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

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.

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 piolet 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 not 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

Midlothian

Corporate Performance Indicators (latest)
🔴 8 ✅ 5 ❓ 0 📉 8

Service Plan Actions (latest)
⚠️ 4 ✅ 31 ❓ 0

Service Plan PIs (latest)
🔴 8 ✅ 23 ❓ 0 📉 15

Corporate PIs Off Target
PIs 🔴 8

% 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

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

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

COVID 19

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

All Risks - Adult Social Care
Risks ⚠️ 13 ✅ 9

Key PIs
🔴 Off Target
✅ On Target
📉 Data Only
❓ Data Not Yet Available

Key Actions
⚠️ Off Target
✅ On Target/Complete
❓ Data Not Yet Available

Key PIs
🔴 Off Target
✅ On Target
📉 Data Only
❓ Data Not Yet Available

Key Risks
⚠️ High Risk/Medium Risk
✅ Low Risk

Adult Health and Social Care PI summary

<table>
<tr><td colspan="13" align="center">01. Manage budget effectively</td></tr>
<tr>
<td rowspan="2">Priorities</td>
<td rowspan="2">Indicator</td>
<td>2020/ 21</td>
<td>Q2 2020/ 21</td>
<td>Q1 2021/ 22</td>
<td colspan="4">Q2 2021/22</td>
<td rowspan="2">Annual Target 2021/22</td>
<td rowspan="2">Feeder Data</td>
<td rowspan="2">Value</td>
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<tr>
<td>Value</td>
<td>Value</td>
<td>Value</td>
<td>Value</td>
<td>Status</td>
<td>Note</td>
<td>Short Trend</td>
</tr>
<tr>
<td>01. Manage budget effectively</td>
<td>Performance against revenue budget</td>
<td>£49.3 38m</td>
<td>£2.24 6m</td>
<td>£50.8 68m</td>
<td>£50.4 97m</td>
<td>🛑</td>
<td>**Q2 21/22:** Off Target - Overspend of £59,000</td>
<td>⬆</td>
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<table>
<tr><td colspan="13" align="center">02. Manage stress and absence</td></tr>
<tr>
<td rowspan="2">Priorities</td>
<td rowspan="2">Indicator</td>
<td>2020/ 21</td>
<td>Q2 2020/ 21</td>
<td>Q1 2021/ 22</td>
<td colspan="4">Q2 2021/22</td>
<td rowspan="2">Annual Target 2021/22</td>
<td rowspan="2">Feeder Data</td>
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<td>Value</td>
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<td>Value</td>
<td>Value</td>
<td>Status</td>
<td>Note</td>
<td>Short Trend</td>
</tr>
<tr>
<td>02. Manage stress and absence</td>
<td>Average number of working days lost due to sickness absence (cumulative)</td>
<td>13.65</td>
<td>6.04</td>
<td>4.92</td>
<td>9.67</td>
<td>✅</td>
<td>**Q2 21/22:** On Target</td>
<td>⬇</td>
<td>10.53</td>
<td>Number of days lost
Number of FTE in service</td>
<td>5,723.81
592.06</td>
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<tr><td colspan="13" align="center">03. Complete all service priorities</td></tr>
<tr>
<td rowspan="2">Priorities</td>
<td rowspan="2">Indicator</td>
<td>2020/ 21</td>
<td>Q2 2020/ 21</td>
<td>Q1 2021/ 22</td>
<td colspan="4">Q2 2021/22</td>
<td rowspan="2">Annual Target 2021/22</td>
<td rowspan="2">Feeder Data</td>
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<td>Value</td>
<td>Status</td>
<td>Note</td>
<td>Short Trend</td>
</tr>
<tr>
<td>03. Complete all service priorities</td>
<td>% of service priority Actions on target / completed, of the total number</td>
<td>77.14 %</td>
<td>88.57 %</td>
<td>94.29 %</td>
<td>88.57 %</td>
<td>🛑</td>
<td>**Q2 21/22:** Off Target 4 service priority actions off target: 1 in assessment & care management, 1 in Mental Health, 1 in Adults with long term conditions, physical disabilities and sensory impairment, and 1 in Digital. Details contained within body of the report.</td>
<td>⬇</td>
<td>90%</td>
<td>NUMBER of service priority actions in total
NUMBER of service priority actions on target / completed</td>
<td>35
31</td>
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<tr><td colspan="13" align="center">04. Process invoices efficiently</td></tr>
<tr>
<td rowspan="2">Priorities</td>
<td rowspan="2">Indicator</td>
<td>2020/ 21</td>
<td>Q2 2020/ 21</td>
<td>Q1 2021/ 22</td>
<td colspan="4">Q2 2021/22</td>
<td rowspan="2">Annual Target 2021/22</td>
<td rowspan="2">Feeder Data</td>
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<td>Value</td>
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<td>Value</td>
<td>Value</td>
<td>Status</td>
<td>Note</td>
<td>Short Trend</td>
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<tr>
<td>04. Process invoices efficiently</td>
<td>% of invoices paid within 30 days of invoice receipt (cumulative)</td>
<td>92%</td>
<td>96%</td>
<td>92%</td>
<td>95%</td>
<td>🛑</td>
<td>**Q2 21/22:** Off Target Service works to address delayed invoice payment, however, processing delays often result from invoices being queried with external providers.</td>
<td>⬆</td>
<td>97%</td>
<td>Number of invoices received (cumulative)
Number paid within 30 days (cumulative)</td>
<td>505
478</td>
</tr>
</table>

