

## Progress in delivery of strategic outcomes

***"People in Midlothian will lead longer and healthier lives by getting the right advice, care, and support, in the right place, at the right time."***

The Adult Health and Social Care service continues to undergo redesign as required by the Integration agenda. The 2016-19 Strategy and Delivery Plan outlines a major programme of service changes designed to promote prevention and recovery. Service priorities for the year ahead include reducing avoidable admissions and unnecessary delays in acute hospitals; supporting people with long term conditions and dementia; reshaping substance misuse services; and promoting wellbeing and recovery. The enablers to achieve include improved partnership working, public engagement and working with communities. The three major programmes of redesign are Learning Disability Day Services, Care at Home, and Care Packages.

The most challenging of these strategic redesign programmes for the IJB is care at home. Care at home is a vital service for maintaining people's health and wellbeing. It is also a critical component of the whole health and social care system. Lack of capacity and poor quality directly affects the efficiency of the hospital system; the ability of people who are vulnerable in some way to remain safely in their own homes; and the ability of family carers to manage their caring responsibilities upon which the whole system depends. Nationally and locally the delivery of care at home services is recognised as being unsustainable in its current form. Demand for care at home is growing and resources cannot match that growth without improvement and whole system change. The IJB will be discussing the challenges within care at home at the next IJB Board meeting on 14 February 2019.

### **1. Integration**

Over the past nine months work has been undertaken to develop a new 3 year IJB Strategic Plan. This has included a major programme of public and staff consultation and a compilation of a population health and wellbeing needs assessment. New services such as a Discharge Hub are being introduced while others are being expanded such as the COPD Respiratory Team and the Wellbeing Service now operating in all GP Practices. The IJB has continued its efforts to strengthen its partnership working with the Voluntary Sector holding a third summit in November.

### **2. Inequalities**

Action continues to be focused on addressing the unfair and avoidable differences in people's health across social groups and between different population groups. The Wellbeing Service was re-tendered and is now available in all 12 Midlothian GP Practices. Midlothian representatives involved in work that is progressing on the prevention of type 2 diabetes at a national, regional and local level. Work to develop models of homelessness support to people with complex lives is underway. A plan for COPD (chronic lung disease) prevention and early identification is being prepared. The Income Maximisation post (to work with local families) has now been filled.

### **3. Criminal Justice**

The unpaid Work (Community Payback) service was announced as a finalist for the VIBES 2018 Scottish Environmental Business Awards and attended the VIBES final and award ceremony in Glasgow in November. The team won their place in the final through its use of recycled materials to carry out projects that improve the environment. Work is progressing in developing joint working between Community Safety, the Resolution Service, Community Justice and Criminal Justice. Working with a domestic abuse perpetrator on a voluntary basis took place in Q3 with one suitable referral. This forms part of the Safe and Together approach to domestic abuse, where the non-offending parent is supported to stay safe and together with the children while the perpetrator is held to account for their actions. Children and Families involvement offers an opportunity to work with domestic abuse perpetrators, who may be facing up for the first time to the impact their behaviour is having on their children.

### **4. Substance Misuse**

MELDAP held a consultation event with service users and carers that helped inform the new Strategic Plan 2018-22 and identified key priorities for the partnership. MELDAP continues to lead work in developing responses to changing drug trends. A number of short, mid and long term actions are being taken forward by partners with Midlothian, East Lothian and the Lothian Health Board area. This includes planning a Lothian Wide Workshop. The "drop in" clinic to offer patients who find keeping appointments challenging continues to be a success. This is a partnership with Nurses, Peers and Social Work. The aim is to keep more chaotic population engaged and reduce unused appointments.

## **5. Technology**

Work has progressed well this quarter in the development of an operational resilience dashboard, integrating health and social care data into a tableau format. Supporting individuals with learning disabilities in need of overnight support has progressed further with an additional client now being supported by telecare. Technology offers a range of tools to support pathway and service redesign in terms of both iterative improvements and transformative initiatives. We are proactively engaging with the emerging digital agenda in Scotland to maximise the value that technology, in all its forms, can add. A key strand in this work already is business intelligence and analytics to drive data driven discovery and improvement. We must assess our exciting digital maturity to match our capability with our aspiration and roadmap appropriately.

