



Midlothian
Health & Social Care
Partnership

Midlothian Integrated Joint Board
Directions to
Midlothian Council & NHS Lothian

April 2021

Version:

Approved by IJB April 2020: 09/04/2020

Updated – Approved by IJB: 08/10/2020

Contents

Introduction.....	3
1. In Patient Hospital Care	6
2. Accident & Emergency.....	8
3. Midlothian Community Hospital	10
4 Palliative Care	11
5 Primary Medical Services	12
6 Community Health Services	14
7 Dental; Ophthalmic & Audiology.....	15
8 Older People.....	16
9 Physical Disability & Long Term Conditions.....	18
10 Learning Disability	20
11 Mental Health	22
12 Substance Misuse	24
13 Justice Social Work	25
14 Unpaid Carers	26
15 Care at Home	27
16 Housing (including Aids & Adaptations)	28
17 Intermediate Care	30
18 Adult Protection & Domestic Abuse	31
19 Public Health.....	33
20 Services to People under 18years	35
21 Allied Health Professionals.....	37
22 Digital Development	39
23 HSCP Maturity.....	41
24 Falls.....	42
Financial Summary	44

Introduction

The Midlothian IJB has a shared long-term vision focussed upon prevention and recovery. However, the financial climate is increasingly challenging and we must respond by transforming services as quickly as possible while always being mindful of our responsibilities not to compromise the provision of safe, high quality care and support.

Directions were issued to Midlothian Council and NHS Lothian in May 2020. This version incorporates a refresh of those Directions to reflect the impact of the COVID-19 pandemic, which has brought many challenges but has also allowed an acceleration of certain plans.

Policy Context

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan for their delegated, integrated functions and budgets under their control.

Sections 26 to 28 of the Act require the IJB to issue *directions* to one or both of the Health Board and Local Authority. Directions are the means by which the IJB tells the Health Board and Local Authority the key actions to be delivered to implement its Strategic Plan and utilise its integrated budget. This enables the IJB to improve the quality and sustainability of care, as outlined in its strategic plan, and acts as a record of decisions. They are a key aspect of accountability and governance between partners.

In February 2019, the Ministerial Strategic Group for Health and Community Care (MSG) published its report on the review of progress with integration. One of its findings related to Directions and as a result, on 27th January 2020, the Scottish Government published **Statutory Guidance on Directions** from Integration Authorities to Health Boards and Local Authorities. Available [here](#).

The **Independent Review of Adult Social Care** was published on 3rd February 2021. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.

The Scottish Government accepted the recommendations of the report on 16 February 2021. Implementing the recommendations will require legislative, system and practical change. The six strategic aims that Midlothian IJB adopted in March 2021 align well with the principles underpinning the report and it is the expectation of the IJB that Directions will continue to reflect the implementation of report recommendations.

Strategic Plan

The Strategic Plan 2019-22 outlined the direction of travel for the development of health and social care services in Midlothian. This plan is updated annually. NHS Lothian and Midlothian Council are asked to develop and implement action plans that will enable the objectives outlined in the Strategic Plan to be realised with a particular emphasis on all services seeking to adopt a preventative approach and continuing to proactively address health inequalities.

The Strategic Planning Group is the main body responsible for overseeing the progress with the Strategic Plan and the Directions. Additionally, an internal 'Planning and Transformation Board' coordinates progress across all the planning forums in driving forward transformation, ensuring that the IJB is able to address the ongoing financial challenge.

During 2020-21 work progressed on the development of the 2022-25 Strategic Plan. This work will continue in 2021.

NHS Hosted Services

Developing more locally responsive services will demand a varied approach. Good progress has been made in identifying opportunities to reorganise and enable more local, and more integrated management arrangements for services such as Substance Misuse. Services that will require a particular focus in 2021-22 include the re-provision of the Royal Edinburgh and the Astley Ainslie. Although the IJB's objective is to manage community-based services locally wherever possible, it is recognised that, for some services, such an approach will not be viable; for these services arrangements will be developed which strengthen a whole system approach within Midlothian working closely with the Hosted Services.

Financial Context

The financial context for 2021-22 remains a very challenging one with both NHS Lothian and Midlothian Council facing major financial pressures. It is also recognised that the initial proposals as to how best to allocate the Set-Aside and Hosted Services budgets continue to require more detailed work to ensure parity but also take account of significant differences in population need and in the availability of local resources. A key direction of travel will be to disinvest in institutional care including bed-based hospital care and care homes for older people. We have taken steps to strengthen our partnership with the Voluntary Sector and a programme of quarterly summits, intended to jointly identify new ways of providing services have restarted following the pandemic. The Voluntary Sector is crucial and the services they provide account for 33% of the total social care budget for adults and older people.

Provision of Directions

These Directions are issued to provide as much clarity as possible about the changes which need to take place in the design and delivery of our services. As further plans are developed, new or revised Directions will be issued during 2021-22. For those services which are not covered by a specific Direction, the expectation is that NHS Lothian and Midlothian Council

will continue to provide high quality services within current budgets, endeavouring to meet national and local targets, and following the strategic objectives laid out in the Strategic Plan. All Directions issued by the IJB are pursuant to Sections 26 to 28 of the Public Bodies (Joint Working) Act 2014 and the appropriate element of the Integration Scheme as detailed below.

The IJB is constituted under Local Government regulations and, as such, under the Local Government in Scotland Act 2003, has a duty to make arrangements to secure best value – that is continuous improvement in the performance of functions. It is expected that NHS Lothian and Midlothian Council will deliver the functions as directed in the spirit of this obligation.

The financial values ('budgets') will be attached to these Directions when the information is available.

1. In Patient Hospital Care

Budget: £14,563,000

DIRECTION: NHS Lothian & Midlothian Council

Midlothian IJB has approved a plan for those unscheduled care services for which it is responsible as one of its delegated functions arising from Integration. This plan will be developed and implemented in close collaboration with both the NHS Lothian Acute Hospitals and with neighbouring IJBs.

