Midlothian
Health & Social Care

Midlothian Integration Joint Board

DIRECTIONS 2021-22

6 Month Update (Mar - Sept 21)





Who we are

The Integration Joint Board (IJB) plan and direct the health and social care services for the people of Midlothian. These services are delivered by the Midlothian Health and Social Care Partnership (Social care and Community health care services and local hospital services) and by NHS Lothian (hospital based services). You can find the full list of delegated services at www.midlothian.gov.uk/mid-hscp. in the Scheme of Integration. We manage some services (including Podiatry, Adults with Complex and Exceptional Needs Service (Complex Care) and Dietetics) for all of Lothian on behalf of NHS Lothian. Other IJBs host services on our behalf.

The Health and Social Care Partnership work with third sector organisations and independent providers. All staff in the partnership are employed by either Midlothian Council or NHS Lothian.

The partnership brings together parts of Midlothian Council and NHS Lothian to help you live well and get support when you need it - from care homes to care at home, primary care to telecare, voluntary organisations to vaccinations. We have listed some of the services below:

NHS Lothian

Care in Hospitals which isn't planned (unscheduled care) including Accident and Emergency, Minor Injuries, Acute wards.

Midlothian Community Hospital

Community based health care (Primary care) including GPs, District Nurses, Dentists, Pharmacists, Mental Health services, Substance Use Services, Community Respiratory team

The following Health services for children and young people under 18: Health Visiting, School Nurses, Vaccinations of children. Planning for children's services is the responsibility of the Midlothian Getting it right for every child group

Allied Health Professionals –including physiotherapists, dietitians, podiatrists

Palliative and End of Life Care

Midlothian

Social Work support for adults including adults with dementia, learning disabilities, older people

Day services for older adults and people with learning disabilities

Care at Home services

Health services for people who are homeless

Extra Care Housing for people who need housing with extra support

Services to support unpaid carers and breaks from caring

Care Homes

Services to address health and care needs of people in the justice system

What are directions?

The IJB need a way to action their strategic plans and achieve their aims. To do this they send written instructions to NHS Lothian and Midlothian Council. These instructions are called **Directions**.

The Directions tell the Health Board and Local Authority what services they need to deliver, and the budget they have been allocated to do this from the IJBs integrated budget. A Direction must be given for every function that has been delegated to the IJB.

Directions are an important part of governance and accountability as they are the legal basis on which NHS Lothian and Midlothian Council deliver services that are under the control of the IJB. They are also how a legal record is kept of which body is responsible for what, and which body should be audited for what, whether in financial or decision-making terms.

IJBs, have a legal duty to both issue Directions and monitor their effectiveness, as described in the Public Bodies (Joint Working) (Scotland) Act 2014.

Directions are sent at the start of each year but can then be updated on an ongoing basis throughout the year, as IJBs can make decisions about service change, service redesign, and investment and disinvestment throughout the year and need to provide Directions accordingly.

Contents

Older People

(Community Services)

Planning group: Older People's Planning Group

Planning Lead: Catherine Evans

Older People 2022-25 - Midlothian Health and Social Care Partnership

Direction	Update
Respite - Explore 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. **Develop Midlothian Respite Policy and Action Plan** by September 2021.	**In Progress:** • Cowan Court Respite Flat - Recruitment underway. Duty Social Work Team coordinating identification, prioritisation and timetabling of clients. Plan for service to go live week beginning 15/11/21, for 6 month pilot period, with review and report with recommendations to SMT after 3 months. • Work ongoing with identification of alternative residential respite options including the purchase / build / conversion of suitable property. • Request to SMT for development of formal respite planning group to lead on action plan and respite policy approved April 2021. **Delayed:** • Respite Action Plan drafted for consideration by IJB October 2021. Work ongoing re Respite Policy - draft to be submitted to SMT December 2021. **Other:** • Wee Breaks training being developed in partnership with Vocal and Midlothian Learning & Development team for professionals to maximise appropriateness of applications - first virtual session planned for October 2021.

Care at Home

Direction	Update
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	**In Progress:** • New contracts for external care at home providers came into effect on 01 September. A contract implementation group has met weekly, to ensure effective communication with and between providers. • Recruitment has initially been difficult, however there are signs now that the implementation of a block contract and associated terms and conditions for carers has started to have a positive impact on recruitment for some providers. • Monitoring systems are in place and providers are completing weekly monitoring forms to provide detailed information regarding the care they are providing.

	Delayed: • A renewed focus on human rights monitoring will commence once the new contracts have been in place for at least three months, so that services can become more established and stable following this period of change. **Other:** • Challenges remain regarding capacity and high levels of demand - these challenges are experienced across all services including the HSCP in-house service, and across the country.
Workforce – implement a multifaceted workforce plan that includes council and external providers by July 2021.	**In Progress:** • The interim plan is being implemented and is supported by a clear action plan. A number of actions have been progressed successfully. For example: hard to fill posts - % of those posts vacant has reduced and access to training has been improved; pharmacy posts will all be filled by December 2021. The Wellbeing lead is now in post and supporting teams. Organisational development sessions have taken place and more have been planned for next year.
Evaluate impact of new reablement model within Home Care Service to promote optimum level of function by March 2022	**Delayed:** • Due to pressures on our care at home services we are taking our reablement services into home first Single Point of Access with an aim of providing rapid reablament

Frailty

Planning group: TBC

Planning Lead: Jamie Megaw

Direction	Update
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).	**Delayed:** • The efrailty programme was disrupted by the COVID Pandemic. It has been incorporated into the IJB's 2022/23 strategic plan.
Improve primary care quality and options for older people. **Develop and evaluate pro-active in-reach into hospita**l when someone with frailty is admitted by December 2021. **Develop virtual medical teams** involving frailty GPs and key hospital consultants by December 2021. **Consider Midlothian Community Hospital (MSH)role for frailty step-up, step down**	**In Progress:** • Frailty team embedded within Intermediate Care to inreach to those with moderate and severe frailty who attend Emergency Departments (ED) for less than 24 hours. Test of change using a QI approach to determine next steps. Early ED data suggests that there were higher numbers of moderately frail and severely frail people who attended ED and were discharged in less than 24 hours than originally thought, so looking at how we make this cohort smaller. Occupational Therapist, Physio Therapists and GP working closely and linking with Red Cross and Pharmacy to provide an appropriate intervention. Aim to prevent repeated ED attendances. • Second test of change with 2 GP practices also in early stages of operation to proactively review those with moderate and severe frailty, considering medicines reconciliation, equipment, third sector involvement. (See MCH Update)
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.	**In Progress:** • People with frailty who attend ED will be contacted by a multidisciplinary clinical team in the HSCP to identify support to reduce reattendance at ED. (see further detail above)
Work to ensure our **frailty services are accessible to people under 65 years** by December 2021	**Delayed:** • There has been no progress to improve access to people with frailty under 65

