Adult & Social Care

Service Plan

2017/18

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1. OVERVIEW

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

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

1.3 Consultation: There is a well established programme of public engagement including surveys and public engagement events. Over the past year we held events for Older People, Disabled People, People with Sensory Impairment and People with Mental Health problems. To support the ongoing engagement of the public a new health and social care forum is now well-established –the *Hot Topics* Group - and alongside this we are committed to a stronger involvement in the Neighbourhood Planning system.

1.4 Equalities: The major new responsibility of the Integration Joint Board is to address Health Inequalities. This will be pursued in close collaboration with other Community Planning partners who have agreed to pursue inequalities as its main objective during 2016-19.

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

2. KEY CHALLENGES

2.1 This coming year will continue to entail **wide ranging transformation** in both organisation and delivery of health and social care services. To ensure a managed approach to these changes a Transformation Board has been established. Organisationally changes will continue to be made both managerially and in front line services to strengthen a more integrated approach to health and social care. In relation to offender services alongside the move towards more localised governance and strategic planning arrangements, there will be a concerted effort to address the underlying causes of offending including substance misuse and mental health needs.

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

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

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

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

2.6 The financial constraints facing the Partnership mean it is critical that we review and redesign how we provide services to people with **complex care needs**. Some packages of care are in excess of £250k per annum and approximately 35 service users account for over £5m of the community care annual budget of £39m.

3. SELF-EVALUATION

This past year has seen a significant shift towards a more integrated service with health. We will take stock of the new service arrangements through a joint self-evaluation exercise. Within public protection we have reviewed our effectiveness as a relatively new multiagency partnership. At individual service level the registered services have undertaken self-assessments in preparation of Care Inspectorate visits. We are also in the midst of reviewing our approaches to workforce planning and to the allocation of resources through our Realistic Care Realistic Expectations Programme Board.

4. PRIORITIES FOR IMPROVEMENT

4.1 Service-Wide

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

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

3. Self-Management: People are living longer with long term health conditions. We must support them to manage their own conditions through advice and through access to peer support. The continued implementation of Self-Directed Support is another dimension to people taking more control over their own lives.

4. Planning Ahead: This theme of enabling people to gain more control over the lives must also be reflected in the way which they plan for the future. This includes the development of Anticipatory Care Plans, which at present are primarily complied by GPs, and emergency planning for carers. One specific action we will take is to continue our promotion the use of Power of Attorney legislation.

5. Carers: Working with unpaid carers has been an area of practice we have sought to strengthen in recent years and further work will be required following the implementation of the new Carer's legislation. The key issue is to continue to identify those many carers who are not receiving any formal support.

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

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

8. Workforce Planning and Development: Ensuring the recruitment and retention of a skilled committed workforce is critical to the successful delivery of social care services. Work will continue on the Organisational Development Programme for Integration we have recently established a Midlothian Council SVQ Centre. There remains a continuing need to reduce the costs and impact on service delivery of staff absence rates.

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

4.2 Older People Priorities

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

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

12. Supporting People with Dementia: The single biggest impact of an ageing population is the increasing numbers of people with dementia-set to double over the next 20 years. The establishment of a Single Dementia Team, the redesign of Newbyres and the service initiatives flowing from the 8 Pillars Dementia Demonstrator project are key actions to help respond to this growing need.

4.3 Priorities for Services to Adults and Criminal Justice

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

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

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

16. Transforming Learning Disability Services: Community based services for people with learning disability can be very expensive for those people with complex needs. We will continue the transformation of local services including through the provision of new accommodation for 12 people with complex needs.

17. Reorganisation of Criminal Justice Service: Following a national review Criminal Justice Services will move to a model of local control. This will enable greater coherence with local partners and more access to health and care services to help address the root causes of offending behaviour.

