

Midlothian's Health and Social Care integration newsletter



ISSUE 4 / WINTER 2016

WELCOME

Last year we worked together to develop our strategic plan which was approved by the Integration Joint Board in December. Our task now is to make it happen. There are big challenges ahead with increasing demands on resources arising from the changing age profiles of our communities and the shift to providing more intensive support for people in their own homes. We will best meet these challenges by working together and paying attention to the strengths and insights that people who use our services have. Our priority is to deliver services in the way that will help people to achieve the outcomes that are important to them and will make the biggest difference in their lives.

Eibhlin McHugh, Director of Health & Social Care.



Reshaping health and care services is achievable!

We have welcomed the move towards integration of health and social care services whilst recognising that good health and wellbeing is dependent upon the contribution of many other agencies, families and communities. The challenges ahead are considerable. However, we can take great confidence from the transformation we have already achieved here in Midlothian over the past 15 years.

Older People

- Between 1995 and 2007 continuing care hospital places reduced from 190 to 48. The length of stay also reduced with the average stay in the frail elderly ward now being 72 days.

- This major shift in how services are provided has taken place when the numbers of older people over 65 years rose significantly - in the past 10 years by 24% (12,558 to 15,613) whilst the numbers over 90 years rose by 36% (396 to 539).
- Given the reduction in long stay hospital provision and this dramatic rise in numbers of very old people, we might have expected the demand for residential and nursing home care to have risen. Instead numbers of people in care home settings fell from 477 in 2007 to an average of 400 in 2015

GET IN TOUCH

The aim of this quarterly newsletter is to provide you with an update on what's going on in health and social care, share developments and bring you stories that show how it all fits together.

We welcome your feedback on anything covered in this issue and suggestions for future issues.

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while the average length of stay reduced from 3+ years to just over 1 year in 2014/15.

Learning Disability

- Major hospital closure programmes took place in the late 1990s posing a particular challenge locally with the re-provision of St Josephs Hospital (80 residents) and a high proportion of Gogarburn Hospital patients (30 residents). There are now only 3 people with learning disability living in health settings with clear plans in place for their discharge.
- Most people now live in households of between two and four people; the majority of known people with a learning disability (403) live in a house with no other person with a learning disability. Since the closure of St Joseph's, and Gogarburn, nobody with a learning disability lives in a household of seven or more people and 150 more people live in their own homes.
- New build provision is planned in 2016 for 12 people with complex care needs which will reduce the reliance upon NHS and specialist out of area placements for younger people.

Mental Health

- In 2007 Midlothian mental health services were redesigned. Community services were strengthened involving a more integrated approach across health, social care and the voluntary sector.
- This made it possible to close 29 local acute psychiatric beds with alternative provision of 8 beds within the Royal Edinburgh Hospital in 2007.
- The actual numbers of people needing inpatient care dropped from 129 in 2006 to 57 in 2014.

Our challenge now is to strengthen all our community based services and place much more emphasis on prevention of ill health and injury.

Tom Welsh, Integration Manager, Health & Social Care Partnership,
tom.welsh@midlothian.gov.uk

Hot Topics Group

Our new Hot Topics group brings together community members and health and social care managers to discuss relevant and important health and social care issues.

Our second meeting, held in November, tackled the 'hot topic' of access to primary care services. Primary care includes GPs, community nurses and pharmacy.

Over twenty people attended the meeting in Dalkeith Older People's Welfare Hall. Hamish Reid, Clinical Director and Allister Short, Head of Health, spoke about:

- the pressures that Primary Care services are facing
- the steps the Health and Social Care Partnership are taking to improve access to primary care services

Some of the factors highlighted were:

- an increase in demand - more people are living longer and are being looked after in the the community for longer with more complicated health problems
- people are using their GP practice more frequently for other reasons such as minor illness, sick lines etc
- workforce issues because less medical graduates are choosing to become GPs and more GPs are retiring early

People are being encouraged to use the wider primary care team as well as GPs. For example, for minor illness such as coughs and colds, people can get advice from their pharmacist rather than their GP and there are good self-help guides available. Some GP practices, such as Penicuik Medical Practice, have developed a leaflet which tells people about the different ways they can get the right help with their health.

Hamish Reid said, "We need to change a culture of people automatically going to their GP for help. GPs want to see people but there are other types of support that we can use too."

The next Hot Topics group is 2pm-4pm on Thursday 28 January and the topic will be the development of Midlothian Community Hospital. Anyone with an interest is welcome to come along. The venue is to be arranged so for more information please contact:

catherine.evans@nhslothian.scot.nhs.uk

Tackling health inequalities

Although health is generally improving for most people in Midlothian, it is not improving fast enough for the poorest and most disadvantaged people, nor for those who face barriers because of their race, gender, age, disability, sexual orientation, religion or belief. Inequalities exist between affluent and deprived areas because poverty and deprivation have a major impact on people's health and the age they live to.

