Performance Review and Scrutiny Committee Tuesday 20 September 2022 Item No: 5.1

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



01. 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. A recent spike in infections has caused continued significant pressure on our workforce due to absences. 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.

Seasonal Flu/COVID Booster Programmes

-The covid spring booster vaccination campaign officially closed on 30.06.22. There was an uptake of 85.3% of this eligible cohort. Those individuals who missed their appointment due to being infected with covid are still being encouraged to come forward over the coming weeks.

-The 5-11 year old children, covid vaccination programme continues over the summer. The uptake for 1st doses as of 26.07.22 is 24.6% (31.7% for at risk children). We are now calling patients for their second dose and children turning 5. The uptake for 2nd doses as of 26.07.22 is 8.1% (20.8% for at risk children).

-The Rosewell Steading Vaccination site officially opened on Monday 4th July. 5-11 year old clinic will continue to be run from Midlothian Community Hospital on a Saturday to enhance patient experience for this age group.

-The Midlothian vaccination team have recently taken on responsibility for all vaccinations that were part of the Vaccination Transformation Programme from the GP's to HSCP. Shingles and Pneumococcal vaccination uptake is increasing gradually as this progresses.

-Flu/covid booster planning is underway and we have received JCVI Guidance on the covid booster vaccine and timelines have yet to be approved by ministers.

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 Bill is now in consultation stage 1. The consultation was launched on 8 July and it will remain open until 2 September.

Justice Service

Activity during Q1 saw Justice in Midlothian going live with our bespoke Bail Services. Through the introduction of Midlothian Bail Services we intend to provide the Courts a credible alternative to the use of remand where individuals are assessed as needing support and supervision to meet their bail conditions. It is intended to reduce the number of individuals normally resident in Midlothian being held on remand pending trial, or for reports after conviction, who with appropriate safeguards in respect of public protection could be released on bail to the community. The objectives of bail supervision will be to:

• To increase the confidence of courts in the successful completion of bail periods through the availability of supervision;

• To reduce the number of individuals remanded to custody;

• To encourage greater confidence in the use of non-custodial disposals by sentencers as a result of the experience of successful completion of periods on bail supervision;

• To provide appropriate support to individuals in the community, which minimises disruption to families, employment and housing, while ensuring compliance with bail conditions.

As of 1st April 2022 Midlothian provided supervision and monitoring for those made subject to bail with a supervision condition (Supervised Bail). This is in collaboration with our third sector partner Change Grow Live and Edinburgh Sheriff Court Social Work Services. This will enable us to fulfil the Scottish Government incentive to increase the provision and take up of Supervised Bail across Scotland. From 17th May 2022 an additional bail service became available across Scotland: bail with electronic monitoring (EM bail). Our Justice Social Work team will be involved in the assessment for those who may be suitable for EM bail but will not be involved unless there is also a condition of supervision. EM bail will be managed by the EM Service provider; the current contract holder is G4S. Management within the team wrote a procedure which ensures that social work staff based at Edinburgh Sheriff Court, and relevant courts in other Local Authority areas, have a clear point of contact with Midlothian Justice Service. It is anticipated that supervised bail will also be available for Midlothian residents who are appearing in other courts across Scotland. This will enable them to receive timely and accurate information regarding those who are being considered and assessed for a Supervised Bail Order.

Substance Misuse

Key services based in Number 11 in Dalkeith continued to provide services in Q1 including outreach treatment, injecting equipment provision [IEP], naloxone, information/advice. There has been an impact of Covid related sickness and absence on service delivery. There are also challenges with recruitment at the moment. 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 Q1 averaged around 300. As a proxy measure, this indicates that at any given point, 300 people were provided treatment and support as a protective factor in minimising harm. As a consequence of a pressure on capacity due to recruitment challenges, consistently high number of people being treated and impacts of Covid related illness, the service was unable to deliver rapid access to new patients. However, the service reports a significant reduction in Near Fatal Overdoses with a particularly significant reduction in harms and causes for concerns at the supported accommodation units that receive support from Assertive Outreach staff. Staff recruitment is underway to employ 2 WTE Non-Medical Prescribers along with other new nursing and 3rd sector staff. The work on these posts will be to augment service capacity to deliver the Medication Assisted Treatment Standards.

<u>Naloxone</u>

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. MELDAP is currently working with Midlothian Council 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.

