

Direction 1 - Midlothian Community Hospital (MCH)	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Plan the relocation of Liberton Hospital services	(see Direction 2)	(see Direction 2)
	Review with the NHSL Outpatient Board which services could be provided in MCH including through video conferencing.	An action plan for MCH has been developed, based on staff and public engagement. This has been shared with the NHS Lothian Outpatients Board and work is now underway to explore options for future clinic delivery for key specialities within MCH.	New clinics commencing imminently at MCH include Adult Audiology and a Pain Management Clinic. Work has been undertaken across outpatient / community clinic space in Midlothian to audit use and identify availability. A funding application has been submitted to improve clinic space across Midlothian, including at MCH. If successful this will increase capacity for provision of outpatient and community services.
	Develop closer working relationships between MCH and Newbyres Care Home This will support the development of specialist dementia care at Newbyres and facilitate timely discharge from hospital for patients.	The proposed implementation date for the new specialist dementia care provision within Newbyres Care Home is January 2017. A small working group across health and social care has been established to oversee this work.	The two units to provide specialist dementia care are now open. New residents to these units appear to have settled in well. A new nursing model has been established in Newbyres Care Home
Direction 2 - Liberton Hospital	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	20 East Lothian beds in Midlothian Community Hospital transferred in to ELIJB Services	In support of the establishment of post-acute care in MCH for Midlothian patients currently cared for in Liberton, there is a need to reprovide the East Lothian beds that are currently in Edenview Ward, MCH. This piece of work is being led by East Lothian IJB and will be concluded by March 2017.	All East Lothian patients within MCH have transferred to East Lothian.
	20 beds in Liberton to be transferred to MCH	Midlothian Project Team meets fortnightly to monitor progress against project plan that details 3 high level work packages. <ul style="list-style-type: none"> Establish level of medical, nursing and AHP care to be delivered at post-acute ward at MCH 	All rehabilitation activity for Midlothian patients has stopped within Liberton and transferred to MCH and Highbank. The majority of medical, nursing and therapy staff are now in place within Edenview Ward in MCH, with the only outstanding actions

		<ul style="list-style-type: none"> • Establish Edenview ward (20 bed HBCCC ward for reprovisioning) at MCH as post-acute ward to replace current provision at Liberton hospital • Produce 5- 10 year plan for post-acute rehabilitation care provision in Midlothian <p>At present, the team are working to establish the nursing and AHP complement based on data from current provision and resource allocation at Liberton. This reflects a pragmatic approach to facilitating a more straight forward transition of patients being cared for in Liberton to being cared for in Edenview Ward. Staff engagement has commenced as part of a wider programme for all reprovisioning projects related to Liberton Hospital and one to ones are imminent for staff on Edenview Ward.</p> <p>In addition to the work with staff cohort, we have established an approach to monitoring the flow of patients through Liberton, MCH and Highbank (the community care rehabilitation service). This weekly review of patient flow will enable the team to prepare for the switch over planned for the beginning of March 2017. This monitor also provides information that, (along with other sources of information), enables the Midlothian IJB to strategically plan resource allocation over the coming 5 – 10 years to meet projected needs for different rehabilitation pathways and an ageing population in the medium term.</p>	being the implementation of out of hours cover from August 2017, which is currently being progressed with the Hospital @ Night service within the RIE.
	Resources transferred from Liberton to Midlothian Partnership	The resource allocation methodology has been agreed in principle across the Partnerships based on existing use of Liberton Hospital. The transfer of resources will take place in March 2017 when	The funding for the AHP staffing has now transferred to Midlothian and the nursing and admin funding is due to transfer in June 2017.

