Appendix 1 Midlothian IJB Directions: update report 2021-22

Direction	Direction	Action	Action Descriptpn	Update for full year April 2020- March 2021	Status
1	IN-PATIENT HOPSITAL CARE	1	Complete the review of 'potentially preventable admissions' by December 2020 and develop a plan to strengthen access to local alternatives and where appropriate develop new services.	Single Point of Access was implemented Dec 2020 and the reshaping of intermediate care services is under way. Work to further analyse potential prevented admissions is underway, later than planned. Some work focussing on Type 2 Diabetes potential prevented admissions has progressed; this highlighted the need to focus on prevention of soft tissue damage and has prompted joint planning with Podiatry colleagues.	off target/ progressing
1	IN-PATIENT HOPSITAL CARE	2	Implement plans to free capacity in Midlothian Community Hospital by enabling alternative care options for people with dementia and completing the transfer of patients to East Lothian by May 2020.	Completed move for all patients to be transferred to East Lothian rehabilitation ward which also helped to improve flow from the acute hospitals. Structural work on the ward has taken longer than planned due to Covid but is progressing.	off target/ on hold
1	IN-PATIENT HOPSITAL CARE	3	Evaluate the impact of new approaches to "In Reach" including identifying patients suitable for Reablement in Medicine for the Elderly (MOE) wards by November 2020.	Midlothian Flow Hub staff are now reviewing Midlothian patients in acute care; meeting patients and staff face to face in the Royal Infirmary to discuss their onward care needs and their discharge.	off target/ progressing
1	IN-PATIENT HOPSITAL CARE	4	Increase further the proportion of patients admitted to the Royal Infirmary of Edinburgh as the local Acute Medical Unit	The number of Midlothian unscheduled admissions that went to the Western General during 2020-21 was 1,418 compared to 6,385 that went to the Royal infirmary.	on target
1	IN-PATIENT HOPSITAL CARE	5	Implement Home First Model by April 2021 to focus on care in the right place, at the right time, by the right people.	Initial planning phase underway. Single Point of Access implemented (was up and running by 1 December 2020 and further enhanced mid February 2021). Workforce planning discussions underway regarding the broader Home First approach. Stakeholder groups being held 11th - 13th May 2021. Review of intermediate care under way, potential prevented admissions review awaited.	off target/ progressing
1	IN-PATIENT HOPSITAL CARE	6	Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by December 2020.	Investment in Discharge to Assess continued. Additional posts were recruited to, 2x drivers, 2x admin and various band 6/5 Allied Health Practitioner (AHP) posts. Band 3 capacity increased by 16wte. Data shows increased capacity within the team facilitating early discharge from acute sites. The Community Respiratory Team reported 38 admissions to hospital avoided Jan to March 2021. Discharge to Assess reported 34 admissions to hospital avoided Jan to March 2021.	off target/ progressing

1	IN-PATIENT HOPSITAL CARE	7	Ensure joint work is undertaken between NHS Lothian and Midlothian Council Transport Section to design and provide flexible and responsive transport arrangements for people to attend hospital (this will include planned clinics and treatment).	No update available on joint work involving NHS Lothian and Midlothian Council Transport Section to design and provide flexible and responsive transport arrangements for people to attend hospital. This action is to be reviewed /removed.	to be removed
1	IN-PATIENT HOPSITAL CARE	8	Increase collaborative decision making around acute hospital decision making. Report to the IJB on proposed developments and on budget position at least twice per year.	Acute Services representative now on IJB Board. NHSL Strategic Plan discussed at IJB Special Board in February 2021 and proposed discussion of Reshaping of Urgent Care at August 2021 meeting. Acute services representatives now members of HSCP Acute Services Planning Group and present acute plans as appropriate. Acute Services Plan presented at IJB's Strategic Planning Group in Jan 2021 and Reshaping Urgent Care in March 2021. Acute Service colleagues x 2 are members of Strategic Planning Group.	on target
2	ACCIDENT AND EMERGENCY	1	Implement the support and/or review to frequent attendees at A&E by Jan 2021.	i. Various approaches undertaken to reduce A&E attendances as part of Frailty, Public Health and other programmes such as Primacy Care Musculoskeletal Advanced Practice Physiotherapy service and Community Respiratory Team. Frailty - MIDMED (Frailty GP) demonstrated statistically significant reduction in Emergency Department attendance. MidMed patients had lower crude rates of ED attendances than the non MidMed group 0.70 vs 0.81 per person per year. The adjusted rate ratio associated with MidMed was 0.62, (95%CI 0.41 – 0.95, p = 0.027), equivalent to a 38% relative reduction in ED attendance. Health Inequalities Team project for young (<55yrs) frequent attendees was delayed due to a vacancy but a revised model will commence July 2021. Musculoskeletal Advanced Practice Physiotherapy service – see 2.iii Community Respiratory team (CRT) is successfully managing exacerbation in patients own homes, the development of a new SAS pathway has led to a reduction in acute respiratory admissions. Expansion of the team has meant that this has facilitated early discharge home. Home first model with a focus of early recovery and rehabilitation within all intermediate care teams. The Community Respiratory Team reported 38 admissions to hospital avoided Jan to March 2021.	off target/ progressing
2	ACCIDENT AND EMERGENCY	2	The option appraisal for Community Treatment and Care Centre(s) (CTAC) should be completed and phase 1 of implementation to begin November 2020 with review report available by March 2021.	Community Treatment and Care Centre(s) development delayed due to COVID pandemic. Recruitment commenced Autumn 2020. Posts filled in 2021. Initially some post holders supported the COVID vaccination hub. Phase 1 now underway in Penicuik, Eastfield and Roslin Practices and will be fully operational from 1st May.	off target/ progressing

2	ACCIDENT AND EMERGENCY	3	Implement community pathways for Musculoskeletal physiotherapy and older people's assessment in line with national plans around scheduling unscheduled care by March 2021.	Musculoskeletal Advanced Practice Physiotherapy service available in all 12 GP practices. Work underway alongside NHS Lothian to redefine pathways for Musculoskeletal Physiotherapy. Test of change at St John's Hospital completed showing that those people who turn up at Minor Injuries are appropriate. Work with flow hub suggests GP initiated calls to the Flow Centre are also appropriate. Next step is to look at patient initiated pathway via NHS 24 to Emergency Departments. Data being sourced. Aim is to establish a pathway from NHS 24 back to Musculoskeletal Advanced Practice Physiotherapy service for appropriate patients to reduce inappropriate Emergency Department attendances for patients with Musculoskeletal conditions.	on target
2	ACCIDENT AND EMERGENCY	4	Agree Midlothian response to national redesign of urgent care programme to improve access to urgent care pathways so people receive the right care, in the right place, at the right time.	Single Point of Access has been providing support for redirection of patients via flow hub from front door services at ED - continuing to work with Acute services around the redesign of front door services.	progressing
2	ACCIDENT AND EMERGENCY	5	Implement the new performance frameworks to determine the impact of community services in reducing A&E attendances and unscheduled admissions by March 2021.	Tableau dashboards have been developed to support managers to access service performance data and broader performance framework, including outcome maps is supporting services to determine key outcome measures across services.	off target/ progressing
2	ACCIDENT AND EMERGENCY	6	Monitor the implementation of the Midlothian Acute Service Plan 19-22 bi-monthly.	The Acute Services Planning Group re-focused and updated its Terms of Reference. The current plan was worked through methodically to ascertain progress updates and start updating its content. Priorities for the upcoming year were agreed as a focus for discussion (Home First, Midlothian Premises, Anticipatory Care Planning, and the Redesign of Urgent Care). Plan and updates were taken to Hospital Management Group, Strategic Planning, and GP Reps. Updates for the Acute Services/Hospitals Page in the Strategic Plan are being agreed and discussed for the next 3-year period (2022-25). Updates on MSG Indicators: Delayed Discharges (source: PHS Open Source Data) Average daily number of delayed beds (18+, all delay reason) was 28.5 in 2019/20 and 19.5 in 2020/21 which is a 32% reduction. Number of census delays per month was on average 27 in 2019/20 and 20 in 2020/21, a 26% reduction. Total A&E attendances to RIE (source Tableau Dashboards) in 2019/20 was 20542. 2020/21 was 16912. Of course reduction is in part due to Covid-19 as seen across the health board. Total Occupied Bed Days for Unplanned Inpatients at RIE (source Tableau Dashboard) 2019/20 was 42848. 2020/21 was 40290	on target
2	ACCIDENT AND EMERGENCY	7	Continue to reshape pathways to ensure people access community based services wherever viable.	Joint work with Third Sector and other statutory partners is assisting to redesign community pathways. This is supported by a Practitioner Forum to assist front line workers to keep updated on local provision, in particular non-medical local provision such as community gardening programmes for mental health, Ageing Well for physical activity and volunteer programmes for those socially isolated.	on target

