Midlothian
Health & Social Care

Midlothian Integration Joint Board

****DRAFT****

Strategic Plan

2022-2025

Who we are

The Integration Joint Board (IJB) plan and direct the health and social care services for the people of Midlothian. You can find the full list of services we are responsible for at www.midlothian.gov.uk/mid-hscp in the Scheme of Integration. We manage some services including Podiatry, Adults with Complex and Exceptional Needs and Dietetics for all of Lothian on behalf of NHS Lothian. Other IJBs host services on our behalf.

The Midlothian Health and Social Care Partnership brings together parts of Midlothian Council and NHS Lothian and includes third sector organisations and independent providers.

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.
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 we are trying to achieve

We plan and direct a wide range of health and social care services and manage the allocation of the budget. We aim to:

- **Improve the quality of health and social care services** and achieve the 9 national health and wellbeing outcomes;
- **Change how health and social care is delivered** to better understand and meet the needs of the increasing number of people with long term health conditions, with complex needs and those who need support, working with people as partners in their health and social care.
- **Provide more support, treatment, and care for people in their homes, communities, or a homely setting** rather than in hospitals

Our Vision and Values

Vision: People in Midlothian are enabled to lead longer and healthier lives.

Values: We will provide the right support at the right time in the right place.

Our Strategic Aims

1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead.

2. Enable more people to get support, treatment and care in community and home-based settings.

3. Increase people's choice and control over their support and services.

4. Support more people with rehabilitation and recovery.

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.

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.

Challenges we face

People expect to receive high quality health and care services when they need them, whether as a result of age, disability, sex, gender or long term health conditions. Yet there are a number of pressures on our services.

COVID-19
Covid 19 has had a huge impact on the services we plan and direct, our staff, and the people we support. As the COVID-19 pandemic continues it continues to influence how we deliver services and what we are able to deliver. COVID-19 impacts staff absence and also deployment as staff may be required to move to different roles to support our response. COVID-19 will continue to require additional resource, for example to deliver vaccination clinics, deliver services in line with guidance, coordinate staff COVID-19 testing, and manage PPE provision locally.

A growing and ageing population
Midlothian is the second smallest Local Authority in mainland Scotland but the fastest growing. This brings challenges for health and social care services and changes communities. As people live longer many more people will be living at home with frailty, dementia or multiple health conditions. An increasing number of people live on their own, and this may bring a risk of isolation.

Workforce pressures
There is reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers and Staff Nurses. The COVI-19 pandemic will continue to influence the health and care workforce and programmes such as mass vaccination have increased pressure on already stretched resources.

Financial pressures
We need to do things differently: the traditional approach to delivering health and care services is no longer financially sustainable. However shifting resources from hospital and care home provision to community based services, and placing more emphasis on prevention, can be challenging especially with the financial constraints facing health and social work.

Independent Review of Adult Social Care (Feb 2021)
The Review looked at outcomes for people who use services, their carers and families and the experience of those working in the sector. There are likely to be significant changes to care services as a result.

Unpaid carers
Unpaid carers fulfil significant, valuable and wide-ranging roles, helping to keep people with care and support needs within our communities. During the pandemic many people became carers for the first time, or saw changes to their caring role, resulting in them providing significantly more

care for their elderly, sick or disabled family, friends and neighbours. Through this period services supporting carers continued to offer support, including digitally, and by telephone, though services supporting the person they provide support to may have been reduced, e.g. respite and day services, impacting on carers. Further work is required to reduce the significant pressure and impact of caring that carers reported, by continuing to explore innovative options to enable support to be given to both carers and the cared-for, and for there to be opportunities for breaks from caring.

Acute hospitals

Acute hospitals are under huge pressure due to unsustainable demand and financial, workforce and infrastructure challenges. Investing in community-based services and work with carers is required to minimise avoidable and inappropriate admissions and facilitate earlier discharge. By treating people closer to home, or in their own home we can help to prevent people needing to be admitted to hospital and improve people's outcomes.

How can Digital Technology help us?

We live in a digital world and it is changing the way we work and provide services for you. We have to change the way plan and deliver services. Digital transformation is a key focus of the Scottish Government. A changing nation: how Scotland will thrive in a digital world, and Scotland's Digital Health & Care Strategy provide guidance from the Scottish Government about how we can best use digital technology to provide the right services for you, at the right time, at the right place.

Good health and social care relies on strong human relationships. Digital technology cannot replace those but can enhance them by transforming how we connect and keep in touch with services or monitor our own health. It can also help us capture and bring together information about people who use our services in a way that can help us plan and deliver them more effectively.

Our Digital Governance Group will make best use of digital technology across the organisation and consider issues such as: privacy; inclusion; choice; access; and control.

Our focus for digital development:

1. Supporting People

We will support our staff and people who use our services so everyone is comfortable and confident with these changes.

