

# Midlothian IJB Directions 2022-23

## Part Year Update

### Recommendations for Review

No.	Current	Recommendation	Proposed Direction
MIJB-1.1	Continue with a programme to review potentially preventable admissions including a specific focus on frailty, falls, COPD, and the vaccination programme	<p>This Direction was written at a time when the ambition was to create a PPA Programme. Due to the changes in service configuration since March 2020 this has not been progressed.</p> <p>It is recommended that the Board consider this Direction be closed as this action sits within the operational work plan of the Potentially Preventable Admissions (PPA) working group</p>	
MIJB-1.13	Reduce unscheduled respiratory admissions by expanding the CRT to 6 days pw; improving pathways to the team; and promoting self-management	<p>This Direction has been achieved without the requirement to expand to a 6-day service based on data insights from the tableau dashboard.</p> <p>It is recommended that the Board consider closing this Direction and reviewing whether a 6-day service continues to be desirable</p>	
MIJB-1.16	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>This Direction was written at a time when the ambition was to create a Frailty Programme. Due to the changes in service configuration since March 2020 this has not been progressed. As such, the recommendation is to review this Direction along with others to consolidate and redefine all Directions relating to Frailty for 2023-24</p>	

MIJB-2.12	Review musculoskeletal pathways to increase the use of the MSK service as an alternative to A&E attendance	It is recommended that the Board consider this Direction being either closed as the MSK and GP APP services will only redirect a very small amount of traffic from A&E (in reality MIU) or relocated and revised as a redirect from GP services rather than A&E. This would be well evidenced	
MIJB-2.6	Continue to reshape pathways to ensure people access community-based services wherever viable	This Direction is captured in MJB-1.6 and MIJB-1.13.  It is recommended that the Board consider closing this Direction	
MIJB-3.4	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	It is recommended that to change the ward identified in this Direction due to ward configuration changes	Review progress in the development of <i>Loanesk</i> Ward at Midlothian Community Hospital as a step-up from community and day treatment facility by 30 September 2022
MIJB-3.8	Develop a new model of care for older people with mental illness	It is recommended that to change the wording of the Direction to reflect more appropriate recover-based language	Develop a new model of care for older people with <i>mental health needs</i>
MIJB-3.10	Review the full-service model at MCH including frailty step-up, step down	It is recommended that the Board review this Direction along with others to consolidate and redefine all Directions relating to Frailty for 2023-24	
MIJB-5.8	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.	It is recommended that this Direction is included in the work required to complete 5.8	

MIJB-5.9	Review admissions to hospital from care homes at nights and weekends to identify opportunities for earlier intervention and care closer to home	It is recommended that the Board consider this Direction being closed as this action sit within the operational work plan of the Potentially Preventable Admissions group	
MIJB-5.15	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	It is recommended that the Board review this Direction along with others to consolidate and redefine all Directions relating to Frailty for 2023-24  See also MIJB-6.10	<i>Primary Care must proactive reach out to patients living with frailty</i>
MIJB-6.4	Work to ensure our frailty services are accessible to people under 65 years by December 2021	It is recommended that the Board review this Direction along with others to consolidate and redefine all Directions relating to Frailty for 2023-24	
MIJB-6.9	Implement a Falls Prevention Programme with cross sector support that includes targeted training and increased options for physical activity	This Direction asks for a falls Programme to be established. This work is currently progressing via a falls pathway. It is recommended to review this Direction again the progress delivered by the falls pathway and consider whether the Direction requires review, or a Programme should be established to accelerate progress	Implement a falls prevention <i>pathway</i> with cross sector support that includes targeted training and increased options for physical activity
MIJB-6.10	Identify, assess and support frail people, moderate or severe, subject to an ED admission of less than 24 hours	It is recommended that the Board review this Direction along with others to consolidate and redefine all Directions relating to Frailty for 2023-24  See also MIJB-5.15	
MIJB-6.11	Increase the number and improve the quality of anticipatory care plans for people living with frailty	It is recommended that the Board review this Direction along with others to consolidate and redefine all Directions relating to Frailty for 2023-24	

