

## 01. Progress in delivery of strategic outcomes

The Midlothian Integration Joint Board (IJB) plan and direct delegated health and social care services for the people of Midlothian. Midlothian Health and Social Care Partnership (HSCP) oversees the delivery of all the services delegated to Midlothian IJB. The aim of integrated health and social care is for the people to experience more joined up treatment and care.

To achieve this, all the services within Midlothian HSCP must make progress towards the aims of Midlothian IJB Strategic Commissioning Plan, work alongside the Community Planning Partnership, and contribute to the strategic aims of both NHS Lothian and Midlothian Council.

### **Adult Social Care Services**

#### **What we do**

Adult Social Care services protect and improve the wellbeing of the people and communities of Midlothian. They help people get the support they need in the right place, and at the right time.

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

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

#### **How we do this**

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

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

### **Community Planning Partnership and the Single Midlothian Plan**

Adult Social Care contribute to the 'Single Midlothian Plan' to work with the Community Planning Partnership members to achieve more together than health and social care can do alone. We lead the 'Midlothian will be Healthier' thematic area with 4 multi-sector projects.

1. Midlothian Care and Support Community Co-operative
2. Falls prevention and support
3. Digital self-management platform
4. Early Identification and Support for People Living with Frailty

Adult Social Care is leading on the first of these projects to explore and define the demand for and the benefit of Midlothian Care and Support Community Co-operative that facilitates personalised support for carers, identifies local assets, and enhances local economic value.

Last year, 17% of carers did not feel they had a say in the services provided for the person they look after. This number rose to 31% for those caring for someone due to substance use. 38% of carers did not feel services were well coordinated and described additional stress caused by having to speak to several organisations to get support. Carers in Midlothian told us they would like to see more services in their local communities at a time that suits them and was provided in one place. We anticipate that a Community Cooperative will help carers find the right support, in the right place at the right time.

### **Third Sector**

The Scottish Government considers the Third Sector to be equal partners in health and social integration. There are at least 700 voluntary sector group and organisations in Midlothian, and 228 registered charities (voluntary organisations or community groups) who identify their main operating area to be Midlothian.

Midlothian Health and Social Care Partnership contracts services from approximately 40 organisations to support people and communities. This is approximately 33% of the total Adult Social Care budget. Third Sector Interfaces (TSIs) also play a key role. TSIs provide the third sector with a single point of access for support and advice.

### **Our services**

Adult Social Care covers a wide range of services. This plan brings together the priority actions of the 7 main areas that plan and deliver integrated care and support:

#### **- Adult Services**

This service includes Learning Disability, Physical Disabilities, Long Term Conditions and Sensory Impairment, Unpaid Carers, and Welfare Rights.

Our Learning Disability services work with approximately 450 people. In Q1, Over 100 people came along to the Beacon in Gorebridge on Wednesday 3rd May for a free and fun Health event for people with a Learning Disability and their carers. There were workshops, activities, and stalls with plenty of ideas and suggestions about how staying fit and healthy can really help people to lead a full and independent life.

Whilst the event concentrated on fun, with a smoothie bike and kic dancing session at lunchtime, the Fair emphasised serious underlying messages about how we can tackle the health inequalities experienced by people with a Learning Disability. This included the trial of a new accessible website to support informed decision making around attending screening, and advice on early detection of health issues, safe and healthy relationships, oral health, access to health services, vaccination, and exercise programmes that we can build into our daily routines.

The event was organised by the Health and Social Care Partnership in partnership with the Midlothian Learning Disability Providers' Forum, People First Midlothian, Midlothian Sport and Leisure, NHS Lothian, and the local area coordination service, and was part of 2023 Learning Disability Week.'

Challenges with Learning Disability services consistently focus on budgetary pressures. The IJB commissioned an external review of our services within the context of our budgetary pressures and this is due to report to the IJB in August 2023 (Q2) with recommendations. Ongoing challenges also remain regarding transitions of young people with disabilities into services and the lack of specialist care providers for some very complex packages of care. We are in the process of recruiting to a specific Transitions post that will work across Adults and Children's Services. We acknowledge through this that there is a need to improve the processes.

Q1 saw the start of a themed Care Inspectorate/HIS inspection of our services for people with Physical Disabilities, Long Term conditions and their carers. This will conclude in November/December 2023.

#### **- Older People**

This service includes Newbyres Care Village, Extra Care Housing, Older Peoples' Social Work, Older Peoples' OT, Care at Home, Rapid Response/MERRIT, Day Services, and Respite. For the purposes of this plan, Older Peoples Services includes Highbank Intermediate Care Facility and the InReach Social Work Team.

The Older Peoples' Service ensures that people over 65 receive person-centred care to live well in their community for as long as possible. This includes a range of service offers, support and equipment to help people live independently at home. These services provide support that often means people don't need to go to hospital, or supports people recover in their own home when they leave hospital.

Our services provide a combination of residential and non-residential care, both at home, in care homes, and in extra care housing. Some older people need more support to live at home. Our teams also provide social care support on discharge from hospital for all adults.

Our dedicated Inreach Social Work Team, who work to support assessment of those who have had a hospital admission, ensures quick timely access to assessment, care and advice for patients/client and carers/family around

future care needs and support to take forward when required care home choices. The main challenges within Midlothian are in relation to sufficient care home placements, with only 474 beds (both self funding and standard funded beds). This number of beds is below the national average against age demographic and means vacancies within Midlothian geography are limited – this presents the needs for families to think of placements out with Midlothian.

Highbank can provide rehabilitation for people who would benefit from additional support after leaving hospital. There are 40 beds in this facility. Q1 saw the phased reintroduction of respite provision at Highbank with an initial 2 beds opening for respite use. This will be monitored closely and the plan is to, over time, progress to 4 and then 6 beds. The challenge of reintroducing respite provision again, after the 3 years of no respite and the use of all 40 beds as intermediate care resource to support flow, is the loss of 6 beds for flow capacity. As we are moving into planning for winter pressures we need to monitor the impact of this so there is a balance between flow and capacity.

#### **- Justice Service and Protection**

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

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

Our Unpaid Work service works in partnership with Food Fact Friends in Penicuik have developed a re-distribution scheme for household furniture and white goods. Food Fact Friends have secured two years of storage space and Unpaid Work are regularly collecting furniture and white good donations from members of the public that would otherwise have ended in landfill. The purpose of the scheme is to allow immediate access to those in need to safe furniture and electronic goods like fridges and freezers rather than having to wait for grant applications to be considered and processed. To support the scheme Unpaid Work staff and clients renovate furniture and PAT test electrical items to ensure that they are safe to use. This project has had three benefits: 1) those in need have immediate access to goods 2) We are preventing items going to landfill 3) Clients are being upskilled in renovating furniture and also obtaining a PAT testing qualification.

Staffing can be challenging in Justice. In terms of staffing we lost two experienced social work staff. This has placed some pressure on the rest of the team whilst new staff were recruited. These new staff start on the 14<sup>th</sup> and 28<sup>th</sup> August 2023 which will restore the capacity of the Justice Service over what is traditionally a busy period for Justice work in Q2.