The plan aims to capture the wide range of activity required to:

- Introduce measures to reduce preventable ill-health
- Identify and support people at an earlier stage in their condition to reduce the likelihood of a crisis
- Provide community alternatives to A&E attendance or admission to Acute Hospital
- Enable people to leave hospital as soon as they are fit to do so

Actions:

- Complete the review of 'potentially preventable admissions' by **September 2021** and develop a plan to strengthen access to local alternatives and where appropriate develop new services.
- **Implement plans to free capacity in Midlothian Community Hospital by enabling alternative care options for people with dementia by July 2021.**
- Evaluate the impact of new approaches to In Reach (including identifying patients suitable for Reablement in Medicine of the Elderly wards) by **September 2021**.
- Increase further the proportion of patients admitted to the Royal Infirmary of Edinburgh as the local Acute Medical Unit **compared to the Western General**.
- **Evaluate the impact of the Home First Model by March 2022**
- **Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by September 2021**
- **Maintain** collaborative decision making around acute hospital decision making. Report to the IJB on proposed developments and on budget position at least twice per year.
- **Review Midlothian Hospital at Home Service in line with wider pan-Lothian review**
- **Maintain the number of people who are delayed in hospital while awaiting community based support to 13 or below each day by July 2021**

Impact

The impact will be that fewer people from Midlothian will be in an acute hospital bed when not requiring such level of care and treatment. This will enable people awaiting hospital care to be admitted earlier whilst also releasing resources for community alternatives. The plan addresses a number of issues that will impact on Acute Hospitals in the short- term, such as reducing the number of people with a COPD exacerbation being admitted. It will also impact on the demand on hospitals in the medium to longer term such as the reduction in the prevalence of type 2 diabetes; development of the use of Midlothian Community Hospital; and addressing local service gaps that result in high attendance at A&E by people under 65yrs old.

Progress

This work should be undertaken throughout 2021-22. Regular reports on progress will be submitted to relevant governance groups in both Midlothian HSCP and NHS Lothian.

Targets and Measures

- Reduction in number of people with a COPD exacerbation being admitted to hospital
- Reduction in number of people under 65 admitted to A and E
- Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity
- Reduce Unplanned Occupied Bed Days reduced by 10% by April 2022 compared to 2017/18
- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18
- Reduce Geriatric Long Stay Occupied Bed Days by 10% by April 2022 compared with 2017/18
- Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher
- Reduce the percentage of time people spend in a large hospital in their last six months of life.

2. Accident & Emergency (A & E)

Budget: £2,369,000

DIRECTION: NHS Lothian

We are committed to achieving a reduction of attendances from Midlothian

Actions:

- Undertake a review of all frequent attendees at A&E by October 2021
- Implement the Health Inclusion Team support to adult (under 55) frequent A & E attendees by July 2021
- Implement community pathways for Musculoskeletal physiotherapy in line with national plans around scheduling unscheduled care by 31st December 2021.
- 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.
- Implement a tableau dashboard to support managers in accessing performance data to determine the impact of community services in reducing A&E attendances and unscheduled admissions by September 2021.
- Monitor the impact of the implementation of the Midlothian Acute Service Plan 19-22 on A & E attendances, Unplanned bed days, Delayed discharge, and unplanned admissions to identify areas of success and areas for improvement.
- Implement and monitor the impact of the Single Point of Access on ensuring people access community-based services and reducing demand on A and E and unscheduled admissions.
- Take an active role in pan-Lothian decisions around A&E front-door redesign (Midlothian IJB set-aside budget) and ensure engagement of acute services staff in Midlothian IJB planning groups

Impact

This work will impact on the number of people attending A&E and the number of frequent attenders who are supported to consider locally based services that improve their wellbeing.

Progress

This work should be reported to Midlothian Strategic Planning Group via the Acute Services Planning Group.

Target and Measures

- Quarterly data from the MSG Indicators 1 to 4 (source: Tableau Dashboard)

- Health Inclusion Team data to demonstrate impact on people supported who dult frequently attend A&E. (March 2022)
- Enhanced Community pathway established for Musculoskeletal (MSK) physiotherapy. (31st December 2021)
- Suite of performance indicators to monitor the impact of the new MSK community pathway agreed. (31st December 2021)
- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18
- Maintain Emergency Department attendances at the level of 2017/18

DRAFT

3. Midlothian Community Hospital

Budget: £5,829,000

DIRECTION: NHS Lothian & Midlothian Council

Midlothian IJB is committed to making maximum use of the Community Hospital in providing locally accessible inpatient and outpatient services

Actions:

- The option appraisal regarding the most appropriate outpatient Clinics and day treatment to be provided in Midlothian Community Hospital should be completed by **September 2021**. This should include 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.
- **Further develop plans for Glenlee Ward to increase bed capacity for step up from community and rehabilitation, aligning this with successful recruitment of staff.**
- **Evaluate impact of the development of Glenlee Ward at Midlothian Community Hospital as a step-up from community and day treatment facility by March 2022.**

Impact

The impact will be to provide more localised inpatient and outpatient services.

Progress

Formal reports outlining progress should be submitted to the Strategic Planning Group

Targets and measures

- Option appraisal available and service design agreed on most appropriate outpatient clinics and day treatment to be provided by Midlothian Community Hospital provided by September 2021
- Report on Glenlee Ward implementation and associated data including occupancy rate and patient outcomes provided by March 2022
- Other appropriate measures should be devised to quantify the benefits gained in relation to localised service provision and reduced demand on acute hospital care.

4 Palliative Care

Budget: £416,000

DIRECTION: NHS Lothian & Midlothian Council

We are committed to supporting people to spend as much time as possible at home or in a local homely setting when they have a life limiting illness.

