



MIDLOTHIAN INTEGRATION JOINT BOARD:

DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS Lothian

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MIDLOTHIAN INTEGRATION JOINT BOARD:

DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS Lothian 2020 ONWARDS

INTRODUCTION

The Midlothian IJB is now entering the fifth year of its existence. The new governance systems are now fully established and good progress is being made on integrating management arrangements and frontline services. The planned redesign of Health and Social Care is outlined in the three year Strategic Plan 2019-22.

We have 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. These Directions are intended to address the short-term financial pressures whilst also building long-term sustainability.

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](#).

MIDLOTHIAN STRATEGIC PLAN

The [Strategic Plan 2019-22](#) outlines the direction of travel for the development of health and social care services in Midlothian. This plan will be updated annually through the compilation of a Delivery Plan. 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. In this regard, **Direction 19** relating to **Public Health** is particularly crucial to the longer-term objectives of the IJB.

There is a wide range of forums in place (see page 6 of 2019-22 Strategic Plan) whose responsibility includes both the implementation of the Plan and the development of clear SMART action plans for the delivery of these Directions. The IJB Chief Officer will confirm timescales for the completion and submission of these plans, to the relevant senior managers, taking into account the COVID-19 crisis. These plans should include reference to the lead officer and timescales for each specific action to ensure clear accountability.

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.

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 2020-21 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 2020-21 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 through a programme of quarterly summits, intended to jointly identify new ways of providing services in the context of diminishing resources. 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 2020-21. 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.

DIRECTION 1: IN-PATIENT HOSPITAL CARE: Budget: £14,563,000

DIRECTION : NHS Lothian & Midlothian Council

1. 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 NHSL Acute Hospitals and with neighbouring IJBs. The plan aims to capture the wide range of activity required to:

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

2. The following actions are required:

- i. 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.
- ii. Implement plans to free capacity in MCH by enabling alternative care options for people with dementia and completing the transfer of patients to East Lothian by May 2020.
- iii. Evaluate the impact of new approaches to In Reach including identifying patients suitable for Reablement in MOE wards by November 2020.
- iv. Increase further the proportion of patients admitted to the RIE as the local Acute Medical Unit
- v. **Implement Home First Model by April 2021 to focus on care in the right place, at the right time, by the right people.**
- vi. Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by **December 2020**.
- vii. 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).
- viii. **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.**
- ix.

3. 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.

4. This work should be undertaken throughout 2020-21. Regular reports on progress will be submitted to relevant governance groups in both Midlothian HSCP and NHS Lothian.

5. The targets will include reductions in delayed discharge bed days from 12,295 in 2017-18 to 9,836 in 2020-21 and unplanned bed days from 60,230 in 2017-18 to 54,207 in 2020-21.

DIRECTION 2 : ACCIDENT AND EMERGENCY: Budget: £2,369,000

DIRECTION : NHS Lothian

1. We are committed to achieving a reduction of attendances from Midlothian.
2. The following actions are required:
 - i. Implement the support and/or review to frequent attenders at A&E by Jan 2021.
 - ii. The option appraisal for Community Treatment and Care Centre(s) should be completed and phase 1 of implementation to begin November 2020 with review report available by March 2021.
 - iii. Implement community pathways for Musculoskeletal physiotherapy and older people's assessment in line with national plans around scheduling unscheduled care by March 2021.
 - iv. 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.
 - v. Implement the new performance frameworks to determine the impact of community services in reducing A&E attendances and unscheduled admissions by March 2021.
 - vi. Monitor the implementation of the Midlothian Acute Service Plan 19-22 bi-monthly.
 - vii. Continue to reshape pathways to ensure people access community based services wherever viable.
3. 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.
4. This work should be reported to Midlothian Strategic Planning Group via the Acute Services Planning Group.
5. The target in 2020-21 will be to maintain the number of attendances at the 2017-18 level - 20,900 (MSG Indicator).