## **6. Learning Disabilities**

Key areas of work are the extended times for the new day service provision within Midlothian and the ongoing programme of reviews of existing care packages. Work is progressing to develop positive behavioural support services within Midlothian.

## **7. Self Directed Support**

The current focus of activities continue to be supporting the implementation of Self Directed Support are enhancing support planning processes (including option 2), back office processes and continuing to develop practice to embed principles of choice and control in the provision of support. Work is being initiated to review the budget allocation tools.

## **8. Older People**

Our biggest challenge around older people's services in Midlothian continues to be capacity for both care at home and care homes. We have undertaken a number of initiatives with care at home to increase capacity by commissioning additional contracts to our external providers, reorganise the in house service runs and work closely with the voluntary sector to see how they can provide alternatives to care at home. Care homes is a bit different. We do have capacity, but some individuals and their families have chosen care homes where there are no vacancies and turned down the offer of a care home where there are vacancies. We are exploring how we can improve this situation. We need to develop improved care home placements for people living with dementia who are showing signs of stress and distress. Our Care Home Strategy focusses on this and we have a number of initiatives that we help will assist in dealing with this challenge. We have been working closely with the Care Inspectorate and familiarising ourselves with the new Care Home Standards and we are now seeing an improvement in grades for our Midlothian Care Homes.

## **9. Carers**

The Carers (Scotland) Act 2016 was implemented on 1st April 2018. Work during Q4 of 2017, and Q1, Q2 and Q3 of 2018 focussed on ensuring duties and responsibilities under the legislation were in place for implementation and delivery of new services/responsibilities. Agreement has been given for funding to support VOCAL to undertake Adult Carer Support Plans as part of sharing legislative duties. This responsibility also involves the requirement to provide Carer Census reporting to the Scottish Government; the Performance and Improvement Team have submitted baseline data for the carer's census for 17/18 per Scottish Government requirement. The Carers Strategic Planning group have reformed to take stock of progress, and consider progress against the Action Plan. A Carers event/consultation event took place in November 2018; feedback will inform the Carers Strategy and Midlothian Strategic Plan. A Short Breaks Service Statement was prepared and published online by end of December 2018, as per legislative requirements.

## **10. Mental Health**

A full time Midlothian Access Point Social Prescribing worker is now in post to support expansion of Access Point. Since August 2016 to 30 November 2018 2,203 people have attended the Access Point. Three Primary Care/Access Point Mental Health nurses have been appointed, and start work in January and February 2019. With this additional capacity the Access Point will be expanded and develop pathways for people experiencing poor mental health. Following a commissioning process a new service provider has been identified for the Wayfinder model Grade 4 community based rehabilitation service; the remodelled service will be in place for April 2019.

## **11. Adults with Long Term Conditions, Disability and Impairment**

The Joint Physical Disability Planning Group continues to pursue any outstanding issues in their current Action Plan with the effective sharing of information still a priority. Work towards the creation of a Disabled Peoples Assembly is well underway. The hearing aid maintenance clinics running once a month in Dalkeith Library continue to prove extremely popular. With the assistance of the LAC team, tea and coffee is now being provided, to further develop this into a form of peer support group. Volunteers are being recruited to start a similar clinic in Penicuik. The Health and Social Care Partnership are currently exploring possible funding for Audiology equipment for the Community Hospital to facilitate a local assessment provision.

The Midlothian Council British Sign Language final plan is being completed on the back of the consultation information gathered. This will then go to Council for approval.

## Challenges and Risks

### **Funding pressures**

There is a continuing requirement to deliver a balanced budget by achieving major efficiencies despite the growing demand, particularly in relation to older people and those with complex needs.

