need to duplicate processes and enhance and support use of existing mechanisms.

A trial of the system is underway involving AHPs in HSCPs, including Midlothian, and a selection of single system AHP services including the Dietetics service which is hosted in Midlothian. Midlothian HSCP intends to implement the GAF across all hosted and delegated services over the next year. This will be completed electronically and visible on a dashboard accessed by operational and professional leads.

3.2.16 Performance Management

The Partnership has recognised that approaches to performance management have not kept pace with the rapid redesign of many services during the pandemic.

The Midlothian Performance Assurance and Governance Group (PAGG) has been convened to provide additional capacity outwith the IJB Board meeting to support further scrutiny of performance and support assurance reporting to the IJB. Membership includes Midlothian HSCP's Executive Team, Performance Team, Local Intelligence Support Team and Midlothian Integration Joint Board (MIJB) members, to ensure representation of Midlothian Council, NHS Lothian and the third sector.

Work is underway to design and implement a Performance Measurement Framework based on the 6 dimensions of quality that will provide the PAGG with the right information, in the right format, at the right time, and which will enable informed decision-making at operational and strategic levels.

This comprehensive and ambitious programme of work which includes investment in additional performance management capacity will build quality improvement leadership skills and capacity across Partnership services and creates the potential to work with partners in Lothian and further afield to innovate and improve. The work underway to build skills and confidence to analyse a broader range of activity, process and outcome data will provide insights that inform better decision-making across the organisation, and which will ultimately provide enhanced oversight of the quality of care delivered across Midlothian HSCP.

3.2.17 Systems and Processes to Identify Concerns about the Quality of Care

The Executive Management Team holds brief informal meetings (huddles) three times weekly, and this forum provides an opportunity for any emerging concerns about quality of care to be raised.

Activities that feed into this include the oversight of complaints and adverse events by managers and MSEAG, safety huddles, inspection activity, and the use of data around specific harms, including falls, medication errors, and healthcare associated infection. Safe staffing is the component in delivering safe, effective and person-centred care.

Compliance with the *Safecare* staffing tool is monitored and is noted be good. The tool is used as the basis for understanding the staffing position in Midlothian Community Hospital. No other service areas within the Partnership have a real time staffing tool available, but the experience of managing workload and staffing pressures during the Covid-19 pandemic has enhanced local practices in collating and reporting staffing information. These continue to be in use at Service level and can be escalated to deliver assurance as required in the event of resilience or other concerns.

The Partnership has developed effective working relationships with the Care Inspectorate, ensuring early action to address emerging concerns in registered services within the Midlothian area.

The Midlothian Care Home Support Team has a specific role in supporting the quality of care for residents in the 10 Midlothian care homes. The team has supported recognition of concerns about the quality of care through their own direct work in care homes and their liaison with other professionals. The Midlothian 'rapid rundown' takes place three times per week and provides senior oversight of emerging issues and improvement work and the opportunity to discuss any concerns raised by care home managers and/ or identified by the Care Home Support Team. This provides a route to discussion and escalation of concerns as required.

Where concerns are raised, the relevant senior manager will bring to the EMT at the earliest opportunity, ensuring early senior decision making and a measured and proportionate response. Examples include the establishment of a weekly oversight group to monitor action plans around staffing and capacity in home care services, the service level response to administration errors in a vaccination centre and the enactment of processes to establish multiagency and large-scale enquiry processes around care concerns in care homes.

Following recognition of concerns around staffing and service delivery and common themes emerging from complaints regarding the community dementia team, plans were developed and implemented to provide immediate support to the team. The Executive Team subsequently approved the proposal to establish a team, including external specialists, to undertake a review of the service and present proposals to the Senior leadership team within the next 3 months.

The approaches described above ensure a clear escalation process through senior managers concerning quality of care issues. In the event that a member of staff felt unable to raise concerns around the quality of care, concerns can be raised through

Partnership representatives, direct contact with the Chief Nurse, Chief AHP or Chief Social Worker, or alternatively through NHS Lothian *'speak up advocates'*. If all other routes are exhausted, the formal whistleblowing procedures of NHS Lothian or Midlothian Council provide a confidential route for concerns to be raised.

The Governance and Assurance framework and the developing performance management framework described in this paper will build on existing systems and processes to provide improved oversight of the quality of care across all services and increased sensitivity to indicators that may identify concerns around the quality of care.

3.3   Monitoring Service Quality Outcomes

3.3.1   Services in MHSCP report service quality outcomes internally through Quality Improvement Teams to the Care and Clinical Governance Group. Opportunities to reduce variation in the approach to the reporting of quality outcomes and performance to deliver targets and standards has been recognised, and work to deliver a more consistent approach is underway.

3.3.2   The implementation of the Governance and Assurance and Performance Management frameworks described in this paper will take forward work that will ultimately support all MHSCP services to report an evidenced level of impact and assurance that relates to a service specification and objective targets and standards.

3.3.3   A quality planning approach has been adopted to five spotlight areas of work in year one of the (draft) MIJB Strategic Plan 2022-2025 and a system for planning, monitoring and reporting has been established. The five areas of 'Spotlight' work for first year of the plan are:

- Frailty
- Midlothian Community Hospital
- Primary Care
- Mental Health and Learning Disabilities, and
- Workforce

Staff working in these five focus areas are already involved in work to test ideas and improve and share lessons to evidence the delivery of high-quality care. Integrated Project Management support has been invested in to accelerate the progress of existing service workplans, workforce development plans, individual appraisals and PDPs. To avoid additional layers of scrutiny and make best use of existing mechanisms, oversight of this work is located within existing Planning, Performance and Programme functions, providing structured opportunities to share learning across all five areas with monthly reporting to SMT and SPG (bi-monthly to IJB). Each spotlight group will ensure that cross cutting enablers and Digital, are embedded in the planning process. The approach has been designed to create opportunities for teams to develop and test new ways of working, aligned with other programmes (e.g. LACAS).

3.3.4   The Partnership is continuing work with its third-party partner, *Matter of Focus*, on outcome mapping using the *OutNav* approach. Work to develop quality management and performance measurement approaches and to relate these to IJB Directions, sits

alongside work on *OutNav* to capture and link a wide range of evidence for evaluating progress in delivering outcomes.

3.3.5 MHSCP services are subject to external inspections from statutory bodies. This includes Healthcare Improvement Scotland, the Mental Welfare Commission and the Care Inspectorate. These reports are noted at the SMT and reported through the QITs and CCGG. Immediate action is taken where internal concerns or external inspections identify improvements are required to address standards of care. Operational and professional leads have shared oversight of action plans. Implementation is led by Service Managers and progress monitored and supported through operational and care and clinical governance routes, ensuring the implementation of actions which deliver sustainable improvement.

3.3.6 The development of primary care service re-design in the context of delivery of the new GMS contract 2018 is being planned with the seven key principles of Quality in mind. This change has already started with the move away from clinical assurance provided by the previous Quality and Outcomes Framework (QOF) introduced in the 2004 GMS contract. The new approach was introduced by the GMS Statement of Financial Entitlements for 2016-17 and sees all 12 of our local GP practices working together in a single Quality Cluster with the HSCP and NHS Lothian to identify local priorities to improve the quality of services and outcomes for people.

3.4 **Impact on People Experiencing Care**

3.4.1 Gathering and Responding to Feedback

Services across Midlothian HSCP are utilising a range of approaches to gather and respond to feedback from people who use our services, their families and carers. These are reported by services through their QITs to the CCGG. Some examples include:

- *Care Opinion* is promoted for those who use Midlothian Community Hospital and the Hospital at Home service. Feedback is relayed to relevant staff who utilise learning to drive change and improvement. Work is ongoing to explore the potential for Care Opinion to be used more widely across Partnership services.

- Earlier this year, the team at Midlothian Community Hospital undertook a survey of stakeholders asking, '*What matters to you* about Midlothian Community Hospital?'. The team received predominantly positive feedback, with the main request being that the Community Hospital be resourced to provide a wider range of services for local people. The survey identified that stakeholders find the hospital takes a person-centred approach, staff are kind and care is provided in an environment that is clean and welcoming. A creative approach to the feedback was taken and word clouds, '*wardles*', were developed and framed to provide ward staff with a daily reminder of the positive difference they have made to patients and their families.

- A project to develop an understanding of the experience of people whose family

member received end of life care in Midlothian Community Hospital or from the Midlothian District Nursing Service is nearing completion. The project, funded by the Scottish Government, has taken an experience-based co-design approach, and the final report is in preparation. Staff involved in the project have found the positive feedback on the end of life care they provided encouraging at a time where demand and capacity present daily challenges and where staff may question the impact they have. A huge amount of data has been gathered and the potential to use this to further understand and improve the delivery of end-of-life care is being explored.

Learning from these projects, and those undertaken in other services, will continue to be shared with the aim of promoting ongoing work to gain meaningful feedback which can be sued to shape and improve our services.

3.4.2 Managing and Learning from Complaints

All Midlothian HSCP services, including Primary Care, have a formal complaints procedure which is advertised and made available to patients on their request, and a standardised process is followed to deliver a response to the complainant within set time scale. Midlothian HSCP receives a small number of complaints and the systems for oversight and scrutiny aim to improve our performance to deliver responses to Stage 1 and Stage 2 complaints within the Scottish Complaints Ombudsman's targets. Chart 1 show 74 complaints received about NHS services within the partnership over the 3-year period August 2019 – July 2022, with a stable median of 1 complaint received per month (Chart 2) It should be noted that independent contractor GP practices handle their own complaints separately, and complaints made about MHSCP services via Midlothian Council are not included in this data. Plans are in development to develop integrated oversight of complaints across all MHSCP services.

Chart 2: Midlothian HSCP - Stage 1 & Stage 2 Complaints only July 2019 - June 2022
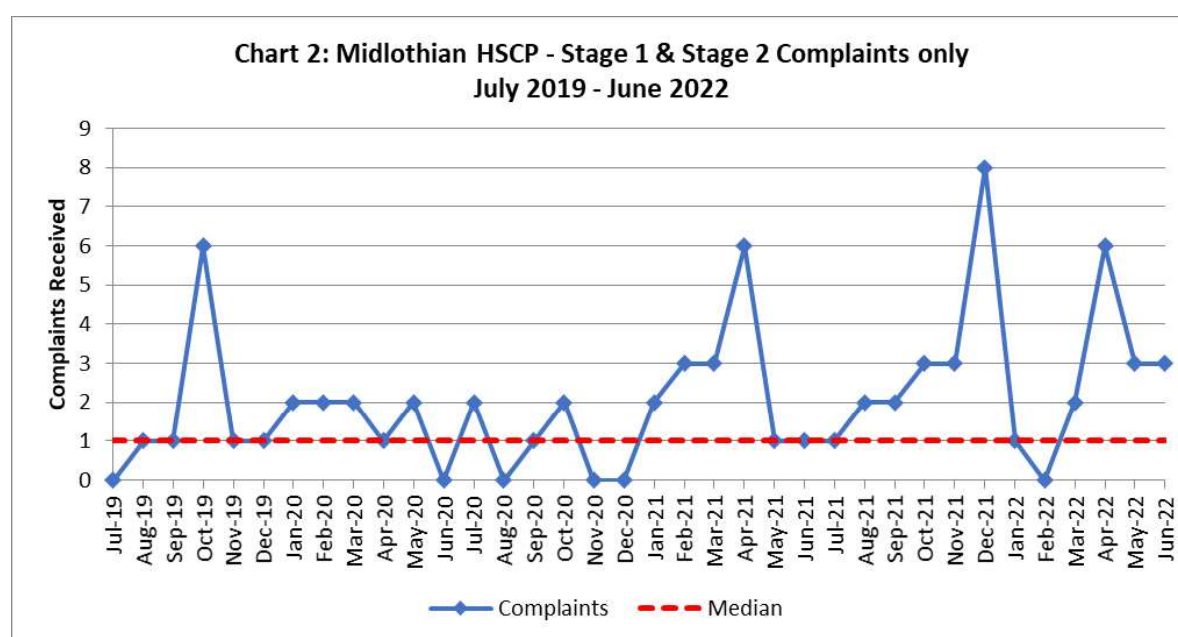
The fortnightly SMT has oversight of response times for complaints, ensuring real time actions are agreed to respond to the concerns people raise about the care provided.

A Lothian wide short life working group is underway to address improvement in complaints handling and it is expected this will be rolled out in Midlothian within the next 6 months. The development of MSEAG provides an opportunity to consider the alignment of NHS and MLC complaints handling processes, and how learning from complaints and feedback has greater priority and visibility in relation to the work to improvement the quality of experience and outcome for Midlothian residents.

3.5   Impact on Staff

3.5.1   Midlothian HSCP recognises our workforce as our greatest asset but in line with the national picture, recruiting and retaining the workforce we need to deliver our ambitions represents our biggest challenge. The Senior Management Team is prioritising workforce engagement, continued investment in our Wellbeing Lead post and the development of our HSCP workforce plan.

3.5.2   A range of mechanisms are in place to hear staff experience including team meetings, leadership walk rounds, *iMatter* and exit questionnaires and the Trickle app reported last year. NHS Lothian Partnership and Midlothian Council Staff Side representatives attend fortnightly Senior Management Team meetings and provide valuable input into discussions and decisions. A regular Partnership meeting, chaired by the lead Partnership representative, ensures a particular focus on staff experience and views.

3.5.3   Awareness has developed of issues that are important to our staff group and of work needed to support improved staff engagement. Our teams continue to face the challenges associated with the COVID-19 pandemic, workforce pressures and increasing demand and complexity in the context of concerns around the cost of living, climate change and geo-political instability. A Senior Manager is taking forward work on a Communication and Engagement Strategy and a Communication Plan which will deliver a more cohesive approach, offering staff across the partnership opportunities to identify how they would like to give and receive information. While Executive Team members are regularly 'out and about', this refreshed approach will provide focused time for front line practitioners to meet and discuss their experience of delivering care to people in Midlothian with Senior Managers.

3.6   Delivery of Safe Care

3.6.1   Learning from Adverse Events

Organisation and system-wide learning from adverse events and complaints is a critical component of improving the quality of care. The Midlothian Safety and Experience Action Group (MSEAG) has driven work to improve performance in relation to the completion of Significant Adverse Event (SAE) reviews to meet Healthcare Improvement Scotland key performance indicators (KPI's). This has reduced the time taken to identify and address factors that contributed to the adverse event to prevent similar harm occurring in future.

SMT receives fortnightly updates on performance for all adverse events. While SAE review performance against timescales is much improved, work is continuing to maintain performance and assure the quality of the reviews. A programme of training will be delivered in September and October for all managers involved in the review of adverse events with the aim of improving the quality of investigation, action planning for improvement and shared learning.

Chart 3 illustrates the reporting of all adverse events in Midlothian HSCP with the increased median noted last year remaining stable.

Chart 3: Midlothian HSCP Reported Adverse Events
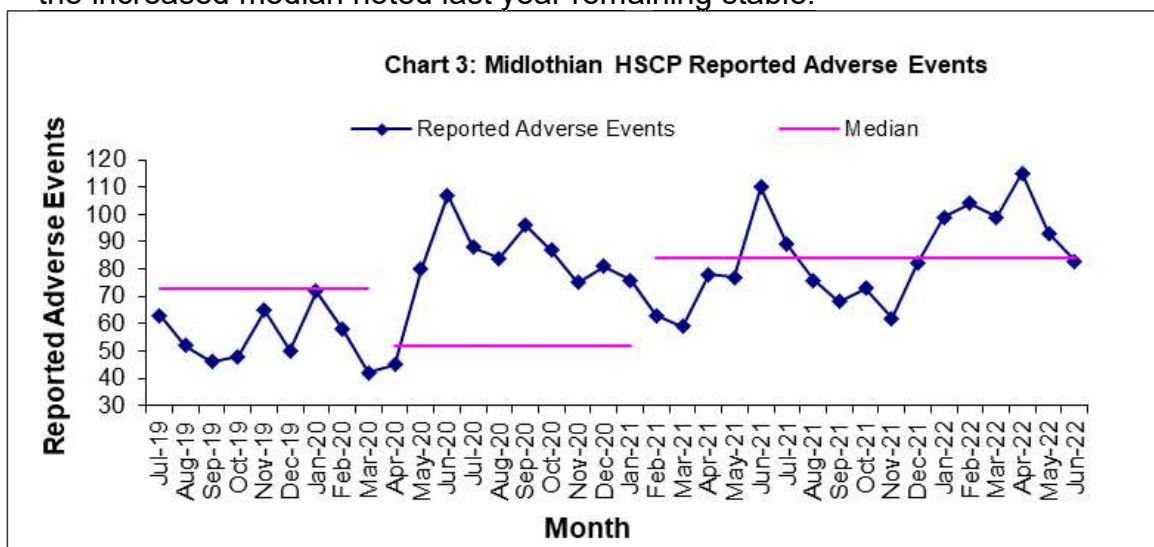
Chart 4 illustrates that the adverse events resulting in major and moderate harm are maintained at a stable median.

Chart 4: Midlothian HSCP Adverse Events Reported with Serious Harm
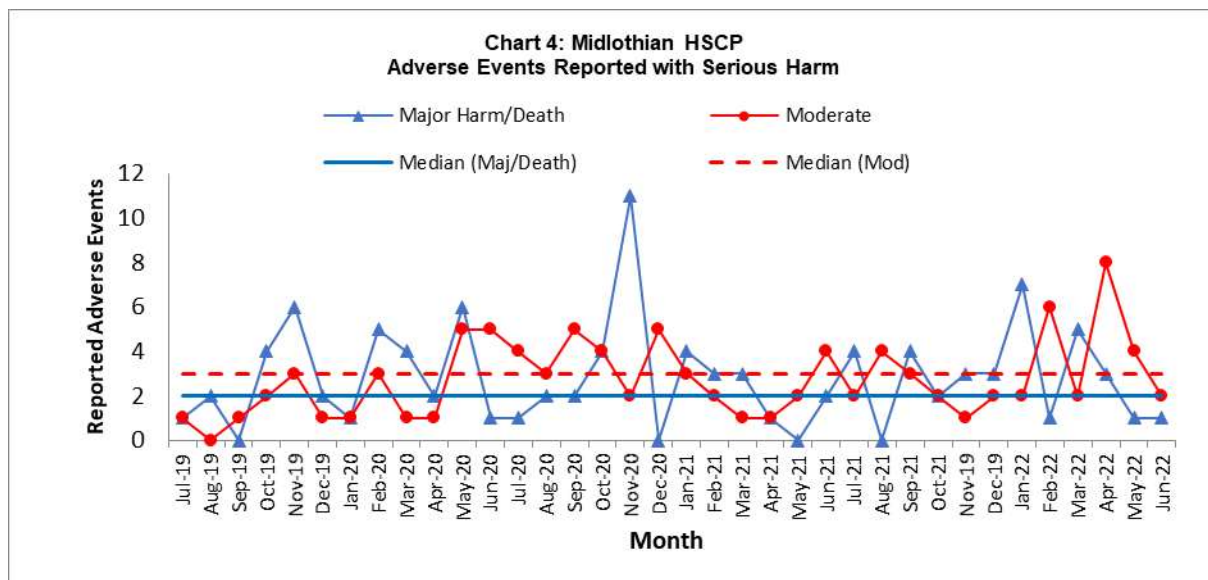
Chart 5 illustrates the breakdown of adverse events with serious harm by category. The Lothian Accreditation and Care Assurance Framework (LACAS) is now fully implemented in Midlothian Community Hospital, and supports the monitoring of the most common harms. LACAS improvement work and a Falls Improvement Working Group support ongoing work to address underlying causes of harm. Working Groups chaired by Service Managers bring a range of perspectives to the investigations into

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the occurrence of pressure ulcers and falls with serious harm. These groups are tasked to ensure learning is shared within and beyond the relevant service area.

