Midlothian

Adult and Social Care Service Plan

2018-19

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1. ADULT AND SOCIAL CARE SERVICE OVERVIEW

Setting the Scene

This Service Plan has been developed and will be delivered during a time of continuing major change in public services. The new arrangements for integrated health and social care services went live on 1st April 2016. Services to offenders have been reorganised to be delivered locally through the new Community Justice Partnership which took effect from 1st April 2017. Partnership working is vital to the preventative agenda in health and care and the Community Empowerment Act 2015 makes it clear that Community Planning is the process by which public bodies must work together and with community bodies to plan for, resource and provide services. This changing landscape is taking shape during a climate of very severe financial constraints with real reductions in the Local Authority and NHS Lothian budgets.

Midlothian Strategic Plan and Client Group Plans

It is now a legal requirement to produce a Strategic Plan for Health and Social Care. The 2016-19 Strategic Plan, and the accompanying 2017-18 Delivery Plan, provide the basis for this service plan. There are a number of key themes in the Strategic Plan which require us to place greater emphasis upon delivering services which address health inequalities; support people with long term conditions; give priority to public protection; ensure coordinated care; and recognise the crucial role of unpaid carers. As part of our local reorganisation services will be planned and delivered for older people and for adults with disabilities, long term conditions and/ or ongoing health issues. The service plan has been written to reflect these new arrangements. This service plan has also been informed by three new action plans/strategies addressing the needs of disabled people, people with sensory impairment and unpaid carers.

Consultation

There is a well-established programme of public engagement including surveys and public engagement events. Over the past year we held events for older people, disabled people, people with sensory impairment and people with mental health problems. To support the ongoing engagement of the public the Hot Topics Health and Social Care forum is now well-established. Given the local concerns about both Primary Care and the provision of Care at Home services these have been the focus of public engagement including through the Hot Topics forum, and meetings with Community Councils.

Equalities

The major new responsibility of the Integration Joint Board is to address Health Inequalities. This is being pursued in close collaboration with other Community Planning partners who have agreed that addressing inequalities is its main objective during 2016-19.

Sustainability

The objective of integration is to ensure long term sustainability of health and care services in the face of growing demand, ageing and increasing population, and reducing finance. This will be achieved through a greater emphasis on prevention and recovery; through a more skilled and flexible workforce; through stronger working with local communities; through innovation and the application of technology; and by designing more cost effective ways of supporting people with very high levels of need.

2. KEY SUCCESSES IN 2017-18

- The move towards more integrated health and care arrangements is evidenced in a range of joint plans including an Annual Delivery Plan, a Property and Housing Strategy, a Financial Strategy, an Annual Performance Report, and a Workforce Framework. These all help underpin a joint approach to the delivery of health and care services. The next stage will be the implementation of more integrated management arrangements which will facilitate the delivery of more seamless frontline services.

- There has been a continued emphasis on preventative services including local area coordination, day services and the Ageing Well programme. Alongside this there has been continued development of more intensive services to avoid hospital admission, support discharge and enable rehabilitation. Capacity in Highbank Intermediate Care, and Hospital at Home has increased while NHS rehabilitation beds are now provided locally in the Community Hospital. Developments within care homes include video conferencing and NHS nursing staff joining the team in Newbyres Care Home.

- A Learning Disability Day Services Policy and Strategy is now progressing to the implementation phase with plans being progressed to increase the range of day services being provided within Midlothian. Teviot Court, the development of 12 houses for people with complex care needs in Penicuik, is complete and being occupied in a phased approach. An ongoing review of care packages is being progressed to ensure individuals are receiving the right level of support to meet their needs.

- Progress has been made in providing services to people with sensory impairment including batteries and a volunteer repair service for people with hearing impairment provided through Council Libraries; an awareness raising programme for staff in a variety of public services; and the co-location one day a week of staff from the specialist voluntary organisations within the Community Care Team in Fairfield House.

- A new strategy for unpaid carers was developed and work undertaken to prepare for the implementation of the new Carers Act from the 1st April 2018 including arrangements to support carers to develop emergency Carer Plans, an issue which has concerned local carers for some time.

- The Mental Health Access Point and the Wellbeing Service have increased our capacity to respond proactively to people with complex lives and common mental health needs while the Council's agreement to fund a Recovery Hub provides a very welcome opportunity to develop more integrated services in Mental Health, Substance Misuse and Services for Offenders.