5. KEY ACTIONS

5.1 Service Wide

1. Health Inequalities: Social work staff will

    a. participate in the area targeting project;

    b. undertake training on inequalities and poverty;

    c. establish links with new local services e.g. Community Health Inequalities Team and the Thistle Project

2. Assessment and Care Management: We will review the model of care management with a view to

    a. addressing waiting times for Occupational Therapy and Social Work;

    b. increasing the capacity to regularly undertake care package reviews;

    c. working more effectively with health colleagues;

    d. contributing to Anticipatory Care Planning to ensure plans reflect both health and social care needs

    e. arranging care packages in a way which maximises the capacity of families and communities as well as recognising the severe financial constraints

3. Technology: The recognition that the current model of health and social care is not financially sustainable given the growing demands and demographic changes means we must rethink how we deliver services. This provides the opportunity and incentive to strengthen our use of technology in the work environment and in supporting service users. Specific projects include i) care home videoconferencing ii) creation of a dementia digital hub; and iii) introducing community frailty assessments. There will be further work to review and refresh our approach to telehealthcare, moving beyond traditional approaches and harnessing new technologies that connect across services.

4. Carers:

    a. Working with vol. orgs. we will continue to seek to identify hidden carers

    b. The approach to carers assessments will be reviewed in light of the new carers legislation

    c. Develop a more structured and comprehensive approach to the provision of emergency planning for carers

5. Locality Working: In order to develop a more locally sensitive and connected service we will undertake a pilot project in Penicuik with the support of the national Collaborative Leadership Programme.

5.2 Older People

1. MERRIT: We will establish the COPD Advanced Physiotherapy service, supported by additional nursing input, including anticipatory care nursing support.

2. Hospital at Home Team: We will fully implement the enhanced Hospital at Home service providing 5 more beds as an alternative to acute hospital care

3. Highbank: We will develop a Business Case for the reprovision of Highbank. We will also review the staffing models to ensure they remain fit for purpose, with greater emphasis on rehabilitation

4. Falls Strategy: We will establish a post to develop and implement a falls prevention strategy

5. Day Support: we will finalise the Day Service Review and develop plans for the service temporarily located in the Community Hospital

6. Extra Care Housing: We will develop detailed plans for extra care housing in Dalkeith and continue to work with Registered Social Landlords to redesign their Sheltered Housing services

7. Care Homes: We will review the current capacity and quality of local provision with a view to developing a local commissioning strategy

8. Community Hospital: We will fully implement the provision of inpatient rehabilitation following the transfer from Liberton Hospital

9. Care at Home: We will undertake a full review of care at home and establish new models of care that supports a more sustainable approach to the delivery of care at home, reflecting both in house and external provision.

10. Frailty: We will work with Primary Care to provide a proactive approach to people identified by GPs as being frail

ADULT SERVICES

Mental Health

1. Early Intervention: We will evaluate the impact of the new MH Access Point
2. Physical Health: The Communities Health Inequalities Team will continue to find ways of supporting people who are hard to reach
3. Self-Management: We will roll out the Wellbeing Service provided in Health Centres and with the support of Healthcare Improvement Scotland evaluate its impact.
4. Recovery Hub: We will design and implement a Recovery Hub for people with mental health and/or substance misuse needs
5. Working with People in Crisis: We will develop ways of providing support to people in crisis including those for whom the Police are the first line of response
6. Trauma: We will develop and implement a strategy to address the needs of people whose lives continue to be affected by earlier trauma

Learning Disability

7. Complex Care: We will fully implement 12 new homes specifically to meet the housing needs for people with complex learning disabilities
8. Challenging Behaviour Service: We will develop a robust local challenging behaviour service
9. Day Services: We will complete the review and redesign of day services reducing costs including transport
10. Reviews: We will undertake reviews of all high packages of care

Substance Misuse

11. Service Redesign: In view of the Scot. Govt decision to reduce funding to Drug and Alcohol Partnerships we will continue to reshape services.
12. Recovery Networks and Peer Support: We will continue to shift our use of resources to services which support recovery including peer support such as the recovery cafe and Health Centre pilot work

Offenders

13. Women Offenders: We will continue to find ways of resourcing the continuation and if possible the expansion of the Spring Services.

14. Health Inequalities: We will work with the Communities Health Inequalities Team to help address the poorer health experienced by people who have offended.