Physical Disability & Sensory Impairment

Planning group: Physical Disability & Sensory Impairment

Planning Lead: Tom Welsh (Temp)

Physical Disability & Sensory Impairment 2022-25 - Midlothian Health and Social Care Partnership

Direction	Update
All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by March 2022.	**In Progress:** • Good conversation training is being rolled out across Midlothian. Cohort 10 and 11 are currently underway. All staff have been offered Good Conversations training and are supported to explore what matters to patients to focus on personal outcomes, self management and recovery.
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(AAH) by October 2021	**Delayed:** • Lothian wide plans are being reviewed in light of an extended timetable for any re-provisioning of Astley Ainslie. Work is being progressed to review plans to take forward this work on a local basis, although current operational pressures mean it is likely to be early 2022 before this work can be progressed.
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.	**Other:** • Work has been undertaken to include the needs of people with physical disabilities and long term conditions within the housing contribution statement. Sickness absence and covid priorities has delayed opportunity to collaborate to influence wider policy but some work related to this is still planned.
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	**In Progress:** • Work is ongoing to understand capacity and demand. **Other:** • Non clinical tasks have been redirected from clinical staff to administrative staff. • Increased the availability of support staff within these teams, to maximise the specialist clinical capacity. • Some data is emerging from the Community Physical Rehabilitation Team, but need to further refine this.
Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and CHD) by March 2022	**In Progress:** • Review of Stroke Pathway completed, recommendations incorporated into Strategic Plan. **Delayed:** • Coronary Heart Disease and Type II Diabetes pathways in development with a focus on pathway of supports for Potentially Preventable Admissions. *Delay in Type II diabetes work due to a vacancy.
Develop clear pathways and support for people affected by neurological conditions by March 2022.	**In Progress:** • Delivered a stakeholder workshop in August to gain input at the initial stages of the project. • Recruited a project team manager and a data analyst.

	• Linked with Public Health Scotland analysts, who have identified potential sources of data. • Began work to establish Programme Board and ensure co-design of the project can be undertaken.
Work with other Lothian Health & Social Care Partnerships to implement appropriate model and financial plan for complex care by June 2021.	**In Progress:** • Model and financial plan was agreed prior to march 2020. Finance business partners are working to produce an annual update for each HSCP to deliver clear picture on inputs and activity.

Mental Health

Planning group: Adult Mental Health

Planning Lead:

Mental Health 2022-25 - Midlothian Health and Social Care Partnership

Directions	Update
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.	**In Progress:** • Initial discussions been had and mapping regarding potential Grade 5 housing with Midlothian. Project Meetings commenced with REAS (Royal Edinburgh and Associated Hospitals) regarding design of rehab and low secure plan. **Other:** • Heath in Mind commissioned to deliver mental health community support – outreaching to local communities
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.	**In Progress:** • Year 1 staff survey completed – outcome that teams are to meet with each other to give better understanding of roles and function – commenced and nearly completed. Increased joint working, multi agency meetings
Continue close collaboration with Housing in **supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model**.	**In Progress:** • New shared actions have been agreed for Strategic Plan. This includes the continued support of Housing First with an aim to provide health and social care support to 20 people and consistent representation from No. 11 teams at allocation meetings
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.**	**In Progress:** • Additional practitioner appointed to support the expansion of Midlothian access point across the county. • All GPs have mental health nursing within the practices. • Occupational Therapist into primary care. • 1.6 wte distress brief intervention. • Psychological therapies have completed phase 1&2 of the 4 session model and now in phase 3 which has improved access to psychological intervention. • Workforce trained in Decider and Metallisation training
Implement updated Suicide Prevention Action Plan including Scottish Government's 4 new priorities by December 2021	**In Progress:** • Updated Suicide Prevention Action Plan being implemented.

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.	**In Progress:** • Midlothian is represented at the project meetings to discuss Phase 2 of Royal Edinburgh Hospital which have commenced
Evaluate impact of Wellbeing and Primary Care Mental Health workforce by April 2022. Wellbeing Service aims to support 800 people 2021-22.	**In Progress:** • Primary care is going through an evaluation process with the GPs/user of the service. • Wellbeing Service on track - 447 referrals in the first 6 months
Work with Psychological Therapies to **increase the number of people commencing (general adult) treatment** within 18 weeks to 90% by July 2022	**In Progress:** • Waiting times on track to increase the number of people commencing (general adult) treatment within 18 weeks to 90% by July 2022
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.	**In Progress:** • Work with other Lothian IJBs to agree plans for pan-Lothian and hosted mental health service provision 2022-25 in progress
Report on pilot to deliver a substantial improvement in waiting times for psychological therapy by July 2021	**In Progress:** • Initial report on pilot to deliver improvement in waiting times for psychological therapy written and submitted to the partnership. Final report and data on track for completion.

Learning Disability & Autism

Planning group: Learning Disability & Autism

Planning Lead: Duncan McIntyre

Learning Disability & Autism 2022-25 - Midlothian Health and Social Care Partnership

Direction	Update
Review day care provision and associated costs including transport by December 2021. **Work with providers to pilot new community based and personalised models of day services** by 31st March 2022	**In progress:** • Work is ongoing to review costs and pilot alternative models for support however there will be limitations on this work until covid restrictions are eased. **Other:** • Learning Disability Day Services continue to be operating at reduced capacity due to covid guidance.
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	**In Progress:** • Work is proceeding as planned to support the delivery of new housing models.
Complete retender of the taxi contract for existing taxi services	**Delayed:** • Work is ongoing to prepare for the retendering of taxi services, however the tender process itself will not be able to be progressed until covid guidance eases.
Strengthen joint working of Learning Disability Services and care providers to inform longer-term changes in how adult social care is planned and delivered.	**In Progress:** • Learning Disability (LD) Providers' forum well established. Expert panel to be convened to develop new models of support. Focus remains on remobilisation as National Guidance Allows.
Review of the services available for diagnosis and support to people with autism complete by March 2022	**In Progress:** • New models of support being developed by the Providers' Forum and Expert Panel. To be incorporated into the LD and Autism Commissioning Plan.
Support people with complex needs in crisis by **training practitioners on Positive Behavioural Support** as part of embedding Positive Behavioural Support in Learning Disability	**In Progress:** • Quality framework based around Capable Environments developed. • Competence Framework based on the Positive Behavioural Support academy Framework completed and initially aimed at direct care staff. • Behaviour support pathways implemented within the Community Learning Disability Team Plans. • Specification for a film with People First to use in staff training around values and PBS complete and agreed at Strategy Group.

