

Notice of Meeting and Agenda



Midlothian Integration Joint Board

Venue: Virtual Meeting,

Date: Thursday, 26 August 2021

Time: 14:00

Morag Barrow
Chief Officer

Contact:

Further Information:

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

1 Welcome, Introductions and Apologies

2 Order of Business

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

3 Declaration of Interest

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

4 Minute of Previous Meeting

- | | | |
|------------|--|---------|
| 4.1 | Minute of the Meeting of 17 June 2021 - for Approval | 5 - 14 |
| 4.2 | Minute of the MIJB Strategic Planning Group held on 19 May 2021 - for Noting | 15 - 18 |
| 4.3 | Minutes of Audit and Risk Committee of 10 June 2021 | 19 - 26 |

5 Public Reports

- | | | |
|------------|--|---------|
| 5.1 | Chief Officers Report - Morag Barrow, Chief Officer | 27 - 32 |
| 5.2 | Board Audit and Risk Committee Annual Report 2020-21 - Report by Jill Stacey, Chief Internal Auditor | 33 - 36 |
| 5.3 | IJB Performance Management - Report by Morag Barrow, Chief Officer | 37 - 40 |
| 5.4 | Improving the Cancer Journey Report - Sandra Bagnall, Macmillan Programme Manager | 41 - 48 |
| 5.5 | IJB Improvement Goal - Report by Jamie Megaw, Programme Manager | 49 - 62 |
| 5.6 | Long Covid Support in Midlothian - Report by Debbie Crerar, Lead Physiotherapist | 63 - 66 |
| 5.7 | Clinical and Care Governance Group Report - Fiona Stratton, Chief Nurse | 67 - 74 |
| 5.8 | The Mental Welfare Commission – Authority to Discharge - Mairi Simpson | 75 - 78 |

6 Private Reports

- | | |
|------------|----------------------------|
| 6.1 | Winter Planning Discussion |
|------------|----------------------------|

6.2 Independent Review of Adult Social Care

7 Date of Next Meeting

The next meeting will be held on 9th September (special meeting followed by Development Workshop on)
14 October

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

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 26 August 2021
Item No 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 17 June 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

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

Present (non-voting members):

Morag Barrow (Chief Officer)	Alison White (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Keith Chapman (User/Carer)	Fiona Huffer (Head of Dietetics)	Lesley Kelly
Johanne Simpson		

In attendance:

Anthea Fraser	Jill Stacey (Chief Internal Auditor)	Mairi Simpson (Integration Manager)
Lois Marshall (Assistant Strategic Programme Manager)	Roxanne King (Business Manager)	Leah Friedman
Gordon Aitken (Clerk)		

Apologies:

Councillor Derek Milligan	Grace Cowan (Head of Primary Care and Older Peoples Services)	Hamish Reid (GP/Clinical Director)
Wanda Fairgrieve (Staff side representative)		

Midlothian Integration Joint Board

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1. Welcome and introductions

The Chair, Councillor Catherine Johnstone, 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 Midlothian Integration Joint Board held on 18 April 2021 was submitted and approved as a correct record.

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

4.3 The Minutes of the MIJB Audit and Risk Committee held on 4 March 2021 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chief Officers Report This paper set out the key service pressures and service developments happening across Midlothian IJB over the previous month and looked ahead to the following 8 weeks. The report advised that as of 31st May, 54,527 residents in Midlothian have had their first COVID vaccination dose (73% adults) and 32,956 have had	To note the issues and updates arising from the Chief Officers Report.	Chief Officer	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>their second dose (44% adults). There are two vaccination centres in Midlothian – one at the Community Hospital run by the HSCP and one at Gorebridge run by NHS Lothian.</p> <p>There are DNAs across all sites mostly due to delays in patients receiving appointment letters. Midlothian HSCP are proactively contacting patients to remind them of their upcoming appointment. Midlothian is within the 12-15% tolerance of DNAs with an average DNA rate of 6%. However, this is mainly due to Midlothian Community Hospital administering 2nd dose vaccinations.</p> <p>The report also advised that following the end of her term in office, Councillor Catherine Johnston will step down from Chair of IJB in June 2021. Carolyn Hirst would take over the Chair from this point for the next two years and that following agreement at Midlothian Council in May, Councillor Derek Milligan would take up the Vice-chair position.</p> <p>The Chief Officer thanked Councillor Johnstone for all the work and support she had given to the MIJB and her personally during her time as Chair and wished her all the best for her future.</p> <p>The report also provided updates on several other issues including:</p> <ul style="list-style-type: none"> • Seasonal Flu Vaccinations • Additional Funding to Support Unpaid Carers • Unpaid work • Health Visiting 			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<ul style="list-style-type: none"> Strategic Plan 2022-25: IJB Workshops Third Sector Summit 			
<p>5.2 Draft Unaudited Annual Accounts for 2020/21</p> <p>This report presented the Board with the IJB's draft (unaudited) Annual Accounts for 2020/21.</p> <p>The annual accounts contained a range of sections but breakdown into three main areas :</p> <ul style="list-style-type: none"> The Management Commentary. This provides a statement of the IJB's purpose and its performance against that purpose in the financial year along with a reflection on the challenges facing the IJB in the next financial year. The Annual Governance Statement – which reflect on the governance of the IJB and notes any governance improvements identified by the CIA's Internal Audit Annual Assurance Report A range of financial statements showing the financial position of the IJB. <p>The report also highlighted the underspend this year in the IJB was predominantly driven by COVID funding from Scottish Government and the timing of spending against this. This funding was non-recurring and would be held by the IJB earmarked to</p>	<p>(a) To agree that the draft annual accounts could be published and presented for audit; and</p> <p>(b) To note the potential impact on the IJBs annual accounts surrounding the national accounting treatment for Personal Protective Equipment (PPE)</p>	Claire Flanigan	

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<p>support COVID expenditure in response to the ongoing impact of the pandemic during 2021/22.</p> <p>It was also noted that it had come to light nationally that the accounting treatment for the distribution of PPE had been assessed and Audit Scotland had further reviewed the overall position and confirmed their view that both PPE and community testing kits provided by NSS should be recognised within individual accounts. This has potential to impact on the IJB accounts.</p> <p>Claire Flanagan was heard in amplification of the report and responded to Members questions and comments.</p>			
<p>5.3 Interim Appointment of Chief Finance Officer</p> <p>This report updates the Midlothian Integration Joint Board (IJB) on the proposals for the recruitment of the Chief Finance Officer/Section 95 Officer to cover a period of maternity leave</p> <p>Only the IJB can appoint its own Chief Finance Officer but the Integration Scheme describes a mechanism whereby the IJB's partners (Midlothian Council and NHS Lothian) can provide the IJB with a suitable candidate. It was therefore proposed to progress with a recruitment process for fixed term cover of the Chief Finance Officer/Section 95 Officer Post for both IJBs. This arrangement could be on a</p>	<p>(a) To agree to the proposal to recruit interim cover for the maternity leave period of the current Chief Finance Officer/Section 95 Officer;</p> <p>(b) To delegate authority to the Chief Officer and Chair of the IJB to approve the interim appointment on the IJBs behalf after the recruitment process; and</p> <p>(c) To note that an update on the outcome of this process will be provided at a future IJB meeting.</p>	<p>Morag Barrow</p>	

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<p>fixed term or secondment basis for filling the post during this period.</p> <p>Given the timescales, the process for the selection of an interim candidate to cover the role of Chief Finance Officer/Section 95 Officer for the IJBs, the IJB was asked to support delegating authority to both the IJB Chief Officer and the IJB Chair on behalf of the IJB to approve this interim appointment following the recruitment process. An update will be provided to the IJB at a future meeting on the outcome of this process.</p> <p>Morag Barrow was heard in amplification of the report and responded to Members questions and comments.</p>			
<p>5.4 Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004</p> <p>The purpose of the report was to provide the Integration Joint Board (IJB) with information of the inclusion of the IJB as a Category 1 Responder in line with the Civil Contingencies Act 2004, report on the requirements this inclusion involves and provide assurance to the Integrated Joint Board that the systems currently in place will ensure all requirements are met.</p>	<p>(a) To note the inclusion of the IJB as a Category 1 Responder in line with the Civil Contingencies Act 2004.</p> <p>(b) To note that all arrangements were in place to meet the requirements within the Act and agree that the Chief Officer, as the Accountable Officer, can continue to manage the necessary arrangements relating to this Act on behalf of the Integrated Joint Board.</p>	Morag Barrow	

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<p>5.5 IJB Directions Annual Update</p> <p>The purpose of the report was to provide the full year updates on Directions. The report also provided proposed new or updated Directions for 2021/2022. The report therefore requested IJB to consider the approach to performance management of the Directions overall.</p> <p>Lois Marshall was heard in amplification of the report and responded to Members questions and comments.</p>	<p>To agree that the approach taken to performance management of the Directions overall was clear and extremely helpful and that this format be continued for future reporting.</p>	<p>Lois Marshall</p>	
<p>5.6 Review of Midlothian Health & Social Care Partnership Winter Plan 2020/21</p> <p>The purpose of this report is to review Midlothian Health & Social Care Partnership's performance in winter 2020/21 against its Winter plan.</p> <p>The full review of winter performance was attached to the report as an appendix.</p>	<p>To note the review of winter 2020/21 and the high-level recommendations for winter 2021/22.</p>		
<p>5.7 Workforce Development Plan</p> <p>The purpose of this report was to support the Interim Workforce and Development Plan 2021/22 that was submitted to Scottish Government on 30th April 2021.</p> <p>The interim workforce plan which was appended to the report had built on extensive consultation and engagement to ensure staff's views and experiences were captured along with the commitment from</p>	<p>To agree the implementation of the plan.</p>	<p>Anthea Fraser</p>	

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managers to support and develop the workforce. As well as the interim workforce plan a development plan is being compiled to reflect all the actions contained within the plan along with key leads, time frames and measureable outcomes.			
<p>5.8 Primary Care Improvement Plan</p> <p>The purpose of the report was to summarise progress to implement the Midlothian Primary Care Improvement Plan (PCIP) and highlight the implications of the Joint British Medical Association (BMA)/Scottish Government Joint Letter. A revised PCIP will be developed during 2021 which will be informed by the level of future PCIP funding.</p> <p>The report advised that the Midlothian Primary Care Improvement Plan (PCIP) was the main driver for HSCP-led developments in General Practice. The PCIP was approved in June 2018 by the Midlothian IJB. The PCIP describes the priorities and approach taken in Midlothian over three-years to support the implementation of the 2018 General Medical Services contract. The PCIP covered the period from 1st April 2018 to 31st March 2021. There were six dimensions in the PCIP and the report provided a brief summary of progress in Midlothian against each dimension.</p>	<p>(a) To note the progress implementing the PCIP and where there have been delays due to the COVID response in 2020;</p> <p>(b) To note that the Joint BMA/SG letter has implications for the current PCIP;</p> <p>(c) To note that funding for 2022/23 onwards for the PCIP had not been confirmed but that there was a significant gap between the cost of a full PCIP in Midlothian and the current level of funding; and</p> <p>(d) To agree that an updated PCIP would be brought to the IJB later in 2021 after further information had been received from Scottish Government.</p>	Mairi Simpson	
<p>5.9 Clinical and Care Governance Group (CCGG) report</p>	To note and approve the content of the report.		

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The purpose of the report was to provide the Clinical and Care Governance Group (CCGG) report for consideration by the Midlothian IJB.			
5.10 The Mental Welfare Commission – Authority to Discharge: Report into decision making for people in hospital who lack capacity. The purpose of the report was to ensure board members were aware of the most recent Mental Welfare Commission report –authority to Discharge: Report into decision making for people in hospital who lack capacity and to discuss the implications of the report for Midlothian.	(a) To note the content of the report; and (b) To accept a further report and action plan on how the Partnership will address the recommendations made within.		

6. Private Reports

There were no private reports for consideration at this meeting.

7. Date of next meeting

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

- Thursday 26 August 2021 2pm Midlothian Integration Joint Board
- Thursday 9 September 2021 2pm Special Meeting of Midlothian Integration Joint Board/Development Workshop

(Action: All Members to Note)

The meeting terminated at 3.56pm.