05. Improve PI performance

Priorities	Indicator	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Annual Target 2021/22	Feeder Data	Value
		Value	Value	Value	Value	Status	Note	Short Trend			
05. Improve PI performance	% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)	67.6%	85.29%	86.96%	82.61%	🛑	**Q2 21/22:** Off Target Position reflects status at Q2. Performance expected to pick up during the remainder of the year for the majority of the PIs currently off target.	⬇	90%	Number on tgt/complete or Data Only	38
										Number of PI's in total	46

06. Control Risk

Priorities	Indicator	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Annual Target 2021/22	Feeder Data	Value
		Value	Value	Value	Value	Status	Note	Short Trend			
06. Control Risk	% of high risks that have been reviewed in the last quarter	100%	100%	100%	100%	✅	**Q2 21/22:** On Target	▬	100%	Number of high risks reviewed in the last quarter	2
										Number of risks that are graded as high	2

07. Implement Improvement Plans

Priorities	Indicator	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Annual Target 2021/22	Feeder Data	Value
		Value	Value	Value	Value	Status	Note	Short Trend			
07. Implement Improvement Plans	% of internal/external audit actions progressing on target or complete this quarter.	85.71%	100%	50%	100%	✅	**Q2 21/22:** On Target	⬆	90%	Number of internal/external audit actions on target or complete	6
										Total number of internal/external audit actions	6

Adult Health and Social Care Complaints Indicator Summary

Commitment to valuing Complaints

Indicator	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Annual Target 2021/22
	Value	Value	Value	Value	Status	Note	Short Trend	
Number of complaints received (quarterly)	47	13	14	14	📈	**Q2 21/22:** Data Only	➖	
Number of complaints closed in the year	33	1	11	14	📈	**Q2 21/22:** Data Only	⬆	
Number of complaints upheld (quarterly)	7	0	1	1	📈	**Q2 21/22:** Data Only	➖	
Number of complaints partially upheld (quarterly)	11	1	3	0	📈	**Q2 21/22:** Data Only	⬇	
Number of complaints not upheld (quarterly)	13	0	4	6	📈	**Q2 21/22:** Data Only	⬆	
Number of complaints Resolved (quarterly)			3	7	📈	**Q2 21/22:** Data Only	⬆	
Average time in working days to respond to complaints at stage 1	16.29	2	7.45	10.4	🛑	**Q2 21/22:** Off Target 2 out of 7 Complaints were complete within 5 days.	⬇	5
Average time in working days to respond to complaints at stage 2	0	0	0	26.9	🛑	**Q2 21/22:** Off Target 4 out of 7 stage 2 complaints were complete within 20 working days.	⬇	20
Average time in working days for a full response for escalated complaints	14.5	0	0	0	✅	**Q2 21/22:** On Target There were no Escalated Complaints.	➖	20
Percentage of complaints at stage 1 complete within 5 working days	45.16%	100%	36.36%	28.6%	🛑	**Q2 21/22:** Off Target 2 out of 7 Complaints were complete within 5 days.	⬇	95%
Percentage of complaints at stage 2 complete within 20 working days	0%	100%	100%	57.1%	🛑	**Q2 21/22:** Off Target 4 out of 7 stage 2 complaints were complete within 20 working days.	⬇	95%
Percentage of complaints escalated and complete within 20 working days	100%	100%	100%	100%	✅	**Q2 21/22:** On Target There were no Escalated Complaints.	➖	95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	3	0	3	7	📈	**Q2 21/22:** Data Only	⬇	
Number of Compliments	5		2	0	📈	**Q2 21/22:** Data Only	⬇	

Adult Social Care Performance

Midlothian

01. Health Inequalities

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.1.1a	Support people living with long term health conditions or facing challenging life situations through the Midlothian Wellbeing service based in Midlothian GP Practices.	**Q2 21/22:** On Target Referral rate was increasing in Q2 but this has slowed in recent weeks. Work is ongoing with GP Practices and other health professionals to increase their referrals and reintroducing Practitioners into GP Practices. Initial Appointments can be offered within 2 to 4 weeks of referral being received. Wellbeing is working with two GP Practices to plan how Wellbeing can offer support to people who have hopes to reduce Tramadol prescription.	Number of people receiving the Wellbeing Service across all 12 GP practices	1,027	500	221	221	🔴	▬	**Q2 21/22:** Off Target Number of people referred during Q2.	250
AHSC.P.1.2a	Support people vulnerable to health inequalities by referral to the Community Health and Inequalities Team.	**Q2 21/22:** On Target Nurses have continued to work with people in homeless hostels, at Number 11, with unpaid carers and others.	Number of people who received a health assessment from the Community Health Inequalities Team.	82	18	38	114	✅	⬆	**Q2 21/22:** On Target	75
P.AHSC.4.1a	Deliver Welfare Rights service to people with health and social care needs	**Q2/H1 21/22:** On Target Service continues for people receiving a Health and Social care service.	Number of people supported with Cancer (cumulative)	239	57	118	175	✅	⬆	**Q2 21/22:** On Target	125

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
		Referrals remain steady. Positive outcomes continue.									

