

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

31 March 2017

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1. POLICY CONTEXT

National Guidance: The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control. In February 2016 Scottish Government issued a “Good Practice Note” about the application of Directions. This note confirmed that Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions. This requirement is reflected in the accompanying Directions issued to NHS Lothian and Midlothian Council.

Midlothian Policy: Midlothian IJB approved its Directions Policy on 10th December 2015. This policy stipulates that Directions will be issued for all the functions that have been delegated to the IJB and that these will show the disposition of all the resources allocated to it. It was also noted that monitoring systems for the delivery of Directions will be required by the IJB and by NHS Lothian and Midlothian Council.

Midlothian IJB's Approach to Directions 2017-18: The clarity to be achieved through Directions is important in ensuring there is no doubt about how health and care services are to be provided including major service redesign objectives. The success of the new Integration arrangements is dependent upon effective joint working between the IJB, Midlothian Council and NHS Lothian and it is important that these Directions be considered and enacted in a genuine spirit of partnership. There is a clear commitment by the IJB not to create financial turbulence and instability in the delivery of direct services and during 2016-17 the Partnership has sought to work in close collaboration with both NHS Lothian and Midlothian Council to ensure that Directions are delivered without unintended consequences for other parts of the system. Nevertheless the IJB is moving into its second year of its existence and must now exercise clear and more decisive leadership in reshaping health and care services. This requires greater clarity and specificity about the changes to be made in the design and delivery of health and care services. As a general rule where economy of scale and clinical governance allows, the IJB intends to continue to move towards local management and local delivery of health services.

2. MIDLOTHIAN STRATEGIC PLAN

The [Midlothian Strategic Plan 2016-19](#) outlines the direction of travel for the development of health and social care services in Midlothian. In many areas the Plan remains at a high level to allow further work to be undertaken with key partners about how to achieve the desired changes outlined in the Plan i.e. to reduce reliance on Acute Hospitals and Care Homes through strengthening Primary Care and Care at Home services. NHS Lothian and Midlothian Council are asked to develop and implement action plans which will enable the direction of travel outlined in the Strategic Plan to be realised with a particular emphasis on all services seeking to address Health Inequalities. The Council and NHS Lothian are also asked to fully engage in the development of approaches to realise the ambition of much stronger locality working, initially with a focus on services to older people.

Midlothian Integration Joint Board (IJB) must ensure that mechanisms are in place to action the Strategic Plan. A Transformation Board has been established to oversee a high level action plan. The other key mechanism takes the form of binding Directions as outlined below from the Integration Joint Board to one or both of NHS Lothian and Midlothian Council.

3. NHS Lothian Hospital Plan

The key objective of integration- to shift the balance of care from hospital and care home provision- requires careful planning with the Acute Sector in collaboration with the other three IJBs operating within the area. As these plans are developed the IJB will require a better understanding of Midlothian's use of all set-aside resources (beds and outpatient facilities). Following this, new or updated Directions will be issued. This iterative approach should help to maintain the stability of service delivery and coherence about how the provision of acute hospital services develops across NHS Lothian working together on the finalisation and implementation of the Hospitals Plan.

4. NHS Hosted Services

Developing more locally responsive services which are currently hosted will demand a variable approach. Good progress has already been made in identifying opportunities to reorganise to enable more local, and more integrated management arrangements for some services such as Substance Misuse. For services which, on the grounds of economies of scale, such an approach is not considered viable, arrangements will be developed which strengthen a whole system approach within Midlothian. As these arrangements are developed, further Directions will be issued as appropriate. Until a greater degree of specificity has been developed NHS Lothian Hosted Services are asked to take due account of the general direction of travel described in the Strategic Plan.

5. Financial Context

The financial context for 2017-18 is a very challenging one with both NHS Lothian and Midlothian Council facing major financial pressures. It is also recognised that the initial proposals as to how best to allocate the Set Aside and Hosted Services budgets will require more detailed work to ensure parity but also take account of significant differences in need and in the availability of local resources. A key direction of travel will be to disinvest in institutional care including bed-based hospital care and care homes for older people.

6. Provision of Directions

These Directions are issued to provide as much clarity as possible about the changes which need to take place in the design and delivery of our services. As further plans are developed and funding allows, new or revised Directions will be issued during 2017-18. For those services which are not covered by a specific Direction the expectation is that NHS Lothian and Midlothian Council will continue to provide high quality services within current budgets, endeavouring to meet national and local targets and following the strategic objectives laid out in the Strategic Plan

All directions issued by the IJB are pursuant to Sections 26 to 28 of the Public Bodies (Joint Working) Act 2014 and the appropriate element of the Integration Scheme as detailed below:

- The IJB is constituted under Local Government regulations and, as such, under the Local Government in Scotland Act 2003, has a duty to make arrangements to secure best value – that is continuous improvement in the performance of functions. It is expected that NHS Lothian and Midlothian Council will deliver the functions as directed in the spirit of this obligation.
- The financial values ('budgets') attached to these Directions (see summary on pages 68-69) are based on the offers made to the IJB by NHS Lothian and Midlothian Council in March 2017. It is understood that the finalisation of the 2017/18 financial plans by both partners continues and that the totality of these budgets include efficiency schemes which are being developed. At this time, it is recognised that financial plans for 2018/19 are not yet available. That said, and, notwithstanding the indicative nature of these budgets, the IJB cannot sanction expenditure in excess of these amounts without further discussion.

Direction 1:	Midlothian Community Hospital
Direction 2	Liberton Hospital
Direction 3:	Unscheduled care
Direction 4:	Primary Care
Direction 5:	Community Services to Older People
Direction 6:	Prescribing
Direction 7:	Learning Disability services
Direction 8:	Community-based Mental Health Services
Direction 9:	Substance Misuse Services
Direction 10:	Services to Unpaid Carers
Direction 11:	Utilisation of I.C. Fund; Delayed Discharge and Social Care Funding
Direction 12	Resource Transfer Funds
Direction 13	Social Care services
Direction 14	Other Core and Hosted NHSL Services
Direction 15	NHSL Services through Set-Aside Funds
Direction 16	Diabetes Services
Direction 17	Health Inequalities
Direction 18	Palliative Care
Direction 19	Public Engagement

7. IMPLEMENTING THE DIRECTIONS

The Transformation Board will maintain an overview of progress with the implementation of the Directions. If either Partner has difficulty in implementation of any Direction they must inform the Chief Officer as soon as possible. It is critical that lead operational managers take responsibility for the development of implementation plans and these should be submitted to Eibhlin McHugh Chief Officer by 15th May 2017.