DIRECTION 3 : MIDLOTHIAN COMMUNITY HOSPITAL: Budget: £5,829,000

DIRECTION : NHS Lothian & Midlothian Council

1. Midlothian IJB is committed to making maximum use of the Community Hospital in providing locally accessible inpatient and outpatient services
2. The following actions are required:
 - i. The option appraisal regarding the most appropriate outpatient Clinics and day treatment to be provided in MCH 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.
 - ii. Progress plans and identify funding to use Glenlee Ward at Midlothian Community Hospital and a step-up from community and day treatment facility by January 2021.
3. The impact will be to provide more localised inpatient and outpatient services.
4. Formal reports outlining progress against both actions should be submitted to the Strategic Planning Group by 30th November 2020.
5. Appropriate measures should be devised to quantify the benefits gained in relation to localised service provision and reduced demand on acute hospital care.

DIRECTION 4 : PALLIATIVE CARE: Budget: £416,000

DIRECTION : NHS Lothian & Midlothian Council

1. 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.
2. The following actions should be undertaken
 - i. Increase the accuracy of the Palliative Care Registers in GP practices by March 2021.
 - ii. 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 2021.
 - iii. 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**).
 - iv. Develop a palliative Care Champion Network across Midlothian care homes by March 2021..
3. These actions should be reported to the local Palliative Care Group and the Strategic Planning Group.
4. The Midlothian Palliative Care group will oversee this work and report to the Strategic Planning Group and Care and Clinical Governance Group.
5. The target is to increase the percentage of the last 6 months of life spent in the community to 88% by the end of 2020/21. There will also be measures related to quality of care.

DIRECTION 5 : PRIMARY MEDICAL SERVICES:

Budget - GMS: £12,781,000 Prescribing: £17,590,000. Total £30,371,000

DIRECTION : NHS Lothian

1. 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.
2. The following actions should be undertaken:
 - i. 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
 - ii. The Prescribing Plan should continue to be implemented building upon the success achieved in 2019/20.
3. 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.
4. These actions should be monitored by the Primary Care Management Group, with six monthly reports to the Strategic Planning Group.
5. Targets should include a reduction in restricted GP lists and an improvement in the National Health and Wellbeing Survey rating of adults having a positive experience of the care provided by their GP Practice (76% in 2017/18).

DIRECTION 6 : COMMUNITY HEALTH SERVICES: Budget: £4,837,000

DIRECTION : NHS Lothian

1. Our objective is to provide stronger community-based health services, promoting prevention and recovery wherever possible.
2. The following actions should be undertaken:
 - i. 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.
 - ii. 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).
 - iii. Improve quality and options for people with frailty in primary care through
 - (a) proactive in-reach to ERI when someone with frailty is admitted and
 - (b) virtual medical teams involving the frailty GPs and key hospital consultants.
 - iv. Work to ensure our frailty services are accessible to people under 65 years.
3. 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.
4. This work involves several planning groups including Primary Care, Intermediate Care and Workforce Development. A report should be provided to the Strategic Planning Group by March 2021.
5. There are no clear outcome targets but progress should be reported in terms of changes to organisational arrangements that impact on the health, care and wellbeing of Midlothian residents.

DIRECTION 7 : DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES

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

DIRECTION : NHS Lothian

1. 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 therefore independent contractors are responsible for the vast 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.
2. The following actions should be undertaken:
 - i. The plans for the provision of audiology clinics in MCH should be progressed by **March 2021**. This should include consideration of digital audio screening and funding for capital works if required.
 - ii. 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.
 - iii. 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.
 - iv. 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**.
 - v. 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**.
3. 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.

4. This work should be completed by March 2021. Progress should be reported to the Strategic Planning Group and Primary Care Management Group.
5. 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.