Social Workers in the Duty Team support people aged 16 and over with crisis interventions, urgent and planned assessments, development of adult care support plans, reviews, and short-term interventions.

The Adult Support and Protection (ASP) Team provides support and protection for people aged 16 and over who may be at risk of harm. The ASP Team uses the 'three-point test' to identify people who are:

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

The ASP Team works to keep people safe by considering all suspicions, disclosures or actual harm are acted upon. This helps us provide the right support to protect vulnerable adults in Midlothian, by developing outcome focused care plans.

The ASP Team continues to see a high demand (216 referrals in Q1, compared with 235 in Q1 of 2022/23). Whilst this demand is successfully and safely managed, it has prompted a look at how Adult Protection referrals are managed more generally and what support needs to be given to the small specialist team from the wider system within Adult Social Work. A trend of rising referrals will create significant challenges in a small area such as Midlothian.

#### **- Public Health**

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

### **- Mental Health and Substance Use**

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

Over Q1 the Dementia Team, which is an integrated Council and NHS Team, have been nominated for Team of the Year in the NHS Lothian Celebrating Success Awards (due to be held in September 2023). The Substance Use Service successfully implemented the first 5 Medication Assisted Treatment (MAT) Standards. These Standards are key drivers in the work to reduce drug deaths in Scotland.

Adult Mental Health services continue to provide robust care and treatment at home and bed performance remains under Midlothian's bed allocation at the Royal Edinburgh Hospital (ie. We use fewer bed than we are allocated). Q1 also saw an increase of 33 per cent compared to Q1 of 2022 for individuals accessing digital support through Midspace.

### **- Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP)**

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

### **- Learning and Development**

The Practice Learning and Development team design, develop and deliver training and learning opportunities across Midlothian HSCP and Council services. The team offers accredited Scottish Vocational Qualifications (SVQ) assessment across a number of subjects and supports apprenticeships.

In Q1, the Learning and Development Team had some significant successes:

- a higher number of staff engaging in a range of learning and development opportunities;
- 16 people undertaking Open University Social work modules;
- 8 staff undertaking postgraduate courses including leadership and management;
- 89 staff undertaking SVQ's at any one time across levels 2, 3 and 4.

A challenge has been the decrease in the uptake of staff attending training courses planned i.e. staff agreeing to the training course place and then not turning up due to operational pressures in their services. Work is underway to structure training courses in a more creative way (smaller groups, less time out of the workplace etc) to offset this.

## **02. Challenges and Risks**

We must develop a whole-system approach to service design and delivery. This relies on shared decision-making, and shared responsibility for outcomes that enable proactive and consistent approaches to performance and quality improvement.

We have recognised we must do more to support the workforce. This means investing in the wellbeing, training, and development of our workforce, including our third sector partners and unpaid carers.

We must continue to improve the coordination of care and find ways to share information between services. We will have to make better use of existing technologies and provide people with access to accurate information and services.

### **Our resources**

The budget for Adult Social Care Services is managed directly by the Midlothian Health and Social Care Partnership. Resources have been stretched due to salary increases for our staff and our commissioned services, and a larger population with more complex needs.

The challenge in recent years has been finding the right balance between meeting people's needs in times of crisis while also supporting people to take action to prevent ill or worsening health in the future. We know the whole population programmes of prevention and early intervention activity will reduce pressure on emergency services in the future. However, it can be difficult to distribute and prioritise resources that allow for more community services. This is because we need to keep people safe in times of crisis and this can be unpredictable.

All services have a duty to ensure we deliver Best Value. This means we ensure resources are well managed, to improve services, and deliver the best possible outcomes for people and communities.

### **Our workforce**

We must ensure we have the right staff, in the right place, at the right time. Good Workforce Planning will ensure that our workforce has the knowledge and skills to deliver health and care in the future. The Midlothian Health and Social Care Partnership Integrated Workforce Plan for 2022-2025 recognises local and national challenges and describes how we will respond.

Our workforce is our greatest asset. We must invest in developing a skilled, flexible, and adaptable workforce to support people and communities to achieve the outcomes that matter most to them. We must plan in partnership with other sectors to ensure we have an integrated workforce, fit for the future, that puts people at the heart of all we do.

We have highly skilled and experienced teams within Midlothian Adult Social Care. However, we face staff retention challenges, particularly in relation to Mental Health Officers. We are focusing on staff engagement and experience and increasing staff development opportunities. Succession planning will be supported by a new local Career Development Toolkit.

### **Our communities**

Midlothian is a great place to live, work, learn, and relax which all contribute to good health and wellbeing. This includes our green spaces, villages, towns, and the transport we need to move between them. Midlothian's population has grown every year since 2006. In 2018 there were 39,122 households in Midlothian. This is projected to reach 52,266 by 2040. In Midlothian, the proportion of people aged 75 and over is predicted to grow by over 40%. The number of people aged between of 30-59, and 0-15, has also increased.

Towns and communities in Midlothian are organised across 15 community council areas. More people live in Penicuik, Bonnyrigg and district, Mayfield and Easthouses and Dalkeith and district than other areas (2011 census). Information about each area can be found in the Midlothian profile 2022. Midlothian also has wide range of green spaces and wildlife habitats including one Local Nature Reserve; one Regional Park; four Country Parks and two Woodland Trust sites, with active transport links between places and to and from Edinburgh and other surrounding areas.

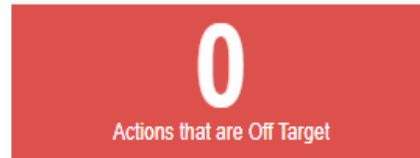
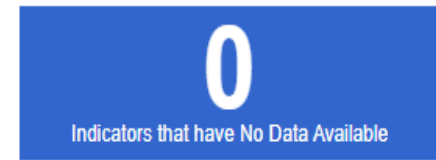
The Scottish Index of Multiple Deprivation (SIMD) is how the Scottish Government identifies deprivation in Scotland. SIMD data is organised into 10 data zones, from the most to the least deprived. In Midlothian, approximately 31,522 people live in a zone that is considered to be the most deprived. While not everyone living in a deprived area will experience high levels of deprivation, we know there is a link between deprivation and poorer health outcomes. This means people who live in the most deprived communities are more likely to die younger.

People living in the most deprived areas of Midlothian are 30% more likely to need a prescription for anxiety or depression, and 24% of children live in poverty. We know that families that include a person with a disability are more likely to be financially disadvantaged than other families.

The largest local employer is Midlothian Council. Other employers include public sector organisations, a mix of sole traders, micro enterprises, and small and medium-sized enterprises (SMEs). Over 50% of the working age population work in Edinburgh. There is a thriving local Third Sector, which is supported by the Third Sector Interface (TSI). There are at least 500 formal groups or voluntary associations and other community planning partners. It is estimated that approximately 56% of the population volunteer informally.

More information on the health and social care needs of the Midlothian adult population can be found in the Health and Social Care Partnership's Joint Strategic Needs Assessment.

