

MIDLOTHIAN INTEGRATION JOINT BOARD:
DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS Lothian 2017-18

Implementation Arrangements
Performance Management Indicators

7th August 2017

No.	Direction	Key Actions	Implementation Arrangements	Performance
1	Midlothian Community Hospital	Plan the relocation of Liberton Hospital services (see Direction 2)	Managed by the Liberton Reprovision Group	KPI 1: Reduce to zero use of Liberton Hospital
		Review with the NHSL Outpatient Board which services could be provided in MCH	Local Working Group will report to JMT	KPI 2: Measure for relationship between MCH and Newbyres
		Develop closer working relationships between MCH and Newbyres Care Home.	Ongoing liaison between Newbyres Managers and MCH Charge Nurses	KPI 3: measure for change in outpatient provision
2	Liberton Hospital	Transfer 20 beds in Liberton to MCH	Managed by the Liberton Reprovision Group	KPI 1: Reduce to zero use of Liberton Hospital
		Resources transferred from Liberton to Midlothian Partnership to replace 24 beds in Liberton	Chief Finance Officer to arrange	KPI 4: No corresponding increase to activity as a result of Liberton move
3	Unscheduled Care	Review the services financed through <u>Unscheduled Care funds</u>	Chief Officer; Chief Finance Officer and Chief Exec NHSL	KPI 5: Reduce unscheduled admissions by 5% by September 2018 KPI 6 Reduce unscheduled hospital occupied bed days by 10% by April 2019
		Develop plans to deploy more <u>AHPs</u> from Acute Settings to the community to support hospital discharge	Proposal being prepared by AHP Director following discussion with Chief Officer	
		Consideration should be given to reducing the provision of <u>acute medical receiving services</u> to one Unit for Edinburgh East Lothian and Midlothian	Meeting being arranged by A Short with key staff in WGH and RIE	
		Explore feasibility & benefits of a locality based admission policy for frail elderly patients.	This is being taken forward by the Older People MG	
4	Primary Care	Wellbeing Services should be fully established in 8 GP Practices	Local steering group in place. Formal evaluation underway involving Healthcare Improvement Scotland	KPI 7: Wellbeing Services in 8 GP practices and evaluated

		Skill mix should be enhanced with a particular emphasis on pharmacy	Included in the implementation of the local Primary Care Strategy	KPI 8: General Practice Strategic Programme agreed by IJB before May 2017 and then implemented
		A Public Education Programme should be delivered to ensure the public “use services wisely”	Communication Group for Primary Care taking this forward	KPI 9 Reduction in inappropriate GP appts
		The GP Cluster arrangements should be fully implemented	Now in place	KPI 10: Quality Cluster fully established
		The new GP Practice in Newtongrange should be fully established	Service has been procured	KPI 11: Newtongrange Clinic established by October 2017
		Midlothian Primary Care Strategy should be finalised (May 2017) and implemented	Report being prepared for IJB in Autumn	KPI 8: General Practice Strategic Programme agreed by IJB before May 2017 and then implemented
		The development of Anticipatory Care Planning should be prioritised	Working Group established and two pilot projects planned	KPI 12: Number of ACPs
		The Partnership will develop a plan to utilise the additional monies ring-fenced for developments in Primary Care	Plan for 2017-18 agreed and being implemented	KPI 13: Plan in place to use ring fenced funding
5	Services to Older People	Reshape Newbyres Care Home to ensure it is able to meet the shift towards providing services to people at the more advanced stages of dementia and end of life care.	The new staffing model is in place and 24 beds are now provided for people with dementia	KPI 14: New service model in place in Newbyres Care Home
		Midlothian Council and NHS Lothian are asked to give priority to strengthening intermediate care facilities in Highbank including the possibility of capital works being required	A service review is underway and a feasibility study for alternative premises is being undertaken	KPI 15: Highbank Care Home model strengthened and plan agreed for capital works