		the function moves to MCH.	
Direction 3 - Unscheduled Care	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Review the services financed through Unscheduled Care funds and report back to the IJB. The objective is to identify additional funding to expand the MERRIT Service.	Whilst there has been no explicit review of services previously financed through Unscheduled Care funds, there is now a clear role for IJBs within the Unscheduled Care Committee. An initial piece of work has been to focus on Winter and the plan to put in place alternatives to a bed-based solution has resulted in investment for Homecare and MERRIT within Midlothian. Further funding from the Social Care monies in Midlothian has enabled capacity in MERRIT to be increased by 50%, thereby further reducing demands on unscheduled care within acute settings.	There has been no review of the services funded historically through the Unscheduled Care Fund.
Direction 4 - Primary Care	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Wellbeing Services should be developed.	Two key objectives of the Health & Social Care Partnership are to provide preventative support to people with long term health conditions and to develop a much more effective approach to addressing health inequalities. Midlothian Health & Social Care Partnership has introduced the Wellbeing Service to two GP Practices in Midlothian and plans to extend the service to a further six practices. The Wellbeing Service offers person centred support and care to people to live well. The service is for people with or at higher risk of long term conditions who are 18 years and over. Wellbeing Practitioners facilitate a <i>Good Conversation</i> with the person to identify their personal outcomes and what is important to them, including the wider determinants of health such as social, financial and emotional factors. This approach recognises and makes use of	The Wellbeing Service is currently delivered in 8 GP practices (as of January 2017). They provide intensive person centred support to people who are identified by GPs and others across the system as being in need of support to improve aspects of their health and wellbeing. Over 250 people received a service by December. Monitoring data indicates a 'highly significant' improvement noted in scores related to WEMWBS, confidence and best hopes as a result of engagement. (Analysis of data to end March which will reflect the expanded service is awaited.) A comprehensive evaluation process is in place led by Healthcare Improvement Scotland.

		people's own strengths and resources. The Wellbeing Practitioner's toolkit also includes social prescribing; people are also supported to access local services and facilities when appropriate, including local group work. The service will be delivered in eight GP practices by January 2017	In addition the Community Health Inequalities Team (1.2FTE nurses) is offering a similar service to people less likely to attend GP practices – homeless people at the hostels and B&Bs, travellers at the site in Whitecraig, people with mental health and substance misuse issues at the Orchard Centre and recovery Cafe, people attending the adult learning centre, and other people at different sites including a drop-in at MCH.
	Skill mix should be enhanced with a particular emphasis on pharmacy	Two pharmacists in post working with the Bonnyrigg and Newbyres practices alongside further pharmacy support to Archview Care Home, MERRIT & Highbank.	The pharmacist input into practice teams has been extended into five practices across Midlothian.
	A Public Education programme should be designed and delivered to ensure the public use services wisely".	High profile "advertorial" in local press during October as well as further meetings held with public groups and Community Councillors.	"Do I need to see a GP?" leaflet approved and in process printing 20,000 copies. To be distributed via GP practices and associated services, and through a primary school bag drop. Community meetings held / attended to promote key messages including Hot Topics, Federation of Community Councils and Midlothian Older People's Assembly. Staff "Bite Size" training session organised for September.
	Preparation for the implementation of the GP contract and multi-disciplinary cluster working.	Cluster Quality Lead has been appointed in Midlothian and each of the Practices has appointed their Practice Quality Lead. A series of Quality Lead meetings have been arranged for the next 12 months and key priorities identified, including Frailty, Anticipatory Care Plans and Access.	
	Review primary care capacity in the light of new housing developments in Midlothian to	Following agreement for a new Practice for Newtongrange, the procurement process is now underway with the intention of the new Practice	

