Adult Health and Social Care Performance Report 2024/25

Midlothian

01. Progress in delivery of strategic outcomes

Q2 24/25:

Adult Services protect and improve the wellbeing of the people and communities of Midlothian.
We help people get the right support, in the right place, at the right time.

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

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

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

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

Justice and Protection Services
This service includes Justice, Community Justice, Duty Social Work, Adult Support and Protection, and Public Health.
The **Justice team** supports people involved in the Parole and Pre-release process including the preparation of Criminal Justice Social Work Reports and prerelease reports. The team **supervises people aged 18 and over** who are subject to Community Payback Orders, Parole, Life and Non-Parole Licences, Extended Sentences and Supervised Released Orders. Staff in the **Duty Team support people aged 16** and over with **crisis interventions**, urgent and planned assessments, development of adult care support plans, reviews, and short-term interventions.

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

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

The **ASP Team** undertake a range of duties to **identify, minimise and manage risk** and ensure that all suspicions, disclosures or actual harm are acted upon. Measures to protect adults need to be considered in the context of wider range of support services and an ASP investigation may highlight gaps in support. In these instances, an assessment of need should be undertaken to identify and develop an outcomes focused care plan.

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

The work undertaken by the Justice Service supports work ongoing to achieve progress in:

• Single Midlothian Plan Priorities: Individuals and communities have improved health and skills for learning, life and work.
• Single Midlothian Plan Themes: Midlothian Will be Safer
• National Health & Wellbeing Outcomes: Living in the Community, Positive Experiences and Dignity, Quality of life, Health inequalities, Safe from harm

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

Staff in the Justice Service work with men and women subject to Community Payback Orders who present with a wide range of presenting risk and needs. This includes individuals with **mental health, substance use, adverse childhood experiences, trauma and negative experiences** of education and or employment. Staff working within Justice Services require the appropriate level

of support and training to enable them to effectively engage with people to progress **interventions towards positive changes** in behaviour. An important part of ensuing that men and women in the justice system have ease of access to services and resources is the provision of robust community-based alternatives to custodial sentences as it enables individuals to remain in their community, **maintain relationships** and ensures continuity of care.

Public Health
• The health inclusion team continue to provide outreach and have carried out a health assessment with 111 people since April 2024. Have mostly helped people with housing, substance use, and welfare rights issues this quarter.

• Five actions collaboratively achieved with other areas of the organisation involving early intervention/prevention.

• Chaired a group of stakeholders from East and Midlothian to scope a pilot looking at the feasibility of technology enabled care to help as a harm reduction measure to substance use. To help link this with national work and gain learning from other areas, attended a webinar hosted by Scottish Government sharing practice and learning on digital as a Human Right with Digital Lifelines Scotland and Drugs Research Network for Scotland.

• Reviewed and updated quarter 2 data for the Joint Strategic Needs Assessment working alongside data colleagues in NHS Lothian Intelligence team and published on the Health and Social Care Partnership website. The updated data has been used to update the community justice needs assessment which was reported as helpful to give context to the offending we see in Midlothian and shows the complexities that our clients face. The data has also been used to update the NHS Lothian healthcare governance committee, specifically the inequalities data section in the annual report.

• Attended Community Planning Partnership conference, hosting a marketplace to raise awareness of green health prescribing to colleagues. New links made with climate action hub lead and adult learning lecturer from Newbattle Abby College. Further meetings planned to link work up around green health in Midlothian.

• Learning session planned with physiotherapists and wider HSCP staff to share findings of the Masters dissertation hosted in Midlothian, to explore views, improve processes and raise awareness of green health prescribing within the HSCP.

• Better ME (WSA): This project will help the people of Mayfield and Easthouses to have more access to healthy food options, keep physically active and have more money in their pockets. Currently have completed 6mnth evaluation. One particular project has developed a cooking group for young men, they have reported an increase in confidence in cooking and also being able to try new foods.

• Developing weight stigma post that will focus on helping practitioners develop skills and confidence to talk about client's weight, it will also raise awareness of the bias and stigma professionals have with overweight and obese people.

• Promote a public health agenda and increase strategic partners. Members of various groups including trauma training steering group, Mid & East Lothian Drug and Alcohol Partnership Group,

Midlothian Suicide Prevention Group, Equally Safe Strategy Leadership Group, Midlothian will be Healthier Thematic Group, Lothian Green Health Network and the Third Sector Summit.