### **Capacity and Quality of Services**

Increasing demand on Care at Home services continues to be a major challenge to deliver the care and support needed. This is heavily impacting on assisting hospital discharges and supporting people at home in the community who require increased care and support. However, a number of service reviews and development work is underway to attempt to manage the challenges and respond in time to hospital discharges.

### **Absence Management**

Increasing levels of absence in service creates challenges for delivering effective and efficient service delivery. Work is targeted at teams with greater absence levels to maximise attendance and promote health and wellbeing in staff teams.

# Adult, Social Care PI summary 2018/19

## 01.1 Making the Best Use of our Resources

| Priorities                    | Indicator  | 2017 /18 | Q3 2017 /18 | Q1 2018 /19 | Q2 2018 /19 | Q3 2018/19 |        |  | Annual Target 2018 /19 | Feeder Data | Value   |             |
|-------------------------------|--|----------|-------------|-------------|-------------|------------|--------|--|------------------------|-------------|---|-------------|
|                               |  | Value    | Value       | Value       | Value       | Value      | Status | Note   |                        |             |   | Short Trend |
| 01. Manage budget effectively | Performance against revenue budget                                       | £38.805m | £39.028m    | £40.919m    | £39.757m    | £39.777m   |        | Q3 18/19: On Target<br>The projected budget performance will be reported to the Council on 12th February 2019 and will show the budget is on target.   |                        | £39.757m    |   |             |
| 02. Manage stress and absence | Average number of working days lost due to sickness absence (cumulative) | 10.53    | 7.47        | 4.17        | 8.04        | 12.90      |        | Q3 18/19: Off Target<br>Absence in some areas increased over quarter. Care Homes and Care at Home continues to be the current focus. Performance review and monitoring is in place to ensure improvement and practice sustained. |                        | 10.53       | Number of days lost (cumulative)                | 6,160.04    |
|                               |  |          |             |             |             |            |        |  |                        |             | Average number of FTE in service (year to date) | 477.49      |

## 01.2 Corporate Health

| Priorities                          | Indicator  | 2017 /18 | Q3 2017 /18 | Q1 2018 /19 | Q2 2018 /19 | Q3 2018/19 |        |   | Annual Target 2018 /19 | Feeder Data | Value   |             |
|-------------------------------------|--|----------|-------------|-------------|-------------|------------|--------|---|------------------------|-------------|---|-------------|
|                                     |  | Value    | Value       | Value       | Value       | Value      | Status | Note  |                        |             |   | Short Trend |
| 03. Complete all service priorities | % of service priorities on target / completed, of the total number | 89.47%   | 92.11%      | 100%        | 97%         | 93.94%     |        | Q3 18/19: On Target   |                        | 90%         | Number of service & corporate priority actions                  | 33          |
|                                     |  |          |             |             |             |            |        |   |                        |             | Number of service & corporate priority actions on tgt/completed | 31          |
| 04. Process invoices efficiently    | % of invoices paid within 30 days of invoice receipt (cumulative)  | 95%      | 96%         | 94%         | 94%         | 93%        |        | Q3 18/19: Off Target<br>Continues to remain off target. Service continues to work to address delayed invoice payment, however, recognise that processing delays often result from invoices being queried with externally providers. |                        | 97%         | Number received (cumulative)                                    | 19,509      |
|                                     |  |          |             |             |             |            |        |   |                        |             | Number paid within 30 days (cumulative)                         | 18,194      |

|                            |   |        |        |      |      |      |  |   |  |      |   |   |
|----------------------------|---|--------|--------|------|------|------|--|---|--|------|---|---|
| 05. Improve PI performance | % of PIs that are on target/ have reached their target.     | 86.49% | 77.78% | 50%  | 50%  | 50%  |  | Q3 18/19: Off Target<br>2 out of 4 priority indicators on target. The performance report also includes a further 11 data only indicators. |  | 90%  | Number on tgt/complete                            | 2 |
|                            |   |        |        |      |      |      |  |   |  |      | Total number of PI's                              | 4 |
| 06. Control risk           | % of high risks that have been reviewed in the last quarter | 100%   | 100%   | 100% | 100% | 100% |  | Q3 18/19: On Target   |  | 100% | Number of high risks reviewed in the last quarter | 2 |
|                            |   |        |        |      |      |      |  |   |  |      | Number of high risks                              | 2 |

