



**Midlothian**  
**Health & Social Care**  
**Partnership**

**MIDLOTHIAN INTEGRATION JOINT BOARD:  
DIRECTIONS TO  
MIDLOTHIAN COUNCIL AND NHS Lothian  
2019-20**

31 March 2019

## MIDLOTHIAN INTEGRATION JOINT BOARD:

### DIRECTIONS TO MIDLOTHIAN COUNCIL AND NHS Lothian 2019-20

#### 1. INTRODUCTION

The Midlothian IJB is now entering the fourth year of its existence. The new governance systems are now fully established and good progress is being made on integrating management arrangements and frontline services. The planned redesign of Health and Social Care is described in the new three year Strategic Plan 2019-22.

We have a shared long-term vision focussed upon prevention and recovery. However, the financial climate is increasingly challenging and we must respond by transforming services as quickly as possible while always being mindful of our responsibilities not to compromise the provision of safe, high quality care. These Directions are intended to address the short-term financial pressures whilst also building longer term sustainability.

We believe that, alongside specific service changes outlined in Directions for each of the delegated functions, there is an overriding imperative across the health and social care system to facilitate a growing emphasis upon the ethos of *Realistic Medicine Realistic Care*. This entails becoming more person centred, focusing upon what matters to the person, making informed choices and enabling people to stay well and become more confident in self-management. Alongside this, all our services must more clearly recognise the critical role which families/unpaid carers have in supporting their relatives to manage independently and have a good quality of life.

#### 2. POLICY CONTEXT

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

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 2019-20: The clarity to be achieved through Directions is important in ensuring there is no doubt about how health and care services are to be provided including major service redesign objectives. The success of the new integration arrangements is dependent upon effective joint working between the IJB, Midlothian Council and NHS Lothian and it is important that these Directions be considered and enacted in a genuine spirit of partnership. As a general rule, where economy of scale and clinical governance allows, the IJB intends to continue to move towards local management and local delivery of health services. We are determined to enable the relevant parts of the health and care system to recognise the role they have to play in contributing to the achievement of Directions. In this respect we anticipate more ongoing dialogue and, as necessary, updated Directions being issued within year.

### **3. MIDLOTHIAN STRATEGIC PLAN**

The [strategic plan 2019-22](#) outlines the direction of travel for the development of health and social care services in Midlothian. This plan will be updated annually through the compilation of a Delivery Plan. NHS Lothian and Midlothian Council are asked to develop and implement action plans which will enable the objectives outlined in the Strategic Plan to be realised with a particular emphasis on all services seeking to address Health Inequalities. There are a wide range of forums in place which should enable this to happen (see page 6 of the Strategic Plan); the major gap, until now, has been a dedicated forum to consider how we reshape community services and pathways to reduce our reliance upon acute hospital beds.

Midlothian Integration Joint Board (IJB) must ensure that mechanisms are in place to action the Strategic Plan. The Strategic Planning Group will be the main body responsible for overseeing the progress with the Strategic Plan and the Directions. Additionally, an internal Transformation Board has been established to oversee progress with the key areas of transformation and our performance in addressing the financial challenge.

### **4. NHS HOSTED SERVICES**

Developing more locally responsive services which are currently hosted, will demand a variable approach. Good progress has already been made in identifying opportunities to reorganise and enable more local, and more integrated management arrangements for some services such as Substance Misuse. Services which will require a particular focus in 2019-20 include the re-provision of the Royal Edinburgh and the Astley Ainslie. Although the IJB's objective is to manage community based services locally wherever possible, it is recognised that, for some services, such an approach will not be viable; for these services arrangements will be developed which strengthen a whole system approach within Midlothian.

## **5. FINANCIAL CONTEXT**

The financial context for 2019-20 remains a very challenging one with both NHS Lothian and Midlothian Council facing major financial pressures. It is also recognised that the initial proposals as to how best to allocate the Set Aside and Hosted Services budgets continue to require more detailed work to ensure parity but also take account of significant differences in need and in the availability of local resources. A key direction of travel will be to disinvest in institutional care including bed-based hospital care and care homes for older people. We have taken steps to strengthen our partnership with the Voluntary Sector through a programme of quarterly summits, intended to jointly identify new ways of providing services in the context of diminishing resources. The Voluntary Sector is critical and the services they provide account for 33% of the total social care budget for adults and older people.

