

# Adult Health and Social Care Performance Report 2023/24 – Quarter 2



## 01. Progress in delivery of strategic outcomes

### Q2 23/24: (Jul/Aug/Sept)

#### **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.

This report brings together the priority actions of the seven main areas that plan and deliver integrated care and support:

- Adult Services
- Older People
- Justice Service and Protection
- Public Health
- Mental Health and Substance Use
- Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP)
- Learning and Development.

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.

This quarterly update is provided in alignment with the four key themes of Service Actions & Indicators:

- . Prevention
- . Understanding Changing Needs
- . Effective, efficient and quality (Best Value)
- . Improving Outcomes - socioeconomic, health and wellbeing, personal outcomes.

#### **Prevention**

Prevention is a key role of services within the HSCP. Social Work services in particular work with our most vulnerable populations and are crucial to ensuring people remain safe and well. Public protection is prominent and is key to what social workers do.

Duty Social Work aim to provide unpaid carers with timely support and interventions and continue to complete Adult Carer Support plans, which play a vital role in reducing the risk or associated impact of crisis.

We operate an assertive outreach model within Substance Use Services to reduce harm and drug and alcohol related deaths. The service offers a multi-disciplinary working model blending social workers and nurses. Practically, the model involves engagements at No.11, our recovery hub, as well as home visits and appointments elsewhere. Whilst drug-related deaths are a complex issue, the model adopted in Midlothian did have some impact in reducing numbers in 2022 to 4 (from 23 in 2021).

Midlothian has a successful mental health model that ensures the use of mental health beds is below the rest of Lothian. To illustrate, Midlothian has an allocation of 8 acute mental health beds at the Royal Edinburgh Hospital and we have consistently underused these in 2022 and 2023 – averaging approximately 6 beds (75% occupancy). This is testament to the strong community model that aims to ensure mentally unwell people are maintained at home for

as long as possible and, for those who are admitted, discharged home with strong support as early as is deemed safe. To put into context, the Royal Edinburgh Hospital generally operates at a capacity in excess of 95% most days.

We have a range of supports for people with dementia most notably Post-Diagnostic Support Workers who link in with people and their families in their first 12 months following diagnosis and they provide both practical and emotional support.

Justice services risk manage a range of cases on a daily basis. This dynamic risk management approach prevents further harm occurring.

#### Understanding Changing Needs

All services are working towards the establishment of feedback mechanisms to ensure that service planning and delivery meet the needs of people and communities.

A local feedback questionnaire has been developed, and is now in place, and ready to use with Highbank respite users. 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. Through the use of Outnav, responses from service users to our feedback form and collation of emails from people we have supported we are gathering more information to evidence that people engaging with our Service feel listened to and are treated with dignity and respect. People are letting us know that when we are able to work together, that even a small piece of equipment or change to their home environment can make a huge difference to the quality of their life.

This summer MELDAP carried out a consultation process with people with lived and living experience, carers/families, members of the public, services and partners. This included noting their priorities in relation to prevention / children / families services, treatment service and recovery orientated provision.

Duty Social Work Team introduced a paper and electronic feedback form that is initially sent out to those identified as Unpaid Carers. This commenced on 1/9/23.

Whilst most of these initiatives have positive aspirations, it is too early to evaluate the majority of them for positive impact.

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

Q2 saw a significant focus on Financial Recovery Planning, and the August meeting of the Midlothian HSCP Finance and Performance Group was dedicated to the presentation and discussion of Financial Recovery templates. Services were required to present their Recovery Templates to set out the financial position, key pressures, recovery plan and further mitigation actions.

Staffing and recruitment pressures remain in high volume services such as Care at Home and Newbyers Care Village. Sickness rates have remained high in both services and mitigating actions continue to be progressed with the support of HR.

Learning Disability Day Services continue to be impacted following Covid and plans have been put in place to increase capacity.

Work is needed regarding Old Age Days Services to ensure both best value and that need is fully met. A full review of the contractual arrangements is being planned.

Pressures remain on the Learning Disability Resource Panel budget and work is underway to both analyse this and take recovery actions. The challenge is that need and acuity remains high. As an illustration, 20 people account for 25% of the overall expenditure.

We are looking to identify how we quality assure our internal services more effectively and there are aspirations to create a Quality Assurance Team to do this. This would align quality assurance and quality improvement work with Care Inspectorate criteria so would also have the benefit of assisting with the preparation for inspection. It is acknowledged that this area for development and a gap currently.

Waiting times for Social Work and Occupational Therapy assessments remained off target in Q2. Remedial action has continued to reduce these but some staffing challenges are impacting on this. A review of Social Work and Occupational Therapy is planned with a view to reducing the number of small teams and therefore waiting lists and, medium term, there needs to be a more effective way of managing front door activity which should reduce waiting times.

The newly established Social Work Assurance Group (SWAG) has established a layer of governance for Social Work and Social Care services across Adults and Childrens' Services and is Chaired by the Chief Social Work Officer. It considers all inspection reports and other work and monitors and evaluates action plans. Whilst only recently established, SWAG has already provided a degree of governance that did not exist previously in a systematic form.

We have a range of action plans currently in place, most notably for Newbyers and Care at Home but we are also developing one for Adult Support and Protection in anticipation of an inspection and there will be an action plan required on the back of the Physical Disabilities inspection by the Care Inspectorate,

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

The HSCP is currently developing its approach to outcomes and has purchased the OutNav tool from Matter of Focus. It is currently too early to ascertain the effectiveness of this but there is a strong commitment from the HSCP to having a more systemic approach to outcomes as it is acknowledged that this has been a gap.

The Community Justice Outcome Improvement Plan (CJOIP) has been approved and we are working on the actions agreed in the plan. During Q2 the Community Justice Service was onboarded to OutNav, the digital platform used to capture contributions and report on progress towards improved outcomes at personal, service and strategic levels.