Long Term Conditions

Planning group: TBC
Planning Lead: TBC

Long Term Conditions 2022-25 - Midlothian Health and Social Care Partnership

Falls & Fracture Prevention

Planning group: Strategic Falls Group

Planning Lead: Gillian Chapman

Falls & Fracture Prevention 2022-25 - Midlothian Health and Social Care Partnership

Direction	Update
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	**In Progress:** • In partnership with the HSCP's Performance and Improvement Lead Officer baseline data requirements agreed June 2021, and will be collated and reported on to the Falls Lead / Strategic Falls Group quarterly. Longer term work remains required around inclusion on the partnership's data dashboard, which will provide further detail.
Develop an integrated & coordinated Midlothian Falls Pathway across Health and Social Care Partnership and third sector providers by September 2021	**In Progress:** • Work ongoing with Falls Pathway - workshops commenced and planned draft pathway report to be submitted to SMT for consideration December 2021 followed by consultation.
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	**In Progress:** • Work ongoing in partnership with GP frailty rep, Dr Leona Carroll.

Palliative & End of Life Care

Planning group: Palliative and End of Life Partnership Group

Planning Lead: Fiona Stratton

Palliative & End of Life Care 2022-25 - Midlothian Health and Social Care Partnership

Direction	Update
Increase the accuracy of the Palliative Care Registers in GP practices by September 2021.	**In Progress:** • GP practices in Mid are all signed up to the palliative care enhanced service in which they commit to identifying palliative patients and planning their care. Whilst proof of full participation in all enhanced services has not been a contractual requirement during the pandemic it is believed that all practices have prioritised palliative care and continued to provide the enhanced service.
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.	**In Progress:** • Work on the audit of admissions to Acute Hospitals of patients in receipt of palliative care will be progressed 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	**In Progress:** • Work undertaken with Information Governance and IT Security to support application to Caldicott Guardian. Application submitted and Caldicott approval granted. Initial recruitment of families and carers to the project has begun. Project promotional materials and staff feedback tools shared with all staff teams.
Evaluate the impact of the Palliative Care Champion Network across Midlothian care homes by March 2022.	**Delayed:** • Turnover of staff in care homes has hampered efforts to establish and maintain a palliative care champion network, hence an evaluation has not been undertaken. **Other:** • The Care Home Support Team prioritises education and support in relation to palliative care in the 10 care homes in Midlothian. • Care Rounding has been completed for every resident and Palliative Review meetings are being set up in each care home to review progress of actions from that work. Examples of actions include establishing whether Power of Attorney (POA) and (Adults with Incapacity) AWI are in place if appropriate, that an Advance Care Plan (ACP) is clearly documented in notes, assuring quality of escalation plan, seeking evidence of family involvement and whether Key Information Summary (KIS) aligns with plan in Care Home.

	Attempts will continue to be made to establish a network of palliative care champions in the care homes once the vaccination programme has been completed.

Under 18

Planning group: GIRFEC, Children and Young People Wellbeing Board, EMPPC

Planning Lead: Fiona Stratton

Under 18s 2022-25 - Midlothian Health and Social Care Partnership

Direction	Update
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 Nov 2021. **Review the management structure for all nursing** in Midlothian including health visiting by September 2021	**In Progress:** • Improved picture re establishment; less than 1.0WTE vacancy in Health Visiting which will be progressed with pan Lothian recruitment; Nursery Nurses and admin support are staffed to establishment. • Regular data is now being produced by NHS Lothian which is supporting monitoring of implementation of Universal Health Visiting Pathway, including work on data quality. • Clinical Nurse Manager Role being introduced for Health Visiting - recruitment process underway. Chief Nurse involved in discussion of Service Management structure across the HSCP with Heads of Service which encompasses review of management structure for all nursing in Midlothian.
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	**In Progress:** • Scottish Government funding is supporting the upscale and upskilling of the School Nursing workforce and a plan across Lothian will deliver this, though delayed due to COVID 19 until 2023. • Primary 1 surveillance programme (height and weight) progressing in all schools including initial vision screening and will be completed by March 2022
0 -5 years 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.	**In Progress:** • Vaccination data for the quarter ending June 2021 indicates that a reduction in uptake noted during the pandemic has been corrected and that uptake is increasing. Uptake for primary vaccinations at 12 months, and for primary and booster vaccinations at 24 months, 5 years and 6 years is above 95% and consistently sits above the Lothian and Scottish average. The 2021 0-5yrs flu vaccination programme is being progressed with the aim of increasing uptake compared to 2020. Direct approaches are made to families where children are not brought for vaccination appointments offering reappointment or same day drop in with a good response. Analysis of data on the children who were not brought to vaccination appointments have identified some organisational factors which may

	lead to nonattendance, and quality improvement work with Community Child Health is planned on the basis of this analysis. Work will continue to support Health Visitors and Nursery Nurses to promote vaccination, particularly with the groups more likely to have difficulty attending. Plans are being developed to work with Public Health to support a particular focus on vaccination uptake by children in the gypsy traveller community. • Centralisation of the telephone and recall system completed in September 2021 with all appointments now managed by CCH

Public Protection

(Adult Protection & Violence Against Women and Girls)