15. Domestic Abuse: We will improve staff awareness and responses to domestic abuse

People under 65 yrs with Long Term Conditions, Disability and Sensory Impairment

16. House of Care: We will evaluate the impact of the service with a view to considering the long term sustainability of the service

17. TCAT: We will plan how best to maintain a service to people with cancer following the cessation of the TCAT Project including through application for Cancer Strategy funding

18. Employment: We will work with the Employability service and specialist employment agencies in sensory impairment, cancer etc

19. Hearing Aids: We will implement plans for the local provision of audiology clinics and hearing aid repairs.

20. Sensory Impairment: We will work with Deaf Action and RNIB to strengthen links between their staff and local social work staff including better information sharing

People in Receipt of Housing Support

21. Recovery Approach: We will work with providers to shift the model of care away from ongoing support to one focussed upon rehabilitation and recovery towards independence.

6. RESOURCES

MIDLOTHIAN COUNCIL

Adult and Social Care

	Budget	
	2016/17	**2017/18**
SERVICE FUNCTION	**£**	**£**
Addictions	29,701	29,701
Assessment and Care Management	3,094,663	3,113,647
Criminal Justice	(52,633)	(5,088)
Learning Disability Services	10,711,364	10,205,346
Management and Administration	95,217	97,069
Meldap	162,900	165,047
Mental Health Services	775,572	775,572
Non Specific Groups	1,056,530	1,056,530
Older People	15,982,493	17,247,963
People with AIDS/HIV	(32,778)	(32,778)
Performance and Planning	567,897	576,628
Physical Disability Services	3,414,142	3,403,240
Public Protection	379,189	390,132
Service Management	353,886	305,971
Strategic Commissioning	180,977	180,803
NET EXPENDITURE	36,719,122	37,509,783
SUBJECTIVE ANALYSIS		
Employee Costs	12,914,518	14,026,387
Premises Costs	80,037	81,969
Transport Costs	743,601	776,596
Supplies and Services Costs	781,485	914,092
Third Party Payments	35,580,440	36,267,701
Transfer Payments	14,229	14,229
GROSS EXPENDITURE	50,114,311	52,080,975
INCOME	13,395,189	14,571,191
NET EXPENDITURE	36,719,122	37,509,783

7. Service Objectives

The following tables contain key service priorities, actions and indicators for 2017/18.

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

Appendix B: Key service priorities, actions and indicators for 2017/18

Appendix C: Equalities Impact Assessment

APPENDIX A: Single Midlothian Plan 3 year priorities 2016/19

Midlothian Community Planning Partnership Board agreed that all partners will focus for the 3 years on how they can contribute to:-

1 Reducing inequalities in the health of our population

2 Reducing inequalities in the outcomes of learning in our population

3 Reducing inequalities in the economic circumstances of our population

Each Thematic group has identified their 3 year priorities which link to the 3 agreed priorities stated above.

ADULT HEALTH AND CARE (AHC)

1 People are able to look after and improve their own health and wellbeing and live in good health for longer

2 People, including those with disabilities/long term conditions or are frail are able wherever possible, to live independently and in their own homes

3 Health and Social Care have contributed to reducing health inequalities

4 Unpaid carers are supported to look after their own health and wellbeing

COMMUNITY SAFETY (CS)

1 Fewer people are victims of crime, abuse or harm

2 People feel safe in their neighbourhoods and homes

3 Our communities take a positive role in shaping their future

GETTING IT RIGHT FOR EVERY MIDLOTHIAN CHILD (GIRFEMC)

1 Children in their early years and their families are being supported to be healthy, to learn and to be resilient

2 All Midlothian children and young people are being offered access to timely and appropriate support through named person service

3 All care experienced children and young people are being provided with quality services

4 Children and young people are supported to be healthy, happy and reach their potential

5 Inequalities in learning outcomes have reduced

IMPROVING OPPORTUNITIES MIDLOTHIAN (IOM)

1 Poverty Levels in Midlothian overall are below the Scottish average

2 Midlothian residents are successful learners and young people go on to positive destinations when they leave learning

3 There is a reduction in inequality in health outcomes

4 Citizens are engaged with service development and delivery

SUSTAINABLE GROWTH (SG)

1 New jobs and businesses are located in Midlothian

2 Midlothian's economic growth rate consistently outperforms the Scottish average

3 Midlothian is an attractive place to live, work and invest in

4 The gap between average earnings of the working age population living and working in Midlothian and the Scottish average has decreased