Chart 5: Midlothian HSCP
Categories Reported with Serious Harm (Mod/Maj/Death)
July 2019 - June 2022
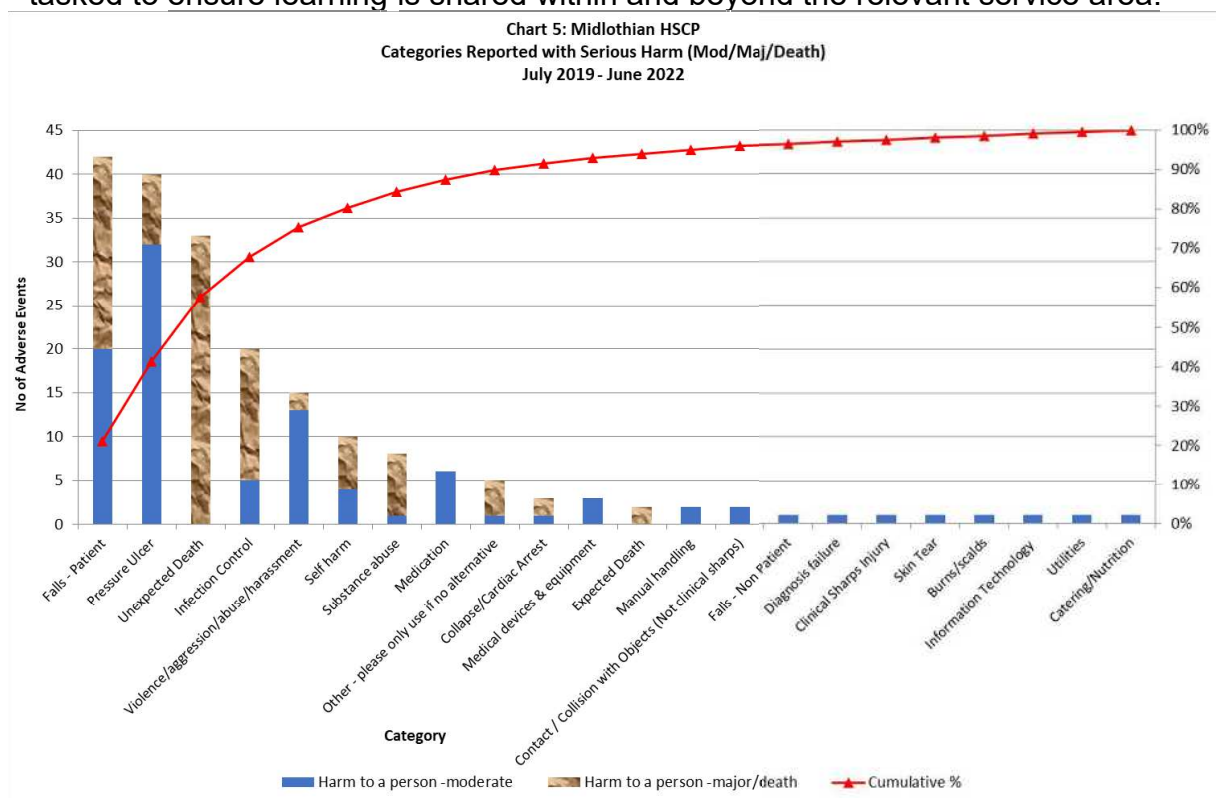
3.6.2 Drug-related Deaths in Midlothian

In 2021, 23 drug-related deaths were recorded in Midlothian, of those, 16 were men and 7 women. This represents an increase of 2 from 2020. Midlothian's trends reflect national data which shows that there was reduction in male deaths but an increase in female deaths.

Data has identified that 14 (61%) of the people whose deaths were identified as drug related were not involved in services. The development of the assertive outreach model and work to increase the numbers of people who use substances to engage with services is critical and is being taken forward within Midlothian HSCP, with additional investment as described earlier in this report.

Midlothian teams work with local partners delivering a range of initiatives to support people and reduce the harmful impact of long-term drug use. A holistic approach which addresses housing needs, family support and providing person-centred treatment is adopted alongside education, training and employment opportunities.

Work is underway to create a more robust performance culture, improved use of measurement and further work to implement evidence-based approaches which have been shown to reduce drug related deaths.

3.7 Equitable care

3.7.1 An imperative for Health and Social Care Partnerships is their work at a population, community, and individual level to address inequality. Midlothian HSCP has developed effective integrated working and strong relationships with colleagues in

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NHS Lothian's Public Health Directorate to progress this objective. This enables cross cutting, integrated work across our services as evidenced in our Strategic Plan. The Partnership and the Integration Joint Board are conscious that the COVID 19 pandemic has magnified health inequalities, and work continues to address the impact of this at strategic and operational levels.

3.7.2   The Joint Strategic Needs Assessment provides equality data to aid understanding of current and emerging needs and support planning and action to address inequalities. Integrated Impact Assessment (IIAs) are a requirement for new policies and proposed service changes. With the implementation of the new Strategic Plan and the programme of recovery from the impacts of the pandemic, we anticipate an increase in the number of IIAs required. Training on IIAs is delivered by Midlothian Council available to Midlothian HSCP staff and volunteers.

3.7.3   The Partnership recognises the importance of building expertise to embed equality and rights in service design, delivery and review. Training is available to colleagues across the HSCP to improve their understanding, knowledge and skills around equality and diversity as well as an understanding of the public sector equality duty and its relevance to their roles. Our approach to the recommissioning of the care at home service included training for staff from the British Institute of Human Rights and creating a monitoring and evaluation framework. It is the Partnership's intention to build on this experience for future commissioning by the HSCP.

3.7.4   Membership of The Midlothian Council Equalities Forum will be extended to Midlothian HSCP employees. This Forum is made up of employees representing all nine protected characteristics, and others who support the aims of the forum. The forum will be supported by the Equalities Engagement Officer and Corporate Equality, Diversity & Human Rights Officer. It works to embed equality and fairness of opportunity across the council and HSCP, and to contribute to employee and community equality initiatives. Where required equality and diversity training will be provided to Forum members.

3.7.5   The Health and Social Care Partnership Website continues to be developed to ensure a wide range of information on the services provided is accessible to those with digital access. This includes *Reachdeck* which aims to help improve the accessibility, readability and reach of online content.

3.7.6   A small study undertaken in in 2021 evidenced the need to address digital exclusion in Midlothian. In response, digital skills development work is progressing to support people who want to, to access health and social care digitally. Training was developed and offered to HSCP and third sector staff working locally. Digital inclusion now forms part of the Midlothian HSCP Digital Implementation and Delivery Plan 2022-25. Collaborative work is progressing with the Community Planning Partnership to increase opportunities for people to have access to a device, connectivity, the means to pay for it, and basic digital skills.

3.7.7   The Partnership continues to invest in the provision of the Health Inclusion Team, providing 1:1 and group support from specialist Nurse Practitioners to support:

- people in homeless accommodation,
- people in receipt of justice services,
- carers,

- people in receipt of drug and alcohol services,
- Gypsy Travellers
- people <55yrs who have had more than 3 attendances at emergency departments in the Lothians within the last year.

3.7.8 The Mental Health, Substance Use, Public Health Practitioners, Health Visiting and Vaccination teams are examples of services who have actively developed approaches to address the access and uptake of services by groups in our communities who are less likely to access services and experience poorer outcomes as a result.

3.8 Workforce Management and Support

3.8.1 Workforce capacity is the key risk in the delivery of safe, effective and person-centred care. Extensive work has been undertaken to develop Midlothian HSCP's Draft Workforce Strategy which was submitted to the Scottish Government at the end of July 2022. Work will continue in the autumn to finalise and implement this once feedback is received.

3.8.2 The development of the Strategy has prompted a review of our staff governance infrastructure and identified the work needed to address gaps in the data available to us. The lack of comparable data across all occupational groups limits our ability to critically examine the current workforce position in totality, thereby supporting integrated planning for future workforce requirements. Nursing and AHP workforce planning is at a more advanced stage than for other occupational groups, with work progressing to ensure compliance with Safe Staffing legislation, and to develop creative approaches to service needs including Advanced practice and Non-registered roles.

3.8.3 Detailed plans have been developed at a partnership level for services to support the Primary care Improvement Plan, in particular the development of pharmacotherapy, Musculo-skeletal and Community Treatment and Care (CTAC) services. Additional information about this is provided in section 5.2. The Executive Management Team has committed to implement a refreshed workforce planning and governance infrastructure supported by investment in capacity to deliver on our workforce planning needs.

3.8.4 Training and development plans are developed at a service level, with NHS Lothian's Clinical Education Team and Midlothian HSCP's Learning and Development Team commissioning and providing a range of education and training opportunities for staff. The Governance and Assurance Framework and Quality management approach will bring a more cohesive approach to understanding and providing assurance in relation to the Partnership's workforce needs.

3.8.5 Midlothian HSCP has invested in the establishment of a Clinical Educator post in Midlothian Community Hospital as an approach to supporting staff in the workplace. This role increases the support staff have to maximise skills and learning in practice and carries a remit for non-registered and registered staff and students. Evaluation of the role will address some of our assumptions on recruitment, retention and the support available for staff to provide quality care. Although the post has only been in place for 2 months, the early evidence of impact on induction processes, practice

learning for students, data availability on staff training and observed care and documentation is encouraging. With workforce challenges driving the need for innovative approaches to attract, train and nurture our teams, the evaluation of this post will support the Partnership in delivering its ambitions to ensure staff are skilled and supported to provide high quality care as close to home as possible.

3.8.6 Wellbeing Delivery Plan
Underpinning the partnership's commitment to staff support and engagement, investment in our Wellbeing Lead post continues with the aim of delivering innovative solutions which improve and support wellbeing across all the teams in Midlothian Health & Social Care Partnership. A Staff Wellbeing Delivery Plan has been implemented over the last year covering the domains of engagement, communication, access to support, leadership, mental wellbeing and environment. Initiatives include work to improve access to essential facilities for all community-based staff, a range of health awareness and health promoting activities, work to develop the availability of peer support and to improve awareness and uptake of mental health and wellbeing services.

3.9   Quality Improvement-based Leadership

3.9.1 Midlothian HSCP has made progress in developing a more cohesive and consistent approach to Quality Improvement based leadership. The implementation of the Quality Management System and the work on our Spotlight Programme and Performance Framework will enable us to address this is a methodical and consistent manner. This report has already described examples where staff are developing the knowledge and skills to enable them to test ideas and improve and share lessons to deliver high quality care, and some examples are provided below. This will be more widespread as services develop annual improvement plans.

3.9.2 A key enabler of Quality Improvement based leadership in Midlothian is our digital transformation programme, and the Partnership's commitment to this is evidenced by the recent appointment of a Digital Programme Manager. In Midlothian, Digital is framed as a way of doing things which enhances our ability to deliver person centred services by creating the conditions to respond to the challenges we face in a consistent, high quality, and progressive way.

Digital is cross cutting through all our work, with the expectation that service design and development is enabled by technology, creating value in new ways. Digital will support:

- The creation of new models of care
- Designing and deliver the best possible user experience with increased access and choices
- Developing technology-enhanced business processes and planning
- Supporting our staff, partners, and citizens to use and develop the confidence, knowledge, and skills to be involved.

The Midlothian HSCP Digital Programme and Oversight Board is established to co-ordinate, direct, and oversee all digital activities and the structure includes a Senior Responsible Officer, The Chief Allied Health Professional (AHP)who provides a direct link to the Senior Management Team (SMT).

3.9.3 A multidisciplinary group involving clinical staff and managers from a range of services meets quarterly to have oversight of palliative and end of life care services. This is supported by links to the Lothian Palliative Care Managed Clinical Network. The group provides an opportunity to consider available data, identify gaps, share good practice, promote education and awareness and support quality improvement. Examples include:

- the implementation of a new pain assessment tool within Midlothian Community Hospital which has some potential for use in care home settings.
- Community Respiratory Team participation in a multidisciplinary meeting with hospice and community clinicians which aims to improve pathways for patients with severe Chronic Obstructive Pulmonary Disease (COPD) with the aim of delivering the most appropriate and holistic support in appropriate settings.
- a project to improve the quality and quantity of Anticipatory Care Plans in care home settings
- A Scottish Government funded evaluation and co-design approach to capturing feedback from families whose relative received end of life care from the Midlothian District nursing Service or in Midlothian Community Hospital which is nearing completion.

3.9.4 Midlothian has been exploring work to improve access, experience and outcomes for patients under the heading of 'Potentially Preventable Admissions'. A programme of data driven improvement work has been progressed by a multidisciplinary group of clinicians and managers. The 'top 5' admission reasons for bed days for unplanned admissions were identified, and improvement cycles to progress understanding and drive change in pathways for the management of heart failure, COPD, cellulitis, pneumonia / flu and diabetic complications have made tangible differences to pathways, patient experience and bed utilisation.

4.0 Key Risks

4.1 The Midlothian HSCP Strategic Risk Register identifies a number of risks and the key risks are identified as:

- Capacity of to meet increased demand due to increasing population, age, and frailty –addressed in the Primary Care Improvement Plan and on the NHS Lothian Corporate Risk register, see also section 5.

- Lack of availability of workforce with appropriate qualifications or skills, including General Practitioners, Staff Nurses, Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners, District Nurses, and Social Care Workers - addressed in the HSCP Workforce Strategy. While concerns exist across all groups and reflects the National picture, District Nursing and Social care workers are a significant current concern.

- Emergency admissions and Delayed Discharges, particularly in relation to care at home capacity –addressed through Care at Home recommissioning, Delayed Discharge plans and Acute Services Planning and Strategic Plans. Despite growth in care at home capacity, demand continues to outstrip the rate of workforce supply.

4.2 Oversight of Risk Management

As a division of NHS Lothian, Midlothian HSCP is compliant with the NHS Lothian Risk Management Policy. The Risk Management process within Midlothian was audited in 2021 and the finalised report confirmed that the Risk Management processes within Midlothian provided high assurance and demonstrated best practice in several areas:

- Midlothian HSCP Senior Management Team meet every 2 weeks and risk is a standing agenda item.

- The Senior Management Team is supported by 4 committees (Business Management Governance, Finance and Performance, Staff Governance and Clinical Care Governance) each of which have risk as a standing agenda item.

- Service level risks registers are locally managed and brought to Business Management Governance for oversight and escalation review.

- Risks are routinely monitored through these escalating levels with additional risk reviewed held with Midlothian Council and Midlothian IJB both strategically and operationally.

- Each risk recorded either operationally or strategically have actions associated to mitigate the risk, these are routinely monitored through the appropriate level of monitoring as mentioned above. Impacts of actions are monitored by the outcome, where improvement is not measurable, additional actions will be assigned to further mitigate the risk.

- Each risk has a risk owner identified who is the accountable person for managing the related actions and providing routine updates on the status of the risk.

4.3 Resilience and Major Incident Planning

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

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

5.0 Risk Register

5.1 There are no new risks for the NHS Lothian Risk Register. Operational risks are captured in the Partnership Risk Register, which is updated and reviewed regularly, and when required escalated to the NHS Lothian Corporate Risk Register.

5.2 HSCP mitigation plans contribute to the following risks on the NHS Lothian Corporate Risk Register:

5186 4 Hours Emergency Access Target
5187 Hospital Bed Occupancy (Previously Timely Discharge of Inpatients)
3829 Sustainability of Model of General Practice

5.3 4 Hours Emergency Access Target

Midlothian HSCP has put in place strategic and operational mechanisms to mitigate risks associated with the 4-hour access target. A data driven approach identifying the most common presentations has been adopted to target effort where it will have most effect.

The 'Flow Team' has developed to track admissions, including the development of a single point of access. This supports our Discharge to Assess team to 'pull' patients from the Emergency Department as well as from the inpatient setting. Work described earlier in this paper around 'Potentially Preventable Admissions' has been progressed to develop and promote alternatives to Emergency Department attendance, and a range of service responses have been put in place.

5.4 Hospital Bed Occupancy (Previously Timely Discharge of Inpatients)

Midlothian has invested in substantial infrastructure to support clinically effective 'Home First' pathways which provide care as close to home as possible and thereby mitigate risks associated with hospital bed occupancy. This work is being further developed through our engagement with the programme of work on Discharge without Delay and is delivered through integrated, multiagency approaches which link with third sector capacity and carer support.

In-patient admissions to acute services are tracked by our 'Flow Team'. This supports identification of patients who can receive their treatment at home under the care of the Discharge to Assess or Hospital at Home teams, or who can receive their care in Midlothian Community Hospital where the Partnership has maintained the 20 additional beds in Glenlee ward.

Capacity in both Hospital at Home and Discharge to Assess has been developed to support flow by providing alternatives to hospital-based care for Midlothian residents, which includes acute care at home, rehabilitation to support early discharge and bridging care at home packages. The In-reach social work team supports early discharge planning for patients who have complex and longer-term care needs.

5.5 A comprehensive analysis of the progress and risks associated with sustainability of the model of General Practice in Midlothian has been undertaken by the newly appointed Clinical Director. The Primary Care Improvement Plan has the oversight of the Midlothian Primary Care Planning group, The Director of Primary Care and the LMC.

5.5.1 Progressing well

The latest revision of the Midlothian Primary Care Improvement Plan was reviewed and approved by the Lothian GP sub-committee earlier this year.

There are currently no closed practice lists in Midlothian (although some remain partially restricted) and no directly managed section 2C practices. A full premises review has been undertaken. Financial assistance has been given several practices to assist with premise alterations to accommodate new PCIP staff. Plans are in progress for the HSCP to employ 2 full-time salaried GPs to support practices identified as facing the most significant risk to the GMS contract

All 12 practices have Musculo-Skeletal Advanced Physiotherapy Practitioner services in place. Full Community Treatment and Care (CTAC) access is in place and partial access to phlebotomy and chronic disease monitoring data collection is in place across all 12 practices. All vaccines have been transferred from all 12 practices and all have partial access to Primary Care Mental Health Nurses. Partial level 1 Pharmacotherapy services including Medicines Reconciliation in place across all 12 practices.

Successful 'Preventing Potentially Avoidable Admissions' work, e.g., heart failure, and local frailty initiatives and improvement work in anticipatory care planning and identifying patients who should be on the palliative care register are examples of work that is progressing well to address our growing and ageing population.

5.5.2 Particular challenges

The rapid growth and projected age profile of the Midlothian population is more marked than the Scottish average and creates considerable challenges around the mismatch between demand and capacity in Primary Care.

The 2022/23 funding allocation is not enough for full delivery of Memorandum of Understanding (MOU2) ambitions, in particular full delivery of pharmacotherapy services. There is risk that funding may be lost (or shifted laterally away from frontline primary care) if there is ongoing recruitment failure due to national workforce shortages.

