

Midlothian Council

Midlothian is a small local authority area adjoining Edinburgh's southern boundary, framed by the Pentland Hills in the West and the Moorfoot Hills of the Scottish Borders in the South. Most of Midlothian's population of 83,200 resides in or around the main towns of Penicuik; Bonnyrigg; Loanhead; Dalkeith; Newtongrange and Gorebridge. The southern half of the authority is predominantly rural, with a small population spread among a number of villages and farm settlements.

Some parts of Midlothian have seen increasing levels of economic deprivation with the associated social and health issues. This has become worse as a result of the economic downturn that began in 2009. Deprivation is most acute in the communities of Gorebridge, Mayfield & Easthouses and Dalkeith & Woodburn. There are also smaller pockets of deprivation within many of Midlothian's communities and in all communities there are households on low incomes, often combined with other issues such as disability; age; mental health; substance misuse; lone parenting or caring responsibilities.

Midlothian's population is growing. The most recent population projection predicts a population of 91,000 by 2035 (previously predicted as 76,000 by 2030). The 60+ age groups are growing in comparison with the rest of the population. Midlothian now has more pensioners than children. This is likely to have major implications for public services and for the local labour market.

Midlothian's current population is characterised by large young and retired segments, with the latter growing rapidly and becoming predominantly female as it ages. The impact of new-build family housing will tend to increase the younger and working age population. Taken together, this may mean radical change in the nature and volume of service demand.

Partnership Structures/Governance Arrangements

During 2013-14 we faced some very significant challenges at both an organisational and service level. Scottish Government's stated commitment to the integration of health and social care led to a decision to create a Midlothian Health and Social Care partnership. Eibhlin McHugh was appointed to the role of Joint Director of Health and Social Care, taking up post on 1st August 2013. Alongside this there were major organisational changes within the Council with the creation of a new senior management structure and the move towards the establishment of Integrated Support Services for functions such as administration and finance. In the new organisational arrangements we were very pleased that it proved possible to retain the strengthened links between adult care, housing and community safety alongside promoting integrated arrangements with health..

The CSWO role had been held throughout 2013/14 by Eibhlin McHugh, however it was deemed that with the change in her role as stated previously, the role should be held by another senior manager within the local authority. The role passed to Alison White, Head of Adult Social Care on 1st April 2014. In her role as CSWO she is a member of the Shadow Integration Board, the Critical Services Oversight Group and the Public Protection Committee. The post holder currently has direct line management responsibility for all Adult Social Work services and Criminal Justice Social Work. The CSWO meets regularly with the Head of Children's service to discuss any issues or areas of service development. A Changing Lives Overview Group involving managers from across adult, children and criminal justice social work service area meets quarterly with a focus on cross-cutting social work issues including learning and development..

Public sector partners have agreed to use the Single Midlothian Plan as the strategic context for their service planning in the area and a Chief Finance Officers' Group has been established, to align budgets with priorities and support the planning cycle. Within the community planning structure the 'Getting it Right for Every Midlothian Child' Board has responsibility for the overview of integrated children's services plan. Criminal Justice and Public Protection issues are monitored through the 'Safer Communities Group' and all other Adult Social Care issues are progressed and monitored through the 'Adult Health and Care Group'.

As the Integration agenda progresses the Joint Senior Health and Social Care management team is now co-located within Fairfield House in Dalkeith and regular Joint Management Team meeting ensure closer alignment of working practices.

There has been significant progress in developing user and carer involvement with public sector partners working closely together.

Social Service Landscape/Market

Midlothian's population is growing. There are now 83,000 people most of who live in the main towns of Bonnyrigg, Dalkeith, Newtongrange, Loanhead, Gorebridge and Penicuik. The population is expected to increase by 12% to 91,017 by 2035. Despite the recession there have been significant house building developments in most of Midlothian's communities. The new railway will make the area even more attractive to commuters to Edinburgh.

The population is also ageing with the proportion of older people likely to increase significantly over the next twenty years. By 2035 the number of people over 75 years will double whilst there will be almost 3 times as many people over 85 years-approximately 4,300, the vast majority of whom will remain living in their own homes.

While employment rates are above the Scottish average, 12.5% of the Midlothian population have a lower income than the national average. And poorer health is consistently associated with poverty. The economic downturn has had a particularly adverse effect on areas already suffering deprivation including parts of Gorebridge, Woodburn and Dalkeith.

Health inequalities are experienced in pockets in all parts of Midlothian often associated with age, disability, poor mental health and caring responsibilities. As is the case throughout Scotland death rates have been falling for many years. However there is scope for us to do much more in Midlothian.