Actions:

- Increase the accuracy of the Palliative Care Registers in GP practices by September 2021.
- 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, MCH and Hospital at Home) by March 2022.
- 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 September 2022
- Evaluate the impact of the Palliative Care Champion Network across Midlothian care homes by March 2022.

Progress

These actions should be reported to the local Palliative Care Group and the Strategic Planning Group.

The Midlothian Palliative Care group will oversee this work and report to the Strategic Planning Group and Care and Clinical Governance Group.

Targets and measures

- Accuracy of Palliative Care Registers improved in 50% of GP practices by December 2021
- Audit of admissions to Acute Hospitals completed
- Feedback on quality of palliative and end of life care received
- Impact of Palliative Care Champion Network evaluated
- Measures related to quality of palliative care (TBC)
- Reduce the percentage of time people spend in a large hospital in their last six months of life.

5 Primary Medical Services

Budget – GMS: £12,781,000 + Prescribing £17,590,000
Total £30,371,000

DIRECTION: NHS Lothian

The Midlothian Primary Care Improvement Plan (PCIP) describes the priorities and approach taken in Midlothian to support the implementation of the 2018 General Medical Services Contract. It aims to strengthen the primary care team skill mix and capacity to cope with growing demand and the provision of more community based treatment.

Actions

- Implementation of the Community Treatment and Care Centre model (CTAC) to effectively manage and support patients with long term/chronic conditions in the community.(PCIP priority) by 31 July 2022
- Responsibility and management of the Vaccination Transformation Programme transferred to the HSCP by 1st Oct 2021. (PCIP priority) This includes planning around COVID and flu vaccination programmes.
- Continued implementation of the Prescribing Plan with 100% of Practices with Pharmacotherapy level 1 service in place (March 2022)
- Funding above the 21/22 PCIF allocation secured to enable the Pharmacotherapy service to be scaled up to all practices.
- Established Medicine Reconciliations service provided to all practices. (March 2022)
- Progress Capital Development programme in Primary Care developing plans for new health centres in Shawfair and in South Bonnyrigg addressing the current demand on healthcare facilities and predicated population growth in both these areas. (PCIP priority)

Impact

The impact of this work will be the transformation of primary care services; changes to the multi-disciplinary primary care team, to services available and to the relationship with the community and partner agencies.

Progress

These actions should be monitored by the Primary Care Management Group, with six monthly reports to the Strategic Planning Group.

Targets and measures

- Completion of the pilot phase at Penicuik, Eastfield and Roslin Practices (by August 2021)

- CTAC operational in 50% of Midlothian General Practices (by 31st December 2021)
- CTAC operational in 75% of Midlothian General Practices (by 30th April 2022)
- CTAC operational in 100% of Midlothian General Practices (by 31st July 2022)
- Vaccination Transformation Programme successfully transferred to HSCP (1st October 2021)
- Funding above the 21/22 PCIF allocation secured to enable the Pharmacotherapy service to be scaled up to all practices.
- Increase in percentage of people with positive experience of care at their GP practice.

DRAFT

6 Community Health Services

Budget: £4,837,000

DIRECTION: NHS Lothian

Our objective is to provide stronger community-based health services, promoting prevention and recovery wherever possible.

Actions:

- Work with other Lothian Health & Social Care Partnerships to implement appropriate model and financial plan for complex care by June 2021.
- Improve quality and options for people with frailty in primary care by **October 2021** through proactive in-reach to Edinburgh Royal Infirmary when someone with frailty is admitted and virtual medical teams involving the frailty GPs and key hospital consultants.
- **Work to ensure our frailty services are accessible to people under 65 years by December 2021**

Impact

The impact will include more robust arrangements for supporting people with complex care needs, stronger joint working arrangements with GP Practice Staff and other community based workers and greater clarity of roles in light of developments in primary care, Intermediate care and acute hospital care.

Progress

This work involves several planning groups including Primary Care, Intermediate Care and Workforce Development. A report should be provided to the Strategic Planning Group.

Targets and measures

- Appropriate model and financial plan for complex care implemented
- Quality and options for people with frailty in primary care improved
- Age profile of people accessing frailty services reviewed. Improvement in accessibility of frailty services to people under 65.

7 Dental, Ophthalmic & Audiology.

Budget: Oral Health £1,212,000. Audiology budget not yet delegated. Ophthalmic Budget covered directly by Scot Govt.

DIRECTION: NHS Lothian

Primary Care planning and delivery sits within a complex governance and decision-making environment. The NHS Lothian Board and Midlothian IJB need to be clear what their responsibilities are. IJBs have the responsibility for strategic planning for delegated functions in General Medical Services, General Dental Services, General Pharmaceutical Services and General Ophthalmic Services. The independent contractor model is the basis of most primary care services and independent contractors are responsible for the majority of day-to-day patient-facing service delivery. Midlothian IJB aims to strengthen working arrangements with these services which play a vital role in the wider primary care team.

Actions

- 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 and use this information to identify further actions if required by **December 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 by **March 2022.**
- **Evaluate the impact of community glaucoma specialist optometrists by March 2022**

Impact

The impact will be to strengthen joint work with these services and wider health and social care provision in order to improve and/or maintain people's health, wellbeing and independence as far as possible.

Progress

Progress should be reported to the Strategic Planning Group and Primary Care Management Group.

Targets and measures

- Report on impact of NHS general dental services on the oral and general health of Midlothian population completed. Further actions identified. (December 2021)
- Actions to jointly implement recommendations on "meeting the needs of an ageing population" agreed (March 2022)
- Impact of new community glaucoma specialist optometrists evaluated (March 2022.)
- Other targets for each service area will be established as part of the planning determined above and will, where possible, include national benchmarking measures such as dental registrations and engagement

8 Older People

Budget: £7,086,000

DIRECTION: NHS Lothian & Midlothian Council

Midlothian IJB is committed to supporting older people to stay well and remain as independent as possible.