DIRECTION 8 : OLDER PEOPLE

Budget: £7,086,000

DIRECTION : NHS Lothian & Midlothian Council

1. Midlothian IJB is committed to supporting older people to stay well and remain as independent as possible.
2. The following actions should be undertaken:
 - i. 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).
 - ii. The Care Home Strategy should be implemented, including the full establishment of the Care Home Support Team by November 2020.
 - iii. Explore all options to offer day care/support to people in Midlothian who are isolated and implement plan by October 2020.
 - iv. 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
 - v. 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.
 - vi. 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 MCH role for frailty step-up step-down (See Direction3)
3. The impact will be to improve older people's health and wellbeing, including those living in care homes.
4. These actions will continue throughout 2020/21 but progress should be reported to the Strategic Planning Group by the end of November 2020.

5. A range of indicators will apply including a reduction in admissions to hospital from care homes and measures capturing the impact of the work-streams flowing from the Frailty Project.

DIRECTION 9 : PHYSICAL DISABILITY AND LONG TERM CONDITIONS

Budget: £2,155,000

DIRECTION : NHS Lothian & Midlothian Council

1. We aim to support people with disabilities to live independently and those with long term health conditions to live well.
2. The following actions should be undertaken:
 - i. All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by **March 2021**.
 - ii. 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 **March 2021**
 - iii. 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)
 - iv. (Midlothian extra care housing commitments are described in Direction 16)
 - v. The role of MCPRT community rehab team should be reviewed by March 2021 to maximise its impact on people have a long term condition or have experienced an acute event
 - vi. Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and CHD) by March 2021
3. 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.
4. 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.
5. The expansion of suitable housing including extra care housing will be measurable. All work-streams should develop a set of measures which enable progress to be quantified.

DIRECTION 10: LEARNING DISABILITY

Budget – Health: £1,350,000 & Social Care £10,182,000. Total Budget: £11,532,000

DIRECTION : NHS Lothian & Midlothian Council

1. We aim to support people with learning disabilities to live as independently and as full members of their local communities as is possible.
2. The following actions should be undertaken:
 - i. Review day care provision and associated costs inc transport by December 2020.
 - ii. Support the delivery of new housing models–initially in Bonnyrigg by 2021.
 - iii. The arrangements for transport should be subject to a full review with a view to creating efficiencies and reducing expenditure by December 2020.
 - iv. Strengthen joint working of Learning Disability Services and care providers.
 - v. A review of the services available for diagnosis and support to people with autism should be undertaken by **March 2021.**
 - vi. Positive Behavioural Support approaches to be embedded in all Learning Disability services by **March 2021.**
3. 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.
4. 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.
5. Each work-stream should develop a set of measures which enable progress to be quantified.

DIRECTION 11: MENTAL HEALTH

Budget – Health: £4,313,000 & Social Care £741,000. Total Budget: £5,053,000

DIRECTION : NHS Lothian & Midlothian Council

1. 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”.
2. The following actions should be undertaken:
 - i. Explore options for recovery for people experiencing poor mental health through development of community based housing with access to appropriate support. Timeframes are dependent on next phase of developments at Royal Edinburgh Hospital. .
 - ii. 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.
 - iii. Continue close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.
 - iv. 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 these 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
 - v. Implement a recovery plan to deliver a substantial improvement in waiting times for psychological therapy by March 2021.
 - vi. Update Suicide Prevention Action Plan to include Scottish Government’s 4 new priorities..Implement and review effectiveness of Action Plan by March 2021
 - vii. Work with partners to redesign and commission community based mental health supports by July 2021.

- viii. 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.
- 3. 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.
- 4. A report on progress should be provided to the Strategic Planning Group every 6 months.
- 5. 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.