Midlothian Strategic Planning

MS Teams

MINUTES

Wednesday 19 May 2021

IN ATTENDANCE: Carolyn Hirst (Chair), Aileen Murray, Alison White, Carol Levstein, Claire Flanagan, Fiona Huffer, Grace Cowan, James Hill, Jamie Megaw, Jim Sherval, Joan Tranent, Jordan Miller, Kirsty McLeod, Laura Hill, Lesley Connell, Lois Marshall, Mairi Simpson, Matthew Curl, Rebecca Miller, Roxanne King, Sandra Bagnall, Simon Bain, Wanda Fairgrieve, Lisa Cooke (Note Taker)

APOLOGIES: Anthea Fraser, Carly McLean, Jane Crawford, Fiona Stratton, William Findlay

			ACTION
1	Welcome and Introductions	<p>Carolyn Hirst welcomed members to the meeting.</p> <p>Joan Tranent was welcomed as a new member. Joan is the Chief Officer for Children's Services in Midlothian and now taking over the role of Chief Social Worker.</p> <p>CH wanted to record appreciation to Andrew Coull who resigned from the group, for his hard work and commitment.</p> <p>CH wanted to record appreciation to Alison White who is leaving her current role to become the Director of HSCP in the West, for her hard work and commitment to the group.</p>	
2	Minutes of Last Meeting	Minutes of meeting on 17 March 2021 were approved with an amendment from MC, will now recirculate.	LM/LC
3	Action Log	The action log was updated and shared with the group	
4	Developments for Discussion	<p>(I) Climate Emergency/Green Health Prescribing</p> <p>JS circulated a paper in advance of the meeting and updated member on plans to develop Green Health Prescribing. A partnership group has been formed to support this. JS advised that a final report is in preparation and will be shared with the group once published.</p> <p>The request of SPG is to join Lothian Green Health prescribing network by emailing ian.mackenzie@nhslothian.scot.nhs.uk and to connect with others to develop local action plans using the Making the Case and Making it Mainstream guidance.</p>	<p>JS</p> <p>ALL</p>

		<p>CH highlighted the importance of the Green Health Prescribing and asked JS if he could update the briefing note with contacts for the group and then recirculate.</p> <p>CL mentioned that Sport and Leisure could be a good place to promote this, AW advised that she would arrange for Sport and Leisure to link in with this.</p> <p>MC noted that getting out and about more was a reported desire of those interviewed for the TEC pathfinder project and that included doing things that aren't stereotypically on offer for older people from services. MC invited JS to meet to discuss.</p> <p>CL advised that the GP Practices were very excited to see the development. JS advised he would co-ordinate to support GPs linking in with the network.</p>	<p>JS</p> <p>AW</p> <p>JS – MC</p> <p>JS</p>
		<p>(II) Directions Update</p> <p>LM circulated a paper in advance of the meeting to provide a full year update on progress on all directions, and share identified performance measures.</p> <p>The request of SPG is to discuss the annual update on directions, and the proposals around performance management.</p> <p>AW suggested looking at bite size chunks in depth at meeting, however it was highlighted this had been done before and presented challenges with timing. CH asked if it would be possible to consider a higher-level document possibly colour coded, to highlight key areas for discussion, which could then be filtered down. LM advised that this was an area in development</p> <p>AM highlighted that it would be important to make sure leads are aware of their role, and reporting requirements, and to also raise awareness also with frontline staff around directions which relate to their area of work. LM advised that the leads can be amended where required, and leads should discuss with staff teams around directions and reporting.</p> <p>RM highlighted that it there was a need to discuss areas which come under NHS Lothian, to strengthen directions around what MHSCP want to commission from NHS Lothian, and to develop better links with Acute managers. RM and LM agreed to meet outside the group to discuss.</p> <p>CH asked group to feedback to LM around the Directions Tracker. LM will update tracker and recirculate to the group</p>	<p>LM and RM</p> <p>ALL/ LM</p>

5	Reports on Progress	<p>(II) Housing and Homelessness</p> <p>RH and GC circulated a paper in advance of the meeting and updated members on Housing and Homelessness.</p> <ul style="list-style-type: none"> Homelessness RH provided an update on Homelessness, including staff training, Housing First achievements and feedback from partners, as well as other areas of collaborative working including homelessness inclusive vaccination programme, digital participation (access to devices, connectivity and skills) and exploring the use of technology to detect overdose/reduce harm to health. Housing GC provided the members of an update on Housing, including 3 Extra Care Housing sites and staffing models for these, Supported Accommodation (Learning Disability), Intermediate Care Flat Roll Out, Housing Solutions Training, and the HSCP's Occupational Therapy Team who continue to provide a triage service which supports people with early conversations about housing and adaptations and the joint 'Support to Move' service pilot proposal, designed to provide practical support to older or vulnerable housing applicants who would benefit from moving to more suitable accommodation to meet their requirements, at an earlier stage. <p>MC invited GC and RH to meet with him to see if the TEC Pathfinder is at the stage of exploring ideas which could be developed based on data</p> <p>CH asked this be brought back to a future meeting</p> <p>(III) Adult Social Work Update</p> <p>AW highlighted the diverse teams involved in Adult Social Work and the role of each team, this includes the Duty Team, Adult Support and Protection, Older People's Team, Dementia Team, Learning Disability Team, Physical Disability/Long Term Conditions Team, Substance Misuse team –Mental Health Team, and the role of the Social Work Fieldwork service. AW highlighted how Integration of Health and Social Care had offered opportunities for teams to work differently.</p> <p>Primary Care Improvement Plan (PCIP)</p> <p>JM share presentation with the group. The plan covers the period from 1 April 2018 to 31 March 2021. The fund allocated to Midlothian HSCP was £840k in 2019/20, £1.7m in</p>	<p>MC, GC and RH</p> <p>GC, RH</p> <p>JM</p>
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		<p>2020/21 and £2.4m in 2021/22 the estimated funds required for 2022/23 is £5.2m which would be required to develop CTAC. JM will circulate presentation with the group.</p> <p>CF mentioned concern around the need for adequate information and time to be able to sign off PCIP budget. JM advised that Scottish Government not flexible around time scale and if funding not awarded the further CTAC rollout due to commence in December wouldn't be achievable.</p> <p>CH asked this be brought back to a future meeting.</p> <p>(IV) Improving the Cancer Journey SB circulated a paper in advance of the meeting and updated members on the Improving the Cancer Journey. At present there have been 11 referrals, 9 for people with cancer diagnosis and 2 are carers. In year 1 hope to have around 145 referrals with both Thistle and ICJ team working in parallel and by year 2 to have moved to a more blended model so any member of the Wellbeing Team can deliver the ICJ service.</p> <p>CH acknowledged the work involved and invited SB to bring this back to a future meeting.</p> <p>(V) Independent Review of Adult Social Care (IRASC) – Update AW briefly updated the group on the IRASC Readiness Toolkit which has been completed for Midlothian HSCP to highlight the current position in relation to the recommendations from the review.</p>	<p>JM</p> <p>SB</p>
6.	AOCB	CH to meet with MS to discuss future meetings to allow time for discussions on topics.	CH-MS
7.	Future Meetings	<p>All future meetings below are via MS Teams</p> <p>Wed 11th August 2021 2-4pm Wed 29th September 2021 2-4pm Wed 17th November 2021 2-4pm</p>	

Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Audit and Risk Committee	Thursday 10 June 2021	2.00pm	Virtual Meeting held using MS Teams.

Present (voting members):

Cllr Jim Muirhead (Chair)	Carolyn Hirst	Councillor Derek Milligan
Pam Russell (Independent Member)		

Present (non-voting members):

Claire Flanagan (Chief Finance Officer)	Jill Stacey (Chief Internal Auditor)	

In attendance:

Grace Scanlin (EY, External Auditor)	Derek Oliver (Chief Officer - Place)	Mairi Simpson (Integration Manager)
Mike Broadway (Clerk)		

Apologies:

Morag Barrow (Chief Officer)	Stephen Reid (EY, External Auditor)	

Audit and Risk Committee

Thursday 10 June 2021

1. Welcome and introductions

The Chair, Councillor Jim Muirhead, welcomed everyone to this virtual meeting of the Audit and Risk Committee.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Meeting

4.1 The Minutes of Meeting of the Audit and Risk Committee held on 4 March 2021 was submitted and approved as a correct record.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Midlothian IJB Internal Audit Annual Assurance Report 2020/21 – Report by Chief Internal Auditor. The purpose of this report was to present the Internal Audit Annual Assurance Report 2020/21 for the Midlothian Integration Joint Board (MIJB) which included the Chief Internal Auditor's independent assurance opinion on the adequacy of the arrangements for governance, risk management and internal control by the MIJB of the delegated resources.	(a) Noted the assurances contained within the Report; and (b) Approve the Midlothian Integration Joint Board Internal Audit Annual Assurance Report 2018/19.		

Audit and Risk Committee

Thursday 10 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The report explained that the Public Sector Internal Audit Standards (PSIAS) required the MIJB's Chief Internal Auditor to prepare an annual report that incorporated the annual opinion on the adequacy and effectiveness of MIJB's framework of governance, risk management and control, a summary of the work that supports the opinion, and a statement on conformance with the PSIAS.</p> <p>Chief Internal Auditor, Jill Stacey, in presenting the report confirmed that based on their reviews, risk assessments and knowledge, the MIJB's governance arrangements, risk management and systems of internal control were operating satisfactorily, and that the work and opinion of Internal Audit had been used to inform the Chief Officer's Annual Governance Statement 2020/21.</p> <p>The Committee, in considering the Report, discussed the need for clarity and consistency in some of the terminology used, and also clarity regarding under whose governance certain matters fell and where it was one of the partners responsibilities how the MIJB satisfied itself on this particular issue.</p>			
<p>5.2 Midlothian IJB Annual Governance Statement 2020/21 – Report by Chief Officer.</p> <p>The purpose of this report was to present the draft Annual Governance Statement 2020/21 of the Midlothian Integration Joint Board by the Chief</p>	<p>(a) Agreed that the Annual Governance Statement 2020/21 reflected the risk environment and governance in place to achieve objectives, and acknowledged the actions identified by Management to improve internal controls and governance arrangements; and</p>		

Audit and Risk Committee

Thursday 10 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Officer that would be published as part of the Annual Report and Accounts 2020/21.</p> <p>The report explained that the CIPFA/SOLACE Framework urged authorities to review the effectiveness of their existing governance arrangements against their Local Code, and prepare a governance statement and report compliance on an annual basis. A revised Local Code of Corporate Governance, had been approved by the MIJB on recommendation by the Audit and Risk Committee, in April 2021.</p> <p>In terms of overall corporate governance it was the Chief Officer's opinion that, although there are a few areas of work to be completed for full compliance with the Local Code, the overall governance arrangements of the MIJB were operating satisfactorily.</p> <p>The Committee, having heard from Chief Internal Auditor, Jill Stacey, who responded to Members' questions and comments, discussed the Annual Governance Statement 2020/21.</p>	<p>(b) Agreed to recommend to the Board that it be published as part of the Annual Report and Accounts 2020/21.</p>		
<p>5.3 MIJB Draft Unaudited Annual Accounts 2020/21 – Report by Chief Finance Officer.</p> <p>The purpose of the report was to present the draft (unaudited) Annual Accounts of the MIJB for the year ending 31 March 2021 for consideration and approval.</p>	<p>Agreed to recommend to the Board approval of the unaudited draft Annual Accounts 2020/21 for publication and submission to the external auditors for audit purposes.</p>	<p>Chief Finance Officer</p>	

Audit and Risk Committee

Thursday 10 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The report explained that MIJB was required to prepare a set of annual accounts for the financial year 2020/21. A draft of these accounts must be agreed by the MIJB before 30 June whereupon the draft must be published on the MIJB's website and presented to the MIJB's auditors for review.</p> <p>Having heard from Chief Finance Officer, Claire Flanagan, who responded to Members' questions and comments, the Committee discussed the unaudited Annual Accounts. It was felt that if elements, such as the PPE Hubs, which were not within the control of the MIJB and the position relating to committed reserves could be better articulated this would be beneficial in assisting understanding of the position regarding these and other similar matters.</p>			
<p>5.4 MIJB Audit and Risk Committee Annual Report 2020/21 and self-assessments - Report by Chair.</p> <p>The purpose of this report was to provide Members with the MIJB Audit and Risk Committee Annual Report 2020/21 which set out how it was performing against its remit and incorporated its annual self-assessment using the CIPFA Audit Committees Guidance.</p> <p>The report explained that the MIJB Audit and Risk Committee Annual Report 2020/21 was designed</p>	<p>(a) Approved the MIJB Audit and Risk Committee Annual Report 2020/21; and;</p> <p>(b) Agreed that the MIJB Audit and Risk Committee Annual Report 2020/21 should be presented to the MIJB to set out how it was performing against its remit.</p>		

Audit and Risk Committee

Thursday 10 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>both to provide assurance to the members of the MIJB's Board and to identify actions for the Committee to help improve its effectiveness.</p> <p>Having heard from both the Chair and the Chief Internal Auditor, the Committee discussed the Annual Report.</p>			
<p>5.5 Risk Register – Report by Chief Officer - Place</p> <p>The purpose of this report was to provide the Audit & Risk Committee with an update on the MIJB Strategic Risk Profile and the actions being taken to identify and manage risk in order to ensure the successful delivery of the MIJB's key objectives, as detailed in the Strategic Plan. The report also provided the Committee with an overview of the MIJB's operating context taking account of current issues, future risks and opportunities.</p> <p>The Committee, having heard from Derek Oliver (Chief Officer – Place), who responded to Members' question and comments, discussed issues arising from the current strategic risk profile, in particular the most significant issues and risks highlighted in the report. It was suggested that if in future details of any movements in any issues, risks or opportunities could be highlighting this would be a welcome addition as it would assist the Committee in their consideration of the Strategic Risk Profile.</p>	<p>(a) Noted the current Strategic Risk Profile;</p> <p>(b) Noted the updates provided on the risk control measures and the progress being made to address all risks; and</p> <p>(c) Confirmed that, otherwise, the risks contained in the Strategic Risk Profile reflected the current risks/opportunities facing the MIJB.</p>	Chief Officer - Place	Next update report on MIJB Strategic Risk Profile scheduled for September 2021

Audit and Risk Committee

Thursday 10 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.6 Midlothian IJB Recommendations Internal Audit Follow-Up Review Completed Actions – Report by Chief Internal Auditor.</p> <p>The purpose of this report was to provide information on Internal Audit actions flagged as completed during 2020/21 and confirm the adequacy of the new internal controls, risk management and governance of the Midlothian Integration Joint Board (MIJB).</p> <p>The Committee, having heard from Chief Internal Auditor, Jill Stacey who provided a brief update on the work being carried out by the internal audit team on the completed audit actions to ensure there was evidence on the ongoing improvement of internal control, risk management and governance arrangements, discussed the progress made in implementing the recommendations of Internal Audit.</p>	<p>Noted the progress made in implementing Internal Audit recommendations to improve internal controls, risk management and governance arrangements of the Midlothian Integration Joint Board.</p>		

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>7.1 Membership</p> <p>The Committee, having noted that Chief Finance Officer, Claire Flanagan would shortly be going on</p>	<p>Noted that the necessary steps where being taken to secure suitable maternity cover.</p>		

Audit and Risk Committee

Thursday 10 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
maternity leave, joined with the Chair in congratulating Claire and wishing her all the best.			