A workforce survey was undertaken earlier this year which enabled the collation of a detailed overview of the Primary Care workforce challenges faced in in Midlothian. Vacancies across General Practitioner and Practice Nurse roles are well understood and these reflect the national picture and feed into recruitment and workforce development activity.

Work is underway to deliver workforce wellbeing initiatives for all staff groups. Options to develop multidisciplinary skill mix, including the potential of engaging paramedics for cross-locality home visits, and Advanced Nurse Practitioners (ANP) for urgent care are under consideration although ambitions are set in the context of understanding the national picture of workforce availability.

6.0   Impact on Inequality, Including Health Inequalities

There are no new actions arising from this report which would require the completion of an impact assessment.

7.0   Duty to Inform, Engage and Consult People who use our Services

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

8.0 Resource Implications

There are no resource implications arising from the contents of this paper.

Fiona Stratton
Chief Nurse, Midlothian HSCP
14th September 2022
fiona.stratton@nhslothian.scot.nhs.uk

Midlothian Integration Joint Board

Thursday,13 April 2023, 14:00-16:00.

Director of Public Health Annual Report and Planned Midlothian Response

Item number:	5.9

Executive summary

A presentation will be delivered by Jim Sherval, Consultant in Public Health, on the recent NHS Lothian Director of Public Health Annual Report 2022.

The report is detailed in Appendix 1 and is intended to inform the Board so that discussions as to the potential Midlothian response can be explored at the meeting.

Members are asked to:
- Review & note the findings in the NHS Lothian Director of Public Health Annual Report; and
- Consider the implications for Midlothian.

Appendices:

Appendix 1: NHS Lothian Director of Public Health Annual Report 2022.

NHS Lothian

NHS Lothian

**Director of Public Health
Annual Report 2022**

Contents

Authors:
Philip Conaglen
Katie Dee
Martin Higgins
Dona Milne
Ross Whitehead

Introduction

Austerity, a pandemic and a cost of living crisis

The Director of Public Health has a responsibility to ensure that the needs of the population are considered regularly as part of local and national policy developments. One of the ways in which this is done is through the production of an annual report that explains who our population are, what affects their health and what the evidence tells us that we should do to improve health outcomes.

It is important that all of us working to improve health understand the issues facing our local population. We want our public health teams locally, and the public and voluntary and community sector partners that we work with, to share our understanding of population health needs and for us all to work together to prevent future ill health and reduce inequalities. Shared understanding of need and what can make a difference is the first step in focusing our efforts on actions that will achieve real change and a positive impact.

As a Public Health department, our responsibility is to improve and protect the health of everyone living in Lothian. Some people live long, largely healthy lives. But a significant number of people live more difficult lives, have poor health and die younger than they should. We know the things that people need to be healthy: a nurturing, safe, secure childhood, enough money, a decent home, a decent job, a good education and a sense of control and belonging. It is public health specialists' role to recognise what everyone needs for good health and to identify what needs to happen to make a difference for the people whose health is poor.

Unfortunately, the last decade has seen disruption to the lives of people within the UK: the negative impacts of austerity, EU Exit, a pandemic and a cost of living crisis have led to a period of instability and uncertainty for us all. These social and economic trends were evident even before the onset of the COVID-19 pandemic and the associated health impacts have been exacerbated since. These have had a significant impact on people's physical and mental health and these impacts are likely to be seen for some time. There has been a disproportionate impact on those who are socioeconomically disadvantaged and who subsequently bear a higher burden of ill health.

Average life expectancy in Scotland has stalled since 2013,[17] a phenomenon driven mostly by declining life expectancy among the most deprived communities in the country.[21, 22] In Lothian, the trends are broadly similar to what has been happening across Scotland as Figure 1 shows.

Although life expectancy in Lothian is typically slightly above the Scottish average, aggregate figures mask wide inequalities in life expectancy (see Figures 11-14), particularly for males. For instance, in the City of Edinburgh, males living in the most deprived areas live an average of 12 fewer years than those living in the least deprived areas (2016-2020 averages of 71.3 vs 83.1 years respectively).

These outcomes are the result of 'systematic, unfair differences in the health of the population that occur across social classes or population groups'. People from lower socio-economic positions, ethnic minority populations, people living with disabilities, care-experienced people

Figure 1: Life expectancy at birth (1992-2020)
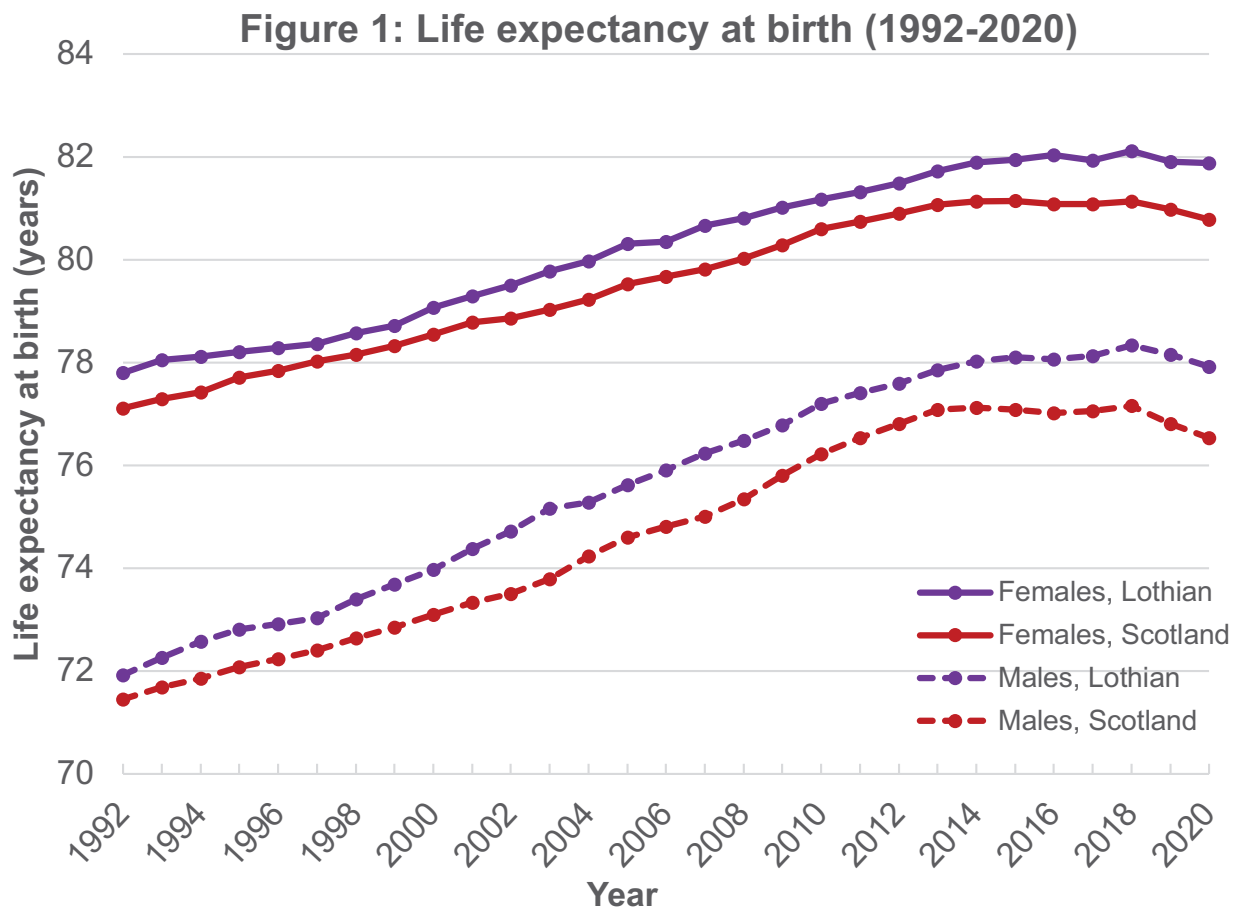
and other vulnerable populations more commonly experience poor health.[23] The causes of stalling life expectancy have been associated with a number of explanations including a cohort effect relating to drug related deaths, high winter mortality[24] and most compellingly, the impacts of the UK government's austerity programme.[25, 26]

Research highlights that social circumstances rather than behavioural choices are the most influential determinants of health inequalities and are therefore the most promising levers for change. An accumulation of positive and negative effects on health and wellbeing contribute to widening inequalities across the life course.[27] In particular, early years are crucial to health later in life and it is now apparent that adverse childhood experience manifests as multiple negative adult health impacts.[28, 29] The impacts of chronic stress, precipitated by poor quality employment or poverty for example, create many physical and mental health problems. Being homeless also increases the risk of poorer health; during 2021/22, more than 4,200 people in Lothian were assessed as homeless or at risk of homelessness.[30-33] The intersection of different experiences and life circumstances drives inequality and poverty at an individual and population level. This results in differences in individual experiences of, for example, discrimination, prejudice, stigma, low income, and opportunities. We need to move away from perceptions that these circumstances are based on lifestyle choices: they are not and the people most affected have the least control over these circumstances.

COVID-19 pandemic impacts

COVID-19 exacerbated existing health and social inequalities in Lothian and Scotland.[1-4] Those in insecure employment, unable to work from home, experiencing digital exclusion, lacking financial and other resources such as their own transport, were worst equipped to follow isolation and distancing guidelines. In turn this meant they were more exposed to and more susceptible to the negative social and health impacts associated with COVID-19. [5-7] Males, people aged 70 years and older, people working in lower paid jobs [8] and people from some ethnic minority groups are more likely to die from COVID-19 than other population groups. [9-14] The impacts of institutional racism – poorer housing conditions, lower paid jobs, more unemployment – manifest themselves in terms of greater risk from COVID infection and a harder financial and social impact associated with loss of income and unemployment. Crucially, the higher mortality risk for people from ethnic minority groups is not explained by biological differences but social determinants.[2, 9, 10, 15, 16]

National Records of Scotland data indicate that people from the most deprived communities are 2.4 times more likely than the least deprived to die from COVID-19; the size of this gap widened from 2.1 to 2.4 as the pandemic progressed.[18] There is also evidence of longer-term health complications from Long COVID.[19, 20]

This report provides a summary of key demographics of the Lothian population, some key health outcomes and their social determinants. We intend this report to be a useful source of demographic information for public, voluntary and community sector partners in Lothian to shape local policy and service discussions. We have deliberately chosen to focus on inequalities and deprivation at this time as they are the biggest influences on population health. This annual report also has a particular focus on what we can do to reduce inequalities through our immediate response with our partners, to the cost of living crisis and our longer term efforts to improve children's early years and to reduce child poverty as examples of work underway in Lothian to address inequalities and improve population health.

Of course, the work of public health in Lothian spans many more areas of work than we have featured here. We have responsibility for the oversight of significant population health initiatives such as all immunisation programmes, pharmaceutical and dental public health, national screening programmes, delivery of an effective health protection function alongside services such as Healthy Respect, Maternal and Infant Nutrition and Quit Your Way, our smoking cessation service.

There are reports for all of these services available separately.

Those of you that are interested in finding out more about the work of the Public Health Department in Lothian, should visit our webpages at **https://weare.nhslothian. scot/publichealth**.

Dona Milne
Director of Public Health and Health Policy, NHS Lothian

Health and social inequalities in Lothian: understanding the needs of our population

Demography

As of mid-2021, Lothian has a total population of 916,310, representing an increase of around 17.6% since mid-2001.[34] Figure 2 presents a breakdown of Lothian's population by age and local authority.

Lothian has a similar proportion of under 16-year-olds as the rest of Scotland (16.6%), but the population aged 16-64 is slightly larger than seen in Scotland, largely due to the working-age population in and around Edinburgh. The proportion of the population over 64 years old is slightly smaller than seen nationally.

Figure 2: Population age distribution (2021)
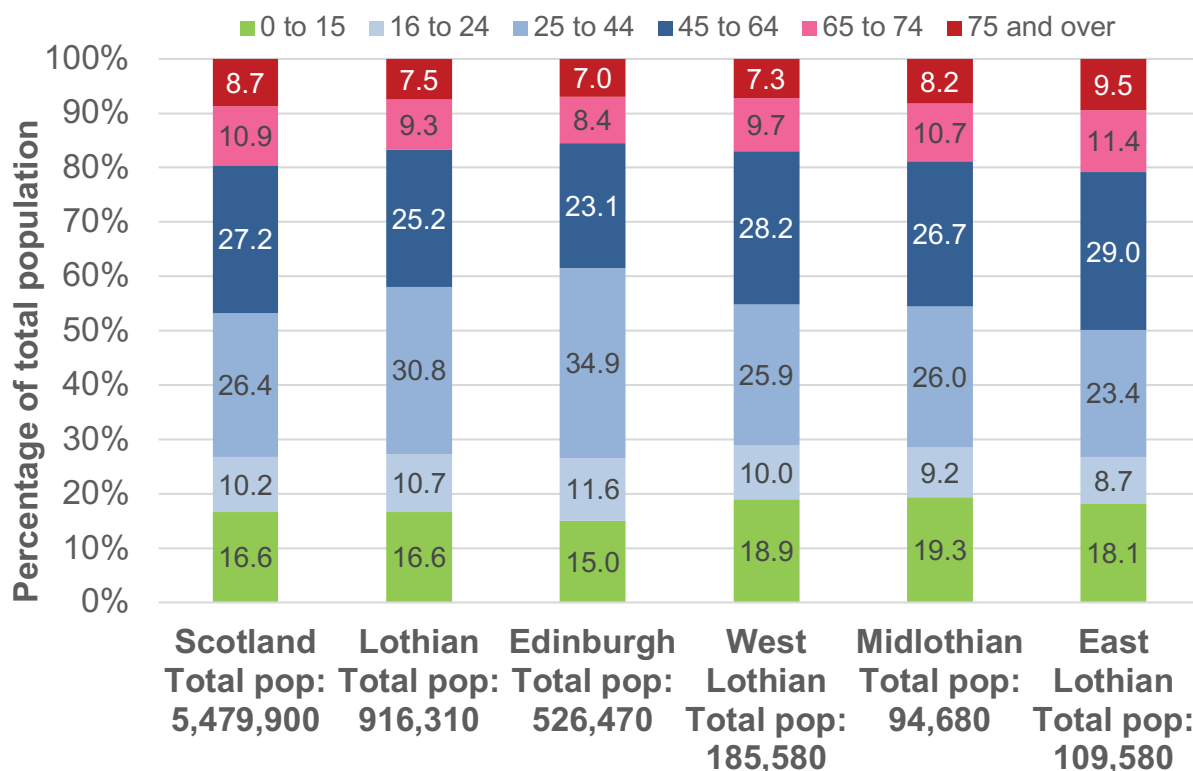
National Records of Scotland (NRS) projects that by 2033, the population of Lothian will have risen to 989,285, a rise of 8% compared to 2021.[35] 80% of the population increase in Scotland as a whole between 2021 and 2033 is projected to happen in Lothian. Across Lothian, a small reduction in the under 16 population is projected (-2.8% between 2018 and 2033), with increases in the working age[1] and pensionable age groups of 11.0% and 20.4%, respectively. Figure 3 presents a breakdown of these projected population changes between 2018 and 2023 by age group and local authority.

1. Working age is defined as from the ages of 16 until pensionable age. From 2020, pensionable age will be defined from as 65 years for both men and women. A further rise in pension age to 67 years is expected to take place between 2026 and 2028.

Figure 3: Projected population change, by age (2018-2033)
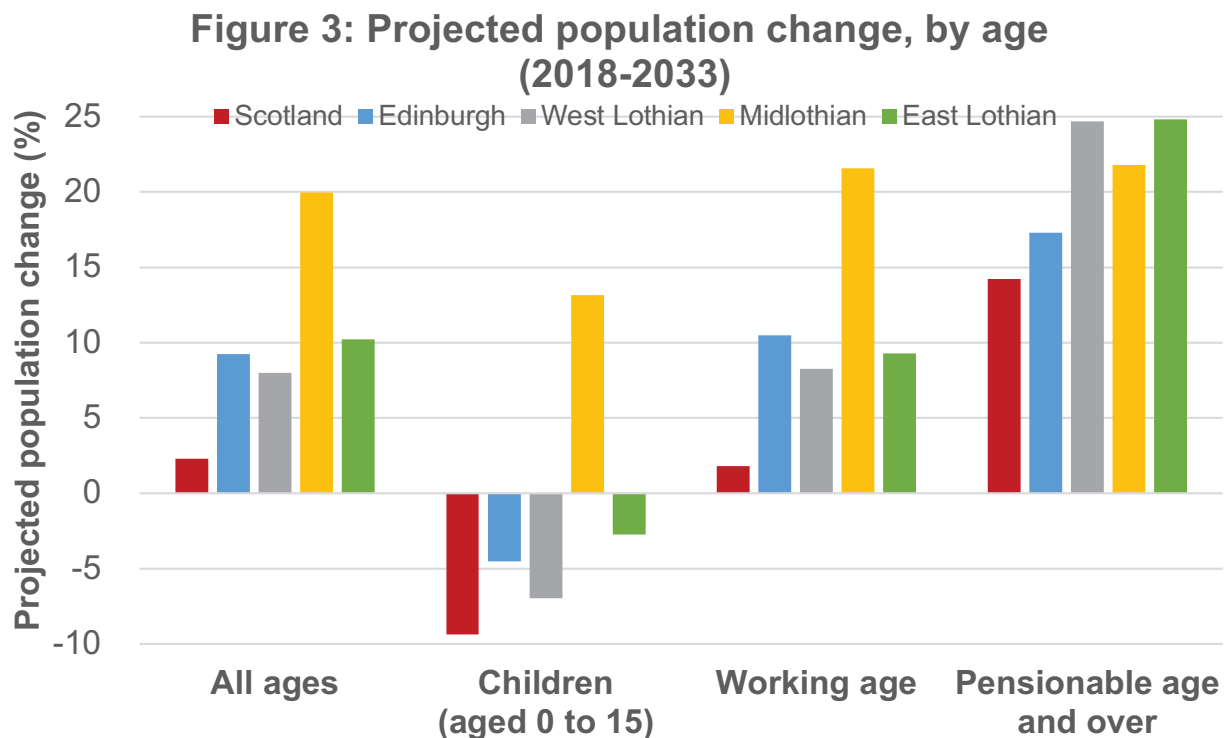
These projections highlight potential reductions in the under 16 population (owing to reductions in birth rate) for most of Lothian's local authority areas except Midlothian, where the proportion of this age group is expected to rise by 13%. The proportion of the population that is working-age is not expected to rise considerably across Scotland; however, the size of this age group is projected to rise by 11% across Lothian. This reflects migration to the region for study and work, particularly from overseas (NRS projects net migration of 57,379 into Lothian between 2018 and 2028, of which 45,523 are expected from overseas). Across Lothian's local authority areas, increases of at least 17% are projected in the proportion of the population aged 65 and over. These projections highlight ongoing change in the demographic profile of Lothian, and a shift in the ratio of economically active to economically inactive individuals. This will necessitate adaptation of health and social care services and increased focus on the prevention and management of long-term illnesses.

