

Adult Health and Social Care Annual Performance Report 2021/22



01. Progress in delivery of strategic outcomes

21/22:

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 is required to develop, consult on, and publish a new 3 year Strategic Plan in 2022. Work to complete the IJB Strategic Plan 2022-25 continued in Q4 and this will be published in April 2022. Consultation and engagement in the development of the plan included the views of over 3000 people, with the feedback received shared on an ongoing basis with all planning leads and senior management to ensure this could be taken into account in the finalisation of the plans. A summary of Consultation and engagement across the development of the plan can be found in the [Midlothian Integration Joint Board Strategic Plan 2022-2025 Consultation Report](#).

1. HSCP COVID-19 Response

Covid-19 continues to bring challenge and disruption across the Health and Social Care Partnership, its partners, and the communities it serves. While the challenges we face may have changed since 2020, the need to adapt and flexibly respond to both new and evolving challenges in health and social care has continued throughout 2021, and into 2022. This has resulted in increased demand and sustained pressure across the whole system. The main challenges in Q4 were the Omicron variant and the subsequent spread of infection within the community, staff absence, and both care home and ward closures relating to covid outbreaks. There was increased anxiety and pressure on many service users, unpaid carers and staff.

Even in the most challenging of circumstances, teams have continued to work flexibly, collaboratively, and innovatively to manage this demand. By working together, services taken steps to reduce inappropriate admissions, reduce length of stay, facilitate earlier appropriate discharge and reduce unnecessary delay wherever possible.

As we begin to emerge from this most recent peak of infection rates, the Partnership continues to hold the safety of clients, carers, communities, and staff as its top priority. Services have been able to continue to adapt and find new and innovative ways to deliver service offers effectively and safely. In Q4 some services again had to adapt in how they operated with changes to service delivery and reduced face to face contact where feasible. Many services have increased the number of video consultations, adopted new digital approaches and taken a proactive outreach approach. Reduced opportunities for carer respite have remained a concern.

Despite the challenges faced by all our services, staff and partners, the opportunity to work together in new ways has helped develop our existing and build new community connections. Volunteering programmes continued and were further supported by the Partnership.

2. Seasonal Flu/COVID Booster Programmes

The Health and Social Care Partnership also leads the ongoing COVID vaccination programme which includes Evergreen (1st and 2nd COVID doses), 12-15 years olds, 3rd dose for people who are immunosuppressed and the Booster programme. Evergreen offer of Covid vaccine will continue.

The covid spring booster programme for those aged 75+, care home residents, and those 12+ years who are severely immunosuppressed is underway and comes to a close on 30.06.22. There has been around an 89% uptake of the over 75 population. By end of March 2022, 59,099 adults in Midlothian had received a booster.

The successful housebound programme to reach people over the age of 75 along with care home vaccinations was completed ahead of schedule. The 5–11 year-old vaccination clinics commenced in March and continues with a 69% DNA (did not attend) rate. This is an improvement from the start of the programme, likely due to children either being covid positive or post infection period. 2nd doses are due to commence in June 2022.

The Gorebridge vaccination centre closed, and the building is once again operating as a Leisure Centre. All vaccinations are now being delivered from Midlothian Community Hospital (MCH) until the new permanent vaccination centre is open.

As part of the Vaccination Transformation Programme (VTP), and in collaboration with the Community Treatment and Assessment (CTAC) team, work progressed across Q4 to ensure the successful transfer of the vaccination programme from GPs to the HSCP from the 1st April 2022. The team have developed and progressed work on the future vaccination model, planning for winter 2022/23, scheduling, and our inclusivity plans for covid vaccinations across Midlothian.

3. Service Transformation

Services have continued to deliver transformation across Health and Social Care to shift the balance of care to the community and reduce admissions. As a result of collaboration and joint working, Cherry Road Day Service had adapted to best meet the needs of people and communities. The team are delivering regular weekly workshops in Rosewell, Gorebridge, Mayfield and Dalkeith. Meaningful activities in local spaces and places have provided a shared community purpose and opportunities for connection. The workshops have included sensory sound sessions, product design, live music and textiles.

Midlothian Community Respiratory Team (CRT) has completed preparations to launch the Dynamic Scotland project. This is a digital service offer targeting patients who frequently attend our unscheduled care services, and those who are admitted to hospital due to COPD but not currently known to the CRT team. This project takes a proactive outreach approach aiming to reduced hospital attendances and avoid admissions or reduce length of stay by supporting people to be able to better self-manage COPD in the community.

