Midlothian
Health & Social Care

Midlothian Integration Joint Board

Annual Performance Report

2023/24

Contents

Executive Summary

The Midlothian Integration Joint Board (IJB) plans and directs health and social care services for the people of Midlothian. We are a planning and decision-making body responsible for the integrated budget from Midlothian Council and NHS Lothian.

We are responsible for monitoring progress towards the National Health and Wellbeing Outcomes and the objectives in our Strategic Plan 2022 to 2025. We provide services and supports to ensure people have access to the right advice, care, and support in the right place, at the right time to be able to lead long and healthy lives. We focus on prevention, recovery, independence, choice and control, equalities, supporting the person not just their condition, and high quality and coordinated care that is evidence based and provided locally.

Like all of Scotland's public services, we have faced a very challenging financial position in 2023/24 that is likely to continue for many years to come. We have more work to do but have been well prepared with transformation initiatives to help us assess, and adapt, to change.

Despite this financial shortfall, the services we plan and direct must, by law, aim to improve outcomes for people who use our services, their carers, and families. Considering the impact of all our services is a complex exercise and involves a wide range of data. The Scottish Government measure our performance towards nine Health and Wellbeing Outcomes using data collected from Scottish Health and Care Experience (HACE) Survey and Scottish Government's Ministerial Strategic Group targets for hospital admissions. We have continued to develop our use of outcome mapping to better understand how services contribute to progress towards our strategic aims and outcomes that matter to people.

Our progress

We used a range of feedback to inform the content of this report including feedback from people who use our services, their families and carers, the Midlothian Citizens' Panel, the Scottish Government's Ministerial Strategic Group (MSG) targets, and The National Performance Indicators. The National Indicators 1-9 are taken from the Health and Care Experience Survey (HACE) which is conducted every 2 years.

Premature mortality is defined as deaths occurring before the age of 75. During 2023, the premature mortality rate in Midlothian decreased to 399.5 (from 423 in 2022). This is a reduction of 5% in deaths occurring before the age of 75 in Midlothian. The national rate of premature mortality increased by 0.2%.

The responses to the Health and Care Experience Survey tell us that more than 90% of the Midlothian residents who were asked, agreed that they are able to look after their health very well or quite well. More than three-quarters of respondents who live at home agreed that they are supported to live as independently as possible.

Just over half of all Citizens' Panel respondents (58%) stated that they were happy with most or all aspects of their physical health and just over two thirds (68%) stated they were happy with most or

all aspects of their mental health. Almost two thirds of all respondents (64%) stated that they were happy with most or all aspects of their general wellbeing.

GP Practices are often the first place most people go to get support with their health and wellbeing. NHS Lothian data tell us that the 11 GP Practices across Midlothian consistently undertake more 'patient contacts' than the other Lothian Health and Social Care Partnership areas.

The national data shows that GP practices maintained their performance in most of the areas, including improvements in the quality of information provided by receptionists, access to speak to a doctor, and the overall rating of care provided by GP.

These improvements were made despite a large increase in our population, the temporary closure of Bonnyrigg Health Centre, and the new management and staffing arrangements at Danderhall.

The number of days people spent in hospital when they were admitted in an emergency reduced. However, more people were urgently admitted to hospital in 2023/24, compared to 2022/23. The number of people who were readmitted to hospital within 28 days of going home was lower in 2023/24 than in 2022/23. This is a positive indicator that discharges are being planned well, and that the support required for someone to return home from hospital safely is in place.

The number of adults with intensive care needs who receive care at home in Midlothian increased by 5.8%. This was the largest increase in Lothian. Edinburgh City had an increase of 1.9%, while East Lothian and West Lothian both increased by less than 1%.

The number of Health and Care Experience survey respondents receiving care or support who rated it as excellent or good reduced by 13% from 2022/23. We also saw a small drop in the number of people who agreed that services and support had an impact on improving or maintaining their quality of life. As part of our Citizens' Panel survey, we asked people about their experiences of health and care services. More than half of respondents (51%) agreed that the services they use improve their quality of life, but only 20% agreed that the services they use are always improving.

The national indicator relating to how well carers feel that they are supported to continue in their caring role has improved from the Health and Care Experience survey 2 years ago, but it is still very low. The national picture is equally challenging, with all Health and Social Care Partnerships in Scotland having a rating below 50%.

During 2023/24, the Care Inspectorate completed 24 inspections in Midlothian. More than three-quarters of care services inspected were given a rating of Good or Better. A summary of the key findings can be found later in this report.

We received 1027 Adult Support and Protection referrals in 2023/24, compared to 929 the year before. This is an increase of 98 referrals (10.55%) and an 52.37% increase over two years. The main type of harm investigated was psychological/emotional harm.

In 2023/24, the iMatter is an annual survey sent to all employees across health and social care in the Lothians that askes about their work and wellbeing including 'effective team working', 'health and wellbeing', and 'being involved in decisions' was completed by 65% of the workforce in

Midlothian Health and Social Care Partnership. This is a significant increase compared with 2022/23 (48% completion rate).

In 2022/23 Midlothian Health and Social Care Partnership published its first Integrated Workforce Plan for 2022/25 alongside a staff Communication, Engagement and Experience Delivery Plan. Work continued in 2023/24 to put in place a workforce governance and assurance structure to help plan, develop, and constantly improve how we support our workforce.

A new Integrated Workforce Governance Board was established in 2023 to support quality planning between our services, NHS Lothian, Midlothian Council, Midlothian Community Planning Partnership, the Third Sector, and other partners. The Board oversees and directs the work of two SubGroups: Workforce Planning and Workforce Engagement.

Midlothian Health and Social Care Partnership continued to support a Wellbeing Lead post. While we recognise the positive impact of this support, there is more we need to do to keep people working in health and social care well, and at work.

How we spent our money

We are funded by our partners, Midlothian Council and NHS Lothian, and are responsible for the integrated budget we receive. The funding is to support the delivery of the health and social care in Midlothian.

Midlothian Health and Social Care Partnership uses the money allocated to its services to plan, deliver, monitor, and evaluate the services it provides and commissions. The actions services take, and how they use the resources allocated to them will determine how much progress we make, and how quickly. We monitored these plans and asked Midlothian Health and Social Care Partnership to do things differently when we thought there was a need to do so.

During the financial year 2023/24 we spent more money than we were allocated in both health and social care. In health services, this was mostly due to pressures within GP prescribing services as a result of increased demand, and the cost of services within Acute Hospitals (The Royal Infirmary of Edinburgh and the Western General hospital).

In social care services, increased demand, and higher costs to delivery of both social care were significant challenges. There has not been any additional funding to support these pressures.

To ensure good financial management, we should have some financial reserves. In 2023/24 we had to spend all of our general reserve (c. £6.2m) to pay for services. Although this was planned, it has meant we no longer have any reserves to support recovery plans or to investment in service transformation.

Looking forward

We are currently developing our next Strategic Plan. This will set out our ten-year vision for integrated health and social care services and how we will use our resources to improve the health and wellbeing of people and communities in Midlothian. In 2024, the Strategic Planning Group will work alongside our partners and communities to develop key themes and build on the overall ambitions of the plan and priority areas for actions across the short, medium, and longer term. It is

anticipated that we will be able to review a first draft of this plan by May, and a revised draft for public consultation from September to November 2024. A Public Engagement Plan is also underway including online discussion, face to face 'townhall' sessions, questionnaires, surveys, and a citizens panel.

The Health and Care (Staffing) (Scotland) Act had implications for both our health and social care workforce will require us to work closely with our NHS Lothian and Midlothian Council partners who employ the staff who work within the Health and Social Care Partnership. The Act also requires us to ensuring the services we commission to provide care on our behalf are meeting the duties of the Act when we are planning or securing contracts.

The new National Care Service legislation begins to set out the future of social care in Scotland. This could significantly change the way we are asked to work. Although it is not clear what the future will mean for integrated health and social care, we will continue to work closely with Scottish Government development teams and share our views on proposals.

In 2024/25 we will submit a new Integrated Workforce Plan 2025-28 to Scottish Government. Of course, we don't employ any staff as the health and social care workforce are employees of our NHS Lothian and Midlothian Council partners. However, we will continue to work with all our colleagues and Scottish Government to ensure we are meeting all our requirements.

In 2023/24, a Bed Based Review was carried out to consider the available options and opportunities to review how we provide inpatient and residential care and support. As the work progressed, we identified important issues that were relevant across both health and social care and have taken action to make changes and improvements. This work now forms a significant part of our transformation programme which will continue to develop across 2024/25.

Foreword

Welcome to our 9th Annual Performance Report which reflects on our progress and performance from 1st April 2023 to 31st March 2024.

This report describes the progress Midlothian Integration Joint Board (IJB) has made in providing the right care, at the right time, in the right place and reviewing the progress we have made towards the 9 National Health and Wellbeing Outcomes. It has been my pleasure to continue to serve as Chief Officer in 2023/24 and oversee the delivery of services that have improved outcomes for people and communities.

I would like to sincerely thank every single member of staff, all of our partners and every member of our community who has contributed to improving outcomes for people over the past year. As I look back on 2023/24 , I am proud of the way we have worked with Midlothian Health and Social Care Partnership and all our partners to support positive change for people.

The timing of this report is always welcomed as it provides an opportunity look back on the previous year, take stock of where we are now, and use this information to develop our plans for next year. This is particularly important as we develop our next Strategic Plan and consider our contribution to seeing people and communities thrive.

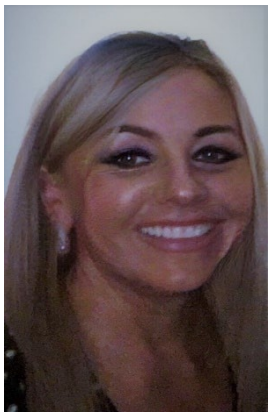
For 2022/23, the national data showed we made great progress towards people in communities living good lives. Taking time to understand local communities, what makes people healthy, and how we support good health and wellbeing has supported more people to live the lives they choose.

The work of our community teams has had a huge impact on more people being at home, less people being in hospital when they no longer need to be, and less people being readmitted to hospital after going home.

We know we still have much to do, but it is important to celebrate where we have had success and remember how important it is to work together, be willing to do things differently, and share skills across the whole system.

However, the future is uncertain. The financial outlook remains challenging and plans for a new National Care Service have not progressed enough to be able to understand the impact this will have on integrated health and social care.

We may not know what the next chapter in health and social care will be in Scotland, but we can choose how we will respond. We will continue to plan and deliver care and support with a partnership approach and shape a new future together.



Morag Barrow
Chief Officer,
Midlothian IJB

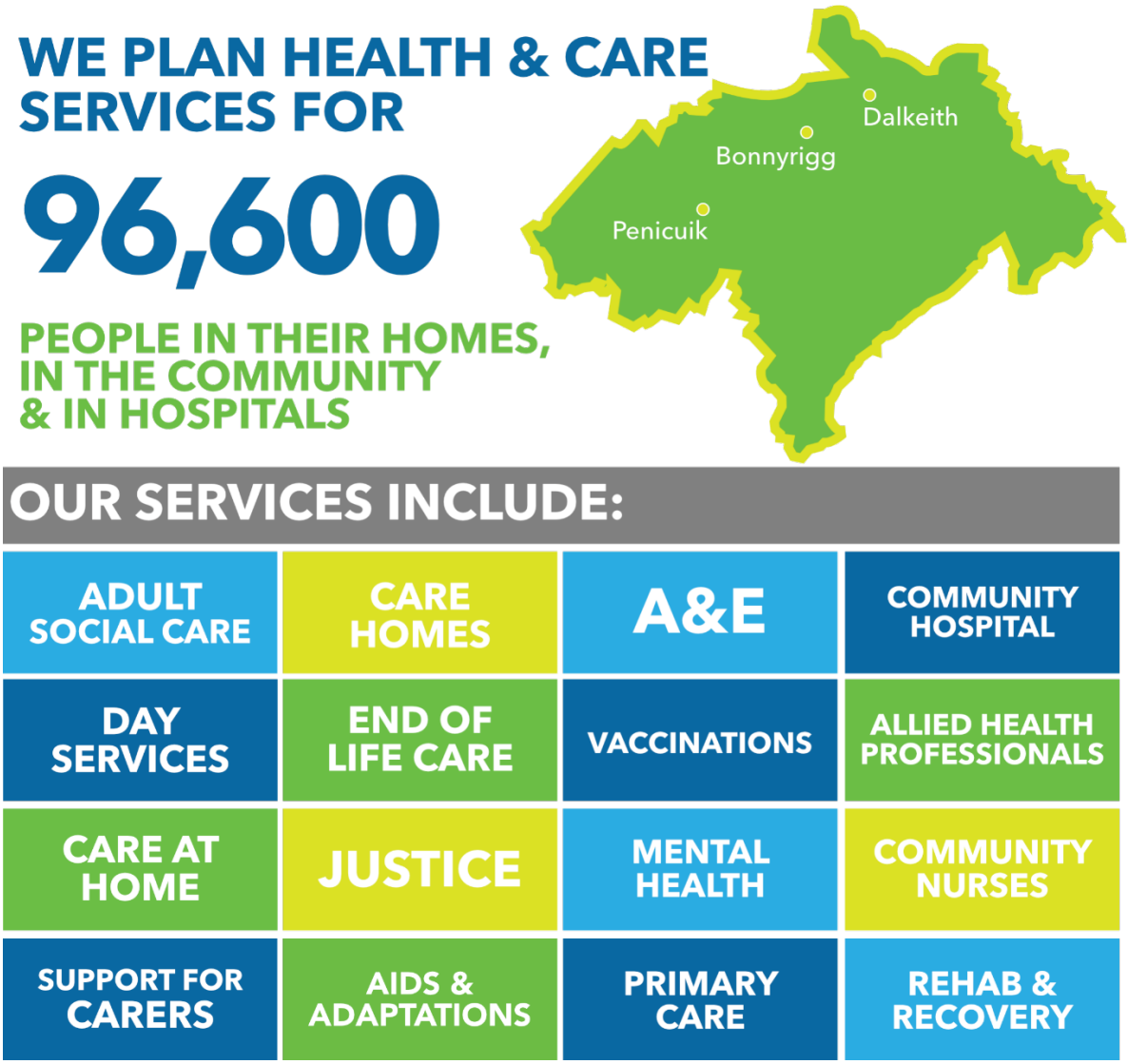
Introduction

Who we are

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

Our responsibilities and legal duties are outlined in the Public Bodies (Joint Working) (Scotland) Act (2014). We meet regularly and include members from NHS Lothian and Midlothian Council, the Third Sector, staff, and people who represent the interests of people and communities, people who experience our services, their families, and carers.

Midlothian Health and Social Care Partnership oversees more than 60 services on our behalf. This includes two hosted services, Dietetics and Adults with Complex and Exceptional Needs, who deliver care to people across the whole Lothian region for the four Health and Social Care Partnerships - Midlothian, East Lothian, West Lothian, and City of Edinburgh.



What we are trying to achieve

The Scottish Government measure our performance based on Health and Wellbeing Outcomes.

	National Health & Wellbeing Outcome	
1		**Health & Wellbeing** People are able to look after and improve their health and wellbeing and live in good health for longer.
2		**Living in the Community** People are able to live, as much as possible, independently and at home or in a homely setting in their community.
3		**Positive Experiences & Dignity** People who use health & social care services have positive experiences of those services, and have their dignity respected
4		**Quality of Life** Health & social care services help to maintain or improve the quality of life of people who use those.
5		**Health Inequalities** Health & social care services contribute to reducing health inequalities.
6		**Support for Carers** People who provide unpaid care are supported to look after their health and wellbeing.
7		**Safe from Harm** People using health & social care services are safe from harm.
8		**Workforce** Staff are engaged with their work and are supported to continuously improve the information, support, care, and treatment they provide.
9		**Use of Resources** Resources are used effectively and efficiently.

Our Strategic Plan 2022-2025

We also measure our performance against our objectives in our Strategic Plan. This directs the Midlothian Health and Social Care Partnership to transform services, with the resources available, so that people in Midlothian live longer and healthier lives.

We want to work with people as partners in their own health and social care and we want to provide more support, treatment, and care for people in their homes and communities.

We have asked the Midlothian Health and Social Care Partnership to ensure they offer services in a timely way at every stage of someone's care and treatment:

- Preventing ill health and providing support early,
- Ongoing support and treatment,
- In times of crisis and emergency.

Our Strategic Aims

Our Strategic Plan has six main aims:

1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead.
2. Enable more people to get support, treatment and care in community and home-based settings.
3. Increase people's choice and control over their support and services.
4. Support more people with rehabilitation and recovery.
5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law through our services and support.
6. Expand our joint working, integration of services, and partnership work with primary care, Third Sector organisations, providers, unpaid carers, and communities to better meet people's needs.

Our Values

We aim to provide the right support in the right place at the right time.

We think about how we work, and how we can improve, in three ways:

- **Integration** is about how we work with all our partners to ensure everyone gets the right care, at the right time, and in the right setting.
- **Quality** is about 6 key areas of services – are they safe, effective, efficient, timely, person-centred, equitable.
- **Best Value** is about ensuring resources are well managed improving services that deliver the best possible outcomes for people and communities.

How do we know if we are achieving this?

Understanding how we contribute to people's outcomes

The services we plan and direct must, by law, aim to improve outcomes for people who use our services, their carers, and families. It is hard to evaluate how the work we do contributes to improvements in the health and wellbeing of people and communities. This is because so many factors influence peoples' lives, what difference each factor makes, and the impact it has in their life.

We use Outcome Mapping as a way to understand how our services contribute to our strategic aims and the outcomes that matter to people. This approach allows us to describe what we do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives. This helps us make more targeted, locally informed decisions about how to commission services.

The feedback and information we use

We used a range of feedback to inform the content of this report

- **Feedback from people who use our services, their families, and carers**
- **Scottish Government's Ministerial Strategic Group (MSG) targets**
- **Scottish Government Data - The National Performance Indicators**
  The National Indicators 1-9 are taken from the Health and Care Experience Survey (HACE) which is conducted every 2 years, and 2023/24 is a reporting year.

In November 2023 the HACE survey was posted to a random sample of 5,739 people living in Midlothian and registered with a GP in Scotland. People were asked about their experiences during the previous 12 months - accessing and using their GP practice and Out of Hours services; aspects of care and support provided by local authorities and other organisations; and caring responsibilities and related support. 1,408 people responded from Midlothian which is only 1.5% of Midlothian's population.

The response rate this year was 25%. The response rate was highest in the 65-74 age group at 25%. This is compared to the lowest response rate of 3% for those aged 17-24.

In 2023 the Scottish Government updated the survey, some questions were added, some were amended, and some were removed (the full list of these changes is in the Scottish Government Technical Report). These changes mean it is difficult to compare our performance with previous years and, in some cases, we only have data from 2020.

Results for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to previous years due to changes in survey wording.

We also gather information on a more local basis, using the Citizens' Panel, which is designed to record and reflect the views of people living in a specific area. It brings together the views of around 1,000 residents of Midlothian and asks their views about health and social care issues. Citizens' Panel membership reflects the diversity of the Midlothian population better than the Health and Care Experience Survey. This is because there are similar proportions of people on the citizens panel to the Midlothian population, for example in relation to sex, age, and deprivation. This helps ensure that we are hearing the views of more people living in Midlothian and be more confident in the data we use to help us make good decisions for local people.

You can see the details of our performance in the Data Appendix at the end of this report.

How did we do?

How we are reporting our data

The information we use to measure our progress comes from several sources and shows where we have done well and where we have room to improve.

We have designed the report to look at each of the Health and Wellbeing Outcomes alongside the National Performance Indicators used to measure each one. All National Performance Indicator data for Midlothian against the national average is in the Data Appendix.

In the Data Appendix we have provided more information about our progress over time and our position in comparison to the rest of Scotland. We have summarised our progress using coloured boxes:

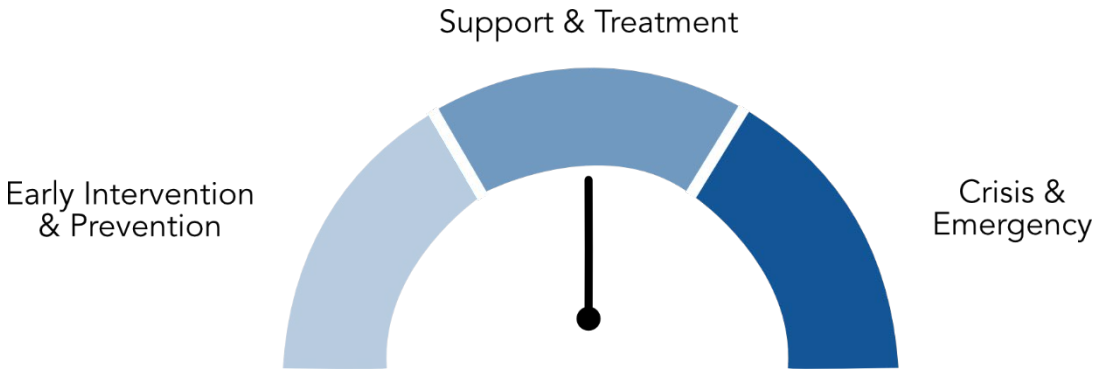
- Our performance has improved compared to last year.
- There hasn't been a significant change in performance compared to last year.
- Our performance has worsened compared to last year.

For some National Indicators, the number of responses from each locality were too small to be published.

We have also included our locally collected Citizens' Panel data, which is helpful for our understanding, but it is not included in how the Integration Indicators are calculated.

We want people who live in Midlothian to take action to stay well, prevent ill or worsening health, plan ahead, and live healthier, longer lives. We think about how we do this in three ways: early intervention and prevention; support and treatment; and crisis and emergency.

For each Health and Wellbeing Outcome we have described the impact of what we do for the people who live in Midlothian. We have used icons to show good examples of Early Intervention and Prevention, Support and Treatment and Crisis and Emergency.



The National Indicators

- Our performance has improved compared to last year.
- There hasn't been a significant change in performance compared to last year.
- Our performance has worsened compared to last year.

The National Indicators 1-9 are taken from the Health and Care Experience Survey (HACE) which is conducted every 2 years. This means that Indicators 1-9 are compared with the results from two years ago. Indicators 11 to 19 are compared with the results from last year.

*Results for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to previous years due to changes in survey wording.