**01.3 Improving for the Future**




| Priorities                      | Indicator   | 2017/18 | Q3 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 |        |   | Annual Target 2018/19 | Feeder Data | Value   |             |
|---------------------------------|---|---------|------------|------------|------------|------------|--------|---|-----------------------|-------------|---|-------------|
|                                 |   | Value   | Value      | Value      | Value      | Value      | Status | Note  |                       |             |   | Short Trend |
| 07. Implement improvement plans | % of internal/external audit actions progressing on target. | 52.17%  | 69.57%     | 17.65%     | 81.25%     | 53.85%     |        | Q3 18/19: Off Target<br>A number of internal audit actions are cross divisional, therefore, progress is reliant on progress in other areas. |                       | 90%         | Number of internal/external audit actions on target or complete | 7           |
|                                 |   |         |            |            |            |            |        |   |                       |             | Number of internal/external audit actions in progress           | 13          |

# Adult Social Care Complaints Indicator Summary




## 01.4 Commitment to valuing complaints

| Indicator  | 2017/18 | Q3 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 |        |  | Annual Target 2018/19 |
|--|---------|------------|------------|------------|------------|--------|--|-----------------------|
|  | Value   | Value      | Value      | Value      | Value      | Status | Note   |                       |
| Number of complaints received (cumulative)   | 54      | 36         | 10         | 32         | 47         |        | Q3 18/19: Data Only  |                       |
| Number of complaints closed in the year  |         |            | 8          | 24         | 46         |        | Q3 18/19: Data Only  |                       |
| Number of complaints upheld (cumulative)   |         |            | 3          | 11         | 17         |        | Q3 18/19: Data Only  |                       |
| Number of complaints partially upheld (cumulative)   |         |            | 1          | 5          | 12         |        | Q3 18/19: Data Only  |                       |
| Number of complaints not upheld (cumulative)   |         |            | 3          | 7          | 14         |        | Q3 18/19: Data Only  |                       |
| Average time in working days to respond to complaints at stage 1                                   | 17.88   | 0.67       | 9.25       | 14.87      | 14.61      |        | Q3 18/19: Off Target<br>Service continues to address the challenges of responding to complaints at stage 1 within timescale. | 5                     |
| Average time in working days to respond to complaints at stage 2                                   | 18.63   | 14.33      | 21         | 13.8       | 13.8       |        | Q3 18/19: On Target  | 20                    |
| Average time in working days for a full response for escalated complaints                          |         |            | 2          | 10.25      | 19.38      |        | Q3 18/19: On Target  | 20                    |
| Percentage of complaints at stage 1 complete within 5 working days                                 | 20.59%  | 29.17%     | 25%        | 20%        | 17.86%     |        | Q3 18/19: Off Target<br>The timescale for responding to Stage 1 complaints within 5 days continues to be a challenge.        | 95%                   |
| Percentage of complaints at stage 2 complete within 20 working days                                | 57.89%  | 75%        | 33.33%     | 60%        | 60%        |        | Q3 18/19: Off Target<br>Reporting errors being identified and addressed.   | 95%                   |
| Percentage of complaints escalated and complete within 20 working days                             |         |            | 100%       | 75%        | 46.15%     |        | Q3 18/19: Off Target<br>Performance being addressed.   | 95%                   |
| Number of complaints where an extension to the 5 or 20 day target has been authorised (cumulative) |         |            | 1          | 1          | 0          |        | Q3 18/19: Data Only  |                       |

