# Adult Health and Social Care Annual Performance Report 2020/21

Midlothian

## 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.

The Midlothian Health and Social Care Partnership 2019-22 Strategic Plan outlines our programme of activity focused on prevention and early intervention; planned support, treatment and recovery; and unplanned treatment and support. We are achieving this by changing the emphasis of our services, placing more importance and a greater proportion of our resources on our key values. Many voluntary sector and independent providers work with the Partnership to deliver our objectives. The Midlothian Health and Social Care Partnership (HSCP) has continued to implement the ambitions of the Strategic Plan against the challenging impact of the COVID-19 pandemic.

Throughout 2020-21 COVID-19 has caused significant disruption to all our community based activities with a large majority of them being suspended due to restrictions in place to prevent the spread of infection. For social care services physical distancing and infection control requirements severely impacted the opportunity for people to be supported to engage in activities. Support continued but with reduced capacity. Support was targeted, when needed, at those with the most critical care needs. Where possible alternatives such as online activities were introduced with some success although the limitations of such activities are recognised and evident in our performance data for this year. As we progress into 2021-22 COVID-19 will continue to present new service demands and challenges that will influence how we deliver our core services and how we adapt service delivery in response.

**1. Integration**
The impact of 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 over 2020, they will continue into 2021.

As a Partnership, the top priority was the safety of people, communities and staff. In response to the situation it was important to be innovative and support clients effectively and safely during this time. Staff continued to see people face-to-face where this was clinically essential, but in order to reduce face-to-face contact, where feasible, teams made a number of changes to how they delivered services throughout the pandemic.

As well as managing changes to existing services, the Partnership also provided care and treatment to people who had contracted COVID and their families. It provided support to partner agencies around changed provision, infection control and other requirements, including the provision of personal protective equipment (PPE) and staff testing. In addition, COVID related services had to be established, often at short notice as the pandemic escalated, such as the COVID Testing and Assessment Hub at Midlothian Community Hospital. Many staff across the Partnership were redeployed to other roles, assisting in care homes and PPE centres.

Partnership staff were very involved in the work of the Midlothian Care for People Group where members of the Community Planning Partnership and other partners coordinated a humanitarian response as a result of the UK moving to lockdown on 23rd March 2020. Statutory and voluntary sector partners sought, as far as possible, to provide essential services to the whole population and particularly to those most directly affected by the imposition of lockdown. The Midlothian Care for People Group had to operate in a complex environment keeping abreast of new guidance and rapidly changing projections of need, whilst also keeping in close touch with policies and activities at national, regional and council level.

**2. Inequalities**
Health and Social Care services are committed to reducing health inequalities and improving the health of people in Midlothian by working collectively with others to draw on our assets, activities and resources.

There is emerging evidence that the impacts of the COVID-19 crisis are affecting some groups disproportionately. These are arising from the direct and indirect effects of contracting the illness, as well as the lockdown measures put in place to control spread of the virus.

We have strong local communities in Midlothian and we harness the strengths they can bring to improving health and wellbeing. Voluntary organisations, volunteers, neighbours and extended families are all vital to helping people who

are vulnerable to stay safe and well. Active, supportive communities are fundamental to a good quality of life for people vulnerable through age, illness or disability. It is important in addressing the harmful effects of social isolation which can lead to poorer physical and mental ill health and an increased risk of hospital or care home admission.

Some programmes to support people most vulnerable to health and other inequalities were unavoidably delayed as a result of the pandemic such as the programme involving pregnant women who smoke, and the Type 2 Diabetes prevention work which was delayed until early September. Support to people in homeless accommodation continued and was delivered in a different way, as did support to people engaged with mental health, substance misuse, and social work and justice services.

**3. Justice Service**
Activity during Q4 continued with the theme for 2020-2021 in that the Justice team continued to respond 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 was based on dynamic assessments using risk and needs to determine levels of involvement. Further, scoping exercises are currently being undertaken to assess the impact on service design and delivery of alternatives to prosecution/Court disposals. Diversion, Structured Deferred Sentences and Supervise Bail are all being considered in relation to new areas of practice for the Midlothian team. 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.

With regards to unpaid work, the Chief Medical Officer suspended Unpaid Work nationally in January 2021. In response, the team have been virtually delivering individual learning packs with clients as part of their 'other activity'. These packs are aimed to promote desistance from offending and assist individuals develop the skills and goals to lead an offence free lifestyle. We have utilised the skills of certain clients to produce face coverings that were distributed to community groups and organisations. A new unpaid work supervisor post has been recruited to in response to addressing the backlog of unpaid work hours that the service will face once it is reopened. Once the service can regain some face-to-face contact with service users, focus will return to clients gaining certified courses as part of their Court Order.