2. Equipment and Technology

We will support our staff and people who use our services to access new and existing digital technology

3. Improving Access to Person-Centred Care

We will support our network of partners to change our thinking and planning processes to explore alternative ways to deliver our services

How we plan services

We write this Strategic Commissioning Plan (we call it a Strategic Plan) to set out how we will plan and deliver health and social care services over the next 3 years to improve and support the health and wellbeing of the people of Midlothian.
Our strategic plan lets people know:

- What we want to achieve - through our vision and strategic aims
- The way we will do things - through our values
- What we will do, including what we will do differently to achieve our aims
- How we will use our budget and resources to do this
- How we will measure how well we are doing

Through the plan we must make big changes to how we plan and fund services to make sure that we can continue to meet the needs of our growing and ageing population, and that the challenges we laid out above can be addressed. This involves redesigning services, and a redistribution of resources, including financial resources. We must put more focus on prevention and early intervention and move resources from hospitals to community-based services.

Understanding needs

To help us develop our plan we research and produce a **Joint Needs Assessment.** The Joint Needs Assessment uses different data to build up a picture of the key health and social care issues affecting people in Midlothian. It helps us ensure we plan and design services to meet the current and future health and social care needs of the population in Midlothian.

Localities

The law requires that we designate at least two 'localities' for planning purposes. We have 'west' and 'east' localities. However, as the smallest mainland authority operating as a Partnership, we cannot plan, organise and commission services in two separate localities which do not reflect any recognisable sense of belonging. Instead we focus on developing stronger links with our natural communities, including those identified by the Community Planning Partnership for 'area targeting'. Data will be produced annually for each locality and published in the Annual Report.

Engagement with people in Midlothian

We are developing our engagement with people and partner organisations through supporting representatives from the third sector, carers and people with lived experience on our formal planning groups including the IJB, the Strategic Planning group and Service Area planning groups. Our Engagement Statement explains how we engage with people.

To be successful and achieve our aims our plans need to be continually informed by engagement with people who use our services and their families and carers. We will continue to work with a wide range of people who live and work in Midlothian and stakeholders including third sector organisations, service providers, and staff.

Health inequalities

Health Inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They disadvantage people and limit people's chance to live longer, healthier lives. For example people in the most affluent areas of Scotland, experience over 20 more years of good health compared to people in most deprived areas. The life expectancy of people with learning disabilities is substantially shorter than the average life expectancy in the UK.

COVID-19 has widened inequalities. The effects of contracting the illness, as well as the lockdown measures, are significant and unequal. The groups already experiencing health, economic and other inequalities, such as those in the most-deprived areas and people from ethnic minority backgrounds have been most affected. We have a duty to address inequalities, and to do this we must distribute resources and plan our services according to need.

Equality in Midlothian

We believe that everyone should have equal opportunities. No one should have worse life chances because of their sex or gender, what they believe, or whether they have a disability. Equality does not mean that everybody should be treated in the same way; sometimes services should be provided in a different way to meet the different needs of people. We are committed to working to reduce inequalities in Midlothian. Our Equalities Outcomes set out the key equalities areas we have identified and how we will work on these over the next 4 years.

Human rights

We are committed to developing a human-rights based approach. This means taking practical steps to put human rights principles and standards at the centre of our policies and day-to-day practices. This not just about protecting people's rights and preventing harm, it means improving and demonstrating how we fulfil rights including social, cultural and economic rights.

The approach provides a practical framework that supports decision-making at all levels, including day-to-day operational decisions. It will enable us to balance competing priorities and to demonstrate the basis for decisions in difficult circumstances.
Applying the approach complements our commitment to equality and reduction of health inequality as it prioritises people who face the biggest barriers to realising their rights. Applying this approach will mean that:

- People will know more about their rights, how to claim them and how to hold people to account
- Practitioners will be more aware about their role in promoting and upholding rights
- People will have greater opportunity to participate in decisions that affect their rights
- As an organisation we will be better able to demonstrate how we are fulfilling our human rights obligations
- We will be more accountable for our actions and decisions

The Midway

We are committed to our work on focussing on what matters to someone and looking for what is strong, not what is wrong. We call this approach “The Midway”. We will support our staff, and colleagues in the Council, Primary Care and Third Sector to help them develop how they work, and how they design their services using “The Midway” so that people are equal partners in care and treatment.

The Midway focuses on:

- **Beliefs and Values**: Our staff are facilitators not fixers. They recognise the person is an expert in their own life.
- **Good Conversations**: Our staff shift power to the person. They support self-management, building on coping, and hopes.
- **Understanding Trauma**: Our staff understand trauma. They recognise and respond to the impact of trauma.
- **Addressing Inequality**: Our staff recognise inequality. They address unfair disadvantaged people face.