Staff would be volunteering for this training, there would not be any compulsion to carry Naloxone.

Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) has a primary aim to coordinate the design, delivery and evaluation of drug and alcohol services across East Lothian and Midlothian.

We continue to work with partners locally to provide a number of initiatives including:

- A direct Contact Service
- Advocacy services
- · Increased support to families and loved ones.
- SMART Recovery Groups
- Horizons Recovery Cafe
- Recovery College
- Provision of services to children, young people and families affected by substance use
- Youth and community initiatives
- Linking in with third sector organisations (Alcohol Education Trust, Re-Solv, 6VT)
- Continue to provide phones, top-ups and tablets to help people get or stay connected

We are also developing a new pilot out of hour's provision. These initiatives assist individuals to reduce the harmful impact of long-term drug use.

Drug Trends Service staff have provided feedback that there has been an increase in cocaine use through snorting, injecting and/or smoking. There 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 effective use of the Community Living Change Fund represents an important part of delivering high quality community based support for people with Complex needs in Midlothian and avoiding hospital delays and out of area placements. The formation of a Complex Care Expert Panel was agreed at the June Finance and Performance Group and this will oversee spending of Midlothian's Complex Care Community Fund up to March 2024.

A very successful conference for all Complex Care stakeholders was held in June, and a staff training video created by members of People First Midlothian was launched. The conversations at the conference are helping us to shape the next phase of this work, including the development of the Positive Behavioural Support programme and the Dynamic Support Register.

The Learning Disability Human Rights Expert Panel has held two events bringing together a diverse group of people with learning disabilities to inform how we address Human Rights and Supported Decision Making in Midlothian. The expert panel is now being expanded to ensure that people with lived experience are at its core.

The Day Service review and redesign work has been delayed by the limitations imposed by COVID 19 guidance, but services are now at, or near, capacity. Human Threads, a large scale, multi-sensory exhibition conceived in partnership with the Tramway in Glasgow, runs from 11th May - 28th Aug 2022. The work is informed by individuals with profound and multiple learning disabilities and represents the culmination of years of pioneering research by Artlink and the Cherry Road Learning Centre.

The flats at Bonnyrigg High Street are scheduled for completion in September 2023. Designs for Primrose Lodge in Loanhead are complete, and the property is now vacant but awaiting use for a delayed 12 week decant from Teviot Court.

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. Work was progressed on 3 sites (Dalkeith, Bonnyrigg and Gorebridge) to provide 106 ECH bungalows or flats.

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).

The Care Home Support Team provided substantial support to care homes for older people to address the challenges faced throughout the pandemic. Examples include providing direct support to meet staffing challenges, input to meet the complex care needs of individual residents, vaccination, testing of staff and residents, support with reintroduction of visiting and practical and emotional support to staff affected by the impacts of the loss of residents in unprecedented numbers. Moving into a new phase of Covid-19 the CHST will continue to provide support in a more planned, proactive way, working alongside Care Home Staff in an advisory role, whilst remaining responsive when necessary. The focus will remain on care provision, applying principles of Quality Improvement, through project-based work.

Care at Home: Care at Home continues to be a key contributor to the HSCP vision for people to receive the right care in the right place; in their home and community as far as possible. It supports efforts to reduce length of hospital stay, as well as admission avoidance. Care at Home is currently provided by the HSCP and external providers. Care at Home services continue to meet community needs by allocating new packages of care weekly. Midlothian services continue to experience significant ongoing recruitment pressures, which are reflected nationally, including recruitment of office-based staff. Despite this pressure, Care at Home services worked hard to ensure packages of care continued to be delivered. New contracts were awarded to external Care at Home providers in 2021 and work is ongoing to ensure contracts are implemented effectively, including proactive monitoring and audit activity.

<u>Carers</u>

New carer contract started 1st July 2021. VOCAL as the main carer support provider have been recruiting and developing capacity for delivery within the service since that time. Additionally VOCAL had begun expanding the service in response to additional resource funding, which the contract amendments to enable payment to be made, hope to be done within Q1. This funding will take in to account an increase in capacity within some areas of service beginning October 2021, and further so during Q1 2022/23. Amended contract has been issued to VOCAL. Additional resource to fund a Dementia carer support practitioner is in place, and changes to Alzheimer Scotland is being finalised for issue. Discussions and planning for 2022/23 carer funding for Adult and Young Carers, and underspend from 2021/22 will be taken forward during Q2.