02. Assessment and Care Management

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.2.1a		**Q2 21/22:** Off Target Reducing wait times continues to be a challenge. Action within the service continues to be taken.	Average wait time for occupational therapy services	15.5 weeks	17 weeks	17.2 weeks	13.8 weeks	🔴	⬆	**Q2 21/22:** Off Target Improvement this quarter. Work continues to be progressed and action taken to reduce wait times for OT services.	6 weeks
AHSC.P.2.1b	Reduce waiting times for occupational therapy and social work services.	**Q2 21/22:** Off Target Reducing wait times continues to be a challenge. Action within the service continues to be taken.	Average wait time for social work services	12 weeks	21 weeks	16 weeks	12 weeks	🔴	⬆	**Q2 21/22: Off Target** Work continues to be progressed to reduce waiting times. Improvement since last quarter.	6 weeks
AHSC.P.2.2a		**Q2 21/22:** On Target	Proportion of people choosing SDS option 1	6%	5.6%	5.7%	9.7%	📈	⬆	**Q2 21/22:** Data only	
AHSC.P.2.2b		**Q2 21/22:** On Target	Proportion of people choosing SDS option 2	2%	2.1%	2.1%	3.2%	📈	⬆	**Q2 21/22:** Data only	
AHSC.P.2.2c	Continue to implement and monitor Self Directed Support	**Q2 21/22:** On Target	Proportion of people choosing SDS option 3	89.5%	89.9%	84.4%	84.7%	📈	⬇	**Q2 21/22: Data only** Incorrectly previous option 3 data has included care home data. Recording has been amended.	
AHSC.P.2.2d		**Q2 21/22:** On Target	Proportion of people choosing SDS option 4	2.5%	2.5%	2.7%	2.4%	📈	⬇	**Q2 21/22:** Data only	
AHSC.P.2.2e		**Q2 21/22:** On Target	Increase the % of people who feel they are participating more in activities of their choice	60%	86.9%	79.5%	72.7%	🔴	⬇	**Q2 21/22: Off Target** COVID-19 has continued to disrupt all community based activities with a large majority of them being suspended to restrictions to prevent the spread	75%

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
										of infection. For social care services physical distancing and infection control requirements impact the opportunity for people to be supported to engage in activities. Critical day support continue but with reduced capacity and support had therefore targeted at those with most critical care needs. Where possible alternatives such as online activities are developed with some success although the limitations of such activities are recognised.	

03. Carers

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.3.1a	Provide carers with the tools and skills to manage their caring role through the provision of Adult Carer Support Plans and 1 to 1 support.	**Q2 21/22:** On Target Adult Carer Support Plans (ACSP) continue to be delivered by the HSCP and VOCAL. Reporting schedule and monitoring & evaluation framework has been completed and is in use. The HSCP has met with VOCAL and Red Cross to discuss the offer of ACSPs and recording of carer census – referral pathways from Red Cross in to VOCAL to enable this	Number of Carers receiving 1:1 support via VOCAL (cumulative)	2,278	981	620	1,280	📈	⬆	**Q2 21/22:** Data only Q2 data: 517 existing carers; 143 new carers	

PI Code	Priority/Action	Action Note	PI	2020/ 21	Q2 2020/ 21	Q1 2021/ 22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
		work to be done and information captured is in hand.									
AHSC.P.3.1b		**Q2 21/22:** On Target Adult Carer Support Plans (ACSP) continue to be delivered by the HSCP and VOCAL. Reporting schedule and monitoring & evaluation framework has been completed and is in use. The HSCP has met with VOCAL and Red Cross to discuss the offer of ACSPs and recording of carer census – referral pathways from Red Cross in to VOCAL to enable this work to be done and information captured is in hand.	Number of carers receiving an adult carer support plan of their care needs by Adult Social Care (cumulative)	38	13	17	25	📊	⬆	**Q2 21/22:** Data only	
AHSC.P.3.1c	Provide carers with the tools and skills to manage their caring role through the provision of Adult Carer Support Plans and 1 to 1 support.	**Q2 21/22:** On Target Adult Carer Support Plans (ACSP) continue to be delivered by the HSCP and VOCAL. Reporting schedule and monitoring & evaluation framework has been completed and is in use. The HSCP has met with VOCAL and Red Cross to discuss the offer of ACSPs and recording of carer census – referral pathways from Red Cross in to VOCAL to enable this work to be done and information captured is in hand.	Number of carers receiving an adult carer support plan of their care needs by VOCAL (cumulative)	1,585	717	457	943	✅	⬆	**Q2 21/22:** On Target Q2 data: 379 existing carers; 107 new carers	600