3	MIDLOTHIAN COMMUNITY HOSPITAL	1	The option appraisal regarding the most appropriate outpatient Clinics and day treatment to be provided in Midlothian Community Hospital should be completed. This should include implementation of an Audiology Clinic; an examination of the viability of chemotherapy; and consideration of the potential role of remote technology in providing consultations with specialist medical and nursing staff.	The option appraisal regarding outpatient clinic and day patient options at Midlothian Community Hospital (MCH) was been delayed due to Covid pandemic and the requirement for clinical space to delivery covid testing and covid vaccination within MCH. Work has commenced with Oncology services to scope out plans for local cancer service provision and also the provision of alternatives to day hospital assessment	progressing
3	MIDLOTHIAN COMMUNITY HOSPITAL	2	Progress plans and identify funding to use Glenlee Ward at Midlothian Community Hospital as a step-up from community and day treatment facility by January 2021.	The use of Glenlee ward as a step-up form community ward has been delayed due to the covid pandemic and also the recruitment of staffing for the unit. To date 8 beds have been opened as part of our flow capacity. Recruitment is now progressing and there will be additional staff in place Autumn 2021. Work has commenced through the home first development group to plan for step up bed provision to support community services and reduce admission to acute sites.	progressing
4	PALLIATIVE CARE	1	Increase the accuracy of the Palliative Care Registers in GP practices by March 2021.	GP Practices continue to update the Palliative Care Register. All practices provide palliative care enhanced service.	on target
4	PALLIATIVE CARE	2	Undertake an audit of admissions to Acute Hospitals of patients in receipt of palliative care in order to strengthen local services (care homes, district nursing, Midlothian Community Hospital and Hospital at Home) by March 2021.	Review of people receiving palliative care admitted to acute hospitals has not yet been progressed. This will be discussed at the Palliative Care Partnership Group meeting in August 2021 and a plan agreed for completion. Latest Data from PH Scotland indicates that 88.9% of people spent their last 6 months of life in the community – therefore reaching the MSG target of 88%.	off target/ progressing
4	PALLIATIVE CARE	3	Obtain family, carer and staff feedback on the quality of palliative and end of life care provided in Midlothian Community Hospital and the District Nursing service by March 2022 (interim report September 2021).	Project group established to obtain family, carer and staff feedback on the quality of palliative and end of life care provided in Midlothian. Operational lead in place. Project plan developed. Information Governance approval received. Staff feedback tools developed. Patient and carer/family sign up processes agreed and engagement tools developed. Videographer recruited. Project paused for 6 weeks in early 2021 due to impact of Covid. Project extension requested to September 2022.	on target
4	PALLIATIVE CARE	4	Develop a palliative Care Champion Network across Midlothian care homes by March 2021.	Care Home Support Team are in the process of liaising with all Midlothian care homes to ensure Palliative Care Champion link person identified and network established.	on target
5	PRIMARY MEDICAL SERVICES	1	The Primary Care Improvement Plan should be progressed to deliver the plan, recognising financial and workforce limitations. This includes significant developments around (a) Community Treatment and Care Centres (phase 1 completed and reported on by March 2021) and (b) Vaccination Transformation Programme.	Primary Care Improvement Plan (PCIP) was delayed due to COVID. All six functions in the PCIP are now either established in all practices or are being tested in some practices. The Scottish Government and British Medical Association have published a joint statement in December 2020 confirming contractual timeframes for transfer of work to HSCP. The first is Vaccinations from October 2021 and the HSCP will achieve this.	on target

5	PRIMARY MEDICAL SERVICES	2	The Prescribing Plan should continue to be implemented building upon the success achieved in 2019/20.	Ongoing implementation of Primary Care Improvement Plan continues. Advanced Practitioner Physiotherapists, Primary Care Mental Health Nurse Practitioners, Wellbeing Service and Pharmacotherapy staff are now in place in all 12 practices. CTAC pathfinder in place in west Midlothian with plan to roll out to whole county over the next year. In 2020 a joint approach between General Practices and the HSCP led to the highest uptake in flu vaccination across all HSCPs in Lothian.• 85.3% uptake in 65+ cohort compared to Lothian average of 78.5%• 63.4% uptake in All-at-risk cohort compared to Lothian average of 53.3% Pharmacotherapy team complete circa 15,000 medicine reconciliations per annum (estimated 50% of the Midlothian total) and 12,000 Acute and Repeat prescriptions (estimated 5% of the Midlothian total. In addition, the team provide other support to practice teams for patients.The Musculoskeletal Advanced Practitioner Physiotherapy service has increased capacity each year with over 16,000 appointments between April 2018 and January 2021 (4176 in 18/19, 5654 in 19/20, 6337 in 20/21 till January). The Wellbeing Service was operating in 75% of Midlothian Practices at the start of the PICP and was extended to all practices in Year 1. The service moved to a telephone and Near Me based service during COVID19 response providing a service to almost 500 people (and to some Primary care teams).	on target
6	COMMUNITY HEALTH SERVICES	1	Work with other Lothian Health & Social Care Partnerships to agree on appropriate model and financial plan for complex care by November 2020 and implement it by June 2021.	Appropriate model and financial plan for Adult Complex and Exceptional Needs Service (ACENS) developed and on track to be implemented by June 2021.	on target
6	COMMUNITY HEALTH SERVICES	2	Undertake a review of community nursing services should be undertaken by March 2021 in light of the changes in Primary Care and the shift from hospital based care. This should include the options for deploying more Advanced Practitioners and strengthening interdisciplinary locality working. This should take cognisance of Community Treatment and Care centres (CTACs).	A review of the district nursing service has been completed and a new staffing structure has been implemented, giving career progression within the district nursing service and the ability to adapt the service. District nurse advance nurse practitioner post will be recruited this year. The CTAC service is now recruited to and has started in 3 practices Penicuik, Roslin and Eastfield.	on target
6	COMMUNITY HEALTH SERVICES	3	Improve quality and option+F30s for people with frailty in primary care through (a) proactive in-reach to Royal Infirmary of Edinburgh when someone with frailty is admitted and (b) virtual medical teams involving the frailty GPs and key hospital consultants.	Projects established from the efrailty programme are now demonstrating impact with MIDMED showing statistically significant reductions in Emergency Department attendance and unplanned Occupied Bed days. (See data at Direction 2) A data-sharing agreement has been approved and is now in process of signing by General Practices to allow proactive data transfer to the Red Cross. The learning and successes from the eFI programme will be subsumed into a wider frailty programme.	on target
6	COMMUNITYHEALTH SERVICES	4	Work to ensure our frailty services are accessible to people under 65 years.	iv. HSCP managers understand the relationship between frailty and deprivation with early onset frailty associated with high levels of deprivation. This hasn't yet been fully translated into service changes as yet although there has been some progress, for example Red Cross assisting with income maximisation. Between Jan and March 2021 22 people were supported to claim for Attendance Allowance or Personal Independence Payment (PIP)	off target/progressing