Planning group: East Lothian and Midlothian Public Protection

Planning Lead: Kirsty MacDiarmid

Public Protection 2022-25 - Midlothian Health and Social Care Partnership

Direction	Update
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.	**In Progress:** • There is a half day, level one, Public Protection training course that will be run in November 2021. This will be evaluated and reported to the East and Midlothian Public Protection Committee (EMPPC) Learning and Development Sub-group. This course will run quarterly by MS teams.
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.	**In Progress:** • Complete and reported to East and Midlothian Public Protection Committee (EMPPC) Critical Services Oversight Group on 1st September 2021.
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	**In Progress:** • Lead Officer for Child Protection has taken on the lead role within the East Lothian and Midlothian Public Protection Office to support this work. There is a local implementation group in Midlothian which meets regularly to support embedding of S&T.
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	**In Progress:** • This was being led by the NHS Health Promotion Specialist.
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.	**Delayed:** • No plans to evaluate the Safe Leave programme at present. The Midlothian Council Gender Based Violence Policy (which includes the Safe leave programme) will be reviewed later in 2022 as part of the work towards achieving Silver Accreditation for Equally Safe at Work. **Proposal to remove this direction**.
Review and streamline the Adult Support and Protection referrals process by December 2022	**In Progress:** • Review of all Adult Support and Protection processes from the point of referral onwards has begun. The purpose of this review is to (1) Identify any gaps or weaknesses in the system that could lead to information not being recorded and shared properly with the right people within our own organisation and (2) identify any areas where there is scope to simplify and clarify our processes which would facilitate and

	also help reduce the current administrative load leading to more time spent working with service users at risk. In addition we want to ensure that all ASP recording at all stages of the process is clear, that risks and protective factors are transparent that and all information can be easily accessed if needed.

Community Justice

Planning group: Community Justice

Planning Lead: Fiona Kennedy

Direction	Update
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)	**In Progress:** • The first step in designing the new holistic service was to consult with those individuals who would be most impacted by the service. One part of this was an online questionnaire devised to capture feedback from clients currently in the Justice system. • Taking into account the results of the survey, a screening tool was developed which indicates areas of therapeutic intervention. This tool will also be used as a referral process to the Men's Group. • Structured interventions that will initially be offered via the Men's Group are separated into three phrases: Phase 1 is 4 sessions based on MBT (Mentalisation Based Therapy) skills and Decider Skills; phase 2 will be the Emotional Resources Group, which is a 6-session course developed by the NHS with evidence that it has positive effects on emotional regulation, wellbeing and self-efficacy. Phase 3 will be a 10-week, psycho-educational intervention course 'Survive and Thrive'. This course is designed for people who have experienced trauma, focusing on their safety and supporting efforts to create stability. The general purpose of the group is to help participants develop a better understanding of trauma and common reactions to trauma as well as to learn and practice coping strategies for dealing with some of the impacts of traumatic experiences. • The Men's Group will be facilitated by social workers (from Justice and the Substance Misuse Service) and peer support workers with lived experience. The expectation is that all men placed on a Community Protection Order CPO will be considered for the Men's Service. It is hopeful that as the group develops, other external services that aim to promote better outcomes for men will become involved.
Develop the SPRING service. Specifically develop 'Stepping Stones' and the 'Next Steps' phase of SPRING.	**In Progress:** • Developments in the Spring service have included revising the 'Stepping Stones' programme, which is renamed 'Stepping Forward'. The key focus of these changes has been on integrating the theme of emotional regulation and distress management throughout all 11 sessions. • The Spring Occupational Therapist has focused her time on refining the Stepping Forward programme and updating the afternoon sessions, focused on 'steps to wellbeing'.

	Other: • Despite the challenges of Covid-19 women still reported improvements; 83% of women reporting improvements in 'identity and self-esteem' and 83% of women indicating an improvement in 'trust and 'hope' (these findings are based on the domains within the outcomes star for recovery). Both of these domains are often scored very low for women who have experienced trauma and are identified as being significant barriers to recovery. Therefore, achieving improvements in these domains is a key outcome measure for the service.

Substance Misuse

Planning Group: MELDAP

Planning Lead: Martin Bonnar

Substance Misuse 2022-25 - Midlothian Health and Social Care Partnership

Directions	Update
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.	**In Progress:** • Medication Assisted Treatment (MAT) Standards have to be implemented by all treatment services by April 2022. There are nine standards of which Standard 2 **Choice**: *All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose* is the most relevant. Good progress has been made in this area with same day prescribing offered and the introduction Buvidal. **Other:** • The MAT standards complement the National Quality Principles. QP online meetings were organised throughout 2021.
Evidence that people using MELDAP funded services **contribute to ongoing development of the service.**	**In Progress:** • Peer workers continue to provide a valuable insight into the lives of people who use alcohol and other drugs. This information is used to shape service provision, for example the development of low threshold cafes. The appointment of a women's Peer Worker based at the Orchard Centre was designed to identify the barriers to access and additional challenges women face, particularly those with childcare responsibilities. Children 1st have now appointed a second peer worker to support families affected by substance use.
People with lived experience to be members of the MELDAP Strategic Group	**Delayed:** • Because of Covid no new members with lived and living experience were invited to join the Strategic Group. **In Progress:** • MELDAP received funding from the Drugs Mission Fund to develop further ways to involve people with lived and lived experience. The funding will be used to develop two local forums chaired by and comprising of people with lived and living experiences and the recovery community. It is planned that representatives from these forums will be invited to join the Strategic Group.
MH&SCP/MELDAP will **increase the numbers of paid and unpaid Peer Supporters** in Midlothian by March 2022.	**In Progress:** • An agreed career development structure with associated salary costs has been approved. The new structure was designed to enhance job satisfaction and career development opportunities for people who historically had no formal qualifications apart

	from lived experience. The improved salary levels should attract a greater number of applicant when posts are advertised. Applications for drugs mission money included the appointment of a peer worker to work in supported accommodation. Funding for the women's peer support worker was continued. Peer volunteer training was delivered online by Health in Mind.
Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by March 2022.	**In Progress:** • The Recovery College continued provided blended learning with face to face meetings being restarted in November 2020. Throughout 2020/21 college staff still provided a high level of support to students with a total of 93 students receiving a total of 1324 'contacts'. A large number of awards were achieved which included, 23 obtaining a Vocational Training Outcome, 10 a SQA qualification and 4 sustained 13 weeks employment. Students also achieved success in areas such as digital skills, creative writing and NPA peer mentoring. **Delayed:** • Covid restrictions meant there was no opportunity for volunteering.
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	**Delayed:** • The use of Number 11 premises by outside groups was not allowed during most of 2020/21. Only recently has the Women's Supper Club and SMART meetings resumed. **Other:** • The implementation of the MAT Standards by April 2022 will require more effective working across Number 11 based services, particularly SMS and mental health services to deliver Standard 9: Mental Health. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.