Funding has been received and various projects predominately in the third sector will be funded (this is currently awaiting procurement sign-off). These projects will help the people of Mayfield and Easthouses to have more access to healthy food options, keep physically active.

Work continues to support the development and implementation of the Self Directed Support agenda and this agenda has particular traction historically in the areas of learning disabilities and physical disabilities.

Research continues to show that community based sentences are more effective in reducing offending than short prison sentences; they enable those convicted of offences to retain connections with local supports and family relationships. Community Payback Orders (CPO) have a number of requirements but Supervision and/or an Unpaid Work or Other Activity Requirement are those most often used by the Courts.

Impact of being on CPO with a Supervision Requirement: Research indicates that a strong therapeutic alliance between a person and their practitioner is a key factor in the success of an intervention. We collate feedback from the individuals that we work with as this enables us to work collaboratively and to improve service delivery. The feedback from service users reflects this; even when the actions of the service user required the practitioner to return the order to court in breach.

How unpaid work benefits communities and those on a CPO with Unpaid Work or Other Activity: In the reporting year the Unpaid Work team completed 278 projects which benefited 221 people. We collated feedback from beneficiaries at the end of a project and 100% of respondents reported that the quality of the work was good (3%) or excellent (97%). From the feedback provided by individuals on an order, 100% of those who completed unpaid work or other activity advised that they learnt new skills and had been able to make reparation for their offending behaviour.

Whilst we are looking to capture outcomes data more effectively using OutNav, as highlighted elsewhere, there is some clear evidence that our work in the areas of Mental Health and Substance Use have clear positive outcomes. For example, the "under use" of allocated Mental Health beds indicates positive outcomes for people.

#### **Areas of focus**

The joint inspection of adult services with a focus on people with physical disabilities, long term conditions and their unpaid carers is progressing. In July, the partnership submitted our 'Position Statement' which sought to benchmark our activity against the five quality indicators outlined by the Care Inspectorate and Health Improvement Scotland. Narrative and evidential documents were provided to support statements relating to how the partnership is evidencing outcomes, commissioning services and developing key processes to support people accessing our

services to have positive experiences. In parallel with the partnership's written contribution, the Care Inspectorate and Health Improvement Scotland have completed their initial stage of engagement with people and their carers and have subsequently identified a number of initial themes and lines of enquiry. These findings alongside the evidence within the Position Statement and the recently completed record reading formed the basis for the staff scrutiny focus groups and the discussions with individuals who access our physical disability services. This second phase of engagement activity took place during September, the findings of which will form the bases of the formal inspection report due for publication at the end of November 2023.

In August of this year, the Minister for Social Care, Mental Wellbeing and Sport, Maree Todd MSP wrote to update on the Adult Support and Protection Joint Inspection Programme. The Care Inspectorate will be revisiting the six adult protection partnership who were subject to ASP inspection activity in 2017/18. This means that Midlothian H&SCP will be subject to an ASP inspection, most likely in the second quarter of 2024. Preparation for this strategic inspection will include commencing a Board involving all relevant partners (Police Scotland, NHS Lothian and Midlothian H&SCP) and reviewing our benchmarking activity against the recommendations from the 2017/18 inspection report. A communication strategy around the activity will be issued in due course.

A review of the Adult Community Care Team was carried out in 2017, when a generic fieldwork team was disbanded in favour of specialist teams. It was proposed that the arrangements would be reviewed in a timely manner. Unfortunately, this work was postponed due to the Covid-19 pandemic. This review now requires to be actioned. Further, there is recognition from senior managers of the need to provide governance and assurance around social work services (children and adults) which led to the establishment of Social Work Assurance and Governance Group (SWAG) in June 2023. This group is chaired by the Chief Social Work Officer and will provide the structure and guidance for a review of social work services. We know that Social Work services are under significant pressure meeting growing demand and increased complexity, meaning it is imperative that the HSCP prepares itself strategically and operationally for the future. The National Care Service Bill and recent strategic inspection activity (currently Physical Disabilities and pending Adult Support and Protection) will result in the need to devise and execute improvement plans that will not sit in isolation of other services areas. There is therefore a need to coordinate recommendations across adult social work services whilst ensuring an ongoing self-evaluation programme. A methodology, consultation and communication plan is currently being devised that will clearly outline the programme of work underpinning this scoping exercise.

## 02. Challenges and Risks

### Q2 23/24:

#### **Challenges and Risks**

We continue to invest in the wellbeing, training, and development of our workforce, including our third sector partners and unpaid carers. We also have ongoing challenges in rolling out our trauma-informed approaches to all aspects of the HSCP. There are some areas of very proactive practice but there are other areas who have had less exposure to trauma-informed approaches.

Whilst our digital agenda is gaining prominence, 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.

There remains a degree of uncertainty in relation to the National Care Service, but services continue to prepare and as highlighted above, there are plans to review our Social Work services.

There remains a risk in relation to some areas with regards vacancies and also sickness absence as previously highlighted. Whilst managers are working hard to ensure processes are robustly followed, it remains the case that some areas have stubbornly high sickness absence rates. We continue to look at supporting staff with our Wellbeing offer and we also continue to roll out our communication and engagement work.

#### **Our workforce**

We are undertaking a full review and evaluation of the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules. The aim is for all Health and Social Care specific LearnPro modules to:

- . include up to date content that relates to registered professional practice,
- . be fully working and accessible.

Continued pressures of vacancies and difficulties in recruitment and retention has resulted in an existing workforce with increased sickness absence. Managers are continuing to work hard to support staff to access the range of wellbeing initiatives being offered across the Partnership. This includes emotional, physical, financial and learning support services as highlighted within the Midlothian Health & Wellbeing Directory.

The impact of these workforce challenges can be seen across a number of service areas. Due to staff shortages the Physical Disability Service is also absorbing Learning Disability Occupational Therapy referrals as well, with a resulting negative impact on waiting lists.

Annual Leave throughout the summer period and unexpected sickness absence resulted in the Social Work workforce being reduced by 40% for one month of this quarter.