7	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	1	The plans for the provision of audiology clinics in Midlothian Community Hospital should be progressed by March 2021. This should include consideration of digital audio screening and funding for capital works if required.	The plans for the provision of audiology clinics in MCH will not be progressed. It was not approved by Capital Steering Group for funding and has not been prioritised for 2021-2022.	to be removed
7	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	2	Use data from NHS Lothian Public Health to determine the impact of NHS general dental services on the oral and general health of Midlothian population by July 2021 and use this information to identify further actions if required.	Work to review the oral health of Midlothian population was delayed due to the pandemic however it is now underway and involves the Public Health Dental Consultant.	on target
7	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	3	Use data to determine the impact of public dental services in Midlothian by July 2021 and use this information to identify further actions if required.	Remove this Action as will overlap with 7.2 above.	to be removed
7	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	4	Work with Director of Edinburgh Dental Institute to consider how best the Oral Health Improvement Plan recommendations on 'Meeting the Needs of an Ageing Population' can be jointly pursued by March 2021.	Work with Director of Edinburgh Dental Institute to consider how best the Oral Health Improvement Plan recommendations on 'Meeting the Needs of an Ageing Population' can be jointly pursued was not progressed as planned. Revised date to be agreed.	off target
	DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES	5	The role of Optometry services in pathways of care for patients in a range of services such as general medical practice, ophthalmology, diabetes and A&E, providing both ongoing and urgent care for patients closer to home to be clarified by March 2021.	Community optometrists continue to develop their role as "first port of call" for patients with eye problems. This allows patients to be seen close to home and receive appropriate treatment for a range of eye conditions including painful eyes, watery eyes, loss of vision, foreign body removal, eye infections and more. Many practices now have a prescribing optometrist to treat a wider range of eye conditions which traditionally would have to go to hospital. The new Pharmacy First service with a clear referral programme will allow more patients to receive treatment without having to visit their GP for a prescription. The first cohort of community glaucoma specialist optometrists is about to complete their training which will allow patients to have their glaucoma review at a local practice instead of in hospital. This will free up valuable clinic time in the hospital and allow patients to have their regular care in a more convenient location.	on target

8	OLDER PEOPLE	1	The e-Frailty Programme should be progressed to enable improved coordination of care and to provide support at an earlier stage. This includes the use of learning from the e-frailty programme to develop a frailty informed workforce (by November 2020).	Projects established from the efrailty programme are now demonstrating impact with MIDMED (GP led frailty programme) showing statistically significant reductions in ED attendance and unplanned Occupied Bed Days.(See date at Direction 2) A data-sharing agreement has been approved and is now in process of signing by General Practices to allow proactive data transfer to the Red Cross.The learning and successes from the eFI programme will be subsumed into a wider frailty programme.	on target
8	OLDER PEOPLE	2	The Care Home Strategy should be implemented, including the full establishment of the Care Home Support Team by November 2020.	Care Home Strategy implemented successfully, including the full establishment of the Care Home Support Team, including Palliative Nurse Specialist, Nurse Practitioner, CPN, Occupational Therapist, Community Staff Nurse and Quality Assurance Officer. Range of actions, training and projects implemented by new Care Home Support Team with a key aim of reducing and preventing unnecessary hospital admissions.	on target
8	OLDER PEOPLE	3	Explore all options to offer day care/support to people in Midlothian who are isolated and implement plan by October 2020.	Due to COVID the focus for day support has been on identifying and implementing creative alternatives to building-based face-to-face day care/support. A range of alternatives have been delivered including bespoke radio shows and related activities; online, distanced or outdoor groups, games and shared activities; creating peer support groups; telephone calls and door step visits; delivery of activity packs and food. Collated feedback from providers indicates that services engaged with over 1000 people, although some double counting may be included in that figure. Most day care services currently remain closed, however risk assessments have been completed and approved, and all services hope to re-open in the coming weeks. Support is being provided to services through group meetings where alternatives to traditional building-based support are discussed and explored. A wider review of day support is planned for 2021-23.	off target/ progressing
8	OLDER PEOPLE	4	Explore all options to provide an alternative respite service to older people to support carers in their caring role for longer and to prevent avoidable hospital admissions.	Work progressing to establish respite flat within Cowan Court - Care Inspectorate signed off approval to proceed within existing registration conditions March 2021. Work ongoing to recruit staff for the service. Ongoing promotion of Wee Breaks fund to both public and professionals and work commenced with VOCAL to offer online training and support sessions for potential referrers. Respite Working group established and proposal to develop Midlothian Respite policy and Action Plan being written for submission to SMT for consideration.	on target
8	OLDER PEOPLE	5	Exploring all options to provide a respite service to older people to support carers in their caring role for longer and to prevent avoidable hospital admissions by October 2020.	Remove this action. Same as above (8.4)	to be removed

8	OLDER PEOPLE	6	Improve primary care quality and options for older people (see Direction 5) a. Pro-active in-reach into hospital when someone with frailty is admitted.b. Develop virtual medical teams involving frailty GPs and key hospital consultants. c. Consider Midlothian Community Hospital role for frailty step-up step-down (see Direction 3).	see 8.1 above	on target
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	1	All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by March 2021.	There continues to be a focus on personal outcomes and support around self-management and recovery. Home First approach being rolled out across Midlothian. All HSCP staff are being asked to attend Good Conversation training and to apply this approach to their work. Partner agencies are also attending. This training places a strong emphasis on what matters to you.	off target/ progressing
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	2	A full appraisal of the optimum balance of community based and hospital-based services should be carried out within the context of the re-provision of Astley Ainslie Hospital by March 2021.	Work on the re-provision of Astley Ainslie has not progressing at pace due to capital issues at NHS Lothian. Work continues to develop services in the community. Midlothian HSCP had recent success in a bid for funding to develop a local pathway for people living with a neurological condition. Work due to start June 2021.	off target/ progressing
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	3	There should be collaboration, where feasible, with Housing Providers and national policy makers to press for change in policy around the inadequate availability of suitable housing in new housing developments. (See Direction 16)	Collaboration, where feasible, with Housing Providers and national policy makers to press for change in policy around the inadequate availability of suitable housing in new housing developments was not achieved due to the pandemic and other priorities. However joint work around the Housing Contribution Statement is due to begin in May 2021 and other opportunities for influence will be sought, involving HSCP Planning Groups and the Community Planning Partnership where applicable.	off target/ progressing
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	4	Midlothian extra care housing commitments are described in Direction 16.	Midlothian Extra Care Housing commitments are described in Direction 16	on target
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	5	The role of Midlothian Community Physical Rehabilitation Team (MCPRT) should be reviewed by March 2021 to maximise its impact on people have a long term condition or have experienced an acute event.	Midlothian Community Physical Rehabilitation Team has now been aligned to intermediate care. A full review of this service will be conducted in line with ongoing development of intermediate care.	off target/ progressing
9	PHYSICAL DISABILITY AND LONG TERM CONDITIONS	6	Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and Coronary Heart Disease) by March 2021.	60% of CPP thematic groups are delivering actions to support type 2 diabetes prevention. Citizen engagement and consultation on the informed future action plan for Mayfield & Easthouses is underway.	off target/ progressing
10	LEARNING DISABILITY	1	Review day care provision and associated costs including transport by December 2020.	Project to review and redesign day services to reduce costs including transport was suspended due to Covid-19. This is now being progressed as part of the Covid-19 recovery plan with a focus on re-establishing and building up centre based services within the restriction of current guidance and supplemented by home based, community based, and on line using new models of support. Individual providers have submitted remobilisation plans for development and discussion.	off target/ progressing
10	LEARNING DISABILITY	2	Support the delivery of new housing models–initially in Bonnyrigg by 2021.	Designs expect to be finalised in May 2021 for new housing model in Bonnyrigg.	on target