3. SERVICE CHALLENGES AHEAD

This coming year will continue to entail wide ranging transformation in both organisation and delivery of health and social care services. To ensure a managed approach to these changes a Transformation Board, Realistic Care Realistic Expectations, has been established. The transformation of social care is also being overseen by the Council Transformation Board Organisationally changes continue to be made both managerially and in front line services to

strengthen a more integrated approach to health and social care. In relation to offender services alongside the move towards more localised governance and strategic planning arrangements, there will be a concerted effort to address the underlying causes of offending including substance misuse and mental health needs. The move to the provision of a Recovery Hub provides a great opportunity to strengthen services to people with mental health needs, substance misuse needs and people involved in the criminal justice system.

In this climate of major change and constrained resources there is an even greater emphasis on being able to demonstrate the impact and efficiency of the ways in which resources are used. Effective performance management will include not just collecting data but analysing the reasons for changing performance and finding ways of collating service user experience.

The changing demographics, a growing and ageing population, alongside a reducing financial envelope mean it is essential that we change the emphasis of service delivery towards prevention; recovery wherever possible; and care and treatment at home. This shift has major implications in relation to workforce-recruitment, retention, skill mix and partnership working.

In relation to older people we know that there will be many more people who are frail, have dementia and/or are living longer with multiple long term conditions. We also know that isolation and loneliness are widespread and is detrimental to mental and physical wellbeing and we must redouble our efforts working closely with natural communities to prevent and militate against the impact of people living on their own and restricted in their ability to have meaningful contact with others.

There is a growing recognition that mental health needs have an impact on physical wellbeing and can be a major factor for people who misuse alcohol or drugs, are homeless or are involved in offending behaviour.

The financial constraints facing the Partnership mean it is critical that we review and redesign how we provide services to people with complex care needs. Some packages of care are in excess of £250k per annum and approximately 35 service users account for over £5m of the community care annual budget of £39m. Considerable progress has been made in 2017-18 with the opening of the 12 bedded unit in Penicuik for people with complex needs; exploring further housing models will be critical in meeting this challenge.

4. SERVICE WIDE PRIORITIES

Locality Working: One of the key objectives of integration is to improve the delivery of more joined up care to service-users. This requires more effective working at a local level including stronger working at community level between social care, primary care and independent providers and more localised delivery of NHS Lothian services.

Wellbeing: The emphasis on prevention must be translated into services which support this approach. Reducing isolation; supporting people with common mental health problems; and easy access to advice on physical activity and healthy eating are all approaches which we must strengthen.

Health Inequalities: One of the main objectives of Integration has been to bring fresh energy and a new approach to addressing health inequalities. Whilst this is heavily dependent upon the broader Community Planning Partnership being able to address poverty and unemployment, social care services can play an important role in work with individuals and by targeting resources to areas/client groups particularly vulnerable.

Public Protection: Protecting people from any form of abuse remains a key responsibility of social work alongside an increasing role for health staff. We continually seek to strengthen practice through training, improved interagency working and systematic auditing.

Workforce planning and development: Ensuring the recruitment and retention of a skilled committed workforce is critical to the successful delivery of social care services. Work will continue on the Organisational Development Programme for Integration. We have recently established a Midlothian Council SVQ Centre and have collaborated with NHS Lothian to deliver SVQs for their new Modern Apprenticeship Healthcare Support staff (18 staff). There remains a continuing need to reduce the costs and impact on service delivery of staff absence rates.

Assessment and Care Management: There is a need to establish ways of working which provide more coordinated care; provide greater continuity of care; and supports the approach which anticipates changing needs through emergency planning and anticipatory care planning. Crucially we must enable a shift towards more "Realistic Care" given the very significant pressures there are on both budgets and our workforce capacity.

Wellbeing Service: We will aim to identify sufficient funding to maintain and extend the Wellbeing Service to all 12 GP Practices following the very positive evaluation of the service piloted in 8 Practices.

5. SERVICE SPECIFIC PRIORITIES

OLDER PEOPLE

Reducing Avoidable Admissions and Unnecessary Delays in Acute Hospitals: This remains a key priority as there is considerable scope to improve the efficiency of the health and care system. We will continue to meet the national delayed discharge target of two weeks and work as fast as we can towards the 3 day target. Alongside this we will strengthen services to reduce the incidence of repeat emergency admissions through MERRIT, prevention of falls and anticipatory care planning.

Promoting Wellbeing and Recovery: Longer term there is no doubt that we must enable people to stay well; recover from periods of ill health; and live well with Long Term Conditions. Strengthening responses to isolation and increasing our capacity to provide local rehabilitation including through Intermediate care will be vital.

Supporting People with Dementia: The single biggest impact of an ageing population is the increasing numbers of people with dementia which is set to double over the next 20 years. The establishment of a Single Dementia Team, the redesign of Newbyres, Service initiatives flowing from the 8 Pillars Dementia Demonstrator project, and reviewing our

care home model to progress to a proactive multidisciplinary model, including physical and mental health and wellbeing, are all key actions to help respond to this growing need.

