



**Midlothian
Health & Social Care**

Midlothian Integration Joint Board
DIRECTIONS 2021-22
12 Month Update (Oct 21 – Mar 22)



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:



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



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 IJB's 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 and can be updated on an ongoing basis throughout the year, as IJBs can make decisions about service improvement, service redesign, and investment and disinvestment throughout the year.

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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
<p>Undertake a review of day support, explore all options for people in Midlothian who are isolated, including alternatives to building based support by March 2022.</p>	<p>Day service capacity has continued to increase and at 31 March 2022 sat at 165 spaces per week. The day service review for older people is included in Directions for 2022-23 and will be progressed throughout this year. A draft plan is in production with the aim of producing a report including recommendations for commissioning by March 2023. The review process will aim to be fully participative, taking a human rights-based approach and implementing the PANEL principles of Participation, Accountability, Non-discrimination, Empowerment and Legal basis. A pilot of advanced day care provision for people with personal care needs and more advanced dementia will be implemented in 2022. Highbank Day Service continues to be closed but will reopen in 2024 at new premises as part of the Polton Street development.</p> <p>End of year status: Direction Amended</p>
<p>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.</p>	<p>Two respite flats have been created, with respite offered to clients from December 2021. This has been extended for six months.</p> <p>End of year status: Direction Replaced</p>
<p>Develop Midlothian Respite Policy and Action Plan by September 2021.</p>	<p>Planning has recommenced.</p> <p>End of year status: Direction Amended</p>

Care at Home

Direction	Update
<p>Implement care at home services, in line with the vision statement and human rights based approach.</p> <p>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</p>	<p>Contracts have been in place since 01 September 2021. The contract implementation group continues to meet weekly, and a new weekly capacity meeting has been established to ensure effective communication with and between providers and the HSCP. Recruitment continues to be difficult, as it is nation-wide, and challenges around capacity and demand remain. Monitoring of these services has begun. Two providers have undergone inspections from the Care Inspectorate within the last 6 months and received positive grades of 4 and 5. Internal audit will be carried out for all providers and is underway currently for one provider.</p>

	<p>The human rights-based monitoring framework will be used to provide feedback to services regarding how their activity is respecting, protecting and fulfilling human rights. Further work in 2022-23 will focus on governance for external care at home providers.</p> <p>End of year status: Direction Live</p>
<p>Evaluate impact of new reablement model within Home Care Service to promote optimum level of function by March 2022</p>	<p>Single Point of Access is in place and Occupational Therapists have been transferred pending a full review of HomeCare service. This work has been delayed due to the pressures of Covid-19.</p> <p>End of year status: Direction Amended</p>

Frailty

Planning group: TBC

Planning Lead: Amanda Fox



	<ul style="list-style-type: none"> • Equipment. <p>It is too early to see whether or not this proactive inreach has reduced the likelihood or timing of subsequent admissions to RIE. The project is ongoing and further analysis will be undertaken to understand the full impact.</p> <p>End of year status: Direction Replaced</p>
<p>Develop virtual medical teams involving frailty GPs and key hospital consultants by December 2021.</p>	<p>The second test of change has been delayed due to GP staffing issues.</p> <p>End of year status: Direction Replaced</p>
<p>Consider Midlothian Community Hospital (MSH) role for frailty step-up, step down</p>	<p>Frailty step down is already in place and planning is underway for step up.</p> <p>End of year status: Direction Replaced</p>
<p>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.</p>	<p>Frailty GP has continued to work with the multidisciplinary teams, however there has been limited activity to evaluate due to service pressures created by Covid-19.</p> <p>End of year status: Direction Replaced</p>
<p>Work to ensure our frailty services are accessible to people under 65 years by December 2021</p>	<p>The frailty programme is being reviewed and redesigned. Alternative proactive identification methods will be tested that are not age constrained, for example the Rockwood frailty score and pathways developed to support people with frailty no matter what their age.</p> <p>End of year status: Direction Live</p>



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.	<p>There have been 3 of 6 extended Senior Management sessions completed on Embedding the Midway.</p> <p>Good Conversations training had 91 participants for 2021/22.</p> <p>In 2021/22, 17 services have committed or progressed the redesign of their service to 'prepare people' for their health care appointment.</p> <p>In 2021/22, 287 participants attended the bitesize inequalities training sessions.</p> <p>The Trauma Informed training was paused in 2021 and will be carried forward into the workforce workplan for 2022/23.</p> <p>End of year status: Direction Amended</p>
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	<p>Work recommenced in January 2022 on Lothian-wide plans to consider the balance of specialist and community based rehabilitation services, with consideration of the plans for re-provisioning of the Astley Ainslie Hospital.</p> <p>End of year status: Direction Amended</p>
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.	<p>Some progress has been made regarding extra care housing new builds, however this has been limited due to service pressures created by Covid-19.</p> <p>End of year status: Direction Live</p>
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	<p>Work is ongoing with this team to understand capacity and demand. This has been limited due to staffing challenges and other competing priorities. This has now been restarted.</p> <p>End of year status: Direction Amended</p>
Develop clear pathways and support provision for people affected by long term conditions (in particular Type 2 Diabetes and CHD) by March 2022	<p>Diabetes Pathway – work has recommenced now that a Team Lead is in post. Development work includes exploration into Potentially Preventable Admissions and identification of gaps in support and access to services.</p> <p>End of year status: Direction Amended</p>
Develop clear pathways and support for people affected by	<p>The Project Team has been established, including Executive Sponsor, Project Lead and Analyst.</p>

