

# Notice of Meeting and Agenda



## Midlothian Integration Joint Board

**Venue:** Virtual Meeting,

**Date:** Thursday, 16 June 2022

**Time:** 13:00

**Morag Barrow**  
Chief Officer

### **Contact:**

Clerk Name:	Mike Broadway
Clerk Telephone:	0131 271 3160
Clerk Email:	<a href="mailto:mike.broadway@midlothian.gov.uk">mike.broadway@midlothian.gov.uk</a>

### **Further Information:**

This is a meeting which is open to members of the public.

## **1 Welcome, Introductions and Apologies**

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## **2 Order of Business**

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Including notice of new business submitted as urgent for consideration at the end of the meeting.

## **3 Declaration of Interest**

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Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

## **4 Minute of Previous Meeting**

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**4.1** Minutes of the MIJB held on 14th April 2022 - for Approval 4 - 15

**4.2** Minutes of the Strategic Planning Group held on 16th March 2022 - for Noting 16 - 19

## **5 Public Reports**

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**5.1** Chief Officer Report – Morag Barrow, Chief Officer 20 - 28

**5.2** Chair's Update

**5.3** Council Membership of Integration Joint Board Paper prepared by Mike Broadway, Democratic Services and presented by Carolyn Hirst, Chair 29 - 34

For Decision

**5.4** Approval of MIJB Annual Report on Directions 2021-2022 Paper presented by Elouise Johnstone, Programme Manager for Performance 35 - 104

**5.5** Approval of MIJB Directions 2022-2023 Paper presented by Tom Welsh, Programme Manager 105 - 169

**5.6** Financial Allocation for 2022-2023 Paper presented by Claire Flanigan, Chief Financial Officer 170 - 177

**5.7** Approval of 2022-23 IJB Performance Indicators Paper presented by Elouise Johnstone, Programme Manager for Performance 178 - 196

For Noting

**5.8** Clinical Care and Governance Report Paper presented by Fiona Stratton, Chief Nurse 197 - 204

## **6 Private Reports**

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No items for discussion

## **7 Date of Next Meeting**

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The next meeting of the Midlothian Integration Joint Board will be held on:

- 29 June 2022 at 9am - MIJB Audit and Risk Committee
- 25 August 2022 at 2pm - Midlothian Integration Joint Board

# Midlothian Integration Joint Board

Midlothian Integration Joint Board  
Thursday 16 June 2022  
Item No: 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 14 April 2022	2.00pm	Virtual Meeting held using Microsoft Teams.

## Present (voting members):

Carolyn Hirst (Chair)	Cllr Derek Milligan (Vice Chair)	Tricia Donald
Jock Encombe	Cllr Catherine Johnstone	Angus McCann
Cllr Pauline Winchester		

## Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Keith Chapman (User/Carer)
Fiona Stratton (Chief Nurse)	Miriam Leighton (Volunteer Midlothian)	Wanda Fairgrieve (Staff side representative)
Joan Tranent (Chief Social Work Officer)	Jordan Miller (Staff side representative)	

## In attendance:

Jill Stacey (Chief Internal Auditor)	Alan Turpie (Standards Officer)	Johanne Simpson (Medical Practitioner)
Gill Main (Integration Manager)	Hamish Reid (GP/Clinical Director)	Lois Marshall (Assistant Strategic Programme Manager)
Roxanne Watson (Business Manager)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Peter McLoughlin (Program Manager)
Andrew Henderson (Clerk)		

## Apologies:

Cllr Jim Muirhead	Nick Clater (Head of Adult Services)	
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# Midlothian Integration Joint Board

Thursday 14 April 2022

## 1. Welcome and Introductions

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The Chair, Carolyn Hirst, in welcoming everyone to the virtual Meeting of the Midlothian Integration Joint Board, extended her thanks to Hamish Reid who was standing down from his role as a medical director and extended further thanks to David King, who was attending his final board meeting. The Chair also advised that this would be the last Midlothian Board meeting for Councillor Board Member colleagues – Derek Milligan, Catherine Johnston, Pauline Winchester and Jim Muirhead – and on behalf of the Board thanked them for their significant contributions to the work of the IJB over many years.

## 2. Order of Business

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The order of business was confirmed as outlined in the agenda that had been previously circulated.

## 3. Declarations of interest

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No declarations of interest were received.

## 4. Minute of Previous Meetings

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### 4.1 Minutes of the MIJB held on 10 February 2022

The Minutes of Meeting of the Midlothian Integration Joint Board held on 10 February 2022 were submitted and approved as a correct record.

Carolyn Hirst took the opportunity to update regarding the rejection of an independent pharmacy application in Rosewell, acknowledging that the issue had since been raised with NHS Lothian and that assurances had been given that due process had been followed. Members then took the opportunity to express their concerns regarding the constraints of the current pharmacy Guidelines and the impact of demand on pharmacies. Morag Barrow clarified that pharmacies operated under private contracts issued by the Scottish Government highlighting that Grace Cowan would be meeting with pharmacy leads and agreed to provide further feedback. Carolyn Hirst agreed to discuss the issue further with Morag Barrow and conduct further following up.

### 4.2 Minutes of the Special MIJB held on 17 March 2022

## Midlothian Integration Joint Board

Thursday 14 April 2022

The Minutes of Meeting of the Special Midlothian Integration Joint Board held on 17 March 2022 were submitted and subject to the following clarifications to item 5.2 were approved as correct record.

Lois Marshall clarified that consultations and engagement were undertaken throughout the year and that equality data was considered as part of the integration impact assessment.

From an operational standpoint, Lois Marshall highlighted that that each service area was in the process of developing their own action plan.

Regarding to what extent the feedback was in line with the proposed direction of the strategic plan, Lois Marshall acknowledged that issues around communication, digital and finally staff and communities had been raised.

### 4.3 Minutes of the Audit & Risk Committee held on 02 December 2021

The Minutes of Meeting of the MIJB Strategic Planning Group held on 02 December 2021 were submitted and noted

### 4.4 Minutes of the Strategic Planning Group held on 19 January 2022

The Minutes of Meeting of the MIJB Strategic Planning Group held on 19 January 2022 were submitted and noted

## 5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<b>5.1 Chair's Update</b> By way of a chairs update, Carolyn Hirst thanked board members for their participation in the self-evaluation survey, confirming that results would be analysed and included in the board's development plan. Carolyn Hirst also flagged that the NHS Lothian Strategic Development framework was out for consultation.	To note the Chairs update	All to note	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Referencing the Single Midlothian Plan that had been discussed at the most recent meeting of the Community Planning Partnership which included information in relation to Community Justice, Community Safety, Sustainable Growth, GIRFEMC Adult Health and Social Care and Improving Opportunities; Carolyn Hirst advised of her intention to make closer working relations with the Community Planning Partnership and align purposes with the MIJB.			
<p><b>5.2 Chief Officer Report – Morag Barrow, Chief Officer.</b></p> <p>Morag Barrow provided an overview of the report updating members in relation to ongoing system pressures, the spread of COVID infections and the spring booster campaign pausing to respond to member’s questions.</p> <p>Morag Barrow acknowledged 3<sup>rd</sup> sector representation within the Health and Social Care partnership and highlighted that 3<sup>rd</sup> sector posts (Carer posts) were used to provide “softer” care as they could not provide personal care. In addition further recruitment was acknowledged, with the Care at Home team/Home first team increasing its capacity to ensure it could cover its caseload. Grace Cowan confirmed ongoing work to identify gaps and blocks in the system to ensure they could be addressed in advance of them becoming an issue.</p> <p>Responding to comments on primary care, Morag</p>	<p>To note the Chief Officer’s report.</p> <p>Hannah Cairns to be asked to provide an update on the Digital Time Frame</p>	<p>All to note</p> <p>Morag Barrow/Hannah Cairns</p>	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Barrow confirmed ongoing work in relation to the IJB Strategic Plan Spotlight Program and that a program manager had also been asked to support the development work for primary care. There was then a brief discussion in relation to the GP data issue and whether this was something being explored by the Royal College of GP's. Hamish Reid advised that work was being done to extract data unilaterally and to ensure Midlothian was ahead of the curve, examination of the existing data set was being conducted.</p> <p>Morag Barrow provided an update regarding permanent vaccination centres acknowledging that the site in Bonnyrigg is unfortunately no longer an option but that two further sites, including one in Rosewell are being considered in addition to temporary sites in Dalkeith being secured, until a permanent site established around the Mayfield area, with continued use of Midlothian Hospital and pop up's as required. Morag Barrow acknowledged that the inclusivity program was working well in addition to the care home program with ongoing mopping up.</p> <p>With regard to the digital implementation and delivery plan timelines Morag Barrow confirmed that it had been signed off at an SMT. Some work had not been able to be progressed due to the pandemic, but that every effort would be in place to accelerate these.</p> <p>Responding to a question in relation to work being done to addressing the nursing recruitment gap, Fiona Stratton confirmed ongoing work into local</p>			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
recruitment in addition to ongoing work to recruit from other parts of the UK, internationally and with higher education institutions. Fiona Stratton further acknowledged the development of the strategic practitioner post and acknowledged huge focus on the wellbeing amongst the workforce was to ensure safe and effective protective care.			
<p><b>5.3 Nomination and Appointment of Members to the Midlothian Integration Joint Board - Carolyn Hirst, IJB Chair</b></p> <p>Carolyn Hirst advised board members of several upcoming changes to the membership as a result of the council elections and advised that she would also be stepping down from the MIJB in August following her departure from NHS Lothian. Carolyn Hirst asked members to note the nomination of two NHS Lothian Board Members to the Midlothian Integration Joint Board and to agree the appointment of the Third Sector Representative Board Member. Carolyn Hirst also took the opportunity to welcome Miriam Leighton who was in attendance at the meeting.</p>	<p>Noted the nomination of Val De Souza and Nadin Akta as board members of the Midlothian IJB.</p> <p>Agreed the appointment of Miriam Leighton (Midlothian Voluntary Action) as a board member of the Midlothian IJB.</p> <p>Agreed the appointment of Grace Chalmers (Unison) as a board member of the Midlothian IJB</p>	<p>All to note</p> <p>Board Members</p> <p>Board Members</p>	
<p><b>5.4 Midlothian Integration Joint Board Strategic Plan 2022-2025 – Lois Marshall, Assistant Strategic Programme Manager</b></p> <p>Lois Marshall provided an overview of the paper highlighting minor changes to the draft that had been submitted to the Special MIJB held on the 17<sup>th</sup> of March including a new section on advocacy, the inclusion of palliative care in 'how services are</p>	<p>Approved the Strategic Plan 2022-2025</p>	<p>Board Members</p>	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>planned', the combination of community justice and workforce and the intention to include a paragraph on the climate emergency. Carolyn Hirst thanked those who had worked on the report for their extensive efforts and opened to questions. Jock Encombe endorsed the comments of Carolyn Hirst and referencing Carolyn Hirst's announcement in item 5.3 took the opportunity thank Carolyn Hirst for her work with the MIJB.</p>			
<p><b>5.5 Code of Conduct Revised Model Scheme for Members of Devolved Public Bodies - Gill Main, Integration Manager and Alan Turpie, Standards Officer</b></p> <p>Carolyn Hirst acknowledged that arrangements for a formal induction would be made to take new board members through the proposed changes. Gill Main introduced the paper outlining that the MIJB had until the 10<sup>th</sup> of June to agree to any changes, submit the code of conducted to the Scottish Government, await agreement from the Scottish Government and implement the new code of conduct. Gill Main continued to outline that it was individuals' personal responsibility to ensure they abided by the code of conduct.</p> <p>Alan Turpie provided an overview of the new code conduct highlighting that changes were in line with the Ethical Standards in Public Life (Scotland) Act 2000 which provide Codes of Conduct for local authority councillors and members of relevant public bodies and that the revised model took into account</p>	<p>Members decided to apply the first line of paragraph 3.11 and disaply second line of paragraph 3.11 of the Model Scheme.</p> <p>To submit the revised model scheme of administration, highlighting paragraph 3.8 as an area of concern and agreed for Carolyn Hirst to draft an alternative wording, to be circulated amongst board members in advance of it being submitted to the Standards Commission.</p>	<p>Board Members</p> <p>Carolyn Hirst/Board Members/Alan Turpie</p>	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>the changes made to the new councillors code of conduct. Alan Turpie advised that that the Scottish Government are willing to accommodate the derogation of paragraph 3.11.</p> <p>A discussion ensued amongst board members, with concerns being expressed in relation to paragraph 3.11 due to the element of support that would have to be given should members disagree with a decision and further concern being expressed in relation to paragraph 3.8 due the potential it could have to impact upon the scrutiny role of board members. Alan Turpie clarified that in relation to paragraph 3.11 the MIJB's standing orders reflected the councils 6 month rule. Members then agreed that the first line of 3.11 which encourages members to respect the principle of collective decision-making and corporate responsibility should be applied whilst the second line regarding the support of decisions should be removed.</p> <p>Following further discussion in relation to paragraph 3.8 Alan Turpie outlined that the message from the standards commission was that members could challenge a decision or a service but that individual officers could not be referenced highlighting that this was mirrored throughout other codes of conduct used by councillors. Alan Turpie confirmed that he could write to the Scottish Government outlining members concerns in relation to paragraph 3.8, but that this would likely be bounced back. Board members then agreed that with regard to item 3.8</p>			

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<p>there was enough unease in relation to its wording for this to be raised to the standards commission and that the revised code of conduct could be submitted as reviewed with additional concerns highlighted and a proposal to reword paragraph 3.8.</p>			
<p><b>5.6 Review of Integration Joint Board Governance Requirements - Gill Main, Integration Manager</b></p> <p>Gill Main provided an overview of the report highlighting its purpose, background and continued to outline its recommendations, inviting members to comment. Board members unanimously agreed to approve the report.</p>	<p>Noted the proposed scheme of works and timelines.</p> <p>Approved the proposed scheme of works.</p> <p>Noted future action required.</p>	<p>All to Note</p> <p>Board Members</p> <p>All to Note</p>	
<p><b>5.7 Midlothian IJB Directions 2022-2023 – Lois Marshall, Assistant Programme Manager</b></p> <p>Lois Marshal provided a brief overview of the report and asked members to discuss and provide comment on the proposed Midlothian IJB Directions for 2022-2023. Responding to comments regarding the measurability of certain items as the result of them not having targets, Morag Barrow clarified that the board would need to decide if it wanted to explore wider provision or delegation. With regard to barriers to engagement, Morag Barrow confirmed that engagement was embedded in all planning. With regard to frailty in Midlothian it was agreed that</p>	<p>Further exploration into the topic of frailty in Midlothian to be conducted and further feedback to be provided.</p> <p>To otherwise note the contents of the report.</p>	<p>Lois Marshal</p> <p>All to Note</p>	

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
further exploration into this topic would be done and that further feedback would be provided.			
<p><b>5.8 Clinical and Care Governance Group (CCGG) report - Fiona Stratton, Chief Nurse</b></p> <p>Fiona Stratton provided an overview of the report outlining its key messages and opened to members questions. Morag Barrow confirmed that a final report will be submitted to a later board meeting.</p>	Noted and approved the contents of the report.	All to Note/Board Members	
<p><b>5.9 Performance Overview Report - Roxanne Watson, Executive Business Manager</b></p> <p>Roxanne Watson provided an outline of the Performance overview report outlining the MIJBs performance against its performance goals, referencing the draft Terms of Reference for the Performance Assurance and Governance Group and further highlighting the progress made by the spotlight programme continuing to highlight plans to review and update improvement goals going forward. Following this members were invited to discuss and comment on the report. Morag Barrow acknowledged that the updated report would come back to the board the future.</p>	<p>Noted the performance against the IJB performance goals.</p> <p>Noted the draft Terms of Reference for the Performance Assurance and Governance Group.</p> <p>Noted the progress made by the Spotlight Programme.</p> <p>Noted the plan to review and update the improvement goals.</p>	<p>All to Note</p> <p>All to Note</p> <p>All to Note</p> <p>All to Note</p>	
<p><b>5.10 Scheme of Integration Verbal Update - Peter McLoughlin, Strategic Programme Manager,</b></p>			

## Midlothian Integration Joint Board

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>NHS Lothian</b></p> <p>Peter McLoughlin provided a verbal update in relation to the scheme of integration referencing the slides that had been circulated prior to the meeting covering the key areas. Peter McLoughlin then outlined the next steps following the conclusion of the consultation on the 10<sup>th</sup> of April. Peter McLoughlin extended thanks to Lynn Cochrane, Caroline Shillton and Gill Main for their work during the consultation period and to Carolyn Hirst for her feedback in relation to complaints handling. Peter McLoughlin then opened to questions.</p> <p>Jill Stacey expressed an interest in consultation feedback regarding counter fraud acknowledging that a significant refresh and update had been made to the local code of corporate governance which recognised that the MIJB as an integration authority and advised that this was a separate governance document.</p>	<p>Noted the verbal update and presentation.</p>	<p>All to Note</p>	

### 6. Any other business

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Carolyn Hirst again thanked the elected members for their work on the Midlothian Integration Joint Board during their respective tenures.

### 7. Private Reports

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No private reports were submitted for consideration.

### 8. Date of next meeting

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## Midlothian Integration Joint Board

Thursday 14 April 2022

The next meetings of the Midlothian Integration Joint Board would be held on:

- Thursday 2 June 2022                    2.00pm    MIJB Audit and Risk Committee
- Thursday 16 June 2022                1.00pm    MIJB Board and Development Workshop (Development Workshop 3.00pm).

**(Action: All Members to Note)**

The meeting terminated at 16:09

## Midlothian Strategic Planning Group

Wednesday 16 March 2022 via MS Teams

### MINUTES

**Chair:** Carolyn Hirst (NHSL)

**Vice Chair:**

**Minutes taken by:** Lisa Cooke

**In attendance**

Grace Cowan (HSCP)	Head of Primary Care & Older People's Services	Fiona Stratton (HSCP)	Chief Nurse
Gill Main (HSCP)	Integration Manager	Roxanne King (HSCP)	Executive Business Manager
Hannah Cairns (HSCP)	Chief AHP	Wanda Fairgrieve (NHSL)	Partnership Rep, Unison
Elouise Johnstone (HSCP)	Programme Manager: Performance	Lois Marshall (HSCP)	Project Team Manager Neurological Conditions
Sid Sonkar (HSCP)	Operational Business Manager	Karen Darroch (HSCP)	Service Manager Mental Health and Substance Use
Gillian Chapman	Planning Officer (Extra Housing)	David King (NHS)	Chief Finance Officer (Left early)
Rebecca Hilton(NHS)	Public Health Practitioner	Debbie Crerar	Clinical Lead Physio
Gillian McCusker	Senior Manager Housing & Wellbeing	Simon Bain	Manager Housing Services

**Apologies**

Morag Barrow (HSCP)	Chief Officer	James Hill (MDC)	Partnership Rep, Unison
Nick Clater	Head of Adult & Social Care	Laurie Eyles	Dietetic Service Lead
Laura Hills	Carers Rep (Proxy)	Marlene Gill	Community/Service User Rep
Debbie Marklow	Clinical Vaccination Manager	Rebecca Miller	Strategic Programme Manager
Joan Tranent	Chief Social Worker	Karen Henderson	Head of Dietetics
Chris King	Finance	Lesley Kelly	Interim Third Sector Rep
Shelagh Swithenbank	Planning Officer: Carers	Carly McLean (HSCP)	Social Worker
Jim Sherval (NHS)	Public Health Practitioner	Jordan Miller	Lead Partnership Representative
Matthew Curl	Digital Programme lead		

			<b>ACTION</b>
<b>1</b>	<b>Welcome and Introductions</b>	Carolyn Hirst welcomed all to meeting and introducing new members Gill Main (Integration Manager), Sid Sonkar (Operational Business Manager) and Gillian McCusker (Senior Manager Housing & Wellbeing to the group)	
<b>2</b>	<b>Minutes of Last Meeting</b>	Minutes of meeting on 19 January were then approved as accurate	
<b>3</b>	<b>Action Log</b>	The action log was updated and shared with the group with all actions complete	
<b>4</b>	<b>Soap Box</b>	There was no expression of interest for the opportunity to discuss ongoing work issues and updates from any member for this meeting. Members were encouraged to contact GM or CH if they wanted to put items on the Agenda for future meetings and it was agreed that GM and CH may approach around three members in relation to this for each meeting.	
<b>5.</b>	<b>Items for Discussion &amp; Agreement</b>	<p><b>I. Consultation Report &amp; Strategic Plan 2022-25</b></p> <p>LM circulated a paper in advance of the meeting, alongside the updated Strategic Plan and the Consultation Report. This provides an update on the development of the new Strategic Plan 2022-25 and accompanying consultation.</p> <p>There was a discussion around the Consultation Report and Strategic Plan 2022-25 with the group happy to endorse this report with the prospect of small amendments and Advocacy being added into the plan. It was agreed this would be useful to consider for future.</p> <p>LM noted the public consultation finished on Monday 14 March with over 180 responses received however only 82 were completed fully leaving comments, the feedback from this has been shared with all planning leads and senior management</p> <p>The group wanted to acknowledge the hard work involved in producing the report and plan and thanked LM and CS.</p> <p>The SPG approved the Consultation Report and approved the updated draft of the Strategic Plan in principle. The SPG also agreed to recommend both documents to the IJB who would be considering them at their meeting on 17 March 2022.</p> <p><b>II. Directions 2022-23</b></p> <p>LM circulated a paper in advance of the meeting. The purpose of this paper was to set out the proposed Directions to be issued</p>	

		<p>by the Midlothian IJB to Midlothian Council and NHS Lothian for 2022-23. The Directions are aligned to the new Strategic Plan 2022-25. The SPG was requested to review and provide comment on the content and format of the Directions proposed and to recommend the Directions to the IJB for formal adoption.</p> <p>It was agreed the Midlothian IJB Directions 2022-23 was a document that was useful with a good flow, consistency and easy to understand.</p> <p>The Directions were agreed and endorsed by SPG with the acknowledgement that there would be small amendments before the MIJB met to consider them initially on 14<sup>th</sup> April 2022.</p> <p><b>III. Quality Planning &amp; Performance including the spotlight Programme</b></p> <p>GM circulated a paper in advance of the meeting. The purpose of the paper was to note the areas approved by MIJB on 10 February 2022 to participate in the Spotlight Programme, note that on 02 March 2022 SMT approved a proposal to monitor and evaluate Spotlight Programme via existing governance and reporting routes, but to seek approval to review the structure and reporting of the Integrated Planning Groups via Planning and Transformation to the SPG. The SPG was asked to review and agree to the proposed actions in this report.</p> <p><b>GM to identify who needs to be involved in Planning Restructure and Review</b></p> <p><b>GM to provide update at SPG meeting in May</b></p> <p>GM shared a draft of visualisation of current performance and planning.</p> <p><b>All to consider or recommend who would be involved in the Planning Restructure and Review and feedback to GM and LC by 05 April</b></p> <p>The proposal to review the structure and governance of the Integrated Planning Groups was agreed and endorsed by SPG. It was anticipated that progress and recommendations would be brought back to this group in May for discussion and review.</p> <p><b>IV. Health, Housing &amp; Social Care Strategic Planning Group</b></p> <p>CD &amp; GC circulated a paper in advance of the meeting. The purpose of the paper was for SPG to consider the 3 options</p>	<p></p> <p><b>GM</b></p> <p><b>GM</b></p> <p><b>All</b></p>
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		<p>presented in the accompanying paper and decide whether a Health, Housing &amp; Social Care Strategic Planning Group should be piloted.</p> <p>This proposal was received positively and there was a discussion around the favoured Option 1, creating an overarching Health and Social Care Partnership Planning Group. However, the group were mindful of the review agreed in the previous Agenda item and it was agreed that GC would work with GM on this prior any proposal relating to a Health, Housing &amp; Social Care Strategic Planning Group be approved. This would be brought back to SPG - possibly to the May meeting.</p>	
	<b>Action</b>	<b>GM and GC to discuss</b>	<b>GM GC</b>
<b>6.</b>	<b>Items for Information</b>	<p><b>I. Health, Social Care and Sport Committee Inquiry into Health Inequalities</b></p> <p>In the absence of JS, GM provided the group with an update on the Scottish Parliament Health, Social Care and Sport Committee inquiry into health inequalities in Scotland. RH joined the meeting for this item and provided additional detail. The HSCS Committee is undertaking a consultation on the digital platform, Citizen Space, which is due to close on 31 March and would like to hear stakeholder's views. Members of the group expressed an interest in contributing to a submission to the Committee from the Midlothian HSCP.</p>	
	<b>Action</b>	<b>Draft Health, Social Care and Sport Committee Inquiry into Health Inequalities to be circulated to the group for feedback to JS and RH by 24 March</b>	<b>All</b>
<b>7.</b>	<b>AOCB</b>	None	
<b>8.</b>	<b>Future Meetings</b>	<p><b>All future meetings below are via MS Teams</b></p> <p>Wed 25 May 14:00 to 16:00pm  Wed 03 August 14:00 to 16:00pm  Wed 14 September 14:00 to 16:00pm  Wed 23 November 14:00 to 16:00pm</p>	



**Thursday 16<sup>th</sup> June 2022, 1.00pm**

## **Chief Officer Report**

**Item number: 5.1**

### **Executive summary**

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The paper sets out the key strategic updates for Midlothian IJB Board meeting June 2022.