ADULTS

Supporting People with Long Term Conditions: There is a growing recognition that the national and local focus on the needs of older people has perhaps masked the needs of younger people living with long term conditions. We know this is more common for people living in relative poverty and is often associated with low level mental health problems. A range of initiatives including House of Care and the TCAT project (cancer) will help provide a more proactive approach.

Common Mental Health Problems: Services for people with acute mental health needs are well organised and effective in supporting people outwith hospital settings. The high level of people with common mental health needs such as anxiety, depression is reflected in 16% of the population being on medication as a result. Further work with the voluntary sector will be the main route to adopting a more proactive approach including for people with both mental health and substance misuse problems.

Reshaping Substance Misuse Services: The direction of travel is to give much more priority to supporting recovery through initiatives such as peer support. The other key challenge is to finalise the redesign of services to accommodate the reduction in the budget allocated by Scottish Government.

Transforming Learning Disability Services: Community based services for people with learning disability can be very expensive for those people with complex needs. We will continue the transformation of local services including through the provision of redesigned day services and services offering positive behavioural support.

6. KEY ACTIONS FOR 2018-19

SERVICE WIDE

Health Inequalities

- Participate in the area targeting project.
- Undertake training on inequalities and poverty.
- Maintain and strengthen links with new local services e.g. Community Health Inequalities Team and the Thistle Project.

Assessment and Care Management

- Following the completion of the management review we will continue to strengthen multiagency arrangements and more localised approaches.
- Continue to address waiting times for Occupational Therapy and Social Work.
- Establish sustainable ways of undertaking care package reviews.

- Work more effectively with health colleagues in areas such as learning disabilities.
- Contribute to anticipatory care planning to ensure plans reflect both health and social care needs including the application of technology.
- Implement the new requirements under the Carers legislation including emergency planning arrangements.
- Arrange care packages in a way which maximises the capacity of families and communities as well as recognising the severe financial constraints.

Technology

As part of a broader approach to the application of technology in health and social care we will pursue the following specific projects.

- Frailty - Identify at an earlier stage people who are frail in order to proactively provide support.
- Data Visualisation - Explore creation of a social care data set to support business intelligence and therefore service planning.
- Analogue to Digital – Progress preparation of a replacement plan for analogue telecare equipment which will become obsolete due to upgrade of national telecom structure by 2023.

Carers

- Continue to work with voluntary organisations.
- Seek to identify hidden carers.
- Redesign the approach to carers support plans in light of the new carer's legislation.
- Implement a more structured and comprehensive approach to the provision of emergency planning for carers.

Locality Working

In order to develop a more locally sensitive and connected service a pilot project in Penicuik, with the support of the national Collaborative Leadership Programme, is underway.

OLDER PEOPLE

MERRIT

Strengthen the Respiratory pathway including the COPD Advanced Physiotherapy service, supported by additional nursing input, including anticipatory care nursing support.

Hospital at Home Team, Highbank and Midlothian Community Hospital

Review intermediate care pathways to ensure that people access the service most appropriate to their needs.

Highbank

Consider the outcome of the feasibility study to re-provide intermediate care facilities at Highbank.

Falls Strategy

Develop and implement a Falls Prevention Strategy.

Day Support

Strengthen day support services to reduce isolation. This will include exploring how to increase the involvement of volunteers. This issue will link to the work being undertaken in Penicuik with housebound people and also to the *eFrailty* project designed to identify frail people.

Extra Care Housing

Prepare for the re-provision of special accommodation in Gore Avenue and develop more specific plans for the provision of extra care housing for older people in Dalkeith.

Care Homes

Review the current capacity and quality of local provision with a view to developing a local commissioning strategy in collaboration with neighbouring Authorities.

Care at Home

Finalise the full review of Care at Home and establish new models of care that supports a sustainable approach to the delivery of care at home, reflecting both internal and external provision. This should both generate efficiencies as well as improving quality and capacity.

Frailty

Work with Primary Care to provide a proactive approach to people identified by GPs as being frail, through the development of the e-frailty project.

ADULTS UNDER 65

MENTAL HEALTH

Early Intervention Mental Health

Consider how best to mainstream the service provided through the Mental Health Access Point.

Physical Health Mental Health

The Communities Health Inequalities Team will continue to find ways of supporting people who are hard to reach.

Self-Management Mental Health

Look to identify resource to mainstream the Wellbeing Service in all 12 Health Centres.

Recovery Hub
Implement a Recovery Hub for people with mental health and/or substance misuse needs.

Working with People in Crisis
Review and strengthen our support arrangements for people in crisis including those for whom the Police are the first line of response.

Trauma
Develop and implement a strategy to address the needs of people whose lives continue to be affected by earlier trauma.