<p>neurological conditions by March 2022.</p>	<p>Scoping work has been completed and clear links, representation and engagement with NHSL MDT Neurorehabilitation Pathways Group are in place. Third Sector Partnership has been agreed to take forward patient-engagement work. Meeting structure and mechanisms are established within MHSCP, NHSL and beyond to agree priorities for improvement.</p> <p>End of year status: Direction Amended</p>
<p>Work with other Lothian Health & Social Care Partnerships to implement appropriate model and financial plan for complex care by June 2021.</p>	<p>A model and financial plan were previously agreed. A report was presented to the Lothian Chief Officers in 2022 to highlight a significant increase in demand for the service. As a result, the Chief Officers have requested the development of a paper setting out options for a future service model and financial plan. This work is in progress and it is anticipated that the paper will be presented to the Chief Officers in August 2022</p> <p>End of year status: Direction Amended</p>



Mental Health

Planning group: Adult Mental Health

Planning Lead: TBC

[Mental Health 2022-25 - Midlothian Health and Social Care Partnership](#)

Directions	Update
<p>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.</p>	<p>Meetings continue between Mental Health and Housing to explore options and developments to meet community housing needs in Midlothian.</p> <p>Health in Mind continue to deliver mental health community support, with outreach to local communities across Midlothian.</p> <p>End of year status: Direction Live</p>
<p>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.</p>	<p>Year 1 outcome: teams within No 11 met to build better understanding of roles and function. Increased joint working is being achieved through multi agency meetings.</p> <p>No 11 learning/education sessions have been developed.</p> <p>The Year 2 staff survey has been completed with the outcome still to be collated.</p> <p>End of year status: Direction Live</p>
<p>Continue close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.</p>	<p>No 11 teams continue to be represented at the allocation meeting on the delivery of the Housing First model 32 individuals were supported this quarter through the Housing First Model.</p> <p>End of year status: Direction Replaced</p>
<p>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.</p> <p>A key element of this work is to identify new approaches to addressing the continuing pressures on Psychological Therapies.</p>	<p>1.6 WTE recovery workers were appointed to deliver distress brief intervention alongside the Intensive Home Treatment Team (IHTT).</p> <p>Primary Care Mental Health team and HIM continue to lead on the delivery – Midlothian Access Point, social prescribing and self help.</p> <p>Psychological therapy has moved to phase 3: embedding Patient Focused booking (PFB) in keeping with the 7,11,16 model.</p> <p>End of year status: Direction Live</p>
<p>Implement updated Suicide Prevention Action Plan including Scottish Government's 4 new priorities by December 2021</p>	<p>Midlothian Suicide prevention plan has been implemented and incorporated 4 new priorities by Dec 2021.</p> <p>This will be reviewed and updated with plans to progress a re launch of the action plan.</p>

<p>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.</p>	<p>Extended work continues with other Lothian IJBs to agree plans for pan-Lothian and hosted mental health service provision 2022/25.</p> <p>End of year status: Direction Live</p>
<p>Report on pilot to deliver a substantial improvement in waiting times for psychological therapy by July 2021</p>	<p>An independent review was completed on the outcome of the report. If the model were to be considered again, it would require Quality improvement measures.</p> <p>Phase three implemented: 7-11-16 model.</p> <p>End of year status: Direction Revoked</p>



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.	Due to limitations placed on this work by covid restrictions, the review of day care provision and associated costs including transport will be completed by February 2023. End of year status: Direction Amended
Work with providers to pilot new community based and personalised models of day services by 31st March 2022	Learning Disability Day Services continue to be operating at reduced capacity due to covid guidance. End of year status: Direction Amended
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	Work is proceeding as planned to support the commissioning of care and support services in relation to the new housing models in Bonnyrigg (8 flats). End of year status: Direction Replaced
Complete retender of the taxi contract for existing taxi services	Work is ongoing in support of the full retendering of taxi services, however the process itself will not be able to be progressed until covid guidance eases. End of year status: Direction Live
Strengthen joint working of Learning Disability Services and care providers to inform longer-term changes in how adult social care is planned and delivered.	<i>Learning Disability (LD) Providers' forum is well established and an expert panel has been convened. Joint working of Learning Disability Services and care providers will continue, in order to inform longer-term changes in how adult social care is planned and delivered</i> End of year status: Direction Live
Review of the services available for diagnosis and support to people with autism complete by March 2022	New models of support have been incorporated into the Learning Disability and Autism Commissioning Plan. End of year status: Direction Revoked
Support people with complex needs in crisis by training practitioners on Positive Behavioural Support (PBS) as part of embedding Positive Behavioural Support in Learning Disability	Building on significant progress in a number of key areas (as detailed in the October 2021 6 month update), staff will improve their skills in using PBS to strengthen work with people with complex needs. This will include the application of a risk tool. End of year status: Direction Amended



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	Progress has been limited due to service pressures created by Covid-19. End of year status: Direction Replaced
Develop an integrated & coordinated Midlothian Falls Pathway across Health and Social Care Partnership and third sector providers by September 2021	Work recommenced Jan 2022 with project team established. Scoping is underway and a report will be submitted to HSCP to agree a plan to take system-wide Falls Pathway work forward. End of year status: Direction Replaced
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	There has been limited activity to develop this process due to significant system pressure. End of year status: Direction Replaced



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.	<p>Midlothian's GP Management Leads are developing plans for a cluster quality improvement project to improve the accuracy of the palliative care registers held in all Midlothian GP practices. Evidence suggests around 1% of a practice population would be expected to be on the register.</p> <p>End of year status: Direction Replaced</p>
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.	<p>Work on the audit is being refined and it is hoped that data will be available to support discussion on how this can inform planning for local services from May 2022.</p> <p>End of year status: Direction Amended</p>
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	<p>The project team have recruited family members and staff since Caldicott approval was granted. The project is progressing with aims to recruit further families, and complete staff interviews. An event involving participants is planned for late summer. A final report is likely to be produced in September/ October 2022. Early feedback is very positive: a number of interviews have been undertaken with people whose families have received services from the District Nursing service. Attempts are being made to recruit families where care was received in Midlothian Community Hospital and from Marie Curie.</p> <p>End of year status: Direction Live</p>
Evaluate the impact of the Palliative Care Champion Network across Midlothian care homes by March 2022.	<p>Turnover of staff in care homes created barriers to maintaining a palliative care champion network in care homes, hence an evaluation has not been undertaken.</p> <p>The Care Home Support Team prioritises education and support in relation to palliative care in the 10 care homes in Midlothian, and will continue to support care home staff to provide the best possible palliative care to residents through a range of methods. These include provision of advice and support around care planning for individual residents, and Palliative Review meetings in each care home to review progress of actions from that work.</p> <p>Examples of actions include establishing whether Power of Attorney (POA) and Adults with Incapacity (AWI) are in place if appropriate; that an Anticipatory Care Plan (ACP) is clearly documented in notes;</p>