Midlothian IJB

Direction 1 – Midlothian Community Hospital (MCH)

1	Date	1 st April 2017
2	Reference number	MHSCPD1
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	Extend the services provided in MCH to improve local access. These services will include the relocation of services from Liberton (see Direction 2) and may also include the provision of more outpatient clinics, day treatment and the reduction of delays in acute hospitals
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes –Direction 1 2016-17
7	Is it considered to be significant and outside the SP, or within?	Key issue in the Midlothian Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Integrated Function
9	Function(s) concerned, including statutory reference(s)	NHS (Scotland) Act 1978
10	What is to be done?	1 Plan the relocation of Liberton Hospital services (see Direction 2) 2 Review with the NHSL Outpatient Board which services could be provided in MCH including through video conferencing. 3. Develop closer working relationships between MCH and Newbyres Care Home.
11	How is it to be done? (Reference to services?)	The relocation of services from Liberton Hospital will be managed by the pan-Lothian Steering Group. The development of enhanced community services

		will be planned by the Joint Older People's Management Group
12	For integrated functions, who is to do it (council, health board, both)?	Led primarily by Midlothian Health Manager and NHS Lothian. Some collaboration will be required with Midlothian Council for any developments in relation to rehabilitation, day care etc.
13	If given to both, who does what? Singly or together?	n/a
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Local Access</p> <p>Promotion of Recovery</p> <p>Coordinated Care</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	

18	The information to be provided back and when	Progress to be reported to Strategic Planning Group and IJB
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	While the primary objective is to improve access and joint working at a local level the expectation is that any changes implemented will not result in increased costs.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	The availability of clinics in MCH may be of use to people in both East Lothian and South East Edinburgh.

Midlothian IJB

Direction 2 – Liberton Hospital

1	Date	1 st April 2017
2	Reference number	MHSCPD2
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	Move resource associated with 24 beds in Liberton Hospital to health and social care services managed operationally by the Midlothian Partnership
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes Direction 2 2016-17
7	Is it considered to be significant and outside the SP, or within?	Key issue in the Midlothian Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Hospital set-aside
9	Function(s) concerned, including statutory reference(s)	Inpatient hospital services relating to the following branches of medicine— (a) general medicine; (b) geriatric medicine; (c) rehabilitation medicine;
10	What is to be done?	20 East Lothian beds in Midlothian Community Hospital transferred in to ELIJB Services. 20 beds in Liberton to be transferred to MCH Resources transferred from Liberton to Midlothian Partnership to replace 24 beds in Liberton

11	How is it to be done? (Reference to services?)	To be managed by pan-Lothian Group with a clear effective 'Communication Strategy' for Primary Care, Acute Hospitals and the Public
12	For integrated functions, who is to do it (council, health board, both)?	While primarily a transfer of health services from Liberton to Midlothian there will be some need to strengthen social care services to support patients who will receive rehabilitation in their own homes rather than in Liberton.
13	If given to both, who does what? Singly or together?	The re-provision of beds to Midlothian Community Hospital will be managed by the Midlothian Health Management Team. The strengthening of community services will be undertaken jointly by NHSL and Midlothian Council
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Promotion of Recovery</p> <p>Coordinated Care</p> <p>Local Access</p>

17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	Progress to be reported to Strategic Planning Group and Project Plan to be reported to IJB
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	The expectation is that the total cost of the combined model of community based and inpatient service will be less than the cost of providing this service in Liberton Hospital.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Lothian wide implications and therefore being managed through a Project Board involving Edinburgh, East and Midlothian and NHS Lothian

Midlothian IJB

Direction 3 – Unscheduled Care

1	Date	1 st April 2017
2	Reference number	MHSCPD3
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>In keeping with the primary objective of integration- to shift the balance of care away from hospitals- any further investment in Unscheduled Care should not be progressed without discussion with the Midlothian IJB. There may be more effective ways available to community and hospital services to utilise the existing budgets.</p> <p>In this regard Midlothian Council and NHS Lothian are asked to review the recent (2013-2015) investments made by the Unscheduled Care Board to determine whether the resources could be applied to better effect to reduce further the numbers of patients from Midlothian being admitted to acute hospitals on an emergency basis.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes-Direction 3 2016-17
7	Is it considered to be significant and outside the SP, or within?	Key issue in the Midlothian Strategic Plan and for NHS Lothian in being able to manage the demands on the hospital system
8	Type of function (integrated function or hospital set-aside)	Hospital set-aside
9	Function(s) concerned, including statutory	Inpatient hospital services-general, accident and emergency, geriatric, rehabilitation, respiratory and therapies

	reference(s)	
10	What is to be done?	<p>1 Review the services financed through <u>Unscheduled Care funds</u> and report back to the IJB. The objective is to identify additional funding to expand the MERRIT Service</p> <p>2 Develop clear plans to deploy more <u>AHPs</u> from Acute Settings to the community to support hospital discharge</p> <p>3 Consideration should be given to the possible case for reducing the provision of <u>acute medical receiving services</u> to one Unit for Edinburgh East Lothian and Midlothian This will entail reviewing different models including the development of an ambulatory care model in the RIE. The IJB does not support the recent proposal for the expansion of beds in the AMU in light of the Partnership's commitment to reduce unscheduled beds.</p> <p>4 Midlothian H&SCP and NHS Lothian should work together to explore the feasibility and benefits of developing a locality based admission policy for frail elderly patients. The intention of this work is that a new pathway is established for Midlothian frail elderly patients who would receive care just in the RIE instead of the RIE and the WGH and this would improve patient experience and outcomes and improve patient flow in hospital'</p>
11	How is it to be done? (Reference to services?)	NHS Lothian and Midlothian Council to provide evaluation reports on services funded during the period 2014-16 through Unscheduled Care monies to evidence impact and identify any alternative options for providing more effective service responses
12	For integrated functions, who is to do it (council, health board, both)?	Led primarily by Midlothian Head of Health Services Manager and NHS Lothian.
13	If given to both, who does what? Singly or together?	Together
14	Relevant National Health & Well Being Outcomes	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

		Resources are used effectively and efficiently in the provision of health and social care services
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Local Access</p> <p>Promotion of Recovery</p> <p>Coordinated Care</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	<p>Progress to be reported to Strategic Planning Group</p> <p>Project Plan to be reported to IJB</p>
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	While the primary objective is to improve access and joint working at a local level the expectation is that any changes implemented will not result in increased costs
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes in hospital based services will need to be planned in a way which has minimal impact upon services planned by other IJBs

