Adult Social Care Services Q3 24/25 Performance Report

Cabinet
Tuesday 4 March 2025
Item No 5.5

Adult Services protect and improve the wellbeing of the people and communities of Midlothian. We help people get the right support, in the right place, at the right time.

Adult Social Care Services

We work in partnership with people to contribute to sustaining thriving communities. We provide information, education, and support to help people take positive action to prevent ill or worsening health and wellbeing. When people need our support, our intervention should help people achieve the things that matter to them. We have 'Good Conversations' with people, provide personalised care, promote self-management, and ensure well-coordinated services across health, social care and the Third and Independent sectors.

Social work services in Midlothian are delivered jointly by Midlothian Council and Midlothian Integration Joint Board. Adult social work and social care services, including justice social work, are delegated to Midlothian IJB. This means we are part of integrated health and social care and overseen by Midlothian HSCP and IJB. Adult Social Care contributes to the Midlothian IJB Strategic Commissioning Plan, the strategic aims of both NHS Lothian and Midlothian Council, and contributes to the work of the Community Planning Partnership through the Single Midlothian Plan.

To meet the needs of people and communities we need to deliver on the strategic priorities of all our partners. We have identified a number of similar themes and priorities that we must work together to achieve. We need to:

- Provide more preventative care
- Understand how peoples' and communities' needs have changed and build the right offers of support
- Ensure effective and efficient services while also maintaining quality
- Improve socio-economic, health, wellbeing, and personal outcomes

Social Work staff **work with service users** who are referred or self-refer to services. The work undertaken aims to support the individual to **achieve positive health and wellbeing** and will do this by supporting them to achieve positive **change, access resources** and to become **integrated** in their communities.

Supporting people with a Learning Disability

Learning Disability Team

They provide social work assessment and care management services to around 400 people with a Learning Disability. The amount of support provided can vary, some people may require just a few hours of support each week whereas others may require significant amounts of support with all aspects of their life. Midlothian Council hold guardianship and / or corporate appointeeship for many people with a learning disability which results involvement in day-to-day support needs and decision making.

There is a budget of £21.5 m for the provision of care for people with Learning Disabilities with the majority of this expenditure being on locally based care providers. Care managers work collaboratively with providers to ensure high quality care is provided, and coordinate input from the NHS Community Learning Disability Team when required. There are no concerns in relation to the care provided by the majority of the care providers with joint work ongoing with one care provider to support quality improvements with their service provision.

There is an ongoing focus on positive behavioural support in relation to individuals exhibiting challenging behaviour. This can be a time-consuming care management activity, but the outcomes of this work include an improved quality of life for people we support and a reduction in support costs.

The St. Cuthberts supported living project is nearing completion. This core and cluster service consists of 8 one-bedroom flats with 24/7 on site support. The first tenants have moved in, and the remaining flats will be the occupied over the next two months. Four flats have been allocated to individuals who are able to live relatively independently but will require ongoing access to 24/7 support. The other 4 flats will be allocated to individuals who in the longer term will be able to live independently in their own tenancy, but in the short term will require access to 24/7 support while they develop their independence skills. This service will assist these individuals, typically young adults with a Learning Disability leaving home, acquire the necessary skills and transition to a regular tenancy.

Supporting Older People over 65

Older People's Social Work Team

They provide social work assessment, care management and review of services for people over 65 years old and their carers. There is a separate team for those who have a diagnosis of dementia. Services provided include packages of care to support individuals with personal care and housing support. Carers needs assessments are also undertaken and respite in the form of Self Directed Support budgets, commissioned services or council care home resources.

The team works closely with voluntary and third sector organisations to arrange support, information and assistance to access community resources to enable Midlothian older people to live well as they age. Midlothian Council also hold Guardianship on behalf of the Chief Social Work Officer and depending on the powers granted ensure that the welfare needs of individuals are managed including use of powers to manage care needs and services. The team also carry out duties relating to review of private guardianship orders and review of all care home placements to ensure that safeguarding measures, care planning and service provision continues to meet the needs of individuals, and that resource allocation is effectively managed in line with the eligibility criteria.

There is a budget of £19.4 million providing funding for services in line with Self Directed Support Legislation. A panel of Service Managers meets weekly to consider funding request when assessed need is identified and the eligibility criteria have been applied. Resources commissioned include Packages of Care to support personal care, meal provision, support with medication, 24 hours care in care home placement. The overall aim is to support older people to remain in their home for as long as possible, to reduce risk of harm and to avoid or reduce the risk of hospital admission where possible.