DIRECTION 12: SUBSTANCE MISUSE

Budget – Health: £513,000 & Social Care £191,000. Total Budget: £705,000

DIRECTION : NHS Lothian & Midlothian Council

- 1. The human and financial cost of substance misuse is considerable. We must redouble our efforts to prevent misuse and enable people to recover.
- 2. The following actions should be undertaken:
 - i. 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.
 - ii. Evidence that people using MELDAP funded services contribute to ongoing development of the service.
 - iii. People with lived experience to be members of the MELDAP Strategic Group
 - iv. MH&SCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by March 2021.
 - v. Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by March 2021.
 - vi. 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

3. The impact will be to strengthen services focussed on recovery for people with substance misuse problems.
4. A report on progress should be provided to the Strategic Planning Group every 6 months.
5. Each of these work-streams should develop a set of measures which enable progress to be quantified.

DIRECTION 13 : JUSTICE SOCIAL WORK

Budget: N/A - Fully funded from Scot Govt

DIRECTION : Midlothian Council

1. 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.
2. The following actions should be undertaken
 - i. Strengthen efforts and partnership working to enable people on Community Payback Orders to achieve qualifications by March 2021.
 - ii. 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
3. 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.
4. Progress reports should be provided to the Community Safety Partnership 6 monthly and annually to the Strategic Planning Group.

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

DIRECTION 14 : UNPAID CARERS

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

DIRECTION : NHS Lothian & Midlothian Council

1. 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.
2. The following actions should be undertaken:
 - i. Develop a carer Strategic Statement as required by the Carers Act 2018 by October 2020.
 - ii. Work collaboratively with carers and stakeholders to redesign services that provide support to carers by March 2021.
 - iii. Improve carer identification through connections to services, and through information to the public to support self-identification by March 2021.
 - iv. 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.
3. 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.

4. There should be a report on progress to the Strategic Planning Group by November 2020 and by March 2021.
5. Each of these work-streams should develop a set of measures which enable progress to be quantified; these would include an increase in the number of carers receiving support from voluntary service providers and an increase in the number of ACSPs offered. Primarily, the target should be to improve the numbers of carers who feel supported including as measured by the National Health and Wellbeing Survey.

DIRECTION 15 : CARE AT HOME

Budget: £15,749,000

DIRECTION : Midlothian Council

1. 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.
2. The following actions should be undertaken:
 - i. By December 2020 re-commission care at home services in line with the Vision statement approved by the IJB in January 2020.
 - ii. Workforce – develop a multifaceted workforce plan that includes council and external providers by December 2020.
 - iii. Work closely with Intermediate Care to provide reablement following hospital discharge to promote optimum level of function by March 2021
3. 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.
4. This work will be overseen by the Older People Planning group with a six monthly update to the Strategic Planning group and a report to the IJB in January 2021.

5. The ultimate target is to reduce considerably the 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.

DIRECTION 16 : HOUSING (Including Aids and Adaptations) Budget: £296,000

DIRECTION : NHS Lothian & Midlothian Council

1. It is well-recognised that 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.

2. The following actions should be undertaken:

- i. Planning for Newmills, Gore Avenue and Bonnyrigg extra care housing should continue in order to deliver an extra 90 flats or bungalows (inc bariatric options) by spring 2022.
- ii. Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be considered by March 2021
- iii. 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.
- iv. 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.

- v. 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.
 - vi. 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.
3. The impact will be to maximise people's independence and quality of life through living in the most appropriate housing
 4. There should be a report to the Strategic Planning Group annually.
 5. Each of these work-streams should develop a set of indicators and timescales that enables progress to be monitored.

DIRECTION 17: INTERMEDIATE CARE

Budget: £1,842,000

DIRECTION : NHS Lothian & Midlothian Council

1. 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.
2. The following actions should be undertaken:
 - a. 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.**
 - b. **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.
3. 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
4. The Plan should be reported to the Strategic Planning Group by October 2020.

5. The Plan should include outcome measures to aid future monitoring.

DIRECTION 18 : ADULT PROTECTION AND DOMESTIC ABUSE Budget: £611,000
DIRECTION : NHS Lothian & Midlothian Council

1. 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.

2. In this regard the following actions should be undertaken:
 - i. 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.
 - ii. As recommended by the Thematic Inspection in 2018, the partnership should make sure that all adult protection referrals are processed timeously by August 2020.