Midlothian became a member of the new associate programme for Distress Brief Intervention (DBI), and recovery practitioners are actively working alongside the Midlothian Intensive Home Treatment Team (IHTT) to support individuals experiencing distress, emotional pain and crisis. Dialectical Behavioural Therapy (DBT) has continued to provide essential support for those who are at most risk of serious self-harm to remain in the community through 1:1 and group intervention.

A proposal submitted by the Midlothian and East Lothian Drug and Alcohol Partnership was successful in securing funding to support the implementation of the Medication Assisted Treatment (MAT) Standards. As key areas for intervention and prevention in relation to near fatal and fatal overdose, this work will provide rapid access to services at our No.11 Hub and outreach into the communities in Midlothian that are most effected by deprivation.

4. Justice Service

Activity during Q4 continued to focus on recovery and our response to the COVID-19 pandemic. Service delivery focused on managing individuals in the Justice system through a mixture of face-to-face and virtual meetings. This continues to be based on dynamic assessments using risk and needs to determine levels of involvement. The Justice team are continuing to design alternatives to prosecution/Court disposals. Structured Deferred Sentences offered to the Court by the Justice team have been reviewed and streamlined. Change Grow Live and Venture Trust have been identified as offering structured interventions to individuals involved in the Justice system. Further, Stride and Spring- our gender specific group work programmes are offered to individuals on Structured Deferred Sentence. It is anticipated that this will increase the options for assisting with the backlog of cases within the Court system and provide better outcomes for individuals in the Justice system. Further conversations with colleagues in the Courts have progressed the design Midlothian's Bail Service including Supervised Bail and Electronic Monitoring Bail. It is intended that those will be fully operational by the next quarter.

Q4 saw a continuation of unpaid work service users completing their hours. Our contract with third sector organisation, Cyrenians to provide work placements in Bonnyrigg community garden has been extended for a further year after receiving additional Scottish Government funding for engaging with the third sector providers. Further, a pilot project to increase training opportunities with a local college has proved beneficial to a number of individuals within the Justice System. The Unpaid Work Team has continued to develop and implement its training pathway for clients subject to a Community Payback Order with an Unpaid Work Requirement. This pathway starts with all

clients undertaking SCQF award at level 4 in Health & Safety as part of their standard induction onto their Order. The pathway allows clients to undertake further SCQF qualifications including: first aid, advanced health & safety training and manual handling. Working with the Community Lifelong Learning Team (CLL) a further pathway has been developed to allow clients to undertake a variety of training courses including; an adult achievement award, CSCS card, digital skills, an introduction to wellbeing or to work improving clients' literacy and numeracy skills. 55 clients have now completed a total of 83 certified courses. 6 clients completed an intensive 8 week training course working in a community garden undertaking 7 qualifications organised and delivered by each agency. 4 of the 6 successful clients applied to College continuing into further and higher education. In addition, to developing training opportunities clients benefited from increased self-esteem and confidence from this course. Here is a case study for a successful client: "Ms X completed a 'Health and Safety in the workplace (at SCQF Level 4)' qualification (in-house) within the first week of attending her Unpaid Work. Following this, Ms X then successfully gained her Emergency First Aid qualification. As Ms X was interested in working within the construction industry, she was then supported by the Unpaid work team to apply for her Individual Training Account (ITA) funding online, before being directed towards Midlothian's Communities Life Long Learning (CLL) Team to complete her CSCS course. After gaining her CSCS card, she was supported to apply for labouring jobs through local agencies. Ms X was then offered three different labouring positions and accepted one of the full time contracts. As Ms X has also successfully completed her Unpaid Work Order and gained many qualifications and transferrable skills in the process, she is now able to focus on progressing in her first, full-time, permanent labouring job."

The Justice specific Men's service launched in September 2021. Stride is a holistic trauma-informed group for men involved in the Justice system. To support the delivery of this service, Justice identified funding to recruit a health and social care practitioner. The service has completed three rounds of group work to date with further sessions planned. Some of the intervention delivered by Stride mirrors the work being undertaken by Spring, our women's service. Spring continues to support women and has been able to re-establish group work activities. Both group work services remain under constant review and service delivery is shaped following analysis of evaluation data provided by participants.