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

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

MELDAP aims include:

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

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

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

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

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

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

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

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

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

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

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

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

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

• Likely to be drinking 180-220 units per week [The recommended weekly units for adults is 14] and unaware of physical conditions related to drinking until severe damage is done.

• Often isolated, socially and from supports, for prolonged periods.

Actions
• The Contact Service provides a direct point of contact for all substance use related services across Midlothian and East Lothian.

• Edinburgh and Lothian Council on Alcohol [ELCA] is funded by MELDAP and provides a counselling service in Bonnyrigg and Dalkeith which covers all of Midlothian.

• In relation to prevention activities, MYPAS provide support to young people affected by their own alcohol and drug use.

• Services are actively engaged with wider partners widen the coverage of Naloxone.

• Safe Storage Boxes which contain a range of harm reduction equipment, advice and Naloxone are offered to all high-risk people.

• MELD delivered a Naloxone stall at the Tesco store in Dalkeith as part of Overdose Awareness Day on Saturday 31st August. Naloxone/Nyxoid provided = 52 units

• MELDAP has requested a doubling up of Naloxone kits issued as there have been changes in illicit drugs available (Nitazines).

• Children 1st work with families to minimise the harm to children affected by parental substance use.

• Home Drug Testing strips are now supplied to alert people to the possible presence of Nitazines and Xylazine. Substance Use Services provide assertive outreach to people who have experienced non-fatal overdoses.

• Midlothian services have consistently delivered above the 90% [Q1 -98.44%] access standard for substance use services.

• MELDAP is to establish a working group with a focus on engaging and supporting people who use cocaine/crack cocaine and other psychostimulant drugs.

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

02. Challenges and Risks

Q2 24/25:

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

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

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

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

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

Adult Health and Social Care PI summary

01. Manage budget effectively

Priorities	Indicator	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Short Trend	Annual Target 2024/25	Feeder Data	Value
01. Manage budget effectively	Performance against revenue budget		£56.538m	£63.534m	N/A	**Q2 24/25:** Data not available				

02. Manage stress and absence

Priorities	Indicator	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
02. Manage stress and absence	Average number of working days lost due to sickness absence (cumulative)	24.26	13.19	5.21	10.52	**Q2 24/25:** On target	10.53	Number of days lost	5,005
								Number of FTE in service	475.65

03. Complete all service priorities

Priorities	Indicator	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
03. Complete all service priorities	% of service priority actions on target / completed, of the total number	93.75%	87.5%	94.12%	88.24%	**Q2 24/25:** Off target 2 service actions relating to Hospital Inreach and Care at Home identified as off target: Commentary contained within this report.	90%	NUMBER of service priority actions in total	17
								NUMBER of service priority actions on target /	15

Priorities	Indicator	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
								completed	

04. Process invoices efficiently

Priorities	Indicator	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
04. Process invoices efficiently	% of invoices paid within 30 days of invoice receipt (cumulative)	99%	99%	98%	98%	**Q2 24/25:** On target	97%		

05. Improve PI performance

Priorities	Indicator	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
05. Improve PI performance	% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)	77%	85%	83.33%	83.33%	**Q2 24/25:** Off target 3 Performance Indicators 'off target' at time of reporting. Commentary contained within the report	90%	Number on tgt/complete or Data Only	15
								Number of PI's in total	18

06. Control Risk

Priorities	Indicator	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
06. Control Risk	% of high risks that have been reviewed in the last quarter	0%	100%	0%	0%	**Q2 24/25:** ASC Risk registers under review. SOP for escalation arrangements to be agreed.	100%	Number of high risks reviewed in the last quarter	0
								Number of risks that are graded as high	0

07. Implement Improvement Plans

Priorities	Indicator	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Annual Target 2024/25	Feeder Data	Value
07. Implement Improvement Plans	% of internal/external audit actions progressing on target or complete this quarter.	73%	93.33%	89.47%	92%	**Q2 24/25:** On target	90%	Number of internal/external audit actions on target or complete	12
								Total number of internal/external audit actions	13