People experiencing deprivation in Lothian

In comparison with the rest of Scotland, Lothian has proportionately fewer areas classified among the most deprived in the country. Around 11% of Lothian's population, just over 100,000 people, live in areas categorised as among the 20% most deprived in Scotland. The greatest number of these areas are located within Edinburgh (approximately 62,000 individuals) but proportionately West Lothian has the highest share of its population (26,500) living in the most deprived communities (14.3%).

Table 1. SIMD 2020 datazones by population share in Lothian (2021)[36]

	SIMD 1 (Most Deprived 20% data zones)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (Least Deprived 20% data zones)
Edinburgh	11.8	14.3	14.3	17.5	42.0
East Lothian	4.8	28.1	22.3	25.5	19.3
Midlothian	7.5	32.8	23.9	21.4	14.4
West Lothian	14.3	27.8	18.9	20.6	18.4
Lothian	**11.0**	**20.6**	**17.2**	**19.5**	**31.7**

Although area-level deprivation is helpful for understanding how concentrations of disadvantage or need can occur, it is important to note that many people experiencing socio economic disadvantage in Lothian live outside areas categorised as the most deprived communities, which are shaded dark red in Figure 4, which maps Scottish Index of Multiple Deprivation (SIMD)[2] in the region.[37]

2. The Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,976 small areas (called data zones). If an area is identified as 'deprived', this can relate to people having a low income but it can also mean fewer resources or opportunities. SIMD looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing. SIMD is an area-based measure of relative deprivation: not every person in a highly deprived area will themselves be experiencing high levels of deprivation.

SIMD ranks data zones from most deprived (ranked 1) to least deprived (ranked 6,976). People using SIMD will often focus on the data zones below a certain rank, for example, the 5%, 10%, 15% or 20% most deprived data zones in Scotland. Deciles (10%) and quintiles (20%) are common units of analysis. (Scottish Index of Multiple Deprivation 2020 - gov.scot (www.gov.scot))

Figure 4: Scottish Index of Multiple Deprivation 2020 quintiles for Lothian
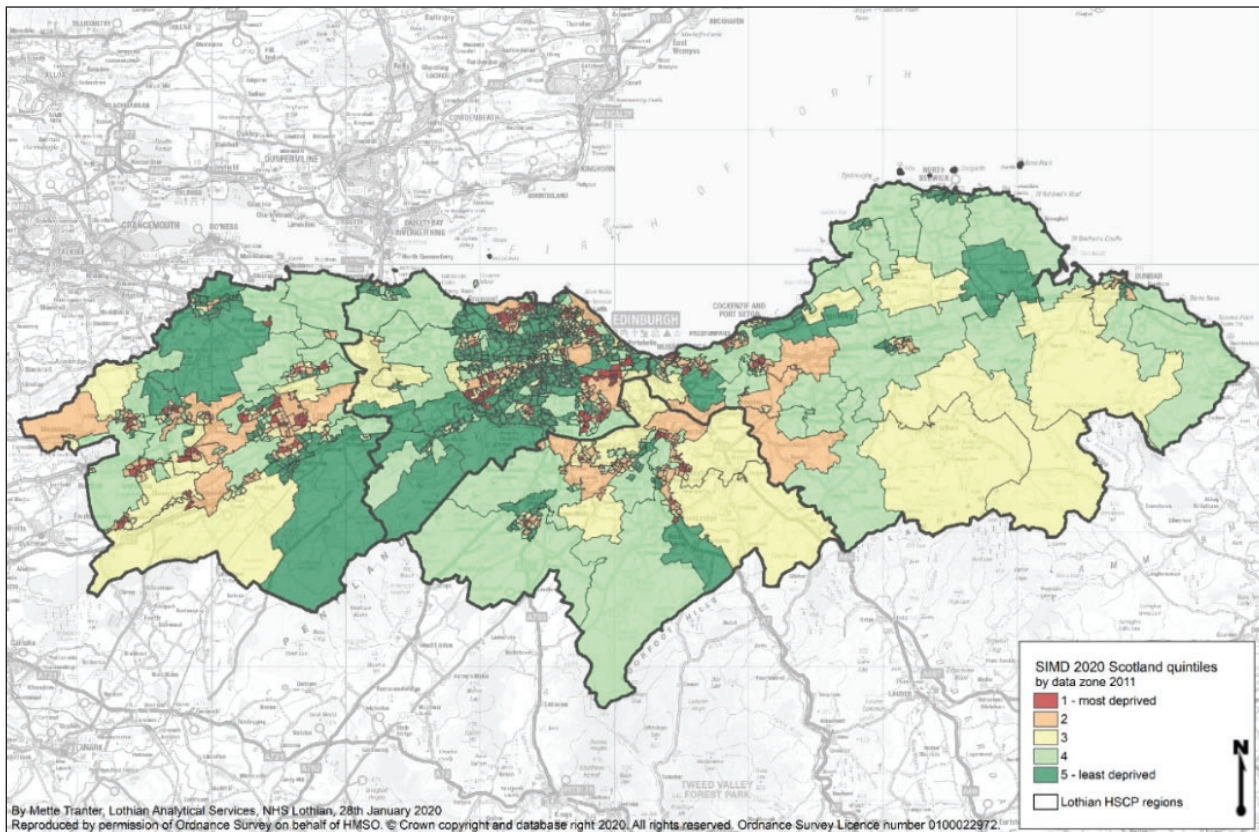
Mortality

In 2021, 8,595 people died in Lothian[38] (there were 8,426 births).[39] Figure 5 shows the age standardised mortality rate for Lothian and its constituent local authority areas between 2006 and 2021. Lothian's all-cause mortality rates are typically around 5-10% lower than national rates. In 2021, Scotland's rate was 1,200 deaths per 100,000, whereas Lothian's was 1,105 deaths per 100,000.

Mirroring the national picture, the all-cause mortality rate in Lothian had seen reductions in the 13 years after 2006. This downward trend was interrupted by a spike in mortality in 2020 across Lothian's constituent areas. This reflects the direct and indirect impacts of the COVID-19 pandemic, and was particularly the case in West Lothian which saw its all-cause mortality rate increase by nearly 20% between 2019 and 2020, potentially reflecting a larger proportion of socioeconomic deprivation in this local authority area.

In 2021, the leading causes of death in Scotland were ischaemic heart disease, dementia, COVID-19, lung cancers and cerebrovascular disease (stroke), together accounting for around 40% of all deaths nationally. In Lothian, instances of these common causes of death are approximately equivalent to national rates, or slightly lower, likely reflecting that Lothian's population as a whole is less deprived than the national average.

Figure 5: All-cause mortality, all ages (2006-2021)
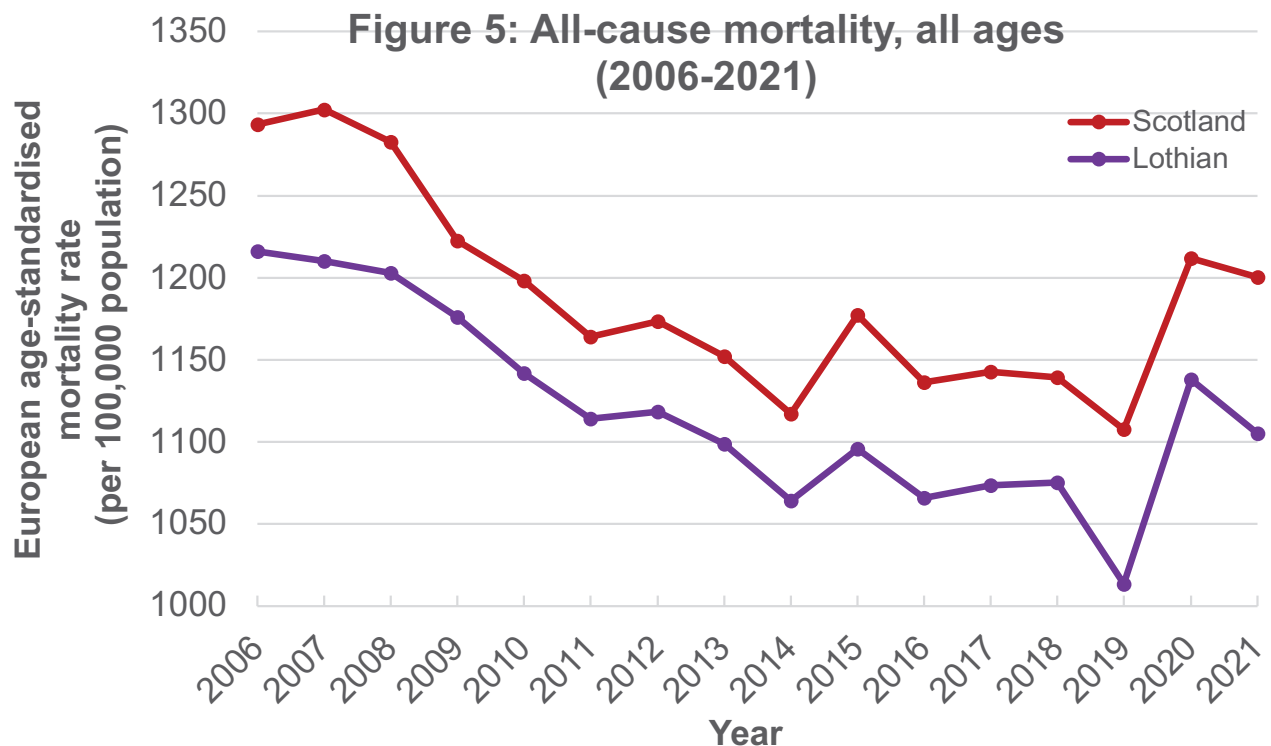
Premature All-Cause Mortality

Over a third (38%) of the deaths in Lothian in 2021 occurred among those aged under 75 years.[38] Each of the 3,213 deaths in Lothian occurring before the age of 75 constitute early mortalities, reflecting unfulfilled life expectancy. A substantial proportion of these premature mortalities are due to what some authors call 'deaths of despair' (suicide, alcohol- and drug-related mortality) which are heavily patterned by age, sex and socioeconomic status (see below for examples of health outcomes by the Scottish Index of Multiple Deprivation).[24, 40] Males aged 35-54 are, for instance, particularly likely to experience a drug-related death, with 44% of all deaths involving drugs occurring among this group. The number of deaths from such causes has increased sharply in recent years with a 98% increase in drug-related deaths in Lothian since 2014. Lothian recorded 197 drug-related deaths in 2021, its highest ever total.

Figure 6 shows, similarly to overall mortality, that premature mortality rates in Lothian are around 5-10% lower than those observed nationally most likely due to the higher proportion of people in Lothian living in less deprived communities. Also mirroring overall mortality, the early mortality rate reduced in the decade after 2006, but this trend reversed following the onset of the COVID-19 pandemic. In 2020 and 2021 there were a total of 1,565 deaths from COVID-19 in Lothian, of which 24% (381) were amongst those aged under 75.

Figure 6: Premature all-cause mortality (2006-2021)
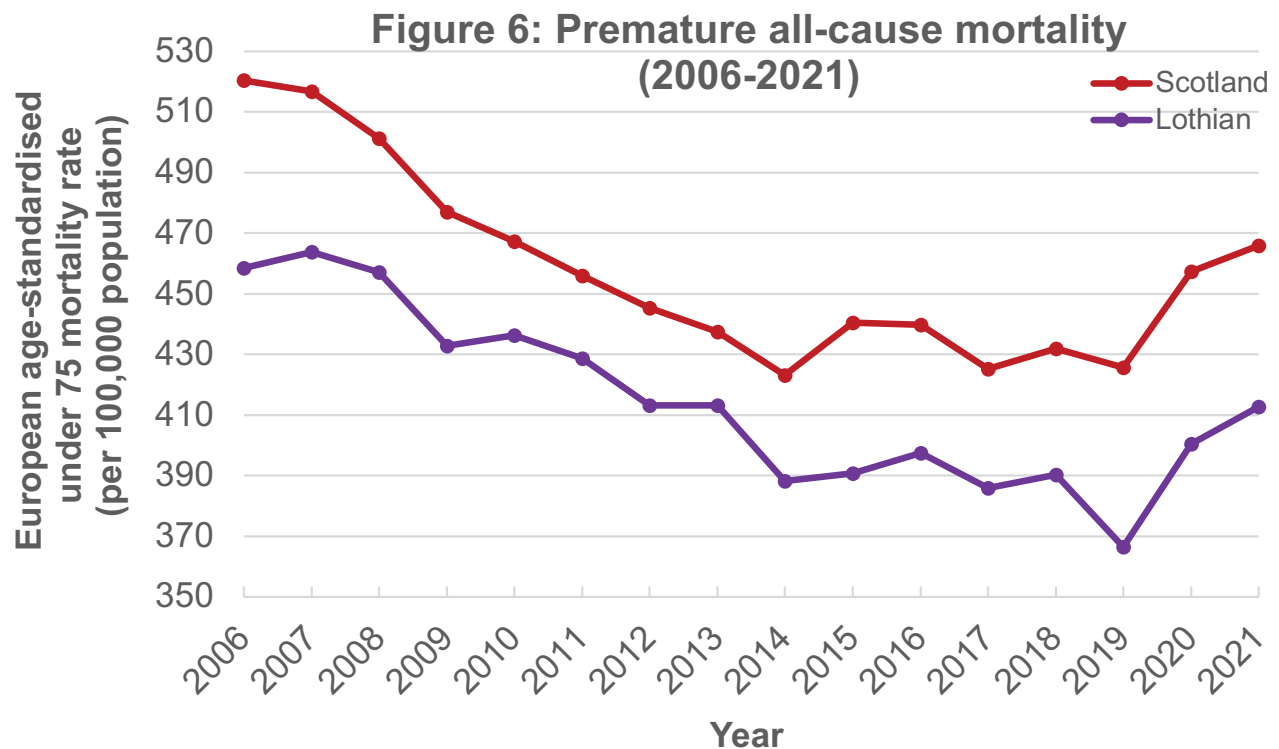
Morbidity

While mortality data represent a useful objective barometer of population health, the role of public health professionals is to improve and protect the health of Lothian's population in its broadest sense. We want people not just to live longer, but to live longer, healthier lives. Fuller definitions of health go beyond the ultimate endpoint of death and encompass individual's subjective experience, mental health and wellbeing.

> Health is defined by the World Health Organisation as "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity".

Similarly to the observed stagnation in overall life expectancy, there is evidence that the number of years we live in good health is not improving over time. Figures 7 and 8 below present trends in Scotland's and Lothian's healthy life expectancy[3], for females and males respectively.

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3. Healthy life expectancy is estimated by combining objective mortality records with subjective assessments of individuals' self-rated health. Stagnation in healthy life expectancy therefore reflects a combination of stalling life expectancy and reductions in the number of people self-assessing their health as "very good" or "good".

Figure 7: Female healthy life expectancy at birth (2014 to 2019)

Figure 8: Male healthy life expectancy at birth (2014 to 2019)
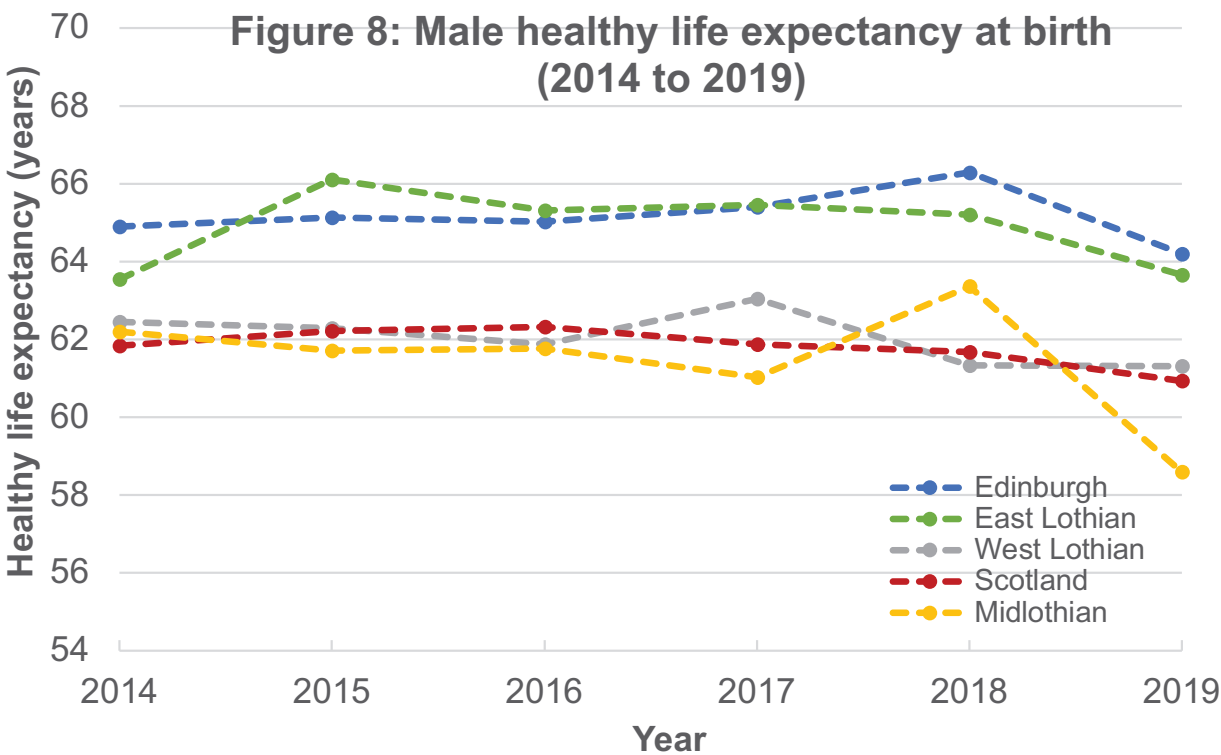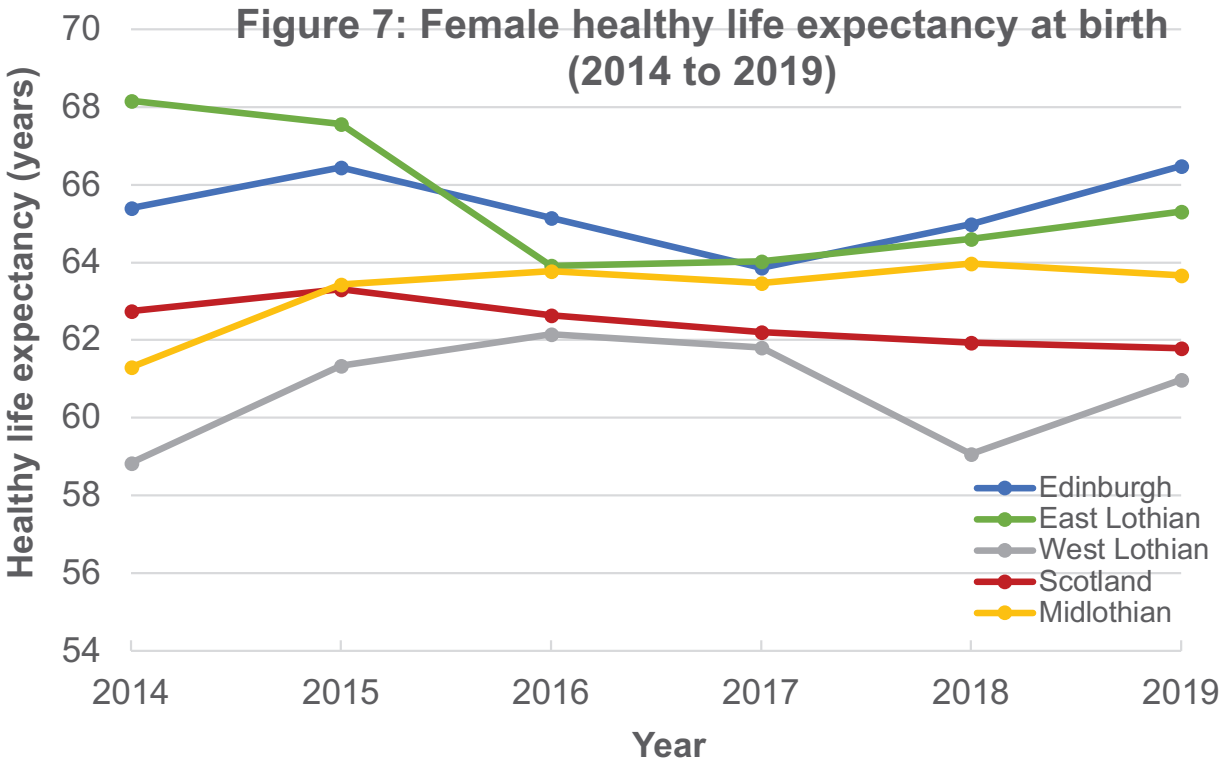
Figure 9 shows the rate of healthy years of life lost to illness[4] for the top 10 causes in Lothian in 2019, by sex.[41] While males typically have lower life expectancy and higher mortality rates, Figure 9 also demonstrates that females have a higher burden for many of the leading causes of ill health. This is particularly true for headache disorders and anxiety disorders, where females' rate of years lost to ill health is over double that experienced by males. Males have a higher burden for relatively few of the top causes of ill-health, with the most notable exception being for diabetes where males' rate of years lost to ill health is around 1.5 times that experienced by females.