Why do some people have good health and some don't? Health is influenced by a range of factors, most of which are outside our control. Our age, ethnicity and genetics play a part but there are other factors such as our income, employment and our physical and social environment that are important. These factors are unequally distributed; some are health-creating and others health-harming and this leads to health inequalities.

In Midlothian we require action across all agencies and across a wide range of public policy areas. Examples of work already underway include:

- Improved access to welfare advice for vulnerable groups, such as disabled people and lone parents with young children
- Efforts to reduce the availability of alcohol in communities and the provision of local services to support people recovering from addiction
- Support for people with health conditions to access employment and learning

- Local opportunities for people to be more physically active, thus improving physical and mental health and preventing or reducing the impact of long term health conditions.

The results won't be immediate but in the long term we expect to see more equal health and life chances for all Midlothian residents.

Mairi Simpson, Public Health Practitioner, mairi.simpson@nhslothian.scot.nhs.uk

Male Life expectancy (2011)

Affluent area		82.4years
Less affluent area		73.7years

Earnings per week (2014)

Midlothian residents		£475.50
Scottish equivalent		£518.20

Respiratory disease hospital admission rates for Midlothian

Affluent area (per 100,000)		796
Less affluent area (per 100,000)		2,255



Giving carers a break with Scottish hospitality

Respitality is taking off in Midlothian as local providers are joining together to help local unpaid carers take a break from their caring role.

Respitality (respite + hospitality) is a project which seeks to make connections between local organisations that support unpaid carers, and local hospitality providers such as hotels, guest houses, and leisure clubs. The providers make a 'gift' to a carer (plus companion) so they can have a short break away from the often heavy demands of their caring responsibilities, to recharge their batteries

and have some 'me time'. These gifts could be overnight stays, a day-pass to a leisure club or spa, or a voucher for dinner for two.

The scheme is part of a pilot funded by the Scottish Government. Wee Break Midlothian - a joint project by Midlothian Council and VOCAL (Voice of Carers Across Lothian) - has been taking part in the pilot. We support carers to think 'outside the box' and have the respite break that is right for them.

Carers have benefitted from day trips to Loch Lomond, afternoon tea for two, visits to local attractions such as the Royal Yacht Britannia, and overnight stays at city centre hotels and rural cottages. The feedback we have had so far has been very positive:

"It was so good we didn't want it to end.....I haven't enjoyed myself

so much for at least two years."

"We had great fun, a real boy's time and enjoyed exploring the ship... We would go again!"

"The hotel and staff were very friendly and it was very relaxing."

Both VOCAL and Midlothian Council would like to thank the many people and their businesses that have made it a success and hope that we will be able to continue to work with them next year.

If you know of any businesses who would be interested or if you are a carer supported by Wee Break Midlothian and would be interested in being considered for a Respitality break, please contact Caroline Shilton on **0131 271 3765** or **cshilton@vocal.org.uk**.



Ruth McCabe

Calling for voluntary sector support

My name is Ruth McCabe, I work for Alzheimer Scotland and since February last year I have been representing the Voluntary Sector on the Midlothian Health and Social Care Integration Joint Board.

From the meetings I have attended I am reassured that Midlothian is well ahead with managing integration and the services it provides.

In order to support Board members to fully understand the items of the agenda we have also been involved in several 'extra sessions'. These have included a seminar with GPs, a visit to a centre for people with learning disabilities in Bonnyrigg, and a seminar on Midlothian's response to the human trafficking and child sexual exploitation agenda.

One of the key tasks of the Board is to develop a Strategic Plan. This plan is very much a work in progress and while we have set priorities and processes for 2016/17 the plan will be constantly under review.

My ability to be completely effective in this role means I need to hear from other Voluntary Sector providers in the area about the challenges you are facing.

There is a major commitment from the Board to fully incorporate the Voluntary Sector in to the new ways of working that will be required to ensure health and social care is a fully integrated service. I believe we already have a lot of the answers and are actually doing a lot of the work. This is an opportunity for the Voluntary Sector to be fully recognised, rewarded and recompensed for what we offer in Midlothian.

If you would like to contribute to the Voluntary Sector Reference Group which supports me in my role as a voluntary sector representative on the Board, please contact George Wilson of Midlothian Voluntary Action to discuss further (0131 663 9471).

Finally, the next three Board meetings are on 11 February, 14 April and 16 June and are open to the public so please let me know if you'd like to come along.