	National Indicator	Our result	Our Progress
1	Adults are able to look after their health very well or quite well.	92.5%	
2	Adults supported at home agreed that they are supported to live as independently as possible*.	76.5%	
3	Adults supported at home agreed they had a say in how their help, care or support was provided*.	61.9%	
4	Adults supported at home agreed that their health and social care services seemed to be well coordinated*.	74.4%	
5	Adults receiving care or support rated it as excellent or good*.	65.6%	
6	Adults had a positive experience of the care provided by their GP practice.	67.9%	
7	Adults supported at home agreed services and support had an impact on improving or maintaining their quality of life*.	76.0%	
8	Carers feel supported to continue in their caring role.	34.6%	
9	Adults supported at home agreed they felt safe*.	79.9%	

	National Indicator	Our result	Our Progress
11	Premature Mortality Rate (People under 75)	**399** per 100,000	
12	Emergency Admission Rate	**10,438** per 100,000	
13	Emergency Bed Day Rate.	**105,962** per 100,000	
14	Readmission to hospital within 28 days.	**95** per 1,000	
15	Proportion of the last 6 months of life spent at home or a community setting.	**87.9%**	
16	Falls Rate (People over 65 who were admitted to hospital).	**24%**	
17	Care services graded Good or better in Care Inspectorate Inspections.	**76.4%**	
18	Adults with intensive care needs are receiving care at home.	**70.3%**	
19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	**639** per 1,000	
20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	**23%**	

.

1 Health & Wellbeing

People are able to look after and improve their health and wellbeing and live in good health for longer.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
1	Adults are able to look after their health very well or quite well.	**92.5%**	
11	Premature Mortality Rate (People under 75)	**399** per 100,000	
12	Emergency Admission Rate	**10,438** per 100,000	

The responses to the Health and Care Experience Survey tell us that more than 90% of the Midlothian residents who were asked, agreed that they are able to look after their health very well or quite well.

Responses to the Midlothian Citizen's panel about 'what makes a good life' included:

- Family
- Financial stability/security
- Friends
- Good health
- Good housing
- Safety and security
- Opportunities.

Just over half of all respondents (58%) stated that they were happy with most or all aspects of their physical health and just over two thirds (68%) stated they were happy with most or all aspects of their mental health. Almost two thirds of all respondents (64%) stated that they were happy with most or all aspects of their general wellbeing.

People told us how many health and social care professionals they saw in the last month. General Practice and Pharmacy were most frequently seen, with over half to two thirds of respondents stating that they had used these in the past month.

Of the 1,000 panel members we asked, 573 returned completed surveys. This means the response rate was 57%, which is the same as other Citizens' Panel surveys, and higher than the Midlothian response rate to the national Health and Care Experience Survey.

Social work, social care, and primary care services provide a range of supports that help people look after their health and wellbeing. GP Practices are often the first place most people go to get support with their health and wellbeing. NHS Lothian data tell us that the 11 GP Practices across Midlothian consistently undertake more 'patient contacts' than the other Lothian Health and Social Care Partnership areas.

Reducing the wait to see a GP

One Midlothian GP Practice wanted to reduce the time people waited to discuss non-urgent results. The practice team introduced protected appointment slots for these appointments, and waiting times reduced from 17.3 days to 8 days.

Patients can now discuss their results quickly with their GP, address any concerns and ensure any treatment needed is not delayed.

Premature mortality is defined as deaths occurring before the age of 75. This indicator is measured using the European Age-Standardised mortality rate for people aged under 75. The methodology was updated in 2013, allowing for comparisons over time. Since 1997, the rate of premature mortality decreased every year until 2015 when there was an increase. It then remained relatively stable until 2020 where there was a further increase, largely due to COVID-19 deaths. During 2023, the premature mortality rate in Midlothian decreased to 399.5 (from 423 in 2022). This is a reduction of 5% in deaths occurring before the age of 75 in Midlothian. The national rate of premature mortality increased by 0.2%.

2 Living in the Community

People are able to live, as much as possible, independently and at home or in a homely setting in their community.

National Indicators used to measure this outcome.

The results for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to previous years due to changes in survey wording.

	National Indicator	Our result	Our Progress
2	Adults supported at home agreed that they are supported to live as independently as possible.	**76.5%**	
3	Adults supported at home agreed they had a say in how their help, care or support was provided.	**61.9%**	
12	Emergency Admission Rate.	**10,438** per 100,000	
13	Emergency Bed Day Rate.	**105,962** per 100,000	
14	Readmission to hospital within 28 days.	**95** per 1,000	
15	Proportion of the last 6 months of life spent at home or a community setting.	**87.9%**	
16	Falls Rate (People over 65 admitted to hospital as an emergency).	**24%**	
18	Adults with intensive care needs are receiving care at home.	**70.3%**	
19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	**639** per 1,000	
20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	**23%**	

There have been improvements to how well people feel they are able to live independently and at home, or in a homely setting in their community. More than three-quarters of respondents who live at home agreed that they are supported to live as independently as possible.

As part of our Citizens' Panel survey, we asked people about who supports them to live independently at home or in a homely setting in their community.

89% of respondents agreed that they were able to ask for practical help from family, friends, and neighbours. This included support like putting their bins out, picking up shopping or medication, and small jobs around the home.

88% of respondents stated that they were able to ask for emotional support from family, friends, and neighbours and had somebody or a support group to talk through difficult decisions or if they feel lonely, sad, or anxious.

Whilst the majority of survey responses we received had support from family, friends, and neighbours, this isn't always the case. Circumstances can change and people can find themselves in need of additional support, which can be provided by community-based services.

Increased mental health support

Mental Health and Resilience Service

The team recognised that Distress Brief Intervention played a key role in equipping people with skills to manage their own mental health and prevent future crisis.

One year funding made it possible to increase the workforce to extend the service operating hours.

The number of people who were readmitted to hospital within 28 days of going home was lower in 2023/24 than in 2022/23. We know that people have better outcomes when they go home from hospital at the right time with the right support in place. This is a positive indicator that discharges are being planned well, and that support required for someone to come home from hospital safely is in place.

The number of days people spent in hospital when they were admitted in an emergency reduced. However, more people were urgently admitted to hospital in 2023/24, compared to 2022/23.

The number of adults with intensive care needs who receive care at home in Midlothian increased by 5.8%. This was the largest increase in Lothian. Edinburgh City had an increase of 1.9%, while East Lothian and West Lothian both increased by less than 1%.

Reducing time spent in intensive care

Adults with Complex and Exceptional Needs Team

The team improved support for people who needed invasive ventilation in a crisis by developing alternatives to intensive care for patients with Duchenne Muscular Dystrophy.

In the past, patients would have been admitted to hospital when non-invasive ventilation treatment was not enough to remain safe at home. As a result of the team's work, care can now be delivered at home for longer.

By adopting this proactive approach, the time people typically spent in intensive care reduced from an average of 9 months down to 11 days.

The team were chosen as finalists in the NHS Lothian Celebrating Success awards to recognise this work.

Dietetic support to reduce hospital admissions

Dietetic service

The multidisciplinary team providing care to gynaecology patients identified an opportunity to add specialist dietetic input and reduce the number of people who needed to go to hospital.

The Dietetics service undertook a one-year pilot project to improve outcomes for people affected by endometriosis and pelvic pain across all 4 NHS Lothian Health and Social Care Partnership areas. A dietitian was introduced to the endometriosis service and clinics began in October.

In the 5 years before the dietetics input was introduced, there were 62 ward admissions for endometriosis and pelvic pain (from all four Health and Social Care Partnership areas combined). Following specialist dietetic input, the number of admissions had reduced to 3.

Reducing reoffending

Justice Social Work Team

The Justice Social Work service supported people to complete Community Payback Orders. 227 Community Payback Orders were imposed: 154 with a supervision requirement, and 149 with an Unpaid Work requirement.

The team developed individual plans and opportunities for each person they supported to help them change their behaviour and reduce the risk they would re-offend or cause harm to themselves or others.

The Unpaid Work team completed 309 projects. In addition to providing opportunities for people who had offended to support their local community, the team supported people to achieve 110 qualifications through a range of training opportunities to increase their chances of employment and promote rehabilitation. A member of staff qualified as an SVQ Assessor and supported the first 2 participants to complete an SVQ in Work Skills. One of these individuals has used this qualification to apply to College and is due to start a full-time course in August 2024.

3 Positive Experiences & Dignity

People who use health & social care services have positive experiences of those services, and have their dignity respected

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
3	Adults supported at home agreed they had a say in how their help, care or support was provided.	61.9%	
4	Adults supported at home agreed that their health and social care services seemed to be well coordinated.	74.4%	
5	Adults receiving care or support rated it as excellent or good.	65.6%	
6	Adults had a positive experience of the care provided by their GP practice.	67.9%	
14	Readmission to hospital within 28 days.	95 per 1,000	
15	Proportion of the last 6 months of life spent at home or a community setting.	87.9%	
19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	639 per 1,000	

GPs are independent contractors, and we continued to work closely together. The Health and Care Experience survey covers elements of services that are delivered by GP independent contractors, and elements that are delivered by the Health and Social Care Partnership. There are now more specialist services located in practices than ever before. People do not usually need to see a GP first to access the care they need from Physiotherapists, Primary Care Mental Health Nurses, and Wellbeing Practitioners. Pharmacists, Advanced Nurse Practitioners for minor illness, Phlebotomists and Community Treatment & Assessment Clinics are also available at GP practices.

Community Councils fed back that GP services are valued, and the challenging environment they work in is recognised. GP practices fed back comments they received directly from their patients, to help identify areas for improvement, and to highlight when people have reported a positive experience of their care.

"I would like to thank the Medical Practice for their fantastic service today. The receptionist was extremely helpful and kind. A prescription I requested on Wednesday which I didn't expect to be ready was, which was amazing."

"Really helpful and reassuring GP who thoroughly addressed my concerns. eConsult system was easy for me to use and I had an appointment by the next day. The reception staff were very nice too."

The Health and Care Experience survey show that GP practices maintained their performance in most of the areas included in the survey. There were also improvements in:

- The quality of information provided by receptionists,
- Access arrangements for speaking to a doctor,
- Overall rating of care provided by GP.

These improvements were made in challenging circumstances, including increases in population and demand, the temporary closure of Bonnyrigg Health Centre, and the new management and staffing arrangements at Danderhall.

Reducing the need for multiple appointments

GP

One GP practice noticed that people with more than one long term condition were being invited for several appointments over the course of a year. The engagement rate for these appointments was 52%.

The practice team introduced an optional 'annual health check'. Invitations were sent by text or letter and the practice team phoned people who didn't reply.

People are now only asked to attend their GP practice for a single annual health check, avoiding the need for multiple appointments for different conditions. This has reduced additional travel, tests, and time. It also created an opportunity for people to be given information about lifestyle improvements that can improve their health. The engagement rate has increased to 75%.

Supporting people to lose weight

Weight Management Service

Second Nature is an app that supports people to focus on creating new habits that results in weight loss that lasts longer. The weight management team use Second Nature to help people think about how they eat, exercise, sleep, think about themselves, and manage stress.

Across Lothian, over 900 people have been referred to Second Nature with 88% of people taking up this opportunity. On average, people lost 4.8kg at the end of the first 3 months.

Over 400 members of our staff were referred. Over 93% of people used the app and lost an average of 5.7kg in the first 3 months. 72% of people said it helped then make a positive change to their lifestyle and 85% of people increased physical activity levels, improved mental health, and higher confidence levels. People who have used this approach described Second Nature as a "game changer" in weight management.

This approach has also been highly successful people who are receiving support from the Fertility Wellbeing and Weight Management Service. Patients reported a positive impact on their health and lives, with seven spontaneous pregnancies, one pregnancy after fertility treatment and three people progressing onto the fertility treatment list.

Improving Information

Midlothian Community Hospital

Staff at Midlothian Community Hospital wanted to improve the information available to people in hospital, their families, friends, and carers. The team developed a range of leaflets about the admission process, what to expect during their stay, and about planning for leaving hospital.

Each ward has its own leaflet that gives an overview of the type of care delivered along with an explanation of commonly used words and phrases that people might hear.

To ensure each ward can provide the right information feedback can be collected using a QR code on the leaflets. The team are using feedback to better understand the experience of people who have been admitted to Midlothian Community Hospital or supported somebody during this time.

Safer social media

Midlothian Appropriate Adult & Adult Support and Protection

The Midlothian Appropriate Adult and Adult Support and Protection Service supported young neurodiverse adults navigate social media and maintain healthy relationships.

Making Choices, Keeping Safe Midlothian is a programme of 5 workshops developed and designed around the different perspectives of the young adults taking part and the issues most important to them. The Social Work Learning Disability Team, Police Scotland, the Enable Local Area Coordination Service, the Community Learning Disability Team, and Third Sector partners worked alongside the group, their families, and carers to explore choices for young adults living full and healthy lives that can also keep them safe.

This project has been so popular that another set of workshops is already underway.

4 Quality of Life

Health & social care services help to maintain or improve the quality of life of people who use those.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
★★★★★ 5	Adults receiving care or support rated it as excellent or good.	65.6%	
7	Adults supported at home agreed services and support had an impact on improving or maintaining their quality of life.	76.0%	
13	Emergency Bed Day Rate	105,962 per 100,000	
14	Readmission to hospital within 28 days	95 per 1,000	
16	Falls Rate (People over 65)	24%	
19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	639 per 1,000	
£ 20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	23%	

The number of Health and Care Experience survey respondents receiving care or support who rated it as excellent or good reduced by 13% from 2022/23. We also saw a small drop in the number of people who agreed that services and support had an impact on improving or maintaining their quality of life. However, the nationally provided data we receive doesn't tell us which, if any, services or suports people have experienced. This means it is difficult for us to draw any specific conclusions about how or where we need to improve.

To help address this we have used other methods to ask the people who live in Midlothian for feedback. As part of our Citizens' Panel survey, we asked people about their experiences of health and care services. More than half of respondents (51%) agreed that the services they use improve their quality of life, but only 20% agreed that the services they use are always improving.

Listening to people's views

Wellbeing Service

People with neurological conditions were invited to share their views about the support they received from the Wellbeing Service. The key message was that people want to keep their autonomy and be listened to.

People described how problems can be caused by decisions being made and actions (on their behalf) being taken that are totally outside of their control. Examples were things like changes to medications, or an assumption that a driving licence needs to be removed following a diagnosis.

People described how important it was to get back to doing the things they previously enjoyed, for example caring for pets, enjoying the outdoors, going fishing, driving, or trying something new such as becoming a peer volunteer.

All the people surveyed provided positive feedback about the support they received, and people described how the support they received had changed their life. People described being supported to come to terms with a diagnosis, managing long term conditions in new ways, and feeling able to return to activities and hobbies. People had found a new sense of hope, it helped them to enjoy life, and to think more positively about the future.

Supporting women to make changes

Spring Service

The Midlothian Spring service supported 43 women who may have experienced past or current trauma, may be struggling with their mental health and/or substance misuse and may be in contact with the Justice system.

One participant, who was subject to a Community Payback Order commented that the service had supported her to complete beauty courses – something she couldn't have imagined that she would have been able to do at the start of her support. She has also completed Health in Mind peer-support training and commented that "I can't believe that someone like me could help someone like me".

Whist she experiences ongoing difficulties her mental health, she is more positive about managing this and said that, for the first time in 13 years, she is confident that she won't be back in contact with the justice system again.

5 Health Inequalities

Health & social care services contribute to reducing health inequalities

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
11	Premature Mortality Rate (People under 75)	**428** per 100,000	
12	Emergency Admission Rate	**10,438** per 100,000	

The Scottish Index of Multiple Deprivation (SIMD) is how the Scottish Government identifies areas of deprivation in Scotland. SIMD data is organised into data zones, from the most to the least deprived. There are 10 data zones in Midlothian within the most deprived 20% data zones in Scotland.

Every week 10 people living in Midlothian are diagnosed with cancer. Taking time off work and having to travel to appointments can have a negative impact on peoples' incomes. The Improving the Cancer Journey team are there for people following a diagnosis and provided support to 130 people. More than three quarters of the people they supported live in areas of higher economic deprivation, and their top concerns were money and finance. The team work closely with the Welfare Benefits team and the Supported Employment service. In 2023/24, Welfare Rights Team helped put £191,343 into the pockets of the people referred.

Putting money in people's pockets

Welfare Rights Team

The Welfare Rights Team provide advice and support to ensure people can access what they need and receive the right benefits and help reduce levels of poverty.

722 referrals were made to the Welfare Rights team. As a result, £4,394,375 in benefit income was paid to people. This is an average increase of just over £6,000 for each individual supported. The team work with a number of partners and more than half of referrals are from Adult Services, GPs, and other Health Care Professionals.

6 Support for Carers

People who provide unpaid care are supported to look after their health and wellbeing.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
8	Carers feel supported to continue in their caring role.	34.6%	

The national indicator relating to how well carers feel that they are supported to continue in their caring role has improved from the Health and Care Experience survey 2 years ago, but it is still very low. The national picture is equally challenging, with all Health and Social Care Partnerships in Scotland having a rating below 50%.

During 2023/24, further Carers Act funding was used to expand early intervention and prevention services within Midlothian Council and Midlothian Third Sector services. Our partners, VOCAL, used this to increase carer awareness training, work with grass-roots community organisations, and exploring a Community Carer Cooperative. Funding also supported a new Dementia Carer Support Worker in the British Red Cross.

Understanding the experience of Midlothian carers is vital to ensure we design and deliver services and support carers need. In 2023, the VOCAL Carer Survey expanded and became the 'Midlothian Carer Survey'. Survey responses were higher than in previous years and the feedback and information will help shape our next Carers Strategy and the services we provide.

Young Adult Carer Transition Service

Communities and Lifelong Learning Team and VOCAL

Young carers don't always access the support they need as they grow older. Working in partnership we supported the development of Young Carer and Young Adult Carer support.

The Communities and Lifelong Learning Team and VOCAL worked to ensure there are supports in place for carers of all ages. Young people are helping shape what the service offers to help them plan their futures alongside their caring role.

Respite

We have successfully reestablished residential respite services following the disruption caused by COVID.

An extra-care housing flat within Cowan Court has been transformed to offer respite for one or two people. For carers of people with higher physical and cognitive care needs, two rooms are being re-established for respite care in Highbank Intermediate Care facility. Social Workers have been able to plan and pre-book respite breaks via the Lothian Hospital Flow Hub.

Respite

Cowan Court

Families said they felt comfortable using Cowan Court for respite as they knew it was safe with one-to-one care. People who stayed there could go out, supported by a member of staff e.g. to a local café. Carers said that people enjoyed the activities and outings. The staff were described as "friendly and helpful", with people noting that the flat was "lovely and well equipped".

Respite

Highbank

To help people and their carers prepare for respite, people can visit before their stay. This provides an opportunity to see the service and often puts minds at ease. Families have said this helped them feel happy and confident that the person they care for is being well looked after and found the flexibility in length of respite stay supportive and helpful.

"It is the staff that have made the transitions easy for both the family and the cared for person."

"The place has a very homely feel."

"It has made a difference being able to get a break from the caring role."

Information for Carers

Midlothian Community Hospital

It is important for families and carers to be included in all aspects of care planning during an admission to Midlothian Community Hospital. It is also important to provide carers and relatives with clear and helpful information about how they can support the person they care for to return home from hospital.

Launched on ‘What Matters to You Day’, the hospital created a ‘Carers Matters’ space in the reception area with posters, information, and leaflets.

7 Safe from Harm

People using health & social care services are safe from harm.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
9	Adults supported at home agreed they felt safe.	**79.9%**	
12	Emergency Admission Rate	**10,438** per 100,000	
13	Emergency Bed Day Rate	**105,962** per 100,000	
14	Readmission to hospital within 28 days.	**95** per 1,000	
16	Falls Rate (People over 65)	**24%**	
17	Care services graded Good or better in Care Inspectorate Inspections.	**76.4%**	
20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	**23%**	

During 2023/24, the Care Inspectorate completed 24 inspections in Midlothian. More than three-quarters of care services inspected were given a rating of Good or Better. A summary of the key findings can be found later in this report.

We received 1027 Adult Support and Protection referrals in 2023/24, compared to 929 the year before. This is an increase of 98 referrals (10.55%) and an 52.37% increase over two years. The main type of harm investigated was psychological/emotional harm.

Issues with medication are a common cause of harm, it is important we support people to use their medications safely. The World Health Organisation set out three priority areas for action, to protect patients from harm and to help them get the maximum benefit from medication. These are:

- medication safety in high-risk situations
- medication safety in polypharmacy (taking more than one medicine)
- medication safety in transitions of care (for example when being discharged from hospital).

Some medicines are prescribed to reduce the risk of developing a long-term condition, and these can have side effects. It is important that we can monitor the effectiveness of medications to reduce the risk of harm.

Improving Safe Use of Medicines

GP

Bisphosphonate medication is used to prevent or treat osteoporosis (where bones become brittle or fragile). People who have been prescribed it should have 5 yearly treatment reviews and scans to check bone density. A team of GPs identified 43 patients who were overdue a scan/review.

- 17 people (39%) were referred for a bone scan
- 3 people (7%) were able to stop their prescriptions
- 13 people (30%) were added to recall for future review.

Safety has improved as patients are either more reliably referred for a scan to review their condition, or they can have their treatment stopped when appropriate. This reduces the risk of medication-related harm and side-effects.

Improved safety of substance-user reviews

GP

Delays to medicines can increase the risk of illicit substance use or overdose for people that use substances. Ensuring up to date toxicology results that guide safe prescribing can reduce this risk.

A team of GPs found that only 38% of people known to use substances had recent toxicology results. They introduced a system to encourage booking the next appointment at each review. They also made sure people were able to see the same GP and build up a relationship of trust.

Attendance for medication review increased to 93% and 86% had up-to-date toxicology reports. Reception staff received fewer requests for short notice prescriptions from people who use substances, helping to ensure that prescriptions are issued in good time.

8 Workforce

Staff are engaged with their work and are supported to continuously improve the information, support, care, and treatment they provide

National Indicators used to measure this outcome.

These are no National Indicators to measure our progress towards this outcome, so we use staff surveys and other local information to evaluate our performance.

Staff experience

iMatter is an annual survey sent to all employees across health and social care in the Lothians. In 2023/24, 65% of the workforce in Midlothian Health and Social Care Partnership completed the survey. This is a significant increase compared with 2022/23 (48% completion rate). Staff are asked about their work and their wellbeing including 'effective team working', 'health and wellbeing', and 'being involved in decisions'.

The Employee Engagement Index is the overall score given to the organisation. The five key areas of this measure how well staff feel they are:

- Informed,
- Appropriately trained & developed,
- Involved in decisions,
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued, and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community.