## Quarter 1 - Adult Health and Social Care-



### Adult Health and Social Care INDICATORS Off Target



...	Code & Title	Gauge	Value	Target	Last Update	History
●	23/24.AHSC2.4b All Health and Social Care specific LearnPro modules with up to da...		No	Yes	Q1 2023/24	
●	23/24.AHSC3.2a Maintain or improve median wait time for OT waiting lists since pre...		20%	60%	Q1 2023/24	
●	ASC.SPSO.05.2 Percentage of complaints at stage 2 complete within 20 working days		75%	95%	Q1 2023/24	
●	AHSC.MPI.05 % of Service PIs that are on target/ have reached their target. (does n...		80%	90%	Q1 2023/24	
●	23/24.AHSC1.3b Number of completed Adult Carer Support plans by VOCAL (accu...		144	150	Q1 2023/24	
●	23/24.AHSC4.3b Percentage of people commence treatment within 21 days of referral		88.06%	90%	Q1 2023/24	

← 1 of 1 →





## Adult Health and Social Care PI summary



### 01. Manage budget effectively

Priorities	Indicator	2022/23	Q1 2022/23	Q1 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Status	Note	Short Trend			
01. Manage budget effectively	Performance against revenue budget	N/A	£59.284 m	£56.580 m		Q1 23/24: On target				



### 02. Manage stress and absence

Priorities	Indicator	2022/23	Q1 2022/23	Q1 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Status	Note	Short Trend			
02. Manage stress and absence	Average number of working days lost due to sickness absence (cumulative)	21.16	4.83	5.60		Q1 23/24: On Target		10.53	Number of days lost	3,269.04
									Number of FTE in service	583.77



### 03. Complete all service priorities

Priorities	Indicator	2022/23	Q1 2022/23	Q1 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Status	Note	Short Trend			
03. Complete all service priorities	% of service priority Actions on target / completed, of the total number	72.97%	91.89%	100%		Q1 23/24: On target		90%	NUMBER of service priority actions in total	16
									NUMBER of service priority actions on target / completed	16



### 04. Process invoices efficiently

Priorities	Indicator	2022/23	Q1 2022/23	Q1 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Status	Note	Short Trend			
04. Process invoices efficiently	% of invoices paid within 30 days of invoice receipt (cumulative)	97%	96%	98%		Q1 23/24: On Target		97%	Number of invoices received (cumulative)	370
									Number paid within 30 days (cumulative)	363



05. Improve PI performance

Priorities	Indicator	2022/23	Q1 2022/23	Q1 2023/24				Annual Target 2023/24	Feeder Data	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)	70.45%	92.86%	80%		<b>Q1 23/24:</b> Off target Four Indicators measures quarterly 'off target' at time or reporting.		90%	Number on tgt/complete or Data Only	16
										Number of PI's in total

06. Control Risk

Priorities	Indicator	2022/23	Q1 2022/23	Q1 2023/24				Annual Target 2023/24	Feeder Data	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%		<b>Q1 23/24:</b> The HSCP Integration Manager and the HSCP Chief Allied Health Professional are currently implementing the Governance and Assurance Framework across all Group Services within the HSCP. This includes a full review of all processes for risk identification and escalation. This will inform the processes for understanding and reporting of risk through Pentana.		100%	Number of high risks reviewed in the last quarter	0

07. Implement Improvement Plans

Priorities	Indicator	2022/23	Q1 2022/23	Q1 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Status	Note	Short Trend			
07. Implement Improvement Plans	% of internal/external audit actions progressing on target or complete this quarter.	100%	80%	100%		<b>Q1 23/24:</b> On Target		90%	Number of internal/external audit actions on target or complete	15



# Adult Health and Social Care Complaints Indicator Summary

## 4. Outcomes and Customer Feedback - Commitment to valuing Complaints

Indicator	2022/23	Q1 2022/23	Q1 2023/24				Annual Target 2023/24
	Value	Value	Value	Status	Note	Short Trend	
Number of complaints received (quarterly)	75	15	20		Q1 23/24: Data only	↓	
Number of complaints closed in the year	65	14	19		Q1 23/24: Data only	↑	
Number of complaints upheld (quarterly)	4	0	4		Q1 23/24: Data only	↑	
Number of complaints partially upheld (quarterly)	5	0	3		Q1 23/24: Data only	↑	
Number of complaints not upheld (quarterly)	40	13	7		Q1 23/24: Data only	↓	
Number of complaints Resolved (quarterly)	11	1	5		Q1 23/24: Data only	↑	
Average time in working days to respond to complaints at stage 1	5.11	7.9	2.85		Q1 23/24: On Target	↑	5
Average time in working days to respond to complaints at stage 2	14.6	19.67	15.75		Q1 23/24: On Target	↑	20
Average time in working days for a full response for escalated complaints	0	20	11.5		Q1 23/24: On Target	↓	20
Percentage of complaints at stage 1 complete within 5 working days	77.78%	70%	100%		Q1 23/24: On Target	↑	95%
Percentage of complaints at stage 2 complete within 20 working days	73.33%	33.33%	75%		Q1 23/24: Off Target This breach reflects the increased complexity of the complaints being managed within Adult Social Care, alongside the system-wide service pressures.	▬	95%
Percentage of complaints escalated and complete within 20 working days	100%	100%	100%		Q1 23/24: On Target	▬	95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	10	4	0		Q1 23/24: Data only	▬	
Number of Compliments	3	2	1		Q1 23/24: Data only	↑	

# Adult Social Care Performance















## 1. Prevention

PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC1.1a	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and supported to effectively participate.	<b>Q1 23/24:</b> On Target At the end of Q1 there were 290 CPOs in place. This does not equate to 290 individuals as it is possible for an individual to be subject to more than 1 concurrent CPO if they have been convicted of different offences, or indeed consecutive CPOs if they have had numerous court appearances. AS of 27/7/23 there 91% of CPOs are being active. This number is not dynamic as there can be multiple reasons for an individual choosing to dis-engage with an order. Staff within the Justice Team will be flexible when seeking to engage individuals, taking a person centred and trauma informed approach; this is line with effective practice	% of people subject to a Community Payback Order and effectively participate.	91%			<b>Q1 23/24:</b> Data only		



PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
		research. However, a CPO is an order of the Court and it is critical that we manage these orders responsibly if we are to maintain the confidence of sentencers and the general public. Therefore, disciplinary action, including returning the order to court for breach action, is taken when necessary. During the breach process we will continue to seek to engage with individuals and there can be re-engagement with the conditions of the order. In these circumstances the Court would take this information into consideration when reaching a decision on how to sentence the person for the breach of the order.							
23/24.AH SC1.1b	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and supported to effectively participate.	<b>Q1 23/24:</b> On Target At the end of Q1 there were 290 CPOs in place. This does not equate to 290 individuals as it is possible for an individual to be subject to more than 1 concurrent CPO if they have been convicted of different offences, or indeed consecutive CPOs if they have had numerous court appearances. AS of 27/7/23 there 91% of CPOs are being active. This number is not dynamic as there can be multiple reasons for an individual choosing to dis-engage with an order. Staff within the Justice Team will be flexible when seeking to	Successful completion rate of Community Payback Orders is maintained at or above the national average.	Not measured for Quarters				74%	

PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
		engage individuals, taking a person centred and trauma informed approach; this is line with effective practice research. However a CPO is an order of the Court and it is critical that we manage these orders responsibly if we are to maintain the confidence of sentencers and the general public. Therefore disciplinary action, including returning the order to court for breach action, is taken when necessary. During the breach process we will continue to seek to engage with individuals and there can be re-engagement with the conditions of the order. In these circumstances the Court would take this information into consideration when reaching a decision on how to sentence the person for the breach of the order.							
23/24.AH SC1.2a	Evidence improvements in population health by expanding integrated working with key strategic partners to develop change.	<b>Q1 23/24:</b> On target Public health continues to work with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes.	Increased number of strategic partners	Not measured for Quarters				Yes	
23/24.AH SC1.2b		<b>Q1 23/24:</b> On target Public health continues to work with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes.	Improvement is evident in population health data	Not measured for Quarters				Yes	

PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC1.3a	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	<b>Q1 23/24:</b> On Target Collation of Duty Social Work baseline data. Duty Social Work Feedback Form for Unpaid Carers in the process of being established. It is anticipated this will be in place by the end of August 2023.	Percentage of people making contact with Duty Social Work Team who are identified as unpaid carers and documented within Mosaic.	10%			<b>Q1 23/24:</b> Data only Within the quarter there were a total of 58 referrals received with the contact reason bring noted as 'Carer Stress'. 10% of these referrals were dealt with by staff within the duty social work team.		
23/24.AH SC1.3b		<b>Q1 23/24:</b> On Target Collation of Duty Social Work baseline data. Duty Social Work Feedback Form for Unpaid Carers in the process of being established. It is anticipated this will be in place by the end of August 2023.	Number of completed Adult Carer Support plans by VOCAL (accumulative)	144			<b>Q1 23/24:</b> Off target Slight downturn this quarter. Whilst just slightly below the target, it is acknowledged that there needs to be a greater focus on supporting unpaid carers. The Duty Social Work Team is small and has had some turnover of staff. There are long standing management challenges in the Team related to sickness absence that are in the process of being resolved. Measures taken to improve performance include moving a Team Manager temporarily to the service to cover sickness absence and ensuring that all new (and existing) staff are aware of this performance measure and the need to ensure unpaid carers are supported. It is anticipated that the roll out of the aforementioned form will assist.	600	150
23/24.AH SC1.3c		<b>Q1 23/24:</b> On Target Collation of Duty Social Work baseline data. Duty Social Work Feedback Form for Unpaid Carers in the process of being established. It is anticipated this will be in place by the end of August 2023.	Number of completed Adult Carer Support plans by HSCP (accumulative)	36			<b>Q1 23/24:</b> On target	80	20





PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC1.3d	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	<b>Q1 23/24:</b> On Target Collation of Duty Social Work baseline data. Duty Social Work Feedback Form for Unpaid Carers in the process of being established. It is anticipated this will be in place by the end of August 2023.	% of HSCP Adult Carer Support plans assessed by the Duty Team	44%			<b>Q1 23/24:</b> Data only During the quarter social work provided 36 Adult Carer Support Plans and 44% of these were put in place by the Duty team.		
23/24.AH SC1.4a	All Mental Health teams use of a variety of digital models	<b>Q1 23/24:</b> On target	Number of digital models being used	33			<b>Q1 23/24:</b> Data only		
23/24.AH SC1.4b	to adopt a@ supported self-management approach	<b>Q1 23/24:</b> On target	% increase in the number of people who access MidSpace	33%			<b>Q1 23/24:</b> On target	10%	10%





## 2. Understanding changing needs

PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC2.1a	All services will explore, define and implement a mechanism to capture experience information of those using health and social care	<b>Q1 23/24:</b> On target Progress to date:-  A local feedback questionnaire has been devised for, and the Care Opinion independent feedback website will be promoted for people using and/or affected by the Highbank respite service.  Occupational Therapy and Physical Disabilities service has introduced a paper and electronic feedback form for people to undertake when their involvement with the Service is complete. To date	Number of service areas with a functioning feedback mechanism.	3			<b>Q1 23/24:</b> On Target	7	2

PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
		<p>100% of the people who have completed this said they felt listened to, and 93% of people felt that the service had improved their quality of life. The Service is also starting to identify if we have achieved the outcomes people were hoping for. At present there is a 75% positive outcome rate.</p> <p>This summer MELDAP are carrying out a consultation process with people with lived and living experience, carers/families, members of the public, services and partners. This will include noting their priorities in relation to prevention/children/families services, treatment service and recovery orientated provision.</p>							
23/24.AH SC2.2a	Reintroduce and evaluate the effectiveness of a new model of respite at Highbank Intermediate Care Facility that meets changing needs of people who require support and their unpaid carers	<b>Q1 23/24:</b> On target Planning is well underway. Review of the draft MHSCP Respite and Short Breaks Policy undertaken this quarter It is anticipated that respite will begin at the end of August 2023.	Highbank bed occupancy (both available beds and occupied beds)	Not measured for Quarters				4	
23/24.AH SC2.2b		<b>Q1 23/24:</b> On target Planning is well underway. Review of the draft MHSCP Respite and Short Breaks Policy undertaken this quarter It is anticipated that respite will begin at the end of August 2023.	Percentage number of unpaid carers reporting positive experience.	Not measured for Quarters				100%	







PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC2.2c	Reintroduce and evaluate the effectiveness of a new model of respite at Highbank Intermediate Care Facility that meets changing needs of people who require support and their unpaid carers	<b>Q1 23/24:</b> On target Planning is well underway. Review of the draft MHSCP Respite and Short Breaks Policy undertaken this quarter It is anticipated that respite will begin at the end of August 2023.	Number of people receiving respite who have the opportunity to complete Emotional Touchpoints activity	Not measured for Quarters				100	
23/24.AH SC2.3a	The InReach team will establish a mechanism to extract data to inform the breakdown of service processes to identify areas for improvement.	<b>Q1 23/24:</b> On target The service is in the process of understanding the workflows and information to build an appropriate automated report.	Time from referral to allocation	Not measured for Quarters					
23/24.AH SC2.3b		<b>Q1 23/24:</b> On target The service is in the process of understanding the workflows and information to build an appropriate automated report.	Time from allocation to completion of assessment	Not measured for Quarters					
23/24.AH SC2.3c		<b>Q1 23/24:</b> On target The service is in the process of understanding the workflows and information to build an appropriate automated report.	Time from assessment to outcome	Not measured for Quarters					
23/24.AH SC2.4a	Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.	<b>Q1 23/24:</b> On target	Percentage of Health and Social Care specific LearnPro modules working / accessible that relate to registered professional practice.	100%			<b>Q1 23/24:</b> On Target All Health & Social Care modules working.	100%	100%
23/24.AH SC2.4b		<b>Q1 23/24:</b> On target	All Health and Social Care specific LearnPro modules with up to date content that relate to registered professional practice	No			<b>Q1 23/24:</b> Off Target Two modules need to be updated but these are being worked on and should be completed in the next few week.	Yes	Yes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC2.4c	Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.	<b>Q1 23/24:</b> On target	Establish the mechanism to report accurately on staff completion rate.	Not measured for Quarters				Yes	
23/24.AH SC2.5a	Complete a service review of MERRIT to improve staff wellbeing and increase sustainability	<b>Q1 23/24:</b> On target The service has identified current rotas aren't cost effective and placing pressure on staff. We met with staff, trades unions and staff-side representation to discuss solutions. New rotas have been proposed to support the provision of the same level of service. Staff will be transferred to the new rotas as appropriate, following agreement during Q2.	% of staff working on new rota	0%			<b>Q1 23/24:</b> Data only		
23/24.AH SC2.5b		<b>Q1 23/24:</b> On target The service has identified current rotas aren't cost effective and placing pressure on staff. We met with staff, trades unions and staff-side representation to discuss solutions. New rotas have been proposed to support the provision of the same level of service. Staff will be transferred to the new rotas as appropriate, following agreement during Q2.	Maintain or improve percentage of employee engagement index score (iMatter)	80%			<b>Q1 23/24:</b> On target Current iMatter score	78%	78%

