

Adult Health and Social Care Performance Report Q3 - 2023/24



01. Progress in delivery of strategic outcomes

Q3 23/24: (October/November/December)

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.

This report brings together the priority actions of the seven main areas that plan and deliver integrated care and support:

- Adult Services
- Older People
- Justice Service and Protection
- Public Health
- Mental Health and Substance Use
- Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP)
- Learning and Development

Midlothian HSCP aims to make progress towards the aims of Midlothian IJB Strategic Commissioning Plan, work alongside the Community Planning Partnership, and contribute to the strategic aims of both NHS Lothian and Midlothian Council.

This quarterly update is provided in alignment with the four key themes of Service Actions and Indicators:

- Prevention
- Understanding Changing Needs
- Effective, efficient and quality (Best Value)
- Improving Outcomes - socioeconomic, health and wellbeing, personal outcomes

Prevention

Public health continues to work with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes as detailed below:

- Carried out an update to the Integrated Inequalities Impact Assessment on the Health Inclusion Team (HIT) to strengthen the contribution of services and plans to reduce health inequalities, by improving equity of access and ensuring non-discriminatory practice.
- Continued to provide outreach and have carried out health assessments with 156 people since April 2023.
- Contributed to a public health response for the draft alcohol licencing policy for the HSCP.
- Working with Sport and Leisure to establish a sustainable pathway to access leisure facilities for people staying in temporary accommodation.

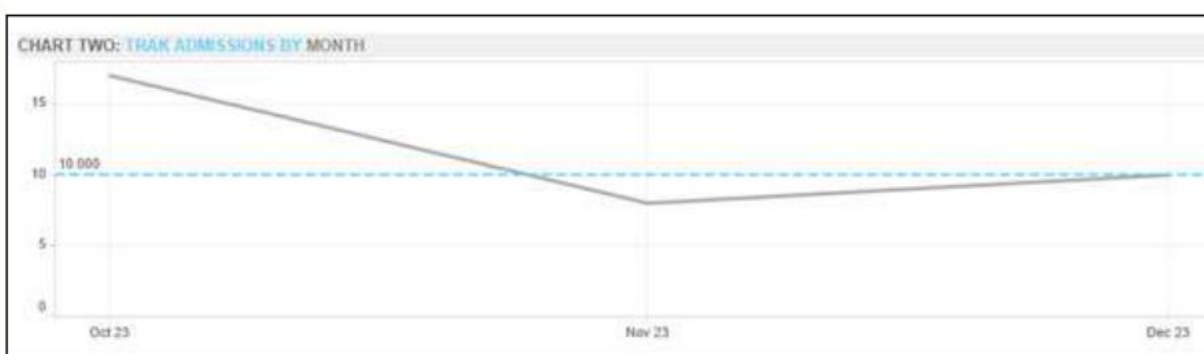
- Scoping of intelligence and funding for proposed pilot looking at the use of technology enabled care to help reduce drug related deaths in temporary accommodations.

Population level data for Midlothian, validated and published by Public Health Scotland, demonstrate a number of service areas are working well to reduce health inequalities. These dashboards are open source and available at [Public Health Scotland website profiles](#).

Duty Social Work aim to provide unpaid carers with timely support and interventions and are supported in crisis, and the Duty team continue to work with colleagues to identify and support unpaid carers. Within the last quarter there were a total of 32 referrals received with the reason for making contact noted as 'Carer Stress'. 3% of these referrals were dealt with by staff within the duty social work team. During the quarter social work provided 26 Adult Carer Support Plans and 23% of these were put in place by the Duty team. It is important to note that whilst the overall number is not currently meeting the accumulative target, Q3 saw 161 completed, which is an increase of 48 on the previous quarter.

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. Within the Justice Service, 100% of staff are trained to Level 2 trauma (NES), and within Adult Support and Protection and Duty, 100% of staff have completed level 1 trauma training.