**Board members are asked to:**

- *Note the updates raised in the report*

## Chief Officer Report

### 1 Purpose

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- 1.1 The paper sets out the key strategic updates for Midlothian IJB Board meeting June 2022.

### 2 Recommendations

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- 2.1 As a result of this report Members are asked to:
- Note the updates highlighted by the Chief Officer

### 3 Background and main report

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#### 3.1 Chief Officer

##### **System pressure**

The introduction of the Scottish Government Discharge without Delay programme, coupled with additional system-wide demand, has resulted in a 42% increase in demand, converting into patients who experience a delay in discharge. Significant additional investment to enhance the Home First approach has already been made, together with system transformation. Additional work is underway to consider lack of availability of Care Home beds in Midlothian, as well as additional Care capacity.

##### **Scottish Government Spending Review**

The Resource Spending Review was published in May 2022. It sets out the high-level parameters for resource spend within future Scottish Budgets up to 2026-27 and provides a long-term plan focused on delivering our outcomes.

The Resource Spending Review is not a Budget, but shares high-level financial parameters with public bodies, local government and the third sector, so collaborative planning can commence.

Further changes to Scotland's fiscal position and to tax and social security forecasts are expected to change the funding picture ahead of annual budgets. The spending review however does prioritise spending in key policy areas.

- Tackling child poverty and supporting households and businesses with the cost of living
- Achieving net zero and tackling the climate crisis
- Building a stronger, fairer and greener economy

- Securing stronger public services, including:
  - Investing £73.1 billion in health and social care including developing a National Care Service
  - increasing investment in frontline health services by 20 per cent over this Parliament
  - spending more on primary and community care to ensure people get the right treatment in the right place
  - funding of £42.5 billion for local government for the delivery of services
  - investing £11.6 billion in the justice system

The Resource Spending Review covers the years 2023-24 to 2026-27.

Morag Barrow, Chief Officer - [Morag.barrow@nhslothian.scot.nhs.uk](mailto:Morag.barrow@nhslothian.scot.nhs.uk)

## 3.2 Head of Adult Services

### Mental Health Support

As part of Mental Health IJB Strategic Directions, one of the many aims was to review and evaluate front door access to mental health support within Midlothian. Over the last 12 months third sector services have been recommissioned to enable the delivery of Mental Health support across the county, rather than in a single geographical point. Health in Mind are now delivering a variety of options for residents, including one to one sessions, peer support groups, and groupwork in various venues across Midlothian reaching out to our communities.

### Mental Health and Resilience Service (MHARS)

One of the largest elements of planning that the HSCP will implement fully by the summer of 2022, is the redesign of the current Intensive Home Treatment Team (IHTT). The initial focus was to transform front door access for individuals who are experiencing an acute/relapse of their mental illness and/or crisis and distress with their mental wellbeing. Along with this new direction, Midlothian were also represented on the Pan Lothian Redesign of Urgent Care (RUC) with the Scottish Government, with the focus again being around an Individual having access to the right person at the right time. Additional funding was established, and the care model enhanced to support Midlothian continuing to be part of the ongoing RUC programme.

Locally over the last 12 months, consultation events were held with IHTT team to review the service model. One of the outcomes identified was the need to develop a self-referral single point of access. The initial phase of this plan was for Midlothian to become the first area within Lothian delivering the National Service for Distress Brief Intervention (DBI). Penumbra were successfully commissioned to deliver this in partnership with the IHTT. To support this, the IHTT will be restructured across two areas; MHARS and Home treatment (which is the part of the service that will continue to deliver intensive support for individuals who can be supported at home as an alternative to hospital admission). The in IHTT team will rotate between the two elements of the service.

Midlothian will continue be the first area within Scotland to have both Health and Third sector working alongside each other to develop a self-referral same day access service for individuals who are experiencing concerns with their mental health, crisis and distress of their mental wellbeing. MHARS will operate 8.00am-10.00pm.

## **Staff Wellbeing**

In order to support the workforce required to deliver on the IJB Strategic plan, the HSCP have launched a full staff wellbeing programme. Two areas of focus are development and distribution of a wellbeing directory for staff, and a self-assessment tool to support staff in assessing how they rate their wellbeing. This has been developed in collaboration with Midlothian Council and supports the Work Well strategy in NHS Lothian.

## **Substance Use Services – Naloxone**

Accidental overdose is a common cause of death among users of heroin, morphine and similar drugs, which are referred to as opioids. Naloxone is a drug which temporarily reverses the effects of a potentially fatal overdose with these drugs. Administering Naloxone provides time for emergency services to arrive and for further treatment to be given. Following suitable training, 'take home' Naloxone kits (hereafter referred to as 'THN' or 'kits') are issued to people at risk of opioid overdose, their friends and family and service workers in order to help prevent overdose deaths.

Midlothian and East Lothian Alcohol and Drugs Partnership (MELDAP) will work with Midlothian HSCP and Council to:

- Promote Naloxone training and carrying amongst staff groups.
- Include Naloxone training and carrying with the First Aid training course.
- Look to try and ensure that there are Naloxone trained members of staff within all public facing buildings where possible.

## **Medication Assisted Treatment (MAT) Standards**

In June 2021, the Medication Assisted Treatment (MAT) standards were published by the Scottish Government.

The standards provide a framework to ensure that the provision of MAT is safe, effective, acceptable, accessible and person-centred to enable people and their families to benefit from high-quality treatment and care including psychological and social support. The Scottish Government have required local partners and services to focus on the delivery of MAT Standards 1 to 5. These are to be embedded by April 2022 and implemented by April 2023.

For the summary of all the standards and the detail about Standards 1-5, please click on the link below:

[www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/](https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/)

## **MAT Funding**

To support local areas to implement MAT Standards (initially 1-5 & 7), the Scottish Government has created a MAT Implementation Support Team (MIST).

MELDAP has been successful in securing new annual investment for 4 years of £246,115. This has been augmented by £57,691 funding annually for the same period from MELDAP. This funding package (total £303, 876) will assist with the implementation

of the MAT Standards. Recruitment of HSCP/3rd Sector staff is underway. These staff will focus on supporting people into treatment, increase the level of support and improve retention in services. These being key areas for intervention and prevention in relation to near minimising drug related harm.

### **Justice – Bail Service**

Midlothian HSCP Justice Services have developed Bail Services within the county. This will enable Midlothian to fulfil the Scottish Government incentive to increase the provision and take up of Supervised Bail across Scotland. Midlothian Justice Services will work in partnership with Change Grow Live and Edinburgh Sheriff Court Social Work Services. Previously Supervised Bail has been available to Midlothian residents, appearing before Edinburgh Sheriff Court charged with a criminal offence, but was provided on our behalf by Edinburgh Justice Services. For those subject to a Supervised Bail Order the requirement to travel into Edinburgh up to three times per week may have been a barrier to their full and meaningful engagement. The administration of the Order by an Edinburgh-based service also reduced the potential for Midlothian residents to be linked in with an appropriate service in their local area. Local services are now in place.

Midlothian Bail Services include Supervised Bail and Electronic Monitoring Bail and is intended to provide a credible alternative to the use of remand where individuals are assessed as needing support and supervision to meet their bail conditions or require to be electronically monitored. It is intended to reduce the number of individuals normally resident in Midlothian being held on remand pending trial, or for reports after conviction, who with appropriate safeguards in respect of public protection, could be released on bail to the community.

Nick Clater, Head of Adult Services - [Nick.clater@midlothian.gov.uk](mailto:Nick.clater@midlothian.gov.uk)

### **3.3 Chief Nurse**

#### **Adults with Exceptional and Complex Needs Service (ACENS)**

The Adults with Exceptional and Complex Needs Service (previously known as Complex Care Service) is hosted for NHS Lothian by Midlothian HSCP. The service has seen a significant increase in demand over the past 2 years. A position paper was presented to NHS Lothian Chief Officers, to address the current financial gaps, with agreement to progress with a service model review, that will deliver a model of care fit for the future.

Fiona Stratton, Chief Nurse - [Fiona.stratton@nhslothian.scot.nhs.uk](mailto:Fiona.stratton@nhslothian.scot.nhs.uk)

### **3.4 Head of Older people and Primary care**

#### **Vaccination programme**

The Spring booster programme ends on 30<sup>th</sup> June 2022. There has been an 89% uptake of vaccination for the over 75 population. The Evergreen programme of vaccinations will continue across the summer. A successful Housebound programme was completed ahead of schedule along with Care Home vaccination. Midlothian HSCP Inclusivity programme will continue to remain a focus across sites to support access.

The 5-11 years programme continues to run with a 69% DNA rate. This is an improvement from the start of the programme, likely due to children either being covid positive, or within the 12-week post infection period. 2<sup>nd</sup> doses are due to commence in June.

Following guidance from Scottish Government Chief Medical Officer relating to the Autumn/Winter flu/covid programme, planning is underway for all eligible cohorts, including children's flu, and staff vaccination.

The Midlothian Vaccination team have almost completed permanent workforce recruitment and will move out of Midlothian Community Hospital to 3 new bases across the county.

These will provide additional access for residents, and will be supported with pop-up clinics, mobile units and the continuation of the Housebound and care home delivery model.

The Midlothian Vaccination Transformation Programme (VTP) plan saw vaccinations transferring to the HSCP from GP Practice, under the new GMS contract. This was delayed by 6 months relating to the pandemic. However, all vaccinations have now been moved to the HSCP team, except for Shingles and Pneumococcal. Plans are in place for the transfer of these over the summer period.

### **Dynamic Scotland – Digital COPD**

The Dynamic Scotland programme commenced on the 1<sup>st</sup> April 2022, to deliver digital elements of preventative care, within the current care model offered by Midlothian Community Respiratory Team. The programme aims to support people living within Midlothian who have Chronic Obstructive Pulmonary Disease to:

- improve the self-management of Chronic Obstructive Pulmonary Disease (COPD) in the community
- reduce Emergency Department attendances
- reduce admissions
- reduce Length of Stay

This is a 2-year funded programme, that will support improved management of COPD within the county.

Grace Cowan, Head of Primary Care & Older People -  
[Grace.cowan@nhslothian.scot.nhs.uk](mailto:Grace.cowan@nhslothian.scot.nhs.uk)

### **3.5 Strategic Commissioning Plan 2022-25**

The strategic Commissioning Plan 2022-25 has recently been published and now available on the HSCP webpage. The consultation process alongside people who access our services, our wider partners and staff has ensured the views of the people and communities of Midlothian have underpinned the strategic design of this plan. Planning leads for each area of our plan used a range of methods including surveys, focus groups, interviews, Question and Answer sessions and findings from existing consultations. Over 3,000 people's views were included.

There were a few common themes throughout the consultation including:

- **Flexible support.** People spoke of how services could be improved to offer more flexible and joined up support.
- **Feeling heard and valued.** People spoke of the need to feel safe, welcome, and heard. This included not having to repeat your story, and not feeling processed, judged, or rushed.

- **Supported Self-Management.** People told us we can help them keep safe and well with through better information on what is available and being able to access services directly.

## **Directions**

Following the publication of the IJB Strategic Plan 2022-25 the HSCP have worked alongside the IJB to complete a comprehensive review of all actions relating to Directions issued across 2020-21 and 2021-22. This is to fall in line with the 2020 changes to statutory guidance and to ensure planning for 2022-23 has taken full account of the action required to realise sustainable change. This is in the context of recognising the experience of services delivering in new, complex, and challenging environments.

We have acknowledged that the capacity of the Partnership to manage a major programme of service redesign and transformation has been severely restricted by the impact of the pandemic over the past 2 years and recognised a period of stability is required from which to move forward.

## **Quality Planning within a Quality Management System**

In order to ensure we are supporting quality planning; the HSCP have reviewed planning and performance activities and have begun to move towards a whole system quality management approach. This has included initial work to ensure that we are maximising the intelligence generated through the redesign of performance, reporting and planning infrastructures alongside a contribution analysis approach, outcome mapping, and self-evaluation using Outnav performance reporting software. Work will continue across 2022-23 to ensure we are driving change and furthering the integration agenda to improve the health, wellbeing and wellness of our communities.

## **SCIRICCO Exchange Programme**

Midlothian HSCP presented at the 2022 SCIROCCO Exchange European Conference on 5 May 2022, contributing to the session on "Capacity-building support for integrated care: improvement planning."

Gill Main, Integration Manager - [Gill.main@nhslothian.scot.nhs.uk](mailto:Gill.main@nhslothian.scot.nhs.uk)

### **3.6 Chief Allied Health Professional**

#### **Quality Management System**

The HSCP Senior Management Team are in the process of reviewing and enhancing the four domains of the Midlothian HSCP Quality Management System (QMS) (Quality, Planning, Quality Control, Quality Assurance and Quality Improvement) to ensure that there is a robust platform from which to leverage the upcoming changes and developments as outlined in the new Strategic Plan and subsequent Directions. It is anticipated that building on the current QMS system and align the strategic priorities with the operational delivery of services to support sustained change and foster deep connections between all aspects of the organisation.

#### **AHP Workforce Planning - Occupational Classifications**

In anticipation of the enactment of the [Health and Care \(Staffing\) \(Scotland\) Act 2019 \(legislation.gov.uk\)](#) for the AHP's, there is significant work ongoing on a National, regional and local level to prepare to meet the requirements under the act. In addition, professional-specific work is required to contribute to the [National Workforce Strategy for Health and Social Care](#).

As a component of the planning for Health and Care (Staffing) directive, the Scottish Government AHP Directorate, supported by NHS Education Scotland (NES), are designing a system for occupational classification for the AHP's (noting this is already in place for Nursing and Medical professionals). The boards that have agreed to be test sites are NHS Lothian, Borders, Forth Valley and Fife. As part of the NHS Lothian testing, the Midlothian HSCP AHP's, including the NHS Lothian hosted Dietetics Service, have been asked to take part of the early inputting of the AHP occupational classifications. Midlothian will be the first HSCP to be involved in the early implementation and will therefore be heavily influential in the wider roll out to the other HSCP's across Scotland.

## **AHP Governance and Assurance Framework**

The organisational structure of the various AHP services within NHS Lothian means that services are hosted and/or managed by one HSCP, within the Acute Division or the Royal Edinburgh Associated Services (REAS) out with the direct operational management of the AHP Director. It is imperative that the AHP Director, and the Directors of Health and Social Care, and Senior Managers in each of the HSCP's, have sufficient visibility of the professional governance assurance provided by all professions within NHS Lothian on four distinct governance areas, namely, *Safe, Effective, Person-Centred, Regulatory*.

After several years of advancement across all AHP services in Lothian, the *AHP Governance and Assurance Framework* has now been developed and is being tested by a trial group of single-system and multi-professional teams across Lothian, including the AHP's within Midlothian HSCP. Once testing of the framework, including the application (information input), dashboard (information output) and the procedure itself have been tested, it is anticipated that it will be rolled out.

The outcome of this work will enable Senior Managers to be able to provide assurance to NHS Lothian Board and councils, for all AHP's and to be able to clearly define and identify themes and trends in which to operationally and professionally direct focus and resources

Hannah Cairns, Chief AHP - [Hannah.cairns@nhslothian.scot.nhs.uk](mailto:Hannah.cairns@nhslothian.scot.nhs.uk)

## **4 Policy Implications**

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- 4.1 The issues outlined in this report relate to the integration of health and social care services and the delivery of policy objectives within the IJBs Strategic Plan.

## **5 Directions**

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- 5.1 The report reflects the ongoing work in support of the delivery of the current Directions issued by Midlothian IJB.

## **6 Equalities Implications**

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- 6.1 There are no specific equalities issues arising from this update report.

## **7 Resource Implications**

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7.1 There are no direct resource implications arising from this report.

## 8 Risk

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8.1 The key risks associated with the delivery of services and programmes of work are articulated and monitored by managers and, where appropriate, reflected in the risk register.

## 9 Involving people

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9.1 There continues to be ongoing engagement and involvement with key stakeholders across the Partnership to support development and delivery of services.

## 10 Background Papers

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<b>DATE</b>	June 2022

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**Appendices:**

**None**

# Midlothian Integration Joint Board



Thursday 16th June 2022, 1.00pm

## Membership of Integration Joint Board

Item number: 5.3

### Executive summary

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This report provides information about the Council nominations for voting membership of the Midlothian IJB following the Local Government Elections on 5 May 2022. Further the report also seeks nominations from the Board in relation to the vacant positions within the Audit and Risk Committee.

**Board members are asked to:**

- ***Endorse the Council nominations for voting members of the Midlothian Integration Joint Board including the position of Vice-Chair until August 2023; and***
- ***Nominate members to fill the two vacant positions within the Audit and Risk Committee including the appointment of the Chair of the Committee.***

## Membership of Integration Joint Board

### 1. Purpose

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- 1.1 This report notes and seeks the Board's endorsement of the nominations for Midlothian Council voting members of the Midlothian Integration Joint Board following the Local Government Elections on 5 May 2022 and seeks nominations from the Board in relation to the two vacant positions on the Audit and Risk Committee including the appointment of the Chair of the Committee.

### 2. Recommendations

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- 2.1 Endorse the Council nominations for voting members of the Midlothian Integration Joint Board including the position of Vice- Chair until August 2023.
- 2.2 Nominate members to fill the three vacant positions within the Audit and Risk Committee including the appointment of the Chair of the Committee.

### 3. Background and Main Report

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- 3.1 Under the Public Bodies (Joint Working) (Scotland) Act 2014, and associated Regulations, Local Authorities and Health Boards were required to jointly submit Integration Schemes for Ministerial approval by 1 April 2015. Midlothian's Integration Scheme was formally approved by Scottish Government on 27<sup>th</sup> June 2015.
- 3.2 The Integration Scheme outlines the arrangements for membership and chairing of the Midlothian IJB.(see appendix1)

## Membership of the Midlothian Integration Board

### Voting Members, Chair and Vice-Chair

- 3.3 Midlothian Council is required to nominate four Councillors, who will be voting members of the Integration Joint Board. There will also be four Board members nominated by NHS Lothian, who will likewise be voting members.
- 3.4 The Integration Joint Board will have a chairperson and a vice-chairperson appointed from among the members nominated by the Council and NHS Lothian.
- 3.5 The initial chairperson is to be appointed by Midlothian Council and the initial vice-chairperson by NHS Lothian. They will each serve for two years from the date on which the Integration Joint Board is established until the second

anniversary of that date. At the end of that period the chairperson will be appointed by NHS Lothian and the vice-chairperson by Midlothian Council. The appointments will continue to alternate on a two yearly basis thereafter between the parties.

- 3.6 The Council and NHS Lothian can change its appointee as chairperson (or, as the case may be, vice chairperson) at any time and it is entirely at the discretion of the appointing parties to decide who it shall appoint.
- 3.7 If a nominated councillor is unable to attend a meeting of the Integration Joint Board then the Council is to use its best endeavours to arrange for a suitably experienced proxy councillor to attend the meeting in place of the voting member. Such proxies may vote on decisions put to that meeting. Likewise NHS Lothian will be expected to arrange suitably experienced substitutes. Non-voting members may arrange for a suitable substitute with prior agreement of the Chair.

### **Disqualifying Criteria**

- 3.8 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 specifies that persons will be disqualified from being a member of an Integration Joint Board if they:-
- (a) have within the period of five years immediately preceding the proposed date of appointment been convicted of any criminal offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine);
  - (b) have been removed or dismissed for disciplinary reasons from any paid employment or office with a Health Board or L.A.
  - (c) are insolvent;
  - (d) have been removed from a register maintained by a regulatory body, other than where the removal was voluntary; or
  - (e) have been subject to a sanction under section 19(1) (b) to (e) of the Ethical Standards in Public Life etc. (Scotland) Act 2000.

### **Midlothian Integration Joint Board-Voting Members**

- 3.9 Midlothian Council on 24 May 2022 agreed that the following Councillors would be appointed to serve on Midlothian IJB: Councillors Cassidy, Milligan, Parry and Winchester. Council also agreed that Councillors Alexander, McEwan, McKenzie and Virgo would be proxies for these members.
- 3.10 Midlothian Council further agreed that Councillor Cassidy would be nominated to Vice-Chair of the Midlothian IJB until August 2023.

## **Audit and Risk Committee**

- 3.11 Under Standing Order 12.3, the Integration Joint Board shall appoint all committee members, as well as the Chair of any committees.
- 3.12 The Audit and Risk Committee currently has two vacancies which require to be filled including the Chair of the Committee. These positions were previously occupied by voting Councillor members of the Board.
- 3.13 The Board is invited to confirm the nominations for the vacant positions within the Audit and Risk Committee and to confirm the name of the Chair of the Committee.

## **4. Policy Implications**

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- 4.1 The creation of Integration Joint Boards is intended to rebalance care towards community based health and social care services. In keeping with the Christie Report on the *Future Delivery of Public Services* the IJB will be expected to continue to develop approaches which are more effective in preventing ill health and in promoting recovery wherever possible.

## **5. Directions**

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- 5.1 The report reflects the ongoing work in support of the delivery of the current Directions issued by Midlothian IJB.

## **6. Equalities Implications**

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- 6.1 There is no direct impact on inequalities arising from this report although it is worth noting that the Midlothian IJB has as one of its primary objectives, responsibility for addressing health inequalities.

## **7. Resource Implications**

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- 7.1 There are no resource implications arising from this report.

## **8. Risks**

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- 8.1 It is essential that there is a clear and robust process for appointing voting and non-voting members to the IJB otherwise there is a risk that the new arrangements will not be compliant with regulations.

## **9. Involving People**

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- 9.1 The regulations accompanying the Public Bodies Act (2014) are unequivocal about the importance of working with localities and involving, in a meaningful way, all key stakeholders. This includes staff, users, family carers, voluntary sector, housing and independent providers of health and social care. Locally,

a Strategic Planning Group has been established in line with these regulations.

## 10. Background Papers

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10.1 There no background papers other than those included in the appendices

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<b>DATE</b>	24 May 2022

**Appendices:** Appendix 1 Extract from Midlothian Integration Scheme

## **Appendix 1 Extract from Midlothian Integration Scheme**

### **3. Local Governance Arrangements**

#### **3.1. Membership**

- 3.1.1. The IJB shall have the following voting members:
- a) 4 councillors nominated by the Council; and
  - b) 4 non-executive directors nominated by NHS Lothian, in compliance with articles 3(4) and 3(5) of the Integration Joint Boards Order.
- 3.1.2. The Parties may determine their own respective processes for deciding who to nominate as voting members of the IJB.
- 3.1.3. Non-voting members of the IJB will be appointed in accordance with article 3 of the Integration Joint Boards Order.
- 3.1.4. The term of office of members shall be as prescribed by regulation 7 of the Integration Joint Boards Order.

#### **3.2. Chairperson and Vice Chairperson**

- 3.2.1. The IJB shall have a chairperson and vice-chairperson who will both be voting members of the IJB.
- 3.2.2. The term of office of the chairperson will be two years, with the Council appointing the first chairperson for the period from the date on which the IJB is established until the second anniversary of that date, and NHS Lothian appointing the second chairperson for the period from the second anniversary of the date on which the IJB is established until the fourth anniversary.
- 3.2.3. As from the fourth anniversary of the date on which the IJB is established, the power to appoint the chairperson will continue to alternate between each of the Parties on a two-year cycle.
- 3.2.4. The term of office of the vice chairperson will be two years, with NHS Lothian appointing the first vice chairperson for the period from the date on which the IJB is established until the second anniversary of that date. The provisions set out above under which the power of appointment of the chairperson will alternate between the Parties on a two-year cycle will apply in relation to the power to appoint the vice chairperson, and on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.
- 3.2.5. The Parties may determine their own processes for deciding who to appoint as chairperson or vice-chairperson.
- 3.2.6. Each Party may change its appointment as chairperson (or, as the case may be, vice chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.



**Thursday 16th June 2022, 1.00pm**

## **IJB Directions Annual Report 2021-22**

**Item number: 5.4**

### **Executive summary**

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IJBs, Health Boards and Local Authorities have a legal obligation to both issue and monitor the effectiveness of Directions as described in the Public Bodies (Joint Working) (Scotland) Act 2014.

The accompanying report provides the full year updates on Directions for 2021-22.

**Board members are asked to:**

- **Review the full year report on Directions 2021-22**
- **Consider the approach to performance management of Directions**

## IJB Directions Annual Report 2021-22

### 1 Purpose

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- 1.1 This report provides the full year report on Directions 2021-22. This report asks the IJB to consider the approach to performance management of Directions.

### 2 Recommendations

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- 2.1 As a result of this report Members are asked to:-

**Review the full year report on Directions 2021-22**  
**Consider the approach to performance management of Directions**

### 3 Background and main report

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- 3.1 IJBs, Health Boards and Local Authorities have a legal obligation to both issue and monitor the effectiveness of Directions as described in the Public Bodies (Joint Working) (Scotland) Act 2014
- 3.2 Directions are the mechanism by which Integration Authorities action their strategic commissioning plans and are the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. A Direction must be given in respect of every function that has been delegated to the IJB. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision-making terms.
- 3.3 In January 2020 The Scottish Government published new guidance to support IJBs in effective issuing and implementation of Directions (Statutory Guidance: Directions from integration authorities to health boards and local authorities). This recognised the need to issue Directions on a rolling basis throughout the year, as IJBs should continue to review progress towards the aims of the Strategic Commissioning Plans, consider ongoing redesign, investment and disinvestment throughout the year, amending existing Directions or issuing new Directions accordingly.
- 3.4 An update on progress towards each Direction was provided to Midlothian IJB in December 2021. The full year update on Directions is outlined in the attached Appendix 1 Directions Annual Report 2021-22 with each Direction categorised by progress status.

