

Adult Health and Social Care Performance Report Quarter Two 2022/23



Progress in delivery of strategic outcomes

Our Vision: People in Midlothian are enabled to lead longer and healthier lives.

Our Values: Right support, right time, right place.

Midlothian Integration Joint Board plan and direct the services that are delivered by Midlothian Health and Social Care Partnership (HSCP). The HSCP is a partnership between NHS Lothian and Midlothian Council and is responsible for services that help Midlothian residents to live well and get support when they need it. This includes all community health and social care services for adults in Midlothian and some hospital based services such as Accident and Emergency.

In order to meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, the HSCP was required to develop, consult on, and publish a new 3 year Strategic Plan in 2022. The new Strategic Plan for 2022-25 was published in April 2022.

HSCP COVID-19 Response

The Health and Social Care Partnership, its partners and the communities it serves continued to be impacted by the COVID 19 pandemic, although restrictions are now eased, Scotland has seen an increase in the number of positive cases (1 in 45) compared to the last quarter (1 in 95). As we approach winter, our strongest mitigation against covid remains our vaccination programme. The Midlothian Health and Social Care Partnership Vaccination Plan has been presented at our Senior Management Team and is included in our Winter plan. We continue to work with our partners to support staff where required and ensure our service delivery is not impacted by deploying staff to cover absences where needed. As we progress into the next quarter and Winter, a strong focus on workforce is included in the Winter Plan.

Seasonal Flu/COVID Booster Programmes

The Midlothian vaccination team have responsibility for all vaccinations that were part of the Vaccination Transformation Programme from the GP's to the HSCP.

In accordance with JCVI Guidance on the covid booster vaccine our Flu/Covid booster vaccination programme is progressing well across the cohorts. Scheduled meetings take place to review our action log and track progress. Vaccine supply for Covid + Flu is currently good and is continuously being monitored.

The next cohort to be invited to receive their seasonal Flu and Covid booster vaccinations is the 50 – 64 cohort, while the Flu vaccine is currently being rolled in schools by the Community Vaccination Teams.

Activity being progressed as part of our inclusivity programme include conversations to connect with Ukraine and Afghan refugees placed in Midlothian, and the rollout of vaccinations within Hostels. The sharing of information with foodbanks within Gorebridge/Penicuik regarding clinics is taking place. Both have accessible venues to the users of the foodbanks.

Service Transformation

On 20 June 2022 the Scottish Parliament published the National Care Service Bill which will provide the foundation for the NCS. Alongside the Bill, explanatory notes, a policy memorandum, a financial memorandum and a delegated powers memorandum were also published. The first stage of the consultation was concluded in early September and we await the outcome of that.

Justice

We have continued to liaise with key partners (Courts and other Local Authorities) regarding the uptake of bail services which has been a nil return in orders being imposed at Court. Requests for assessments are being processed through notification of bail opposed lists but clients are either not in agreement to the assessment or,

more often than not, the Court is proceeding without formally requesting it. From communication with other areas we are aware that it is a similar picture nationally and we are feeding this back to colleagues in Scottish Government. The Justice Service have continued to manage the unpaid work hours. The term backlog was initially used in reference to unpaid work hours during Covid when unpaid work delivery was suspended in line with national restrictions and therefore for a period of time no hours were completed. The term backlog is somewhat misleading; as soon as a court imposes a CPO with 'Unpaid work or other activity' requirement the hours are outstanding until the client completes them. Midlothian have no orders in backlog and we were one of the first local authorities able to re-instruct clients to attend groups as soon as easing of restrictions permitted it. We were in part able to manage this due to a very motivated staff team and the work of the line managers in developing Covid risk assessments.

The team work closely with partner agencies to ensure that we are able to meet the needs of service users in terms of re-integration and rehabilitation but also serve the communities that have been most affected by crime. The Unpaid Work team has continued to develop and implement training pathways for clients undertaking an Unpaid Work Requirement. This starts with all clients completing SCQF award at level 4 in Health & Safety as part of their standard induction onto the Order. Clients have opportunity to undertake further SCQF qualifications including: First Aid, Advanced Health & Safety Training and Manual Handling. Working with the Community Lifelong Learning Team a further pathway has been developed for clients to undertake a variety of training courses including; an Adult Achievement Award, CSCS Card, Digital Skills, An Introduction to Wellbeing or to undertake work improving their literacy and numeracy Skills.

