

Adult Social Care Services Q2 24/25 Performance Report

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 therefore 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 will 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

Justice and Protection Services

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

The **Justice team** supports 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. Staff in the **Duty Team support people aged 16 and over** with **crisis interventions**, urgent and planned assessments, development of adult care support plans, reviews, and short-term interventions.

The **Adult Support and Protection (ASP) Team** provides **support and protection for people aged 16 and over** who may be at risk of harm. The Adult Support and Protection (Scotland) Act 2007 was introduced in October 2008. It provides duties, powers and measures for the support and protection of adults who may be at risk of harm. Under section 3 (1) of the Act an "**adult at risk**" is a person aged sixteen or over who meets all of the following criteria (commonly referred to as the '**three point test**')

- 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 than those not so affected.

The **ASP Team** undertake a range of duties to **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.

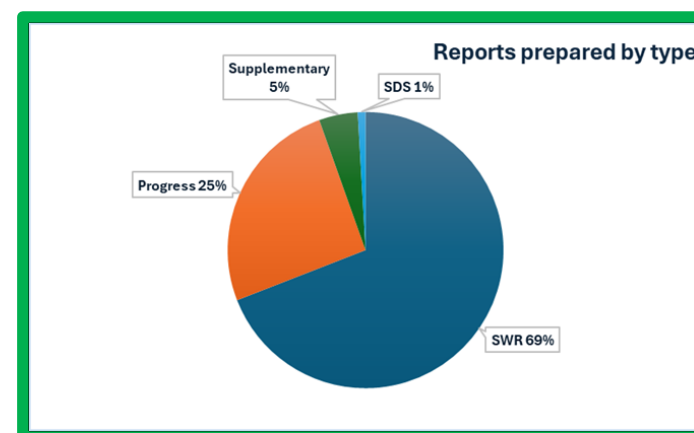
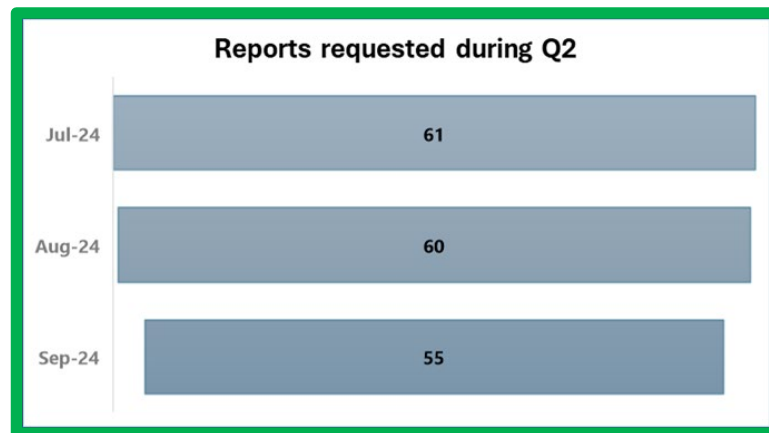
The Public Health Practitioners work **to support services to improve wellbeing** and reduce health inequalities for the people of Midlothian. We support staff to **design and deliver** services that support early intervention and prevention. We make connections and **share good practice** about how 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.

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. Between 1st July and 30th September 2024, the team **received 176 requests** for reports, **an increase of 3%** on last quarter. Table 1 shows the reports requested over each of the 3 months. Table 2 represents the type of report that have been requested. The main type of report is **the Justice Social Work Report (JSWR)**, and these are requested by a Sheriff or Judge **to inform sentencing**. Home Leave Report: (HLR), Throughcare Assessment for Release on Licence (TARL) and Home Detention Curfew (HDC) are reports requested by the Scottish Prison Service or Parole Board for Scotland for those who are progressing through their custodial sentence.