Clinical Care & Governance

In delivering our plan over the next 3 years we need to make sure that we provide high quality, safe and person centered services, continually improve our services, and that everyone working in the organisations understands their responsibility for this. Clinical and care governance is the process by which we do this. It ensures accountability for the quality, safety, effectiveness and person centredness of Midlothian HSCP Services is monitored and assured.

How we measure performance

We measure our performance to see what is working well, what can be improved and how well we are meeting the key aims of integration, our strategic aims and progressing our strategic plan.
We look at:

- Our annual performance report
- Quarterly reports across a range of services
- A performance framework with quantitative measures (in development).
- Quarterly reports to the Scottish Government Ministerial Strategic Group (MSG) Indicators
- Reports on progress against directions

How we put our plan into action

To put our plan into action we send written instructions to NHS Lothian and Midlothian Council. These instructions are called **Directions**.
The Directions tell NHS Lothian and Midlothian Council what services they need to deliver, and the budget they have been allocated to do this from the IJB budget. A Direction must be given for every function that has been delegated to the IJB.
We need to issue directions and look at how well they are being delivered.
Directions are sent at the start of each year but can be updated on an ongoing basis throughout the year as IJBs can make decisions changes to services or new investments during the year and need to provide Directions on these.

How we will use our budget

Each year both partners (Midlothian Council and NHS Lothian) agree the contribution they will allocate to the IJB for the health and social care services that the IJB is responsible for. This is the IJB Budget. The budget is limited by the resources available to the partners. The IJB may receive additional Scottish Government funding through the year.

The IJB's financial plan explains in financial terms, how the IJB will deliver this 3-year strategic plan. A separate detailed medium term financial plan is being developed covering the period of this new Strategic Plan.

Financial Risks and Challenges

Pressures from pay awards and improved terms and conditions (the move towards 'fair work' practices in commissioned services). It is not clear if the partners will be fully funded for these investments in staff and therefore if there will be a financial pressure on the IJB

Covid 19 Pandemic. From March 2020 to March 2022 a range of additional funds were made available to support the large costs of delivering health and social care services during the COVID-19 pandemic. It's currently unclear how much, if any of these funds will be available in 2022/23 and beyond whilst it is clear that a range of costs due to the COVID-19 pandemic will continue.

Drug cost pressures- as new drugs and new drug treatment regimes become available these cost pressures have historically been greater than any resource increases. Part of this challenge will be the increased costs of vaccinations arising from both a new model of delivery and the impact of the COVID-19 pandemic.

Inflation – health and social care inflation runs higher than general inflation, inflation is projected to increase over (at least) 22/23.

Demographic – growing older population and growing demand generated by an increasing overall population. The financial model that changes resource allocations to Councils and Health Boards as their populations numbers change has a considerable lag and population increase creates a significant demand and cost pressure. The challenge of caring and supporting an ageing population is an underpinning theme for the IJB.

Operational Pressures – The challenges outlined above will be greater than any additional financial resources to meet them. This will mean that the IJB need to make big changes to how health and social care is delivered in order to deliver the services, care and support needed with the money that is available.

Annual Budget - Assumptions

As the budget for the IJB is set on an annual basis in March/April each year we have to estimate the budget for the 3 years of the plan:
NHS Lothian – in 2022/23 we anticipate a possible 2.0% uplift on all budgets and an element to cover the increase in employers National Insurance costs per the UK government's latest plan.
Midlothian Council - Additional funds are being made available to invest in social care and to allow the social care providers to lift the base pay rates for their employees to £10.50 per hour and these funds will be made available to the IJB. However, the settlement for the Council's suggest that no uplift from the Scottish Government will be available to fund pay awards or further demand.

Our estimated annual budget for 2022/23 has not yet been finalised but the values based on the 21/22 budget as an illustration are £144.2m* This is split up into four parts: -

1. **Social Care** (from Midlothian Council). **£47.7m***
   This is for the adult social care services in Midlothian.

2. **Health - Core Services** (From NHS Lothian). **£65.1m***
   These are local health services which are managed by the HSCP. These include primary care services (GPs, pharmacists etc), district nursing, community mental health teams, community learning disability teams, and Midlothian Community Hospital.

3. **Health - Hosted Services** (from NHS Lothian) **£13.6m***
   These are services are managed on a pan-Lothian basis. The IJB has a share of the total budget for these services based on its population. These services include the mental health and learning disability in-patient services in the Royal Edinburgh Hospital, the rehabilitation in-patient services at the Astley Ainslie Hospital and the sexual health services at Lauriston.

4. **Health - Set Aside budgets** (from NHS Lothian). **£17.8m***
   The IJB has functions delegated to it, referred to as unscheduled care services (Accident and Emergency and unplanned admissions) which are managed by NHS Lothian's Acute Hospital system. The IJB's budget includes a share of these services, again based broadly on population. The budget is 'set aside' by NHS Lothian on the IJB's behalf.