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.3.2a	Support and enable Adult Carers to access breaks from caring through the VOCAL Wee Breaks Service.	**Q2 21/22:** On Target The fund continues to be in considerable demand, and has benefitted from flexibility in criteria, enabling parent carers to apply to the HSCP fund during and on an ongoing basis since the pandemic. Q2 was an extension to the existing contract that ran until 30th June 2021. Reporting has shown that the vast majority of applications to the fund are from VOCAL/Third Sector. The HSCP are promoting staff training re short breaks, with the aim of increasing the support given to carers to take breaks, and also the submission of quality applications to the fund.	Number of carers accessing short breaks through VOCAL Wee Breaks Service (cumulative)	316	131	39	84	🔴	⬆	**Q2 21/22:** Off Target Number of wee break grants awarded. 45 in Q2.	150

04. Older People

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.4.1a	Use efrailty data to inform prioritisation of Care at Home waiting list.	**Q2 21/22:** On Target Efrailty data being used to assist with the prioritisation of care at home referrals.	Monitor the percentage of people with moderate to high frailty waiting for a Care at Home package.	29%	28%	9%	10%	📈	⬆	**Q2 21/22:** Data only 10% of people currently waiting for a Care at Home Package are identified as having moderate to severe frailty.	

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.4.5a	Consult with extra care housing tenants re the impact of Covid-19 on their health and welling and identify common themes of concern around future engagement in one to one, group or wider community settings to aid future extra care housing service planning	**Q2 21/22:** On Target Consultations sent out to 67 ECH tenants 28.09.21 for return by 28.10.21. Feedback to be collated and reported back to OPPG November 21.	Number of consultation questionnaires/interviews.	1	0	0	1	✅	⬆	**Q2 21/22:** On Target Questionnaire sent out September 21	1
AHSC.P.4.5b		**Q2 21/22:** On Target Consultations sent out to 67 ECH tenants 28.09.21 for return by 28.10.21. Feedback to be collated and reported back to OPPG November 21.	Number of extra care housing tenants consulted. (cumulative)	77	0	0	67	✅	⬆	**Q2 21/22:** On Target	64
AHSC.P.4.6a	Work with Building Services and Housing to seek and achieve planning permission for extra care housing projects at Gorebridge and Bonnyrigg.	Q2 21/22: On Target Bonnyrigg project planning application to go before Oct/Nov Planning Committee with recommendation from Planning Officers for consent. Building Warrant application being finalised for submission October 21.	Planning permission granted for extra care housing at Gorebridge and Bonnyrigg.	1	0	0	N/A	❓		**Q2 21/22:** *Data not available*	0
P.AHSC.2.2a	Support older people to attend activity groups hosted by Ageing Well each year	**Q2 21/22:** On Target Following the easing of lockdown 2 the project returned to face to face activities, resuming outdoors with walking and line dancing groups. As movement to level 2 allowed more indoor activities the project currently delivers 39 activities per week supported by up to 50 volunteers who contributed 916 hours of volunteering during the quarter.	Total number of people attending activity groups hosted by Ageing Well each year	3,895	1,473	3,563	4,706	✅	⬆	**Q2 21/22:** Quarterly target n/a. Annual target in place.	0

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
	Work with Ageing Well to support older people	**H1 21/22:** On Target Following the easing of lockdown 2 the project returned to face to face activities, resuming outdoors with walking and line dancing groups. As movement to level 2 allowed more indoor activities the project currently delivers 39 activities per week supported by up to 50 volunteers who contributed 916 hours of volunteering during the quarter.									
AHSC.P.4.2a	Implement block contracts for external Care at Home Providers	**Q2 21/22:** Achieved New block contracts awarded to external providers and came into effect on 1st September.	Block Contracts in place	N/A	N/A	N/A	Yes	✅		**Q2 21/22:** Achieved	Yes
AHSC.P.4.2b		**Q2 21/22:** Achieved New block contracts awarded to external providers and came into effect on 1st September.	Contractual requirements fulfilled	N/A	N/A	25%	50%	✅	⬆	**Q2 21/22:** On Target	50%
AHSC.P.4.3a	Explore and expand options to offer day support to people in Midlothian to reduce isolation.	**Q2 21/22:** On Target Day support group established. Work being progressed to establish support needed by community groups and people who continue to be isolated / lack confidence to return to activities.	Number of people accessing day support to reduce isolation	N/A	N/A	250	N/A	📈		**Q2 21/22:** *Data available in November*	

05. Mental Health

PI Code	Priority/Action	Action Note	PI	2020/21 Value	Q2 2020/21 Value	Q1 2021/22 Value	Q2 2021/22 Value	Status	Short Trend	Note	Target
AHSC.P.5.1a	Implement Individual Placement Support specialist employment support for people with mental health issues.	**Q2 21/22:** On Target Support delivered through a blended model of phone, NHS near me. and some face to face.	Number of people (per annum) in employment or education following intervention.	14	3	3	2	✅	⬇	**Q2 21/22:** On Target	0
AHSC.P.5.2a	Enhance community resources for social prescribing by running a specific stress control classes in community venues.	**Q2 21/22:** Off Target Stress control is open access large scale psycho-educational class, due to current Covid 19 restrictions face to face delivery not able to happen. Restrictions around the licensing mean that practitioners in Midlothian are not allowed to deliver via virtual methods.	Number of stress control classes run in community venues.	0	0	0	0	🔴	➖	**Q2 21/22:** Off Target None due to Covid restrictions.	1
AHSC.P.5.3a	Expand mental health development in Primary Care	**Q2 21/22:** On Target Primary Care Mental Health Nurses are in 12 GP Practices. One OT recruited and operational to supplement the service. Evaluation of the impact of primary care nurses in progress and on target initial data and reporting provided for primary care Nurses.	Number of individuals accessing the Midlothian Access Point	605	206	411	368	✅	⬇	**Q2 21/22:** On Target	0