8. Date of next meeting

The next meeting of the Midlothian Integration Joint Board Audit and Risk Committee would be held on Thursday 2 September 2021 at 2 pm.

(Action: All Members to Note)

The meeting terminated at 3.28 pm.

Midlothian Integration Joint Board



Chief Officer Report

August 2021

Item number:

Agenda number: 5.2

Executive summary

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

Board members are asked to:

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

Chief Officer Report

1 Purpose

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

2 Recommendations

- 2.1 As a result of this report Members are asked to:
- Note the issues and updates raised in the report.

3 Background and main report

3.1 COVID Vaccination Programme

The COVID vaccination programme remains in place in Midlothian. As of 18th August 69,407 people have received their first dose (87.2% of adult population) and over 58,694 have received both doses (73.8%). All vaccination clinics across Lothian are offering drop-in appointments alongside booked appointments. There have also been pop-up clinics setup in IKEA to improve uptake. People aged 16 or 17 are now eligible to receive a vaccination from mid-August.

The HSCP is leading on the COVID Booster and Seasonal Flu programme for Midlothian residents. The programme will have two fixed sites (one is confirmed as Gorebridge Leisure Centre) and roving teams for people living in care homes or who are housebound. Over 50,000 people in Midlothian will be eligible for a Seasonal Flu vaccination and a COVID Booster vaccination. The Scottish Government ambition is for eligible people to have received their seasonal flu vaccination by the end of November. Priority will initially be people who are Immunosuppressed, All Adults > 70, All Adults >16 who are Clinically Extremely Vulnerable and Frontline Health and Social Care Workers.

People will be eligible for a Booster vaccination six-months after their second COVID vaccination. This means that some people will have two separate appointments, but the majority will receive both vaccinations at the same appointment.

3.2 Additional Funding to Support Unpaid Carers

Midlothian IJB and Health and Social Care Partnership have previously acknowledged that the health and care system is very dependent upon the contribution of unpaid carers. The shift towards self-management and care at home will depend upon the ability of carers to continue in their role and they must be

supported to do so. It is vital that carers are identified; that there is recognition of what carers do and the physical, emotional and financial impact that their caring role can have on them whilst providing support, information and advice, aiming to make caring roles sustainable.

In early 2021 services were re-commissioned in line with changes in Carer's Act legislation and the carer support service review and consultation undertaken in 2020 on this foundation. The new contracts were implemented 1st July 2021 with VOCAL Midlothian and British Red Cross as key agencies.

At the time that contracts were being awarded the Scottish Government announced additional funding (£427k). A collaborative process involving partners is underway to agree on the allocation of this additional funding.

3.3 2022-25 Strategic plan progress

Work continues on the drafting the Strategic Plan 2022-25. This includes work on the Joint Needs Assessment. At the request of the IJB, eight workshops have been organised in October to allow IJB and Strategic Planning Group members an opportunity to discuss themed areas of the strategic plans in more detail. An email was sent to IJB members on 21st July asking IJB Members to complete a poll regarding workshops that members plan to attend. Strategic Planning Group members have been invited also.

3.4 Annual Report

At the meeting of 17th June 2021 the Chief Officer is requested delegated authority from the IJB to publish the Annual performance Report on 31 July in line with original publishing timelines set by the Scottish Government.

The extension of the Coronavirus Scotland Act (2020) means that IJBs are able to extend the date of publication of Annual Performance Reviews through to November this year.

While it was the preference of the HSCP that this report is completed and published in line with original timeframes this has not been possible. Midlothian HSCP has requested points of clarity on aspects of the data from Public Health Scotland. PHS has provided some further detail but analysis is expected Mid-September. In discussion with the IJB Chair it was agreed to postpone publication until this is available.

3.5 Chief Finance Officer cover arrangements

Our current Chief Officer is due to go onto Maternity leave from 5th August. Following an internal recruitment process, NHS Lothian have appointed David King to this role until March 2022. Davis will be working on a part-time basis and will also cover the role for East Lothian IJB. Separate arrangements are in place to cover the Finance Business Partner role for the HSCP.

3.6 IJB Audit and Risk committee membership

The IJB are asked to support Jock Encombe becoming a member of the Audit and Risk committee. If supported, Jock will replace Mike Ash to ensure a wide collective

range of experience and skills available, to ensure a comprehensive scrutiny process. David King will also replace Claire Flanagan for the period of her Maternity leave.

3.7 IJB Self evaluation progress

While commitment to self-evaluation remains high, it was agreed to postpone the workshop planned for 18th August 2021 following a meeting with the Improvement Service (the [national improvement organisation for Local Government in Scotland](#)). It was agreed that further discussion is required to consider the best way to progress, and if feasible to incorporate a survey requested by External Auditors. A proposal will be shared with IJB members in due course.

3.8 Workforce

The HSCP continue to experience workforce issues relating to the numbers of staff isolating after becoming a contact of a covid positive case. At the point of writing this report, both NHS Lothian and Midlothian Council were finalising processes to utilise Scottish Governance around "exemptions from self isolation" guidance issued on 23rd July.

<https://www.gov.scot/news/self-isolation-rules/>

The HSCP staff are working hard to provide flexible cover over the school holiday period to ensure safe deliver of care across all services.

4 Policy Implications

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

5 Directions

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

6 Equalities Implications

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

7 Resource Implications

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

8 Risk

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

9 Involving people

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

10 Background Papers

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
CONTACT INFO	0131 271 3402
DATE	17/08/21

Appendices:

Midlothian Integration Joint Board



26 August 2021 at 2pm

Midlothian Health and Social Care Integration Joint Board Audit and Risk Committee Annual Report 2020/21

Item number:

Agenda number: 5.3

Executive summary

The purpose of this report is to provide Members with the MIJB Audit and Risk Committee Annual Report 2020/21 which sets out how it is performing against its remit based on self-assessments carried out in April 2021.

The MIJB is asked to approve the MIJB Audit and Risk Committee Annual Report 2020/21 (Appendix 1) which sets out how it is performing against its remit.

Midlothian Health and Social Care Integration Joint Board Audit and Risk Committee Annual Report 2020/21

1 Purpose

- 1.1 The purpose of this report is to provide Members with the MIJB Audit and Risk Committee Annual Report 2020/21 which sets out how it is performing against its remit based on self-assessments carried out in April 2021.

2 Recommendations

- 2.1 The MIJB is asked to approve the MIJB Audit and Risk Committee Annual Report 2020/21 (Appendix 1) which sets out how it is performing against its remit.

3 Background and main report

- 3.1 It is important that the MIJB's Audit and Risk Committee fully complies with best practice guidance on Audit Committees to ensure it can demonstrate its effectiveness as a scrutiny body as a foundation for sound corporate governance for the Midlothian Health and Social Care Integration Joint Board.
- 3.2 The Chartered Institute of Public Finance and Accountancy (CIPFA) issued an updated guidance note Audit Committees Practical Guidance for Local Authorities and Police 2018 Edition (hereinafter referred to as CIPFA Audit Committees Guidance) which is deemed relevant to integration authorities' audit committees for corporate governance purposes. It incorporates CIPFA's 2018 Position Statement which sets out CIPFA's view of the role and functions of an Audit Committee. The CIPFA Audit Committees Guidance includes the production of an annual report on the performance of the Audit Committee against its remit for submission to the IJB.
- 3.3 The Members of the MIJB Audit and Risk Committee carried out self-assessments of Compliance with the Good Practice Principles Checklist and Evaluation of Effectiveness Toolkit from the CIPFA Audit Committees Guidance during an Informal Session held on 21 April 2021 facilitated by the MIJB's Chief Internal Auditor. The MIJB Audit and Risk Committee has agreed the content of its self-assessments and the resulting Annual Report 2020/21 at its meeting on 10 June 2021. The MIJB Audit and Risk Committee Annual Report 2020/21 is appended to this report as Appendix 1 for approval to adopt this best practice.
- 3.4 The outcome of the self-assessments was a medium degree of performance against the good practice principles and a medium degree of effectiveness. Areas of improvement have been identified by the Committee.

- 3.5 The MIJB Audit and Risk Committee Annual Report 2020/21 is designed both to provide assurance to the members of the MIJB's Board and to provide some actions for the Committee to improve its effectiveness.

4 Directions

- 4.1 There are no direct implications on the Directions.

5 Equalities Implications

- 5.1 There are no direct equalities implications arising from this report.

6 Resource Implications

- 6.1 The self-assessment included the consideration of the resources that are in place to support the Committee to fulfil its remit.

7 Risk

- 7.1 There is a risk that the MIJB Audit and Risk Committee does not fully comply with best practice guidance thus limiting its effectiveness as a scrutiny body as a foundation for sound corporate governance. The completion of the annual self-assessment and identification and implementation of improvement actions as evidenced through this Annual Report will mitigate this risk.

8 Involving people

- 8.1 This report relates to Members of the MIJB Audit and Risk Committee. The Members of the MIJB Audit and Risk Committee carried out self-assessments of Compliance with the Good Practice Principles Checklist and Evaluation of Effectiveness Toolkit from the CIPFA Audit Committees Guidance during an Informal Session held on 21 April 2021 facilitated by the MIJB's Chief Internal Auditor. The MIJB Audit and Risk Committee has agreed the content of its self-assessments and the resulting Annual Report 2020/21 at its meeting on 10 June 2021 in advance of the presentation of its Annual Report to the MIJB by the Chair of the MIJB Audit and Risk Committee.

9 Background Papers

- 9.1 CIPFA Audit Committees Practical Guidance for Local Authorities and Police 2018 Edition

AUTHOR'S NAME	Jill Stacey
DESIGNATION	MIJB Chief Internal Auditor
CONTACT INFO	jill.stacey@midlothian.gov.uk
DATE	22 June 2021

Midlothian Integration Joint Board



August 2021

IJB Performance Management

Item number: **Agenda number: 5.4**

Executive summary

A significant amount of work has been commissioned to develop performance management and reporting infrastructure within the HSCP. This is to support data driven decision making around service development and transformation and also to support a more robust performance reporting overview to the IJB.

In order to develop performance reporting and monitoring further, it is requested that a separate Performance group is established, supported by an additional Programme Manager, to develop the performance reporting structure for the monitoring of the IJB Strategic Plan and annual Directors to NHS Lothian and Midlothian Council.

It is requested that this is supported on a temporary basis, resourced from the IJB general reserves.

Board members are asked to:

- **Agree to the establishment of a performance group to report into the IJB (non-statutory initially)**
- **Agree to resourcing an additional Programme Manager and data analyst to develop, implement and monitor reporting to IJB from IJB General reserves**

IJB Performance Management

1 Purpose

- 1.1 To request the use of IJB General reserves to fund a fixed term Performance team to develop, implement and monitor performance against the IJB Strategic plan and Directions.

2 Recommendations

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

- 2.1 Agree to resourcing an additional Programme Manager and data analyst to develop, implement and monitor reporting to IJB from IJB General reserves.
- 2.2 Agree to the establishment of an IJB strategic performance group to report into the IJB (non-statutory initially).

3 Background and main report

- 3.1 Midlothian Heath and Social Care Partnership requires additional capacity to develop our planning around performance. The performance framework is in development focussing on Tableau development and Outnav mapping, as well as routine monitoring of service activity and impact data.
- 3.2 The HSCP performance team are at full capacity, some of which are still leading on elements of the pandemic, at present, which is limiting ability to develop reporting and analysis for the IJB. Given the general reserve position within the IJB, it is requested that a Programme manager and data analyst be recruited to for a fixed term period to establish a comprehensive process to evaluate the impact of the Strategic plan and Directions.
- 3.3 Times allocated to IJB meeting, can limit available time for performance discussion, and it is proposed that a performance subgroup be established to provide this scrutiny, advising IJB member on key issues and planning. This group will not be statutory initially, however could be considered as an additionality to IJB Audit and Risk committee in the future.

4 Policy Implications

- 4.1 None.

5 Directions

- 5.1 This report links to all Directions, and the ability to report on progress and performance to inform future decision making for local service in Midlothian.

6 Equalities Implications

- 6.1 None

7 Resource Implications

- 7.1 The financial implications of the recommendations above are estimated to be £294k, depending on recruitment. In the first instance these posts will be fixed term therefore the request for funding from the IJBs general reserve will span 2021/22 (pye), 2022/23 (fye) and 2023/24 (pye).

Post	WTE	£k
Programme Manager	1.00	67
Data Analyst support	1.00	80
Total		147
Estimated Total required over 2 years		294

Table 1: Cost projections

- 7.2 Once there is a fuller understanding of the remit and support required for the IJBs new strategic performance group then a recurring solution will be reported and sought at that stage.

8 Risk

- 8.1 No additional risk for IJB to note

9 Involving people

- 9.1 Improved performance infrastructure will support a comprehensive reporting process which will be available to IJB, and therefore available to the general public. This proposal is supported by IJB Chief Finance Officer.

10 Background Papers

- 10.1 Nil

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
CONTACT INFO	Morag.barrow@nhslotian.scot.nhs.uk
DATE	13/7/21

Midlothian Integration Joint Board



Thursday 26th August, 2021

Improving the Cancer Journey- Service Update

Item number: **Agenda number: 5.5**

Executive summary

Improving the Cancer Journey (ICJ) is a Macmillan-funded programme for the Lothians and brings investment of £295 000 into Midlothian. The service supports people's non clinical needs following a cancer diagnosis and is also open to carers.

In Midlothian, the funding has been used to secure two additional Practitioners to join Thistle's Wellbeing Service. In addition, a part-time Project Manager is employed and Along with the Programme Manager, supports the planning, implementation and service monitoring and evaluation.

The service went live in March 2021 and funding is secured for four years.