The IJB's budget is for the direct costs of the services that it is responsible for. This means its budgets do not include any resources for the running costs of property (e.g. cleaning, utility costs, rent, maintenance) and do not include any administrative overhead costs (e.g. finance, HR, IT, estates and other services). The IJB does have a capital budget or own any property or assets.

Our plans

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Older People

(Community Services)

Planning group: Older People's Planning Group
Planning Lead: Catherine Evans

Prevention & Early Intervention

- Improve accessible information so that people know what is going on in their community and what services can help them
- Create opportunities for older people to connect to others and contribute to their community
- Provide support that promotes being active, independent, confident and financially secure
- Support people to make plans for their future health and wellbeing
- Build stronger collaboration with older people, the voluntary sector and other partners to improve outcomes for older people

Support & Treatment

- Provide services that are accessible, available, appropriate and of high quality across Midlothian – including GP practices, home care, care homes and dementia services.
- Improve awareness and fulfilment of human rights for older citizens, including people who live in care or treatment facilities or receive care in their own homes.
- Provide services that connect well with each other and work holistically to support people – including mental and physical health teams, Midlothian Community Hospital, Primary Care and Community Services.
- Develop appropriate day support for all older people to reduce isolation and increase social connection
- Design services and systems so that people have more control over decisions that affect them.
- Support more people with rehabilitation and recovery at home or close to home
- Improve physical, digital and personnel infrastructure

Crisis & Emergency

- Increase likelihood that emergency care is person-centred through increased use of emergency plans and supported decision making

Frailty

Planning group: TBC
Planning Lead: TBC

Prevention & Early Intervention

- Identify people who are living with frailty
- Improve anticipatory support for people living with frailty
- Make it easier for people with frailty to access support from third sector organisations

Support & Treatment

- Improve coordination of care in the community for people living with frailty
- Support services to identify people living with frailty to improve treatment plans
- Improve the support offered to people with frailty by Primary Care

Crisis & Emergency

- Develop approaches to reduce avoidable unscheduled activity

Physical Disability & Sensory Impairment

Planning group: Physical Disability & Sensory Impairment
Planning Lead: Jayne Lewis

Prevention & Early Intervention

- Increase the availability of suitable housing including wheelchair accessible housing, care and repair and early housing conversations.
- Improve access to wider public services
- Reshape services in light of improved understanding of needs and barriers faced by Disabled People in relation to health and social care

Support & Treatment

- Improve access to health and social care services including reducing waiting times for Occupational Therapy and for equipment/aids, improve access to respite, local health care premises and remote consultations.
- Develop Self Directed Support in line with Social Work Scotland's new standards
- Increase access to community-based rehabilitation
- Strengthen local services for people with a Visual Impairment
- Strengthen local services for people with a Hearing Impairment
- Deliver local services for Adults with Complex and Exceptional Needs (ACENS)

Crisis & Emergency

- Improve support to Disabled People and their Carers to plan ahead and reduce stress and uncertainty at times of crises

Mental Health

Planning group: Adult Mental Health
Planning Lead: Sheena Lowrie

Prevention & Early Intervention

- Improve access to Community Mental Health Supports including more local provision through changing the location of services.
- Suicide Prevention
- Improve physical health including screening and monitoring
- Improve access to information about self-management including Midspace

Support & Treatment

- Improve holistic support including integrating service in No11, working with MELDAP, Homelessness services and supporting people who have experienced Trauma.
- Reduce waiting times for Psychological Therapy
- Reduce waiting times for Occupational Therapy
- Improve the provision of appropriate Housing including Grade 4 and 5 housing for residents at Royal Edinburgh Hospital, supporting people who experience homelessness.

Crisis & Emergency

- Improve same day access for people with Mental Health and crisis/distress including the Mental Health and Resilience Service and Distress Brief Interventions.
- Improve support for people who attend A&E frequently
- Improve access to Mental Health and well being services through the Redesign Urgent Care

Learning Disability & Autism

Planning group: Learning Disability & Autism
Planning Lead: Duncan McIntyre

Prevention & Early Intervention

- 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.
- Support the wellbeing of people with Learning Disabilities and Autism throughout their life including screening and health, relationship and wellbeing
- Improve the Experience of Transition from School to Adult Life and Create appropriate developmental opportunities in Adult Life.

Support & Treatment

- Develop a greater range of Housing Options for People with Learning Disability and Autism including building units in Bonnyrigg and Loanhead.
- Increase the availability of Flexible and Person Centred Day Opportunities to support greater choice including the development of appropriate community opportunities and services for people with complex needs.
- Review Transport to ensure more flexible and tailored provision.
- Develop Robust Community Services for People with Complex Needs
- Develop a Broader Range of Respite and Breaks Support for People with Learning Disability and Autism.
- Improve information on Advice, Support and Services for Autistic People and People with a Learning Disability.