5 Environmental limits are better respected, especially in relation to waste, transport, climate change and biodiversity

8 More social housing has been provided taking account of local demand

9 Homelessness has reduced, and people threatened with homelessness can access advice and support services

APPENDIX B Adults and Social Care Service Plan 2017-18

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
Service Priority Only (not included in the SMP): Health Inequalities						
The Adults & Social Care Service will participate in and contribute to the area targeting projects	31/03/18	There is no Performance Indicator required for this action	N/A	N/A	N/A	Adult and Social Care
Social care staff will be trained on inequalities and poverty	31/03/18	Increase the number of staff trained in inequalities & poverty	New Measure	New Measure	New Measure	NHS Lothian
The Social Care Service will establish links with new local services e.g. Community Health Inequalities Team and the Thistle Project	31/03/18	The number of people seen by the Community Health Inequalities Team	New Measure	New Measure	N/A	A Milne/ NHS Lothian
Service Priority Only (not included in the SMP): Review the model of care management						
Reduce the waiting times for occupational therapy and social work services	31/03/18	Average waiting time for occupational therapy services (weeks)	6	Mar 14 - 9	2015/16 - 13 2016/17 Q1 - 15 Q2 - 10 Q3 - 14	Adult and Social Care
	31/03/18	Average waiting time for social work services (weeks)	6	Mar 14 - 6	2015/16 - 16 2016/17 Q1 - 19 Q2 - 22 Q3 - 25	Adult and Social Care
Address the lack of capacity to undertake care package reviews	31/03/18	Maximise the proportion of care packages that are reviewed within timescales	New Measure	New Measure	New Measure	Adult and Social Care
Strengthen joint working with health colleagues	31/03/18	There is no Performance Indicator for this action	N/A	N/A	N/A	Adult and Social Care

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
Social Care staff will have more involvement in anticipatory care planning	31/03/18	There is no Performance Indicator for this action	N/A	N/A	N/A	Adult and Social Care/ NHS Lothian
Fully implement Self Directed Support	31/03/18	Improved reported outcomes by service users	TBD after Q4 data gathered	14/15 - 87%	2014/15 87% 2015/16 Q1 - 83.4% Q2 -89.25% Q3-84.92% Q4-87.57% 2016/17 Q1 - 87.8% Q2 - 86.4% Q3 -87.73%	Adult and Social Care
	31/03/18	Increase the percentage of people who say they are able to look after their health or who say they are as well as they can be	TBD after Q4 data gathered	14/15 - 86%	2014/15 - 86% 2015/16 - 83%	Adult and Social Care
	31/03/18	Increase the percentage of people who said that the care and support they received had a positive impact on their quality of life	TBD after Q4 data gathered	14/15 - 87%	2014/15 - 87% 2015/16 - 89%	Adult and Social Care
	31/03/18	Increase the percentage of people who feel they are participating more in activities of their choice	TBD after Q4 data gathered	14/15 - 57.3%	2014/15- 57.3% 15/16 Q1 - 77% Q2 - 89.02% Q3 - 87.5%	Adult and Social Care

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
	31/03/18	The proportion of people choosing SDS option 1	SDS options choices are personal to users and information is shown to monitor the split rather than to promote any particular option	TBD after Q4 data gathered	2016/17 Q1 - 5.4% Q2 - 5.9% Q3 - 5.9%	Adult and Social Care
	31/03/18	The proportion of people choosing SDS option 2		TBD after Q4 data gathered	2016/17 Q1 - 4.8% Q2 - 4.5% Q3 - 4.9%	Adult and Social Care
	31/03/18	The proportion of people choosing SDS option 3		TBD after Q4 data gathered	2016/17 Q1 - 93.2% Q2 - 93.3% Q3 - 93.2%	Adult and Social Care
	31/03/18	The proportion of people choosing SDS option 4		TBD after Q4 data gathered	2016/17 Q1 - 4% Q2 - 3.7% Q3 - 4%	Adult and Social Care
Service Priority Only (not included in the SMP): Supporting service users through the use of technology						
Introduce community frailty assessments	31/03/18	Number of Community Frailty Assessments Undertaken	New Measure	New Measure	New Measure	Adult and Social Care
Service Priority Only (not included in the SMP): Carers						
Continue to work with voluntary organisations to seek to identify hidden carers	31/03/18	Performance indicators not available at present - to be developed once action is complete	New Measure	New Measure	New Measure	Adult and Social Care