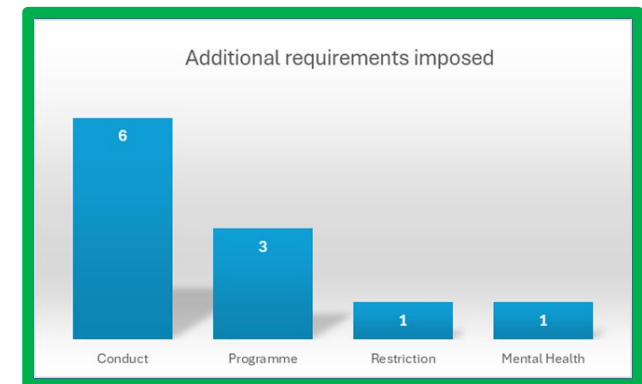
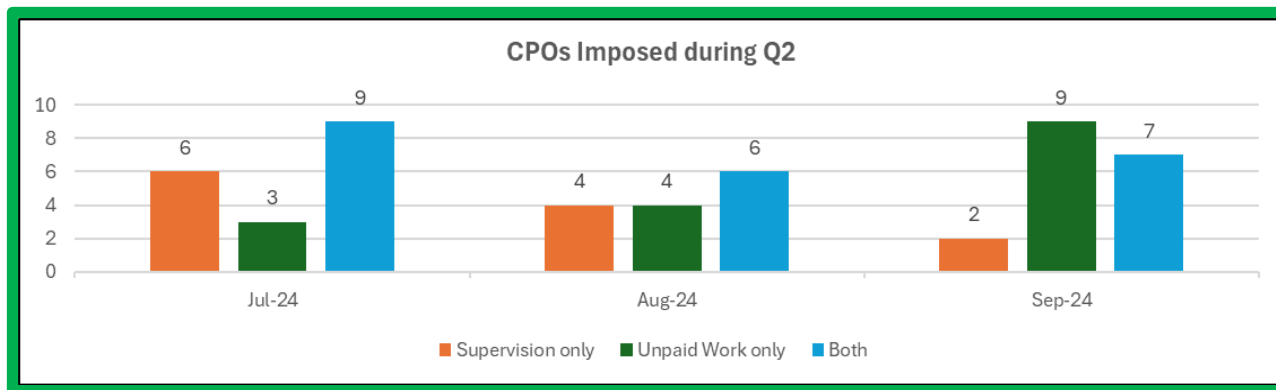


Staff in the Justice Service work with men and women subject to Community Payback Orders who present with a wide range of presenting risk and needs. This includes individuals with **mental health, substance use, adverse childhood experiences, trauma and negative experiences** of education and or employment. Staff working within Justice Services require the appropriate level of support and training to enable them to effectively engage with people to progress **interventions towards positive changes** in behaviour. An important part of ensuing that men and women in the justice system have ease of access

Adult Health and Social Care PI summary

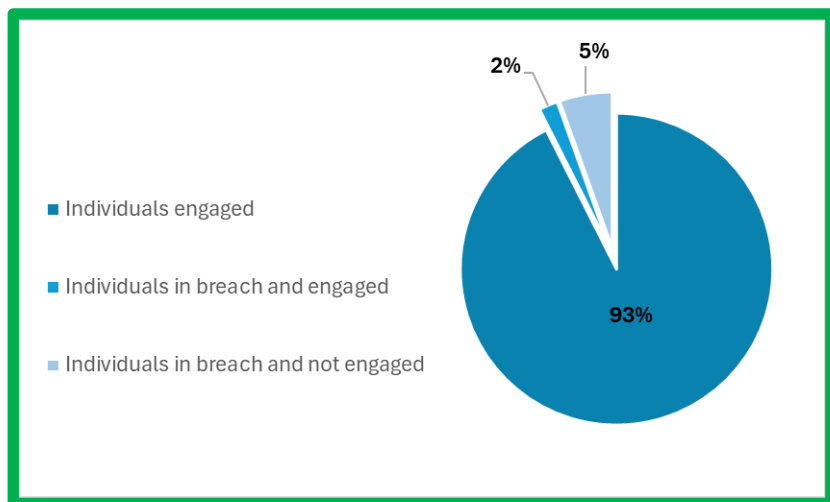
to services and resources is the provision of robust community-based alternatives to custodial sentences as it enables individuals to remain in their community, **maintain relationships** and ensures continuity of care.