RESOURCES

Workforce

Planning Group: Workforce Strategic Planning Group

Planning Lead: Anthea Fraser

(see update on page 8)

Unpaid Carer

Planning group: Carers Strategic Planning Group

Planning Lead: Shelagh Swithenbank

Direction	Update
Review the Carer Strategic Statement to reflect the direction and recommendations of the Independent Review of Social Care, and publish by September 2021	**In Progress:** • The activity taking place to update the Carer Strategic Statement is nearing completion with publication expected to be in November 2021. The updated Carer Strategic Statement now reflects the direction and recommendations of the Independent Review of Social Care (IRASC). Activity to reach conclusion includes:-(a) Agreement re inclusion of strategic vision for young carers (b) Finalising inclusion of carer strategic planning group feedback/comments. One of the key recommendations for carers within the independent review is the 'right to respite'. The IRASC has introduced this as a future driver for carer supports within a period when facilitating any respite and breaks from caring for carers has been challenging and impacted by the pandemic. When there is clarity locally and nationally about which recommendations are to be adopted as policy and how these will be supported, then this will further influence the drivers for service delivery and provision, including the 'right to respite' and what this translates into in practice
Improve carer identification through connections to services, and through information to the public to support self-identification by March 2022.	**In Progress:** • VOCAL are partnering with British Red Cross to introduce and increase capacity for engagement in communities, reaching into local areas to increase carer awareness and identification through these sources. Due to this new partnership beginning in July there is limited performance data available at this time to demonstrate the impact of community engagement and carer awareness. **Other:** • The number of Carers receiving 1-1 support from VOCAL. Q1 – Existing carers 506, (plus) new carers 114, Q2 – Existing carers 517, (plus) new carers 143. Overall, the number of Carers receiving 1-1 support from VOCAL has increased by 30% compared to the same time period last year. The number of carers receiving an adult carer support plan of their care needs by VOCAL. Q1 – Existing carers 391, (plus) new carers 66. Q2 – Existing carers 379, (plus) new carers 107. Overall, the number of Carers who had an adult carer support plan of their care needs by

	VOCAL has increased by 31.5% compared to the same time period last year. **Other:** • Carer identification is a key focus within the new carer support contracts implemented on the 1st July with VOCAL Midlothian as the main provider, and VOCAL commissioning British Red Cross to undertake aspects of service delivery. Central to the prevention agenda client identification is a gateway into support and lessening the impact of caring. Unpaid carers receiving support from VOCAL would have experienced a continuity of service and support through this period, as VOCAL expanded into the new contract from the existing service they provided. Learning from what carers told us during local consultation (Aug/Sept 2020)
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.	**Achieved:** • Achieved. Monitoring and evaluation framework in place designed to deliver quantitative data regarding service delivery, and qualitative data relating to outcomes for carers. Case studies and reference to VOCAL survey data will be referenced and utilised for wider use and comparison to national survey outcomes, e.g. Health and Care Experience

Primary Care

Planning lead: Jamie Megaw

Planning Group: TBC

Direction	Update
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.	**Other:** • We have developed a collaboration between Midlothian Public Health colleagues and Oral health Public Health colleagues with a view to developing a joint strategy for the new strategic plan. Work is ongoing.
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.	**In Progress:** • We have developed a collaboration between Midlothian Public Health colleagues and Oral health Public Health colleagues with a view to developing a joint strategy for the new strategic plan. Work is ongoing.
Evaluate the impact of community glaucoma specialist optometrists by March 2022	**No update available at this time (evaluation due March 2022)**
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	**In Progress:** • The CTAC model was pilotted during 2021. Learning from this approach will inform the final model which will progressed during the Winter of 2021/22 so that a CTAC service is operational by April 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.	**Delayed:** The CTAC model was pilotted during 2021. Learning from this approach will inform the final model which will progressed during the Winter of 2021/22 so that a CTAC service is operational by April 2022
Continued implementation of the Prescribing Plan **with 100% of Practices with Pharmacotherapy level 1 service in place** (March 2022)	**In Progress:** • All practices have received elements of the level 1 pharmacotherapy service. **Other:** • Levels of service have fluctuated throughout the period in question as a consequence of recruitment and retention issues. By September this position has stabilised with all practices receiving Pharmacy support, with 2 practices currently receiving support only from a pharmacy technician. We have successfully recruited to the vacancies with pharmacists recruitment being completed in December when considering notice periods.

Funding above the 21/22 PCIF allocation secured to enable the Pharmacotherapy service to be scaled up to all practices.	**No update available at this time**
Established Medicine Reconciliations service provided to all practices. (March 2022)	**In Progress:** • All but one GP practices has access to medicines reconciliation. Level of activity has varied depending on the recent vacancy rate, but with staffing stabilising from Sept on, a more uniform service will be established across the HSCP.
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)	**In Progress:** • The Initial Agreement for the Shawfair Development Area was approved by NHS Lothian in 2020. It is currently with Scottish Government for approval to progress to the Outline Business Case stage. The capital planning for the South Bonnyrigg area is with the HSCP to develop an Initial Agreement for approval by NHS Lothian.

