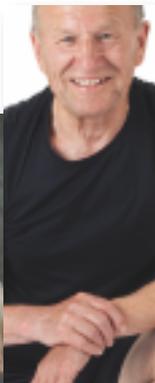
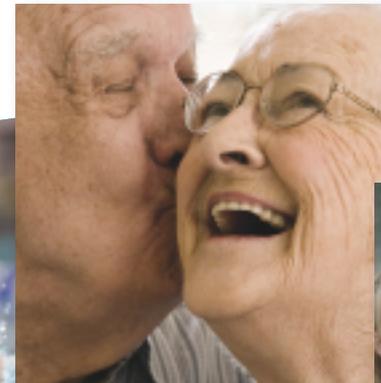
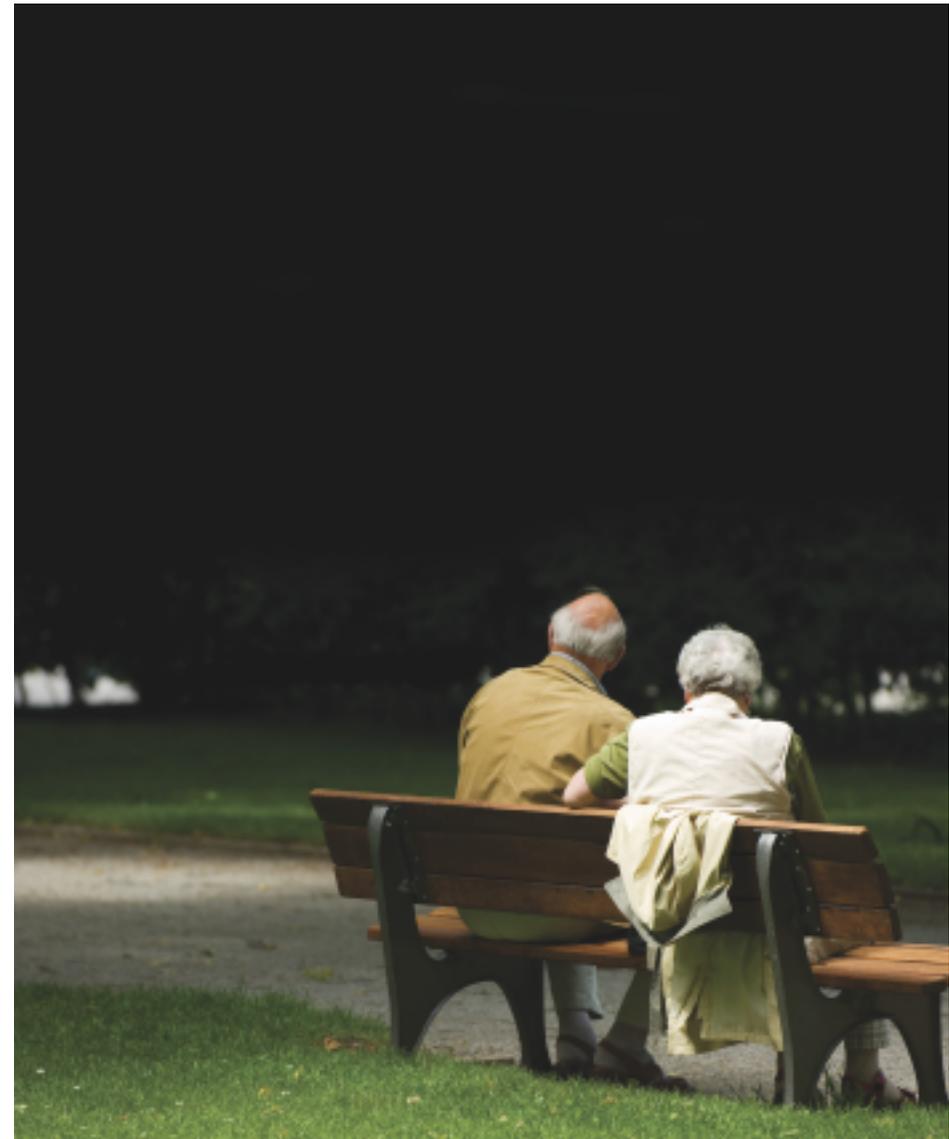


The joint strategy for older people in Midlothian 2016-2019



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Foreword

By Mary Craig, Older Person's Representative, Midlothian Joint Older People's Planning Group



Representing older people on the Joint Older People's Planning Group has been informative and enjoyable. Physical activity helps us stay fit but is certainly more fun with others. I witnessed the satisfaction and pleasure of participants at various classes run for the older generation at Lasswade. An active mind is as important as an active body but soon after I enrolled at my local library's computer class my life changed and I became a full-time carer. These comments are made using my personal experience as a service-user.

My first husband died at the age of 47 when our children were teenagers, but I was lucky enough to fall in love again and moved to Midlothian. Even after my second husband's cancer diagnosis and prolonged treatment at the Western General Hospital we lived happy, active lives. In 2014, when admitted to the Infirmary with a deep vein thrombosis, scans revealed that cancer had spread and he was unlikely to live longer than a few months. We decided to make the most of our limited time without further intervention and wanted Gordon to come home where we could be together and he could die in peace.

Somewhat naively, we expected Occupational Therapy involvement and a discharge package, as had occurred after Gordon's operation at the Western, but not so.

Coping on my own for the first week was exhausting. An Occupational Therapist or specialist nurse should be available in hospital to prepare carers and patients for the realities of end-of-life care and to listen to their concerns. A shopping list, including disposable sheets and a stair-lift, would be helpful.

Most of us would prefer to die at home but carers need help to conserve their energy.

I was fortunate because of my involvement with JOPPG. As soon as I contacted the Occupational Therapist on the Group, she completed an assessment of our situation and the amazing Rapid Response Team (now MERRIT) arrived. Together with our doctor, Marie Curie and the Red Cross, they provided all the help we needed.

Despite the lack of preparation in hospital, caring for my husband during his last couple of months, helped by splendid local authority and voluntary services was a privilege for which I shall always be grateful.

Foreword (continued)

How I miss his sense of humour and spontaneous generosity, but I am content. Although not as strong as I was, I can garden, keep fit by walking in the countryside and would still play tennis if leisure centres provided the open-air facilities that existed when I first retired. Doing nothing is no longer a guilty pleasure when I gaze out of my window at sunrise to watch deer wandering around my garden, amusing their still, silent watcher. If I once resented their assault on my roses, saplings and vegetables, priorities have changed. We should all find time “to stand and stare.”

The integration of health and social care will bring great benefit to the sick and elderly, as will the frequent short breaks available under Midlothian Partnership’s joint commissioning of social care from the voluntary and independent sector. The voluntary sector provide dementia cafes, lunch clubs, useful information in newsletters, directories for older people and valuable help with technology which enable the elderly to feel part of their local community. Their staff also play a vital role on the planning group and public consultation days.

Almost 30 months have passed since I cared for my husband at home until he died. I am so thankful for that opportunity and for the help we received from both local authority and voluntary agencies. Dying peacefully, with dignity should become a reality for all, even with limited resources. A Spanish study showed that moving towards home-based palliative care can yield savings of over 60%. Services can be effective even with limited resources.

Are we not also a resource? Many charities would not survive without their older volunteers. I am profoundly grateful to the patient expert from Volunteer Midlothian who helped me come to terms with computer technology. I cannot envisage a more rewarding use of my time than that I spend each week at the Maggie’s Centre. I still need to feel useful, as I do when participating on Midlothian’s Older People’s Planning Group, with much younger professionals prepared to listen – and even accept – my comments, despite my advanced age.

Mary Craig

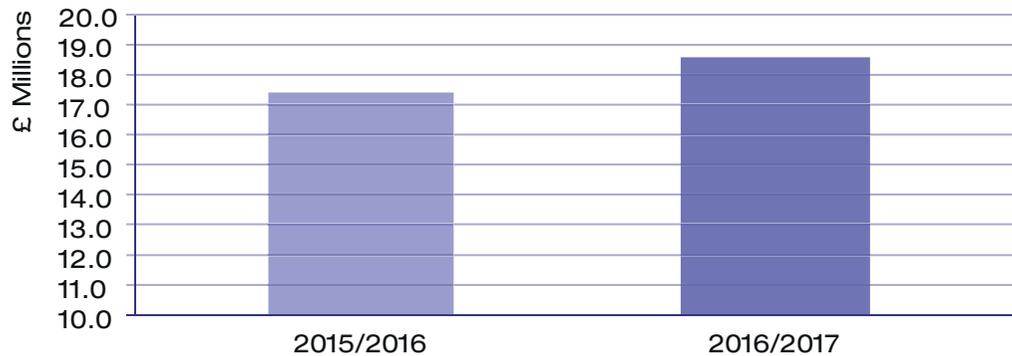
Older Person’s Representative, Midlothian Joint Older People’s Planning Group.

Introduction

This strategy is about improving the lives of people aged over 65 in Midlothian. It has been developed by the Older People’s Planning Group and through consulting and engaging with older people. We hope the strategy is easy to understand and that it clearly explains what we hope to achieve, and how we are going to achieve it.