The increasing numbers of very old people in our communities is an indication of improving health; people are living longer. However it is important they are helped to stay in good health. With increasing age comes the likelihood of suffering long-term conditions and requiring more frequent support from the health service and from social care services. If we do not place more effective emphasis on supporting people to stay well physically and mentally, and to recover from ill-health then demands for services will be unsustainable; without changing our approach we will, for instance, have to provide 300 more care home places over the next 20 years in Midlothian at an annual cost of £6m. Similar growth would be required in hospitals at a time when public finances continue to shrink.

While the creation of the new Health and Social Care Partnership focuses upon better joined-up working between health and social care, we know from many previous consultations with older people and people with disabilities, that other services are vital to their wellbeing. These include

access to financial advice, support to find employment, access to good information through libraries and access to leisure and recreation.

Alongside this multiagency approach, the increasing emphasis which is being placed on stronger communities and on prevention and early intervention, requires a stronger partnership with voluntary organisations and we are working with Midlothian Voluntary Action and the Volunteer Centre to find ways of working more effectively together.

There is a need to retain strong links between Adult and Children's Services. There are many areas of common interest. Children cared for by people with learning disabilities, mental health needs or substance misuse may need additional support. We are particularly concerned to strengthen support for young carers. And it is very important that we continue to develop more effective transition arrangements for children moving into adult care services.

The issue of substance misuse can be an emotive one-there is a tendency in the public mind to consider the problem as one which is self-inflicted and not fully appreciate the difficulties people have in dealing with their dependency. The impact of substance misuse is also not just on the individual but on their family and wider society. For instance 1500 children are estimated to live in households in Midlothian where one or both parents have some level of problematic alcohol abuse. The problem affects the quality of life and, eventually, the physical wellbeing of the individual; results in family breakdown; affects the sense of community and public safety; leads to crime etc. Midlothian residents accounted for 1233 discharges from hospital in 2012 following the abuse of alcohol- with a particularly high proportion from the Dalkeith area. There are also approximately 570 regular drug users in Midlothian- the impact on the user and their families can be equally devastating to the effects of alcohol misuse.

The challenges described can only be met by a fully-equipped and motivated workforce. We will also need to develop a greater sense of all staff across the different sectors working together as part of a whole, joined-up system. This will involve training and support as we move towards new models of care. It will also require effective recruitment and retention policies; in areas such as district nursing and home care we have an ageing staff group whilst in social care services generally there is a need to improve our retention of staff as high turnover is both wasteful of resources and disruptive to service users.

The increasing emphasis on self-management and self-directed support will require a cultural shift by us all towards a greater sense of working in partnership with patients/service users. The increased priority to be given to recovery will entail staff developing stronger motivational skills to work with people who may not have a lot of optimism about their future with the conditions they are trying to deal with, be they drug dependence, mental illness or cancer.

Finance

Locally the Council has, and continues to face severe reductions in its overall budget but has sought to protect social care budgets from the level of cuts required in other services. There is no doubt over the next few years that health and social care services will need to manage with reduced budgets, despite the ageing population and increased public expectations about service quality and accessibility.

During the period 2013-14 Children and Families budget reduced from £15,941,596 to £15,109,529; a reduction of £832,067. This was achieved through reviewing the way in which services are provided and ensuring that services are provided locally, particularly fostering and adoption

provision. In contrast the Adult Care budget has increased from £37,206,727 to 38,162,522; an increase of £955,825. This was to ensure that the demographic and budget pressures are able to be met effectively, including provision for uplift of the Care Home Contract, increasing care at home provision to meet demands in older people's services and the demands on services for young people coming into adult services with extremely complex and challenging behaviour.

Many changes in the delivery of community care services have been implemented which, as well as improving quality of life, will undoubtedly have resulted in savings albeit these have been difficult to quantify because they have been implemented as part of a whole system redesign. One example of such a change has been the increasing use of technology to monitor and ensure an early response to incidents of older people falling or wandering. This programme of transformation has been undertaken in an evolutionary manner which has entailed developing a culture of internal challenge to seek to deliver better quality services at lower cost. Transformation has included commissioning, service redesign, externalisation and internal reorganisation.

This transformation programme is a continuous one rather than a structured time-limited project. Critical to success has been a culture which encourages constant exploration and evaluation of costs and benefits throughout the service with an unrelenting focus on the delivery of outcomes. (This approach does not always sit easily with the necessity for robust financial planning, to provide, from the outset, firm commitments to specific savings targets to ensure the Council has a very clear plan for financial sustainability over the coming years.)

The service transformation programme in Community Care and Children's Services continues. There is a particular focus on learning disability services including, developing more efficient approaches to the delivery of care and, in the longer term, creating a local and more cost-effective service for people with complex care needs, with the objective of saving £500,000 per annum.

The integration agenda with the health service may also create new opportunities for more efficient and effective working although realistically this is more likely to enable the sustainability of health and care services in the face of dramatically increasing demographic pressures.

