

# Adult Social Care Performance Report Quarter Three 2019/20

## Progress in delivery of strategic outcomes

***"People in Midlothian will lead longer and healthier lives by getting the right advice, care, and support, in the right place, at the right time."***

The Adult Health and Social Care service continues to undergo ambitious redesign. The Midlothian Health and Social Care Partnership 2019-20 Strategic Plan outlines a major programme of activity focused on prevention and early intervention; planned support, treatment and recovery; and unplanned treatment and support. We are achieving this by changing the emphasis of our services, placing more importance and a greater proportion of our resources on our key values.

### 1. Integration

Midlothian Health and Social Care Partnership is progressing work to implement the ambitions of the Strategic Plan. Efforts to support people most vulnerable to health and other inequalities continues to progress. This includes specific programmes involving pregnant women who smoke, people living in homeless accommodation, people who use alcohol and drugs, carers, people/families who could benefit from welfare rights checks and others. In addition the Community Planning partnership work to tackle Type 2 Diabetes continues to progress well.

Several programmes of work are underway in order to best support people who are frail. The increasing prevalence of frailty is linked to our rapidly ageing population. People with severe and moderate frailty (3,500 people) accounted for 4% of Midlothian's population and 31% of unscheduled activity in the Royal Infirmary of Edinburgh in 2019. Midlothian HSCP and Midlothian GPs have been working together to improve the quality of care (health and social care) provided to people with frailty.

Local Planning Groups have prepared their action plans in line with the Partnership values: prevention, recovery, co-ordinated care, supporting the person not just focussing on the condition.

### 2. Inequalities

Health and Social Care services remain committed to contributing to reduce health inequalities. Local people, the third sector, public sector and private sector created a plan to prevent type 2 diabetes. This includes supporting people to be healthy, active and engaged in community life. Having a healthy diet and being physically active are important to reduce risk of type 2 diabetes but so are environmental, financial and social barriers, not just individual lifestyle choices. Actions we are taking forward include increasing capacity of weight management services, training on eating well and moving more as well as strengthening links between services to ensure people are in receipt of all the welfare support they are entitled to.

### 3. Justice Service

All teams are now present within the Number 11 Recovery Hub. A regular multiagency meeting at Number 11 where partners from the statutory and voluntary sector get together and discuss who will be leaving prison within the following three months has been introduced; this is to avoid people coming out of prison with no adequate resettlement plans and falling into crisis. Key staff in Midlothian Council are now provided with the names of individuals entering the prison system and release dates. This information is provided by the SPS.

Safe and Together continues to operate in Midlothian but there have been very few referrals to the Midlothian Families First project where staff can work with men involved in domestically abusive behaviour on a voluntary basis. There has been interest expressed by other professionals such as Health Visitors in referring to Midlothian Families First. A series of communication activities will then take place to raise awareness of the service.

Spring continues to go well and the involvement of Occupational Therapy has been very helpful in relation to moving women on in a positive way from the service.

The Community Justice Outcomes Improvement Plan has to be renewed by the end of March 2020 and a great deal of activity is planned. On 20th November a very successful Community Justice event was held. This included an address by the Chief Executive of Community Justice Scotland.

#### **4. Substance Misuse**

The Mental Health Team and MELD, the main third sector partner have both relocated to No11 and are fully operational in the building. MELDAP continues to lead work in developing responses to changing drug trends. The “drop in” clinic to offer patients who find keeping appointments challenging continues to be a success. This is a partnership with Nurses, Peers and Social Work. The aim is to keep the chaotic population engaged and reduce unused appointments. A dedicated Women’s Peer Support Worker has been recruited in Midlothian. A Health Needs Assessment is also underway to make recommendations for future use of our treatment and support provision. The draft is in the process of being finalised by February/March 2020.

#### **5. Technology**

Technology offers a range of tools to support pathway and service redesign in terms of both iterative improvements and transformative initiatives. We continue to proactively engage with the emerging digital agenda in Scotland to maximise the value that technology, in all its forms, can add. We await feedback on our Digital Maturity Assessment conducted in the summer. Our business intelligence and analytics project to deliver an integrated operational resilience dashboard is progressing slower than desired. We continue to progress the necessary and important data privacy impact assessment with the Council and NHS and seek support from Digital Services and Lothian Analytic Services respectively as we seek to automate (and ultimately virtualize) data supply. Our TEC Pathfinder project is progressing well. A Project manager has been recruited to support development further.

#### **6. Learning Disabilities**

Activity to establish positive Behavioural Support Services locally is making good progress and continues to receive support from all stakeholders. Work continues to progress plans in relation to housing, both short term by making best use of the property available and longer term by ensuring needs as considered as part of the Phase 3 Housing Programme.

#### **7. Self Directed Support**

Recruitment progressing to the Practice Development Worker post. Once recruitment has been completed activity will be focused on setting priorities, and progression of the revised Implementation Plan.