In 2011 there were almost 14,000 people aged over 65 in Midlothian. Over the next 20 years the population of older people will grow. The number of people aged over 75 is expected to double by 2035 and the number of people over 90 is expected to treble. This strategy sets out our approach to working with, encouraging and supporting older people as the population grows

Midlothian Council Spend on services for older people



In the financial year 2015/16 Midlothian Council spent £17.4million on providing services available to older people. In 2016/17 this budget will grow to £18.6 million.

The total joint spend across Health and Social Care in the financial year 2015/16 was £27.8m.

Introduction (continued)

This document includes information about:

- Some of the actions we have taken and the progress we have made since the last strategy was written in 2011.
- The current national and local policies in health and social care that relate to older people.
- The issues that may affect older people in Midlothian.
- The priorities that matter most to older people.

Based on this information we have developed some key priorities for action.

We have also outlined an action plan which explains how we will begin to work towards achieving our vision.

This Older People's Strategy supports the **Midlothian Health and Social Care Strategic Plan**. It builds on the key objectives of the Strategic Plan and provides more detail about how services for older people and their carers will be developed.

A more detailed commissioning plan will be developed in 2016 which will describe the services we will provide in more detail.

We will work together with all stakeholders, including older people to carry out the actions within this plan. If you have any comments about this strategy please contact the Planning Officer for Older People on **0131 271 3752** or email **brian.paris@midlothian.gov.uk**.

3. Our Vision and Outcomes:

Older people have the opportunity to lead a full and active life, protected from harm and have access to good quality healthcare and support. Their voices are heard and they are encouraged to play an active role in their communities.

Access to good quality health and care services when they are needed

Support to stay physically, mentally and emotionally well

Able to live at home safely and independently, or in a homely environment

A voice that is heard



Able to get out and about and maintain social networks

Access to information and advice

Able to make a positive contribution

Control over decisions that affect me and the people I care for

The above vision and outcomes reflect that of Reshaping Care for Older People, the Integration of Health and Social Care, the national outcomes for health and social care and the priorities identified by older people in Midlothian (pages XX & XX).

4. Policy background

Recent strategies that describe a vision for older people include:

Reshaping Care for Older People (2011)

This policy advocates that more support is provided in people's own homes rather than care homes or hospital settings

VISION

Older people are valued, their voices are heard and they are supported to enjoy full and positive lives in their own home, or in a homely setting.

NHS Scotland 20:20 Vision (2011)

This strategy sets out the Scottish Government's vision for sustaining good quality health care in the face of the challenges that exist

VISION

Everyone is able to live longer, healthier lives at home, or in a homely setting.

Integration of Health & Social Care (2015)

Health and social care have been brought together in a partnership with joint responsibility and accountability, working to achieve better outcomes for older people.

VISION

People in Midlothian will lead longer and healthier lives by getting the right advice, care and support, in the right place at the right time

Carers (Scotland) Act 2016

This law comes into effect in 2017 and places a duty on local authorities to support carers health & wellbeing.

VISION

Carers can fulfil their caring role and have a life of their own alongside their caring responsibilities.

4.1 The Integration of Health and Social Care

The new national outcomes for Health and Social Care illustrated below.



The Change Fund and Integrated Care Fund

In 2012-15 the Scottish Government provided funding to local authorities to support the shift of care – providing more care for older people in their homes and communities and providing less care in hospitals and care homes. This fund was called the Change Fund.

Through the Change Fund Midlothian received £980,000 of funding per year over 3 years and many of the projects described in section 7 were funded with this money.

In 2015 the Change Fund ended and the Integrated Care Fund was introduced to support Health and Social Care Partnerships to achieve the above outcomes for adults of all ages.

Midlothian currently receives £1.44 million per year and a full list of the projects funded through this fund can be found in APPENDIX 1.

5. Our principles and key priorities:

There are some key principles and priorities that underpin this strategy. These tell us about our approach towards the way that care and support should be delivered. They reflect the key priorities identified in the Strategic Plan for Health and Social Care and the priorities of the Midlothian Community Planning Partnership outlined in their “future models of service delivery”.



We have a positive approach to life and older age



We will work closely and in partnership with other agencies such as transport and education



We will promote the active involvement of people in community life and work with people to design and deliver support



We will use technology to improve the quality of our care and support wherever possible



People will have control and be able to make informed choices about how they live their lives



We will promote and develop peer support and self-management



Services will be “person-centred” - they will aim to work with older people on what matters to them most



We will act to prevent ill health and isolation, and encourage people to plan ahead



We will provide access to services quickly, directly, and as close to home as possible.



Care and support will be well coordinated



We are committed to reducing health inequalities - the unfair differences in people's health across social groups and communities

6. Who is this strategy for?

This strategy is for everyone interested in improving the quality of life for people aged 65 years and over in Midlothian. Within this group there are different groups of people who may have different experiences and perspectives. Individuals may be a part of several of the groups mentioned below at any one time.

The general population

In 2011 there were almost 14,000 people aged over 65 in Midlothian, nearly 17% of the total populationⁱ. Most older people live independently and enjoy full and active lives. 20%ⁱⁱ of people aged over 65 in Midlothian volunteer in the community and many provide support to family members, friends and neighbours.

Equality groups

The strategy includes all equality groups including people with disabilities, people from black and ethnic minority backgrounds, and people who identify as lesbian, gay, bisexual or transgender. An equality impact assessment will be carried out on the strategy to identify how the strategy will impact upon different groups of people.

People who live in different places

The strategy covers the whole of Midlothian. It aims to reach and include people who live in very rural areas, people living in areas of deprivation and people who live in care homes.

People with low income

People living with low income are more likely to experience poorer health compared to people of the same age who have an adequate or good incomeⁱⁱⁱ. This strategy aims to support people with a low income and contribute towards reducing health inequalities.

People living with long term health conditions

Long term conditions such as diabetes and asthma affect people of all ages, however older people are more likely to live with a long term health condition. By the age of 65 two thirds of people will have developed a long term health condition^{iv}.

6. Who is this strategy for? (continued)

People experiencing frailty

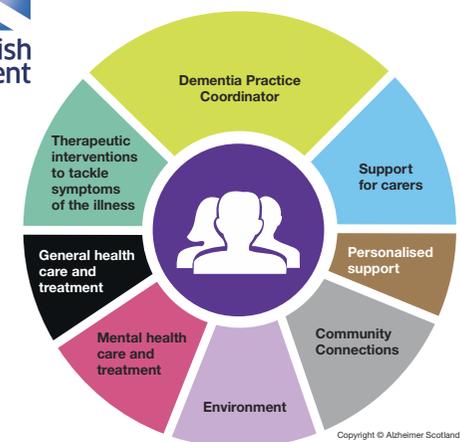
Frailty is related to ageing. People living with frailty are at a higher risk of their physical and mental health getting worse suddenly. Roughly 10% of people over 65 years and 25-50% of those aged over 85 years have frailty^v. This would suggest there are between 2,700 and 4,200 people living with frailty in Midlothian.

Older people with dementia

Around 1,400 people in Midlothian are predicted to have dementia and this number is predicted to double by 2035^{vi}. Dementia is not a natural part of ageing but age is one of many factors that influence an individual's risk of developing dementia. Currently, there is no way of preventing dementia but with the right care and support at the right time it is possible for people to live well with dementia for longer within their community.

As one of five local authority partners in the Scottish Government's 'Focus on Dementia' Programme, Midlothian will test, learn and improve the experience, safety and co-ordination of care for people with dementia and their carer(s).

As well as contributing to the national Dementia strategy Midlothian will develop high quality, community based dementia care and support in line with the findings of an independent evaluation commissioned by the Scottish Government to be published by early 2017.



Carers

Relatives, friends and neighbours are often the main source of support for people. Many carers are older people. In Midlothian there are 1,531 people aged over 65 who have identified as being a carer. Of these people 723 provide more than 50 hours of care per week^{vii}. A new Carer Strategy is being produced which will include more detail about actions to support carers, including older carers.

People experiencing loss or other life changes

People have told us that they need more support when they experience bereavement. People might be more at risk of poor health and isolation at this time. This strategy will aim to support people going through a life change such as this.

6. Who is this strategy for? (continued)

People experiencing isolation

Isolation was a key issue identified through conversations with people and is a key focus for older people's work funded through the Change Fund. Isolation can cause physical harm equivalent to the effect of smoking 15 cigarettes a day and has a greater impact on mortality than obesity, alcohol consumption or a sedentary lifestyle^{viii}. There is a strong association with depression^{ix, x}, and in older people a greater risk of developing dementia^{xi}, specifically Alzheimer's disease^{xii, xiii}.

People with disabilities including hearing or sight impairment

The number of people affected by physical disability grows proportionately with age. A new Physical Disability Action Plan for 2016-19 has been produced. Though focused on adults 16-64, the benefits will continue to be felt as adults move into older age. Nationally it is estimated that 1 in 6 of the population have a hearing loss and 1 in 30 are affected by significant sight loss. Older people are most likely to experience hearing loss and sight loss.

People with a learning disability

People with a learning disability are living longer and many more are developing conditions associated with older age. We need to develop services that can support people to manage these conditions and to stay healthy and active as they get older. This work will be taken forward as part of the Learning Disability Strategy.

People experiencing mental ill health

Growing older brings many life changes. Everyone deals with the changes associated with ageing differently. However, some older people find situations such as the loss of physical health, bereavement, isolation and adjusting to retirement very difficult to cope with and this can result in mental health problems. The challenge for us is taking account of age discrimination and the need to deliver person centred care whilst we continue to provide the necessary services with the appropriate levels of expertise and specialist knowledge.