Finally the application of the principles of prevention, local access to services and coproduction along with greater priority on addressing health inequalities, will in time, reduce reliance on public services. However this can only be managed on the basis of a commitment to this vision of public service delivery and realistically cannot be relied upon in the short-term as a solution to the shortfall in public service funding.

Performance

Service performance is reported quarterly via quarterly performance reports. Performance information is also included in the Midlothian News (e.g. annual performance supplement in the Autumn).

Quarterly performance reports can be found online at:

<http://www.midlothian.gov.uk/performance>

Copies of Midlothian News can also be found on the Council website / intranet.

Older People

The Older People's Strategy 2011-15 outlines the implementation of the "Reshaping Care for Older People" agenda in order to support more older people to live as independently as possible for as long as they can. The plan includes a specific focus of those affected by dementia with the recent development of an integrated dementia team. Cowan Court, a state of the art extra care housing resource was opened offering 32 specially designed, barrier free flats around a central hub. Over the past six years there have been radical changes to the design of Community Care services with many more people supported at home and enabled to participate in socially inclusive activities. This has included the creation of such services as Rapid Response and Reablement and a rapid expansion of the application of new technology-'telecare'.

The key performance data include

1. Reducing reliance on long stay hospital provision with 53 less beds than in 2007
2. Reducing reliance on care home provision for older people with 400 places in 2013 compared to 477 in 2007 despite the aging population
3. Reduced number of patients whose discharge from hospital has been delayed from 66 over 6 weeks in 2003 to 0 over 4 weeks in 2013
4. Reduction in length of stay in care home from 2.2 years to just over a year

Carers

The vision in the Carers' Strategy is that carers are valued as equal partners, feel supported to effectively manage their caring role and are able to have a life outside of caring. The action plan continues to be informed by representatives of carers groups on the Carers Strategy Group. A new Carers Centre in Eskbank was opened in October 2013. The Centre will allow VOCAL, the carers organisation and partner agencies to provide a wider range of support to more carers than ever before. The Centre will offer carers training, counselling, access to short breaks, expert advice, advocacy and one to one support.

Disabilities

Midlothian Joint Physical Disability Action Plan was developed in collaboration with professionals, service users and carers and outlines the programme of work for the Physical Disability Planning Group between 2012-2015. The development of a new local Learning Disability Strategy is underway, providing a context to work to improve outcomes for people with learning disabilities in Midlothian. Meanwhile the Learning Disability Planning Group is leading on a number of workstreams to improve the lives of people with learning disabilities living in Midlothian including tackling 'Hate Crime', internet safety and promoting healthy living. Particular emphasis has been focused on improving the transition of young people into adult services.

Mental Health

'A Sense of Belonging' is the joint strategy for improving the mental health and wellbeing of people living in the Lothians which is overseen locally by the Mental Health Planning Group. Alongside this the 'Choose Life' suicide prevention programme remains a priority.

People affected by drug and alcohol misuse

Midlothian and East Lothian Drug and Alcohol Partnership's delivery plan outlines the partnership's plans to deliver the vision of a 'healthier, happier and safer East Lothian and Midlothian, free from the harm caused by alcohol and drugs misuse where integrated coordinated and high quality services are based around the needs of individuals, families and communities'. There is a significant focus on a move to recovery based provision including the development of a recovery cafe and a recovery college.

Children and Families

Using a strength based approach to child protection we have reduced the number of children on the Child Protection Register but are aware that our numbers are subject to peaks. We have worked with "With Scotland" to try to understand these variations. We are working on a number of actions to address our high numbers at IRD and CPR stages.

Our numbers of Looked After and Accommodated Children placed outwith Midlothian are gradually reducing reflecting our value base that a Midlothian child should remain in Midlothian. This reduction has been supported by an increase in kinship care placements and the excellent work undertaken by our family placement team to recruit foster carers. It also reflects a partnership with colleagues in schools that is leading to keeping children and young people in Midlothian. We have planned work to reduce our exclusions from school further and to increase the attainment levels of LAC & LAAC.

The Family Resilience Project is a pilot project that works intensively with 3 families within Midlothian. Adopting a whole system multi-agency approach, the project provides co-ordination and intensive support for the whole family. Agencies are actively involved in supporting the project. The project aims to reduce the number of fragmented episodic interventions for these families and instead promote longer term resilience and better outcomes. Outcomes are monitored and to date there is evidence of improved school attendance and reduction in levels of anti social behaviours.

Self Directed Support

During the year we tested Self-Directed Support systems with users and carers. The approach we took was to start small and develop the Midlothian approach based on feedback from people who have used it in order to drive continuous improvements.