Crisis & Emergency

- Support people to participate in community life, free from fear of harassment and abuse.
- Support People with Complex Care Needs in Crisis

Long Term Conditions

Planning group: TBC
Planning Lead: Hannah Cairns

Prevention & Early Intervention

- Increase the number of people who are supported to be more physically active
- Increase the number of people who are supported to eat well.
- Improve screening & early detection e.g. cancer & type II diabetes
- Increase the number of people who are supported to address money worries.
- Increase the number of people who are supported to stop smoking

Support & Treatment

- Embed the Midway - Support self-management, understanding trauma & addressing inequalities and increase chronic disease management.
- Improve how we support people to plan for the future
- Improve community-based support for people with Heart Disease including preventing avoidable admissions to hospital and increasing access to community based rehabilitation.
- Increase number of people managing COPD at home including expanding the Community Respiratory Team
- Provide local support and treatment for people with Cancer
- Establish appropriate support pathways for people with Long Covid
- Improve access to rehabilitation and rehabilitation outcomes for people post Stroke
- Improve support to manage Type 2 Diabetes and increase remission and support women with gestational diabetes.
- Establish appropriate support pathways and improve outcomes for people with neurological conditions.

Crisis & Emergency

- Reduce preventable admissions to A&E
- Reduce hospital discharge delays resulting from housing needs

Falls & Fracture Prevention

Planning group: Strategic Falls Group
Planning Lead: Gillian Chapman

Prevention & Early Intervention

- Reduce number of falls during winter
- Improve knowledge of ways to reduce risk of falls
- Improve identification of people at risk of falls
- Increase physical activity programmes and falls prevention activities
- Improve knowledge of and access to home safety measures

Support & Treatment

- Train staff to promote strategies and community resources
- Build an integrated approach to falls and fracture prevention

Crisis & Emergency

- Provide timely, specialist, personalised care and support when someone has fallen including working with the Emergency Services, Midlothian Community Hospital and On Calls Falls Service.
- Improve outcomes after a fall

Palliative & End of Life Care

Planning group: Palliative and End of Life Partnership Group
Planning Lead: Fiona Stratton

Prevention & Early Intervention

- Improve people's choice and control over their support & treatment
- Improve how people plan for the future.

Support & Treatment

- Improve and develop services for people receiving palliative care
- Improve bereavement support

Crisis & Emergency

- Reduce preventable admissions to hospital
- Improve discharge from hospital

Under 18

Planning group: GIRFEC, Children and Young People Wellbeing Board, EMPPC
Planning Lead: Fiona Stratton

Prevention & Early Intervention

- Monitor health of children and young people including Health visitors and School Nurses.
- Reduce inequality including Care Experienced Children and where Domestic Violence, Substance Misuse and money or housing worries are occurring or suspected.
- Support Parents
- Prevent avoidable illness including vaccinations, early detection and healthy weight.

Support & Treatment

- Improve children and young people's physical & mental health
- Improve capacity for strategic planning of services

Crisis & Emergency

Public Protection

(Adult Protection & Violence Against Women and Girls)

Planning group: East Lothian and Midlothian Public Protection
Planning Lead: Kirsty MacDiarmid

Prevention & Early Intervention

- Improve risk management of Adult Support and Protection practice in care homes
- Improve staff knowledge about Adult Support and Protection and improve transfer of learning into practice
- Support staff to manage cases that do not meet Adult Support and Protection criteria
- Improve staff knowledge about Violence Against Women and Girls and improve transfer of learning into practice
- Strengthen Midlothian's commitment to embed the Equally Safe priorities to prevent and tackle violence against women and girls

Support & Treatment

- Support the HSCP to fulfil their statutory duties to report concerns about harm and co-operate with Adult Support and Protection investigations
- Improve supports for survivors and interventions for perpetrators of gender based violence

Crisis & Emergency

Community Justice

Planning group: Community Justice
Planning Lead: Fiona Kennedy

Prevention & Early Intervention

- Improve understanding of Community Justice.
- Plan and deliver services in a strategic and collaborative way
- Prevent and reduce the risk of further offending including restorative justice and community payback orders.

Support & Treatment

- Improve relationships and opportunities to enable participation in education, employment and leisure.
- Improve resilience and capacity for change and self-management including the SPRING service.
- Improve life chances through addressing needs, including; health; financial inclusion; housing and safety including Fresh Start and No 11.