In November there was an event for older people arranged by the Older People's Assembly, attended by older people representative of the diversity in our community, including some invited service users. Voluntary, third sector and statutory services from both health and social care provided stalls and information to the attendees. There was an opportunity to discuss supports and community resources that provided social, educational, recreational and health improvement supports. Feedback was positive and allowed for networking and information sharing.

The annual Older People's newsletter was completed and distributed throughout Midlothian from GP surgeries, libraries, health centres, care homes. It contained information on services, community groups and services and aimed to support older people to reduce isolation and access support and assistance to live well as they age.

Supporting people during hospital discharge

Hospital In Reach Social Work Team

They assess the needs of people who need support relating to hospital discharge. They operate over all acute hospital sites, rehabilitation and psychiatric wards at Midlothian Community Hospital and Highbank Intermediate Care facility, providing assessment and discharge planning for individuals. Assessment of need is completed as quickly as possible to enable a rapid response to discharge planning in line with Home First and delayed discharge policy and Council eligibility criteria. The aim is to reduce the time that an individual is delayed in hospital when they are clinically well enough for discharge, reducing risk of infection, delirium or other negative impact of hospital admission as well as freeing the much-needed hospital bed for others with clinical need. The Hospital In Reach Team are currently working on an improvement plan to ensure that connections between home care, rehabilitation services and community services are robust, rapidly accessible with timescales for action, evaluated and managed at the daily meeting were all people experiencing delayed discharge are discussed. This assists with monitoring and planning all Midlothian inpatients discharge in an efficient and comprehensive way.

Supporting people living in Newbyres Care Home

Newbyres Village care home

The team provide 24 hours care and support for 48 residents. (12 beds/one street is currently vacant). Staffing and leadership issues led to a pause in admissions during 2023/4 after a care home inspection returned requirements and improvements along with disappointing grades. There were 33 residents when we reopened to admissions in 2024, and the care home is now reaching capacity. An improvement plan is in place and a permanent, experienced care home manager has been engaged.

3 full time nurses provide 12 hours x7 days a week clinical support for the residents. The district nursing service provides support and out of hours service. The care home support team, learning and development team, hospital at home service and quality assurance officer work in partnership with Newbyres staff to promote a service offering quality 24 hours care and support to residents and to identify and plan ongoing improvement.

Their activities team receive significant support and praise from residents, carers and staff. They excelled at Christmas with a fantastic, very well attended, Christmas Fair, raising significant funds for the activities fund. A well-attended and supportive activities programme runs year round and there is always a Cream Tea to be had on a Friday afternoon, encouraging community wellbeing and engagement and a chance for further support to be provided to carers and families.

Justice and Protection Services

This service area includes Justice, Community Justice, Duty Social Work, Adult Support and Protection, and Public Health.

Supporting people in contact with the Justice system

Justice Service

They support people involved in the Parole and Pre-release process including the preparation of Criminal Justice Social Work Reports and pre-release reports. The team **supervises people aged 18 and over** who are subject to Community Payback Orders, Parole, Life and Non-Parole Licences, Extended Sentences and Supervised Released Orders.

Their work is underpinned by the ideals of **reparation**, **rehabilitation** and **reintegration** and aims to provide a clear pathway to support those who have been convicted of offences to achieve a positive destination. Through the work undertaken by those subject to unpaid work we also aim to provide meaningful benefit to our local communities.

The team are co-located with the community-based Substance Use and Mental Health services (NHS and local authority) alongside relevant voluntary sector organisations for people in recovery (Health in Mind, MELD and Penumbra). This provides a one stop shop for those experiencing issues related to trauma, mental health and/or offending behaviour to easily access services and reduce barriers to engagement. Sharing of practice, knowledge and skills across the services in No 11 has enabled staff to more effectively support clients to achieve outcomes.

Supporting people at risk of harm

Adult Support and Protection Team

They provide **support and protection for people aged 16** and over who may be at risk of harm who meets all of the following criteria:

- unable to safeguard their own wellbeing, property rights or other interests
- are at risk of harm, and
- because they are affected by disability, mental disorder, illness, or physical and mental infirmity, are more vulnerable to being harmed then those not so affected.