Actions

- The e-Frailty Programme should be progressed to improve 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 December 2021).
- Undertake a review of day support, explore all options for people in Midlothian who are isolated, including alternatives to building based support by March 2022.
- Develop Midlothian Respite Policy and Action Plan by September 2021.
- Explore all options to provide an respite service to older people to support carers in their caring role for longer and to prevent avoidable hospital admissions
- Improve primary care quality and options for older people (See Direction 5)
 - Develop and evaluate pro-active in-reach into hospital when someone with frailty is admitted by December 2021
 - Develop virtual medical teams involving frailty GPs and key hospital consultants by December 2021
 - Consider MCH role for frailty step-up, step down (see Direction 3)

Impact

The impact will be to improve older people's health and wellbeing, including those living in care homes.

Progress

Progress should be reported to the Strategic Planning Group.

Targets and measures

- A reduction in admissions to hospital from care homes
- Measure older people's reports of isolation
- Carer satisfaction data
- Alternative respite use/demand/feedback
- Reduction in number of avoidable hospital admissions

- A reduction in admissions to hospital by people over 65 years and people over 75 years
- Measures capturing the impact of the work-streams flowing from the Frailty Project.
- Data from Midlothian Hospital rehabilitation service
- More people, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

DRAFT

9 Physical Disability & Long Term Conditions

Budget: £2,155,000

DIRECTION: NHS Lothian & Midlothian Council

We aim to support people with disabilities to live independently and those with long term health conditions to live well.

Actions

- All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by **March 2022**.
- 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 by **October 2021**
- 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)
- (Midlothian extra care housing commitments are described in Direction 16)
- Review role of MCPRT community rehab team in line with ongoing development of intermediate care to maximise impact on people with a long term condition or who have experienced an acute event by **December 2021**
- Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and CHD) by **March 2022**
- **Develop clear pathways and support for people affected by neurological conditions by March 2022.**

Impact

The impact will be to enable people who have a physical disability or a long-term health condition to have a good quality of life; manage their own conditions; and direct their own care as far as possible.

Progress

Timescales for these actions are listed although the local Astley Ainslie project will be influenced by pan-Lothian plans. A report on progress should be provided to the Strategic Planning Group every 6 months.

Targets and measures

All work-streams should develop a set of measures which enable progress to be quantified.

- Increase the availability of specialist supported accommodation across Midlothian and reduce housing waiting lists.
- Report on, and actions, following agreement on the re-provision of Astley Ainslie Hospital
- Midlothian Community Physical Rehabilitation Team (MCPRT) service review
- Clear pathways and support available for people affected by long term conditions
- Clear pathways and support for people affected by neurological conditions

DRAFT

10 Learning Disability

Budget – Health: £1,350,000 & Social Care £10,182,000.

Total: £11,532,000

DIRECTION: NHS Lothian & Midlothian Council

We aim to support people with learning disabilities to live as independently and as full members of their local communities as is possible.

Actions

- Review day care provision and associated costs including transport by December 2021.
- Work with individual providers to pilot new community based and personalised models of day services by 31st March 2022
- Support the delivery of new housing models in Bonnyrigg (8 flats) by Dec 2022, and Primrose Lodge, Loanhead by March 2022 to support people with Profound and Multiple Learning Disabilities
- Complete retender of the taxi contract for existing taxi services
- Strengthen joint working of Learning Disability Services and care providers to inform longer-term changes in how adult social care is planned and delivered.
- Review of the services available for diagnosis and support to people with autism complete by March 2022
- Support people with complex needs in crisis by training practitioners on Positive Behavioural Support as part of embedding Positive Behavioural Support in Learning Disability

Impact

The impact will be to enable people who have a learning disability to have a good quality of life and to be safe and well supported in appropriate accommodation.

Progress

This is a key area of transformation area given the growing level of expenditure and regular reports should be provided to the Finance and Performance and the Planning and Transformation Groups and annually to the Strategic Planning Group.

Targets and measures

- Review of day care provision completed. (31st December 2021)
- Pilots established for new community based and personalised models of day services (31st March 2022)
- Delivery of eight flats at Bonnyrigg High Street 31st December 2022. Renovation of Primrose Lodge complete. 31st March 2022 (linked with Direction 16)

- Completion of taxi contract retender exercise. (31st December 2021)
- Completion of remobilisation transport review by Review officer (31st December 2021)
- Activity of Day Service Providers' Group incorporated into the Remobilisation programme 2021-22. (30th September 2021)
- Output from the Day Service Providers' Forum on remobilisation of services and development of new support models. (31st December 2021)
- Autism Review completed with recommendations and planned interventions. 31st March 2022
- Evidence of an increase in the number of service users and families reporting personalised care and satisfaction with services. (31st March 2022)
- Positive behavioural support pathway updated to include staff training at level one. (31st October 2021)
- Competency framework developed. (31st December 2021)

DRAFT

11 Mental Health

Budget – Health: £4,313,000 & Social Care £741,000.

Total: £5,053,000

DIRECTION: NHS Lothian & Midlothian Council

Given the high prevalence of mental health concerns in the population (e.g. 19% on medication for anxiety or depression) we are committed to achieving the national ambition to “prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems”.

Actions

- 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.
- Review effectiveness of the multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice now operational at Number 11 (multiagency hub) by **September 2021**.
- Continue close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.
- 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.
- **Report on pilot to deliver a substantial improvement in waiting times for psychological therapy by July 2021**
- **Work with Psychological Therapies to increase the number of people commencing (general adult) treatment within 18 weeks to 90% by July 2022**
- **Evaluate impact of Wellbeing and Primary Care Mental Health workforce by April 2022. Wellbeing Service aims to support 800 people 2021-22.**
- **Implement** updated Suicide Prevention Action Plan including Scottish Government’s 4 new priorities by December 2021
- 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.
- **Work with other Lothian IJBs to agree plans for pan-Lothian and hosted mental health service provision 2022-25 by November 2021. This includes Royal Edinburgh**

Hospital services such as Forensic Psychiatry and Eating Disorders Services and the implementation of the Early Intervention in Psychosis Action Plan.