- 3.7 The HSCP has reviewed the process to review Directions regularly within existing reporting structures. Clarification is requested from the Board on how frequently the Board requires reports on progress against Directions in order to support the effective delivery of the IJBs aims and objectives as outlined in the Strategic Commissioning Plan for 2022-25.

### 3 Policy Implications

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- 4.1 This paper supports the strategic Direction of the IJB and relates to the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#). (section 26 and 26) and the requirement for Directions from Integration Authorities to Health Boards and Local Authorities.
- 4.2 [Statutory Guidance](#) Directions from integration authorities to health boards and local authorities New statutory guidance was produced in 2020 on how to improve practice in the issuing and implementation of Directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014.

### 4 Directions

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- 5.1 This report has implications for all current and any future Directions.

### 5 Equalities Implications

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- 6.1 There are no specific Equalities Implications from this report. Health and Social Care Partnership programmes that relate to Directions and the Strategic Plan are subject to individual Equality Impact Assessments.

### 6 Resource Implications

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- 7.1 All approved Directions have information on the financial resources that are available for carrying out the functions that are the subject of the Directions, including the allocated budget and how that budget (whether this is a payment or a sum set aside and made available) is to be used.

### 7 Risk

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- 8.1 IJBs, Health Boards and Local Authorities have a legal obligation to issue and monitor the effectiveness of Directions as described in the Public Bodies (Joint Working) (Scotland) Act 2014. Not complying will pose legislative risks and it will be more difficult for the IJB to undertake its duties related to accountability and good governance

## 8 Involving people

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- a. The Strategic Planning Group discussed this annual report on Directions 2021-22 and proposals around performance management, at its meeting on 25th May 2022. This group includes community and service user representatives.
- b. Community engagement on the planning and review of services related to Directions will continue.

## 9 Background Papers

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<b>DATE</b>	06/06/2022

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### Appendices:

Appendix 1 Directions Annual Report 2021-22



**Midlothian  
Health & Social Care**

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



# Who we are

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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](http://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?

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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><b>Undertake a review of day support</b>, 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><b>End of year status: Direction Amended</b></p>
<p><b>Respite - Explore all options to provide a respite service</b> 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><b>End of year status: Direction Replaced</b></p>
<p><b>Develop Midlothian Respite Policy and Action Plan</b> by September 2021.</p>	<p>Planning has recommenced.</p> <p><b>End of year status: Direction Amended</b></p>

## Care at Home

Direction	Update
<p><b>Implement care at home services, in line with the vision statement and human rights based approach.</b></p> <p><b>Establish robust monitoring systems</b> 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><b>End of year status: Direction Live</b></p>
<p><b>Evaluate impact of new reablement model</b> 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><b>End of year status: Direction Amended</b></p>



# Frailty

**Planning group:** TBC

**Planning Lead:** Amanda Fox

Direction	Update
<p><b>The e-Frailty Programme should be progressed</b> to improve coordination of care and to provide support at an earlier stage. This includes the use of learning from the e-frailty programme to develop a frailty informed workforce (by December 2021).</p>	<p>Proactive identification (e-frailty) and support for people with frailty was constrained during 2021 owing to the Covid-19 pandemic. 277 people identified with frailty were supported by the British Red Cross to stay well at home during 2021-22. It is recognised there are opportunities to better support people escalating between mild, moderate, and severe frailty, and provide tailored support. Work is underway to review and redesign the frailty programme recognising the need to consider the impact of the pandemic, including deconditioning/falls risks, robust anticipatory care planning and alternative methods for identifying people with frailty.</p> <p><b>End of year status: Direction Live</b></p>
<p><b>Improve primary care quality and options for older people.</b></p>	<p>Delayed due to significant operational pressures.</p> <p>Work has commenced to develop a robust referral pathway directly between GP practices and the British Red Cross which will include a dedicated secure email address. The Red Cross frailty assessment process is also being reviewed with additional Anticipatory Care Planning (ACP) support, including a new process to share ACP information with GPs using a Key Information Summary (KIS) template. The ACP process will incorporate good conversations about what matters to people should their health deteriorate and ensure key information is captured in a way that can be shared and accessed across the whole system using KIS. Consideration is also underway to support people who have become deconditioned during the pandemic and present with higher falls risks including developing options for people to access support to improve their strength and balance.</p> <p><b>End of year status: Direction Replaced</b></p>
<p><b>Develop and evaluate pro-active in-reach into hospital</b> when someone with frailty is admitted by December 2021.</p>	<p>Since onboarding of patients started in Jan 2022, 21 patients have been seen by face to face appointment, 30 have had telephone support.</p> <p>The main interventions have been:</p> <ul style="list-style-type: none"> <li>• Falls prevention</li> <li>• Increasing independence in self care</li> <li>• Increasing independence in productivity</li> <li>• Increasing engagement in leisure activities</li> <li>• Adaptations</li> </ul>

<p><b>Develop virtual medical teams</b> involving frailty GPs and key hospital consultants by December 2021.</p> <p><b>Consider Midlothian Community Hospital (MSH)role for frailty step-up, step down</b></p>	<ul style="list-style-type: none"> <li>• Equipment.</li> </ul> <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><b>End of year status: Direction Replaced</b></p> <p>The second test of change has been delayed due to GP staffing issues.</p> <p><b>End of year status: Direction Replaced</b></p> <p>Frailty step down is already in place and planning is underway for step up.</p> <p><b>End of year status: Direction Replaced</b></p>
<p>Improve <b>quality and options for people with frailty in primary care</b> 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><b>End of year status: Direction Replaced</b></p>
<p>Work to ensure our <b>frailty services are accessible to people under 65 years</b> 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><b>End of year status: Direction Live</b></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
<p><b>All service providers should adopt an approach which focuses on personal outcomes</b> and encourages self-management and recovery by March 2022.</p>	<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><b>End of year status: Direction Amended</b></p>
<p><b>A full appraisal of the optimum balance of community based and hospital-based services</b> should be carried out within the context of the re-provision of Astley Ainslie(AAH) by October 2021</p>	<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><b>End of year status: Direction Amended</b></p>
<p>There should be <b>collaboration, where feasible, with Housing Providers and national policy makers to press for change in policy</b> around the inadequate availability of suitable housing in new housing developments.</p>	<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><b>End of year status: Direction Live</b></p>
<p><b>Review role of MCPRT community rehab team</b> 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>	<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><b>End of year status: Direction Amended</b></p>
<p><b>Develop clear pathways and support provision for people affected by long term conditions</b> (in particular Type 2 Diabetes and CHD) by March 2022</p>	<p><b>Diabetes Pathway</b> – 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><b>End of year status: Direction Amended</b></p>
<p><b>Develop clear pathways and support for people affected by</b></p>	<p>The Project Team has been established, including Executive Sponsor, Project Lead and Analyst.</p>

<p><b>neurological conditions by March 2022.</b></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><b>End of year status: Direction Amended</b></p>
<p><b>Work with other Lothian Health &amp; Social Care Partnerships to implement appropriate model and financial plan for complex care by June 2021.</b></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><b>End of year status: Direction Amended</b></p>



# Mental Health

**Planning group:** Adult Mental Health

**Planning Lead:** TBC

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

Directions	Update
<p><b>Explore options for recovery</b> for people experiencing poor mental health through <b>development of community based housing</b> 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><b>End of year status: Direction Live</b></p>
<p><b>Review effectiveness of the multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice now operational at Number 11</b> (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><b>End of year status: Direction Live</b></p>
<p>Continue close collaboration with Housing in <b>supporting the new arrangements for homelessness through the Rapid Rehousing policy and support the Housing First Model.</b></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><b>End of year status: Direction Replaced</b></p>
<p><b>A coherent approach to the delivery of services to support improved mental wellbeing should be developed.</b> 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 <b>identify new approaches to addressing the continuing pressures on Psychological Therapies.</b></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><b>End of year status: Direction Live</b></p>
<p><b>Implement updated Suicide Prevention Action Plan</b> 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 <b>agree plans for pan-Lothian and hosted mental health service provision 2022-25</b> 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><b>End of year status: Direction Live</b></p>
<p><b>Report on pilot to deliver a substantial improvement in waiting times for psychological therapy</b> 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><b>End of year status: Direction Revoked</b></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
<p><b>Review day care provision and associated costs</b> including transport by December 2021.</p> <p><b>Work with providers to pilot new community based and personalised models of day services</b> by 31st March 2022</p>	<p>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.</p> <p><b>End of year status: Direction Amended</b></p> <p>Learning Disability Day Services continue to be operating at reduced capacity due to covid guidance.</p> <p><b>End of year status: Direction Amended</b></p>
<p><b>Support the delivery of new housing models</b> in Bonnyrigg (8 flats) by Dec 2022, and Primrose Lodge, Loanhead by March 2022 to support people with Profound and Multiple Learning Disabilities</p>	<p>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).</p> <p><b>End of year status: Direction Replaced</b></p>
<p><b>Complete retender of the taxi contract</b> for existing taxi services</p>	<p>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.</p> <p><b>End of year status: Direction Live</b></p>
<p><b>Strengthen joint working of Learning Disability Services and care providers</b> to inform longer-term changes in how adult social care is planned and delivered.</p>	<p><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></p> <p><b>End of year status: Direction Live</b></p>
<p><b>Review of the services available for diagnosis and support to people with autism</b> complete by March 2022</p>	<p>New models of support have been incorporated into the Learning Disability and Autism Commissioning Plan.</p> <p><b>End of year status: Direction Revoked</b></p>
<p>Support people with complex needs in crisis by <b>training practitioners on Positive Behavioural Support (PBS)</b> as part of embedding Positive Behavioural Support in Learning Disability</p>	<p>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.</p> <p><b>End of year status: Direction Amended</b></p>



# 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 <b>system for data analysis / reporting of falls</b> 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.  <b>End of year status: Direction Replaced</b>
<b>Develop an integrated &amp; coordinated Midlothian Falls Pathway</b> 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.  <b>End of year status: Direction Replaced</b>
Work with Primary Care providers to <b>develop a standard identification process, signposting / self-referral system</b> 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.  <b>End of year status: Direction Replaced</b>



# 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
<p><b>Increase the accuracy of the Palliative Care Registers in GP practices by September 2021.</b></p>	<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><b>End of year status: Direction Replaced</b></p>
<p><b>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.</b></p>	<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><b>End of year status: Direction Amended</b></p>
<p><b>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</b></p>	<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><b>End of year status: Direction Live</b></p>
<p><b>Evaluate the impact of the Palliative Care Champion Network across Midlothian care homes by March 2022.</b></p>	<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>

assuring quality of escalation plans;  
seeking evidence of family involvement; and  
whether Key Information Summary (KIS) aligns with plan  
in Care Home.

The Care Home Support team is actively developing  
datasets to evidence this work and to support further  
improvement.

**End of year status: Direction Amended**



# 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><b>Health Visiting (HV):</b> Work to <b>increase staff compliment</b> to full, including adequate support staff, - Nursery Nurses and Admin support by July 2021</p> <p><b>Monitor implementation of the Universal Pathway</b> by Nov 2021.</p> <p><b>Review the management structure for all nursing</b> in Midlothian including health visiting by September 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><b>End of year status: Direction Revoked</b></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><b>End of year status: Direction Replaced</b></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><b>End of year status: Direction Amended</b></p>
<p><b>School nursing:</b> <b>Implement the refocused role of school nursing</b> including the 10 priorities by March 2022.</p> <p><b>Complete delayed Primary 1 surveillance programme</b> (height and weight) in all schools including initial vision screening 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><b>End of year status: Direction Replaced</b></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><b>End of year status: Direction Revoked</b></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 .

**Centralisation of the telephone and recall system** with all appointments managed by CCH by September 2021.

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.

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.

**End of year status: Direction Replaced**

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.

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.

There is no work currently taking place with the gypsy traveller community as the site is closed.

**End of year status: Direction Revoked**



# 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
<p><b>Review the effectiveness of the new combined Public Protection module</b>, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection by July 2021.</p>	<p>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&amp;D Sub Group. Upon their request, an additional training will be delivered to Midlothian leisure duty officers, with East Lothian staff invited also.</p> <p><b>End of year status: Direction Amended</b></p>
<p><b>Complete Joint Strategic Needs Assessment</b> 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.</p>	<p>Discussion around the Joint Strategic Needs Assessment (JSNA) requires further consideration by Clinical Services Oversight Group (CSOG) as to next steps.</p> <p><b>End of year status: Direction Live</b></p>
<p><b>Support the embedding of Safe and Together</b> (keeping the child Safe and Together with the non-offending parent) including training across social, health and care services</p>	<p>Safe and Together (S&amp;T) implementation group continues to meet regularly. The Lead for Midlothian has developed a 7-minute briefing based on the S&amp;T Audit of 2021. This has been distributed to Midlothian Team Leaders within her service. Training numbers are lower than expected.</p> <p>There are associated barriers to fulfilling targets which will be reviewed at the May L&amp;D Sub Group. The S&amp;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.</p> <p><b>End of year status: Direction Live</b></p>
<p><b>Develop guidance to support the implementation of the East Lothian and Midlothian Position Statement on Commercial Sexual Exploitation</b> and link work with the Midlothian equalities outcomes by March 2022</p>	<p>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.</p> <p><b>End of year status: Direction Amended</b></p>
<p><b>Evaluate Midlothian Council Safe Leave Programme</b> - for those employees who are experiencing gender based violence and need additional time off work to deal with resulting matters by March 2022.</p>	<p>Safe Leave has been implemented. Working towards Silver Accreditation.</p> <p><b>End of year status: Direction Amended</b></p>

**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><b>Develop a trauma informed service</b> 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><b>End of year status: Direction Revoked</b></p>
<p><b>Develop the SPRING service.</b> 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><b>End of year status: Direction Live</b></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 <b>people’s involvement in the planning, delivery and reviewing of their individual care is maximised</b>. 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><b>End of year status: Direction Live</b></p>
<p>Evidence that people using MELDAP funded services <b>contribute to ongoing development of the service.</b></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><b>End of year status: Direction Live</b></p>
<p><b>People with lived experience to be members of the MELDAP Strategic Group</b></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><b>End of year status: Direction Live</b></p>
<p><b>MH&amp;SCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by March 2022.</b></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><b>End of year status: Direction Live</b></p>
<p><b>Employment opportunities for people in recovery should be increased</b> 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&amp;SCP/MELDAP and NHS Lothian should further develop working practices to ensure a seamless provision of services to those people using No11.</p> <p><b>End of year status: Direction Live</b></p>
<p>MH&amp;SCP/MELDAP and NHS Lothian should further develop working practices to ensure a <b>seamless provision of services to those people using No11.</b></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><b>End of year status: Direction Live</b></p>



# Workforce

**Planning Group:** Workforce Strategic Planning Group

**Planning Lead:** Anthea Fraser

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



# Unpaid Carers

**Planning group:** Carers Strategic Planning Group

**Planning Lead:** Shelagh Swithenbank

Direction	Update
<p><b>Review the Carer Strategic Statement</b> 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><b>End of year status: Direction Revoked</b></p>
<p><b>Improve carer identification</b> 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><b>End of year status: Direction Amended</b></p>
<p><b>Design a performance framework</b> 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><b>End of year status: Direction Amended</b></p>



# Primary Care

Planning lead: TBC

Planning Group: TBC

Direction	Update
<p><b>Use data from NHS Lothian Public Health to determine the impact of NHS general dental services</b> on the oral and general health of Midlothian population and use this information to identify further actions if required by December 2021.</p>	<p>Progress has been significantly limited by system pressures due to Covid-19.</p> <p><b>End of year status: Direction Live</b></p>
<p>Work with Director of Edinburgh Dental Institute to <b>consider how best the Oral Health Improvement Plan recommendations</b> on 'Meeting the Needs of an Ageing Population' can be jointly pursued by March 2022.</p>	<p>Progress has been significantly limited by system pressures due to Covid-19.</p> <p><b>End of year status: Direction Live</b></p>
<p><b>Evaluate the impact of community glaucoma specialist optometrists</b> by March 2022</p>	<p>Progress has been significantly limited by system pressures due to Covid-19.</p> <p><b>End of year status: Direction Live</b></p>
<p><b>Implementation of the Community Treatment and Care Centre model (CTAC)</b> to effectively manage and support patients with long term/chronic conditions in the community.(PCIP priority) by 31 July 2022</p>	<p>By March 2022 all GP practices were able to access Long Term Condition data collection, via CTAC / Treatment Room+, with future expansion being planned.</p> <p><b>End of year status: Direction Live</b></p>
<p><b>Responsibility and management of the Vaccination Transformation Programme transferred to the HSCP</b> by 1st Oct 2021. (PCIP priority) This includes planning around COVID and flu vaccination programmes.</p>	<p>Covid and flu vaccinations are progressing as planned, in line with the Scottish Government extension to the agreed timeline.</p> <p>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).</p> <p><b>End of year status: Direction Revoked</b></p>
<p>Continued implementation of the Prescribing Plan <b>with 100% of Practices with Pharmacotherapy level 1 service in place</b> (March 2022)</p>	<p>In line with the national Memorandum of Understanding, all practices continue to receive a service covering all aspects of level 1 pharmacotherapy commitments.</p> <p>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>

	<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><b>End of year status: Direction Live</b></p>
<p><b>Funding above the 21/22 PCIF allocation secured</b> 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><b>End of year status: Direction Live</b></p>
<p><b>Established Medicine Reconciliations service</b> 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><b>End of year status: Direction Live</b></p>
<p><b>Progress Capital Development programme in Primary Care</b> 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><b>End of year status: Direction Live</b></p>



# Acute Services

**Planning group:** Acute Services Planning Group

**Planning Lead:** TBC

Direction	Update
Undertake a <b>review of all frequent attendees at A&amp;E</b> by October 2021	Completed and submitted March 2022 as a Lothian-wide activity.  <b>End of year status: Direction Replaced</b>
Implement <b>community pathways for Musculoskeletal physiotherapy</b> in line with national plans around scheduling unscheduled care by 31 <sup>st</sup> 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.  <b>End of year status: Direction Replaced</b>
<b>Agree Midlothian response to national redesign of urgent care</b> 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.  <b>End of year status: Direction Live</b>
<b>Implement a tableau dashboard to support managers in accessing performance data</b> 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.  <b>End of year status: Direction Live</b>
<b>Monitor the impact of the implementation of the Midlothian Acute Service Plan 19-22</b> 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.  <b>End of year status: Direction Replaced</b>

<p><b>Implement and monitor the impact of the Single Point of Access</b> 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><b>End of year status: Direction Replaced</b></p>
<p><b>Implement the Health Inclusion Team support to adult (under 55) frequent A &amp; E attendees</b> by July 2021</p>	<p>Service pressures have limited the capacity to progress this work.</p> <p><b>End of year status: Direction Revoked</b></p>
<p>Take an active role in <b>pan-Lothian decisions around A&amp;E front-door redesign</b> (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><b>End of year status: Direction Live</b></p>

# Inpatient Hospital Care

Direction	Update
<p><b>Complete the review of 'potentially preventable admissions'</b> by September 2021 and develop a plan to strengthen access to local alternatives and where appropriate develop new services</p>	<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><b>End of year status: Direction Amended</b></p>
<p><b>Evaluate the impact of new approaches to In Reach</b> (including identifying patients suitable for Reablement in Medicine of the Elderly wards) by September 2021</p>	<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"> <li>• seek opportunities to turn the patient around and support at home</li> <li>• begin the planning process for discharge much earlier.</li> </ul> <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><b>End of year status: Direction Live</b></p>
<p><b>Increase further the proportion of patients admitted to the Royal Infirmary of Edinburgh</b> as the local Acute Medical Unit compared to the Western General.</p>	<p>The preferred pathway to the Royal Infirmary of Edinburgh continues.</p> <p><b>End of year status: Direction Replaced</b></p>
<p><b>Evaluate the impact of the Home First Model</b> by March 2022</p>	<p>Evaluation has been delayed due to significant operational pressures.</p> <p><b>End of year status: Direction Revoked</b></p>
<p><b>Evaluate the impact of the enhanced 'Discharge to Assess' Service</b> to determine the case for continued investment by September 2021</p>	<p>Evaluation has been delayed due to significant operational pressures.</p> <p>Return on Investment report due end of May 2022.</p> <p><b>End of year status: Direction Live</b></p>

<p><b>Maintain collaborative decision making around acute hospital decision making.</b> 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><b>End of year status: Direction Replaced</b></p>
<p><b>Review Midlothian Hospital at Home Service</b> 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><b>End of year status: Direction Replaced</b></p>
<p><b>Maintain the number of people who are delayed in hospital</b> 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"> <li>• Emergency shopping</li> <li>• DWP process navigation support</li> <li>• Fire safety checks</li> <li>• Big button phones</li> <li>• Setting up Appetito</li> <li>• Transitioning into the community</li> <li>• Carer support</li> <li>• Adaptations.</li> <li>•</li> </ul> <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>

	<b>End of year status: Direction Revoked</b>
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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 <b>free capacity in Midlothian Community Hospital by enabling alternative care options for people with dementia</b> 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><b>End of year status: Direction Replaced</b></p>
<p><b>The option appraisal</b> regarding the most appropriate outpatient Clinics and day treatment to be provided in Midlothian Community Hospital <b>should be completed</b> by September 2021.</p> <p>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><b>End of year status: Direction Replaced</b></p>
<p><b>Further develop plans for Glenlee Ward to increase bed capacity</b> 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><b>End of year status: Direction Revoked</b></p>
<p><b>Evaluate impact of the development of Glenlee Ward</b> 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><b>End of year status: Direction Amended</b></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><b>Planning for Newmills, Gore Avenue and Bonnyrigg extra care housing should continue</b> in order to deliver an extra 106 Extra Care Housing units (inc bariatric options) by spring 2022.</p>	<ul style="list-style-type: none"> <li>• Newmills Road Dalkeith – site under construction and remains on schedule for estimated completion November 2022.</li> <li>• 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).</li> <li>• Gore Avenue – Work remains ongoing to achieve sign off of Peer Review due to environmental site sensitivities.</li> </ul> <p><b>End of year status: Direction Revoked</b></p>
<p><b>Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be considered</b> 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><b>End of year status: Direction Replaced</b></p>
<p><b>Implementation of a proactive approach to ensure people are able to live in housing appropriate to their needs</b> 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><b>End of year status: Direction Revoked</b></p>
<p>The Partnership should <b>strengthen its joint working with the Housing Service</b> 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><b>End of year status: Direction Revoked</b></p>
<p>The <b>Partnership should also actively participate in planning of new housing developments such as Shawfair</b>, 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><b>End of year status: Direction Replaced</b></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.

Completed as per 6 month update.

**End of year status: Direction Revoked**



# Public Health

**Planning group:** HSCP Public Health Reference Group (TBC)

**Planning lead:** TBC

Direction	Update
<p><b>All service providers should adopt the Midlothian Way</b> 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><b>End of year status: Direction Amended</b></p>
<p>There should be a continued programme of work to enable people to stay well including <b>joint work with Sport and Leisure and a review of the range of services in place to improve health and wellbeing across the population</b> 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><b>Green prescribing update</b></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><b>Whole Systems Approach to Type 2 Diabetes:</b> 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><b>Breastfeeding:</b> 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><b>Poverty:</b> 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><b>End of year status: Direction Amended</b></p>
<p>A comprehensive <b>Public Health action plan should be developed</b> 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><b>End of year status: Direction Revoked</b></p>
<p>Work should continue to <b>develop our Prevention Intention through engagement with all of the planning groups</b> 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><b>End of year status: Direction Revoked</b></p>
<p>The NHS Lothian Public Health Directorate and Midlothian Health &amp; Social care Partnership should <b>negotiate an appropriate arrangement for the integration of NHS Lothian Public Health staff</b> 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><b>End of year status: Direction Revoked</b></p>

<p>The <b>impact of the HIT (Health Inequalities Team) should be reported</b> 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><b>End of year status: Direction Amended</b></p>
<p>Following outcome of the NHS Lothian Public Health Review, <b>initiate discussions with the 3 other Integrated Joint Boards about the potential disaggregation of Public Health</b> 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><b>End of year status: Direction Amended</b></p>
<p><b>Evaluate the impact of the Improving the Cancer Journey (ICJ)</b> 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 &amp; 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 &amp; 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 &amp; 2. As 42% of people live in SIMD 1 &amp; 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><b>End of year status: Direction Amended</b></p>

<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 <b>develop and deliver service model for pregnant women</b> based upon best practice learning from NHS Dumfries and Galloway.</p>	<p>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.</p> <p><b>End of year status: Direction Replaced</b></p>
<p>Review potential for <b>multi-agency long term condition strategic planning group</b></p>	<p><i>Review is completed and group was established to be led by the head of Allied Health Professionals.</i></p> <p><b>End of year status: Direction Revoked</b></p>

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

# Digital

<p>Establish a Digital Governance Group to act as a forum in the HSCP to connect with technical business partners by September 2021</p>	<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><b>End of year status: Direction Revoked</b></p>
<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>	<p>As above.</p> <p><b>End of year status: Direction Revoked</b></p>
<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>	<p>As above.</p> <p><b>End of year status: Direction Revoked</b></p>
<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>	<p>As above.</p> <p><b>End of year status: Direction Revoked</b></p>
<p>eHealth to support roll out of Attend Anywhere and to provide greater clarity and connection to development programme as appropriate:</p>	<p>As above.</p> <p><b>End of year status: Direction Revoked</b></p>

Attend Anywhere as a contact modality for new service areas	Completed  <b>End of year status: Direction Revoked</b>
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.  <b>End of year status: Direction Revoked</b>
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.  <b>End of year status: Direction Revoked</b>
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.  <b>End of year status: Direction Revoked</b>

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

## 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	Evaluation was delayed due to significant operational pressures.  An informal review of intermediate care structure is now underway.  Return On Investment paper is due at the end of May 2022. <b>End of year status: Direction Replaced</b>
Increase the number of Intermediate Care Flats throughout Midlothian by August 2021 to facilitate earlier supported hospital discharge and reduce delayed discharge, whilst allowing individuals to return to their local communities and/or reside in a homely environment rather than the clinical setting.	Complete - increased availability is now in place. <b>End of year status: Direction Replaced</b>
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)	Delayed due to significant operational pressures. <b>End of year status: Direction Replaced</b>

Thursday 16th June 2022, 1.00pm

## IJB Directions 2022-23

Item number: 5.5

### Executive summary

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This report brings together the outstanding Directions issued in 2020/21 and 2021/22 with those agreed by the IJB at its meeting on 14<sup>th</sup> April 2022. Once issued, a Direction remains legally binding until it is either completed, formally amended, or revoked. The Directions approved by the IJB in April have been drawn from the recently published Strategic Commissioning Plan 2022-25 and focus on new actions required of Midlothian Council and NHS Lothian working together in partnership. In addition, there are a wide range of Directions previously issued by the IJB which continue to be binding. This is, in part, a result of the nature of these Directions which seek to bring about substantial change in the delivery of services and, as such, cannot realistically be achieved within a one or two-year timeframe. It is also self-evident that the capacity of the Partnership to manage a programme of service redesign has been severely restricted by the impact of the pandemic over the past two years.