### **Our communities**

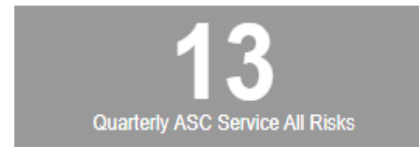
In early 2023, the Midlothian Council Planning Team contacted some service areas within Midlothian Health and Social Care Partnership (HSCP) to request evidence for inclusion in the Midlothian Local Development Plan 2 (MLDP2) Evidence Report. This report must provide evidence in relation to growth arising from requirements placed on Midlothian Council by Midlothian Local Development Plan (2017) and Scottish Government National Planning Framework 4 (NPF4). This includes an approximate minimum of 12,500 new homes are expected and required in Midlothian between 2022 and 2036.

In June 2023, the Planning Team contacted the Chair of the Strategic Planning Group (SPG) to request support in gathering a comprehensive range of evidence across all delegated services. The planning team were invited to the Strategic Planning Group (SPG) to discuss the scale of growth and evidence required from the Health and Social Care Partnership (HSCP) to ensure consideration was given to planning for appropriate service and infrastructure growth. This meeting was held on 7th July 2023 and included an extended invitation to all Integration Joint Board Members to attend.

As a result of the meeting, the Strategic Planning Group (SPG) agreed to convene a Planning and Transformation session and Short Life Working Group (SLWG) to plan and retrieve relevant information and data evidence to describe the likely impact of 12,500 houses in Midlothian by 2036. This session was held on 9th August 2023 where the Planning, Performance and Programme Team presented initial thoughts on a consistent approach to discussion capacity and projected demand, Heads of Service and Professional Leads committed to collate and share an agreed set of service capacity and workforce metrics, alongside the Business Team reviewing the building and infrastructure projections.

This data was collated and reviewed by the SLWG on 31st August with further review at the Midlothian HSCP Senior Management Team on 11th September. Specialist input from the Business team was requested on 1st September and will be added to this return when received, for submission to the Midlothian Council Planning Team.

## Quarter 2 - Adult Health and Social Care-



Adult Health and Social Care INDICATORS Off Target						
Code & Title	Gauge	Value	Target	Last Update	History	
23/24.AHSC3.2a Maintain or improve median wait time for OT waiting lists since pre...		20%	60%	Q2 2023/24		
ASC.SPSO.05.2 Percentage of complaints at stage 2 complete within 20 working days		50%	95%	Q2 2023/24		
23/24.AHSC3.3a Maintain or improve median wait time for Social Work waiting lists ...		40%	60%	Q2 2023/24		
AHSC.MPI.02 Average number of working days lost due to sickness absence (cumul...		13.19	10.53	Q2 2023/24		
23/24.AHSC1.3b Number of completed Adult Carer Support plans by VOCAL (accu...		257	300	Q2 2023/24		
AHSC.MPI.05 % of Service PIs that are on target/ have reached their target. (does n...		85%	90%	Q2 2023/24		
ASC.SPSO.05.3 Percentage of complaints escalated and complete within 20 workin...		90%	95%	Q2 2023/24		
AHSC.MPI.03 % of service priority Actions on target / completed, of the total number		87.5%	90%	Q2 2023/24		

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# Adult Health and Social Care PI summary

## 01. Manage budget effectively

Priorities	Indicator	2022/23	Q2 2022/23	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Status	Note	Short Trend			
01. Manage budget effectively	Performance against revenue budget	N/A	£59.258m	£56.580m	£56.538m		Q2 23/24: On Target				

## 02. Manage stress and absence

Priorities	Indicator	2022/23	Q2 2022/23	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Feeder Data	Value
		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	10.56	5.60	13.19		Q2 23/24: Off target Continued pressures of vacancies and difficulties in recruitment and retention has resulted in an existing workforce with increased sickness absence. Managers are continuing to work hard to support staff to access the range of wellbeing initiatives being offered across the Partnership. This includes emotional, physical, financial and learning support services as highlighted within the Midlothian Health & Wellbeing Directory.		10.53	Number of days lost	6,703.25
										Number of FTE in service	508.31

## 03. Complete all service priorities

Priorities	Indicator	2022/23	Q2 2022/23	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Feeder Data	Value
		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%	89.19%	100%	87.5%		Q2 23/24: Off target 2 service actions relating to wait times identified as off target: Commentary contained within this report.		90%	NUMBER of service priority actions in total	16
										NUMBER of service priority actions on target / completed	14



#### 04. Process invoices efficiently

Priorities	Indicator	2022/23	Q2 2022/23	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Feeder Data	Value
		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%	99%		<b>Q2 23/24:</b> On Target		97%	Number of invoices received (cumulative)	754
											Number paid within 30 days (cumulative)

#### 05. Improve PI performance

Priorities	Indicator	2022/23	Q2 2022/23	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	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)	70.45 %	88.1%	80%	85%		<b>Q2 23/24:</b> Off target Three Indicators measured quarterly 'off target' at time or reporting.		90%	Number on tgt/complete or Data Only	17
											Number of PI's in total

#### 06. Control Risk

Priorities	Indicator	2022/23	Q2 2022/23	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	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%		<b>Q2 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
											Number of risks that are graded as high

#### 07. Implement Improvement Plans

Priorities	Indicator	2022/23	Q2 2022/23	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	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.	100%	100%	100%	93.33 %		<b>Q2 23/24:</b> On target		90%	Number of internal/external audit actions on target or complete	14
											Total number of internal/external audit actions