Acute Services

Planning group: Acute Services Planning Group

Planning Lead:

Direction	Update
Undertake a **review of all frequent attendees at A&E** by October 2021	**In Progress:** • Head of Primary Care and Older People leading frequent attender group in NHS Lothian. **Delayed:** • OT and Frailty GP planning to undertake reviews of moderate and severe frailty cohort attending A&E without an admission. • Frequent attenders and admissions over 65 - medicines review of this cohort planned between Oct 21 and March 22. **Other:** • Health Inequalities Team work young (<55 years) frequent attenders. • Further expansion of Community Respiratory Team from winter funding. • Ongoing Scottish Ambulance Service pathway work. Looking to expand to respiratory conditions beyond COPD to further prevent hospital activity.
Implement **community pathways for Musculoskeletal physiotherapy** in line with national plans around scheduling unscheduled care by 31st December 2021.	**Other:** • Scoping exercise at St Johns Hospital found those at Minor Injury Unit were appropriately attending; scoping GP referrals via Flow Centre and NHS24 also found to be appropriate. Now looking at self-presenters and have found majority attending for lower back pain. • Undertaking patient consultation to understand reasons behind attendance which will feed into any development or changes to community pathways.
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.	**In Progress:** • NHS Lothian auditing of all patient pathways beginning November 2021. Currently in process of scheduling all attendances to Minor Injuries Unit throughout Lothian and looking to go live beginning December. • Unscheduled Programme Board approved pan-Lothian SDEC model as alternative to admission. • Rescheduling Urgent Care project working with Hospital at Home teams for Scottish Ambulance Service referrals to avoid hospital admission. Ongoing work in mental health to develop pathways in partnership between the Midlothian Intensive Home Treatment Team and Mental Health Assessment Service (MHAS) service, and improving access for same day mental health crisis/distress.

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.	**In Progress:** • Tableau Dashboard implemented for most services but ongoing work with individual services to tailor to needs. • Winter dashboard also developed with key performance indicators over the winter period. • Performance management postholder appointed who will lead on this work across the partnership.
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.	**In Progress:** • Final impact of the 2019-22 plan will be reflected in MSG indicators/IJB improvement goals which are reported on separately. **Other:** • Acute Services Plan updated for 2022-25, and went to IJB workshop for feedback in October 2021. The Planning Group will continue to refine the updated 3-yearly plan, with actions mapped to IJB improvement goals (related to MSG indicators). • Some actions carried across to 2022-25 plan due to Covid delays (e.g., Midlothian Community Hospital work) but other areas of focus added (e.g., potentially preventable admissions work).
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.	**In Progress:** • Single Point of Access still working. Linked with Flow Centre so they're aware of SPOA in Midlothian, and will redirect any appropriate calls they receive to them. • Teams are working in more linked-up way. Looking at the referrals in and out of SPOA from Dec 2020 to Oct 2021, total number of referrals received have been 647 to date. (Dec 20-Oct21) At this time it is unclear how many of these referrals have resulted in an admission avoidance, this is analysis that is still ongoing.
Implement the Health Inclusion Team support to adult (under 55) frequent A & E attendees by July 2021	**In Progress:** • Joint initiative to identify and offer support to a number of people under 55 years old who attend A&E more than 3 times within the past year. Programme in place and data currently being analyzed however early indications that it is reducing return visits to A&E (caveat - numbers small at present). Programme includes staff from A&E, Justice, Substance Misuse and Health Inequalities Team nurses.

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	**Delayed:** • Work was paused on the front door re-design because of the pandemic. This has now re-started following consideration of the recent developments in the unscheduled care programme and their impact on the front door services, flow and pathways. It is anticipated that the front door steering group will re-commence soon - Midlothian IJB is an existing member. Important to ensure the right people are involved in discussions going forward recognising the financial pressures in the set-aside budget.

In patient Hospital Care

Direction	Update
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	**In Progress:** • Potentially Preventable Admissions (PPA) Working Group established to look at top 5 PPA conditions. Named lead for each condition identified. Each Lead has recommended actions to reduce both short-term winter and longer-term PPAs where feasible. Action plans in progress and regular updates reported to the group.
Evaluate the impact of new approaches to In Reach (including identifying patients suitable for Reablement in Medicine of the Elderly wards) by September 2021	**Other:** • Flow and Intermediate Care teams continue to work together to identify and track any Midlothian patient who attends Emergency Department or is admitted to RIE Hospital to seek the earliest available opportunity to bring them home quicker. The daily 10 am call gives opportunity to take a proactive Multi Disciplinary Team approach to inreach and discharge facilitation. The Single Point of Access is up and running giving a Multi Disciplinary Team approach to admission prevention - whereby all teams will work together to prevent admission by offering assessment, rehabilitation, equipment or short term packages of care. We have enhanced our carer capacity to support these workstreams.

Increase further the proportion of patients admitted to the Royal Infirmary of Edinburgh as the local Acute Medical Unit compared to the Western General.	**Not met:** • April-Sep 2021, Midlothian adults, source: NHS Lothian Tableau. 811 unscheduled admissions for Midlothian patients at WGH. 3751 unscheduled admissions for Midlothian patients at Royal Infirmary Edinburgh Hospital (RIE). RIE unplanned admissions remain consistent at 80% of total admissions between RIE and WGH. Ratio of RIE to WGH for 2020/21 was 4.5, this has *slightly* increased to 4.6 for Apr-Sep 2021 period.
Evaluate the impact of the Home First Model by March 2022	**Delayed** **Other:** • Single Point of Access (SPOA) still working. Linked with Flow Centre so they're aware of SPOA in Midlothian, and will redirect any appropriate calls they receive to them. Teams are working in more linked-up way. Looking at the referrals in and out of SPOA from Dec 2020 to Oct 2021, total number of referrals received have been 647 to date. (Dec 20-Oct21) At this time it is unclear how many of these referrals have resulted in an admission avoidance, this is analysis that is still ongoing.
Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by September 2021	**In Progress:** • Ongoing collection of data to support evaluation of enhanced Discharge to Assess Service. 1340 Year to date bed days saved by Discharge To Assess service. **Other:** • Agreed winter funding for additional 20 Healthcare Clinical Support Workers plus admin support.
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.	**In Progress:** • Agreed acute hospital representation on the Midlothian Acute Services Planning Group. Acute Services Plan shared with IJB in October 2021. Acute Hospital representative is a member of the IJB (non-voting). Midlothian IJB and Strategic Planning Group has discussed and contributed to NHS Lothian Strategic Development Framework.
Review Midlothian Hospital at Home Service in line with wider pan-Lothian review	**In Progress:** • Investigating addition of paramedics into Hospital at Home team.

Maintain the number of people who are delayed in hospital while awaiting community based support to 13 or below each day by July 2021	**Not met** • Average 13.3 Census delays between Apr-Sep 2021. Work ongoing within intermediate care to streamline processes and increase capacity. Winter funding agreed for additional carer support, plus British Red Cross funding for a Local Area Coordinator to support people in the community. Other actions within directions relevant to this.