In 2023/24 Midlothian Health and Social Care Partnership Employee Engagement Index was 78 (the maximum score is 100). The Index score did not change between 2022/23 and 2023/24, but significant more people took part in the imatter survey. This means that we can have much greater confidence in what the survey tells us.

Our Workforce

We do not directly employ any staff. The health and social care workforce are employed through Midlothian Council, NHS Lothian, and organisations in the Independent and Third sector alongside our unpaid carers and volunteers. However, we know that this combined workforce is the single biggest asset available to us.

The needs of our workforce are changing and dependent on many new factors. In 2022 Midlothian Health and Social Care Partnership published its first Integrated Workforce Plan for 2022/25 alongside a staff Communication, Engagement and Experience Delivery Plan. Our Integrated Workforce Plan focuses on the 5 pillars of workforce planning set by Scottish Government to support recovery, growth and transformation of health and social care.

Workforce Governance

In 2023/24 we asked Midlothian Health and Social Care Partnership to put in place a workforce governance and assurance structure to help plan, develop, and constantly improve how we support our workforce. This included supporting new Workforce Lead post within the Health and Social Care Partnership.

A new Integrated Workforce Governance Board was established in 2023 to support quality planning between our services, NHS Lothian, Midlothian Council, Midlothian Community Planning Partnership, the Third Sector, and other partners. The Board oversees and directs the work of two SubGroups: Workforce Planning and Workforce Engagement.

The Workforce Planning SubGroup was tasked with the development, delivery, monitoring and reporting of the Integrated Workforce Plan 2022-25 and supported the Health and Social Care Partnership to increase its skills and capacity in relation to workforce planning. The Workforce Planning Subgroup also supported our understanding of the duties of the Health and Care (Staffing) (Scotland) Act.

The Workforce Engagement Subgroup was tasked with the development, delivery, monitoring and reporting of workforce engagement activity, and staff governance and development. This SubGroup was also responsible for the development and delivery of Midlothian Health and Social Care Partnership's Staff Communication Engagement and Experience Plan, and the measurement and evaluation of the 12 months action plan.

Unfortunately, due to the financial challenges we face, we have been unable to continue to afford a Workforce Lead and work in this area has slowed down as a result. The Integrated Workforce Governance Board continues to oversee workforce planning and support activity, but the two SubGroup have paused.

Staff Wellbeing

Staff who work within Midlothian Health and Social Care Partnership tell us that delivering quality, person centred care is both rewarding and demanding. We must ensure that everyone who works for the partnership, regardless of their role, has the support they need to thrive.

Midlothian Health and Social Care Partnership and the Wellbeing Lead have led a programme of support for staff wellbeing including 2 workshops exploring the emotional demands of working in the community, coping strategies, and managing emotional risk. 27 people attended with 80% stating that they were likely to use their new knowledge and skills.

While we recognise the positive impact of wellbeing support, there is more we need to do to keep people working in health and social care well, and at work.

"I often think about the wellbeing workshop when I am at work and am very grateful for being given the opportunity and a safe space to express how emotionally draining I find my job. I think just being able to express this and it being acknowledged has been huge to me as a person and as an employee ……I feel that we need to understand the importance of wellbeing in employees to make a strong and resilient work force."

"I have recommended the wellbeing course to all my colleagues, and I believe that all employees, including management should be encouraged to go on it to ensure the right tools and coping strategies are in place to ensure a healthy, productive workplace."

Improving staff wellbeing

Midlothian Community Hospital

Midlothian Community Hospital proactively supported wellbeing for all. In partnership with the NHS Lothian Charity, local businesses and charities, a staff wellbeing garden was designed with staff. The garden aims to be a little sanctuary from the busy hospital environment, and somewhere for staff to take a break, in a calm and inspiring area. This will be an area where staff can easily access to fresh air and sunlight, and due to open later this year.

The monthly Soup Stop is an opportunity for staff to have lunch together. The number of staff attending from across Midlothian has grown over 50% in the past year with 30-40 staff enjoying time together at each event. To support rising numbers, the Soup Stop has invested in equipment and increased the selection on offer. Staff value the opportunity to connect, share ideas and experiences, and "take a breather". The Soup Stop has been so successful that similar events are now being offered at other Health and Social Care Partnership locations.

9 £ Use of Resources

Resources are used effectively and efficiently.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
4	Adults supported at home agreed that their health and social care services seemed to be well coordinated.	**74.4%**	
12	Emergency Admission Rate	**10,438** per 100,000	
15	Proportion of the last 6 months of life spent at home or a community setting.	**87.9%**	
16	Falls Rate (People over 65)	**24%**	
19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	**639** per 1,000	
20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	**23%**	

Our Strategic Plan sets out how we will support people, and how we allocate the integrated budget we receive from Midlothian Council and NHS Lothian.

Midlothian Health and Social Care Partnership uses the money allocated to its services to plan, deliver, monitor, and evaluate the services it provides and commissions. All services have a duty to ensure we deliver Best Value. This means we ensure resources are well managed, to improve services, and deliver the best possible outcomes for people and communities. The actions services take, and how they use the resources allocated to them will determine how much progress we make, and how quickly. We monitored these plans and asked Midlothian Health and Social Care Partnership to do things differently when we thought there was a need to do so.

In 2023/24 our resources were stretched due to salary increases for our staff and the staff of commissioned services, and the increasing cost of providing services to a larger population with more complex needs. To meet this challenge, our services have continued to keep a focus on quality, innovation, and improvement.

Improving prescribing in General Practice

Pharmacy Team

Pharmacy Teams collaborated with GPs in all 11 practices to establish an agreed 'Permissible Repeats Policy' for priority medication groups. This aimed to reduce the workload generated by ad hoc 'Acute' prescriptions requests from patients. As a result, Ad hoc 'Acute' prescriptions reduced by 3%, equating to 2,800 less Acute prescriptions and 93 hours of combined GP & admin time saved every month.

The Midlothian Pharmacy service developed a Pharmacy Hub to complete the prompt medicines reconciliation of hospital immediate discharge letters. As well as improving patient safety, the Hub has improved the efficiency of medication provision and timely communication with patients. 98% of hospital immediate discharge letters were reconciled within 48 hrs of the Pharmacy Hub receiving them. In February 2024, 83% of letters were completed within 24 hrs.

This work was recognised at the NHS Lothian Celebrating Success Awards.

Making it easier to see a GP

Pathhead GP

The Pathhead GP practice team improved the number of people who attended appointments – especially for longer timeslots.

The practice sent text-reminders, and this reduced the number of missed appointments to 1.5% of all appointments. The text system also allows people to rebook at a more convenient time if needed. As a result, more appointments are available, including some at short notice.

How we spent our money (2023/24)

We are funded by our partners, Midlothian Council and NHS Lothian, and are responsible for the integrated budget we receive. The funding is to support the delivery of the health and social care in Midlothian.

We work closely with our partners and receive a budget offer from them both every year. However, we often don't know exactly what this will be until February or March each year. This is because of how our partners receive funding from Scottish Government.

At our meeting on the 16th March 2023, we accepted the budget offer from NHS Lothian, but did not accept the budget offer from Midlothian Council because it did not meet the criteria in the Scottish Government guidance. After further discussions, we accepted this offer but had to deliver further savings plans to address the shortfall.

You can read more about how we spent our money in our Annual Accounts.

Financial challenges during 2023/24

During the financial year 2023/24 we spent more money than we were allocated in both health and social care. In health services, this was mostly due to pressures within GP prescribing services as a result of increased demand, and the cost of services within Acute Hospitals (The Royal Infirmary of Edinburgh and the Western General hospital).

In social care services, increased demand, and higher costs to delivery of both social care were significant challenges. There has not been any additional funding to support these pressures.

To ensure good financial management, we should have some financial reserves. In 2023/24 we had to spend all of our general reserve (c. £6.2m) to pay for services. Although this was planned, it has meant we no longer have any reserves to support recovery plans or to investment in service transformation.
Our Hosted and Set Aside services continued to experience a number of pressures. Mental Health Inpatient services required additional capacity to meet high demand. There was also increased demand for equipment provided by the Community Equipment Store.

How we spent our money in 2023/24

	Budget £000's	Spend £000's	Variance £000's	Note
Direct Midlothian Services				
Community AHPS	£3,504	£3,437	£67	
Community Hospitals	£7,967	£7,933	£34	
District Nursing	£8,649	£8,700	-£51	
General Medical Services	£17,956	£18,040	-£84	
Health Visiting	£2,623	£2,683	-£60	
Mental Health	£3,039	£3,379	-£340	
Other	£5,201	£8,013	-£2,812	1
Prescribing	£21,195	£21,917	-£722	
Resource Transfer	£6,928	£6,928	£0	2
Older People	£25,451	£30,816	£5,365	
Learning Disabilities	£19,166	£22,424	-£3,258	
Mental Health	£1,205	£1,049	£156	
Physical Disabilities	£3,917	£4,224	-£307	
Assessment and Care Management	£3,972	£3,902	£70	
Other	£3,705	£3,621	£84	3
Midlothian Share of pan-Lothian				
Set Aside	£22,784	£24,328	-£1,544	4
Mental Health	£3,249	£3,379	-£130	
Learning Disabilities	£1,430	£1,419	£11	
GP Out of Hours	£1,358	£1,358	£0	
Rehabilitation	£1,011	£879	£132	
Sexual Health	£824	£815	£9	
Psychology	£1,681	£1,515	£166	
Substance Misuse	£592	£574	£18	
Allied Health Professions	£1,740	£1,682	£58	
Oral Health	£963	£862	£101	
Other	£4,143	£4,070	£73	
Dental	£6,198	£6,198	£0	5
Ophthalmology	£1,964	£1,964	£0	5
Pharmacy	£4,169	£4,169	£0	5
Sub Totals **Health Budget** **Social Care Budget**	 £129,168 £134,242	 £57,416 £66,036	 -£13,694	
NHS reserves adjustment		-£1,366	£1,366	6
Per Annual Accounts **Health** **Social Care**	 £129,168 £132,906	 £57,416 £66,036	 -£12,358	

Notes

1. Other includes £4.816m for the Social Care Fund which is held in the Health Budget but expended in the social care services. It also includes £1.336m of funds held by NHS Lothian on behalf of Midlothian Council. There is more information about this in note 6 below.

2. 'Resource Transfer' describes funds for specific purposes which are transferred from health to social care. However, these remain part of the health budget.

3. 'Social Care Other' includes care for non-specific groups, substance use services and other management costs.

4. 'Set Aside' describes the budgets for functions delegated to us but managed by the Acute Services management teams within NHS Lothian. These services are:
    - Accident and Emergency
    - Cardiology
    - Diabetes
    - Endocrinology
    - Gastroenterology
    - General Medicine
    - Geriatric Medicine
    - Rehabilitation Medicine
    - Respiratory Medicine
    - Various ancillary support services for the above

    These services are delivered at the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital.

5. In the Health system, expenditure to support the delivery of community dentistry, community opticians and community pharmacists is termed as 'non-cash limited' (NCL) and part of the delivery of primary care functions delegated to us. However, there is no budget allocated to us and costs are supported by the Scottish Government.

6. NHS Lothian is not able to hold reserves. However, at the end of the financial year, £1.336m of funds were held by NHS Lothian on our behalf. These funds were transferred to Midlothian Council to support the social care position. Thus, although these are shown as expenditure, these funds are not expenditure and have therefore been removed.

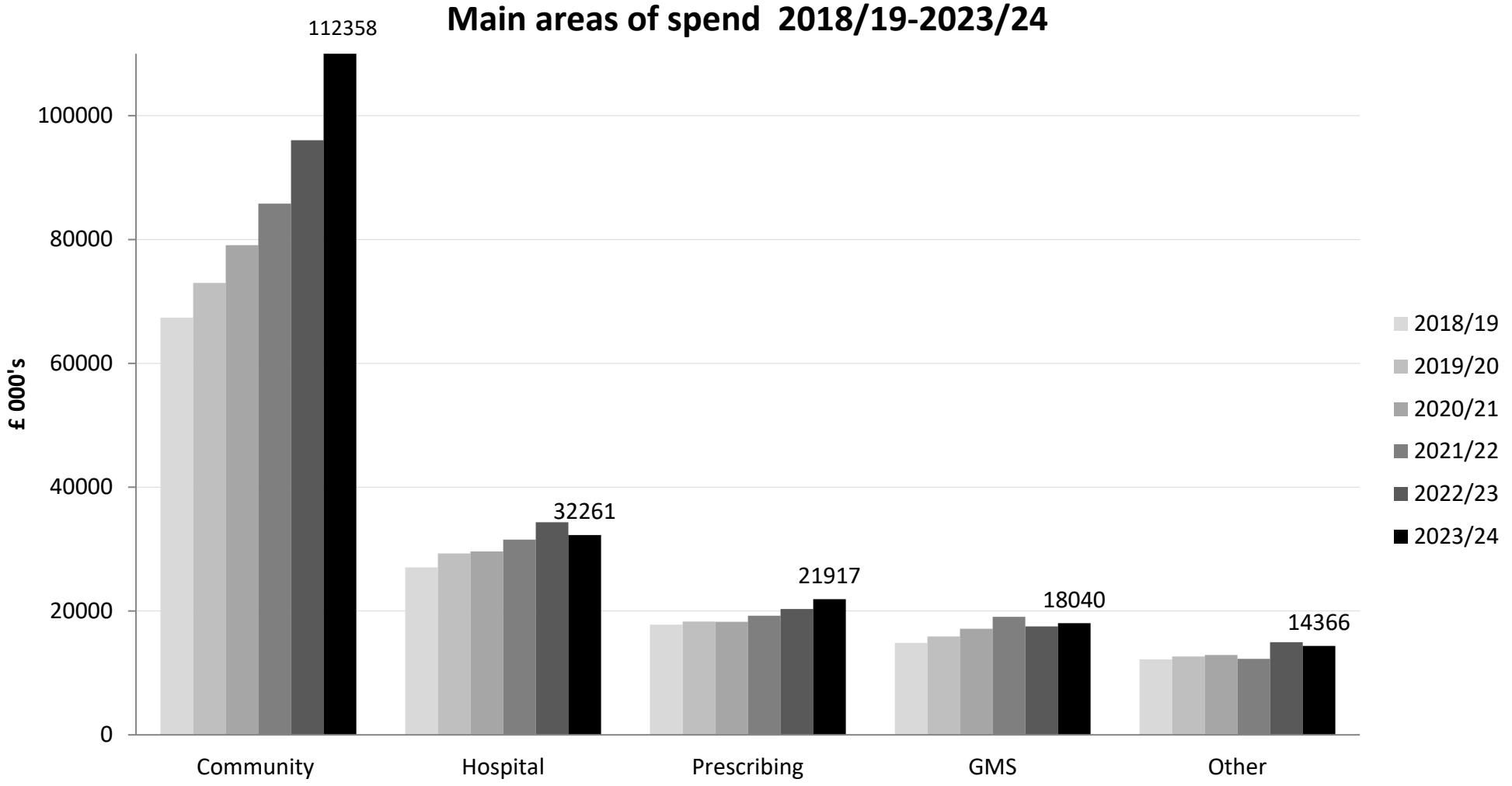
The charges (shown as expenditure above) made by Midlothian Council to us are the net costs of delivering social care services in Midlothian. The charges from NHS Lothian are based on the health budget setting model that we agree together.

Charges for the core services delivered by Midlothian Health and Social Care Partnership are based on the net direct actual costs.

Charges for hosted and set aside services delivered across all of Lothian are based on the total actual costs for these services shared by the four Lothian IJBs. Our share of the total actual costs incurred in 2023/24 for hosted services, the Lothian set aside budget, and the non-cash limited budgets is 10% .

Main Areas of Spend (2018/19-2023/24)

The graph below compares our spend trends for the past 6 years. We are unable to report on spend by locality as we do not hold data in this form.



Working with local communities

Community Planning is a way of organisations working together, and with local communities, to use resources to improve people's lives. There are 32 Community Planning Partnerships across Scotland - one for each council area. These Partnerships bring together key organisations, both statutory and Third Sector, to plan services that will deliver better outcomes for people.

We are part of the Midlothian Community Planning Partnership and by working together we want to see people leading healthy, safe, and successful lives. This involves including the people who use our services, their families, and carers in developing and improving the care and support we provide.

In 2023/24 we led the 'Midlothian will be Healthier' thematic area of the 'Single Midlothian Plan' with 4 multi-sector projects:

- Midlothian Care and Support Community Co-operative
- Falls prevention and support
- Digital self-management platform
- Early identification and support for people living with frailty.

We worked closely with the Midlothian Community Planning Partnership to develop the contribution from health and social care. The work to develop a new plan for 2023/27 was based on the wishes of people and communities and explored opportunities to work more closely with the partners in our Community Planning Partnership.

Communication and Engagement

Working with people and communities is the only way to ensure we are planning for what people need. To understand what is already working well, where we can improve, and how we can do better, we commissioned the Strategic Planning Group to review how we are working with and listening to people and communities.

In November 2023, we started a 5-step evaluation process using the Healthcare Improvement Scotland Quality Framework for Community Engagement. This has helped us to work more closely with our communities and community partners, involve more people in our decisions, and help make what people care about most a reality. This process is still underway and will conclude in 2024/25. We will then publish our Community Engagement Plan and refresh our Public Engagement Statement.

Looking forward

Strategic Plan

We are currently developing our next Strategic Plan. This will set out our ten-year vision for integrated health and social care services and how we will use our resources to improve the health and wellbeing of people and communities in Midlothian. On 24th August 2023, Midlothian IJB approved the timeline for this work with an anticipated publication date before the end of April 2025.

Following an initial consultation between September and December 2023, the Board developed a set of propositions in January 2024 for the Strategic Planning Group to develop into a first draft of the next strategic plan. As we develop this plan, we will focus on what matters to people, how they want things to change, and ask for feedback. We will also listen to our third-party services, providers, and partner organisations to better understand what is already working well and where they are opportunities to improve, so we can focus our contribution to see progress towards people in Midlothian living good lives.

Like all Integration Authorities in Scotland, our role is to plan and deliver the services that support better health and wellbeing in our communities. We are asked by the Scottish Government to work with our partners to plan across the whole system using the National Health and Wellbeing Outcomes Framework and ensure the Principles for Planning and Delivering Integrated Health and Social Care are the driving force behind our planned activity to successfully and improve outcomes. These national ambitions are the same for every Integration Authority in Scotland and they will be our ultimate aim for as long as we are asked to work in this way. The action we choose to take, and the pace at which we are able to make progress, is unique to Midlothian.

In 2024, the Strategic Planning Group will work alongside our partners and communities to develop key themes and build on the overall ambitions of the plan and priority areas for actions across the short, medium, and longer term. It is anticipated that we will be able to review a first draft of this plan by May, and a second draft for public consultation from September to November 2024. A Public Engagement Plan is also underway including online discussion, face to face 'townhall' sessions, questionnaires, surveys, and a citizens panel.

We are also aware we have to adapt and change in response to the world around us. In 2023/24 this has meant some difficult decisions about our future, how we plan financially, and what this means for our services. This also gives us an opportunity to revise our plans, make changes quickly, and transform our services.

New Legislation

In 2023/24 several new pieces of legislation required us to take action. The Health and Care (Staffing) (Scotland) Act had implications for both our health and social care workforce and required us to work closely with both of our partners NHS Lothian and Midlothian Council who employ the staff who work within the Health and Social Care Partnership. The requirement to provide detailed

assurances on the steps we have taken to ensure appropriate numbers of staff to provide safe and effective care required us to develop new processes and ways of reporting. While we have undertaken a number of tasks to provide assurance that we are meeting our duties and obligations in relation to safe staffing, there is still more we could do. In 2024/25 we will continue to work with both our partners to ensure service are aware of the duty to comply with the guiding principles of the Health and Care (Staffing) (Scotland) Act, 2019.

The Act also requires us to report on how we are ensuring we have considered the duties of the Act when we are planning or securing contracts for care that is provided by others on our behalf. In Midlothian, we commission over £45 million in services provided by third parties. We will continue to work alongside our partners to ensure that we have met our duties in relation to the services that we commission from third parties. In 2024/25 we this will include

- Ensuring our Market Facilitation Plan supports a local market that promotes the guiding principles of the Act.
- Reviewing and updating the register of contracts to note when one of the services managed by Midlothian Health and Social Care Partnership plans or secures the provision of 'social care' from a third party under a contract, agreement, or other arrangements.
- Issuing a contract variation with a clause detailing the requirements of all third-party providers in relation to hourly rate and minimum pay.
- Asking Midlothian Health and Social Care Partnership to ensure all third-party providers are aware of the duty to comply with the guiding principles of the Act by overseeing a review of contract terms and conditions.
- Ensuring due diligence check before contracting services that include questions on staffing and delivery.

Workforce

Of course, this also impacts on how we think about wider workforce planning. In 2024/25 we will be asked to submit a new Integrated Workforce Plan 2025-28 to Scottish Government. Of course, we don't employ any staff as the health and social care workforce are employees of our NHS and local authority partners. However, we will continue to work with all our colleagues and Scottish Government to ensure we are meeting all our requirements.

We know that higher unemployment rates are associated with poorer health outcomes a cause of health inequality, social exclusion, and poverty. Low employment rates are associated with a lower life expectancy and people who live in areas with high employment rates are more likely to live longer and in better health. In 2023/24 we began work alongside our partners and the Local Employability Partnership to commit to ways we can support local people into work. We have identified a number of focused actions to support fair work in Midlothian and will be able to report on the outcome of this next year.

National Care Service

The new National Care Service legislation begins to set out the future of social care in Scotland. This could significantly change the way we are asked to work. Although it is not clear what the future will mean for integrated health and social care, we will continue to work closely with Scottish Government development teams and share our views on proposals.

Operational Transformation

In 2023/24, a Bed Based Review was carried out to consider the available options and opportunities to review how we provide inpatient and residential care and support. As the work progressed, we identified important issues that were relevant across both health and social care and have taken action to make changes and improvements.

Inspections

The Care Inspectorate inspect care homes and care at home services to check the quality of care. The majority of care homes in Midlothian are not managed by the Health and Social Care Partnership. Read the full reports at the Care Inspectorate website.