Substance Misuse

Key services based in Number 11 in Dalkeith continued to provide services including outreach treatment, injecting equipment provision [IEP], naloxone, and information/advice. Currently, there are challenges with recruitment. However, the Midlothian Substance Use Service continues to support and treat those individuals who are most at risk. This includes the provision of Buvidal [an injectable form of Buprenorphine]. The caseload of the SUS service in Q2 averaged around 340. As a proxy measure, this indicates that at any given point, 340 people were provided treatment and support as a protective factor in minimising harm. Despite pressure on capacity due to recruitment challenges and consistently high number of people being treated, the service was able to deliver rapid access to 6 new patients. Staff recruitment to employ 2 Non-Medical Prescribers has been completed. Other recruitment to new nursing and 3rd sector posts are underway. These posts augment service capacity to deliver the Medication Assisted Treatment Standards.

Naloxone

Accidental overdose is a common cause of death among users of heroin, morphine and similar drugs, which are referred to as opioids. Naloxone is a drug which temporarily reverses the effects of a potentially fatal overdose with these drugs. Administering Naloxone provides time for emergency services to arrive and for further treatment to be given. Services and MELDAP have continued the roll out of training and providing "Take Home Naloxone" kits (hereafter referred to as THN) or Nyxoid [Nasal Spray]. These are issued to people at risk of opioid overdose, their friends and family and service workers in order to help prevent overdose deaths. Any member of the public over the age of 16 can be trained in the use of Naloxone allowing them to carry and administer it as well as recognise the signs of someone who may be experiencing an overdose. In a joint initiative with MELDAP, Midlothian Council has agreed to:

- . Promote Naloxone training and carrying amongst their staff group.
- . Include Naloxone training and carrying with the 1st aid trainers course.
- . Look to try and ensure that there are Naloxone trained members of staff within all public facing buildings where possible.

This is voluntary initiative for staff.

Drug Trends Service staff have provided feedback that the noted previous increase in cocaine use through snorting, injecting and/or smoking continues. There also continues to be concerns about the availability of "street benzo's" for example, illicit Diazepam, Etizolam and Alprazolam [Xanax]. These tablets are likely to be used in conjunction with other drugs [poly drug use] increasing the level of risk.

Learning Disabilities

The Complex Care Expert Panel Group which will oversee spending of Midlothian's Complex Care Community Fund has now been established and will meet at the end of October to develop the plan for the Midlothian allocation of Community Change Fund.

The Human Rights Expert Panel is now well established, meeting every six weeks, and has developed a programme of activities and three sessions covering Human Rights, The Charter for Involvement, Recovery from the pandemic and Communication.

The flats at Bonnyrigg High Street are scheduled for completion in September 2023. Designs for Primrose Lodge in Loanhead are complete, but the property is being used to house tenants of Teviot Court whilst their flats are being upgraded. The first six moves took place on 4th and 5th October and work at Teviot should be completed by March/April 2023, but outside works are weather dependent. We will reapply for capital funding for the work at Primrose Lodge once we are confident that Teviot tenants have fixed dates for moving back into their homes, and that we have full access to the building.

Older People

Extra Care Housing: As with many other areas, Midlothian faces many challenges in addressing the housing and care needs of an ageing population with increasingly complex requirements. Extra Care Housing is a model of accommodation and care that supports people to live in their own tenancy. We have been working to identify the list of applicants for the facility at Normandy Court Dalkeith, to allow us to identify the level of care provision required for the facility going forward. The facility is due to come online at the end of March 2023.

Care Homes: Midlothian has 10 older people's care homes, 2 of which are HSCP run with one being an intermediate care facility. The remaining 8 are privately run either by private companies, charitable organisations or independent care homes. Health Boards and local Health and Social Care Partnerships continue to carry responsibilities for the clinical and professional oversight of the care provided to people resident in care homes in line with the Scottish Government guidelines (May 2020).