	<p>assuring quality of escalation plans; seeking evidence of family involvement; and whether Key Information Summary (KIS) aligns with plan in Care Home.</p> <p>The Care Home Support team is actively developing datasets to evidence this work and to support further improvement.</p> <p>End of year status: Direction Amended</p>
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Under 18s

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
<p>Health Visiting (HV): Work to increase staff compliment to full, including adequate support staff, - Nursery Nurses and Admin support by July 2021</p>	<p>With the return of some staff from maternity leave and restructuring of the HV teams to match resource to need, good service coverage has been achieved with only one base being under-established by 0.23 WTE. Recent successful recruitment to admin and Nursery Nurse posts leaves no vacancies.</p> <p>End of year status: Direction Revoked</p>
<p>Monitor implementation of the Universal Pathway by Nov 2021.</p>	<p>The Universal Health Visiting Pathway will be delivered in full across Midlothian HSCP from 1st June 2022. Data showing delivery of the Universal Health Visiting Pathway is now available and is supporting improvement around delivery of the pathway and recording practice. Service management review for Health Visiting is now complete and a Clinical Nurse Manager has been in post since 21st February 2022.</p> <p>End of year status: Direction Replaced</p>
<p>Review the management structure for all nursing in Midlothian including health visiting by September 2021</p>	<p>Wider work on nursing structure across the partnership is still progressing with work on job descriptions and job evaluation in hand.</p> <p>End of year status: Direction Amended</p>
<p>School nursing: Implement the refocused role of school nursing including the 10 priorities by March 2022.</p>	<p>Implementation of the school nursing pathway continues with refreshed datasets currently being defined. The catch up in the Primary 1 surveillance programme (height and weight) including initial vision screening has progressed and outstanding assessments will be completed by the end of May 2022.</p> <p>End of year status: Direction Replaced</p>
<p>Complete delayed Primary 1 surveillance programme (height and weight) in all schools including initial vision screening by March 2022</p>	<p>Child Health Assessment: test of change in progress to inform training needs and criteria development. Scottish Government funding is supporting the ongoing work to upscale and upskill the School Nursing workforce in Lothian, to provide 36 Specialist School Nurses across Lothian, to be completed by January 2024.</p> <p>End of year status: Direction Revoked</p>

<p>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 .</p>	<p>A national trend has been observed of a reduction in uptake of primary vaccinations. This is a cause for concern and efforts are being made to explore the reasons and address the increased numbers of children not brought for vaccination since the national lockdown was lifted.</p> <p>Figures for Midlothian at all time points are higher than the Scottish average. Data from the final quarter of 2021 primary and booster vaccination uptake at 12 months, 24 months and 5 years are all above 95%, MMR2 at 5 years sits on 95%, MMR2 at 6 years sits at 94%. This compares favourably with the other Lothian HSCPs.</p> <p>End of year status: Direction Replaced</p>
<p>Centralisation of the telephone and recall system with all appointments managed by CCH by September 2021.</p>	<p>Quality Improvement work continues with the development of innovative and person-centred approaches to the planning and delivery of seasonal flu vaccinations. Clinics will commence in September.</p> <p>Data showing 'can not attend' along with traditional 'Did Not Attend (DNA)' is now available providing improved understanding of local performance. Having achieved a 73% uptake rate last year, a target of 85% for winter 2022/23 has been adopted.</p> <p>There is no work currently taking place with the gypsy traveller community as the site is closed.</p> <p>End of year status: Direction Revoked</p>



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.	Multi-agency Public Protection Training has been rolled out quarterly, via MS Teams, with two delivered to date. Both were evaluated positively and will be reported to the May L&D Sub Group. Upon their request, an additional training will be delivered to Midlothian leisure duty officers, with East Lothian staff invited also. End of year status: Direction Amended
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.	Discussion around the Joint Strategic Needs Assessment (JSNA) requires further consideration by Clinical Services Oversight Group (CSOG) as to next steps. End of year status: Direction Live
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	Safe and Together (S&T) implementation group continues to meet regularly. The Lead for Midlothian has developed a 7-minute briefing based on the S&T Audit of 2021. This has been distributed to Midlothian Team Leaders within her service. Training numbers are lower than expected. There are associated barriers to fulfilling targets which will be reviewed at the May L&D Sub Group. The S&T practitioner forum (Midlothian and East Lothian) has been re-established. In addition the multi-agency briefings are continuing. Midlothian is adopting the National Self-Assessment tool into practice. End of year status: Direction Live
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	The lead moved to another role and has not yet been replaced. The guidance is in draft form. The Commercial Sexual Exploitation Short Life Working Group has reviewed the position statement and produced draft guidance and both require further work. Aim to complete by November 2022. End of year status: Direction Amended
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.	Safe Leave has been implemented. Working towards Silver Accreditation. End of year status: Direction Amended

Review and streamline the Adult Support and Protection referrals process by December 2022

Audit work is planned for chronologies, Multi-Agency Risk Assessments. There will be a mapping of the ASP process to identify scope for efficiencies. The 'TILS' Framework document has been introduced as a basis for future risk assessment practice in ASP. This will promote clearer and more analytical recording of risk. This is on-track to be completed by December 2022.