Adult Health and Social Care Complaints Indicator Summary

Commitment to valuing Complaints

Indicator	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note
Number of complaints received (quarterly)	85	33	9	11	**Q2 24/25:** Data only
Number of complaints closed in the year	73	29	6	6	**Q2 24/25:** Data only
Number of complaints upheld (quarterly)	15	7	1	2	**Q2 24/25:** Data only
Number of complaints partially upheld (quarterly)	17	6	1	1	**Q2 24/25:** Data only
Number of complaints not upheld (quarterly)	28	12	3	3	**Q2 24/25:** Data only
Number of complaints Resolved (quarterly)	13	4	1	0	**Q2 24/25:** Data only
Average time in working days to respond to complaints at stage 1	3.33	1.88	7	4.75	**Q2 24/25:** On Target
Average time in working days to respond to complaints at stage 2	14.22	19.5	7.33	19	**Q2 24/25:** On Target
Average time in working days for a full response for escalated complaints	13.31	13	0	4	**Q2 24/25:** On Target
Percentage of complaints at stage 1 complete within 5 working days	89.58%	100%	33.33%	100%	**Q2 24/25:** On Target
Percentage of complaints at stage 2 complete within 20 working days	77.78%	50%	100%	100%	**Q2 24/25:** On Target
Percentage of complaints escalated and complete within 20 working days	87.5%	90%	0%	100%	**Q2 24/25:** On Target
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	8	2	2	0	**Q2 24/25:** Data only
Number of Compliments	6	3	1	N/A	**Q2 24/25:** Data not available

Adult Social Care Performance

01. Hospital Inreach

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25. AHSC1 .1a	Hospital InReach team referrals screened within 2 working days of allocation.	**Q2 24/25: Off target** Staffing in the holiday period has resulted in challenges regarding timescales for allocation. Screening box used to store case waiting for allocation. We now plan to create a waiting list box to all for screening episodes to be completed timeously.	% of referrals screened within 2 working day of allocation.			98%	93%	**Q2 24/25: Off target** Staffing in the holiday period has resulted in challenges regarding timescales for allocation. Screening box used to store case waiting for allocation. We now plan to create a waiting list box to all for screening episodes to be completed timeously.	95%

02. Older People

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25. AHSC2 .1a	60% of all initial care home reviews completed within 12 weeks of admission.	**Q2 24/25: On target** Service Manager and practice teams alignment is managing to keep the allocation of care home review to timescale. Care home review policy to be reviewed in next quarter. Staffing review being undertaken and this will allow for decision making relating to allocation of care home reviews systemically.	Initial care home reviews completed within 12 weeks of admission.			95%	96%	**Q2 24/25: On target**	60%
24/25. AHSC2 .2a	Maximise the occupancy rate at Newbyres Village Care Home to achieve 95% occupancy by 31st March 2025.	**Q2 24/25: On target** The new staffing rota's are now in place and there is a staffing establishment that is consistent with care and management of	Newbyres Village Care Home occupancy rate			72.92 %	85%	**Q2 24/25: On target**	60%

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
		48 residents. Plans in place to progress admissions to vacant beds. Care home manager and in reach team leader working together to ensure that a waiting list is established, assessments are shared with the care home managers and that a robust admissions procedure is in place to allow for the effect of reduction in the timescale of any vacancies.							

03. Care at Home

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25.AHSC3.1a	Achieve a 90% qualification rate for care at home staff appropriate to their post (SVQ 2)	**Q2 24/25: Off target** New SVQ Programmes started in September prioritising staff with longest wait.	% of care at home staff qualified for their post			74.5%	74.5%	**Q2 24/25: Off target** New SVQ 2 programmes now commenced prioritising staff with longest wait.	90%
24/25.AHSC3.2a	Reduce the number of hours waiting each week on the community waiting list from 950 to 500 hours by 1st April 2025.	**Q2 24/25: On target** Dedicated care team supervisor reviewing the community waiting list. Action is on target to be achieved by 1st April 2025.	Number of hours waiting each week on the community waiting list.			1,009	900	**Q2 24/25: On target**	950

04. Learning Disabilities / Physical Disabilities and Long Term Conditions

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25. AHSC4 .1a	Monitor and maintain quality assurance of care providers in relation to hours delivered, number and type of incident reports, Care Inspectorate grades, complaints, and quality assurance activities.	**Q2 24/25: On target** Ongoing quality assurance activity ongoing with care providers. There is one care provider not risk rated as 'low' due to staffing issues. The provider has recently recruited additional staff which should address staffing issues and ensure full delivery of service.	Percentage of Care Providers with risk status rated as low.			91%	91%	**Q2 24/25: On target**	90%
24/25. AHSC4 .2a	Ensure regular monitoring of service development projects to ensure projects remain on track, with a rated RAG status of Green.	**Q2 24/25: On target** Projects to establish supported living services at Primrose Lodge and Bonnyrigg High Street remain on track however there is a risk that a delay in building work in Primrose	Percentage of key projects rated with a RAG status of green.			100%	100%	**Q2 24/25: On target**	100%