Care at Home – Support Services

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Baal-Perazim	11/05/2023	4	5	5	Not assessed	4
Call In Homecare	22/02/2024	4	4	4	Not assessed	4
Cera Care - Midlothian	20/03/2024	5	5	Not assessed	Not assessed	Not assessed
McSence	16/05/2023	4	3	Not assessed	Not assessed	Not assessed
Midlothian Council - Domiciliary Care	15/11/2023	4	4	4	Not assessed	3

Recommendations and Areas for Improvement (if any)

Name	Recommended Improvement
Baal-Perazim	People should be confident their medication regime is being managed safely. Therefore, the provider should ensure: a. Staff administering medication have clear information as to the name of the medication, what the medication is used for, the dosage and the impact taking the medication has on the person; b. Protocols for "as required" medication are in place. People should experience high quality care and support that is right for them. Therefore, the provider should ensure: a. Risk assessments are completed, monitored, and reviewed where there is an identified risk to the supported person and/or others; b. Support plans include clear guidance as to how staff sensitively manage situations where a person is significantly distressed and anxious to achieve planned outcomes.
Call In Homecare	To ensure people and their relatives are provided with clear information about the service, in particular the arrangements for staff delivering their care and any changes in staffing, the provider should ensure good communication between staff, people, and the management team. The implementation of communication agreements with people would support this area for improvement.
Midlothian Council - Domiciliary Care	To ensure people experience high quality care, the manager should ensure that records are fully maintained, along with relevant guidance (including body maps) when supporting people with their medication. To ensure that people are confident that the care they receive is well led and managed, the manager should ensure any actions identified from audits completed are carried through to completion and this is clearly evidenced and tracked. To ensure people that staff know how to care and support them should they become unwell, anticipatory care plans should be developed for each person. To ensure that people are confident that the care they receive is person centred and well led, the manager should ensure Personal plans record all risk, health, welfare, and safety needs in a coherent manner which identifies how needs are met. This should also incorporate risk enablement where appropriate and agreed.

Care Homes for Older People

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Aaron House	19/03/2024	4	4	5	4	4
Drummond Grange	16/08/2023	4	5	Not assessed	4	Not assessed
Nazareth House	24/08/2023	3	3	2	Not assessed	3
Nazareth House	02/11/2023	Not assessed	Not assessed	2	Not assessed	Not assessed
Newbyres Village	05/05/2023	2	2	2	4	2
Newbyres Village	04/08/2023	3	3	3	Not assessed	3
Pine Villa	20/06/2023	5	5	4	3	4
Pittendreich	28/09/2023	3	3	3	3	3
Springfield Bank	12/04/2023	4	4	4	4	4
Springfield Bank	24/07/2023	3	3	3	Not assessed	3

Recommendations and Areas for Improvement

Name	Recommended Improvement
Drummond Grange	To improve the environment of the home the provider should continue to develop a comprehensive refurbishment plan. This should include, but not be restricted to, improving bedrooms and corridors, ensuring timely repairs and replacement of items. The plan should detail the timescales for refurbishment and repairs/maintenance to take place and be reviewed on a regular basis. Each unit should have its own full plan, specific to that environment.
Nazareth House	Requirements 1. By 27 October 2023, personal plans must accurately reflect the care provided and ensure that service users' health, safety and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff. To do this the provider must at a minimum ensure: • Personal plans are reviewed and updated accordingly to reflect all assessed care needs. • Personal plans are fully audited to ensure all the information held within them can be cross referenced as being accurate. This includes the effective use of assessment tools used to determine risk. • The effectiveness of the care provided to service users is measured through observation of their care, quality audits and feedback from them and those important to them. All observations must be documented. • Ensuring that each service user's health and wellbeing is consistently monitored and evaluated to inform the level of care required. This should include the accurate recording of residents' food and fluid intake and the maintaining of other relevant records. People should have choice about getting involved with activities and interests important to them, both in the care home and their community. The provider should continue to develop opportunities for people to participate in meaningful activities. This is to enable people to get the most out of life and options to maintain and develop their interests, activities, and what matters to them. This includes opportunities to connect with family friends and the local community, in different ways. People with specific communication needs or cognitive impairment should also be supported to participate in a meaningful way and those important to them involved in planning activities and evaluating how meaningful they were. The recording and monitoring of this should help to promote positive outcomes for all.

Name	Recommended Improvement
	To support people's health and wellbeing, the manager must implement care and support plans for people who are at risk of becoming constipated. This should include, but is not limited to, ensuring records detail preventative actions to be taken, how this will be monitored and managed, and ensure there is effective clinical oversight of people's elimination records. To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved. This would include providing clear evidence of the audit carried out, the information sampled and the outcomes with identified actions to be followed up. Where any accident or incident reported to management, results in unexplained or unexpected injury this should be fully investigated and recorded and notified to the care inspectorate. To ensure people are actively encouraged to be involved in improving the service, family, friends, and people supported should be given feedback on how quality assurance processes have led to improvements based on their feedback and suggestions. Requirements 1. By 27 October 2023, people experiencing care must have responsive care from staff with the right knowledge and competence. The provider must at a minimum ensure: • There is a management overview of the quality of care provided, which is evidenced based and recorded. • Records of the overview of the quality of care includes an action plan with end dates for any improvements required and further review as needed. • Observations of staff practice are carried out and recorded. This would include, ensuring training is put into practice, and that staff practice reflects the health and social care standards. • Where practice is identified as needing improvement there is support through training and one to one meetings. By 27 October 2023, in order to protect service users and staff, the provider must ensure that it is always suitably competent persons who carry out safe and effective moving and assisting techniques. The provider must at a minimum ensure: All staff must receive appropriate training and updates in line with good practice guidance in order to carry out safe and

Name	Recommended Improvement
	effective practices. This includes observed practice for staff, feedback, and any identified actions, all of which must be documented. By 27 October 2023, staff must be able to support people to receive care that meets their health, safety and wellbeing needs and enables them to experience respectful, personalised, and compassionate care. The provider must at a minimum ensure: • There are enough staff on each shift who are appropriately trained, skilled, and competent in the role they are to perform at all times. • The numbers and skill mix of staff deployed is based on an accurate assessment of each service users' needs, including needs arising from living with other service users in a group, taking the layout of the building into account. • Make certain there are enough staff to ensure that service users experience meaningful engagement and occupation. A full management overview of training should be undertaken, this would include: • Training to reflect the promoting excellence framework for people with dementia, at a minimum of skilled level. • Training which specifically reflected people's health needs living in the home. • Training being linked into one to one supervision, be reflective of residents needs and staff be given the opportunity to reflect on their learning though observed competency checks. • All staff undertaking training on the health and social care standards as part of their induction, including meaningful engagement. Six monthly reviews of support, as good practice, should give detail on discussions and reflect all aspects of care, including outcomes and activities. Outcomes of what people want from their life in the home (including relatives views) should be reflected in the review of care.
Nazareth House	To ensure people experience high quality care, the provider should continue to ensure that all staff have regular opportunities to develop their skills and reflect on their practice. This should include but not be limited to, planned observations of staff practice and regular one to one supervision. Requirement 1

Name	Recommended Improvement
	By 27 October 2023, personal plans must accurately reflect the care provided and ensure that service users' health, safety and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff. To do this the provider must at a minimum ensure: • Personal plans are reviewed and updated accordingly to reflect all assessed care needs. • Personal plans are fully audited, to ensure all the information held within them can be cross referenced as being accurate. This includes the effective use of assessment tools used to determine risk. • The effectiveness of the care provided to service users is measured through observation of their care, quality audits and feedback from them and those important to them. All observations must be documented. • Ensuring that each service user's health and wellbeing is consistently monitored and evaluated, to inform the level of care required. This should include the accurate recording of residents' food and fluid intake and the maintaining of other relevant records. Requirement 2 By 27 October 2023, people experiencing care must have responsive care from staff with the right knowledge and competence. The provider must at a minimum ensure: • There is a management overview of the quality of care provided, which is evidenced based and recorded. • Records of the overview of the quality of care includes an action plan, with end dates for any improvements required and further review as needed. • Observations of staff practice are carried out and recorded. This would include, ensuring training is put into practice and that staff practice reflects the Health and Social Care Standards (HSCS). • Where practice is identified as needing improvement, there is support through training and one to one meetings. Requirement 3 By 27 October 2023, in order to protect service users and staff, the provider must ensure that it is always suitably competent persons who carry out safe and effective moving and assisting techniques. The provider must at a minimum ensure: All staff must receive appropriate training and updates in line with good practice guidance in order to carry out safe and effective practices. This includes observed practice for staff, feedback, and any identified actions, all of which must be

Name	Recommended Improvement
	documented. Requirement 4 By 27 October 2023, staff must be able to support people to receive care that meets their health, safety and wellbeing needs and enables them to experience respectful, personalised, and compassionate care. The provider must at a minimum ensure: • There are enough staff on each shift who are appropriately trained, skilled and competent in the role they are to perform at all times. • The numbers and skill mix of staff deployed is based on an accurate assessment of each service users' needs, including needs arising from living with other service users in a group, taking the layout of the building into account. • Make certain there are enough staff, to ensure that service users experience meaningful engagement and occupation.
Newbyres Care Village	Requirements 1. By 14 July 2023 the provider must ensure that care records reflect accurately care given to ensure people can be confident that their health is monitored appropriately. (a) care documentation and records (including health charts) are accurate, sufficiently detailed and reflect the care planned or provided (b) staff have the appropriate knowledge through training so are aware of their responsibility in maintaining accurate records, retaining records and follow best practice including Scottish Social Services (SSSC guidance) (c) staff have the appropriate knowledge through training about the use of healthcare assessment tools including MUST, challenging behaviour, and pressure risk assessments. (d) ensure that staff know policy and best practice. To ensure people have positive experiences, the provider should ensure care and support is tailored to the needs, wishes and choices of people and delivered in a dignified way. Requirements 1. By 14 July 2023 and to ensure people experience safe care and support the provider must make improvements to their quality assurance oversight. To do this, the provider must at a minimum ensure: (a) the system effectively enables areas for improvement to be promptly and accurately identified

Name	Recommended Improvement
	(b) that the outcomes because of any audit are clearly recorded - where areas for improvement are identified, that an action plan is developed detailing timescales and the person responsible (c) all current quality assurance arrangements are reviewed and developed to ensure that these are systematic, effective, and integral to service provision - people's views about the care and support they receive is sought to inform quality assurance (d) quality insurance (including audits and oversight) have appropriate systems and processes in place to review the effectiveness of, undertaken by the management structure which may include the senior management team. By 14 July 2023 to ensure people have confidence that the service they use is led well and managed effectively. The provider must improve management arrangements and oversight. To do this, the provider must at a minimum ……. (a) the management have effective oversight of the day-to-day delivery of care to service users to ensure their care needs are fully met. (b) the management have a visible presence within the service and engage with residents, relatives, and staff to support the development of management oversight required (c) the management engage with service users and staff about the quality of the service and take action to address improvements identified to ensure improved outcomes for service users (d) monitor staff competence through training, supervision, and on-site observations of staff practice and take action to improve or reduce poor or unsafe practice. (e) introduce staff individual learning and development plans to ensure staff continue to have the knowledge and skill to meet people's needs (f) ensure staff feel supported through regular support and supervision, including competencies of practice (g) to hold regular team meetings and reflect on practice through team meetings, identifying areas to improve. Requirements 1. By 14 July 2023 to ensure people are confident that staff are responsive to their needs. The provider must ensure that there are enough staff working in the care home to ensure person centred and responsive care (including nursing input) can be delivered. To do this, the provider must at a minimum ensure that

Name	Recommended Improvement
	(a) there are appropriate assessments and review of people's (service users') needs and wishes (b) at all times, suitably qualified and competent staff are working in the care service (c) there are enough staff to support service users' health, welfare, and safety (iv) temporary staff are given opportunity to reflect on their practice (d) provided at the agreed times, and in such a way that meets the identified needs (including nursing input) of the service user as recorded in their agreed support plan (e) the physical layout of the building is considered when reviewing staffing levels (f) dependency tools used to assess the staffing levels required to meet people's care needs incorporate time to be involved in training, observations of practice, team meetings and supervision meetings. Requirements 1. By 14 July 2023 to ensure that personal planning reflects people's outcomes and wishes, the provider must ensure personal plans contain current, clear, and meaningful information. To do this, the provider must at a minimum ensure ……. (a) personal plans record all risk, health, welfare, and safety needs in a coherent manner which identifies how needs are met (b) care plans are reviewed on a regular basis to ensure they are accurate and consistent to the identified care needs assessed (c) the auditing of care plans by the provider includes a follow through of actions to ensure any areas identified for improvement are actioned upon and any learning is recorded
Newbyres Care Village	To ensure people continue to experience safe care and support the manager should continue to make improvements to their quality assurance oversight, through regular auditing of personal plans and other related documentation.
Pine Villa	The provider should ensure appropriate fire safety systems are in place to safeguard the health, safety and wellbeing of residents and staff. This should include: • an up-to-date fire evacuation plan • suitably detailed personal emergency evacuation plans for all residents, including people on respite placements • nighttime fire evacuation drills, to inform staffing and risk during the night. Where any risk is identified through the drills/evacuation, staffing must be increased to ensure the safety of people living in the home.

Name	Recommended Improvement
	To make sure people have privacy, dignity, safety, and a bedroom of their own, double rooms should only be used when: i) Two people are in a pre-existing relationship before moving into the care home and choose to share, or ii) Two people form a relationship while living in the home and specifically request to live together in a double room. iii) If isolation of a person sharing a room is needed there should be appropriate contingencies and agreements in place that help keep people safe, this might include the two people agreeing to be isolated together.
Pittendreich	All people supported should have an opportunity to engage in regular meaningful activities. Activities and interests recorded in their personal plan should be evaluated against what they want to achieve or would like to do. To ensure that people's needs are fully met as agreed in their personal plan, the manager should ensure: • all documentation relating to care is accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning. • information within the personal plan is accurate and reflects changing individual care needs • staff practice fully reflects the care as written in the personal plan. Where people had been prescribed 'as required' medication, there should be detailed protocols as to when to give this, at what point at the escalation of pain, anxiety or stress and distress to administer and if the medication was successful in alleviating the symptoms. To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved. This would include: • detailing observations as part of the audit • giving feedback to residents, relatives, and staff where improvements have been agreed • recording actions taken as a result of feedback and audits and linking this into the overarching improvement plan •recording the views of relatives, residents, and staff as part of the quality assurance process. To ensure people experience high quality care, the provider should enable opportunities for staff to reflect on their practice

Name	Recommended Improvement
	through discussions at team meetings and through regular supervision with their manager. Staff supervision should include discussion on training and development as well as feedback on observed practice. To improve the environment of the home the provider should continue to develop a refurbishment plan. This should include, but not be restricted to timely repairs and replacement of items. The plan should detail the timescales for refurbishment and repairs/maintenance to take place and be reviewed on a regular basis. To ensure that evaluation of care leads to improved outcomes, clear actions should be identified where changes to care or deficits in care are highlighted. The actions should be reflected in an updated personal plan and should be monitored effectively. Six monthly reviews of support, as good practice, should give detail on discussions and reflect all aspects of care, including outcomes and activities. Outcomes of what people want from their life in the home (including relatives views) should be reflected in the review of care.
Springfield Bank	All staff should receive training on meaningful engagement with people living in a care home. This would give staff the knowledge, skills, and confidence to initiate meaningful interactions with residents out with direct care tasks. To improve the environment of the home the provider should develop a full refurbishment plan. This should include a full inventory of any, furniture, fittings or equipment which is need of replacement. The plan should detail the timescales for refurbishment to take place and be reviewed on a regular basis. People should have choice about getting involved with activities and interests important to them, both in the care home and their community. The provider should continue to develop opportunities for people to participate in meaningful activities. People with specific communication needs or cognitive impairment should also be supported to participate in a meaningful way and those important to them involved in planning activities and evaluating how meaningful they were. The recording and monitoring of this should help to promote positive outcomes for all. An assessment of the number of health and wellbeing workers should be undertaken to ensure each person has the

Name	Recommended Improvement
	opportunity to engage in activities meaningful to them.
Springfield Bank	To support people's health and wellbeing, the manager should ensure that food and fluid intake records are completed appropriately. This should include, but is not limited to, ensuring there is an effective system in place to regularly monitor and evaluate intake records to ensure appropriate action is taken.

Intermediate Care Homes

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Highbank	16/01/2024	4	5	Not assessed	Not assessed	4

Care Homes for Adults with a Learning Disability

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Dougall Court	09/10/2023	4	4	4	4	4

Recommendations and Areas for Improvement

Name	Recommended Improvement
Dougall Court	To ensure people experience high quality care, the provider should ensure the premises where support is delivered is suitable to meet the care needs of people. This is especially relevant as people become older and their health and care needs may change.

Care Homes for Adults with a Learning Disability and Autism

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Parkside Court	10/10/2023	4	4	4	4	4

Recommendations and Areas for Improvement

Name	Recommended Improvement
Parkside Court	To support positive outcomes for people, the provider should ensure the environment is suitable to fully meet peoples' assessed care and support needs and potential future care needs including people's mobility being a key focus area. To do this, the provider should, as a minimum: 1. Develop and implement an action plan which has specific, measurable, achievable, relative and timebound (SMART) objectives to ensure the accommodation is fit for purpose to meet people's care needs in the medium to long term. This includes adaptions to the current registered building. 2. Engaging in meaningful discussions with people, their relatives, welfare guardians and other relevant agencies and professionals. 3. If from the above action plan, it was identified that the current environment would not meet people's care needs in the medium to long term, then alternative accommodation opportunities that can meet people's outcomes should be explored.

Housing Support Service

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Cowan Court	12/10/2023	5	5	Not assessed	Not assessed	Not assessed
The Redwoods Caring Foundation	05/09/2023	5	5	Not assessed	Not assessed	Not assessed
Thera (Scotland)	09/02/2024	5	5	5	Not assessed	5

Support Service

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
CAT Team	09/08/2023	5	3	4	Not assessed	4
Garvald House	13/09/2023	5	5	Not assessed	Not assessed	5
Midlothian Park Cottage	05/06/2023	5	5	5	Not assessed	5

Recommendations and Areas for Improvement

Name	Recommended Improvement
CAT Team	The Provider should consult with and determine key stakeholder's views on engagement with quality assurance processes in the service. Consideration should be given to developing a forum or forums which allow people to share their views and contribute to service development and improvement plans. The Provider should provide notifications of accidents and incidents to the Care Inspectorate in line with regulatory guidance

Name	Recommended Improvement
	(see Records that all registered services (except childminding). The Provider should develop competency-based observations of staff practice, clarifying that they have the requisite skills and that they put them into practice during support. Observations should include feedback from people who experienced care and inform discussion, supervision and professional development for the staff concerned. The Provider should develop a training matrix which allows management overview of learning undertaken and insight into when refresher training updates are needed. In order to ensure that personal plans are relevant and adequately guide staff response to any presenting risk, the Provider should: - Ensure that personal plans identify all risk, health, welfare, and safety issues in a manner which documents how needs are met. - Ensure that personal plans are shared with people who experience care and their representatives. In order to ensure that people can contribute to their personal planning and evaluate outcomes arising from support, the Provider should ensure that: -Reviews are carried out a minimum of six-monthly intervals -Review capture and fully record people's evaluations of the outcomes derived from their support.

Business and governance

IJB Membership

Date	Change in membership
18th August 2023	Hannah Cairns resigned her position as Midlothian Health and Social Care Partnership Chief AHP and therefore also her position on Midlothian IJB as the AHP Professional Advisor and non-voting member.
24th August 2023	Val De Souza stood down as Midlothian Integration Joint Board Chair from, taking on the role of Vice Chair.
24th August 2023	Councillor Connor McManus accepted the role as Midlothian Integration Joint Board Chair.
	Councillor Connor McManus stood down from the Audit and Risk Committee.
21st December 2023	Councillor Derek Milligan was nominated and accepted to Audit and Risk Committee.
14th September 2023	Miriam Leighton, Volunteering Development Manager, Volunteer Midlothian resigned her position on Midlothian IJB as Third Sector Representative and non-voting member.
21st December 2023	Claire Flanagan resigned her position as on Midlothian IJB Chief Finance Officer.
21st September 2023	Nadin Akta resumed her position NHS Lothian Non-Executive Director and therefore also her position on Midlothian IJB as a voting member.
21st December 2023	Magda Clark, was nominated and accepted the position on Midlothian IJB as Third Sector Representative and non-voting member
21st December 2023	Claire Ross was appointed to the position of Midlothian Health and Social Care Partnership Chief AHP and was nominated and accepted to as the Midlothian IJB AHP Professional Advisor and non-voting member.
21st December 2023	David King was appointed as on Midlothian IJB Interim Chief Finance Officer from 1st April 2024

- The Midlothian IJB Carer representative position remains vacant.

Key Decisions

Finance

- 13th April 2023: Budget offers reviewed. NHS Lothian offer accepted. Midlothian Council offer not accepted
- 22nd June 2023: Financial Recovery Plans 2023/24 reviewed, and recommendations accepted
- 21st December 2023: Medium-term Financial Plan 2024/25 – 2028/29 reviewed and agreed
- 21st March 2024: Midlothian Council offer accepted
- 21st March 2024: IJB Outturn Projection 2023/24 reviewed
- 21st March 2024: 2024/25 Budget Position reviewed
- 21st March 2024: 5 Financial Recovery Actions agreed for 2024/25
- 20th September 2024: Annual accounts agreed

Governance and Audit

- 22nd June 2023: Midlothian IJB Integrated Impact Assurance process reviewed and agreed.
- 24th August 2023: Midlothian IJB Governance Plan reviewed and agreed
- 21st December 2023: Midlothian IJB Scheme of Publication reviewed and approved
- 8th February 2024: Midlothian IJB Self-Improvement Development Plan Approved

Strategy, Planning, and Performance

- April 2023: Midlothian IJB Mainstreaming Equalities Report and Action Plan 2023-25 Approved.
- 24th August 2023: Midlothian IJB Annual Performance Report Approved
- 24th August 2023: Midlothian IJB Performance Framework Update 2023/24 reviewed and agreed
- 30th August 2023: Annual Performance Report published
- 8th February 2024: Strategic Plan 2025/35 proposals agreed for development and consultation.

Other Activity

- The Health and Social Care Partnership Integrated Assurance Report Reviewed 13th April 2023 and 21st December 2023
- October 2023: Consultation on the Scottish Government Strategic Plan and Annual Performance Report Statutory Guidance response agreed and submitted.

Copies of the relevant reports can be found in the committee reports on the Midlothian Integration Joint Board pages of the Midlothian Council website.