Crisis & Emergency

- Improve access to the services people require, including welfare, health and wellbeing, housing and employability

Substance Use

Planning Group: MELDAP
Planning Lead: Martin Bonnar

Prevention & Early Intervention

- Preventing Future Harm Caused By The Misuse Of Alcohol And Drugs
- Protecting and Safeguarding Children, Young People and Communities

Support & Treatment

- Reducing Harm and Promoting Recovery including improving waiting times and geographical access
- Commissioning and Assuring High Quality, Cost Effective Outcomes Focused Services

Crisis & Emergency

- Reducing Harm and Promoting Recovery including out of hours access to recovery hubs, assistance at A&E and polydrug overdose

RESOURCES

Workforce

Planning Group: Workforce Strategic Planning Group
Planning Lead: Anthea Fraser

Prevention & Early Intervention

- Attract staff to fill vacancies including ‘Hard to Fill’ posts.
- Reduce vacancies and retain, support and upskill staff

Support & Treatment

- Reduce workforce inequalities
- Increase support with digital access

Crisis & Emergency

Unpaid Carers

Planning group: Carers Strategic Planning Group
Planning Lead: Shelagh Swithenbank

Prevention & Early Intervention

- Identify more carers
- Increase numbers of carers with future plans.
- Improve carer involvement in service design and delivery.

Support & Treatment

- Improve access to Support, Information and Advice.
- Improve Carer Health & Wellbeing including Breaks from Caring
- Improve Carer's Financial Support and Economic Wellbeing

Crisis & Emergency

- Planning Ahead: Support carers to have discussions and make plans to support the health and wellbeing of themselves and the people they care for in the event of a crisis or emergency.

Respite

Planning group: Respite & Short Breaks
Planning Lead: Gillian Chapman

Prevention & Early Intervention

- Improve Overnight Respite including working with existing providers, Extra Care Housing and Respite at Home
- Improve equality of access to respite across Midlothian
- Plan respite for future need – efficient & effective use of resources including a new respite facility.

Support & Treatment

- Improve quality of respite
- Improve Procedures for Planning and Accessing Respite including separating planned and emergency care, SDS and transport.
- Improve Information on Respite

Crisis & Emergency

- Reduce potentially preventable hospital admissions

Primary Care

Planning lead: TBC
Planning Group: TBC

Prevention & Early Intervention

- Develop the Community Treatment and Care services to support all practices.
- Develop Pharmacotherapy services in General Practice to improving medicines management and access to medicines.
- Develop the MSK APP service to enable more people to access timely assessment and intervention for their MSK condition and reduce the requirement for GP involvement, ED attendance or onward referral.
- Maintain and improve access to the Primary Care Mental Health and the Wellbeing services to support people needing mental health support.
- Develop a joint HSCP/Quality Cluster quality improvement plan including collaborating on improving the coordination and continuity of primary care for people living with frailty

Support & Treatment

- Provide a comprehensive vaccination programme including Seasonal Flu and COVID Booster vaccinations
- Develop Primary Care premises to meet service requirements and respond to population growth – including health and care facilities in Danderhall for the Shawfair Development Area, and developing plans for South Bonnyrigg/Rosewell
- Improve communication about primary care to improve sign-posting to the right support
- Support uptake and optimisation of technology across primary care
- Increase the adoption of data-led collaboration between General Practices and the HSCP to improve health outcomes for people.

Crisis & Emergency

- Provide access to primary care services in evenings, at night and weekends through the Lothian Unscheduled Care Service
- Collaborate with General Practices to support improvement to access.

Acute Services

Planning group: Acute Services Planning Group

Planning Lead: TBC

Prevention & Early Intervention

- Reduce potentially preventable admissions through early diagnosis, reduce admissions from falls, flu & COVID,
- Establish community-based early intervention support for people to reduce the need for acute care

Support & Treatment

- Maintain delayed discharge occupied bed days at 40% below the 2017/18 rate.
- Maintain the number of people living in and receiving care in the community at 97% or higher.

Crisis & Emergency

- Maintain attendances to A&E at 2017/18 level.
- Reduce unscheduled admissions by 5% compared to 2017/18.
- Reduce unscheduled occupied bed days by 10% compared to 2017/18.

Midlothian Community Hospital

Planning group: TBC
Planning Lead: Kirsty Jack

Prevention & Early Intervention

- Improve accessible information about Midlothian Community Hospital and the services it provides
- Support more older people to be financially secure
- Build stronger collaboration with older people, the voluntary sector and other partners to improve outcomes for older people

Support & Treatment

- Improve processes to ensure services at Midlothian Community Hospital are operating effectively and efficiently including a new staffing model for Mental Health wards, recruitment and admissions
- Improve quality of care for older people with mental illness
- Improve quality of care for people with dementia
- Increase the provision of holistic care including creating a culture of 'cross ward working' and working with volunteers
- Improve access to and quality of care and treatment for out-patients including increasing nurse prescribers and clinical decision makers and cancer treatment.
- Improve people's choice and control over their care and treatment and participation in decision making including good conversations, anticipatory care plans and advocacy.
- Improve awareness and fulfilment of human rights for older citizens, including people who live in care or treatment facilities
- Support more people with rehabilitation and recovery.