People who have drug and alcohol problems

While older people tend to drink less than younger people, nearly 1 in 5 older men and 1 in 10 older women are drinking enough to harm themselves. These figures have increased over the last 10 years.

Substance misuse problems can arise in later life as older people can use alcohol and drugs to deal with issues such as bereavement, ill-health, isolation and depression. Alcohol use can add to or reduce the effects of some prescribed medications (pain killers or sleeping tablets) or over the counter prescriptions with the older person unaware of the increased the level of harm.

7. Developing the strategy

The last Older People's Strategy was produced in 2011. This is a taste of some of the work that has taken place since then and the impact it has had.

Support to stay physically, mentally and emotionally well



Ageing Well currently offers 55 activity classes in the community with approximately 700 people attending every week. Currently 42 volunteers assist with delivering classes. Alongside walking groups Ageing Well offers activities such as new age curling and walking football. Midlothian Active Choices also supports adults of all ages to access physical activity.

The **“Helping You to Help Yourself”** project, funded by the Change Fund, led to the setting up of the following groups and support; a Lifestyle Matters Group for Carers in partnership with Vocal, a Cooking Group, an Information and Support Drop In, a Poetry Group – which is now self sustaining with a volunteer and peer support, a Living Life to the Full Group providing low level psychological interventions and a Knit and Natter Group which is also now self sustaining.

Access to good quality services when I need them

The MERRIT service (Midlothian Enhanced Rapid Response and Intervention Team) has expanded to provide a “Hospital at Home” service 7 days per week. This means more people can be looked after at home and do not need to go to hospital. It also means more people can leave hospital quickly. As a result Midlothian has a low rate of people who are unable to leave hospital because the necessary care is not in place.

Highbank Care Home provides 27 intermediate care beds. These beds are for people leaving hospital but not yet ready to go home or people who would otherwise have needed to go to hospital. After a stay at Highbank, 80% of people have higher independence and 53% are able to return home instead of going to a hospital or care home.

Midlothian now have an integrated **Dementia Team** consisting of a specialist workforce from Health, Social Care and voluntary sectors providing a single point of contact for people with dementia and their carers. Midlothian is one of only five test sites contributing to the Scottish Governments “Focus on Dementia” agenda.

Alzheimers Scotland opened a new day care centre – The Bungalow. Post-diagnostic support for people who are newly diagnosed with dementia is also delivered by Alzheimer Scotland. A dementia café for people with dementia and their family members or carers takes place twice a month.

7. Developing the strategy

What happened since our last Strategy (continued)

A voice that is heard

The **Midlothian Older People's Assembly** has been set up and meets regularly to discuss and share information about things that help older people lead good lives. Older people participated in the review of Day Care Services. In May 2015 a large event was held for older people to participate in the development of this strategy, and there is ongoing collaboration between older people and health and social care services, for example at the dementia café and other groups.

Able to get out and about and maintain social networks



Day Support for older people has increased and carer support at Woodburn and St David's Day Centres has been funded through the Integrated Care Fund. We have carried out a review of Day Care Services and the outcomes of this will be taken forward as part of this strategy, including creating community hubs.

The **Red Cross Community Coordinator Service** supports people to connect back with their communities. As well as working with individuals they also build capacity in communities by developing new social opportunities. Over 500 people have had contact with the Community Coordinators on a one-to-one basis. An example of a local initiative they helped to set up is the "Men's Shed".

The Neighbourhood Links Project helps people with low or moderate support needs to access and benefit from local services or social contact. For example they help people to access aids and adaptations, benefits or pensions checks, or to access social groups. **Red Cross Buddy** volunteers can also accompany people to groups and provide transport.

Volunteer Midlothian's Community Links service provides befriending matches and groups for socially isolated older people and people with dementia. 455 clients and unpaid carers as well as 140 volunteers benefited from the Community Links services over the last three years. The project aims to increase the wellbeing, self-esteem and inclusion of older people by enabling them to engage in activities within their communities with the support of a volunteer.



7. Developing the strategy

What happened since our last Strategy (continued)

Access to information and advice about opportunities and services

Midlothian Voluntary Action in partnership with older people in Midlothian have produced an “**older people’s directory**”. This includes information about local services and advice for older people.

The **Connect Online** project run by Volunteer Midlothian aims to reduce social isolation, maintain independence and improve digital skills and confidence by providing free one-to-one IT tuition at home (for housebound) and in libraries. Computer groups are held on a weekly basis in libraries and sheltered housing complexes. Over 450 people have benefitted to date from this project, including 40 dedicated volunteers.



In response to older people stating that they felt there is not enough information about what was going on in the local community a **Community Connecting Subgroup** was set up comprising representatives from Volunteer Midlothian, MVA, British Red Cross, Midlothian Libraries and the NHS. The group developed **information hubs** for older people in five of the large libraries across Midlothian, produced a quarterly **Community Connections newsletter**, and provided up-to-date information for inclusion in the **Red Cross Community Calendars**.



Able to live at home safely or in a homely environment

We have developed a **24 hour falls response service** which now attends to over 100 people who have fallen per month.

We have appointed a **Care Home Team Manager** who provides advice and support to staff working in care homes across Midlothian. As a result collaborative working has increased and potential problems have been identified earlier. Teleconferencing in care homes has been established to improve access to training for staff.

Telecare packages continue to be provided to enable people to live safely at home. New developments include a dementia telehealthcare information “hub” – **AT Home**.

7. Developing the strategy

What happened since our last Strategy (continued)

The AT Home project, run by Volunteer Midlothian, is located at Midlothian Community Hospital. AT Home offers one-to-one appointments focusing on ways in which technology, including telecare, can help with daily living activities for people with dementia.

Cowan Court Extra Care Housing opened in 2013 and provides 30 one bedroom flats and 2 two bedroom flats. This specially designed, dementia friendly extra care housing development enables older people with varying mental and physical health care needs, including dementia, to live at home independently for as long as possible. A lunch club is held at Cowan Court three times per week, supporting links with the wider community.



7.1 Strategy in action - case studies

The following case studies show how working to our key principles has benefited older people in Midlothian

A client was referred from the Red Cross Neighbourhood Links Project to the **Community Coordinator Project**. The client's partner had recently passed away and she was feeling very **socially isolated**. The Community Coordinator met with the client and agreed to try going together to a local group. After 5 weeks of attending the group together the client started attending on her own. She has since found other groups and now attends four social outings per week. Her **health has improved** and she has begun to form **close friendships** and a support network.

Walking football ambassador Peter Collins is 85 years old and now plays 5 times a week. He has been called an "**inspiration**" for men who think exercise and team games are beyond their capabilities and Peter delivers regular talks about how walking football has changed his life. The highlights for him include the good discussion on football they have and the chance to meet new people, see new places and play the sport he loves. He will never forget the day he walked onto the pitch with his team at Easter Road in front of a crowd of 18,000 to demonstrate walking football in action.

The Community Links Dementia Project **in partnership with** Crystalmount Sheltered housing complex, run a dementia friendly group for football fanatics who meet regularly to share their favourite memories. This group is supported by **4 volunteers**. Recently the group hosted a visit from football pundit Craig Paterson, who entertained them with stories of his experiences. The following week, thanks to the support of Ageing Well, 4 ex professional footballers also visited the group. Families of the group members commented on how their relative's **mood and communication had improved** following their interactions within the group.

7.2 Consultation with older people: what matters

In November 2013 and May 2015 we held large events for older people and invited people to tell us what matters to them. The event in May 2015 was attended by 60 older people from across Midlothian. In 2014 we also carried out a wide consultation about our “strategic issues” in health and social care, again asking people what issues mattered to them. As well as receiving comments from individuals we visited several older people’s groups. Here are some of the key issues people told us about:

People said we need to do more to keep people active including providing more activity programmes and funding for groups to organise their own programmes

People said that lack of transport is still a problem and can prevent people from accessing community facilities and activities

Isolation is a big issue for older people – several people said this was the main issue affecting their community

People thought it was important to raise awareness of the impact of isolation. They had several ideas about how to reduce isolation including befriending schemes and drop-in centres

Times of change after widowhood or retirement can be especially difficult

7.2 Consultation with older people: what matters (continued)

Home carers could have a strong role in tackling isolation but need more time to spend with people

More support is needed to help people plan and prepare for death.