### 3. Effective, efficient and quality (Best Value)







PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC3.1a	Explore and design a model of who system support for unpaid carers from the point of Planned Date of Discharge	<p><b>Q1 23/24:</b> On target  <u>Design support pathway:-</u>                      Progress has been impacted by ongoing Joint Inspection work involving HSCP staff and Third Sector commissioned partners (including VOCAL). In the coming period, aim to initiate discussions/mapping/planning, establishing stakeholders, services, processes and timescales involved in the discharge process. Potential for connection to VOCAL Capacity – Partnerships &amp; Employers work being taken forward with Carers Act funding support. This work aims to re establish referral pathways and connections.  <u>Establish monthly activity numbers:-</u> Delay in progress due to Inspection process. In next period aim to work with VOCAL (Carer Support provider) to develop mechanisms to support the recording and capture of this data. Currently the Carer Support contract does not specify a Hospital Inreach/Discharge Carer Support Practitioner role (though VOCAL do have a member of staff attached to this work). Explore with VOCAL opportunities to undertake this work through the developing VOCAL Capacity – Partnerships &amp; Employers role, supported by Carers Act funding.</p>	Design a support pathway for unpaid carers of people in hospital with a Planned Date of Discharge	Not measured for Quarters				Yes	

PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC3.1b	Explore and design a model of who system support for unpaid carers from the point of Planned Date of Discharge	<p><b>Q1 23/24:</b> On target</p> <p><u>Design support pathway:-</u> Progress has been impacted by ongoing Joint Inspection work involving HSCP staff and Third Sector commissioned partners (including VOCAL). In the coming period, aim to initiate discussions/mapping/planning, establishing stakeholders, services, processes and timescales involved in the discharge process. Potential for connection to VOCAL Capacity – Partnerships &amp; Employers work being taken forward with Carers Act funding support. This work aims to re establish referral pathways and connections.</p> <p><u>Establish monthly activity numbers:-</u> Delay in progress due to Inspection process. In next period aim to work with VOCAL (Carer Support provider) to develop mechanisms to support the recording and capture of this data. Currently the Carer Support contract does not specify a Hospital Inreach/Discharge Carer Support Practitioner role (though VOCAL do have a member of staff attached to this work). Explore with VOCAL opportunities to undertake this work through the developing VOCAL Capacity – Partnerships &amp; Employers role, supported by Carers Act funding</p>	Establish monthly activity numbers for referrals to VOCAL for unpaid carers of people in hospital with a Planned Date of Discharge.	Not measured for Quarters				Yes	

PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC3.2a	People who are referred to Occupational Therapy are assessed in a timely manner.	<b>Q1 23/24:</b> On target Work is actively being undertaken to improve wait times across the service with weekly monitoring arrangements in place.	Maintain or improve median wait time for OT waiting lists since previous quarter.	20%			<b>Q1 23/24:</b> Off target Monitoring and improvement activity in progress Measures being taken to improve performance are as follows: <ul style="list-style-type: none"> <li>• 4 weekly supervision to monitor staff case loads more proactively (ie. A greater emphasis on performance);</li> <li>• Dynamic management review of waiting lists and priorities;</li> <li>• Support to staff in relation to time management;</li> <li>• A more proactive approach to engaging with referrers at the point of referral – in some cases this results in more appropriate signposting or advice and can negate the need for further involvement</li> </ul>	60%	60%
23/24.AH SC3.3a		<b>Q1 23/24:</b> On Target Evident improvement across three of the social work waiting lists since the previous quarter.	Maintain or improve median wait time for Social Work waiting lists since previous quarter.	60%			<b>Q1 23/24:</b> On target	60%	60%
23/24.AH SC3.4a	All services to consider and demonstrate Best Value with evidence-based data and meet cost efficiency targets	<b>Q1 23/24:</b> On target All HSCP services have submitted Service Plans and identified areas where cost efficiencies could be met. These plans are regularly reviewed at the HSCP Midlothian Finance and Performance Group.	Meet Mental Health Officer service budget.	Not measured for Quarters				Yes	
23/24.AH SC3.4b	All services to consider and demonstrate Best Value with evidence-based data and meet cost efficiency targets	<b>Q1 23/24:</b> On target All HSCP services have submitted Service Plans and identified areas where cost efficiencies could be met. These plans are regularly reviewed at the HSCP Midlothian Finance and Performance Group.	Meet Mental Health Officer service cost efficiency target.	Not measured for Quarters				Yes	

#### 4. Improving Outcomes - socioeconomic, health and wellbeing, personal outcomes


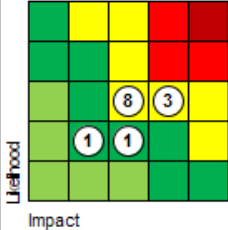
PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC4.1a	Every service are will be using the OutNav software and have completed a heat map and first full draft of the complete framework	<b>Q1 23/24:</b> On target Work continues to support services areas to onboard to OutNav. This process has been complicated by ongoing service pressures and competing demands. This is a new methodology that asks services to think about data in new ways and requires time for learning and reflection. A programme of support is in place with an onboarding plan to support each area to be using OutNav and have a full reporting by January 2024. At Q1 3 service areas are using OutNav and 3 heat maps developed.	Number of service areas using OutNav.	Not measured for Quarters				7	
23/24.AH SC4.1b		<b>Q1 23/24:</b> On target Work continues to support services areas to onboard to OutNav. This process has been complicated by ongoing service pressures and competing demands. This is a new methodology that asks services to think about data in new ways and requires time for learning and reflection. A programme of support is in place with an onboarding plan to support each area to be using OutNav and have a full reporting by January 2024. At Q1 3 service areas are using OutNav and 3 heat maps developed.	Number of heat maps.	Not measured for Quarters				7	
23/24.AH SC4.1c	Every service are will be using the OutNav software and have completed a heat map and first full draft of the complete framework	<b>Q1 23/24:</b> On target Work continues to support services areas to onboard to OutNav. This process has been complicated by ongoing service pressures and competing demands. This is a new methodology that asks services to think about data in new ways and requires time for learning and reflection. A programme of support is in place with an onboarding plan to support each area to be using OutNav and have a full reporting by January 2024. At Q1 3 service areas are using OutNav and 3 heat maps developed.	Number of full drafts of completed framework.	Not measured for Quarters				7	