06. Learning Disability

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.6.2a	Support people with Profound and Multiple Learning Disabilities to live in suitable accommodation by supporting the renovation of Primrose Lodge in Loanhead for three people and with the provision of respite for two people.	**Q2 21/22:** On Target Design complete. Awaiting availability of property.	Renovation of Primrose Lodge complete.	0.75	0.5	0.75	0.75	✅	▬	**Q2 21/22:** On Target	0.75
AHSC.P.6.1a	Strengthen joint working of Learning Disability Services and care providers to inform longer-term changes in how adult social care is planned and delivered.	**Q2 21/22:** On Target Focus remains on remobilisation of services within current restrictions. Ongoing programme of meetings with individual Day Service providers around service development plans.	Activity of Day Service Providers' Group incorporated into the Remobilisation programme.	N/A	N/A	25%	50%	✅	⬆	**Q2 21/22:** On Target	50%
AHSC.P.6.3a	Support people with complex needs in crisis by training practitioners on positive behavioural support as part of embedding PBS in Learning Disability services.	**Q2 21/22:** On Target Competence Framework and Pathway updated to include support staff. Pilot PBS Training as part of staff induction and evaluation.	Positive behavioural support pathway to be updated to include staff training at level one.	N/A	N/A	75%	100%	✅	⬆	**Q2 21/22:** Achieved	100%

07. Substance Misuse

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.7.1a	Ensure those most at risk of overdose have continued access to take-home Naloxone kits to.	**Q2 21/22:** On Target As Covid restrictions ease, Services have further promoted the uptake of Naloxone in Midlothian. This has resulted in a significant increase in distribution against that reported in quarter 1.	Number of Naloxone kits replenished by MELD, SMS and Peer Workers.	N/A	N/A	9	63	📈	⬆	**Q2 21/22:** Data only	
AHSC.P.7.2a	Expand the offer of buprenorphine prolonged release injections as part of Medication Assisted Treatment options.	**Q2 21/22:** On Target SMS Midlothian have instigated the delivery of Buprenorphine Injections as a widening of the availability and choice to people as part of the implementation of the National Medication Assisted Treatment Standards. The number of people taking up offer of buprenorphine prolonged release injections was 6.	Number of people taking up offer of buprenorphine prolonged release injections.	N/A	N/A	7	6	📈	⬇	**Q2 21/22:** Data only	
AHSC.P.7.3a	Deliver 'rapid access to prescribing and treatment' to help individuals who have dropped out of treatment re-engage.	**Q2 21/22:** On Target SMS Midlothian instigated an outreach model to those individuals who were most at risk both current patients in service and also offering support and treatment to those individuals identified through an outreach approach [who were not currently in service]. The number of people assisted in this way in Q2 was 6. This is over and above the patients normally seen	Number of people assisted via 'rapid access to prescribing and treatment'	N/A	N/A	11	6	📈	⬇	**Q2 21/22:** Data only	

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
		through other aspects of service delivery.									

08. Justice Service

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.8.1a	Further develop the No11 Practitioners Allocation Meeting to maximise the range of services offered to people involved in the justice service by working collaboratively with Health, Substance Misuse Services, Social Work, Housing and third sector agencies	**Q1 21/22:** Complete This service continues to provide bespoke packages of care to individuals being released from all HMP establishments. Partners are committed in their engagement and have signed the Information Sharing Protocol.	No 11 Allocation Meeting adapted to support individuals assessed suitable for the Alcohol Problem Solving Court.	N/A	N/A	Yes	Yes	✅	▬	**Q2 21/22:** Completed in Q1	Yes
AHSC.P.8.2a	Increase referrals through the Safe and Together approach for noncourt mandated domestic abuse perpetrators.	**Q2 21/22:** On Target The focus of this quarter has been to develop the strategic outcomes plan for the Safe and Together approach in Midlothian. A key performance indicator included in the plan is to increase referrals to Midlothian Families First, with the aim of achieving this through circulating the leaflet, offering services the opportunity to attend team meetings to promote the service and for all members of the implementation group to promote the service.	Number of individuals referred through the Safe and Together approach.	4	2	0	0	🛑	▬	**Q2 21/22:** Off Target Referrals to the service remain low but promotion of the service has continued to be a priority. Justice workers have attended team meetings for each service at No.11 and used this as an opportunity to share information about MFF; the leaflet and referral form have been shared across the council and with partners across the CJ working group, VAWG working group and the HSCP. Children and Families Social Work have invited a Justice Team Leader to attend their meetings to promote the service.	0