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
		Lodge may push this to Amber. Bonnyrigg High Street has a dependency on a provider establishing staffing, this is currently on track but there remains a risk of slippage.							
24/25. AHSC4.3a	PD/LTC referral screening episode concluded within 3 working days.	**Q2 24/25: On target** Delays occur due to the requirement for more information, which can result in the request being sent to duty OT for actions. We continue to work towards efficiencies. Duty OT send a summary each day of tasks completed and anything outstanding. This provides full oversight.	PD/LTC referral screening episode concluded within 3 working days			97%	95%	**Q2 24/25: On target**	90%

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25. AHSC4 .4a	Monitor and maintain the percentage of PD/LTC interventions recorded as outcome achieved.	**Q2 24/25: On target** We continue to monitor this area. We are able to get narrative, so therefore able to see why an outcome hasn't been achieved. At times the client has not met our substantial critical guidelines and therefore we have not been able to provide the client with the desired outcome. We are however robust with risk assessment processes and ensure risks are reduced so far as reasonably practicable by seeking alternative solutions where possible.	PD/LTC interventions recorded as outcome achieved.			93%	89%	**Q2 24/25: On target**	85%

05. Mental Health

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25. AHSC5.1a	Achieve the legislative target that 80% of Adults with Incapacity reports (AWI) will be allocated to MHO within 12 weeks.	**Q2 24/25: On target** Q2 14 new referrals received over the Q2 period 100% were allocated to MHO within 12 weeks. Longest wait was 45 days and 42% were allocated within 1 day of receipt.	Percentage of all Adults with Incapacity reports (AWI) allocated to MHO within 12 weeks.			100%	100%	**Q2 24/25: On target**	80%
24/25. AHSC5.2a	Midlothian Adult Mental health bed occupancy rate (8 beds - 7 acute and 1 IPCU) to be maintained at/or below 100%.	**Q2 24/25: On target** Action remains on target for the year despite being off target at Q2. Medium overall for Q2 7.6. (7.6 is based on the use of 7 acute beds and 1 IPCU bed so 8 in total)	Midlothian Adult Mental health bed occupancy rate (8 beds - 7 acute and 1 IPCU) maintained at/or below 100%			Yes	No	**Q2 24/25: Off target** 101% at Q2	Yes

06. Welfare Rights Generation

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25. AHSC6.1a	Measure the effectiveness of welfare rights services in generating additional income for clients through welfare rights support.	**Q2 24/25: On target** Quarter 2 benefit income generated £1,250.567.84 an increase on quarter 1. For the 6 month data comparison for same period last year we are down from £2,419,786,38 to £2.291,275.98 (reduction of £128,510.04). This needs to be seen in the context of reduced staffing and a leave during quarter 2.	Total amount of additional income generated for individuals through welfare rights service.			£1,169,218.00	£1,250,567.84	**Q2 24/25:** Data only	

07. Midlothian Substance Use Service

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25. AHSC7 .1a	Achieve the Scottish Government HEAT target (A11) - 90% of all individuals will wait no longer that 3 weeks (21 days) from point of referral to drug and /or alcohol triage.	**Q2 24/25: On target** Q2 overall performance for Midlothian treatment service was 98.11%. 100% Drugs 83.33% Alcohol, one person waited over 21 days due to clinical need of the person.	Percentage of all individuals who did not wait longer that 3 weeks (21 days) from point of referral to drug and /or alcohol triage.			100%	98.11 %	**Q2 24/25: On target**	90%

08. Adult Protection

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25. AHSC 8.1a	Council Officers undertake inquiries within the locally agreed timescale.	**Q2 24/25: On target** Council Officers undertake an Inquiry, with or without the use of powers, to determine if an adult	Percentage of adult protection inquiries completed within 21			80%	85%	**Q2 24/25:** Data only	

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
		is at risk of harm and to ensure that appropriate action is taken. The local timescale for completing inquiries is 21 days. Ensuring that there is sufficiency of information to inform assessment and take account of the adult's views, can mean that there is a delay in completing the inquiry within this timescale. The Adult Support and Protection Team Leader has oversight of delayed Investigations and ensures that the adult is not at detriment or increased risk whilst	calendar days from referral.						