	inform the Lothian capital plan.	opening in Spring 2017. Agreement in principle that Housing Developers will be expected to make a contribution to the cost of new Health Centre premises	
Direction 5 - Community Services to Older People	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	Midlothian Council is asked to continue to reshape Newbyres Care Home to ensure it is able to meet the shift towards providing care services to people at the more advanced stages of dementia and end of life care. This will require the support of NHS Lothian in the provision of nursing and specialist support services.	Newbyres: Nurses have been recruited with one nurse in post from 3 rd October, 1 in post from 10 th October and the last nurse due to start in November. A project team has been identified for the dementia units and there have been 2 meetings to take it forward. The manager has been recruited together with care staff, care practitioners and activity staff. The remaining vacancies including AUM posts are out to advert.	All staff now in post.
	Midlothian Council and NHS Lothian are asked to continue to give high priority to the strengthening of the intermediate care facilities in Highbank Care Home including the possibility of capital works being required.	Following a high-level review of the function and activity within Highbank, a Business Case is being developed that will present a range of capital options for consideration and agreement that will best meet the intermediate care needs of the Midlothian population.	A multiagency project group established designing a purpose built intermediate care facility. Midlothian Council has funded a business case to commission architects. The project group is currently working on the building design with the architects. A new business case seeking capital funding from Midlothian Council will be taken to CMT later in 2017
	Rehabilitation and Reablement are critical to supporting the emphasis on prevention and reducing unnecessary dependency on health and care service. The Reablement Services should be reviewed to determine	Reablement Review: Data is currently being collated in terms of referrals, staff, outcome etc. This will allow us to map the service we currently have and the service we need. Complex Care will also form part of that review. This Direction has been reissued to include all care at home services. Internal reviews of	A Booklet of key statements in the review has been circulated to key stakeholders. This sets the starting point for consultation. Mapping of reablement visits and provider visits is required and will be progressed in 2017/18

	what scope there is to improve its effectiveness through investment in capacity and/or redesign of processes.	reablement and complex care are underway whilst a Public Partnership Forum has been established to develop new models for delivering care at home	
	Midlothian Council and NHS Lothian should make tangible progress in developing strong partnership working at local levels.	This work will begin in earnest once the new care at home provider is operational.	This Direction was not progressed during 2016/17. Work has now started with support from NHS National Education Scotland to strengthen locality working. This work will focus on Penicuik and involve staff from NHS/General Practice/Midlothian Council and the Third Sector.
Direction 6 - Prescribing	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	NHS Lothian should implement measures which will support the reduction in spend. These will include "Script Switch"; the promotion of improved self-management through Wellbeing Services; the strengthening of pharmacy support in Health Centres and the provision of better information to patients on the efficacy of drugs.	A Midlothian Prescribing Action Plan has been drafted, which sets out the key issues that need to be taken forward and implemented within Midlothian to address challenges within prescribing. This includes Script Switch, which has been implemented, and the recruitment of pharmacists to support primary care.	The Prescribing Action Plan has been agreed and actions are in progress.
Direction 7 - Learning Disability Services	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	The new 12 person unit for people with complex care needs will become operational in late 2016. NHS Lothian and Midlothian Council will need to design and implement robust	The build is on schedule and is due for completion in February 2017. The tender for care provision is underway. There is a robust project plan and team monitoring this work. The first tenants will begin to move in from late February.	The building is due for completion at the end of June 2017. The care provider is in place and has recruited a number of the team. Intensive training begins 5 th June. First tenants will move in July 2017. There is active engagement with all prospective