Midlothian IJB
Direction 4 – Primary Care

1	Date	1 st April 2017
2	Reference number	MHSCPD4
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	The current pressures on Primary Care alongside the additional demands arising from a rapidly growing and ageing population mean it is essential that both the Council and NHS Lothian invest in and develop new approaches to the provision of primary care services. The over-riding objective of integration to “Shift the Balance of Care” is very dependent on our collective capacity to strengthen community based health and wellbeing services.
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes –Direction 4 2016-17
7	Is it considered to be significant and outside the SP, or within?	Key issue in the Midlothian Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Integrated Function
9	Function(s) concerned, including statutory reference(s)	District nursing services Allied Health Professions services General dental services Primary medical services

		<p>General ophthalmic services</p> <p>General pharmaceutical services</p>
10	What is to be done?	<p>Wellbeing Services should be fully established and evaluated across 8 GP Practices</p> <p>Skill mix should be enhanced with a particular emphasis on pharmacy</p> <p>A Public Education Programme should be delivered to ensure the public “use services wisely” building on the work undertaken in 2016-17</p> <p>The GP Cluster arrangements should be fully implemented.</p> <p>The new GP Practice in Newtongrange should be fully established</p> <p>The Midlothian Primary Care Strategy should be finalised (May 2017) and then implemented</p> <p>The development of Anticipatory Care Planning should be prioritised</p> <p>The Partnership will develop a plan to utilise the additional monies ring-fenced for developments in Primary care by NHS Lothian and any other monies provided by Scottish Government</p>
11	How is it to be done? (Reference to services?)	The changes should be managed by the GP Management Group working closely with local Practice Forum. The development of Wellbeing Services should be coordinated by the local <i>House of Care</i> Steering Group
12	For integrated functions, who is to do it (council, health board, both)?	Both
13	If given to both, who does what? Singly or together?	Together

14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Local Access</p> <p>Promotion of Recovery</p> <p>Coordinated Care</p> <p>Self Management</p> <p>Community Based Care</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	

19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	While the primary objective is to improve access and joint working at a local level the expectation is that any changes implemented will not result in increased costs.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes in hospital based services will need to be planned in a way which has minimal impact upon services planned by other IJBs and enable the Acute Hospital Services to remain stable during the period of transition to community based services.

Midlothian IJB

Direction 5 – Community Services to Older People

1	Date	1 st April 2017
2	Reference number	MHSCPD5
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>In order to accelerate the shift in the balance of care there is a need to develop community based services to strengthen the capacity of the voluntary sector, care at home services; intermediate care; and care home provision.</p> <p>It is also essential that work be undertaken to revise our approach to commissioning care homes alongside the full establishment of the redesigned Newbyres and the development of extra care housing</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes
7	Is it considered to be significant and outside the SP, or within?	Managing the impact of demographic changes is the key driver for integration and a major issue in the Midlothian Strategic Plan.
8	Type of function (integrated function or hospital set-aside)	Integrated Function
9	Function(s) concerned, including statutory reference(s)	<p>Social Work (Scotland) Act 1968</p> <p>District Nursing Services</p> <p>Services provided outwith hospital to geriatric medicine</p>
10	What is to be done?	<p>1. Midlothian Council is asked to continue to reshape Newbyres Care Home to ensure it is able to meet the shift towards providing care services to people at the more advanced stages of dementia and end</p>

		<p>of life care. This will require the support of NHS Lothian in the provision of nursing and specialist support services.</p> <ol style="list-style-type: none"> 2. Midlothian Council and NHS Lothian are asked to continue to give high priority to the strengthening of the intermediate care facilities in Highbank Care Home including the possibility of capital works being required. 3. Rehabilitation and Reablement are critical to supporting the emphasis on prevention and reducing unnecessary dependency on health and care service. The Reablement Services should be reviewed to determine what scope there is to improve its effectiveness through investment in capacity and/or redesign of processes. 4. Midlothian Council and NHS Lothian should make tangible progress in developing strong partnership working at local levels. 5. The approved policy on extra care housing should be progressed as quickly as possible 6. A full review of our approach to care homes should be undertaken within the wider national context 7. The work commenced in 2016-17 to review of how care at home services are commissioned and delivered should be completed. This should result in services which deliver high quality of care, long term sustainability and are able to fully participate in a multi-agency locality based approach.
11	How is it to be done? (Reference to services?)	These changes will be managed by the Joint Older People's Management Group and the Newbyres Project Board
12	For integrated functions, who is to do it (council, health	Both

	board, both)?	
13	If given to both, who does what? Singly or together?	Together
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Makes the best use of the available facilities, people and other resources</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Local Access</p> <p>Promotion of Recovery</p> <p>Coordinated Care</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	Progress to be reported to Strategic Planning Group

19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	While the primary objective is to improve access and joint working at a local level the expectation is that any changes implemented will not result in increased costs
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any resulting changes in hospital based services will need to be planned in a way which has minimal impact upon services planned by other IJBs.

Midlothian IJB

Direction 6 – Prescribing

1	Date	1 st April 2017
2	Reference number	MHSCPD6
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>The continuing financial pressures on the prescribing budget are a major concern to the IJB. Midlothian should receive its appropriate share of the additional £2m in the NHS Lothian budget to develop prescribing schemes and de-prescribing initiatives.</p> <p>The Partnership should implement its local Prescribing Plan</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	No
7	Is it considered to be significant and outside the SP, or within?	Key issue in the Midlothian Strategic Plan given the financial risks.
8	Type of function (integrated function or hospital set-aside)	Integrated Function
9	Function(s) concerned, including statutory reference(s)	
10	What is to be done?	NHS Lothian should implement measures which will support the reduction in spend. These will include “Script Switch”; the promotion of improved self-management through Wellbeing Services; the strengthening of pharmacy support in Health Centres and the provision of better information to patients

		on the efficacy of drugs.
11	How is it to be done? (Reference to services?)	The work will be led by a local Management GP in conjunction with the Clinical Director and Head of Health and supported by the Lothian Prescribing Forum.
12	For integrated functions, who is to do it (council, health board, both)?	Both
13	If given to both, who does what? Singly or together?	Singly for direct work on prescribing and together for Wellbeing services
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Promotion of Recovery</p> <p>Coordinated Care</p>

17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	Progress to be reported to the Practice Reps Forum
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	The primary objective is to find approaches which help control expenditure given the very high resources used in this area and the fact that it is a demand-led budget.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	In view of the risk sharing arrangements which apply in this area of expenditure all IJBs have a strong interest in the effectiveness of measures introduced in Midlothian