A Reference Group was established involving, a group of people who use social care services or care for someone using social care services to advise on how Self Directed Support should work in Midlothian. The focus has been on ensuring all staff are working in an outcomes-focussed manner, changing the balance of power in the relationship rather than just on new processes and paperwork.

Statutory Functions

Public Protection

While structures in Public Protection have developed separately over time, the reality for most service users is that their needs often span more than one category, for example, many children or adults at risk of harm live in households where domestic violence is an issue. Whilst recognising important differences between the areas, as the public protection agenda has gathered momentum, partnership agendas reflected this common interest and showed significant overlaps. In view of this,

East and Midlothian Critical Services Oversight Group (CSOG), comprising Chief Officers of all constituent partner agencies, agreed to streamline the committee structures and establish a single Public Protection Committee.

East and Midlothian Public Protection Committee (EMPPC) was formally established in July 2014 and covers all functions and responsibilities of the Adult Protection Committee, the Child Protection Committee, the Offender Management Committee and the Violence Against Women Partnership, and maintains robust links with Midlothian and East Lothian Drug and Alcohol Partnership. The chair of the new Committee is the Assistant Director for Public Protection for NHS Lothian. To date East and Midlothian Public Protection Committee has met three times.

The Public Protection Team is now co-located in the Brunton Hall in Musselburgh and has strategic responsibility for Child and Adult Protection and Violence Against Women. MELDAP staff are now co-located with the Public Protection Team, and the next phase will see the police Public Protection Unit co-located as well. Improvement Plans are currently being developed in each of these areas and are reported via the Performance and Quality sub group of the EMPPC.

Reports will be submitted quarterly to EMPPC and CSOG (Critical Services Oversight Group) and it is planned to compile an annual report at the end of the year 2014-15 which will include all the public protection workstreams.

Adult Services

Links between statutory services and partners have strengthened in Midlothian during 2013/14. Criminal Justice, Child Protection and Adult Protections managers are involved in the MARAC (Expand) process. Police, Housing and Health staff also attend MARAC meetings and this multi-agency panel discusses how best to reduce the risk of harm to the most vulnerable victims of domestic abuse. The Criminal Justice Service Manager and the Housing Manager also attend the multi-agency MATAC (Expand) meetings, along with Health and police colleagues, to discuss how best to manage the risk posed by serious perpetrators of domestic abuse. These two monthly meetings are particularly welcome in a local authority where domestic abuse has a higher than national average prevalence.

During 2013/14 the Council responded to a major Government consultation about the future structure of Community Justice. Early discussions have taken place between partners about the formation of a shadow Reducing Reoffending Partnership which would operate for a year before the new structure comes into place in 2016/17, at which point the Community Justice Authorities will be abolished and community justice will fall within the remit of Community Planning Partnerships.

Criminal Justice social work, Children and Families and Community Care (mainly the Team Leader for Substance Misuse) are also involved in two new multi-agency meetings organised by Community Safety staff, the Anti-Social Behaviour and Violent Offender Monitoring Group and the Community Safety Delivery Group. The first of these meetings discusses individuals whose behaviour is causing concern in local communities and decides on what action should be taken and the second is an opportunity for partners to discuss general issues relating to community safety. It has therefore been possible for partners to share information and learn about new risks to communities such as those posed by new psycho-active substances (legal highs).

In relation to multi-agency management of registered sex offenders the MAPPA (Expand) process continues to work well in Midlothian. There have been no level 3 MAPPA cases during 2013/14 although one Level 3 meeting was held to plan for the potential release of an offender who would

have been managed at Level 3 on release; a decision was then made by the Parole Board not to release this individual.

Plans were made in 2013/14 for an innovative new service for women with multiple and complex needs, called the *Spring* service. The service itself started in June 2014 but a great deal of planning took place in the previous financial year. Criminal Justice social work in Midlothian and East Lothian has been supported by the manager of the Willow Service in Edinburgh to set up this new provision, as well as by Mary Beglan, from the Scottish Government. Health and voluntary organisations are also playing a valuable role in the new service. The service accepts referrals from mental health and substance misuse services as well as Criminal Justice social work.

Criminal Justice Social Work in Midlothian has jointly commissioned a new service with the City of Edinburgh Council and MHS Lothian to provide the Edinburgh and Midlothian Offender Recovery Service. This service started in April 2014 but the development of the service specification and the procurement process took place during 2013/14. The service provides arrest referral and voluntary throughcare as well as assistance to individuals in prison whose offending is related to substance misuse.

The integration of Health and Social Care provides an excellent opportunity going forward to provide a more co-ordinated and comprehensive service for individuals who are currently engaging with a number of separate services, such as mental health, criminal justice and substance misuse. Integration should enable us to respond more appropriately to individuals with dual diagnosis or co-morbidity, who have tended to fall between services in the past and who have struggled to access effective support as a result.