Midlothian Adult Mental Health service continue to robustly manage the Adult Mental Health Bed performance through our assertive outreach model within the Community Mental Health Team and the Intensive Home Treatment Team. Both teams work in partnership and collaboratively to provide the least restrictive model, care, intervention, and treatment to support individuals at home rather than admission to hospital. Person-centred care with close working with families and carers at the right time to meet the individual's needs. Midlothian saw a total of 35 admissions during Q3 which gives a mean average of 10 admissions a month (see below chart), with a weekly mean average over the quarter of 4.25 beds per week. The positive factor remains the robust community provision and response to managing individuals at home.



Understanding Changing Needs

Activities to reintroduce and evaluate the effectiveness of a new model of respite at Highbank Intermediate Care Facility that meets changing needs of people who require support, and their unpaid carers, resulted in 13 referrals and 16 respite bookings. A further two enquiries have been made about this service.

Newbyres Village is currently progressing an improvement plan with the aim of ensuring that the changing needs of residents are met including improving quality of information contained in support plans and establishing processes that ensure that monthly care plan review is carried out for every resident. Recently a process of consultation with residents and families resulted in reduction from 5 streets to 4 streets (61 beds to 48 beds). This allowed for consolidation of staffing and for the improvement plan to be progressed to ensure that care standards are improved and maintained at a high standard. Care inspectorate and clinical assurance colleagues continue to work proactively to these aims allowing the management team to review, revise and implement more robust policies and procedures. A programme of staff training both in person and e learning has now been started and planned for the coming year to ensure that all staff are included.

Work continues to reduce waiting times and the Physical Disabilities Occupational Therapy Service saw an 8% decrease in the number of people on their waiting list. This figure does not account for movement of people off the waiting list during this time. There was an 88% increase in the number of people removed from the waiting list during this quarter compared to the previous one. The median wait time did not decrease during this quarter owing to a number of urgent cases requiring to be allocated. Those people who have been waiting longer have received communication from the service to assess their needs and risk. They have been made aware to contact the service if their needs change.

A transitions worker has now been appointed on 2-year placement funded by Coming Home Change Fund. There are an increasing number of young people transitioning from Children's Services and an increasing proportion have complex needs. The transitions worker will help develop the transition pathway between Childrens and Adults services to improve the experience of young adults and their families and to ensure individual achieve positive outcomes.

All Health and Social Care specific LearnPro modules now have up to date content that relates to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice are working and accessible. A monthly reporting mechanism was developed and tested with one service and is now being implemented with a second service.

Effective, efficient and quality (Best Value)

In order to ensure the continued improvement in median wait time from referral to assessment across two of the social work waiting lists since the previous quarter, the following measures have been adopted:

- 4 weekly supervision from Team Lead to actively review staff caseloads (a greater emphasis on performance and self-management).
- Dynamic management review of waiting lists and priorities.
- Support to staff in relation to time management.
- Increased data provision to better understand staff caseloads in order to identify and address differences in clinical practice.
- A more proactive approach to engaging with referrers at the point of referral through Team Lead having a conversation with the referrer – in some cases this results in more appropriate signposting or advice and can negate the need for further involvement.
- Through communication with other Team Leads, more robust and regular structures in place for professional supervision.

Financial Recovery templates continue to be monitored through the Finance and Performance Group. In addition, all services have attended two of a series of three Financial Recovery Workshops hosted by the HSCP with support from NHS Lothian's Sustainability & Value Team. The follow up workshop has been scheduled for February 2024.

Work is being progressed to enhance monitoring and reporting of resource panel expenditure is ongoing, with a specific focus on increased accuracy of forecasting financial commitment. There is ongoing work in relation to resource panel with an increasing amount of time being taken to review requests for packages for care to ensure evidence substantial and critical eligibility criteria are being met.

Improving Outcomes - socioeconomic, health and wellbeing, personal outcomes

Services continue to be supported to use OutNav software to capture their progress and contributions towards achieving improvements in outcomes. Work in Q3 has been interrupted by personnel changes and some reconfiguration of service oversight. Work that has been required during Q3 to review financial planning has also impacted on services' ability to progress this work. Currently 5 of 7 service areas detailed in the Adult Social Care Plan are using OutNav and 8 of 15 heatmaps are underway or completed.