Midlothian Community Hospital

Planning group: TBC

Planning Lead: Kirsty Jack

Midlothian Community Hospital - Midlothian Health and Social Care Partnership

Direction	Update
Implement plans to **free capacity in Midlothian Community Hospital by enabling alternative care options for people with dementia** by July 2021.	**Review Direction** • Direction needs to be reviewed in light of service changes. Review of care provision for older people experiencing mental ill health planned.
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.	**Complete** • Vaccine clinic remains on site, with no date to relocate at this time. • Meetings with cancer services held; they will carry out scoping exercise and report back . • Consideration to be given to other uses for treatment chairs such as dialysis. • Review of outpatient services conducted and list of clinics drawn up, with wide range of services noted to be utilising facility. Discussion taking place, with high volume specialty clinics being given priority
Further develop plans for Glenlee Ward to increase bed capacity for step up from community and rehabilitation, aligning this with successful recruitment of staff.	**In Progress** • Glenlee Ward have recruited to 20.3 of the planned 27.3 WTE (whole time equivalents), and now has 14 open beds. Further recruitment is ongoing and interviews scheduled over the next four weeks to address the vacancies. Successful recruitment will enable further beds to be opened, and this will be reviewed mid November.
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	**No update available at this time (evaluation due by March 2022)**

Sport & Leisure

Planning group: Attend - Falls, Long term Conditions, Older People

Planning Lead: Allan Blair

Sport & Leisure 2022-25 - Midlothian Health and Social Care Partnership

Housing & Homelessness

Planning group: Health and Homelessness & Extra Care Housing

Planning Leads: Becky Hilton & Gillian Chapman

Housing & Homelessness 2022-25 - Midlothian Health and Social Care Partnership

Direction	Update
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.	**In Progress** • Newmills Road Dalkeith - site currently under construction and on schedule for estimated completion timeframe of November 2022. Will be known as Normandy Court (mainstream properties will be Normandy Drive). • St Mary's / Polton St Bonnyrigg Intermediate Care / Extra Care Housing/ Day Care - public consultation event held April 2021. Planning application submitted July 2021 Demolition commenced August 2021. On schedule for completion October 2023. • Gore Avenue Gorebridge - work ongoing to achieve agreement and sign off of Peer Review due to environmental site sensitivities..
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)	**In Progress** • Work ongoing re identification of future potential sites in line with analysis of housing demand and need.
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.	**In Progress** • We have trained another 15 staff approximately on housing solutions Module 1 over Sep and October.
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.	**In Progress** • New shared actions have been agreed for 2022-25 HSCP Strategic Plan and presented to IJB. This includes the continued support of Housing First with an aim to provide health and social care support to 20 people and consistent representation from No. 11 teams at allocation meetings.
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	**No update available at this time**

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.	**Complete** • The triage service continues and is now part of everyday work

Respite

Planning group: Respite & Short Breaks

Planning Lead: Gillian Chapman

(see update on page 7)

Public Health

Planning group: HSCP Public Health Reference Group (TBC)

Planning lead: Becky Hilton

Direction	Update
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.	**In Progress** • Good Conversation = 3 cohorts /52 Participants. • Prepared Service Design - 5 Bitesize =8 workshops/119 Participants • Trauma pilot completed.
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.	**Other:** • The Public Health Section of the HSCP 2022-25 Strategic Plan has been consulted on, drafted and presented to IJB. • Physical Activity has been named as one of three amplified Public Health priorities and joint working with sport and leisure is embedded in the plan alongside actions to address obesity. Social isolation is mainly addressed through population group plans.
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.	**Complete** • The Public Health Section of the HSCP 22-25 Strategic Plan has been consulted on, drafted and presented to IJB.
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.	**In Progress** • The Public Health Section of the HSCP 22-25 Strategic Plan has been consulted on, drafted and presented to IJB. • Engagement with all planning groups on the amplified priorities of embedding the Midway, Money worries and physical activity has begun.

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.	**Completed.** • NHS Lothian's Dept of Public Health review has concluded. Two Population Health Project Managers have been allocated to Midlothian and will be supported by a Strategic Programme Manager (vacant at present) and Public Health Consultant. The roles from the Dept of Public Health work closely with the Public Health Practitioners employed by the HSCP and operate from a shared workplan, however they have a broader remit to include Getting It Right for Every Midlothian Child (GIRFEMC) priorities.
The **impact of the HIT (Health Inequalities Team) should be reported** to evaluate the case for continued or increased investment by September 2021.	**In Progress:** • Monitoring reporting has improved. Work on the Transformative Evaluation programme involving Plymouth University restart on 6th July 2021. • Additional Nurse to recruited May 2021. • 113 people have received a 1 to 1 service . • The Nurses also assisted with covid vaccines in the homeless hostels and offer brief interventions and/or full 1 to 1 assessment to people in all temporary homeless hostels.
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.	**In Progress:** • To be progressed Dec to 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.	**In Progress:** • Referrals numbers have been slow to increase (despite local and CNS team engagement work) possibly hampered by restriction on comms until after the Official Launch. • The target for this year is to reach 30% of people with a new diagnosis of cancer in Midlothian (161 of 538), which would mean an average referral rate of 13.4 new referrals a month. The current average referral rate is 7.6 per month. Between 1st March and 31st September, the service has received a total of 46 referrals. The Midlothian team managed 17 referrals from Edinburgh and East Lothian while these teams were being recruited. In Midlothian referrals were received from a range of sources,

	including CNS teams – 31%; self-referral - 27% and primary care – 15% (this was GP and Primary Care Mental Health team). Referrals are managed by a central admin team with timely access (target - within 5-10 working days) to an initial appointment. • In the first six months of the service a total of 41 Holistic needs assessments were completed from the 63 referrals received (an engagement rate of 65%).The age range of the people accessing the service was 37-88 years (average age 63 years) and 70% were females. ICJ is reaching a high percentage of people living in SIMD 1 (10%) and 2 (40%). Nine of the people accessing the service were carers or family members of people with cancer. People accessing the service had a range of cancer diagnoses and the majority of these people (54%) were in treatment when they accessed support and 14% were in palliative care. • The top 5 concerns for people accessing the service include fatigue, mobility issues, breathing difficulties, worry/ anxiety and uncertainty
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.	**In Progress:** • Recruitment is underway for a dedicated 0.6 wte Pregnancy Advisor in Quit Your Way Midlothian. • Mandatory training for Midwives has been agreed and will be launched by March 22. Q1 21/22 = 35% of women identified as smoking at booking set a quit date (target 30%)
Review potential for **multi-agency long term condition strategic planning group**	**In Progress:** • Long-term conditions workshop held with representatives from acute, primary care, social care, third sector and people with lived experience. General consensus with creating a multi-agency long term condition strategic planning group. Concept presented and met with agreement from IJB. Work to be taken forward by Allied Health Professional Lead once in post.