Impact

The impact will be to enable people with moderate to severe mental health illness to recover through a clearer, more effective rehabilitation pathway. For those with low level mental wellbeing needs services should enable people to regain a sense of control over their lives and reduce the reliance upon medication.

Progress

A report on progress should be provided to the Strategic Planning Group every 6 months.

Targets and measures

There are clear access targets for psychological therapies whilst other services such as the Access Point and Wellbeing have their own measurement systems the outcomes of which should be considered through the Mental Health Planning Group

- Maintain Mental Health Long Stay Occupied Bed Days below 10% of the 2017/18 activity.
- Outcome map for Number 11 – and associated data and feedback
- No. of people supported to move into a Housing First Tenancy and associate outcomes
- No. of housing and homelessness staff who have attended Good Conversations training
- Suicide rate data and staff suicide training data.

12 Substance Misuse

Budget – Health: £513,000 & Social Care £191,000.

Total: £705,000

DIRECTION: NHS Lothian & Midlothian Council

The human and financial cost of substance misuse is considerable. We must redouble our efforts to prevent misuse and enable people to recover.

Actions:

- 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.
- Evidence that people using MELDAP funded services contribute to ongoing development of the service.
- People with lived experience to be members of the MELDAP Strategic Group
- MH&SCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by **March 2022**.
- Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by **March 2022**.
- MH&SCP/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

Impact

The impact will be to strengthen services focussed on recovery for people with substance misuse problems.

Progress

A report on progress should be provided to the Strategic Planning Group every 6 months.

Targets and measures

Each of these work-streams should develop a set of measures which enable progress to be quantified.

13 Justice Social Work

Budget: N/A - Fully funded from Scot Govt

DIRECTION: Midlothian Council

We know that people who offend are much more likely to experience multiple health issues and have a lower life expectancy. We must find ways of supporting people to improve their wellbeing and enable them to establish a more settled and style of life.

Actions

- Develop a trauma informed service that focuses on tailored, structured intervention and access to wraparound services for men on Community Payback Order supervision (using some of the elements from the women's SPRING project)
- Develop the SPRING service. Specifically develop 'Stepping Stones' and the 'Next Steps' phase of SPRING.

Impact

The impact will be that people who offend or are at risk of doing so will have improved access to services which will help them address their underlying health and wellbeing challenges.

Progress

Progress reports should be provided to the Community Safety Partnership 6 monthly and annually to the Strategic Planning Group.

Targets and measures

- Consultation completed, service for men on Community Payback Order planned, designed and implemented by March 2022
- Increase the number of referrals to SPRING service for women by 5% each year
- The number and percentage of women who attend Spring Service initial appointment who go on to engage with the service for at least three months by 5% each year
- Increase number of women engaging with the Next Steps phase.

14 Unpaid Carers

Budget: £605,000 (spend inc Resource Panel = £1,005,447)

DIRECTION: NHS Lothian & Midlothian Council

We recognise that the health and care system is very dependent upon the contribution of unpaid carers. The shift towards self-management and care at home will depend upon the ability of carers to continue in their role and we must support them to do so. It is vital that we identify carers; recognise what carers do and the physical, emotional and financial impact that their caring role can have on them whilst providing support, information and advice, aiming to make caring roles sustainable.

Actions

- Review the Carer Strategic Statement to reflect the direction and recommendations of the Independent Review of Social Care, and publish by September 2021
- Improve carer identification through connections to services, and through information to the public to support self-identification by March 2022.
- Design a performance framework by July 2021 to capture the impact of carer support services and encourage ongoing service improvement. Framework should include both qualitative and well and quantitative feedback.

Impact

The impact of this work will be to reduce any negative impact of caring, and make the continuation of the caring role more sustainable and improve carer choice in support options available.

Progress

There should be a report on progress to the Strategic Planning Group every 6 months.

Targets and measures

Each of these work-streams should develop a set of measures which enable progress to be quantified;

- Increase in the number of carers receiving support from voluntary service providers
- Increase the number of Adults receiving an adult carer support plan of their care needs
- Increase the number of carers receiving 1:1 support.
- Performance framework developed
- Increase the numbers of carers who feel supported as measured by the National Health and Wellbeing Survey.

15 Care at Home

Budget: £15,749,000

DIRECTION: Midlothian Council

Care at home services are a vital component of care in the community and yet the capacity of service has been under considerable strain over the past three years. Designing alternative more sustainable approaches to care at home is one of the most important challenges requiring to be addressed by the IJB.

Actions

- Implement care at home services, in line with the vision statement and human rights based approach. Establish robust monitoring systems to ensure block contracts are effectively implemented, and to demonstrate the impact of care at home on promoting human rights by September 2021
- Workforce – implement a multifaceted workforce plan that includes council and external providers by July 2021.
- Evaluate impact of new reablement model within Home Care Service to promote optimum level of function by March 2022

Impact

The impact of developing services which provide sustainable good quality 'care at home' will be evident across the system, with service users enjoying a better quality of life, unpaid carers supported in their caring role and acute hospitals able to discharge people sooner once they are fit to do so. It will also impact on budget with less spend on agency staff.