## 01. Health Inequalities




| Code      | Action   | Due Date    | Icon  | Progress | Comment & Planned Improvement Action   |
|-----------|--|-------------|---|----------|--|
| ASC.P.1.1 | Secure funding to maintain the Wellbeing Service and the Community Health Inequalities Team and expand service to 12 GP Practices. | 31-Mar-2019 |  | 100%     | <b>Q1 18/19:</b> Complete<br>Funding has been secured for 3 years. The service specification is currently advertised on the procurement portal. The service will expand to all 12 Midlothian Medical Practices on 1st November 2018. |
| ASC.P.1.2 | Health and Homelessness action plan to be developed and approved.  | 31-Mar-2019 |  | 75%      | <b>Q3 18/19:</b> On Target<br>Multi-agency meeting took place to discuss potential new models of housing and support. Broader workshop planned for March 2019.   |
| ASC.P.1.3 | Develop plan to support people engaged with the Criminal Justice System in their access to health information/services.            | 31-Mar-2019 |  | 70%      | <b>Q3 18/19:</b> On Target<br>Discussions underway but one post vacant so pathway not implemented.   |

## 02. Assessment and Care Management



| Code      | Action  | Due Date    | Icon  | Progress | Comment & Planned Improvement Action   |
|-----------|---|-------------|---|----------|--|
| ASC.P.2.1 | Reduce the waiting times for occupational therapy and social work services                                    | 31-Mar-2019 |  | 50%      | <b>Q3 18/19:</b> On Target<br>The newly appointed 12 month fixed OT post will provide increased staff capacity to help reduce waiting lists. A review of working practices is identifying new ways of working. The number of people waiting on services improving but yet to be reflected in the average wait time.  |
| ASC.P.2.2 | Strengthen joint working with Health colleagues   | 31-Mar-2019 |  | 60%      | <b>Q3 18/19:</b> On Target<br>Consideration being given as to how best to replicate the successful multidisciplinary approach tested by the Penicuik Housebound Project.   |
| ASC.P.2.3 | Contribute to the development of Anticipatory Care Plans, including through the involvement of unpaid carers. | 31-Mar-2019 |  | 85%      | <b>Q3 18/19:</b> On Target<br>Established system in place enabling completed plans to be shared with and stored by social work; sending an alert to primary care colleagues that a plan is accessible for consultation during both office and out-of-hour times. Aim for Q4 to arrange a review meeting with Primary Care. Qualitative research indicates a benefit to carers in having a plan in place, despite possible low numbers of occasions when they might be enacted. |




### 03. Supporting Service Users Through the Use of Technology

| Code      | Action  | Due Date    | Icon  | Progress | Comment & Planned Improvement Action   |
|-----------|---|-------------|---|----------|--|
| ASC.P.3.1 | Agree the viability of switching the current telecare provision from an analogue based system to a digital service.   | 31-Mar-2019 |  | 10%      | <b>Q3 18/19: Off Target</b><br>Continuing to await progress on three fronts. 1. National developments within the Local Government Digital Office to roadmap the requirements as a result of the national infrastructure change and scope the consequences. 2. Telecare Platform developments in East Lothian required to 'go digital'. Discussions started, and work under way to technically enable digital platform however, we are dependent on their timetable 3) Procurement framework update (Scotland Excel). |
| ASC.P.3.2 | Explore the use of assistive technology, such as telecare monitoring, for supporting people with learning disabilities in need of overnight support.                                | 31-Mar-2019 |  | 60%      | <b>Q3 18/19: On Target</b><br>One additional client sourced to have sleepover supported by telecare. Trial of equipment went well and procured to support client according to social worker's timetable.   |
| ASC.P.3.3 | Extend the care home video conferencing programme to pilot Out of Hours GP telehealth assessment at Drummond Grange for 6 months to evaluate the benefits to patients and services. | 31-Mar-2019 |  | 100%     | <b>Q2 18/19: Complete</b><br>Unfortunately issues identified with NHS Out of Hours services has halted progress. New Unscheduled Care Hub programme is now picking up this development area and will explore other ways of applying video conferencing to get around the impasse.  |