Midlothian IJB

Direction 7 – Learning Disability Services

1	Date	1 st April 2017
2	Reference number	MHSCPD7
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>The high costs of existing services and growing numbers of children with complex needs moving into adult services means it is critical we design service models which are financially sustainable. Much work is already underway to develop new housing models and the planned opening of the Complex Care Development in Penicuik</p> <p>The key task now is to focus on how best to design services for people with high levels of need with some 37 individuals, accounting for over £5million, currently supported in single intensive care packages in the community. These services must be high quality, financially sustainable and creates the environment that ensures social care staff are appropriately supported to deliver quality care.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	No
7	Is it considered to be significant and outside the SP, or within?	Key issue in the Midlothian Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Integrated Function

9	Function(s) concerned, including statutory reference(s)	Social Work (Scotland) Act 1968
10	What is to be done?	<ol style="list-style-type: none"> 1. The establishment of a fully integrated Midlothian Learning Disability Service to strengthen the capacity of 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. This will include professionals working together with a focus on designing and implementing person centred models of care and ensuring sustainability by making more effective use of assistive technology and working with service providers to better support the social care workforce. 2. 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. 3. Plans will also be implemented to resettle the remaining 3 patients in learning disability hospital care with the commensurate transfer of resources to community services. 4. 4. Midlothian will need access to 2 beds in the NHSL assessment and treatment service. Community Team management and budget should shift to Midlothian by April 2017 to include nursing and AHPs. The preference is that local professional leadership should sit within Midlothian but there is recognition that further dialogue is needed; psychiatry for instance should remain a pan Lothian team within the MCN. 5. The Midlothian share of the pan Lothian Challenging Behaviour Team should be used to augment the Community Team. 6. There is a need to maintain pan Lothian approach to Forensic Team, Epilepsy Team and Acute Hospital Liaison team. The Midlothian share

		<p>of the housing support element of the Forensic Service should be transferred to the Partnership's budget.</p> <p>7. 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</p> <p>8. Midlothian is about to open its own complex care unit in Penicuik and therefore do not wish to pursue the pan Lothian proposal for the development of a 12 person complex unit. Midlothian's share of the NHS funding identified to support this development should be made available to strengthen local services to manage the needs of people whose needs are complex.</p> <p>9. Primrose Lodge which is located in Loanhead should be considered for possible development of services for PMLD coming through transition. This would enable Midlothian to develop a local service utilising its share of Murray park resources.</p> <p>10. There should be no change to Midlothian's indicative share of the NHSL Learning Disability budget without discussion with the local Partnership</p> <p>11. As the current institutional Learning Disability Services are decommissioned a clear and transparent mechanism will require to be put in place to transfer the appropriate proportion of the budget to the Partnership.</p>
11	How is it to be done? (Reference to services?)	Local developments will be managed by the Joint learning Disability Planning Group while links will be maintained with the Lothian wide Collaborative Group
12	For integrated functions, who is to do it (council, health board, both)?	Both

13	If given to both, who does what? Singly or together?	Together
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Makes the best use of the available facilities, people and other resources</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Local Access</p> <p>Promotion of Recovery</p> <p>Coordinated Care</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	To be managed by the Joint learning Disability Management Group and reported to the Strategic Planning Group

19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	This is one of the highest risk areas in relation to spend. A primary objective is to bring more control and greater emphasis on cost effective models of care
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Use of NHSL Assessment Beds will require cooperative working across the 4 IJBs.

Midlothian IJB

Direction 8 – Mental Health

1	Date	1 st April 2017
2	Reference number	MHSCPD8
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>The primary objective for improving services in Mental Health is to strengthen access to a wide range of psychological support to improve prevention and in recognition of the high numbers of people with common mental health problems (In total 17.8% of the population are on medication for anxiety/depression/psychosis).</p> <p>Greater emphasis should be given to improving access through the development of the <i>Gateways</i> approach, by extending social care supports, and by reviewing and reshaping the delivery of psychological therapies.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes –Direction 8 2016-17
7	Is it considered to be significant and outside the SP, or within?	Key issue in the Midlothian Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Integrated Function
9	Function(s) concerned, including statutory reference(s)	Mental Health (Care and Treatment) (Scotland) Act 2003

10	What is to be done?	<ol style="list-style-type: none"> 1. The new services introduced in 2016-17 should be evaluated. These include services funded through the Innovation Fund, the 3 streams of the National Mental Health Fund and monies applied for through Primary Care Transformation alongside the Wellbeing Services introduced through the House of Care and the Community Health Inequalities Team which are contributing to the support network for people with low level mental health problems. Specifically the development of the Mental Wellbeing Access Point should be evaluated as part of our strategy to improve access to community based health and care services including psychological therapies . 2. 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 3. Alongside this alternative approaches to speeding up access to Psychological Therapies should be introduced. This activity should be led and managed by the local Joint Mental Health Strategic Planning Group through a service transformation programme that provides access to a full range of timely interventions to the local population. 4. While services are already well integrated further work is needed to strengthen joint work with substance misuse services. This is not just a matter for health and social work; the third sector is critical. Co-location will be helpful to this objective if this can be achieved. 5. There is also a need to develop a more robust approach to responding to people in crisis building on the work already undertaken with the Police. 6. In relation to acute services there is a pressing need to review the placement of Midlothian patients in the Royal Edinburgh; it is vitally
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		<p>important that hospital and community staff work effectively together and this is best achieved if Midlothian patients are treated in the Midlothian/East Lothian ward. Currently this is not being consistently achieved. There is also a need to review Midlothian's use of rehabilitation beds and other specialist services in light of the RE Hospital.</p> <p>7. More broadly mental health is a major feature of our strategic direction and service delivery in Midlothian. As a consequence, planning service redesign will be managed by the local Partnership whilst working with other IJBs to design and implement new approaches to specialist pan-Lothian services including the Royal Edinburgh. Midlothian will not be participating in the development of a pan-Lothian <i>Sense of Belonging</i> 2 Strategy. Midlothian's share of strategic resources for mental health should be directed to the Partnership during 2017-18</p>
11	How is it to be done? (Reference to services?)	These changes should be managed through the local Joint Mental Health Planning Group
12	For integrated functions, who is to do it (council, health board, both)?	Local NHS Lothian Services, NHS Psychology Service and Midlothian Council
13	If given to both, who does what? Singly or together?	Together
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p>
15	Relevant Integration Delivery Principles	Are integrated from the point of view of service-users 6Improves the quality of the service

		<p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Local Access</p> <p>Promotion of Recovery</p> <p>Coordinated Care</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	<p>Progress to be reported to Strategic Planning Group</p> <p>Project Plan to be reported to IJB</p>
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	While the primary objective is to improve access and joint working at a local level the expectation is that any changes implemented will not result in increased costs.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	Any changes in Psychology Services will need to be planned in a way which has minimal impact upon services planned by other IJBs.