Crisis & Emergency

- Increase likelihood that emergency care is person-centred through increased use of emergency plans and supported decision making

Sport & Leisure

Planning group: Attend - Falls, Long term Conditions, Older People
Planning Lead: Allan Blair

Prevention & Early Intervention

- Improve equity of access to all physical activity opportunities including financial difficulties and protected characteristics.
- Increase the number of people having a positive experience at a Sport & Leisure venue or activity through training staff.

Support & Treatment

- Increase community based support opportunities including Midlothian Active Choices, Ageing Well and providing clinical/rehabilitation spaces.

Crisis & Emergency

- Increase support for communities in crisis or emergency including the Keep Safe Scotland scheme.

Housing & Homelessness

Planning group: Health and Homelessness & Extra Care Housing
Planning Leads: Becky Hilton & Gillian Chapman

Prevention & Early Intervention

- Improve advice & support to people at risk of homelessness.
- Offer increased housing choice and options including extra care housing and supported accommodation.
- Reduce unmet specialist housing demand including wheelchair housing
- Increase awareness of Extra Care Housing to public & professionals
- Enable individuals & their families to make decisions regarding their long term care and support including early housing conversations and 'support to move'

Support & Treatment

- Increase the number of people accessing support in temporary accommodation including peer support, advocacy and access to digital devices.
- Increase choice and control for recovery from substance misuse including an 'Oxford House' (a self run, self supported recovery house)
- Improve support for people who are homeless with complex and multiple needs
- Reduce avoidable hospital admissions / delayed discharges including use of intermediate care flats.
- Enable people to live independently including a 'Care & Repair' scheme and Technology Enhanced Care

Crisis & Emergency

- Reduce drug related deaths and non-fatal overdoses in supported temporary accommodation
- Make best use of available housing resources

Housing Contribution Statement

Introduction

Affordable, good quality, suitable housing in safe and connected neighbourhoods is vital for good health and wellbeing.

This Housing Contribution Statement describes the contribution that housing and related services play in delivering good health and social care.

Supporting people to live independently in their own home for as long as possible while managing complex needs in the community requires joint working. This statement sets out how housing and related services will work in partnership with the Integration Joint Board to achieve the outcomes in this Strategic Plan.

The main issues that affect housing and housing related support include:

- **An increase in demand for services** as people are living longer and have more complex long-term conditions
- **A shortage of suitable housing** for people who:
    - have a learning disability,
    - mental health issues
    - substance misuse problems
    - have bariatric conditions
    - use a wheelchair
    - are leaving hospital
- Design and provision of housing for people with dementia
- **Budget pressures** in relation to adaptions and differences in funding relating to tenure
- **Health implications for people who experience homelessness**
- **Pressures on temporary accommodation for homeless households**
- **Challenges faced by Care Experience Young People**

While Housing and Homelessness is not a delegated function to the Integration Joint Board housing is represented on the Strategic Planning Group and Integration and Housing sub-group and service specific strategic groups. The Health and Social Care Partnership, housing providers and 3rd sector organisations are represented at the Local Housing Strategy Strategic Working Groups and there are close links at an operational level.

Links to other Strategies

This statement links to a number of local strategies:

Local Housing Strategy (2021-2026)

This outlines Midlothian Council's vision that **"All households in Midlothian will be able to access housing that is affordable and of good quality in sustainable communities."**

It aims to do this within 5 years by:

- Increasing access to housing and the supply of new housing across all tenures
- Improving Place Making
- Homeless households and those threatened with homelessness are able to access support and advice services and all unintentionally homeless households will be able to access settled accommodation.
- The needs of households will be addressed and all households will have equal access to housing and housing services.
- Housing in all tenures will be more energy efficient and fewer households will live in, or be at risk of, fuel poverty.
- Improving the condition of housing across all tenures.
- Improving Integration of Housing, Health and Social Care

Strategic Housing Investment Plan (annual)

This sets out social housing building projects planned for the next five years by Midlothian Council and Registered Social Landlords (Housing Associations). The Scottish Government provide funding through the Affordable Housing Supply Programme to support this.

The plan also includes information on housing provision for wheelchair users – including plans to build 484 'specialist homes' that includes wheelchair housing, amenity housing, bariatric housing and extra care housing.

Rapid Rehousing Transition Plan

This plan explains how Midlothian will use the Rapid Rehousing model for homeless applicants to ensure:

- People have a settled, mainstream housing outcome as quickly as possible
- Time spent in any form of temporary accommodation is reduced to a minimum, with the fewer transitions the better
- When temporary accommodation is needed, the optimum type is mainstream, furnished and within a local community.

Shared Outcomes:

The Midlothian Integration Joint Board Strategic Plan aims for 2022-2025 are:

- 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.