People said that dying at home, rather than in hospital, was very important

People said we need to use the voluntary sector more to work with older people and provide specialist support

We need to listen to people and value them more

People said it can be difficult to access GP appointments

We need to improve the way we communicate about pensions and finance – avoid technical terms, reduce the length of forms and increase face-to-face support

We need more community “hubs” and facilities within communities that can offer information and support for older people. This was also a key theme of our recent Day Services review

We need to improve support for people coming home from hospital

We need to get better at planning care before crisis occurs. The voluntary sector could help with this

People said that telecare, adaptations and equipment are important in supporting them to live at home for longer. People asked for more choice about the adaptations they receive

We need to increase people’s confidence and skills with computers and technology and address people’s concerns about security

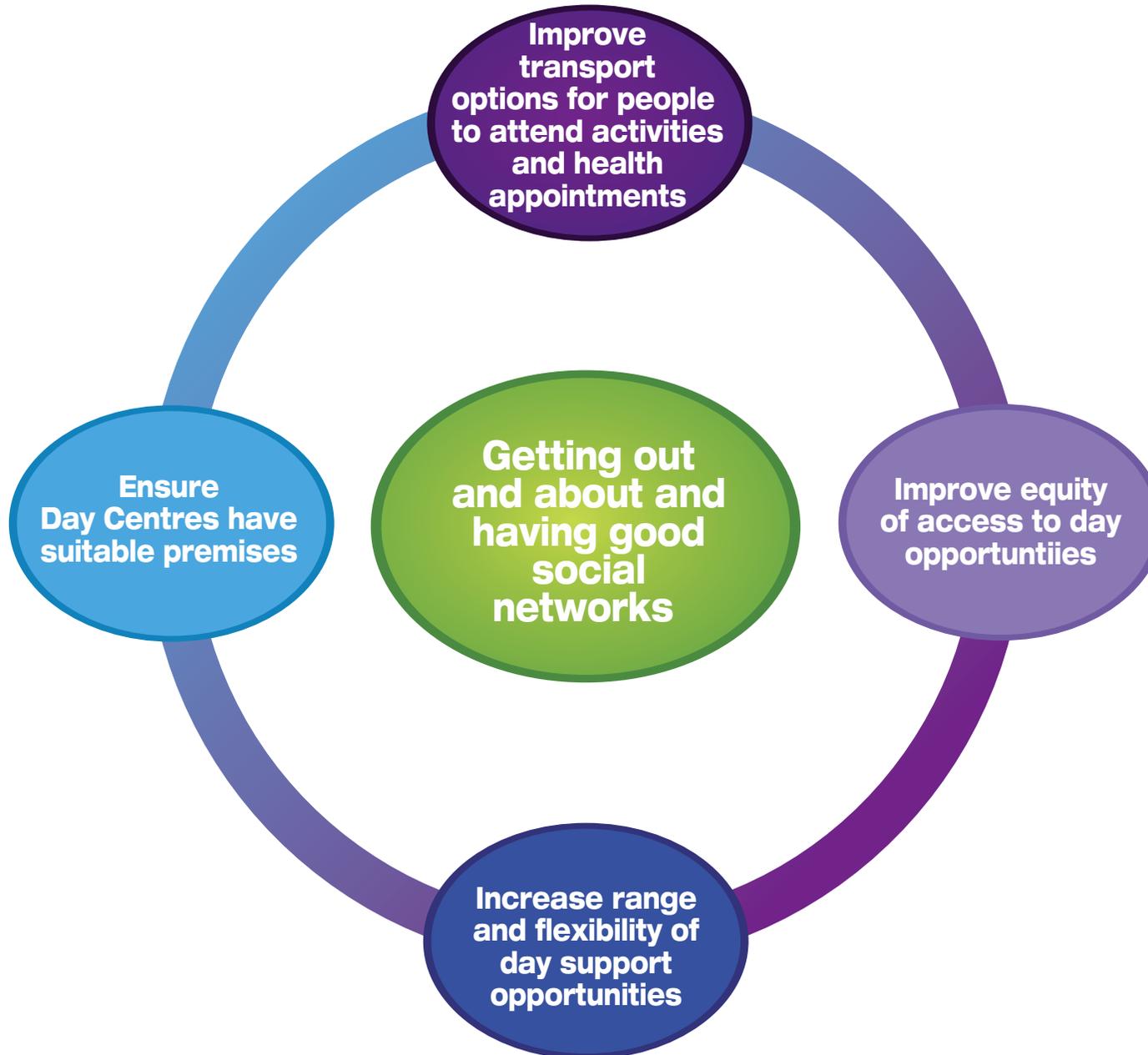
We need day services for people with higher levels of need

We need to improve support for people following a diagnosis, including dementia

People said they still need more information about what is going on locally in terms of activities, groups and healthy living advice

8. Our future plan

Getting out & about and having good social networks



8. Our future plan (continued)

Staying healthy, active and well



8. Our future plan (continued)

Living where I want to live/a safe and homely place to live



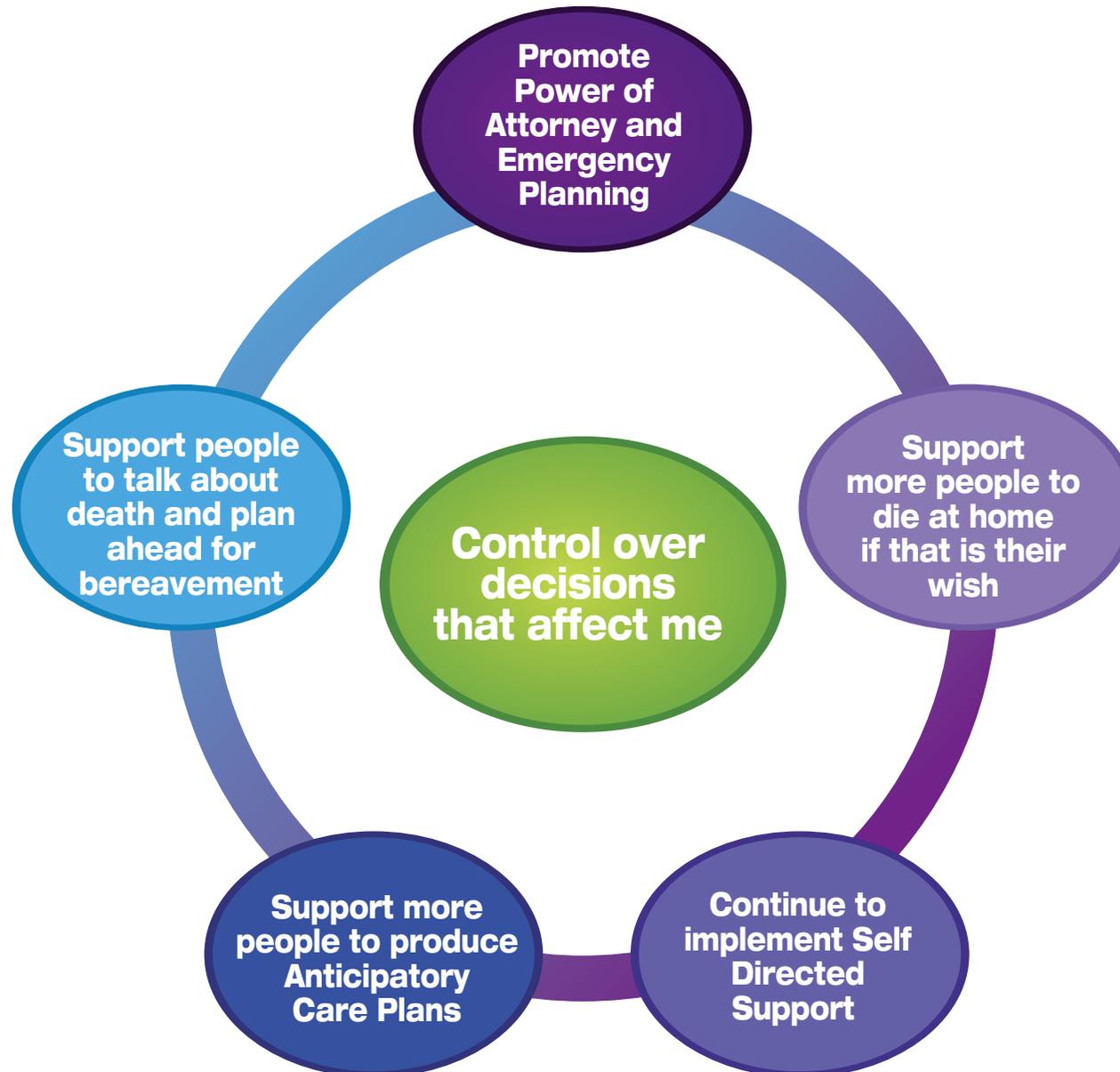
8. Our future plan (continued)