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
Review the carer assessment process in light of new legislation	31/03/18	Increase the number of people receiving an assessment of their care needs (Carer Conversations)	TBD after Q4 data gathered	2014/15 - 75	2014/15 - 75 2015/16 - 126 2016/17 Q1 - 33 Q2 - 66 Q3 - 84	Adult and Social Care
	31/03/18	The ratio of workflow which is a Carer's Conversation	TBD after Q4 data gathered	TBD after Q4 data gathered	2016/17 Q1 - 4.23% Q2 - 4.5% Q3 - 4.07%	Adult and Social Care
Develop a more structured and comprehensive approach to the provision of emergency planning for carers	31/03/18	Performance indicators not available at present - to be developed once action is complete	N/A	N/A	N/A	Adult and Social Care
Service Priority Only (not included in the SMP): Older People						
Develop and expand the MERRIT service to provide increased support and enable quicker discharge from hospital	31/03/18	Increase the number of patients supported through Hospital at Home	360 (30 per month	2016/17 - 28	2015/16 Q1 - 20% Q2 - 19% Q3 - 24%	Adult and Social Care
		Decrease the percentage of falls which result in a hospital admission for clients aged 65+	TBD after Q4 performance gathered	Q3 15/16 - 4.9%	2015/16 Q1 - 8.4% Q2 - 6.4% Q3 - 4.9% Q4 - 4.79% 2016/17 Q1 - 1.19% Q2 - 4.07% Q3 - 4.63%	Adult and Social Care

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
Increase the range of intermediate care options within the community	31/03/18	Increase the percentage of Intermediate Care at Home clients who returned home with no package of care	TBD after Q4 data gathered	Q3 15/16 - 3.6%	2015/16 Q1 - 0% Q2 - 2% Q3 - 3.6% Q4 - 4% 2016/17 Q1 - N/A% Q2 - 0% Q3 - 1.03%	Adult and Social Care
	31/03/18	Decrease the percentage of Intermediate Care at Home Clients who were admitted to a care home	TBD after Q4 data gathered	Q3 15/16 - 17%	2015/16 Q1 - 11.5% Q2 - 22% Q3 - 17% Q4 - 15% 2016/17 Q1 - N/A Q2 - 0% Q3 - 11.3%	Adult and Social Care
	31/03/18	Decrease the percentage of Intermediate Care at Home Clients who returned to hospital	TBD after Q4 data gathered	Q3 15/16 - 13.4%	2015/16 Q1 - 6.5% Q2 - 12% Q3 - 13.4% Q4 - 11.9% 2016/17 Q1 - 0% Q2 - 0% Q3- 21.6%	Adult and Social Care
Expand the 7 day working capacity of the Hospital at Home Team to manage 10 people at any one time	31/03/18	Increase the number of patients supported through Hospital at Home	360 (30 per month	2016/17 - 28	N/A	Adult and Social Care

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
Develop a business case for the re-provision of Highbank care home to become a purpose built intermediate care home	31/03/18	There is no Performance Indicator for this action				Adult and Social Care
Develop Inreach Hospital Discharge Team	31/03/18	Reduce the rate per 1000 population emergency hospital admissions for people aged 75+	TBD after Q4 data gathered	September 14 - 361	2014/15 Q3 - 368 Q4 - 377 2015/16 Q1- 363 Q2 - 366 Q3 - 44.96 Q4 - 44.96 2016/17 Q1 - 354 Q2 - 346 Q3 - 324	Adult and Social Care
	31/03/18	Reduce the number of patients delayed in hospital for more than 72 hours at census date	TBD after Q4 data gathered	TBD after Q4 data gathered	2015/16 Q1 - 8 Q2 - 4 Q3 - 6 Q4 - 1 2016/17 Q1 - 7 Q2 - 9 Q3 - 17	Adult and Social Care