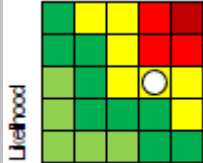
PI Code	Priority/Action	Action Note	PI	Q1 2023/24				Annual Target 2023/24	Target
				Value	Status	Short Trend	Note		
23/24.AH SC4.2a	People with a Learning Disability are able to look after and improve their health and wellbeing and live in good health for longer	<b>Q1 23/24:</b> On target Service user survey to be progressed in Q3. Annual PI targets will be determined as part of the design phase.	Number of people with a Learning Disability who require support from services in Midlothian.	409			<b>Q1 23/24:</b> Data only		
23/24.AH SC4.2b		<b>Q1 23/24:</b> On target Service user survey to be progressed in Q3. Annual PI targets will be determined as part of the design phase.	Number of surveys sent out	Not measured for Quarters					
23/24.AH SC4.2c		<b>Q1 23/24:</b> On target Service user survey to be progressed in Q3. Annual PI targets will be determined as part of the design phase.	Return rate of survey.	Not measured for Quarters					
23/24.AH SC4.3a	Medication Assisted Treatment (MAT) Standards for Scotland - Improved access, choice & support	<b>Q1 23/24:</b> On target focus of developments so far has been to address opioid dependence, however the standards aim to support system improvements for all drug related problems. Achievements to date for MAT 1-5: 1] Improved waiting times performance. 2] Same day start for people seeking OST [Opiate Substitute Therapies]. 3] Increased choice of medication with service delivering Buprenorphine as well as other opiate substitute therapies. 4] Assertive outreach to people who have experienced NFO with range of interventions including support into treatment offered. 5] Improved range of harm reduction interventions delivered at same location. 6] Ongoing support including links to third sector partners and recovery community to help people remain in treatment for as long as possible.	Number of MAT standard RAG rating as Green	5			<b>Q1 23/24:</b> On Target	10	4
23/24.AH SC4.3b			Percentage of people commence treatment within 21 days of referral	88.06%			<b>Q1 23/24:</b> Off Target Current challenges with vacancies. Recruitment ongoing. The vacancies are nursing vacancies so not Social Work staff. Part of the issue is that all areas are currently recruiting and there is a limited supply of appropriate staff available. We have already moved some activity to our Third Sector partners and performance has improved. We are looking at whether we can recalibrate our skills mix but the reality is that we need nursing staff. The situation is an improving one in Q2.	90%	90%

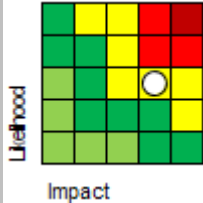
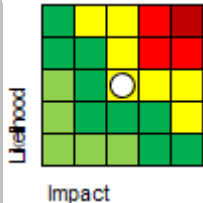



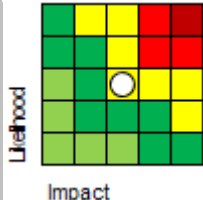

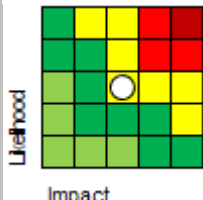
# Adult Health and Social Care Service Risks




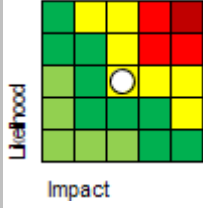

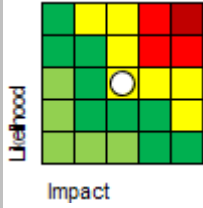
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01 Adult and Social Care Service		<p>This is a Head of Service operational risk register which should set a risk appetite for risks/threats within the services run. Some are 'generic' and may be found in all HOS's risk registers e.g. Fraud, Waste and Error. It has been agreed that the risk register should only list operational risks that are above a risk appetite (residual risk). Once risks are reduced to low risk they can be sidetracked. Emerging risks of any consequence should be registered immediately. This risk register should correlate with the 'Successes/Challenges' part of the Quarterly Performance Report. Each risk must have an original/inherent risk score, a current risk score, a target risk (appetite) score and a target date for low risk achievement. Each quarter a latest note should be placed</p>				 <p>The Risk Matrix is a 5x5 grid with 'Likelihood' on the vertical axis and 'Impact' on the horizontal axis. The grid is color-coded: Green (Low), Yellow (Medium), and Red (High). The scores are: 8 (Yellow, High Impact), 3 (Yellow, Medium-High Impact), 1 (Green, Low Impact), and 1 (Green, Low-Medium Impact).</p>		Adult Health and Social Care