Progress with Directions is reported to the IJB every six months. To ensure all issued Directions are considered at each reporting point, a log has been created giving each action a reference number for tracking. This log will support effective reporting of progress and ensure that all previously issued Directions are also appropriately monitored. This will enable the IJB to maintain, and, where appropriate, adjust, the full programme of service delivery and redesign it is seeking to achieve through the work of its partners.

#### Board members are asked to:

1. Approve the proposal to issue the attached Directions to Midlothian Council and NHS Lothian
2. Approve the proposal that the HSCP maintains a comprehensive log of Directions to ensure a more systematic and more vigilant review process
3. Approve the proposal to issue new Directions to make full use of financial reserves
4. Agree to a review and refresh of the MIJB Directions Policy

## IJB Directions 2022-23

### 1 Purpose

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- 1.1 This report is a follow-up report on the proposed Directions to be issued to NHS Lothian and Midlothian Council. At its meeting in April 2022, the IJB agreed in principle to a set of new Directions intended to support the delivery of the Strategic Commissioning Plan 2022-25. It was noted at the April 2022 Board that further work was required in relation to acute services, frailty and mental health. This work has been completed alongside revision, review and, where appropriate, the carrying forward of Directions issued in previous years.
- 1.2 The Directions presented alongside this report are intended to provide clarity regarding the key changes to be made in only those services delegated to the IJB. It is important to note there are a number of service redesign objectives which are relevant across a number of areas and therefore do not have a dedicated Direction.

Cross-cutting and significant drivers for change include the frailty programme; the development of a falls programme; and the application of digital solutions. Only a small portion of the Public Health budget is delegated to the IJB and yet the objective of a strong programme of prevention and screening is dependent upon the skills and resources within Public Health. As such, we are very committed to strengthening our joint working in this area.

Good quality housing tailored to the needs of people with physical and mental health needs or disabilities is crucial to enabling people to manage as independently as possible. The plans to achieve this are laid out in the Housing Contribution Statement provided as an appendix to the Strategic Plan and are not included in the attached set of Directions

### 2 Recommendations

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- 2.1 As result of this report Members are asked to: -
- I. Approve the main Directions outlined in Appendix 1
  - II. Approve the development of a logging system to ensure that previous Directions, which are not yet completed, continue to be monitored
  - III. Approve the proposal to issue new Directions to ensure full and appropriate use of reserves.  
(This is described in MIJB Direction MIJB-25 for 2022-23 and explained in the accompanying Finance Report also being considered at this June MIJB)
  - IV. Agree to a review and refresh of the MIJB Directions Policy

### 3 Background and main report

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- 3.1 **Legislation:** The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Authorities to develop a Strategic Commissioning Plan for integrated functions. An Integration Authority requires a mechanism to action their Strategic Commissioning Plan, and this is laid out in sections 26 to 28 of the Act. This mechanism is the issuing of binding Directions from the IJB to one or both of NHS Lothian and Midlothian Council.

Directions specify key actions which need to be implemented to deliver on the Strategic Commissioning Plan and stipulate how the partners must spend the budgets allocated to them by the IJB. Partner organisations are required to comply with all Directions received from the IJB, and may not amend, ignore, appeal, or veto any Direction.

- 3.2 **Midlothian Strategic Plan:** The Midlothian Strategic Commissioning Plan 2022-25 outlines the way ahead for the development of health and social care services in Midlothian. The Plan explains the IJB's objectives in the delivery of health and social care services and, within each section of the plan, outlines specific actions to be taken to improve the delivery of services aimed at prevention and early intervention; support and treatment; and responding to crises.

- 3.3 **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.

- 3.6 **Addressing the Key Issues which impact upon Health and Wellbeing**

The IJB is only empowered to issue Directions regarding functions delegated to it as outlined in the Integration Scheme. However, there is a very clear link between good health and wellbeing and ease of access to services which meet people's basic needs. These include good housing, income and employment and transport. The Housing Contribution Statement outlines the main changes planned in the delivery of good housing to support health and wellbeing. Alongside this, strong partnership working will continue to be crucial with non-delegated health services such as Public Health, Council services such as Lifelong Learning, the wider Community Planning Partnership, and local people and communities.

### 4 Policy Implications

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- 4.1 The requirement to issue Directions was considered and agreed by the IJB on the 10<sup>th</sup> December 2015 when a local policy was agreed. However, guidance was reviewed by Scottish Government in 2020 which outlines a number of best practice recommendations. These have been applied to some extent in the last 2 years and should now be reflected with a revision of the MIJB Directions Policy.

## 5 Directions

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- 5.1 This report is to seek agreement regarding the set of Directions to be issued for 2022-23. This includes three new Directions regarding the use of financial reserves.

## 6 Equalities Implications

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- 6.1 The Strategic Plan has, as one of its key objectives, a commitment to address health inequalities. An Integrated Impact Assessment on the new Strategic Plan was undertaken on the 8<sup>th</sup> February 2022. A range of issues were identified and will be addressed through the HSCP Planning and Transformation Group in the first instance.

## 7 Resource Implications

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- 7.1 (Including best value and following the public £ considerations)

The resource implications of Directions is specified within the individual details of each Direction. It is acknowledged that the financial context is both complex and challenging. The budgets for 2022-23 are not yet fully finalised. In addition, for some services there are earmarked reserves which are referred to in the individual Directions e.g., Substance Use services. The process for decision-making in relation to the allocation of hospital (set-aside) and hosted services to each of the Lothian IJBs remains incomplete. More generally, the challenges facing both NHS Lothian and Midlothian Council in trying to meet increasing demand in the context of underlying financial pressures over the coming years must influence the IJBs direction and planning of health and social care services in Midlothian for the longer term. This is in line with the longer term need to redesign health and social care services to ensure sustainability and best value.

As is explained in reports prepared by the Chief Finance Officer, reserves have accumulated for a range of reasons. This provides the IJB with the opportunity to address service pressures and promote service redesign. It is for this reason that three specific additional Directions (MIJB-25.1-3) are proposed.

The first new Direction asks NHS Lothian and Midlothian Council, working in partnership, to consider what steps they can take to address continuing service pressures arising from the pandemic. This should include the provision of services to support recovery and rehabilitation for people who have experienced poorer outcomes as a direct or indirect consequence of covid-19.

The second proposed new Direction seeks to promote the delivery of the Strategic priorities with specific funding sources already identified. These earmarked funding streams should be planned and utilised accordingly. This would be managed by the Chief Officer and reported back to the IJB.

The third proposed new Direction seeks to use the general reserve to accelerate progress in the delivery of the Strategic Commissioning Plan 2022-25 within delegated functions and ensure capacity to maintain an outcome focused approach. This would be managed by the Chief Officer and reported back to the IJB.

## 8 Risk

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- 8.1 IJBs, Health Boards and Local Authorities have a legal obligation to issue and monitor the effectiveness of Directions as described in the Public Bodies (Joint Working) (Scotland) Act 2014. Not complying will pose legislative risks and it will be more difficult for the IJB to undertake its duties related to accountability, governance, and hamper the effective delivery and performance monitoring of the function.
- 8.2 There are a range of risks associated with the IJB's ability to achieve its objectives and these are documented in the IJB Risk Register. The specific risk attached to the Directions issued by Midlothian IJB are that they are fully not delivered. This risk will be managed through the Strategic Planning Group which will monitor closely the progress being made in these core areas of service redesign and by regular update reports to the IJB.

## 9 Involving people

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- 9.1 The development of the Strategic Commissioning Plan was underpinned by an extensive consultation and engagement programme with both staff and the public. The Directions are directly linked to the content of the Strategic Commissioning Plan 2022-25 and therefore have not been subject to a further process of 'involving people'.
- 9.2 In recognition of the vital role of public understanding and support to realise the changes in health and care required in coming years, a comprehensive and strengthened programme of community engagement will be designed and delivered.
- 9.3 The delivery of new approaches to health and social care is entirely dependent on a skilled and committed workforce. The Workforce Strategy 2022-25 is under development and cognisant of the major changes arising from long-term impact of the pandemic.
- 9.4 Statutory guidance recommends that Directions should be issued as soon as is practicable following their approval by the IJB. It is recommended that this should be a maximum of 14 days after a decision taken by the IJB.

As the flow of Directions is a result of clearly articulated vision, values, aims and ambitions within the IJBs Strategic Commissioning Plan 2022-25, it is proposed that Directions be issued to both partner organisations, without requirement to produce an additional public document.

The IJB's meetings are public, and all its papers are available on the internet.

## 10 Background Papers

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Midlothian IJB Directions Policy (Add Link)

[Directions from integration authorities to health boards and local authorities: statutory guidance](#)

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<b>DATE</b>	02/06/2022

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**Appendices:**

**Appendix 1: Directions 2022-23**

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## Midlothian IJB Directions 2022-23

DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS Lothian 2022-23  
(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

### 1. Introduction

The Midlothian IJB is now entering the eighth year of its existence. The new governance arrangements are fully established, and good progress continues to be made on integrating management arrangements and frontline services. The programme of redesign of Health and Social Care in Midlothian is outlined in the new three-year Strategic Commissioning Plan 2022-25 which continues to have a strong emphasis upon prevention, early intervention, recovery, and self-management. However, the context for this programme of change has altered significantly given the legacy of the pandemic over the past two years. Additionally, looking ahead, the proposals for the establishment of a national care service creates some uncertainty about the longer-term governance arrangements for health and social care. Directions have an important role to play in providing clarity and a detailed programme of change despite these external factors which are outwith the control of the IJB.

### 2. Strategic Aims and Underpinning Directions

The [Midlothian IJB Strategic Commissioning Plan 2022-25](#) has now been approved and published. Its key aims are to

- **Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead**
- **Enable more people to get support, treatment and care in community and home-based settings**
- **Increase people's choice and control over their support and services**
- **Support more people with rehabilitation and recovery**
- **Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support**
- **Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs**

## Appendix 1



In order to achieve these aims, the Partnership is investing heavily in a programme of Outcome Mapping to strengthen its ability to evaluate the impact of the strategy, and the resultant wide-ranging portfolio of services, in improving the health and wellbeing outcomes of the population of Midlothian.

The attached Directions are intended to provide clarity regarding the key changes to be made in those services delegated to the IJB. There are a number of service redesign objectives which are relevant across a number of areas. These cross-cutting and significant drivers for change include the **frailty programme**; the development of a **falls programme**; and the application of **digital solutions** through the developing Digital Programme Board. Only a small portion of the Public Health budget is delegated to the IJB and yet the objective of a strong programme of prevention and screening is dependent upon the skills and resources within Public Health. As such, we are very committed to strengthening our joint working in this area. Good quality housing tailored to the needs of people with physical and mental health needs or disabilities is crucial to enabling people to manage as independently as possible. The plans to achieve this are laid out in the Housing Contribution Statement provided as an appendix to the Strategic Plan and are not included in the attached set of Directions.

### 3. 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. Integration Authorities are also required to issue Directions-in our case to NHS Lothian and Midlothian Council - specifying key changes which need to be put in place to implement the Strategic Plan and stipulating how the partners must spend the budgets allocated to them by the IJB.

**Midlothian Policy:** Midlothian IJB approved its Directions Policy on 10<sup>th</sup> 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 2022-23:** The clarity to be achieved through Directions is important in ensuring there is no dubiety about how health and care services are to be provided including major service redesign objectives. The success of the integration arrangements is dependent upon effective joint working between the IJB, Midlothian Council and NHS Lothian and these Directions have been developed and

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should be enacted in a genuine spirit of partnership. It is worth reiterating that where economy of scale and clinical governance arrangements allow, the IJB intends to continue to move towards local management and local delivery of health services.

The pandemic inevitably reduced the capacity for implementing planned service redesign, although in some respects the crisis accelerated the programme of change-most notably in the development of digital solutions. In recognition of the absolute priority given to responding to the pandemic, the attached Directions are a compilation of those issued in 2020-21; 2021-22; and 2022-23. We felt it was important not to lose sight of Directions issued previously, whilst recognising that the new context within which we are now operating may well require some of these Directions to be reframed or, indeed, revoked. The expectation is that the network of local integrated planning groups will ensure the progression of these Directions through SMART action planning whilst also bringing forward recommendations about any required amendments. Progress with Directions will be reported to the Strategic Planning Group and the IJB in October 2022.

#### **4. Financial Context**

The financial context for 2022-23 and forthcoming years remains a challenging one with both NHS Lothian and Midlothian Council facing major financial pressures. However, it is also the case that the IJB has built up its own reserves, in part because of the very receipt of £9 million pounds to help address the pressures on the whole system arising from the pandemic. This provides an opportunity to make a range of short-term investments to address waiting lists, develop new services, continue with investment in digital solutions and consider how best to support people with long covid symptoms. Two additional Direction have been issued to ensure proactive steps are taken to take advantage of resources held by the IJB.

#### **5. Provision of Directions**

These Directions are issued to provide as much clarity as possible about the changes which need to take place in the design and delivery of our services. As further plans are developed new or revised Directions will be issued during 2022-23. 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.

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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 are based on the
  - a) Midlothian Council's budget proposition of £56,686,000 which has been agreed by the IJB at its meeting on 17<sup>TH</sup> March 2022
  - b) The indicative 2022-23 NHSiL budgets per NHSiL's March Finance and Resources committee of £92,926,000. It is understood that NHSiL will approve their 2022-23 budget at the 6th April 2022 meeting of their Board. These values are therefore indicative.

That said, and notwithstanding the indicative nature of these budgets, the IJB cannot sanction expenditure in excess of these amounts without further discussion.

### **6. Performance and Monitoring**

The IJB will monitor and review the progress made in relation to Directions via the Strategic Planning Group (SPG), the Biannual Report on Directions, and the Annual Performance Report. Collectively, these processes will inform the IJB on whether sufficient progress is being made on key aims and ambitions, and whether Directions remain meaningful and valuable in the context of a complex and dynamic health and social care landscape. New Directions will be issued where the Board deem this to be necessary through the year.

### **7. Self-Evaluation**

The IJB is committed to self-evaluation and the continued exploration of areas for continuous improvement by undertaking a self-improvement programme. As such, the IJB actively promotes continuing work in the redesign of health and social care and expects all services to commit to regular self-assessment, reflection, evaluation, and learning.

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While the IJB is not delivering a specific Direction in relation to self-evaluation and improvement planning, the evaluation of services remains particularly important during this period of whole system recovery while also embedding innovative ways of working. Service design and forward planning should be supported by transparent self-evaluation and be reported using an outcome mapping and contribution analysis approach facilitated by the HSCP commitment the Outnav outcome mapping software tool.

## Midlothian IJB Direction No. 1 Unscheduled Care – Acute Hospitals

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	Unscheduled Care – Acute Hospitals		
2	<b>HSPC Sponsor</b>	Grace Cowan, Head of Primary Care and Older People’s Services		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Amended	MIJB-1.1	
		Replaced	MIJB-1.2	MIJB-3.8
		Amended	MIJB-1.3	
		Replaced	MIJB-1.4	MIJB-1.14
		Revoked	MIJB-1.7	
		Revoked	MIJB-1.9	
		Replaced	MIJB1.10	MIJB-1.14
Replaced	MIJB1.11	MIJB-1.15		
Revoked	MIJB1.12			
7	<b>Description of Direction</b>	The Midlothian Acute Services Plan considers the unscheduled care services for which the IJB has responsibility. Alongside NHS Lothian Acute Hospitals and the neighbouring IJBs, we will ensure we continue to best meet local needs and improve the health and wellness of our		

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<p>communities. Our aims are to prevent ill-health, support people at the earlier opportunity to reduce the likelihood of a crisis, provide community alternatives to acute hospital care, and enable people to leave hospital as soon as they are fit to do so.</p>	
Actions	Action No
<p>Continue with a programme to review potentially preventable admissions including a specific focus on frailty, falls, COPD, diabetes, and the vaccination programme</p>	<p>MIJB-1.1</p>
<p>Evaluate the impact of new approaches to In Reach (including identifying patients suitable for Reablement in Medicine of the Elderly wards) by 30 September 2022</p>	<p>MIJB-1.3</p>
<p>Evaluate the impact of the enhanced 'Discharge to Assess' Service to determine the case for continued investment by 30 September 2022</p>	<p>MIJB-1.6</p>
<p>Reduce unscheduled respiratory admissions by expanding the CRT to 6 days pw; improving pathways to the team; and promoting self-management</p>	<p>MIJB-1.13</p>
<p>Ensure the MIJB remains sighted on action and progress in relation to those aspects of the Unscheduled Care Board workstreams relevant to Midlothian as well as locally determined work such as Midlothian Community Hospital, Home First Services, Primary Care and Potentially Preventable Admissions (PPAs). A quarterly report should be provided by the Head of Primary Care and Older People's Services</p>	<p>MIJB-1.14</p>
<p>NHS Lothian should continue to provide monthly financial reporting of the set aside areas. Additionally, Acute Services should provide quarterly financial information on the set-aside budget that should now also include intelligence and narrative to detail the nature of financial variance and support the IJBs understanding of areas of mutual concern</p>	<p>MIJB-1.15</p>
<p>Develop and evaluate pro-active in-reach into hospital when someone with frailty is admitted by December 2022</p>	<p>MIJB-1.16</p>

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	Develop virtual medical teams involving frailty GPs and key hospital consultants by December 2022	MIJB-1.17	
	Implement a "Planned Date of Discharge" approach to reduce delayed discharge bed days	MIJB-1.18	
	Complete an evaluation of the delivery of the 7 principles of the Lothian Home First approach in order to understand current performance and opportunities for improvement	MIJB-1.19	
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>NHS Lothian £14,821,653</b>	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.2 Accident and Emergency (A&E)

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

<b>1</b>	<b>Title of Direction</b>	<b>Accident and Emergency (A&amp;E)</b>		
<b>2</b>	<b>HSPC Sponsor</b>	<b>Grace Cowan, Head of Primary Care and Older People's Services</b>		
<b>3</b>	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
<b>4</b>	<b>Date from which Direction takes effect</b>	01 July 2022		
<b>5</b>	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
<b>6</b>	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Replaced	MIJB-2.1	MIJB-1.14
		Replaced	MIJB-2.2	MIJB-2.12
		Replaced	MIJB-2.4	MIJB-2.8
		Revoked	MIJB-2.7	
		Replaced	MIJB-2.9	MIJB-1.14
<b>7</b>	<b>Description of Direction</b>			
	We are committed to achieving a reduction of attendances from Midlothian. The Midlothian Acute Service Plan will be reviewed, developed, and implemented in close collaboration with NHS Lothian and neighbouring IJBs to ensure we are working together to best meet the needs of local people and communities.			
	<b>Actions</b>			<b>Action No</b>
	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			MIJB-2.3

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	Continue to reshape pathways to ensure people access community-based services wherever viable 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 30th September 2022	MIJB-2.6 MIJB-2.8	
	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 Acute Services Planning Group by 30th September 2022	MIJB-2.11	
	Review musculoskeletal pathways to increase the use of the MSK service as an alternative to A&E attendance	MIJB-2.12	
	Evaluate and continue to monitor the impact of the Single Point of Access on ensuring people access community-based services and reducing demand on A&E and unscheduled admissions	MIJB-2.13	
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>NHS Lothian £2,335,688</b>	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the Following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.3 Midlothian Community Hospital Services

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	<b>Midlothian Community Hospital Services</b>		
2	<b>HSPC Sponsor</b>	<b>Grace Cowan, Head of Primary Care and Older People's Services</b>		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 <sup>th</sup> June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2023		
5	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Replaced	MIJB-3.1	MIJB-3.6
		Replaced	MIJB-3.2	MIJB-3.4
		Revoked	MIJB-3.3	
7	<b>Description of Direction</b>			
	Midlothian IJB is committed to making maximum use of the Community Hospital in providing locally accessible inpatient and outpatient services			
	<b>Actions</b>			<b>Action No</b>
	Review progress in the development of Glenlee Ward at Midlothian Community Hospital as a step-up from community and day treatment facility by 30 September 2022 (see also MIJB-3.10)			MIJB-3.4
Improve patient flow by reviewing and strengthening assessment and rehabilitation processes by January 2023			MIJB-3.5	
Explore options for the provision of an increased range of outpatient clinics at MCH by 30 <sup>th</sup> September 2022			MIJB-3.6	

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	<p>Improve accessible information about the services provided through MCH by 30<sup>th</sup> September 2022</p> <p>Develop a new model of care for older people with mental illness</p> <p>Improve recruitment processes through stronger advertising, the provision of ongoing training and the development of increased specialist opportunities by January 2023</p> <p>Review the full service model at MCH including frailty step-up, step down (see also MIJB-3.4)</p>	<p>MIJB-3.7</p> <p>MIJB-3.8</p> <p>MIJB-3.9</p> <p>MIJB-3.10</p>	
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>NHS Lothian £5,454,091</b>	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.4 Palliative Care

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	Palliative Care		
2	<b>HSCP Sponsor</b>	Fiona Stratton, Chief Nurse		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	NHS Lothian <input type="checkbox"/>	Midlothian Council <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Replaced	MIJB-4.1	MIJB-4.6
		Amended	MIJB-4.2	
		Replaced	MIJB-4.3	MIJB-4.5
		Amended	MIJB-4.5	
7	<b>Description of Direction</b>			
	The budget that is allocated by the IJB for palliative care is the Midlothian provision for hospice care at St. Columba's and at Marie Curie Hospice Care. Beyond this dedicated hospice funding, other areas of service must use some of their delegated budget to contribute to delivering palliative and end of life care. We are committed to supporting people to spend as much time as possible at home or in a local homely setting when they have a life limiting illness. Key actions must be to improve access to information that helps plan the workforce and capacity required for high-quality palliative and end of life care as close to home as possible.			
	<b>Actions</b>			<b>Action No</b>
	Undertake an audit of admissions to Acute Hospitals of patients in receipt of palliative care in order to ensure equitable provision and strengthen local services (care homes, district nursing, MCH and Hospital at Home) by 30 <sup>th</sup> September 2022			MIJB-4.2

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	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 30 <sup>th</sup> September 2022	MIJB-4.4	
	Evaluate the impact of the Palliative Care Champion Network across Midlothian care homes by 30 <sup>th</sup> September 2022	MIJB-4.5	
	Ensure that services can access accurate data from the Palliative Care Registers in GP practices in order to design and delivery of service that best meet the needs of local people and communities by 30 <sup>th</sup> September 2022	MIJB-4.6	
	Receive assurance from Edinburgh HSCP who host the Lothian Palliative Care Service on the review and development of the approach and quality of care provided by the contracted services (St Columba's and Marie Curie)	MIJB-4.7	
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>NHS Lothian £439,563</b>	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people's choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.5 Primary Medical Services

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	Primary Medical Services		
2	<b>HSCP Sponsor</b>	TBA, Clinical Director		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	NHS Lothian <input checked="" type="checkbox"/>	Midlothian Council <input type="checkbox"/>	Both <input type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Replaced	MIJB-5.1	MIJB-5.4
		Replaced	MIJB-5.2	MIJB-5.5
		Revoked 5.4	MIJB-5.4	
7	<b>Description of Direction</b>			
	The Midlothian Primary Care Improvement Plan (PCIP) describes the priorities and approach taken in Midlothian to support the implementation of the General Medical Services Contract. It aims to strengthen the primary care team skill mix and capacity to meet growing demand and requirement for more community-based treatment.			
	<b>Actions</b>			<b>Action No</b>
	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 (see also MIJB-6.7)			MIJB-5.3
	Continued implementation of the Prescribing Plan with 100% of Practices with Pharmacotherapy level 1 service in place by 30 <sup>th</sup> September 2022			MIJB-5.5