Ruth McCabe, rmccabe@alzscot.org



Five-a-side football sessions

Enable Scotland's Vision for Disabled People

Local Area Co-ordination (LAC) is based on a vision of a society where disabled people and their carers are valued as full and equal members of the community. Local Area Co-ordinators work in a flexible and person-centred way to help people achieve positive change in their lives and build more inclusive communities.

We work across Midlothian alongside children and adults (from birth up to 64 years of age) with learning disabilities, physical disabilities, and sensory impairment, as well as with their families. We work with individuals, families and communities to ensure disabled people have opportunities to participate, contribute and live ordinary lives. We only work with people who want us in their lives, going at a pace that suits them.

One strong element of LAC is the full involvement of disabled people: we hold regular meetings where information is shared and disabled people give guidance to LAC directly, ensuring that the work of LAC is led by them. Themes that regularly emerge include the need for increased opportunities to build friendships and relationships, get involved in activities and be part of a community.

One of the ways that LAC addressed this for several young men with a common interest was to assist them to organise five-a-side football sessions led by a local football enthusiast. Members are enjoying being competitive, building confidence, staying fit and accessing community facilities. The goal is that the team takes full responsibility for itself, so individuals within the team have taken on roles to achieve this. A strong social element has developed and lots of banter is shared! Cost to services – zero!

**Catherine Acton, catherine.acton@enable.co.uk.
Catherine and the LAC team are happy to hear from anyone who would like further information – telephone 0131 454 1785.**



ENABLE Scotland
Leading the way in learning disability

LAC services are also provided in Midlothian by the Red Cross and Volunteer Midlothian

The Voice of Carers

VOCAL Midlothian supports people who are caring for a family member, partner or friend who may be elderly or have a long term condition, physical or mental health difficulty or addiction. We are in contact with 1,500 Midlothian carers and support over 750 annually.

We run the Midlothian Carers Centre (30/1 Hardengreen Estate, Dalkeith) and Wee Breaks Midlothian (weebreak.org) and offer individual support, training, peer support groups and a range of specialist surgeries. Here are some examples of the support available:

Carer support

There are seven Carer Support Workers with specialisms in older people, self-directed support, addictions, parent carers, money matters, hospital in-reach, and short breaks. Staff are based at our Midlothian Centre and with relevant health and social care teams e.g. at Fairfield House in Dalkeith and with the MERRIT team.

Training and workshop programme

Courses cover topics such as dementia, foot care, self-directed support, preparing for assessment, addictions, parent carers and group work.

Specialist surgeries

Power of Attorney, legal advice on guardianship, welfare rights and dementia.

Peer Support

Card making group, cross-stitch group and an activities group.

Advocacy (PIP and ESA)

One-year pilot supporting carers and those they care for through Personal Independence Payment (PIP) and Employment Support Allowance (ESA) assessments.



VOCAL dementia training workshop

Wee Breaks Midlothian

Support to plan and access breaks and time away from your caring role.

Carers who have used VOCAL Midlothian services have commented that the support has helped them to recognise their own needs as a carer, normalise their feelings about caring, reduce feelings of isolation and build their confidence.

For more information tel: **0131 669 6869** or email: **midlothian@vocal.org.uk**



Strategic Appointments

To make sure the impact of services on the lives of carers and the outcomes of carer involvement are regularly part of discussions and decision making, two Midlothian carers have been appointed as members of two strategic committees.



Susan Goldwyre was appointed to the Strategic Planning Group for health and social care three months ago. She brings a wealth of experience to the role as she spent five years caring for her mother who had dementia, on top of which she worked in the health service for 32 years as a senior manager in the blood transfusion service. She is now a

consultant in the private health sector. She said:

“I think my experience of both the public and private health sectors will be useful for the Strategic Planning Group. At the moment I am at the listening stage, working out what the issues are and what I can bring to the Group.”

Margaret Kane was recently appointed to the Health and Social Care Partnership Integrated Joint Board as a member for carers across Midlothian. As a carer herself – she has been looking after her elderly father for the past three years since her mother died – she understands the needs and anxieties of a carer. In addition Margaret brings 36 years experience as a nurse to the role, including time as a senior charge nurse and experience in acute medicine. She said:

“I am familiar with issues such as setting up discharge packages, the importance of communication between professionals and carers, and the last stages of life. Also, there needs to be more information and support out there for carers to prevent people from falling through the net.”



Dr John Hardman

A Day in the Life..... of a GP

Dr John Hardman is a GP at Bonnyrigg Health Centre where he has worked since 2000. It's a busy practice with seven doctors and three nurses serving a patient list of almost 8,000. Here he tells us about a recent day at work.....