Our funded Peer Support Coordinator role has now been recruited to and the post holder has led two peer volunteer training programmes to date. This has increased the number of volunteer peers available within Health and Mind to support No 11 patients, clients and service users. Future plans for peer activity include plans to look at developing a football team and a music therapy group.

5. Substance Misuse

Key services based in Number 11 in Dalkeith continued to provide services including outreach treatment, injecting equipment provision [IEP], naloxone, information/advice. Despite Covid restrictions and the impact of Covid related sickness and absence, impacting service delivery, the Midlothian Substance Use Service instigated an outreach model to those individuals who were most at risk. This includes the provision of Buvidal [an injectable form of Buprenorphine].

Medication Assisted Treatment (MAT) Standards

In June 2021, the Medication Assisted Treatment (MAT) standards were published by the Scottish Government. The standards provide a framework to ensure that the provision of MAT is safe, effective, acceptable, accessible and person-centred to enable people and their families to benefit from high-quality treatment and care including psychological and social support. The Scottish Government have required local partners and services to focus on the delivery of MAT Standards 1 to 5. These are to be embedded by April 2022 and implemented by April 2023. For the summary of all the standards and the detail about Standards 1-5, please click on the link below:

www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/

MAT Funding

In order to support local areas to implement MAT Standards [initially 1-5 & 7], the Scottish Government has created a MAT Implementation Support Team (MIST). MELDAP has been successful in securing new annual investment for 4 years of £246,115. This has been augmented by £57,691 funding annually for the same period from MELDAP. This funding package [total £303'876 will assist with the implementation of the MAT Standards. Recruitment of HSCP/3rd Sector staff is underway. These staff will focus on supporting people into treatment, increase the level of support and improve retention in services. These being key areas for intervention and prevention in relation to near minimising drug related harm.

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. Following suitable training by our frontline support and treatment services, 'take home' Naloxone kits (hereafter referred to as 'THN' or 'kits') or Nyxoid [Nasal Spray] 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.

Should someone be given Naloxone and are not experiencing an opioid overdose then they will not be harmed by Naloxone in any way. In addition the Lord Advocate has issued guidelines and legislation was amended in June 2020 to allow this to happen.

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.

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

There continues to be concerns about the availability in some communities of what would appear to be illicit Diazepam tablets and also Etizolam and Alprazolam [Xanax] whose quality is variable but would appear to be much stronger. These tablets are likely to be used in conjunction with other drugs [poly drug use] increasing the level of risk. Alerts and Intelligence continue to be shared between Police Scotland, MELDAP and Drug Treatment and Support services to ensure that officers/workers had information to support harm minimisation information and support to people who use drugs. MELDAP services have developed and distributed electronic and other versions of information highlighting the risks caused by poly drug use. MELDAP services continue to provide data packages, basic smart phones and tablets to those individuals as part of impacting the digital inequalities agenda. The partnership has continued this work in 2021/22. All MELDAP services are continuing to provide the Covid driven practice developments that have proven useful to their clients/patients as restrictions ease. One particular area is providing a blended care approach of one to one engagement augmented with the use of digital/phone platforms according to choice and need.

6. Digital

Technology offers a range of tools to support pathway and service redesign in terms of both iterative improvements and transformative initiatives. We continued to proactively engage with the emerging digital agenda in Scotland to maximise the value that technology, in all its forms, can add. The HSCP is also maturing and developing its approach to digital development. Towards the end of 2020 it appointed a new Digital SRO to the Executive Team to ensure digital is championed by constant presence at the highest levels in business planning. In March 2021 our SMT approved a Digital Delivery and Implementation Plan (now in consultation period). This document outlines eight key priority areas and creates the necessary bridge from strategy to enable coordinated and effective action by establishing the clear and urgent need for a Digital Programme to focus digital transformation on change (not technology). The commitment by the SMT to stand-up a change programme is significant step forward and it also changes the governance arrangements. With the approval of Digital Implementation and Delivery Plan, the Digital Governance Group (established in May 2020), has fulfilled its purpose to "influence, support, and shape digital development for Midlothian Health & Social Care Partnership". To progress the plan, and continue with the group's responsibilities and objectives, the Digital Governance group (having been fully consulted) will be reformed into a Digital Programme and Oversight Board to progress the Digital Plan. This will unite all digital projects within the partnership under a single board and for that board to be positioned within a redesigned HSCP governance structure which seeks to strengthen planning and transformation across our IJB focus areas grounding aspiration with application. These changes realise a framework for our previously stated ambitions to be able to present a united front to and for our key business partners with regard to digital development planning and to support prioritisation and to position digital within our newly published IJB Strategic Plan as an enabler of transformation rather than a service or resource to demonstrate the paradigm shift required to deliver digital transformation.

