

# Adult Health and Social Care Quarter Two Performance Report 2021/22

## 01. Progress in delivery of strategic outcomes

**Our Vision:** People in Midlothian are enabled to lead longer and healthier lives.

**Our Values:** Right support, right time, right place.

Midlothian Integration Joint Board plan and direct the services that are delivered by Midlothian Health and Social Care Partnership (HSCP). The HSCP is a partnership between NHS Lothian and Midlothian Council and is responsible for services that help Midlothian residents to live well and get support when they need it. This includes all community health and social care services for adults in Midlothian and some hospital-based services such as Accident and Emergency.

Work on the IJB Strategic Plan 2022-25 continued in Q2.

### 1. HSCP COVID-19 Response

The COVID-19 pandemic brought many challenges and much disruption to the Health and Social Care Partnership, its partners and the communities it serves. There was increased anxiety and pressure on many service users, unpaid carers and staff. While challenges may have changed since 2020, they continued in 2021.

The top priority of the Partnership is the safety of clients, communities and staff. In response to the pandemic it was important to be innovative and support clients effectively and safely. Some services adapted how they operate with, for example, increased use of video consultations. The vast majority of services were operating at full capacity by the end of Q2 although some, such as respite and a number of day service remained limited due to infection control guidance. However work is underway to increase availability of this support, at times in a new way.

As well as presenting a tremendous challenge to services, staff and partners, the crisis also created an opportunity to build on existing and new community connections. Volunteering programmes continued and were further supported by the Partnership.

### 2. Seasonal Flu/COVID Booster Programmes

The COVID Booster programme for eligible residents started on Monday 27th September. Vaccinations for care home residents, children under 5 and primary school children also started. This is the first year when the Health and Social Care Partnership is leading the flu programme and has taken over this service from General Practices as part of the new GP contract. The majority of vaccinations will be provided from three venues: Gorebridge Leisure Centre, Midlothian Community Hospital and Eastfield Medical Practice. 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.

### 3. Service Transformation

Health and Social Care services continued to develop during Q2. This included the ongoing transformation of local service pathways to embed a Home First approach, whereby people are supported out of hospital promptly, with a greater emphasis on supporting people at home, through investment in care at home, early intervention and prevention. Additional staff were recruited, including drivers, Allied Health Professionals and sixteen carers. Data indicates that the increased capacity within the team has facilitated earlier discharge from acute hospitals.

The Community Respiratory Team (CRT) continued to successfully manage COPD exacerbations in people's own homes and the development of a new Scottish Ambulance Service pathway has led to a reduction in acute hospital respiratory admissions. Expansion of the team has meant that this has also facilitated early discharges to home.

Mental Health, Substance Misuse and Justice services continue to operate and adapt according to COVID guidelines. Work to develop Peer Support across all No 11 services was progressed and some group activities were re-established; this will continue into Q3.

### 4. Justice Service

Activity during Q2 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 launched on 1st September. Change Grow Live and Venture Trust were identified as offering structured interventions to individuals involved in the Justice system. 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. We hope to continue to design further services such as Supervised Bail and Diversion.

Q2 saw a continuation of unpaid work service users completing their hours. Supporting this is our new unpaid work supervisor who was recruited in response to addressing the backlog of unpaid work hours. The Justice team have also focused our efforts in engaging with our third sector partner organisations to look at opportunities for expanding the work placements available to our service users. A contract was agreed with Cyrenians to provide work placements in Bonnyrigg community garden. 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 Justice specific Men's service launched in September. 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. Some of the work of this service 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. Our funded Peer Support Co-ordinator post was previously reviewed in relation to the role and remit with a clear focus being given to the development of a pathway for volunteer peer supporters to form a network for services within Number 11. Recruitment to this post was completed in September.

## **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 and door step deliveries of Opiate Substitute therapy [OST] and other medication to those requiring this support within Scottish Government guidance. Despite Covid restrictions impacting service delivery the Midlothian Substance Misuse service instigated an outreach model to those individuals who were most at risk. This includes the trialling of Buvidal [an injectable form of Buprenorphine].

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 were [and are] 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 are developing 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 intends to continue this work for the rest of 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. With the inauguration of a new Digital Governance Group within our structure we anticipate improved planning and resourcing of projects (internally) which connect effort across the partnership. Furthermore, we hope 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. We need to consider how services are designed and incorporate technology, therefore, as the HSCP supports development of the next IJB strategic Plan, we are positioning Digital as an enabler of transformation rather than a service or resource to demonstrate the paradigm shift required to deliver digital transformation.

## **7. Learning Disabilities**

Implementation of a framework for providing positive behavioural support within Midlothian has been completed and continues to receive support from all stakeholders. Implementation has been impacted by COVID19, but the steering group has now reconvened and training at levels one and two is underway and the pathway has been updated. Work with People First to produce a video from a service users' perspective to be used in staff training has been agreed.

The project to review and redesign Day Services to reduce costs including transport continues as part of the COVID-19 Remobilisation Plan with a focus on re-establishing and building up centre based services supplemented by home based, community based, and on line models of support. Progress is contingent on further national guidance. Model for Day Service transport and retender of the taxi contract agreed by Senior Management Team and Invitation to Tender being finalised.