Board Members are asked to:

- Review the progress made to date
- Note the approach taken to align ICJ with an existing service in Midlothian
- Consider the monitoring and evaluation plans
- Consider the expectations for the service in the first year of operation

Improving the Cancer Journey- Progress Update

1 Purpose

- 1.1 To share information with the IJB on progress made since going live in March 2021.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- Review the progress made to date
 - Note the approach taken to align ICJ with an existing service
 - Consider the monitoring and evaluation plans
 - Consider the expectations for the service in the first year of operation

3 Background and main report

- 3.1 Improving the Cancer Journey (ICJ) is included in Midlothian HSCP's Strategic Plan as part of the work to look at a range of long term conditions collectively. Governance is via the local Operational Group, Chaired by Fiona Huffer (Midlothian rep on the ICJ Programme Board), which reports into the Pan-Lothian Programme Board (Chaired by Morag Barrow).
- 3.2 Midlothian ICJ helps people access services which can support people to live well following a cancer diagnosis. This includes mitigating against financial consequences, managing symptoms such as fatigue and pain, help to navigate the wider systems, including accessing social care, housing and third sector services; as well as contributing to an individual's sense of feeling more 'in control' and improve overall wellbeing. Across the ICJ services in Scotland, fatigue, money, mobility and mental health (anxiety, low mood) are consistently the most common concerns raised. ICJ uses a model similar to the existing Wellbeing Service, focusing on 'what matters', supporting people to self-manage and directing into local services for support.
- 3.3 Public Health Scotland has provided data for Midlothian based on the 5 year period up to the end of 2017 of incidence (644 cancer diagnoses per 100 000), prevalence data (over 3000 people living with cancer) and mortality data (290 deaths per 100 000); with additional information in terms of age, deprivation, stage at diagnosis for the 6 most common cancers (lung, breast, colorectal, prostate, head and neck and skin).

3.4 Key Performance Indicators (KPIs) have been agreed by the ICJ Programme Board in terms of uptake, with the expectation that 40% of people with a new diagnosis of cancer will be referred into the service. For Midlothian, this equates to 212 people. In addition, people living with cancer and carers can also access the service. Work is also underway to set a KPI related to inequalities and the % of referrals coming from SIMD1 & 2 areas (the most deprived 40%).

3.5 Macmillan's Holistic Needs Assessment (HNA) captures quantitative data around:

- Demographics: age, gender, deprivation
- Health information: cancer type, pathway stage, co-morbidities
- Referral source
- Service user or carer
- Concerns: number, type and severity
- Actions taken: referrals, signposting, information

Going forward, we are working with partners and data will be sought to establish:

- Financial gains - e.g. Macmillan Grants, Benefits, Blue Badge
- Housing information- e.g. adaptations, avoidance of rent arrears and evictions
- Participation in physical activity programmes

Case Studies will be routinely sought to offer qualitative information and demonstrate personal outcomes (see Appendix 2). Questionnaires to service users and staff are also planned.

3.6 Between March-July 2021, 45 referrals have been received and the pace of referrals is increasing with 18 referrals received in July. These have come from a range of colleagues, including Clinical Nurse Specialists, primary care, social care and self-referrals (Public Health Scotland send an invitation letter out 6-8 weeks post diagnosis, inviting people to contact the service). It should be noted that the Midlothian team have also provided a service for people from East Lothian and Edinburgh until the ICJ teams were established in these areas (these teams went live at the start of August).

3.7 The majority of service users are women and are aged over 60, which mirrors uptake in other ICJ services. It should be noted that in addition, strong relationships are developing with the Gynae and Breast Teams. Conversely, the Urology Team have been slower to engage with, but are now starting to refer. This will be an area for monitoring and taking proactive steps to mitigate against any imbalance. As the service develops, a comparison will be made between ICJ service users and the actual populations to monitor service reach across the SIMD (deprivation) quintiles although the uptake so far in SIMD 1 and 2 is encouraging.

3.8 The main concerns have been fatigue, anxiety, uncertainty, nutrition and finances, with referrals onto a range of services including Macmillan Welfare Benefits, OT, Physio and Red Cross. See Appendix 1 for a summary.

3.9 The person-centred approach of ICJ will help develop understanding of the needs of people affected by cancer and as well as common themes, it will be important to highlight areas where there are specific issues and possible gaps in service provision. An example of this is from younger service users who have highlighted particular difficulties relating to work, money and family.

- 3.10 As the service develops, the intention is to develop a deeper understanding of the work in terms of common ground and the differences between ICJ and the Wellbeing Service and options for sustainability once the Macmillan funding concludes.

4 Policy Implications

- 4.1 The service can contribute in terms of (i) tackling inequalities; (ii) early intervention; (iii) the integration and co-ordination of care; (iv) supporting people with a long term condition and (v) managing resources effectively.

5 Directions

- 5.1 Improving the Cancer Journey contributes towards:

DIRECTION 19: PUBLIC HEALTH

The importance of shifting the emphasis of our services towards prevention and early intervention along with the need to redouble our efforts to tackle inequalities.

DIRECTION 5: Primary Care Improvement Plan - Link Workers

The ICJ Practitioners join the existing Wellbeing Service which operates in all Midlothian GP Practices.

6 Equalities Implications

- 6.1 An Integrated Impact Assessment was undertaken in February 2021 and a number of actions were identified to mitigate against identified concerns.

7 Resource Implications

- 7.1 While Macmillan funding is in place, there are no funding implications, but an exit strategy is required. This, in part depends on the monitoring and evaluation of the service as well as the IJB's plans for the Wellbeing Service.

8 Risk

- 8.1 None

9 Involving people

- 9.1 There is service user representation at the Programme Board and on Midlothian's Operational Group. The Project Team are developing opportunities for people affected by cancer including:
- Having experiences listened to
 - Shaping the local ICJ service and telling us 'what matters'

- Supporting key areas of service delivery, e.g. digital inclusion agenda, returning to face to face assessments
- Identifying gaps in our plans/with services
- Providing support to take part in activities, e.g. formal group membership
- Feedback on plans and if they have used ICJ, tell us what they thought about the service

In Midlothian, a group of 5 people with lived experience of cancer have met, supported by colleagues from Macmillan and the Midlothian ICJ team. They wish to be a peer-led group. Themes include

- Everyone's experience with cancer is unique
- Loneliness - even when surrounded by family and friends
- Not wanting to burden family and friends with worries and concerns
- The value of peer support and how natural connections are made
- Importance of practical help (often not available)
- Opportunities for the group to inform health professionals learning
- Value of local support in Midlothian
- A peer led network would have great local knowledge of support available
- Online meeting may create greater accessibility for some people – not having to travel

- 9.2 The ICJ project team have established a Lothian-wide Forum that will bring together a group of people from across the four HSCP areas with lived experience of cancer, including family members and carers. This forum will meet quarterly and help inform and support the development of ICJ.

10 Background Papers

10.1 None

AUTHOR'S NAME	Sandra Bagnall
DESIGNATION	Macmillan Programme Manager
CONTACT INFO	Sandra.Bagnall@nhslothian.scot.nhs.uk
DATE	6 th August 2021

Appendices:

Appendix 1: Service Report
Appendix 2: Case Study

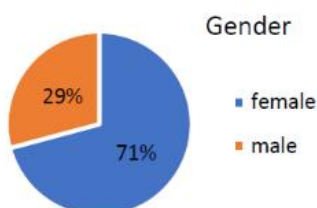
Appendix 1: Service Summary: Midlothian ICJ: March-July 2021

Referrals and demographics

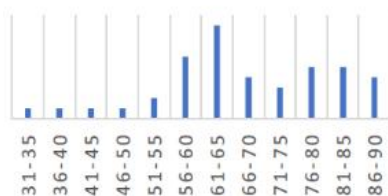


Comments

Broad range of referral sources including Clinical Nurse Specialists, GPs, Primary Care Mental Health Team, Wellbeing and Social Care
Age range 33-90 years – with 71% over 60 years old

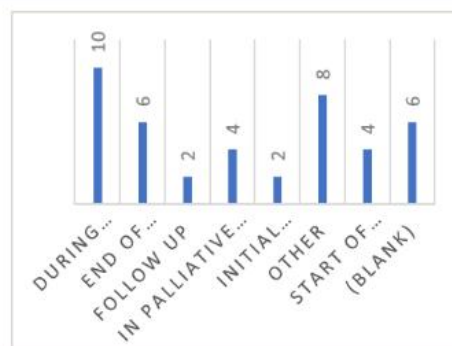
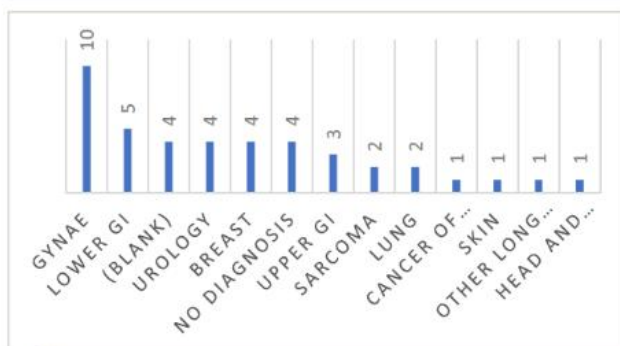


AGE



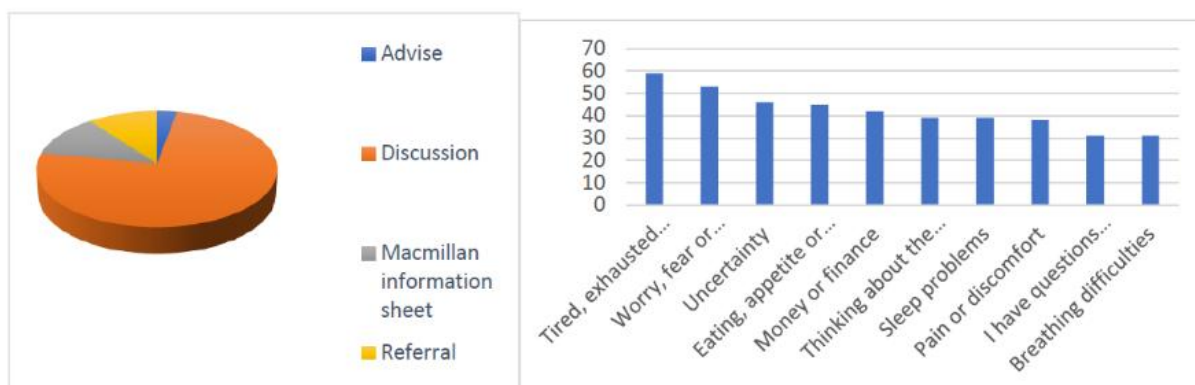
SIMD	ICJ	Midlothian Population
1	7%	8%
2	53%	34%
3	33%	24%
4	7%	21%
5	0%	14%

Diagnosis and Pathway stage



Comments: Good links developing with CNS colleagues. 4 carers have been referred to the service (No diagnosis category). Majority of people are 'in treatment'. Significant number palliative

Concerns and Actions



Comments: Practitioners have made referrals to: Housing; OT; Physio; Macmillan Welfare Rights; Red Cross; Dial a ride; Ranger service

Reflections and Learning

Practitioners noticing for the people referred who are having treatment - support has been around practical issues and has involved actioning referrals on – e.g. referral to OT for aids, housing issues.

Gaps in support – support for shopping if person is unable shop online – practitioners investigating further.

Challenge of telephone conversations with older people how to include carers where appropriate to help get the full picture while ensuring the support is centred around the person.

Appendix 2: Midlothian ICJ Case Study

Two years ago **B** was diagnosed with a recurrence of breast cancer and told she had a terminal diagnosis, which she says has preoccupied her mind, but she now tries to focus on living. She is currently about to start another course of chemotherapy.

B's top concerns from her Health Needs Assessment (HNA) and initial appointment

- Concerns about treatment and the future.
- Family live away and only able to see on a screen – concerned about how they were coping with her illness
- Independence – she has always looked after other people – she is now concerned about having to rely on others
- Fatigue – Struggling to cook meals because of fatigue caused by chemotherapy
- Worry fear and anxiety – treatment may stop

Support from ICJ

B has received an initial telephone appointment and follow up calls on a fortnightly basis over the last few weeks. Support from ICJ focussed on what **B** was already doing that was helping and the difference it made. Support also focussed on:

Fatigue and energy management

B started to monitor her eating, trying to eat small amounts more regularly and has found that she is able to eat a bit more. She is pacing her activities and making sure she plans her days so not to overdo things on the days she feels better but making sure she does a little each day.

Concerns about treatment and the future

Support from the ICJ has helped **B** reflect on questions she needed to ask the CNS and the GP. Support helped **B** to start to think about where she would like to stay – exploring her options to stay local or move to be nearer family.

Referrals on

Midlothian Ranger services; transport when unable to get to chemotherapy appointment; Connect to support IT skills for accessing online classes

What difference has appointment with ICJ made?

'Having local support in Midlothian I can contact when needed is really helpful'.

'Appointments have encouraged me to keep doing the things I was doing and also given me ideas about other things that might help'.

'It has helped me talk about things I didn't always want to talk to family and friends about – helped me off load and feel better'.

'It has also helped me explore my choices rather than telling me what to do'.

Midlothian Integration Joint Board



August 2021

IJB Improvement Goals

Item number: **Agenda number: 5.6**

Executive summary

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals and using OutNav to improve understanding of system impact on outcomes.

Board members are asked to:

- Note the performance against the IJB performance goals
- Note progress to establish an outcomes-focused performance approach in the HSCP

Update to the IJB Improvement Goals

1 Purpose

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals and using OutNav to improve understanding of system impact on outcomes.

Board members are asked to:

2 Recommendations

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

- Note the performance against the IJB performance goals
- Note progress to establish an outcomes-focused performance approach in the HSCP

3 Background and main report

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

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

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

3.3 Progress against each indicator is included in this paper in Section 5. Further information on unscheduled activity is included in this report as a rate per 1,000 population in the cohort. There are more people living in Midlothian each subsequent year and more people who are over 65 or 75 years of age. Rate helps to demonstrate progress towards the goal considering population change.