End of year status: Direction Live



Community Justice

Planning group: Community Justice

Planning Lead: Fiona Kennedy

Direction	Update
<p>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)</p>	<p>The Midlothian Community Justice Outcome Improvement Plan 2020-2023 set out 40 actions that Midlothian Community Justice Partnership would take forward over the three years to deliver better outcomes for those affected by the justice system.</p> <p>One action contained within the plan was to 'Develop a trauma informed service that focuses on tailored, structured intervention and access to wraparound services for men on Community Payback Order (CPO) supervision'.</p> <p>The Stride service has been operational for the past year and to date has supported: 9 men in a group setting; 4 men provided 1:1 intervention and 4 groups have been facilitated in total. Stride is facilitated by social workers (in Justice and Substance Use Service) and a justice practitioner.</p> <p>The team facilitating Stride hold a range of skills and incorporate lived experience to promote engagement. All men on CPOs or on statutory supervision are considered for the Stride programme which aims to build emotional capacity, focus on positive outcomes and life choices and promote desistance.</p> <p>End of year status: Direction Revoked</p>
<p>Develop the SPRING service. Specifically develop 'Stepping Stones' and the 'Next Steps' phase of SPRING.</p>	<p>Over the last reporting period changes have been made to the role of SPRING social worker. The social worker now supervises court orders for women involved in the Justice system. This offers continuity for women as they will be supported by the same social worker from court report stage then throughout their court order offering greater continuity. It is acknowledge that women who do offend present with very complex reasoning for their behaviours.</p> <p>SPRING also support women who are not involved in the Justice system. The pathway into the service has been changed offering 1:1 support from partner agencies prior to group work. This has allowed the waiting list to be cleared offering a shorter route into support. SPRING remains a multi-agency service offering support from Women's Aid, Health in Mind, SHINE and NHS CHiT nurse.</p> <p>End of year status: Direction Live</p>



Substance Misuse

Planning Group: MELDAP

Planning Lead: Martin Bonnar

[Substance Misuse 2022-25 - Midlothian Health and Social Care Partnership](#)

Directions	Update
<p>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.</p>	<p>Online Quality Improvement meetings carried out throughout 2021 continued to focus on the 8 National Quality Principles.</p> <p>Medication Assisted Treatment (MAT) Standards have to be implemented by all treatment services by April 2023. The embedding and implementation of MAT Standards 1-5 throughout 2022 should further develop people's rights to be involved in decisions that affect them. This would include Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.</p> <p>When appropriate and safe to do so, people will also have the right to, 'start MAT from the same day of presentation'. We anticipate with the appointment of additional staff at Number 11, that this number is likely to increase over the next 12 months.</p> <p>The standards also make explicit the right of 'family' to be involved in a person's treatment</p> <p>The MAT standards complement the National Quality Principles</p> <p>Quality Improvement visits have commenced in May 2022. How services collect outcome and experiential data are core items for discussion with all services.</p> <p>End of year status: Direction Live</p>
<p>Evidence that people using MELDAP funded services contribute to ongoing development of the service.</p>	<p>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 was designed to identify the barriers to access and additional challenges women face, particularly those with childcare responsibilities. Children 1st have appointed a second peer worker to support families affected by substance use.</p> <p>As part of the implementation of the MAT standards, three staff, people with living experience, have been trained to collect the views of people who have used our treatment services. MELDAP is in discussion with all services as to how they collect, on a planned basis, the views of people who use</p>

	<p>their service. This is seen as an integral part of a Quality Improvement process. Three people with living experience are members of the group developing new guidance on engaging with people who have experienced a Non-Fatal Overdose (NFO).</p> <p>End of year status: Direction Live</p>
<p>People with lived experience to be members of the MELDAP Strategic Group</p>	<p>Due to Covid no new members with lived and living experience were able to be invited to join the Strategic Group</p> <p>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.</p> <p>End of year status: Direction Live</p>
<p>MH&SCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by March 2022.</p>	<p>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.</p> <p>New peer workers have been recruited to fill existing vacancies.</p> <p>End of year status: Direction Live</p>
<p>Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering by March 2022.</p>	<p>Throughout 2021/22 recovery college staff still provided a high level of support to students with a total of 83 students supported. A large number of awards were achieved which included, 23 SQA qualification; 19 vocational training awards; 3 college and 1 university start; 5 progressed into volunteering roles; 4 progressed into employment and 4 people progressed into the recovery college following graduation from LEAP. Students also achieved success in</p>

	<p>areas such as IT; digital skills, creative writing; Mental Health Awareness and NPA peer mentoring.</p> <p>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.</p> <p>End of year status: Direction Live</p>
<p>MH&SCP/MELDAP and NHS Lothian should further develop working practices to ensure a seamless provision of services to those people using No11.</p> <p>Maximise the use of the building by recovery oriented groups in the evenings and at the weekend</p>	<p>The use of Number 11 premises by outside groups was not allowed during most of 2021/22. Only recently has the Women's Supper Club and SMART meetings resumed. SMART groups and the Women's Supper Club both use Number 11. Peer workers from MELD and Health in Mind will be co-located at Number 11.</p> <p>The implementation of the MAT Standards by April 2023 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.</p> <p>End of year status: Direction Live</p>



Workforce

Planning Group: Workforce Strategic Planning Group

Planning Lead: Anthea Fraser

Directions	Update
<p>Workforce – implement a multifaceted workforce plan that includes council and external providers by July 2021.</p>	<p>Completed at 6 month review point (October 2021).</p> <p>End of year status: Direction Amended</p>