10	LEARNING DISABILITY	3	The arrangements for transport should be subject to a full review with a view to creating efficiencies and reducing expenditure by December 2020.	Review Officer recruited but diverted to remobilisation of Adult Day Services and associated transport. Review of Transport recommenced April 2021.	off target/progressing
10	LEARNING DISABILITY	4	Strengthen joint working of Learning Disability Services and care providers.	Day Service Providers' Forum continues to work on remobilisation of services and development of new support models.	on target
10	LEARNING DISABILITY	5	A review of the services available for diagnosis and support to people with autism should be undertaken by March 2021.	A review of the services available for diagnosis and support to people with autism was delayed by COVID pandemic. New models of support for Autistic people being developed as part of COVID remobilisation and recovery plan progressing. Strategy Group to be reconvened.	off target/ progressing
10	LEARNING DISABILITY	6	Positive Behavioural Support approaches to be embedded in all Learning Disability services by March 2021.	Two senior staff completed the post graduate certificate (level 2) in Post Behavioural Support. Level one training developed and delivered to staff from Day Services, Speech and Language and Housing Support Providers. Positively reviewed. Post Behavioural Support pathway in process of being updated. Competency frame work under development.	on target
11	MENTAL HEALTH	1	Explore options for recovery for people experiencing poor mental health through development of community based housing with access to appropriate support. Timeframes dependent on next phase of developments at Royal Edinburgh Hospital.	i. Paper due to go to Capital Board in June 2021 regarding development of 6 person Corran cluster housing development for Wayfinder Grade 5 - community based housing with access to appropriate support	on target
11	MENTAL HEALTH	2	Review effectiveness of the multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice now operational at Number 11 (multiagency hub) by March 2021.	Workshops to develop outcome map for Number 11 has commenced but not yet complete. Multi-disciplinary approach. Linked with self-evaluation work to ensure any issues identified through the review are addressed	off target/ progressing
11	MENTAL HEALTH	3	Continue close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.	14 people have moved into a Housing First tenancy (June 2020 - March 21). Housing First reflective session held March 2021. Positive feedback and experiences of collaborative working and outcomes identified and achieved. Nine housing and homelessness officers completed or currently attending Good Conversations Training . One homelessness & housing knowledge building session delivered and another scheduled for summer 2021.	on target
11	MENTAL HEALTH	4	A coherent approach to the delivery of services to support improved mental wellbeing should be developed. This should include new services funded through Action 15 along with the Wellbeing and Access Point services. A key element of this work is to identify new approaches to addressing the continuing pressures on Psychological Therapies. Each GP Practice will have access to Wellbeing and Primary Care Mental Health workforce by October 2020.	Primary Care Mental Health Nurses and the Wellbeing Service are now available in all 12 GP practices in Midlothian. As well as providing direcvt support to people, both services link well to other community based support that support mental health such as Health in Mind, Women's Aid, volunteering programmes, etc. Wellbeing Service also offers group programmes.	on target
11	MENTAL HEALTH	5	Implement a recovery plan to deliver a substantial improvement in waiting times for psychological therapy by March 2021.	Pilot project has led to significant improvement in waiting times with expectation that nobody will be waiting above 18 weeks by end of May 2021. Joint work with Psychological Therapies to agree sustainable approach top improvement.	on target

11	MENTAL HEALTH	6	Update Suicide Prevention Action Plan to include Scottish Government's 4 new priorities. Implement and review effectiveness of Action Plan by March 2021.	Suicide Prevention Plan review and update completed.	on target
11	MENTAL HEALTH	7	Work with partners to redesign and commission community based mental health supports by July 2021.	Community based mental health support services were reviewed and following community and stakeholder consultation services were commissioned in March 2021 with providers due to start services in July.	on target
11	MENTAL HEALTH	8	Phase 2 - Royal Edinburgh Hospital - NHS Lothian to ensure better care for physical health needs of Midlothian in-patients at the Royal Edinburgh Hospital campus by proceeding with the development of the business case for Phase 2 and the planning and delivery of integrated rehabilitation services. NHS Lothian to ensure Midlothian HSCP is involved in development, decision-making and approval of the business case.	Phase 2 redesign plans continue, Midlothian well represented, this is being led by NHS Lothian.	progressing
12	SUBSTANCE MISUSE	1	Ensure that people's involvement in the planning, delivery and reviewing of their individual care is maximised. This relates to the eight National Quality principles.	Quality Improvement meetings have continued through the year. All services have been asked how they have involved clients in the planning, delivery and reviewing of their individual care. This has been challenging through the pandemic but services have used phone, video platforms and essential 1 to 1 meetings to provide care. Across Midlothian and East Lothian, MELDAP has provided 381 phones, 37 tablets and 553 digital top ups to assist those most at risk to keep in contact with treatment and support agencies.	on target
12	SUBSTANCE MISUSE	2	Evidence that people using Mid and East Lothian Drug and Alcohol Partnership (MELDAP) funded services contribute to ongoing development of the service.	MELD (third sector organisation) has undertaken a research project involving people using Injecting Equipment provision services. The report will have a number of recommendations for MELDAP services in relation to supporting those most at risk due to their poly drug misuse.	on target
12	SUBSTANCE MISUSE	3	People with lived experience to be members of the MELDAP Strategic Group	Work to ensure that people with lived experience are part of the MELDAP Steering group will be re-instated as part of the process of recovery from Covid. This will be in line with Scottish Government regulations.	off target/ progressing
12	SUBSTANCE MISUSE	4	Midlothian HSCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by March 2021.	Midlothian HSCP/MELDAP have introduced one further paid Peer Supporter in Midlothian. This worker has engaged with clients throughout the pandemic but within Scottish Government COVID regulations The programme of peer volunteer training has been paused because of Covid-19 related restrictions but will be restarted as part of the recovery planning	on target
12	SUBSTANCE MISUSE	5	Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by March 2021.	The Recovery College has continued to provide online classes for students. It has purchased laptops and chrome books to ensure students have access to these courses. Face to face support will be restarted as part of the process of recovery from Covid. This will be in line with Scottish Government regulations as we continue to come out of lockdown.	progressing

12	SUBSTANCE MISUSE	6	Midlothian HSCP/MELDAP and NHS Lothian should further develop working practices to ensure a seamless provision of services to those people using No11. Maximise the use of the building by recovery oriented groups in the evenings and at the weekend.	Work to improve joint service provision at Number 11 increased with the further development of the Women's Supper and delivery of SMART Recovery Groups in No11 and at the Welfare Hall, Dalkeith. Both were stopped as a result of COVID. However, it is planned to restart these initiatives in the coming weeks/months in accordance with Covid regulations .The SMART Recovery Group with a focus for armed forces veterans, using on line video platforms, has continued with between 4-6 veterans attending weekly.	off target/progressing
13	JUSTICE SOCIAL WORK	1	Strengthen efforts and partnership working to enable people on Community Payback Orders to achieve qualifications by March 2021.	2020 -21 presented a unique challenge to Unpaid Work services due to Covid restrictions. The Unpaid Work Team internally delivered the Health & Safety in the Workplace SCQF Level 4 Qualification to 32 Clients, whilst 3 clients achieved the Emergency First Aid Certificate at SCQF level 6. The Health & Safety award, where possible, will be incorporated into every new client's induction programme to help build confidence and motivation to undertake further training during their Orders. The Unpaid Work Team in partnership with the Communities Lifelong Learning Team (CLL) ran a Pilot course for 6 clients from Nov-Dec to introduce their Adult Learning programme. Due to Covid restrictions, these sessions were held online as taster sessions to courses they could offer when group work allowed. 'Digital skills' and 'An Introduction to Wellbeing' were identified by clients as courses of most interest. 1 client engaged further with CLL to improve their Literacy skills. The Unpaid Work Team assisted 6 clients to apply for funding through the Individual Training Account scheme; this allowed them to gain the Construction Skills Certificate Scheme Card (Green Labourers Card) through CLL. 3 of these clients went on to obtain full-time employment in the construction Industry. A further 2 clients were supported into further education through Access To Industry and Skills Development Scotland as part of the other activity requirement of their order and are currently working towards awards in photography and music. A joint funding bid through the DWP by Unpaid Work/ CLL and Newbattle Abbey College was submitted in the summer of 2021. There was a delay in the awarding of the grant and the 8 Week Partnership Course now taking place from the 4th May 2021. 10 clients have been nominated for this course. Awards on completion of the full 8 weeks are, First Aid at Work, Health and Safety in The Work Place Level 5 (Scotland), Manual Handling, Adult Achievement Award, Employability Award and the Forest and Outdoor Learning Award (FOLA).	on target