The team undertake **identify, minimise and manage risk** and ensure that all suspicions, disclosures or actual harm are acted upon. Measures to protect adults need to be considered in the context of wider range of support services and an ASP investigation may highlight gaps in support. In these instances, an assessment of need should be undertaken to identify and develop an outcomes focused care plan. They work with the Public Protection Unit to develop how to collect feedback from people managed under Adult Support and Protection.

Between January and April 2024 there was a joint inspection of Adult Support and Protection, which included scrutiny of records over the preceding two year period, analysis of supporting evidence, staff survey and staff focus groups. The joint inspection focused on :

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

It was concluded that the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Social Workers in the **Duty Team** provide all statutory and associated functions identified in S.12 of Social Work (Scotland) Act 1968. Staff **support** people aged 16 and over **with crisis interventions**, urgent and planned assessments, development of adult care support plans, reviews, and short-term interventions.

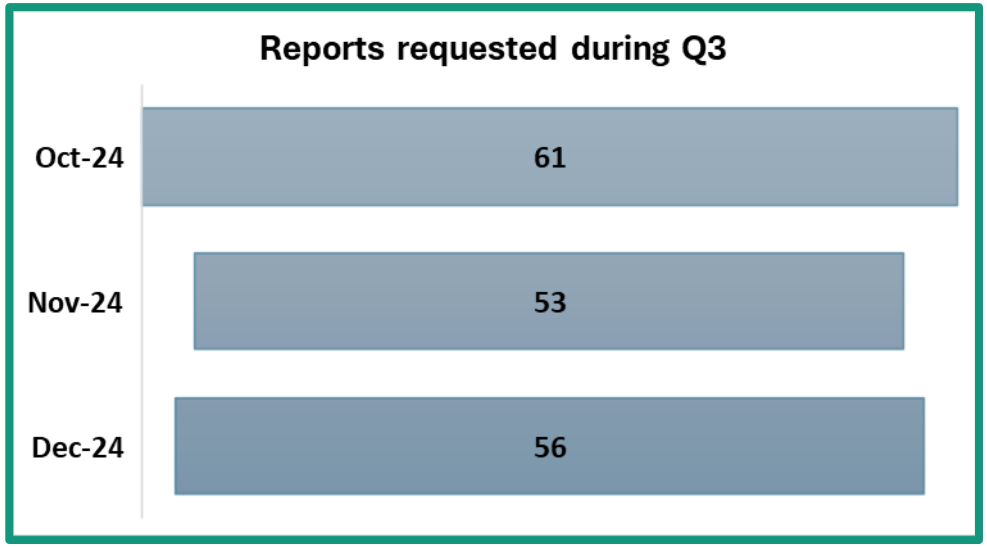
Justice and Protection Services– Performance Measures

The work undertaken by the Justice Service supports work ongoing to achieve progress in:

- Single Midlothian Plan Priorities: Individuals and communities have improved health and skills for learning, life and work.
- Single Midlothian Plan Themes: Midlothian Will be Safer
- National Health & Wellbeing Outcomes: Living in the Community, Positive Experiences and Dignity, Quality of life, Health inequalities, Safe from harm

Individuals become formally involved with Justice Social Work at the point of conviction when a Court makes a request for a Justice Social Work Report; requests for assessment and risk management planning are received from the Scottish Prison Service and the Parole Board. Table 1 shows the number of reports requested over each of the 3 months. The main type of report is **the Justice Social Work Report** (JSWR) and these are requested by a Sheriff or Judge **to inform sentencing**. The Justice Service also compete reports for Scottish prison Service and the Parole Board for those who are progressing through their custodial sentence.