#### **8. Older People**

Older peoples services continue to develop and also be challenged. Care at home delivers around 8000 hours a week but there are around 400 hours of unmet need of care at home each week. There are a number of initiatives ongoing to reduce the amount of unmet need. A piece of work underway to cross reference those waiting for a package of care with clients who have been identified on the frailty index to explore how we can support these individuals in a more proactive way. Discharge to assess continue to support people discharged from hospital in a more timely manner providing rehab where needed. The care home support team continue to support the care homes with all the care homes having either sustained good grades or improved grades. The commencement of care at home recommissioning is underway to develop a tender and contracts that aims to increase the capacity for care at home and reduce timescales for those waiting for a package of care. Two staffing reviews have been completed – one for the Extra care housing facility at Cowan Court and the other for the Rapid Response carers. The implementation of the new staffing structures hope to be in place by 1st April 2020. The Joint Dementia team is now fully staffed and managing an increasing number of complex cases and supporting people with advanced dementia in their own homes. Post diagnostic support is a highly valuable resource within the team and it is acknowledged to be part of the role of each professional in the team as well as the dedicated Post Diagnostic support workers. Plans are underway to hold a public consultation event for older people in April 2020 to provide information and seek feedback on older peoples issues and experience of services and supports. A scoping exercise is being developed to assess the extent of people who are housebound requiring social engagement to reduce social isolation and loneliness – a number of initiatives are being explored including a “roaming model of day care”, increasing befriending opportunities and undertaking intergenerational work to reduce social isolation and loneliness amongst older people in Midlothian.

#### **9. Carers**

Since implementation of the Carers Act in April 2018, there have been considerable changes in funding, service demand, and duties on Local Authorities and Health Boards. VOCAL, Midlothian’s largest carer service provider recently reported an 18% increase in referrals from new carers; 20% of these being for Parent Carers. There is significant demand for VOCAL services, and for other carer support delivered by other partners. VOCAL are approaching the end of their current 3 year contract which has had additional tasks added/shared by the local authority in response to new duties and responsibilities from the Act. In light of the significant legislative changes and new duties, changes in funding from the Scottish Government, and VOCAL nearing the end of their contract, it was agreed that wider consideration was needed of carer services and spend moving forward. A report was submitted to the Contracts and Commissioning Group to propose a one year extension to the current contract to allow time for carers, stakeholder and providers to be involved in consultation and a review of carer supports and service provision. This process will begin in Q3 2019/20, with an invitation to tender for services taking place in Q2/3 of 2020/21, new contracts beginning April 2021.

## **10. Mental Health**

The Mental Health Strategic Planning group are developing the Mental Health Action Plan reflecting the priorities set out in the Midlothian Strategic Plan 2019-2022. Primary Care nurses are being rolled out in medical practices. Planning is underway for reviewing commissioned mental health and wellbeing supports currently provided by the third sector.

## **11. Adults with Long Term Conditions, Disability and Impairment**

Work continues to develop a 1 year Physical Disability Action Plan to take forward actions from within the Midlothian Strategic Plan and issues identified at the Disabled People's Assembly. There is ongoing activity related specifically to sensory impairment which includes awareness training sessions for staff, the development of a third hearing aid maintenance clinic in Gorebridge (adding to Dalkeith and Penicuik) and Sensory Champions' direct referral pathway to Audiology.

## **Challenges and Risks**

### **Funding pressures**

There is a continuing requirement to deliver a balanced budget by achieving major efficiencies despite the growing demand, particularly those with complex needs.

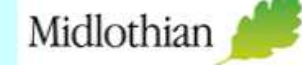
### **Capacity and Quality of Services**

Increasing demand on Care at Home services continues to be a major challenge to deliver the care and support needed. This is heavily impacting on assisting hospital discharges and supporting people at home in the community who require increased care and support. This is supporting a shift in the balance of care, and keeping people safely at home for as long as is safely possible. The Care at Home team are developing a vision for the future, as well as considering appropriate structures for the teams moving forward.

### **Absence Management**

Increasing levels of absence in service creates challenges for delivering effective and efficient service delivery. Work is targeted at teams with greater absence levels to maximise attendance and promote health and wellbeing in staff teams. Absence management monitoring is underway at local team and Head of Service level, working with colleague from HR. Managers are actively supporting individuals through the absence management process where required. To minimise agency use/spend where safe and possible, a locum bank is now in place to support carer absence in Newbyres Care Home and Highbank intermediate care facility, similar to Care at Home arrangements.

# Adult Social Care



## Successes and Challenges

### Corporate Performance Indicators (latest)

● 5 ● 8 ? 0 6

### Corporate PIs Off Target as at 31st January 2020

PIs ● 5

% of internal/external audit actions progressing on target.

% of invoices paid within 30 days of invoice receipt (cumulative)

Percentage of complaints at stage 1 complete within 5 working days

Average time in working days to respond to complaints at stage 1

Average number of working days lost due to sickness absence (cumulative)

Key PIs  
● Off Target  
● On Target  
Data Only Indicator  
? Data is not yet available

### Service Plan Actions (latest)

▲ 3 ● 28 ? 0

### Service Plan Actions Off Target as at 31st January 2020

Actions ▲ 3

Implementation of plans for delivering Audiology clinics in Midlothian Community Hospital

Implementation of an integrated health and social care dashboard to manage operational service delivery

Support the development of improved informatics for MERRIT

Key Actions  
▲ Off Target  
● On Target/Complete  
? Data is not yet available

### Service Plan PIs (latest)

● 2 ● 2 ? 0 24

### Service Plan PIs Off Target as at 31st January 2020

PIs ● 2

Average waiting time for social work services

Average waiting time for occupational therapy services

Key PIs  
● Off Target  
● On Target  
Data Only Indicator  
? Data is not yet available

### Service Risks (latest)

▲ 11

### High Risks as at 31st January 2020

Risks ▲ 2

9 Risks at Medium and 2 are high

Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services

Meeting growing demands with constrained /reduced budgets, especially from external funders

Key Risks  
▲ High Risk / Medium Risk  
? Data is not yet available