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
		assessment is ongoing.							

09. Justice

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
23/24. AHSC 1.1a	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and supported to effectively participate.	**Q2 24/25: On target** Detail provided within front page of report.	% of people subject to a Community Payback Order and effectively participate.	92%	92%	95%	95%	**Q2 24/25:** Data only	
23/24. AHSC 1.1b	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and	**Q2 24/25: On target** Detail provided within front page of report.	Successful completion rate of Community Payback Orders is	78%	Not measured for Quarters	Not measured for Quarters	Not measured for Quarters	Not measured for Quarters	

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
	supported to effectively participate.		maintained at or above the national average.						

10. Public Health

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
24/25. AHSC10.1a	Evidence informed, preventative improvements in population health gained by supporting integrated working with key strategic partners.	**Q2 24/25: 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. Details of Q2 activity detailed in	Health assessment carried out by the health inclusion team since April 2024 - annual target 165		Not measured for Quarters	Not measured for Quarters	Not measured for Quarters	Not measured for Quarters	

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
		the front page of report.							
24/25. AHSC10.1b	Evidence informed, preventative improvements in population health gained by supporting integrated working with key strategic partners.	**Q2 24/25: 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. Details of Q2 activity detailed in the front page of report.	Number of actions collaboratively achieved with other areas of the organisation involving early intervention/prevention. Annual target 10		Not measured for Quarters	Not measured for Quarters	Not measured for Quarters	Not measured for Quarters	
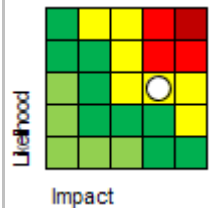
11. Learning Development

PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
23/24. AHSC 2.4a	Maximise and maintain the delivery of mandatory training	**Q2 24/25: On target** Training matrix in place for all services and Learning and	Health and Social Care specific LearnPro	100%	100%	100%	100%	**Q2 24/25: On target**	100%
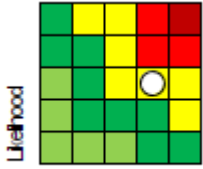
PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
	across Health and Social Care.	Development practitioners regular meeting with team leads to review mandatory training requirements. Mandatory training in place and being delivered.	modules working / accessible that relate to registered professional practice.						
23/24. AHSC 2.4b	Maximise and maintain the delivery of mandatory training across Health and Social Care.	**Q2 24/25: On target** Training matrix in place for all services and Learning and Development practitioners regular meeting with team leads to review mandatory training requirements. Mandatory training in place and being delivered.	All Health and Social Care specific LearnPro modules with up to date content that relate to registered professional practice.	Yes	Yes	Yes	Yes	**Q2 24/25: On target**	Yes
24/25. AHSC 11.1a	Maximise and maintain the delivery of mandatory training	**Q2 24/25: On target** Training matrix in place for all services and Learning and Development	Percentage of compliant/completed mandatory LearnPro			50%	81.1%	**Q2 24/25: On target**	80%
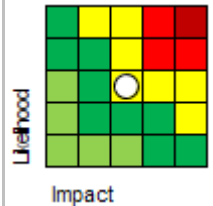
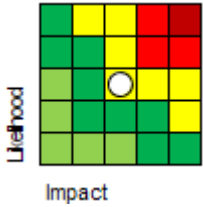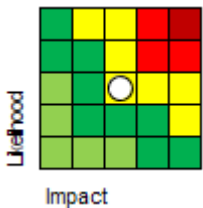| PI Code	Priority/Action	Action Note	PI	2023/24 Value	Q2 2023/24 Value	Q1 2024/25 Value	Q2 2024/25 Value	Note	Target
	across Health and Social Care.	practitioners regular meeting with team leads to review mandatory training requirements. Mandatory training in place and being delivered.	modules that relate to registered professional practice.						

Adult Health and Social Care Service Risks

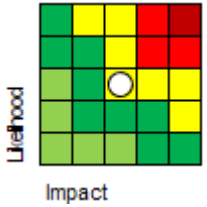| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01–01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services	01 - Service level agreements 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.	**Risk Cause:** **P**roviders have a lack of capacity to deliver contracted service **Risk Event:** Shortfall in service volume and or quality **Risk Effect:** **D**elivering 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	⚠️	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			12
				Workforce Plan is being developed to address long term sustainability of services. This work includes the involvement of MVA, Council and NHS Lothian.			