Carer Strategy being finalised and expected to be published online at the beginning of Q2.

Mental Health

Midlothian has invested strongly in its Primary Care Mental Health Team, which, since 2019, has been developed, and rolled out to all 12 GP practices, offering direct access to mental health triage, assessment and brief intervention for people aged 18-65. The team is multi-disciplinary and delivers a community-based access service in partnership with the General practitioners, voluntary sector, third sector and other relevant statutory services.

Further developments and opportunities has enabled Midlothian the opportunity to submit an application for further funding through Mental Health and Well Being monies for next four years to improve, develop and expand individuals access to Primary Care Mental Health and well-being Services.

Individual Placement Support has been impacted by Covid 19 and subsequently the current post holder has left the post. This post will be advertised in due course. Prior to the post being vacant the service was providing support to 4 individuals into employment and/or Further Education.

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 Deaf Action and Sight Scotland have also not been possible due to the pandemic and training over Zoom or Teams cannot provide practical, hands on training. Sight Scotland continue to provide information sessions to staff in relation to the services they provide. Work has commenced with Deaf Action to review the work being undertaken.

In response to the closure to the public of the Audiology Department due to Covid restrictions 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.

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 the Cancer Journey (ICJ) - As we shift into year 2 of operation, monthly targets increase from seeing 13 to 17 people per month (51 people per quarter). As well as ICJ colleagues having a presence at the Edinburgh Cancer Centre, local work is focusing on primary care engagement (tests of change within 3 GP practices). Midlothian has a new peer support group which meets monthly. A focused look at data relating to carers shows that Midlothian has the highest percentage of carers using ICJ in the Lothians. This is supported by the positive working relationships in place between ICJ and VOCAL.

Sport and Leisure

Gorebridge Leisure Centre which was utilised as a mass vaccination centre until 03/04/22 began to operate as a leisure centre on 11/04/22 with the gym re-opening. The main hall is currently undergoing remedial work but OAP indoor bowling groups and PEEP groups have been accommodated. The works are scheduled for completion by the end of July following which a fuller programme will return.

Ongoing challenges around the global supply of chlorine products for swimming pools has meant that all spa pools are currently unavailable to reduce the usage of chlorine and to prevent any swimming pool closures. The supply of product is unpredictable and precarious and may result in reduced swimming pool availability in the coming months. Contingency plans are in place to ensure as little disruption as possible but should the situation deteriorate some periodic pool closures may be inevitable.

The Active Schools Team have continued to ensure a safe & positive return to sport, re-engaging and rebuilding our Active Schools programme to provide opportunities for our Midlothian young people. The programme has continued to grow with more opportunities to be active being available and more volunteers working in our programme:-

• Term 3 saw 1600 pupils from primary & secondary participating in Active Schools Clubs in school & community settings. This year we relaunched our face to face events, which were well attended with positive feedback from schools.

We successfully launched our Active Schools Leadership Academy (ASLA) at the beginning of the academic year, upskilling Midlothian young people through a programme of training & providing supported coaching opportunities to help them reach positive destinations & invest in our local workforce. This also created more free opportunities for younger pupils. 12 pupils from 4 high schools successfully completed 9 training courses which finished in term 3. 12 new free clubs were delivered by our young leaders. 164 Midlothian young people participated in these clubs.
We have continued to expand the partners we work with, to enhance our programme including Edinburgh College, CLL & Home School Practitioners to allow us to offer more opportunities and also ensure our programme is accessible to all.

• We have continued to run new projects & initiatives, EG: Fit for Girls project which started in Jan and continued until June -Four workshops and surveys rolled out across 5 high schools in Midlothian led by 10 girls on the committee, consulting with approx. 80 girls. This project has provided girls in Midlothian with a platform to share experiences, stories and have open, honest conversations about taking part in PE and sport. The leaders have helped to inspire their peers through their workshops and allowed their voice to be heard whilst creating a sense of community for girls within their schools. • We have put plans in place and shared information with partners on our move to a wholly free activity model from August.

02. Challenges and Risks

Q1 22/23:

COVID-19

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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.

The recent spike in Covid-19 positivity within the community has caused significant pressure across the whole system.

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.