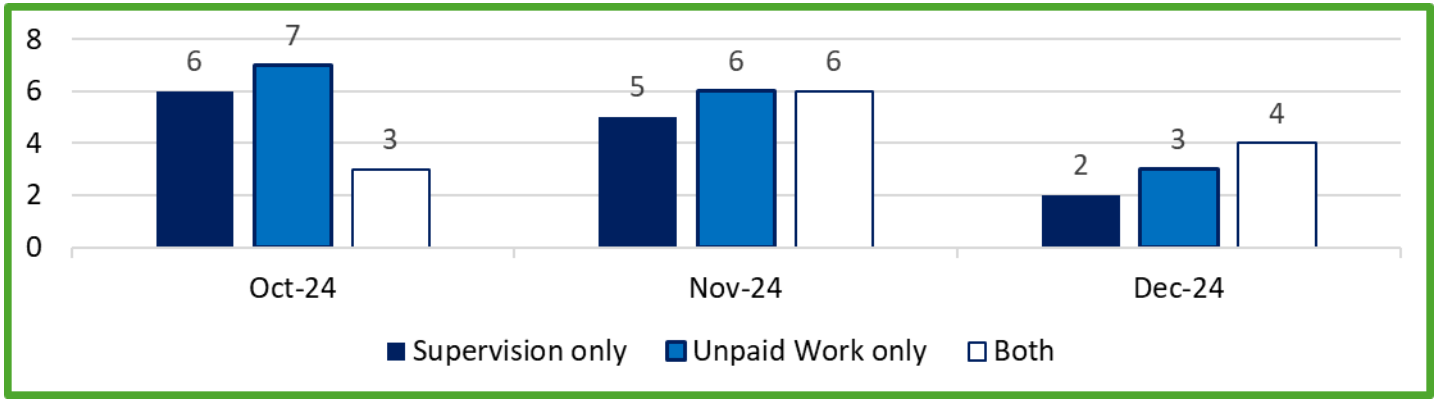
Chart: Reports requested during Q3



Staff in the Justice Service work with men and women subject to Community Payback Orders who present with a wide range of presenting risk and needs. This includes individuals with **mental health, substance use, adverse childhood experiences, trauma and negative experiences** of education and or employment. Staff working within Justice Services require the appropriate level of support and training to enable them to effectively engage with people in order to progress **interventions towards positive changes** in behaviour. An important part of ensuring that men and women in the justice system have ease of access to services and resources is the provision of robust community-based alternatives to custodial sentences as it enables individuals to remain in their community, **maintain relationships** and ensures continuity of care.

The main community-based sentence is a Community Payback Order (CPO), which can have several requirements attached to it. The most frequently imposed requirements are Supervision and Unpaid Work. During **Q3** the **Courts imposed 42 Community Payback Orders**, the chart below shows how many of these included the main two requirements.

Chart: Community Payback Orders imposed during Q3



Alongside managing individuals on Community Payback Orders the Justice Service provides a **throughcare service** to people who are in **prison** and to their families/named support, from the point of sentence, during the period in custody and following release. It comprises of two elements that are fundamentally connected, **services provided during the custodial sentence** and services provided **on release back into the community**. Justice Social Work have a statutory duty to provide a service to persons who will be subject to statutory supervision on release. This includes a life sentence, Order for Lifelong Restriction (OLR), long-term determinate sentence (4 years and over), short term sex offender sentence, extended sentence or a Supervised Release Order (SRO).

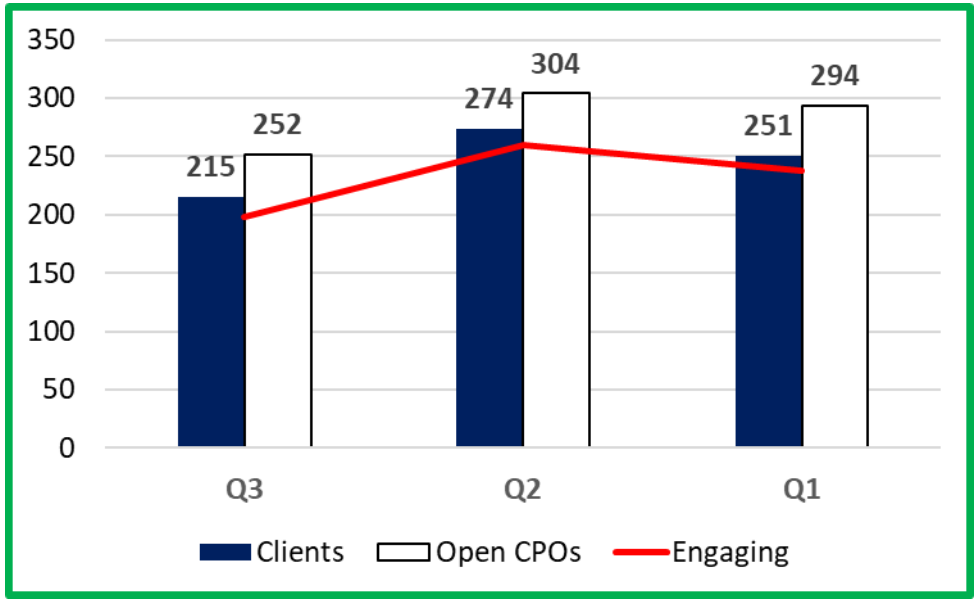
It is essential to establishing and maintaining **confidence in community-based sentences** that there is assurance that robust action is taken on non-compliance. To be able to comply with the requirements of the order the individual has understand the expectations and **consequences** of non-compliance it is important that staff are skilled in being able to engage with people effectively. Justice Social Work staff use a **trauma informed and person-centred**