LEARNING DISABILITY

Complex Care
Review the new 12 new homes specifically to meet the housing needs for people with complex learning disabilities with a view to providing similar services to people living in their own homes or in residential settings.

Challenging Behaviour Service
Develop a robust local challenging behaviour service.

Day Services
Complete the review and redesign of day services reducing costs including transport.

Reviews
Continue the programme of reviews of all high packages of care and establish long term sustainable arrangements for reviews.

SUBSTANCE MISUSE

Substance Misuse Service Redesign
In view of the Scottish Government decision to reduce funding to Drug and Alcohol Partnerships we will continue to reshape services to ensure services are provided within budget in 2018-19.

Recovery Networks and Peer Support
Continue to shift our use of resources to services which support recovery including peer support such as the recovery café.

OFFENDERS

Health Inequalities
Work with the Communities Health Inequalities Team to help address the poorer health experienced by people who have offended.

Domestic Abuse
Improve staff awareness and responses to domestic abuse.

Rape
Strengthen our response to people who have been victims of rape including joint work with the specialist voluntary organisation.

LONG TERM CONDITIONS, DISABILITY & SENSORY IMPAIRMENT

Cancer
Plan how best to maintain a service to people with cancer following the cessation of the TCAT Project building on the new "Improving the Cancer Journey" programme being undertaken in collaboration with Macmillan.

Employment
Continue to work with the employability service and specialist employment agencies in sensory impairment, cancer etc.

Audiology
Fully implement plans for the local provision of audiology clinics and hearing aid repairs.

Sensory Impairment
Finalise arrangements for more localised provision of fieldwork services provided by Deaf Action and RNIB and also prepare for the implementation of the British Sign Language Bill.

7. MANAGEMENT ARRANGEMENTS AND RESOURCES

In keeping with the drive to develop more integrated Health and Social Care Services management arrangements will be reshaped and put in place early in 2018-19. Self-evaluation and Team Development will be key approaches to ensuring these new organisational arrangements lead to improved service delivery.

During 2017-18 there has been a range of activities undertaken which fall within the broad principles of self-evaluation whereby we have sought to look critically and with fresh eyes our effectiveness across a range of services. Within public protection we have reviewed our effectiveness as a relatively new multiagency partnership with particular emphasis upon Adult Protection in advance of the Care Inspectorate inspection.

At an individual service level the registered services have undertaken **self-assessments** in preparation of Care Inspectorate visits. We have also reviewed our approaches to workforce planning and to the allocation of resources through the Realistic Care Realistic Expectations Programme Board.

As key elements of our transformation we have also undertaken specific **self-evaluation** exercises in areas such as Learning Disability Day Services; Care at Home; and Outcomes Based Assessment Work is underway to review our approach to the provision of services in mental health, substance misuse and criminal justice in advance of the establishment of a Recovery Hub.

MIDLOTHIAN COUNCIL

Adult and Social Care

	Budget	
	2017/18	**2018/19**
SERVICE FUNCTION	**£**	**£**
Addictions	29,701	29,266
Assessment and Care Management	3,115,492	3,181,706
Criminal Justice	(4,262)	(2,153)
Learning Disability Services	11,298,782	12,490,468
Management and Administration	97,485	101,364
Meldap	165,298	191,175
Mental Health Services	767,072	764,042
Non Specific Groups	1,056,646	1,056,190
Older People	16,267,406	17,102,105
People with AIDS/HIV	(32,778)	(32,778)
Performance and Planning	576,439	586,451
Physical Disability Services	3,302,227	3,294,892
Public Protection	390,073	397,471
Service Management	268,486	294,307
Strategic Commissioning	280,810	295,430
NET EXPENDITURE	**37,578,878**	**39,749,938**
SUBJECTIVE ANALYSIS		
Employee Costs	15,128,656	15,680,716
Premises Costs	123,392	162,142
Transport Costs	813,510	805,429
Supplies and Services Costs	926,763	933,629
Third Party Payments	38,179,752	39,805,218
Transfer Payments	13,045	13,045
GROSS EXPENDITURE	55,185,118	57,400,178
INCOME	17,606,240	17,650,240
NET EXPENDITURE	**37,578,878**	**39,749,938**

8. PERFORMANCE MANAGEMENT

Performance is increasingly monitored and managed by the Health and Social Care Partnership and Integrated Joint Board to inform future service delivery. Performance is jointly managed across Adult Health and Social Care.

Service performance is reported in the quarterly performance reports and these reports can be found online at https://www.midlothian.gov.uk/downloads/download/90/service_plans

Midlothian Council along with Community Planning partners has integrated the Local Outcome Improvement Plan into a single document – the **Single Midlothian Plan** (SMP). This approach signals the significant shift towards the need to ensure that Community Planning is at the core of all Council activities.