Children's Services

Midlothian Council Children & Family Social Work service is committed to partnership work with key agencies to support the children & families that we are involved with, we are committed to getting the best local outcome for all children and young people and we know that we cannot achieve this without links with colleagues. For all areas there are strong links with other statutory services. Examples are working with parents affected by domestic violence which entails close working with Criminal Justice Social Work, Health, Police and Education and participation in MARAC. When working with children affected by parental problem substance misuse, the partners are similar, there is a multi-agency screening group to identify supports for children affected by problem parental substance misuse. There is close working with Police, SCRA (Expand) and the COPFS (Expand) to address offending behaviours and to support young people and we are committed to the values of the whole systems approach to reduce the number of young people involved in the systems of Court or Prison by implementing early and effective interventions. Similarly with children/young people affected by disability we are committed to partnership with our colleagues in Adult Social Work services to smoothly manage transitions and to consistently apply an outcome-focused assessment process in line with self-directed support.

Continuous Improvement

Within adult services the role of quality assurance officer was created to monitor and review both in-house and commissioned services. This is in addition to the input of the lead officers for contracts and individual service reviews which continue to be led by social work staff. The QAO's works closely alongside the Care Inspectorate, sharing information to ensure people's outcomes are being met effectively. The creation of the Care Home Liaison Nurse role has enhanced capacity to both monitor and support appropriate care in all of the care homes locally. A Commissioning and Contracts group

evaluates and monitors all contracts and oversees the commissioning of social care services across both adult and children's services.

There were also significant shifts in emphasis regarding the key principles underpinning the delivery of social care services. There has been an increasing emphasis on preventing ill-health and contributing to the reduction of health inequalities in Midlothian. There is also a greater expectation that people should be supported to maximise their independence and their recovery be it from substance misuse, physical or mental ill-health, disability or involvement in the criminal justice system.

An outcome focus to assessments with children affected by disabilities has been emphasised within the last year. Early intervention and preventative work to continue to reduce the number of young people being accommodated has also been a priority

The annual service user and carer survey allows us to track how well our services are meeting the needs of the people of Midlothian and where we need to focus in the coming years. All of the strategies within Midlothian have had active involvement of service users and carers to ensure that all services are developed to meet local need.

Complaints

Whilst complaints remain low they are a useful tool to monitor performance and look for cross-cutting issues and themes. A common theme of complaints throughout the year centred around communication. This included the lack of/ or poor communication, but was often how people perceived what was being said. Feedback from line managers to staff involved was a common outcome and more widely this is being addressed through group supervision and team meetings. User and carer involvement in the development of learning and development courses will also help address this shortcoming.

Planning for Change

Two of the principles endorsed by the public in the council engagement process as appropriate ways for local public services to develop were-

Preventative Intervention

The term prevention as used here refers to the ways in which public services, including the voluntary sector (and citizens), can act now to prevent increased need for public services in future by helping people to retain their independence in the face of age, ill health, disability or other challenges; or to achieve self-supporting life circumstances requiring no or minimal public support when faced with difficulties such as poverty, unemployment, crime, domestic violence, child abuse or addiction. Current examples include the shift from providing residential care of older people to maintaining people's independence living in their own homes using new technology (telecare); supporting parents in their children's early years through the work of SureStart Midlothian active schools and ageing well programmes to increase physical activity and reduce the health problems associated with inactive lifestyles; a healthy reading scheme to support patients' self help (reducing repeat visits to GPs).

Building communities capacity to manage their own affairs and co-production of public services with service users and communities

There are examples across all service areas of co-assessing, co-designing, co-commissioning and co-delivery of service provision. E.g.

Co-designing with service users and their families and carers the services for adults with learning disabilities who attended a Resource Centre to support their wish to be included in the wider community and to choose activities they want to take part in.

Integration

The development of the local Integration Scheme includes the need to state clearly the vision which the Partnership has for the delivery of health and care services in Midlothian. In developing such a vision it will be important to take account of and ensure coherence with existing plans for the delivery of public services in Midlothian. These are primarily the new NHS Strategy, *Our Health, Our Care Our Future*, and the Midlothian Single Plan. Our local vision must also reflect the underlying principles of the national policy driving integration of health and social care. We have distilled what we believe are the key themes in these documents. Not surprisingly there are many areas of commonality.