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. Bonnyrigg High Street site scheduled for completion Mid 2023. Designs for Primrose Lodge in Loanhead are complete but still awaiting availability of the property.

### **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 with completion dates now estimated at 2023.

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 6 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.

### **9. Carers**

Q2 Marked the beginning of the new Carer Support contract (01/07/21); both Lots of the contract being delivered by VOCAL, engagement the British Red Cross to take forward some community engagement aspects. It is fortunate that VOCAL were the existing main provider of carer support services as this enabled a continuity of support available to carers already engaged with the service, but are also a known and respected service locally, so there was not a drop in delivery or availability as they took over the new requirements. Having said that there was no drop in service, Q2 was about being able to take forward preparations to enable them to deliver on the new service specification, and it has been an active period for recruitment (expansion of some areas of delivery, e.g. income maximisation; counselling - and also in establishing shared protocols and agreements with new delivery partners (British Red Cross).

Previously discussed was the Scottish Government announcement of a significant additional resource for carers for 2021/2022. Q2 followed up on a collaborative workshop in June exploring options and proposals for how this funding should be utilised. Feedback and consideration of how proposals met strategic aims or supported existing work was fed back to SMT and the Performance and Finance group. Final agreements will be fed back to those who submitted proposals imminently.

### **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 and the role of OT is being recruited to supplement the service. Evaluation of the impact of primary care nurses is being developed.

People can access Midlothian Access Point directly via email and then will be allocated an assessment.

The recommissioning of community mental health and wellbeing supports currently delivered by Health in Mind involved key stakeholders staff and third sector colleagues working across the HSCP, as well as consultation with people who use services through a paper questionnaire, online survey monkey, focus groups and individual interviews. New contracts commenced 1st July 2021.

### **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. Work has commenced with Sight Scotland to provide information sessions to staff in relation to the services they provide.

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 HSCP commenced work on Improving the Cancer Journey (ICJ) during 2021. ICJ is a partnership between Macmillan and the four Lothian Health and Social Care Partnerships. Midlothian Council hosts the Programme on behalf of the four HSCPs. The ICJ Programme aims to meet the non-clinical needs of people living with cancer; it promotes self-management and person-centred solutions. The service in Midlothian has strong links with the Wellbeing Service in GP practices and the MacMillan Welfare Rights Advisor in the Welfare Rights Team.

## **12. Sport and Leisure**

Following the move to "beyond Level 0" Sport and Leisure operations have continued to move towards pre-covid operations, however there are still significant challenges related to the pandemic.

The ongoing restrictions around schools has resulted in the continued closure to the public of Newbattle Community Campus and The Lasswade Centre during school hours, leaving only weekday evenings and weekends for Sport & Leisure operations. Gorebridge Leisure Centre continues to be utilised as a mass vaccination centre, now administering the Flu vaccine in addition to Covid vaccinations, and will continue to do so until at least 31/03/2022.

Newtongrange Leisure Centre had been utilised to accommodate Midlothian residents with pre-existing health conditions who access the Midlothian Active Choices (MAC) and Ageing Well programmes to provide safe, specific support to that vulnerable client group. However as a result of the Newbattle restrictions and use of Gorebridge for non S&L activities this dedicated use of Newtongrange has had to cease to allow other members of the public access to leisure facilities during the day in their local community. This has led to a drop in the usage by some MAC members who still hold concerns regarding Covid and the safety of mixing with the wider community due to their vulnerable health and wellbeing.

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 Flu Vaccination clinics and Let's Prevent, the Type 2 diabetes prevention programme by accommodating and integrating those services within Sport & Leisure facilities and programmes. 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, however the delivery is not back to pre-covid levels due to staff vacancies and facility availability at Newbattle and Lasswade centres.

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 On Target 5 On Target 0 Data Not Yet Available 8 Data Only

### Service Plan Actions (latest)

4 Off Target 31 On Target/Complete 0 Data Not Yet Available

### Service Plan PIs (latest)

8 Off Target 23 On Target 0 Data Not Yet Available 15 Data Only

### Corporate PIs Off Target

PIs 8 Off Target

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

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

Average time in working days to respond to complaints at stage 2

Percentage of complaints at stage 1 complete within 5 working days

Percentage of complaints at stage 2 complete within 20 working days

Performance against revenue budget

### Service Plan Actions Off Target

Actions 4 Off Target

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

Reduce waiting times for occupational therapy and social work services.

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.

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

### Service Plan PIs Off Target

PIs 8 Off Target

Number of people receiving the Wellbeing Service across all 12 GP practices

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

Average wait time for occupational therapy services

Average wait time for social work services

Increase the % of people who feel they are participating more in activities of their choice

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

Number of stress control classes run in community venues.

Number of individuals referred through the Safe and Together approach.

### Service High Risks (latest)

2 High Risk/Medium Risk

COVID 19

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

### All Risks - Adult Social Care

Risks 13 High Risk/Medium Risk 9 Low Risk

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