Midlothian Integration Joint Board

4 Developing an Outcomes-Focussed approach for Performance Management

- 4.1 There has been considerable progress made in recent years in gathering and analysing data regarding the efficiency and effectiveness of the Partnership. Improvements in data visualisation using Tableau, is supporting management teams to have a more accessible way of routinely monitoring performance against key indicators. However, there remain weaknesses in our approach to performance management.
- 4.2 One key area for improvement is the need to complement quantitative data with information that helps measure the impact our services have on service users; for example how do we know if services helping to bring about an improvement in such personal outcomes as being in better health or feeling safer? For the past 10-12 years, there has been a gradual shift in Health and Social Care towards the delivery of more person-centred and outcome-focussed services. Policies such as *Self-Directed Support* in social care and *Realistic Medicine* in health care have helped to reinforce this philosophy. However, our performance management systems have struggled to find ways of measuring progress with outcomes.
- 4.3 The second challenge is that improvement in outcomes is seldom the result of the work of one service alone. Performance management systems must find ways of evaluating the **contribution** made by individual programmes and services. For example, an effective discharge of a patient from hospital is likely to depend on contributions by the hospital team, the primary care team, occupational therapy, care at home and unpaid carers. The limitations in being able to assess the contribution of individual services restricts the ability to make informed decisions regarding investment/disinvestment.
- 4.4 On 11 February 2021, the IJB considered a report on the Outcomes Approach to Performance Management. This report highlighted this need to develop ways of measuring and reporting more effectively the outcomes achieved through the delivery of health and social work services. The approach now being taken by the Partnership involves the development of Outcome Maps at each level of the organisation. A new software programme, *OutNav*, makes it possible to capture and link a wide range of evidence for evaluating progress with each of the stepping-stones in these maps.
- 4.5 Good progress has been made over the past few months in developing outcome maps for the frailty system of care and the service delivered at Number 11 (joint mental health, drugs and alcohol, and criminal justice services). The third area of activity has been the development of an outcome map for the Partnership at a strategic level. As the IJB agrees its strategic goals for 2022-25 these will need to be reflected in this strategic outcome map.
- 4.6 The process of outcome mapping at a strategic level will become increasingly robust as the mapping work on individual services expands across the Partnership thereby providing evidence of progress at a strategic level. For example, for the Partnership to assess its progress in developing **integrated** services, the outcome map will need to draw upon progress with integration at a service level; this could include partnership working in Number 11, in Primary Care and in intermediate care services. The intention is to complete the three initial areas of mapping work by mid-September and then move on to the development of outcome maps for pathways in and out of acute services, and for unpaid carers.

- 4.7 Identifying and measuring contributions of individual services is complex and cannot rely on one or two key performance indicators. Our third-party partner, *Matter of Focus*, has developed software, referred to as **OutNav**, that enables a wide range of relevant information to be captured and linked, including service user and staff feedback, individual patient stories as well as hard performance data such as numbers of people delayed in hospital. A major benefit of this system is that it provides real-time reports across all the organisation's activities using a wide range of evidence. The system offers the facility to pull in data gathered routinely by the third and independent sectors, relevant to measuring improvement in outcomes, crucial given how much social care is outsourced but, as yet, is not fully utilised in measuring our performance as a Partnership.
- 4.8 The approach will not only provide an accessible yet comprehensive approach to measuring performance, it will also enable the Partnership to maintain a real-time approach to self-assessment. The Care Inspectorate link inspector is working with us to capitalise upon this added benefit of the approach. An enhanced capacity to measure outcomes is consistent with the priority now being given to outcomes by the inspection agencies. The implementation of this new approach will enable the Partnership to provide, more effectively, the evidence that the Care Inspectorate and Health Care Improvement Scotland will seek during any future inspections.
- 4.9 As with any new approach, it will be critical that mechanisms are put in place to ensure it is maintained on an ongoing basis. This will require clear allocation of responsibilities and a quality assurance system, such as regular reporting on service outcome maps to the Finance and Performance Group. The system will also require increased analytical support and the recent approval given to the creation of a new Strategic Programme Manager for Performance Management will help provide such support and leadership.

5 Progress against the 2021 IJB Performance Goals

Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18

- **Chart 2** shows that unscheduled admissions across all age groups in 2020/21 were below the 2017/18 performance but this is attributable to the COVID response that year. Chart 1 shows that in Q1 21/22 (April-June 21) activity was above that in 2017/18.
- **Rate of Admission** (Chart 3) shows that admissions for all people who are 75 years or older has fallen as a rate since 2017/18. This trend is not seen across the other age cohorts.

Chart 1: Emergency Admissions from Midlothian per Quarter

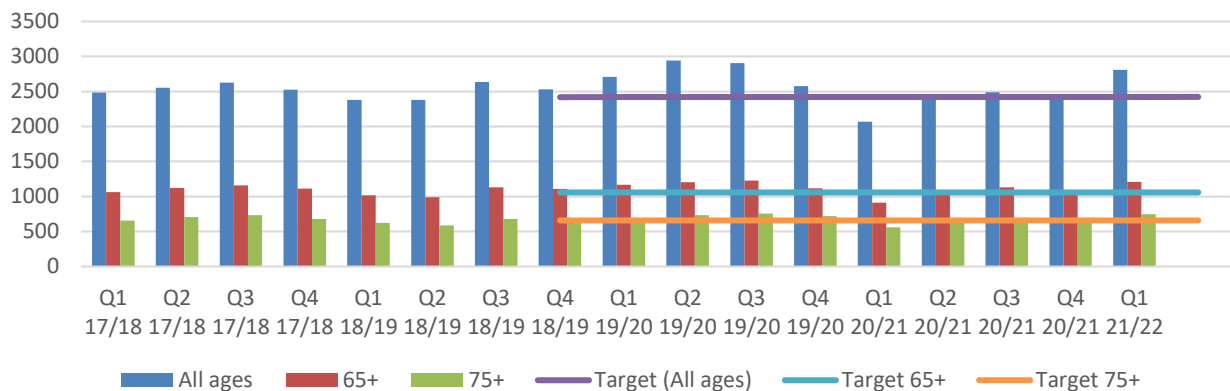


Chart 2: Emergency Admissions from Midlothian per Year

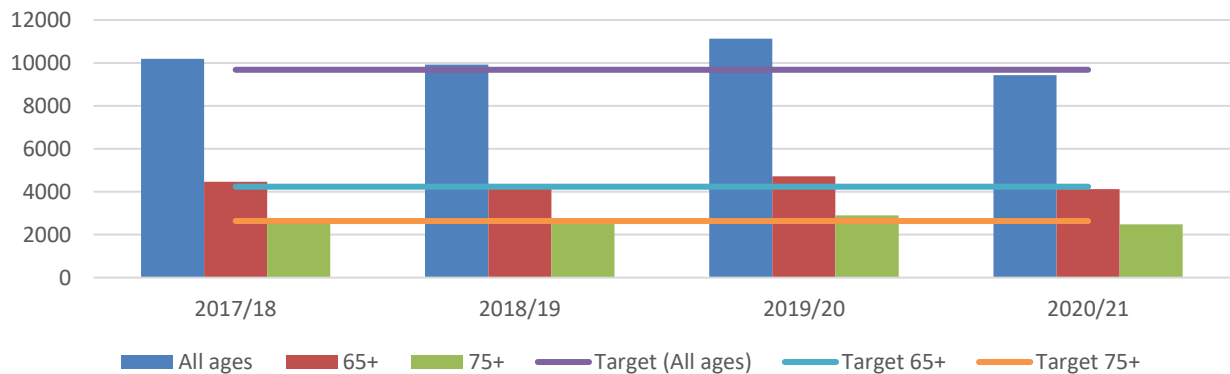
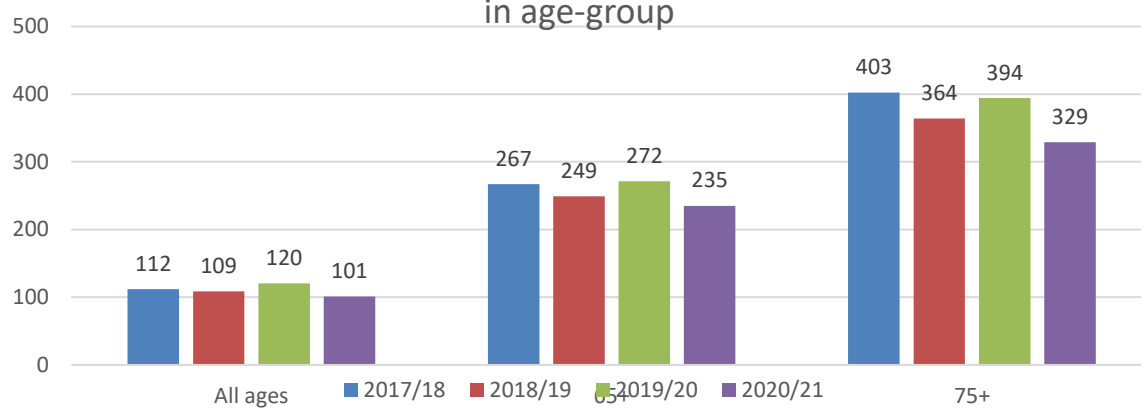


Chart 3: Rate of Admission per 1000 population
in age-group



Reduce Unplanned Occupied Bed Days (OBD) by 10% by April 2022 compared to 2017/18

- **Chart 5** shows that unscheduled OBD across all age groups in 2020/21 were below the 2017/18 performance but this is attributable to the COVID response that year. Chart 4 shows that in Q1 21/22 (April-June 21) activity was above that in 2017/18.
- **Rate of admission (Chart 6)** shows reduction in the rate over time across all reported age cohorts. This is most marked in the 75+ cohort.

Chart 4: Unplanned OBD from Midlothian per Quarter (all hospitals)

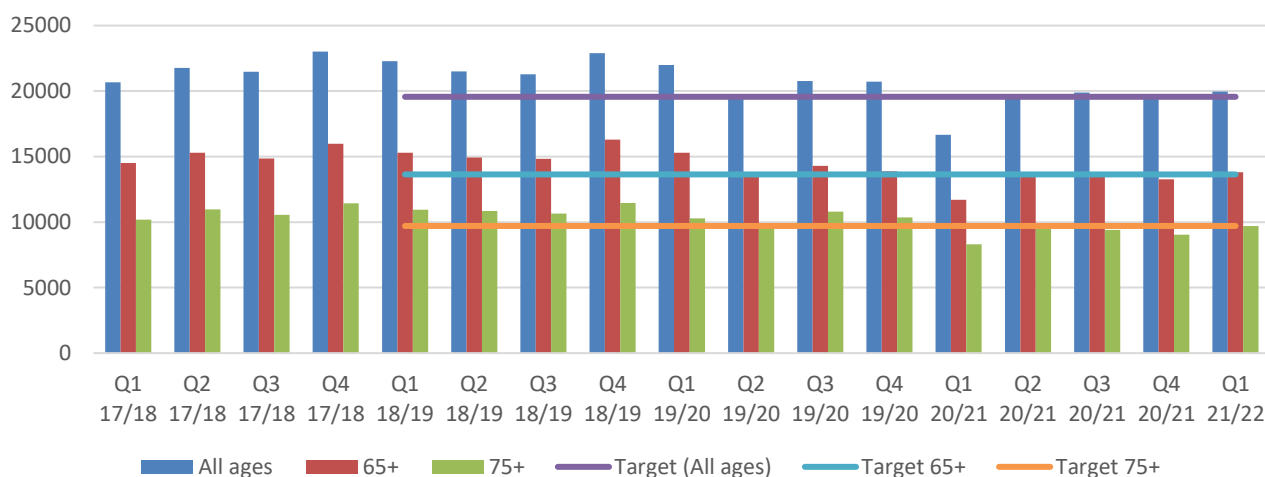


Chart 5: Unplanned OBD from Midlothian per financial year (All hospitals)

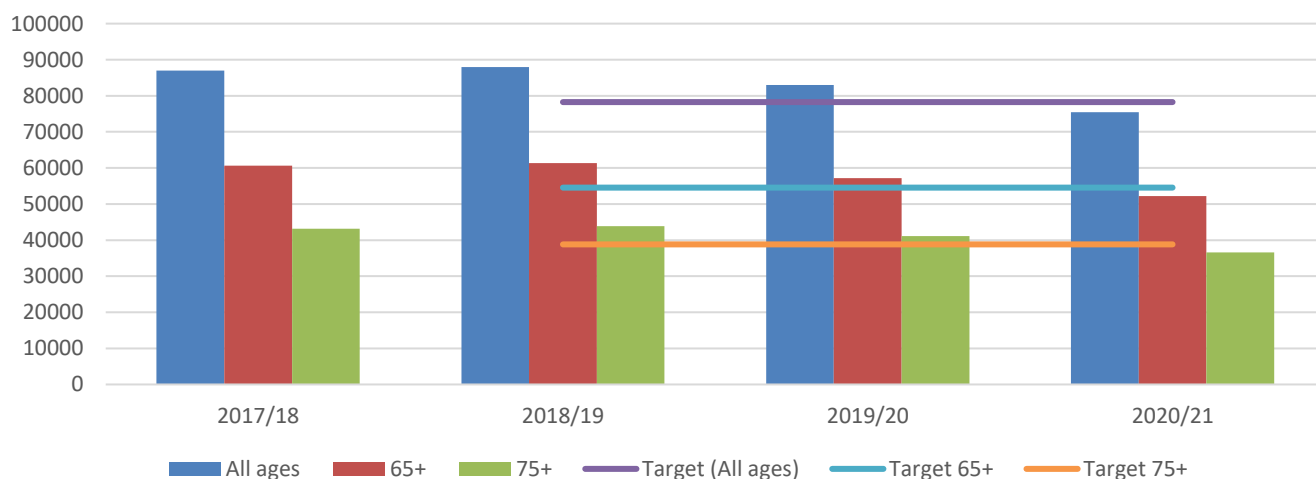


Chart 6: Rate of Unplanned OBD per 1000 population in age-group (All Hospitals)