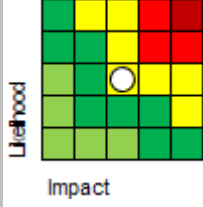

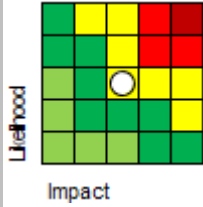

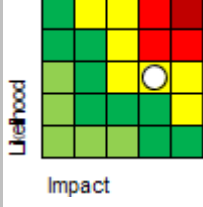
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
		against each risk, projecting the future. Internal Controls should also be reviewed as to their effectiveness. The Heat Map below gives an indication of the level of risk within the service.						
ASC.RR.01-01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services	01 - Service level agreements and contracts 02 - Quality assurance officers monitoring of care homes and home care provision 03 - Large scale investigation protocol involving multi-agency investigation of risk of harm within services and risk management planning. 04 - Monitoring of Care Inspectorate Reports and reporting performance across the sector including exception reports. 05 - Quarterly care home, care at home and day care providers forum to ensure good communication and partnership working with commissioned services 06 - Service Managers role with responsibility for monitoring of commissioned services 07 - Ensuring regular review of cases in accordance with level of	<p><b>Risk Cause:</b> Providers have a lack of capacity to deliver contracted service</p> <p><b>Risk Event:</b> Shortfall in service volume and or quality</p> <p><b>Risk Effect:</b> Delivering poor quality care that places service users at risk of harm. Unable to meet the increasing demands for provision particularly in relation to care at home. Ceasing trading due to financial difficulties creating risks around service provision for large groups of very vulnerable people.</p>		<p>A review of the continuing difficulties in the provision of services by one of the Care at Home providers is being undertaken to determine whether a new Provider should be commissioned</p> <p>Workforce Plan is being developed to address long term sustainability of services. This work includes the involvement of MVA, Council and NHS Lothian.</p>		 <p>Likelihood</p> <p>Impact</p>	12	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
	risk and designated team leader responsibilities. 08 - Commissioning processes to ensure robust decision-making.							
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	<p><b>Risk Cause:</b> Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget</p> <p><b>Risk Event:</b> Change programme does not meet future years projected budget gaps</p> <p><b>Risk Effect:</b> Inability to deliver against strategic priorities</p>	▲	In preparation for the 72 hour Delayed Discharge target the expansion of key services including Merrit intermediate care and reablement will be undertaken through the new Social Care Monies			12	Adult Health and Social Care
ASC.RR.01-06 Capacity of communities to meet changing requirements of them to support social inclusion within local communities	01 - Role of MVA in supporting the voluntary sector 02 - Voluntary Sector Compact agreement 03 - Day Opportunities Review for Older people 04 - Day Service Modernisation Programme LD 05 - Change fund programme 06 - FSF Programme 07 - Developing capacity of Community Councils	<p>In the current financial climate service users and family carers will become increasing dependent on support from local communities to ensure that their needs for meaningful activities and social interaction are met. Significant investment of resources and skills will be required to ensure that communities are able to respond to these needs.</p> <p><b>Risk Cause:</b></p>	▲				9	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
	08 - Neighbourhood planning 09 - Community planning processes	<b>Risk Event:</b> <b>Risk Effect:</b>						
ASC.RR.01-07 Property risks in terms of maximising the property asset to the benefit of service delivery and accessibility including DDA compliance	01 - Regular dialogue with Asset Management re needs of service. 02 - Divisional Business Continuity Plan advises on crises management situations. 03 - Development of community assets through regeneration 04- Strategic Capital Programme Board 05- Development of IJB Property Strategy	<b>Risk Cause:</b> Insufficient Capital Resources. <b>Risk Event:</b> Failure to maintain and modernise existing building stock <b>Risk Effect:</b> People are supported in environments of poor quality					9	Adult Health and Social Care
ASC.RR.01-08 Harm by offenders to members of the public	01 - Risk management authority for serious violent and sex offenders is now established and is able to provide guidance. 02 - Various risk assessment tools and associated training mandatory for relevant Criminal Justice staff. 03 - Partnership working with other agencies around the management of risk in individual cases well established. 04 - Standards forms and procedures for staff to follow with relevant training.	This is the risk of despite having comprehensive procedures and systems in place but one offender may commit a serious crime, causing harm to a member of the public and the council reputation damage. Risk Score likely to remain medium (low likelihood but high impact = medium). <b>Risk Cause:</b> Offender committing a serious crime <b>Risk Event:</b> Offence incident occurs.					9	Adult Health and Social Care


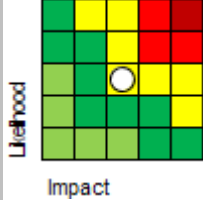

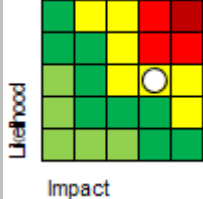
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	05 - Multi-agency Risk Panels (MARP) meet monthly 06 - MAPPA which is a process for managing Registered Sex Offenders . 07 - Integration of group work programme with probation supervision 08 - Monitoring of staff compliance with National Outcomes and Standards through client review system. 09 - Access to Visor database of sex offenders linked to MAPPA. 10 - Offender Management Group established	<b>Risk Effect:</b> Harm to member of the public Reputational damage to the Council						
ASC.RR.01-09 Adult Protection	01 - Public Protection Committee 02 - Adult Protection Procedures 03 - Large scale investigation protocol 04 - IRD Review Group established (and links with the Police) 05 - Adult protection training programme 06 - Case file governance arrangements 07 - Adult Protection Lead Officer 08 - Training Programme	<b>Risk Cause:</b> Failure to identify the risk to the individual. Failure of adult protection procedures when invoked to adequately assess and manage the risk.  <b>Risk Event:</b> Adult at risk of harm.  <b>Risk Effect:</b> Reputational Damage to the Council. Harm to vulnerable service user.	▲				9	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
	09 - Development of Adult Protection Team within Fieldwork							
ASC.RR.01-10 Capacity to manage scale of transformational change	01 - Project management approach adhered to 02 - Business Transformation Board and reporting arrangements. 03 - New posts to support implementation of IRF, Dementia Demonstrator site and Change Fund 04 - Support for service review from Business Transformation Section. 05 - Project Plans agreed. 06 - 2 new Project Officers	A major programme of service review and transformation is currently underway. Failure to manage this programme will lead to risks in not achieving coherent arrangements for the continuing delivery of sustainable public services in the new financial climate.  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>		Business Transformation is supporting the transformation of Learning Disability services . Additional capacity is also being put in place to support the redesign of Highbank and the relocation of services from Liberton Hospital.			9	Adult Health and Social Care
ASC.RR.01-13 Capacity of Workforce	01- Workforce Plan 02- Learning and Development Team	<b>Risk Cause:</b> Employees not suitably trained/development for the roles required of them. Challenges around maximising attendance Limited availability of staff in certain sectors Ageing workforce  <b>Risk Event:</b> Inadequate staffing levels/skills.  <b>Risk Effect:</b> Low morale. Inability to deliver services.		In recognition of the changing role of Newbyres and in response to the recent internal review a new staffing structure has been developed.			9	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
ASC.RR.01-14 Information Management and Data Protection	01 - Action Plan to improve information management and data protection. This is being controlled through covalent.	All Heads of Service are mandated to monitor compliance with the Data Protection Act.  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>		Data sharing  The framework system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal.			9	Adult Health and Social Care
ASC.RR.01-16 Legislative requirement for health and community care to integrate	01 - Business Transformation Board and an NHS Lothian Project Group regularly review progress with arrangements in Midlothian 02 - NHS Lothian and Midlothian Council have both conducted Internal Audit reviews 03- The Joint Management Team chaired by the Joint Director maintains an overview of the implementation of the new arrangements	This is viewed as a major change that will require huge investment in time and buy-in from stakeholders  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>					9	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	There is a risk that due to the ongoing pandemic, Midlothian Health and Social Care Partnership may suffer from continued disruption in providing services: This may lead to: -shortages of staff due to contraction of COVID or being identified as a close contact					12	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
	<p>Directors to all Midlothian staff.</p> <p>5. Signage on front door of all premises advising people not to enter any of our buildings if they are suffering from COVID-19 symptoms.</p> <p>6. Signage up across all buildings advising of good handwashing routines and the necessity of ensuring frequent handwashing taking place.</p> <p>7. In reception areas staff have been provided with masks and alcohol gel.</p> <p>8. Staff updated regularly on NHS Lothian and National Guidelines.</p> <p>9. Resilience plans in place across the Partnership.</p> <p>10. Staff briefings to discuss responses to COVID-19 have been actioned with a focus on personal resilience plans to ensure attendance at work.</p> <p>11. Asked staff to consider unnecessary face to face contact with patients is replaced by telephone contact.</p> <p>12. Homeworking in place where appropriate.</p> <p>13. Absence reporting and monitoring in place</p>	<p>-additional workload for those staff still able to attend work</p> <p>-increased pressure on other parts of the health and social care system</p> <p>-reduction of care provided to patients due to reduced staffing levels with a move to focus on essential work only</p>						