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	<p>Funding above the 21/22 PCIF allocation secured to enable the Pharmacotherapy service to be scaled up to all practices</p>	<p>MIJB-5.6</p>
	<p>Established Medicine Reconciliations service provided to all practices by 30<sup>th</sup> September 2022</p>	<p>MIJB-5.7</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 predicted population growth in both these areas. (PCIP priority)</p>	<p>MIJB-5.8</p>
	<p>Review admissions to hospital from care homes at nights and weekends to identify opportunities for earlier intervention and care closer to home</p>	<p>MIJB-5.9</p>
	<p>Increase collaboration for data sharing between GPs and the HSCP to improve health outcomes</p>	<p>MIJB-5.10</p>
	<p>Develop a joint digital plan for the optimisation of new technologies across primary care</p>	<p>MIJB-5.11</p>
	<p>Develop a communications plan about access to GPs and Community Services</p>	<p>MIJB-5.12</p>
	<p>Primary Care services should consider and plan for the additional health and care services required in relation to additional housing developments to ensure that the special needs of the Midlothian population are being taken into account fully.</p>	<p>MIJB-5.13</p>
	<p>Improve primary care quality and options for older people</p>	<p>MIJB-5.14</p>
	<p>Improve quality and options for people with frailty in primary care by 30th September 2022 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>MIJB-5.15</p>
	<p>Evaluate the feasibility of improving continuity of care by General Practice and community services</p>	<p>MIJB-5.16</p>

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8	Budget allocated by Integration Joint Board to carry out Direction	NHS Lothian £35,162,864	
9	Desired Outcomes	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.6 Community Health Services

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	<b>Community Health Services (Including Falls and Frailty)</b>		
2	<b>HSCP Sponsor</b>	<b>Hannah Cairns, Chief AHP</b>		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	<b>NHS Lothian</b> <input checked="" type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Replaced	MIJB-6.1	MIJB-6.5
		Replaced	MIJB-6.3	MIJB-5.15
		Amended	MIJB-6.4	MIJB-6.4
7	<b>Description of Direction</b> We are committed to providing stronger community-based health services, promoting prevention and recovery wherever possible, and taking a human rights-based approach to how we design and deliver services together. These services must work in close collaboration with GPs and Social Care services to ensure a joined-up approach to issues such as Falls and Frailty			
	<b>Actions</b> Undertake a review of community nursing services should be undertaken by March 2021 in light of the changes in Primary Care and the shift from hospital-based care. This should include the options for deploying more Advanced Practitioners and strengthening interdisciplinary locality working. This should take cognisance of Community Treatment and Care centres (CTACs).			<b>Action No</b> MIJB-6.2

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Work to ensure our frailty services are accessible to people under 65 years by 30 <sup>th</sup> September 2022	MIJB-6.4
Work with other Lothian Health & Social Care Partnerships to implement appropriate model and financial plan for complex care by 30 <sup>th</sup> September 2022	MIJB-6.5
Secure clinical space to provide the vaccination programme for flu and COVID	MIJB-6.6
Develop the Community Treatment and Care (CTAC) Service to be accessible from all GP Practices (see also MIJB-5.3)	MIJB-6.7
Develop an integrated Falls Pathway across HSCP and Third Sector, including proactive identification of those who may be at risk	MIJB-6.8
Implement a falls prevention programme with cross sector support that includes targeted training and increased options for physical activity	MIJB-6.9
Identify, assess, and support frail people, moderate or severe, subject to an ED admission of less than 24 hours	MIJB-6.10
Increase the number and improve the quality of anticipatory care plans for people living with frailty	MIJB-6.11
Develop an improvement programme to identify people who are frail, provide holistic assessment and strengthen coordination of care	MIJB-6.12
Commit to strengthen community rehabilitations pathways by April 2023 across health and social care services in line with the Rehabilitation Framework and the Review of Adult Social Care	MIJB-6.13
Develop a dedicated system for data analysis / reporting of falls data to identify clear priorities and inform future direction of falls work by 30th September 2022	MIJB-6.14
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 30th September 2022	MIJB-6.15

## Appendix 1

	Continue review of AHP model of care to Highbank and MCH to create a flexible and responsive single workforce by December 2022.	MIJB-6.16	
	Review podiatry provision in Midlothian, in particular for people with Type 2 Diabetes by January 2023	MIJB-6.17	
	Undertake a detailed review to establish the extent and nature of pressures on District Nursing and present proposals for transformation	MIJB-6.18	
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>NHS Lothian £6,040,245</b>	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people's choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.7 Dental, Ophthalmology & Audiology

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	Title of Direction	Dental, Ophthalmology & Audiology		
2	HSCP Sponsor	TBA, Clinical Director		
3	Date Direction Issued by Integration Joint Board	16 June 2022		
4	Date from which Direction takes effect	01 July 2022		
5	Direction to	NHS Lothian <input checked="" type="checkbox"/>	Midlothian Council <input type="checkbox"/>	Both <input type="checkbox"/>
6	Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Revoked	MIJB-7.1	
		Amended	MIJB-7.2	
		Revoked	MIJB-7.3	
		Amended	MIJB-7.4	
		Amended	MIJB-7.5	
7	<p><b>Description of Direction</b></p> <p>Primary Care planning and delivery sits within a complex governance and decision- making environment. The NHS Lothian Board and Midlothian IJB need to be clear what their responsibilities are. IJBs have the responsibility for strategic planning for delegated functions in General Medical Services, General Dental Services, General Pharmaceutical Services and General Ophthalmic Services. The independent contractor model is the basis of most primary care services and independent contractors are responsible for the majority of day-to-day patient-facing service delivery. Midlothian IJB aims to strengthen working arrangements with these services which play a vital role in the wider primary care team. <b>See also Direction 9</b></p>			

# Appendix 1



	<b>Actions</b>	<b>Action No</b>								
	<p>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 30<sup>th</sup> September 2022</p> <p>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 30<sup>th</sup> September 2022</p> <p>The role of Optometry services in pathways of care for patients in a range of services such as general medical practice, ophthalmology, diabetes, and A&amp;E, providing both ongoing and urgent care for patients closer to home to be clarified by 30<sup>th</sup> September 2022</p> <p>Evaluate the impact of community glaucoma specialist optometrists by 30<sup>th</sup> September 2022</p> <p>Quarterly meetings should be established between the Partnership and these three hosted services. They should agree local plans and monitor progress</p> <p>Work with Audiology Services to determine the feasibility of establishing an audiology clinic(s) in Midlothian</p>	<p>MIJB-7.2</p> <p>MIJB-7.4</p> <p>MIJB-7.5</p> <p>MIJB-7.6</p> <p>MIJB-7.7</p> <p>MIJB-7.8</p>								
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>NHS Lothian £1,279,278</b>								
<b>9</b>	<b>Desired Outcomes</b>	<p><b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b></p> <table border="1"> <tr> <td data-bbox="981 1043 1946 1118">1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead</td> <td data-bbox="1946 1043 2074 1118"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="981 1118 1946 1193">2. Enable more people to get support, treatment and care in community and home-based settings</td> <td data-bbox="1946 1118 2074 1193"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="981 1193 1946 1241">3. Increase people’s choice and control over their support and services</td> <td data-bbox="1946 1193 2074 1241"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="981 1241 1946 1287">4. Support more people with rehabilitation and recovery</td> <td data-bbox="1946 1241 2074 1287"><input type="checkbox"/></td> </tr> </table>	1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>	2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>	3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>	4. Support more people with rehabilitation and recovery	<input type="checkbox"/>
1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>									
2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>									
3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>									
4. Support more people with rehabilitation and recovery	<input type="checkbox"/>									

## Appendix 1



		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.8 Older People

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	<b>Older People</b>		
2	<b>HSPC Sponsor</b>	<b>Grace Cowan, Head of Primary Care and Older People's Services</b>		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Revoked	MIJB-8.5	
		Amended	MIJB-8.4	
		Replaced	MIJB-8.6	MIJB-5.14
		Replaced	MIJB-8.7	MIJB-8.4
		Replaced	MIJB-8.8	MIJB-1.15
		Replaced	MIJB-8.9	MIJB-1.16
Replaced	MIJB-8.10	MIJB-3.10		
7	<b>Description of Direction</b> We are committed to supporting older people to stay well, continue to participate in the activities that are the most meaningful to them, and remain as independent as possible			

## Appendix 1

<b>Actions</b>		<b>Action No</b>
	The e-Frailty Programme should be progressed to improve coordination of care and to provide support at an earlier stage. This includes the use of learning from the e-frailty programme to develop a frailty informed workforce by 30 <sup>th</sup> September 2022 (See also MIJB-5 Directions relating to Frailty)	MIJB-8.1
	The Care Home Strategy should be implemented, including the full establishment of the Care Home Support Team by 30 <sup>th</sup> September 2022	MIJB-8.2
	Undertake a review of day support, explore all options for people in Midlothian who are isolated, including alternatives to building based support by 30 <sup>th</sup> September 2022 (see also MIJB-8.11)	MIJB-8.3
	Implement a respite policy; undertake an option appraisal; and develop an action plan to strengthen the provision and accessibility of respite care	MIJB-8.4
	Review and design a new model of day service provision (see also MIJB-8.3)	MIJB-8.11
	Increase the availability of Intermediate Care available in Midlothian communities within ECH new build facilities and from suitable existing housing stock.	MIJB-8.12
	Continue to evaluate impact of developments to Midlothian Intermediate Care Services. This would incorporate a detailed plan to design a reshaped model of care in preparation for the provision of new purpose-built accommodation in 2024	MIJB-8.13
	Co-locate and integrate intermediate care teams with the Home First Service	MIJB-8.14
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>Midlothian Council £19,943,524</b>
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>
	1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>

## Appendix 1



		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people's choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.9 Physical Disability, Sensory Impairment and Long-Term Conditions

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	<b>Physical Disability, Sensory Impairment, and Long-Term Conditions</b>		
2	<b>HSCP Sponsor</b>	<b>Hannah Cairns, Chief AHP</b>		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Amended	MIJB-9.1	MIJB-9.14
		Amended	MIJB-9.2	
		Amended	MIJB-9.4	
		Replaced	MIJB-9.5	
	Amended	MIJB-9.6		
7	<b>Description of Direction</b> We aim to support people with disabilities to live independently and those with long term health conditions to live well			

## Appendix 1

Actions	Action No
All service providers should adopt an approach which focuses on personal outcomes and encourages self-management and recovery by 30 <sup>th</sup> September 2022	MIJB-9.1
A full appraisal of the optimum balance of community based and hospital-based services should be carried out within the context of the re-provision of Astley Ainslie by 30 <sup>th</sup> September 2022	MIJB-9.2
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.	MIJB-9.3
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 30 <sup>th</sup> September 2022	MIJB-9.4
Develop clear pathways and support for people affected by neurological conditions by 30 <sup>th</sup> September 2022	MIJB-9.6
Reduce waiting times in the Physical Disability Team	MIJB-9.7
Develop the provision of Self-Directed Support in line with the new national standards	MIJB-9.8
Support people to stay active through increased access to rehabilitation and supported leisure activities	MIJB-9.9
Provide more localised services for people with a hearing impairment including audiology clinics, and hearing aid repairs and provision of batteries	MIJB-9.10
Develop more integrated and localised services for people with a visual impairment	MIJB-9.11
Increase access to health and wellbeing support for people at higher risk of health inequalities	MIJB-9.12
Develop clear pathways, improve screening and support provision of local treatment where possible for long term conditions such and cancer and type 2 diabetes) by March 2023	MIJB-9.13

8	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>Midlothian Council £2,541,002</b>	
9	<b>Desired Outcomes</b>	<b>This Direction is in relation to the Following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.10 Learning Disability

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

<b>1</b>	<b>Title of Direction</b>	<b>Learning Disability</b>		
<b>2</b>	<b>HSPC Sponsor:</b>	<b>Nick Clater, Head of Adult Services</b>		
<b>3</b>	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
<b>4</b>	<b>Date from which Direction takes effect</b>	01 July 2022		
<b>5</b>	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
<b>6</b>	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Amended	MIJB-10.1	MIJB-10.11 & 10.12
		Replaced	MIJB-10.2	
		Revoked	MIJB-10.5	
		Amended	MIJB-10.6	
Amended	MIJB-10.7			
<b>7</b>	<b>Full text of Direction</b> We are committed to empower people with learning disabilities and autism to recognise and realise their human rights and to participate in community life free from fear, harassment and abuse.			
	<b>Actions</b>			<b>Action No</b>
	Review day care provision and associated costs including transport with recommendations for future action and transformation by February 2023			MIJB-10.1

# Appendix 1



	Complete retender of the taxi contract for existing taxi services		MIJB-10.3
	Strengthen joint working of Learning Disability Services and care providers to inform longer-term changes in how adult social care is planned and delivered		MIJB-10.4
	Strengthen work with people with complex needs by improving staff skills in using positive behavioural support and through the application of a risk tool		MIJB-10.6
	Work with individual providers to pilot new community based and personalised models of day services by February 2023		MIJB-10.7
	Develop more Keep Safe spaces to reduce incidence and fear of abuse		MIJB-10.8
	Implement a series of measures to promote human rights enabled by Expert Panels		MIJB-10.9
	Implement a programme of work to improve the experience of transition to adulthood		MIJB-10.10
	Continue to monitor progress and commission care and support services in relation to the new housing model in Bonnyrigg (8 flats) by December 2023		MIJB-10.11
	Continue to support the long-term plan for Primrose Lodge including the contingency use of Teviot Court and associated works for people with profound and multiple learning difficulties		MIJB-10.12
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>Total £13,361,430</b> NHS Lothian £1,448,881      Midlothian Council £11,912,549	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>

## Appendix 1

		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.11 Mental Health

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	<b>Mental Health</b>		
2	<b>HSPC Sponsor:</b>	<b>Nick Clater, Head of Adult Services</b>		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Replaced	MIJB-11.3	
		Amended	MIJB-11.4	MIJB-11.10
		Replaced	MIJB-11.5	MIJB-11.11
		Replaced	MIJB-11.6	
		Revoked	MIJB-11.10	
		Revoked	MIJB-11.7	
		Replaced	MIJB-11.8	
	Amended	MIJB-11.14		
7	<b>Full text of Direction?</b> As we begin to truly understand the impact of the last 2 years on people, families and communities, improving the mental health of our communities remains a high priority. Midlothian IJB is committed to achieving the national ambition to “prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems”. The IJB is also determined to take action to reduce stigma			

## Appendix 1

Actions	Action No
Continue to explore options for recovery for people experiencing poor mental health through development of community-based housing with access to appropriate support	MIJB-11.1
Continue with a review effectiveness of the multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice now operational at Number 11 (multiagency hub) by September 2022 with a particular attention to tackling stigma and discrimination	MIJB-11.2
A coherent approach to the delivery of services to support improved mental wellbeing should be developed and evaluated. This should include new services funded through Action 15 along with the Wellbeing and Access Point services. A key element of this work is to identify new approaches to addressing the continuing pressures on Psychological Therapies	MIJB-11.4
Phase 2 – Royal Edinburgh Hospital – NHS Lothian to ensure better care for physical health needs of Midlothian in-patients at the Royal Edinburgh Hospital campus by proceeding with the development of the business case for Phase 2 and the planning and delivery of integrated rehabilitation services. NHS Lothian to ensure Midlothian HSCP is involved in development, decision-making and approval of the business case	MIJB11.9
Implement updated Suicide Prevention Action Plan including Scottish Government’s 4 new priorities by December 2022	MIJB-11.11
Work with Psychological Therapies to increase the number of people commencing (general adult) treatment within 18 weeks to 90% by July 2022	MIJB-11.13
Work with other Lothian IJBs to agree plans for pan-Lothian and hosted mental health service provision 2022-25 by July 2022. 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	MIJB-11.14
Train all HSCP staff in <b>ASIST</b> and <b>Safe Talk</b> to help prevent suicide	MIJB-11.15

# Appendix 1



	Develop the use of group work, including peer support, for users and carers		MIJB-11.16
	Reduce waiting times for mental health occupational therapy services through triage, signposting and pathway efficient measures		MIJB-11.17
	Promote self-management through increased access to Midspace		MIJB-11.18
	Increase recovery focused support both on a one to one and group basis		MIJB-11.19
	Support the Rapid Rehousing Policy through the delivery of a Housing First approach, increasing support to people in temporary accommodation with Mental Health difficulties		MIJB-11.20
	The Partnership should work with its Community Planning partners and with local communities to develop ways of reducing stigma throughout Midlothian		MIJB-11.21
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>Total £19,943,524</b> NHS Lothian £4,667,843      Midlothian Council £802,129	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.12 Substance Use

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

<b>1</b>	<b>Title of Direction</b>	<b>Substance Use</b>		
<b>2</b>	<b>HSPC Sponsor:</b>	<b>Nick Clater, Head of Adult Services</b>		
<b>3</b>	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
<b>4</b>	<b>Date from which Direction takes effect</b>	01 July 2022		
<b>5</b>	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
<b>6</b>	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Amended	MIJB-12.4	
		Amended	MIJB-12.5	
<b>7</b>	<b>Description of Direction</b>			
	The human and financial cost of substance misuse is considerable. We must redouble our efforts to prevent misuse and enable people to recover.			
	<b>Actions</b>			<b>Action No</b>
	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			MIJB-12.1
Evidence that people using MELDAP funded services contribute to ongoing development of the service			MIJB-12.2	
People with lived experience to be members of the MELDAP Strategic Group			MIJB-12.3	
			MIJB-12.4	

# Appendix 1



	<p>MH&amp;SCP/MELDAP will increase the numbers of paid and unpaid Peer Supporters in Midlothian by 30<sup>th</sup> September 2022</p> <p>Employment opportunities for people in recovery should be increased by improving engagement in education, training, and volunteering by 30<sup>th</sup> September 2022</p> <p>MH&amp;SCP/MELDAP and NHS Lothian should further develop working practices to ensure a seamless provision of services to those people using No11. Maximise the use of the building by recovery-oriented groups in the evenings and at the weekend</p> <p>Maintain innovative practices using digital platforms introduced during the pandemic</p> <p>Ensure the provision of Medication Assisted Treatment is safe, effective and of high quality</p> <p>Implement new access arrangements to improve waiting times for treatment</p>	<p>MIJB-12.5</p> <p>MIJB-12.6</p> <p>MIJB-12.7</p> <p>MIJB-12.8</p> <p>MIJB-12.9</p>												
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<p><b>Total £721,586</b></p> <p>NHS Lothian £483,356      Midlothian Council £238,229</p>												
<b>9</b>	<b>Desired Outcomes</b>	<p><b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b></p> <table border="1"> <tr> <td>1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2. Enable more people to get support, treatment and care in community and home-based settings</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>3. Increase people’s choice and control over their support and services</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>4. Support more people with rehabilitation and recovery</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>	2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>	3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>	4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>	5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>	6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>
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2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>													
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6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>													

## Midlothian IJB Direction No.13 Justice

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

<b>1</b>	<b>Title of Direction</b>	<b>Justice</b>		
<b>2</b>	<b>HSPC Sponsor</b>	<b>Nick Clater, Head of Adult Services</b>		
<b>3</b>	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
<b>4</b>	<b>Date from which Direction takes effect</b>	01 July 2022		
<b>5</b>	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input checked="" type="checkbox"/>	<b>Both</b> <input type="checkbox"/>
<b>6</b>	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Revoked	MIJB-13.1	
		Revoked	MIJB-13.2	
		Revoked	MIJB-13.3	
<b>7</b>	<b>Description of Direction</b>			
	We know that people who offend are much more likely to experience multiple health issues and have a lower life expectancy. We must find ways of supporting people to improve their wellbeing and enable them to establish a more settled and style of life			
	<b>Actions</b>			<b>Action No</b>
	Continue to develop the SPRING service. Specifically develop 'Stepping Stones' and the 'Next Steps' phase of SPRING			MIJB-13.4
	Prevent the risk of further offending by improving interventions with people who are on/ have completed a Community Payback Order			MIJB-13.5
	Improve understanding of Community Justice amongst staff, the public and local businesses			MIJB-13.6

8	Budget allocated by Integration Joint Board to carry out Direction	N/A Fully Funded by Scottish Government	
9	Desired Outcomes	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.14 Unpaid Carers

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	Unpaid Carers		
2	<b>Exec Sponsor:</b>	Gill Main, Integration Manager		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	NHS Lothian <input type="checkbox"/>	Midlothian Council <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Revoked	MIJB-14.1	
		Revoked	MIJB-14.2	
		Amended	MIJB-14.3	
Revoked	MIJB-14.4			
7	<b>Description of Direction</b>			
	We recognise that the health and care system is very dependent upon the contribution of unpaid carers. The shift towards self-management and care at home will depend upon the ability of carers to continue in their role and we must support them to do so. It is vital that we identify carers; recognise what carers do and the physical, emotional and financial impact that their caring role can have on them whilst providing support, information and advice, aiming to make caring roles sustainable.			
	<b>Action</b>			<b>Action No</b>
	Improve carer identification through connections to services, and through information to the public to support increased awareness of the carer role and self-identification by January 2023			MIJB-14.3

## Appendix 1

	<p>Improve information on respite care including entitlement and availability</p> <p>Improve quality of life of carers through increased access to support, counselling and respite. This should include increased awareness of respite and breaks from caring amongst HSCP staff</p> <p>Investigate opportunities to increase residential respite availability options</p> <p>Develop an improved understanding of current and future demand for the full range of respite opportunities available to adults in Midlothian</p>	<p>MIJB-14.5</p> <p>MIJB-14.6</p> <p>MIJB-14.7</p> <p>MIJB-14.8</p>	
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>Midlothian Council £1,528,000</b>	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people's choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.15 Care at Home

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	Care at Home		
2	<b>HSPC Sponsor</b>	Grace Cowan, Head of Primary Care and Older People's Services		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	NHS Lothian <input type="checkbox"/>	Midlothian Council <input checked="" type="checkbox"/>	Both <input type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Replaced	MIJB-15.1	MIJB-15.4
		Amended	MIJB-15.2	
		Replaced	MIJB-15.3	MIJB-15.5
7	<b>Description of Direction</b>			
	Care at home services are a vital component of care in the community and yet the capacity of service has been under considerable strain over the past three years. Designing alternative more sustainable approaches to care at home is one of the most important challenges requiring to be addressed by the IJB			
	<b>Action</b>			<b>Action No</b>
	Implement a multifaceted workforce plan that includes council and external providers by 30 <sup>th</sup> September 2022			MIJB-15.2
				MIJB-15.4

# Appendix 1



	<p>Implement care at home services, in line with the vision statement and human rights-based approach. Establish robust monitoring systems to ensure block contracts are effectively implemented, and to demonstrate the impact of care at home on promoting human rights by 30<sup>th</sup> September 2022</p> <p>Complete a whole system service review of care at home to support transformation and meet increasing service demand</p> <p>Ensure service redesign includes the provision for appropriate care services to meet the demand in relation to new extra care housing</p> <p>Review the Internal Home Care Service and develop a sustainable model of service delivery by December 2022</p>	<p>MIJB-15.5</p> <p>MIJB-15.6</p> <p>MIJB-15.7</p>	
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>Midlothian Council £11,054,274</b>	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.18 Adult Protection and Domestic Abuse

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	<b>Adult Protection and Domestic Abuse</b>		
2	<b>HSPC Sponsor</b>	<b>Nick Clater, Head of Adult Services</b>		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2022		
5	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Amended	MIJB-18.1	
		Replaced	MIJB-18.3	MIJB-18.7
		Replaced	MIJB-18.5	MIJB-18.8
		Replaced	MIJB-18.6	MIJB-18.9
7	<p><b>Description of Direction</b></p> <p>The Adult Support and Protection (Scotland) Act 2007 was introduced to strengthen the support and protection of adults who may be at risk of harm including people who are affected by disability, mental disorder, illness or physical and mental infirmity. All children and adults at risk of harm have the right to support and protection.</p> <p>Equally Safe, Scotland’s Strategy to prevent and eradicate Violence Against Women and Girls was introduced 23/03/2016 and updated in 2018 by the Scottish Government and CoSLA. This strategy’s vision is a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it. The strategy covers all forms of violence against women and girls. While the governance of public protection rests with the <i>East Lothian and Midlothian Public Protection Committee</i> it remains a central responsibility of the Health and Social Care Partnership to enable people to stay safe.</p>			

## Appendix 1

Actions	Action No
Review the effectiveness of the new combined Public Protection module, covering Child Protection, Violence Against Women and Girls and Adult Support and Protection by 30 <sup>th</sup> September 2022	MIJB-18.1
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	MIJB-18.4
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	MIJB-18.7
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 30 <sup>th</sup> September 2022	MIJB-18.8
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	MIJB-18.9
Review and streamline the Adult Support and Protection referrals process by December 2022	MIJB-18.10
Implement changes arising from the review of the ASP (Scotland) Act 2007	MIJB-18.11
Embed the Equally Safe priorities to prevent/tackle violence women and girls	MIJB-18.12
Increase knowledge of gender-based violence for all HSCP staff	MIJB-18.13
Improve staff skills in managing cases which do not meet the ASP criteria	MIJB-18.14
Improve knowledge and skills of Council Officers in their work in ASP	MIJB-18.15
Improve risk management in care homes in Adult Support and Protection practice	MIJB-18.16