A voice that is heard



8. Our future plan (continued)

Control over decisions that affect me



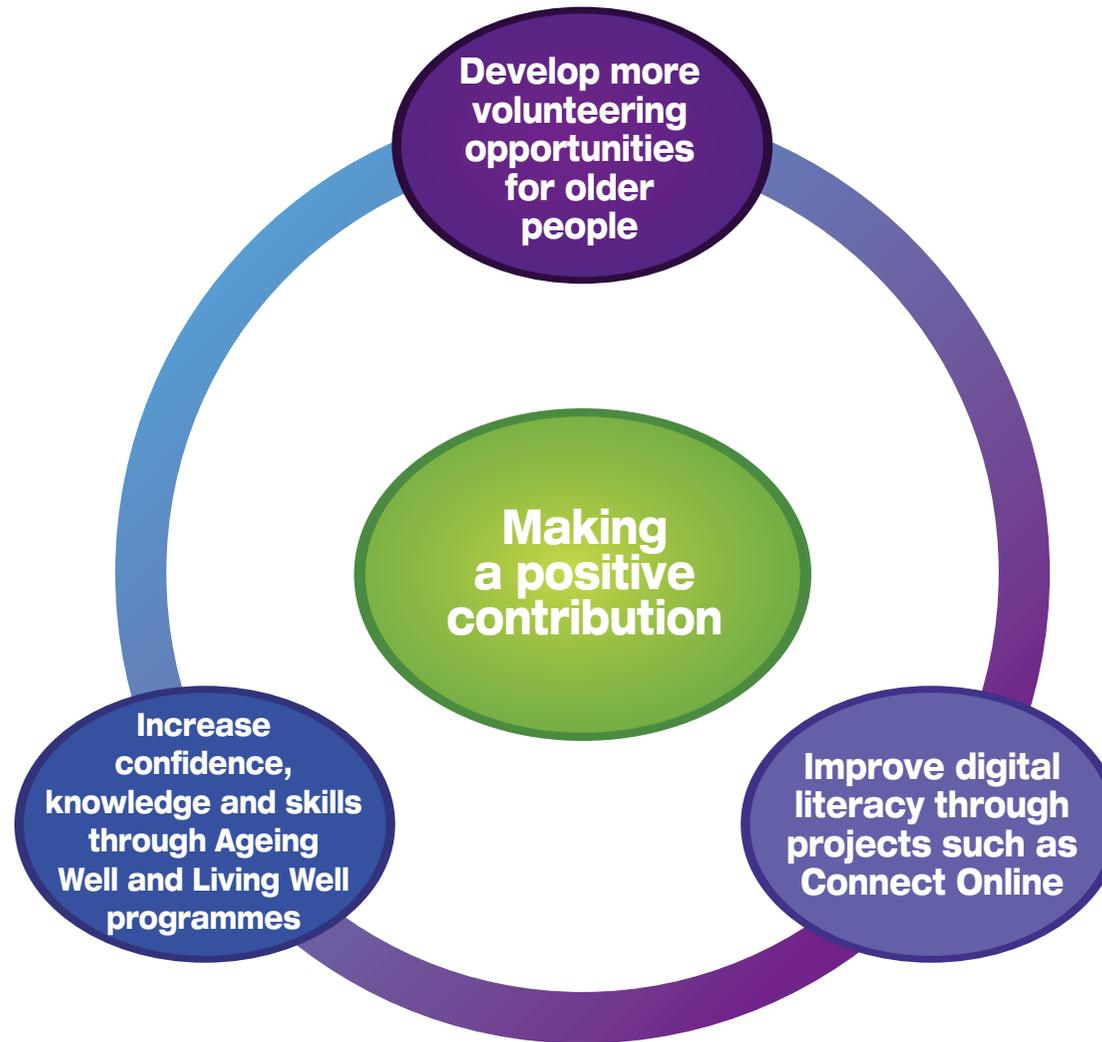
8. Our future plan (continued)

Access to information and advice



8. Our future plan (continued)

Making a positive contribution



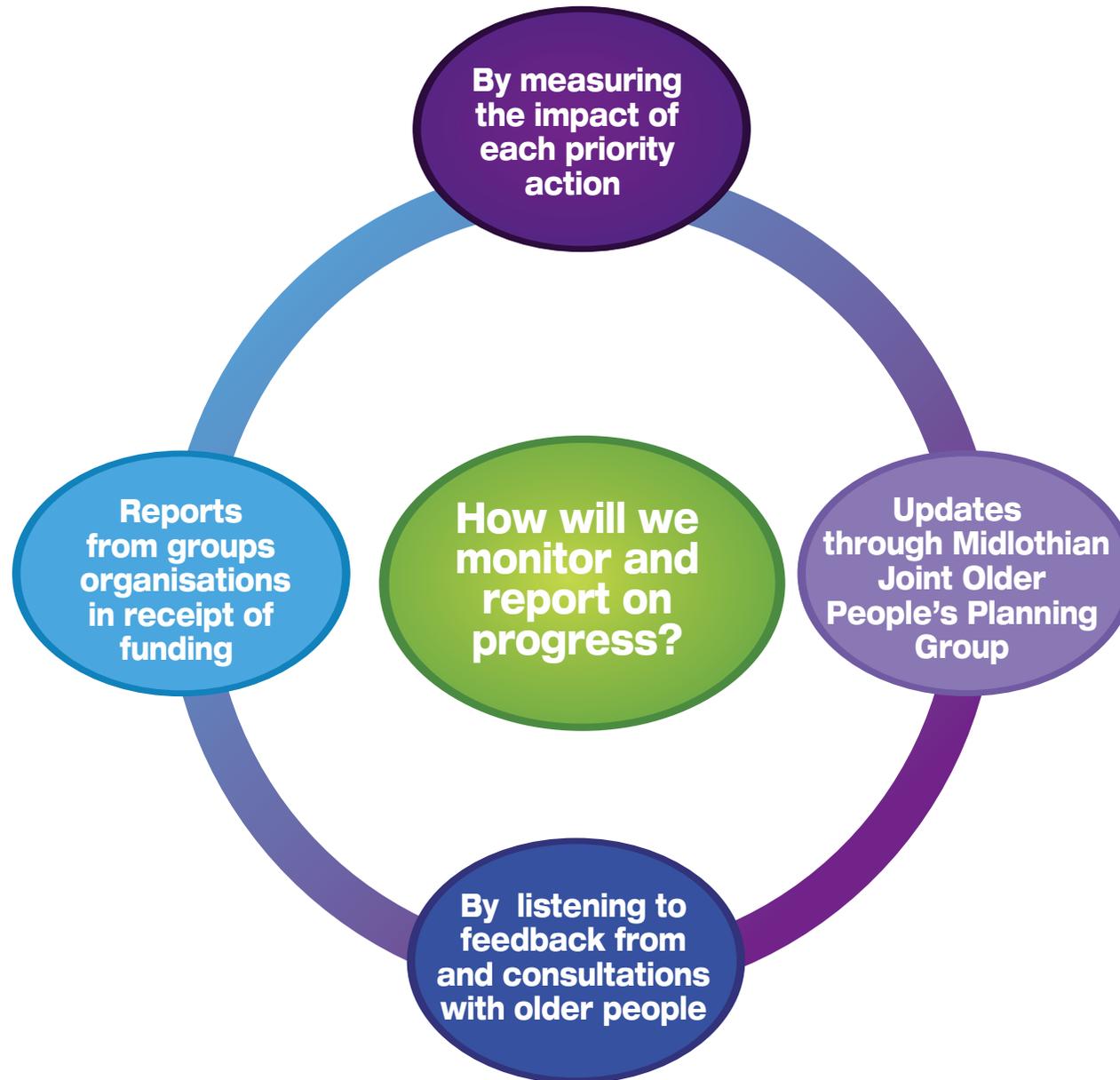
8. Our future plan (continued)

Access to good quality services when I need them



9. How will we monitor our progress?

How will we monitor and report on progress?



ⁱ 2011 Census - - www.scotlandscensus.gov.uk

ⁱⁱ Scottish Household Survey 2014 - <http://www.gov.scot/Topics/Statistics/16002>

ⁱⁱⁱ Inequality briefing: Health inequalities - what are they and how do we reduce them? Date: 18 March 2016

<http://www.healthscotland.com/uploads/documents/25780-Health%20Inequalities%20-%20what%20are%20they%20and%20how%20do%20we%20reduce%20them%20-%20Mar16.pdf>

^{iv} <http://www.gov.scot/Topics/Health/Services/Long-Term-Conditions>

^v Health Improvement Scotland (2014) Think Frailty: Improving the identification and management of frailty – A case study report of innovation on four acute sites in NHS Scotland. Accessed at <http://www.jitscotland.org.uk/wp-content/uploads/2014/11/Frailty-report.pdf>

^{vi} Data source: GROS – www.gro-scotland.gov.uk

^{vii} Source: Nation Records of Scotland | Scotland's Census 2011 - National Records of Scotland Table DC3103SC - Provision of unpaid care by sex by age | All people. Crown copyright 2014

^{viii} Holt-Lunstad J, Smith TB and Layton JB (2010) Social relationships and mortality risk: A meta-analytic review. PLoS Med 7(7) e000316

^{ix} Cacioppo JT, Fowler JH and Christakis NA (2009) Alone in the crowd: The structure and spread of loneliness in a large social network, Journal of Personality and Social Psychology, 97, 977-991

^x Golden J, Conroy RM, Bruce I, et al (2009) Loneliness, social supports, mood and wellbeing in community-dwelling elderly, International Journal of Geriatric Psychiatry, 24, 694-700

^{xi} Fratiglioni L, Wang HX, Ericsson K et al (2000) Influence of social network on occurrence of dementia: A community-based longitudinal study, Lancet, 355, 1315-1319

^{xii} Wilson RS, Krueger KR, Arnold SE et al (2007) Loneliness and risk of Alzheimer Disease, Archives of General Psychiatry, 64, 234-240

^{xiii} Valtorta N and Hanratty B (2012) Loneliness, isolation and the health of older adults: Do we need a research agenda? Journal of the Royal Society of Medicine, 105, 518-522

Midlothian's joint older people strategy 2016 - 2019: Action plan

How did we establish this action plan?



In consultation with older people



In partnership with community organisations, public representatives and service providers.