## **6. PROVISION OF DIRECTIONS**

These Directions are issued to provide as much clarity as possible about the changes which need to take place in the design and delivery of our services. As further plans are developed, new or revised Directions will be issued during 2019-20. For those services which are not covered by a specific Direction the expectation is that NHS Lothian and Midlothian Council will continue to provide high quality services within current budgets, endeavouring to meet national and local targets and following the strategic objectives laid out in the Strategic Plan.

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

The IJB is constituted under Local Government regulations and, as such, under the Local Government in Scotland Act 2003, has a duty to make arrangements to secure best value – that is continuous improvement in the performance of functions. It is expected that NHS Lothian and Midlothian Council will deliver the functions as directed in the spirit of this obligation.

The financial values ('budgets') attached to these Directions (see summary on pages 17-18) are based on:

Midlothian Council's budget proposition of 12th February 2019 which has been agreed by the IJB at its meeting on 14<sup>th</sup> February 2019.

The indicative 2019/20 NHSiL budgets per NHSiL's March Finance and Resources committee. It is understood that NHSiL will approve their 2019/20 budget at the April meeting of their Board. These values are therefore indicative.

**DIRECTION 1: IN-PATIENT HOSPITAL CARE****Budget: £15,165,000**

1. We are committed to achieving a reduction in our use of in-patient beds, including fewer preventable admissions and earlier discharge. This will be reflected in a number Directions including those related to care at home and care homes.
2. The following actions are required:
  - a. Establish a Midlothian strategic planning group for Acute Services
  - b. A review of actual admissions should be undertaken to identify and consider how to change local services and processes to reduce preventable admissions
  - c. Investigate the feasibility of increasing capacity in MCH by enabling alternative care options for people with dementia
  - d. Strengthen In Reach capacity e.g. OTs identifying patients suitable for reablement
  - e. Continue to pursue the objective of the RIE operating as the local Acute Medical Unit
  - f. Assess the case for further investment in Hospital at Home
  - g. Fully implement and evaluate the impact of the new 'Discharge to Assess' Service
3. The impact will be that fewer people from Midlothian will be in an acute hospital bed despite not requiring such level of care and treatment. This will enable people awaiting hospital care to be admitted earlier whilst also releasing resources for community alternatives.
4. This work will be undertaken throughout 2019-20. However regular reports on progress will be submitted to relevant governance groups in both Midlothian HSCP and NHS Lothian.
5. The targets will include reductions in delayed discharge bed days from 12,295 in 2017-18 to 9,836 in 2019-20 and unplanned bed days from 60,230 in 2017-18 to 54,207 in 2019-20.

**DIRECTION 2: ACCIDENT AND EMERGENCY:****Budget: £1,700,000**

1. We are committed to achieving a reduction of attendances from Midlothian.
2. The following actions are required:
  - a. A review should be undertaken of the top attendances from Midlothian. This should enable the identification of options to strengthen community based alternatives
  - b. An appraisal should be undertaken regarding the benefits and viability of the development of local care and treatment centre(s)
  - c. A review should be undertaken in collaboration with Children's Services to consider developments which would appropriately divert children from A&E
3. The impact will be that more patients will access appropriate alternatives. Staff in A&E should be more able to deal with patients who are in need of urgent specialist medical intervention.

4. This work should be completed by 30<sup>th</sup> September 2019 and reported to Midlothian Strategic Planning Group.
5. The target in 2019-20 will be to maintain the number of attendances at the 2017-18 level - 20,900 (MSG Indicator).

**DIRECTION 3: MIDLOTHIAN COMMUNITY HOSPITAL: Budget: £5,103,000**

1. We are committed to making maximum use of the Community Hospital in providing locally accessible inpatient and outpatient services
2. The following actions are required:
  - a. An option appraisal should be completed regarding the most appropriate outpatient clinics/treatment to be provided in MCH. This will include implementation of an Audiology Clinic; 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.
  - b. The feasibility of providing more community based support for people with dementia and people with functional mental health needs should be completed. If this results in freed-up inpatient capacity consideration should be given to determining how this can best be utilised to support the Acute Service.
3. The impact will be to provide more localised inpatient and outpatient services.
4. Formal reports outlining progress against both actions should be submitted to the Strategic Planning Group by 30<sup>th</sup> September 2019.
5. Appropriate measures should be devised to quantify the benefits gained.