8	Budget allocated by Integration Joint Board to carry out Direction	Midlothian Council £724,548	
9	Desired Outcomes	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.19 Public Health

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	Title of Direction	Public Health			
2	HSCP Sponsor	Jim Sherval, Consultant in Public Health			
3	Date Direction Issued by Integration Joint Board	16 June 2022			
4	Date from which Direction takes effect	01 July 2022			
5	Direction to	NHS Lothian <input checked="" type="checkbox"/>	Midlothian Council <input type="checkbox"/>	Both <input type="checkbox"/>	
6	Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>	
		Replaced	MIJB-19.1	MIJB-19.11 & 19.12	
		Amended	MIJB-19.2		
		Revoked	MIJB-19.3		
		Revoked	MIJB-19.4		
		Revoked	MIJB-19.5		
		Amended	MIJB-19.6		
		Amended	MIJB-19.7		
		Replaced	MIJB-19.9		MIJB-19.12
		Replaced	MIJB-19.10		MIJB-19.2
		Amended	MIJB-19.11		
		Amended	MIJB-19.12		
Amended	MIJB-19.13				
Revoked	MIJB-19.14				
7	Description of Direction				

# Appendix 1



<p>We recognise the importance of ensuring that our services have a focus on prevention and early intervention. It is vital that our local public health services have a range of supports in place to help improve the health and wellbeing people and communities and reduce health inequalities.</p>	
<b>Action</b>	<b>Action No</b>
<p>Continue a programme of work to enable people to stay well with a range of service offers and improve health and wellbeing support for people at higher risk of health inequalities. This should specifically include targets that aim to</p> <ul style="list-style-type: none"> <li>• increase the number of people who are supported to address money worries</li> <li>• reduce isolation</li> <li>• increase the number of people who are physically active</li> <li>• increase the number of people supported to stop smoking, including specific at risks groups e.g., pregnant women</li> <li>• increase green prescribing</li> <li>• take a whole system approach to type 2 diabetes</li> <li>• and identify areas of work to address poverty</li> </ul>	MIJB-19.2
<p>Deliver an evaluation report detailing the impact of the HIT (Health Inequalities Team) including a recommendation for future investment by 30th September 2022</p>	MIJB-19.6
<p>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 30th September 2022.</p>	MIJB-19.7
<p>Embed the Midway by working with planning groups, training staff and supporting service design</p>	MIJB-19.11
<p>Increase trauma-informed practice across Health and Social Care and Community Planning</p>	MIJB-19.12
<p>Improve screening and early detection rates</p>	MIJB-19.15
<b>8</b>	<p><b>Budget allocated by Integration Joint Board to carry out Direction</b></p> <p><b>NHS Lothian £178,643</b></p>

9	Desired Outcomes	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		7. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		8. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		9. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		10. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		11. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		12. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.20 Services to People Under 18 Years

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	<b>Services to People Under 18 Years</b>		
2	<b>HSCP Sponsor</b>	<b>Fiona Stratton, Chief Nurse</b>		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 <sup>th</sup> June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2023		
5	<b>Direction to</b>	<b>NHS Lothian</b> <input checked="" type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
		Revoked	MIJB-20.1	
		Amended	MIJB-20.2	MIJB-20.10
		Amended	MIJB-20.3	
		Replaced	MIJB-20.4	MIJB-20.11
		Replaced	MIJB-20.5	MIJB-20.12
		Revoke	MIJB-20.6	
		Replaced	MIJB-20.7	MIJB-20.12
Amended	MIJB-20.8			
7	<b>Description of Direction</b> Midlothian IJB does not have a delegated function for services for people under 18 years of age. Budgets for Health Visiting and School Nursing are delegated to Midlothian IJB, and delivery sits with Midlothian HSCP. The School Nursing service for Midlothian is managed from East Lothian as a joint service covering East and Midlothian.			

## Appendix 1

	<b>Actions</b>	<b>Action No</b>										
	<p>Review the management structure for all nursing in Midlothian including health visiting by 31<sup>st</sup> January 2023</p> <p>Grow and develop the school nursing service to address the increasing need for services to support children and young people's mental health and wellbeing needs (in line with Scottish Government priorities) by January 2023</p> <p>Reduce inequality through the delivery of consistent health visiting interventions through the effective implementation of the Universal Health Visiting Pathway by 30th September 2022. This will include ensuring health visitors are trained to support parents and carers with the skills they need to meet the individual mental health and wellbeing needs of their children</p> <p>Implement the school nursing pathway in line with Scottish Government guidance</p> <p>Target health inequalities through early detection of concerns and increased uptake of vaccinations by delivering service offer and supports that are person-centred e.g., gypsy travellers and working with families who appear on the 'failure to attend' list by 30th September 2022</p>	<p>MIJB-20.3</p> <p>MIJB-20.9</p> <p>MIJB-20.10</p> <p>MIJB-20.11</p> <p>MIJB-20.12</p>										
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>NHS Lothian £2,209,163</b>										
<b>9</b>	<b>Desired Outcomes</b>	<p><b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b></p> <table border="1"> <tbody> <tr> <td data-bbox="974 973 1937 1045">1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead</td> <td data-bbox="1937 973 2033 1045"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="974 1045 1937 1117">2. Enable more people to get support, treatment and care in community and home-based settings</td> <td data-bbox="1937 1045 2033 1117"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="974 1117 1937 1173">3. Increase people's choice and control over their support and services</td> <td data-bbox="1937 1117 2033 1173"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="974 1173 1937 1228">4. Support more people with rehabilitation and recovery</td> <td data-bbox="1937 1173 2033 1228"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="974 1228 1937 1332">5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support</td> <td data-bbox="1937 1228 2033 1332"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>	2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>	3. Increase people's choice and control over their support and services	<input checked="" type="checkbox"/>	4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>	5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>											
2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>											
3. Increase people's choice and control over their support and services	<input checked="" type="checkbox"/>											
4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>											
5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>											

## Appendix 1

		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs	<input checked="" type="checkbox"/>
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## Midlothian IJB Direction No.25 Financial Instruction

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

<b>1</b>	<b>Title of Direction</b>	<b>Financial Instruction</b>		
<b>2</b>	<b>HSCP Sponsor</b>	<b>Claire Flanagan, Chief Financial Officer</b>		
<b>3</b>	<b>Date Direction Issued by Integration Joint Board</b>	16 <sup>th</sup> June 2022		
<b>4</b>	<b>Date from which Direction takes effect</b>	01 July 2023		
<b>5</b>	<b>Direction to</b>	<b>NHS Lothian</b> <input type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input checked="" type="checkbox"/>
<b>6</b>	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
<b>7</b>	<b>Description of Direction</b>			
	IJB reserves have accumulated for a range of reasons. This provides the IJB with the opportunity to address service pressures and promote service redesign			
	<b>Actions</b>			<b>Action No</b>
	Support the recovery from the pandemic, partners may spend up to the balance of the covid earmarked reserve to address identified and continuing pressures in relation to the pandemic for delegated functions. This should be in line with the existing HSCP covid related planning in conjunction with NHS Lothian and Midlothian Council			MIJB-25.1
	Support the redesign of services covered by the funding streams within earmarked reserves for delegated functions including provision to support Unpaid Carers, Care at Home and MELDAP			MIJB-25.2

# Appendix 1



	Using only the monies in excess of the recommended reserve balance in line with the IJB Reserves Policy, the general reserve should be used to support the delivery of the IJBs Strategic Commissioning Plan 2022-25. Allocation of funds should be following agreement from the IJB with the intention of accelerating the progress within delegated functions towards achieving the 6 aims of the Strategic Commissioning Plan. This should include capacity to progress key work in relation to an outcomes focused approach	MIJB-25.3	
<b>8</b>	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	<b>Covid Reserve £9,700,000</b> <b>Earmarked Reserve £7,900,000</b> <b>General Reserve £2,800,000</b>	
<b>9</b>	<b>Desired Outcomes</b>	<b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b>	
		1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>
		2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>
		3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>
		4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>
		5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>
		6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>

## Midlothian IJB Direction No.26 Other Core and Hosted Services

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1	<b>Title of Direction</b>	<b>Other Core and Hosted Services</b>		
2	<b>HSCP Sponsor</b>	<b>Morag Barrow, Joint Director</b>		
3	<b>Date Direction Issued by Integration Joint Board</b>	16 <sup>th</sup> June 2022		
4	<b>Date from which Direction takes effect</b>	01 July 2023		
5	<b>Direction to</b>	<b>NHS Lothian</b> <input checked="" type="checkbox"/>	<b>Midlothian Council</b> <input type="checkbox"/>	<b>Both</b> <input type="checkbox"/>
6	<b>Does this Direction replace, amend, or revoke a previous Direction or Direction Action? If yes, note the relevant reference number(s)</b>	<b>Action Taken</b>	<b>Ref No</b>	<b>New Ref No</b>
7	<p><b>Description of Direction</b>  This Direction describes the action required in relation to the other core and hosted services delegated to the MIJB. A number of these services are included in the preceding Directions and detail some specific actions to deliver service redesign and transformation. Core and hosted services within the NHS Lothian and Midlothian Council Integration Scheme (Annex 1) is detailed below</p> <p><b>Provision for people over the age of 18</b></p> <ol style="list-style-type: none"> <li>1. Accident and Emergency services provided in a hospital.</li> <li>2. Inpatient hospital services relating to the following branches of medicine <ol style="list-style-type: none"> <li>a) general medicine;</li> <li>b) geriatric medicine;</li> <li>c) rehabilitation medicine;</li> <li>d) respiratory medicine; and</li> </ol> </li> </ol>			

- e) Psychiatry of learning disability
- 3. Palliative care services provided in a hospital.
- 4. Inpatient hospital services provided by General Medical Practitioners.
- 5. Services provided in a hospital in relation to an addiction or dependence on any substance.
- 6. Mental health services provided in a hospital, except secure forensic mental health services.
- 7. Services provided out with a hospital in relation to an addiction or dependence on any substance.
- 8. Services provided by allied health professionals in an outpatient department, clinic, or out with a hospital.
- 9. The public dental service.
- 10. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978(27).
- 11. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978(28).
- 12. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978
- 13. Services providing primary medical services to patients during the out-of-hours period.
- 14. Services provided outwith a hospital in relation to geriatric medicine.
- 15. Palliative care services provided outwith a hospital.
- 16. Mental health services provided outwith a hospital.
- 17. Continence services provided outwith a hospital.
- 18. Kidney dialysis services provided outwith a hospital.
- 19. Services provided by health professionals that aim to promote public health

**Provision for people under the age of 18**

- 1. General Dental Services, Public Dental Services, and the Edinburgh Dental Institute
- 2. General Ophthalmic Services
- 3. General Pharmaceutical Services
- 4. Out of Hours Primary Medical Services
- 5. Learning Disabilities
- 6. Health Visiting
- 7. School Nursing

# Appendix 1



	<b>Actions</b>	<b>Action No</b>												
	<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 Commissioning Plan 2022-25. While some services will not be specified within the Strategic Commissioning Plan, services should nevertheless be provided in a way which is consistent with the philosophy of Midlothian IJB and in line with the approaches described in the Strategic Commissioning Plan 2022-25 and accompanying Directions.</p> <p>Services delegated to the MIJB are detailed in the Midlothian Integration Scheme (Annex 1). All services, including hosted services detailed below should be provided in accordance with legislation, policies, and procedures. Unless specified in the accompanying Directions, services should continue to be provided to the same standards and volumes as has been the case in 2021-22 within the available budgets. All services should provide information on both activity and outcomes for service offers and supports delivered to improve the health, wellbeing and wellness of the people and communities of Midlothian.</p>	MIJB-26.1												
8	<b>Budget allocated by Integration Joint Board to carry out Direction</b>	n/a												
9	<b>Desired Outcomes</b>	<p><b>This Direction is in relation to the following Strategic Aim(s) for 2022-2025</b></p> <table border="1"> <tbody> <tr> <td data-bbox="987 863 1944 935">1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead</td> <td data-bbox="1944 863 2033 935"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="987 935 1944 1007">2. Enable more people to get support, treatment and care in community and home-based settings</td> <td data-bbox="1944 935 2033 1007"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="987 1007 1944 1054">3. Increase people’s choice and control over their support and services</td> <td data-bbox="1944 1007 2033 1054"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="987 1054 1944 1110">4. Support more people with rehabilitation and recovery</td> <td data-bbox="1944 1054 2033 1110"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="987 1110 1944 1222">5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support</td> <td data-bbox="1944 1110 2033 1222"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="987 1222 1944 1324">6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs</td> <td data-bbox="1944 1222 2033 1324"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	1. Increase people’s support and opportunities to stay well, prevent ill or worsening health, and plan ahead	<input checked="" type="checkbox"/>	2. Enable more people to get support, treatment and care in community and home-based settings	<input checked="" type="checkbox"/>	3. Increase people’s choice and control over their support and services	<input checked="" type="checkbox"/>	4. Support more people with rehabilitation and recovery	<input checked="" type="checkbox"/>	5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law, through our services and support	<input checked="" type="checkbox"/>	6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>
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6. Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people’s needs	<input checked="" type="checkbox"/>													



**Thursday 16th June 2022, 1.00pm**

## **Current Financial Position (21/22 financial out-turn) and Future Outlook**

**Item number: 5.6**

### **Executive summary**

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This paper lays out the final financial position for the IJB for 2021/22 and the impact this position has on the IJB reserves. The IJB is underspend by c. £10.5m most of which is a reflection of the funds allocated to the IJB in 21/22 which it has not spent in year and has carried forward to 22/23. As a result of this position the IJB's reserves have increased from c. £13m to c. £23.5m.

The paper further reviews the 22/23 financial position and has an initial look at the 23/24 position.

#### **Board members are asked to:**

- To note the final 21/22 out-turn position for the IJB
- To note the impact of that position on the IJB's reserves
- To note the review of the 22/23 financial position
- To note the initial look at the 23/24 financial position

## Current Financial Position (2021/22 financial out-turn) and Future Outlook

### 1 Purpose

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1.1 This paper has the following objectives: -

- To lay out the final out-turn position for the IJB for 2021/22
- To lay out the movements in the IJB's reserves
- To further review the financial projections for 2022/23
- To take an initial review of the financial position in 2023/24

### 2 Recommendations

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2.1 As a result of this report Members are asked to: -

- To note the final 21/22 out-turn position for the IJB
- To note the impact of that position on the IJB's reserves
- To note the review of the 22/23 financial position
- To note the initial look at the 23/24 financial position

### 3 Background and main report

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#### 3.1 2021/22 Out-turn position.

The IJB has now received the final out-turn position from its partners (Midlothian Council and NHS Lothian). This shows an underspend of £10.5m for the financial year 2021/22 as follows :-

	Health £000's	Social Care £000's	IJB £000's
Income	127,825	50,598	178,423
Expenditure	121,552	46,352	167,904
<b>Surplus</b>	<b>6,273</b>	<b>4,246</b>	<b>10,519</b>

Clearly this is an extraordinarily favourable position and this has been generated by three main drivers :

- i) Additional funds to support the costs of the Covid pandemic were received from the Scottish Government in March 2022. This was reported to the IJB at its March meeting. It was clear that there was an expectation that a considerable element of this allocation was to be carried forward by the IJB to support the costs of the Covid pandemic in 2022/23 given that no further funds were currently expected to be available in that year. The income and expenditure on Covid related costs for the IJB in 2021/22 was as follows :-

	£'000
Covid Carry Forward from 20/21	5,491
Covid Allocation 21/22	9,699
<b>Total Available</b>	<b>15,190</b>
21/22 Spend	
Health	4,695
Social Care	792
<b>Total Spend</b>	<b>5,487</b>
<b>To be carried forward</b>	<b>9,703</b>

It can be seen, therefore, that c. £9.7m is to be carried forward to support Covid costs in 22/23. That said, only £4.2m of this reserve has come from 21/22 underspend with the remaining element of the total above being the unused element of the reserve from 20/21. A detailed breakdown of the utilisation of the Covid funds in 21/22 is attached as Appendix 1.

- ii) Further, the health element of the IJB has been in receipt of a range of funds for various projects which it has not been able to spend in year. These funds will be carried forward into 22/23 as part of the IJB's earmarked reserves. These total c.£4.4m.
- iii) Additional allocations were made to the IJB (through the Council and therefore in the social care elements of the budget) in November 2021 to support Winter Planning, these was reported to the IJB at its December 2021 meeting. In summary the following funds were received :-

Winter Funding	£000's
Interim care	603
Care at Home	934
RLW* Investment	751
RLW to Housing	(35)
	<u>2,253</u>

\*RLW – Real Living Wage

It should be noted that the November allocation was initially indicated to cover funding delegated to the IJB only. The guidance did, however, allow RLW payments to be made to providers of housing service which were not delegated to the IJB. The Scottish government issued a further guidance letter on 5<sup>th</sup> April

2022 which specifically allowed local authorities to retain funding for such services even though they were not allocated to the IJB.

Although the payments for the RLW were made in 21/22, the remaining funds have not been used in year and will be carried forward by the IJB as part of their earmarked reserves. Additional funds to support the Carers strategy were given to the IJB as part of the 21/22 financial settlement and currently these ring-fenced funds are held as a separate budget – the IJB will carry forward c. £700,000 of these funds into 22/23. A further report on the use of the various strands of the carers strategy funding (additional funds were also made available as part of the 22/23 settlement) will be presented to a later meeting of the IJB. Further allocations to support the provision of MHO and other mental health were received in year and these have also been carried forward.

In summary, c. £5.7m of social care funds (excluding Covid) will be carried forward by the IJB in addition to the health funds discussed above.

### 3.2 Underlying Financial Position.

Having excluded the carry forwards from the 21/22 out-turn position, this leaves the following underlying position :-

Underlying Position	NHSiL £000's	MLC £000's	IJB £000's
Declared position	6,273	4,246	10,519
Less carry forwards	5,520	3,850	9,370
<b>Surplus</b>	<b>753</b>	<b>396</b>	<b>1,149</b>

#### NHS Lothian.

NHSiL are reporting an underspend (having excluded all carry forwards) of c. £0.8m. This is broken down as follows :-

	Annual Budget £'000	YTD Actual £'000	YTD Variance £'000
Core	80,715	80,103	612
Hosted	15,167	14,877	290
Non Cash Limited	11,393	11,393	
Acute	20,549	20,698	(150)
<b>NHS Services</b>	<b>127,825</b>	<b>127,072</b>	<b>753</b>

This is largely in line with the projected position reported to the IJB at its February meeting although the Core and Set Aside positions have improved. The underspend will go to the IJB's general reserve and thus be carried forward into 22/23

## Midlothian Council.

Midlothian Council are reporting an underspend (having excluded all carry forwards) of c. £0.4m. This is a function of the inability of the providers to deliver services due to their own staffing constraints – largely within respite care.

### 3.3 Covid Costs in 2021/22

It is important to note that both the social care and the health position were underpinned by additional funds to support the financial pressures generated by the Covid pandemic. As was discussed above this is analysed further in Appendix 1.

### 3.4 Reserves

The table below shows how the IJB's reserves have moved between 31<sup>st</sup> March 2021 and 31<sup>st</sup> March 2022.

Movement in Reserves	Opening £000's	Movement £000's	Closing £000's
Covid	5,492	4,211	9,703
Other	2,780	5,158	7,938
General	4,721	1,149	5,870
<b>Total</b>	<b>12,993</b>	<b>10,518</b>	<b>23,511</b>

The largest element of these reserves is the element to support the additional costs to the IJB's delegated functions caused by the Covid pandemic. Current estimates suggest that this reserve will be adequate to cover the costs in 22/23, this is discussed further below. The IJB may wish to consider making a specific direction to its partners as to the use of these funds.

The next largest element represents the funds carried forward for specific projects from 21/22. These are detailed in Appendix 2 and the IJB should now direct the partners as to the use of these funds in 22/23.

The IJB revised its reserves strategy in 2019. This established that a general reserve of 2% of the IJB's total turn-over (its annual budget) should be built up. Two percent of the 22/23 budget is c. £3.0m, the impact of the year-end underspend (excluding earmarked reserves) is to take the general reserve value to £5.9m which is clearly in excess of the policy position. These funds can be used in 22/23 either to underpin any financial pressures and/or the IJB has the opportunity to make non-recurrent investments in projects that can help the IJB to both develop and deliver its Strategic Plan.

### 3.5 Review of 22/23 Financial Position.

The IJB set a balanced budget for 22/23 at its March 2022 meeting. Simply this means that the estimated income will cover the estimated expenditure in year. Since then further information has become available.

#### 3.5.1 Health Budgets - NHS Lothian

NHS Lothian published their 22/23 initial budget forecast at their Board meeting of 6<sup>th</sup> April 2022. This forecast shows an unbalanced position with a current projected financial gap of c. £107m (across all of NHSiL) of which c. £79m related to the costs of supporting the Covid Pandemic leaving net gap of c. £28m. This gap is then analysed over the delegated and non-delegated functions and shows a gap for Midlothian IJB of £175,000 which is in line with the forecast position in the March 2022 budget setting paper. That position does include Covid costs of £6.1m which will be covered from the IJB's reserve. That said, there is clearly a significant set of pressures within those functions that are not delegated to the IJB will wish to consider, as part of the on-going development of its Strategic Plan how the delegated functions can support pressures on the other non-delegated functions. It should be noted that the NHS Lothian budget remains indicative as further allocations for delegated functions will be received from the Scottish Government in year

### 3.5.2 Social Care Budgets - Midlothian Council.

Although a further adjustment to the Midlothian budget is required to take account of the non-delegated housing services as above this is not material to the IJB's budget setting process as Midlothian Council's budget offer would still have met the IJB's criteria. However, it is clear from further information now available that the pressures on the social care budgets – especially the uplifts now being requested by the providers – may be greater than was originally estimated as part of the budget setting process. This may impact on the ability of the IJB to further develop social care services as resources are used to manage increased financial pressures. The HSCP is considering this position and this will be part of the financial reporting to the IJB in 22/23.

### 3.5.3 Earmarked Reserves

The two 'operational' budgets above do not currently include the considerable element of earmarked reserves (including the Covid reserve) which have been carried from 21/22 to 22/23 and the IJB will wish to consider how the earmarked reserves are used by the partners and may wish to amend its directions to take this into account.

## 3.6 Initial out-line of 23/24 Financial Projection

The key financial challenge in 23/24 is the non-availability of any additional funds to support the additional costs of the Covid pandemic. The Scottish Government's current indications are that no new funds will be available in 22/23 (or beyond) to support further costs generated by the Covid pandemic and the current forecast projects £6.0m of covid related costs in 22/23. Recognising this the Scottish Government is working with the partners to develop an exit strategy.

Further to this NHSiL's forecast shows a pressure of c. £2.1m in the health part of the IJB although this is an early indication and requires further analysis and development. This will be examined further in the IJB's multi-year financial plan.

Within the social care budget, inflation and demand increases (through population growth) will continue to create financial pressures. It should be noted that the impact of these pressures in 22/23 was resolved through the injection of c. £4.3m (net of the RLW payments for 20/21 and 22/23) of additional funds from the Scottish Government. The financial planning assumption for 23/24 will be that no additional funds are available.

## 4 Policy Implications

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- 4.1.1 There are no policy implications from this report, however policies may require to be revised arising from any operational or transformation proposals to balance the IJB's financial plan.

## 5 Directions

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- 5.1 The IJB should consider issuing a direction regarding the use of the Covid reserve and amending other directions to appropriately utilise its other reserves.

## 6 Equalities Implications

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- 6.1 There are no equalities implications from this report

## 7 Resource Implications

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- 7.1 The resources implications of this report are laid out in the body of this report.

## 8 Risk

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- 8.1 The risks raised by this report are already included within the IJB risk register, any further risks arising from any proposals will be included in the register as required.

## 9 Involving people

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- 9.1 The IJB's meetings are available to the public and all of its papers are available on the internet.

## 10 Background Papers

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- 10.1 Finance Report to the IJB in March 2022.

<b>AUTHOR'S NAME</b>	Claire Flanagan
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	Claire.flanagan@nhslothian.scot.nhs.uk
<b>DATE</b>	June 2022

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**Appendices:**  
**Appendix 1 – Covid Funding and Spend in 21/22**

## Appendix 1 – Covid Funding and spend in 21/22

Plan	Budget 21/22	Cost 21/22	Variance: Under/(Over)
	£'000	£'000	£'000
GP Winter Investment	212,289	212,289	0
21/22 Covid Prescribing Pressures	594,546	594,546	0
Additional Care at Home posts	345,000	233,000	112,000
CCR recovery - Dietetics	12,694	12,694	0
CHT Exp	166,000	165,913	87
Covid Flu 21/22 Pressure	66,122	0	66,122
CRT Exp	316,000	316,000	0
Des Covid Vaccination	28,227	217,711	(189,484)
Discharge to asses Expansion	1,132,000	1,132,000	0
Flow HUB - 7 day working	137,000	137,000	0
GP Covid Payments	5,224	0	5,224
Home first expansion	158,000	107,000	51,000
Hospital at Home expansion	160,000	92,000	68,000
Local Flow Hub	139,000	114,177	24,823
Maternity GMS payment at 50 %	31,000	0	31,000
MCH Works	150,000	0	150,000
Old Bonnyrigg Wards	20,000	17,000	3,000
Opening of an additional ward in MCH	957,500	1,297,520	(340,020)
Volunteer Coordinator	46,000	46,000	0
<b>NHS Totals</b>	<b>4,676,602</b>	<b>4,694,850</b>	<b>(18,248)</b>
Social Care	2,055,000	793,424	1,261,576
<b>Overall Total</b>	<b>6,731,602</b>	<b>5,488,274</b>	<b>1,243,328</b>
<b>Allocation</b>	<b>15,190,000</b>		
<b>Proposed Carry Forward</b>	<b>9,701,726</b>		



**Thursday 16th June 2022, 1.00pm**

## **IJB Improvement Goals**

**Item number: 5.7**

### **Executive summary**

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The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals, and to make a recommendation to set new goals for 2022/23.

