

Adult Health and Social Care Annual Performance Report 2023/24



01. Progress in delivery of strategic outcomes

Progress in delivery of strategic outcomes

The Midlothian Integration Joint Board (IJB) plan and direct delegated health and social care services for the people of Midlothian. Midlothian Health and Social Care Partnership (HSCP) oversees the delivery of all the services delegated to Midlothian IJB. The aim of integrated health and social care is for the people to experience more joined up treatment and care.

Justice, Duty Social Work and Adult Protection

Prevention

Duty Social Work continue to ensure that individuals referred to the service are supported and supported in crisis, this includes signposting to appropriate services, undertaking assessments and direct interventions.

The Duty team continue to work with colleagues and Vocal to identify and support unpaid carers. Within this quarter there were a total of 64 referrals received with the reason for making contact noted as 'Carer Stress' and the Duty Team dealt with 6% of these due to the nature of the concern and impact. The Duty supported 5% of the 41 adults who were supported with an Adult Carer Support Plan.

Work continues to ensure that staff have the relevant skills, competence and knowledge to work effectively, and that they are trauma informed and able to engage with service users using a range of approaches including the Midway. Across Justice and Protection Services, 100% of staff are trained to level 1 Trauma training and the social work staff within the Justice are trained to level 2 of the NHS Education for Scotland (NES) framework. There is work in progress to ensure that social work staff with the Duty Team and all Council Officers are able to complete Level 2.

The Justice Service are working closely with colleagues on Psychological Therapy Team to ensure that appropriate responses are taken with those with complex needs and to ensure that risk assessment are robust. This is achieved through weekly formulation sessions. Staff also have access to clinical supervision with a Psychologist to ensure that they are supported to manage the complexities of the work and reduce the risk of vicarious trauma.

The Adult Support and Protection Team (ASP Team) undertake a range of duties to identify, minimise and manage risk and ensure that all suspicions, disclosures or actual harm are acted upon. Measures to protect adults need to be considered in the context of wider range of support services and an ASP investigation may highlight gaps in support. In these instances, an assessment of need should be undertaken to identify and develop an outcomes focused care plan. During Q 4 there were 232 referrals submitted under ASP 57% of these referrals were allocated to a Council Officer for an inquiry to be completed to determine if the individual was an adult at risk of harm as defined by the Adult Support and Protection (Scotland) Act 2007 and appropriate action taken to reduce and/or mitigate the risk.

For Understanding Changing needs

The Justice Service have increased access to services for perpetrators of domestic abuse and to victims and children who may have been impacted by the behaviour. There are two routes through which men can access this support: following conviction the Court can impose a Community Payback Order with a requirement to undertake the Caledonian Programme – if the man is assessed as suitable. There is the option to undertake the programme on a voluntary basis (non-court mandated) via Your Chance to Change Referrals can also be received from partner agencies. In Q4, 7 men were engaging with the programme.

Learning and Development

The Midlothian Trauma Training Programme was launched in July 2023 and, since then, training has been delivered to 387 participants, and incorporates both open access training sessions and bespoke service support events. In total, 37 training events have been delivered between July 2023 and February 2024.

The learning and development team have also organised and delivered a wide range of training both mandatory and further training to ensure all staff are skilled and competent in their role. The service has funded 10 social workers across Adult services and Children service to undertake post grad qualification in Leadership and Management, Practice Education, Mental health officer Training and Child Welfare and protection. In addition, we have funded 10

workers across the same service to undertake modules with the Open University to work towards a degree in Social Work. The SVQ Team have delivered SVQ's across levels 5,6,7 and 8 to around 95 candidates and working closely with schools and young people to further develop the Foundation Apprenticeships for Health and Social Care.