Figure 9: Years of healthy life lost, by sex (Lothian, 2019)
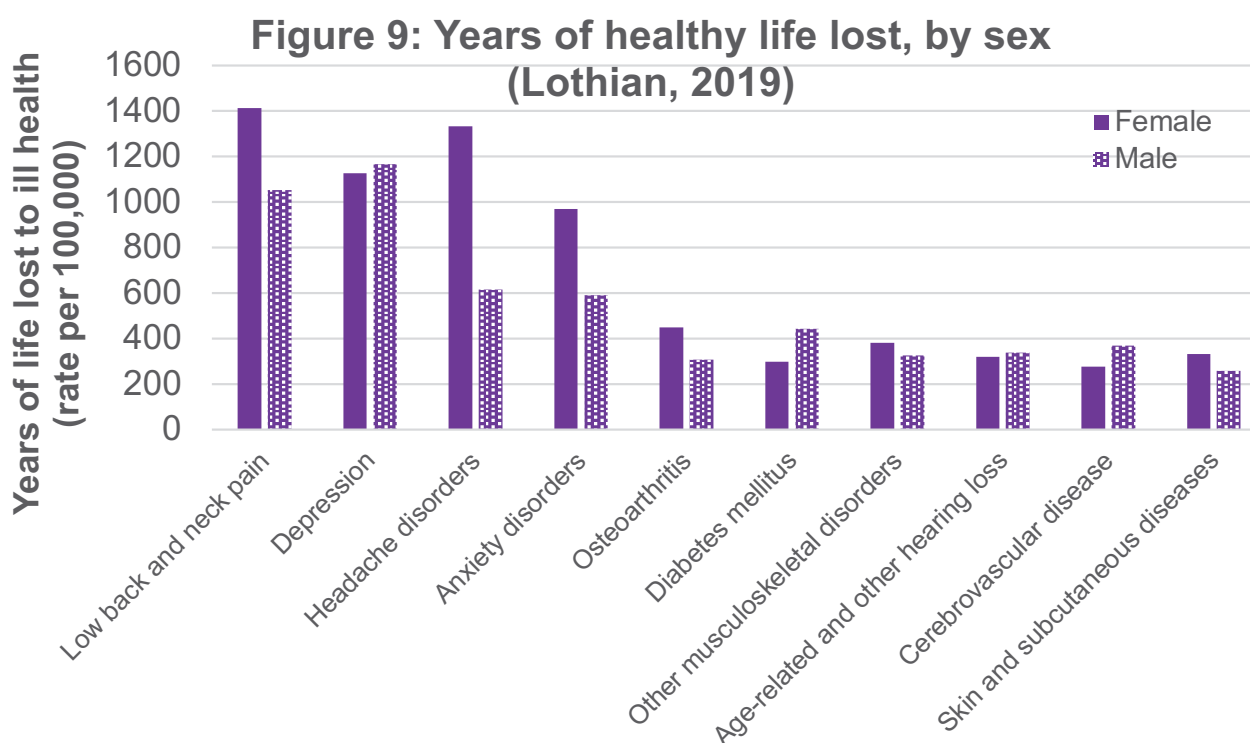
The total burden of illness increases with age, and the nature of ill health changes qualitatively throughout the life course. In Lothian in 2019, the estimated total amount of healthy years of life lost for those under 15 is a rate of 2,805 years per 100,000. This increases around ten times among those aged 85 and older (24,253 years of healthy life lost per 100,000). Figures 10a and 10b present data on healthy years of life lost, presenting the top five causes within each age and sex group for Lothian in 2019. The figures highlight a high and persistent burden of mental health disorders (depression, anxiety disorders) from a relatively early age in both males and females. Indeed, collectively, mental health disorders were estimated to be responsible for over 19,431 years of healthy life lost in Lothian in 2019, around 20% of the total burden of ill health.

The figures also highlight a gendered burden of ill health due to drug use for males between the ages of 15-44, which is not captured fully within drug-related death statistics.

4. (YLDs: years lost to disability)

Figure 10a: Years of healthy life lost, top causes by age (Lothian females, 2019)

Years of life lost to ill health
(rate per 100,000)
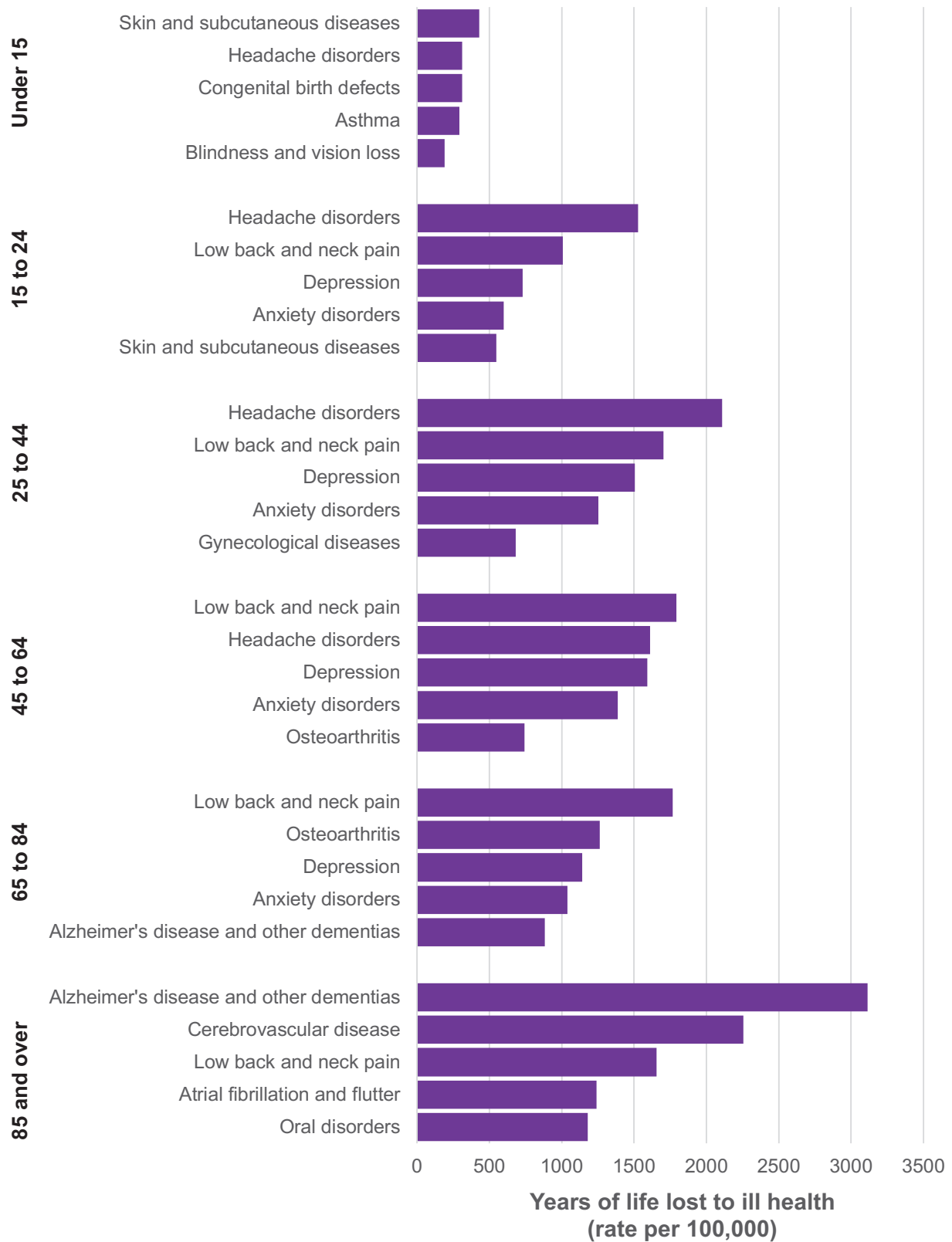
Figure 10b: Years of healthy life lost, top causes by age (Lothian males, 2019)

Under 15
- Asthma
- Skin and subcutaneous diseases
- Congenital birth defects
- Headache disorders
- Other mental health disorders

15 to 24
- Headache disorders
- Drug use disorders
- Depression
- Low back and neck pain
- Skin and subcutaneous diseases

25 to 44
- Depression
- Low back and neck pain
- Drug use disorders
- Headache disorders
- Anxiety disorders

45 to 64
- Depression
- Low back and neck pain
- Anxiety disorders
- Headache disorders
- Alcohol use disorders

65 to 84
- Low back and neck pain
- Cerebrovascular disease
- Diabetes mellitus
- Depression
- Ischaemic heart disease

85 and over
- Cerebrovascular disease
- Alzheimer's disease and other dementias
- Atrial fibrillation and flutter
- Depression
- Ischaemic heart disease

Years of life lost to ill health (rate per 100,000)

Inequalities in mortality and morbidity

The above aggregate figures mask significant socioeconomic inequalities in mortality and morbidity. A wide range of health outcomes are patterned by socioeconomic status, with people living in more deprived communities consistently experiencing worse outcomes than those living in less deprived areas, for practically any conceivable health-related outcome. Figures 11-14 below present examples of these outcomes by deprivation quintile. Figures 12 and 13 highlight particularly steep inequalities in premature mortalities, with premature deaths in those aged 15-44 being 4.5 times more likely in the most deprived areas compared to the least deprived.

Figure 14 highlights that steep inequalities in health-related outcomes are evident from as early as infants' 27-30 month review. Concerns raised in the development of speech, language and communication skills reiterates that socioeconomic disadvantage can precipitate impairment in the skills that young people need to thrive socially, professionally, and academically, reinforcing cycles of deprivation.

Figure 11: All-cause mortality rate by SIMD quintile (Lothian, all ages, 2019-20)
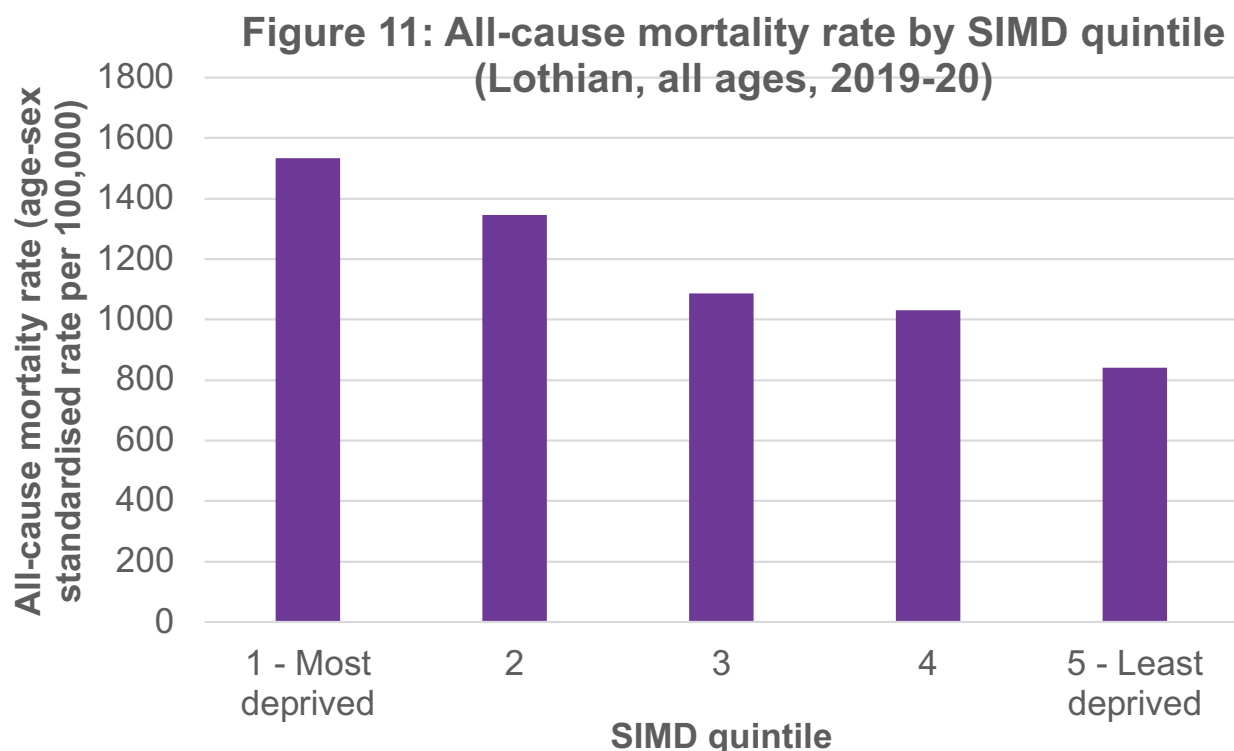
Figure 12: Deaths, aged 15-44 years, by SIMD quintile (Lothian, 2019-20)
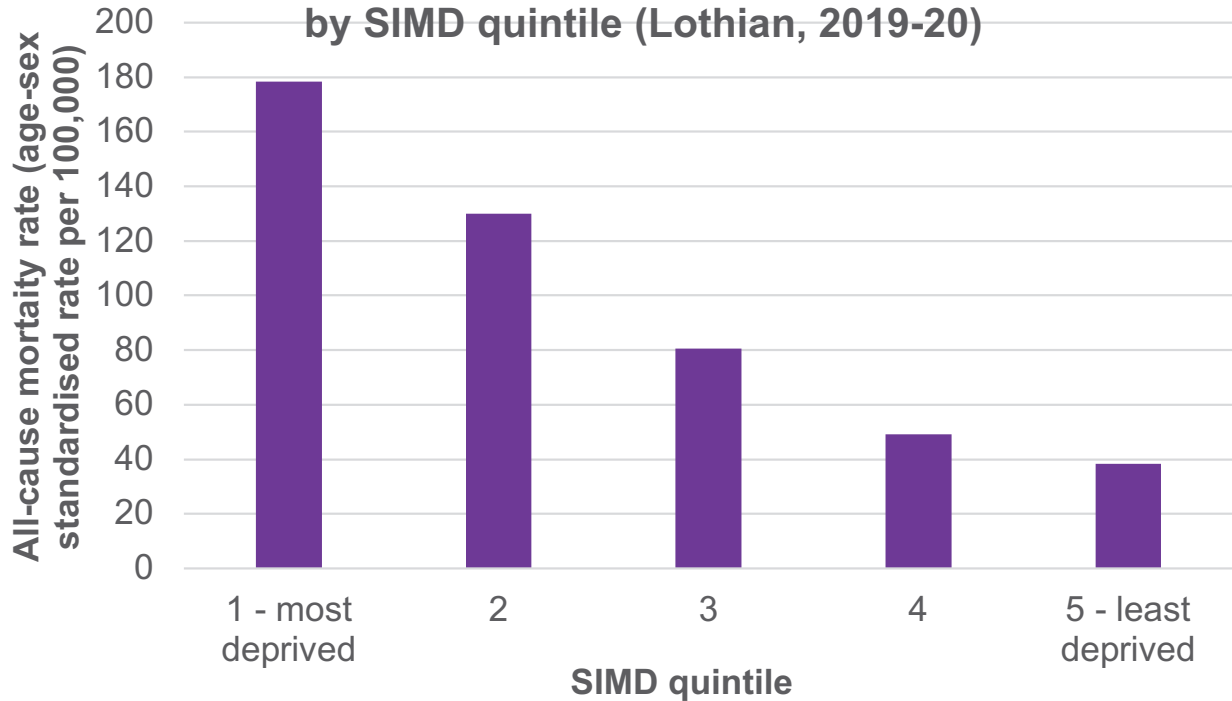
Figure 13: Early deaths from cancer (under 75 years), by SIMD quintile (Lothian, 2018-20)

