

Adult Health and Social Care Performance Report 2023/24 – Quarter 2



01. Progress in delivery of strategic outcomes

Q2 23/24: (Jul/Aug/Sept)

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 must 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 & Indicators:

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

Prevention

Prevention is a key role of services within the HSCP. Social Work services in particular work with our most vulnerable populations and are crucial to ensuring people remain safe and well. Public protection is prominent and is key to what social workers do.

Duty Social Work aim to provide unpaid carers with timely support and interventions and continue to complete Adult Carer Support plans, which play a vital role in reducing the risk or associated impact of crisis.

We operate an assertive outreach model within Substance Use Services to reduce harm and drug and alcohol related deaths. The service offers a multi-disciplinary working model blending social workers and nurses. Practically, the model involves engagements at No.11, our recovery hub, as well as home visits and appointments elsewhere. Whilst drug-related deaths are a complex issue, the model adopted in Midlothian did have some impact in reducing numbers in 2022 to 4 (from 23 in 2021).

Midlothian has a successful mental health model that ensures the use of mental health beds is below the rest of Lothian. To illustrate, Midlothian has an allocation of 8 acute mental health beds at the Royal Edinburgh Hospital and we have consistently underused these in 2022 and 2023 – averaging approximately 6 beds (75% occupancy). This is testament to the strong community model that aims to ensure mentally unwell people are maintained at home for as long as possible and, for those who are admitted, discharged home with strong support as early as is deemed safe. To put into context, the Royal Edinburgh Hospital generally operates at a capacity in excess of 95% most days.

We have a range of supports for people with dementia most notably Post-Diagnostic Support Workers who link in with people and their families in their first 12 months following diagnosis and they provide both practical and emotional support.

Justice services risk manage a range of cases on a daily basis. This dynamic risk management approach prevents further harm occurring.

Understanding Changing Needs

All services are working towards the establishment of feedback mechanisms to ensure that service planning and delivery meet the needs of people and communities.

A local feedback questionnaire has been developed, and is now in place, and ready to use with Highbank respite users. The Care Opinion independent feedback website will be promoted for people using and/or affected by the Highbank respite service.

Occupational Therapy and Physical Disabilities service has introduced a paper and electronic feedback form for people to undertake when their involvement with the Service is complete. Through the use of Outnav, responses from service users to our feedback form and collation of emails from people we have supported we are gathering more information to evidence that people engaging with our Service feel listened to and are treated with dignity and respect. People are letting us know that when we are able to work together, that even a small piece of equipment or change to their home environment can make a huge difference to the quality of their life.

This summer MELDAP carried out a consultation process with people with lived and living experience, carers/families, members of the public, services and partners. This included noting their priorities in relation to prevention / children / families services, treatment service and recovery orientated provision.

Duty Social Work Team introduced a paper and electronic feedback form that is initially sent out to those identified as Unpaid Carers. This commenced on 1/9/23.

Whilst most of these initiatives have positive aspirations, it is too early to evaluate the majority of them for positive impact.

Effective, efficient and quality (Best Value)

Q2 saw a significant focus on Financial Recovery Planning, and the August meeting of the Midlothian HSCP Finance and Performance Group was dedicated to the presentation and discussion of Financial Recovery templates. Services were required to present their Recovery Templates to set out the financial position, key pressures, recovery plan and further mitigation actions.

Staffing and recruitment pressures remain in high volume services such as Care at Home and Newbyers Care Village. Sickness rates have remained high in both services and mitigating actions continue to be progressed with the support of HR.

Learning Disability Day Services continue to be impacted following Covid and plans have been put in place to increase capacity.

Work is needed regarding Old Age Days Services to ensure both best value and that need is fully met. A full review of the contractual arrangements is being planned.

Pressures remain on the Learning Disability Resource Panel budget and work is underway to both analyse this and take recovery actions. The challenge is that need and acuity remains high. As an illustration, 20 people account for 25% of the overall expenditure.

We are looking to identify how we quality assure our internal services more effectively and there are aspirations to create a Quality Assurance Team to do this. This would align quality assurance and quality improvement work with Care Inspectorate criteria so would also have the benefit of assisting with the preparation for inspection. It is acknowledged that this area for development and a gap currently.

Waiting times for Social Work and Occupational Therapy assessments remained off target in Q2. Remedial action has continued to reduce these but some staffing challenges are impacting on this. A review of Social Work and Occupational Therapy is planned with a view to reducing the number of small teams and therefore waiting lists and, medium term, there needs to be a more effective way of managing front door activity which should reduce waiting times.

The newly established Social Work Assurance Group (SWAG) has established a layer of governance for Social Work and Social Care services across Adults and Childrens' Services and is Chaired by the Chief Social Work Officer. It considers all inspection reports and other work and monitors and evaluates action plans. Whilst only recently established, SWAG has already provided a degree of governance that did not exist previously in a systematic form.