approach to develop effective working relationships with clients. In the interests of justice, and to maintain the public confidence in community sentences, all missed appointments, or failure to comply, are responded to robustly using disciplinary procedures which can result in the order being returned to court in breach. During the breach process we continue to seek to engage individuals to re-engage with interventions to **reduce and manage the risk** of re-offending.

The table below illustrates the percentage of individuals who have been breached and those with whom we have been able to maintain effective engagement with during the breach process.

The number of open orders is greater than the number of individuals supervised as a person can be subject to more than one CPO at any given time.

Chart: Effectively Participating in Community Payback Order



Q3 Feedback from people on CPO's and those in the wider community who have benefited:

From individuals on orders:

"…..you've been nice to me. I like you. Who says they go on supervision to enjoy it but I have. Any other punishment for me wouldn't have been right, it's good talking to someone you dinnae know, it's been a Godsend that I got this"

"*I've made changes to my dinking, only drinking socially, I enjoyed unpaid work but glad to have been able to complete it"*

From beneficiaries:

"We Just want to say that your team continuing support to help facilitate hospital discharge. We feel that we can get client home faster, properties cleared, and Clients' furniture moved. You all do an amazing job, and we could not do our job without your support."

"Thank you so much again for all your hard work – it really does benefit so many vulnerable members of the community and supports so many other services. Your help has been much appreciated with this one! ☺ *Keep up the amazing work team and please read this email out to the clients that were involved in this job."*

"I wanted to email you about support I got from your team today. I had a client who MARC were doing the removals for they however left a good bit of stuff in the client's old house. My client called me in a panic as she is in a wheelchair and has no support. I visited and filled my car but there was still a good amount left. I called (staff member), and he along with your clients attended within 5 minutes, loaded their van with the remainder of the clients' items and delivered them to her new property. I am aware they only had a small gap in what I can imagine is a busy schedule. I cannot stress enough how grateful and appreciative I am of your team stepping in today and supporting me with what was a very stressful situation for my client. They really did save the day!"

Public Health

The Public Health Practitioners work **to support services to improve wellbeing** and reduce health inequalities for the people of Midlothian. We support staff to **design and deliver** services that support early intervention and prevention. We make connections and **share good practice** about how to avoid inequalities, and we monitor and evaluate long term, population level outcomes. The Health Inclusion team works directly with **vulnerable people** in the community to understand what matters to them and live the lives they choose.

Supporting people at risk of suicide

Suicide Critical Response workshop

The purpose of the workshop was to stress test Midlothian's response to a suicide. The workshop was facilitated by Public Health Scotland and used a fictional scenario to work through varies aspects including data sharing, support for those affected and communications. 16 people attended the workshop from a variety of sectors including HSCP, 3rd Sector, Education, Children's services, Public Health, and Housing. As part of the evaluation of the event people fed back that they enjoyed the interactive nature of the session and found the discussion useful, describing the value of the interactive format, the informal discussions, and the networking conversations.

The attendees reported that they learned and gained a better understanding of the gaps in our response and the processes we currently have in place when a suicide happens in Midlothian, and recognised the importance of people, perspectives and information. We also asked what people would do differently as a result of attending. The main response was addressing actions to ensure our response is effective. This workshop has helped to establish a baseline for our response to suicide in Midlothian and will help develop the 3-year strategy going forward.

As part of a multidisciplinary working group, Midlothian HSCP Public Health Practitioners worked in collaboration with the Public Health Scotland Local Intelligence Support Team (LIST), NHS Lothian Public Health, Midlothian HSCP Planning, Performance and Improvement Team and Midlothian Council to complete the Q3 update to the Joint Strategic Needs Assessment (JSNA). All members of this group have considerable expertise in their specialist fields, with senior sponsorship provided an NHS Lothian Consultant in Public Health. The data provided within the JSNA are of the highest quality, having already undergone comprehensive cleansing, assurance and validation processes in advance of publication. Data sources are always clearly referenced. This work has received recognition as a national exemplar by Public Health Scotland and the model has since been adopted by other IJBs.