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 **Q2** the **Courts imposed 50 Community Payback Orders**, Table 3 shows how many of these included the main two requirements and Table 4 shows the other types of requirements; there is no maximum number of available requirements that can be imposed, and this is determined by the assessment and the recommended disposal suggested by the author of the JSWR. The only 'rule' is that Unpaid Work is the only requirement that can be imposed without the need for a Supervision Requirement also being in place.



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 to understand the expectations and **consequences** of non-compliance and 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. Table 5 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.

Adult Health and Social Care PI summary



22 Qualifications Gained:

13 Health and Safety in the Workplace (Level 4)

6 Open University

3 CSCS Card

The work undertaken by our Unpaid Work Team is underpinned by the ideals of **reparation, rehabilitation and reintegration** to support those who have been convicted of offences to achieve a positive destination and provide meaningful benefit to our local communities. Those undertaking unpaid work have the opportunity to gain a range of **skills**, experiences and opportunities to promote their rehabilitation and ability to **desist from offending**. Table 6 shows the **qualifications** achieved during quarter two by those undertaking a CPO with an Unpaid Work Requirement.

Q2 Feedback from people on CPO's:

One person subject to a CPO stated that they owed a *"massive thanks [to their worker] for everything"*. They went on to describe themselves being a *"shell"* when they started on their CPO and the work as part of their Supervision Requirement, and that they were *"totally lost"* and in *"a land of the unknown"*. They said that the work their social worker undertook with them **helped them to understand** what is going on for both them and other people, and that only they have the **ability to choose** how to respond to difficult feelings or situations.

Another person subject to a CPO said they had thought their CPO would be *"pointless at the start"* but reflected that they have found it really useful. They said they feel more approachable and willing to approach people. Prior to supervision, they didn't see being **homeless** as a *"big deal"*, but their social worker encouraged them to push for more **stable accommodation** and to see the benefit of this in terms of their stability and wellbeing. Engaging in psychological services was voluntary and they said they have learned more about themselves in relation to understanding and **managing their mood and emotions**. They said they were *"really keen to keep that going!"* with the work that they have been engaging in. Reflecting on their behaviour within intimate relationships, they said *"I'm better in my relationship with (current partner) both through (supervision requirement) and through psych therapy, I listen better and communicate better. Day 1 I felt I didn't need massive changes. Not saying actions were right but couldn't think of any other way to react. Despite this, I feel I've bettered myself and used the opportunity. Accept I shouldn't have made threats and that I "lost my head."* They were able to reflect that through the process of undertaking offence-focused interventions their partner and others in their life, including work mates, have said that they have noticed positive changes in how they react to situations.

Public Health

Key achievements this quarter:

- The health inclusion team continue to provide outreach and have carried out a health assessment with 111 people since April 2024. Have mostly helped people with housing, substance use, and welfare rights issues this quarter.
- Five actions collaboratively achieved with other areas of the organisation involving early intervention/prevention.
- Chaired a group of stakeholders from East and Midlothian to scope a pilot looking at the feasibility of technology enabled care to help as a harm reduction measure to substance use. To help link this with national work and gain learning from other areas, attended a webinar hosted by Scottish Government sharing practice and learning on digital as a Human Right with Digital Lifelines Scotland and Drugs Research Network for Scotland.
- Reviewed and updated quarter 2 data for the Joint Strategic Needs Assessment working alongside data colleagues in NHS Lothian Intelligence team and published on the Health and Social Care Partnership website. The updated data has been used to update the community justice needs assessment which was reported as helpful to give context to the offending we see in Midlothian and shows the complexities that our clients face. The data has also been used to update the NHS Lothian healthcare governance committee, specifically the inequalities data section in the annual report.
- Attended Community Planning Partnership conference, hosting a marketplace to raise awareness of green health prescribing to colleagues. New links made with climate action hub lead and adult learning lecturer from Newbattle Abby College. Further meetings planned to link work up around green health in Midlothian.
- Learning session planned with physiotherapists and wider HSCP staff to share findings of the Masters dissertation hosted in Midlothian, to explore views, improve processes and raise awareness of green health prescribing within the HSCP.
- Better ME (WSA): This project will help the people of Mayfield and Easthouses to have more access to healthy food options, keep physically active and have more money in their pockets. Currently have completed 6mth evaluation. One particular project has developed a cooking group for young men, they have reported an increase in confidence in cooking and also being able to try new foods.
- Developing weight stigma post that will focus on helping practitioners develop skills and confidence to talk about client's weight, it will also raise awareness of the bias and stigma professionals have with overweight and obese people.
- Promote a public health agenda and increase strategic partners. Members of various groups including trauma training steering group, Mid & East Lothian Drug and Alcohol Partnership Group, Midlothian Suicide Prevention Group, Equally Safe Strategy Leadership Group, Midlothian will be Healthier Thematic Group, Lothian Green Health Network and the Third Sector Summit.