	arrangements for providing support services.		tenants to ensure a smooth transition.
	Plans will also be implemented to resettle the remaining 3 patients in learning disability hospital care with the commensurate transfer of resources to community services.	Plans are in place for all three patients with one moving to the new 12 person project. Timescales are tight for the moves but there is active management of the cases.	One of the individuals is due to move into the Penicuik Project and is in the first tranche of tenants. He has been visiting the project on a weekly basis and is looking forward to his move. The other two did have a property identified which had to be given up. A new property is identified and work is underway to ensure a provider is in place with a date of September to move.
	Midlothian will need access to 2 beds in the NHSL assessment and treatment service and more generally access to community based health services in keeping with the evolving redesign of specialist health services.	Work continues at the LD collaborative to ensure that plans for the redesign of inpatient services meets the needs of Midlothian. There have been no recent admissions to hospital from Midlothian.	Work continues at the LD collaborative to ensure that plans for the redesign of inpatient services meets the needs of Midlothian. A recent admissions to hospital from Midlothian was managed effectively with a smooth transition back into the community
	Midlothian Council and NHS Lothian should move towards more integrated and locally managed arrangements for specialist community based services.	Planning is underway within the NHS to ascertain who will be managed locally. The management review will be completed early 2017 and at this point the management arrangements will transfer over.	The CLDT moved management arrangements on 1 st April 2017. Work is underway to embed these arrangements. There is closer working between SW and NHS teams with regular meetings in place.
	The Challenging Behaviour Service provided by NHS Lothian should become more embedded in an integrated local community service. It may be possible to enhance such a service if new Social Care monies allow.	Work, on a Lothian Wide basis is beginning early 2017 to fully explore what the new challenging behaviour service will look like in each locality. Agreement is still to be reached on what this will mean in each locality.	Work, on a Lothian Wide basis is beginning has begun to fully explore what the new challenging behaviour service will look like in each locality. Agreement is still to be reached on what this will mean in each locality but there is a clear sense of direction locally.
	There should be no change to Midlothian's indicative share	Discussions regarding budget continue to take place at the <i>Lothian LD Collaborative</i> .	Discussions regarding budget continue to take place at the Lothian LD Collaborative.

	of the NHSL Learning Disability budget without discussion with the local Partnership.		There is a clearer sense of totality of budget and current usage, plans are continuing to ensure a fair share.
Direction 8 - Mental Health	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	New services should be introduced using funding sources such as the Innovation Fund, the 3 streams of the National Mental Health Fund and monies applied for through Primary Care Transformation. Additionally, strong links should be developed with new Wellbeing Services introduced through the House of Care and the CHIT which are contributing to the support network for people with low level mental health problems.	<p>Funding from the Innovation fund and NHS funding has enabled us to set up Access Points in two locations in Midlothian. This self referral service offers earlier access to psychological therapies or other appropriate community services.</p> <p>Staff involved have already made links with the House of Care practitioners forum and will be involved in a joint learning event.</p>	<p>The Midlothian Access points are well established.</p> <p>Between August 2016 and April 2017 there have been 72 Access Point clinics have been held and 608 people were seen. 71 different community services and resources were signposted/ referred to.</p>
	Alongside this, alternative approaches to speeding up access to Psychological Therapies should be introduced. This activity should be led and managed by the local Joint Mental Health Strategic Planning Group through a service transformation programme that provides access to a full range of timely interventions to the local population.	<p>A local group now monitors waiting list for psychological therapies.</p> <p>The differences between East and Midlothian are being investigated and lessons are being learned about more effective methods of service delivery.</p> <p>A more holistic approach for patients through including group work is in place but there continues to be a fair number of complex cases coming through and this is where the longest waits are. There are still some staff in Midlothian not qualified to deliver CBT (Cognitive Behavioural Therapy) however additional staff are being recruited.</p> <p>We have commissioned CAPS advocacy to carry</p>	<p>Improvements have been made and progress is being made towards targets.</p> <p>From over 300 on the waiting list the number has reduced to 141. Longest waits are for those who need to see a psychologist. There are still some recording issues and some personnel issues that are being addressed.</p>

		out some research on the views of people who have accessed and are waiting to access psychological therapies in Midlothian.	
	While services are already well integrated, further work is needed to strengthen joint work with substance misuse services. This is not just a matter for health and social work; the third sector is key. Co-location will be helpful to this objective if this can be achieved.	Work is underway to co-locate staff in shared accommodation A <i>Crossover</i> pilot has helped to give greater clarity of roles and share expertise.	The co-location of Substance Misuse services and the Joint Mental Health Team in a local hub will provide improved assessment and referral arrangements for people with problem substance use and mental health diagnosis. NHS, Council and Third sector staff are working with architectural services on the design of the new premises.
	The IJB supports the redevelopment plans for the Royal Edinburgh.	Local staff are involved in redevelopment plans.	No change from last update
Direction 9 - Substance Misuse Services	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	In light of reducing budgets for Substance Misuse, decisions will be required about disinvestment.	A local group has been established to oversee the reductions in budgets and disinvestment. This multi agency groups has engaged with users and carers to ensure that their voice is heard within this process.	A local group recommended a programme of savings for 2017/18 to the MELDAP Strategic Group. In January 2017, these savings were partially agreed and implemented for 2017/18. There is still ongoing work being undertaken to identify further savings. An event is being planned to update service users and carers in Midlothian in relation to the savings programme.
	It is vital that despite this difficult climate, services which support recovery are strengthened. This will include rolling out existing models of	Funding has been agreed to extend the GP peer support pilot into 6 additional practices for a 1 year period. Recovery remains the focus of the local delivery group.	An umbrella organisation "Recovery Connections" is now in place in Midlothian and East Lothian. This will further develop the Recovery responses in the community