By involving older people and community partners in the discussion, design and delivery of the Action Plan

Feedback from the public launch and consultation event, November 2016



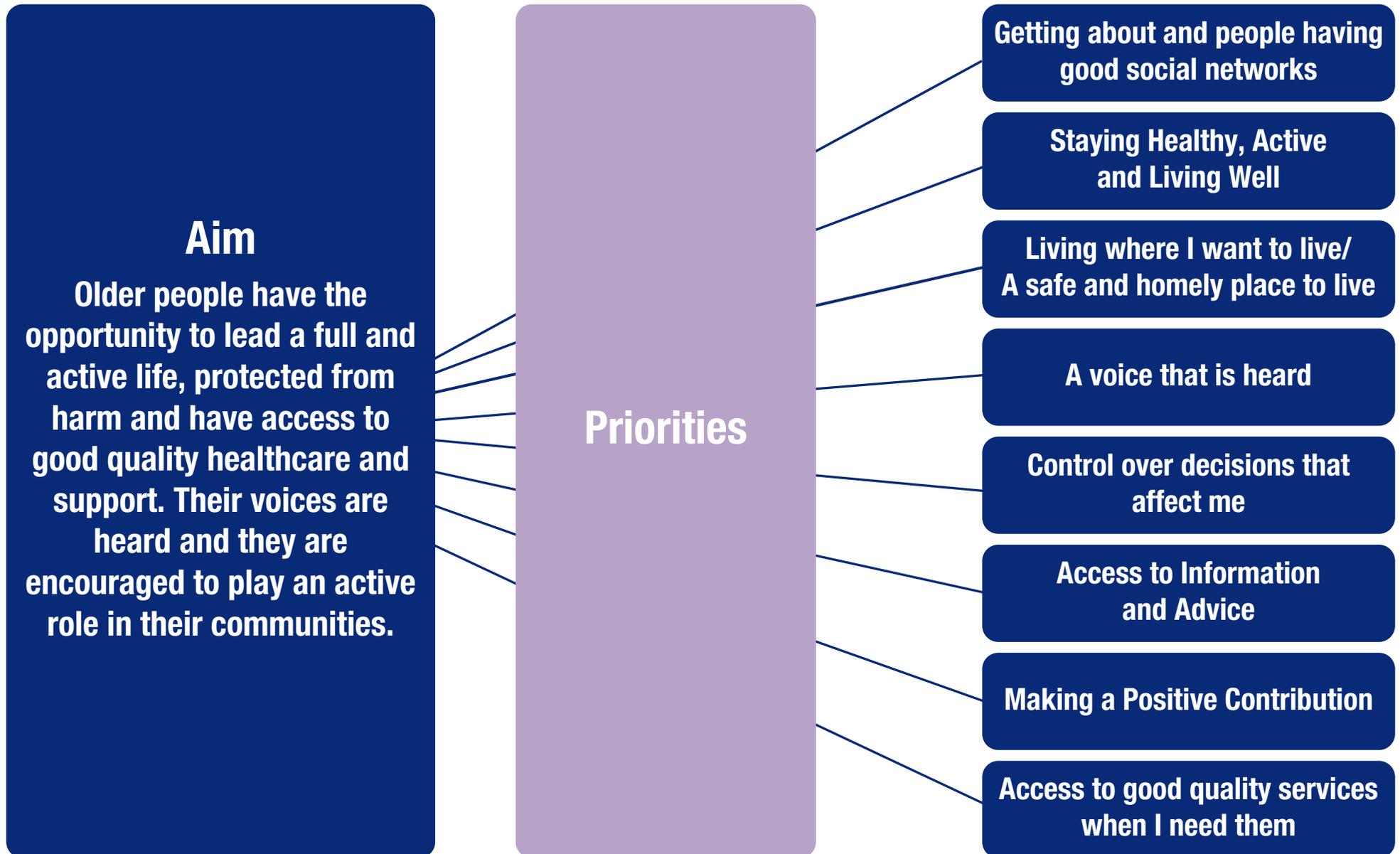
The feedback from the launch event for Midlothian's Joint Older People's Strategy 2016 – 2019 was hugely positive. At this event the challenges and issues contained in the strategy were discussed in themed discussions. Each “Priority Issue” was talked through by facilitated, round-table discussions.

People attending the event talked about how important it is for older people to continue to make a positive contribution within their family and wider communities; having the opportunity to **“pass on skills and experience”** and promoting the view that **“No one is too old”**.

Many people at the event said they'd like to be more involved in ensuring the action plan is delivered – to enable this to happen an event will be planned in Jan-Feb 2017. People also said “we need more of this type of event”...therefore, next year there will be clear consultation and at least two public conversation events.

It is clear that people want... to be **more included and involved** in their communities; for there to be **more opportunities** for connecting people to activities and services; **better access** to GP's; **more information** to be available within GP practices; **high quality** of activities and services and supports that includes assisting people to plan for ahead... **“It is important as you get older to have control over decisions”**. This action plan can make all of this, and more, happen.

Action Plan: Key Priorities



Priority: Getting about and people having good social Networks

Action	Lead Partners	Impact	How will we know the Impact	Timescale
Promote Transport Links and Services through electronic, hard copy and accessible formats in a coordinated way across Health, Social Care and Voluntary sectors.	Karl Vanters, Principal Officer, Public Transport, Midlothian Health & Social Care Partnership Local area coordinators and community link workers across Health, Social Care and Voluntary Sectors	Older people have the information they need to get out and about and maintain / build their social networks. Older People will be able to travel across the community in a planned way.	The publication will be completed, promoted and distributed. The publication will come under review at least annually through the Transport working group.	December 2017
Establish a Transport Working Group to identify and find solutions to transport issues older people tell us are important.	Karl Vanters, Principal Officer, Public Transport Joint Older People's Planning Group	Responsive, sustainable transportation services will improve access across the community	The group will be established. A Transport policy will be developed. Number of issues raised to/ through the group having responses.	November 2016
Publish guidance on dementia friendly design for vehicles based on the experiences of people with dementia, carers and older people	Siobhan MacFarlane, Team Leader – Dementia Team Brian Paris, Planning officer – Older People	Journey's promote safety, comfort and confidence from the point of pick-up to drop-off. People with dementia and their carers have improved travel experiences. People with dementia can be active in their communities and feel socially included.	Guidance for taxi, public transport and community transport will be published. Number of drivers who are dementia friends/dementia aware Transport design will change within taxi's and buses.	November 2017

Priority: Staying Healthy, Active and Living Well

Action	Lead Partners	Impact	How will we know the Impact	Timescale
Support the Ageing Well project to promote and encourage older people to benefit from regular activity.	Vivian Wallace, Ageing Well Coordinator	<p>Older people have improved physical health and mental wellbeing through regular activities and social interaction.</p> <p>Older people have access to over 50 classes per week covering 20 different activities.</p> <p>Community events take place throughout the year to encourage more people to be active.</p>	<p>Numbers of people participating in activities.</p> <p>Feedback gathered from people attending activities and events.</p>	Continue throughout strategy to March 2019
Midlothian Active Choices project referral scheme	Isabel Lean, Project Coordinator	<p>Older people affected by mental health issues, obesity and chronic long term conditions become more active and have improved health.</p> <p>Older people have reduced need for medication and are less at risk of social isolation.</p>	Number of referrals received	Continuing throughout strategy to March 2019
Continue to support and develop the Dementia Cafe in partnership with people with dementia, carers and across public, private and voluntary sectors.	<p>Hazel Johnson, Dementia Advisor, Alzheimer Scotland,</p> <p>Volunteer Midlothian - Dementia Local area coordinator</p> <p>VOCAL</p>	<p>Carers benefit from and contribute to the support of peers.</p> <p>Carers and people with dementia have opportunity to be amongst friends in a supportive environment.</p> <p>People with dementia and carers have improved opportunity for social inclusion and good mental health.</p>	<p>Numbers of people with dementia and carers attending the cafe.</p> <p>Feedback from people attending the cafe including volunteers</p>	Continuing throughout strategy to March 2019

Priority: Staying Healthy, Active and Living Well

Action	Lead Partners	Impact	How will we know the Impact	Timescale
<p>Support older people to access health and wellbeing services and groups</p> <p>Focus on “What matters to me” through Good Conversations</p> <p>Target services in areas of greatest need</p>	<p>Tracy Mcleod</p> <p>Mairi Simpson</p>	<p>Older People have improved physical health and mental wellbeing</p>	<p>The numbers of people attending health and wellbeing services</p> <p>People reporting an improvement in health</p> <p>Review of case studies to explore the change in people’s health and well being</p> <p>Analysis of levels of needs will be undertaken for areas across Midlothian</p>	<p>Continuing through to March 2018</p>
<p>Local area coordinators to establish health promoting, dementia inclusive activities including Walking and Football memories groups and groups for people experiencing loss and bereavement.</p>	<p>Roisin Fitzsimons, Head of Services - Connect, Volunteer Midlothian</p>	<p>Older people are included in activities in their communities and have opportunity to develop relationships.</p> <p>People’s physical and mental health will improve.</p>	<p>Measuring number of activities and opportunities that people have been connected to.</p> <p>People report having changes in their physical and mental health</p>	<p>Continuing through to March 2019</p>