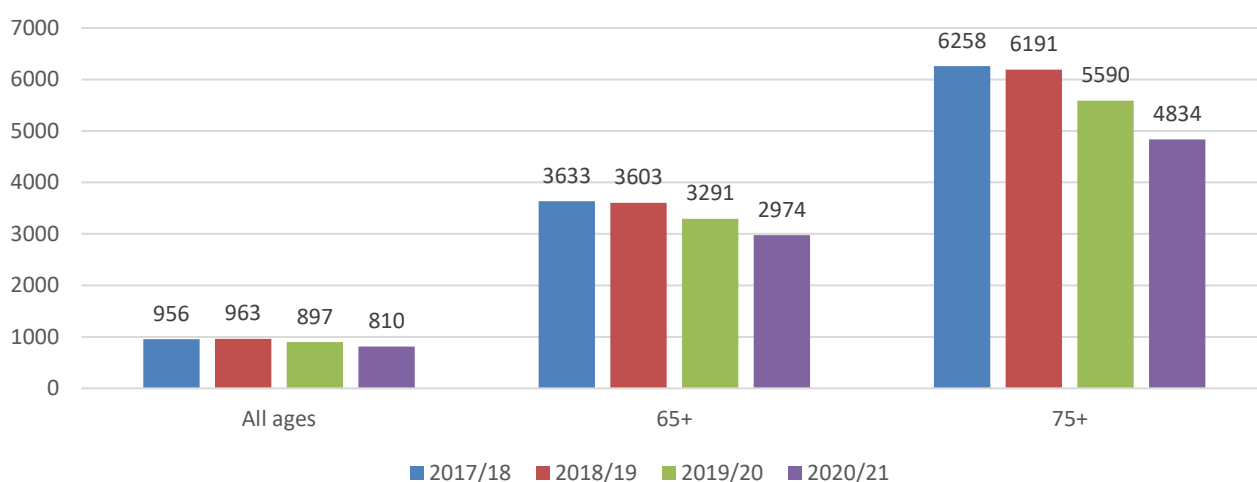


Chart 7: Unplanned OBD from Midlothian per Quarter (RIE & WGH only)

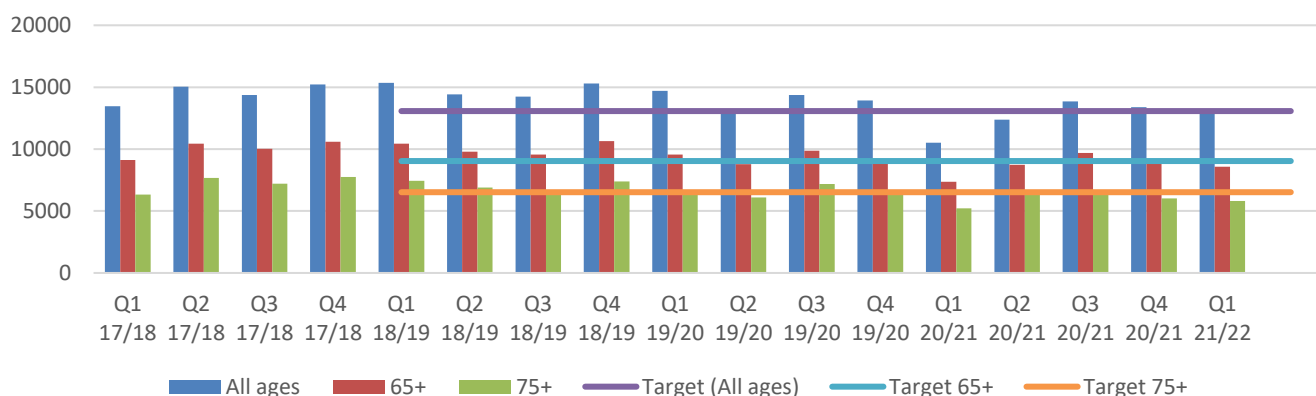


Chart 8: Unplanned OBD from Midlothian per Quarter (RIE & WGH only)

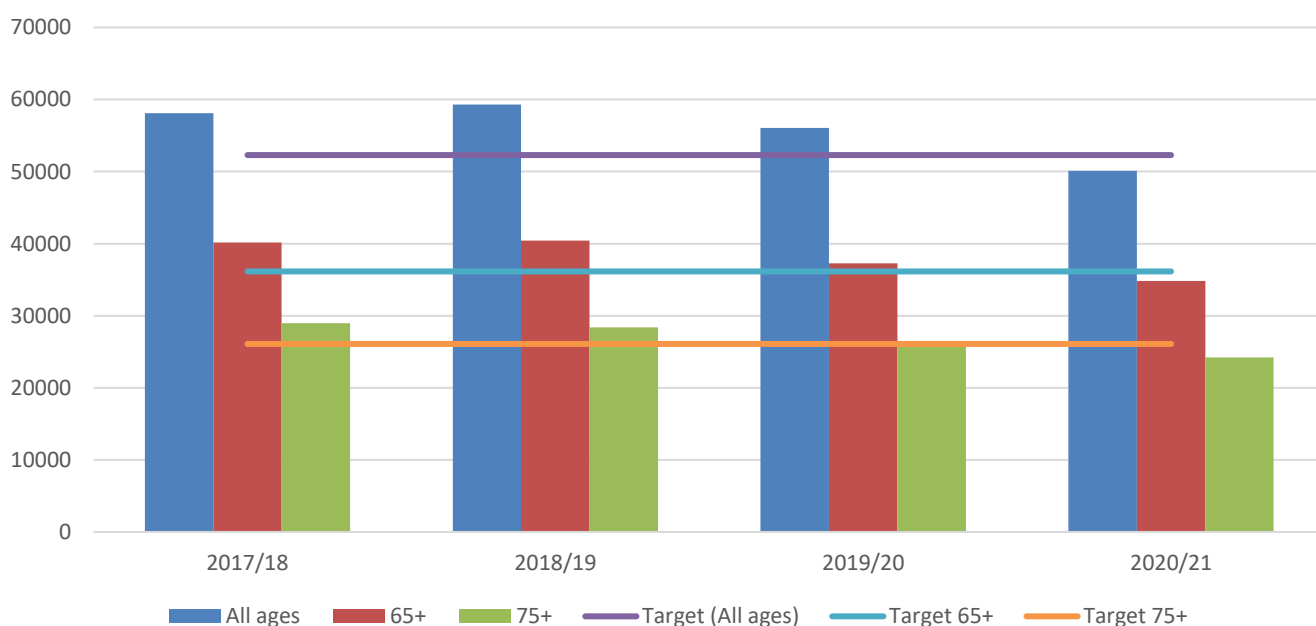
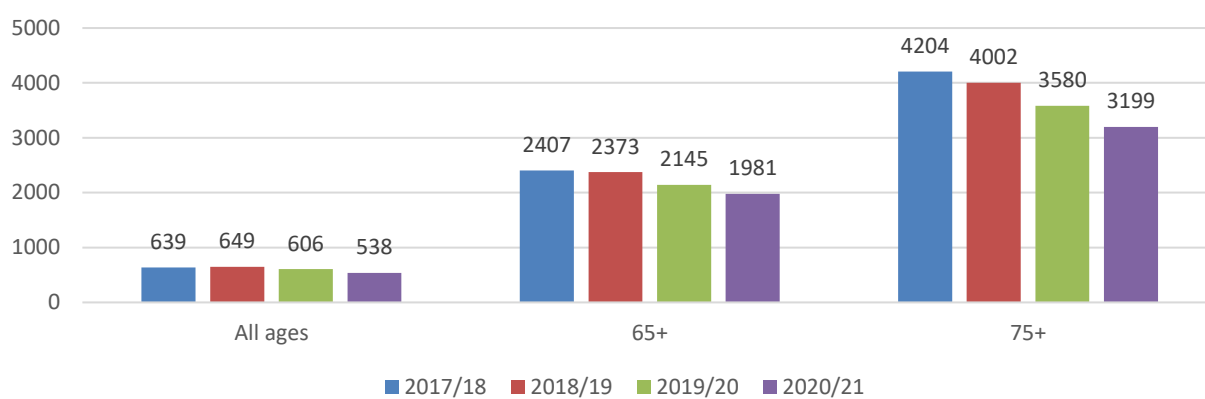


Chart 9: Unplanned OBD per 1000 population
in age-group (RIE & WGH only)



Maintain Emergency Department attendances at the level of 2017/18

- The impact from the COVID response can be seen in Chart 10 most noticeable in Q1 2020/21. Except for 2020/21 the rate across the reported age cohorts remains broadly constant.

Chart 10: Emergency Department Attendances (RIE/WGH/STJ only)

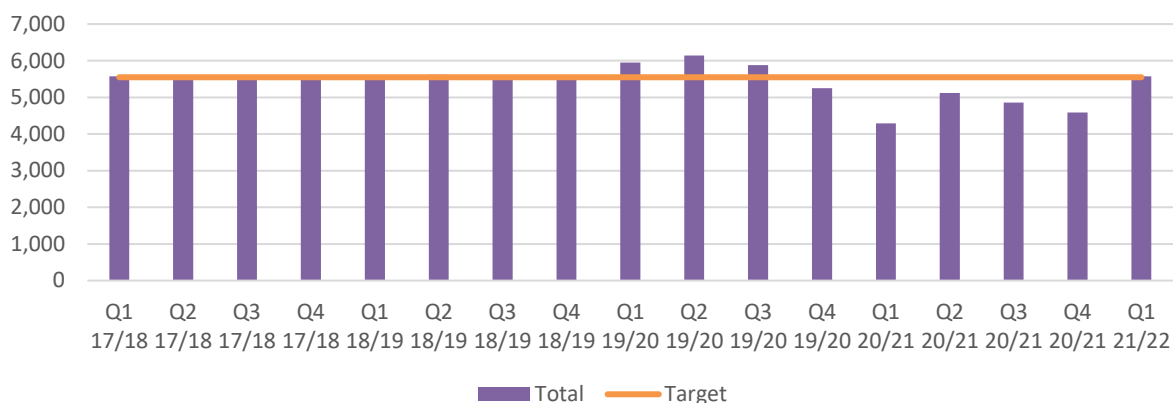
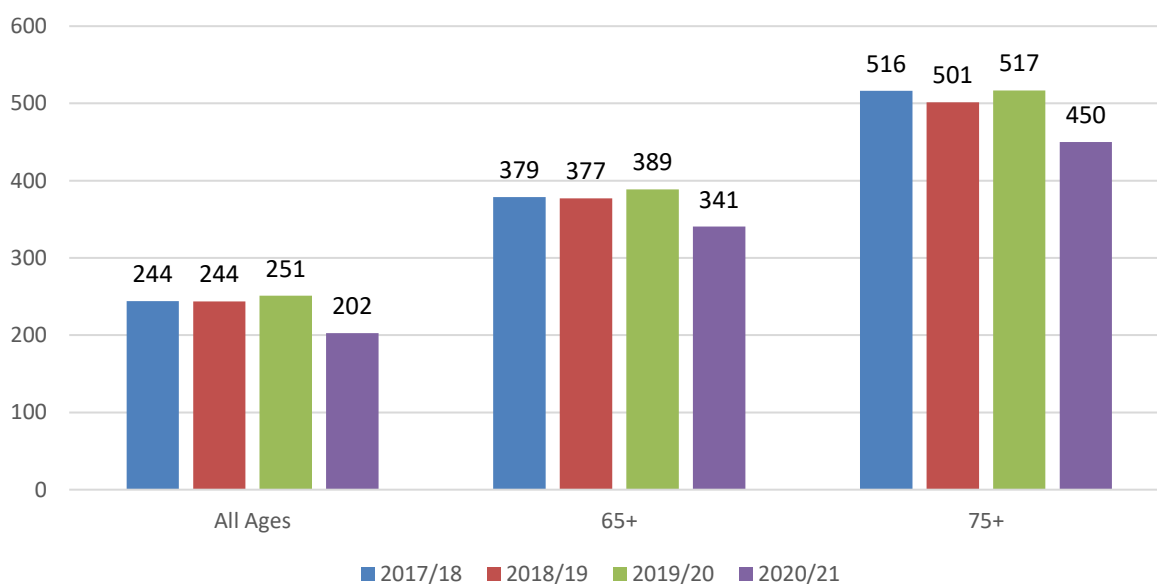


Chart 11: Rate of ED Attendances Per 1000 population (RIE/WGH/STJ)



Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity

Chart 12: Delayed Discharge Occupied Bed Days (all hospitals)