	peer support through both the recovery network model and work being undertaken in Health Centres.		<p>as an independent charity.</p> <p>Funding has been agreed to extend the GP peer support pilot into 6 additional practices for a 1 year period. This programme has been delayed due to key personnel moving on from positions within Midlothian.</p> <p>Recovery remains the focus of Midlothian and East Lothian Drugs and Alcohol Partnership [MELDAP].</p>
	Integration should be pursued to ensure key services work effectively together. This is not just a matter for health and social work; the third sector is key and links with the mental health services are vital. Co-location will be helpful to this objective if this can be achieved	Work is continuing to develop a recovery hub within Dalkeith where both health and social care staff across MH and SMS services can be colocated and jointly managed.	The co-location of Substance Misuse services and the Joint Mental Health Team in a local hub will provide improved assessment and referral arrangements for people with problem substance use and mental health diagnosis. NHS, Council and Third sector staff are working with architectural services on the design of the new premises.
Direction 10 - Services for Unpaid Carers	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	A new local Carers Strategy should be developed and widely cascaded.	Strategic planning meetings relating to the priority areas of the new strategy are nearing completion and a draft strategy will be developed for comment and consultation. The publication and passing of the Local Authority duties and responsibilities identified within the new Carers (Scotland) Act will also help identify issues and inform the Strategy and Action Plan for Adult and Children's services. The next Midlothian Carers Strategic Planning Group is scheduled for 06/10/16. A separate planning group meeting focussing on the needs of Young carers has been	The new strategy will be launched in June 2017

		established, and this will hopefully inform the wider Midlothian Carers Strategy and communicate areas for development within Children's Services.	
	The implications of the new Carers legislation should be widely disseminated to staff	Discussions are taking place with Team Leaders to find out the best format for staff to receive updates and to gain feedback re any additional training needs. Given the legislation and local strategy is for adults and children, updates will need to be given to staff groups covering Adult and Children's Services.	H&SCPs are still awaiting guidance from Scottish Government on implementation of the new legislation. Midlothian has been selected as a pilot site for implementing the new legislation.
	A system of emergency planning for carers should be designed and implemented ensuring that all key agencies - GPs, Social Workers, specialist teams eg Dementia, MERRIT- and Acute Hospital staff. Links should be made as appropriate with existing Anticipatory Care Planning systems.	Emergency planning is a theme from the new legislation, but was an issue that was identified during earlier meetings with local carers. A working group is being established for Adult services and carers to develop an approach locally. Emergency planning is also an issue for Young carers and I have previously had introductory conversations with Children 1 st about this topic. Discussions re emergency planning for young carers is an issue that can be raised at the meetings of the Young Carers Strategic Planning group, with discussion to see if a separate working group is also required or whether this could be contained within the strategic group.	This will be addressed in part in pilot work through the carers support plans
Direction 11 - Utilisation of Specific Funding Streams- Delayed Discharge; Integrated Care Fund; Social Care	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17
	These funding streams help to support the transformation and strengthening of a wide range of functions some of which are closely interrelated. The key task is close monitoring and active management of spend and performance in order to	The monitoring, review and management of these funding streams is by the Midlothian H&SCP Transformation Board, chaired by the Joint Director. This ensures there is clear alignment and overview of these funds and to ensure effective delivery against the agreed outcomes of the funds.	No change from the last update