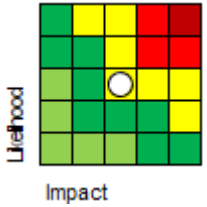| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	05 - Quarterly care home, care at home and day care providers forum to ensure good communication and partnership working with commissioned services 06 - Service 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.	large groups of very vulnerable people.					

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01–05 Meeting growing demands with constrained /reduced budgets, especially from external funders.	01 - Eligibility criteria; fair access to care policy etc, 02 - Performance reporting 03 - Service transformation programme 04 - Capacity planning and commissioning LD and complex needs 05 - Monitoring and reporting waiting times 06 - Developing performance indicators for reviewing policy 07 - Monitoring performance to meet contractual requirements 08 - Budget monitoring	**Risk Cause:** Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget **Risk Event:** Change programme does not meet future years projected budget gaps **Risk Effect:** Inability to deliver against strategic priorities	⚠️	In preparation for the 72 hour Delayed Discharge target the expansion of key services including Merrit intermediate care and re- ablement will be undertaken through the new Social Care Monies			12

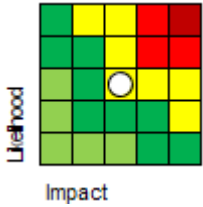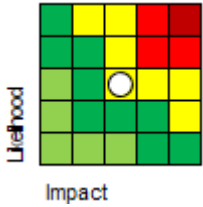| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01-06 Capacity of communities to meet changing requirements of them to support social inclusion within local communities	01 - Role of MVA in supporting 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. **Risk Cause:** **Risk Event:** **Risk Effect:**	⚠				9

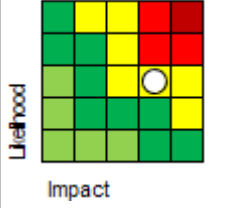| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01–07 Property risks in terms of maximising the property asset to the benefit of service delivery and accessibility including DDA compliance	01 - Regular 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	**Risk Cause:** Insufficient Capital Resources. **Risk Event:** Failure to maintain and modernise existing building stock **Risk Effect:** People are supported in environments of poor quality	⚠️				9
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	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.	⚠️				9

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	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. 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	Risk Score likely to remain medium (low likelihood but high impact = medium). **Risk Cause:** Offender committing a serious crime **Risk Event:** Offence incident occurs. **Risk Effect:** Harm to member of the public Reputational damage to the Council					

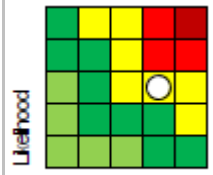| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	National Outcomes and Standards through client review system. 09 - Access to Visor database of sex offenders linked to MAPPA. 10 - Offender Management Group established						
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	**Risk Cause:** Failure to identify the risk to the individual. Failure of adult protection procedures when invoked to adequately assess and manage the risk. **Risk Event:** Adult at risk of harm. **Risk Effect:** Reputational Damage to the Council.	⚠️				9

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	06 - Case file governance arrangements 07 - Adult Protection Lead Officer 08 - Training Programme 09 - Development of Adult Protection Team within Fieldwork	Harm to vulnerable service user.					
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	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. **Risk Cause:** **Risk Event:**	⚠️	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

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	Transformation Section. 05 - Project Plans agreed. 06 - 2 new Project Officers	**Risk Effect:**					
ASC.RR.01–13 Capacity of Workforce	01- Workforce Plan 02- Learning and Development Team	**Risk Cause:** Employees not suitably trained/development for the roles required of them. Challenges around maximising attendance Limited availability of staff in certain sectors Ageing workforce **Risk Event:** Inadequate staffing levels/skills. **Risk Effect:** 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

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
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. **Risk Cause:** **Risk Event:** **Risk Effect:**	⚠️	Data sharing The frameworki system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal.			9
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	This is viewed as a major change that will require huge investment in time and buy-in from stakeholders **Risk Cause:** **Risk Event:** **Risk Effect:**	⚠️				9

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	an overview of the implementation of the new arrangements						
ASC.RR.01–17 COVID 19	1. Communication systems and processes have been put in place. 2. Daily conferences have been set up to appraise evolving situation. 3. COVID-19 Control Team established. 4. A system set up to share information through Directors to all Midlothian staff. 5. Signage on front door of all premises advising people not to enter any of our buildings if they are suffering from COVID-19 symptoms. 6. Signage up across all buildings	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 -additional workload for those staff still able to attend work -increased pressure on other parts of the health and social care system -reduction of care provided to patients due to reduced	⚠				12