MIJB-6.12	Develop an improvement programme to identify people who are frail, provide holistic assessment and strengthen coordination of care	It is recommended that the Board review this Direction along with others to consolidate and redefine all Directions relating to Frailty for 2023-24	
MIJB-6.15	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	It is recommended that the Board review this Direction along with others to related to falls and consider this Direction closed due to duplication (see MIJB-6.8)	
MIJB-8.1	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 30th September 2022 (see also MIJB-5 Directions relating to Frailty)	This Direction was written at a time when the ambition was to create a Frailty Programme. Due to the changes in service configuration since March 2020 this has not been progressed. As such, the recommendation is to <ol style="list-style-type: none"> <li>1. revise the wording of this Direction to reflect the frailty pathway work underway</li> <li>2. review this Direction along with others to consolidate and redefine all Directions relating to Frailty for 2023-24</li> </ol>	<i>Develop and evaluate an e-Frailty Pathway that proactively identifies people who may be at risk of poorer outcomes and effectively signpost to preventative service offers and supports</i>
MIJB-8.2	The Care Home Strategy should be implemented, including the full establishment of the Care Home Support Team by 30th September 2022 (See also MIJB-5 Directions relating to Frailty)	National policy relating to Care Home assurance will direct the nature of current and future strategic planning. It is recommended that this direction should be closed, and consideration should be given to reflect the requirement for care home assurance rather than local strategic decision making from 2023-24	
MIJB-8.3	Undertake a review of day support, explore all options for people in Midlothian who are isolated, including alternatives to building based support by 30th September 2022	These Directions are similar, and it is recommended that MIJB-8.3 is closed and a MIJB-8.11 is reworded to reflect ongoing ambitions and extended to January 2023	Undertake a review of day support and design a new model of day service provision including alternatives to building based support by September 2023
MIJB-8.11	Review and design a new model of day service provision		

MIJB-11.19	Increase recovery-focused support both on a one to one and group basis	Recommendation to remove this direction as all mental health activity is recovery focused	
MIJB-12.3	People with lived experience to be members of the MELDAP Strategic Group	This Direction was written at a time where this was a local ambition that has been now superseded by national requirements to create lived experienced forum in each area for members to explore how they would like to be involved in the strategic development of local services. It is recommended that this Direction is closed.	
MIJB-15.5	Complete a whole system service review of care at home to support transformation and meet increasing service demand	These Directions are similar, and it is recommended that MIJB-15.5 is closed and a MIJB-15.7 is reworded and extended to January 2023	<i>Complete a whole system service review of care at home to support transformation and develop a sustainable model of service delivery by September 2023</i>
MIJB-15.7	Review the Internal Home Care Service and develop a sustainable model of service delivery by December 2022		<i>The IJB should note the financial position and limiting ability to fund this staffing requirement. Funding will need to be identified to deliver on this direction</i>
MIJB-15.6	Ensure service redesign includes the provision for appropriate care services to meet the demand in relation to new extra care housing	It is recommended that this direction be reviewed to reflect more specifically the requirement to develop a sustainable staffing model	<i>Explore, develop and establishment a sustainable staffing model for Extra Care Housing sites by June 2023 (?)</i>
MIJB-9.2	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 30th September 2022	<p>A full appraisal of the optimum balance of community based and hospital-based services has taken place. A decision has been made to continue with services at MCH in relation to long term condition and rehabilitation beds. Future planning will be aligned including a review the use of beds at the Astley Ainsley.</p> <p>It is recommended that this Direction is closed</p>	

MIJB-19.2	Continue a programme of work to enable people to stay well including joint work with Sport and Leisure and a review of the range of services in place to improve health and wellbeing support for people at higher risk of health inequalities. This should specifically include targets that aim to increase the number of people who are supported to address money worries, reduce isolation, increase the number of people who are physically active, increase green prescribing, and identify areas of work to address poverty by 30th September 2022	This is a historic Direction that creates a number of challenges in relation to delivery and measurability. It is recommended to review this Direction and to better reflect achievable deliverables in 2022/23 and review the strategic direction for 2023/24	Continue a programme of work to enable people to stay well including joint work with Sport and Leisure and a review of the range of services in place to improve health and wellbeing support for people at higher risk of health inequalities. This should specifically include targets that aim to <ul style="list-style-type: none"> <li>• increase the number of people who are supported to address money worries</li> <li>• increase the number of women who quit smoking during pregnancy</li> <li>• increase the number of people who are physically active</li> <li>• increase green prescribing</li> </ul>
MIJB-19.6	Deliver an evaluation report detailing the impact of the HIT (Health Inequalities Team) including a recommendation for future investment by 30th September 2022	It is recommended that this target be extended to January 2023 in order to reflect the limited capacity across 2020/21 and 2021/22 to progress this Directions	Deliver an evaluation report detailing the impact of the HIT (Health Inequalities Team) including a recommendation for future investment <i>by January 2023</i>
MIJB-19.7	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.	This is a historic Direction, predating the pandemic. It has not therefore been discussed with the current Public Health Directorate management. It is not clear what the question was that disaggregation might be the answer to. Chief Officer has suggested that CFOs may want to take this forward, and it is requested that Board reconsider this Direction	

MIJB-19.13	Deliver an evaluation report detailing the impact of the Improving the Cancer Journey (ICJ) programme by 30th September 2022	It is recommended that this target be extended to January 2023 in order to reflect the limited capacity across 2020/21 and 2021/22 to progress this Directions	Deliver an evaluation report detailing the impact of the Improving the Cancer Journey (ICJ) programme <i>by January 2023</i>
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