The Justice specific Men's service is progressing in its development. The holistic trauma-informed group for men is awaiting Covid restrictions to lift prior to opening. Some of the work of this service mirrors the work being undertaken by Spring, our women's service. Spring continues to support women despite the group-work aspect being suspended.

Our funded Peer Support Co-ordinator post has been 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 is being taken forward by Health in Mind and Justice.

**4. 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 has provided Police colleagues with credit card sized information cards with information on available treatment and support services. Police are issuing these when appropriate to do so. 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 who are impacted by isolation and are unable to receive one to one support as a consequence of Scottish Government Covid restrictions.

**5. Technology**
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. COVID-19 brought forward the NHS Lothian rollout of NHS Near Me video conferencing supported by a dedicated project team. Access to this channel is now widely available with multiple services signed up. Embedding the channel into the service TrakCare eWorkflow becomes the

new challenge. This is a pan Lothian challenge and the central Trak team are seeking Board support for resources. We await notification from eHealth regarding next steps.

Issues securing resources to implement the necessary technical changes to enable safe data sharing from Midlothian Council to NHS Lothian (both eHealth and Digital Services) and finalising information security remain, but we have found an acceptable interim solution by sharing anonymised/pseudonymised and/or aggregate data. We continue to pursue and explore options to progress incrementally.

**6. 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.

The project to review and redesign Day Services to reduce costs including transport is now being progressed as part of the COVID-19 Remobilisation Plan with a focus on re-establishing and building up centre based services within the restriction of current guidance and supplemented by home based, community based, and on line using new models of support. Analysis of Day Service transport and retender of the taxi contract has started.

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 late 2022. Primrose Lodge in Loanhead plans complete.

**7. Older People**
Older People's services have continued to see an increase in referrals as an impact of COVID-19. The impacts of carer stress, isolation and lack of physical activity on older people's health and wellbeing continue to be of concern as restrictions ease. Mental health referrals have increased, along with Adult Support and Protection referrals relating to financial harm. As unpaid carers return to work there are an increasing number of referrals for urgent assessment for packages of care or admission to care. This is likely to increase further.

Most day care and respite services remain closed following the second full lockdown. However, plans are in place to re-open day care services to provide some respite/short breaks to individuals and their unpaid carers. The Bungalow, operated by Alzheimer's Scotland, opened to a limited number of clients with dementia on Tuesday 06 April.

The Care Home Support Team are beginning to focus on educational programmes and improvement support, including rolling out the Restore2 Toolkit, and improving Anticipatory Care Planning. Care homes are committed to working with all partners to maintain high standards of infection control and compliance while providing a homely and stimulating environment for residents.

Plans for the development of Extra Care Housing complexes across three sites in Midlothian is ongoing with Spring 2023 proposed for completion.

A review of intermediate care and rehab services is underway to improve pathways and ensure individuals receive the right care in the right place at the right time, implementing the Home First principles, as agreed by NHS Lothian. A Single Point of Access was set up on 2nd December, as requested by the Scheduling of Unscheduled Care Project Board. As of 31 March 2021 it has processed 162 referrals.

The third sector continue to support individuals and their families in the community through creative alternatives to face to face support. This is continually reviewed through the older people's planning group.

**8. Carers**
During 2020/21 a significant service review, consultation and recommissioning process was undertaken for Carer Services. Q4 saw the culmination of this process, with the Tender for new services being shared in January, and submissions and evaluation being undertaken in February. In later March Providers were advised of new service awards, and more recently the TUPE process has begun. The new contracts will begin 1st July 2021 (3 years +1 +1).

Effort has been made to link the carer consultation, service specification and new service procurement, and the under development carers strategy and action plan; ensuring priorities within the legislation and those raised by local carers are addressed in service delivery and actions. Priorities remain in the areas of; Carer Identification; Access to Support, Information and Advice; Health & Wellbeing including access to Breaks from Caring; and Planning Ahead (Future Planning). During 2021/22 Q1 evaluation and monitoring arrangements will be agreed with the new providers.

**9. 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.

Midlothian Access Point has now re-started and people can access the service directly via email and then will be allocated an assessment.

Recommissioning of community mental health and wellbeing supports currently delivered by Health in Mind has been concluded; this 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 will commence 1st July 2021.

**10. Adults with Long Term Conditions, Disability and Impairment**
It has not been possible to progress the creation of Audiology clinics in the Midlothian Community Hospital due to the pandemic. This has, however, brought an opportunity to look at potential new technologies which could facilitate more local provision.