Progress

This work will be overseen by the Older People Planning group with a six monthly update to the Strategic Planning group and an annual report to the IJB

Targets and measures

- Reduce unmet need in terms of the hours of assessed need not delivered.
- Other metrics to demonstrate improved outcomes to be prepared by the Older People Planning Group.
- An adapted monitoring and evaluation framework has been produced and will be refined with successful providers to provide evidence of meeting demand and promoting human rights.
- More people, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

16 Housing (including Aids & Adaptations)

Budget: £296,000

DIRECTION: NHS Lothian & Midlothian Council

Good quality accessible housing is critical to people's health and wellbeing. Health and Social Work must continue to work closely with Housing Providers. As with many other Local Authorities, Midlothian Council faces many challenges in addressing the housing and care needs of both an ever-increasing ageing population and indeed a population with increasingly complex requirements. The Authority has engaged in a move away from the traditional and expensive model of Residential Care and acknowledges the benefits associated with people living in their own home with support for as long as possible. Extra Care Housing is one such model of accommodation and care that supports this principle.

Actions

- Planning for Newmills, Gore Avenue and Bonnyrigg extra care housing should continue in order to deliver an extra 106 Extra Care Housing units (inc bariatric options) by spring 2022.
- Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be considered by March 2022 (see Direction 10)
- 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.
- 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.
- 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.
- 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.

Impact

The impact will be to maximise people's independence and quality of life through living in the most appropriate housing

Progress

There should be a report to the Strategic Planning Group annually.

Targets and measures

Each of these work-streams should develop a set of indicators and timescales that enables progress to be monitored.

- a reduction in care home admissions
- a reduction in hospital admissions from home
- a reduction in housing waiting lists
- No. of people supported to move into a Housing First Tenancy - target 20 by July 2022
- No. of housing and homelessness staff who have attended Good Conversations training - target 20 by March 2022.
- No of Homelessness and Housing knowledge building sessions delivered to Health and Social care Staff and Third Sector Partners by Housing - target 4
- Target is to increase the availability of specialist supported accommodation across Midlothian and reduce housing waiting lists.

17 Intermediate Care

Budget: £1,842,000

DIRECTION: NHS Lothian & Midlothian Council

Intermediate care services focus on prevention, rehabilitation, reablement and recovery. They provide an alternative to going into hospital and provide extra support after a hospital stay. In Midlothian, there are several services that fit this description. It is important that they are co-ordinated and work together as they individually and/or collectively evolve.

Action

- Evaluate impact of developments to 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 by March 2022
- 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.
- Commitment to strengthen community rehabilitations pathways by April 2022 across health and social care services in line with the Rehabilitation Framework and the Adult Review of Social Care (2021)

Impact

The impact will be improved outcomes for local people and across the health and social care system. More people will receive care and support in their own home as opposed to acute care

Progress

There should be a report to Strategic Planning Group every 6 months.

Targets and measures

The Plan should include outcome measures to aid future monitoring.

- Impact of developments to Midlothian Intermediate Care Services on reduction in acute respiratory admissions
- Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity
- Reduce Unplanned Occupied Bed Days reduced by 10% by April 2022 compared to 2017/18
- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18

18 Adult Protection & Domestic Abuse

Budget: £611,000

DIRECTION: NHS Lothian & Midlothian Council

The Adult Support and Protection (Scotland) Act 2007 was introduced to strengthen the support and protection of adults who may be at risk of harm including people who are affected by disability, mental disorder, illness or physical and mental infirmity. All children and adults at risk of harm have the right to support and protection.

Equally Safe, Scotland's Strategy to prevent and eradicate Violence Against Women and Girls was introduced 23/03/2016 and updated in 2018 by the Scottish Government and CoSLA. This strategy's vision is a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it. The strategy covers all forms of violence against women and girls. While the governance of public protection rests with the *East Lothian and Midlothian Public Protection Committee* it remains a central responsibility of the Health and Social Care Partnership to enable people to stay safe.

Actions

- Review the effectiveness of the new combined Public Protection module, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection by **July 2021**.
- Complete joint strategic needs assessment for Public Protection to identify gaps in services, including early and effective intervention services for children experiencing the impact of Domestic Abuse and adults experiencing Domestic Abuse by **December 2022**.
- Support the embedding of Safe and Together (keeping the child Safe and Together with the non-offending parent) including training across social, health and care services
- **Develop guidance to** support the implementation of the East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation and link work with the Midlothian equalities outcomes by **March 2022**
- **Evaluate** 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 2022**.
- **Review and streamline the Adult Support and Protection referrals process by December 2022**

Impact

The impact will be to strengthen our capacity to protect people from or respond to referrals regarding adult protection and domestic and sexual abuse.

Progress

Work to be led by the East and Midlothian Public Protection Committee with annual report to the Strategic Planning Group.

Targets and measures

The impact of these developments should be measured by the performance indicators already in place in the Public Protection Plan.

- The number and outcomes of referral through DAS pathway and MARAC
- Number of participants taking part in Safe and Together training
- Number of Information/awareness raising sessions about Safe and Together across services undertaken in the year
- Evaluation to assess how well the approach is now embedded.

19 Public Health

Budget: £230,000

DIRECTION: NHS Lothian

The importance of shifting the emphasis of our services towards prevention and early intervention along with the need to redouble our efforts to tackle inequalities is evident in the new Strategic Plan.

Actions

- 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. In addition, trauma-informed practice should be adopted across Health and Social Care and Community Planning Partnership services through providing training on trauma.
- There should be a continued programme of work to enable people to stay well including joint work with Sport and Leisure and a review of the range of services in place to improve health and wellbeing across the population e.g. reduce isolation by March 2022; and addressing obesity one of the key factors in the prevalence of ill-health and Type 2 Diabetes.
- 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 September 2021.
- 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 December 2021. This will complement the work on staff training to support a prevention confident workforce.
- 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 2021.
- The impact of the HIT (Health Inequalities Team) should be reported to evaluate the case for continued or increased investment by September 2021.
- Following outcome of the NHS Lothian Public Health Review, 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 March 2022.
- Evaluate the impact of the Improving the Cancer Journey (ICJ) programme by March 2022 to ensure support to people following a cancer diagnosis.
- 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.