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	highlighting COVID related absence. 14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.							
CCP08-CSP.08 Community Safety & Justice – Negative media impact	- Other communications plans in place e.g. MAPPA - Communication monitored	Risk that negative media coverage impacts on community safety & justice communication and engagement activity  <b>Risk Cause:</b> Communication with the public could be poor or an event or incident has negative outcome. <b>Risk Event:</b> Failure to have in place a robust Communications Strategy and scenario planning <b>Risk Effect:</b> Potential for tremendous effort but without knowing whether the effort has been successful against negative effects.					9	Adult Health and Social Care
SRP.RR.07 Care at Home	1. Care at Home winter assurance plan and business continuity plan complete 2. Development of Care at Home Service Improvement action plan near completion	<b>Risk cause</b> Internal and External providers of Care at Home services unable to meet service and quality requirements as a result of a lack of capacity.		Independent review of adult and social care	<b>Q3 22/23:</b> COSLA and Social Work Scotland have formally requested a pause on the NCS Bill.		12	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
	3. External commissioning complete and ongoing contract monitoring in place 4. External provider audits complete 5. Re-established Multi-Agency Quality in Care at Home quarterly review meetings jointly with East Lothian 6. Weekly provider meetings in place 7. Additional locum team members and contracts with agency staff in place 8. Daily discharge meeting with Multidisciplinary and Multi-agency team planning to plan and coordinate discharge to ensure care at home support in place	<p><b>Risk event</b> Capacity of Community Support outstripped by demand.</p> <p><b>Risk effect</b> There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked, and elective operations potentially being cancelled.</p>						

# Published Local Government Benchmarking Framework

## Adult Social Care



Adult, Social Care									
Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	External Comparison
		Value	Value	Value	Value	Value	Value	Value	
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£29.61	£27.04	£40.53	£37.62	£20.57	£26.12	£27.88	21/22 Rank 15 (Second Quartile) 20/21 Rank 11 (Second Quartile) 19/20 Rank 6 (Top Quartile) 18/19 Rank 27 (Bottom Quartile). 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 21 (Third Quartile).
SW2	Corporate Indicator -self-directed support	3.95%	6.11%	4.75%	4.49%	5.06%	4.32%	4.41%	21/22 Rank 21 (Third Quartile) 20/21 Rank 21 (Third Quartile) 19/20 Rank 16 (Second Quartile) 18/19 Rank 18 (Third Quartile). 17/18 Rank 13 (Second Quartile). 16/17 Rank 8 (Top Quartile).
SW3	Percentage of people aged 65 and over with long-term care needs receiving personal care at home (LGBF)	66.67%	66.98%	68.04%	50.4%	52.54%	53.6%	58.93%	21/22 Rank 22 (Third Quartile) 20/21 Rank 29 (Bottom Quartile) 19/20 Rank 32 (Bottom Quartile) 18/19 Rank 32 (Bottom Quartile). 17/18 Rank 5 (Top Quartile). 16/17 Rank 6 (Top 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)	85.7%		73.05%		67.57%	N/A	80.57%	21/22 Rank 10 (Second Quartile) 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)	77.96%		86.28%		80.05%	N/A	73.44%	21/22 Rank 25 (Bottom Quartile) 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	84.44%		79.68%		66.95%	N/A	70.46%	21/22 Rank 19 (Third Quartile) 19/20 Rank 32 (Bottom Quartile). 17/18 Rank 6 (TOP Quartile).

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	External Comparison
		Value	Value	Value	Value	Value	Value	Value	
	whose care was funded by the council or health board) (LGBF)								15/16 Rank 1 (TOP Quartile). 14/15 Rank 8 (TOP Quartile)
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)	39.43%		32.1%		31.54%	N/A	27.36%	21/22 Rank 26 (Bottom Quartile). 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)	£566.70	£559.76	£621.35	£611.36	£593.65	£603.71	£816.86	21/22 Rank 19 (Third Quartile) 20/21 Rank 17 (Third Quartile) 19/20 Rank 19 (Third Quartile) 18/19 Rank 20 (Third Quartile). 17/18 Rank 19 (Third Quartile). 16/17 Rank 12 (Second Quartile).
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges (LGBF)	104.49	109.36	114.39	108.89	108.77	125.67	111.09	21/22 Rank 17 (Third Quartile) 20/21 Rank 22 (Third Quartile) 19/20 Rank 17 (Third Quartile) 18/19 Rank 20 (Third Quartile). 17/18 Rank 26 (Bottom Quartile). 16/17 Rank 24 (Third Quartile).
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (LGBF)	84.96%	75.68%	89%	87.04%	83.33%	81.5%	78%	21/22 Rank 20 (Third Quartile) 20/21 Rank 24 (Third Quartile) 19/20 Rank 18 (Third Quartile) 18/19 Rank 7 (Top Quartile). 17/18 Rank 7 (Top Quartile). 16/17 Rank 29 (Bottom Quartile).
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) (LGBF)	834.91	971.19	1422.02	1323.32	965.62	665.47	504.01	21/22 Rank 13 (Second Quartile) 20/21 Rank 26 (Bottom Quartile) 19/20 Rank 24 (Third Quartile) 18/19 Rank 29 (Bottom Quartile). 17/18 Rank 30 (Bottom Quartile). 16/17 Rank 23 (Third Quartile).

## Children's Services

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	External Comparison
		Value	Value	Value	Value	Value	Value	Value	
CHN17	Percentage of children meeting developmental milestones (LGBF)	89.22%	91.48%	93.65%	92.13%	93.02%	90.95%	87.07%	20/21 Rank 4 (Top Quartile) 19/20 Rank 4 (Top Quartile) 18/19 Rank 5 (Top Quartile) 17/18 Rank 2 (Top Quartile) 16/17 Rank 3 (Top Quartile)

## Culture and Leisure

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	External Comparison
		Value	Value	Value	Value	Value	Value	Value	
C&L1	Corporate Indicator - NET Cost per attendance at Sports facilities (LGBF)	£3.85	£3.97	£4.72	£3.65	£3.29	£94.22	£34.41	21/22 Rank 32 (Bottom Quartile) 20/21 Rank 27 (Bottom Quartile) 19/20 Rank 22 (Third Quartile) 18/19 Rank 26 (Bottom Quartile). 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 23 (Third Quartile).
C&L5d	Corporate Indicator - Percentage of adults satisfied with leisure facilities (LGBF)	73.67%	74%	74.33%	70.87%	63.2%	60.2%		20/21 Rank 30 (Bottom Quartile) 19/20 Rank 29 (Bottom Quartile) 18/19 Rank 18 (Third Quartile). 17/18 Rank 16 (Second Quartile). 16/17 Rank 19 (Third Quartile). 15/16 Rank 25 (Bottom Quartile). 14/15 Rank 21 (Third Quartile).