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
	31/03/18	Maintain at zero the number of patients delayed in hospital for more than 2 weeks at census date	0	2014/15 - 1	2014/15 Q3 - 0 Q4 - 1 2015/16 Q1 - 0 Q2 - 6 Q3 - 2 Q4 - 1 2016/17 Q1 - 2 Q2 - 17 Q3 - 11	Adult and Social Care
Implement the Falls Strategy	31/03/18	There is no Performance Indicator for this action				Adult and Social Care
Development of the Joint Dementia Service to manage crisis referrals for people with dementia and their families	31/03/18	Increase the number of people receiving Post Diagnostic Support	TBD after Q4 data gathered	Will be reported in Q4 Balance Scorecard	Will be reported in Q4 Balance Scorecard	Adult and Social Care
Develop Day Support services to older people focussing on community hubs and a day support referral panel	31/03/18	Increase the number of older people attending day centres	TBD after Q4 data gathered	12/13 - 375	12/13 - 375 13/14 - 271 14/15 - 341	Adult and Social Care
Re-provision Gore Avenue extra care housing	31/03/18	There is no Performance Indicator for this action				Adult and Social Care
Increase support to all care homes through a Care Home Nurse Advisor	31/03/18	There is no Performance Indicator for this action				Adult and Social Care

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
Service Priority Only (not included in the SMP): Adults - Mental Health						
Improve access to early intervention including through Mental Health Access Point	31/03/18	Increase the number of people accessing the Mental Health Access Point	New Measure	New Measure	New Measure	Adult and Social Care/ Martin Bird
Address the physical health needs by providing drop in sessions in the community hospital.	31/03/18	Increase the number of people accessing the Communities Inequalities Team	New Measure	New Measure	New Measure	Adult and Social Care/ NHS Lothian
Address the physical health needs through the Community Inequalities Team	31/03/18	Narrative only at present, but indicators may be available later	N/A	N/A	N/A	Adult and Social Care/ NHS Lothian
Strengthen self-management through peer support and *House of Care* services	31/03/18	Performance indicators not available at present - to be developed once action is complete	N/A	N/A	N/A	Adult and Social Care/ NHS Lothian
Service Priority Only (not included in the SMP): Adults - Learning Disability						
Develop and implement 12 new homes specifically to meet the housing needs for people with complex learning disabilities	31/03/18	There is no Performance Indicator for this action				Adult and Social Care
Seek to invest in the development of a service to support families and paid care staff working with people with challenging behaviour	31/03/18	There is no Performance Indicator for this action				Adult and Social Care
Service Priority Only (not included in the SMP): Adults - Substance Misuse						
Reshape local services following reduction in funding	31/03/18	There is no Performance Indicator for this action				Adult and Social Care

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
Shift our use of resources to services which support recovery including peer support such as the Recovery Cafe and Health Centre pilot work	31/03/18	Increase the number of people accessing peer support services	TBD after Q4 data gathered	TBD after Q4 data gathered	TBD after Q4 data gathered	Adult and Social Care
Service Priority Only (not included in the SMP): Adults - Offenders						
Continue and expand the SPRING service provision in line with funding	31/03/18	Numbers accessing SPRING service	New Measure	New Measure	New Measure	Criminal Justice
The new service to be provided by the Communities Health Inequalities Team will include specific targeting of people who have offended	31/03/18	Narrative only at present, but indicators may be available later	N/A	N/A	N/A	Criminal Justice/ NHS Lothian
Extend Multi-Agency arrangements to include violent offenders	31/03/18	Monitor the number of violent offenders with MAPPA involvement	TBD after Q4 data gathered	TBD after Q4 data gathered	Q1 16/17 - 0 Q2 16/17 - 0 Q3 16/17 - 0	Criminal Justice
Service Priority Only (not included in the SMP):						
Wellbeing Services will be extended to a further 6 GP practices	31/03/18	Increase the number of people seen by the wellbeing service	New Measure	New Measure	New Measure	NHS Lothian/ Mairi Simpson
Implementation of a new service funded by MacMillan to support individuals following cancer treatment to address lifestyle issues including employment, exercise, diet, counselling and social activities	31/03/18	The number of people attending the Transforming Care after Treatment drop in centre in Lasswade	New Measure	New Measure	New Measure	Adult and Social Care
	31/03/18	The number of people receiving an holistic needs assessment	New Measure	New Measure	New Measure	Adult and Social Care