The working group met most recently on 20th November 2024 and reviewed the sections set out below. The update was presented to Midlothian IJB's Strategic Planning Group on Thursday 16th January 2025, including a brief summary of each of the areas. The full data sets, comparisons and references / sources were provided as appendices. The update was very well received and included:

- Demographics – Mortality
- Prevention and Early Intervention - Education & Qualifications
- Health Behaviours - Sexual health and Blood Borne Viruses
- Health Behaviours - Loneliness & Social Isolation
- Health behaviours - Physical activity
- Health behaviours – Drugs
- Population groups - People involved with Community Justice
- Health conditions - Coronary heart disease
- Access to care - Unpaid Carers
- Access to care - Primary Care (GPs)
- Access to care - Hospitals - Unscheduled care

Midlothian data are very often consistent with the national picture across Scotland. However, it is important to note that health inequalities are still having a significant impact at a local level and driving variation across geographic data zones. The predicted shift in economic profile of the Midlothian population, driven by the scale and location of current housebuilding, may have the effect of disguising the level of economic deprivation in some areas of Midlothian. In the longer term, this may have an effect on funding models and has the potential to reinforce the inverse care law and widen health inequalities further.

Substance Use

Midlothian SUS treatment service Q3 performance predicted 100%, for all individuals referred to the service both for Substance misuse and Alcohol dependency were seen and assessed/treatment started within 21 days. (Due to reporting schedule final report not confirmed)

The service continues to progress with implementation of the MAT standards and are on target for the Scottish Government target expectations for March 2025, evidence of sustained Mat 1-5 and provisional Green 6-10. Midlothian has submitted recent progress report for Q3 and is on target for expected deliverables. The service con confirm MAT progress report has been submitted and accepted by Scottish Government for Q3.

The service received 44 new referrals over Q3, off which 23 referrals were for alcohol and 21 for Drugs. As reported all individuals for both alcohol and drugs have been seen within the 21 days.

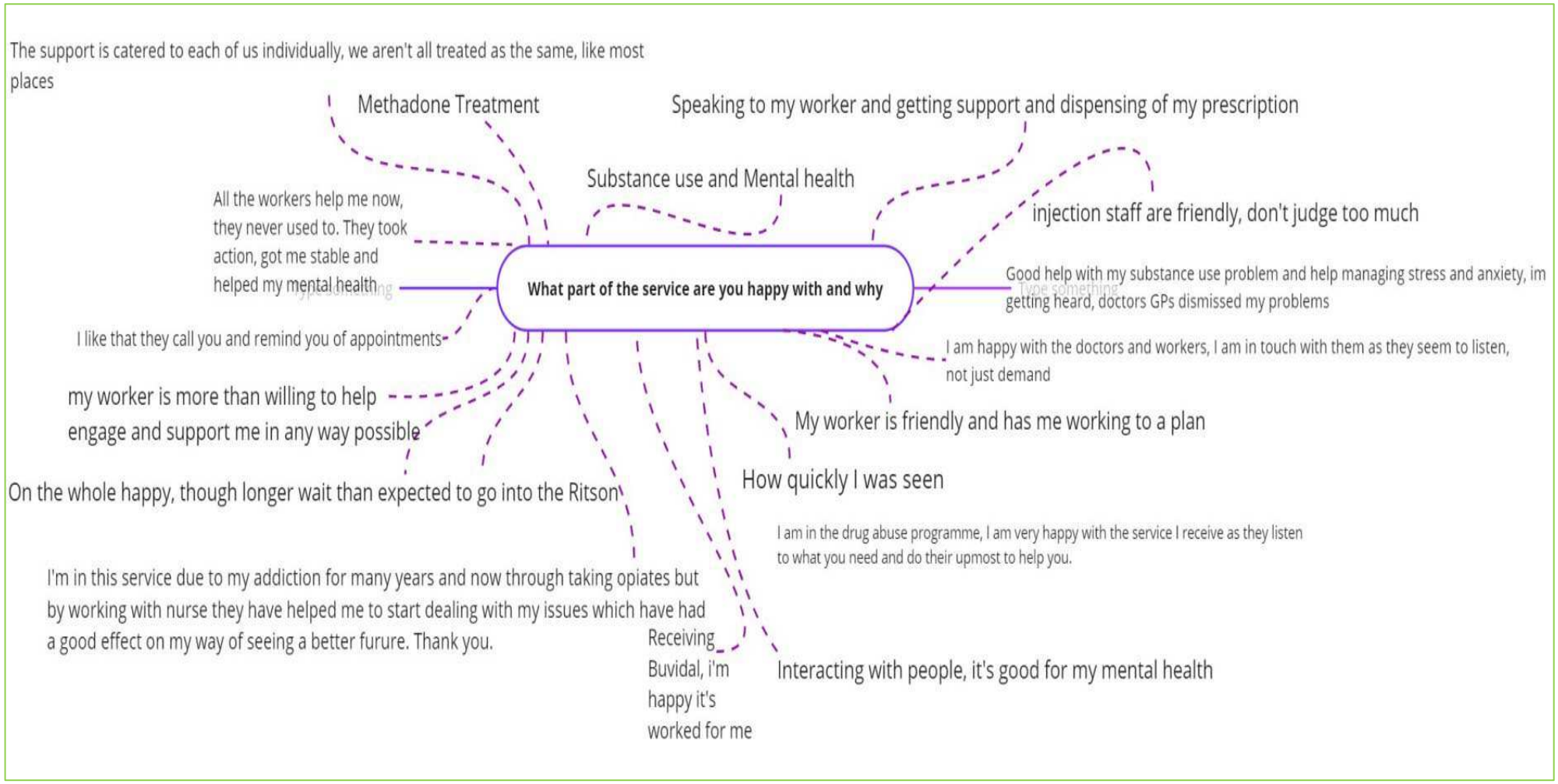
Midlothian Substance Use Treatment Service	Q3
A11 – all individuals seen within 21 days of referral.	Predicted 100%
Caseload	334
New Referrals (excludes re titration)	44
NFO assertive outreach (treatment service required only)	18