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	advising of good handwashing routines and the necessity of ensuring frequent handwashing taking place. 7. In reception areas staff have been provided with masks and alcohol gel. 8. Staff updated regularly on NHS Lothian and National Guidelines. 9. Resilience plans in place across the Partnership. 10. Staff briefings to discuss responses to COVID-19 have been actioned with a focus on personal resilience plans to ensure attendance at work. 11. Asked staff to consider	staffing levels with a move to focus on essential work only					

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	unnecessary face to face contact with patients is replaced by telephone contact. 12. Homeworking in place where appropriate. 13. Absence reporting and monitoring in place highlighting COVID related absence. 14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.						
SRP.RR.07 Care at Home	1. Care at Home winter assurance plan and business continuity plan complete 2. Development of Care at Home	**Risk cause** Internal and External providers of Care at Home services unable to meet service and quality requirements	⚠️	Independent review of adult and social care	**Q1 23/24:** Pause remains in place.		12

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	Service Improvement action plan near completion 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	as a result of a lack of capacity. **Risk event** Capacity of Community Support outstripped by demand. **Risk effect** 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.					

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	to ensure care at hone support in place						

Adult Health and Social Care Balanced Scorecard Indicators

PI Code	Performance Indicator	Q1 2024/25 Value	Q2 2024/25 Value	H1 2024/25 Value	2024/25 Value
23/24.AHSC2.4a	Health and Social Care specific LearnPro modules working / accessible that relate to registered professional practice.	100%	100%	Not measured for Half Years	
23/24.AHSC2.4b	All Health and Social Care specific LearnPro modules with up to date content that relate to registered professional practice.	Yes	Yes	Not measured for Half Years	
24/25.AHSC2.2a	Newbyres Village Care Home occupancy rate	72.92%	85%	Not measured for Half Years	
24/25.AHSC4.1a	Percentage of Care Providers with risk status rated as low.	91%	91%	Not measured for Half Years	
24/25.AHSC6.1a	Total amount of additional income generated for individuals through welfare rights service.	£1,169,218.00	£1,250,567.84	Not measured for Half Years	
AHSC.MPI.01	Performance against revenue budget	£63.534m	N/A	Not measured for Half Years	
AHSC.MPI.02	Average number of working days lost due to sickness absence (cumulative)	5.21	10.52	Not measured for Half Years	
AHSC.MPI.03	% of service priority actions on target / completed, of the total number	94.12%	88.24%	Not measured for Half Years	

Published Local Government Benchmarking Framework - Adult Social Care

Adult, Social Care

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£31.38	£28.65	£43.01	£39.85	£21.78	£27.75	£29.75	£56.96	22/23 Rank 29 (Bottom Quartile) 21/22 Rank 14 (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	4%	6.1%	4.8%	4.5%	5.1%	4.3%	4.4%	3.6%	22/23 Rank 27 (Bottom Quartile) 21/22 Rank 22 (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).

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
										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%	22/23 Rank 26 (Bottom Quartile) 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).
SW4 b	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%	67.57%	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	77.96%		86.28%		80.05%	80.05%	73.44%		21/22 Rank 25 (Bottom Quartile) 19/20 Rank 20 (Third Quartile). 17/18 Rank

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
	independently as possible (data based on respondents whose care was funded by the council or health board) (LGBF)									3 (TOP Quartile). 15/16 Rank 30 (Bottom Quartile). 13/14 Rank 19 (Third Quartile).
SW4 d	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%	66.95%	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)
SW4 e	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%	31.54%	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)	£601.00	£593.00	£659.00	£648.00	£628.00	£642.00	£699.00	£627.00	22/23 Rank 11 (Second Quartile) 21/22 Rank 19 (Third Quartile) 20/21 Rank 13 (Third Quartile)

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
										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	22/23 Rank 17 (Third Quartile) 21/22 Rank 16 (Second 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%	72%	22/23 Rank 25 (Bottom Quartile) 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 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) (LGBF)	834.91	750.00	1422.02	1323.32	965.62	665.47	504.01	784.11	22/23 Rank 15 (Second Quartile) 21/22 Rank 13 (Second Quartile) 20/21 Rank 25 (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).
SW11	Number of days people spend in hospital when they are ready to be discharged		750	1,422	1,323	966	665	504	784	