		The Reablement Services should be reviewed to determine what scope there is to improve its effectiveness through investment in capacity and/or redesign	This is being managed through a full service review (see action below)	KPI 17: Review completed on how care at home services are commissioned and delivered
		Midlothian Council and NHS Lothian should make tangible progress in developing strong partnership working at local levels.	This is being tested through the new Penicuik Housebound Project which is being supported by the national Collaborative leadership Programme	KPI 18 Report on outcome of project
		The approved policy on extra care housing should be progressed as quickly as possible	A full report on housing developments will go to Council in September	KPI 19: Implementation Plan of the extra-care housing policy
		A full review of our approach to care homes should be undertaken within the wider national context	This is outstanding and will be addressed as soon as practical	KPI 20: Review of care home model within national context
		Work commenced in 2016-17 to review how care at home services are commissioned and delivered should be completed.	This is being managed through a full service review and will be considered by the IJB in October	KPI 17: Review completed on how care at home services are commissioned and delivered
6	Prescribing	NHSL to implement measures to reduce spend including Script Switch”; promotion of self-management through Wellbeing Services; strengthening of pharmacy support; better information to patients on the efficacy of drugs	Local Prescribing Plan is being overseen by a local NHSL Group including two GPs	KPI 20: Implement the local Prescribing Plan. KPIs within plan to be identified
7	Learning Disability Services	Establish a fully integrated Midlothian Learning Disability Service to strengthen services to support people with complex needs through the development of new models of care and improvements in the planning and co-ordination of care delivery.	The community health team is now managed locally. Following the review of fieldwork services it should be possible to move towards an integrated service	KPI 21: Create fully integrated Midlothian Disability Service

		A programme of case review to support the implementation of new models of care and ensure an equitable and sustainable allocation of resources across people who use services.	New policies –Fair Care and Transport-implemented; review team is established; comms. strategy is being developed	KPI 22: Case Review programme established
		Plans will be implemented to resettle the remaining 3 patients in learning disability hospital care with the commensurate transfer of resources to community services.	Accommodation for 1 person has been identified. Property for the remaining two patients is still being sought	KPI 23: Resettle remaining 3 patients in LD hospital care
		Midlothian will need access to 2 beds in the NHSL Learning Disability assessment and treatment service.	This is being progressed through the LD Collaborative	KPI 24: Midlothian has access to 2 beds within the NHS Lothian assessment and treatment service
		LD Community Team management and budget should shift to Midlothian by April 2017	This has been agreed	KPI 25 Budget transferred
		The Midlothian share of the pan Lothian Challenging Behaviour Team should be used to augment the Community Team	This will be considered at Chief Officer level	KPI 26: Mid share of Lothian Challenging Behaviour Team used to augment the Community Team
		The Midlothian share of the housing support element of the Forensic Service should be transferred to the Partnership's budget.	This will be considered at Chief Officer level	KPI 27: Budget transferred
		We are unclear how Mental Health Liaison Service benefits Midlothian patients and are minded to seek the transfer of Midlothian's share of the resource to the Partnership	This will be considered at Chief Officer level	KPI 28: Decision taken on the Lothian Mental Health Liaison service and whether to transfer resource to Midlothian.

		Midlothian is opening its own complex care unit and will not pursue pan Lothian proposals for a complex unit. Midlothian's share of the NHS funding identified for this development should be made available to strengthen local services.	Service users will move in two tranches over the summer months This will be considered at Chief Officer level	KPI 29: Budget transferred
		Primrose Lodge in Loanhead should be considered for development of services for PMLD coming through transition enabling Midlothian to develop a local service utilising its share of Murray park resources.	This will discussed with the Chief Executive NHSL	KPI 30: Review concluded of use of Primrose Lodge got development of PMLD
		There should be no change to Midlothian's indicative share of NHSL Learning Disability budget without discussion with the IJB	This will be considered at Chief Officer level	n/a
		As the current institutional Learning Disability Services are decommissioned a clear, transparent mechanism will require to be put in place to transfer the appropriate proportion of the budget to the Partnership	This will be considered at Chief Officer level	KPI 31: Community Team management and budget will transfer to
8	Community-based Mental Health	New services introduced in 2016-17 should be evaluated. These include services funded through the Innovation Fund, the National Mental Health Fund, monies through Primary Care Transformation, the Wellbeing Services and CHIT which are contributing to the support network for people with low level mental health problems.	The Wellbeing Service and CHIT are subject to extensive evaluation supported by Healthcare Improvement Scotland. The Mental Health Access Point Steering Group is overseeing evaluation	KPI 32: Decision made after evaluation concluded of new services in introduced in 2016/17