7. Learning Disabilities

Work continues to ensure Midlothian compliance with the national timescale for the reduction of inappropriate hospital admissions, delayed discharge, and out of area placements for people with complex care needs. Midlothian remains in a relatively good position in this respect as a result of the housing programme, the work overseen by the

Positive Behavioural Support Steering Group, partnerships with third sector organisations specialising in support for people with Complex Care needs in local communities, and the development of local intelligence about people at high risk of family or placement breakdown. The tenancies at Teviot Court were cited as an example of good practice in 'Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge' (Scottish Government- Feb 2022). The flats at Bonnyrigg High Street are scheduled for completion mid-2023. Designs for Primrose Lodge in Loanhead are complete and the property is now vacant.

The Midlothian Learning Disability Planning Group is supported by 'Expert Panels' that draw together experts, including people with lived experience, to develop solutions in implementing specific areas of our Strategic Plan. As part of Equal Midlothian Week the Human Rights Panel, led by People First Midlothian, held the first of a series of Human Rights sessions focussing on Supported Decision Making and how we can support people to feel fully engaged in decisions about their lives.

The Day Service review and redesign work has been somewhat held up by the limitations imposed by COVID 19 guidance, but we now expect services to be at or near capacity over the coming two months

8. 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. Timescales were impacted by Covid 19 but completion dates are still estimated as late 2022 (Dalkeith) and spring/summer 2024 (Bonnyrigg and Gorebridge).

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 has provided substantial support to care homes for older people to address the challenges faced throughout the Covid-19 pandemic. Examples include the provision of direct support to meet staffing challenges, input to meet the complex care needs of individual residents, vaccination, testing of staff and residents, support with the reintroduction of visiting and providing practical and emotional support to staff affected by the impacts of the loss of residents in unprecedented numbers.

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. Midlothian experienced significant pressures within Care at Home services over the last 12 months. This was in line with the national challenges to recruit care staff. Despite this pressure, Care at Home worked hard to ensure packages of care continued to be delivered. On 1st September new contracts were awarded to external Care at Home providers. Work has been ongoing with the new providers in order to implement the contracts effectively.

9. Carers

In early 2021 services were re-commissioned in line with changes in Carer's Act legislation and the carer support service review and consultation undertaken in 2020. The new contracts were implemented 1st July 2021 with VOCAL Midlothian and British Red Cross as key agencies. The key themes of the contracts are: (i) Carer Identification, Information and Advice Services (including financial advice) and (ii) Carer Health and Wellbeing (including breaks from caring).

A series of workshops held in the summer of 2021 supported collaborative discussions on how best to utilise the Scottish Government's announcement of additional funding for carers. Feedback and consideration of how proposals met strategic aims or supported existing work was fed back to SMT and the Performance and Finance group. Progress is now being made towards payment of carer additional resource allocations to community partners; target would be for this to be in place for payment during Q1.

The 3 year Carers Strategic Plan and associated action plan developed this year sets out the activity being undertaken in the partnership to reduce barriers and inequalities, such as: access to information and advice services

(income maximisation); accessing health and wellbeing supports (counselling services; access to Community Health Inequalities Team nurses); and supporting breaks from caring.

In very recent weeks the newly developed residential respite resource within Cowan Court has started to accommodate people to enable carer respite on a limited basis (Monday to Friday stays). Lack of residential respite for older people remains a particular challenge, and demand for access and carer stress remains evident. Short Breaks funding that is provided by the HSCP and distributed by VOCAL remains in significant demand.

10. Mental Health

The Mental Health Strategic Planning group developed the Mental Health Action Plan reflecting the priorities set out in the Midlothian HSCP Strategic Plan. Primary Care Mental Health Nurses are now in 12 practices across Midlothian and we have appointed to the OT role to supplement the service. Evaluation of the impact of primary care nurses is ongoing and is a blend of quantitative and qualitative data. Current findings are positive.