OTHER AREAS:

Allied Health Professionals

Redesign Musculoskeletal pathway from NHS 24 and Accident and Emergency back to Midlothian Musculoskeletal Advanced Practice Physiotherapy service. (see Direction 2)	**In Progress:** • Work continues to progress to redirect appropriate patients back from Emergency Departments into Musculoskeletal Advanced Practice Physiotherapy services. A number of tests of change have been carried out in line with the NHS Lothian wide workstream. • All GP practices in Midlothian have access to Musculoskeletal Advanced Practice Physiotherapy service which is directing work from GP to Musculoskeletal Advanced Practice Physiotherapy service.
Continue review of Occupational Therapy and Physiotherapy model of care to Highbank and Midlothian Community Hospital to create a flexible and responsive single workforce by December 2022. This should improve patient flow.	**Other:** • Operating a model of therapy rehabilitation model across MCH and Highbank to ensure consistency in rehabilitation processes and approach.
Redesign NHS Lothian Dietetic Outpatient Services as part of the Acute and AHP Outpatient Redesign Programme	**Completed:** • The redesign of the Dietetic Outpatient Services has been successful and we have now moved to make posts permanent.
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.	**Delayed** • Work initiated, forming part of the Type II Diabetes Prevention Strategic Group. *Delay in Type II diabetes work due to recruitment.

Digital

Establish a Digital Governance Group to act as a forum in the HSCP to connect with technical business partners by September 2021	**In Progress:** • Group was established in May 2021 and has met 3 times. To support attendance by HSCP staff a novel meeting approach is being tried using SharePoint to allow interaction with the agenda a week in advance and a week after the meeting in abesentia (the week after also benefitting from a video recording of the meeting to watch/dip in and out of).
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	**Delayed** • Following some initial promise of development earlier this year this remains an outstanding action. Digital Services continue to reprioritise their extensive list of corporate priorities as the Digital Strategy in the council continues to be implemented. NSS (their technical partner) are working to capacity with COVID related national infrastructure developments so securing the required support from them is a challenge. No new approach made to eHealth by HSCP beyond advising of the Direction. Development of proposed MODA also still pending.
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.	• See update above
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.	**Delayed** • Trak team slow to respond to direct emails. Need to pick this work and operational resource allocation to support strategic planning up through the Digital Governance Group with eHealth to clarify capacity and availability. Raised at the IJB planning sessions as a macro point about establishing IJB service requirements within Health Board prioritisation so we don't miss out on support due to lack of provision for our needs and strategic planning.

eHealth to support role out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:	**Completed:** • Now Business As Usual function in NHS Lothian with a resourced process around it. Direction achieved. See response to 4 above.
Attend Anywhere as a contact modality for new service areas	**Completed:** • As above
Digital Services to enable Council Care Teams to access Near Me under existing national licence	**Delayed** • No progress on the use of Near Me by Council care teams. No strong pressure from social care within the HSCP to adopt.
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.	**In Progress:** • CM2000 review being actively planned with Business Applications Manger and Care At Home Interim Service Manager. Finding time and resource to prioritise the required scoping is a challenge with operational pressures on Care at Home but is a requirement to establish the necessary foundation from which to move forward from resiliently.
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.	**Delayed** • No progress. Remains a challenging area not just because of governance but also technical capacity. Council is still finalising roadmap for Microsoft 365 deployment and considering the technical implications to the existing infrastructure and software dependencies. Again we would rely on NSS (who runs the NHS Scotland Tenant) for support. The DGG will hopefully try to take this forward and scope potential to deliver this. Microsoft has announced Team Connect which is a feature that will allow users to have all channels that they are members of to show in their logged in instance of Teams which would be a good step forward if both areas adopted.

Health & Social Care Partnership Maturity

Ongoing activities to support Collaborative leadership model completed by December 2021.	**In Progress:** • Facilitated sessions on Collaborative Leadership continued for the Extended management Team. There were further sessions in April and September and another planned Jan 2022. In addition the Extended Management Team asked to attend two Good Conversation sessions planned for November 2021.
Complete self-evaluation and improvement planning activities, including Scirocco Knowledge Exchange Programme, by December 2021	**In Progress:** • Range of improvement planning activities undertaken as part of Scirocco Programme. 2 Logic Models produced on Public Engagement and Population Health Management. Workshop held with wide range of stakeholders and Optimedis (Scirocco partner) to inform further development of public engagement logic model and improvement planning. Areas for knowledge exchange with European partners identified. Outcome Mapping includes consideration of IJB governance issues inc citizen engagement. This work is progressing. Care Inspectorate involvement in this work is very valuable.
Meaningful and sustained engagement with local communities and/or service users should be evident. Communication and Engagement impact report available to end March 2022	**In Progress** • Range of consultation and engagement undertaken to support development of new strategic plan, alongside continued ongoing feedback from service users. Consultation report will be produced with new strategic plan in 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.	**In Progress:** • Development of Outnav tool and first 3 outcome maps continued. Tools and maps presented to SMT Feb 2021. Next 3 maps agreed August 2021.

Intermediate Care

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	**Delayed** **Other:** • SPOA has been running for 11 months now and we have further enhanced staffing of the SPOA/Flow hub for this winter with additional staff/funding.
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.	**In Progress:** • One additional Intermediate Care flat opened in partnership with Trust Housing Association's Extra Care Housing (ECH) facility at Hawthorn Gardens Loanhead, July 2021. 3 additional Intermediate Care units included within ECH new build projects at Dalkeith, Bonnyrigg and Gorebridge by October 2023.
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)	**In Progress:** • review of pathways for flow through system either from community or acute referrals for community rehabilitation and reablement. Increase in number of Health Care Support Workers to support reablement.