**Board members are asked to:**

- **Note the performance against the IJB Improvement Goals for 2021/22;**
- **Note the recommendation from the Performance Assurance & Governance Group regarding the proposed Improvement Goals for 2022/23;**
- **Approve the IJB Improvement Goals for 2022/23.**

## IJB Improvement Goals

### 1 Purpose

---

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals (2021/22); and to set out the recommendation of the Performance Assurance and Governance Group regarding proposed improvement goals for 2022/23.

### 2 Recommendations

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2.1 As a result of this report Members are asked to:-

- Note the performance against the IJB Improvement Goals for 2021/22 (Appendix 1);
- Note the recommendation from the Performance Assurance & Governance Group regarding the proposed Improvement Goals for 2022/3;
- Approve the IJB Improvement Goals for 2022/23.

### 3 Background and main report

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3.1 The IJB has previously identified improvement goals to monitor progress implementing the Strategic Plan. The improvement goals focused on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care.

3.2 The IJB approved the following revised improvement goals at the IJB meeting in April 2021:

- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18
- Reduce Unplanned Occupied Bed Days (OBD) by 10% by April 2022 compared to 2017/18
- Maintain Emergency Department attendances at the level of 2017/18
- Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity
- Reduce the percentage of time people spend in a large hospital in their last six months of life.
- Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher.

- 3.3 An updated report describing progress against each improvement goal is attached in Appendix 1. This report is produced by the LIST team on behalf of the Midlothian HSCP. Members are asked to note the information in Appendix 1, specifically with regard to data completeness (slide 4). Due to the processes required to validate these data, there is an inbuilt reporting delay and this information is not taken from a “live” system. This means that we are not yet in a position to calculate the full year average performance for 2021/22.
- 3.4 The IJB is required to set updated improvement goals for 2022/23. This was discussed at the May meeting of the Performance Assurance & Governance Group. It was recognised during the discussion that this is a welcome opportunity to take a mature approach to performance measurement for the coming year. This approach recognises the need for the health and care system to stabilise as we continue to rebuild from the COVID-19 pandemic.
- 3.5 The Performance Assurance & Governance Group is recommending that the improvement goals for 2022/23 are set in order to prioritise an increase in system stability, focussing on workforce recovery and wellbeing. Members are asked to note, and approve, the following **proposed goals**, based on a continuation of the target rates set for 2021/22:

MSG Indicator	2021/22 Target Rate per 100,000	2021/22 Running Average per 100,000	2022/23 Proposed Target Rate per 100,000
A&E Attendances	2,629 / month	2,789 (at Feb 2022)	<b>2,629 / month</b>
Emergency Admissions	767 / month	820 (at Feb 2022)	<b>767 / month</b>
Unplanned Bed Days	5,074 / month	4,714 (at Feb 2022)	<b>5,074 / month</b>
Delayed Discharge Occupied Bed Days	820 / month	680 (at Feb 2022)	<b>820 / month</b>
End of Life - Percentage of Last Six Months Spent in Large Hospitals	<8.7%	7.4% (provisional)	<b>&lt;8.7%</b>
Balance of Care	>96.4%	96.7% (provisional)	<b>&gt;96.4%</b>

## 4 Directions

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- 5.1 There are no currently identified implications for Directions 2022-23.

## 5 Equalities Implications

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- 6.1 There are no equality implications from focussing on these goals but there may be implications in the actions that result from work to achieve them.

The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are groups of people that make more use of hospitals than others – for example older people, people living in areas of deprivation or people who live alone.

## 6 Resource Implications

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- 7.1 There will be resource implications resulting from further action to achieve these improvement goals.

## 7 Risk

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- 8.1 The main risk is that the IJB fails to set improvement goals that take cognisance of the continued instability of health and care systems, and the ongoing challenges of supporting workforce wellbeing.

## 8 Involving people

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- 8.1 The Performance Assurance & Governance Group (PAGG) was consulted in May 2022 regarding the approach to, and process of, setting new IJB Improvement Goals. The proposed improvement goals recommended in this paper (for 2022/23) were discussed at the May 2022 PAGG meeting.

## 9 Background Papers

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- 10.1 Appendix 1: LIST Report describing progress against the IJB improvement goals 2021/22.

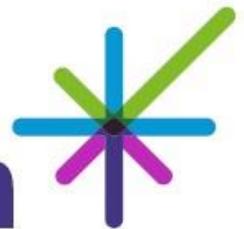
<b>AUTHOR'S NAME</b>	Elouise Johnstone
<b>DESIGNATION</b>	Performance Manager
<b>CONTACT INFO</b>	<a href="mailto:elouise.johnstone@nhslothian.scot.nhs.uk">elouise.johnstone@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	31/05/2022

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# Midlothian HSCP MSG Indicators

Performance from April 2019 to February  
2022, with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST),  
May 2022



# Contents

1. Methodology
2. Data completeness
3. 2020/21 MSG targets and actuals
4. A&E attendances
  - a) weekly figures by age group
  - b) monthly proportions by age group
  - c) 4 hour performance
  - d) admission conversion rates
3. Emergency admissions
4. Unplanned bed days:
  - a) Acute
  - b) Geriatric Long Stay
  - c) Mental Health
5. Delayed discharges occupied bed days
6. Balance of care
7. End of life

# 2020/21 MSG Targets - Methodology

- The MSG Objectives Performa was submitted in February 2020 which specified the 2020/21 targets and an action plan on how those targets were to be achieved
- 2017/18 MSG data was used as the baseline to calculate the 2020/21 targets

# Data completeness

Source: MSG data release Apr-22, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Feb-22	n/a	-
2. Emergency admissions	Sep-21	Feb-22	(SMR01) Nov-20 = 93%
3a. Unplanned bed days (acute)	Sep-21	Feb-22	(SMR01) Nov-20 = 93%, May-21 = 97%, Nov-21 = 94%
3b. Unplanned bed days (GLS)	n/a	Feb-22	(SMR01E) Quarters ending: Jun-20 = 98%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 92%; Jun-21 = 90%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 93%; June-21 = 93%, Sep-21 = 95%, Dec-21 = 94%
3c. Unplanned bed days (MH)	Mar-21	Feb-22	-
4. Delayed discharges occupied bed days	Feb-22	n/a	-
5. Last 6 months of life (% in community setting)	2019/20	2020/21	-
6. Balance of care (% at home)	n/a	2019/20	-

# 2020/21 targets and actuals

Source: MSG objectives 2020-21 template - Midlothian IJB; MSG data release Apr-22, PHS

Indicator	2020/21 target	2020/21 target (rate per 100,000)		2020/21 (rate per 100,000)		Target met
		Annual	Monthly	Annual	Monthly	
1. A&E attendances	Maintain	31,543	2,629	26,390	2,199	✓
2. Emergency admissions	5% decrease	9,207	767	9,207	767	✗
3a. Unplanned bed days (acute)	10% decrease	60,888	5,074	57,459	4,788	✓
3b. Unplanned bed days (GLS)	Decrease	<13,733	<1,144	14,122 (p)	1,177 (p)	✓
3c. Unplanned bed days (MH)	Decrease	<15,910	<1,326	12,511	1,043	✓
4. Delayed discharges occupied bed days	20% decrease	9,836	820	9,779	815	✓
5. Last 6 months of life (% in large hospital)	Decrease	<8.7%	-	7.4%	-	✓
6. Balance of care (% at home)	Increase	>96.4%	-	96.7% (p) - 2019/20	-	✓

(p) = provisional

- Indicators 3b and 6 are still provisional, and 6 is for 2019/20.

# Data Sources

## 2020/21 MSG Targets

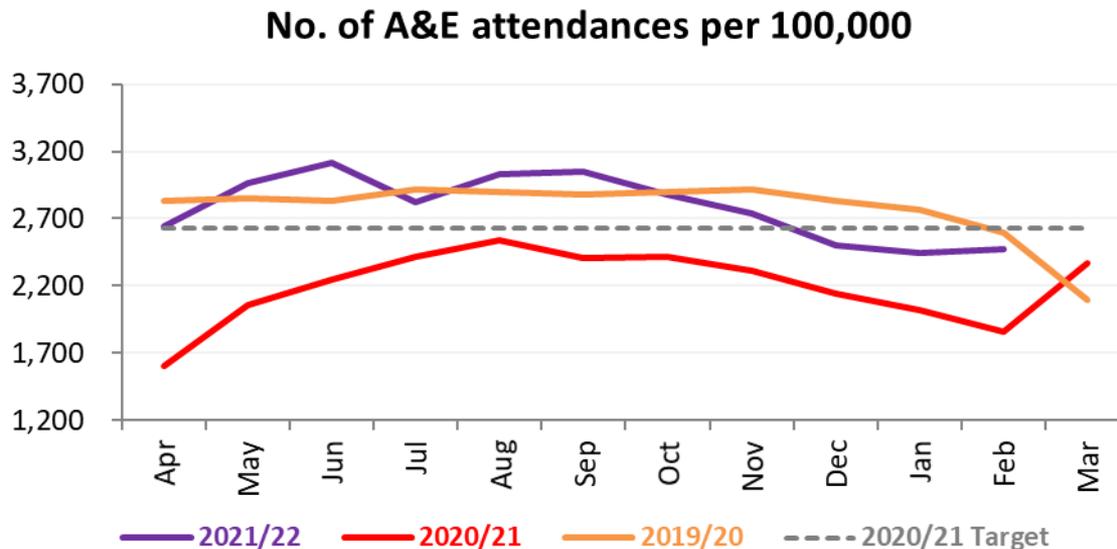
- Source: MSG data release v1.53, Apr-22; Public Health Scotland
- These are official monthly figures released by PHS and will be nationally published (some data is provisional and not yet published)
- Next data release: May-22

# A&E Attendances

Source: MSG data release Apr-22; data published up to Feb-22

Target = maintain	Annual	Monthly
2020/21 Target Rate (per 100,000)	31,543	2,629
<i>2019/20 Rate (per 100,000)</i>	<i>33,319</i>	<i>2,777</i>
<i>2020/21 Rate (per 100,000)</i>	<i>26,390</i>	<i>2,199</i>
<i>2021/22 Running average (Feb)</i>		<i>2,789</i>

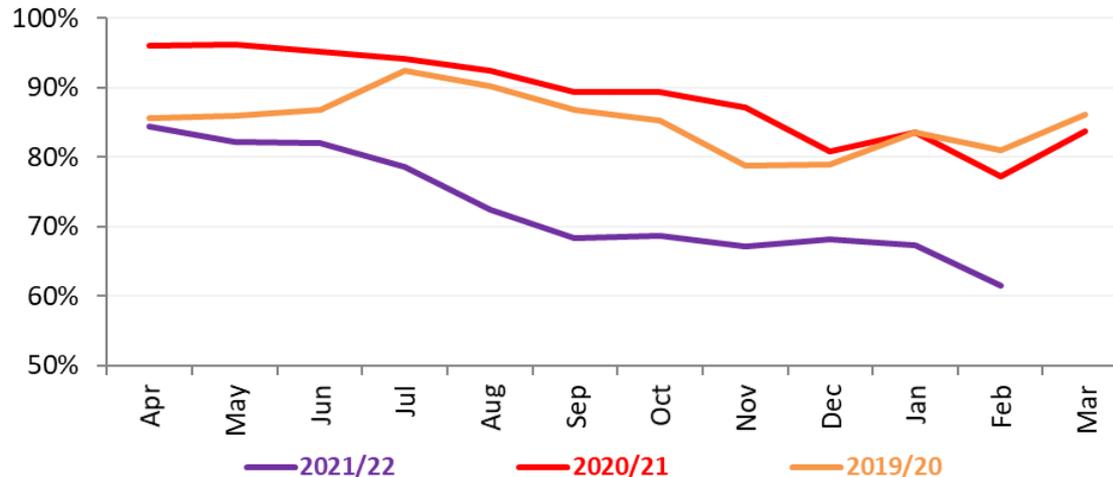
- **The 2020/21 target was met**
- The rate of attendances in 2020/21 was 21% lower than 2019/20, and **17% lower than the 2017/18 baseline year**. Much of this may be due to covid-19.
- The rate of attendances had increased back to typical levels by Aug-20, but steadily decreased again until Mar-21 when it started increasing.
- From May-21 – Nov-21 it exceeded the 2020/21 target level. In Dec-21 it dipped below the target again.



# A&E 4 hour performance

Source: MSG data release Apr-22; data published up to Feb-22

A&E % discharged, admitted or transferred within 4 hours



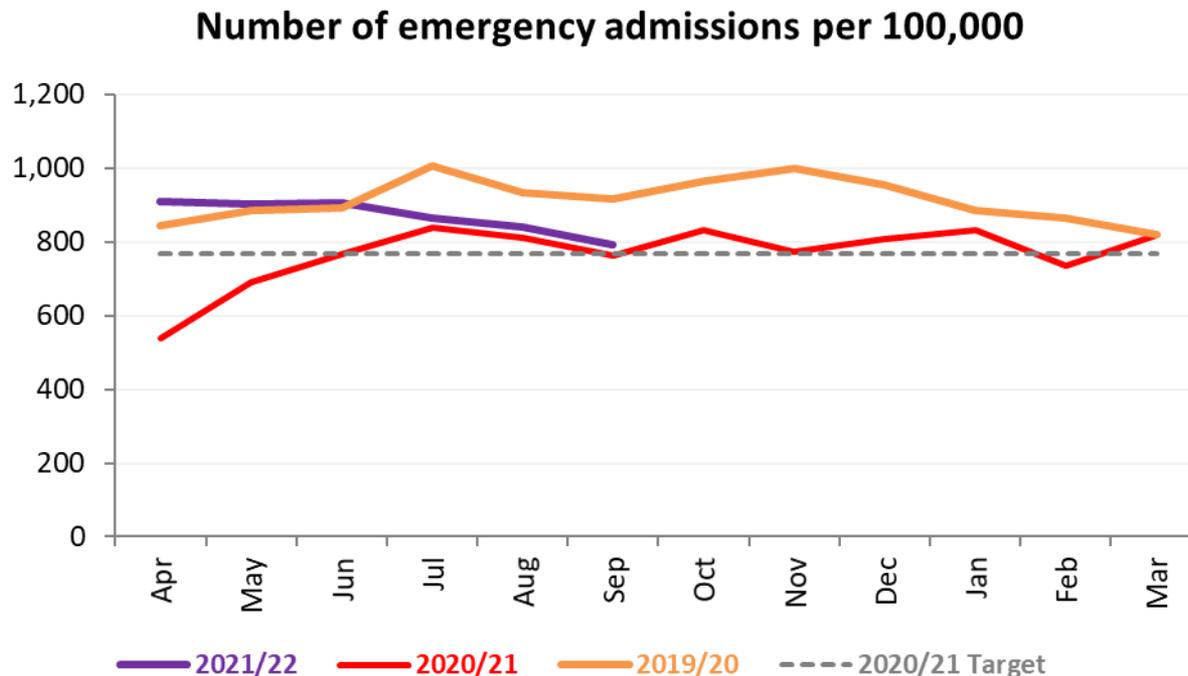
- Four hour performance was steady through the winter of 2020-21
- **Overall four-hour performance for 2020/21 was 79.9%**, a slight decrease from the 2019/20 level (85.2%)
- Performance in 2021/22 so far has steadily declined to around 62%

# Emergency Admissions

Source: MSG data release Apr-22; data published up to Sep-21

Target = 5% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,207	767
<i>2019/20 Rate (per 100,000)</i>	<i>10,966</i>	<i>914</i>
<b>2020/21 Rate (per 100,000)</b>	<b>9,207</b>	<b>767</b>
<i>2021/22 Running average (Feb)</i>		<i>820</i>

- **The 2020/21 target was not met (but almost)**
- The rate of emergency admissions dropped in Apr-20 due to Covid-19, but quickly returned to more typical levels – although remained lower than 2019/20 until March-21
- In the first quarter of 2021/22 the admissions rate increased above the 2020/21 target level and above 2019/20 levels; this discrepancy has reduced since



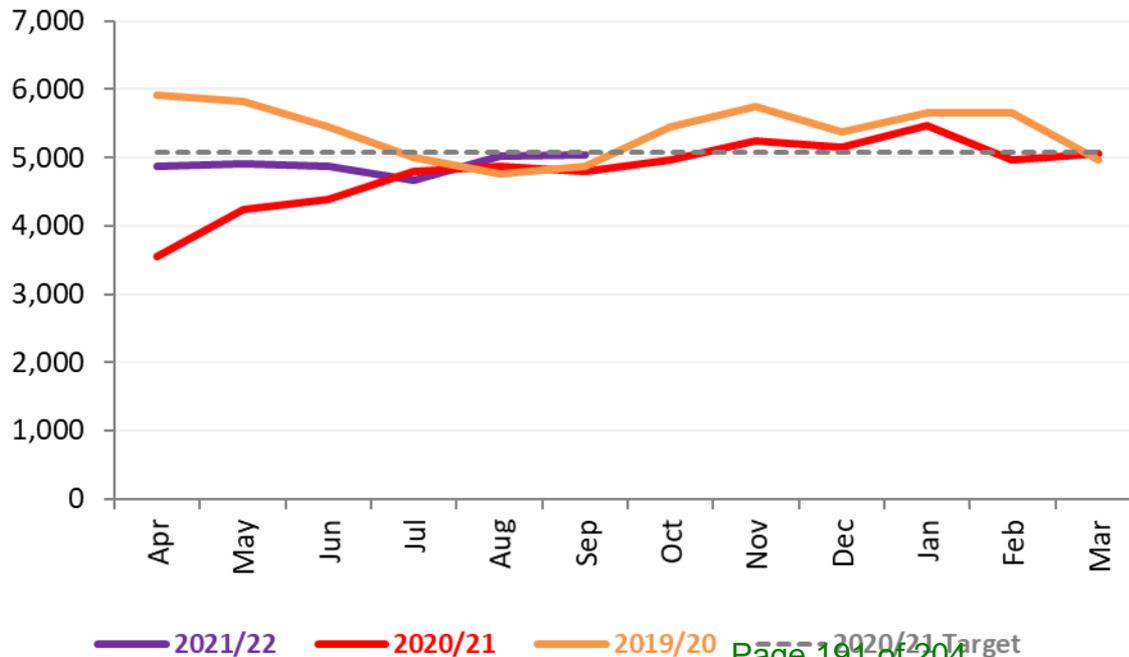
# Unplanned Bed Days - Acute

Source: MSG data release Apr-22; data published up to Sep-21

Target = 10% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	60,888	5,074
<i>2019/20 Rate (per 100,000)</i>	<i>64,683</i>	<i>5,390</i>
<i>2020/21 Rate (per 100,000)</i>	<i>57,459</i>	<i>4,788</i>
<i>2021/22 Running average (Feb)</i>		<i>4,714</i>

- **The 2020/21 target was met**
- The rate dropped drastically in Apr-20 due to Covid-19, but was back to a more typical level by Jul-20.
- The rate has remained stable since then

**Acute unscheduled bed days per 100,000**



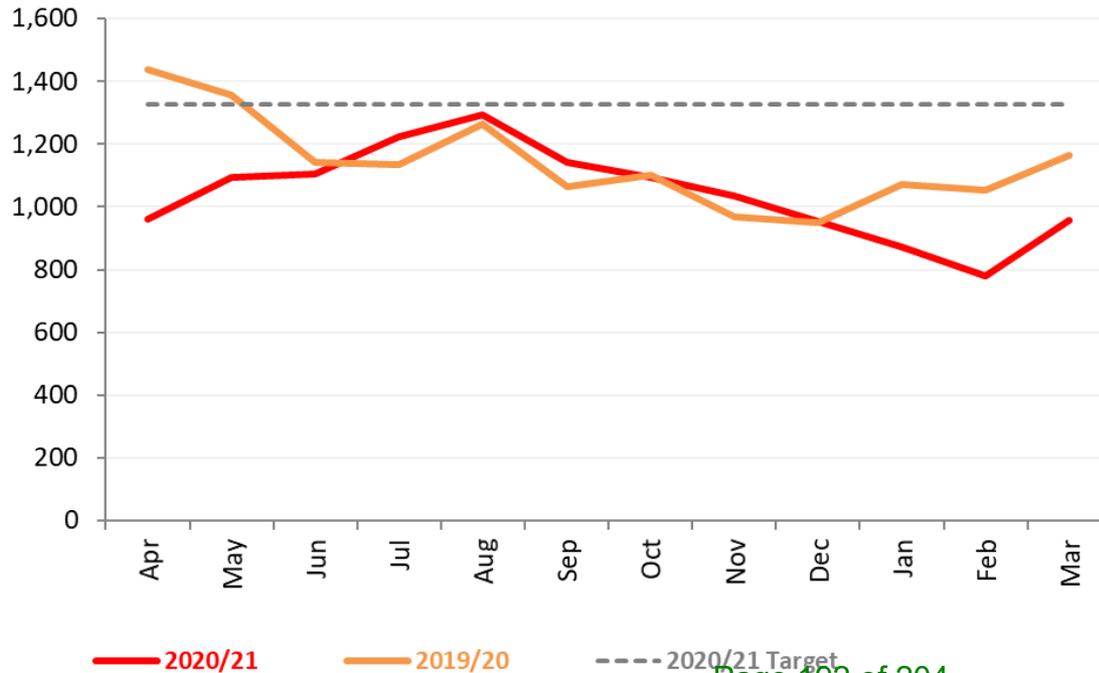
# Unplanned Bed Days – Mental Health

Source: MSG data release Apr-22; data published up to Mar-21

Target = decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	15,912	1,326
<i>2019/20 Rate (per 100,000)</i>	<i>13,708</i>	<i>1,142</i>
<i>2020/21 Rate (per 100,000)</i>	<i>12,511</i>	<i>1,043</i>
<i>2021/22 Running average (Feb)</i>		<i>1,000</i>

- The 2020/21 target was met
- The rate of MH bed days has been lower than the target level since Jun-19
- During early 2021/22 the rate was lower than in the previous two years

Mental Health bed days per 100,000



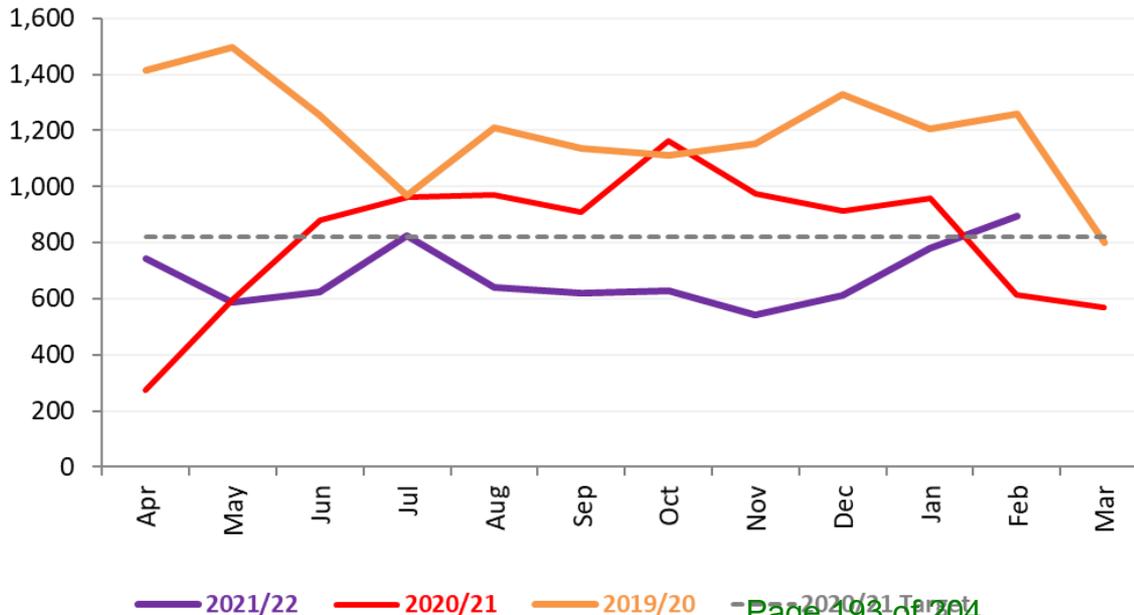
# Delayed Discharges Occupied Bed Days

Source: MSG data release Apr-22; data published up to Feb-22

Target = 20% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,836	820
<i>2019/20 Rate (per 100,000)</i>	<i>14,336</i>	<i>1,195</i>
<i>2020/21 Rate (per 100,000)</i>	<i>9,779</i>	<i>815</i>
<i>2021/22 Running average (Feb)</i>		<i>680</i>