**DIRECTION 4: PALLIATIVE CARE: No dedicated budget other than Marie Curie contract**

1. 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.
2. The following actions should be undertaken
  - a. A review of the contract for the services provided by Marie Curie should be undertaken
  - b. A review of the approach and application of the Palliative Care Registers in GP practices should be undertaken
  - c. An appraisal should be undertaken as to how best to strengthen local services-(care homes, district nursing, MCH and Hospital at Home)-through an audit of admissions to Acute Hospital of patients in receipt of palliative care
3. The impact will be that more people will spend most of their last 6 months of life at home or in their care home.

4. These actions should be undertaken by 30<sup>th</sup> September 2019 and reported to the Strategic Planning Group.
5. The target is to increase the percentage of the last 6 months of life spent in the community to 88% by the end of 2019/20.

**DIRECTION 5: PRIMARY MEDICAL SERVICES: £32,630,000; GMS £14,552,000 PRESCRIBING: £18,079,000**

1. Our objective is to strengthen the primary care team skill mix and capacity to cope with growing demand and the provision of more community based treatment.
2. The following actions should be undertaken:
  - a. The Primary Action Plan should be progressed to enhance staffing levels and provide a broader range of services
  - b. The Prescribing Plan should continue to be implemented building upon the success achieved in 2018/19
3. The impact will be to enable patients to access the most appropriate support and treatment within acceptable timescales. This will include the gradual provision of more interventions in the community rather than within acute hospital.
4. These actions are ongoing so progress should be monitored by the Primary Care Management Group and the Transformation Board with 6 monthly reports to the Strategic Planning Group.
5. Targets should include a reduction in restricted GP lists and an improvement in the National Health and Wellbeing Survey rating of adults having a positive experience of the care provided by their GP Practice (76% in 2017/18).

**DIRECTION 6 COMMUNITY HEALTH SERVICES: £6,422,000**

**District Nursing £2,595,000 Health Visitors and School Nursing £1,713,000 AHPs £2,114,000**

1. Our objective is to provide stronger community based health services, promoting prevention and recovery wherever possible.
2. The following actions should be undertaken:
  - a. A review of complex care nursing should be undertaken
  - b. A review of community nursing services should be undertaken 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 for strengthening interdisciplinary locality working.
  - c. The organisational arrangements for AHPs should be reviewed in light of changes in the social work fieldwork service and the outstanding work-stream regarding the deployment of acute hospital AHPs in the community

3. The impact will include more robust arrangements for supporting people with complex care needs, stronger joint working arrangements with GP Practice Staff and Care at Home workers; and greater clarity of roles in light of developments in primary care, MERRIT and acute hospital care.
4. This work is complex and will take time but 6 monthly progress reports should be provided to the Strategic Planning Group
5. There are no clear outcome targets but progress should be reported in terms of changes to organisational arrangements.

#### **DIRECTION 7: DENTAL; OPHTHALMIC and AUDIOLOGY SERVICES**

**Budget: Oral Health£1,148,000; Audiology budget not yet delegated;**

**Ophthalmic budget covered directly by Scot Govt**

1. Our objective is to improve the uptake and access to these services which play a vital role in the wider primary care team.
2. The following actions should be undertaken:
  - a. Mechanisms for strengthening the links between the HSCP and the Public Dental Service, Audiology and Ophthalmology should be considered by the local Primary Care Management Group
  - b. The plans for the provision of audiology clinics in MCH should be progressed. In particular funding for the capital works should be sought during 2019/20
  - c. A review of the options to improve access to dental care for older people and people who are housebound should be undertaken
3. The impact will be to detect and treat at an earlier stage and through this have a positive effect on people's general health and wellbeing.
4. This work should be completed by March 2020.
5. Targets for dentistry will be set by comparing with the baseline of registrations as of 1<sup>st</sup> April 2019. Advice will be sought from Ophthalmology and Audiology as to how best to measure progress.

