

Community Care Strategic Developments

Report by Eibhlin McHugh, Acting Director Communities and Wellbeing

1 Purpose of Report

This report summarises the key developments taking place locally in the delivery of joint strategies in community care.

2 Background

2.1 Older People: Planning services for Older People is a major national priority primarily because of the need to plan for demographic changes over the coming 10-15 years. Previous reports have sought approval for the local Joint Strategy 2011-15 and for the plans to develop innovative service redesign through the Government's Change Fund. The government now requires local Partnerships to compile 10 year Strategic Commissioning Plans and 3 year Implementation Plans.

2.2 Dementia: Strengthening services for people with dementia given the projected increase due to the rapidly ageing population is a major challenge facing statutory agencies and the community as a whole. Following the publication of the national Dementia Strategy, Midlothian was approved as one of three national demonstrator sites.

This project has been underway for a year and has attracted interest from elsewhere in the country for such innovations as the introduction of Family Group Conferencing and auditing all local dementia services against the national dementia standards. The project has included a research project by Queen Margaret University gathering evidence of the day to day experience of people living with or caring for someone with dementia. The major change now being planned is the development of a single multi-agency dementia service.

2.3 Physical Disability: In Midlothian, it is estimated that there are approximately 4790 people with a physical or complex disability. This includes sensory impairment (sight and hearing difficulties), neurological diseases (Multiple Sclerosis, Parkinsons Disease, Muscular Dystrophy etc), acquired brain injury, wheelchair users, stroke victims and long term conditions such as heart/lung disease.

There is no national strategy for this client group. Local developments have been guided by the Lothian Physical and Complex Disability Strategy (2008-2013) *Our Lives our Way* with the emphasis being on enabling people to live as normal lives as possible. Very recently a consultation event was held at Loanhead Miners with 60 participants attending including professionals, service users and carers. The purpose of the day was to create an 3 year Action Plan to guide the work of the Joint Physical Disability Planning Group which includes

representatives from community care, housing, transport, primary health and users and carers.

- 2.4 Mental Health:** Mental Health problems are very common affecting one in four people at some time in their lives. One in ten people in Midlothian are prescribed medication for anxiety, depression or psychosis. Significantly fewer people are admitted to hospital compared to national averages. Locally services were redesigned 5 years ago for people suffering mental health difficulties shifting services away from hospital care to the community. The focus now is on improving prevention. A new 5 year strategy-“A Sense of Belonging” has been developed for the people in the Lothian. This approach requires the active involvement of a wide range of agencies. Currently the Library Service operates the *Healthy Reading Scheme* while Regeneration provides employment training and support services.
- 2.5 Drugs and Alcohol:** The impact of misuse of alcohol or drugs is difficult to overstate in terms of health, crime and family life. Underage drinking is a major concern while a high proportion of victims of crime and of domestic abuse report that the offender was under the influence of alcohol or drugs. Locally arrangements for addressing the problem are managed by a multi-agency body –MELDAP (Midlothian and East Lothian Drug and Alcohol Partnership)- which oversees three sub groups dealing with prevention, treatment and recovery, and changing culture. The plans to improve access to services and the quality and effectiveness of service delivery are laid out in the 2012-2015 Delivery Plan. This includes strengthening school-based education programmes and protecting children living in families with problematic parental substance misuse.
- 2.6 Learning Disability:** The key policy driver for people with a learning disability is *The same as you?* launched in 2000 with the objective of ensuring that they are “included in, and are able to contribute to, society and they have a right to have a voice, support and to live the life of their own choosing”. Locally, services for people with a learning disability have undergone considerable change with many more people living in supported tenancies rather than in residential or hospital care and day services increasingly provided in the community. In June 2012 the Government announced its consultation on the future of services for people with learning disabilities highlighting such issues as the need to improve healthcare and access to employment. This will help inform the development of a local strategy for the coming 3-5 years. The key issue in Midlothian will be planning to provide local services for people with complex needs.
- 2.7 Carers:** A common theme running through each of these client group strategies is the vital importance of supporting informal carers. The Midlothian Carers Strategy was recently approved by both the Council and the CHP and on the 21st June it was publicly launched at a successful event at Loanhead Miners.

3 Report Implications

3.1 Resource

There are no new resource implications arising from this report.

3.2 Risk

Partnership working has been highlighted through both the Christie Report and more recently by the Government's announcement that it plans to bring forward legislation for the creation of Health and Social Care Partnerships. The absence of clear joint strategies risks statutory bodies delivering disjointed services which neither fully address national policies nor meet the expressed needs of Midlothian service users.

3.3 Policy

Strategy

These care group strategies are consistent with the overall ethos of Community Planning as well as helping to address the policy objectives laid out by Scottish Government. The Joint Improvement Team (Scottish Government) very recently announced the requirement to produce a Joint Commissioning Strategy and individual Strategic Commissioning Plans for each care group. The work described in section 2 provides the basis for the development of such commissioning plans.

Consultation

The development of strategies and programmes of major service redesign are always informed by extensive user and carer consultation and, as appropriate, more wide ranging public consultation

Equalities

There are no specific equalities issues arising from this report.

Sustainability

The financial sustainability of community care services is more likely to be achieved through the implementation of strategies which seek to maximise the potential of individuals to function independently. This is a recurring theme in each of the strategies outlined variously described as recovery or reablement and includes enabling access to services which enable people to live normal lives such as transport, housing, income and employment

4 IT Issues

There are no IT issues arising from this report.

5 Summary

At both national and local level there is a range of significant new strategies recently approved or in the process of being finalised. These have been agreed and are being implemented on a joint basis with all key partners. However their success is heavily dependent on harnessing the community planning approach which recognises the contribution of a wide range of agencies. More broadly there is need to accelerate the empowerment of individuals and communities through the implementation of such policies as Self-Directed Care, Co-production and Capacity Building. This will enable service users and local communities to more effectively support themselves rather than overly rely on public services.

6 Recommendations

Consideration is given to the following recommendation:

- i) To note and endorse the strategic planning being undertaken in community care
- ii) To agree to receive for consideration individual strategic commissioning plans as these are developed in line with Government policy.
- iii)

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