- iii. 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.
 - iv. Support the embedding of Safe and Together (keeping the child Safe and Together with the non-offending parent) across social, health and care services
 - v. 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
 - vi. 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.
3. The impact will be to strengthen our capacity to protect people from or respond to referrals regarding adult protection and domestic and sexual abuse.
 4. Work to be led by the East and Midlothian Public Protection Committee with annual report to the Strategic Planning Group.
 5. The impact of these developments should be measured by the performance indicators already in place in the Public Protection Plan.

DIRECTION 19: PUBLIC HEALTH **Budget: £230,000**

DIRECTION : NHS Lothian

1. 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.
2. The following actions should be undertaken:
 - i. 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).
 - ii. 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.
 - iii. 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.
 - iv. 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.
- v. 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.
 - vi. The impact of the CHIT (Community Health Inequalities Team) should be reported to evaluate the case for continued or increased investment by June 2021.
 - vii. 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.
 - viii. Improving the Cancer Journey (ICJ) programme to be established by September 2020 to ensure support to people following a cancer diagnosis. This work should complement the Wellbeing Service.
 - ix. Facilitate trauma-informed practice across Health and Social Care and Community Planning Partnership services. Train 400 people in Level 1 training by March 2021.
 - x. 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.
3. The impact will be to reduce failure demand and contribute to the gradual improvement of the health and wellbeing of the population.
4. A report on progress should be reported to the Strategic Planning Group by the end of November 2020.
5. Each of these work-streams should develop a set of measures that enable progress to be quantified.

DIRECTION 20: SERVICES TO PEOPLE UNDER 18YRS

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

DIRECTION : NHS Lothian

1. 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.

2. The following actions should be undertaken:

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.

School nursing -

- iv. Implement the refocused role of school nursing including the 10 priorities by March 2021.

0 -5 yrs Immunisations -

- v. Develop and implement a new service model for 0 – 5 yrs immunisations that is safe and available in all areas of Midlothian and ensure good governance by March 2021.

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

4. A report on progress should be available to the GIRFEC Board and the Strategic Planning Group by March 2021.

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

DIRECTION 21: ALLIED HEALTH PROFESSIONALS Budget: £3,278,000
DIRECTION : NHS Lothian & Midlothian Council

1. 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.
2. The following actions should be undertaken:
 - i. Explore options for a Musculoskeletal Advanced Practice Physiotherapy service at MCH for appropriate patients redirected from the Royal Infirmary A&E by March 2021.
 - ii. Develop a Falls Prevention plan and associated performance measures by September 2020.
 - iii. The organisational arrangements for 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
 - iv. Review AHP model of care to Highbank and MCH to create a flexible and responsive single workforce by December 2020. This should improve flow.
 - v. Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by March 2021.

3. The impact will be measured through progress in transformational planning. Planning will include determination of impact measures.
4. A report on progress should be provided to the Strategic Planning Group before March 2021.
5. 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.

DIRECTION 22: DIGITAL DEVELOPMENT

Budget: N/A

DIRECTION : NHS Lothian & Midlothian Council

1. 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.

2. 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. In this regard the following actions should be taken:

- i. Identify business partner representative(s) from eHealth¹ and Digital Services² respectively to support the new Partnership governance planning meetings and strengthen closer working links for developing future strategic deliverables (e.g. TrakCare changes).
- ii. eHealth to deliver on work to develop a data capture tool for use by the Midlothian Wellbeing Service by November 2020.
- iii. 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 2020³.
- iv. 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 2020⁴.
- v. 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.
- vi. Digital Services to have completed the migration of Mosaic to the remote hosted service by Q3⁵ of FY 2020/21.
- vii. eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:
 - a) Attend Anywhere simply as a contact modality
 - b) Attend Anywhere as a fully functional clinic solution with all necessary associated Trak developments.
 - c) Digital Services to enable Council Care Teams to access Near Me under existing national licence
- viii. Digital Services to advise on ensuring delivery of contractual obligation on CM2000 to provide integration with Mosaic post migration to hosted service.
- ix. 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 as 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.