Midlothian IJB

Direction 9 – Substance Misuse Services

1	Date	1 st April 2017
2	Reference number	MHSCPD9
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>The priority being given to “recovery” should be maintained through progress being made in establishing Recovery Hub(s).</p> <p>Alongside this Midlothian Council and NHS Lothian should move towards more integrated and locally managed arrangements for specialist community based services involving the Third Sector providers as appropriate.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes –Direction 9 2016-17
7	Is it considered to be significant and outside the SP, or within?	Key issue in the Midlothian Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Integrated Function
9	Function(s) concerned, including statutory reference(s)	<p>Services provided outwith a hospital in relation to an addiction or dependence on any substance</p> <p>Social Work Scotland Act 1968</p>
10	What is to be done?	<p>1. In light of reducing budgets for Substance Misuse the IJB supports the plans as laid out by MELDAP.</p> <p>2. It is vital that despite this difficult climate that services which support</p>

		<p>recovery are strengthened. This will include rolling out existing models of peer support through both the recovery network model and work being undertaken in Health Centres.</p> <p>3. 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 key and links with the mental health services are vital. Co-location will be helpful to this objective if this can be achieved.</p> <p>4. 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 such as the Ritson Clinic.</p> <ul style="list-style-type: none"> ➤ The capacity of community substance misuse services to deliver community based detox should be strengthened. ➤ An increased proportion of resources will be directed towards prevention –including harm-reduction and recovery-based services. <p>5. 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</p>
11	How is it to be done? (Reference to services?)	<p>The redesign and rebalancing of services will be undertaken by MELDAP and reported to the Strategic Planning Group.</p> <p>Operational integration will be designed and led by Heads of Service</p>
12	For integrated functions, who is to do it (council, health board, both)?	Both

13	If given to both, who does what? Singly or together?	Together
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p> <p>People using health and social care services are safe from harm</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Local Access</p> <p>Promotion of Recovery</p> <p>Coordinated Care</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	Report on realigned budget back to the Strategic Planning Group and to

		<p>MELDAP.</p> <p>Report on developments in relation to recovery reported back to MELDAP and to the Strategic Planning Group</p> <p>Options in relation to co-location to be managed through Joint Management Team</p>
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	We know that too high a proportion of our resources are spent on treatment. A stronger focus on both prevention and promotion of recovery should in the long term be a more cost effective approach.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No impact

Midlothian IJB

Direction 10 – Services for Unpaid Carers

1	Date	1 st April 2016
2	Reference number	MHSCPD10
3	Date of IJB meeting at which Direction was authorised	31 st March 2016
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>Unpaid Carers are the cornerstone of our health and care system. Identification and support must be a priority for all our services.</p> <p>The new Carers Legislation should be a catalyst for Midlothian Council and NHS Lothian to review and strengthen their focus on unpaid care without which the objective of “Shifting the Balance of Care” will not be realised.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes –Direction 10 2016-17
7	Is it considered to be significant and outside the SP, or within?	Key issue in the Midlothian Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Integrated Function
9	Function(s) concerned, including statutory reference(s)	<p>Community Care and Health (Scotland) Act 2002</p> <p>Social Care (Self-Directed Support) (Scotland) Act 2013</p>
10	What is to be done?	<p>The new local Carers Strategy should be implemented addressing key issues such as income, employment and health and wellbeing.</p> <p>A system of emergency planning for carers should be designed and</p>

		<p>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 Anticipatory Care Planning systems.</p> <p>An implementation plan for the new Carers legislation should be developed and put in place.</p>
11	How is it to be done? (Reference to services?)	The development will be led by the joint Carers Strategy Group and then implemented through operational teams.
12	For integrated functions, who is to do it (council, health board, both)?	Both
13	If given to both, who does what? Singly or together?	
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p> <p>People using health and social care services are safe from harm</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from	Coordinated Care

	the Strategic Plan	
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	Report on numbers of carers identified System of managing emergency planning
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	If unpaid carers are supported and empowered to be an active partner in the provision of health and care services then there is evidence that this will reduce emergencies and enable carers to fulfil their caring role for longer. This in turn supports the move to reduce unnecessary dependency on statutory services.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No direct impact on other IJBs

Midlothian IJB

Direction 11 – Utilisation of Specific Funding Streams-Delayed Discharge; Integrated Care Fund; Social Care

1	Date	1 st April 2017
2	Reference number	MHSCPD11
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>The Government has allocated new monies to enable the process of transformation. These include Integrated Care Fund and the Delayed Discharge Fund introduced in 2015 and more recently Social Care monies and funding to facilitate the transformation of Primary Care. Plans for the utilisation of these monies have been agreed and are in various stages of implementation.</p> <p>These monies are the vehicle for supporting the redesign of health and care services. In this regard it is recognised that there will need to be fluidity to allow opportunities to learn and adjust these developments.</p> <p>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. This will require both organisations to take an active role in monitoring and adjusting the application of these monies in light of experience and new opportunities.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	No

7	Is it considered to be significant and outside the SP, or within?	These monies are critical to the success in implementing the Midlothian Strategic Plan.
8	Type of function (integrated function or hospital set-aside)	Integrated Function
9	Function(s) concerned, including statutory reference(s)	All functions
10	What is to be done?	The Partnership should develop detailed plans about the proposed utilisation of these funds
11	How is it to be done? (Reference to services?)	The Strategic Planning Core Group has been recast as the Health and Social Care Transformation Board and will have primary responsibility for ensuring these monies are applied to best effect. It is recognised that Scottish Govt. has issued clear instructions about the use of the Social care monies in relation to such burdens as meeting the Living Wage objective.
12	For integrated functions, who is to do it (council, health board, both)?	Both
13	If given to both, who does what? Singly or together?	Together
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p> <p>People using health and social care services are safe from harm</p>