Mental Health and Substance Use

Mental Health and Substance Use

This service includes Integrated Mental Health Teams and Substance Use. This service works in partnership with people to achieve their personal health and wellbeing goals. This includes prevention and early intervention activity, assessment, treatment, care and support. Being trauma aware and a Good Conversation approach are central to delivering person-centred care. These teams work with a wide range of partners across health and care including the third sector, peer services and volunteers.

Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) plans, commissions, and funds a network of services for people affected by their own or someone else's alcohol or drug use. Support is available for families and adult carers, and recovery-focused services are provided to address people's alcohol and drug use. These include residential rehabilitation, recovery services to reduce isolation, and opportunities to be supported into education, training, volunteering, and employment.

MELDAP aims include:

- Reduce the harm to individuals and promote recovery from substance use
- Protect children and young people affected by parental substance use
- Promote early intervention to prevent the harmful use of alcohol and drugs
- Develop high quality services responsive to the changing needs of people who use and need our services

Key achievements this quarter:

Due to the scheduling of the reporting, Q2 sees the annual release of the nationally published drug deaths and Alcohol Specific Deaths data. The following is an in-depth exploration of the data as they relate to Midlothian.

In Midlothian there was an increase in the numbers of those who passed away due to drug misuse from 4 in 2022 to 20 in 2023. The 5-year average rate is 18. Whilst strongly welcomed, within a 5-year context, the marked reduction to 4 in 2022, was a significant outlier and it was challenging to attribute this to any specific factors. Drug misuse remains a complex and multi-factorial area for analysis.

The individuals most at risk from drug related harm and premature death are those who suffer multiple and often complex disadvantage. This includes:

- Poor physical and mental health, experienced trauma at some stage in their lives
- Unemployment
- Unstable housing
- Involvement with the criminal justice system
- Family or relationship breakdown

Adult Health and Social Care PI summary

Nationally in 2023, people who are from areas of deprivation are 15 times more likely to die from a Drugs Misuse Death than those from the least deprived areas of Scotland.

High risk patterns of drug use, especially poly-drug/street drug use has increased, and the combined toxicity of different drugs are amplifying the harm, e.g. Bromazepam, Nitazine type drugs, Cocaine, Methadone, Diazepam and Pregabalin.

Scotland has a higher prevalence rate in the general population of drug use with a higher rate of problem drug use than England (1.62% compared with 0.74%) and other European countries. Essentially, we have more people using the types of drugs that contribute to a fatality and therefore, we have greater rates of death. It is considered that the combined toxicity of opioids, cocaine and benzodiazepines can be particularly fatal.

In addition, in Scotland there are higher rates of co-occurring physical health problems amongst this group. This is a national comparison and not specific to particular areas of Scotland nor England. The Scottish Affairs Committee have also theorised a link between certain types of adverse childhood experiences such as having a parent in prison/parents using substances/domestic violence might be more prevalent an/or has a greater detrimental impact in Scotland leading to higher levels of drug use but there is not a higher level of other types of adverse childhood experiences [ACEs], so it is not possible to draw definite conclusions.