Housing can contribute to these aims by:

AIM	PREVENTION EARLY INTERVENTION
2,6	Deliver further Housing Solutions training sessions to Health and Social Care staff and other partner organisations.
5,6	Occupational Therapist/Community Health Specialist input for all new build general housing
3,5,6	Partnership working with Children's Services to develop a homeless prevention pathway for care experienced and looked after young people.
1,6	Investigate the implications of significant projected numbers of older households for specialist and general housing
1,2	Ensure new build general needs accommodation is future proofed to accommodate wheelchair users & capable of being adapted to suit a range of needs including the elderly and those with dementia
1,6	Target energy efficiency advice at households most at risk of fuel poverty
3,5,6	Ensure staff are able to deliver a full range of Housing Options advice regardless of tenure. Provided access to training the Housing Options Training Toolkit.
3,5,6	Ensure a person centred approach is taken to the delivery of all housing options, homelessness and tenancy management functions by having a trauma informed workforce.

AIM	SUPPORT & TREATMENT
1,3	Develop 104 extra-care housing flats/bungalows in Midlothian by 2023
2,3	Develop at least 101 new amenity houses in Midlothian by 2022
1,3	Develop 4 bariatric properties in Midlothian by 2023
2,3	Develop 12 units for households with learning disability and or complex care needs by 2023
3,5	Develop an increased number of new homes with adaptations for specialist provision by 2022.
3,5	Set wheelchair supply targets which will ensure a % of new build properties are wheelchair accessible
1,2,6	Undertake feasibility study of delivering Care and Repair Services in Midlothian
3,5	Develop 484 units of specialist housing over a five-year period to 2026 (97 units per annum).
1,2,6	Investigate increasing provision of specialist housing via remodelling existing provision which could be developed by the public or private sector.
3,5	Open Market Purchase Scheme (the purchase of ex local authority properties from the open market) to purchase 10 'specialist homes' per annum
1,2	Complex Care facility to be built in Bonnyrigg
1,6	Carry out a comprehensive review of sheltered and retirement housing to ascertain effectiveness
1,5	Implementing 'Housing First' for those with long-term/repeated instances of homeless.

AIM	CRISIS & EMERGENCY SUPPORT
2,4	Increase the number of intermediate care properties by using 6 Midlothian Council properties for intermediate care.
3	Reduce the time taken for homeless households to secure a permanent Housing outcome.
1,5	Improving the quality of temporary accommodation, particularly that which is provided to households without children

Adaptations

Adaptations, from grab rails to wet floor showers, enable people to live as independently as possible in their own homes, improve their health and wellbeing and can reduce the need for further Health and Social Care services.

Major adaptations are completed by an Occupational Therapist after consideration by the Occupational Therapy Panel - line with eligibility criteria, property type and the long-term cost effective solutions. Agreement to requests are based on need not the tenure of the property.

The Occupational Therapy and Housing Partnership group supports decisions made by the panel and considers the kinds of properties that are adapted to consider the wider need of housing.

Funding of Adaptations

The funding for adaptations is dependent on the tenure of the property.

- **Council Housing owned by Midlothian Council** - funded by the Housing Revenues Account (check with Alan Ramage). Add stats (can be provided by Alan/Fiona).
- **Registered Social Housing owned by registered social landlords** - funded directly from the Scottish Government. Add stats (Brook McGee at Castle Rock may provide stats along with Nancy Booth @ Melville).
- **Private Sector Adaptations owned by private landlords -** funded through a Home Improvement Grant. Applicants for a grant are entitled to 80% of mandatory work and those in receipt of certain benefits qualify for 100%. Some adaptations are considered discretionary - environmental health who support the grant are consulted in these cases and they are not funded to the same value as mandatory grants. The owner of the property is responsible for maintaining and servicing any adaptations after installation. (I would check this with Edel Ryan to make sure she is in agreement). Add Stats (Edel Ryan).

All staff in the Health and Social Care Partnership, Housing and the Voluntary Sector are offered training in how to have early conversations around housing needs.

There is ongoing work to open up assessment for minor adaptations to agencies including housing. Currently the voluntary sector support assessment for minor adaptations.

Public Health

Planning group: Public Health Reference Group (TBC)
Planning lead: Becky Hilton

Prevention & Early Intervention

- Increase the number of people who are supported to be more physically active including green health prescriptions, Get Moving with Counterweights, Let's Prevent Diabetes, Midlothian Active Choices and Ageing Well.
- Increase the number of people who are supported to address money worries including Good Conversations and benefits.
- Increase the number of people who are supported to stop smoking
- Increase the number of people who are supported to eat well
- Improve screening & early detection e.g. cancer & type II diabetes

Support & Treatment

- Embed the Midway - Support self-management, understanding trauma & addressing inequalities
- Increase access to health and wellbeing support for people at higher risk of health inequalities including people in homeless accommodation, carers, people in receipt of drug and alcohol services or justice services and gypsy travellers.

Crisis & Emergency