Figure 14: 27-30 Month Review: Speech, language and communication concerns, by SIMD quintile (Lothian, 2021)
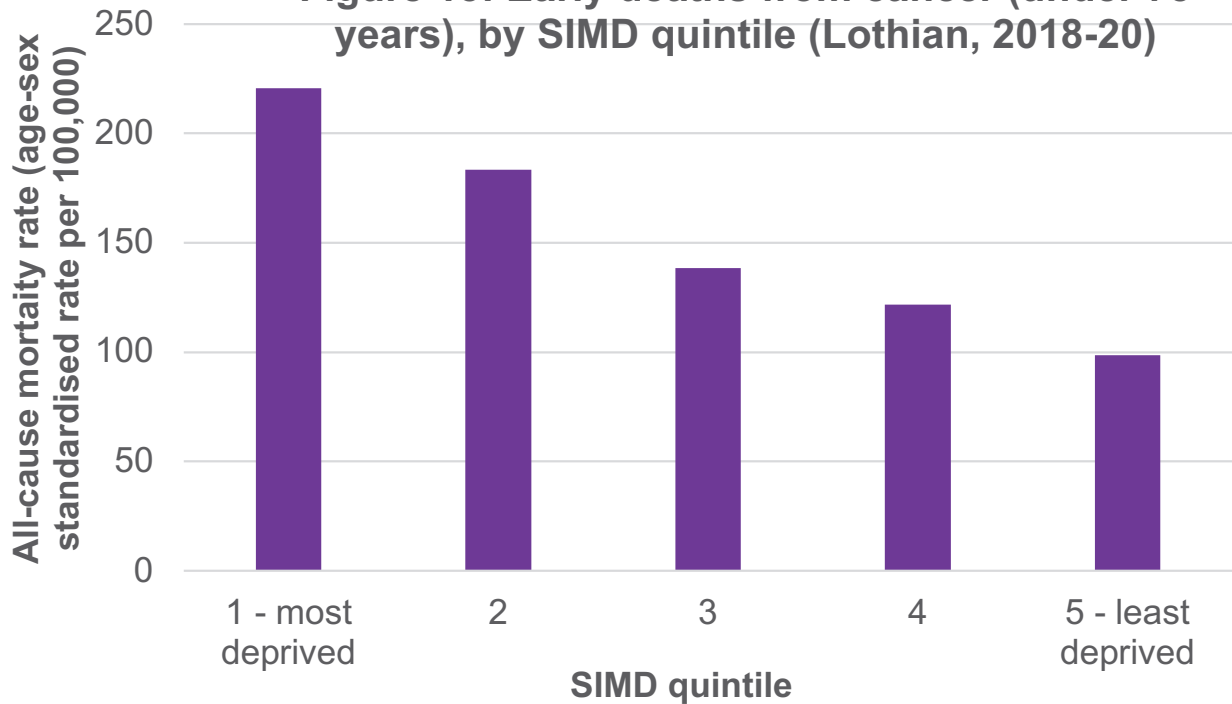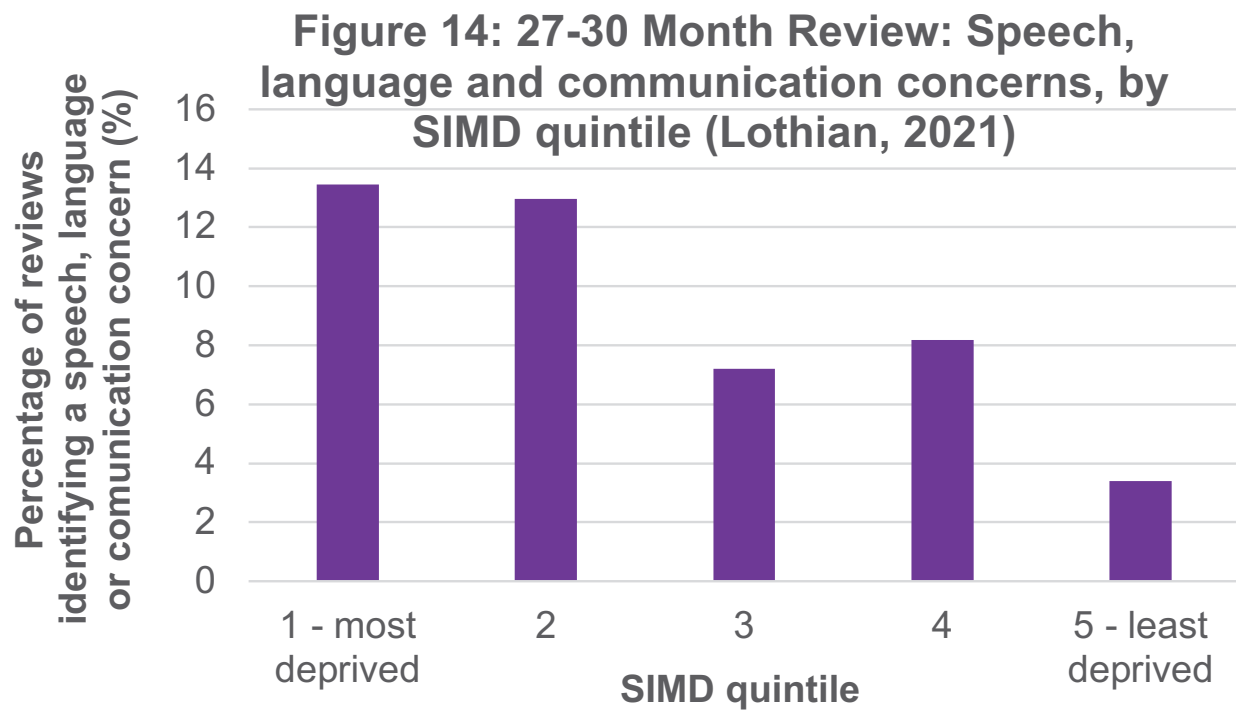
The role of public health partnerships in improving population health and reducing inequalities

The impacts of austerity, the COVID-19 pandemic and the cost of living crisis have made life even more difficult for many people and has reinforced the need to challenge existing inequalities. The pandemic highlighted the continued risks from infectious and communicable diseases. A strong, co-ordinated response to new or emerging diseases is essential. The design and delivery of health and care – and other public services – should reflect levels of need in populations and should be focused on improving the health of the most disadvantaged groups as well as reducing the entire social gradient of health outcomes across the population.[42] There is a large body of evidence that shows that allocation of resources is not always determined by population health need.[43, 44]

But population health improvement and measures to reduce inequalities is a task extending beyond the public health department and the wider NHS – it requires coordination of effort across the public and voluntary and community sectors. The fundamental causes of health inequalities such as power and wealth affect the distribution of wider environmental influences such as the availability of jobs, good quality housing, education and learning opportunities, access to services and social status.[45] But it is necessary to tackle social causes of ill health such as low income, homelessness, poor housing, in-work poverty, unemployment, worklessness, and poor education to improve overall health and, especially, to tackle health inequalities. The old adage that prevention is better than cure still holds true.

> "Why treat people and send them back to the conditions that made them sick?"
>
> **Michael Marmot, The Health Gap (2015)**

Public, community and voluntary sector agencies must work closely with local communities to focus on these determinants to improve health. And during an ongoing period of social, economic and political change, there are some issues that present an urgent challenge. Work with our community planning partners must focus on short-term mitigation of the cost of living and child poverty crises while also focusing on preventative policy solutions that have greatest potential to change longer-term trends in health inequalities. The rest of this report focuses on actions that need to be taken by all of us to tackle the cost of living crisis and work we can do to support children and young people in Lothian facing some of the most severe challenges.

Cost of living crisis: a partnership response

The last fifteen years have seen a series of economic shocks as well as a pandemic and now a cost of living crisis; each of these have caused stresses to the labour market and the housing market as well as individuals' resilience. Cumulatively, the impacts on health have been devastating. As poverty levels in Scotland – and in Lothian – have increased in recent years so too health inequalities have increased. At least 13% of children in Lothian now live in relative poverty, rising to nearly one in five in West Lothian (Figure 15).[5] The most disadvantaged people are those who have experienced the worst outcomes. Research into the causes of health inequalities highlights many contributory factors. But having enough money, good quality affordable housing and secure, fairly-paid jobs are the foundations of good health; without these, people's ability to live a long and healthy life will continue to decline.

Figure 15: Children (under 16) living in relative poverty (2015-2020)
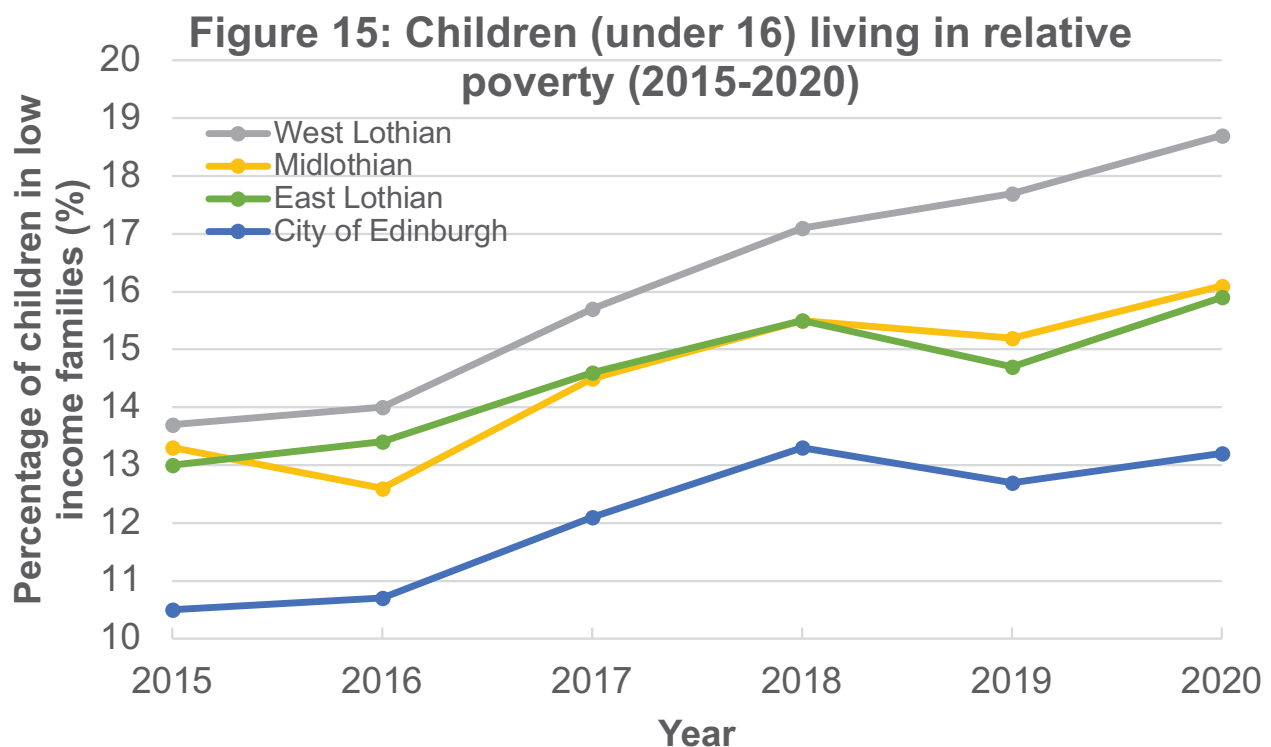
Background

Work by the Poverty Commissions in East Lothian and Edinburgh has highlighted the extent of poverty in each area. More recently, anti-poverty groups in each Community Planning Partnership have championed actions to counter the impacts of poverty. The pandemic and the cost of living crisis are notable for the greater proportion of the population affected by

5 Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. NB Figure 15 omits provisional data from 2021. Given that housing costs are a substantial and growing contribution to household expenditure, it is important, where possible, to consider estimates of child poverty after housing costs. The University of Loughborough's estimates of child poverty rates after housing costs in 2019/20 are around 10% higher than the equivalent estimates before housing costs (West Lothian: 25%, East Lothian: 25% , Midlothian: 24%, City of Edinburgh: 20%) - https://www.jrf.org.uk/data/child-poverty-rates-local-authority.

daily and weekly struggles to pay bills and provide food. Community resilience was tested throughout the pandemic and the cost of living crisis is another major threat to population health. The increase in emergency Scottish Welfare Fund payments and the ongoing demand for food banks were other manifestations of extreme poverty.

Figure 16: Working age benefit claimants (Feb 2013-May 2022)
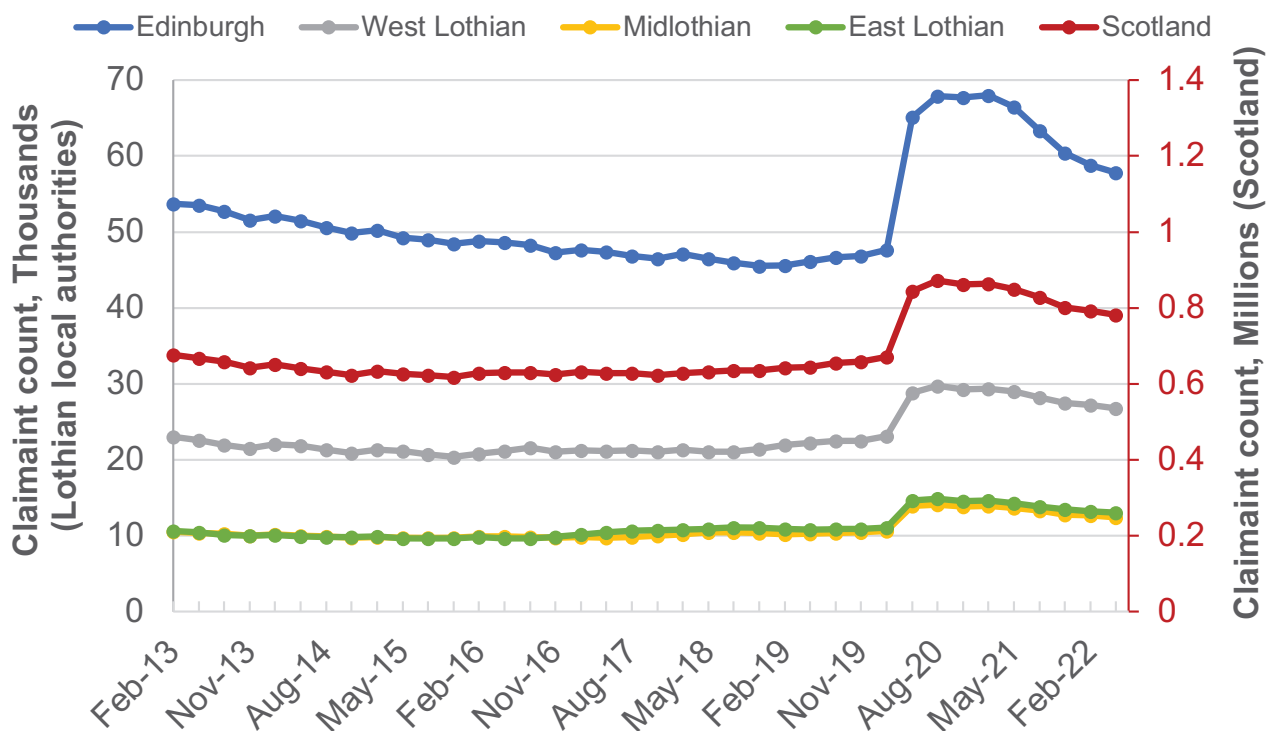
The number of people experiencing in-work poverty has increased even since the height of the pandemic. By October 2022 the number of people in Lothian claiming Universal Credit while working has more than doubled since February 2020 from 11,320 to 26,462. This increase in claims has been happening at the same time as the unemployment rate has declined, inflation has been rising and job vacancies are high. Figure 16 shows that the number of working-age benefit claimants increased by at least 25% in each of Lothian's council areas between February and May 2020. These increases reached as high as a 43% increase (in City of Edinburgh) relative to levels immediately prior to the pandemic and as of May 2022 had not returned to pre-pandemic levels (remaining at least 16% higher than levels in February 2020).

What does a public health partnership response look like?

There is consistent evidence that shows the relationship between lower income and poor health outcomes.[46] Although cash transfers do not address the range of economic factors that contribute to people's levels of income inequality, immediate assistance is an effective way to help people in greatest need. This does not prevent long-term poverty but it mitigates against the worst outcomes.

Most British anti-poverty groups are now supportive of direct payments and measures that increase the amount of money in people's pockets rather than alternative ways of providing cash. In recent years, research has highlighted that conditional and unconditional cash transfers are effective ways of providing control and ownership for recipients of funds to determine their own essential spending.[47, 48] The moral economy of social security has in the past framed poor people as undeserving and careless with money resulting in high levels of stigma being experienced by those most in need. But there is minimal evidence that people choose to spend their money on luxuries instead of essentials and we should stop treating people in this way as it is discriminatory, unfair and unwarranted. In Scotland, existing systems such as The Scottish Welfare Fund or Child Poverty Payment have provided effective channels for getting money to people in greatest need during lockdown. Cash payments also avoid the stigma associated with other forms of welfare support.

Welfare advice, debt advice, support for social security claims and income maximisation are all important forms of short-term support. The immediate purpose of these types of intervention is basic survival. More preventative work – budgeting, support around employment and education and so on - is important to help people once basic needs have been secured and must be part of our anti-poverty strategies. But meeting basic needs is now a priority during this cost of living crisis. So, we need to do both.

The expertise around income maximisation exists in specialist teams based in local authorities, the Department of Work and Pensions, Social Security Scotland and the voluntary and community sectors[6]. These teams can provide full support for their clients and link them to other forms of support such as food banks or pantries and advice about housing, childcare and employment and training. Our Public Health Partnership and Place teams are supporting statutory and voluntary and community sector colleagues to deliver these services by providing some funding, supporting training programmes and contributing to wider anti-poverty work of which income maximisation is a core activity.

NHS Lothian has also secured five years of funding from the NHS Lothian Charity for income maximisation services based in six hospitals across the region. Our services will operate at the Western General Hospital, Royal Infirmary of Edinburgh and Royal Hospital for Children and Young People, an expansion of the service at St John's Hospital and new services at Midlothian Community Hospital and East Lothian Community Hospital.

These services are delivered by voluntary and community sector partners due to the expertise they have to support our patients and their families and carers. Hospital Income Maximisation can also have benefits for patient care by releasing trained clinical staff to do vital patient care. There is evidence that welfare issues contribute to delayed discharges. For patients, financial stress may increase recovery time and may be the root cause of readmission to hospital.

Hospital Income Maximisation services puts money in people's pockets

- At our adult hospitals in Edinburgh during 2020-21, each contact identified entitlement to an extra £1,800 per person

- £1,600 per contact was achieved for people accessing the service at The Royal Hospital for Children and Young People.

NHS Lothian Charity

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6   For example, Citizens Advice Edinburgh, Citizens Advice West Lothian, Penicuik Citizens Advice, Musselburgh Citizens Advice, Haddington Citizens Advice, Granton Information Centre

Child poverty and early years

Since the Fair Society Healthy Lives, Marmot Review in 2010, health inequalities research in the UK has consistently emphasised that cognitive, social and emotional development in the early years is a priority for public health. The reasons why are straightforward:

> "Such is the strength of evidence linking experiences in the early years to later health outcomes that this was the priority area for the 2010 Marmot Review, for three main reasons. Firstly, inequalities in the early years have lifelong impacts, secondly, it is the period of life when interventions to disrupt inequalities are most effective, and thirdly and related to the first two points, interventions in the early years have been shown to be cost-effective and to yield significant returns on investment."

It has also become evident that adverse childhood experiences play a major constraining role in shaping adults' abilities to cope with later life. Early life trauma is increasingly recognised as a factor in adverse outcomes in adulthood. Care experienced children in particular are among the most vulnerable of all our populations.[49] Getting childhood right means better lives for everyone.

Background

One of the more troubling trends of the early twenty first century has been data showing decline in indicators of health and growing health inequalities among children. Since 2000, we have seen

- an increase in mental health concerns for children[50]
- increasing inequalities in child overweight and obesity[51]
- low child physical activity rates[52]
- increasing mortality rates and still birth in the most deprived communities[53]
- poor health outcomes for mothers and babies from ethnic minority communities;[54] and
- evidence that social deprivation is affecting babies' speech and language development systematically by 30 months (see Figure 14).[55]

Although COVID-19 did not affect children directly to the extent of older population groups there is emerging evidence of longer-term impacts associated with lockdown and mitigation necessitated by the pandemic.

Furthermore, austerity and the cost of living crisis mean that there have been increases in the number of households across Scotland and Lothian where children experience poverty (see Figure 15).

What does a public health partnership response look like?

Public Health teams support work in Children's Partnerships alongside NHS, local authority and Voluntary and community sector colleagues to ensure that children across Lothian are given the best start in life. In particular, teams work to support initiatives focusing on reducing child poverty, improving early years linguistic, cognitive, physical and emotional outcomes, building children's confidence and wellbeing, investing in maternity services, early years education (including parenting) and delivering the commitment encapsulated by The Promise to all children who have experience with the care sector.