Unpaid Carers

Planning group: Carers Strategic Planning Group

Planning Lead: Shelagh Swithenbank

Direction	Update
<p>Review the Carer Strategic Statement to reflect the direction and recommendations of the Independent Review of Social Care, and publish by September 2021</p>	<p>The Carer Strategic Statement/Strategy has been completed and updated to reflect the Independent Review of Adult Social Care, and an Integrated Impact Assessment (IIA) meeting held and draft report produced. Any issues identified from the IIA meeting will be reflected in the final IIA report, and the IIA and Strategy published.</p> <p>The Carer Strategic Statement now reflects the direction and recommendations of the Independent Review of Adult Social Care (IRASC). Support for practice implementation of the recommendations will follow the implementation of guidance and regulations.</p> <p>End of year status: Direction Revoked</p>
<p>Improve carer identification through connections to services, and through information to the public to support self-identification by March 2022.</p>	<p>VOCAL are working in partnership with British Red Cross as part of their carer support contract, aiming to increase the capacity for carer engagement in communities, reaching into local areas to increase carer awareness and identification through these sources.</p> <p>The new Community Connector role within British Red Cross seeks to support carers at a grass roots level, either offering carer support directly for low level support, or through referral and connection on to VOCAL to link carers into: Adult Carer Support Plan:, information and advice; training and supports.</p> <p>Unforeseen issues during recruitment meant there was a slight delay in the Community Connector role starting, but is now embedded within the service and expanding networks with other services and within communities.</p> <p>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, Q3 - Existing carers 512, (plus) new carers 121, Q4 – Existing carers 612, (plus) new carers 160.</p> <p>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 Q3 – Existing carers 355, (plus) new carers 93 Q4 – Existing carers 428, (plus) new carers 113</p>

	<p>Carer identification is a key focus within the carer support contracts, carer strategy, and HSCP Carer Strategic Action Plan.</p> <p>End of year status: Direction Amended</p>
<p>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.</p>	<p>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.</p> <p>Increased connection between the Planning Officer and Performance Improvement Team colleagues is leading to joint working in areas of work such as the development of the HSCP Carer Strategic Action Plan (actions and targets), and of an OutNav Outcome Map for carers.</p> <p>Working with the Performance Improvement Team to develop the monitoring and evaluation framework for the carer contract helped support the future development of the Outcome Map.</p> <p>End of year status: Direction Amended</p>



Primary Care

Planning lead: TBC

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.	Progress has been significantly limited by system pressures due to Covid-19. End of year status: Direction Live
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.	Progress has been significantly limited by system pressures due to Covid-19. End of year status: Direction Live
Evaluate the impact of community glaucoma specialist optometrists by March 2022	Progress has been significantly limited by system pressures due to Covid-19. End of year status: Direction Live
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	By March 2022 all GP practices were able to access Long Term Condition data collection, via CTAC / Treatment Room+, with future expansion being planned. End of year status: Direction Live
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.	Covid and flu vaccinations are progressing as planned, in line with the Scottish Government extension to the agreed timeline. Vaccination Transformation Programme was transferred by 31 March 2022 in alignment with NHS Lothian (unscheduled vaccinations are planned for completion by the end of May 2022). End of year status: Direction Revoked
Continued implementation of the Prescribing Plan with 100% of Practices with Pharmacotherapy level 1 service in place (March 2022)	In line with the national Memorandum of Understanding, all practices continue to receive a service covering all aspects of level 1 pharmacotherapy commitments. Routine medicines management, such as formulary adherence and use of SMC approved medicines and appropriate use of specials medication is implicit in the performance of the team under level 1 activity. In

	<p>performing their duties the team have also managed to exceed the efficiency target set for 2021/22.</p> <p>Recruitment and retention of high-quality members of staff will continue to be an issue in the profession. The Midlothian Pharmacy team has benefited from slow and considered recruitment with a focus on induction, training, support and development with a view to retaining these recruits. Competition for staff will continue to be challenging given the number of vacancies across all areas and staff grades in the profession currently.</p> <p>There are several practices in Midlothian with significant pressure on clinic rooms. Dedicated funding from Scottish Government has been used to make minor capital improvements to increase capacity.</p> <p>End of year status: Direction Live</p>
<p>Funding above the 21/22 PCIF allocation secured to enable the Pharmacotherapy service to be scaled up to all practices.</p>	<p>The Midlothian Pharmacy team have extended their roles successfully to embrace aspects of level 2 and 3 tasks. This is considered important in providing the diversity of work and job satisfaction to retain staff in post. In the last year pharmacists, through the support of better trained technicians, have increased read coded medication reviews by nearly 350% to over 500. Midlothian now also benefits from 3 pharmacist-led independent prescribing clinics seeing patients with respiratory and cardiovascular disease. This is a new development for Midlothian having had no previous prescribing clinics. There are plans for two further specialist pharmacist prescribing clinics in the specialties of mental health and chronic pain.</p> <p>End of year status: Direction Live</p>
<p>Established Medicine Reconciliations service provided to all practices. (March 2022)</p>	<p>The focus in Midlothian has been on medicine reconciliation. The team has experienced significant deletion over the last 12 months but recruitment has steadily improved the situation with a stabilising of staff and a focus now on retention.</p> <p>New staff continue to be supported and trained to deliver the requirements of the post in primary care. To that end all technicians have been trained in medicines reconciliation.</p> <p>The planned medicines reconciliation hub will start pilot work in early May, working virtually as premises have yet to be allocated. Despite staffing and training challenges in</p>

	<p>the previous 12 months, Medicines Reconciliation figures have increased by 18% to 60500 read coded activities.</p> <p>The team have continued to see sustained support for serial prescribing in the three targeted practices. A further three practices are currently in the process of considering adopting serial prescribing.</p> <p>End of year status: Direction Live</p>
<p>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.</p>	<p>This continues to be a Primary Care Improvement Plan Priority for Midlothian and work is ongoing.</p> <p>End of year status: Direction Live</p>