¹ Account Manager already in place but not as well connected within governance structures.

² Senior management support already in place but not as well connected within governance structures.

³ Amended from June 2020 to take account of Covid.

⁴ Amended from June 2020 to take account of Covid.

⁵ Amended from Q1

3. The impact will appropriately support core business from e-health and digital services in order that transformation programmes and core services can operate effectively.
4. The impact will be measured through progress in by the relevant planning groups. Planning will include determination of impact measures.
5. Specific targets and monitoring arrangements will be managed by the individual planning groups and reported to the Strategic Planning Group before November 2020.

DIRECTION 23: HEALTH AND SOCIAL CARE PARTNERSHIP MATURITY

Budget: N/A

DIRECTION : NHS Lothian & Midlothian Council

1. 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.
2. It is a radical change in how local services and 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.
3. The following actions should be undertaken:
 - i. Collaborative leadership model should be progressed by December 2020.

- ii. The Partnership should take opportunities for self-evaluation and improvement planning – for example Scirocco Knowledge Exchange Programme by March 2021
 - iii. Meaningful and sustained engagement with local communities and/or service users should be evident. A Communication and Engagement Strategy to be published by Dec 2021 and impact report available to end March 2021 and annual thereafter.
 - iv. 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.
4. The impact will be improved engagement of staff and communities in the Partnership's planning and review processes and subsequent improvement actions
 5. A report on progress should be provided to the Strategic Planning Group before March 2021.
 6. Specific targets and monitoring arrangements will include 'imatter' and other processes. The Senior Management Team will maintain an overview of programmes of work and will report progress to the Strategic Planning Group.

Midlothian Integration Joint Board Financial Summary

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

Service Management	358		Integrated
Strategic Commissioning	268		Integrated
	45,026		
Health Services			
Core			
Community Hospitals	5,829	3	Integrated & Set Aside
Therapy Services	2,021	21	Integrated
Complex Care	204		Integrated
District Nursing	2,870	6	Integrated
Geriatric Medicine	453		Integrated
GMS	12,781	5	Integrated
Health Visiting	1,967	6	Integrated
Mental Health	2,130	11	Integrated
Management & Services	11,492		Integrated
Prescribing	17,590	5	Integrated
Resource Transfer	5,164		Integrated
	62,501		
Hosted			
Community Equipment	232		Integrated
Complex Care	126		Integrated
Hospices & Palliative Care	416	4	Integrated
Learning Disabilities	1,350	10	Integrated
Lothian Unscheduled Care Services	1,049		Integrated
Mental Health	2,183	11	Integrated
Oral Health Services	1,212	7	Integrated
Pharmacy	166		Integrated
Psychology Services	497		Integrated
Public Health	230	19	Integrated
Rehabilitation Medicine	1,050		Integrated
Sexual Health	663		Integrated
Substance Misuse	513	12	Integrated
Therapy Services	1,257	21	Integrated
Other	82		Integrated
UNPAC	657		Integrated
	11,683		
Set Aside			
ED & Minor Injuries	2,369	2	Set Aside
Acute Management	542	1	Set Aside
Cardiology	684	1	Set Aside
Diabetes & Endocrinology	344	1	Set Aside
Gastroenterology	551	1	Set Aside

General Medicine	5,218	1	Set Aside
General Surgery	618	1	Set Aside
Geriatric Medicine	2,497	1	Set Aside
Infectious Disease	1,014	1	Set Aside
Junior Medical	136	1	Set Aside
Rehabilitation Medicine	420	1	Set Aside
Respiratory Medicine	954	1	Set Aside
Therapy Services	1,532	1	Set Aside
Other	52	1	Set Aside
	16,931		

136,142