Equality in Midlothian

Everyone should be treated equally. No-one should have worse opportunities because of where they were born, how they identify, what they believe or whether they have a disability. We take steps to ensure equality is at the heart of what we do and the work of our partners. This includes the way we make decisions, the way we and people who work alongside us behave, how we decide how we spend money, and how we improve our services.

By law, we must report on the progress towards mainstreaming equality by publishing a Mainstreaming Equality Report every 4 years and provide a progress update midway through the plan. Midlothian Health and Social Care Partnership is the organisation delivering services to the community, and working to further equality in its work, but the IJB must publish the report on its actions.

In Midlothian, we complete Integrated Impact Assessments (IIAs) to consider how our work might impact equality issues, health inequalities, socio-economic inequalities, needs assessments for care experienced people, human rights, and the environment. Completing an IIA should highlight how we can avoid discrimination against groups of people and to remove or minimise disadvantage where possible.

In 2023/24, we completed 2 IIAs for the following new or revised strategies, policies and plans, provisions, practices, and activities:

- Chest, Heart & Stroke Scotland (CHSS) Long COVID Service - Midlothian Health and Social Care Partnership Long COVID Pathway Implementation Project
- Assessing and devising options for change to the Deaf Action contract covering Midlothian Health and Social Care Partnership.

Directions

Directions were reviewed at a part-year performance update on 21st September 2023. The end of year review and Direction setting for 2024/25 was postponed due to the rapidly changing financial position and an inability to make meaningful decisions. This was rescheduled to June 2024.

Outcome mapping and the OutNav software

We know good conversations are vital in understanding how to support someone to achieve their personal outcomes, but this can be difficult to measure. It is often a combination of factors that make a positive difference in people lives.

To ensure that services can describe their contribution, we use an approach called Outcome Mapping, which is a way to understand how our services contribute to people achieving the outcomes that matter to them and can help services make more targeted, locally informed decisions about how to design, deliver or commission services. This approach allows us to describe what we do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives. The Outcome Mapping approach was developed by Matter of Focus and is informed by Contribution Analysis, evidence to action and participatory approaches.

Outcome mapping is a process of continual improvement and supports services to develop meaningful action plans for change and is central to the approach to measurement developed by Midlothian HSPC, based on the triangulation of three types of data: service data (activity), system data (population experience), and what matters to people (outcome mapping).

Our Strategic Governance Outcome Map helps us better understand the contributes we are making to personal outcomes for people. We are using this unique approach to provide a real time picture of the progress we are making towards our strategic aims and the nine National Health and Wellbeing Outcomes across the whole system. We do this by linking to service outcome maps and other national data.

Outcome maps are a way to understand how services contribute to people achieving the outcomes that matter to them. Working this way means Midlothian Health and Social Care Partnership services can quickly learn from what has worked well and what needs to improve and use this information to make more targeted, locally informed decisions about how to design, deliver or commission services. This approach allows services to describe what they do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives.

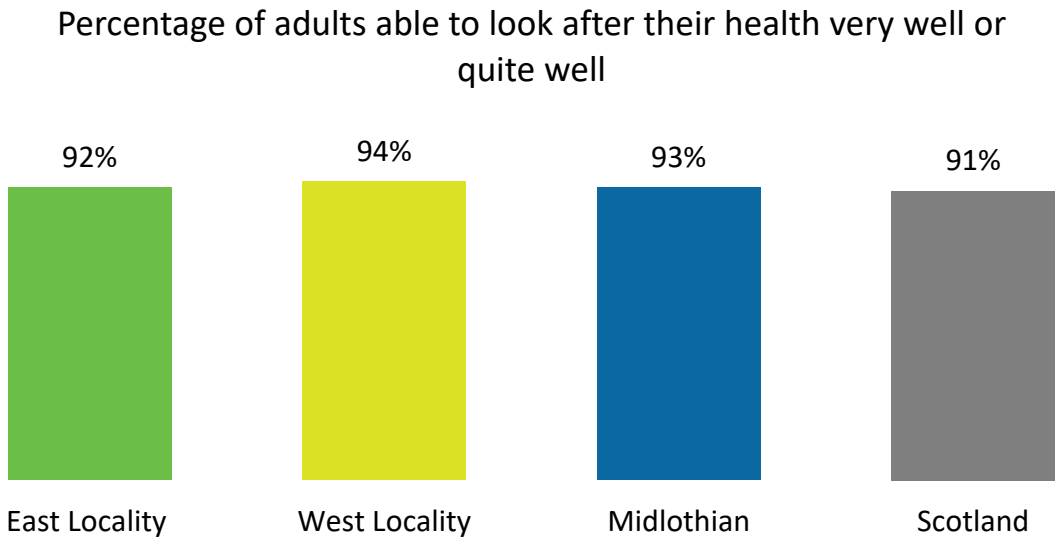
We have designed these maps to have 'stepping-stones' that include a set of success criteria aligned to the Care Inspectorate Joint Inspection Framework. Each outcome map is colour-coded to show an evaluation of how much progress a service is making progress towards personal outcomes and the strength of evidence is to support that progress rating. This results in a two-factor rating system for each stepping-stone in the outcome map.

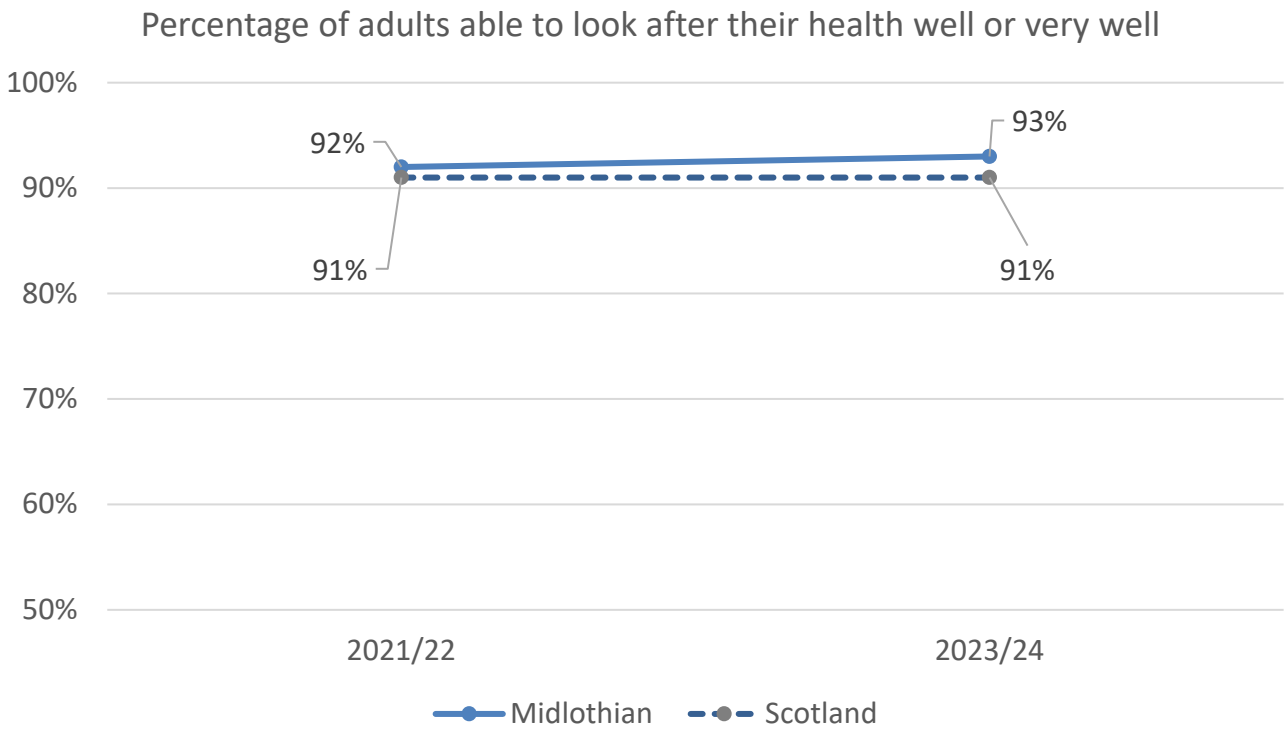
This approach is now central to our performance measurement and strategic planning. The information collected from each of these three areas together provides objective, whole system evidence that supports services to develop meaningful action plans for change.

Data Appendix

	National Indicator	Our result	Our Progress
1	Adults are able to look after their health very well or quite well.	**92.5%**	

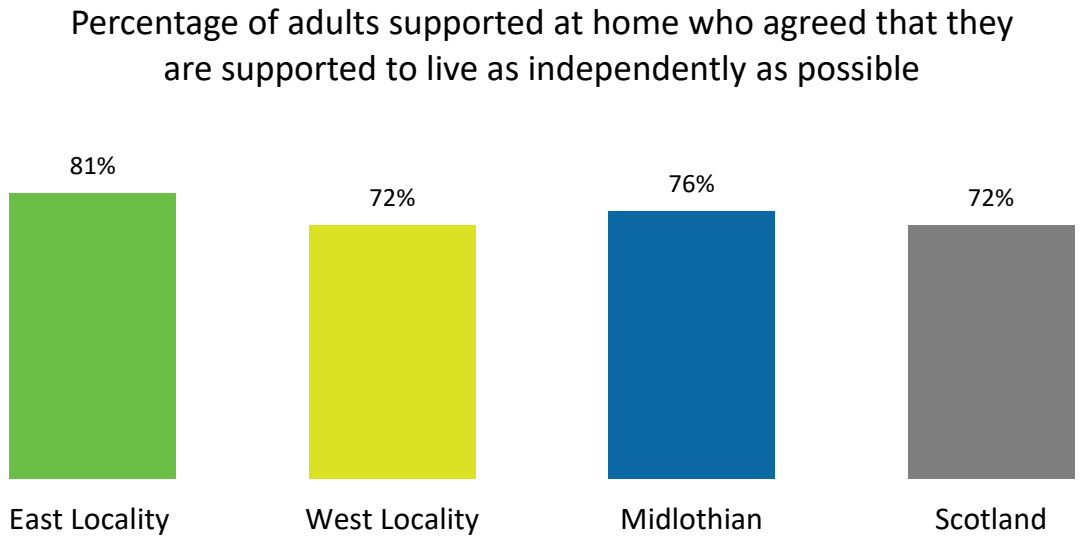
In 2023-24, Midlothian's performance stayed the same compared to 2021-2022.
Overall performance across Scotland decreased by 0.2 percentage points.
Midlothian's performance was better than across Scotland.
We are doing well in relation to national performance, and ranked 9th out of 31 Integration Authorities.

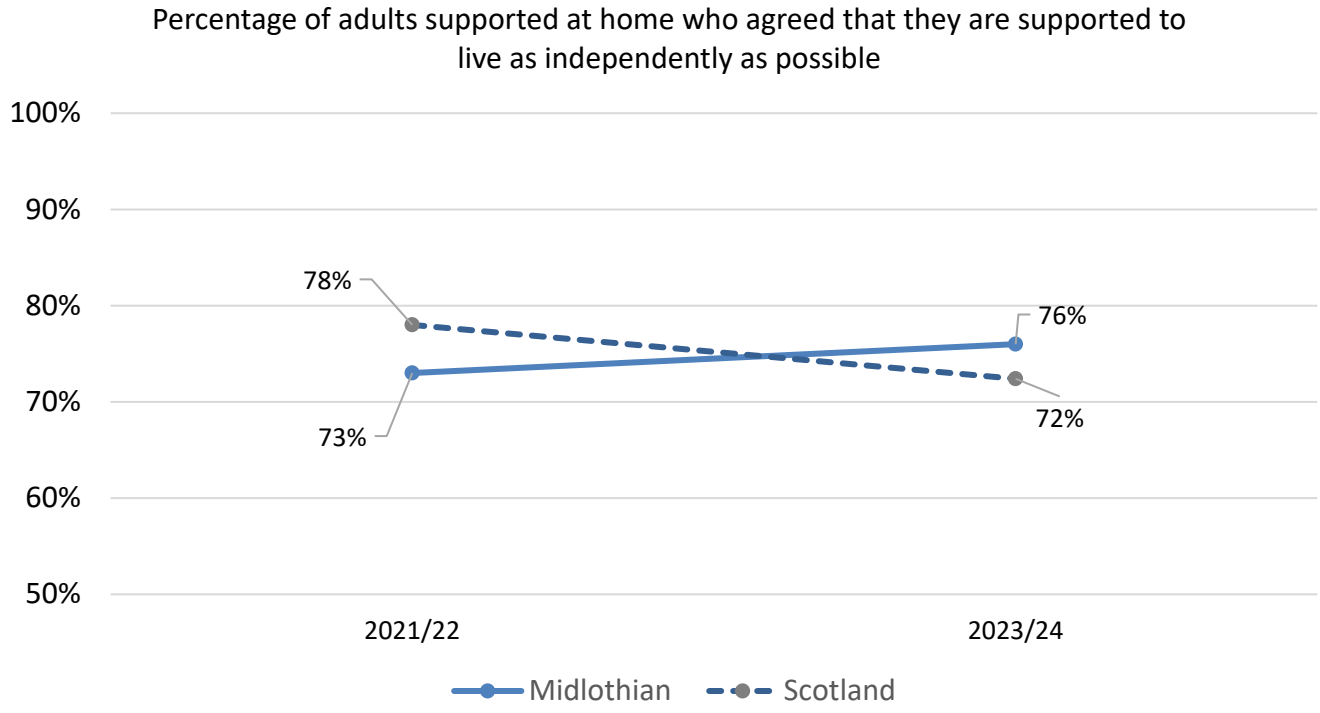




	National Indicator	Our result	Our Progress
2	Adults supported at home agreed that they are supported to live as independently as possible*.	**76.5%**	

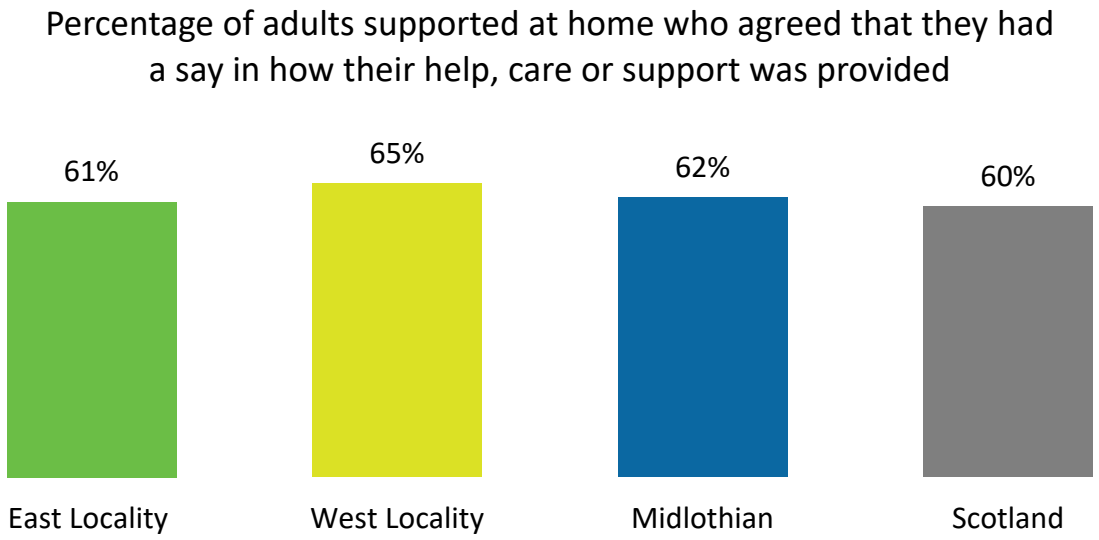
In 2023-24, Midlothian's performance improved compared to 2020-2021.
Overall performance across Scotland got worse by 6.4 percentage points.
Midlothian's performance was better than across Scotland.
We are doing well in relation to national performance, ranked 12th out of 31 Integration Authorities.

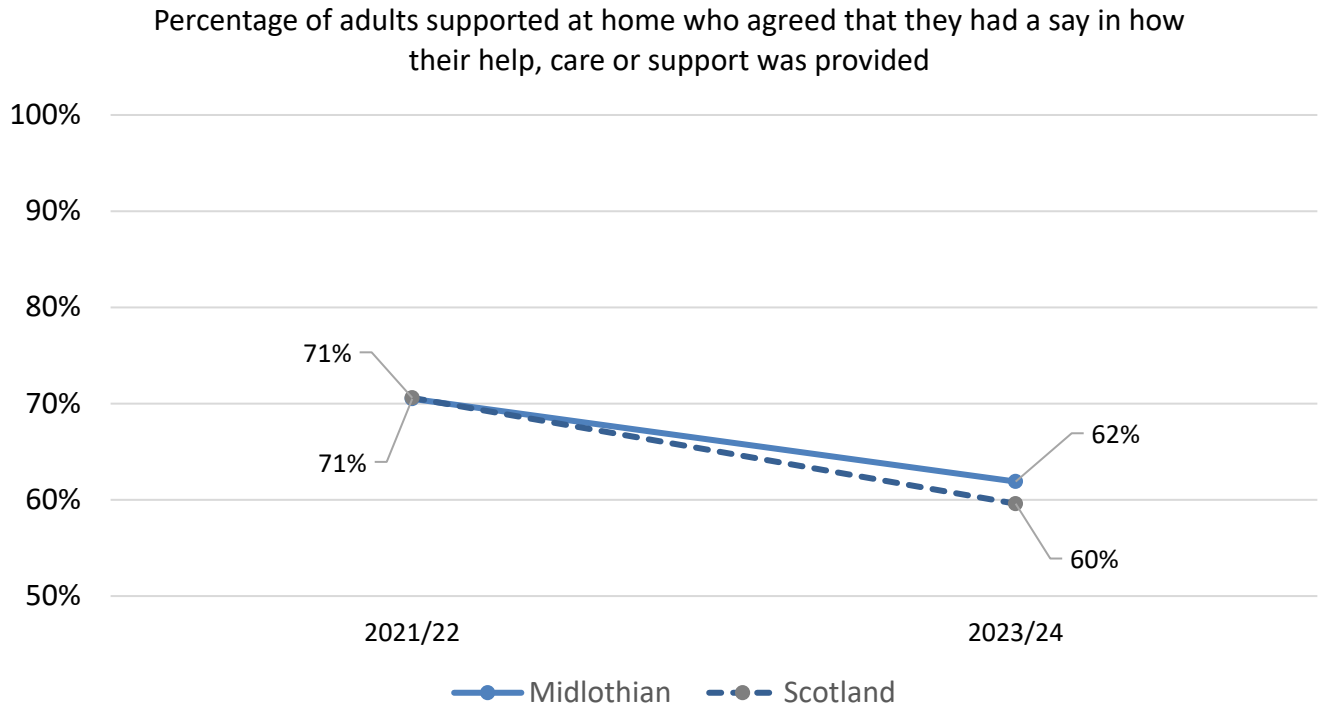




	National Indicator	Our result	Our Progress
3	Adults supported at home agreed they had a say in how their help, care or support was provided.	**61.9%**	

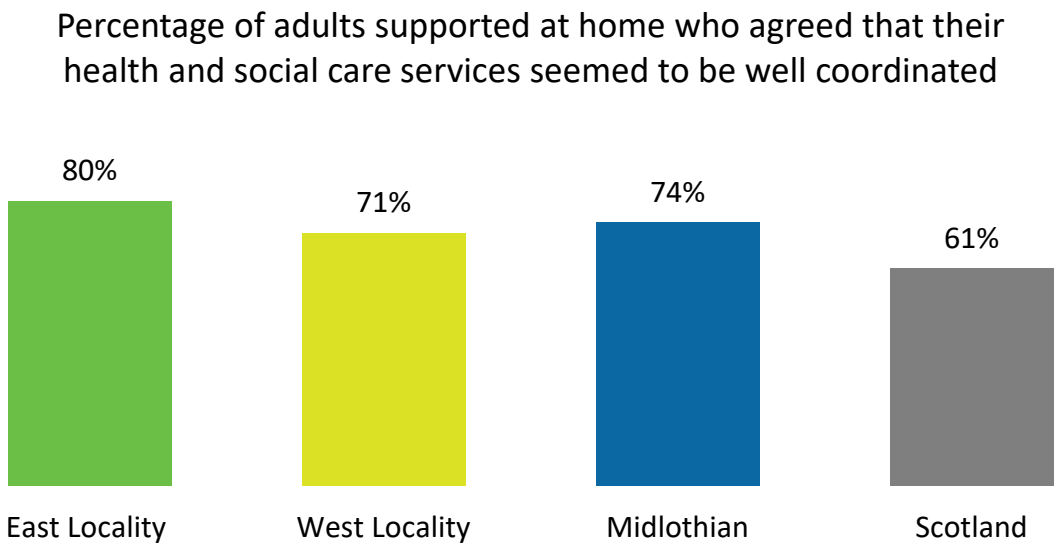
In 2023-24, Midlothian's performance was worse compared to 2020-2021.
Overall performance across Scotland got worse by 11 percentage points.
Midlothian's performance was better than across Scotland.
We are doing well in relation to national performance, ranked 14th out of 31 Integration Authorities.