Alcohol Specific Deaths 2023

In Midlothian there was a slight reduction in the numbers of those who passed away, 17 in 2022 to 15 in 2023.

These figures do not include people who died from an alcohol related disease. Alcohol use has been linked to seven types of cancer; colon, liver, breast, mouth, larynx, oesophageal, rectum.

Nationally in 2023, people from areas of deprivation are 4.5 times more likely to die from an Alcohol Specific Death than those from the least deprived areas of Scotland.

From previous research we know that people who die of alcohol-specific causes are:

- Likely to be drinking 180-220 units per week [The recommended weekly units for adults is 14] and unaware of physical conditions related to drinking until severe damage is done.
- Often isolated, socially and from supports, for prolonged periods.

Actions

- The Contact Service provides a direct point of contact for all substance use related services across Midlothian and East Lothian.
- Edinburgh and Lothian Council on Alcohol [ELCA] is funded by MELDAP and provides a counselling service in Bonnyrigg and Dalkeith which covers all of Midlothian.

Adult Health and Social Care PI summary

- In relation to prevention activities, MYPAS provide support to young people affected by their own alcohol and drug use.
- Services are actively engaged with wider partners widen the coverage of Naloxone.
- Safe Storage Boxes which contain a range of harm reduction equipment, advice and Naloxone are offered to all high-risk people.
- MELD delivered a Naloxone stall at the Tesco store in Dalkeith as part of Overdose Awareness Day on Saturday 31st August. Naloxone/Nyxoid provided = 52 units
- MELDAP has requested a doubling up of Naloxone kits issued as there have been changes in illicit drugs available (Nitazines).
- Children 1st work with families to minimise the harm to children affected by parental substance use.
- Home Drug Testing strips are now supplied to alert people to the possible presence of Nitazines and Xylazine. Substance Use Services provide assertive outreach to people who have experienced non-fatal overdoses.
- Midlothian services have consistently delivered above the 90% [Q1 -98.44%] access standard for substance use services.
- MELDAP is to establish a working group with a focus on engaging and supporting people who use cocaine/crack cocaine and other psychostimulant drugs.

There is a need to influence local decision makers in the need to minimise the impacts of poverty, deprivation and lack of opportunity.

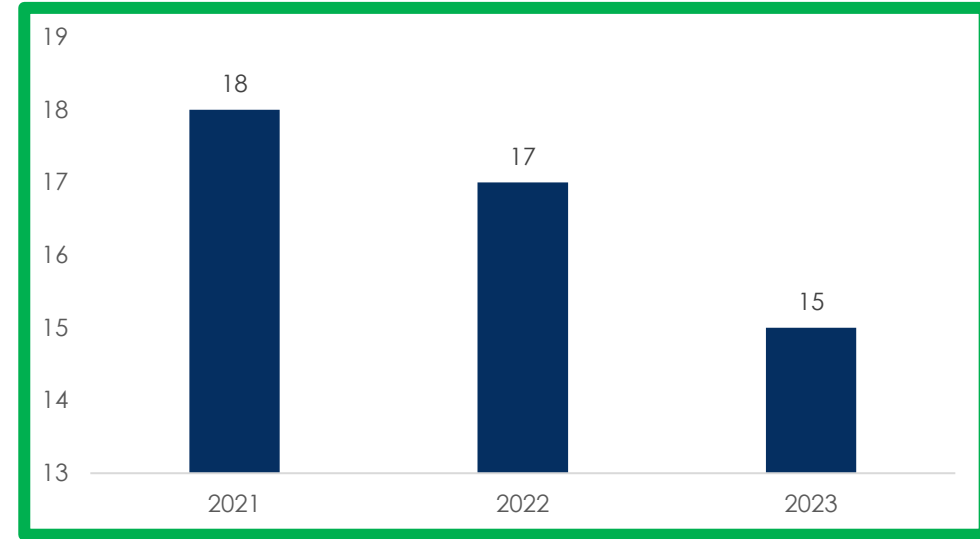
Substance Use – Data for Drug Related Deaths