Child poverty

NHS Lothian's child poverty work is part of a wider commitment to tackling inequalities and the effects of poverty with partners. The Child Poverty (Scotland) Act 2017 requires each local authority and NHS Board partnership in Scotland to produce annual Local Child Poverty Action Reports. The legislation includes targets for reducing child poverty. Work across Scotland should focus on three key drivers of poverty: income from employment, costs of living, and income from social security and benefits in kind as illustrated in the diagram below.

Figure 17: Drivers of Child Poverty (The Scottish Government)
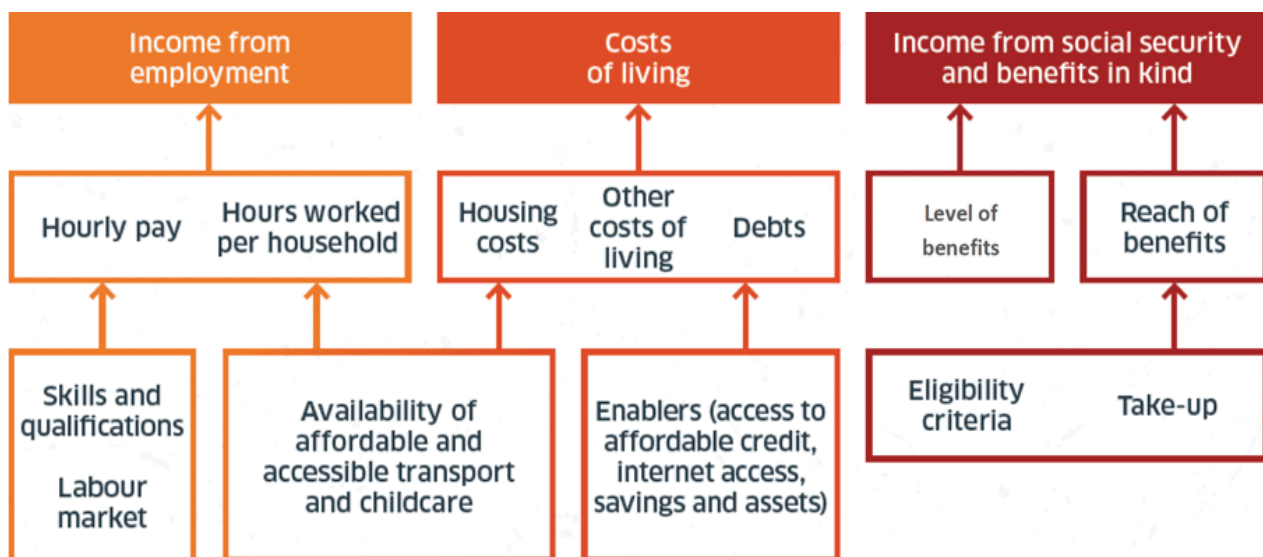
Partners in Lothian have committed to a series of poverty focused measures to support families in the region. Public Health teams are working with the NHS and local partners to support a more consistent approach to delivery of these actions in each Lothian local authority area:

- Strengthening financial wellbeing pathways across midwifery, health visiting and Family Nurse Partnership services to increase identification of, and support to, those most in need
- Reviewing current provision of income maximisation services to inform future provision, strengthen communication to front-line staff and service users, and improve reach and impact of income maximisation service provision, including in community health settings

- Ensuring NHS/HSCP staff and services have the knowledge and skills to support increased take-up of both Social Security Scotland's package of five family benefits and Early Learning and Childcare places for eligible two-year-olds.

Early Years

NHS Lothian's Maternal and Infant Nutrition Service is based in Public Health. This allows our teams to link more effectively with midwives and health visitors to deliver the preventative approach that underpins the universal health visiting pathway. The team provides expert advice and support for preconception and early pregnancy health, breastfeeding (including support for UNICEF Baby Friendly accreditation) and infant nutrition. The HENRY (Health, Exercise, Nutrition for the Really Young) training programme to increase staff knowledge, confidence and skills has been shared with community learning and development, education, children and family centres, health visiting teams, and community-based food projects through 2021 and 2022 as an aid to support early intervention and prevention of childhood obesity.

No Wrong Door

Public Health teams are working with Children's Partnerships to expand the No Wrong Door Approach. This approach is based on a single point of access which simplifies the referral process for support for children and young people with mental health and wellbeing related needs and ensures that they are being matched with the most appropriate service for them. The approach ensures that children and young people are able to access the right support, at the right time, and in the right place, be that through universal services such as school nursing or youth work, community health or voluntary and community sector services, or where more specialist input may be required.

Conclusion

The importance of acting on common partnership goals

The lives of Lothian's population are being cut short, with some dying over a decade earlier than others, owing to the circumstances in which they live.

We can, and must, create a society where everybody has an opportunity to thrive by making sure the necessary building blocks for health are in place. More than ever, it is important that people have jobs that are secure and rewarding, an affordable, comfortable home, a nurturing upbringing and a good education, as these elements set the foundation for good health outcomes.

NHS Lothian is working closely with local communities and the voluntary and community sector to ensure that more people have these building blocks, and we are doing so with a focus on early years, child poverty and the cost of living. We are using our role as an Anchor organisation to reduce inequalities through ensuring all our contractors pay the living wage, that we provide local employment opportunities, that we procure local services and use our land and estates well for the common good.

Local partnerships can address local population health needs through combining our efforts across the public and voluntary and community sectors and beyond to invest in local areas, but we also need Scottish and UK Governments to address the factors that are outwith our control. We need to see rates of benefits maintained to cope with increased inflation to protect and increase incomes for low income households. We would like to see the real living wage and the minimum wage uprated for those under the age of 22 to ensure that younger adults receive equal pay for equal work. And we would like to see wellbeing prioritised in national and local economic policies and strategies.

Improving and protecting the health of the people of Lothian

The Role of the Public Health Department in Lothian

Approximately 200 people are employed in the department. We operate four divisions as illustrated below. We provide specialist advice and leadership to NHS Lothian, the four Lothian local authorities and the voluntary and community sector to shape services and create healthy communities for everyone.

- **Health Care Public Health**

  The Health Care Public Health team provide:
  > Leadership and oversight across the pathways of the six National Screening Programmes (breast cancer, bowel cancer, cervical cancer, diabetic eye screening, abdominal aortic aneurysm, pregnancy and new-born)
  > Dental Public Health expertise to assess and improve the oral health needs of the population
  > Strategic leadership and assurance for Immunisation Programmes
  > Professional expertise on pharmaceutical public health

- **Business and Administration**

  The Business and Administration team provide flexible administrative and clerical support across the Department. They play a critical governance role ensuring that the Department has robust processes and business procedures to meet strategic and operational objectives and priorities. The team also monitor and track workforce performance.

- **Health Protection**

  The Health Protection team work to protect the health of the local population from communicable and infectious diseases and environmental hazards. The team provides specialist public health advice, direction and operational support to NHS Lothian, local authorities and other agencies.

- **Population Health**

  The Population Health division includes:
  > Partnership and Place teams for each of Lothian's four local authority areas focusing on tackling inequalities and improving population health

  Other population health functions cover the whole of Lothian:
  > a Public Health Intelligence Team providing high-quality, rigorous evidence and data for public health strategy and policy
  > Maternal and Children's Public Health, including the Maternal and Infant Nutrition team and Child Health Commissioner.
  > a Sexual Health Improvement team (Healthy Respect) and
  > a Tobacco Control team which includes NHS Lothian's Quit Your Way smoking cessation service.

- **Board wide hosted programmes**

  Public Health and Health Policy hosts three services that deliver Board-wide remits:
  (i) Resilience (ii) Equalities and Human Rights, and (iii) Safe Haven.

References

1. Marmot, M. and J. Allen, COVID-19: exposing and amplifying inequalities. Journal of Epidemiology and Community Health, 2020. 74(9): p. 681-682.

2. Marmot, M., et al., Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. 2020, Institute of Health Equity: London.

3. Woodward, M., S.A.E. Peters, and K. Harris, Social deprivation as a risk factor for COVID-19 mortality among women and men in the UK Biobank: nature of risk and context suggests that social interventions are essential to mitigate the effects of future pandemics. Journal of Epidemiology and Community Health, 2021. 75(11): p. 1050-1055.

4. Wyper, G.M.A., et al., Inequalities in population health loss by multiple deprivation: COVID-19 and pre-pandemic all-cause disability-adjusted life years (DALYs) in Scotland. International Journal for Equity in Health, 2021. 20(1): p. 214.

5. Burström, B. and W. Tao, Social determinants of health and inequalities in COVID-19. European Journal of Public Health, 2020.

6. Mutambudzi, M., et al., Occupation and risk of severe COVID-19: prospective cohort study of 120 075 UK Biobank participants. Occupational and Environmental Medicine, 2021. 78(5): p. 307-314.

7. Rhodes, S., et al., Occupational differences in SARS-CoV-2 infection: analysis of the UK ONS COVID-19 infection survey. Journal of Epidemiology and Community Health, 2022. 76(10): p. 841-846.

8. Williamson, E.J., et al., Factors associated with COVID-19-related death using OpenSAFELY. Nature, 2020. 584(7821): p. 430-436.

9. Harrison, E., et al., Ethnicity and Outcomes from COVID-19: The ISARIC CCP-UK Prospective Observational Cohort Study of Hospitalised Patients. SSRN Electronic Journal, 2020.

10. Aldridge, R., et al., Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19: indirect standardisation of NHS mortality data Wellcome Open Research, 2020. 5(88).

11. Gruer, L.D., et al., Complex differences in infection rates between ethnic groups in Scotland: a retrospective, national census-linked cohort study of 1.65 million cases. Journal of Public Health, 2021.

12. Mathur, R., et al., Ethnic differences in SARS-CoV-2 infection and COVID-19-related hospitalisation, intensive care unit admission, and death in 17 million adults in England: an observational cohort study using the OpenSAFELY platform. The Lancet, 2021. 397(10286): p. 1711-1724.

13. Sze, S., et al., Ethnicity and clinical outcomes in COVID-19: A systematic review and meta-analysis. EClinicalMedicine, 2020. 29-30: p. 100630.

14. Nafilyan, V., et al., Ethnic differences in COVID-19 mortality during the first two waves of the Coronavirus Pandemic: a nationwide cohort study of 29 million adults in England. European Journal of Epidemiology, 2021. 36(6): p. 605-617.

15. Raisi-Estabragh, Z., et al., Greater risk of severe COVID-19 in Black, Asian and Minority Ethnic populations is not explained by cardiometabolic, socioeconomic or behavioural factors, or by 25(OH)-vitamin D status: study of 1326 cases from the UK Biobank. Journal of Public Health, 2020.

16. Razai, M.S., et al., Mitigating ethnic disparities in covid-19 and beyond. BMJ, 2021. 372: p. m4921.

17. Ramsay, J., et al., How have changes in death by cause and age group contributed to the recent stalling of life expectancy gains in Scotland? Comparative decomposition analysis of mortality data, 2000–2002 to 2015–2017. BMJ Open, 2020. 10(10): p. e036529.

18. National Records of Scotland, Deaths involving coronavirus (COVID-19) in Scotland, Week 45 (25-31 October). 2022, NRS: Edinburgh

19. Ayoubkhani, D., et al., Post-covid syndrome in individuals admitted to hospital with covid-19: retrospective cohort study. BMJ, 2021. 372: p. n693.

20. Drake, T.M., et al., Characterisation of in-hospital complications associated with COVID-19 using the ISARIC WHO Clinical Characterisation Protocol UK: a prospective, multicentre cohort study. The Lancet, 2021. 398(10296): p. 223-237.

21. Fenton, L., et al., Socioeconomic inequality in recent adverse all-cause mortality trends in Scotland. Journal of Epidemiology and Community Health, 2019. 73(10): p. 971-974.

22. McCartney, G., et al., Resetting the course for population health: evidence and recommendations to address stalled mortality improvements in Scotland and the rest of the UK. 2022, Glasgow Centre for Population Health and University of Glasgow: Glasgow.

23. Braveman, P. and L. Gottlieb, The social determinants of health: it's time to consider the causes of the causes. Public health reports (Washington, D.C. : 1974), 2014. 129 Suppl 2(Suppl 2): p. 19-31.

24. Allik, M., et al., Deaths of despair: cause-specific mortality and socioeconomic inequalities in cause-specific mortality among young men in Scotland. International Journal for Equity in Health, 2020. 19(1): p. 215.

25. Walsh, D., G.M.A. Wyper, and G. McCartney, Trends in healthy life expectancy in the age of austerity. Journal of Epidemiology and Community Health, 2022: p. jech-2022-219011.

26. McCartney, G., et al., Is austerity a cause of slower improvements in mortality in high-income countries? A panel analysis. Social Science & Medicine, 2022. 313: p. 115397.

27. Gondek, D., et al., Prevalence and early-life determinants of mid-life multimorbidity: evidence from the 1970 British birth cohort. BMC Public Health, 2021. 21(1): p. 1319.

28. Bellis, M.A., et al., Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey. Journal of Public Health, 2014.

29. Hughes, K., et al., The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health, 2017. 2(8): p. e356-e366.

30. Tweed, E.J., et al., Health of people experiencing co-occurring homelessness, imprisonment, substance use, sex work and/or severe mental illness in high-income countries: a systematic review and meta-analysis. Journal of Epidemiology and Community Health, 2021: p. jech-2020-215975.

31. Aldridge, R.W., et al., Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. The Lancet, 2018. 391(10117): p. 241 - 250.

32. Scottish Government, Homelessness in Scotland: 2021/22, 2022, Scottish Government: Edinburgh.

33. Waugh, A., et al., Health and Homelessness in Scotland, 2018, Scottish Government: Edinburgh.

34. National Records of Scotland, Mid-2021 Population Estimates Scotland. 2022, NRS: Edinburgh

35. National Records of Scotland, Population Projections for Scottish Areas 2018-based. 2020, NRS: Edinburgh

36. National Records of Scotland. Population Estimates by Scottish Index of Multiple Deprivation (SIMD) (Table 3). 2022 [cited 2022 14 November]; Available from: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/2011-based-special-area-population-estimates/population-estimates-by-simd-2016.

37. Robertson, L., Poverty in Edinburgh: The Key Issues. 2019, Edinburgh Poverty Commission: Edinburgh.

38. National Records of Scotland. Age-standardised Death Rates Calculated Using the European Standard Population. 2022 [cited 2022 14 November]; Available from: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/age-standardised-death-rates-calculated-using-the-esp.

39. National Records of Scotland. Births by sex, year and post-April 2014 NHS Board area, 1991 to 2021. Vital Events 2022 [cited 2022 14 November]; Available from: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/births/births-time-series-data.

40. Walsh, D., et al., Deaths from 'diseases of despair' in Britain: comparing suicide, alcohol-related and drug-related mortality for birth cohorts in Scotland, England and Wales, and selected cities. Journal of Epidemiology and Community Health, 2021: p. jech-2020-216220.

41. Scottish Public Health Observatory. Scottish Burden of Disease Study 2016: local area burden of disease profiles for disease groups. [Spreadsheet] 2021 18 March 2021 [cited 2021 05 August]; An excel workbook detailing burden of disease estimates (DALYs, YLD, YLL and deaths) for 21 broad disease groupings, stratified by: Local authority, Gender, Age-group]. Available from: https://www.scotpho.org.uk/comparative-health/burden-of-disease/sbod-local-2016/.

42. NHS Health Scotland, Proportionate universalism and health inequalities, 2014, NHS Health Scotland: Edinburgh.

43. McLean, G., et al., General practice funding underpins the persistence of the inverse care law: cross-sectional study in Scotland. British Journal of General Practice, 2015. 65(641): p. e799-e805.

44. Tudor Hart, J., The Inverse Care Law. The Lancet, 1971. 297(7696): p. 405-412.

45. Macintyre, S., Inequalities in health in Scotland: what are they and what can we do about them?, in MRC Social and Public Health Sciences Unit Occasional Papers. 2007, MRC Social and Public Health Sciences Unit: Glasgow.

46. Pickett, K.E. and R.G. Wilkinson, Income inequality and health: A causal review. Social Science & Medicine, 2015. 128(0): p. 316–326.

47. Crossley, T.F. and F. Zilio, The health benefits of a targeted cash transfer: The UK Winter Fuel Payment. Health Economics, 2018. 27(9): p. 1354-1365.

48. Beatty, T.K.M., et al., Cash by any other name? Evidence on labeling from the UK Winter Fuel Payment. Journal of Public Economics, 2014. 118: p. 86-96.

49. Fleming, M., et al., Educational and health outcomes of schoolchildren in local authority care in Scotland: A retrospective record linkage study. PLOS Medicine, 2021. 18(11): p. e1003832.

50. Inchley, J., et al., Health Behaviour in School-Aged Children (HBSC). Growing up unequal: HBSC, 2016.

51. Stewart, R., et al., Trends in socioeconomic inequalities in underweight and obesity in 5-year-old children, 2011–2018: a population-based, repeated cross-sectional study. BMJ Open, 2021. 11(3): p. e042023.

52. Bardid, F., et al., Results from Scotland's 2021 report card on physical activity and health for children and youth: Grades, secular trends, and socio-economic inequalities. Journal of Exercise Science & Fitness, 2022. 20(4): p. 317-322.

53. Harpur, A., et al., Trends in infant mortality and stillbirth rates in Scotland by socio-economic position, 2000–2018: a longitudinal ecological study. BMC Public Health, 2021. 21(1): p. 995.

54. Knight, M., et al., Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. 2022, National Perinatal Epidemiology Unit, University of Oxford: Oxford.

55. Ene, D., et al., Associations of Socioeconomic Deprivation and Preterm Birth With Speech, Language, and Communication Concerns Among Children Aged 27 to 30 Months. JAMA Network Open, 2019. 2(9): p. e1911027-e1911027.

Midlothian Integration Joint Board

Thursday, 13th April 2023, 14:00-16:00.

IJB Performance Report

Item number:	5.10

Executive summary

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals for the financial year 2022/23.

A report describing progress against each improvement goal is attached in Appendix 1. Due to the processes required to validate these data for publication, there is a significant reporting delay. Public Health Scotland (PHS) has moved to a schedule of quarterly, rather than monthly, updates. More recent management data are available for a number of the improvement goals but as they have not been validated, they cannot be published. A brief summary of this information is provided to support the Board's understanding of the current progress towards the improvement goals.

The Midlothian HSCP Performance Manager and the Principal Information Analyst (PHS Local Intelligence Support Team) have been supporting the NHS Lothian Performance Business Unit with plans to progress development of a local Tableau dashboard, to permit more recent management data to be available to Lothian HSCPs in a way that better informs understanding of whole-system activity.

Midlothian HSCP has made significant progress towards the development of a Hosted Service Report prototype. This has been a collaborative piece of co-design as part of Midlothian HSCP's novel approach with regard to triangulating activity, experience and outcome data, at both operational and strategic levels.

Members are asked to:
- Note the performance against the IJB Improvement Goals for 2022/23 (Appendix 1).
- Note the change in the Public Health Scotland (PHS reporting schedule) from monthly to quarterly
- Note the ongoing requirement to report on the goals set by the Scottish Government Ministerial Strategic Group for Health and Community Care and consider if additional local performance goals may be more useful for regular IJB review.
- Consider commissioning the Performance, Assurance and Governance Group (PAGG) to develop more locally set performance goal options for the Boards consideration.