13	JUSTICE SOCIAL WORK	2	Peer support should be strengthened including through continued expansion of a peer support scheme that will work across justice, substance misuse and mental health by March 2021	After almost three years in the role, the Peer Support Coordinator resigned from Health in Mind. We will shortly be recruiting for this vacancy to take the work forward. The Peer Support Coordinator and colleagues at Health in Mind have adapted services to reach out to people during the Covid Pandemic. Peer Support training was put on hold following the lockdown in March 2020. The training has now been tailored for delivery online via Zoom. This was delivered to a small group of 5 peer workers from East Lothian and Midlothian in November and December 2020. The 6-session course was then delivered again to a further group of 7 potential peer volunteers during January and February 2021. The Zoom version of the training received very positive feedback from those attending. The new Peer Support Coordinator will have the flexibility to deliver this training on Zoom or in various community venues depending on Covid restrictions.9 people who had previously completed the Peer Support Training have been actively volunteering during the reporting period. These roles included telephone support which is currently in demand because of the isolation brought about by Covid. The Personal Development Award (PDA) is also available for those who want to acquire an SQA accredited qualification. We currently have 7 people registered for this award at various stages. The Peers Support Coordinator and CLEAR project worker provide mentoring support to the (PDA) candidates in both one to one and study group settings. During the reporting period, Health in Mind and the Peer Support Coordinator have also offered diverse online groups for Peers. These include Midlothian Men Matters, a weekly online peer drop-in, Habits of Happiness, and Herbology. The Peer Support Coordinator also linked in with Y2K youth project to provide peers to share some of their experience with High School students.	on target
14	UNPAID CARERS	1	Develop a carer Strategic Statement as required by the Carers Act 2018 by October 2020.	Delay in the progression of the strategy allowed consultation materials gathered in the carer support and service review to be utilised in the formation of the delayed carers strategy, and for the strategy and service specification for the newly commissioned services to be aligned. Priority areas in the legislation, were also priorities from the consultations, and the strategy and new services reflect these. The Draft carers strategy has been shared with members of the Carers Strategic Planning Group for agreement. The group also recognise that the strategy should reflect the direction and recommendations of the Independent Review of Social Care, therefore the strategy will require final update before publication.	off target/ progressing
14	UNPAID CARERS	2	Work collaboratively with carers and stakeholders to redesign services that provide support to carers by March 2021.	The carer support and service review initiated in early 2020 supported the development of the recommissioning of carer support services, and the progression to near completion of the Cares Strategy. Stakeholder meetings and workshops supported a framework for a period of public/carer/staff/stakeholder consultation opportunities, including: surveys; interviews; zoom meetings. Consultation findings reports helped shape the service specification during later 2020, with the issue of the tender for new services being issued in early January 2021. The closing of the tender and evaluation process through February and March, led to the contract awards being announced in April 2021, contracts beginning July 2021.	on target

14	UNPAID CARERS	3	Improve carer identification through connections to services, and through information to the public to support self-identification by March 2021.	Carer identification is the first and one of the key priorities in carer support. Identification was one of the main areas of work in Lot 1 of the new services tender. VOCAL, existing providers of carer support from the previous contract were successful in the re-commissioning. In VOCAL's work around identification as the lead agency, they have arranged to work in collaboration with the British Red Cross to target further develop connections with carers in the community. Carer Support services have in recent months been in contact with many new carers due to publicity re COVID vaccination for this group. this has led to increased opportunities to engage and offer support to carers not previously in contact with support services. • 1,623 carers received an adult carer support plan of their care needs during 2020-21 (VOCAL and Adult Social Care combined). This more than doubled from the previous year.• 2,278 carers received 1 to 1 support by VOCAL during 2020-21. This was an 18.71% increase from the previous year.• 316 carers accessed short breaks through VOCAL Wee Breaks Service during 2020-21. Demand for breaks from caring was strong during Q4. Additional funding from the Scottish Government through Share Care Scotland was made available to VOCAL (and all carer centres), and though the tight time scale and ongoing Covid restrictions made it a challenge, VOCAL were successful in offering additional opportunities for Midlothian carers to have breaks. • Penicuik CAB continued to offer surgeries and support to carers receiving support from VOCAL. Additional carer income generated through contact with Penicuik CAB in 2020-21 was £415,208.	on target
14	UNPAID CARERS	4	Design a performance framework by March 2021 to capture the impact of carer support services and encourage ongoing service improvement. Framework should include both qualitative and well and quantitative feedback.	Reporting and evaluation framework under development to support commissioning of new carer support services. New carer support service contracts beginning 1st July 2021.	off target/ progressing
15	CARE AT HOME	1	By December 2020 re-commission care at home services in line with the Vision statement approved by the IJB in January 2020.	By 31 March 2021 the Invitation to Tender had been issued. The specification is for block contracts across three geographical lots. The block contract will aim to improve terms and conditions for staff, thus improving staff retention, capacity, and consistency of care. Unpaid carers are involved as part of the evaluation panel. The service specification includes a human rights framework and key activities are set out that aim to support the full range of rights held by people who receive a service. The evaluation and monitoring framework supports this approach and will be refined once contracts are awarded to allow continued effective monitoring of contracts in terms of capacity, efficiency and quality.	on target
15	CARE AT HOME	2	Workforce – develop a multifaceted workforce plan that includes council and external providers by December 2020.	Workforce Plan complete and submitted to Scottish Government	on target
15	CARE AT HOME	3	Work closely with Intermediate Care to provide reablement following hospital discharge to promote optimum level of function by March 2021.	Within the Home Care service a reablement model has been adopted and this has enabled MERRIT carers to realise capacity within MERRIT to assist with co-working with intermediate care to facilitate patient flow. During April 2021 there were 7776 care hours provided and 290 packages of care (Mid Council Care at Home service).	on target

16	HOUSING (Including Aids and Adaptations)	1	Planning for Newmills, Gore Avenue and Bonnyrigg extra care housing should continue in order to deliver an extra 90 flats or bungalows (including bariatric options) by spring 2022.	Work ongoing re 3 sites i.e. Newmills Road Dalkeith, Polton St Bonnyrigg and Gore Avenue Gorebridge to provide 106 ECH units - timescales have been impacted by Covid 19 and temporary furlough of contracted external Consultants between March and July 2020 and previous completion timescales now extended as a result. Planning consent achieved for 40 ECH flats and 8 ECH bungalows at Newmills Road Dalkeith March 2021. Work ongoing with design and construction - current project completion date estimate November 2022. Agreement reached re Polton St / Mary's site to build ECH over 3 storeys increasing capacity to 44 flats - work ongoing with planning and design. Online public consultation scheduled for April 2021 with planning application for submission May 2021 and demolition works of existing site scheduled for August 2021. Current project completion date estimate October 2023. Gore Avenue (12 ECH bungalows) - work ongoing to complete Peer Review. Estimated completion early 2023.	on target
16	HOUSING (Including Aids and Adaptations)	2	Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be considered by March 2021.	Learning Disability ECH plans. See Direction 10	on target
16	HOUSING (Including Aids and Adaptations)	3	The implementation of a proactive approach to ensure people are able to live in housing appropriate to their needs should be rolled out through Housing Solutions training.	Housing Solutions training encourages workers to take a proactive, early approach to ensure people are able to live in housing appropriate to their needs. Virtual training sessions have taken place in 2020-21 for approx 60 staff, over 4 sessions.	on target
16	HOUSING (Including Aids and Adaptations)	4	The Partnership should strengthen its joint working with the Housing Service to support people who are homeless. This will include contributing to the Rapid Rehousing Transition plan including active participation in the Housing First model.	14 people have moved into a Housing First tenancy (June 2020 - March 21). Housing First reflective session held March 2021. Positive feedback and experiences of collaborative working and outcomes identified and achieved. 9 housing and homelessness officers completed or currently attending Good Conversations Training . 1 homelessness & housing knowledge building session delivered and 1 scheduled for Summer 2021. Inclusive Vaccination programme running targeting temp accommodation and Housing first tenants. Other areas of collaborative work also underway.	on target
16	HOUSING (Including Aids and Adaptations)	5	The Partnership should also actively participate in planning of new housing developments such as Shawfair, with the Council Housing Service, Housing Associations and the Private Sector. This will include determining what additional health and care services will be required such as GPs as well as ensuring that the special needs of the Midlothian population are being taken into account fully.	The impact of new housing developments on health and social care services continues to be reviewed. There has been planning GP facilities. Initial Agreement application submitted to Scottish Government for a new practice in Danderhall/Shawfair.	on target
16	HOUSING (Including Aids and Adaptations)	6	Joint working on housing solutions for people with disabilities should continue through maximising the Aids and Adaptations budget. Alongside this, the promotion of an anticipatory planning approach should continue, in order to enable people to move to more appropriate accommodation in advance, rather than precipitated by of a crisis.	The triage service which supports people with early conversations about housing and if adaptations will be the best long solution continues. Anticipatory care meetings take place regarding adaptations and housing needs. Staff also work closely with health colleagues regarding stores budget	on target