We have a range of action plans currently in place, most notably for Newbyers and Care at Home but we are also developing one for Adult Support and Protection in anticipation of an inspection and there will be an action plan required on the back of the Physical Disabilities inspection by the Care Inspectorate,

Improving Outcomes - socioeconomic, health and wellbeing, personal outcomes

The HSCP is currently developing its approach to outcomes and has purchased the OutNav tool from Matter of Focus. It is currently too early to ascertain the effectiveness of this but there is a strong commitment from the HSCP to having a more systemic approach to outcomes as it is acknowledged that this has been a gap.

The Community Justice Outcome Improvement Plan (CJOIP) has been approved and we are working on the actions agreed in the plan. During Q2 the Community Justice Service was onboarded to OutNav, the digital platform used to capture contributions and report on progress towards improved outcomes at personal, service and strategic levels.

Funding has been received and various projects predominately in the third sector will be funded (this is currently awaiting procurement sign-off). These projects will help the people of Mayfield and Easthouses to have more access to healthy food options, keep physically active.

Work continues to support the development and implementation of the Self Directed Support agenda and this agenda has particular traction historically in the areas of learning disabilities and physical disabilities.

Research continues to show that community based sentences are more effective in reducing offending than short prison sentences; they enable those convicted of offences to retain connections with local supports and family relationships. Community Payback Orders (CPO) have a number of requirements but Supervision and/or an Unpaid Work or Other Activity Requirement are those most often used by the Courts.

Impact of being on CPO with a Supervision Requirement: Research indicates that a strong therapeutic alliance between a person and their practitioner is a key factor in the success of an intervention. We collate feedback from the individuals that we work with as this enables us to work collaboratively and to improve service delivery. The feedback from service users reflects this; even when the actions of the service user required the practitioner to return the order to court in breach.

How unpaid work benefits communities and those on a CPO with Unpaid Work or Other Activity: In the reporting year the Unpaid Work team completed 278 projects which benefited 221 people. We collated feedback from beneficiaries at the end of a project and 100% of respondents reported that the quality of the work was good (3%) or excellent (97%). From the feedback provided by individuals on an order, 100% of those who completed unpaid work or other activity advised that they learnt new skills and had been able to make reparation for their offending behaviour.

Whilst we are looking to capture outcomes data more effectively using OutNav, as highlighted elsewhere, there is some clear evidence that our work in the areas of Mental Health and Substance Use have clear positive outcomes. For example, the "under use" of allocated Mental Health beds indicates positive outcomes for people.

Areas of focus

The joint inspection of adult services with a focus on people with physical disabilities, long term conditions and their unpaid carers is progressing. In July, the partnership submitted our 'Position Statement' which sought to benchmark our activity against the five quality indicators outlined by the Care Inspectorate and Health Improvement Scotland. Narrative and evidential documents were provided to support statements relating to how the partnership is evidencing outcomes, commissioning services and developing key processes to support people accessing our services to have positive experiences. In parallel with the partnership's written contribution, the Care Inspectorate and Health Improvement Scotland have completed their initial stage of engagement with people and their carers and have subsequently identified a number of initial themes and lines of enquiry. These findings alongside the evidence within the Position Statement and the recently completed record reading formed the basis for the staff scrutiny focus groups and the discussions with individuals who access our physical disability services. This second phase of engagement activity took place during September, the findings of which will form the bases of the formal inspection report due for publication at the end of November 2023.

In August of this year, the Minister for Social Care, Mental Wellbeing and Sport, Maree Todd MSP wrote to update on the Adult Support and Protection Joint Inspection Programme. The Care Inspectorate will be revisiting the six adult protection partnership who were subject to ASP inspection activity in 2017/18. This means that Midlothian H&SCP will be subject to an ASP inspection, most likely in the second quarter of 2024. Preparation for this strategic inspection will include commencing a Board involving all relevant partners (Police Scotland, NHS Lothian and Midlothian H&SCP) and reviewing our benchmarking activity against the recommendations from the 2017/18 inspection report. A communication strategy around the activity will be issued in due course.

A review of the Adult Community Care Team was carried out in 2017, when a generic fieldwork team was disbanded in favour of specialist teams. It was proposed that the arrangements would be reviewed in a timely manner. Unfortunately, this work was postponed due to the Covid-19 pandemic. This review now requires to be actioned. Further, there is recognition from senior managers of the need to provide governance and assurance around social work services (children and adults) which led to the establishment of Social Work Assurance and Governance Group (SWAG) in June 2023. This group is chaired by the Chief Social Work Officer and will provide the structure and guidance for a review of social work services. We know that Social Work services are under significant pressure meeting growing demand and increased complexity, meaning it is imperative that the HSCP prepares itself strategically and operationally for the future. The National Care Service Bill and recent strategic inspection activity (currently Physical Disabilities and pending Adult Support and Protection) will result in the need to devise and execute improvement plans that will not sit in isolation of other services areas. There is therefore a need to coordinate recommendations across adult social work services whilst ensuring an ongoing self-evaluation programme. A methodology, consultation and communication plan is currently being devised that will clearly outline the programme of work underpinning this scoping exercise.