Acute Services

Planning group: Acute Services Planning Group

Planning Lead: TBC

Direction	Update
Undertake a review of all frequent attendees at A&E by October 2021	Completed and submitted March 2022 as a Lothian-wide activity. End of year status: Direction Replaced
Implement community pathways for Musculoskeletal physiotherapy in line with national plans around scheduling unscheduled care by 31 st December 2021.	Delayed due to significant operational pressures. Additional funding secured to clear MSK routine waiting list backlog. Increased focus on MSK pathways within phase 2 of the RUC workstream, starting June 2022. Continued Midlothian representation at pan Lothian approach to MSK pathway redirection work. End of year status: Direction Replaced
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.	Pathway development for people with Chronic Obstructive Pulmonary Disease is ongoing, with plans to expand the service. End of year status: Direction Live
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.	The Performance manager commenced in post January 2022. The Community Respiratory Team Dashboard was redeveloped with a planned go-live date of May 2022. The Frailty Dashboard redesign is underway. End of year status: Direction Live
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.	The focus on flow remains consistent with service pressures and supports the pan-Lothian approach to system-wide redesign of Unscheduled Care. End of year status: Direction Replaced

<p>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.</p>	<p>Single Point of Access is available 7 days a week, enabling admission prevention and discharge facilitation to happen 7 days.</p> <p>SCI Gateway for direct GP referral has gone live.</p> <p>GP feedback is incredibly positive, with a feeling that it makes the system easier to navigate and less time consuming to make referrals.</p> <p>All intermediate care teams involved in admission prevention are collecting more robust data.</p> <p>Daily planning meeting underway to identify those in ED who could be turned around.</p> <p>Red Cross frailty work underway to look at reducing recurrent ED attendances in the moderate and severely frail.</p> <p>End of year status: Direction Replaced</p>
<p>Implement the Health Inclusion Team support to adult (under 55) frequent A & E attendees by July 2021</p>	<p>Service pressures have limited the capacity to progress this work.</p> <p>End of year status: Direction Revoked</p>
<p>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</p>	<p>The Group has recommenced with Midlothian representation.</p> <p>End of year status: Direction Live</p>

Inpatient 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	<p>Work has been focussed on Heart Failure and Cellulitis, with improvement data presented to NHS Lothian Quarterly Performance Review meetings. This included the pathway to OPAT and access to patient transport.</p> <p>End of year status: Direction Amended</p>
Evaluate the impact of new approaches to In Reach (including identifying patients suitable for Reablement in Medicine of the Elderly wards) by September 2021	<p>Evaluation delayed due to significant operational pressures.</p> <p>Daily Planning Call now established to identify Midlothian residents who are in attendance at ED or admitted to RIE to:</p> <ul style="list-style-type: none"> • seek opportunities to turn the patient around and support at home • begin the planning process for discharge much earlier. <p>Increased investment in inreach social work, has enabled new earlier time scales for the allocation and assessment process to be set.</p> <p>Increased representation at the daily delays call has improved communication, understanding and team approach to discharge planning</p> <p>End of year status: Direction Live</p>
Increase further the proportion of patients admitted to the Royal Infirmary of Edinburgh as the local Acute Medical Unit compared to the Western General.	<p>The preferred pathway to the Royal Infirmary of Edinburgh continues.</p> <p>End of year status: Direction Replaced</p>
Evaluate the impact of the Home First Model by March 2022	<p>Evaluation has been delayed due to significant operational pressures.</p> <p>End of year status: Direction Revoked</p>
Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by September 2021	<p>Evaluation has been delayed due to significant operational pressures.</p> <p>Return on Investment report due end of May 2022.</p> <p>End of year status: Direction Live</p>

<p>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.</p>	<p>Routine Set-Aside financial reporting is in place, with plans to request a broader dataset to inform future decision-making.</p> <p>End of year status: Direction Replaced</p>
<p>Review Midlothian Hospital at Home Service in line with wider pan-Lothian review</p>	<p>Ongoing – despite lengthy discussions with the Scottish Ambulance Service, we have been unable to secure paramedic trainees.</p> <p>Medical input to the Hospital at Home Service has been redesigned, alongside an increase in nursing resource.</p> <p>End of year status: Direction Replaced</p>
<p>Maintain the number of people who are delayed in hospital while awaiting community based support to 13 or below each day by July 2021</p>	<p>An average of 12.9 delays from Jan 2021- Jan 2022. Early analysis shows that proportionally, the % reason for delays doesn't change, despite the overall number of delays going up and down. This suggests that there are process issues which are leading to delays. Deep dive analysis now started to better understand the issues, gaps and next steps.</p> <p>Red cross coordinator is now well embedded within intermediate care. In 17 week period had 90 referrals for support such as:</p> <ul style="list-style-type: none"> • Emergency shopping • DWP process navigation support • Fire safety checks • Big button phones • Setting up Appetito • Transitioning into the community • Carer support • Adaptations. • <p>Full 6 month evaluation due at the end of May, with early indications that the work will be extended for an additional 6 months if funding can be secured.</p> <p>Intermediate care structure review underway to better support flow, provide clinical leadership and enable service development.</p>

	End of year status: Direction Revoked
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Midlothian Community Hospital

Planning group: TBC

Planning Lead: Kirsty Jack

[Midlothian Community Hospital - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p>Implement plans to free capacity in Midlothian Community Hospital by enabling alternative care options for people with dementia by July 2021.</p>	<p>Care provision for people experiencing mental ill health has been impacted on by the pandemic. Services supporting people both in and out of hospital have required to make significant changes to how services have needed to be provided. As we come out of the other side of the pandemic, the opportunity to carry out the review work required is available to us. Work is underway to retrieve data to inform the review, and there are important pieces of work planned to consider the function of community mental health teams. This work will interface with the review of inpatient care provision for community in relation to mental ill health.</p> <p>End of year status: Direction Replaced</p>
<p>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.</p>	<p>Outpatient clinic work progresses. Premises review for MHSCP underway to support appropriate relocation of some clinics. Facilities offered to GI and to Parkinson's Disease clinics. A Dr and Nurse have been identified to deliver 'day hospital' clinics from Liberton here at MCH, with exploration into resilience for this required.</p> <p>End of year status: Direction Replaced</p>
<p>Further develop plans for Glenlee Ward to increase bed capacity for step up from community and rehabilitation, aligning this with successful recruitment of staff.</p>	<p>Glenlee is now fully open with 20 beds, and is consistently at 100% occupancy.</p> <p>Recruitment and retention across the NHS remains challenging and MCH is impacted by this national issue. Current WTE for Glenlee is 18.57 against planned WTE 27.3</p> <p>End of year status: Direction Revoked</p>
<p>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</p>	<p>There remains no update on this due to the ongoing impact of the pandemic and its influence on priorities and facilities.</p> <p>End of year status: Direction Amended</p>