#### **DIRECTION 8: OLDER PEOPLE**

**Budget: Social Care £18,827,000 (minus £575,000 Carers Budget)**

1. We are committed to supporting older people to stay well and remain as independent as possible.
2. The following actions should be undertaken:
  - a. The Frailty Programme should be progressed to enable improved coordination of care and to provide support at an earlier stage.

- b. The Care Home Strategy should be finalised and implemented, including the full establishment of the Care Home Support Team.
  - c. There should be a continued programme of work to enable people stay well including the implementation of the Physical Activity Strategy and a review of the range of services in place to reduce isolation.
3. The impact will be to improve older people's health and wellbeing, including those living in care homes.
  4. These actions will continue throughout 2019/20 but progress on the Care Home Strategy should be reported to the Strategic Planning Group by the end of June 2019.
  5. A range of indicators will apply including a reduction in admissions to hospital from care homes and measures capturing the impact of the work-streams flowing from the Frailty Project.

## **DIRECTION 9 PHYSICAL DISABILITY AND LONG TERM CONDITIONS**

**Budget: Physical Disability Social Care £3,019,000 Long Term Conditions £207,000**

1. We aim to support people with disabilities to live independently and those with long term health conditions to live well.
2. The following actions should be undertaken:
  - a. All service providers should adopt an approach which encourages self-management and supports recovery in line with the House of Care model
  - b. 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
  - c. There should be close collaboration with Housing Providers in increasing the availability of suitable housing
  - d. Work to support people with specific conditions should be progressed including the Diabetes Strategy; Improving Cancer Journey; and development of the Community Respiratory Team
3. The impact will be to enable people who have a physical disability or a long term health condition to have a good quality of life; manage their own conditions; and direct their own care as far as possible.
4. There are no specific timescales for these actions although the local Astley Ainslie project will be guided by the overall plans for the redevelopment of the hospital. A report on progress should be provided to the Strategic Planning Group every 6 months.
5. The expansion of suitable housing including extra care housing will be measurable. All work-streams should develop a set of proxy measures which enable progress to be quantified.

## **DIRECTION 10: LEARNING DISABILITY**

**Budget: Social Care £12,819,000 Health £1,446,000**

1. We aim to support people with learning disabilities to live as independently and as full members of their local communities as is possible.
2. The following actions should be undertaken:
  - a. The work on redesigning day services should be completed
  - b. New housing models should be developed –initially in Bonnyrigg
  - c. The arrangements for transport should be subject to a full review with a view to creating efficiencies and reducing expenditure
  - d. Following the reorganisation of social work teams further work should be undertaken to strengthen joint working with the Learning Disability Service
  - e. A review of the services available for diagnosis and support to people with autism should be undertaken
  - f. Work should be undertaken on developing the framework for consistently utilising Positive Behavioural Support approaches in all Learning Disability services
  - g. Develop further community based supports for people with complex needs in addition to Learning Disability
3. The impact will be to enable people who have a learning disability to have a good quality of life and to be safe and well supported in appropriate accommodation.
4. There are no specific timescales for these actions although the day service redesign should be completed by April 2020. The timescales for new housing models will in part be dependent upon the opportunities which arise within the wider Council Housing Plan. This is a key area of transformation given the growing level of expenditure and regular reports should be provided to the Realistic Care Realistic Medicine Board.
5. The expansion of suitable housing including extra care housing will be measurable. Each work-stream should develop a set of proxy measures which enable progress to be quantified.

## **DIRECTION 11: MENTAL HEALTH**

**Budget: Mental Health Social Care £790,000, Core NHS and Hosted: £4,369,000**

1. Given the prevalence of mental health concerns in the population we are 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”
2. The following actions should be undertaken:
  - a. The work on redesigning the rehabilitation pathway(s) should be completed.