Actions	Due Date	Performance Indicator	Target	Baseline	Previous trend data	Owner
Evaluate the need and most appropriate service response to the needs of people under 65yrs, learning from the experience of such facilities in Highbank for older people.	31/03/18	There is no Performance Indicator for this action				Adult and Social Care
Coordinate the provision of hearing aid maintenance and repair clinics in libraries including the recruitment of volunteers	31/03/18	Narrative only at present, but indicators may be available later	N/A	N/A	N/A	Adult and Social Care
Arrange and deliver training to all health and social care staff working with NHS Lothian partners to ensure the implementation of a system to flag up sensory impairment on medical records	31/03/18	Number of people receiving training	New Measure	New Measure	New Measure	Adult and Social Care

APPENDIX C: Equality Impact Assessment

Information published by Midlothian Council can be provided on request in many of the community languages e.g. Cantonese, Punjabi, Urdu and also in large print, Braille, or audio tape. For more information please contact Midlothian Council on 0131 270 7500.

Section A: Introduction

1. Title of policy, procedure or function being assessed

Service Plan for Adults & Social Care

2. Divisions/organisations/groups involved in doing this Equality Impact Assessment

Adult & Social Care Management Team

3. *Date started:* 20/03/2016 *Date completed:* 20/03/2016

Section B: Information

4. Please describe the Policy, Procedure or Function you are impact assessing

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

5. *What information and consultation data do you have to inform your assessment? What does it tell you?*

In addition to the specific consultation exercises referred to below a great deal of planning and service development is routinely undertaken in partnership with users, carers and other stakeholders. Users and carers are represented on the joint planning groups. Their views and concerns are incorporated into this plan. A survey of social work Users and Carers is undertaken annually to evaluate feedback on service quality and impact.

Criminal Justice

The key partners in the management of high-risk offenders are Police and Housing, with whom joint approaches are developed, as required, under the duty to co-operate contained in the Management of Offenders (Scotland) Act 2005. Greater emphasis will be placed on joint working involving the Community Justice Authority (CJA), the Council and other partners to develop new ways of working with prolific offenders and women offenders.

Community Care

A Strategic Commissioning Plan for Health and Care (2016-2019) was approved by the Integrated Joint Board in March 2016. A further one year Local Delivery Plan for 2017-18 was approved on the 16th March 2017. The Strategic Commissioning Plan and the Local delivery Plan both entailed a substantial programme of public consultation. More broadly work was undertaken with the Scottish Health Council to establish a more integrated approach to user/patient engagement with the establishment of the Hot Topics Forum. The new Integration Joint Board for the Health and Social Care Partnership agreed from the outset to include both a user and carer member to ensure that they had a voice at the highest level.

Specific consultation exercises were undertaken in particular client group areas such as public events considering the needs of people with sensory impairment, physical disability mental health needs and older people.

6. *Do you need more information or more consultation/engagement data?*

- Do you need anything more:
  i. to do this Equality Impact Assessment (EQIA)
  ii. to monitor or assess, in future, the impact of the policy/procedure or function you are EQIAing on people with different equalities characteristics
- Lack of data is not a sufficient reason to conclude there is no impact. It is insufficient to state that a policy will affect everyone equally without having considered the different barriers some people may encounter.

We continue to be concerned that we are not reaching carers from minority ethnic backgrounds. A budget has now been set aside to enable voluntary organisations to access interpreter services when working with BME carers. More broadly the Service Plan acknowledges the role which Adult Health and Care will have in contributing to the Area Targeting projects and the commitment of the Community Planning Partnership to address inequalities. This will inevitably require more work to be undertaken to understand the views of users and carers

Section C: Assessment

Midlothian Council equality impact assesses on **all** of the characteristics in the box below, so you should consider all of these in your assessment. If you want you can consider other groups as well.

Race (this includes ethnic or national origins, colour and nationality);
Disability (e.g. physical disabilities, sensory impairments, learning disabilities, mental health conditions or long-term illnesses)
Gender (male/female);
Age (all ages)
Sexual Orientation (gay man, gay woman/lesbian, bisexual, heterosexual/straight);
Religion or belief (including having no religion or belief)
Pregnancy and maternity (having just had a baby or being pregnant);
Gender reassignment or transgender status (a person who is proposing to undergo, is undergoing or has undergone a process to change their sex)
Marriage and Civil Partnership
People experiencing poverty or at risk of poverty: (poverty may be simply defined as not having enough money to meet one's basic daily needs or to have the things that most people in the UK take for granted).