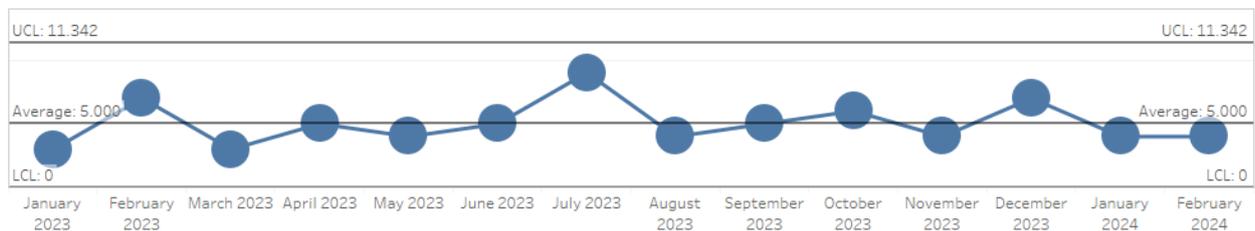
Care at Home

The Care at home continues to be challenged with increasing demand for people to live safely at home in the community. There are approximately 7,200 hours of care at home delivered every week across Midlothian from our in house service, the external providers and through SDS Option 2 pathways. The commissioned providers and the in house service have all recently been inspected by the Care Inspectorate and received positive grades relating to service delivery.

Bed Performance

Midlothian HSCP continue to robustly manage the Adult Mental Health Bed performance. Over 2023/2024 Midlothian has seen a total of 71 admissions, with a mean average of 5 beds used per month. The effective collaborative working between the Adult Community Mental Health Team and Intensive Home Treatment Team has been essential in providing an effective response to supporting individuals at home rather than in hospital. This is achieved through assertive outreach, dynamic risk assessment, early intervention, and prevention, supporting individuals in their own home environment where appropriate.

Monthly admissions:



Midlothian Substance Use Services A 11 target

Midlothian Substance Use Services continues to make ongoing improvements to deliver the 90% target for A 11 (A11 individuals accessing services will be seen within 21 days from point of referral). Q3 performance for Midlothian services is 91.46% overall and 95.29% for MELDAP.

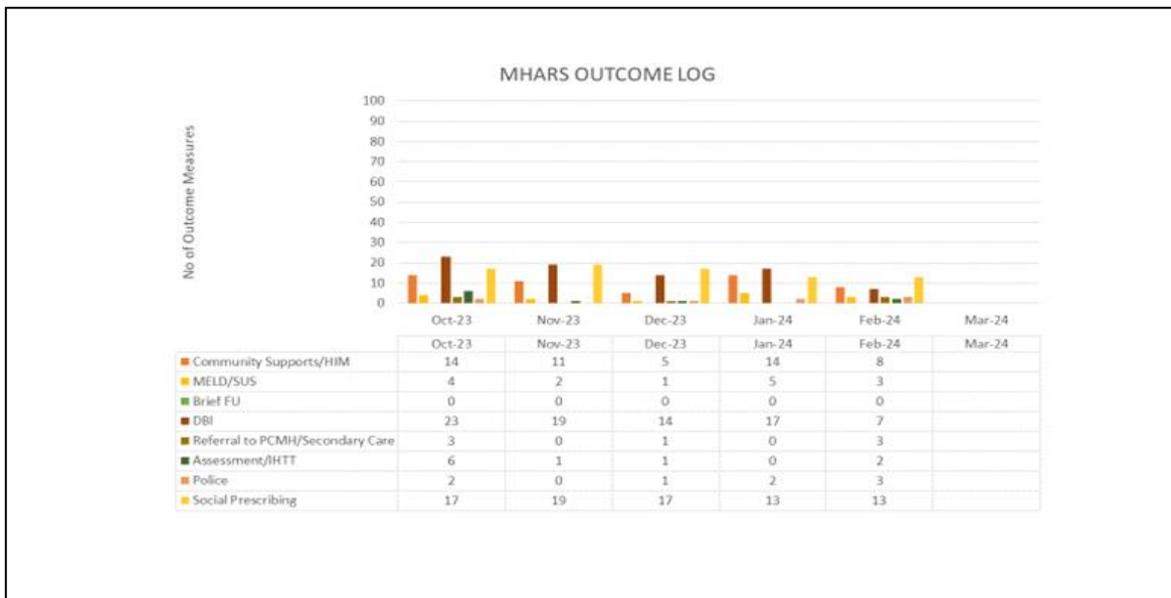
Midlothian	82	30	29	16	1	2	0	2	1	1	0	0	91.46%
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Predicted further improvement for Midlothian SUS Service: Reviewing the current completed wait data for January 2024, MELDAP have seen a further overall improvement for the Q4 Month of January 97.50%

Total Completed Waits	40	17	16	6	1	0	0	0	0	0	0	0	97.50%
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Mental Health and Resilience Service (MHARS)

Midlothian's Mental Health and Resilience Service (MHARS) continues to provide prompt, effective and compassionate support to individuals aged 18-65 residing in Midlothian. The service continues to provide a wide range of support with positive outcomes.