Service Plans provide a link to the local outcomes contained within the commitments of the SMP, also any relevant legislation that is specific to the Service and to the strengths and improvement activities identified as part of self-evaluation. The SMP provides the framework and direction of travel for the Councils' Transformation Strategy.

The SMP outlines the public's, Council's and partners short, medium and long term priorities by reflecting the Council's priorities and partners contributions to the Single Outcome Agreement . The Midlothian Community Planning Partnership undertakes an annual data gathering exercise to produce the 4 Midlothian Profile. This is used as the starting point of the annual strategic assessment undertaken by the Community Planning Partnerships five thematic groups.

The **Midlothian Councils Balanced Scorecard** approach provides the Council with a strategic performance management tool which allows each service area to consider and contribute to core Council outcomes and priorities in terms of planning and performance management. The following shows the Balanced Scorecard perspectives that are applicable across the Councils Services. Those specifically relevant to Adult and Social Care are highlighted.

Customer/Stakeholder	**Financial Health**
▪ Improving outcomes for children, young people and their families ▪ **Ensuring Midlothian is a safe place to live, work and grow up in** ▪ **Creating opportunities for all and reducing inequalities** ▪ Growing the local economy and supporting businesses **Responding to growing demand for Housing and Adult Social Care Services**	▪ **Maintaining financial sustainability and maximising funding sources** ▪ **Making optimal use of available resources** ▪ **Reducing costs and eliminating waste**
Service Improvement	**Learning and Growth**
▪ **Improve Community engagement Strengthen partnerships** ▪ **Improve and align processes, Services and infrastructure** ▪ **Manage and reduce risk**	▪ **Develop employee knowledge, skills and abilities** ▪ **Improve engagement and collaboration** ▪ **Develop a high performance workforce**

Appendix A: The overall set of Single Midlothian Plan outcomes and priorities for 2016-19

Midlothian Community Planning Partnership Board agreed that all partners will focus for the 3 years on how they can contribute to:-	
1	Reducing inequalities in the health of our population
2	Reducing inequalities in the outcomes of learning in our population
3	Reducing inequalities in the economic circumstances of our population
Each Thematic group has identified their 3 year priorities which link to the 3 agreed priorities stated above.	
ADULT HEALTH AND CARE (AHC)	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People, including those with disabilities/long term conditions or are frail are able wherever possible, to live independently and in their own homes
3	Health and Social Care have contributed to reducing health inequalities
4	Unpaid carers are supported to look after their own health and wellbeing
COMMUNITY SAFETY (CS)	
1	Fewer people are victims of crime, abuse or harm
2	People feel safe in their neighborhoods and homes
3	Our communities take a positive role in shaping their future
GETTING IT RIGHT FOR EVERY MIDLOTHIAN CHILD (GIRFEMC)	
1	Children in their early years and their families are being supported to be healthy, to learn and to be resilient
2	All Midlothian children and young people are being offered access to timely and appropriate support through named person service
3	All care experienced children and young people are being provided with quality services
4	Children and young people are supported to be healthy, happy and reach their potential
5	Inequalities in learning outcomes have reduced
IMPROVING OPPORTUNITIES MIDLOTHIAN (IOM)	
1	Poverty Levels in Midlothian overall are below the Scottish average
2	Midlothian residents are successful learners and young people go on to positive destinations when they leave learning
3	There is a reduction in equality in health outcomes
4	Citizens are engaged with service development and delivery
SUSTAINABLE GROWTH (SG)	
1	New jobs and businesses are located in Midlothian
2	Midlothian's economic growth rate consistently outperforms the Scottish average
3	Midlothian is an attractive place to live, work and invest in
4	The gap between average earnings of the working age population living and working in
5	Environmental limits are better respected, especially in relation to waste, transport, climate
8	More social housing has been provided taking account of local demand
9	Homelessness has reduced, and people threatened with homelessness can access advice and support services