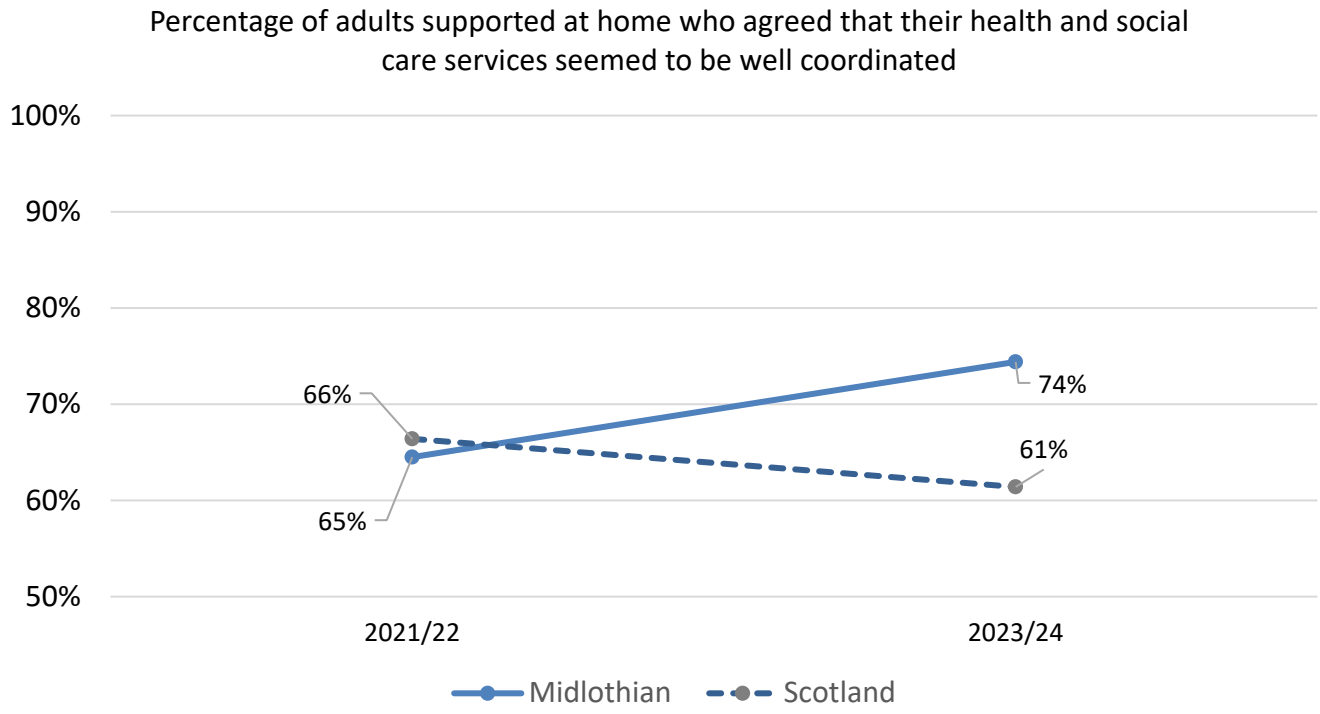




	National Indicator	Our result	Our Progress
4	Adults supported at home agreed that their health and social care services seemed to be well coordinated.	**74.4%**	

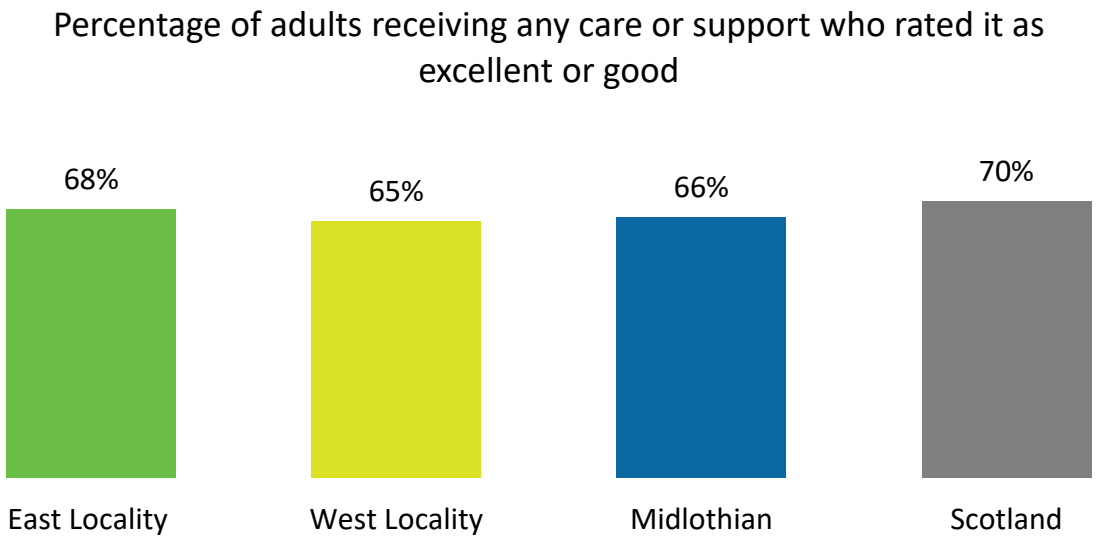
In 2023-24, Midlothian's performance was better compared to 2020-2021.
Overall performance across Scotland got worse by 5 percentage points.
Midlothian's performance was better than across Scotland.
We are doing well in relation to national performance, ranked 1st out of 31 Integration Authorities.

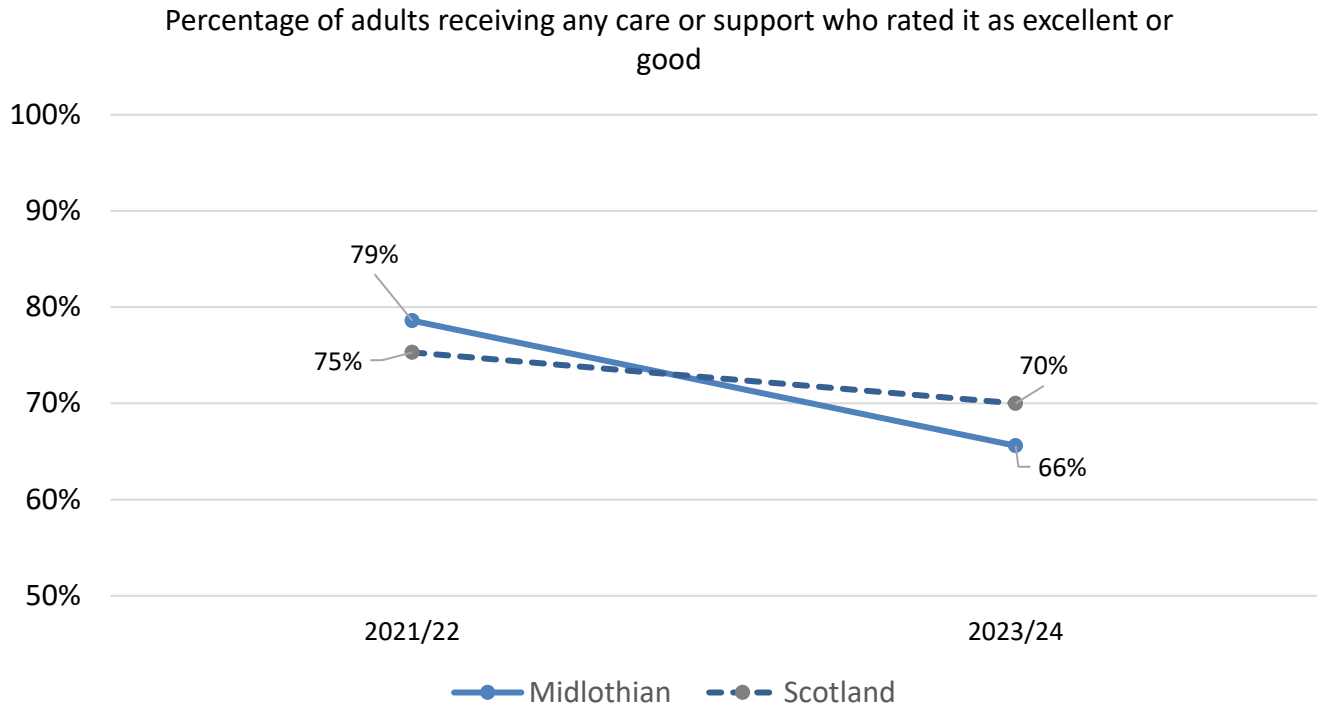




	National Indicator	Our result	Our Progress
★★★★★ 5	Adults receiving care or support rated it as excellent or good.	**65.6%**	

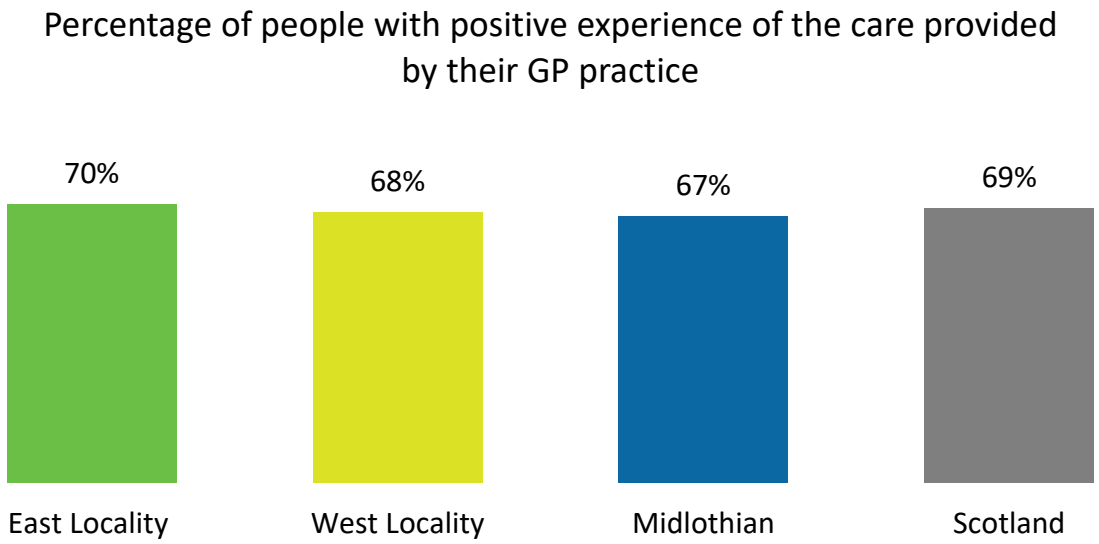
In 2023-24, Midlothian's performance was worse compared to 2020-2021.
Overall performance across Scotland got worse by 5 percentage points.
Midlothian's performance was worse than across Scotland.
We have work to do in relation to national performance, ranked 27th out of 31 Integration Authorities.

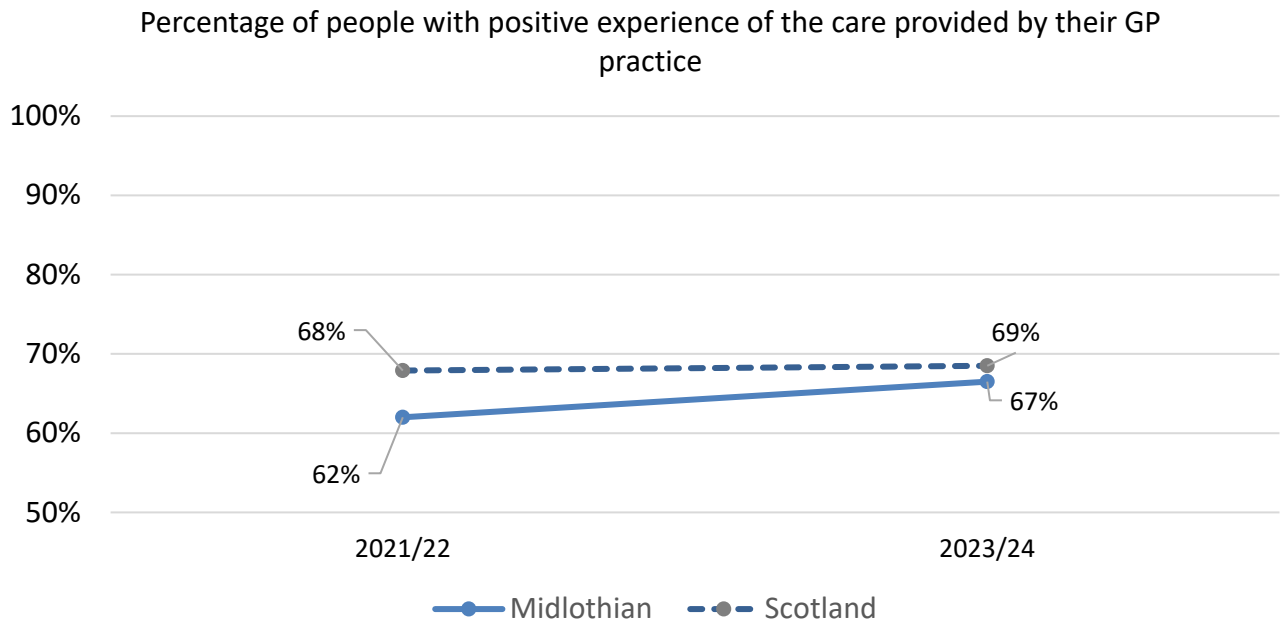




	National Indicator	Our result	Our Progress
6	Adults had a positive experience of the care provided by their GP practice.	**67.9%**	

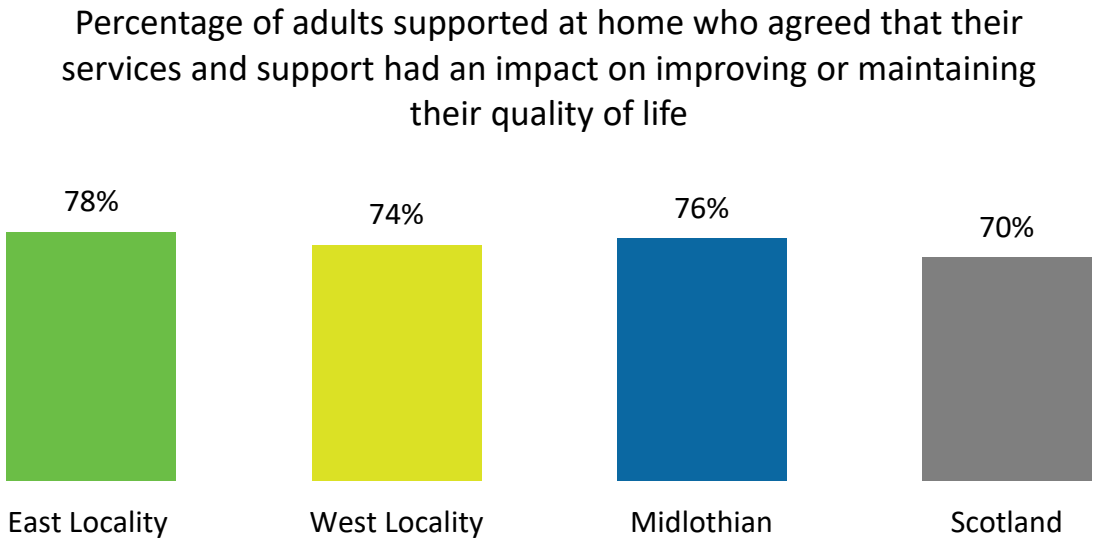
In 2023-24, Midlothian's performance improved compared to 2020-2021.
Overall performance across Scotland improved by 2 percentage points.
Midlothian's performance was worse than across Scotland.
We have work to do in relation to national performance, ranked 19th out of 31 Integration Authorities.

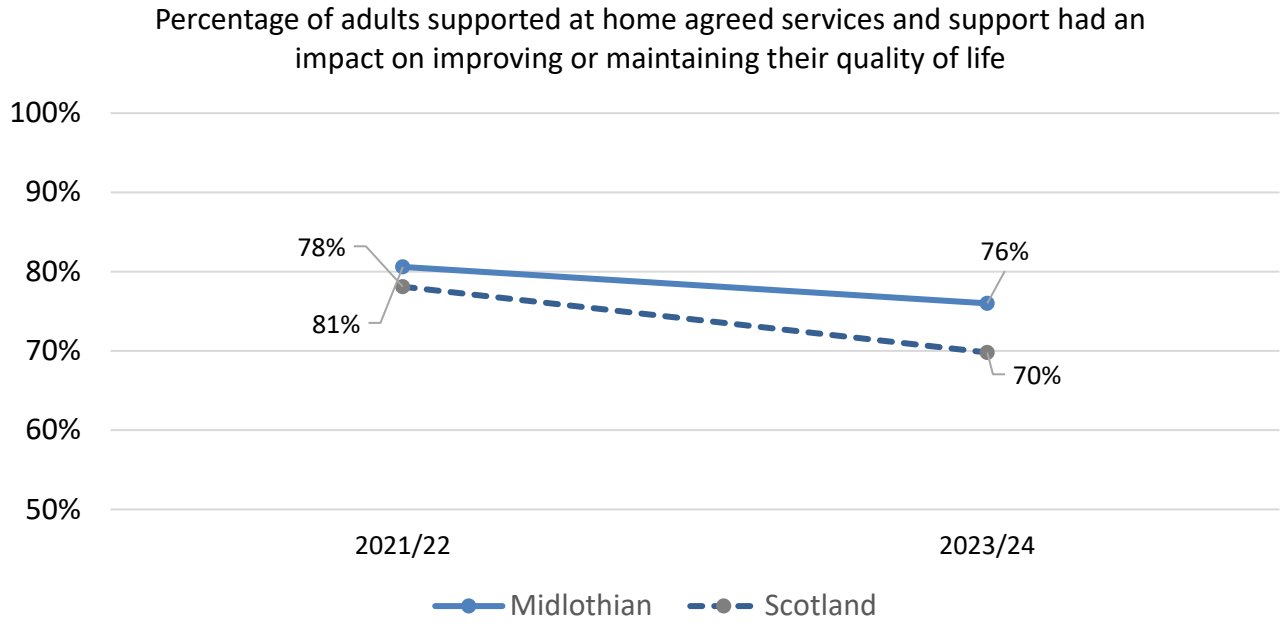




	National Indicator	Our result	Our Progress
7	Adults supported at home agreed services and support had an impact on improving or maintaining their quality of life.	**76%**	

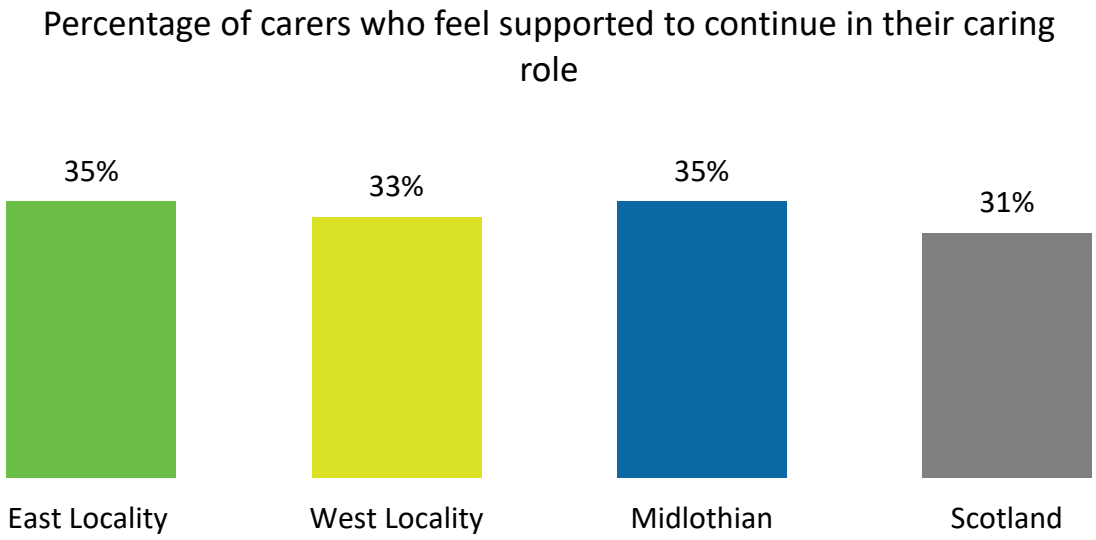
In 2023-24, Midlothian's performance was worse compared to 2020-2021.
Overall performance across Scotland got worse by 8 percentage points.
Midlothian's performance was better than across Scotland.
We are doing well in relation to national performance.

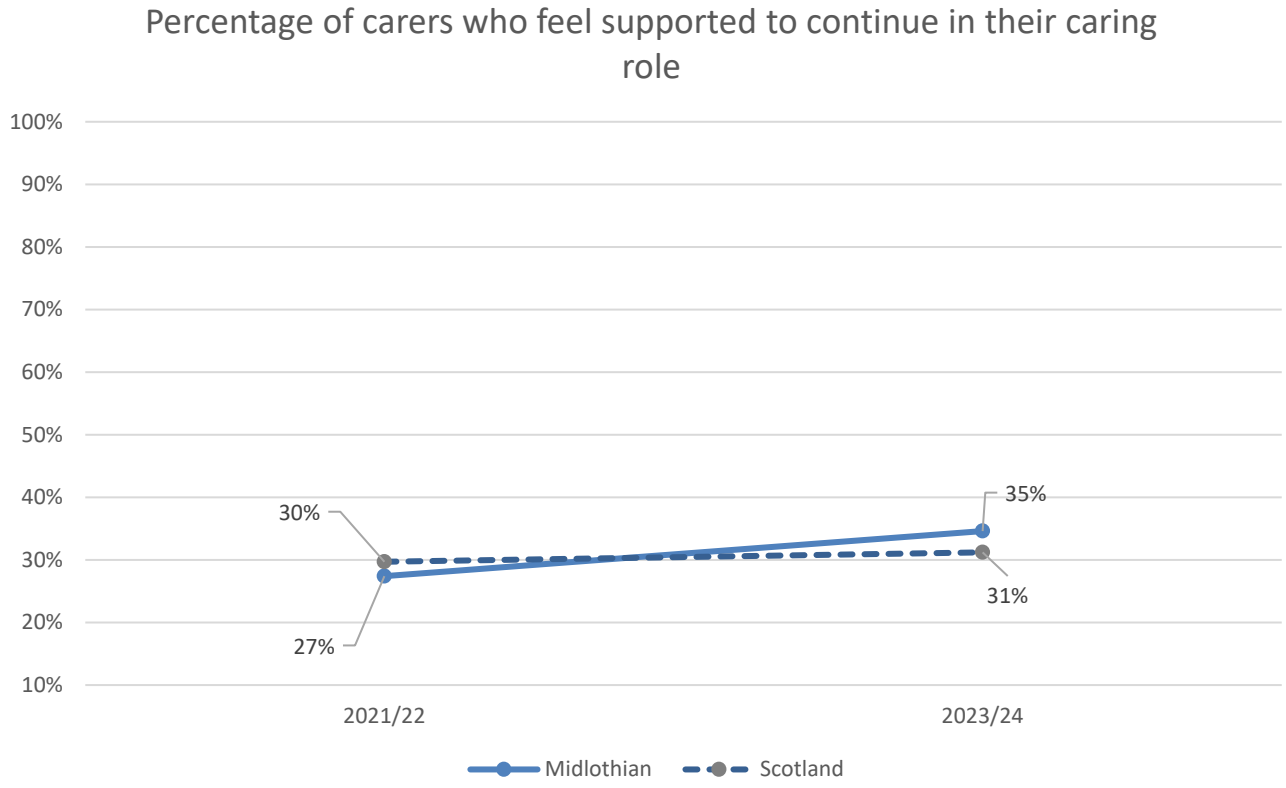




	National Indicator	Our result	Our Progress
8	Carers feel supported to continue in their caring role.	**34.6%**	

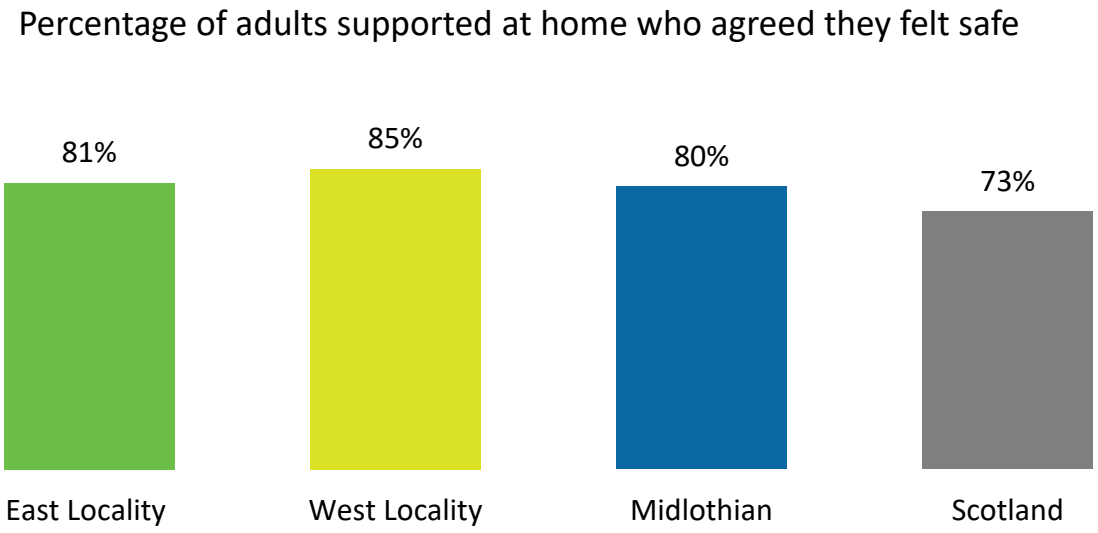
In 2023-24, Midlothian's performance improved compared to 2020-2021.
Overall performance across Scotland improved by 1.5 percentage points.
Midlothian's performance was better than across Scotland.
We are doing well in relation to national performance, ranked 6th out of 31 Integration Authorities.