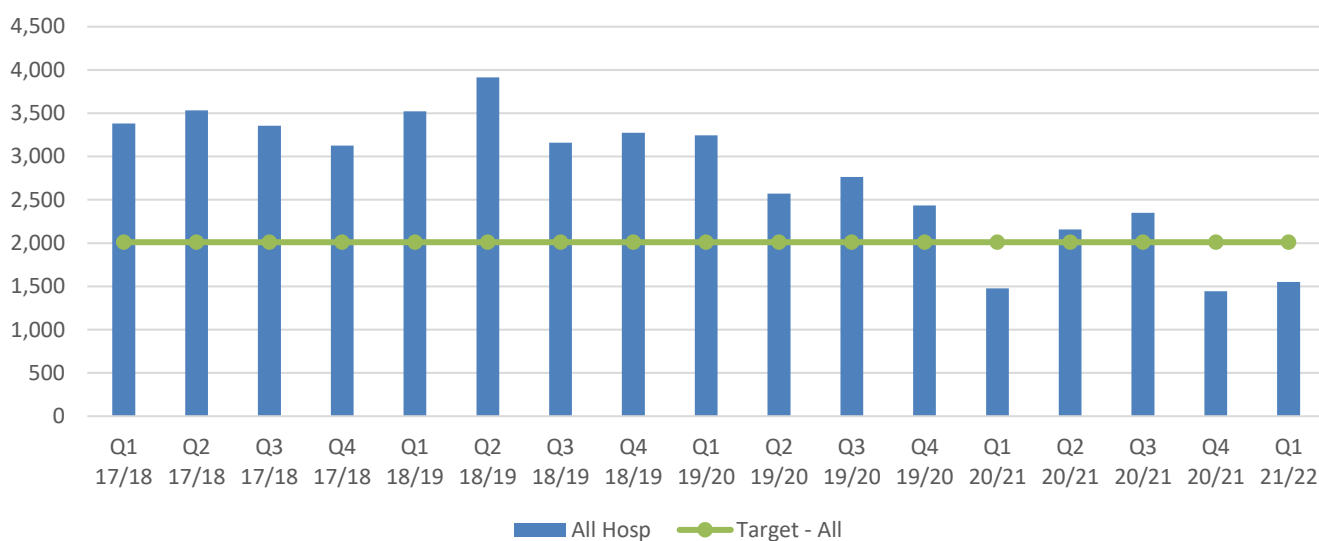
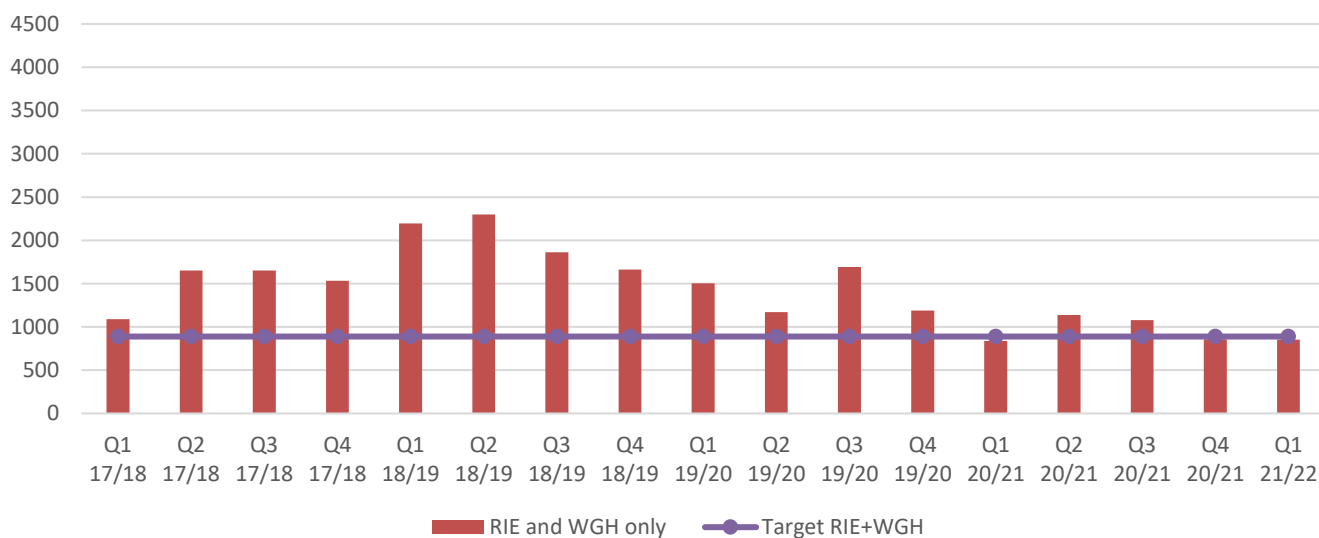
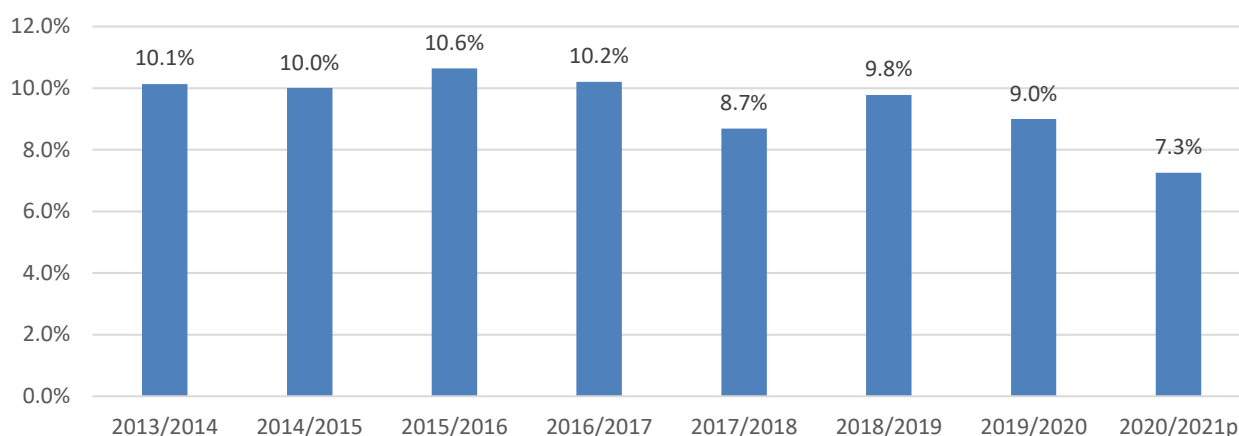


Chart 13: Delayed Discharge Occupied Bed Days (RIE and WGH only)



Reduce the percentage of time people spend in a large hospital in their last six months of life.

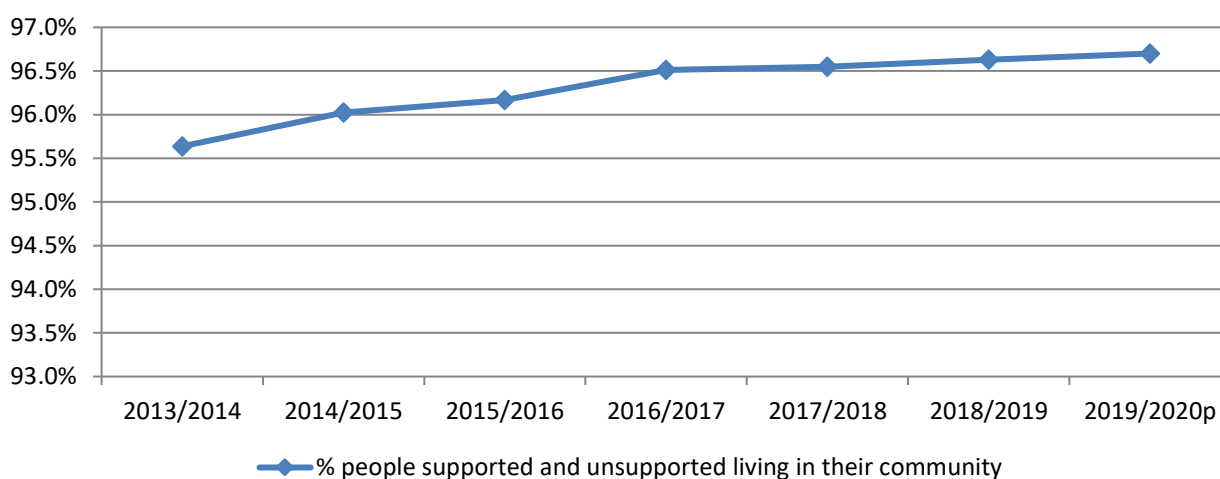
Chart 14: Percentage of last six months of life spent in a Lare Hospital



Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher.

- This goal remains on trajectory with an increase in each subsequent year of the proportion of people living in the community.
- Data for 2019/20 is

Chart 15: The Midlothian IJB goal is to increase the proportion of people over the age of 65 who are living in the community



6 Directions

5.1 There are no implications on the Directions.

7 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 population groups that make more use of hospitals than other groups – for example older people or people living in areas of deprivation.

8 Resource Implications

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

9 Risk

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

10 Involving people

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

11 Background Papers

- 10.1 None

AUTHOR'S NAME	Jamie Megaw
DESIGNATION	Strategic Programme Manager
CONTACT INFO	Jamie.megaw@nhslothian.scot.nhs.uk
DATE	11/08/2021

Midlothian Integration Joint Board



26th August 2021

Title: Long Covid support in Midlothian

Item number:	Agenda number: 5.7
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Executive summary

To provide an update to the IJB with regards to support for Long Covid in Midlothian

Board members are asked to:

Note the service provision for people with Long Covid in Midlothian.

Long Covid Support in Midlothian

1 Purpose

- 1.1 To provide an update to the IJB with regards to support for Long Covid in Midlothian.

2 Recommendations

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

Note the service provision for people with Long Covid in Midlothian.

3 Background and main report

- 3.1 It is widely recognised that whilst most people will fully recover from Covid 19, some people may continue to have long term symptoms following exposure and subsequent diagnosis of the Covid 19 virus. These ongoing symptoms may include shortness of breath, fatigue, neurological and musculoskeletal problems.

Although data on the prevalence of Long Covid is limited an estimated 79,000 people in Scotland were experiencing self-reported Long Covid in the four-week period ending 6 March 2021 and of these 50,000 people had experienced symptoms for over 12 weeks, according to the [Office of National Statistics](#). The National Institute for Health Research undertook a [dynamic review of the evidence around ongoing Long Covid](#) in March 2021 which highlighted a range of issues in measuring Long Covid, including a lack of consistent definition.

Initial scoping work in July 2020, indicated that the number of patients requiring additional support for Long Covid symptoms in Midlothian at that time was low and negated the need for a new Long Covid specific pathway. It was also considered that the creation of a condition specific pathway for Long Covid would potentially contribute to inequity in service provision as a condition specific pathway was not available for other chronic conditions.

Instead it was agreed that Midlothian would manage patients with Long Covid symptoms through one of the existing and well-established pathways, depending on the needs of the patient. This was symptom based rather than diagnosis based and included pathways into:

- **Community Respiratory Team (CRT)** – for patients who have been hospitalised with Covid 19, were discharged home and struggling with breathing.

- **Pulmonary Rehabilitation (PR)** – for those who had not been hospitalised, had been managing in the community, but were struggling with breathing.
- **Midlothian Community Physical Rehabilitation Team (MCPRT)** – for those who needed help to return to function – their breathing issues were not as severe and fatigue and deconditioning was the biggest issue. For those with neurological symptoms. Vocational rehabilitation would also be managed by MCPRT Occupational Therapists.
- **Musculoskeletal Physiotherapy (MSK)** – for those with musculoskeletal symptoms and/ or required support to return to exercise.

It was recognised that referrers could be unclear which pathway they should be using to access the support required for their patients. The pathway information has been shared across all Midlothian GP practices on a number of occasions, however with the establishment of the Single Point of Access for referrals within Midlothian, it is also recognised that GP's can use this as a point of contact to have their referral directed to the most appropriate team.

In December 2020, [Sign 161: Managing the long term effects of Covid 19](#) was published to aid development of Long Covid pathways in line with best available evidence. This guideline was reviewed to ensure the support available in Midlothian was being delivered in line with its recommendations.

Sign 161 advocates access to integrated local pathways into multidisciplinary assessment for Long Covid support and rehabilitation. Additionally, it recommends that health care professionals should have a range of specialist skills and expertise in treating and managing fatigue and respiratory symptoms. This is all currently available within the existing Midlothian pathways and services.

It is recognised that demand on the community based teams has increased, so there will be a need to monitor additional demand.

4 Policy Implications

4.1 N/A

5 Directions

5.1 There is not a Direction that deals specifically⁶ with Long COVID however it does related to Direction 9 (Long Term Conditions) and Direction 21 (Allied Health Professionals).

6 Equalities Implications

6.1 There may be equalities implications as Long COVID is currently being treated through primary care, people who are less likely to access GP services could also be less likely to seek or receive help with long COVID which could further increase the gap in health outcomes for people living in the least and most deprived areas.

- 6.2 Emerging research is indicating that the impacts of long COVID differ by age, gender, disability (pre-existing health status) and deprivation which could further increase inequalities

7 Resource Implications

- 7.1 There may be resource implications should the demand for community services continue to increase.

8 Risk

- 8.1 There is a risk that the services could be overwhelmed if there is a surge in the number of people requiring Long Covid support. Capacity and demand is being closely monitored in all our community teams and additional funding sought as required.

9 Involving people

- 9.1 N/A

10 Background Papers

- 10.1 N/A

AUTHOR'S NAME	Debbie Crerar/ Grace Cowan
DESIGNATION	Lead Physiotherapist/ Head of Older People and Primary Care
CONTACT INFO	debbie.crerar@nhslothian.scot.nhs.uk grace.cowan@nhslothian.scot.nhs.uk
DATE	5 th August 2021

Appendices:

Midlothian Integration Joint Board



Thursday 26th August, 2.00 – 4.00pm

Clinical and Care Governance Group (CCGG) report

Item number: **Agenda number: 5.8**

Executive summary

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

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

Clinical and Care Governance Group (CCGG) report

1 Purpose

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

2 Recommendations

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

3 Background and main report

- 3.1 The Clinical and Care Governance Group is the overarching group within Midlothian and is the means by which the IJB receives assurance from the Partnership around the safety, effectiveness and person centredness of MHSCP Services. Quality Improvement Teams are established covering the services across the partnership and bring together representatives of the multidisciplinary teams to report on and address clinical and care governance

The Quality Improvement Teams provide at least 4 reports per year utilising a reporting template which enables the Quality Improvement Teams to provide assurance on actions in place relating to safety alerts, adverse events and complaints, improvement work, implementation of specific standards and guidance, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides. These issues may relate to areas covered in other groups (Health and Safety, Staff Governance, Finance and Performance) but which are assessed as creating a risk to the service's ability to deliver safe, effective or person-centred care.