### 04. Carers

| Code      | Action  | Due Date    | Icon  | Progress | Comment & Planned Improvement Action   |
|-----------|---|-------------|---|----------|--|
| ASC.P.4.1 | Demonstrate a strengthened approach to early identification and awareness raising of carers, including self-identification. | 31-Mar-2019 |  | 70%      | <b>Q3 18/19: On Target</b><br>Commitment remains within Carers Strategy and within contracts commissioning carer support to increase carer identification. Following the introduction of the new Carers Act awareness raising material and information sessions were provided for staff and communications for the public. Development in VOCAL assuming shared responsibility for completion of Adult Carer Support Plans since October 2018 further strengthens this approach. VOCAL aim to significantly increase the number of ACSP completed in Midlothian, and are doing this by a change in their practice for offering plans to new referrals and existing carers who are in contact with their service. Future quarters will be able to offer comparable completion figures pre and post this change in responsibility. |
| ASC.P.4.2 | Monitor response to demand for completion of adult carer support plans to inform future service delivery.                   | 31-Mar-2019 |  | 70%      | <b>Q3 18/19: On Target</b><br>VOCAL have undertaken an initial number of Adult Carer Support Plans on an introductory basis, learning from which has been used to develop shared referral and screening protocols for use by VOCAL and Adult & Children's Services staff. Details of funding requirements to support full implementation of VOCAL undertaking this work have been shared with senior management. VOCAL assumed shared responsibility for completion of ACSP from Q3 2018.  |






| Code      | Action   | Due Date    | Icon  | Progress | Comment & Planned Improvement Action   |
|-----------|--|-------------|---|----------|--|
| ASC.P.4.3 | Progress implementation of the Carer's Emergency Planning toolkit. | 31-Mar-2019 |  | 95%      | <b>Q3 18/19: On Target</b><br>System and protocols in place and being used to support completion and recording of Plans with social work. Procedure in place to notify Primary Care that a plan is in place. No feedback or difficulties have been reported – no reports of process having been tested in a live example. Aim in next quarter to arrange a review meeting with Primary Care. |

### 05. Older People





| Code      | Action  | Due Date    | Icon  | Progress | Comment & Planned Improvement Action  |
|-----------|---|-------------|---|----------|---|
| ASC.P.5.1 | Establish an integrated approach to discharge access pathways for intermediate care.  | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>Flow hub now improving patient/client pathways and reduced number of delayed discharges.  |
| ASC.P.5.2 | Development of a project plan to progress the re-provision of Highbank Care Home into a purpose built intermediate care home.       | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>Proposal approved by Council. Project Group developing plan.  |
| ASC.P.5.3 | Encourage and support staff to consider suitable pathways as an alternative to care at home to prevent hospital admissions.         | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>Improved pathways from the voluntary sector and a workshop planned for early spring with front line staff and voluntary sector.                   |
| ASC.P.5.4 | Develop detailed plans for the expansion of extra care housing in areas such as Dalkeith and Bonnyrigg.                             | 31-Mar-2019 |  | 50%      | <b>Q3 18/19: On Target</b><br>Plans are in place but hold up on Gore Avenue due to environmental assessments still to be completed. Project meetings set up on a regular basis. |
| ASC.P.5.5 | Install a continuous improvement approach with the Care at Home in-house services and partnership approach with external providers. | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>New pilots running well but improvements needed on in house runs still to be complete.  |