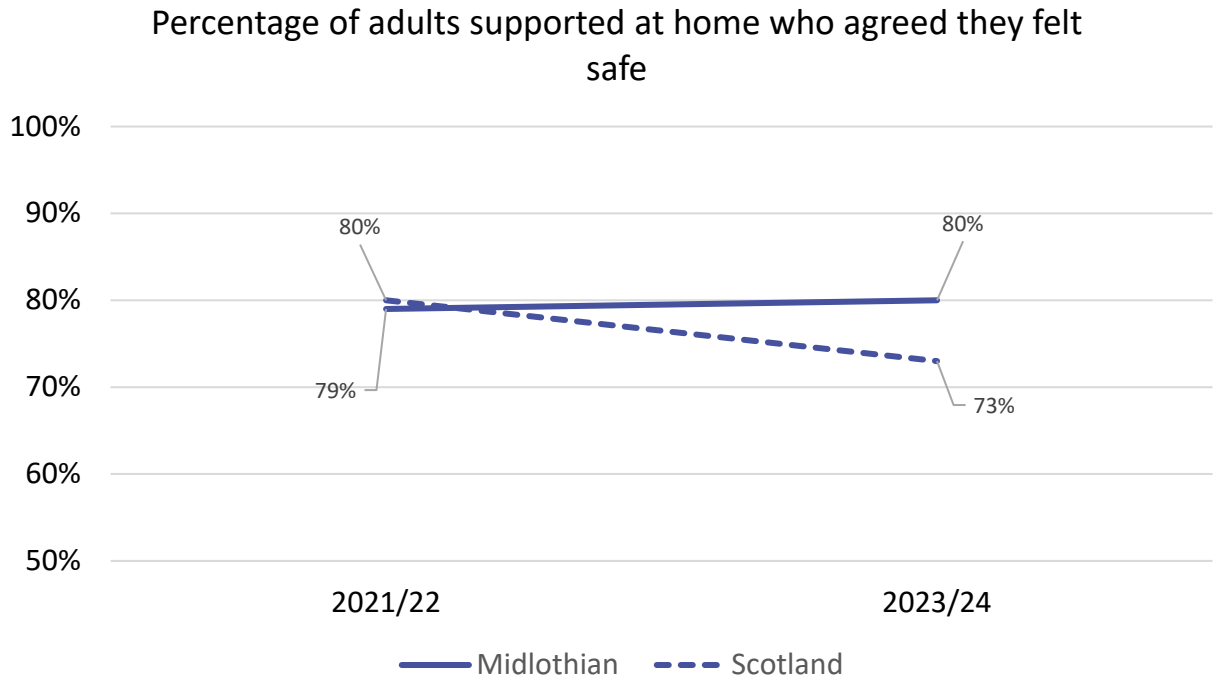




	National Indicator	Our result	Our Progress
9	Adults supported at home agreed they felt safe.	**79.9%**	

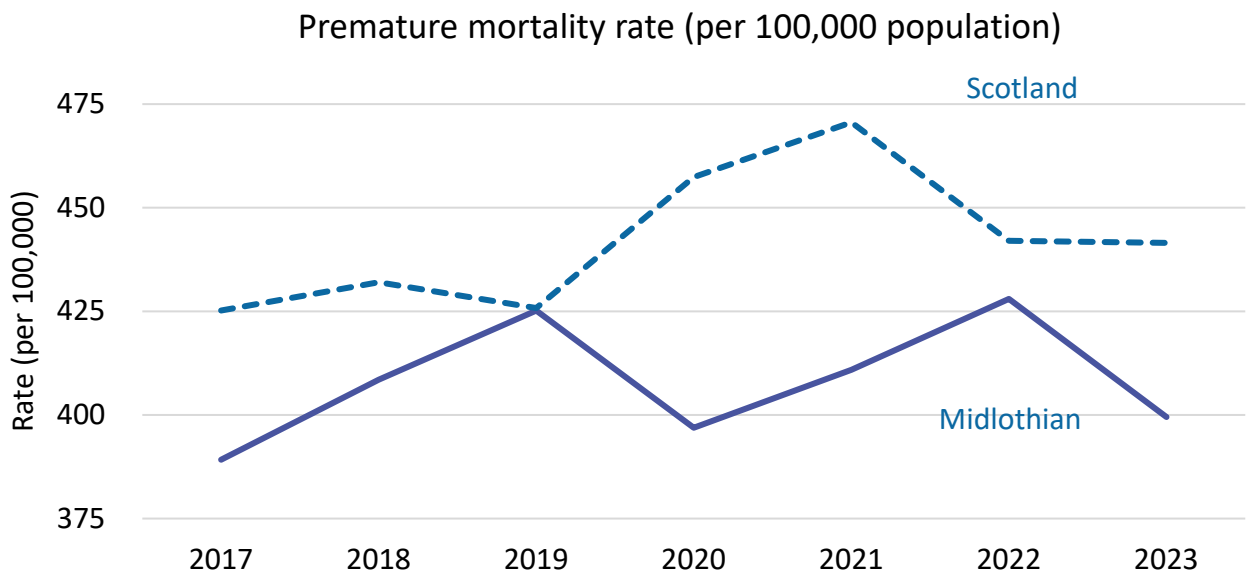
In 2023-24, Midlothian's performance stayed the same compared to 2020-2021.
Overall performance across Scotland got worse by 7 percentage points.
Midlothian's performance was better than across Scotland.
We are doing well in relation to national performance, ranked 4th out of 31 Integration Authorities.





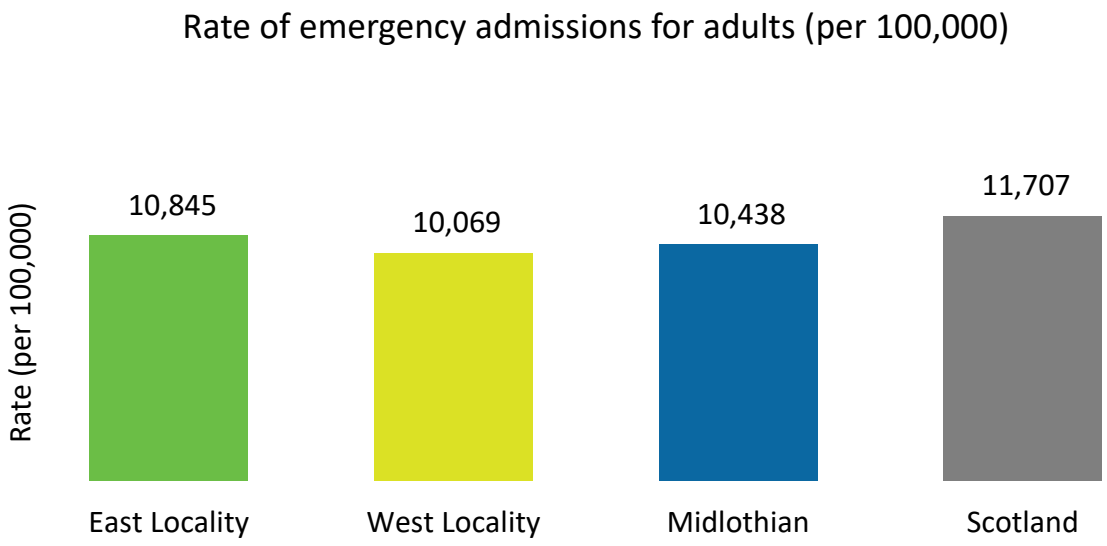
	National Indicator	Our result	Our Progress
11	Premature Mortality Rate (People under 75)	**399.5** per 100,000	

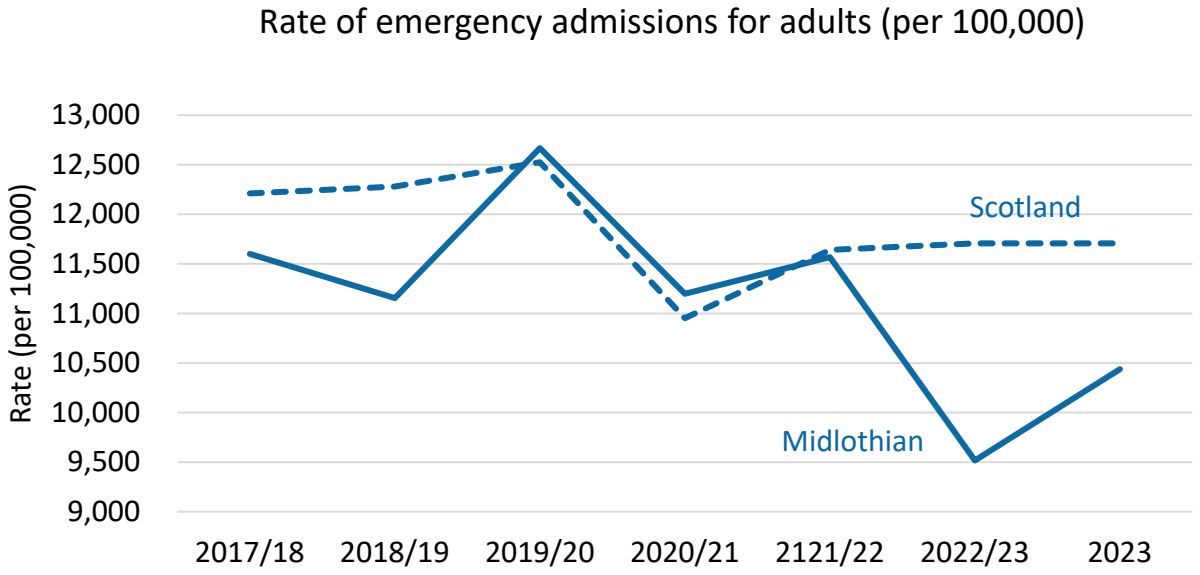
In 2023-24, Midlothian's premature mortality rate improved.
Overall premature mortality rate across Scotland got worse by 0.2%.
Midlothian's rate was better than across Scotland.
We have work to do in relation to national performance, ranked 15th out of 31 Integration Authorities.



	National Indicator	Our result	Our Progress
12	Emergency Admission Rate	**10,438** per 100,000	

In 2023-24, Midlothian's emergency admission rate increased compared to 2022-2023 by 6.6%.
Overall emergency admission rate across Scotland increased by 3.8%.
Midlothian's rate was lower than across Scotland.
We are doing well in relation to national performance, ranked 11th out of 31 Integration Authorities.

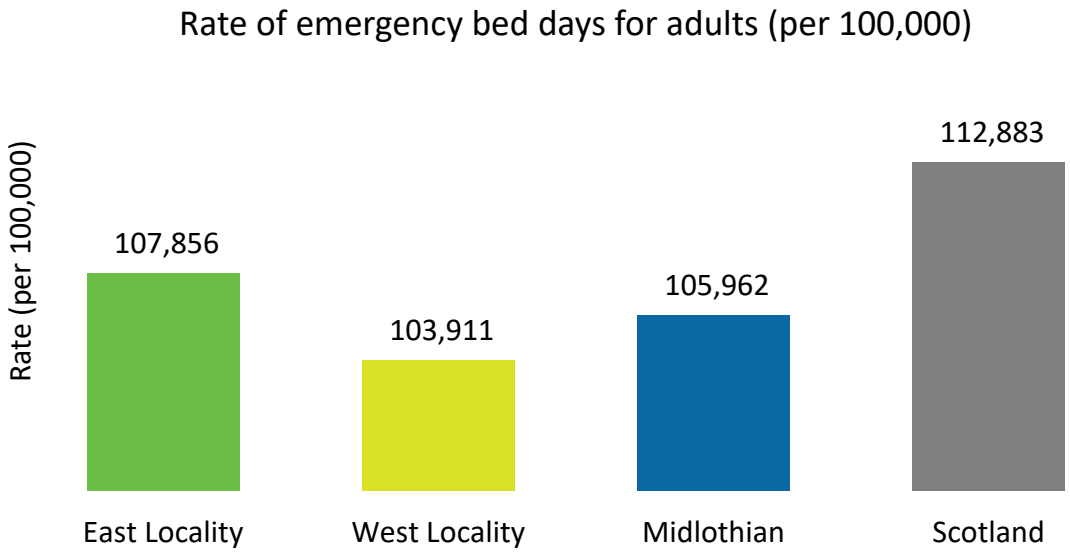


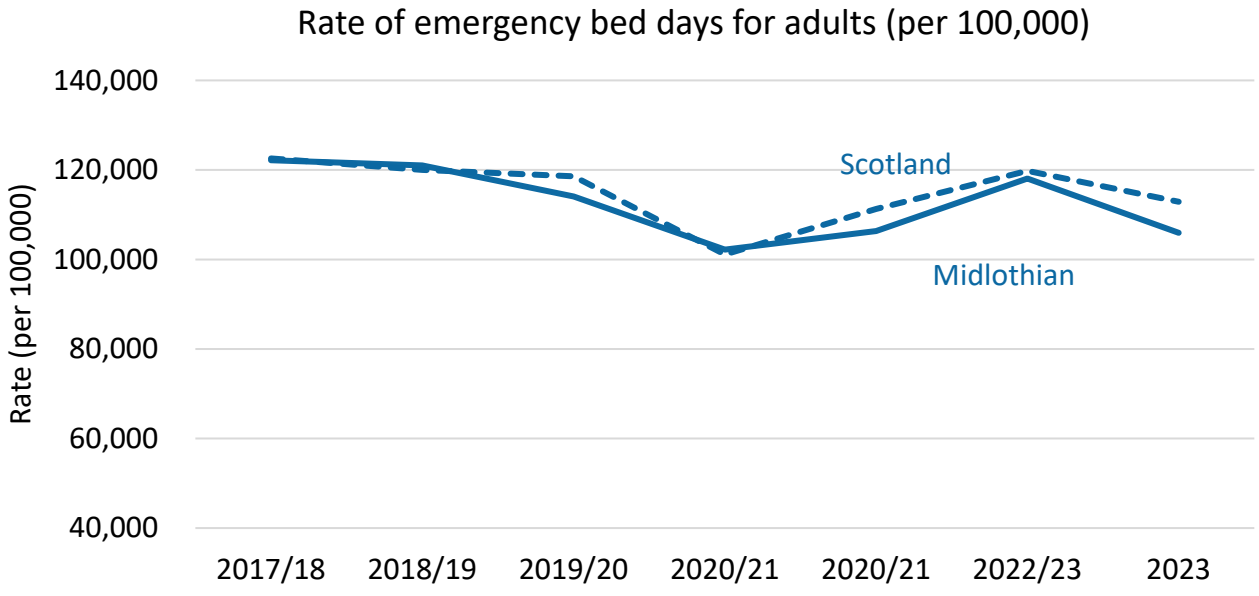


*Where noted the calendar year 2023 is used as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
13	Emergency Bed Day Rate	**105,962** per 100,000	

In 2023-24, Midlothian's emergency bed day rate reduced compared to 2022-2023 by 5.8%.
Overall emergency bed day rate across Scotland reduced by 5.8%.
Midlothian's rate was lower than across Scotland.
We are doing well in relation to national performance, ranked 12th out of 31 Integration Authorities.

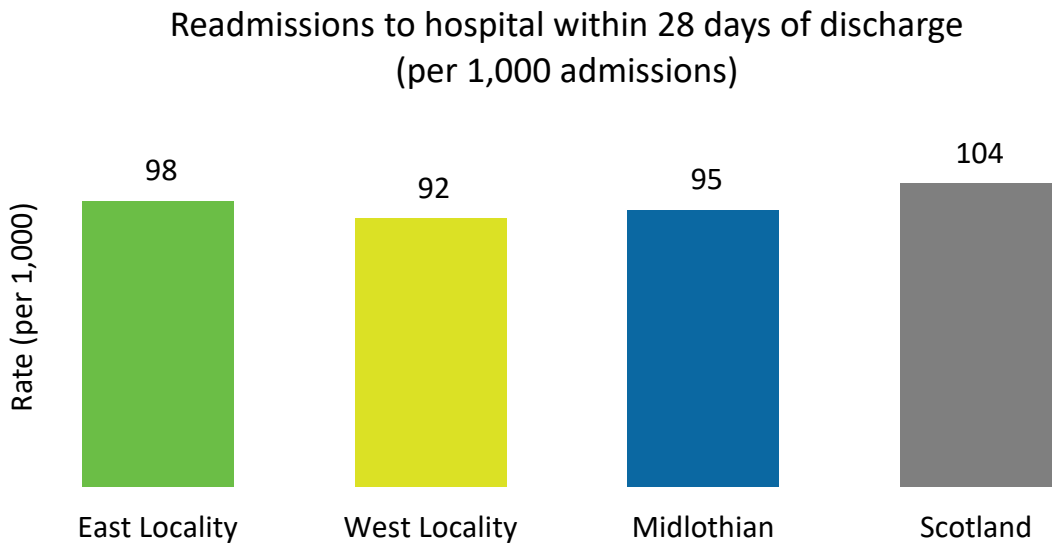


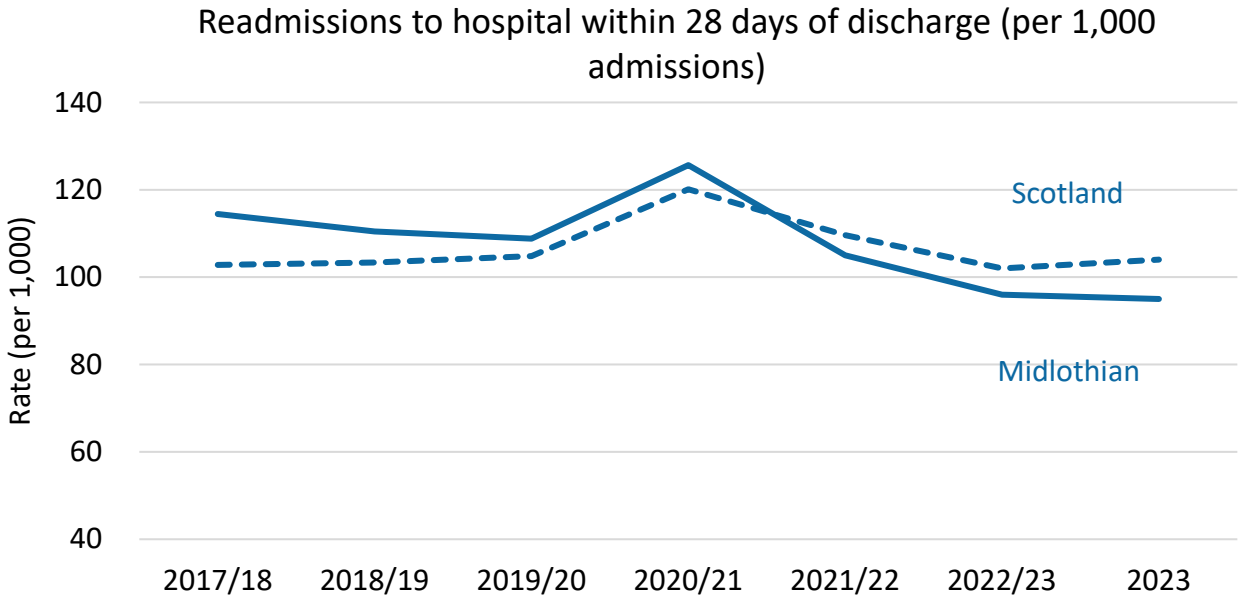


*Where noted the calendar year 2023 is used as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
14	Readmission to hospital within 28 days.	**95** per 1,000	

In 2023-24, Midlothian's readmission to hospital within 28 days rate reduced compared to 2022-2023 by 4%.
Overall readmission to hospital within 28 days rate across Scotland increased by 2%.
Midlothian's rate was lower than across Scotland.
We are doing well in relation to national performance, ranked 12th out of 31 Integration Authorities.