Individual Placement Support has been impacted by Covid 19 however the service is providing assessment and support to 8 individuals who are seeking employment and/or Further Education.

Health in Mind continue to deliver along with Primary care Mental health team social prescribing however unfortunately due to the restrictions still in place with Covid 19 unable to progress with a large-scale group. Further exploration of alternative options being explored.

Mental health Support

As part of Mental Health Strategic direction one of our many aims was to review and evaluate our front door access to mental health support. Over the last 12 months we successfully re commissioned our third sector services to enable the delivering of Mental Health support across the county rather than in a single point. Health in Mind are now delivering a variety of support, 1:1, peer, group across various venues across Midlothian reaching out to our communities.

Mental health and Resilience Service (MHARS)

One of our largest pieces of work that we continue to implement in phases and hope to fully deliver by the summer of 2022 was the redesign of our current Intensive Home Treatment Team (IHTT), We began mapping out and looking at how to transform our front door access for individuals who are experiencing an acute/relapse of their mental illness and/or crisis and distress with their mental well being. Along with this new direction for Midlothian, we were also represented on the Pan Lothian Redesign of Urgent Care (RUC) with the Scottish Government, again this piece of work was around an Individual having access to the right person at the right time. We are pleased to say that part of this process we identified the staffing resource gap in IHTT to enable full commitment to the RUC, we were successful in our bid for additional resource and staff have now successfully been recruited to those posts. Midlothian continues to be part of the ongoing works in relation to the RUC and how this will be delivered.

Locally over the last 12 months workshops/meetings were held with staff in IHTT to look at what we do, how can we improve and what the Gaps were. One of the outcomes we identified was around developing a self referral single point of access. The initial phase of this plan was for Midlothian to become the first local area in Lothian out with the National service for Distress Brief Intervention (DBI). We successfully Commissioned Penumbra to deliver this in partnership with the Intensive Home Treatment team. There have been some challenges with staffing recruitment but please to say this is resolving and we have now been in a position to develop an Implementation action plan which we have been working on with staff. Along with this IHTT in its current form will be separated into two areas, MHARS and Home treatment (which is the part of the service that will continue to deliver intensive support for individuals who can be supported at Home as an alternative to hospital admission) , The staff who work in IHTT will rotate between the two parts of the service.

Our aim by the summer (July) of 2022

Midlothian will continue be the first area within Scotland to have both Health and Third sector working alongside each other delivering a self referral same day access service for individuals who are experiencing concerns with their mental health, crisis and distress of their mental well being. MHARS will operate 8am-22.00hrs all year round.

There has been a lot of interest in what we are doing here in Midlothian and we are at the forefront of how services may look for mental health in the future.

11. 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.

Midlothian ICJ has been operational for one year. A total of 91 people have used the service. Our aspiration by the end of our first year of being operational was to reach 30% of newly diagnosed people, which for Midlothian meant 161 people. While we have not met that target, referrals have increased gradually, apart from a dip in December & January. Our monthly target is 13 people per month and in November this was achieved. In the last quarter we have reached 31 people, so 10 people per month choosing to use the service. Over 50% of people are from SIMD 1 & 2. As 42% of people live in SIMD 1 & 2 in Midlothian, this data suggests that the service is demonstrating good reach. Referrals before Christmas were, in the main from CNS colleagues as we as third sector services. In this last quarter, we have seen an increase in self referrals with 47% from this route. The uptake rate in the last quarter was over 90%.

12. Sport and Leisure

The ongoing restrictions around schools has resulted in the continued general closure to the public of Newbattle Community Campus and The Lasswade Centre during school hours although in Q4 strictly limited access has been afforded at both sites during the day allowing some access to gym and swimming pool users on a controlled basis. These restrictions are expected to end by mid-April 2022 when normal day-time access will resume. Gorebridge Leisure Centre was utilised as a mass vaccination centre until 03/04/22 and began to operate as a leisure centre on 11/04/22 with the gym re-opening. The remaining activities/spaces will follow in due course following recommissioning works.

All other sites have been operating as near to "normal" as possible with the re-introduction of a wide range of programmes and activities on offer, including swimming lessons, fitness classes, MAC classes, Ageing Well activities as well as accommodating local sport/activity clubs and organisations.