Our unique collaborative workforce delivery model between Penumbra and Midlothian IHTT, support the phone lines with IHTT staff and the delivery of level 2 Distress Brief Intervention (DBI). Midlothian’s commissioning element of the model is 4.5 Penumbra practitioners. Early into the delivery of the service we recognised that to ensure a full delivery of our model, we needed to increase our workforce to support 7 days a week, 8am-10pm access. This being a priority due to the additional work IHTT staff conduct (urgent same day specialist assessments, unscheduled care and in reach into the REB).

Midlothian had the opportunity to increase the workforce from 4 to 6 Penumbra practitioners through funding from the National DBI Service on a 1-year basis, who recognised the impressive service design model. This additional funding is due to end in June 2024.

Through regular monitoring and evaluation, we have considered the potential of increasing the MHARS service to include access for individuals 65+. We recognise the positive addition of support this would provide individuals over the age of 65 across Midlothian, who may require support with their crisis and/or distress, mental health and/or well-being. The main challenges to the delivery of this model are the current workforce and the financial implications. We are now in the process of evaluating and reviewing our current staffing model and exploring opportunities to use any existing resource to maintain the increased workforce of 6 Penumbra practitioners permanently. This increased workforce will enable the service to trial a test of change, to include access to the service for individuals aged 65+ in Year 3 of the commissioning contract, reviewing and evaluating the service in 2025.

Suicide Prevention

The Creating Hope Together strategy has a clear focus on inequalities, prevention and determinants of health and wellbeing. Specifically, the strategy aims to take a population health approach to Suicide Prevention and try to tackle key risk factors such as poverty and isolation. Within the HSCP one of our Public Health Practitioners has recently taken the responsibility of Suicide Prevention Lead for the partnership. There is a current Suicide Prevention Action Group which has been active in Midlothian for many years and is chaired by an NHS Lothian Public Health Consultant. The group has representation from a variety of partners across the partnership, including Primary Care, mental health services, workforce development and 3rd sector. The action group has developed a 1 year interim plan which has a focus on data collection and sharing, conducting a training review, developing a lived experience panel and developing the governance structure going forward. After this 1 year interim plan the group will develop a 3 year action plan to support the prevention of suicide in Midlothian.

Learning Disabilities – Primrose Lodge

Five sound bids have been received for the construction work at Primrose Lodge. The Programme Director has raised some queries that need to be addressed before we can proceed with the award. This will be resolved within three weeks at which point a starting date for the works will be set.

The Invitation to Tender for the Care and Support service closes on 9th May. There has been considerable interest from potential providers. The evaluation process will follow, with interviews of during May and June, and an award in July. Families of tenants have been involved in the development of the Invitation to Tender and will also be involved in the evaluation process.

The project will be ready to go live in August contingent on building work being complete and tenants will move in on a phased basis.

02. Challenges and Risks

23/24:

We adopt a whole system approach to service design and delivery. This relies on shared decision-making, and shared responsibility for outcomes that enable proactive and consistent approaches to performance and quality improvement.

We continue to invest in the wellbeing, training, and development of our workforce, including our third sector partners and unpaid carers. We also have ongoing challenges in rolling out our trauma-informed approaches to all aspects of the HSCP. There are some areas of very proactive practice but there are other areas who have had less exposure to trauma-informed approaches.

Whilst our digital agenda is gaining prominence, we continue to improve the coordination of care and find ways to share information between services. We will have to make better use of existing technologies and provide people with access to accurate information and services. Our daily huddles are great examples of creating daily opportunities for quick, agile spaces that enable us to work together across the system.