2018/19									
Action	Due Date	Performance Indicator	Target	Baseline	Previous Trend Data	Team	Managed By	Source	New indicator for 2018/19 yes/no
Service Priority : Health Inequalities									
Secure funding to maintain the Wellbeing Service and the Community Health Inequalities Team, and expand service to 12 GP Practices.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Mairi Simpson	H & SC data	n/a
Health and Homelessness action plan to be developed and approved.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Mairi Simpson	H & SC data	n/a
Develop plan to support people engaged with the Criminal Justice System in their access to health information/services.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Mairi Simpson	H & SC data	n/a
Service Priority: Assessment and Care Management									
Reduce the waiting times for occupational therapy and social work services.	31.03.19	Average wait time for occupational therapy services.	6 weeks	9 weeks Mar 2014	2015 - 2018	Adult & Social Care	Anthea Fraser	H & SC data	No
	31.03.19	Average wait time for social work services.	6 weeks	6 weeks Mar 2014	2015 - 2018	Adult & Social Care	Anthea Fraser	H & SC data	No
Strengthen joint working with Health colleagues.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Alison White	H & SC data	n/a
Contribute to the development of Anticipatory Care Plans , including through the involvement of of unpaid carers.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Shelagh Swithenbank	H & SC data	n/a
Continue to implement and monitor Self Directed Support	31.03.19	Improved reported outcomes by service users. (annual indicator)	TBD after Q4 data	87% 2014/15	2014 - 2018	Adult & Social Care	Shelagh Swithenbank	H & SC data	No, but changed to an annual indicator
	31.03.19	Increase % of people who feel they are participating more in activities of their choice. (annual indicator)	TBD after Q4 data	57.3% 2014/15	2014 - 2018	Adult & Social Care	Graham Kilpatrick	H & SC data	No, but changed to an annual indicator
	31.03.19	The proportion of people choosing SDS option 1.	data only	n/a	2015 - 2018	Adult & Social Care	Graham Kilpatrick	H & SC data	No
	31.03.19	The proportion of people choosing SDS option 2.	data only	n/a	2015 - 2018	Adult & Social Care	Graham Kilpatrick	H & SC data	No
	31.03.19	The proportion of people choosing SDS option 3.	data only	n/a	2015 - 2018	Adult & Social Care	Graham Kilpatrick	H & SC data	No
	31.03.19	The proportion of people choosing SDS option 4.	data only	n/a	2015 - 2018	Adult & Social Care	Graham Kilpatrick	H & SC data	No
Service Priority: Supporting Service Users Through the Use of Technology									
Agree the viability of switching the current telecare provision from an analogue based system to a digital service.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Matthew Curl	H & SC data	n/a
Explore the use of assistive technology, such as telecare monitoring, for supporting people with learning disabilities in need of overnight support.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Matthew Curl	H & SC data	n/a
Extend the care home video conferencing programme to pilot Out of Hours GP telehealth assessment at Drummond Grange for 6 months to evaluate the benefits to patients and services.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Matthew Curl	H & SC data	n/a
Service Priority: Carers									
Demonstrate a strengthened approach to early identification and awareness raising of carers, including self-identification.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Shelagh Swithenbank	H & SC data	n/a
Monitor response to demand for completion of adult carer support plans to inform future service delivery.	31.03.19	Monitor the number of carers receiving an adult carer support plan of their care needs.	data only	n/a	n/a	Adult & Social Care	Shelagh Swithenbank	H & SC data	Yes
Progress implementation of the Carer's Emergency Planning toolkit.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Shelagh Swithenbank	H & SC data	n/a
Service Priority: Older People									

Establish an integrated approach to discharge access pathways for intermediate care.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Anthea Fraser	H & SC data	n/a
Development of a project plan to progress the reprovision of Highbank Care Home into a purpose built intermediate care home.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Anthea Fraser	H & SC data	n/a
Encourage and support staff to consider suitable pathways as an alternative to care at home to prevent hospital admissions.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Anthea Fraser	H & SC data	n/a
Develop detailed plans for the expansion of extra care housing in areas such as Dalkeith and Bonnyrigg.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Anthea Fraser	H & SC data	n/a
Install a continuous improvement approach with the Care at Home in-house services and partnership approach with external providers.	31.03.19	Number of indiviudals receiving care at home.	data only	n/a	n/a	Adult & Social Care	Anthea Fraser	H & SC data	Yes
	31.03.19	Number of people waiting for a package of care.	data only	n/a	n/a	Adult & Social Care	Anthea Fraser	H & SC data	Yes
	31.03.19	Reduce the number of patients delayed in hospital for more than 72 hours at census date.	data only	data only	2015 - 2018	Adult & Social Care	Jamie Megaw	H & SC data	No
Service Priority: Mental Health									
Recruit volunteer and peer support in the future development of the Mental Health Access Point.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Tom Welsh	H & SC data	n/a
Develop new specialist employment project for people with mental health issues.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Tom Welsh	H & SC data	n/a
Develop a collaborative model of service delivery for the Recovery Hub which will bring together Mental Health, Substance Misuse and Criminal Justice Services, including third sector partners, together.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Martin Bonnar	H & SC data	n/a
Service Priority: Learning Disability									
Establish plans for local provision of positive behavioural support service in Midlothian.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Graham Kilpatrick	H & SC data	n/a
Baseline the number of care packages without assessment or review in agreed timescale and put in place an implementation plan to reduce the number outside timescale.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Graham Kilpatrick	H & SC data	n/a
Commissioning of new and existing day services to increase range of day service options available within Midlothian.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Graham Kilpatrick	H & SC data	n/a
Continue the programme of reviews of all high packages of care.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Graham Kilpatrick	H & SC data	n/a
Service Priority: Adults Substance Misuse									
Reshape local services to reflect changes in funding and emerging National priorities.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Martin Bonnar	H & SC data	n/a
Service Priority: Adults Offenders									
Review the functions of Community Justice and Community Safety to develop an integrated service approach.	31.03.19	n/a	n/a	na	n/a	Adult & Social Care	Margaret Brewer	H & SC data	n/a
Develop interventions to non-Court mandated domestic abuse perpetrators referred through the Safe and Together approach.	31.03.19	n/a	n/a	na	n/a	Adult & Social Care	Margaret Brewer	H & SC data	n/a
Continue to implement and expand the Spring Service provision in line with funding.	31.03.19	Numbers accessing SPRING service. (cumulative)	data only	n/a	2016 - 2018	Adult & Social Care	Margaret Brewer	H & SC data	No
Continue to develop multi-agency arrangements to include violent offenders.	31.03.19	Monitor the number of violent offenders with MAPPA involvement.	data only	n/a	2016 - 2018	Adult & Social Care	Margaret Brewer	H & SC data	No
Service Priority: Adults with Long Term Conditions, Disability and Sensory Impairment									

