

Adult Social Care Performance Report 19/20



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01. 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 2019-22 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.

The threat and uncertainty of the emerging coronavirus pandemic became a significant challenge at year end as our priorities changed.

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

In November 2019 a very successful Community Justice event was held. This included an address by the Chief Executive of Community Justice Scotland.

All teams are now present within the Number 11 Recovery Hub. A regular multiagency meeting at Number 11 has been introduced where partners from the statutory and voluntary sector get together and discuss who will be leaving prison within the following three months. Key staff in Midlothian Council are 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. There have been 7 referrals to the Midlothian Families First (MFF) project where staff can work with men involved in domestically abusive behaviour on a voluntary basis. The referral route into the service has opened up to include self-referral following contact with the police (enhanced call-back service). To respond to concerns regarding the rising risk of domestic abuse during this time the Justice Team have continued to support the implementation of Safe and Together by offering consultations to C&F staff on domestic abuse informed practice, continued participation on the implementation group and delivering briefings to staff, including at the Midlothian head teachers forum.

The Spring service has expanded in terms of the provision of service. There is now a drop in service for women on a Thursday. The drop-in provides peer to peer support for women moving on from the service and in the longer term, enables women who have lived experience to develop a peer support role for Spring and represent service users within the steering group. There were also plans to offer a weekly trauma informed yoga class and a monthly drop in service for smear testing and sexual health advice. Unfortunately due to Covid 19 these services and all group work is currently on hold.

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. All key services have now relocated to Number 11. Staff from Substance Misuse, Mental Health, Community Justice and key 3rd sector partners are now based at the Hub with scope for partner services such as CLEAR, VOCAL and Children 1st to hot desk and attend team meetings as required.

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.

The new development framework for Peer Co-ordinators, which describes a career progression both in terms of salary and qualifications has been approved and instigated. New appointments have been made using the new structure. Recent discussions with team managers will ensure a higher profile of peer workers at Number 11.

Good links to partner services have been developed and good working arrangements have been developed between the SMS team and MELD staff in terms of an outreach provision. New approaches moving from clinic based services to home/community based support developed.

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.

The COVID-19 Outbreak brought forward NHS Lothian rollout of NHS Near Me video conferencing (powered by attend anywhere) and supported by a dedicated project team. Access to this channel is now widely available with multiple services signed up. Embedding the channel into the service TrakCare eWorkflow becomes the new challenge. This is a pan Lothian challenge and the central Trak team are seeking board support for resources.

Issues securing resources to implement the necessary technical changes to enable safe data sharing from Midlothian Council to NHS Lothian (both eHealth and Digital Services) and finalising information security remain. Continuing to pursue and explore options to progress incrementally.

COVID-19 has changed priorities and pressures in the central Trak team in the development of improved informatics for MERRIT. The changes we would have been seeking are now needed across most services in Lothian and resourcing this is being considered by NHS Lothian eHealth Board. Our needs and aspirations have been voiced with the team and they are aware that we remain keen for these changes.

6. Learning Disabilities

Implementation of a framework for providing positive behavioural support within Midlothian completed and continues to receive support from all stakeholders. Implementation, however, will be impacted by COVID-19.

The project to review and redesign day services to reduce costs including transport has been suspended due to Covid-19. Going forward this action will be progressed as part of the Covid-19 recovery plan.

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. Older People

Older people's services continue to develop and also be challenged.

Cross referencing those waiting for a package of care with clients who have been identified on the frailty index has helped us explore how we can support these individuals in a more proactive way.

Discharge to assess continues to support people discharged from hospital in a more timely manner providing rehab where needed.

Continual improvement in the in house care at home service is demonstrating improved management oversight, addressing and reducing sickness absence and improved training achievements.

All the care homes having either sustained good grades or improved grades. Two staffing reviews were completed – one for the Extra care housing facility at Cowan Court and the other for the Rapid Response carers. Reducing unplanned admissions to hospital from care homes continues to be on track with ongoing support from the care home support team to ensure staff in the care homes are upskilled to support residents when unwell in the care homes.

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.

A scoping exercise is being carried out 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.

8. 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.

There is significant demand for VOCAL services, Midlothian's largest carer service provider, and for other carer support delivered by other partners. VOCAL are approaching the end of their current 3 year contract. 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 began in Q3 2019/20, with an invitation to tender for services taking place in Q2/3 of 2020/21, new contracts beginning April 2021.

Work to achieve Carer positive employer status (level one) is being progressed as part of the Healthy Working Lives agenda and nearing completion with the final pieces of evidence being sourced.

9. Mental Health

The Mental Health Strategic Planning group developed 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. Covid-19 has had an impact on the method of delivery of mental health services since week of 16th March due to government advice and social distancing.

The Midlothian Access Point stopped in its current form mid-March. A planned reopening to provide support by telephone and video is planned for mid-June. The primary care mental health nurses continue to work remotely by providing support by telephone, there has been some staff turnover but recruitment is underway.

10. Adults with Long Term Conditions, Disability and Impairment

Midlothian continues to be part of the East Region work stream for Weight Management and the local service has increased in capacity. Weight management services continue to be promoted and additional programmes in 2019-20 were fully booked. Work was paused in March due to Covid-19. The initiation of audiology clinics in Midlothian Community Hospital to improve service accessibility remains off target. Further funding opportunities unavailable as impacted by Covid-19. Improving awareness and understanding of sensory impairment among HSCP staff and partners by delivering 2 half days of training with RNIB and Deaf Action has taken place, however further progress impacted by the pandemic.

02. Challenges and Risks

COVID-19 Pandemic

The impact, threat and uncertainty of the emerging coronavirus pandemic became a significant challenge during Q4 and will continue to be a challenge during 2020/21 and beyond. Collaboration and effective community and interagency working is fundamental, along with having in place a clear mobilisation and recovery programme to address the significant challenges faced in service delivery, addressing the wider health and care needs of the people of Midlothian, and ensuring workforce resilience and safety.

Funding pressures

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.

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.

Adult Social Care

Successes and Challenges

Midlothian 

Corporate Performance Indicators (latest)

6 7 0 6

Corporate PIs Off Target as at 31st March 2020

PIs 6

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





% of service priority Actions on target/ completed, of the total number

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

% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)

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

Percentage of complaints at stage 1 complete within 5 working days

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

Service Plan Actions (latest)

8 23 0

Service Plan Actions Off Target as at 31st March 2020

Actions 8

Initiation of audiology clinics in Midlothian Community Hospital to improve service accessibility.

Reduce the waiting times for occupational therapy and social work services

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

Work to achieve Carer positive employer status (level one)

Develop the Midlothian Carer Strategy and Action Plan for 2019-22

Support planning for the provision of intermediate care housing

Reduce the average length of time since last assessment or review of cases

Complete the review and redesign of day services reducing costs including transport

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 March 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 March 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