17	17 INTERMEDIATE CARE	1	Develop a transformation plan by October 2020 around Midlothian Intermediate Care Services to meet the changing needs of the Midlothian population and create opportunities to deliver care in people's local community as opposed to acute hospitals. This should include a single point of access by December 2020 and should encompass all teams under the intermediate care umbrella.	Single Point of Access implemented (was up and running by 1 December 2020 and further enhanced mid February 2021). Workforce planning discussions underway regarding the broader Home First approach. Stakeholder groups being held 11th - 13th May 2021. Review of intermediate care under way. Additional posts have been recruited to , 2x drivers ,2x admin and various band 6/5 AHP posts. Band 3 capacity increased by 16wte. Data shows increased capacity within the team facilitating early discharge from acute sites. Community Respiratory Team (CRT) are successfully managing exacerbation in patients own homes, the development of a new SAS pathway has led to a reduction in acute respiratory admissions. Expansion of the team has meant that this has facilitated early discharge home. Home first model with a focus of early recovery and rehabilitation within all intermediate care teams.	on target
17	17 INTERMEDIATE CARE	2	Increase the number of Intermediate Care Flats throughout Midlothian by August 2021 to facilitate earlier supported hospital discharge and reduce delayed discharge, whilst allowing individuals to return to their local communities and/or reside in a homely environment rather than the clinical setting.	Work paused on the development of an Intermediate Care Flat due to Covid December 2020. Approval from Care Inspectorate was achieved March 2020. Work ongoing with Trust Housing Association to agree terms of contract – ready for occupation May 2021	on target
18	ADULT PROTECTION AND DOMESTIC ABUSE	1	Review the effectiveness of the new combined Public Protection module, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection by March 2021.	Work to review the effectiveness of the new combined Public Protection module, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection is being led by Public Protection Unit Learning and Development Group. Due to COVID there feedback has been less that anticipated but continues to be monitored.	on target
18	ADULT PROTECTION AND DOMESTIC ABUSE	2	As recommended by the Thematic Inspection in 2018, the partnership should make sure that all adult protection referrals are processed timeously by August 2020.	The timeous processing of adult protection referrals has been achieved. Percentage of Duty Inquires that have been completed within procedural timescale (within 7 calendar days) – target is 90% - 2017/18 – 81% 2018/19 – 84% : 2019/20 – 92% 2020/21 - 90%	on target
18	ADULT PROTECTION AND DOMESTIC ABUSE	3	When women or children have experienced domestic abuse or sexual abuse, ensure that Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people by March 2021.	Domestic Abuse Service and Multiagency Risk Assessment annual reports detail the number and outcomes of referral through those services. Early intervention activity undertaken by the core services including Social Work and Education. There are well established and effective relationships with the third sector specialist services (Women's Aid, SHAKTI, The Edinburgh Domestic Abuse Courts Service). A joint strategic needs assessment for Public Protection commenced in 2020, but was halted due to COVID - this would identify gaps in services, including early and effective intervention services for children experiencing the impact of DA and adults experiencing DA. There has been an increasing demand on specialist services during COVID - medium term support for survivors of DA and sexual abuse during the year, and 20% increase in referrals through the DAS pathway in the year. This action needs to be reviewed to clarify performance indicators to be used.	off target/on hold

18	ADULT PROTECTION AND DOMESTIC ABUSE	4	Support the embedding of Safe and Together (keeping the child Safe and Together with the non-offending parent) across social, health and care services	A local implementation group is overseeing the adoption of Safe and Together (keeping the child Safe and Together with the non-offending parent) across social, health and care services. A supporting report can be provided on request which details the activities in 2020-21. Fundamental to the embedding of Safe and Together is the completion of core and supervisory training) - 5 Midlothian Council (Children's Services) staff completed the training, and 1 Women's Aid (Midlothian link) in the year. There are a further 30 members of staff in Midlothian currently registered to undertake the core training and 8 staff undertaking the supervisory training. Information/awareness raising sessions across services have been undertaken in the year, and an audit underway to assess how well the approach is embedded.	on target
18	ADULT PROTECTION AND DOMESTIC ABUSE	5	Support implementation of the East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation signed by the Critical Services Oversight Group on 01/08/2018	The East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation signed by the Critical Services Oversight Group on 01/08/2018 is currently being revised following a review at the Violence Against Women delivery sub-group. This work will continue into 2021/22 and be explicitly linked across the Midlothian equalities outcomes.	off target/ progressing
18	ADULT PROTECTION AND DOMESTIC ABUSE	6	Monitor the Midlothian Council Safe Leave Programme - for those employees who are experiencing gender based violence and need additional time off work to deal with resulting matters by March 2021.	Midlothian Council HR colleagues now monitor the Safe Leave Programme. This is for those employees who are experiencing gender based violence and need additional time off work to deal with resulting matters. The policy has been implemented and Midlothian Council are monitoring its use.	on target
19	19 PUBLIC HEALTH	1	All service providers should adopt the Midlothian Way to build a prevention confident workforce that supports self-management working with what matters to the person through a Good Conversation (train 80 people by March 2021). In addition, provide training on trauma (400 people by March 2021), health literacy and health inequalities (60 people by March 2021).	Work continues to ensure that all service providers adopt the Midlothian Way to build a prevention confident workforce that supports self-management working with what matters to the person through a Good Conversation. Training paused due to Covid between March and Aug 20. Total 20/21= 228 participants (Good Conversations 50 and Bitesize 178) Bitesize topics included, Covid Debrief, Good Grief, Housing and Homelessness, Money worries and social security, weight stigma and intro to Good Conversations for use by Midlothian council managers	off target/ progressing
19	19 PUBLIC HEALTH	2	There should be a continued programme of work to enable people to stay well including the implementation of the Physical Activity Strategy and a review of the range of services in place to improve health and wellbeing across the population e.g. reduce isolation by March 2021; and addressing obesity one of the key factors in the prevalence of ill-health and Type 2 Diabetes.	60% of CPP thematic groups are delivering actions to support type 2 diabetes prevention. Citizen engagement and consultation on the informed future action plan for Mayfield & Easthouses is underway.	off target/progressing
19	19 PUBLIC HEALTH	3	A comprehensive Public Health action plan should be developed with clear and measurable contributions from Health and Social Care and the wider NHS Lothian Public Health Directorate by October 2020.	As the Public Health Department and HSCP public health staff were very focused on the COVID response, work on the broader action plan was delayed. In addition the Public Health Directorate was not been able to finish implementing organisational change outcomes to create a Midlothian team. It is anticipated that this will be complete by summer 2021.	off target/ on hold