Housing & Homelessness

Planning group: Health and Homelessness & Extra Care Housing

Planning Leads: Gillian Chapman

[Housing & Homelessness 2022-25 - Midlothian Health and Social Care Partnership](#)

Direction	Update
<p>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.</p>	<ul style="list-style-type: none"> • Newmills Road Dalkeith – site under construction and remains on schedule for estimated completion November 2022. • St Mary's / Polton St Bonnyrigg – construction contract to go out to tender May 2022, with updated completion estimate of May 2024 (delays incurred as a result of Covid 19, Care Inspectorate consultation and Passivhaus design detail). • Gore Avenue – Work remains ongoing to achieve sign off of Peer Review due to environmental site sensitivities. <p>End of year status: Direction Revoked</p>
<p>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)</p>	<p>Engagement underway with Housing to agree use of Bonnyrigg depot site as potential for ECH / LD units.</p> <p>End of year status: Direction Replaced</p>
<p>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.</p>	<p>Current training programme content is under review and identification of 2 future training dates to be agreed for 2022/23.</p> <p>End of year status: Direction Revoked</p>
<p>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.</p>	<p>Agreed Shared actions 2022 -25 now live. Proposal paper for establishment of Health, Housing and Homelessness Planning Group submitted to Strategic Planning Group in March 2022 to strengthen working links between Housing and HSCP.</p> <p>End of year status: Direction Revoked</p>
<p>The Partnership should also actively participate in planning of new housing developments such as Shawfair, with the Council Housing Service, Housing Associations and the Private Sector. This will include determining what additional health and care services will be required such as GPs as well as ensuring that the special needs of the Midlothian population are being taken into account fully.</p>	<p>HSCP working in partnership to identify wheelchair housing targets for Midlothian 2022/25. Report to go to Council for approval June 2022.</p> <p>End of year status: Direction Replaced</p>

<p>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.</p>	<p>Completed as per 6 month update.</p> <p>End of year status: Direction Revoked</p>
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Public Health

Planning group: HSCP Public Health Reference Group (TBC)

Planning lead: TBC

Direction	Update
<p>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.</p>	<p>There have been 3 of 6 extended Senior Management sessions completed on Embedding the Midway</p> <p>Good Conversations training had 91 GC participants for 21/22.</p> <p>In 21/22 17 services have committed or progressed the redesign of their service to 'prepare people' for their health care appt</p> <p>In 21/22 287 participants attended the bitesize inequalities training sessions.</p> <p>The Trauma Informed training was paused in 2021 and will be carried forward into 2022/23 workforce workplan.</p> <p>End of year status: Direction Amended</p>
<p>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.</p>	<p>Green prescribing update</p> <p>6mths into small test change pilot. Prescription, guidance and booklet developed. Pharmacists, Physios, GPs and Wellbeing Practitioners have started prescribing. 4 Providers offering green opportunities. 34 prescriptions, 36 referred to wellbeing for broader support to address health inequalities</p> <p>Whole Systems Approach to Type 2 Diabetes: This work has reignited in Jan 22. We have a consultation currently out to the communities of Mayfield and Easthouses and this will help inform Workshop 2 and will help us provide evidence for the bid to East Region.</p> <p>Breastfeeding: A scoping exercise is underway that will contribute to the wider work of the Maternal and Infant Nutrition team by identifying actions that can be taken to improve the uptake and promotion of Breastfeeding Friendly premises across Midlothian. A summary report and recommendations is due to be completed by the end of June 2022.</p> <p>Poverty: The Child Poverty Working Group has been refreshed and a new Poverty Prevention Strategic group is in development to identify and take forward actions to reduce poverty. Sub-groups are focussing on 3 priority areas to address child poverty:</p>

	<p>1) Review provision of income maximisation services to inform and strengthen future provision,</p> <p>2) Review and update the Midlothian Poverty Profile to ensure that we are accessing, gathering, analysing and using relevant data to inform actions to reduce poverty,</p> <p>3) Take action to reduce the cost of the school day.</p> <p>The work of the poverty group is informed by the outcomes of the Get Heard Scotland community conversations and a continuing programme of engagement with people with lived experience of poverty.</p> <p>End of year status: Direction Amended</p>
<p>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.</p>	<p>The Public Health Section of the HSCP 2022/25 Strategic Plan has been consulted on, drafted and presented to IJB.</p> <p>End of year status: Direction Revoked</p>
<p>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.</p>	<p>Supporting the strategic planning groups review and will continue to look for ways to support prevention. IIA completed on wellbeing strategy.</p> <p>End of year status: Direction Revoked</p>
<p>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.</p>	<p>NHS Lothian's Dept of Public Health review has concluded.</p> <p>Two Population Health Project Managers have been allocated to Midlothian and will be supported by a Strategic Programme Manager and Public Health Consultant.</p> <p>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.</p> <p>End of year status: Direction Revoked</p>