Drug Misuse Deaths 2023

In Midlothian there was an increase from 4 in 2022 to 20 in 2023



Alcohol Specific Deaths - Midlothian



2023 data for Scotland and 4 Lothian Integrated Joint Boards (IJB) against 2022

Drug Misuse Deaths	Scotland	Midlothian	East Lothian	West Lothian	City of Edinburgh
All	1172 + (121)	20 (+16)	20 (+3)	31 – (1)	111 – (2)
Males	805 + (113)	12 (+10)	14 (+2)	23 + (1)	78 – (4)
Females	367 + (8)	8 (+6)	6 (+1)	8 – (2)	33 + (2)

Changes from 2022 to 2023

Scotland	Midlothian	East Lothian	West Lothian	City of Edinburgh
1277 (+1)	15 (-2)	16 (-3)	43 (+19)	89 (-4)

Adult Health and Social Care PI summary

Adult Social Care Services – Challenges and Risks

This quarter has seen continued pressures on the workforce, in keeping with the national picture. A lack of experienced workers with certain required specialisms continues to challenge our small specialist teams. Gaps within our Team Lead capacity has required us to look to agency staff to ensure the oversight of safe and effective practice. We have also focused on how we can best use our Planning Officers with a renewed commitment to a collective approach to contract monitoring and commissioning. This will go some way to ensuring our performance against contract monitoring is improved.

Financial saving plans continue to underpin the majority of manager's workstreams. The project leading on reviewing the community care packages continues to prove challenging. The Review Team are working through the more complex packages and subsequently this is identifying a number of strategic, operational and practice development opportunities. It is anticipated that gaps and challenges will be addressed through the Social Work and Occupational Therapy Review. Waiting list data, demand and capacity alongside case examples will assist in the ongoing development of a project methodology.

Work around Transitions continues to create pressures within service areas. Young people moving from children to adult services bring a host of challenges. Financial pressures, family and carer expectations and caring environments and opportunities all need to be considered creatively and within the wider context of available resources and financial sustainability.

Specialist rehabilitation housing for individuals with complex mental health needs remains a pressure. Without grade 5 and grade 4 (nursing provision) community based rehab offerings, a number of Midlothian residents may require to remain within acute hospital settings for longer than is necessary. Our mental health services are working hard with relevant stakeholders to look at potential solutions and future opportunities.

We are seeing increasing need without our Resource Panel requests for long term care home placements. Need is currently outstripping availability of beds. This means we have individuals remaining in the community with substantial care packages whilst waiting for more suitable residential care. The subsequent consequence on 'flow' from hospital to community is significant. Notably, there are also pressures for specialist under 65 accommodation. This results in individuals often living in less than appropriate facilities until there is availability, often out with our own local authority area.

Pentana Performance Dashboard

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

Quarter 2 - Adult Health and Social Care-



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	Q2 2024/25	
AHSC.MPI.06 % of high risks that have been reviewed in the last quarter		0%	100%	Q2 2024/25	
24/25.AHSC3.1a % of care at home staff qualified for their post		74.5%	90%	Q2 2024/25	
AHSC.MPI.05 % of Service PIs that are on target/ have reached their target. (does n...		83.33%	90%	Q2 2024/25	
24/25.AHSC1.1a % of referrals screened within 2 working day of allocation.		93%	95%	Q2 2024/25	
AHSC.MPI.03 % of service priority Actions on target / completed, of the total number		88.24%	90%	Q2 2024/25	

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SMP Adult Health and Social Care ACTIONS Off Target

Code & Title	Progress	Status	Due Date	Type
24/25.AHSC1.1 Hospital InReach team referrals screened within 2 working days of a...		40% Check Progress	31 Mar 2025	Action
24/25.AHSC3.1 Achieve a 90% qualification rate for care at home staff appropriate t...		40% Check Progress	31 Mar 2025	Action

← 1 of 1 →