- Review potential for multi-agency long term condition strategic planning group

Impact

The impact will be to reduce failure demand and contribute to the gradual improvement of the health and wellbeing of the population.

Progress

A report on progress should be reported to the Strategic Planning Group every 6 months.

Targets and measures

Each of these work-streams should develop a set of measures that enable progress to be quantified.

20 Services to People under 18years

Budget: There is no specific budget covering all Primary Care services. The budgets are already referenced in Direction 6

DIRECTION: NHS Lothian

Whilst the budgets for Health Visiting and School Nursing are delegated to the IJB and the responsibility for service delivery sits with Midlothian HSCP. The responsibility for interagency strategic planning and service redesign sits with the GIRFEMC Board. School Nursing service for Midlothian is managed from East Lothian as a joint service covering East and Midlothian.

Actions

Health Visiting –

- Work to increase staff compliment to full, including adequate support staff, - Nursery Nurses and Admin support by **July 2021**
- Monitor implementation of the Universal Pathway by **November 2021**.
- Review the management structure for all nursing in Midlothian including health visiting by **September 2021**.

School nursing -

- Implement the refocused role of school nursing including the 10 priorities by **March 2022**
- Complete delayed Primary 1 surveillance programme (height and weight) in all schools including initial vision screening by **March 2022**

0 -5 yrs. Immunisations -

- 0 – 5 yrs. immunisations focussing on increasing uptake; 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 by **March 2022**
- Centralisation of the telephone and recall system with all appointments managed by CCH by **September 2021**.

Impact

This will impact on the health, wellbeing and safety of children, young people and families. It will be measured through the GIRFEMC Board arrangements

Progress

A report on progress should be available to the GIRFEC Board and the Strategic Planning Group by March 2022.

Targets and measures

Specific targets and monitoring arrangements will be managed by the individual services and reported to the GIRFEMC Board and the Strategic Planning Group.

DRAFT

21 Allied Health Professionals

Budget: £3,278,000

DIRECTION: NHS Lothian & Midlothian Council

Allied Health Practitioners (AHPs) are expert in rehabilitation and enablement. They are practitioners who apply their expertise to diagnose, treat and rehabilitate people across health and social care. They work with a range of technical and support staff to deliver direct care and provide rehabilitation, self-management, “enabling” and health improvement interventions.

Actions

- Redesign Musculoskeletal pathway from NHS 24 and Accident and Emergency back to Midlothian Musculoskeletal Advanced Practice Physiotherapy service. (see Direction 2)
- Continue review of AHP model of care to Highbank and MCH to create a flexible and responsive single workforce by December 2022. This should improve flow.
- Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by March 2022. Further actions and plans to be developed based on review.
- Review Midlothian MSK service and NHS Lothian Dietetic Outpatient Services as part of the Allied Health Practitioners Occupational Therapy Redesign.

Impact

The impact will be measured through progress in transformational planning. Planning will include determination of impact measures.

Progress

A report on progress should be provided to the Strategic Planning Group annually.

Targets and measures

- Specific targets and monitoring arrangements will be managed by the individual services and reported to the Strategic Planning Group annually and via topic specific reports such as Primary Care or Midlothian Community Hospital.
- Data on Type 2 diabetes and soft tissue injury as a reason for hospital admission to be reported.
- Review of Podiatry provision in Midlothian complete. Further actions and plans developed.

- Introduction of key systems to modernise the OP Services using TRAK templates to support blended clinics and development of a dashboard to demonstrate waiting times/access to MSK Physiotherapy and Dietetics (Lothian-wide)

DRAFT

22 Digital Development

Budget: N/A

DIRECTION : NHS Lothian & Midlothian Council

It is undeniable that digital is now a core (and critical) component of all aspects of our personal lives, organisations, and modern business practices – indeed, both the local Health & Social Care Deliver Plan and national strategy identifies digital technology as key to transforming health and social care services so that care can become more citizen-centric.

This will require strategic support to develop closer business-to-business relationships between the Partnership, NHS Lothian eHealth, Midlothian Council Digital Services, and respective Information Governance /Data Protection Teams. This is essential as we must articulate and influence our respective digital plans in a way that is collaborative, scheduled, strategic, and accountably delivered.

While strategic collaboration is required, a number of tactical/operational deliverables have already been identified as required to support core business and as rate limiting factors in developments.

Actions

- Establish a Digital Governance Group to act as a forum in the HSCP to connect with technical business partners by September 2021
- 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, and a roadmap for this by December 2021
- 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 December 2021.
- eHealth to support scoping TrakCare utilisation across Partnership teams 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.
- eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:
 - Attend Anywhere as a contact modality for new service areas

- Digital Services to enable Council Care Teams to access Near Me under existing national licence
- Review implementation with CM2000 Account Manager and review the information needs and development needs of the service in context with other services needing similar to determine if CM2000 is still fit for purpose.
- 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 via the Digital Governance Group.

Impact

The impact will appropriately support core business from e-health and digital services in order that transformation programmes and core services can operate effectively.

Progress

The impact will be measured through progress in by the relevant planning groups. Planning will include determination of impact measures.

Targets and measures

Specific targets and monitoring arrangements will be managed by the individual planning groups and reported to the Strategic Planning Group

- Attend Anywhere data and report
- Data capture tool for Midlothian Wellbeing Service developed and evaluated

23 HSCP Maturity

Budget: N/A

DIRECTION: NHS Lothian & Midlothian Council

The Public Bodies (Joint Working) Act 2014 sets out the legislative framework for integrating health and social care. The Act requires the integration of the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services.

It is a radical change in how local services are governed and delivered. It is important that the Partnership works to mature and develop in order to meet its objectives and truly integrate service provision for local people. This requires some focus on partnership development and maturity as well as on specific programmes and services.