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
		There is increasing awareness of MFF across Midlothian but referrals to the service remain low.									
AHSC.P.8.3a	Develop a trauma informed service that focuses on tailored, structured intervention and access to wraparound services for men on Community Payback Order supervision.	**Q1 21/22:** Complete The inception of 'Stride' (men's service) has been a long process of consultation, research and considered design. The Men's Group will be facilitated by social workers (from Justice and the Substance Misuse Service) and peer support workers with lived experience. The expectation is that all men placed on a CPO will be considered for the Men's Service. It is hopeful that as the group develops, other external services that aim to promote better outcomes for men will become involved. Group work is likely to commence in August 21.	Stride - Service planned, designed and implemented.	N/A	N/A	80%	100%	✅	⬆	**Q2 21/22:** Complete Service planned and designed. Group work commenced in September and additional worker recruited to assist with group facilitation.	100%

09. Adult Support and Protection

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.9.1a	Raise awareness of self-neglect and hoarding.	**Q1 21/22:** Complete The Public Protection Office have devised an online	Number of self-neglect and hoarding referrals	5	1	0	0	📈	▬	**Q2 21/22:** Data only	

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
		survey for frontline staff to evaluate the usefulness of the self-neglect and hoarding protocol. This will provide data on the extent of the use of the protocol and any improvements required.	which resulted in an investigation.							8 referral received relating to self neglect but none resulted in an investigation.	

10. Adults with long term conditions, physical disabilities and sensory impairment

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.10.1a	Deliver weight management programmes to help address and prevent obesity and type 2 diabetes.	**Q2 21/22:** On Target Hybrid model up and running for delivery of face to face and digital for all programmes. WMS have secured digital devices for people referred so they are able to decide what options best suits their needs.	Number of people referred to Weight Management Triage.	190	86	138	132	✅	⬇	**Q2 21/22:** On Target	100
AHSC.P.10.2a	Improve awareness and understanding of sensory impairment among HSCP staff and partners by delivering training with RNIB and Deaf Action.	**Q2 21/22:** Off Target Limited progress has been made as a result of staff absence and a continued need to prioritise remobilisation of services post covid. Work has commenced with Sight Scotland to provide information sessions to staff in relation to the services they provide.	Number of training awareness sessions	0	0	0	0	✅	▬	**Q2 21/22:** On Target Annual target. Quarterly target n/a.	0

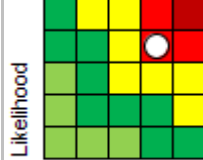| PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.10.3a	Encourage the need for early identification of housing needs and solutions by acting early and having the right housing conversation with individuals.	**Q2 21/22:** On Target 2 training sessions held within reporting period to staff across HSCP and Third Sector. Plan to review and update training module prior to planning of 2022 sessions and recruitment of additional trainers.	Number of housing solutions online training sessions (cumulative)	N/A	N/A	4	6	✅	⬆	**Q2 21/22:** On Target	2
AHSC.P.10.3b		**Q2 21/22:** On Target 2 training sessions held within reporting period to staff across HSCP and Third Sector. Plan to review and update training module prior to planning of 2022 sessions and recruitment of additional trainers.	Number of people who attended housing solutions training sessions (cumulative)	N/A	N/A	60	75	📊	⬆	**Q2 21/22:** Data only	
AHSC.P.10.4a	Support those living with, or previously affected by cancer to stay active by taking part in physical activity to help prevent and manage some of the effects of treatment.	**Q2 21/22:** On Target Referrals remain slow, however, 15 completed assessments during the period. Of these, 1 person referred into a physical activity service.	Number of referrals into Move More or equivalent physical activity referral programme from ICJ (Improving the Cancer Journey)	N/A	N/A	2	1	📊	⬇	**Q2 21/22:** Data only 5.3% referred into Physical Activity	
AHSC.P.10.4b		**Q2 21/22:** On Target Referrals remain slow, however, 15 completed assessments during the period. Of these, 1 person referred into a physical activity service.	% of the total participants in the physical activity programmes	N/A	N/A	1.77%	1.2%	📊	⬇	**Q2 21/22:** Data only 1.2% of total referrals.	
AHSC.P.10.5a	Collaborative approach to develop a pathway for people living with a neurological condition.	**Q2 21/22:** On Target Work is progressing. A workshop took place in September involving specialist, community and other services (statutory and third sector). Programme Lead appointed in September with person	Pathway activity development for 2021/22 completed for people living with a neurological condition.	N/A	N/A	5%	30%	✅	⬆	**Q2 21/22:** On Target	30%
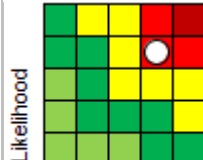
PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
		with lived experience part of the selection process and the workshop. Programme Lead starts mid-October with priorities for first three months already agreed – this includes work on third sector contract to support community engagement.									