Awareness training sessions for HSCP staff, provided by Deaf Action and The Royal National Institute of Blind People (RNIB) have also not been possible due to the pandemic and training over Zoom or Teams cannot provide practical, hands on training.

In response to the closure to the public of the Audiology Department due to Covid restrictions, we recruited volunteers 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.

**11. *Sport and Leisure***
Sport & Leisure Services resumed operations at all sites on a phased basis from 31st August in line with Scottish Government guidelines. COVID-19 restrictions are in place to protect the public and staff members. Community sport and activity clubs and other external lets have resumed where the current guidance, facility availability and reasonable Covid modifications has allowed.

Newtongrange Leisure Centre has 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. Tier 2 weight adult weight management (Get Moving with Counterweight) and paediatric weight management (Get Going) courses are scheduled to resume when Covid restrictions allow.

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.

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.

Lockdown #2 during Q4 resulted in the closing of all Sport & Leisure sites and activities and the redeployment of staff to support critical services across the Council and Health & Social Care Partnership including Care Homes, Schools, Roads Services, IT Services, Housing and Homelessness, General Admin, Vaccination rollout, PPE Hub, and In School LFD testing pilot.

## 02. Challenges and Risks

**COVID-19**
The impact of 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 over 2020, they will continue into 2021. Covid will continue to influence how the HSCP delivers core services, works with partners and communities and develops the workforce. In addition the Partnership will adapt to deliver Covid related services, such as vaccination clinics.

**A growing and ageing population**
We are 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, 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. How the workforce interacts with people has also changed with an increased use of digital or telephone appointments. The Scottish Government has requested that IJBs develop a 3 year Workforce Plan no later than 31st March 2022.

**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 have become carers for the first time, or seen 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 Community services supporting carers have 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, resulting in an impact on carers. It is essential that we work to reduce the significant pressure and impact of caring that carers report feeling, 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 leading to caring being more sustainable. We are constantly looking for ways to offer respite and support to reduce the stress and impact of caring.

**Acute hospitals**
Acute hospitals are under huge pressure due to unsustainable demand and financial restrictions. We need to invest in community based and work with carers alternatives that will minimise avoidable and inappropriate admissions and facilitate earlier discharge. By treating people closer to home, or in their own home we can support admission avoidance and improve patient outcomes.

# Adult, Health and Social Care

Midlothian

## Successes and Challenges

| Corporate Performance Indicators (latest) | Service Plan Actions (latest) | Service Plan PIs (latest) | Service Risks (latest) |
|---|---|---|---|
| 7 5 1 6 | 8 27 0 | 11 10 0 13 | 12 |

### Corporate PIs Off Target

PIs 7

- 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

Key PIs: Off Target; On Target; Data Only; Data Not Yet Available

### Service Plan Actions Off Target

Actions 8

- Initiation of audiology clinics in Midlothian Community Hospital to improve service accessibility.
- Improve awareness and understanding of sensory impairment among HSCP staff and partners by delivering 2 half days of training with RNIB and Deaf Action.
- Contribute to the implementation of the British Sign Language Plan to improve equity of access to services and support for BSL users.
- Reduce the waiting times for occupational therapy and social work services
- Support older people to attend activity groups hosted by Ageing Well each year
- Consult with extra care housing tenants re the impact of Covid-19 on their health and welling.
- Work with Building Services and Housing to seek and achieve planning permission for extra care housing projects at Gorebridge, Dalkeith and Bonnyrigg.
- Enhance community resources for social prescribing by running a specific stress control classes in community venues.

Key Actions: Off Target; On Target/Complete; Data Not Yet Available

### Service Plan PIs Off Target

PIs 11

- Number of people who received a health assessment from the Community Health Inequalities Team.
- Number of training awareness sessions
- Average waiting time for occupational therapy services
- Average waiting time for social work services
- Increase the % of people who feel they are participating more in activities of their choice
- Number of consultation questionnaires/interviews from Sept 2020 to March 2021.
- Planning permission granted for extra care housing at Gorebridge, Dalkeith and Bonnyrigg.
- Number of stress control classes run in community venues.
- Primrose Lodge certified as available.
- Number of people attending activity groups hosted by Ageing Well from November 2020 end of March 2021.
- Number of people supported with Cancer

Key PIs: Off Target; On Target; Data Only; Data Not Yet Available

### High Risks

Risks 3

- Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services
- Meeting growing demands with constrained /reduced budgets, especially from external funders
- COVID 19

Key Risks: High Risk/Medium Risk; Data Not Yet Available