Midlothian SUS service recognises the importance of Patient/Client feedback, it enables the service to improve the quality of services and ensures that care meets the needs of patients and clients, which in turn provides better outcomes for Patients/Clients. Feedback is important in identifying areas for improvement, evidencing the strengths and gaps of a service, through the voice of those with lived experience.

The service continues to strive to obtain feedback both through 1:1 but also for the group actives held. Throughout Quarter 3 the service's focus has been on the following 4 questions:

- 'What part of the service are you happy with and why'?
- 'Is there anything about the service you feel needs improving'?
- 'Are there services that are not available that you feel we should provide'?
- 'Do you have any other comments on the service we provide'?

Below is a ‘Mindmap’ of the feedback received from Patients/Clients highlighting what parts of the service they are happy with and why.



Throughout the feedback Patients/Clients highlighted an area for improvement, individuals reported not fully knowing what was available to them. On receiving this feedback, the services came together and developed a resource board, which is situated within main reception area outlining all that’s available to support individuals with their personal recovery.

Further, services all agreed to demonstrate that they were positively making changes based on the feedback from Patients/Clients. The service developed ‘You Said, We Did’ section, this has been a positive and welcomed addition to NO 11. Our priority is engaging with Patients/Clients to ensure they feel engaged in-service design as well as demonstrating that services are listening and hearing the voice of a person with lived experience.

Adult Mental Health

Adult Mental Health Service: Community Mental Health Team (CMHT) and Intensive Home Treatment Team (IHTT)

Psychiatry

All adults referred to the CMHT are seen based on their needs and urgency within 1-4 weeks. Providing a range of assessment, diagnostics, treatment, and interventions for both individuals who are subject to statutory Mental Health Care and Treatment Orders and those who have significant mental disorder and require specialist intervention. Midlothian strive to continue to meet the waiting time directive of 100% of all individuals referred to adult mental health are seen within 18 weeks.

Neurodiversity

Neurodiversity presents as a national challenge for waiting time performance, both ASD and ADHD. Midlothian's waiting time performance for both conditions continue to be the shortest across Lothian, where individuals from point of referral acceptance for ADHD longest wait is 65 weeks and ASC 61 weeks. There is ongoing development work Pan Lothian to look at how we can robustly address the current and increasing demand.