7.10 am – I arrive at the practice and check my emails and then deal with tasks left over from yesterday – 15 prescription requests and medication reviews, sick lines, online medication requests and queries from Social Work and the practice nurse. Next it's the mail – 19 letters and 11 sets of results.

8.30 am – Morning surgery begins – nine face-to-face appointments. These range from chronic back pain to drug addiction. I also have to fit in some teaching with the medical student who is sitting in with me during surgery. I then deal

with telephone appointments, including a patient with multiple chronic life-threatening illnesses, a patient with mental health issues and another with osteoporosis.

11.50 am – Miscellaneous queries and phone calls plus a visit to a funeral directors to deal with a patient death and complete their cremation form.

1.00 pm – I start as the duty doctor covering all patients that present with urgent problems over the afternoon, of which there are 27 telephone and face-to-face contacts up to 6 pm. This includes a homeless young woman with mental health problems, a patient with a possible

kidney stone, a finger laceration and lots more. In between appointments I deal with 33 letters and 19 results plus queries from the practice nurse and urgent prescription requests.

6.45 pm – House call to a frail elderly man with dementia and manage to prevent him needing to go into hospital.

9.30 pm – Home for food - and then log on remotely to complete some non-urgent reports.

Every day is a long and busy day, with lots of challenges and frustrations, but I wouldn't be able to keep doing the job if I didn't love it. It's a real privilege to be allowed into people's lives and very satisfying to really help them, whether that means making an early diagnosis of cancer, or helping a patient to improve their health, or caring for someone with a terminal illness and helping them to have a dignified death at home. It's fascinating work and I enjoy it immensely, despite the considerable workload that General Practice is currently facing. No two days are the same and I very rarely have time to be bored!"

Striving for better outcomes – strengthening the links

In Midlothian, we are striving for more joined-up working between agencies. Understanding the contribution each professional and agency can make in working with the person and their family, and developing good solid working relationships, will bring about more streamlined services.

A full programme of opportunities for our Health and Social Care workforce in Midlothian will continue through 2016, including Paired Learning, Team Conversations, Team Development, and lunchtime Local Focus Groups.

Please contact Tricia Hunter, Organisational Development practitioner on patricia.hunter@midlothian.gov.uk or **0131 271 3373**, to discuss what might assist you, your team or your locality.

House of Care

The House of Care is a framework for describing the building blocks for a holistic, person-centred approach to the delivery of health and care services.

Central to the framework is the priority given to enabling people to have a “good conversation”. This seeks to establish what is important to each individual and develops a plan to enable people with long term health conditions and those with challenging lifestyles to live a better quality of life.

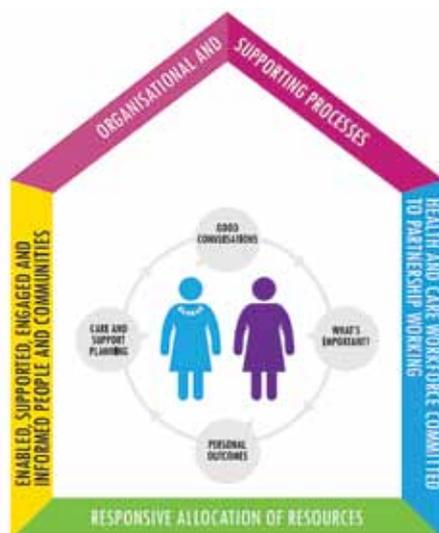
The Lothian House of Care collaboration emerged from the work undertaken to understand the patient's journey as part of NHS Lothian's strategic planning process, and the lead partners are NHS Lothian and Thistle Foundation. The aim is to encourage adoption of the House of Care approach to help people experience collaborative, person-centred and integrated care and support.

In Midlothian there are already many examples of this approach:

- **Local Area Coordination** services adopt this way of working when helping people overcome isolation and become involved in activities of their choosing
- **The implementation of Self-Directed Support** is intended to ensure that people in need of social care support receive services of their choosing
- **Health Service Occupational Therapists** enable people to receive support in all aspects of their life be it employment, coping with anxiety or learning to manage their own health conditions more confidently
- **Exercise Referral Coordinators** based with Midlothian Active Choices take a holistic approach considering diet and mental health issues as well as physical activity programmes

New funding from the Integrated Care Fund and the Thistle Foundation has enabled the establishment of a **Wellbeing Service**. The service will work in GP practices with the aim of supporting people with or at risk of long-term conditions to live well. The Wellbeing Team will help practice staff bridge primary health, social care and the wide range of community resources that are available in localities. Members of the team will seek to have a good conversation to help the person focus on:

- What they want to change to manage their health better
- The person's own strength and resources
- Identifying assets that the person is already using and could use in the future to help them achieve these changes.