11. Digital

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.11.2a	Lead on development of national technology enabled care project exploring frailty system of care.	**Q2 21/22:** On Target Project continues to progress within target timelines for the project. We are in a period of development – ideation and prototyping of ideas. We need to reconnect the project with operational managers internally.	Completion of phase 3 and 4 of the national technology enabled care project.	1	0.5	0.25	0.5	✅	⬆	**Q2 21/22:** On Target Phase 3 - 20% complete. Slow progress due to change in staff and needing to revisit problem definition. Phase 4 - Will commence end of calendar year/early 2022.	0.5
AHSC.P.11.1a	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.	**Q2 21/22:** Off Target Despite update last quarter, no progress made. Digital Services report NSS extremely busy with COVID related developments within the national infrastructure. Hope to use the Digital Governance group to start to drive progress.	Data exchange mechanism between the Council and NHS Lothian is in place.	N/A	N/A	No	No	🔴	▬	**Q2 21/22:** Off Target	Yes

PI Code	Priority/Action	Action Note	PI	2020/21	Q2 2020/21	Q1 2021/22	Q2 2021/22				Target
				Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.11.3a	Establish a mechanism that provides HSCP Senior Management oversight and proper business partner support within a governance framework for accountability to plan and deliver.	**Q2 21/22:** On Target New Digital Governance Group convened within the HSCP Governance Structure. Inaugural meeting was 24/05/2021. Terms of reference approved and will now work to develop a project pipeline.	Digital Governance Group established.	N/A	N/A	Yes	Yes	✅	▬	**Q2 21/22:** Achieved New Digital Governance Group convened within the HSCP Governance Structure. Inaugural meeting was 24/05/2021. Terms of reference approved and will now work to develop a project pipeline.	Yes
AHSC.P.11.3b		**Q2 21/22:** On Target New Digital Governance Group convened within the HSCP Governance Structure. Inaugural meeting was 24/05/2021. Terms of reference approved and will now work to develop a project pipeline.	Identified workstreams agreed	N/A	N/A	No	No	✅	▬	**Q2 21/22:** On Target	No

Adult Health and Social Care Service Risks

Midlothian

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01–05 Meeting growing demands with constrained /reduced budgets, especially from external funders.	01 - Eligibility criteria; fair access to care policy etc, 02 - Performance reporting 03 - Service transformation programme 04 - Capacity planning and commissioning LD and complex needs 05 - Monitoring and reporting waiting times 06 - Developing performance indicators for reviewing policy 07 - Monitoring performance to meet contractual requirements 08 - Budget monitoring	**Risk Cause:** Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget **Risk Event:** Change programme does not meet future years projected budget gaps **Risk Effect:** Inability to deliver against strategic priorities	🔶	In preparation for the 72 hour Delayed Discharge target the expansion of key services including Merrit intermediate care and re-ablement will be undertaken through the new Social Care Monies			16	Adult Health and Social Care
ASC.RR.01–17 COVID 19	1. Communication systems and processes have been put in place. 2. Daily conferences have been set up to appraise evolving situation. 3. COVID-19 Control Team established. 4. A system set up to share information through Directors to all Midlothian staff. 5. Signage on front door of all premises advising people not to enter any of our buildings if they are	There is a risk that Midlothian Health and Social Care Partnership suffer from severe disruption to providing services due to the Coronavirus pandemic (COVID-19). This may lead to: -shortages of staff due to contraction of COVID -additional workload for those staff still able to attend work -increased pressure on other parts of the health and social care system -reduction of care provided to patients due to reduced	🔶				16	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	suffering from COVID-19 symptoms. 6. Signage up across all buildings advising of good handwashing routines and the necessity of ensuring frequent handwashing taking place. 7. In reception areas staff have been provided with masks and alcohol gel. 8. Staff updated regularly on NHS Lothian and National Guidelines. 9. Resilience plans in place across the Partnership. 10. Staff briefings to discuss responses to COVID-19 have been actioned with a focus on personal resilience plans to ensure attendance at work. 11. Asked staff to consider unnecessary face to face contact with patients is replaced by telephone contact. 12. Homeworking in place where appropriate. 13. Absence reporting and monitoring in place highlighting COVID related absence. 14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.	staffing levels with a move to focus on essential work only -essential supplies may be difficult to source, resulting in reduced stocks.						