As you answer questions 7i. to 7iv. over the page:

a) Think about the policy, practice or function you are assessing and

- people with the above characteristics
- people associated with them (e.g. a parent or carer)
- people mistakenly assumed to have the above characteristics

b) *Consider whether the above people are likely to have different needs, or be affected in different ways by what you are doing/proposing.* *e.g.*

- People may need, or benefit from, information provided in a particular format, like large print or *easyread*.
- A queuing system which relies on people standing for long periods will make it very difficult for some people to use the service.
- Charging more for a service is likely to affect people from several of the groups in the box above, as on average they have a lower income.
- Targeting an area of high poverty could leave people experiencing poverty outside the area even worse off in comparison

c) *Consider the General Equality Duty requirements to pay due regard to the need to:*

- eliminate discrimination, victimization, harassment or other local conduct that is prohibited under the Equality Act 2010 in relation to the characteristics listed in box at the top of this page (except poverty)
- advance equality of opportunity and foster good relations between people who share the characteristics in the box (except marriage/civil partnership and poverty)

7i. Note any positive impacts on the above equalities groups

The application of eligibility criteria based on Fair and Equal Access to Care strengthens the approach to equalities within Adults & Community Care. Additionally during 2012/13 we implemented Carers Eligibility Criteria to ensure equitable access to carers' support services. New national guidance required us to review our approach to charging for services where carers are the primary recipients; this was undertaken in close collaboration with local Carers organisations to ensure that a fair approach was adopted

In relation to Welfare Reform a council wide strategy has been developed to help people cope with the uncertainty of proposed changes and the financial impact across all people in Midlothian potentially affected by the changes.

Specific Principles and Actions which have positive impacts on equalities groups include;

- Giving clear and easy to understand information to people about what we can and can't do.
- Working in a person centred way to help people have as much choice and control as possible over their lives
- Treating everyone as equal, with respect and valuing people's differences
- Working with others to look at the problems people have when using ordinary services, like health, education, housing, leisure and work.
- Using our legal powers to protect vulnerable people and communities when required to do so.
- Providing services that listen to what people say, are open to new ideas and welcome challenge
- Listening to what carers say and finding out what each of them needs and being clear what we can and cannot provide in respect of those needs
- Working closely with partner agencies to protect the public
- Working to reduce social exclusion in Midlothian.
- Working to reduce inequalities in health

7ii. Note any negative impacts on equalities groups

Charging more for services is likely to affect people from several of the groups in the box above, as on average they have a lower income. However the majority of charges are subject to a financial assessment which helps militate against this impact.

7iii. How significant would this negative impact be and what kind of numbers would be affected?

Lower income families will be impacted by charging policies as a higher percentage of their income will be required to meet charges.

7iv. Note any opportunities for making a positive impact on equalities groups.

In relation to charging for community care services the majority of charges are subject to financial assessment ensuring people only pay what they can financially afford. In addition benefit advice is provided through income maximisation service and other measures being introduced to support carers under financial pressure.

Section D: Actions and Outcomes

8. Note any actions you will be taking as a result of this equality impact assessment:

Think about what you can do to:

- minimise or remove any negative impacts, and
- maximise the opportunities for positive impacts

Continue to implement measures designed to support people through welfare reform.

9. Please note any actions you have already taken as a result of this assessment here.

- There is greater focus on minority ethnic groups within the service.
- Consideration is now being given to how to address the inequalities affecting people living in areas of multiple deprivation

10. How will you track/monitor that the actions you mentioned in 8. have been achieved?

e.g. adding them to a work plan, service plan etc.

- On an individual basis this is monitored through Case File Audits
- At a planning level action will be monitored through Joint Planning Groups which have user and carer representatives
- The plan will be monitored through Adult & Social Care Management Team

11. ***If you have decided not to take any action please note why this is, and any justification, here.***

A significant negative impact, even if it affects only a small number of people, should be addressed.

No

Is a more detailed assessment recommended?

No