Andrew Hebson, Macmillan Cancer Project Officer

Living well after cancer treatment

Andrew Hebson has recently been appointed as Macmillan Project Officer with Midlothian Health and Social Care Partnership. Andrew previously worked for Edinburgh Leisure where he developed physical activity referral programmes for people with long-term health conditions. Andrew is now heading up the Midlothian Living Well After Treatment programme which aims to support cancer survivors in their physical, mental and emotional well-being after their medical treatment has finished.

Starting with a pilot phase in February with a view to launching in May/June 2016, Andrew will be developing a triage system whereby people receive appropriate support at the level required. Establishing a cancer Patient Advisory Group who will help shape the service, and linking closely with other organisations in Midlothian, for example those dealing with welfare rights, physical activity, and lifestyle management, will be fundamental to the project's success.

Andrew said, “I will endeavor to develop and improve the ongoing support of people living with cancer, after treatment. The aim of this project is to enable people to access services through a one-to-one holistic needs assessment, effective signposting and good information.”

The role is part of part of a Scotland-wide partnership between Macmillan, the Scottish Government, local authorities, the NHS, and the voluntary sector.

For more information please contact andrew.hebson@midlothian.gov.uk.

Consultation period concluded

The eight-week consultation period for Midlothian's Health and Social Care Integration Strategic Plan came to an end in November last year. It was the final stage in the development of the Strategic Plan which has sought to gather the thoughts and opinions of Midlothian residents and health and social care professionals since the integration was first proposed nearly two years ago.

During this final consultation period the draft Strategic Plan was placed on Survey Monkey for members of the general public to provide their feedback. It was sent to voluntary organisations, to various planning groups looking at specialist areas such as mental health, learning disabilities and offenders, to Scottish Government officials and NHS Lothian, and finally to front-line hospital staff, GPs and social workers.

The amount and quality of the feedback was excellent with some very constructive comments which have now been incorporated into the Strategic Plan.

Two key themes emerged from the consultation:

1. The importance of providing preventative services – to prevent people becoming ill or needing social care intervention in the first place.
2. The importance of eradicating health inequalities – these are unfair and avoidable differences in people's health across Midlothian. The poorest and

most disadvantaged people are the unhealthiest and most likely to need social care. The message from many of the responses was that tackling poverty is a priority and should be a key objective.

Some of the other more specific comments included:

- Some of the region's most innovative and successful projects such as the Wellbeing Service and Spring (a service for women with multiple and complex needs) should be expanded and replicated so that they are part of mainstream care.
- Holding down a good job is a challenge for people with caring responsibilities. Employers need to be more understanding and responsive to the needs of carers who, for example, might have to leave work early if there is a problem at home with an elderly parent or a disabled child.
- When it comes to mental health, employment is vital and even doing some voluntary work can be beneficial. A good job equals good mental health.

The final version of the Strategic Plan can found at www.midlothian.gov.uk/downloads/download/1634/health_and_social_care_strategic_plan

BRAW Blether

There is a direct link between what you feel about stories and what you feel about everything else, especially about yourself.

At times we can all feel alone, stressed or struggle to cope with life. At any one time up to one in five adults in the UK has mental health problems such as depression, anxiety or low self-esteem.

Our Bibliotherapy service, Braw Blether invites people to come along and blether about books within a friendly and relaxed group setting. Bibliotherapy has been shown to improve mental and physical health and well-being through using books, stories and poems. This can promote positive change in emotions, thoughts and behaviours.

Adults can join our groups and this can help people:

- Get out of the house or change routines
- Meet new people, develop friendships and share experiences
- Feel better – relax, enjoy, read and listen
- Feel less alone and isolated
- Increase confidence
- Have fun!

What happens at Braw Blether?

Sessions will usually last for around an hour-and-a-half and will use material such as novels, non-fiction books, poetry, newspaper articles, pictures and photos, and even quotes, for inspiration to encourage group discussion.

People don't need to bring anything with them. They don't even have to talk at all – it is fine to listen to what others have to share!

People are invited to enjoy a cup of tea or coffee and remind themselves about the power of stories to help us unwind. Since October 2014 over ninety people have taken part in group sessions.

Information about groups is available on the Midlothian Libraries and Midspace website.

Contact Alyssa Lee, Healthy Reading Bibliotherapist, Midlothian Libraries.

Tel: 0131 271 6668

email: alyssa.lee@midlothian.gov.uk (available Monday, Tuesday and Friday mornings)