# Adult Health and Social Care Complaints Indicator Summary

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

Indicator	2022/23	Q2 2022/23	Q1 2023/24	Q2 2023/24				Annual Target 2023/24
	Value	Value	Value	Value	Status	Note	Short Trend	
Number of complaints received (quarterly)	75	21	20	33		Q2 23/24: Data only		
Number of complaints closed in the year	65	17	19	29		Q2 23/24: Data only		
Number of complaints upheld (quarterly)	4	0	4	7		Q2 23/24: Data only		
Number of complaints partially upheld (quarterly)	5	2	3	6		Q2 23/24: Data only		
Number of complaints not upheld (quarterly)	40	10	7	12		Q2 23/24: Data only		
Number of complaints Resolved (quarterly)	11	5	5	4		Q2 23/24: Data only		
Average time in working days to respond to complaints at stage 1	5.11	4.14	2.85	1.88		Q2 23/24: On target		5
Average time in working days to respond to complaints at stage 2	14.6	9.33	15.75	19.5		Q2 23/24: On target		20
Average time in working days for a full response for escalated complaints	0	0	11.5	13		Q2 23/24: On target		20
Percentage of complaints at stage 1 complete within 5 working days	77.78%	85.71%	100%	100%		Q2 23/24: On target		95%
Percentage of complaints at stage 2 complete within 20 working days	73.33%	100%	75%	50%		Q2 23/24: Off target Q2 performance has been negatively affected by the 65% increase in complaints received this quarter. Work is underway to explore this increase in greater detail. Please note Sport & Leisure moved to the Place Directorate partway through Q2, although their complaints have been included within the HSCP numbers for the whole quarter. Pentana will be updated accordingly from Q3.		95%
Percentage of complaints escalated and complete within 20 working days	100%	100%	100%	90%		Q2 23/24: Off target Performance has dropped slightly from the Q1 position. Performance has been negatively affected by the 65% increase in complaints received this quarter. Work is underway to explore this increase in greater detail. Please note that Sport & Leisure moved to the Place Directorate partway through Q2, although their complaints have been included within the HSCP numbers for the whole quarter. Pentana will be updated accordingly from Q3.		95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	10	2	0	2		Q2 23/24: Data only		
Number of Compliments	3	0	1	3		Q2 23/24: Data only		

# Adult Social Care Performance



## 1. Prevention





PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	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.	<p><b>Q2 23/24:</b> On target At the end of Q2 there were 302 CPOs in place. This does not equate to 302 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.</p> <p>As of the end the reporting period there was a total of 23 individuals in breach of their orders and not engaging in voluntary contact. These matters are currently being addressed through formal Court processes. Without doing more intense investigations it is not possible to state how many</p>	% of people subject to a Community Payback Order and effectively participate.	91%	92%			<b>Q2 23/24:</b> Data only		

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		<p>orders these individuals were subject to. However based on numbers alone (302 'orders and 23 'orders' being in breach) approx. 92% of CPOs are being active.</p> <p>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 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.</p>								
23/24.AH SC1.1b	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and supported to effectively participate.	<p><b>Q2 23/24:</b> On target At the end of Q2 there were 302 CPOs in place. This does not equate to 302 individuals as it is possible for an individual to be subject to more than 1 concurrent</p>	Successful completion rate of Community Payback Orders is maintained at or above the national average.	Not measured for Quarters	Not measured for Quarters				74%	







PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		<p>CPO if they have been convicted of different offences, or indeed consecutive CPOs if they have had numerous court appearances.</p> <p>As of the end the reporting period there was a total of 23 individuals in breach of their orders and not engaging in voluntary contact. These matters are currently being addressed through formal Court processes. Without doing more intense investigations it is not possible to state how many orders these individuals were subject to. However based on numbers alone (302 'orders and 23 'orders' being in breach) approx. 92% of CPOs are being active.</p> <p>Staff within the Justice Team will be flexible when seeking to engage individuals, taking a person centred and trauma informed approach; this is in 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</p>								

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		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.	<p><b>Q2 23/24:</b> On target Public health continue to work with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes as detailed below:-</p> <ul style="list-style-type: none"> <li>- The health inclusion team has provided 103 people with a health assessment since April 2023.</li> <li>- The Community Justice Outcome Improvement Plan has been approved and we are working on the actions agreed in the plan.</li> <li>- Member of Short Life Working Group (suicide prevention) which is developing the strategy and ensuring that population approaches are taken.</li> <li>- Whole Systems Approach to Type II diabetes: Funding has been received, various projects predominately in 3rd sector will be funded. Currently awaiting procurement sign off. These projects will help the people of Mayfield and Easthouses</li> </ul>	Increased number of strategic partners	Not measured for Quarters	Not measured for Quarters				Yes	



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		<p>to have more access to healthy food options, keep physically active and have more money in their pockets.</p> <ul style="list-style-type: none"> <li>-Green Health Prescriptions offering a pathway to link to local green health providers offering a wide variety of activities suitable for many health conditions.</li> <li>- Focus on Medication Assisted Treatment (MAT) standards implementation progress and recent annual data on drug related deaths.</li> <li>- Joint Strategic Needs Assessment.</li> <li>- Trauma Informed Training</li> </ul>								
23/24.AH SC1.2b	Evidence improvements in population health by expanding integrated working with key strategic partners to develop change.	<p><b>Q2 23/24:</b> On target Public health continue to work with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes as detailed below:-</p> <ul style="list-style-type: none"> <li>- The health inclusion team has provided 103 people with a health assessment since April 2023.</li> <li>- The Community Justice Outcome Improvement Plan has been approved and we are working on the actions agreed in the plan.</li> <li>- Member of Short Life Working Group (suicide prevention) which is developing the strategy and ensuring that population approaches are taken.</li> <li>- Whole Systems Approach to Type II diabetes: Funding</li> </ul>	Improvement is evident in population health data	Not measured for Quarters	Not measured for Quarters				Yes	