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups are established to address patient/client falls and pressure ulcers. Another group, the Midlothian Safety and Experience Action Group has oversight of all other significant adverse events, including those which are drug related death or suicide by patients engaged with mental health and substance misuse services.

This report will update the IJB on the most recent meeting of the Clinical and Care Governance Group, the work to develop the approach taken by the Midlothian Safety and Experience Action Group, and updates on the Clinical and Professional Oversight of Care Homes and two specific areas of quality improvement work in Midlothian Community Hospital.

- 3.2 **The Clinical and Care Governance Group**

The Clinical and Care Governance Group continues to meet over Microsoft Teams on alternate months and last met on 13th July 2021.

Reports were received from four of the eight Quality Improvement Teams within Midlothian HSCP: Allied Health Professions, GP Cluster Leads, Health Visiting and Adults with Complex and Exceptional Needs, and Mental Health and Substance Misuse Services

3.3 Information of particular interest to highlight to IJB members are:

- The Community Respiratory team developing plans to deliver a sustainable 7 day service
- The appointment of a wellbeing lead.
- The No11 Quality Improvement Team highlighted the challenges it faces around finding appropriate accommodation to undertake groupwork whilst following current guidance on social distancing and other measures to deliver a Covid-secure service.
- The delivery of improved access to Psychological therapies is progressing. Staff engagement events have taken place and the number of people waiting more than 18 weeks for treatment has reduced by more than 50%. Work continues to sustain and improve this trajectory.
- A backlog of Court business is anticipated with the further easing of Covid restrictions. Additional staffing has been agreed within the Justice team which will support the team's capacity to respond to the demands this will create.
- A project at Newbattle practice has evidenced significant reductions in Emergency Department attendance, the number of hospital attendances and length of stay.
- Health Visitors are about to trial a new form to obtain feedback as a route to progressing quality and service improvement to families of children under 5 years old.
- The group discussed the Public Protection Improvement Plan which identifies actions requiring local implementation.
- The annual Midlothian HSCP report to the NHS Lothian Health Care Governance Committee will be submitted for consideration at its September meeting.

3.4 Investigating and Learning from Adverse Events and Complaints

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

Focussed work has recently been undertaken to address and progress the reviews of adverse events which have fallen outwith the agreed timescales for completion. This has resulted in a significant reduction in the number of adverse events which remained open beyond target timescales for investigation. Further work has now been started to ensure that all outstanding learning and actions are updated and progressed on the Datix reporting system.

The NHS Lothian Quality Improvement Support Team have been providing support to the Midlothian Safety and Experience Action Group to adopt changes to the investigation of suicides and drug related deaths of people who were engaged with

mental health and substance misuse services at the time of their death. These changes have been made to enable early, proportionate investigation to take place to enable local learning, whilst ensuring that independent review is undertaken where appropriate.

The Midlothian Safety and Experience Action Group reports directly to the NHS Lothian Patient Safety and Experience Action Group. Decisions and reviews approved by the Midlothian Safety and Experience Action Group are subject to the scrutiny of the NHS Lothian Medical Director and Executive Nurse Director. Decisions made at the Midlothian Safety and Experience Action are taken forward by the relevant teams where SAEs have occurred, with the relevant Quality Improvement Teams having responsibility to implement learning from adverse events and complaints in their areas. Learning and actions are shared with all Quality Improvement Teams leads at the Clinical and Care Governance Group to support shared learning and improvement across the partnership.

Nurses and Allied Health Professionals from Midlothian have been nominated to participate in working groups to deliver an updated Lothian Falls Strategy. Colleagues from acute and community settings across Lothian will be involved in work which aims to improve the prevention and management of falls. Midlothian HSCP's Falls lead will be leading a local group to ensure this work results in improved experience and outcomes from people in Midlothian when living in their own home, a care home or as an inpatient at Midlothian Community Hospital.

3.5 Clinical and Professional Oversight of Care Homes

Health Boards and local Health and Social Care Partnerships continue to carry responsibilities for the clinical and professional oversight of the care provided to people resident in care homes. Midlothian HSCP has local mechanisms in place to deliver its responsibilities and to link its work with pan-Lothian and national mechanisms.

Midlothian's Care Home Support Team has developed positive relationships with the managers and staff in the 10 care homes for older people in Midlothian. The team provides advice, support and education directly and maintain strong links with Lothian-wide specialist teams enabling the provision of additional specialist infection prevention and control, tissue viability, clinical education and quality improvement support. Partnership working with these teams, the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership delivers multidisciplinary perspectives on the care and support of older people within our local care homes. This enables proactive support of the delivery of person-centred care, and regular input to address issues and challenges being faced in the care homes as they arise using informal approaches and more formal procedures as required.

The Midlothian 'rapid rundown' takes place three times per week and provides regular 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. The data gathered by the Care Home Support Team and that which is entered directly into the national 'TURAS' safety huddle tool enables local assessment of risk and the provision of assurance around staffing, care standards and the actions in place to address the risks posed to care home residents by the COVID -19 virus.

Lothian wide Operational Oversight meetings are attended twice weekly and a Strategic Oversight Group meets fortnightly. These provide a forum for shared learning, discussion of general themes and opportunity to discuss any current issues with the Care Inspectorate, Public Health and Community Testing teams. Pan Lothian work is also progressing to address supplementary staffing solutions and training provision. A national network is in development which will offer further opportunities for the Midlothian Care Home Support Team to share and learn from their experience and that of colleagues across Scotland.

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. Highbank Care Home was recently subject to an unannounced inspection. Initial verbal feedback was very positive, and the final report be published shortly.

3.7 Midlothian Community Hospital

The Board was previously apprised of the reconfiguration of bed capacity at Midlothian Community Hospital. In May of this year four additional beds were opened to support the transfer of patients delayed in the Royal Infirmary of Edinburgh. Currently 12 beds additional to the 2020 baseline are open.

Ensuring the right staff are in place in sufficient numbers to provide patients with safe, effective and person-centred care is a priority. Securing sufficient staff continues to be a factor limiting the bed capacity available in Midlothian Community Hospital. IJB members will be aware that this is a reflection of the national shortfall of registered nurses. While recruitment initiatives have been successful in attracting a number of newly qualified nurses, a number of staff have also left to take up opportunities elsewhere. Although the position has improved, there is still an establishment gap. The Partnership will continue its efforts to recruit staff to support further bed capacity to be available to enable people from Midlothian to receive their care locally.

3.8 Lothian Accreditation and Care Assurance Standards – LACAS

The Chief Officer advised the IJB at the last meeting of the positive experience of Midlothian Community Hospital's Edenview and Loanesk wards' participation in the inaugural Lothian Accreditation and Care Assurance Standards benchmarking exercise. Edenview gained a Bronze award and Loanesk Silver.

The most recent round of assurance assessments have been published. Loanesk achieved a Gold award and Edenview Silver. Participating for the first time in a LACAS review, Glenlee ward and the Rossbank unit both received Bronze awards.

This approach provides the multidisciplinary team with knowledge and skills to develop improvement work to address key components of patient care and has the support of a senior nurse with additional training in Quality Improvement. The approach is now rolled out across all adult inpatient services in Midlothian and plans will be developed to take forward benchmarked accreditation and assurance activity across community teams in time.

3.9 Electronic Care Planning and Risk assessment

Electronic care planning and risk assessment was successfully implemented IN Midlothian Community Hospital on 7th July 2021. This Lothian -wide initiative supports a more person-centred approach to care planning and improved information sharing. Staff embraced this initiative with enthusiasm, including highlighting their preparations on social media. The approach enables the development of care plans which reflect what is important to the person; staff value the opportunity to spend time talking to their patients to properly get to know them. Compliance has consistently been recorded at 100%.

4 Policy Implications

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

5 Directions

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

6 Equalities Implications

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

7 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 are met. The expectation is that clinical and care governance is embedded in service areas and teams and that staff have time built in to attend the CCGG and undertake the associated responsibilities.

8 Risk

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

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

9 Involving people

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

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

10 Background Papers

10.1 N/A

AUTHOR'S NAME	Fiona Stratton
DESIGNATION	Chief Nurse
CONTACT INFO	Fiona.stratton@nhsllothian.scot.nhs.uk
DATE	18 th August 2021

Appendices: N/A

Midlothian Integration Joint Board



26th August 2021

The Mental Welfare Commission – Authority to Discharge: Report into decision making for people in hospital who lack capacity.

Executive summary

Item number:	Agenda number 5.9
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This report is to ensure board members are aware of the actions being taken within Midlothian following the most recent Mental Welfare Commission (MWC) report - Authority to Discharge: Report into decision making for people in hospital who lack capacity.

Board members are asked to:

Note the content of the report

Note the action plan and look for updates on progress against the plan

The Mental Welfare Commission – Authority to Discharge: Report into decision making for people in hospital who lack capacity

1 Purpose

- 1.1 This report is to ensure board members are aware of the actions being taken within Midlothian following the most recent Mental Welfare Commission report - Authority to Discharge: Report into decision making for people in hospital who lack capacity.

2 Recommendations

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

Note the content of the report

Note the action plan and look for updates on progress against the plan

3 Background and main report

- 3.1 The Mental Welfare Commission (MWC) has specific legal duties in relation to safeguarding the rights of people who are subject to the welfare provisions of the Adults with Incapacity (Scotland) Act 2000 (AWI Act).

As part of these duties the Commission carried out a review of the practice with specific reference to moves from hospital to care homes during March 2020-May 2020 and made further inquiries as to the rights based practice and legal authority supporting the moves. The focus of this work was to identify any learning and to ensure that this learning takes place, where required, to support and uphold the rights of individuals.

Midlothian fully participated within this process, providing full data of all moves that took place within this time frame and engaged in more detailed work with the commission about specific moves.

As a result of the MWC review a number of recommendations were made for Health and Social Care Partnerships. The responses to this will need to be made in partnership with Council and NHS.

Recommendation 1: HSCPs should undertake a full training needs analysis to identify gaps in knowledge in relation to capacity and assessment, associated legislation, deprivation of liberty definition and the human rights of individuals (as detailed in this report) to inform delivery of training programmes to ensure a confident, competent multidisciplinary workforce supporting safe and lawful hospital discharge planning.

Recommendation 2: HSCPs should establish a consistent system for recording when an assessment of incapacity has been conducted, by whom and in relation to which areas of decision making.

Recommendation 3: HSCPs should ensure that staff facilitating hospital discharges are clear about the status of registered care home placements, in terms of law (see [EHRC vs GGC](#)) and with regards the financial and welfare implications of different types of placements for the individual.

Recommendation 4: HSCPs should ensure that practitioners facilitating hospital discharges have copies of relevant documents on file detailing the powers as evidence for taking action on behalf of the individual who is assessed as lacking capacity.

Recommendation 5: HSCPs should ensure that assessments reflect the person as a unique individual with focus on outcomes important to that individual and not external drivers that have the potential to compromise human rights and/or legality of moves.

Recommendation 6: HSCPs should ensure that processes are in place to audit recording of decisions and the legality of hospital discharges for adults who lack capacity in line with existing guidance and the principles of incapacity legislation.

Recommendation 7: HSCPs' audit processes should extend to ensuring evidence of practice that is inclusive, maximising contribution by the individual and their relevant others, specifically carers as per section 28 Carers (Scotland) Act 2016.

Recommendation 8: HSCPs should ensure strong leadership and expertise to support operational discharge teams.

There were also 3 recommendations for the Care Inspectorate which will also have an impact on the Partnership.

Recommendation 9: The Care Inspectorate should take account of the findings of this report regarding the use of s.13ZA of the Social Work (Scotland) Act 1968 and consider the scrutiny, assurance or improvement activity to take in relation to this.

Recommendation 10: The Care Inspectorate should take account of the broader findings of this report beyond use of s.13ZA and consider how this might inform future scrutiny, assurance and improvement activity in services for adults.

Recommendation 11: The Scottish Government should monitor the delivery of the above recommendations and work with Health and Social Care Partnerships and the Care Inspectorate to support consistency and address any barriers to delivery over the next two years.

Work has been undertaken to complete an action plan. This has involved input from the council legal team, learning and development, the Mental Health team and the In Reach team. Our review of the actions identified areas of good practice and actions to be completed.

4 Policy Implications

- 4.1 It is critical that when supporting people to move between settings that we hold their human rights at the centre. It is essential when planning our services and the ongoing focus on delayed discharges and reducing occupied bed days that we do this within the Adults with Incapacity legislation framework. This report is a timely reminder of this and allows the opportunity to strengthen the already positive work within Midlothian and our focus on rights based work.

5 Directions

- 5.1 There is no requirement for new directions as a result of this report

6 Equalities Implications

- 6.1 The MWC have considered the equalities implications of this report, any changes that are required locally will be considered in line with the equalities agenda.

7 Resource Implications

- 7.1 There are no resource implications at present.

8 Risk

- 8.1 There is a significant reputational risk if Midlothian were found to be not fully complying with the law when moving individuals. This was not found to be an issue within this report but there is an opportunity for us to strengthen our good practice in this area.

9 Involving people

- 9.1 Fundamental to the Adults with Incapacity legislation is how we involve people and their families in decisions about their future and wellbeing. Any response to this report will fully engage with all appropriate individuals.

10 Background Papers

- 10.1 [The Mental Welfare Commission – Authority to Discharge](#): Report into decision making for people in hospital who lack capacity.

AUTHOR'S NAME:	Alison White
DESIGNATION	Head of Service
CONTACT INFO	Mairi.simpson@nhslothian.scot.nhs.uk
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Appendices:

Midlothian Integration Joint Board