Care at Home: During Q2, our internal and external providers delivered ~78,000 care hours for clients in Midlothian. On average, our internal Care at Home service completed 6,873 visits per week, to an average of 298 clients. August was our busiest month providing care to 303 clients, and starting 51 new packages of care. During the quarter Midlothian HSCP continued to work closely with external providers who delivered approximately 51,000 care hours, or 66% of care hours for the quarter. Audits were completed for external providers, including feedback gathered directly from clients. Feedback highlighted the preference for regular carers, and the importance of carers' ability to engage with clients, stating, "The carers are friendly which helps when you have people coming into your home."

Carers

Previously agreed additional resource has been supported by contracts and services should now be in a position to access this funding. Agreement was reached and amendments made to the existing contract made so that Alzheimer Scotland will recruit a Dementia Carer Support Practitioner from November. Governance groups within the HSCP gave support for additional funding to Grassy Riggs to deliver carer support, delivery of which should be possible with immediate effect. Long-term sickness and staff leaving due to personal reasons resulting in staff vacancies have impacted VOCAL, and have required alternative approaches to delivery being adopted, e.g. engaging CAB to support delivery of some welfare rights services.

Discussions of work to engage with stakeholders and carers re existing strategy; strengthening of services and gaps; utilisation of underspent and carried forwards carer act funding. Proposal for a plan for funding committal to SMT in January 2023. Carer Strategy at final stages of being checked for accessibility before aim of sign-off by Chief Officer and publication online.

Mental Health

Primary care developments: There has been a postponement from the Scottish Government regarding the funding for the Mental Health and well-being Monies, National plans will not progress at this time, awaiting update from Scottish Government

Individual Placement Support has been impacted by Covid 19 and subsequently the current post holder has left the post. This post has unfortunately taken 4 recruitment processes but the post has now been successfully recruited to. The new member of staff will be commencing employment in October.

There continues to be strong partnership working between Housing, Health and Social care and third sector providing support and housing for individuals with complex needs, through the housing first model.

Adults with Long Term Conditions, Disability and Impairment

Awareness training sessions for HSCP staff, provided by Sight Scotland are being planned in light of Covid Restrictions easing. Sight Scotland continue to provide information sessions to staff in relation to the services they provide. Meetings are taking place with Deaf Action to review their role and remit in light of their specialist Social Worker leaving post.

Volunteers continue to uplift peoples' faulty hearing aids from their homes and delivered the aids to Midlothian Community Hospital for an Audiology technician to repair, and then return the repaired aids back to the individuals. Conversations have started between Audiology, Enable Local Area Coordinators and other relevant parties in regard to restarting repair clinics in Community Venues, as per pre pandemic. At the request of Audiology they wish to prioritise the start of an Audiology Clinic in Midlothian Community Hospital first before other options are more actively pursued.

Hybrid model up and running for delivery of face to face and digital for all weight management programmes. Digital devices secured for people referred so they are able to decide what options best suits their needs Improving.

Midlothian HSCP commenced work on Improving the Cancer Journey (ICJ) during 2021. ICJ is a partnership between Macmillan and the four Lothian Health and Social Care Partnerships. Midlothian Council hosts the Programme on behalf of the four HSCPs. The ICJ Programme aims to meet the non-clinical needs of people living with cancer; it promotes self-management and person-centred solutions. The service in Midlothian has strong links with the Wellbeing Service in GP practices and the MacMillan Welfare Rights Advisor in the Welfare Rights Team. The monthly target for the service to see 17 people per month. During Q2 39 people were referred and 27 people used the service demonstrating a slight increase. Local work continues to focus on primary care engagement with 'tests of change' within 3 GP practices. The other Lothian areas have a dominance of secondary care referrals but in Midlothian, there is a more even spread across secondary care, GPs, third sector and self-referrals.

Sport and Leisure

Gorebridge Leisure Centre: The main hall remedial work is now complete. The works were delayed due to the ongoing roof replacement programme but the centre will now be able to accommodate a fuller programme. The centre is being utilised for the winter vaccination programme, on a smaller scale than previously with only the lesser hall being used.