15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Transformation;</p> <p>Community based care</p> <p>Local Access</p> <p>Promotion of Recovery</p> <p>Coordinated Care</p> <p>Self-Management</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	A systematic approach to regular monitoring of all services funded through new monies will be required. This will be particularly important for those services which are not yet established as effective and key components of the local health and social care system.
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	Many of these services will be provided through arms length organisations and will therefore be subject to the established approaches to contract monitoring. The same vigilant approach must be applied to all services funded through new monies and decisive action taken to redirect monies as required.
21	Relevance to or impact on other Lothian IJBs and/or	For the most part the developments are local and therefore of minimal impact on other IJBs. However those services intended to have an impact upon our

	other adjoining IJBs	use of Acute Hospitals will need to be managed in such a way as to avoid any unnecessary complications for hospital staff working to very different approaches across the 4 Lothian IJBs.
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Midlothian IJB

Direction 12 – Resource Transfer Funds

1	Date	1 st April 2017
2	Reference number	MHSCPD12
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>Resource Transfer monies were provided by NHS Lothian to enable community based services- particularly social care services- to be strengthened and thereby enable the reduction on the reliance of long stay inpatient services. The Council remained accountable to NHS Lothian for its application of Resource Transfer monies.</p> <p>The new context of the Council and NHS Lothian providing services under the direction of the Integration Joint Board means this transactional relationship is no longer appropriate.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes Direction 12 -20216-17
7	Is it considered to be significant and outside the SP, or within?	Outside the Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Integrated
9	Function(s) concerned, including statutory reference(s)	Wide range of functions relating primarily to older people, dementia, learning disability and mental health

10	What is to be done?	<p>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.:</p> <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.
11	How is it to be done? (Reference to services?)	n/a
12	For integrated functions, who is to do it (council, health board, both)?	Council and NHS Lothian
13	If given to both, who does what? Singly or together?	Together
14	Relevant National Health & Well Being Outcomes	All National Outcomes are relevant
15	Relevant Integration Delivery Principles	All Integration Delivery Principles are relevant
16	Relevant priorities, strategies, outcomes, Pls, etc., from the Strategic Plan	The Strategic Plan should be treated as the context for the delivery of Council Social Care Services
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	Progress to be reported to Strategic Planning Group
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	While this Direction removes the need for formal accountability between Midlothian Council and NHS Lothian, it remains vital that these monies are subject to a rigorous scrutiny to ensure that the Public Pound is maximised and every opportunity for efficiencies are pursued.

21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No impact anticipated
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Midlothian IJB

Direction 13 – Social Care Services

1	Date	1 st April 2017
2	Reference number	MHSCPD13
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>Midlothian Council is asked to provide or commission effective and high quality social care services to all service users and carers in Midlothian. These services should be provided in a manner which meets the objectives and ways of working outlined in the Midlothian Strategic Plan</p> <p>In view of the continuing critical pressures on Social Care budgets the model of social care must be reframed as a matter of urgency. This will include more fully empowering and enabling service users and families to manage independently and gain access to community based services and supports. This will entail re-visiting the approach to Self-Directed Support; Risk assessment; and Eligibility Criteria. The application of new technology and the role of the voluntary sector will be strengthened.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes Direction 13 2016-17
7	Is it considered to be significant and outside the SP, or within?	While some services will not be specified within the Strategic Plan these should nevertheless be provided in a way which is consistent with the philosophy and approaches described in the Plan.
8	Type of function (integrated function or hospital set-aside)	Integrated

9	Function(s) concerned, including statutory reference(s)	<p>The functions are outlined in the Midlothian Integration Scheme Annex 2. The services to which these functions relate are as outlined below:</p> <ul style="list-style-type: none"> • Social work services for adults and older people • Services for adults with physical disabilities and learning disabilities • Mental health services • Drug and alcohol services • Adult Protection and Domestic Abuse • Carers support services • Community Care assessment teams • Support services • Care home services • Adult placement services • Health improvement services • Aspects of housing support, including aids and adaptations • Day services • Local area co-ordination • Respite provision • Occupational Therapy services • Re-ablement services, equipment and telecare • Criminal Justice Social Work services
10	What is to be done?	Services should be provided in accordance with legislation, policies and procedures.
11	How is it to be done? (Reference to services?)	Unless specified in accompanying Directions services should continue to be

		provided to the same standards and volumes as has been the case in 2015-16 within the available budgets. However all services should seek to adopt the philosophy and key principles outlined in the Strategic Plan.
12	For integrated functions, who is to do it (council, health board, both)?	Council
13	If given to both, who does what? Singly or together?	Single – although every opportunity should be sought to strengthen partnership working in all areas of activity.
14	Relevant National Health & Well Being Outcomes	All National Outcomes are relevant
15	Relevant Integration Delivery Principles	All Integration Delivery Principles are relevant
16	Relevant priorities, strategies, outcomes, Pls, etc., from the Strategic Plan	The Strategic Plan should be treated as the context for the delivery of Council Social Care Services.
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	Progress in service redesign to be reported to the Strategic Planning Group
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	In addition to the savings targets which apply to Council Services, every effort should be made to secure Best Value and secure efficiencies-given the general financial context and outlook.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No direct impact is envisaged on other IJBs

Midlothian IJB

Direction 14 – Other Core and Hosted NHSL Services

1	Date	1 st April 2017
2	Reference number	MHSCPD14
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>NHS Lothian is asked to provide effective and high quality health services to all service users and carers in Midlothian. These services should be provided in a manner which meets the objectives and ways of working outlined in the Midlothian Strategic Plan.</p> <p>All services should provide information on activity and outcomes for Midlothian patients.</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	Yes Direction 14 2016-17
7	Is it considered to be significant and outside the SP, or within?	While some services will not be specified within the Strategic Plan these should nevertheless be provided in a way which is consistent with the philosophy and approaches described in the Plan.
8	Type of function (integrated function or hospital set-aside)	Integrated
9	Function(s) concerned, including statutory reference(s)	<p>The functions are outlined in the Midlothian Integration Scheme Annex 1. The relevant services, including hosted services are as outlined below – these exclude services covered by more specific Directions</p> <p style="text-align: center;">1.Primary medical services during out-of-hours (East Lothian) (see Direction 4)</p>