Develop the Midlothian Obesity and Type 2 Diabetes Strategy.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Mairi Simpson	H & SC data	n/a
Continued provision of sensory impairment awareness raising sessions.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social	Jayne Lewis	H & SC data	n/a
Contribute to the development of a plan for the new British Sign Language legislation.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Jayne Lewis	H & SC data	n/a
Evaluate the success of the revised Adaptation Policy for people with physical disabiltiies and collobrative working between Occupational Therapy and Housing.	31.03.19	n/a	n/a	n/a	n/a	Adult & Social Care	Anthea Fraser	H & SC data	n/a

Integrated Impact Assessment Form

Promoting Equality, Human Rights and Sustainability

East Lothian Council

Midlothian

Integrated Impact Assessment Form

Promoting Equality, Human Rights and Sustainability

Title of Policy/ Proposal	Adult and Social Care Service Plan
Completion Date	28-02-2018
Completed by	Alison White
Lead officer	Alison White

Type of Initiative:

Policy/Strategy ☐
Programme/Plan ☐ New or Proposed ■
Project ☐ Changing/Updated ■
Service ■ Review or existing ■
Function ☐
Other Statement of Intent……..

1. Briefly describe the policy/proposal you are assessing.

Set out a clear understanding of the purpose of the policy being developed or reviewed (e.g. objectives, aims) including the context within which it will operate.

The Adult & Social Care Annual Plan outlines the key challenges and planned developments in 'Community Care' and 'Criminal Justice'. It also seeks to measure the impact the service will have on users and carers through a suite of performance indicators; this entails setting targets for improvement in critical areas of activity

2. What will change as a result of this policy?

3. Do I need to undertake a Combined Impact Assessment?

Midlothian Integrated Joint Board (IJB) has a three-year strategic plan, which has an Integrated Impact Assessment (IIA). This plan clarifies the council's actions and responsibilities within the current year. There is significant transformation planned within the year to ensure financial targets are met and that services continue to meet needs and improve outcomes at an individual and community level. This includes the delivery of the recovery hub, improving services across Mental Health, Substance Misuse and Criminal Justice. There is also major work on redesigning how we support older people, particularly in relation to care at home.

High Relevance	**Yes/no**
The policy/ proposal has consequences for or affects people	Yes
The policy/proposal has potential to make a significant impact on equality	Yes
The policy/ proposal has the potential to make a significant impact on the economy and the delivery of economic outcomes	No
The policy/proposal is likely to have a significant environmental impact	No
Low Relevance	
The policy/proposal has little relevance to equality	No
The policy/proposal has negligible impact on the economy	Yes
The policy/proposal has no/ minimal impact on the environment	Yes
If you have identified low relevance please give a brief description of your reasoning here and send it to your Head of Service to record.	

If you have answered yes to high relevance above, please proceed to complete the Integrated Impact Assessment.

4. What information/data/ consultation have you used to inform the policy to date?

Evidence	**Comments: what does the evidence tell you?**
Data on populations in need	There is significant demographic increase both in terms of older people and in terms of younger people with complex and multiple disability.
Data on service uptake/access	We have seen increasing demand on services at a time of pressures in recruiting care staff.
Data on quality/outcomes	The service has a range of performance measures that ensure that we monitor access to service and outcomes because of these services. A quarterly quality improvement meeting addresses any areas of concerns and shares good practice.