Midlothian Integration Joint Board

IJB Performance Report

1   Purpose

1.1   This report sets out the progress towards achieving the current IJB performance goals (2022/23).

2   Recommendations

2.1   As a result of this report, Members are asked to:
- Note the performance against the IJB Improvement Goals for 2022/23 (Appendix 1).
- Note the change in the Public Health Scotland (PHS reporting schedule) from monthly to quarterly
- Note the ongoing requirement to report on the goals set by the Scottish Government Ministerial Strategic Group for Health and Community Care and consider if additional local performance goals may be more useful for regular IJB review.
- Consider commissioning the Performance, Assurance and Governance Group (PAGG) to develop more locally set performance goal options for the Boards consideration.

3   Background and main report

3.1   The IJB has previously identified improvement goals to monitor progress on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care (find out more [here](#)).

3.2   At the IJB meeting in June 2022 the Performance Assurance & Governance Group recommended that the improvement goals for 2022/23 were set to prioritise an increase in system stability, focussing on workforce recovery and wellbeing.

3.3   An updated report describing progress against each improvement goal is attached in Appendix 1. This report is produced by the Local Intelligence Support Team (LIST) on behalf of the Midlothian HSCP. Members are asked to note the information in Appendix 1, specifically regarding data completeness. Due to the processes required to validate these data for publication, there is an inbuilt reporting delay, and this information is not taken from a "live" system. This means that we are not yet able to calculate the full year performance for some measures.

3.4   Members are asked to note that Public Health Scotland (PHS) has moved to a schedule of quarterly, rather than monthly, updates. This means that Appendix 1 does not include any updated data compared with the Performance Report submitted to the Board in February 2023.

Midlothian Integration Joint Board

3.5   The Midlothian HSCP Performance Manager and the Principal Information Analyst (PHS Local Intelligence Support Team) have been supporting the NHS Lothian Performance Business Unit with plans to progress development of a local Tableau dashboard. This would permit more recent management data to be available to Lothian HSCPs in a way that better informs understanding of whole-system activity.

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

3.7   <u>A&E Attendances</u>
        2022/23 Target Rate per 100,000 people   2,629 / month
        2022/23 Running Average   2,851 / month
        The validated data are only available up to September 2022.
        Based on this information, the target is not currently being met.
        Non-validated management information, up to and including February 2023, indicates that system activity levels continue to present a significant challenge to achieving the target set. The most recent data for February 2023 indicate a slight improvement.

3.8   <u>Emergency Admissions</u>
        2022/23 Target Rate per 100,000   767 / month
        2021/22 Rate   799 / month
        The validated data are only available up to March 2022. Based on this information, the target is not currently being met.
        Non-validated management information, up to and including February 2023, indicates that system activity levels continue to present a significant challenge to achieving the target set.

3.9   <u>Unplanned Bed Days</u>
        2022/23 Target Rate per 100,000   5,074 / month
        2021/22 Rate   4,779 / month
        The validated data are only available up to March 2022. Based on this information, the target is currently being met.
        Non-validated management information, up to and including February 2023, indicates that system activity levels continue to present a significant challenge to achieving the target set. The most recent data for February 2023 indicate a slight improvement.

3.10   <u>Delayed Discharge Occupied Bed Days</u>
        2022/23 Target Rate per 100,000   820 / month
        2022/23 Running Average   1,077 / month
        The validated data are only available up to September 2022. Based on this information, the target is not currently being met.
        Non-validated management information, up to and including February 2023, indicates that system activity levels continue to present a significant challenge to achieving the target set.

3.11   <u>End of Life – Percentage of Last Six Months Spent in Large Hospitals</u>
        2022/23 Target Rate   <8.7%
        2020/21 Rate   7.9%

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

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

3.12 <u>Balance of Care</u>

2022/23 Target Rate	>96.4%
2020/21 Rate	97% (provisional data)

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

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

3.13 Midlothian HSCP has made significant progress towards the development of a Hosted Service Report prototype. This has been a collaborative piece of co-design, involving:
   o the Dietetics Service (led by Karen Henderson, Service Manager),
   o Executive Sponsor for the Quality Management System (Hannah Cairns, Chief Allied Health Professional (AHP)),
   o Executive Sponsor for OutNav (Gill Main, Integration Manager),
   o Matter of Focus, and
   o the Midlothian HSCP Performance Team.

3.14 This co-designed report will fulfil three key functions:
   o it will provide assurance to NHS Lothian as required by a partner organisation;
   o it will provide information to other Lothian HSCPs relating to equity of service provision;
   o it will demonstrate the contribution made by the Dietetics Service to the achievement of Midlothian IJB's six strategic aims.

3.15 The NHS Lothian Performance Business Unit is keen to learn from Midlothian HSCP's novel approach with regard to triangulating activity, experience and outcome data at both operational and strategic levels, to inform the design of a standardised method of Hosted Service reporting across all Lothian HSCPs.

3.16 Midlothian HSCP is significantly further ahead regarding Hosted Service reporting, both in terms of progress and ambition. In recognition of this position, Midlothian HSCP's Chief AHP has offered to present the AHP Governance & Assurance Tableau Dashboard to NHS Lothian's Performance Business Unit. As an interim step, this dashboard should provide the initial activity dataset required by the central Performance Business Unit, with no additional resource implications.

4 Policy Implications

4.1 There are no policy implications arising from this report.

5 Directions

5.1 This report does not directly impact upon service ability to deliver existing Directions.

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It is acknowledged that there will be a requirement for ongoing review and revision to the Performance Report, in alignment with any revisions to existing Directions / issue of new Directions at any stage in the reporting period.

6   Equalities Implications

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

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

7   Resource Implications

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

8   Risk

8.1   By continuing to use the goals set by the Scottish Government Ministerial Strategic Group for Health and Community Care also as IJB improvement goals, the IJB is at risk of being unable to take appropriate strategic action to counter the continued instability of health and care systems, the significant operational system pressures, and the ongoing challenges of supporting workforce wellbeing.

9   Involving people

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

10   Background Papers

None.

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DATE	22 March 2023

Appendices:

Appendix 1: Local Intelligence Support Team (LIST) Report describing progress against the IJB improvement goals 2022/23.

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Midlothian HSCP MSG Indicators

Performance from April 2019 to December 2022, with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST),

March 2023

Public Health Scotland
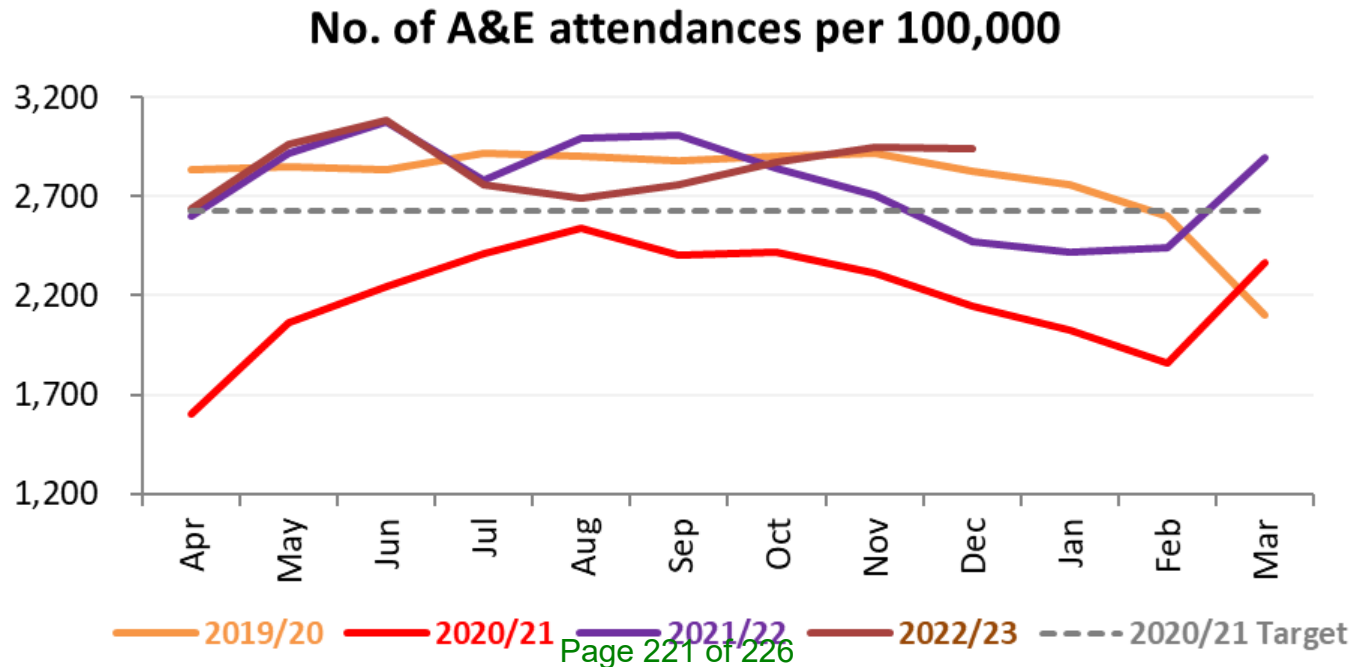
Data completeness

Source: MSG data release Mar-23, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Dec-22	n/a	-
2. Emergency admissions	Mar-22	Dec-22	(SMR01) Nov-20 = 93%, Nov-21 = 95%, Nov-22=89%
3a. Unplanned bed days (acute)	Mar-22	Dec-22	(SMR01) Nov-20 = 93%, Nov-21 = 95%, Nov-22=89%
3b. Unplanned bed days (GLS)	n/a	Dec-22	(SMR01E) Quarters ending: Mar-22 = 98%; Jun-22 = 92%; Sep-22 = 96%; Dec-22 = 91%
3c. Unplanned bed days (MH)	Mar-21	Dec-22	(SMR04) Quarters ending: Jun-22 = 91%
4. Delayed discharges occupied bed days	Dec-22	n/a	-
5. Last 6 months of life (% in community setting)	2020/21	2021/22	-
6. Balance of care (% at home)	n/a	2020/21	-

A&E Attendances

Source: MSG data release Mar-23; data published up to Dec-22

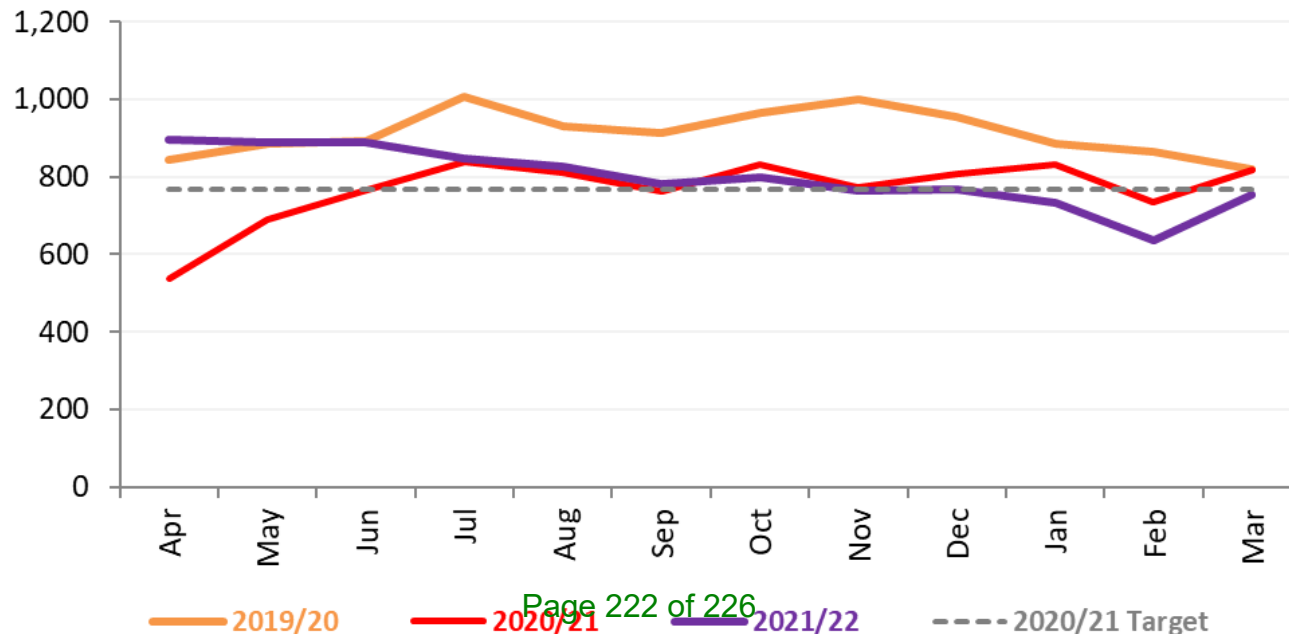| Target = maintain	Annual	Monthly
2020/21 Target Rate (per 100,000)	31,543	2,629
2019/20 Rate (per 100,000)	*33,319*	*2,777*
2020/21 Rate (per 100,000)	*26,391*	*2,199*
2021/22 Rate (per 100,000)	33,153	2,763
2022/23 Running average (Dec)		*2,851*

No. of A&E attendances per 100,000

— 2019/20 — 2020/21 — 2021/22 — 2022/23 --- 2020/21 Target

Emergency Admissions

Due to the time delay involved in data validation, there is no published data yet for 2022/23

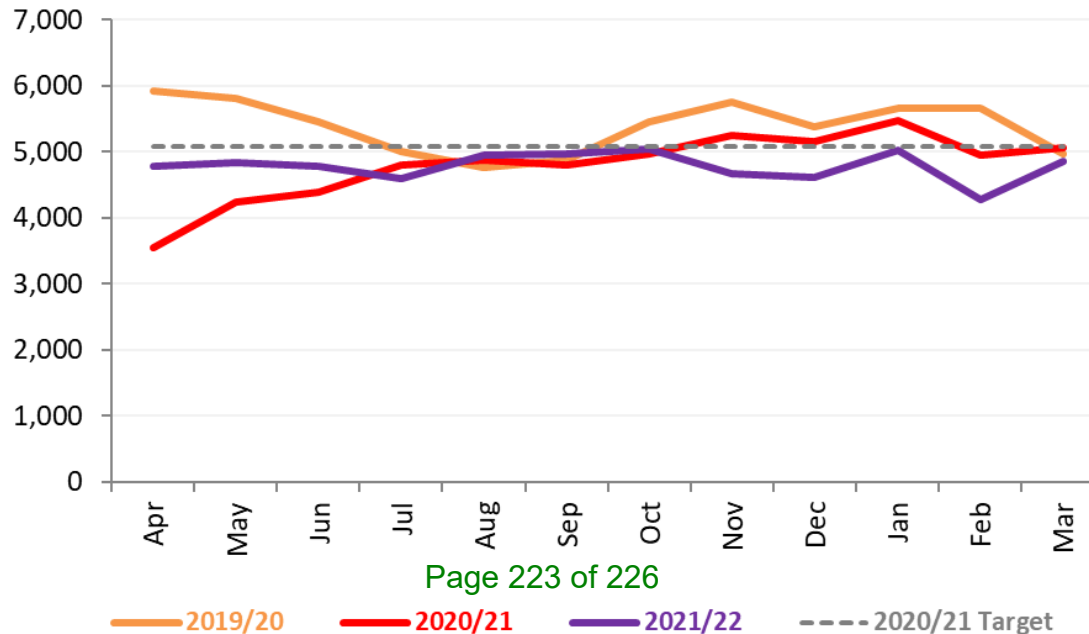| Target = 5% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,207	767
2019/20 Rate (per 100,000)	*10,969*	*914*
2020/21 Rate (per 100,000)	**9,208**	**767**
2021/22 Rate (per 100,000)	*9,586*	*799*

Number of emergency admissions per 100,000

4

Unplanned Bed Days - Acute

Source: MSG data release Mar-23; data published up to Mar-22

Due to the time delay involved in data validation, there is no published data yet for 2022/23

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 Rate (per 100,000)	*57,351*	*4,779*

Acute unscheduled bed days per 100,000


Legend: 2019/20, 2020/21, 2021/22, 2020/21 Target

5

Delayed Discharges Occupied Bed Days

Source: MSG data release Mar-23; data published up to Dec-22

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 Rate (per 100,000)	*8,249*	*687*
2022/23 Running average (Dec)		*1,077*

Delayed discharge bed days per 100,000, all reasons (18+)

6
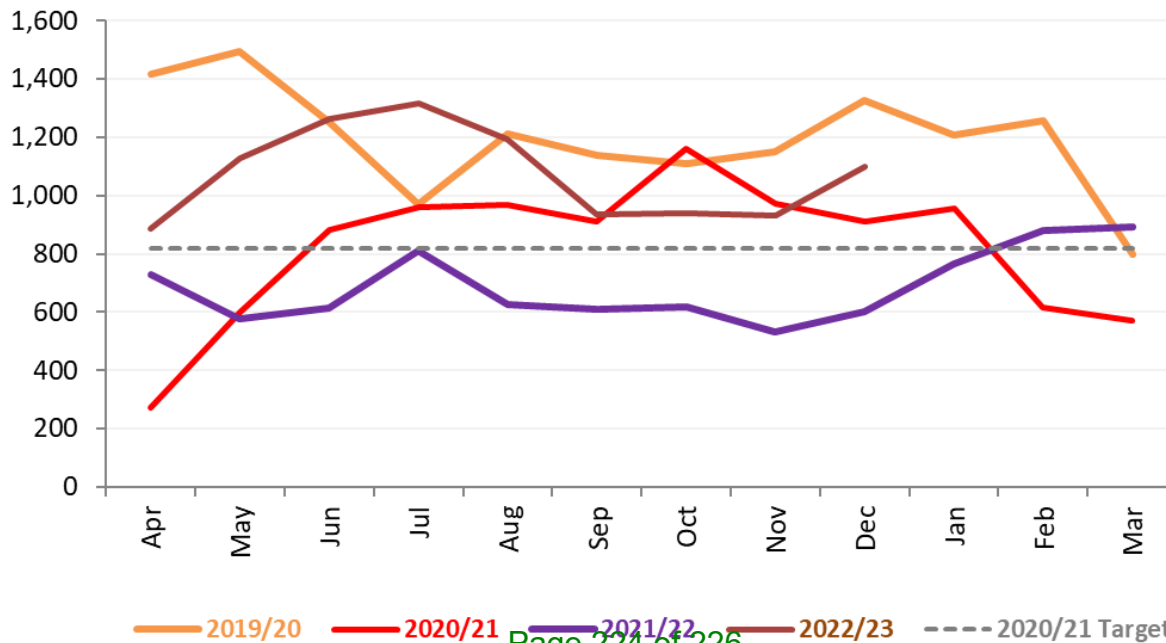
End of Life - Percentage of Last Six Months Spent in Large Hospitals

Source: MSG data release Mar-23; data published up to 2020/21

Due to the time delay involved in data validation, there is no published data yet for 2022/23

Target = decrease	Annual
2020/21 Target	<8.7%
2019/20	9.1%
2020/21	7.5%

Last 6 months of life: % in large hospitals

7