		<p>2. Geriatric medicine services provided outwith a hospital</p> <p>3. Palliative care services provided outwith a hospital. (see Direction 18)</p> <p>4. Continence services provided outwith a hospital.</p> <p>5. Kidney dialysis services provided outwith a hospital.</p> <p>6. Services provided that aim to promote public health. (see Direction 17)</p> <p>7. Health Visiting</p> <p>8. School Nursing</p> <p>9. Dietetics (Midlothian)</p> <p>10. Art Therapy (Midlothian)</p> <p>11. Integrated Sexual and Reproductive Health service (Edinburgh)</p> <p>12. Continence Services (Edinburgh)</p> <p>13. Public Dental Service (West Lothian)</p> <p>14. Podiatry (West Lothian)</p> <p>15. Orthoptics (West Lothian)</p> <p>16. SMART Centre (Edinburgh)</p> <p>17. Royal Edinburgh and Associated services (See Direction 8)</p> <p>18. Specialist Substance Misuse Services-LEAP, Ritson Clinic and Harm Reduction (See Direction 9)</p>
10	What is to be done?	Services should be provided in accordance with legislation, policies and procedures.
11	How is it to be done? (Reference to services?)	Unless specified in accompanying Directions services should continue to be provided to the same standards and volumes as has been the case in 2015-16 within the available budgets. However all services should seek to adopt the

		philosophy and key principles outlined in the Strategic Plan.
12	For integrated functions, who is to do it (council, health board, both)?	NHS Lothian
13	If given to both, who does what? Singly or together?	Single – although every opportunity should be sought to strengthen partnership working in all areas of activity
14	Relevant National Health & Well Being Outcomes	All National Outcomes are relevant
15	Relevant Integration Delivery Principles	All Integration Delivery Principles are relevant
16	Relevant priorities, strategies, outcomes, Pls, etc., from the Strategic Plan	The Strategic Plan should be treated as the context for the delivery of NHS Lothian Services to the people of Midlothian.
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	Progress in the delivery of service redesign should be reported to the Strategic Planning Group.
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	In addition to the savings targets which apply to NHS Lothian Services, every effort should be made to secure Best Value and seek out efficiencies-given the general financial context and outlook.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	No direct impact is envisaged on other IJBs

Midlothian IJB

Direction 15 – NHSL Set-Aside Services except Unscheduled Care

1	Date	1 st April 2017
2	Reference number	MHSCPD15
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	NHS Lothian is asked to provide effective and high quality health services to all service users and carers in Midlothian. These services should be provided in a manner which meets the objectives and ways of working outlined in the Midlothian Strategic Plan.
6	Does it supersede or amend or cancel a previous Direction? If so, specify	n/a
7	Is it considered to be significant and outside the SP, or within?	While some services will not be specified within the Strategic Plan these should nevertheless be provided in a way which is consistent with the philosophy and approaches described in the Plan.
8	Type of function (integrated function or hospital set-aside)	Set-Aside
9	Function(s) concerned, including statutory reference(s)	<p>The functions are outlined in the Midlothian Integration Scheme Annex 1. The services to which these functions relate are as outlined below and exclude services which relate to Unscheduled Care:</p> <ol style="list-style-type: none"> 1.General medicine 2.Geriatric Medicine (see Direction 3) 3.Rehabilitation Medicine 4.Respiratory Medicine

		<p>5.Psychiatry of Learning Disability (see Direction 7)</p> <p>6.Palliative Care provided in Hospital</p> <p>7.Services provided in a hospital in relation to an addiction or dependence on any substance</p> <p>8.Mental health services provided in a hospital except secure forensic mental health services (see Direction 8)</p>
10	What is to be done?	Services should be provided in accordance with legislation, policies and procedures.
11	How is it to be done? (Reference to services?)	Unless specified in accompanying Directions services should continue to be provided to the same standards and volumes as has been the case in 2015-16 within the available budgets. However all services should seek to adopt the philosophy and key principles outlined in the Strategic Plan.
12	For integrated functions, who is to do it (council, health board, both)?	NHS Lothian
13	If given to both, who does what? Singly or together?	Single – although every opportunity should be sought to strengthen partnership working in all areas of activity
14	Relevant National Health & Well Being Outcomes	All National Outcomes are relevant
15	Relevant Integration Delivery Principles	All Integration Delivery Principles are relevant
16	Relevant priorities, strategies, outcomes, Pls, etc., from the Strategic Plan	The Strategic Plan should be treated as the context for the delivery of NHS Lothian Services to the people of Midlothian.
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	

18	The information to be provided back and when	Progress in the delivery of service redesign should be reported to the Strategic Planning Group.
19	Anything else considered necessary or desirable	n/a
20	Principles of Following the Public Pound	In addition to the savings targets which apply to NHS Lothian Services, every effort should be made to secure Best Value and seek out efficiencies-given the general financial context and outlook.
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	These services are shared by adjoining IJBs so service redesign must be planned in a coordinated way.

Midlothian IJB

Direction 16– NHSL Set-Aside Diabetes Services

1	Date	1 st April 2017
2	Reference number	MHSCPD16
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	A community based approach should be developed drawing on best practice elsewhere. In the first instance a full analysis of current usage of Acute Hospital Services should be provided to inform the redesign of services towards a community based model.
6	Does it supersede or amend or cancel a previous Direction? If so, specify	No
7	Is it considered to be significant and outside the SP, or within?	Within the Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Hospital Set -Aside
9	Function(s) concerned, including statutory reference(s)	
10	What is to be done?	Clinics should be undertaken in Midlothian and will require consultants to become more community-based. As 16% of acute hospital beds are occupied by people who have diabetes it

		<p>should be possible to reduce bed numbers as preventative actions take effect.</p> <p>Resources should be redirected from Acute Hospital to community based services.</p>
11	How is it to be done? (Reference to services?)	
12	For integrated functions, who is to do it (council, health board, both)?	NHS Lothian
13	If given to both, who does what? Singly or together?	
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>

16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	Prevention Local Access Coordinated care Improved support for people with long term health conditions
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	
19	Anything else considered necessary or desirable	
20	Principles of Following the Public Pound	
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	

Midlothian IJB

Direction 17 – NHSL Health Inequalities

1	Date	1 st April 2017
2	Reference number	MHSCPD17
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	NHS Lothian and Midlothian Council
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	<p>It is vital that we sustain and where possible invest more resources in addressing health inequalities which is one the key priorities both of the IJB and the Midlothian Community Planning Partnership.</p> <p>The continuation of the Community Health Inequalities Team (CHIT) work in Midlothian (annual cost of approx £120k) is critical to improving performance in addressing inequalities in areas such as mental health, substance misuse and homelessness</p>
6	Does it supersede or amend or cancel a previous Direction? If so, specify	No - new Direction
7	Is it considered to be significant and outside the SP, or within?	Key objective of IJB to address inequalities
8	Type of function (integrated function or hospital set-aside)	Integrated Function
9	Function(s) concerned, including statutory reference(s)	Public Health
10	What is to be done?	.A range of coordinated work will be undertaken with Community Planning Partners to address Inequalities. More specifically:

		<ul style="list-style-type: none"> Community Services will work with the Royal Infirmary to develop a stronger pathway to local services and support for young adults attending the hospital. Weight Management Programmes will be introduced to help address and prevent obesity and type 2 diabetes Community Services willll work with specialist acute hospital staff to develop more locally based, preventative-focussed services in the field of diabetes The Partnership willll work with Healthcare Improvement Scotland to evaluate the impact of the Wellbeing Service and the Community Health Inequalities Teams
11	How is it to be done? (Reference to services?)	<p>The appropriate proportion of the NHS Lothian <i>Preventative Spend</i> budget should be allocated to the IJB to reflect the resources required to deliver this delegated function.</p> <p>The IJB will direct its share of these resources to support the CHIT team.</p>
12	For integrated functions, who is to do it (council, health board, both)?	Council Services have a key role in addressing Inequalities. This Direction relates specifically to NHS Lothian in regard to prioritising spend
13	If given to both, who does what? Singly or together?	Both
14	Relevant National Health & Well Being Outcomes	<p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</p> <p>Resources are used effectively and efficiently in the provision of health and</p>

		<p>social care services</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</p>
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p> <p>Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</p> <p>Makes the best use of the available facilities, people and other resources</p>
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<p>Addressing Inequalities</p> <p>Transformation;</p> <p>Community based care</p> <p>Local Access</p> <p>Promotion of Recovery</p> <p>Self-Management</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	
19	Anything else considered necessary or desirable	
20	Principles of Following the Public Pound	
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	

Midlothian IJB
Direction 18 – Palliative Care

1	Date	1 st April 2017
2	Reference number	MHSCPD18
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	Both
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	The overall objective remains that of improving the quality of life of patients and their families facing the problems associated with any life-limiting illness, through the prevention and relief of suffering. This Direction is focussed upon the strengthening of community based palliative care in line with national requirement to double home based palliative care by 2020
6	Does it supersede or amend or cancel a previous Direction? If so, specify	No-new Direction
7	Is it considered to be significant and outside the SP, or within?	Priority of Strategic Plan although now has an increasing profile at a national level
8	Type of function (integrated function or hospital set-aside)	Integrated
9	Function(s) concerned, including statutory reference(s)	
10	What is to be done?	Strengthen partnership working between local nursing services, Marie Curie and care at home staff

		<p>Strengthen care provided in care homes</p> <p>Strengthen bereavement support available within Midlothian</p> <p>Review the support provided to family carers</p>
11	How is it to be done? (Reference to services?)	Delivery of local strategy through the Midlothian Palliative Steering Group and through close working with the Lothian Managed Clinical and Care Network
12	For integrated functions, who is to do it (council, health board, both)?	Both
13	If given to both, who does what? Singly or together?	Together
14	Relevant National Health & Well Being Outcomes	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
15	Relevant Integration Delivery Principles	<p>Are integrated from the point of view of service-users</p> <p>Improves the quality of the service</p>
16	Relevant priorities, strategies, outcomes, Pls, etc., from the Strategic Plan	<p>Care at Home</p> <p>Coordinated Care</p> <p>Support from carers</p>
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	
19	Anything else considered necessary or desirable	
20	Principles of Following the Public Pound	

21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	
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Midlothian IJB

Direction 19 – Public Engagement

1	Date	1 st April 2017
2	Reference number	MHSCPD19
3	Date of IJB meeting at which Direction was authorised	31 st March 2017
4	To whom? (council, health board, both)	Both
5	Purpose - a general statement and description of reasons/logic to give context and help understanding	The financial pressures on Health and Social Care are such that it is vital we develop much stronger collaboration with service users and communities to develop new solutions and more effective ways of working. There has been a strong tradition of public engagement: we must build on this and ensure that user involvement becomes a central plank of the redesign of health and care.
6	Does it supersede or amend or cancel a previous Direction? If so, specify	No-new Direction
7	Is it considered to be significant and outside the SP, or within?	Central Issue in Strategic Plan
8	Type of function (integrated function or hospital set-aside)	Integrated
9	Function(s) concerned, including statutory reference(s)	
10	What is to be done?	Design and Develop a Public Engagement Strategy
11	How is it to be done? (Reference to services?)	Planning Officers, Service Managers, and Communications Staff working in collaboration with the Communities Team and MVA should develop a plan for consideration and approval by the IJB

12	For integrated functions, who is to do it (council, health board, both)?	Both
13	If given to both, who does what? Singly or together?	Together
14	Relevant National Health & Well Being Outcomes	Resources are used effectively and efficiently in the provision of health and social care services Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
15	Relevant Integration Delivery Principles	Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care) Makes the best use of the available facilities, people and other resources
16	Relevant priorities, strategies, outcomes, PIs, etc., from the Strategic Plan	<ul style="list-style-type: none"> • Prevention • Self-Management • Good information • Early Intervention
17	How compliance and performance will be measured and reported on (performance indicators, delivery outcomes, targets etc.)	
18	The information to be provided back and when	
19	Anything else considered necessary or desirable	
20	Principles of Following the Public Pound	
21	Relevance to or impact on other Lothian IJBs and/or other adjoining IJBs	

Midlothian Integration Joint Board

Directions Summary

	Indicative Budget 2017/18 £000's	Direction	Function(s)
Adult & Social Care			
Addictions			
Assessment and Care Management			
Criminal Justice			
Learning Disability Services			
Management and Administration			
Meldap			
Mental Health Services			
Non Specific Groups			
Older People			
People with AIDS/HIV			
Performance and Planning			
Physical Disability Services			
Public Protection			
Service Management			
Strategic Commissioning			
Health Services			
Core			
Community Hospitals			
Mental Health			
District Nursing			
Health Visiting			
Community AHPs			
GMS			
Prescribing			
Resource Transfer			
Delayed Discharge			
Social Care Fund			
Integrated Care Fund			
Other Core			
Hosted			
Sexual Health			
Hosted AHP Services			
Hosted Mental Health			
Rehabilitation Medicine			
Learning Disabilities			

Substance Misuse
Oral Health Services
Hosted Psychology Service
Complex Care
Lothian Unshed. Care Serv.
Other Hosted
Strategic Programmes

Set Aside

A & E (outpatients)
Cardiology
Diabetes
Endocrinology
Gastroenterology
General Medicine
Geriatric Medicine
Infectious Disease
Rehabilitation Medicine
Respiratory Medicine
Therapies/Management
Other

Total IJB