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		has been received, various projects predominately in 3rd sector will be funded. Currently awaiting procurement sign off. These projects will help the people of Mayfield and Easthouses to have more access to healthy food options, keep physically active and have more money in their pockets. -Green Health Prescriptions offering a pathway to link to local green health providers offering a wide variety of activities suitable for many health conditions. - Focus on Medication Assisted Treatment (MAT) standards implementation progress and recent annual data on drug related deaths. - Joint Strategic Needs Assessment. - Trauma Informed Training								
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>Q2 23/24:</b> On target Duty Social Work Feedback Form for Unpaid Carers has been in place since 1st September 2023.	Percentage of people making contact with Duty Social Work Team who are identified as unpaid carers and documented within Mosaic.	10%	12%			<b>Q2 23/24:</b> Data only Within the quarter there were a total of 50 referrals received with the contact reason bring noted as 'Carer Stress'. 12% of these referrals were dealt with by staff within the duty social work team.		
23/24.AH SC1.3b	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	<b>Q2 23/24:</b> On target Duty Social Work Feedback Form for Unpaid Carers has been in place since 1st September 2023.	Number of completed Adult Carer Support plans by VOCAL (accumulative)	144	257			<b>Q2 23/24:</b> Off target Q2 uptake may have be impacted by the school summer holidays (parent carers), staff holidays and also overlap with the Midlothian Carer Survey submission period. Whilst below the target, it is acknowledged 81 ACSPs offered this quarter by	600	300







PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target	
				Value	Value	Status	Short Trend	Note			
									VOCAL were not taken forward as the carer either had a support plan, or expressed that they do not wish to take one forward at this time.		
23/24.AH SC1.3c	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	<b>Q2 23/24:</b> On target Duty Social Work Feedback Form for Unpaid Carers has been in place since 1st September 2023.	Number of completed Adult Carer Support plans by HSCP (accumulative)	36	82			<b>Q2 23/24:</b> On target	80	40	
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>Q2 23/24:</b> On target Duty Social Work Feedback Form for Unpaid Carers has been in place since 1st September 2023.	% of HSCP Adult Carer Support plans assessed by the Duty Team	42%	20%			<b>Q2 23/24:</b> Data only During the quarter social work provided 46 Adult Carer Support Plans and 20% 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 to adopt a@ supported self-management approach	<b>Q2 23/24:</b> On target All services continue to promote self management by , informing, sign posting and encourage the use of digital platforms, currently mental health services support the use of a variety of 33 on line platforms.	Number of digital models being used	33							
23/24.AH SC1.4b	All Mental Health teams use of a variety of digital models to adopt a@ supported self-management approach	<b>Q2 23/24:</b> On target All services continue to promote self management by , informing, sign posting and encourage the use of digital platforms, currently mental health services support the use of a variety of 33 on line platforms.	% increase in the number of people who access MidSpace	33%	11%			<b>Q2 23/24:</b> On target	10%	10%	





## 2. Understanding changing needs

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	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	<p><b>Q2 23/24:</b> On target Progress to date:-</p> <p>A local feedback questionnaire has been developed, and is now in place, and ready to use with Highbank respite users. The Care Opinion independent feedback website will be promoted for people using and/or affected by the Highbank respite service.</p> <p>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. Through the use of Outnav, responses from service users to our feedback form and collation of emails from people we have supported we are gathering more information to evidence that people engaging with our Service feel listened to and are treated with dignity and respect. People are letting us know that when we are able to work together, that even a small piece of equipment or change to their home environment can make a huge difference to the quality of their life.</p>	Number of service areas with a functioning feedback mechanism.	3	4			<b>Q2 23/24:</b> On target	7	4

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		<p>This summer MELDAP carried out a consultation process with people with lived and living experience, carers/families, members of the public, services and partners. This included noting their priorities in relation to prevention/children/families services, treatment service and recovery orientated provision.</p> <p>Currently in the process of looking at developing a lived experience panel for adult mental health. Development manager is leading on this with other relevant parties. It is hoped this will be in place by the end of 2023/4.</p> <p>Duty Social Work Team introduced a paper and electronic feedback form that is initially sent out to those identified as Unpaid Carers. This commenced on 1/9/23.</p> <p>The InReach team continue to explore ways of strengthening their methods for capturing experience information. Informal mechanisms for capturing client feedback continue. Complaints are monitored, and actioned appropriately.</p>								

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
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>Q2 23/24:</b> On target Respite pathways and associated documentation has now been agreed. The opportunity to book respite care was opened to potential users in September 2023. Priority cases have been identified and the first booking has been secured for October 2023.	Highbank bed occupancy (both available beds and occupied beds)	Not measured for Quarters	Not measured for Quarters				4	0
23/24.AH SC2.2b	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>Q2 23/24:</b> On target Respite pathways and associated documentation has now been agreed. The opportunity to book respite care was opened to potential users in September 2023. Priority cases have been identified and the first booking has been secured for October 2023.	Percentage number of unpaid carers reporting positive experience.	Not measured for Quarters	Not measured for Quarters				100%	
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>Q2 23/24:</b> On target Respite pathways and associated documentation has now been agreed. The opportunity to book respite care was opened to potential users in September 2023. Priority cases have been identified and the first booking has been secured for October 2023.	Number of people receiving respite who have the opportunity to complete Emotional Touchpoints activity	Not measured for Quarters	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>Q2 23/24:</b> On target The team continue to work with Performance colleagues to build an automated report to allow this data to be easily extracted.	Average time from referral being received by the Inreach Team to being allocated to a worker.	Not measured for Quarters	Not measured for Quarters					