Midlothian Adult Mental Health (Medical, Nursing and AHP)	Q3
Waiting times	(CMHT) 2-3 weeks dependent on urgency. Waiting time target 100% of individuals seen within 18 weeks ADHD – 293 individuals on waiting list- longest wait 65 weeks ASC- 61 individuals on waiting list- longest wait 61 weeks. Reduction of 40 individuals waiting since last quarter.
New Referrals	371

Bed performance

The bed performance for Midlothian has fluctuated over Q3 and predominantly not remined on target. Midlothian continues to have a higher percentage of individuals admitted to hospital who are subject to the Mental health care and treatment act. IHTT continue to provide daily in reach to the Royal Edinburgh Hospital, assertively working with the wards and the consultants to identify opportunities to provide early discharge/supportive community transfer. We recognise there has been pressure on bed allocation, the medium for Q3 over all is 12 per month.

On further review and exploration of Midlothian bed usage this quarter, Midlothian currently has a reduction in its allocated bed numbers (7) for new acute presentations requiring hospital admission due to having 3 residents who require more complex mental health housing options which are currently not available in Midlothian or wider Lothian. This must be considered when reviewing the bed median.

As a service we further explored the unusual change in our atypical performance in allocated bed usage and identified that several individuals were of new presentations to the service as well as several existing Patients who had not required hospital intervention for a number of years but regrettable over the last few months due to changes in their circumstances even with extensive input from the community teams has resulted in requiring hospital admission for a period of stability.

IHTT and the CMHT continue to work closely with the inpatient wards to identify individuals quickly for early discharge and supporting individuals to be at home.

Q3	
Median Bed performance	12

Challenges and Risks

Mental Health 18+ and Substance Use

Workforce challenges in Mental Health and SUS can be changeable, this can be due to the on-going pressures in the reduction of wider work force availability which impacts on recruitment. This reduction can impact across Health and Social Work/Care, which can lead to posts remining vacant for substantial periods. Midlothian has been in a positive position due to staff remining and choosing to work in Midlothian.

Our internal challenges consist of both long-term and short-term absences, service and team leads work closely with individuals through promoting attendance at work, to support individuals to return in a supportive manner.

Although we currently have a small number of vacancies (5) there has been positive response to these vacancies through recruitment. Long-term and short-term absence across Mental Health and SUS, can have a significant impact, and during these times services come together to mitigate any risks to service delivery. I'm pleased to say that it is not currently impacting on service delivery, the pressure we currently face in long term is within the Team Lead cohort, however we have mitigated this through acting up posts and between the service manager and other team leads supporting the relevant teams to ensure appropriate management and leadership.

Pentana Performance Dashboard

A full review of quarterly performance data is available via Pentana (Browser login link – https://midlothian.pentanarpm.uk/login

Quarter 3 - Adult Health and Social Care

18 Indicators that are On Target	**9** Indicators that are Off Target	**11** Indicators that are Data Only	**1** Indicators that have No Data Available
15 Actions that are On Target	**2** Actions that are Off Target	**12** Quarterly ASC Service All Risks	**0** Quarterly ASC Service High Risks

Adult Health and Social Care INDICATORS Off Target

Code & Title	Gauge	Value	Target	Last Update	History
24/25.AHSC5.2a Midlothian Adult Mental health bed occupancy rate (8 beds - 7 acut...		No	Yes	Q3 2024/25	
AHSC.MPI.06 % of high risks that have been reviewed in the last quarter		0%	100%	Q3 2024/25	
ASC.SPSO.05.1 Percentage of complaints at stage 1 complete within 5 working days		22.22%	95%	Q3 2024/25	
AHSC.MPI.02 Average number of working days lost due to sickness absence (cumul...		13.33	10.53	Q3 2024/25	
24/25.AHSC4.2a Percentage of key projects rated with a RAG status of green.		75%	100%	Q3 2024/25	
AHSC.MPI.05 % of Service PIs that are on target/ have reached their target. (does n...		83.33%	90%	Q3 2024/25	
ASC.SPSO.04.1 Average time in working days to respond to complaints at stage 1		7.444	5	Q3 2024/25	
AHSC.MPI.03 % of service priority actions on target / completed, of the total number		88.24%	90%	Q3 2024/25	
AHSC.MPI.07 % of internal/external audit actions progressing on target or complete ...		88.89%	90%	Q3 2024/25	

1 of 1