19	19 PUBLIC HEALTH	4	Work should continue to develop our Prevention Intention through engagement with all of the planning groups and renew our commitment to embed Integrated Impact Assessments in action plan development by September 2020. This will complement the work on staff training to support a prevention confident workforce.	See 19.3 above	off target/ on hold
19	19 PUBLIC HEALTH	5	The NHS Lothian Public Health Directorate and Midlothian Health & Social care Partnership should negotiate an appropriate arrangement for the integration of NHS Lothian Public Health staff in Midlothian by August 2020.	See 19.3 above	off target/ on hold
19	19 PUBLIC HEALTH	6	The impact of the CHIT (Community Health Inequalities Team) should be reported to evaluate the case for continued or increased investment by June 2021.	The evaluation of the Community Health Inequalities Team is on track. Monitoring reporting has improved. Work on the Transformative Evaluation programme involving Plymouth University is due to restart on 6th July 2021. Additional Nurse to be recruited May 2021.	on target
19	19 PUBLIC HEALTH	7	Initiate discussions with the 3 other Integrated Joint Boards about the potential disaggregation of Public Health funding including but not limited to Health Improvement Fund, Hep C and Blood Borne Virus by November 2020.	Discussion regarding the potential disaggregation of pan-Lothian funding has not taken place as yet due to the pandemic and the Public Health Review.	off target/ on hold
19	19 PUBLIC HEALTH	8	Improving the Cancer Journey (ICJ) programme to be established by February 2021 to ensure support to people following a cancer diagnosis. This work should complement the Wellbeing Service.	Improving the Cancer Journey programme has commenced. This joint programme with MacMillan recruited staff in December 2020 and began to receive referrals in March 2021. The service is delivered in partnership with the Wellbeing Service in all Midlothian GP practices and links to the MacMillan Welfare Rights Adviser.	on target
19	19 PUBLIC HEALTH	9	Facilitate trauma-informed practice across Health and Social Care and Community Planning Partnership services. Train 400 people in Level 1 training by March 2021.	Training on Trauma Informed practice has progressed despite a pause during the pandemic. 298 people trained to level 1, with a further 60 people booked to complete in May 2021. A number of people have also attended level 2 training. Feedback is positive.	off target/ progressing
19	19 PUBLIC HEALTH	10	Having reviewed the gaps in service provision in Midlothian for pregnant women who smoke, allocate resource from existing scheme of establishment within NHS Lothian Quit Your Way Service to develop and deliver service model for pregnant women based upon best practice learning from NHS Dumfries and Galloway.	Recruitment to the dedicated post for pregnant women who smoke has been delayed due to the Public Health Directorate review and focus on the pandemic. Automated referrals from midwifery to the Stop Smoking Service and relationship building are progressing well. Agreement for mandatory midwifery training and link Midwife role in place. Most Quit Your Way support is now telephone based. Quit rates have more than doubled and have been maintained above 20% since June 2020 reaching 30% target in 2 months.	off target/on hold

20	SERVICES TO PEOPLE UNDER 18YRS	1	Health Visiting – i. Work to increase staff compliment to full, including adequate support staff, - Nursery Nurses and Admin support by March 2021 ii. Monitor implementation of the Universal Pathway by March 2021. iii. Review the management structure for all nursing in Midlothian including health visiting by December 2020.	Health Visiting recruitment continues on rolling basis across Lothian. Newly qualified Health Visitor matching will enable us to appoint to the majority of our local vacancies (number TBC by end of May). Health Visitors continue to manage larger caseloads with support from Nursery Nurses, as maternity leave and sickness absence have also impacted on staffing levels. Nursery Nursing is fully staffed and only a small vacancy gap remains in HV admin. ii. Work continues to achieve full implementation of the Universal Pathway; work will be undertaken to achieve full implementation once COVID restrictions ease and the effects on capacity that staffing issues have created are fully resolved and we expect this to be addressed by November 2021. All face to face visiting targets under current (November 2020) guidance are being achieved. COVID requirements generated creativity and innovation in Health Visiting with increased use of digital approaches and alternatives to indoor face to face visiting. These experiences will inform how the service continues to remobilise and deliver the universal pathway as COVID restrictions ease. iii. Review of the nursing structure, including Health Visiting, was delayed due to COVID and retiral of Chief Nurse. New Chief Nurse aims to develop proposal by and of June 2021.	off target/ progressing
20	SERVICES TO PEOPLE UNDER 18YRS	4	School nursing - iv. Implement the refocused role of school nursing including the 10 priorities by March 2021.	A summary of the approach to the Ten Priority Areas within the new focused school nurse pathway was provided in December 2020. The implementation of the full pathway is a gradual process which has been impacted by Covid 19. In Midlothian the main areas of the pathway school nurses are focusing on are Emotional Health and Wellbeing, Child Protection, Domestic Abuse and Transitions. There are imminent plans to focus on fully implementing all aspects of the Sexual Health and Wellbeing priority within the pathway and work will continue with our partners within Midlothian to ensure all ten priority areas are implemented. Most recently, School Nurses have commenced the delayed Primary 1 surveillance programme (height and weight) in all schools . An initial vision screening has been added to the P1 checks as this was not completed last year by orthoptists due to the pandemic, and given the small window of opportunity to correct some eye conditions this is a priority to progress (NB orthoptic services are now resuming). The service has continued to support Young People and their families throughout the pandemic using a Near Me, texts and telephone calls. Referrals from Education have been constant and have increased since the return of pupils to be physically present in schools. The team are working on plans to support P7 transition – The Head Strong programme is used in Midlothian. School Nursing leadership is engaged with Midlothian's Mental Health Strategy Board, looking at a which is looking at a whole system approach to ensuring children and young people have access to the most appropriate supports at the right time. whole system approach to ensuring children and young people have access to the most appropriate supports at the right time.	off target/progressing

20	SERVICES TO PEOPLE UNDER 18YRS	5	0 -5 years Immunisations - v. Develop and implement a new service model for 0 – 5 years immunisations that is safe and available in all areas of Midlothian and ensure good governance by March 2021.	The team has the remit to deliver the 0-5 routine childhood immunisation programme, the Hep B vaccine and Nasal Flu (for 0-5 and not yet at school). As part of the Vaccination Transformation Programme (VTP) nasal flu vaccines were transferred from GP practices in September 2020. Delivery of the HEP B schedule for babies born at risk of Hep B Commenced in January 2021. From October 2021 all vaccinations will transfer from GP services. Workload priorities for 2021 are focussed on increasing uptake from a good base; these include; targeting gypsy travellers, working with families who appear on the 'failure to attend' list and creating an information awareness session and delivering this to HV's and Nursery Nurses in Midlothian. Centralisation of the telephone and recall system has started a phased approach in May 2021 and all appointments will be managed by CCH by August 2021.	on target
21	ALLIED HEALTH PROFESSIONALS	1	Explore options for a Musculoskeletal Advanced Practice Physiotherapy service at Midlothian Community Hospital for appropriate patients redirected from the Royal Infirmary A&E by March 2021.	Initial scoping work suggests that a MCH Minor Injuries Musculoskeletal service would not be viable at this time. 1.4 Whole Time Equivalent employed to enhance the existing Musculoskeletal Advanced Practice Physiotherapy Service. Work under way to redesign Musculoskeletal pathway from NHS 24 and Emergency Department back to Midlothian Musculoskeletal Advanced Practice Physiotherapy service. Linking with chief nurse to explore what the minor injuries offer could look like in Midlothian.	on target
21	ALLIED HEALTH PROFESSIONALS	2	Develop a Falls Prevention plan and associated performance measures by September 2020. (NEW FALLS DIRECTION 24)	Completed. Midlothian Strategic Falls and Fracture Prevention Plan approved by IJB February 2021 and group established July 2020.	on target
21	ALLIED HEALTH PROFESSIONALS	3	The organisational arrangements for Allied Health Professionals (AHPs) should be reviewed in light of changes in the social work fieldwork service and the outstanding work-stream regarding the deployment of acute hospital AHPs in the community by December 2020.	Work has not progressed to review the deployment of acute AHPs to the community and it is the opinion of the current Head of Service that this action be removed as no longer appropriate.	to be removed
21	ALLIED HEALTH PROFESSIONALS	4	Review Allied Health Professional model of care to Highbank and Midlothian Community Hospital to create a flexible and responsive single workforce by December 2020. This should improve flow.	Temporary Allied Health Professional Team Lead posts created for Intermediate Care and Midlothian Community Hospital. Both posts recruited to and work underway to progress to permanent posts. Significant work underway to bring Intermediate Care Physiotherapy and Occupational Therapy teams together and Midlothian Community Hospital Physiotherapy and Occupational Therapy teams together to provide a flexible approach to work, provide cross cover, ensure business continuity, maximise development opportunities for staff and reduce barriers for patients. Single Point of Access to Intermediate Care teams established Dec 2020. All teams RAG rating workload to identify pinch points and maximise capacity. Shared approach to Annual Leave planning in place. Flexible deployment across teams becoming the norm. Midlothian Community Physical Rehabilitation Team (MCPRT) brought under the Intermediate Care umbrella May 2021, work underway to streamline, reduce duplication and ensure clinical capacity is maximised. Midlothian Community Hospital AHP team now enhanced. Teams now data driven. Further work underway.	on target