Priority: Living where I want to live/Having a safe and homely place to live

Action	Lead Partners	Impact	How will we know the Impact	Timescale
Review the model of care at Highbank residential care home and commission the construction of a purpose built, dementia friendly, community based intermediate care service.	Anthea Fraser – Service Manager, Midlothian Health & Social Care Partnership Representatives from across Health, Social Care, Voluntary and Private sectors.	High quality care and support delivered within modernised, fit for purpose buildings. People experience co-ordinated care that promotes improved recovery within the right environment. Supports anticipatory care planning and longer periods of self management.	A project team will be established and will have a clear project plan and identified resources. Construction and/ or re-modernisation of premises will have commenced.	By March 2019
Increase extra care housing stock in Midlothian including the building of 12 additional extra care, dementia friendly houses at Newbyres, Gorebridge.	Gillian Chapman, Planning Officer – Extra Care Housing, Midlothian Council Dawn Barrett, Service Manager, Midlothian Health & Social Care Partnership	People will have a greater range of supported housing options available to them in Midlothian and improved choice according to their personal needs and preferences. Reduce the number of care home admissions and enable older people to live in the community for longer. People will have a healthier, homely environment in which to live.	The construction of the houses will be complete. People requiring extra care will be living in those houses. The number of admissions to care homes will be reduced for people living in those homes. Number of people experiencing improved physical/ mental health.	April 2018
Building maintenance works and all future community housing to be informed by dementia friendly design.	Alzheimer Scotland, Hazel Johnston, Dementia Advisor Midlothian Council, Building Maintenance manager. Midlothian Council, Lucy Armstrong-Wright, Project Manager, Building Services	People have increased independence within the environment they live in. People are enabled to live in a homely environment for longer. Promotes a preventative approach which will reduce risk of falls, improve mobility and reduce anxiety from environmental factors.	Policy and guidance in building maintenance and design will be published. Number of dementia friendly building maintenance referrals/ works carried out. Number of referrals by maintenance team to Alzheimer Scotland.	Sept 2017

Priority: Living where I want to live/ Having a safe and homely place to live

Action	Lead Partners	Impact	How will we know the Impact	Timescale
Establish a physical environment (fixed or mobile) to test technology enabling care equipment.	Matthew Curl, Project Manager, Telehealthcare	Older people and their family/ carers will have improved information and experience of technology at home. Older people will be enabled through technology to live in their own home for as long as possible.	Number of people referred, signposted for and using Technologies. People report improved knowledge of telehealthcare technology.	April 2017
Team Manager – Care Homes to deliver training and workforce development within care homes on providing care, support and treatment in complex and end of life situations.	Team Manager – Care Homes	Staff will provide improved levels of personalised care, support and treatment in complex situations. People will have reduced periods of stays in hospital.	The number of staff accessing training People receiving services will report having experienced good levels of care, support and treatment.	Throughout Strategic Plan Period.
Deliver home environment 'Hints & Tips' workshops for carers of people with dementia.	VOCAL – Lucy Stewart, Vocal, Carer Support Worker Siobhan Macfarlane, Team Leader – Dementia Team, Midlothian Council	Carers and people with dementia have information to create a more dementia friendly home environment. Carers and people with dementia benefit from sharing their lived experiences of home adaptations. The workshop informs future local dementia Hints & Tips or dementia guidance	The number of workshops held & number of attendees to workshops. Evaluation and feedback from attendees to workshop. An updated version of the Hints & Tips low level home improvement guide will be available.	June 2017

Priority: A voice that is heard

Action	Lead Partners	Impact	How will we know the Impact	Timescale
Provide a platform for older people's voices to be heard and responded to through development of the Midlothian Older People's Assembly (MOPA)	Eric Johnstone, Midlothian Voluntary Action, Community Care Forum Development Worker	Older People are included and have say in the design and delivery of services on issues they say are important to them. Issues impacting on older people are identified and responded to sooner.	The number of people attending MOPA events. The number of changes resulting from issues raised by MOPA	Currently in operation – April 2017
Involve people living with dementia, their carers and family in the evaluation and design of Dementia Services.	Siobhan Macfarlane – Team Leader, Dementia Team Brian Paris, Planning Officer – Older People	The coordination of dementia care for people improves people's lives. Skilled, trained and effective staff will operate across Health, Social care and voluntary sectors. Midlothian responds to Scottish Government findings from testing the Alzheimer Scotland 8 Pillars model of community support.	A service review will be undertaken An action plan for the dementia team will be agreed A response to the Scottish Govt. Independent evaluation will be delivered.	April 2016
Take a coordinated, partnership approach to reach & engage older people who are difficult to reach.	Eric Johnstone, Midlothian Voluntary Action, Community Care Forum Development Worker	All older people have opportunity to be actively involved in their communities and the design of services important to them. Opportunities for older people experiencing social isolation will be improved. Older people will have opportunity to bring their skills, talents and energy to their community.	Numbers of older citizens participating in organised forums.	Throughout Strategy period
Hold consultation events with older people in local communities and a range of settings throughout each year.	Eric Johnstone, Catherine Evans, Brian Paris	Older people are actively involved in their communities and in the design of services. Older people are valued and feel valued	Number of consultations taken place and issues raised. Number of actions resulting from consultation	November 2017

Priority: Control over decisions that affect me

Action	Lead Partners	Impact	How will we know the Impact	Timescale
Increase awareness to and application of Power of Attorney/ Guardianship Orders for older People	Lucy Stewart, VOCAL Shelagh Swithenbank, Planning Officer - Carers Midlothian Voluntary Action	Lawful decision making will improve quality of life, care and support for Older People, their carers and families. People will live well within a place and way which is best for them and respectful to their wishes.	Number of enquiries to VOCAL with regards to Power of Attorney and Guardianship orders.	September 2017
Deliver training to Health & Social Care workers about Powers of Attorney & Guardianship orders.	Legal team, Midlothian Council	Older people and carers will have consistent information about Power of Attorney & Guardianship Older people will have the care and support that takes into account their wishes.	Number of training sessions delivered and number of attending participants. Evaluation from participants at training events.	June 2016
Review anticipatory care planning and end of life care to ensure people experience personalised, respectful & compassionate end of life care & support.	Anthea Fraser, Service Manager – Older People, Midlothian Council	Older people and carers have improved quality of life through opportunity to think, talk about and to make informed choices about current and future care and support based on shared decision making. People experience an improved continuity in care and support across the care sector	The number of people having anticipatory care plans in place The number of people receiving end of life care and support in a place of their choosing	March 2018

Priority: Access to information and advice

Action	Lead Partners	Impact	How will we know the Impact	Timescale
Publish a Midlothian directory of activities, services and contacts specifically for older people.	Eric Johnstone, Midlothian Voluntary Action	Older people have information that is important to them. People access services when they need them	The number of directories printed and picked up from libraries, GP Practices. The number of electronic versions viewed or downloaded online An evaluation of the directory to take place prior to next review	December 2016
Publish clear guidance and signposting to advice services to improve awareness about opportunities for income maximisation.	Welfare Rights Team, Midlothian Council	Older people will be informed about and supported to access state and other benefits.	The value of funds accessed by people referred or signposted to services The number of people referred to and accessing services to maximise income	Throughout Strategy period
Continue to improve the distribution of information and opportunities to link in to community services and activities	British Red Cross, community coordinators, Volunteer Midlothian, Community Links	People receive the information, advice and opportunity to be active in their community. People are not socially isolated People are more able to keep in touch with friends and family through using technology	Number of people assessed and linked to community activities. % of People report having improved awareness of services, activities and opportunities Number of people attending training on internet and computer devices.	Throughout Strategy Period

Priority: Making a positive contribution

Action	Lead Partners	Impact	How will we know the Impact	Timescale
Continue to develop networks of support promoting the skills and attributes of older people whilst building the capacity for volunteering for older people across Midlothian	Midlothian Voluntary Action - Eric Johnstone – Community Care Forum Development Worker, Volunteer Midlothian, Living Well Team, Local Area Co-ordinators	People have a choice of meaningful activities to engage in. People are less likely to experience social isolation within their community People are able to positively learn from each other through shared interests and experiences.	Number of older people as volunteers The number of activities organised by peer groups Through evaluation and feedback	By March 2018
Work in partnership with mainstream adult education, Leisure and Health promoting organisations to increase variety and diversity of opportunities for older people.	Vivian Wallace, Ageing Well Coordinator British Red Cross, Local Area Coordinators, Volunteer Midlothian, Community Links Coordinator	Older people enjoy a variety of mainstream activities in their local community. Older people can contribute to and participate in the creation and development of activities. Older people have the opportunity to volunteer in providing	Number of activities taking place across Midlothian through the Ageing Well initiative Number of people taking part in activities Number of volunteers and volunteer run activities taking place	March 2019

Priority: Access to good quality services when I need them

Action	Lead Partners	Impact	How will we know the Impact	Timescale
In partnership with the Scottish Ambulance Service and community partners develop, test and introduce a response that prevents unnecessary hospital admissions for people with dementia.	Morag Barrell, MERRIT Team Leader, Brian Paris, Planning Officer – Older People Scottish Ambulance Service, Clinical Governance Manager	People with dementia and their carers will receive personalised care and support from within the community and unnecessary hospitalisations will be reduced. People will receive the right care and support at the right time and in a familiar setting.	The number of people with dementia who are supported within their home or community rather than being conveyed to hospital unnecessarily	December 2017
Scope the need with regards to establishing a response for a specialist respiratory hub within the MERRIT team	Morag Barrell, MERRIT Team Leader	People will have improved health and experience less disruption through have specialist treatment within their home.		December 2017
Convert a part of Newbyres Care Home to provide 24 people with specialist dementia care and support in a residential community setting.	Dawn Barrett, Midlothian Council, Service Manager – Older People (West)	Reduce the number of people delayed in hospital waiting for specialised dementia care and support. People requiring specialist dementia care and support will be enabled to live in a homely setting for as long as possible	By monitoring the number of people with dementia delayed in hospital who require specialist dementia care and support By monitoring the number of people living in Newbyres residential care setting receiving Specialist Dementia care and support	March 2017