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
23/24.AH SC2.3b	The InReach team will establish a mechanism to extract data to inform the breakdown of service processes to identify areas for improvement.	<b>Q2 23/24:</b> On target The team continue to work with Performance colleagues to build an automated report to allow this data to be easily extracted.	Average time from allocation to completion of assessment	Not measured for Quarters	Not measured for Quarters					
23/24.AH SC2.3c	The InReach team will establish a mechanism to extract data to inform the breakdown of service processes to identify areas for improvement.	<b>Q2 23/24:</b> On target The team continue to work with Performance colleagues to build an automated report to allow this data to be easily extracted.	Average time from assessment to outcome	Not measured for Quarters	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>Q2 23/24:</b> On target All Health and Social Care specific LearnPro modules have up to date content that relate to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice working and accessible. Developing a monthly reporting mechanism and trialling with one specific service.	Percentage of Health and Social Care specific LearnPro modules working / accessible that relate to registered professional practice.	100%	100%			<b>Q2 23/24:</b> On target	100%	100%
23/24.AH SC2.4b	Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.	<b>Q2 23/24:</b> On target All Health and Social Care specific LearnPro modules have up to date content that relate to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice working and accessible. Developing a monthly reporting mechanism and trialling with one specific service.	All Health and Social Care specific LearnPro modules with up to date content that relate to registered professional practice.	No	Yes			<b>Q2 23/24:</b> On target	Yes	Yes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	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>Q2 23/24:</b> On target All Health and Social Care specific LearnPro modules have up to date content that relate to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice working and accessible. Developing a monthly reporting mechanism and trialling with one specific service.	Establish the mechanism to report accurately on staff completion rate.	Not measured for Quarters	Not measured for Quarters				Yes	
23/24.AH SC2.5a	Complete a service review of MERRIT to improve staff wellbeing and increase sustainability	<b>Q2 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. Service review rationale statement currently being drafted for Senior Management Team.	% of staff working on new rota	0%	0%			<b>Q2 23/24:</b> Data only		
23/24.AH SC2.5b	Complete a service review of MERRIT to improve staff wellbeing and increase sustainability	<b>Q2 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	Maintain or improve percentage of employee engagement index score (iMatter)	80%	80%			<b>Q2 23/24:</b> On target Current iMatter score	78%	78%



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		rotas as appropriate. Service review rationale statement currently being drafted for Senior Management Team.								

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



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	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>Q2 23/24:</b> On target  <u>Design support pathway:-</u>            Progress has been impacted by work to support practice for the Joint Inspection work involving HSCP staff and Third Sector commissioned partners including VOCAL (introduction of policies and changes to practice guidance which have required delivery of information and briefing sessions with staff). In the coming period, aim to initiate discussions/mapping/planning, establishing stakeholders, services, processes and timescales involved in the discharge process. Planned 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</p>	Design a support pathway for unpaid carers of people in hospital with a Planned Date of Discharge	Not measured for Quarters	Not measured for Quarters				Yes	



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		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). VOCAL proposed and HSCP has given agreement to take forward this work through the developing VOCAL Capacity – Partnerships & Employers role, supported by Carers Act funding.								
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	<b>Q2 23/24:</b> On target <u>Design support pathway:-</u> Progress has been impacted by work to support practice for the Joint Inspection work involving HSCP staff and Third Sector commissioned partners including VOCAL (introduction of policies and changes to practice guidance which have required delivery of information and briefing sessions with staff). In the coming period, aim to initiate discussions/mapping/planning, establishing stakeholders, services, processes and timescales involved in the discharge process. Planned connection to VOCAL Capacity – Partnerships & Employers work being taken	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	Not measured for Quarters				Yes	

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		<p>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). VOCAL proposed and HSCP has given agreement to take forward this work through the developing VOCAL Capacity – Partnerships &amp; Employers role, supported by Carers Act funding.</p>								
23/24.AH SC3.2a	People who are referred to Occupational Therapy are assessed in a timely manner.	<p><b>Q2 23/24:</b> Off target Improvement in median wait time across one of the occupational therapy waiting lists since the previous quarter. Measures being taken to improve performance are as follows:-</p> <p>4 weekly Team Lead supervision to actively review staff caseloads (with a greater emphasis on performance and self-management).</p>	Maintain or improve median wait time for OT waiting lists since previous quarter.	20%	20%			<b>Q2 23/24:</b> Off target Improvement in median wait time across one of the occupational therapy waiting lists since the previous quarter. Due to <i>staff shortages the PD Services is also absorbing LD Occupational Therapy referrals as well. This impacts negatively on Waiting Lists.</i>	60%	60%

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		<p>Dynamic management review of waiting lists and priorities by Team Lead.</p> <p>Support to staff in relation to time management.</p> <p>Increased data provision to better understand staff caseloads in order to identify and address differences in clinical practice.</p> <p>A more proactive approach to engaging with referrers at the point of referral through Team Lead having a conversation with the referrer – in some cases this results in more appropriate signposting or advice and can negate the need for further involvement.</p> <p>There was a 17% increase in referral rates from the start of this Quarter to the end, which is most likely due to the quiet summer period at the beginning of the Quarter. As a result of summer holidays there was limited staff capacity to take on new referrals. In the last month of the Quarter four times more people had been removed from the waiting list than during the first.</p> <p>In the middle of this Quarter the Service Manager for the Community Equipment Loan</p>								



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		Store left and no replacement has been found. This has significant negative impact on how quickly the Occupational Therapy service is able to engage with the CELS, resolve any issues, and access pieces of equipment that are required in order to be able to complete pieces of work. This therefore negatively impacts on the time frame within which the Service can discharge people. This is envisaged to continue to negatively impact on efficiencies in the Service for as long as this post is vacant.								
23/24.AH SC3.3a	People who are referred to Social Work are assessed in a timely manner	<p><b>Q2 23/24:</b> Off target Improvement in median wait time across two of the social work waiting lists since the previous quarter. The following measures have been adopted:-</p> <p>4 weekly supervision from Team Lead to actively review staff caseloads (ie. A greater emphasis on performance and self-management).</p> <p>Dynamic management review of waiting lists and priorities.</p> <p>Support to staff in relation to time management.</p> <p>Increased data provision to better understand staff</p>	Maintain or improve median wait time for Social Work waiting lists since previous quarter.	60%	40%			<b>Q2 23/24:</b> Off target Improvement in median wait time across two of the social work waiting lists since the previous quarter. Annual Leave throughout the summer period and unexpected sickness absence resulted in the work force being reduced by 40% for one month of this quarter.	60%	60%