Objectives of Partnership

1. Enable people to live longer, healthier and better quality lives
2. Help people manage their own conditions and improve anticipatory care planning
3. Support people to live at home for longer and to receive their health care at home rather than in hospital
4. Reduce social exclusion and inequalities, including health inequalities
5. Protects and improves the safety of users

Approaches to Deliver Objectives

1. Provide seamless, joined-up services which work smoothly for service users
2. Provide care of the highest quality consistently
3. Prevent illness through promoting health lifestyles
4. Ensure services are provided in a manner which recognises the individuality of service user (coproduction)
5. Work in partnership with local communities thereby building capacity
6. Improve local access to services
7. Ensure all resources-staff, money and buildings- are used to best effect

Values underpinning the Partnership

1. Work in partnership with users ensuring their full involvement in decisions affecting them
2. Respect the rights of service users
3. Takes full account of the dignity of users
4. Work in partnership with informal carers

In recent years we have been paying increasing attention to addressing social isolation of older people. The impact of isolation on physical and mental wellbeing and the consequent increased risk of admission to both hospital and care homes has been well demonstrated. The Change Fund has enabled the development of community services to increase social opportunities thereby reducing the risk of ill-health as well as supporting recovery following a period of hospitalisation. We are in

no doubt that for long term sustainability of health and care services combating social isolation must be a key component of our strategy.

While the initial focus is upon adult services steps are being taken to plan for the Integration of Health & Social Care to incorporate Children and Families Social Work from 2016.

Technology

Telecare offers a wide range of devices to support people stay safely in their own homes. As well as a basic service to summon assistance used by some 1900 people in Midlothian, a range of devices are used to monitor when someone with dementia may have wandered from their home at night, when someone who is frail has not got out of bed in the morning indicating a possible health problem or a falls monitor to summon support in walking for someone who is unsteady on their feet. A Telehealthcare Strategy Manager has been appointed to help develop the use of technology to help manage health conditions such as diabetes and dementia and support the move to greater de-hospitalisation. He is also assessing with specialist companies, the possible use of smart technology (phones/tablets) to help family members share information with one another, and as appropriate, with health and care staff, about the person for whom they are caring for which may enable us to pick up some possible deterioration at an earlier stage.

User and Carer Empowerment

Community Engagement

In addition to specific consultation exercises a great deal of planning and service development is routinely undertaken in partnership with users and carers and other stakeholders. Users and carers are represented on the joint planning groups.

A survey of social work Users and Carers is undertaken annually to evaluate feedback on service quality and impact. As part of the move towards integration a full review was undertaken of the local approach to user/carers engagement. This work was supported by the national Scottish Health Council service and resulted in an action plan to strengthen local arrangements.

The Children and Families service is committed to improving how we involve service users in the development of the service. A multi-agency participation advisory group has been established to improve the standard and co-ordination of participation Activity which targets children and young people internal and external to the service. The group will agree a shared approach through the development of a participation strategy and an annual participation programme.

The anticipated outputs are:

- Future service and team plans based on what service users are telling us.
- High quality information available to children and families
- Participation groups that are well supported by professionals and well attended by service users.
- Teams consulting service users on service improvement projects.
- Improved involvement by service users in day to day service delivery.
- Involvement of Midlothian Youth Parliament to assist Children and Families engage with young people 12 - 25

Outcome-Focussed Services

Significant strides have been made over the last few years to provide more outcome focussed services and reconfigure services in a number of areas, including the whole system transformation of services for older people and the work as a national Dementia Demonstrator Site. Improvements in the use of 'Talking Points' across both health and social care, and the implementation of 'self-directed care', will enhance outcomes focused approaches by enabling people across all client groups to take greater control and responsibility for their own care arrangements.

Over the next 3-5 years we will work towards delivering the following outcomes

- Enhance support system for carers
- Promote independence for people with disabilities
- Ensuring fewer people are affected by drug and alcohol misuse
- Enhance services to promote mental health and wellbeing
- Enhance quality and capacity of services to support people in their own homes
- Enhance social inclusive and personalised service
- Enhance financial inclusion of people with community care need

The achievement of these outcomes are addressed at a strategic level by developed development of joint plans by client group specific planning groups which report to the Adult Health and Care Community Planning thematic group. These documents have been developed in conjunction with the various agencies operating in Midlothian, users and carers and informed by national and local priorities. It should be noted that a number of the Adult Health and Care priorities have direct links with priorities of other community planning thematic groups. These interdependencies have been highlighted in the Single Plan action plan. The drive to transform public services through enhanced partnership working, expanding community and voluntary sector capacity and enhancing the provision of preventative services and early intervention across all services, continues to be of significant importance to this thematic area. Strengthening the working arrangements across the community planning thematic groups will be key to achieving the outcomes above and addressing cross cutting areas such as hate crime, employment and adult support and protection.