Welfare Rights services support individuals to maximise their incomes, and the additional income generated (Q1 - end November 2023) was £2,899,089. The number of clients assisted for the same reporting period was 738 with 65 benefit appeals supported.

The Physical Disabilities inspection report has been issued and available on the Care Inspectorate website. The first draft of the improvement plan will also be available on 24 January. A working group has been established in preparation for the Adult Support and Protection Inspection, expected in Spring 2024.

Midlothian Substance Use services (SUS) continue to progress with improving outcomes for individuals and continue to meet the A11 waiting time target of 90 %. Medication Assisted Treatment standards continue to be implemented successfully, MAT standards 1-5 which were fully implemented by March 2023. Over the last year the service has been focussing on the criteria for MAT 6-10, which we are pleased to say Midlothian is in a very positive position to meet the set criteria by March 2024, both through process and numerical measures. Midlothian has also become one of the pilot areas for the implementation of the numerical data into REDCAP which is the electronic recording system designed to support MAT implementation.

Midlothian has successfully implemented a training programme and has already exceeded the 50% training target for March 2024. The service continues to reduce barriers, improve access, and offer both proactive clinical and assertive outreach to population of Midlothian, a variety of intervention, supports care and treatment in keeping with the MAT standards.

During Q3 44 individuals were supported through the Non-fatal Overdose (NFO) pathway where 23 Individuals received proactive assertive outreach within targeted 72 hours with most being within 24 hours (caveat that success in terms of engaging with individuals can take more than x1 attempt and may include multiple assertive outreach visits), with outcomes of harm reduction and supporting access into service. The SUS Treatment service continues to support 276 individuals with complex substance and/or alcohol use, person centred focus on recovery and harm reduction.

02. Challenges and Risks

Q3 23/24:

Challenges and Risks

We aim to develop 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 must 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.

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

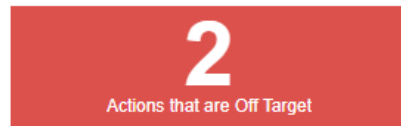
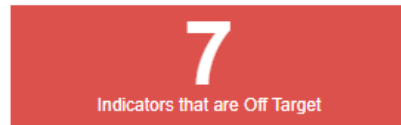
We have completed a full review of the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.

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.

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 3 - Adult Health and Social Care-



Adult Health and Social Care INDICATORS Off Target

Code & Title	Gauge	Value	Target	Last Update	History
23/24.AHSC3.2a Maintain or improve median wait time for OT waiting lists since pre...		0%	30%	Q3 2023/24	
AHSC.MPI.02 Average number of working days lost due to sickness absence (cumul...		18.54	10.53	Q3 2023/24	
ASC.SPSO.05.1 Percentage of complaints at stage 1 complete within 5 working days		55.56%	95%	Q3 2023/24	
23/24.AHSC3.3a Maintain or improve median wait time for Social Work waiting lists ...		40%	60%	Q3 2023/24	
23/24.AHSC1.3b Number of completed Adult Carer Support plans by VOCAL (accu...		418	450	Q3 2023/24	
AHSC.MPI.03 % of service priority Actions on target / completed, of the total number		87.5%	90%	Q3 2023/24	
ASC.SPSO.04.1 Average time in working days to respond to complaints at stage 1		5.778	5	Q3 2023/24	

← 1 of 1 →

SMP Adult Health and Social Care ACTIONS Off Target

Code & Title	Progress	Status	Due Date	Type
23/24.AHSC3.2 People who are referred to Occupational Therapy are assessed in a ...		35% Check Progress	31 Mar 2024	Action
23/24.AHSC3.3 People who are referred to Social Work are assessed in a timely ma...		35% Check Progress	31 Mar 2024	Action

← 1 of 1 →