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		<p>caseloads in order to identify and address differences in clinical practice.</p> <p>A more proactive approach to engaging with referrers at the point of referral through Team Lead having a conversation with the referrer – in some cases this results in more appropriate signposting or advice and can negate the need for further involvement.</p> <p>Through communication with other Team Leads, more robust and regular structures in place for professional supervision.</p> <p>As well as Annual Leave throughout the summer period there was an unexpected period of absence for a staff member due to sickness. This resulted in the work force being reduced by 40% for one month of this quarter.</p>								
23/24.AH SC3.4a	All services to consider and demonstrate Best Value with evidence-based data and meet cost efficiency targets	<p><b>Q2 23/24:</b> On target All HSCP services presented their Financial Recovery Templates to the Finance and Performance Group, setting out the position, key pressures, financial recovery plan, further required mitigation actions and additional feedback. These continue to be monitored through the Finance and Performance Group.</p>	Meet Mental Health Officer service budget.	Not measured for Quarters	Not measured for Quarters				Yes	



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
23/24.AH SC3.4b	All services to consider and demonstrate Best Value with evidence-based data and meet cost efficiency targets	<b>Q2 23/24:</b> On target All HSCP services presented their Financial Recovery Templates to the Finance and Performance Group, setting out the position, key pressures, financial recovery plan, further required mitigation actions and additional feedback. These continue to be monitored through the Finance and Performance Group.	Meet Mental Health Officer service cost efficiency target.	Not measured for Quarters	Not measured for Quarters				Yes	



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

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	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>Q2 23/24:</b> On target A roll-out plan is well underway to support services areas onboard to OutNav although this work continues to be impacted by ongoing service pressures and competing demands. The IJB has asked that all areas are using OutNav and have a full reporting by January 2024. At Q2 5/8 service areas are using OutNav and 9/29 heat maps have been completed. Work continues to streamline the process for services and iterative learning is being taken forward.	Number of service areas using OutNav.	Not measured for Quarters	Not measured for Quarters				7	


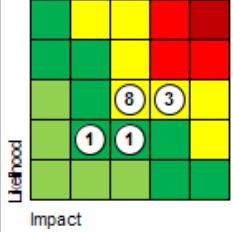
PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
23/24.AH SC4.1b	Every service are will be using the OutNav software and have completed a heat map and first full draft of the complete framework	<b>Q2 23/24:</b> On target A roll-out plan is well underway to support services areas onboard to OutNav although this work continues to be impacted by ongoing service pressures and competing demands. The IJB has asked that all areas are using OutNav and have a full reporting by January 2024. At Q2 5/8 service areas are using OutNav and 9/29 heat maps have been completed. Work continues to streamline the process for services and iterative learning is being taken forward.	Number of heat maps.	Not measured for Quarters	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>Q2 23/24:</b> On target A roll-out plan is well underway to support services areas onboard to OutNav although this work continues to be impacted by ongoing service pressures and competing demands. The IJB has asked that all areas are using OutNav and have a full reporting by January 2024. At Q2 5/8 service areas are using OutNav and 9/29 heat maps have been completed. Work continues to streamline the process for services and iterative learning is being taken forward.	Number of full drafts of completed framework.	Not measured for Quarters	Not measured for Quarters				7	
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>Q2 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	410			<b>Q2 23/24:</b> Data only		

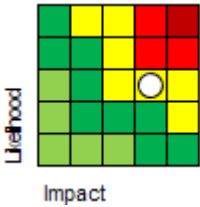
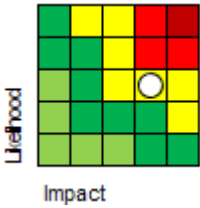



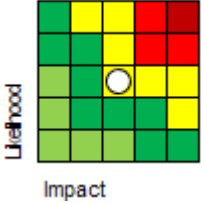

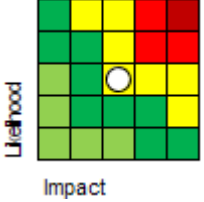
PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
23/24.AH SC4.2b	People with a Learning Disability are able to look after and improve their health and wellbeing and live in good health for longer	<b>Q2 23/24:</b> On 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	Not measured for Quarters					
23/24.AH SC4.2c	People with a Learning Disability are able to look after and improve their health and wellbeing and live in good health for longer	<b>Q2 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	Not measured for Quarters					
23/24.AH SC4.3a	Medication Assisted Treatment (MAT) Standards for Scotland - Improved access, choice & support	<p><b>Q2 23/24:</b> On target</p> <p>PI data for Q2 not available until early November.</p> <p>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:</p> <p>1] Improved waiting times performance.</p> <p>2] Same day start for people seeking OST [Opiate Substitute Therapies].</p> <p>3] Increased choice of medication with service delivering Buprenorphine as well as other opiate substitute therapies.</p> <p>4] Assertive outreach to people who have experienced NFO with range of interventions including support into treatment offered.</p>	Number of MAT standard RAG rating as Green	5	5			<p><b>Q2 23/24: On Target</b></p> <p>The number of MAT standard RAG rating as Green" is assessed annually by Scottish Government. Next assessment April 2024.</p>	5	4


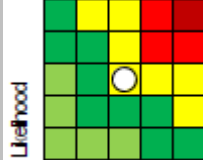
PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24				Annual Target 2023/24	Target
				Value	Value	Status	Short Trend	Note		
		5] Improved range of harm reduction interventions delivered at same location. 6] Ongoing support including links to third sector partners and recovery community to help people remain in treatment for as long as possible.								
23/24.AH SC4.3b			Percentage of people commence treatment within 21 days of referral	88.06%	95%			Q2 23/24: On Target	90%	90%


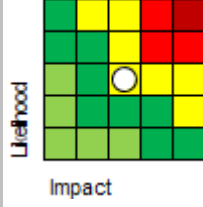

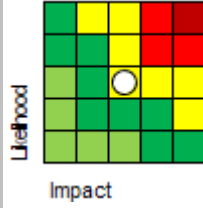
# Adult Health and Social Care Service Risks