Actions

- Ongoing activities to support Collaborative leadership model completed by **December 2021**.
- Complete self-evaluation and improvement planning activities, including Scirocco Knowledge Exchange Programme, by **December 2021**
- Meaningful and sustained engagement with local communities and/or service users should be evident. Communication and Engagement impact report available to end **March 2022**
- 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 **September 2021 (first 3 outcome maps)** with a further 9 maps by **March 2023**.

Impact

The impact will be improved engagement of staff and communities in the Partnership's planning and review processes and subsequent improvement actions

Progress

The Senior Management Team will maintain an overview of programmes of work and will report progress to the Strategic Planning Group. A report on progress should be provided to the Strategic Planning Group

Targets and measures

- Successful participation in Scirocco Knowledge Exchange Programme (November 2021)
- Communication and Engagement impact report published (March 2022)
- Tool to capture impact of partnership on outcomes functional (September 2021)

24 Falls

Budget: £55,000 from existing HSCP budgets

DIRECTION: NHS Lothian & Midlothian Council

Harm from falls and fear of falling affect large numbers of people both directly and indirectly and can have a significant impact on wellbeing and prevent many people from experiencing healthy ageing. There is a shared vision in Midlothian where more people live a life free from fear, harm, disability and social isolation from falls.

Actions

- 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
- Develop an integrated & coordinated Midlothian Falls Pathway across Health and Social Care Partnership and third sector providers by September 2021
- 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

Impact

The impact will be measured through the transformation of services with an integrated approach across the partnership to falls & fracture prevention and treatment

Progress

A report on progress should be provided to the Strategic Falls group every 6 months.

Targets and measures

Specific targets and monitoring arrangements will be managed by the Falls group and reported to the Strategic Planning Group annually. Measures/targets include:

- Standard identification process, signposting / self-referral system for all patients at risk of falls developed
- System for data analysis / reporting of falls data developed
- Integrated & coordinated Midlothian Falls Pathway developed
- Set target for reduction in Falls rate per 1000 of the population aged 65 and over (including comparison of trends as a result of Covid 19).
- Set target for number of Falls screening assessments completed by Health & Social Care and British Red Cross.
- Measure and increase Number of Falls Prevention / physical activity programmes held e.g strength & balance classes, number of referrals and number of attendees.
- Measure and reduce number of falls call outs to Scottish Ambulance Service.

- Measure and reduce number of Scottish Ambulance Service falls call outs conveyed to hospital
- Measure number of Scottish Ambulance Service referrals made to community-based services for falls.

DRAFT

Financial Summary (to March 2020)

Social Care Services

Service	£	Direction	Integrated / Set Aside
Additions	£31,000	12, 15	Integrated
Assessment and Care Management	£3,299,000		Integrated
Learning Disability Services	£14,636,000	10, 15	Integrated
Management and Administration	£98,000		Integrated
Meldap/Recovery Hub	£178,000	12	Integrated
Mental Health Services	£869,000	11, 15	Integrated
Non Specific Groups	£1,010,000	15	Integrated
Older People	£19,652,000	8, 14, 15, 17	Integrated
Performance and Planning	£617,000		Integrated
Physical Disability Services	£3,381,000	9, 15, 16	Integrated
Public Protection	£628,000	18	Integrated
Service Management	£358,000		Integrated
Strategic Commissioning	£268,000		Integrated
TOTAL	£45,026,000		

Health Services Core

Service	£	Direction	Integrated / Set Aside
Community Hospitals	£5,829,000	3	Integrated & Set Aside
Therapy Services	£2,021,000	21	Integrated
Complex Care	£204,000		Integrated
District Nursing	£2,870,000	6	Integrated
Geriatric Medicine	£453,000		Integrated
GMS	£12,781,000	5	Integrated
Health Visiting	£1,967,000	6	Integrated
Mental Health	£2,130,000	11	Integrated
Management & Services	£11,492,000		Integrated
Prescribing	£17,590,000	5	Integrated
Resource Transfer	£5,164,000		Integrated
TOTAL	£62,501,000		

Hosted

Service	£	Direction	Integrated / Set Aside
Community Equipment	£232,000		Integrated
Complex Care	£126,000		Integrated
Hospices & Palliative Care	£416,000	4	Integrated
Learning Disabilities	£1,350,000	10	Integrated
Lothian Unscheduled Care Services	£1,049,000		Integrated
Mental Health	£2,183,000	11	Integrated
Oral Health Services	£1,212,000	7	Integrated
Pharmacy	£166,000		Integrated
Psychology Services	£497,000		Integrated
Public Health	£230,000	19	Integrated
Rehabilitation Medicine	£1,050,000		Integrated
Sexual Health	£663,000		Integrated
Substance Misuse	£513,000	12	Integrated
Therapy Services	£1,257,000	21	Integrated
Other	£82,000		Integrated
UNPAC	£657,000		Integrated
TOTAL	£11,683,000		

Set Aside

Service	£	Direction	Integrated / Set Aside
ED & Minor Injuries	£2,369,000	2	Set Aside
Acute Management	£542,000	1	Set Aside
Cardiology	£684,000	1	Set Aside
Diabetes & Endocrinology	£344,000	1	Set Aside
Gastroenterology	£551,000	1	Set Aside
General Medicine	£5,218,000	1	Set Aside
General Surgery	£618,000	1	Set Aside
Geriatric Medicine	£2,497,000	1	Set Aside
Infectious Disease	£1,014,000	1	Set Aside
Junior Medical	£136,000	1	Set Aside
Rehabilitation Medicine	£420,000	1	Set Aside
Respiratory Medicine	£954,000	1	Set Aside
Therapy Services	£1,532,000	1	Set Aside
Other	£52,000	1	Set Aside
TOTAL	£16,931,000		
TOTAL OF ALL SERVICES	£136,142,000		