Adult, Social Care

Code	Title	2010/ 11 Value	2011/ 12 Value	2012/ 13 Value	2013/ 14 Value	2014/ 15 Value	2015/ 16 Value	2016/ 17 Value	2017/ 18 Value	2018/ 19 Value	2019/ 20 Value	External Comparison
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£19.11	£19.71	£14.17	£26.60	£31.10	£28.31	£25.79	£38.65	£35.75	£35.51	19/20 Rank 28 (Bottom Quartile) 18/19 Rank 27 (Bottom Quartile). 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 21 (Third Quartile). 15/16 Rank 25 (Bottom Quartile). 14/15 Rank 30 (Bottom Quartile).
SW2	Corporate Indicator - Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+ (LGBF)	2.76%	2.18%	2.4%	2.78%	2.69%	3.95%	6.11%	4.75%	4.51%	5.06%	19/20 Rank 15 (Second Quartile) 18/19 Rank 18 (Third Quartile). 17/18 Rank 13 (Second Quartile). 16/17 Rank 8 (Top Quartile). 15/16 Rank 13 (Second Quartile). 14/15 Rank 17 (Third Quartile).
SW3	Percentage of people aged 65 and over with long-term care needs receiving personal care at home (LGBF)	61.14 %	63.91 %	65.76 %	65.37 %	60.11 %	66.67 %	66.98 %	68.04 %	50.4%	54.09 %	19/20 Rank 29 (Bottom Quartile) 18/19 Rank 32 (Bottom Quartile). 17/18 Rank 5 (Top Quartile). 16/17 Rank 6 (Top Quartile). 15/16 Rank 9 (Second Quartile). 14/15 Rank 20 (Third Quartile).
SW4b	New - Percentage of adult supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (data based on respondents whose care was funded by the council or health board) (LGBF)					81.73 %	85.7%		73.05 %		67.57 %	19/20 Rank 32 (Bottom Quartile). 17/18 Rank 31 (Bottom Quartile). 15/16 Rank 15 (Second Quartile). 14/15 Rank 28 (Bottom Quartile)
SW4c	New - Percentage of adults supported at home who agree that they are supported to live as independently as possible (data based on respondents whose care was funded by the council or health board) (LGBF)				82.61 %		77.96 %		86.28 %		80.05 %	19/20 Rank 20 (Third Quartile). 17/18 Rank 3 (TOP Quartile). 15/16 Rank 30 (Bottom Quartile). 13/14 Rank 19 (Third Quartile).
SW4d	New - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (data based on respondents				84.9%		84.44 %		79.68 %		66.95 %	19/20 Rank 32 (Bottom Quartile). 17/18 Rank 6 (TOP Quartile). 15/16 Rank 1 (TOP Quartile). 14/15 Rank 8 (TOP Quartile)

Code	Title	2010/11 Value	2011/12 Value	2012/13 Value	2013/14 Value	2014/15 Value	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	External Comparison
	whose care was funded by the council or health board) (LGBF)											
SW4e	New - Percentage of carers who feel supported to continue in their caring role (data based on respondents whose care was funded by the council or health board) (LGBF)				44.48 %		39.43 %		32.1%		31.54 %	19/20 Rank 27 (Bottom Quartile). 17/18 Rank 31 (Bottom Quartile). 15/16 Rank 21 (Third Quartile). 13/14 Rank 11 (Second Quartile).
SW5	Corporate Indicator - The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)	£413.84	£443.52	£444.45	£438.45	£416.34	£428.43	£380.35	£435.00	£423.09	£453.58	19/20 Rank 21 (Third Quartile) 18/19 Rank 17 (Third Quartile). 17/18 Rank 19 (Third Quartile). 16/17 Rank 12 (Second Quartile). 15/16 Rank 19 (Third Quartile). 14/15 Rank 14 (Second Quartile).
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges (LGBF)	93.79	105.81	105.82	101.45	107.11	104.49	109.36	114.39	108.89	108.77	19/20 Rank 17 (Third Quartile) 18/19 Rank 20 (Third Quartile). 17/18 Rank 26 (Bottom Quartile). 16/17 Rank 24 (Third Quartile). 15/16 Rank 21 (Third Quartile). 14/15 Rank 27 (Bottom Quartile).
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (LGBF)		76.6%	80%	82.98 %	77.78 %	76.32 %	69.39 %	73.91 %	78.05 %	76.74 %	19/20 Rank 24 (Third Quartile) 18/19 Rank 25 (Bottom Quartile). 17/18 Rank 30 (Bottom Quartile). 16/17 Rank 31 (Bottom Quartile). 15/16 Rank 28 (Bottom Quartile). 14/15 Rank 21 (Third Quartile)
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) (LGBF)				917.12	1059.24	834.91	971.19	1422.02	1323.32	965.62	19/20 Rank 24 (Third Quartile) 18/19 Rank 29 (Bottom Quartile). 17/18 Rank 30 (Bottom Quartile). 16/17 Rank 23 (Third Quartile). 15/16 Rank 20 (Third Quartile). 14/15 Rank 24 (Third Quartile).

Children's Services

Code	Title	2010/11 Value	2011/12 Value	2012/13 Value	2013/14 Value	2014/15 Value	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	External Comparison
CHN17	Percentage of children meeting developmental milestones (LGBF)				83.84 %	87.73 %	89.22 %	91.48 %	93.65 %	92.12 %	93.02 %	19/20 Rank 4 (Top Quartile) 18/19 Rank 5 (Top Quartile) 17/18 Rank 2 (Top Quartile) 16/17 Rank 3 (Top Quartile) 15/16 Rank 4 (Top Quartile) 14/15 Rank 4 (Top Quartile)

Culture and Leisure

Code	Title	2010/11 Value	2011/12 Value	2012/13 Value	2013/14 Value	2014/15 Value	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	External Comparison
C&L1	Corporate Indicator - NET Cost per attendance at Sports facilities (LGBF)	£4.34	£2.93	£3.82	£3.11	£3.29	£3.68	£3.79	£4.50	£3.39	£3.12	19/20 Rank 22 (Third Quartile) 18/19 Rank 26 (Bottom Quartile). 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 23 (Bottom Quartile). 15/16 Rank 24 (Third Quartile). 14/15 Rank 19 (Third Quartile).