Stabilisation in the global supply of chlorine products for swimming pools has meant that all spa pools previously closed due to low availability of chlorine have now reopened. Swimming pool closures due to lack of chlorine were avoided during Q2 which previously had looked very likely.

Active Schools:-

- . Continuing to expand our Active Schools Programme with more free opportunities being offered in schools with a pathway in place from schools to community & club sport.
- . Young Ambassador Programme: All secondary schools have engaged and have recruited 2 Young Ambassadors who will work with Active Schools Coordinators to promote sport & physical activity opportunities in schools and work to identify and address barriers to participation.
- . Fit for Girls Programme: We have established a Fit for Girls Committee who will identify & address barriers to participation for girls and will work to empower other girls to shape and influence sport & physical activity in Midlothian.
- . Young People Networking Event: We held a networking event for Midlothian Young People from our Young Ambassador Programme, Fit for Girls Committee and Active Schools Leadership Academy. This gave the pupils the opportunity to meet each other, discuss plans for the year and discuss ways that they can work together to promote, influence and shape sport in Midlothian.
- . Whole Systems Approach: We have been working with our NHS colleagues and have created a plan as part of the type 2 diabetes, Whole System Approach programme. This project will run in the Easthouses/Mayfield area addressing inequalities in accessing sport & physical activity.
- Child Healthy Weight Programme: Along with our Active Schools colleagues (East, West, Edinburgh & Midlothian) and NHS colleagues we have finalised plans and launched the child healthy weight programme. This is a referral programme taking a targeted approach for young people. Review of term 1 will be undertaken in December.

COVID-19

The Health and Social Care Partnership, its partners and the communities it serves continued to be impacted by the COVID 19 pandemic. The Health and Social Care Partnership has maintained delivery of services and continues to work with its partners to ensure resources are being managed and deployed to cover staff absences where needed and continue to develop our remobilisation plans. We continue to work to ensure key staff receive both the Covid and flu vaccine.

A growing and ageing population

Midlothian is the second smallest Local Authority in mainland Scotland but the fastest growing. This will continue to pose challenges for health and social care services whilst also changing some local communities. As people live for longer many more people will be living at home with frailty and/or dementia and/or multiple health conditions. An increasing number of people live on their own, and for some this will bring a risk of isolation.

Higher rates of long-term conditions

Managing long-term conditions is one of the biggest challenges facing health care services worldwide, with 60% of all deaths attributable to them. Older people are more susceptible to developing long-term conditions; most over 65s have two or more conditions and most over 75s have three or more conditions. People living in areas of multiple deprivation are at particular risk with, for example, a much greater likelihood of early death from heart failure. They are also likely to develop 2 or more conditions 10-15 years earlier than people living in affluent areas.

Higher rates of mental health needs

Many mental health problems are preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live fulfilling healthy lives as far as possible. The incidence of mental health issues in Midlothian, while similar to the rest of Scotland, is a concern. Living in poverty increases the likelihood of mental health problems but also mental health problems can lead to greater social exclusion and higher levels of poverty. People who have life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.

Our services are under pressure

People place a high value on being able to access effective health services when they need them. People expect to receive high quality care services when these are needed whether as a result of age, disability, sex, gender or long term health conditions. Yet there are a number of pressures on our services.

Financial pressures

Financial pressures on public services are well documented. There is no doubt that we need to do things differently: the traditional approach to delivering health and care services is no longer financially sustainable.

We have particular pressures in our disability services with challenges to meet complex needs in the community when in the past care settings may have been considered.

Workforce pressures

The Covid-19 pandemic has and will continue to influence the demand for, and deployment of, the health and care workforce for the foreseeable future.