- b. The development of a multidisciplinary/multiagency approach to mental health, substance misuse and criminal justice should be progressed through the implementation of the Recovery Hub
  - c. There should be close collaboration with Housing in supporting the new arrangements for homelessness through the Rapid Rehousing policy
  - d. A coherent approach to the delivery of services to support improved mental wellbeing should be developed. This should include new services funded through Action 15 along with the Wellbeing and Access Point services. A key element of these work is to identify new approaches to addressing the continuing pressures on Psychological Therapies
  - e. A new Action Plan designed to prevent/reduce suicide should be compiled and submitted for approval to the Strategic Planning Group
3. The impact will be to enable people with moderate to severe mental health illness to recover through a clearer, more effective rehabilitation pathway. For those with low level mental wellbeing needs services should enable people to regain a sense of control over their lives and reduce the reliance upon medication.
  4. There are no specific timescales for these actions although the Recovery Hub is due to open in late spring 2019. A report on progress should be provided to the Strategic Planning Group every 6 months.
  5. There are clear access targets for psychological therapies whilst other services such as the Access Point and Wellbeing have their own measurement systems the outcomes of which should be considered through the Mental Health Planning Group.

## **DIRECTION 12: SUBSTANCE MISUSE**

**Budget: Social Care £859,000 (including resources transferred by NHSL) Health £564,000**

1. The human and financial cost of substance misuse is considerable. We must redouble our efforts to prevent and enable people to recover.
2. The following actions should be undertaken:
  - a. Steps should be taken to increase the role in treatment and support services of people with lived experience
  - b. The range of treatment and recovery interventions available for individuals and their families should be increased through the establishment of the Recovery Hub
  - c. Employment opportunities for people in recovery should be increased by improving engagement in education, training and volunteering
3. The impact will be to strengthen services focussed on recovery for people with substance misuse problems.

4. There are no specific timescales for these actions although the Recovery Hub is due to open in late spring 2019. A report on progress should be provided to the Strategic Planning Group every 6 months.
5. Each of these work-streams should develop a set of proxy measures which enable progress to be quantified.

#### **DIRECTION 13: CRIMINAL JUSTICE**

##### **Budget: Section 27 £1,619,000 (Ring fenced income allocation from Scot Govt.)**

1. 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 pro-social style of life.
2. The following actions should be undertaken
  - a. The very laudable work undertaken to enable people on Community Payback Orders to achieve qualifications should be continued and strengthened if possible
  - b. Peer support should be strengthened including through continued expansion of a peer support scheme that will work across criminal justice, substance misuse and mental health
  - c. Holistic support should be enhanced through the new arrangements being developed as a consequence of the new Recovery Hub
3. The impact will be that people who offend or are at risk of doing so will have improved access to services which will help them address their underlying health and wellbeing challenges.
4. There are no specific timescales for this work other than the opening of the Recovery Hub in the spring 2019. Progress reports should be provided to the Strategic Planning Group every 6 months.
5. Each of these work-streams should develop a set of proxy measures which enable progress to be quantified.

#### **DIRECTION 14: UNPAID CARERS**

##### **Budget: £645,000**

1. We recognise that the health and care system is entirely 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, enabling them to continue in caring roles.
2. The following actions should be undertaken:
  - a. Undertake an assessment of unmet need for respite care for people under 65yrs

- b. Improve early identification of carers within our own health and care services and through work in collaboration with voluntary sector partners seek to reach hidden carers not yet in contact with support services
  - c. Ensure full compliance with duties placed upon the local authority and health board within the Carers (Scotland) Act 2016 including Adult Carer Support Plans
  - d. Building on the new arrangements designed during 2018/19, the requirements of the Carers Act including Adult Carer Support Plans (ACSP) should be fully implemented
  - e. An examination of the challenges facing carers of hospital inpatients should be carried out to enable improved discharge arrangements
3. The impact of this work will be to reduce carer stress and breakdown.
  4. There are no specific timescales for these actions although given the pressures on acute hospitals an improved understanding of the issues facing carers should be completed by the end of June 2019.
  5. Each of these work-streams should develop a set of proxy measures which enable progress to be quantified; these would include an increase in the number of carers in touch with voluntary service providers and an increase in the number of ACSPs. Ultimately the target should be to improve the carers who feel supported including as measured by the National Health and Wellbeing Survey.