21	ALLIED HEALTH PROFESSIONALS	5	Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by March 2021.	The review of podiatry provision to people with Type 2 Diabetes has been delayed due to the Covid-19 pandemic response. Data for 2020-2021 from LIST analysts has been obtained and is being analysed. The strategic planning group for diabetes is planning to restart in May 2021 after being paused due to the pandemic response. This work will be prioritised for the coming year.	off target/ progressing
22	DIGITAL DEVELOPMENT	1	Identify business partner representative(s) from eHealth[1] and Digital Services[2] respectively to support the new Partnership governance planning meetings and strengthen closer working links for developing future strategic deliverables (e.g. TrakCare changes).	HSCP approved to the forming of a Digital Governance Group to act as a forum in the HSCP to connect with technical business partners. eHealth account manager relationship remains unchanged and need to developed in this new forum. Midlothian Council Digital Services has undergone a major strategic review of Digital and is establishing business patterns to interface with business areas. The Digital Governance Group will reach out to build effective connections through pre-existing links initially.	on target
22	DIGITAL DEVELOPMENT	2	eHealth to deliver on work to develop a data capture tool for use by the Midlothian Wellbeing Service by November 2020.	The request to ehealth for a data capture tool for use by the Midlothian Wellbeing Service has not progressed however support from the HSCP LIST Analysts has continued and a new model is at testing phase at Thistle Foundation. Direction should be amended to reflect this	off target/ progressing
22	DIGITAL DEVELOPMENT	3	Digital Services and eHealth to provide the technical integration required to share and combine Health and Care data sets according to the planning needs of the Partnership within calendar year 2020 and a roadmap for this by end of calendar year 2020[3].	Resource was not available to progress work by Digital Services and eHealth to provide the technical integration required to share and combine Health and Care data sets. There was a local focus on building initial dashboards. Direction to be progressed at Digital Governance Group this coming year.	off target/ on hold
22	DIGITAL DEVELOPMENT	4	Digital Services to support direct connection to Mosaic Database Universes within Dashboard technical stack/environment. Specification on how to achieve this post Mosaic migration by end of calendar year 2020[4].	Resources not available to pick this up again during last financial year. Within the Council's Digital Strategy is the suggestion to establish a Midlothian Office of Data Analytics (MODA) to support development in this area. The HSCP has the chance to work collaboratively to develop work in this area going forward.	off target/on hold
22	DIGITAL DEVELOPMENT	5	eHealth to support scoping TrakCare utilisation across Partnership teams within 2020/21 for the purpose of developing a specification for developing full functionality standardised eWorkflow across Midlothian, specify requirements for delivery, and (subject to any IJB approval requirement for financial allocation) allocate resources for delivery by end of calendar year 2021 and mechanism for maintenance.	Major Trak development progressing centrally through prioritised services. Local areas engaging through professional level developments in Outpatient Redesign programme. We need to understand how Community Services will be resourced for this given the volume of work to allow us to support services and think about how this aligns with our strategic intent.	off target/ progressing
22	DIGITAL DEVELOPMENT	6	Digital Services to have completed the migration of Mosaic to the remote hosted service by Q3[5] of 2020/21.	This migration of Mosaic is complete.	on target
22	DIGITAL DEVELOPMENT	7	eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate.	Attend Anywhere is now established as a business-as-usual function within NHS Lothian due to COVID mitigations.	on target

22	DIGITAL DEVELOPMENT	7.1	Attend Anywhere simply as a contact modality.	This is now in use in several service areas. Other potential areas to be explored.	on target
22	DIGITAL DEVELOPMENT	7.2	Attend Anywhere as a fully functional clinic solution with all necessary associated Trak developments.	Being led by NHS Lothian within a centrally managed project as the context for this direction changed completely with the arrival of COVID.	on target
22	DIGITAL DEVELOPMENT	7.3	Digital Services to enable Council Care Teams to access Near Me under existing national licence.	No progress on the use of Near Me by Council care teams. No strong pressure from social care within the HSCP to adopt.	off target/ progressing
22	DIGITAL DEVELOPMENT	8	Digital Services to advise on ensuring delivery of contractual obligation to provide integration with Mosaic.	The integration of Mosaic and CM2000 is now operational in several service areas. Other potential areas to be explored. Further discussion with the CM2000 Account Manager regarding implementation required as is a review of the information and development needs of the service.	on target
22	DIGITAL DEVELOPMENT	9	eHealth and Digital Services to support improved cross organisational collaboration of the HSCP [e.g. through scoping and road mapping Teams to consider issues such tenant (having to 'hot swap' tenancies to see staff), view calendars, book shared physical resources (i.e. rooms), joint distribution lists, holding virtual meetings without member/guest issues barring participation in chat/file share/presentation viewing.	There are a few improvements evident around cross-organisational collaboration (e.g. in functionality of MS Teams across organisations). Some work will be led nationally involving NSS/NHSL and Local Digital Government Office. The extent to which the HSCP will want to influence and advocate for resources for this will be considered at the Digital Governance Group.	off target/ progressing
23	HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY	1	Collaborative leadership model should be progressed by December 2020.	Management Development sessions took place (3 sessions in February and March 2021 with further session planned in April). Excellent attendance and feedback. Plan to continue in development.	on target
23	HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY	2	The Partnership should take opportunities for self-evaluation and improvement planning – for example Scirocco Knowledge Exchange Programme by March 2021.	Work on a programme of self-evaluation has started. The aim of the self-evaluation exercise is to o Demonstrate achievement in Outcomes o Demonstrate adherence to Integration Principles o Demonstrate compliance with Health and Social Care Standards o Illustrate progress with Prevention and Early Intervention o Illustrate progress in addressing Health Inequalities Support from Link Inspector from Care Inspectorate and from HIS in place. Work with Scirocco now underway. 3 key areas of focus and leads identified. This work links to Outcome Maps (which also involves Link Inspector).	on target
23	HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY	3	Meaningful and sustained engagement with local communities and/or service users should be evident. Engagement Statement to be published by Dec 2020 (pending approval by IJB) and impact report available to end March 2021 and annual thereafter.	Engagement statement approved by IJB and published on HSCP website.	on target

23	HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY	4	A tool to better capture the impact of the Partnership on outcomes for local people and on the wider health and social care system to be functional by March 2021.	Outcome Mapping in progress. The HSCP has committed to a two-year programme to develop an Outcomes Approach to Performance Management. The initial Outcome Maps are • Strategic Commissioning • Number 11 • Frailty This work also involves the Care Inspectorate Link Inspector. IJB members have also been workshop participants.	on target
24	FALLS	1	Develop a dedicated system for data analysis / reporting of falls data to identify clear priorities and inform future direction of falls work by December 2021.	Strategic Falls Planning Group established. Falls & Fracture Prevention Action Plan 2021-22 drafted. Falls & Fracture Prevention Action Plan approved by SMT and IJB February 2021. Work underway to identify current sources of key data collection across Midlothian Council / NHS / other key stakeholders.	on target
24	FALLS	2	Develop an integrated & coordinated Midlothian Falls Pathway across H&SC and third sector providers by September 2021.	Work underway. Three workshops planned commencing April 2021 and group members identified to begin work on creating pathway for approval by SMT and IJB.	on target
24	FALLS	3	Work with Primary Care providers to develop a standard identification process, signposting / self-referral system for all patients at risk of falls linked into the integrated Falls Pathway by December 2021.	Work ongoing - initial engagement made with GP Reps group to discuss, and Frailty GP engaged in Strategic Falls Group. Falls Pathway requires to be completed to support this piece of work.	on target