The Digital Champions Network is reaching across the HSCP to support teams from the ground up making best use of the technology we already have. One of the areas of focus is to enable teams across Council and Health to have collaborative workspaces. This involves both IT departments and staff and is being supported by our Midlothian HSCP Digital Programme and Oversight Board (which reports back to SMT) This aligns to the wider national work (led by Digital Office and NSS) around Teams Federation.

The DPIA is progressing to support a new dashboard for Midcare. This developmental build has oversight of our TEC Team's performance on Analogue to Digital including risk indexes (how we prioritise clients), how many clients have switched over, where reviews are required, stock management including equipment reclaim. We are currently augmenting this with Highlight reports (from April, monthly docked at SMT, attached for info)

The Flow Hub are the single point of access for clients, enabling the flow of clients and their information safely across our HSCP. A recent example is the falls review work in Highbank. It was identified that the Acute/Midlothian Community Hospital falls risk assessment was a gap in discharge handover which has now been added to reduce duplication and support local management of falls risks.

A Flow App is creating visible oversight of all Midlothian residents currently within the Emergency Department. This is enabling greater oversight and responsiveness.

The financial context continues to create challenges in ensuring long term sustainability of services, however, across the HSCP, positive steps are being taken to understand opportunities for redesign with a focus on efficacy, that also bring the required financial efficiencies.

Our workforce

We have completed a full review of the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.

We continue to have areas where sickness rates are high. These are predominantly within areas where direct care is being delivered so the impact of this can present a challenge. HR are supporting managers to move long term sickness absence cases through to a conclusion as quickly as possible and managers are also looking at how they can better work with trade unions to resolve issues at the earliest opportunity. Wellbeing and trauma work with staff continues.

Sickness Absence

Sickness absence has remained a stubborn challenge within the HSCP. The total number of days lost from 1 April 2023 to 31 March 2024 was 12249 and 506 FTE of staff that make up the total number of days lost.

The ten areas with the highest sickness absence are set out in the table below.

Highest Absence Areas	FTE of staff	Total Days Lost
Newbyres Village Residential Home	74	1899
Highbank Residential Home	50	1771
Home Care - Reablement	31	1146
Home Care- Complex East	25	1105
Home Care- Complex West	31	807

Cowan Court	18	752
Home care- Midlothian West	18	614
Home care- MERRIT	12	598
Catering & Domestic- Newbybyres	15	397
Home Care Team	20	346

Please see the table below with the highest five reasons for absence.

Absence Reason	Grand Total (days lost)
Psychological	4467
Stomach / Bowel / Blood / Metabolic Disorders	1866
Musculoskeletal & Joint Disorders	1721
Hospital Treatment	934
Colds & Flu	814

From the information provided, it is apparent that sickness remains highest within the high volume areas of care, specifically Newbyres Care Village, Highbank Intermediate Care Home and Care at Home.

Within Care at Home, we have piloted having a dedicated part-time care team supervisor where their main role is to manage all the long-term sickness absence and those on stages from repeated sickness absence periods. There is therefore a consistent approach and this manager ensures the policy and protocols are followed clearly. We are clear that long term sickness cannot be sustained in the service, so we are looking at managing staff out of the service who are unable to maintain acceptable period of time at work. We do this with the support of HR colleagues. By way of an example of the effect of this approach, in November 2023 there were 23 Care at Home staff who were on the long term sickness absence list. By April 2024, this had reduced to 10. Out of the original 23 there are 4 who have returned to work, 4 who have resigned and 5 already gone to capability with a view to dismissal or move. Out of the remaining 10, 7 of them are going to capability hearings.

We are looking to replicate this approach in Newbyres Care Village which has had a recent history of high sickness rates, particularly amongst evening and night staff. We will align a portfolio of sickness absence management to one dedicated manager, again to ensure consistency of approach as per Care at Home.

Similar action is being taken in Highbank Intermediate Care Home. Whilst all managers there have had previous training in absence management, a refresher is being organised. All staff are supported in maximising attendance at work.

In all areas across the HSCP we are focusing on having a strong adherence to timescales within the policy so as to avoid drift. HR colleagues have oversight of all long term cases and work with individual managers to progress. However, it is acknowledged that at times, due to other operational demands, timescales slip resulting in longer sickness absence than is optimal. This is an area for improvement and the Head of Service for Adults has requested that reports are provided to him for each area so outliers can be identified and remedial action taken. This remains a work in progress, but it is anticipated that this will see some positive effect in 2024-25.