- **The 2020/21 target was met**
- The rate of delayed discharge occupied bed days in Apr-20 was about 80% lower than the previous April's rate due to Covid-19
- The rate has remained mostly lower than the previous year ever since; during 2021/22 so far it has been lower than the 2020/21 target level, although it has now exceeded it as of Feb-22

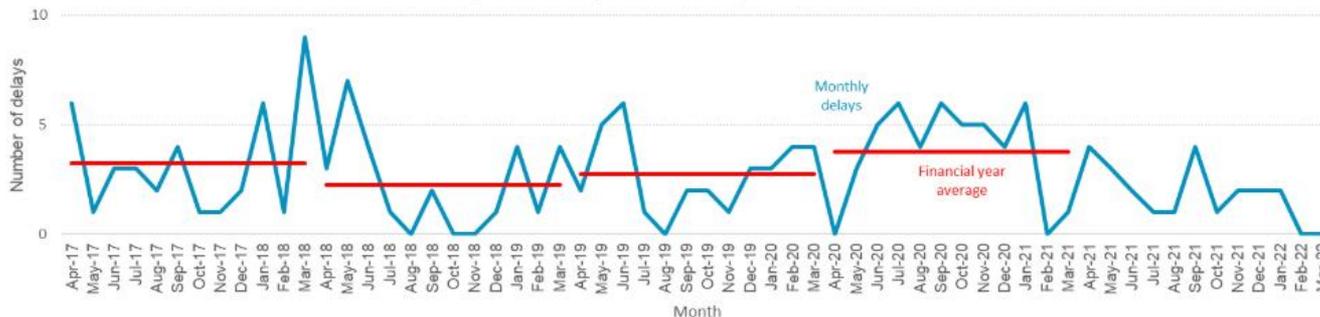
Delayed discharge bed days per 100,000, all reasons (18+)



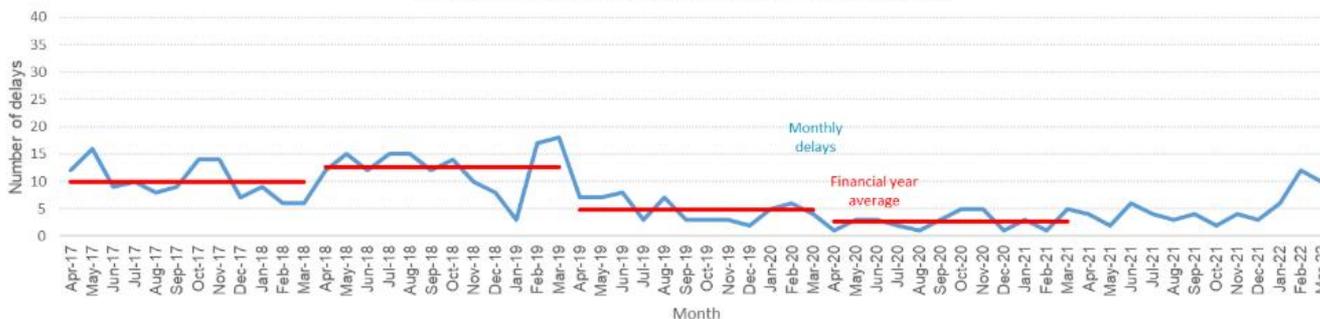
# Delayed Discharges: Trends by Reason for Delay

Data Source: Public Health Scotland Delayed Discharge Census May 2022 Publication

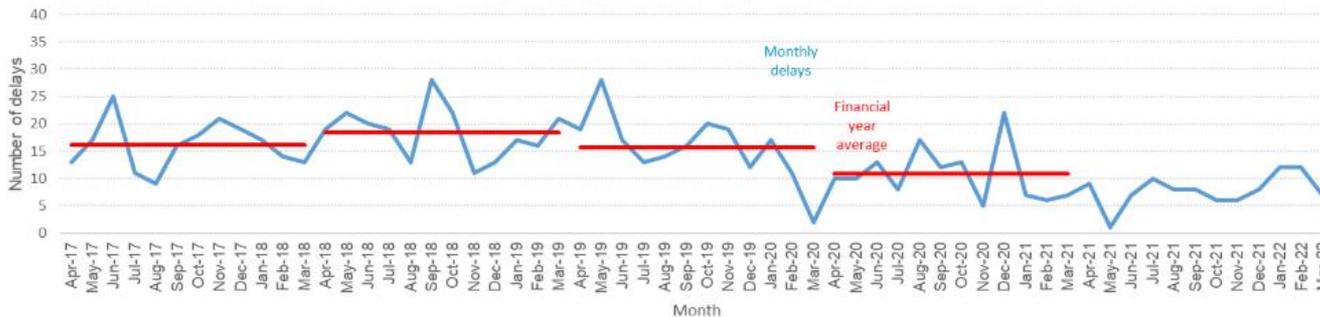
Delays caused by Assessments, 2017/18 to 2021/22



Delays caused by Place Availability, 2017/18 to 2021/22



Delays caused by Waiting on Care Arrangements, 2017/18 to 2021/22



- These charts show the long term trend and the yearly average of the number of delays caused by: Assessments; Place Availability and Waiting on Care Arrangements.

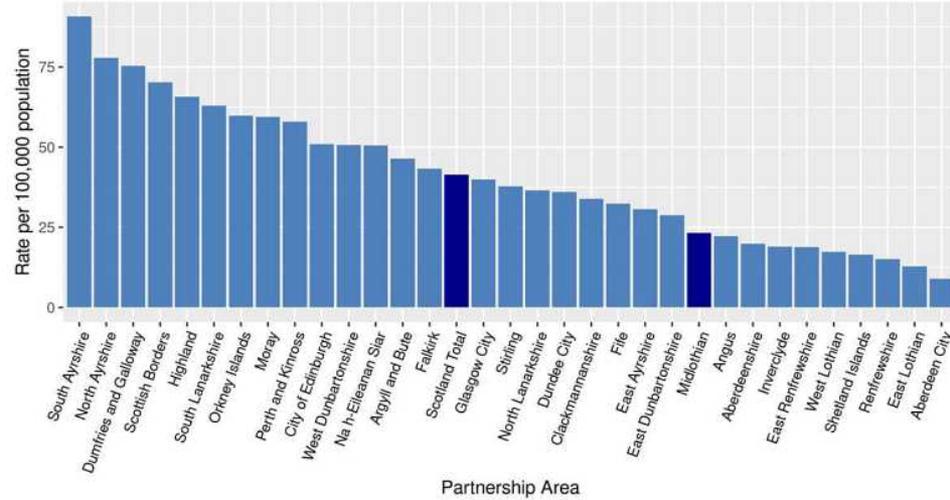
- Data has been taken from the monthly Census from Public Health Scotland.

- Performance has been improving since before the pandemic, although the latest 2 months have seen a substantial uptick in place availability delays.

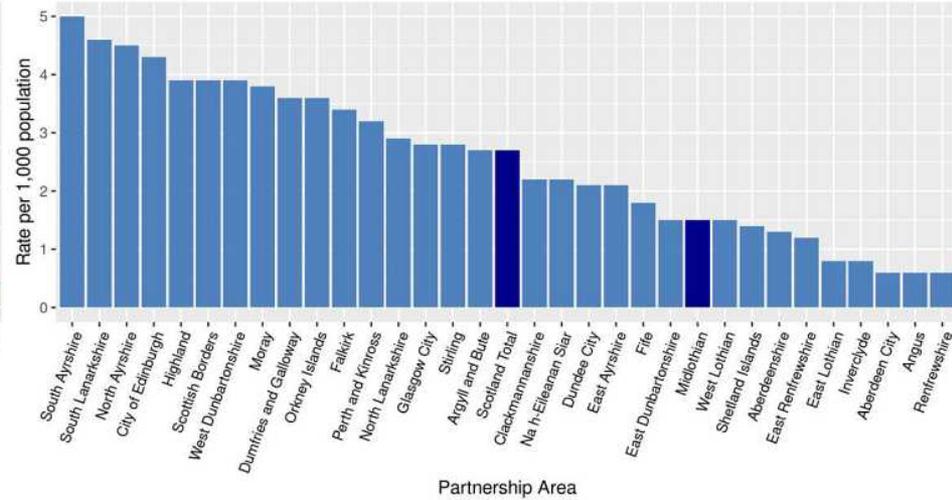
# Delayed Discharges (all reasons): Midlothian Position

Data Source: Public Health Scotland Delayed Discharges May 2022 Publication

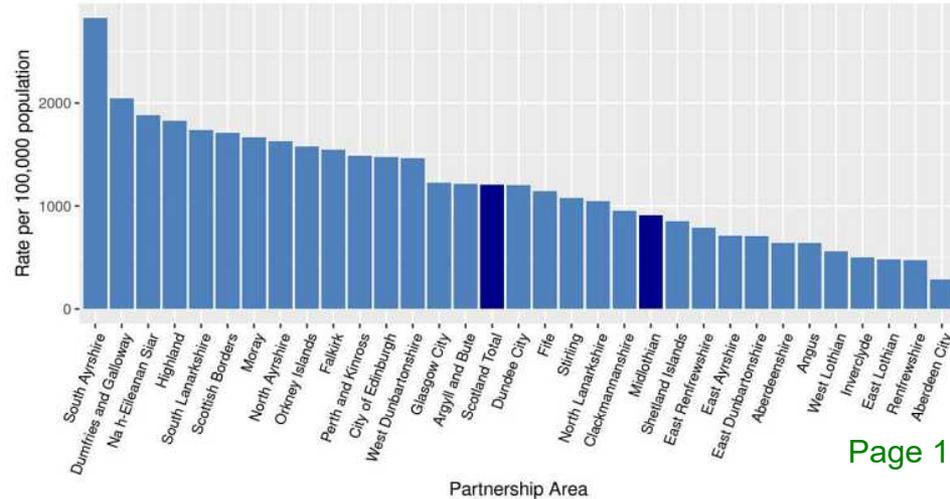
Delayed Discharge Rates per 100,000 Population, Aged 18+  
Mar 22



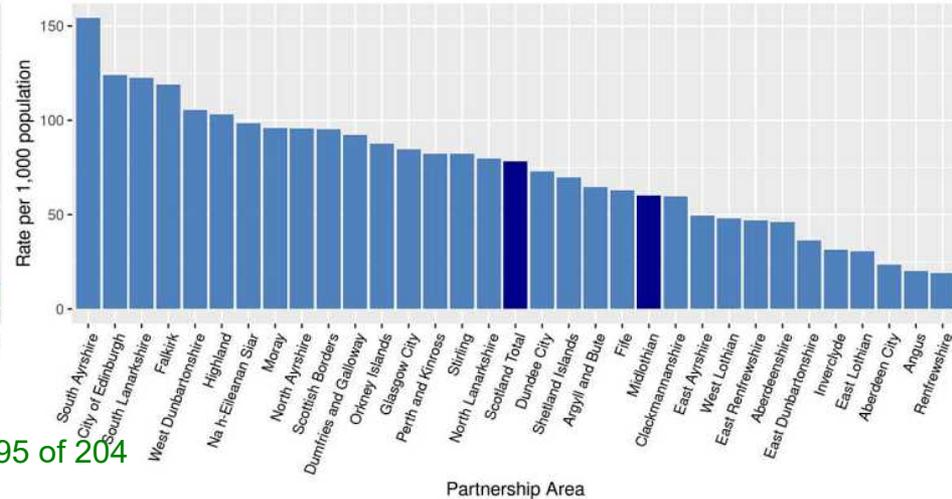
Delayed Discharge Rates per 1,000 Population, Aged 75+  
Mar 22



Occupied Bed Days for Delayed Discharges - Rate per 100,000 Population, Aged 18+  
Mar 22



Occupied Bed Days for Delayed Discharges - Rate per 1,000 Population, Aged 75+  
Mar 22

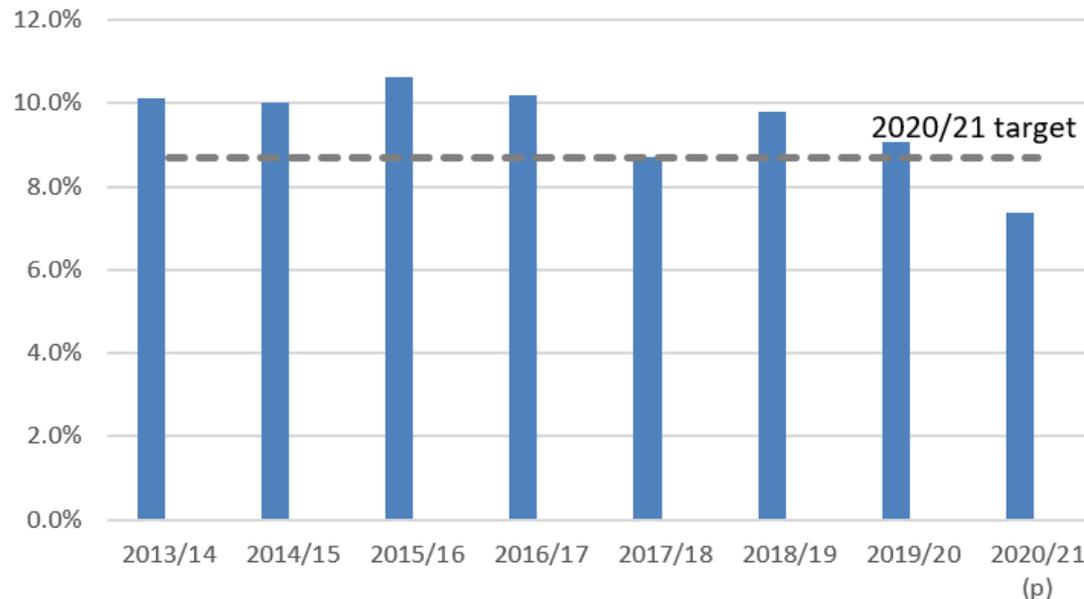


# End of Life - Percentage of Last Six Months Spent in Large Hospitals

Source: MSG data release Apr-22; data published up to 2019/20

Target = decrease	Annual
2020/21 Target	<8.7%
<i>2019/20</i>	<i>9.1%</i>
<i>2020/21 Provisional</i>	<i>7.4%</i>

- The 2020/21 target was met (provisional data)
- The provisional percentage for 2020/21 is below the target and is lower than the 2019/20 level





**Thursday 16th June 2022, 1.00pm**

## **Clinical and Care Governance Group (CCGG) report**

**Item number: 5.8**

### **Executive summary**

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This report to Midlothian Integration Joint Board aims to provide assurance regarding the Care and Clinical Governance arrangements within Midlothian Health and Social Care Partnership.

**Board members are asked to note and approve the contents of this report**

## Clinical and Care Governance Group (CCGG) report

### 1 Purpose

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- 1.1 This is the Clinical and Care Governance Group (CCGG) report for Midlothian IJB

### 2 Recommendations

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- 2.1 Board members are asked to note and approve the content of this report

### 3 Background and main report

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- 3.1 This report will update the IJB on the activity undertaken to provide assurance around the delivery of safe, effective, and person-centred care in Midlothian.

- 3.2 **Clinical Care and Governance and Assurance Structure and Processes**  
The Clinical and Care Governance Group (CCGG) meets quarterly and is the route for the Partnership to provide assurance to the IJB around the safety, effectiveness and person centredness of MHSCP Services.

Quality Improvement Teams are established and cover the services directly provided and hosted within the Partnership, bringing together representatives of the various multidisciplinary teams. These teams report to the CCGG around their actions to address clinical and care governance and deliver quality improvement as a result of learning and innovation.

The Quality Improvement Teams should meet at least 4 times per year and report to the CCGG utilising a reporting template to provide assurance on actions in place relating to the learning arising from investigation of adverse events and complaints, implementation of actions around safety alerts, specific standards and guidance, improvement work, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides. These issues may relate to areas covered in other groups (Health and Safety, Staff Governance, Finance and Performance) but which are assessed as creating a risk to the service's ability to deliver safe, effective or person-centred care. Work continues to refresh the assurance template to support a more streamlined and consistent approach across services and to provide greater clarity of the level of assurance services report. This is being progressed to ensure appropriate connection with the work to develop the performance reporting framework within the HSCP.

Assurance processes are also in place around the services provided in care homes for older people and care at home services. These report to Pan Lothian operational and strategic oversight groups which in turn report to the Scottish Government around specific issues relating to delivery of these services throughout the COVID 19 Pandemic.

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups address patient/client falls and pressure ulcers. Another group, the Midlothian Safety and Experience Action Group has oversight of all other significant adverse events (adverse events which result in harm assessed as moderate or above), including those which are drug related death or suicide by patients engaged with mental health and substance misuse services. This group commissions external reviews in line with NHS Lothian protocols. The MSEAG minutes are submitted to the Lothian Patient Safety and Experience Action Group, and all Serious Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure.

### **3.3 The Clinical and Care Governance Group**

The Clinical and Care Governance Group meets on a quarterly basis, The group last met on 26<sup>th</sup> April 2022.

Particular points of good practice to highlight to the IJB in relation to clinical and care governance work across the QITs include:

- Plans to increase staffing in District Nursing to address increasing demand and complexity following the work described in the last report
- The positive impact on staff from hearing people's stories from the project which is capturing feedback from bereaved families about the experience of their relative receiving end of life care from the District Nursing service.
- The development of emergency plans for people using the learning disability service
- A more integrated approach to working with people in relation to the diagnosis of learning disability
- Work on using data on falls in Midlothian Community Hospital to drive change in practice in order to reduce individual; patients' falls risk
- Using the 'Midway' and 'What Matters to You' approach to support discharge planning conversations with patients in Midlothian Community Hospital
- A 'wellbeing trolley' in Midlothian Community Hospital to enable staff to have access to healthy drinks and snacks
- The resumption of respite provision for older people at Cowan Court.

QIT reports continue to identify issues including workforce, information technology and premises which have the potential to impact on the delivery of safe, effective and person-centred care. Discussion takes place at the CCGG to ensure that these risks are logged on the appropriate risk register and are being addressed through specific workstreams or by escalation through operational lines.

### 3.4 Investigating and Learning from Adverse Events and Complaints

The HSCP Senior Management Team (SMT) receives a fortnightly report from the Chief Nurse regarding the reporting and management of adverse events on the Datix system, and performance around the management of complaints.

The HSCP has one Significant Adverse Events (SAEs) open more than 6 months. Currently 7 SAEs are under investigation, one of those being a Level 1 external review. As reported to the IJB in April, scrutiny and support will be maintained to support the delivery of completed investigations and learning action plans for all SAEs within Healthcare Improvement Scotland guidance timescales. Charts 1 and 2 show the Midlothian HSCP's performance regarding SAEs open more than 6 months and 12 weeks over 2021/22. Work continues to support actions that will enable local teams to address all adverse events within the national guidance timescales and to maintain and improve the processes that support teams to address this important work within appropriate timescales

Outstanding actions from previously investigated Significant Adverse Events continue to be monitored by the MSEAG.

Chart 1

Midlothian Serious Adverse Events Open over 12 weeks at 30<sup>th</sup> May 2022

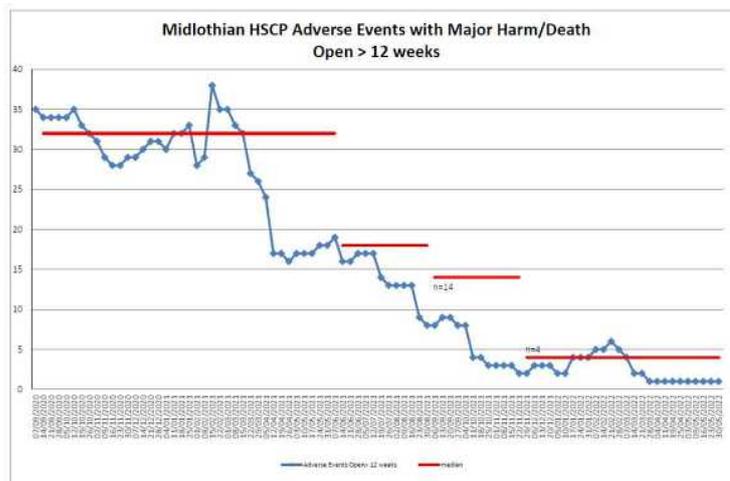
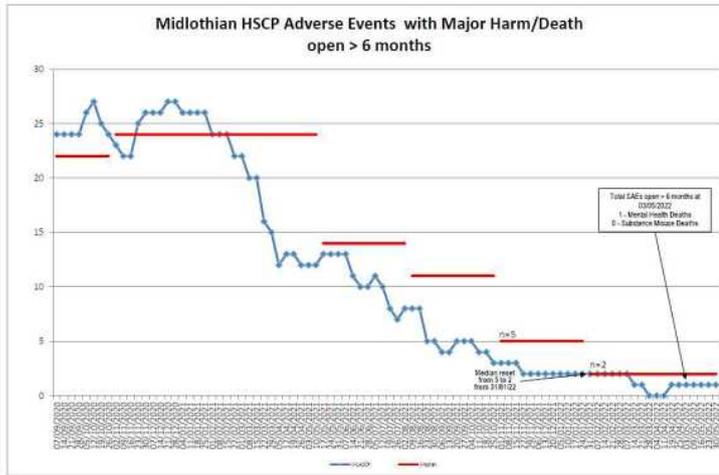


Chart 2 Midlothian Adverse Events Open over 6 months at 30<sup>th</sup> May 2022



Work continues to consistently handle complaints within agreed targets.

### 3.5 Clinical and Professional Oversight of Care Homes

Health Boards and local Health and Social Care Partnerships continue to carry responsibilities for the clinical and professional oversight of the care provided to people resident in care homes. These enhanced multidisciplinary arrangements required by the Scottish Government will be in place until the end of March 2023.

The IJB will recall that the responsibilities given to Executive Nurse Directors are to:

- provide clinical leadership to support the health needs of care home residents
- use information from the safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required
- facilitate assurance/professional support visits providing professional and clinical advice on infection prevention and control practice, education requirements and nursing standards of care
- maintain oversight of the overall status of each care home and include in the weekly compliance report to the Scottish Government

Accountability for care home and care at home provision remains with the Chief Officer and Chief Social Work Officer.

Midlothian HSCP has well established local mechanisms in place to deliver its delegated responsibilities and to link its work with pan-Lothian and national mechanisms.

The Care Home Support Team works alongside the staff and managers in the 10 Care Homes for older people in Midlothian.

As previously reported to the IJB, some activities have been reviewed and the frequency and intensity of routine of contact has been reduced to reflect the

maturity of the system in addressing the level of outbreak activity. This enables the care Home Support team to offer more nuanced support to individual care homes in accordance with their self-assessment of support requirements. Lothian wide multi agency discussion at operational and strategic level continues to support collaborative risk assessment, problem solving and learning and links care home staff teams to a range of educational and improvement initiatives across the sector.

The Care Home Support team meets regularly with the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership to discuss the observations and experience of the different teams involved in work with care home residents. This approach enables proactive support to deliver person-centred care. The relationships forged allow issues and challenges being faced in the care homes to be identified and addressed as they arise, using informal approaches and more formal procedures as required.

A weekly operational Care at Home assurance meeting takes place in Midlothian and links are in place with the other Lothian HSCPs to support shared learning and mutual aid. The Lothian Strategic Oversight Group meets fortnightly and now includes oversight of Care at Home and Care Home services in recognition of the significant challenges being faced in both sectors.

### **3.6 Inspections**

The Clinical and Care Governance Group maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements. Managers log their inspection reports with their QIT submissions.

### **3.7 Midlothian Community Hospital**

Workforce challenges persist and securing sufficient Nursing staff continues to be a daily challenge in Midlothian Community Hospital. IJB members will be aware that this is a reflection of the national shortfall of registered nurses. Delivery of a staffing plan enables 20 beds additional to the 2020 baseline to be available to provide care to Midlothian patients. Local and Pan Lothian oversight of the staffing position is maintained using the electronic 'Safecare' tool.

The IJB has previously been updated on the rollout of the Lothian Accreditation and Care Assurance Standards in Midlothian Community Hospital. The programme started with 2 wards in Cycle 1 and all in patient areas for Cycle 2. Data has been captured which can evidence improving standard attainment overall, and which supports the staff teams to target their improvement work on specific domains in each ward area. The planned LACAS cycle for February/March was paused due to the demand and staffing pressures arising from the Omicron variant. A pared back version has been progressed with the three care of the elderly wards achieving 95.8% compliance. Cycle 3 will progress from April.

## **4 Policy Implications**

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- 4.1 This report should provide assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian.

## **5 Directions**

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- 5.1 Clinical and care governance is implicit in various directions that relate to the delivery of care.

## **6 Equalities Implications**

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- 6.1 There are no equalities implications arising directly from this report.

## **7 Resource Implications**

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- 7.1 Resource implications are identified by managers as part of service development, and additional resource may at times be required to ensure required standards of clinical and care governance are met. The expectation is that clinical and care governance is embedded in service areas and teams and that staff have time built in to attend the CCGG and undertake the associated responsibilities.

## **8 Risk**

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- 8.1 This report is intended to keep the IJB informed of governance arrangements and any related risks and to provide assurance to members around improvement and monitoring activity.

All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

## **9 Involving people**

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- 9.1 Midlothian staff are involved in the development and ongoing monitoring of processes related to clinical and care governance.

Public representatives on the IJB will have an opportunity to provide feedback and ideas.

## 10 Background Papers

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N/A

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<b>DATE</b>	27 <sup>th</sup> May 2022

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