<p>The impact of the HIT (Health Inequalities Team) should be reported to evaluate the case for continued or increased investment by September 2021.</p>	<p>In 2021/22 the HIT Nurses have seen 162 people for a health assessment. There were 124 brief interventions. The A+E frequent attender pilot continues and a full report will be given in September 2022.</p> <p>End of year status: Direction Amended</p>
<p>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.</p>	<p>Discussions have yet to take place with other boards.</p> <p>End of year status: Direction Amended</p>
<p>Evaluate the impact of the Improving the Cancer Journey (ICJ) programme by March 2022 to ensure support to people following a cancer diagnosis.</p>	<p>Midlothian ICJ has been operational for one year. A total of 119 referrals were received and 91 people have used the service, an uptake rate of 76%.</p> <p>Our aspiration by the end of our first year of being operational was to reach 30% of newly diagnosed people, which for Midlothian meant 161 people. While we have not met that target, referrals have increased gradually, apart from a dip in December & January. Our monthly target is 13 people per month and in November this was achieved. In the last quarter (January-March 2022) we have reached 31 people, so 10 people per month choosing to use the service.</p> <p>Key issues are money, anxiety & managing symptoms like fatigue and physical concerns such as mobility, weight loss and breathing problems.</p> <p>Over 50% of people are from SIMD 1 & 2. As 42% of people live in SIMD 1 & 2 in Midlothian, this data suggests that the service is demonstrating good reach.</p> <p>Referrals before Christmas were, in the main from CNS colleagues as well as third sector services. In this last quarter, we have seen an increase in self referrals with 47% from this route. The uptake rate in the last quarter was over 90%.</p> <p>The focus in year 2 is to increase referrals, continue to evaluate the impact of the service and develop options for integration into the wider Wellbeing Service.</p> <p>End of year status: Direction Amended</p>

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.	For 21/22 the engagement rate is 26% - highest in Lothian. Specialist pregnancy advisor within Quit Your Way Midlothian has been recruited and is due to begin in Spring 2022, mandatory training is still to be established and will be carried forward into 2022/23 workplan. End of year status: Direction Replaced
Review potential for multi-agency long term condition strategic planning group	<i>Review is completed and group was established to be led by the head of Allied Health Professionals.</i> End of year status: Direction Revoked

OTHER AREAS:

Allied Health Professionals

<p>Redesign Musculoskeletal pathway from NHS 24 and Accident and Emergency back to Midlothian Musculoskeletal Advanced Practice Physiotherapy service. (see Direction 2)</p>	<p>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. Continuous improvement ongoing.</p> <p>Increase in MSK capacity following additional resource allocation via Scheduled Care programme. Test of Change ongoing - additional evening clinics at MCH to increase service capacity and increase access for patients</p> <p>Additional funding secured to clear MSK routine waiting list backlog.</p> <p>Increased focus on MSK pathways within phase 2 of the RUC workstream, starting June 2022.</p> <p>Continued Midlothian representation at pan Lothian approach to MSK pathway redirection work.</p> <p>End of year status: Direction Replaced</p>
<p>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.</p>	<p>Work underway to develop a rehabilitation approach across MCH and Highbank to ensure consistency in processes and approach in line with SG Rehabilitation Framework.</p> <p>1 WTE permanent AHP Team Lead post created, evaluated and recruited to oversee both MCH and Highbank. This will give clinical leadership and ownership of AHP involvement in rehabilitation and flow. Daily attendance at delays call now in place to improve communication, unpick sticking points and facilitate flow. MCH/Highbank AHP B5 staff now part of rotation into Flow Team to increase knowledge, understanding and breakdown barriers between teams. Further work underway to release clinical</p>

	<p>capacity by reviewing MDT roles in discharge planning.</p> <p>End of year status: Direction Replaced</p>
Redesign NHS Lothian Dietetic Outpatient Services as part of the Acute and AHP Outpatient Redesign Programme	<p>Completed as at 6 month update (October 2021).</p> <p>End of year status: Direction Revoked</p>
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.	<p>This has been delayed due to significant operational pressures.</p> <p>End of year status: Direction Amended</p>

Digital

Establish a Digital Governance Group to act as a forum in the HSCP to connect with technical business partners by September 2021	<p>Digital Implementation and Delivery Plan developed and approved via DGG and SMT. Digital Programme now agreed and Digital Programme Manager (permanent) recruitment underway. Priorities agreed and work will commence in earnest following recruitment.</p> <p>This programme will be a conduit for commencement of the other detailed directions in this section.</p> <p>End of year status: Direction Revoked</p>
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	<p>As above.</p> <p>End of year status: Direction Revoked</p>
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.	<p>As above.</p> <p>End of year status: Direction Revoked</p>
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.	<p>As above.</p> <p>End of year status: Direction Revoked</p>
eHealth to support roll out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:	<p>As above.</p> <p>End of year status: Direction Revoked</p>

Attend Anywhere as a contact modality for new service areas	Completed End of year status: Direction Revoked
Digital Services to enable Council Care Teams to access Near Me under existing national licence	Digital Implementation and Delivery Plan developed and approved via DGG and SMT. Digital Programme now agreed and Digital Programme Manager (permanent) recruitment underway. Priorities agreed and work will commence in earnest following recruitment. This programme will be a conduit for commencement of the other detailed directions in this section. End of year status: Direction Revoked
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.	As above. End of year status: Direction Revoked
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.	As above. End of year status: Direction Revoked

Health & Social Care Partnership Maturity

Ongoing activities to support Collaborative leadership model completed by December 2021.	Executive Team have attended further development sessions and the programme is now complete. End of year status: Direction Revoked
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Complete self-evaluation and improvement planning activities, including Scirocco Knowledge Exchange Programme, by December 2021	<p>This has been delayed due to significant operational pressures.</p> <p>End of year status: Direction Revoked</p>
Meaningful and sustained engagement with local communities and/or service users should be evident. Communication and Engagement impact report available to end March 2022	<p>Complete.</p> <p>End of year status: Direction Revoked</p>
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.	<p>Three Outcome Maps have been completed. A further three are currently in development, with the following three provisionally identified.</p> <p>End of year status: Direction Revoked</p>

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	<p>Evaluation was delayed due to significant operational pressures.</p> <p>An informal review of intermediate care structure is now underway.</p> <p>Return On Investment paper is due at the end of May 2022.</p> <p>End of year status: Direction Replaced</p>
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.	<p>Complete - increased availability is now in place.</p> <p>End of year status: Direction Replaced</p>
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)	<p>Delayed due to significant operational pressures.</p> <p>End of year status: Direction Replaced</p>