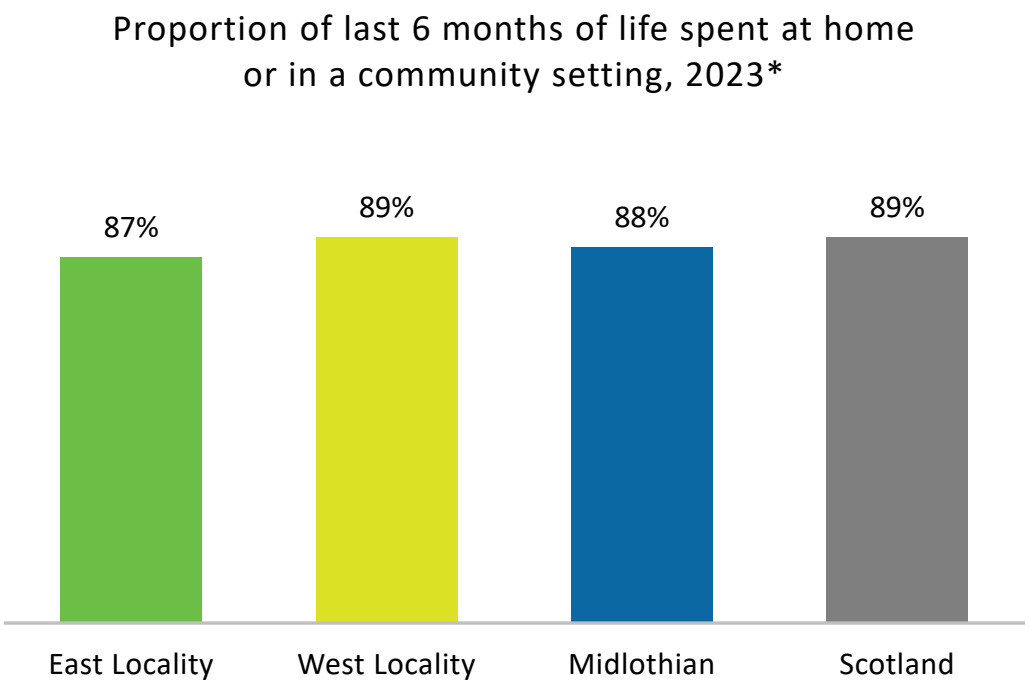


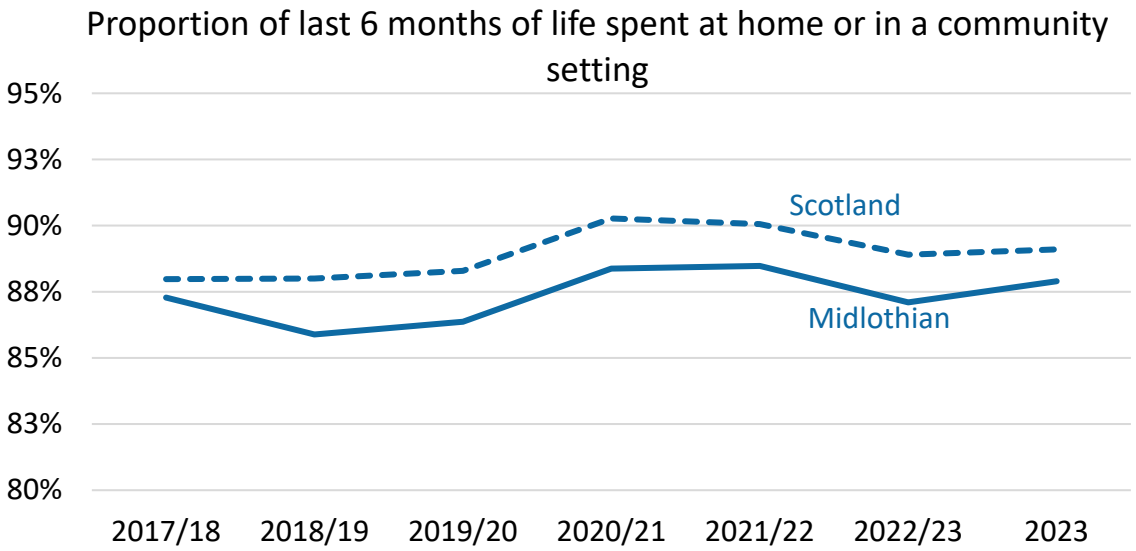


*Where noted the calendar year 2023 is used as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
15	Proportion of the last 6 months of life spent at home or a community setting.	**87.9%**	

In 2023-24, Midlothian's proportion of the last 6 months of life spent at home or a community setting stayed the same compared to 2022-2023.
Overall proportion of the last 6 months of life spent at home or a community setting across Scotland stayed the same.
Midlothian's rate was lower than across Scotland.
We have work to do in relation to national performance, ranked 28th out of 31 Integration Authorities.

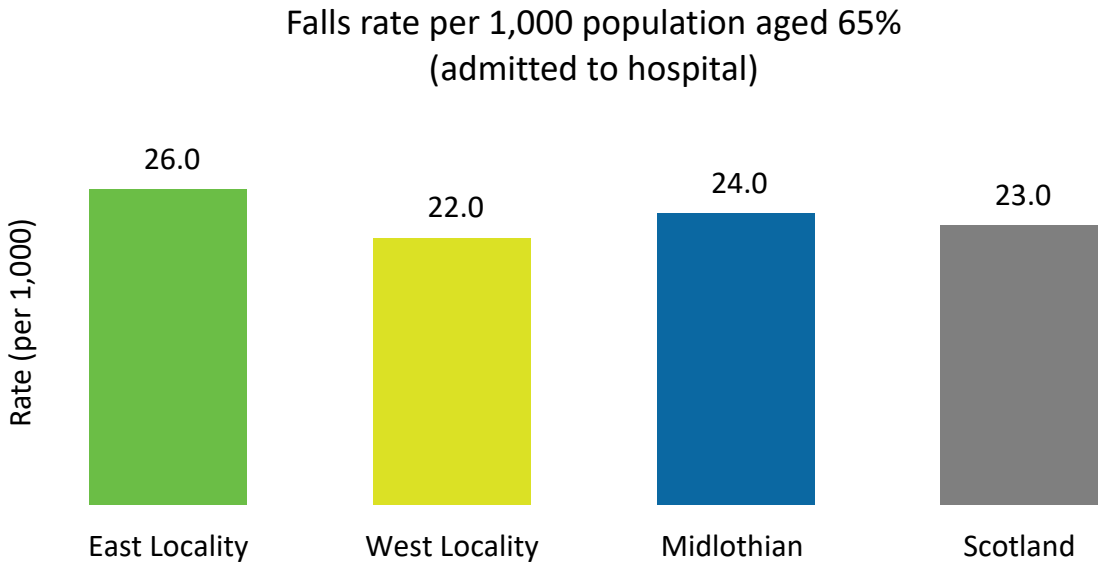


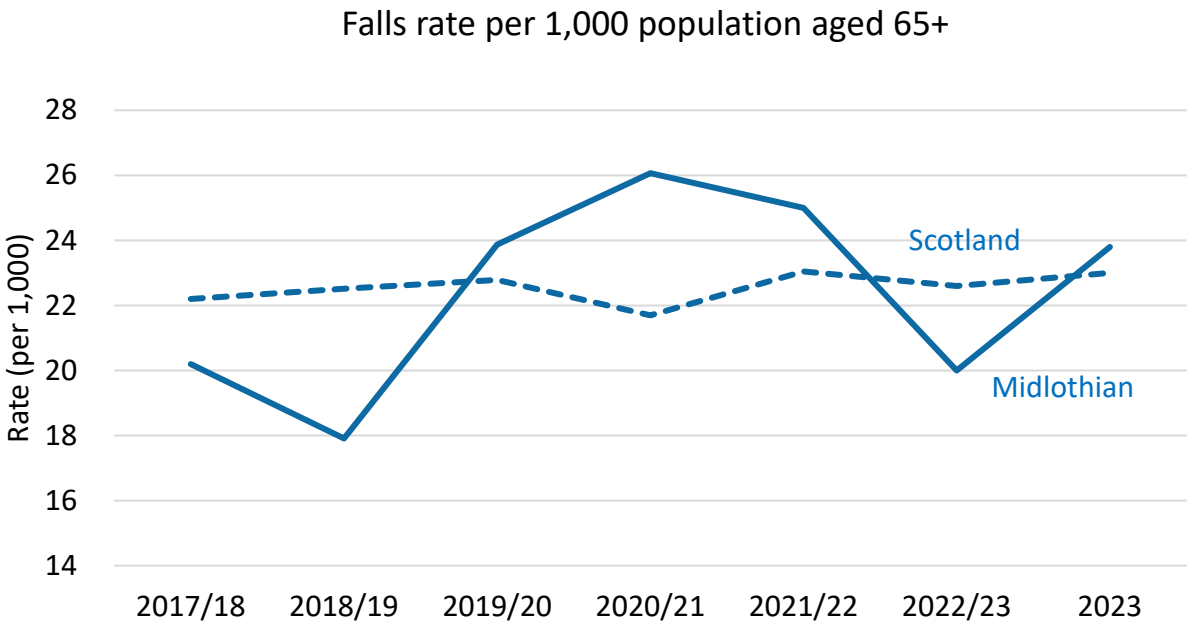


*Where noted the calendar year 2023 is used as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
16	Falls Rate (People over 65 who were admitted to hospital)	24	

In 2023-24, Midlothian's falls rate for people aged over 65 who were admitted to hospital increased compared to 2022-2023 by 5.1 percentage points.
Overall falls rate across Scotland increased by less than 1 percentage point.
Midlothian's rate was higher than across Scotland.
We are doing well in relation to national performance, ranked 13th out of 31 Integration Authorities.

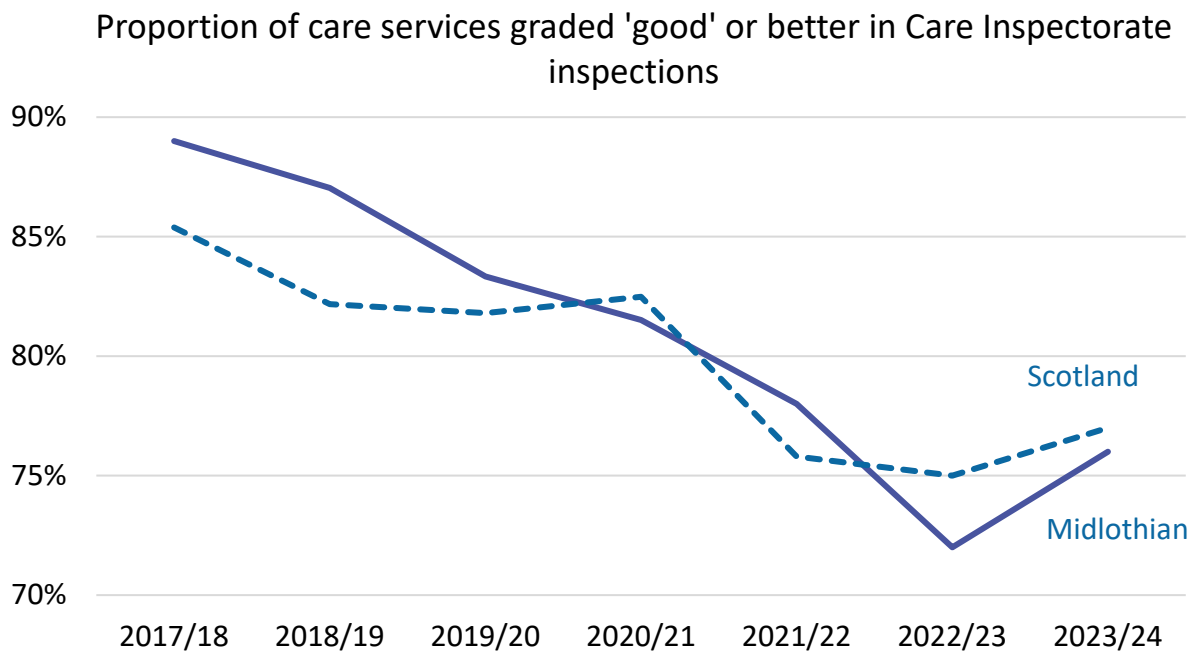




*Where noted the calendar year 2023 is used as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. We have done this following guidance from Public Health Scotland.

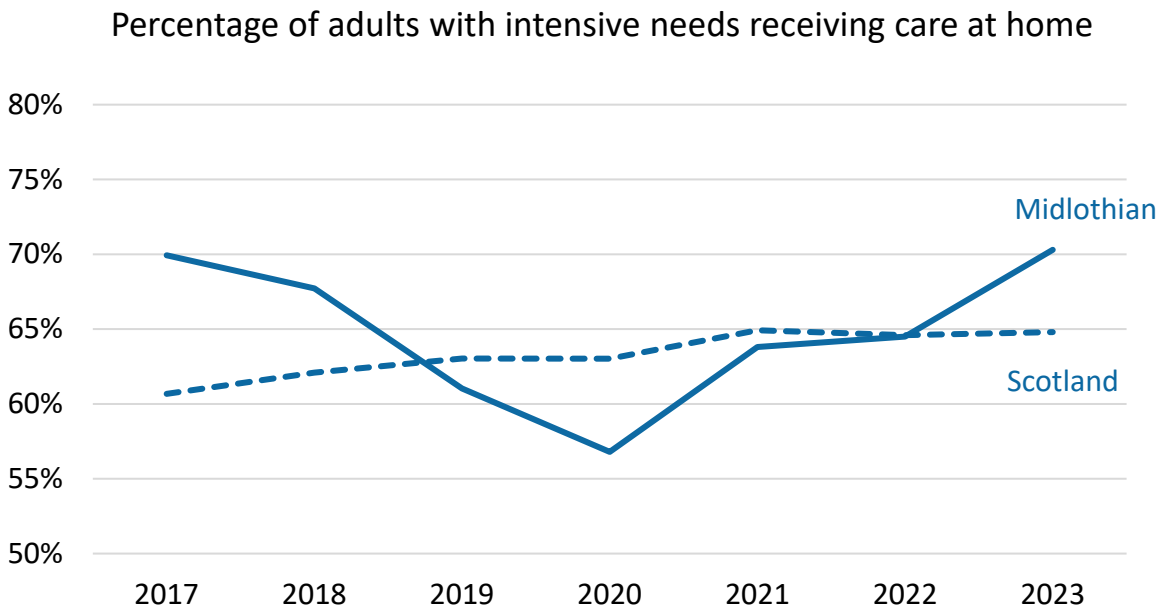
	National Indicator	Our result	Our Progress
17	Care services graded Good or better in Care Inspectorate Inspections.	**76.4%**	

In 2023-24, Midlothian's performance improved compared to 2022-2023 by 4.2 percentage points.
Overall performance across Scotland improved by 1.8 percentage points.
Midlothian's performance was the same as across Scotland.
We have work to do in relation to national performance, ranked 21st out of 31 Integration Authorities.



	National Indicator	Our result	Our Progress
18	Adults with intensive care needs are receiving care at home.	**70.3%**	

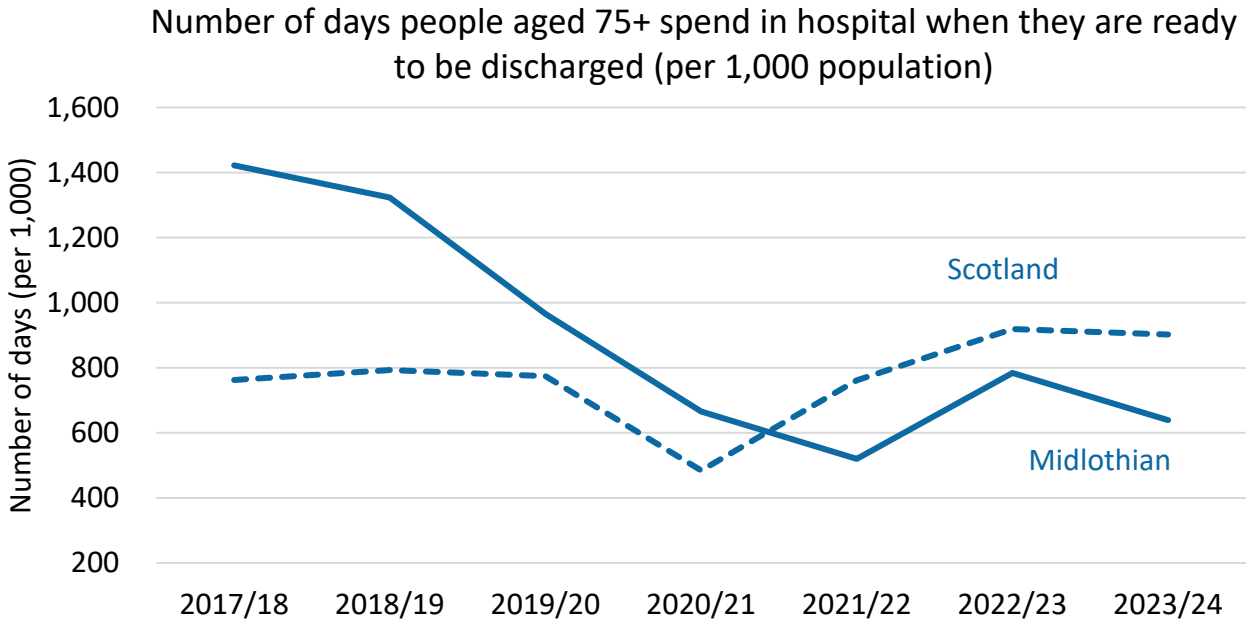
In 2023-24, Midlothian's performance increased compared to 2022-2023 by 10.3 percentage points.
Overall performance across Scotland stayed the same.
Midlothian's performance was higher than across Scotland.
We are doing well in relation to national performance, ranked 6th out of 31 Integration Authorities.



*Where noted the calendar year 2023 is used as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	**639** per 1,000	

In 2023-24, Midlothian's performance improved compared to 2022-2023 by 18.5%.
Overall performance across Scotland improved by 1.8%.
Midlothian's performance was better than across Scotland.
We are doing well in relation to national performance, ranked 10th out of 31 Integration Authorities.

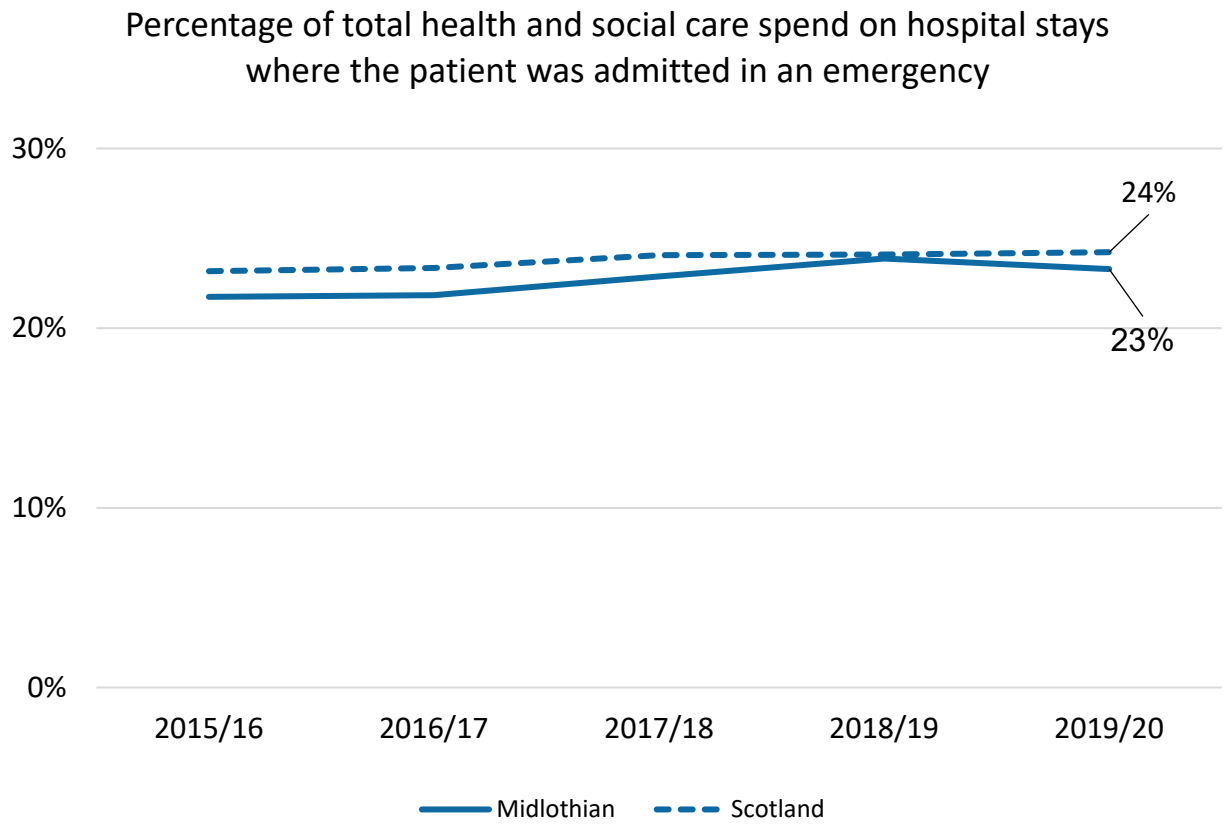


*Where noted the calendar year 2023 is used as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	**23%**	

This data is no longer collated and not current.

NHS Boards have not been able to provide detailed cost information since 2019/20 due to changes in service delivery during the COVID-19 pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.



Ministerial Steering Group Targets

Updated targets for 2022/23 were developed by the Health and Social Care Partnership, agreed by the IJB, and submitted to Scottish Government in June 2022. Our targets were set to prioritise an increase in system stability.

MEASURE	2019-20	2020-21	2021-22	2022-23	2023-24	STATUS
Maintain emergency admissions into hospital from Midlothian at or below 767 / month.	10,966	9,207	9,606	8,458	**8,263**	✓
Maintain number of unscheduled hospital bed days: acute specialties at or below 5,074 / month	59,798	57,459	57,394	60,452	**58,123**	✓
Maintain the use of unscheduled: • geriatric long-stay beds (all ages) • mental health beds (all ages) at or below 2021/22 levels	12,806 13,708	12,802 12,511	16,638 11,934	16,747 12,345	**14,099[P]** **8,997[P]**	✓
Maintain Emergency Department Attendance (all ages) at or below (2,629 / month)	33,319	26,390	33,155	33,233	**32,453**	✗
Maintain Delayed Discharge Occupied Bed Days at or below 820 / month.	10,412	7,150	6,135	12,608	**9,627**	✓
Reduce the percentage of time people spend in a large hospital in their last six months of life.	9.1%	7.5%	8%	8.1%	**No data**	N/A
Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher.	96.7%	97%	96.9%	96.9%	**No data**	N/A

SOURCE: Public Health Scotland Integration Performance Indicators 2024

*Where noted the calendar year 2023 is used as a proxy for 2023/24 due to the national data for 2023/24 being incomplete. We have done this following guidance from Public Health Scotland.

[P]Where noted this data is provisional.