		There is a need to develop a more robust approach to responding to people in crisis particularly out of hours, building on the work already undertaken with the Police	A <u>Triage project with Police</u> has been introduced to ensure that people in crisis get quick access to the right type of support, including a place of safety, with a joint approach agreed with local police. <u>Out of hours</u> A local working group is considering the best possible out of hours care for people with mental health issues.	KPI 34: Develop robust model for responding to people in crisis
		Alternative approaches to speeding up access to Psychological Therapies should be introduced. This should be led and managed by the Joint Mental Health Strategic Planning Group through a service transformation programme that provides access to a full range of interventions	Managed by a subgroup reporting to the Mental Health Planning Group. Performance has improved significantly from 182 over 18 weeks in June 2016 to 22 in June 2017	KPI 35: Improve access to psychological therapy services
		Further work is needed to strengthen joint work with substance misuse services. This includes health, social work and the third sector. Co-location will be helpful to this objective if this can be achieved.	A Feasibility Study for the establishment of a Recovery Hub has been completed and Council will be asked in August to allocate capital funding	KPI 36: Develop better joint working between MH and SMD services
		There is a need to review the placement of Midlothian patients in the Royal Edinburgh; including the arrangements for Midlothian patients to be treated in the Midlothian/East Lothian ward. There is also a need to review Midlothian's use of rehabilitation beds and other specialist services	Midlothian staff are fully engaged in discussions related to the hospital redevelopment and access for Midlothian patients to acute and rehabilitation facilities at the Hospital	KPI 37: Review placement of Midlothian patients in REAS.
		The local Partnership will work with other IJBs to design/ implement new approaches to specialist pan-Lothian services including the R.E. Midlothian will not participate in a <i>Sense of Belonging 2</i> Midlothian's share of strategic resources for MH should be directed to the Partnership in 2017-18	Although not signed up to a <i>Sense of Belonging 2</i> Midlothian will continue to work collaboratively, maximising networks and partnerships in some areas. The resource issue is outstanding	KPI 38: Budget transferred

9	Substance Misuse Services	Services which support recovery should be strengthened. This will include rolling out existing models of peer support through both the recovery network model and work being undertaken in Health Centres.	As a result of the loss of the lead GP in this area of work expansion of peer support has been delayed- Outstanding	KPI 39: Continue to maintain access to services within the 3 weeks target.
		Integration should be pursued to ensure key services work effectively together. This is not just a matter for health and social work; the third sector is vital and links with the mental health services are vital. Co-location will be helpful if this can be achieved	A Feasibility Study for a Recovery Hub has been completed and Council is being asked to consider capital funding. This would enable integration across health social work and vol. sector and between mental health and substance misuse	KPI 40: Co-location of integrated mental health and substance misuse services
		Midlothian's pro-rata share of funds relating to substance misuse will be used to redesign the Substance Misuse Directorate services moving service delivery into the Partnership and reducing the use of "central" bed-based services	MELDAP is overseeing this work. Monies are being transferred to the control of the Partnership. Recovery is the driving factor in the redesign of local services	KPI 41: Reduce use of bed-based services (e.g. Ritson Clinic)
		Midlothian Council and NHS Lothian should work together to support the establishment of a Community Recovery Hub and the co-location of integrated mental health and substance misuse services	A Feasibility Study for a Recovery Hub has been completed and Council will consider capital funding.	KPI 42 Business case developed and approved
10	Services to Unpaid Carers	The new local Carers Strategy should be implemented addressing key issues such as income, employment and health and wellbeing.	Carers Strategy Group is overseeing the development of strategy to be completed by the end of August	KPI 43: Carers Strategy is implemented and KPIS in it identified
		A system of emergency planning for carers should be designed and implemented ensuring that all key agencies- GPs, Social Workers, specialist teams e.g. Dementia, MERRIT-and Acute Hospital staff. Links should be made as appropriate with existing ACP systems.	This is being progressed as part of the national pilot on the Carers legislation Emergency planning will be a standard component of the Carers Support Plan. Links are being made with the ACP pilot in Penicuik	KPI 44: Emergency Planning System for carers is implemented