Research/literature evidence	Practice is clearly linked to evidence, and ongoing learning and development opportunities are available for staff to ensure that they are aware of changes.
Service user experience information	This is monitored through surveys, regular consultation events and as part of individual reviews to ensure outcomes are being met.
Consultation **and involvement** findings	There is ongoing work to engage and consult through a variety of mechanisms.
Good practice guidelines	A range of bitesize training is available to ensure that staff are aware of good practice guidance. We ensure a practitioner led approach to implement service changes.
Other (please specify)	Significant work was undertaken to complete a needs assessment for the IJB which ensures clear local data to help shape service design and delivery.
Is any further information required? How will you gather this?	No

5. How does the policy meet the different needs of and impact on groups in the community?

	Comments – positive/ negative impact
Those vulnerable to falling into poverty • Unemployed • People on benefits • Single Parents and vulnerable families • Pensioners • Looked after children • Those leaving care settings (including children and young people and those with illness) • Homeless people • Carers (including young carers)	Due to the nature of the services included within this plan all listed categories have the potential to be impacted. This plan hopes to address areas of inequalities and improve outcomes for affected groups.

• Those involved in the criminal justice system • Those living in the most deprived communities (bottom 20% SIMD areas) • People misusing services • People with low literacy/numeracy • Others e.g. veterans, students	
Geographical communities • Rural/ semi rural communities • Urban Communities • Coastal communities	All communities are served irrespective of geographical location

6. **Are there any other factors which will affect the way this policy impacts on the community or staff groups?**
   No

7. **Is any part of this policy/ service to be carried out wholly or partly by contractors?**

   If yes, how have you included equality and human rights considerations into the contract?

Around 63% of service delivery is provided by the private, voluntary and third sector. Issues of equality are addressed within contracts and at regular contract management meetings.

8. **Have you considered how you will communicate information about this policy or policy change to those affected e.g. to those with hearing loss, speech impairment or English as a second language?**

   The service has lead responsibility for sensory impairment and has developed the local strategy as a result of the See Hear national strategy. Awareness training has been developed for staff.

   Information published by Midlothian Council can be provided on request in many of the community languages and also in large print, Braille, audio tape or BSL. For more information, please contact the Equality , Diversity & Human Rights Officer on 0131 271 3658 or equalities@midlothian.gov.uk

9. **Please consider how your policy will impact on each of the following?**

Objectives	Comments

Equality and Human Rights	
Promotes / advances equality of opportunity e.g. improves access to and quality of services, status	This is central to the development of the service plan
Promotes good relations within and between people with protected characteristics and tackles harassment	The service works with the Public Protection team ensure that issues of harm are addressed.
Promotes participation, inclusion, dignity and self control over decisions	The approach to self directed support firmly embeds and outcomes focussed inclusive approach to service design. Co-production is central to our approach.
Builds family support networks, resilience and community capacity	Vocal (a voluntary organisation that provides support to carers) are commissioned to ensure that we provide appropriate levels of support to family carers.
Reduces crime and fear of crime	The reducing reoffending agenda will tackle this area of work.
Promotes healthier lifestyles including • diet and nutrition, • sexual health, • substance misuse • Exercise and physical activity. • Lifeskills	Health inequalities is a central theme of the policy.
Environmental	
Reduce greenhouse gas (GHG) emissions in East Lothian (including carbon management)	The IJB has produced a climate change plan. There is no impact as a result of this plan.
Plan for future climate change	
Pollution: air/ water/ soil/ noise	
Protect coastal and inland waters	
Enhance biodiversity	

Encourage resource efficiency (energy, water, materials and minerals)	
Public Safety: Minimise waste generation/ infection control/ accidental injury /fire risk	
Reduce need to travel / promote sustainable forms or transport	
Improves the physical environment e.g. housing quality, public and green space	
Economic	
Maximises income and /or reduces income inequality	Improvements to the living wage for care workers will have an impact on individuals and the local economy. Through work on apprenticeships, we are supporting young people into employment; we also offer a range of student placement opportunities. We continue to explore how to support people back into employment e.g. new developments within Mental Health with Occupational Therapists taking a lead is one example of this. We also support learning opportunities which help people develop the skills to get back into work
Helps young people into positive destinations	
Supports local business	
Helps people to access jobs (both paid and unpaid)	
Improving literacy and numeracy	
Improves working conditions, including equal pay	
Improves local employment opportunities	

10. Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005?

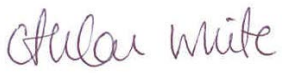
No

11. Action Plan

Identified negative impact	Mitigating circumstances	Mitigating actions	Timeline	Responsible person

None identified				

12. Sign off by Head of Service/ NHS Project Lead



Name Alison White
Date 14 March 2018