Whilst adherence to the policy and procedure is of vital importance, work is also undertaken to manage staff wellbeing and change cultures in some areas. So, all the high volume areas have a range of training offered, from manual handling training with a view to reducing sickness absence through musculoskeletal injuries to trauma training to manage challenging situations and emotions to medication management training to reduce medication errors. Linked to this is an adapted managerial approach to staff making errors. Whilst some actions at work are serious enough to warrant investigation and subsequent disciplinary action, others are genuine errors and there is an attempt to create a more supportive culture regarding this. This is important as we know that staff investigations can often result in sickness absence. A more nuanced and proportionate approach is being taken with a view to this contributing to a reduction in sickness absence. It will take some time to see if this has the desired effect but it will be monitored throughout 2024.

Similarly, work on staff well-being is ongoing and includes the creation of a well-being space in both Newbyres and Highbank and packs have been given to Care at Home staff. Moreover, flexible working arrangements are accommodated where possible, along with any indicated feasible modifications to work that may be required. People returning from sick leave are offered other supports including short term phased return-to-work patterns, short term lighter duties, and referrals to the physiotherapy service, Employee Assistance Programme guidance, and referrals to the Occupational Health Service.

In the Social Work teams, sickness absence rates can be variable and there are a number of small teams which can make managing sickness absence challenging. The current Social Work and OT Review will look to factor in

how the service can manage this type of absence in a more resilient way, but current measures largely involve resources being moved from team to team depending on demand and availability. Managers work closely with HR colleagues as per the high volume service areas and additional training is offered to newer members including having difficult conversations with staff. More challenging cases are escalated to Service Manager level.

Our communities

Health inequalities are generally well understood across the HSCP, and services are becoming more aware of how their work can contribute to reducing the gap. Work is underway to build more detailed understanding of how the profile of communities across Midlothian is changing, within the context of significant population expansion driven by private sector housing development.

Quarter 4 - Adult Health and Social Care-



Adult Health and Social Care INDICATORS Off Target						
Code & Title	Gauge	Value	Target	Last Update	History	
AHSC.MPI.02 Average number of working days lost due to sickness absence (cumul...		24.26	10.53	Q4 2023/24		
23/24.AHSC2.2c Number of people receiving respite who have the opportunity to co...		0	100	2023/24		
23/24.AHSC3.1a Design a support pathway for unpaid carers of people in hospital wi...		No	Yes	2023/24		
23/24.AHSC3.1b Establish monthly activity numbers for referrals to VOCAL for unpai...		No	Yes	2023/24		
AHSC.MPI.06 % of high risks that have been reviewed in the last quarter		0%	100%	Q4 2023/24		
23/24.AHSC4.1c Number of full drafts of completed framework.		2	14	2023/24		
23/24.AHSC4.1b Number of heat maps.		9	14	2023/24		
23/24.AHSC2.2a Highbank bed occupancy (both available beds and occupied beds)		3	4	H2 2023/24		
ASC.SPSO.05.3 Percentage of complaints escalated and complete within 20 workin...		75%	95%	Q4 2023/24		
AHSC.MPI.07 % of internal/external audit actions progressing on target or complete ...		73%	90%	Q4 2023/24		
ASC.SPSO.05.2 Percentage of complaints at stage 2 complete within 20 working days		77.78%	95%	2023/24		
23/24.AHSC4.1a Number of service areas using OutNav.		5	6	2023/24		
AHSC.MPI.05 % of Service PIs that are on target/ have reached their target. (does n...		77%	90%	Q4 2023/24		
ASC.SPSO.05.1 Percentage of complaints at stage 1 complete within 5 working days		88.89%	95%	Q4 2023/24		

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SMP Adult Health and Social Care ACTIONS Off Target

...	Code & Title	Progress	Status	Due Date	...	Type
	 23/24.AHSC3.1 Explore and design a model of who system support for unpaid carer...	<div style="width: 90%;"><div style="width: 90%;"></div></div>	90% Overdue	31 Mar 2024		Action

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