Priority: Access to good quality services when I need them

Action	Lead Partners	Impact	How will we know the Impact	Timescale
<p>Deliver dementia awareness sessions across community settings including Building Maintenance, schools, colleges and local businesses.</p>	<p>Alzheimer Scotland, Hazel Johnston, Dementia Advisor</p> <p>Midlothian Council, Brian Paris, Planning Officer – Older People</p> <p>Volunteer Midlothian, Mags Bryan, Local Area Coordinator</p>	<p>Stigma around dementia is reduced.</p> <p>Preventative responses through having enabling environment design and repairs.</p> <p>Communities and businesses are more accessible to people with dementia and their carers</p> <p>Young carers and older carers are better informed and supported to have a life alongside their caring role.</p>	<p>People will tell us how their awareness of dementia has changed</p> <p>The number of dementia awareness sessions delivered</p> <p>The number of people becoming dementia friends</p>	<p>June 2017</p>
<p>Embed the role of Dementia Practice Coordinator within the single dementia team to build on the aim of people with a diagnosis of dementia having a single point of contact throughout the course of their illness.</p>	<p>Siobhan Macfarlane, Team Leader, Dementia Team</p>	<p>People with dementia and carers will live as independently as possible for as long as possible</p> <p>People will live within their own home or in a homely setting</p> <p>People will benefit from having a continuity of care that is coordinated and in line with the wishes of the person with dementia</p>	<p>People with dementia and their carers will tell us</p> <p>People will experience fewer house moves due to their dementia</p> <p>% of people with dementia will have anticipatory care plans in place</p> <p>The Alzheimer Scotland models of community support will be used as standard practice</p>	<p>September 2017</p>

Priority: Access to good quality services when I need them

Action	Lead Partners	Impact	How will we know the Impact	Timescale
Recruit a Care Home Nurse Advisor to Develop and deliver a training programme to raise awareness of Adult Support and Protection within residential Care settings	Adult Protection Committee. Nurse – Care Home Advisor. Managers, Residential Care settings	Residential Care settings are safe and supportive environments in which to live. Improved reporting and responses to appropriate Adult Support and Protection matters.	Number of training sessions held and number of participants Monitoring feedback from people attending training Feedback from people living in Care Homes about the quality of their care Number of compliments/ complaints received across Care Homes	October 2016
Develop short breaks service and 'Respite' in partnership with private sector.	Hayley Burton, Respite/ Short Breaks Development Officer, VOCAL	People have an improved respite experience across a choice of respite options. Private sector aligns social and corporate responsibilities in partnership with public & voluntary sector.	Number of people accessing respite breaks Number of private sector partners participating	December 2017
Publish and distribute a directory of activities and services for Older People. Maintain 'information hubs' within libraries	Eric Johnstone, Community Development Officer and Local Area Co-ordinators Anna Cavaroli, Libraries	Older people access information, resources and activities.	Number of directories distributed. Number of older people accessing information hubs in libraries	September 2017

Priority: Access to good quality services when I need them

Action	Lead Partners	Impact	How will we know the Impact	Timescale
<p>Provide workshops and online “Hints & Tips” that help people create dementia friendly home environments.</p> <p>Create and publish a guide to accessing home adaptations & equipment</p>	<p>Siobhan MacFarlane, Team Leader, Midlothian Health & Social Care Partnership, Dementia Team.</p> <p>AT Home Hub Coordinator,</p> <p>Volunteer Midlothian, Local Area Coordinator - Dementia</p> <p>NHS – Occupational Therapists</p>	<p>People live independently for longer within their home.</p> <p>New build homes and maintenance of council homes will have a focus on dementia friendly design</p> <p>Older people with dementia and carers will have an improved quality of living in their home environment.</p>	<p>Number of attendees to workshops</p> <p>Evaluation of workshops</p> <p>Guidance booklets will be published.</p>	<p>March 2017</p>
<p>Develop an information sharing agreement across service sectors.</p>	<p>Brian Paris, Planning Officer – Older People,</p> <p>Rebecca Fairnie, Performance and Information Systems Manager</p>	<p>Organisations collaborate effectively.</p> <p>People will be able to access services quicker and organisations will be able to share information quicker.</p> <p>Partners are enabled to work within shared environments and have correct access to appropriate information</p>	<p>Information sharing agreement will be in place</p> <p>Number of organisations signed up to the information sharing agreement.</p>	<p>March 2018</p>

Appendix 1 - Integrated Care Fund allocation

Supporting Early Discharge from hospital and Intermediate Care

Intermediate Care Team Leader

Increased Assessment & Rehabilitation Capacity

Highbank Residential Care Home

24 Hours Falls response -Fall co-ordinator

British Red Cross - Assisted Discharge

Addressing Social Isolation

British Red Cross Buddy Scheme

British Red Cross Local area co-ordinators

Volunteer Midlothian – Volunteer co-ordinator

Midlothian Voluntary Association – Peer support

Day Centre support St Davids Bradbury

Carer support worker - Woodburn

VOCAL Support for carers in Primary Care

Volunteer Midlothian – Dementia local area coordinator

Dementia Post-Diagnostic Support Worker x 2 –
Alzheimer Scotland

Early Intervention and Prevention

Dietetics Weight management

Midlothian Active Choices

Ageing Well

Falls Prevention

PACE - Physiotherapy

Bibliotherapist work in mental health

Technology Enabled Care

Telehealthcare delivery team

Telehealthcare Strategy Officer

Supporting Self Management & Lifestyle Management

Local Screening Programmes in Primary Care

Ambulatory Blood Pressure Monitoring in Primary Care

Spring Project – Team Leader

House of Care - Thistle

House of Care - NHS Lothian OT

Public Health Practitioner

Lifestyle Management – NHS Lothian OT

Hospital to Home

Cowan Court Food Service

Working within the Independent Sector

Care Home Nurse Advisor

Extra Care Housing

Medication Management - Pharmacy

Medication Support for Care at Home

Total ICF Spend to date 2015/16 £1,440,000

Communicating Loud and Clear

We are happy to translate on request and provide information and publications in other formats, including Braille, tape or large print.

如有需要我們樂意提供翻譯本，和其他版本的資訊與刊物，包括盲人點字、錄音帶或大字體。

Zapewnimy tłumaczenie na żądanie oraz dostarczymy informacje i publikacje w innych formatach, w tym Braillem, na kasecie magnetofonowej lub dużym drukiem.

ਅਸੀਂ ਮੰਗ ਕਰਨ ਤੇ ਖੁਸ਼ੀ ਨਾਲ ਅਨੁਵਾਦ ਅਤੇ ਜਾਣਕਾਰੀ ਤੇ ਹੋਰ ਰੂਪਾਂ ਵਿੱਚ ਪ੍ਰਕਾਸ਼ਨ ਪ੍ਰਦਾਨ ਕਰਾਂਗੇ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਬਰੇਲ, ਟੇਪ ਜਾਂ ਵੱਡੀ ਛਪਾਈ ਸ਼ਾਮਲ ਹਨ।

Körler için kabartma yazılar, kaset ve büyük nüshalar da dahil olmak üzere, istenilen bilgileri sağlamak ve tercüme etmekten memnuniyet duyarız.

اگر آپ چاہیں تو ہم خوشی سے آپ کو ترجمہ فراہم کر سکتے ہیں اور معلومات اور دستاویزات دیگر شکلوں میں مثلاً بریل (ناہیا افراد کے لیے) اور بڑے حروف کی کھانسی (میں) میں ٹیپ پر یا بڑے حروف کی کھانسی میں فراہم کر سکتے ہیں۔

Contact 0131 270 7500 or
email: enquiries@midlothian.gov.uk

Contacts:

NHS Inform: www.nhsinform.co.uk or **0800 224 488** for information about healthy living, illnesses or health conditions, injuries, how to look after yourself and when to seek advice.

NHS24 Helpline: **111** for advice 24 hours a day on health problems

Treat yourself better: www.treatyourselfbetter.com for advice on what to do if you have cold or flu symptoms

Self Care Forum: www.selfcareforum.org/resources/patient-portal for fact sheets about looking after yourself when you are ill.

Living well: www.nhs.uk/livewell or www.nhsinform.scot/healthy-living for advice on healthy eating, exercise and stopping smoking:

Midlothian Stop Smoking Service: **0131 537 9914** for help to stop smoking or ask your local pharmacist

Active Midlothian: www.activemidlothian.org.uk If you are interested in exercise and being more active.

Ageing Well: (for people aged 50+) **0131 561 6506** . If you are aged over 50 years of age and want to be more active.

British Red Cross community co-ordinators: **0131 654 0340** for information about local activities and support to get out and about.

If you do need advice from a doctor...

Phone appointments: You can make a GP phone appointment instead of attending the GP practice. If you don't need to be examined, a phone appointment can be quicker and easier. If the doctor feels they need to see you, they will ask you to come in.

If the receptionist asks what is wrong with you, please tell them.

They are asking so they can find the best appointment for you. Reception staff are bound by the same confidentiality rules as doctors and nurses. They are not allowed to tell people outside the practice anything about you..... **and if you are unable to attend your GP appointment, please phone and cancel**