Workforce Planning/Development

The Practice Learning & Development team aims to respond to learning and development needs as identified through consultation with operational services; developments highlighted through Scottish Government policy initiatives, other national developments and any recommendations made by the Care Inspectorate. The team also links with both corporate and specialist training provision such as that provided by the Public Protection Unit (across Midlothian and East Lothian Councils) in relation to adult and child protection, and violence against women training. Learning and development opportunities are provided through a range of in house programmes, short Continuous Professional Development courses, commissioned training and opportunities for further qualifying and post-qualifying awards. All staff members also have access to the Council's e-learning resource through LearnPro through which a range of modules are available. Currently all staff are required to complete corporate mandatory e-learning modules. From April 2014 the PL&D team will deliver multi-agency Level 1 Child Protection training in Midlothian.

Changes to structures for delivering learning & development

Due to restructuring of Scottish Borders Council services the Joint Board (of the Joint Midlothian and Scottish Borders Practice Learning and Development Team) decided to discontinue the shared service, but to retain the Joint Assessment Centre (operational since 2004). Between January –

March 2014 the PL&D Manager post became part-time and the two PL&D Practitioner posts undertook additional responsibilities within Midlothian Council only for Self-Direct Support learning & development.

Achievements of Vocational Qualifications

The Joint Midlothian and Borders SVQ Assessment Centre is a successful partnership. The SVQ Assessment Centre staff (a SVQ Coordinator who is also the Lead Internal Verifier and three Assessors within Midlothian Council) have worked effectively to be the first Assessment Centre in Scotland to deliver the new SVQ Health & Social Care (Social Services) Levels 2 & 3. Additionally the Centre has developed a "Transitional Award" for Midlothian Council staff who have completed SVQ 2 to "bridge" into SVQ 3. Seven staff members completed this Award for which Midlothian Council is currently seeking SQA accreditation. This Award has been well received by managers and staff. The Centre has also delivered SVQ Programmes for our Business & Administration staff, and Community Justice staff in Social Care/Social Work.

While staff changes are continuous within operational services, the SVQ Assessment Centre has ensured that qualifications for SSSC registration are a matter of priority with levels of qualifications as follows:

- Children & Families Centre – 86.3%
- Residential Young People's Centres – 87.9%
- Learning Disability Centre – 66.6% (this service is currently undergoing redesign; also staff not required to be registered, apart from the Manager)
- Community Access Team (LD) – 93.75%
- Care at Home (1) – 94.1%
- Care at Home (2) – 80.6%
- Care at Home (3) – 86.6%
- Rapid Response Team – 89.74%
- Care Home (1) – 80.95%
- Care Home (2) – 100%
- Extra Care Housing – 71.4% (new service within Midlothian Council)

The recent SQA External Verification report for the cross-sectoral Centre has indicated a well-functioning Centre due to considerable staff expertise, commitment and excellent administrative systems. The priorities for the year ahead are to maintain these standards while responding to external drivers that may require changes to the structure of the Centre.

Social Work Traineeships and Newly Qualified Social Workers

Through the Social Work traineeship programme, one member of staff completed her honours degree in social work enabling her to take up a qualified social work post. As with other staff who are at different stages of the degree programme, this colleague progressed through other roles within social work and social care in Midlothian. The traineeship offers a valuable route for career progression and workforce planning. Three staff members are completing their traineeships through the (previous) Residential Child Care route. Successful trainees and other Newly Qualified Social Workers are supported through a bi-monthly NQSWs group that focuses on reflective practice and learning identification for the completion of their PRTL Record of Achievement. The PL&D Manager assesses drafts of PRTL records and provides feedback to NQSWs prior to submission to the SSSC.

Post-qualifying support for Social Workers

Social Workers and Team Leaders have been supported to undertake post qualifying awards including the PDA in Practice Learning, Postgraduate Certificate in Child Welfare and Protection, the Postgraduate Certificate Advanced Professional Studies in Mental Health (MHO), PG Certificate in Autism, MSc Units (Autism) and the Postgraduate/Graduate Certificate in Management in Social Services. Some Senior Managers have been supported to undertake MSc Programmes, and three Senior Managers are currently at their dissertation stage.

Themed Leadership activity: Self-Directed Support

From January 2014 the PL&D team had responsibility for the design, commissioning, organisation and delivery of SDS training. For all staff across Children & Families and Adult & Community Care, plus staff from Health and a local carers' organisation Phase 1 Self-Directed Support training has been provided. This has been made up of 3 workshops – Introduction to SDS; Support Planning and Empowerment & Risk Enablement. The mix of staff within each workshop has worked well and delivery has been achieved to ACC and Children & Families staff with 86 % of the total staff group attending the workshops relevant to their professional roles.

Themed Leadership activity: Development of Children & Families practice

For staff within Children and Families (Social Workers, SW Assistants, Family Support Workers, Education Welfare Officers) learning & development opportunities have included: a seven day Effective Practice for Practitioners course, Joint Investigative Interviewing, BAAF courses in relation to fostering and adoption, Framework for Permanence training, Direct Work with Vulnerable Children, and Court Witness Skills.