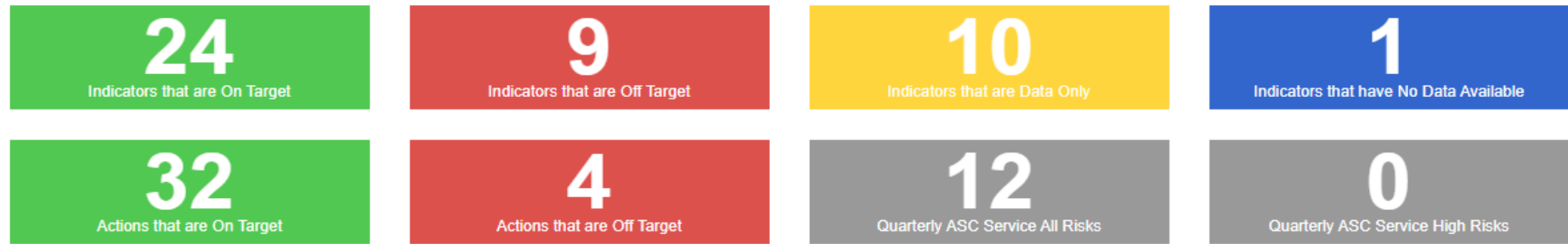
There is reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers and Staff Nurses. This impacts on service delivery and development.

Unpaid carers

Unpaid carers fulfil significant, valuable and wide-ranging roles within Midlothian communities, helping to keep people with care and support needs within our communities. During the pandemic many people became carers for the first time, or saw changes to their caring role, resulting in them providing significantly more care for their elderly, sick or disabled family, friends and neighbours. Through this period services supporting carers continued to offer a range of support, including digitally, and by telephone, though services supporting the person they provide support to may have been reduced, e.g. respite and day services, impacting on carers. Further work is required to reduce the significant pressure and impact of caring that carers reported, by continuing to explore innovative options to enable support to be given to both carers and the cared-for, and for there to be opportunities for breaks from caring.

Acute hospitals Acute hospitals are under huge pressure due to unsustainable demand and financial restrictions. Investing in community based services and work with carers is required to minimise avoidable and inappropriate admissions and facilitate earlier discharge. By treating people closer to home, or in their own home the HSCP can support admission avoidance and improve people's outcomes.

Quarter 2 - Adult Health and Social Care-



SMP Adult Health and Social Care INDICATORS Off Target

Code & Title	Gauge	Value	Target	Next Update Due	Last Update	History
AHSC.P.2.1b Average wait time for social work services		19 weeks	6 weeks	01 Jan 2023	Q2 2022/23	
AHSC.P.2.1a Average wait time for occupational therapy services		8.6 weeks	6 weeks	01 Jan 2023	Q2 2022/23	
AHSC.P.10.8a Lines of communication formally agreed with all relevant agencies.		25%	50%	01 Jan 2023	Q2 2022/23	
AHSC.P.11.3a Completion of 6 month pilot of residential respite within Cowan Court ...		25%	50%	01 Jan 2023	Q2 2022/23	
AHSC.P.1.2a Number of people who received a health assessment from the Commu...		22	37.5	01 Jan 2023	Q2 2022/23	
AHSC.MPI.05 % of Service PIs that are on target/ have reached their target. (does n...		88.1%	90%	01 Jan 2023	Q2 2022/23	
AHSC.MPI.03 % of service priority Actions on target / completed, of the total number		89.19%	90%	01 Jan 2023	Q2 2022/23	
AHSC.MPI.04 % of invoices paid within 30 days of invoice receipt (cumulative)		96%	97%	01 Jan 2023	Q2 2022/23	
AHSC.MPI.01 Performance against revenue budget		£59.258m	£59.107m	01 Jan 2023	Q2 2022/23	

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SMP Adult Health and Social Care ACTIONS Off Target

Code & Title	Progress	Status	Due Date	Type
AHSC.P.2.1 Reduce waiting times for occupational therapy and social work services.		20% Check Progress	31 Mar 2023	Action
AHSC.P.5.1 Implement Individual Placement Support specialist employment support ...		20% Check Progress	31 Mar 2023	Action
AHSC.P.10.8 Establish effective links between the Physical Disability Planning Grou...		25% Check Progress	31 Mar 2023	Action
AHSC.P.11.3 Increase respite bed availability in Midlothian by offering residential res...		25% Check Progress	31 Mar 2023	Action

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