#### **DIRECTION 15: CARE AT HOME**

**Budget: £9,287,000 (budget also included in service user allocations)**

1. 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 two years. Designing alternative more sustainable approaches to care at home is one of the most important challenges requiring to be addressed by the IJB.
2. The following actions should be undertaken:
  - a. A full option appraisal should be undertaken to determine the most viable and sustainable approach to providing and/or commissioning robust care at home services.
  - b. The reablement approach should be extended to all care at home providers.
3. The impact of developing services which provide sustainable good quality care at home will be evident across the system, with service users enjoying a better quality of life, unpaid carers supported in their caring role and acute hospitals able to discharge people sooner once they are fit to do so.
4. The completion of an option appraisal is pressing. We recognise there is unlikely to be one simple solution but given the persistence of challenges in this area of service for a number of years we need to consider all possible alternative approaches. The initial work on option

appraisals should be reported to the *Realistic Care Realistic Medicine* Board by the end of May 2019.

5. The ultimate target is to reduce considerably the unmet need in terms of the hours of assessed need not delivered.

#### **DIRECTION 16: HOUSING (Including Aids and Adaptations)**

##### **Budget: Aids and Adaptations £276.000**

1. It is very well recognised good quality accessible housing is critical to people's health and wellbeing. Health and Social Work must continue to work closely with Housing Providers.
2. The following actions should be undertaken:
  - a. Planning for Newmills and Gore Avenue extra care housing should continue
  - b. Plans for extra care housing in other areas of Midlothian alongside housing options for people with learning disability should be drawn up
  - c. The feasibility of reintroducing a Care and Repair Service should be considered
  - d. The implementation of a proactive approach to ensure people are able to live in housing appropriate to their needs should be rolled out through *Housing Solutions* training
3. The impact will be to maximise people's independence and quality of life through living in the most appropriate housing
4. There are no specific timescales for these actions but we must ensure there are no unnecessary delays in the provision of new extra care housing developments, given the long lead in times.
5. Each of these work-streams should develop a set of timescales which enables progress to be monitored.

#### **DIRECTION 17: ASSESSMENT AND CARE MANAGEMENT**

##### **Budget: £3,287,000**

1. The next stage of integration in terms of organisational arrangements is to identify ways of promoting stronger interdisciplinary work between frontline workers. This will include the creation of joint teams and the development of closer working at locality level.
2. The following actions should be undertaken:
  - a. Following the implementation of the new fieldwork arrangements, consideration should be given to creating closer working with relevant health colleagues
  - b. Opportunities should be created to enable closer links with voluntary sector providers through colocation and events such as SW Team Meetings

- c. In light of the lessons learned from the Collaborative Leadership Programme in Penicuik, consideration should be given to strengthening links with other agencies including GP Practices in other local communities
- 3 The impact will be stronger and more efficient joint working across health, social care and external providers.
- 4 There are no specific timescales for these actions but a report on progress should be provided to the Strategic Planning Group every 6 months.
- 5 Each of these work-streams should develop a set of timescales which enables progress to be monitored.

#### **DIRECTION 18: ADULT PROTECTION AND DOMESTIC ABUSE**

##### **Budget: Public Protection £414,000**

1. 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.
2. While the governance of public protection rests with the *East Lothian and Midlothian Public Protection Committee* it remains a central responsibility of the Health and Social Care Partnership to enable people to stay safe. In this regard the following actions should be undertaken:
  - a. As part of the reorganisation of the social work fieldwork team the new team for adult protection should be put in place
  - b. Relevant staff across Health and Social Care will be supported by the new team to know how to recognise an ASP situation and what action to take
3. The impact will be to strengthen our capacity to respond to referrals regarding adult protection.
4. The first action should be completed by May 2019.
5. The impact of these developments should be measured by the performance indicators already in place for adult protection.

#### **DIRECTION 19: PUBLIC HEALTH**

##### **Budget: There is no specific delegated budget for Public Health**

1. The importance of shifting the emphasis of our services towards prevention and early intervention along with the need to redouble our efforts to tackle inequalities is evident in the new Strategic Plan.
2. The following actions should be undertaken:
  - a. A local prevention strategy should be developed

- b. Arrangements should be made to strengthen our approach to the promotion of physical activity including links to Health Promotion and Leisure and Sport
  - c. The importance of prevention should be reflected in all client group action plans, already well recognised in relation to both Diabetes and Drugs and Alcohol
  - d. The impact of the approach to interagency area targeting from a health and social care perspective should be reviewed
  - e. The impact of the CHIT Team should be reported to evaluate the case for continued or increased investment
  - f. The programme of workforce training should continue supporting the move towards self-management and strengthening the work to address inequalities
3. The impact will be to reduce failure demand and contribute to the gradual improvement of the health and wellbeing of the population.
  4. A report on progress with the development of a Prevention Strategy should be reported to the Strategic Planning Group by the end of June 2019.
  5. Each of these work-streams should develop a set of proxy measures which enable progress to be quantified.