		An implementation plan for the new Carers legislation should be developed and put in place.	The readiness toolkit is being completed. The Carers' Planning Officer will convene a local Implementation Group.	KPI 45 Implementation plan and progress report
11	Utilisation of I.C. Fund; Delayed Discharge and Social Care Funding	Midlothian Council and NHS Lothian are asked to ensure that the monies continue to be applied with the objectives of reducing delayed discharge; addressing the needs of people with long term health conditions; and strengthening preventative service delivery	Report submitted to IJB in April on the use these funds	n/a
12	Resource Transfer Funds	Accountability for the application of these monies should now be treated in the same way as the use of all other resources deployed by the Council and NHS Lothian on behalf of Midlothian IJB. i.e.: <ul style="list-style-type: none"> • They should be utilised in ways which are consistent with the Strategic Plan. • Every effort should be made to identify potential savings through more efficient ways of working. 	IJB Financial Strategy Group and Realistic Care Realistic Expectations Group include consideration of RT	KPI 46: RT used in ways consistent with the Strategic Plan
13	Social Care services	Services should be provided in accordance with legislation, policies and procedures.	A range of systems are in place including supervision, case audits and quality assurance. The Quality Improvement Team retains an overview including feedback from Care Inspectorate inspections	KPI 47: Services provided in accordance with legislation, policies and procedures
14	Core and Hosted NHSL Services	Services should be provided in accordance with legislation, policies and procedures.	Clinical Governance arrangements are in place. The local Quality Improvement Team retains an overview	KPI 48: Services provided in accordance with legislation, policies and procedures
15	NHSL Services - Set-Aside Funds	Services should be provided in accordance with legislation, policies and procedures	Clinical Governance arrangements are in place. The Quality Improvement Team retains an overview	KPI 49: Services provided in accordance with legislation, policies and procedures

16	Diabetes Services	Clinics should be undertaken in Midlothian and will require consultants to become more community-based.	This will be considered as part of examining the potential for extending services in the Community Hospital	KPI 50 Clinics in Midlothian
		As 16% of acute hospital beds are occupied by people who have diabetes it should be possible to reduce bed numbers as preventative actions take effect.	A local planning group is being established	KPI 51 Reduction in bed days related to diabetes
		Resources should be redirected from Acute Hospital to community based services.	This is outstanding. A meeting will be arranged with Acute Services and involving the Chief Finance Officer	KPI 52: measurement in the shift of care KPI 54: Diabetes care is locally-based and preventative-focussed KPI 55: Weight Management programme.
17	Health Inequalities	The appropriate proportion of the NHS Lothian <i>Preventative Spend</i> budget should be allocated to the IJB to reflect resources required to deliver this delegated function.	Initial discussions have taken place involving the Chief Finance officer and Public Health This is outstanding	KPI 53: Stronger pathway in place to support young adults attending hospital KPI 54: Diabetes care is locally-based and preventative-focussed KPI 55: Weight Management programme.
		The IJB will direct its share of these resources to support the CHIT team.	The local Health service is underwriting the cost of the service until resources have been transferred	KPI 56: plan in place to use ring fenced funding
18	Palliative Care	Strengthen partnership working between local nursing services, Marie Curie and care at home staff	This being addressed by the local Palliative Care Group	KPI 57: Improve joint working between local nursing services, Marie Curie and care at home staff

		Strengthen care provided in care homes	Staff training and family feedback is being overseen by the local Palliative Care Group	KPI 58: Improve care provided in care homes
		Strengthen bereavement support available within Midlothian	An information leaflet on local supports available will be printed in hard copy and included on the Council website	KPI 59: Strengthen bereavement service
		Review the support provided to family carers	Carers Planning Officer and VOCAL Manager attending the Group as appropriate. Training for carers being arranged	KPI 60: Complete review of support provided to family carers
19	Public Engagement	Design and Develop a Public Engagement Strategy	The IJB approved a Communication and Engagement Strategy in April 2016. A more detailed plan is being developed by a Comms Sub Group	KPI 61: Develop and implement a public engagement strategy.