The Ageing Well programme of activities is nearly back to pre-covid levels in terms of the range of activities on offer. Participation and volunteering levels have been good but there has been an inevitable turnover of participants who cannot or who do not yet wish to return and the case is the same for volunteers, however the resumption of a much fuller programme has also seen a good number of new participants and volunteers access the project.

Sport & Leisure Services has supported Midlothian HSCP colleagues in delivering Physiotherapy programmes and Let's Prevent, the Type 2 diabetes prevention programme by accommodating and integrating those services within Sport & Leisure facilities. Sport & Leisure Services via its Ageing Well and MAC programmes is directly involved in the Falls Prevention strategy and pathways for those experiencing or at risk of falls. The MAC team have also resumed delivery of the Tier 2 Weight Management Programme at Newtongrange Leisure Centre. Delivery is not back to pre-covid levels due to staff vacancies and facility availability at Newbattle and Lasswade centres however virtual delivery commenced in Q4. NHS Weight Management have advised that the waiting list is currently very small.

Sport & Leisure services will continue to develop its digital capabilities including an expanded role out of online booking and advance payment for all activities, online fitness classes and activities as well as deploying digital platforms such as MS Teams for internal and external communication and workforce training and development.

02. Challenges and Risks

COVID-19

The Health and Social Care Partnership, its partners and the communities it serves continued to be impacted by the COVID 19 pandemic. Covid continued to influence how the HSCP delivered core services, it impacted on staff

absence and deployment, and it required additional resource, for example to deliver vaccination clinics, coordinate staff testing for HSCP and other staff, and manage PPE provision locally.

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.

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. Mass vaccination programmes and other large scale recruitment programmes related to COVID 19 have increased pressure on already stretched resource.

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.

Review of Adult Social Care

The Independent Review of Adult Social Care (published in February 2021) was set up to recommend improvements to adult social care in Scotland. It looked at these in terms of the outcomes for people who use services, their carers and families and the experience of those working in the sector. There are likely to be significant changes to care services as a result of this review.

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.

Adult, Health and Social Care

Successes and Challenges

Corporate Performance Indicators (latest)

8  4  1  8

Service Plan Actions (latest)

6  29  0 

Service Plan PIs (latest)

11  20  0  15

Corporate PIs Off Target

PIs  8

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)


% of internal/external audit actions progressing on target or complete this quarter.

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

Percentage of complaints at stage 1 complete within 5 working days

Percentage of complaints at stage 2 complete within 20 working days

Service Plan Actions Off Target

Actions  6

Improve awareness and understanding of sensory impairment among HSCP staff and partners by delivering training with RNIB and Deaf Action.

Pursue and explore options to progress incrementally a data exchange mechanism between the Council and NHS Lothian to improve our use of health and social care data.


Reduce waiting times for occupational therapy and social work services.

Work with Building Services and Housing to seek and achieve planning permission for extra care housing projects at Gorebridge and Bonnyrigg.

Enhance community resources for social prescribing by running a specific stress control classes in community venues.

Support people with Profound and Multiple Learning Disabilities to live in suitable accommodation by supporting the renovation of Primrose Lodge in Loanhead for three people and with the provision of respite for two people.

Service Plan PIs Off Target

PIs  11

Number of people referred to the Wellbeing Service across all 12 GP practices

Number of training awareness sessions

Completion of phase 3 and 4 of the national technology enabled care project.

Data exchange mechanism between the Council and NHS Lothian is in place.

Average wait time for social work services

Number of carers accessing short breaks through VOCAL Wee Breaks Service (cumulative)

Planning permission granted for extra care housing at Gorebridge and Bonnyrigg.

Total number of people attending activity groups hosted by Ageing Well each year

Number of people (per annum) in employment or education following intervention.

Number of stress control classes run in community venues.

Renovation of Primrose Lodge complete.



Service High Risks (latest)

 2





COVID 19

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




All Risks - Adult Social Care

Risks  13  9





Key
PIs

-  Off Target
-  On Target
-  Data Only
-  Data Not Yet Available



Key
Actions

-  Off Target
-  On Target/Complete
-  Data Not Yet Available

Key
PIs

-  Off Target
-  On Target
-  Data Only
-  Data Not Yet Available

Key
Risks

-  High Risk/Medium Risk
-  Low Risk