#### **DIRECTION 20: SERVICES TO PEOPLE UNDER 18YRS**

**Budget: There is no specific budget covering all Primary Care services. The budget for School Nursing and Health Visitors is £1,713,000 already referenced in Direction 6**

1. Whilst the budgets for these services are delegated to the IJB in practice the responsibility for strategic planning and service redesign rests with the interagency GIRFEC Board.
2. The following actions should be undertaken:
  - a. Appropriate mechanisms for monitoring the application of the resources delegated to the IJB should be introduced
  - b. Arrangements for the provision of counselling for children through Action 1 of the Mental Health Strategy monies should be designed and implemented
  - c. The new Health Visitor pathway should be implemented
- 3 The impact will be measured through the GIRFEC Board arrangements
- 4 A report on monitoring arrangements should be agreed with the GIRFEC Board Chair by June 2019.
- 5 Specific targets and monitoring arrangements will be managed by the individual services and reported to the GIRFEC Board.

## Midlothian Integration Joint Board - Summary Financial budgets for directions

Based on budgetary data available by 31st March 2019. To be updated

	£000's	Direction	Integrated/Set Aside
<b>Social Care Services</b>			
Addictions	29		Integrated
Assessment and Care Management	3,278	17	Integrated
Criminal Justice	5		Integrated
Learning Disability Services	12,819	10	Integrated
Management and Administration	104		Integrated
Meldap	210		Integrated
Mental Health Services	790	11	Integrated
Non Specific Groups	1,056		Integrated
Older People	19,472	8	Integrated
People with AIDS/HIV	-33		Integrated
Performance and Planning	608		Integrated
Physical Disability Services	3,295	9	Integrated
Public Protection	414	18	Integrated
Service Management	309		Integrated
Strategic Commissioning	296		
	<b>42,652</b>		
<b>Health Services</b>			
<b>Core</b>			
Community AHPS	2,114	6	Integrated
Community Hospitals	5,103	3	Integrated & Set Aside
District Nursing	2,595	6	Integrated
GMS	14,552	5	Integrated
Health Visiting	1,713	6	Integrated
Complex Care	204		Integrated
Long Term Conditions	222	9	Integrated
Mental Health	2,279	11	Integrated
Other	4,500		Integrated
Prescribing	18,079	5	Integrated
Resource Transfer	4,779		Integrated
	<b>56,139</b>		
<b>Hosted</b>			
Public Health	128		Integrated
AHP Dietetics	299		Integrated
AHP Other	81		Integrated
AHP Podiatry	341		Integrated
AHP Rehabilitation	521		Integrated
Complex Care	117		Integrated
Learning Disabilities	1,446	10	Integrated

Lothian Unscheduled Care Services	989		Integrated
Mental Health	2,090	11	Integrated
Oral Health Services	1,148	7	Integrated
Other	625		Integrated
Psychology Service	649		Integrated
Rehabilitation Medicine	769		Integrated
Sexual Health	526		Integrated
Substance Misuse	564	12	Integrated
UNPAC	639		Integrated
	<b>10,929</b>		
<b>Acute Set Aside</b>			
A & E (outpatients)	1,700	2	Set Aside
Cardiology	787	1	Set Aside
Diabetes	188	1	Set Aside
Endocrinology	88	1	Set Aside
Gastroenterology	509	1	Set Aside
General Medicine	4,926	1	Set Aside
Geriatric Medicine	2,379	1	Set Aside
Infectious Disease	1,051	1	Set Aside
Junior Medical	2,306	1	Set Aside
Management	255	1	Set Aside
Rehabilitation Medicine	377	1	Set Aside
Respiratory Medicine	918	1	Set Aside
Therapies	1,192	1	Set Aside
Other	188	1	Set Aside
	<b>16,864</b>		
<b>Social Care Fund</b>	<b>4,846</b>		Integrated
<b>IJB Total Budget</b>	<b>131,431</b>		