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 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.</p>				 <p style="font-size: small;">Likelihood Impact</p>		Adult Health and Social Care


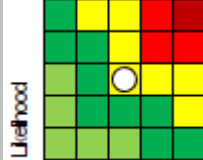

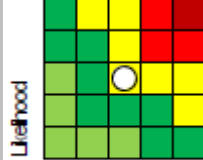

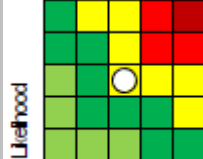
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01-01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services	01 - Service level agreements 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 risk and designated team leader responsibilities. 08 - Commissioning processes to ensure robust decision-making.	<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>			12	Adult Health and Social Care
ASC.RR.01-05 Meeting growing demands with constrained /reduced budgets,	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	<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>	▲	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			12	Adult Health and Social Care


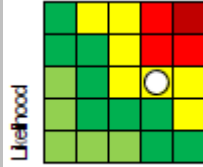
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
especially from external funders.	05 - Monitoring and reporting waiting times 06 - Developing performance indicators for reviewing policy 07 - Monitoring performance to meet contractual requirements 08 - Budget monitoring	<b>Risk Event:</b> Change programme does not meet future years projected budget gaps  <b>Risk Effect:</b> Inability to deliver against strategic priorities						
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 08 - Neighbourhood planning 09 - Community planning processes	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.  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>					9	Adult Health and Social Care
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


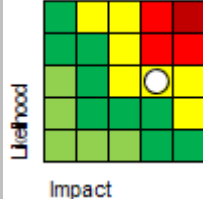
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01-08 Harm by offenders to members of the public	<p>01 - Risk management authority for serious violent and sex offenders is now established and is able to provide guidance.</p> <p>02 - Various risk assessment tools and associated training mandatory for relevant Criminal Justice staff.</p> <p>03 - Partnership working with other agencies around the management of risk in individual cases well established.</p> <p>04 - Standards forms and procedures for staff to follow with relevant training.</p> <p>05 - Multi-agency Risk Panels (MARP) meet monthly</p> <p>06 - MAPPa which is a process for managing Registered Sex Offenders .</p> <p>07 - Integration of group work programme with probation supervision</p> <p>08 - Monitoring of staff compliance with National Outcomes and Standards through client review system.</p> <p>09 - Access to Visor database of sex offenders linked to MAPPa.</p> <p>10 - Offender Management Group established</p>	<p>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).</p> <p><b>Risk Cause:</b> Offender committing a serious crime</p> <p><b>Risk Event:</b> Offence incident occurs.</p> <p><b>Risk Effect:</b> Harm to member of the public Reputational damage to the Council</p>				 <p>Likelihood</p> <p>Impact</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
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 09 - Development of Adult Protection Team within Fieldwork	<p><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.</p> <p><b>Risk Event:</b> Adult at risk of harm.</p> <p><b>Risk Effect:</b> Reputational Damage to the Council. Harm to vulnerable service user.</p>					9	Adult Health and Social Care
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	<p>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.</p> <p><b>Risk Cause:</b></p> <p><b>Risk Event:</b></p> <p><b>Risk Effect:</b></p>		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



Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01-13 Capacity of Workforce	01- Workforce Plan 02- Learning and Development Team	<p><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</p> <p><b>Risk Event:</b> Inadequate staffing levels/skills.</p> <p><b>Risk Effect:</b> Low morale. Inability to deliver services.</p>		In recognition of the changing role of Newbyres and in response to the recent internal review a new staffing structure has been developed.		 Likelihood Impact	9	Adult Health and Social Care
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.	<p>All Heads of Service are mandated to monitor compliance with the Data Protection Act.</p> <p><b>Risk Cause:</b></p> <p><b>Risk Event:</b></p> <p><b>Risk Effect:</b></p>		<p>Data sharing</p> <p>The framework system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal.</p>		 Likelihood Impact	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	<p>This is viewed as a major change that will require huge investment in time and buy-in from stakeholders</p> <p><b>Risk Cause:</b></p> <p><b>Risk Event:</b></p> <p><b>Risk Effect:</b></p>				 Likelihood Impact	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
	Director maintains an overview of the implementation of the new arrangements							
ASC.RR.01-17 COVID 19	<p>1. Communication systems and processes have been put in place.</p> <p>2. Daily conferences have been set up to appraise evolving situation.</p> <p>3. COVID-19 Control Team established.</p> <p>4. A system set up to share information through 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>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:</p> <ul style="list-style-type: none"> <li>-shortages of staff due to contraction of COVID or being identified as a close contact</li> <li>-additional workload for those staff still able to attend work</li> <li>-increased pressure on other parts of the health and social care system</li> <li>-reduction of care provided to patients due to reduced staffing levels with a move to focus on essential work only</li> </ul>				 <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">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
	<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 highlighting COVID related absence.</p> <p>14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.</p>							
SRP.RR.07 Care at Home	<p>1. Care at Home winter assurance plan and business continuity plan complete</p> <p>2. Development of Care at Home Service Improvement action plan near completion</p> <p>3. External commissioning complete and ongoing contract monitoring in place</p> <p>4. External provider audits complete</p> <p>5. Re-established Multi-Agency Quality in Care at Home quarterly review meetings jointly with East Lothian</p> <p>6. Weekly provider meetings in place</p> <p>7. Additional locum team members and contracts with agency staff in place</p> <p>8. Daily discharge meeting with Multidisciplinary and Multi-agency team planning to plan and coordinate</p>	<p><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.</p> <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>		Independent review of adult and social care	Q1 23/24: Pause remains in place.		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
	discharge to ensure care at home support in place							

# 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	2022/23	External Comparison
		Value	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 -sds	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%	58%	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)

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	
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 whose care was funded by the council or health board) (LGBF)	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). 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	114.45	110.47	108.77	125.7	105	99.05	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).

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	
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	2022/23	External Comparison
		Value	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)