Themed Leadership activity: Development of Adult & Community Care practice

For social work staff working with adults, opportunities have included: in-depth Outcomes-focused Practice, in-house Skilled Practice in Dementia, Palliative Care, Administration of Medication, Continence Management, Emergency First Aid, Moving and Handling, Tissue Viability and Understanding and Managing Epilepsy. In addition to access to training courses, a number of staff attended conferences which related directly to their areas of work.

All staff members also have access to a library resource based at Dalkeith Library.

Improvements, Challenges and Priorities

An Annual Learning & Development Framework has been developed for staff in Children & Families, in Adult & Community Care and in Criminal Justice Services. It is planned that this will enable staff and their managers to identify opportunities and to use these Frameworks in parallel with the new Making Performance Matter (MPM) approach to appraisal. However improvements to these Frameworks are planned so that they are more focused on specific areas of service, and that they are disseminated more effectively. These **improvements** will be made in 2014-15

The **challenges** presented by planned structural changes within several service areas will generate requirements for further qualifications thereby affecting the percentage of staff who are fully qualified in relation to their new roles. Preparations are being made to meet the learning and development and qualification requirements of these staff, and the staff who are in the redeployment (SWITCH) system. Further **challenges** presented by the integration of health & social care will be met through working groups for organisational development within which learning & development staff will work closely with operational and corporate colleagues. With the pressures on frontline services an increasing **challenge** is the capacity of managers to release staff for training

(including mandatory training) in a way that provides a viable and cost-effective group for courses, and ensures high quality consistent services for service users and carers. In order to meet our mandatory training & CPD requirements, learning & development will need to find creative solutions to this operational pressure.

The **priorities** include: meeting the challenges and improvements outlined above; designing and delivering Phase 2 SDS training; using a new Change Fund post for the strategic delivery of dementia training (including supporting staff who are delivering training currently); implementation of new administration of medication policy through skills and knowledge training of staff across Adult & Community Care and Children & Families; designing learning & development responses to new Children & Families legislation; and ensure on-going secure and high quality SVQ delivery.

Key Challenges for Year Ahead

The fundamental aim of the Service is to commission and provide the best quality services for citizens of Midlothian. To achieve this aim there are a number of key service objectives described below which will help the move towards meeting more effectively the social, economic, health and care needs of the community.

1. Achieving service and business improvements identified through external inspection reports, internal audits, self-assessment analyses, 'Best Value Reviews' and feedback from users and carers.
2. Responding to recent legislation including full implementation of changes in relation to Integration of Health and Social Care; Self-Directed Care; Children's Service Bill and the UK Welfare Reform, and to new legislation in relation to Carers.
3. In collaboration with partners, ensuring effective protection of people at risk including those in transition from school to independent adult life
4. Ensuring that services for older people are sustainable and are able to respond to the rapidly ageing population and growing numbers of people living with dementia.
5. Ensuring services are managed within agreed and increasingly tight budgets to meet growing demand and complexity of need through a) increased targeting to those in greatest need b) maximum efficiency through service reviews c) developing partnership working with neighbouring Local Authorities and other agencies.
6. Working closely with the statutory partners and the voluntary and private sector to deliver community planning outcomes.
7. Ensuring services improve and change through clear strategic planning and direction and are supported by robust performance management frameworks and a positive performance improvement organisational culture.
8. Managing the programme of delivery, service redesign and retendering.
9. Ensuring leadership capabilities and workforce capacity continue to increase and develop in a coherent planned way to meet changing needs of our citizens.
10. Ensuring that early discussions take place about the move to local authority CPPs assuming responsibility for community justice. As the new arrangements require primary legislation the new

structure is unlikely to be in place until 2017, leaving us with a challenge in relation to maintaining the momentum for change during the transition period.

11. Ensuring that we can meet the needs of children and young people locally.

These objectives will be pursued within the new context of integration with an increasing emphasis on promoting prevention and recovery, on addressing health inequalities and working more effectively at a local level with users, carers, the third sector and private providers

Looking ahead to 2014-15 the implementation of Self-Directed Support signals a sea-change in the provision of social care services with a much greater emphasis upon service users designing and controlling their care arrangements. The reshaping of older people's services will continue with the further development of extra-care housing in collaboration with registered social landlords, and the retendering of care at home services. The innovative work undertaken in the field of dementia as a national demonstrator site will continue through Midlothian's designation as an 8 Pillars Test Site. A new national strategy for sensory impairment will lead to a greater focus on how best to meet the needs of people with sight or hearing impairment. New legislation to strengthen the rights of informal carers will ensure that there is no let-up locally to improve the support systems for carers. Finally, the preparation for the established of a Health and Social Care Partnership will continue with the preparation of an Integration Scheme and a three year Strategic Commissioning Plan.