02. Challenges and Risks

Q2 23/24:

Challenges and Risks

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.

There remains a degree of uncertainty in relation to the National Care Service, but services continue to prepare and as highlighted above, there are plans to review our Social Work services.

There remains a risk in relation to some areas with regards vacancies and also sickness absence as previously highlighted. Whilst managers are working hard to ensure processes are robustly followed, it remains the case that some areas have stubbornly high sickness absence rates. We continue to look at supporting staff with our Wellbeing offer and we also continue to roll out our communication and engagement work.

Our workforce

We are undertaking a full review and evaluation of the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules. The aim is for all Health and Social Care specific LearnPro modules to:

- . include up to date content that relates to registered professional practice,
- . be fully working and accessible.

Continued pressures of vacancies and difficulties in recruitment and retention has resulted in an existing workforce with increased sickness absence. Managers are continuing to work hard to support staff to access the range of wellbeing initiatives being offered across the Partnership. This includes emotional, physical, financial and learning support services as highlighted within the Midlothian Health & Wellbeing Directory.

The impact of these workforce challenges can be seen across a number of service areas. Due to staff shortages the Physical Disability Service is also absorbing Learning Disability Occupational Therapy referrals as well, with a resulting negative impact on waiting lists.

Annual Leave throughout the summer period and unexpected sickness absence resulted in the Social Work workforce being reduced by 40% for one month of this quarter.

Our communities

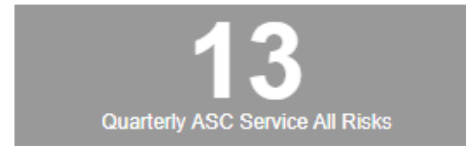
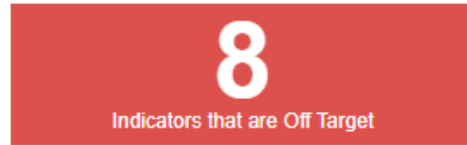
In early 2023, the Midlothian Council Planning Team contacted some service areas within Midlothian Health and Social Care Partnership (HSCP) to request evidence for inclusion in the Midlothian Local Development Plan 2 (MLDP2) Evidence Report. This report must provide evidence in relation to growth arising from requirements placed on Midlothian Council by Midlothian Local Development Plan (2017) and Scottish Government National Planning Framework 4 (NPF4). This includes an approximate minimum of 12,500 new homes are expected and required in Midlothian between 2022 and 2036.

In June 2023, the Planning Team contacted the Chair of the Strategic Planning Group (SPG) to request support in gathering a comprehensive range of evidence across all delegated services. The planning team were invited to the Strategic Planning Group (SPG) to discuss the scale of growth and evidence required from the Health and Social Care Partnership (HSCP) to ensure consideration was given to planning for appropriate service and infrastructure growth. This meeting was held on 7th July 2023 and included an extended invitation to all Integration Joint Board Members to attend.

As a result of the meeting, the Strategic Planning Group (SPG) agreed to convene a Planning and Transformation session and Short Life Working Group (SLWG) to plan and retrieve relevant information and data evidence to describe the likely impact of 12,500 houses in Midlothian by 2036. This session was held on 9th August 2023 where the Planning, Performance and Programme Team presented initial thoughts on a consistent approach to discussion capacity and projected demand, Heads of Service and Professional Leads committed to collate and share an agreed set of service capacity and workforce metrics, alongside the Business Team reviewing the building and infrastructure projections.

This data was collated and reviewed by the SLWG on 31st August with further review at the Midlothian HSCP Senior Management Team on 11th September. Specialist input from the Business team was requested on 1st September and will be added to this return when received, for submission to the Midlothian Council Planning Team.

Quarter 2 - 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...		20%	60%	Q2 2023/24		
ASC.SPSO.05.2 Percentage of complaints at stage 2 complete within 20 working days		50%	95%	Q2 2023/24		
23/24.AHSC3.3a Maintain or improve median wait time for Social Work waiting lists ...		40%	60%	Q2 2023/24		
AHSC.MPI.02 Average number of working days lost due to sickness absence (cumul...		13.19	10.53	Q2 2023/24		
23/24.AHSC1.3b Number of completed Adult Carer Support plans by VOCAL (accu...		257	300	Q2 2023/24		
AHSC.MPI.05 % of Service PIs that are on target/ have reached their target. (does n...		85%	90%	Q2 2023/24		
ASC.SPSO.05.3 Percentage of complaints escalated and complete within 20 workin...		90%	95%	Q2 2023/24		
AHSC.MPI.03 % of service priority Actions on target / completed, of the total number		87.5%	90%	Q2 2023/24		

← 1 of 1 →