	maximise the impact of these monies.		
Direction 12 - Resource Transfer Funds	<p>What is to be done?</p> <p>Accountability for the application of these monies should now be treated in the same way as the use of all other resources deployed by the Council and NHS Lothian on behalf of Midlothian IJB. i.e.:</p> <ul style="list-style-type: none"> • They should be utilised in ways which are consistent with the Strategic Plan. • Every effort should be made to identify potential savings through more efficient ways of working. 	<p>Progress 01/10/2016</p> <p>The IJB directed NHS Lothian to transfer these funds to Midlothian council and their use was governed by the principles laid out in the original resource transfer agreements. The principle being that the funds would be used to support the plans already agreed by the parties and that there should be no substitution by the council. The Chief Finance officer has confirmed that these funds have been made available to the Midlothian Social Care budget and thus fulfilling the principle of no substitution and given that the parties concerned are now represented by the Partnership, it is the Partnership's responsibility to allocate out these funds to operational budgets. This is acceptable to the IJB and described in the direction.</p> <p>As to the actual expenditure against these budgets that will be captured in the reply to the direction pertaining to the delivery of social care services by Midlothian Council.</p> <p>NHS Lothian has been transferring these funds to Midlothian council on a quarterly basis. Although it is worth noting that the indicative value laid out in the direction to NHS Lothian includes an element of uplift, this uplift is not reflected in the current payments being made. The IJB will have to issue further directions to reflect the NHS Lothian final offer for 2016/17 and the payments will be adjusted accordingly.</p>	<p>Progress end of 2016/17 -update on 30/5/17</p> <p>These funds have been transferred to Midlothian Council as directed and paid in quarterly instalments.</p>
Direction 13 -	What is to be done?	Progress 01/10/2016	Progress end of 2016/17 -update on 30/5/17

Social Care Services	Services should be provided in accordance with legislation, policies and procedures.	The development of the health and social care QIT (Quality Improvement Team) ensures clear governance.	The QIT is now established. The three key members of the IJB (the Chief Social Work Officer, Chief Nurse and Clinical Director) are all members of the QIT and able to bring issues regarding quality to the IJB.
Direction 14 - Other Core and Hosted NHS Services	<p>What is to be done?</p> <p>Services should be provided in accordance with legislation, policies and procedures.</p>	<p>Progress 01/10/2016</p> <p>In the main, the core and hosted services within NHS Lothian continue to deliver against the key areas within the Midlothian Strategic Commissioning Plan. These will be further explored over the coming year. However, progress has been made on some specific areas, including Substance Misuse, Learning Disabilities and Psychological Therapies, which has resulted in closer alignment to local management arrangements, which is beginning to yield positive results. The development of alternative access routes for psychological support is enabling better connections to local services, particularly with third sector organisations.</p>	<p>Progress end of 2016/17 -update on 30/5/17</p> <p>Update as previous</p>
Direction 15 - NHS Set-Aside Services except Unscheduled Care	<p>What is to be done?</p> <p>Services should be provided in accordance with legislation, policies and procedures.</p>	<p>Progress 01/10/2016</p> <p>The development of the NHS Lothian Hospital Plan for the 3 acute sites will support the delivery of this Direction. The plan is currently in draft form and there is an ongoing consultation and engagement process for the Plan, which will include input from the IJB.</p>	<p>Progress end of 2016/17 -update on 30/5/17</p> <p>The Hospitals Plan to support the delivery of this direction has not been published. An outline of the plan was taken to the NHS Lothian Strategic Planning Group in December 2016. Further consultation was required which has not happened.</p> <p>The Midlothian Integration Scheme requires NHS Lothian to publish the Hospitals Plan by 1st December 2015 and the plan is to encompass both functions delegated to the Lothian IJBs and functions that are not so delegated.</p>