### 06. Mental Health




| Code      | Action  | Due Date    | Icon  | Progress | Comment & Planned Improvement Action   |
|-----------|---|-------------|---|----------|--|
| ASC.P.6.1 | Recruit volunteer and peer support in the future development of the Mental Health Access Point. | 31-Mar-2019 |  | 50%      | <b>Q3 18/19: On Target</b><br>Volunteers have been identified through the community development element of MAP. Processes and Standard Operating procedures are being developed to ensure safe and effective practice. |
| ASC.P.6.2 | Develop new specialist employment project for people with mental health issues.                 | 31-Mar-2019 |  | 40%      | <b>Q3 18/19: On Target</b><br>An Individual Placement and Support model has been agreed. Job description written. Recruitment March 2019.  |


| Code      | Action   | Due Date    | Icon  | Progress | Comment & Planned Improvement Action  |
|-----------|--|-------------|---|----------|---|
| ASC.P.6.3 | Develop a collaborative model of service delivery for the Recovery Hub which will bring together Mental Health, Substance Misuse and Criminal Justice Services, including third sector partners, together. | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>Operational Managers/Team Leaders meet on a regular basis to discuss, agree and implement actions that are needed to deliver the integration of services within the Recovery Hub. This collegiate approach is aimed at preparing teams to work in close partnership at the point the Recovery Hub opens. The building contractor starts work in January 2019 with a target date of May/June 2019. |

### 07. Learning Disability





| Code      | Action  | Due Date    | Icon  | Progress | Comment & Planned Improvement Action  |
|-----------|---|-------------|---|----------|---|
| ASC.P.7.1 | Establish plans for local provision of positive behavioural support service in Midlothian.  | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>Work on proposed plans for provision of positive behavioural support within Midlothian nearing completion.  |
| ASC.P.7.2 | Baseline the number of care packages without assessment or review in agreed timescale and put in place an implementation plan to reduce the number outside timescale. | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>Baseline figures agreed. Work ongoing to develop plan to address reviews outside timescale. Options for reviews where service is being delivered in house are being investigated. |
| ASC.P.7.3 | Commissioning of new and existing day services to increase range of day service options available within Midlothian.  | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>New day service (Upward Mobility) now operating 3 days per week in Midlothian. Plans in place to extend provision to 5 days a week from the middle of March.                      |
| ASC.P.7.4 | Continue the programme of reviews of all high packages of care.   | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>Work on reviews ongoing.  |

### 08. Adults Offenders


| Code      | Action   | Due Date    | Icon  | Progress | Comment & Planned Improvement Action  |
|-----------|--|-------------|---|----------|---|
| ASC.P.8.1 | Review the functions of Community Justice and Community Safety to develop an integrated service approach.                | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>The new joint Community Safety and Justice team is developing well and a successful team building event was held on 20th November.  |
| ASC.P.8.2 | Develop interventions to non-Court mandated domestic abuse perpetrators referred through the Safe and Together approach. | 31-Mar-2019 |  | 50%      | <b>Q3 18/19: On Target</b><br>This remains at 50% as referrals have been fewer than anticipated. 2 have been received, with 1 being assessed as appropriate. Criminal Justice staff are spending time with Safer Families in Edinburgh in February to learn more about the service there. |
| ASC.P.8.3 | Continue to implement and expand the Spring Service provision in line with funding.                                      | 31-Mar-2019 |  | 75%      | <b>Q3 18/19: On Target</b><br>Since September numbers have grown and the move on part of the service has been further developed; however there are challenges to women moving on from Spring and this is being reviewed.  |

| Code      | Action  | Due Date    | Icon  | Progress | Comment & Planned Improvement Action  |
|-----------|---|-------------|---|----------|---|
| ASC.P.8.4 | Continue to develop multi-agency arrangements to include violent offenders. | 31-Mar-2019 |  | 75%      | <b>Q3 18/19:</b> On Target<br>There is one MAPPA extension case currently being managed in the community. |

### 09. Adults with Long Term Conditions, Disability and Sensory Impairment

| Code      | Action  | Due Date    | Icon  | Progress | Comment & Planned Improvement Action   |
|-----------|---|-------------|---|----------|--|
| ASC.P.9.1 | Develop the Midlothian Obesity and Type 2 Diabetes Strategy.  | 31-Mar-2019 |  | 75%      | <b>Q3 18/19:</b> On Target<br>Contributing to National and Regional planning groups. Midlothian services around weight management and diabetes prevention to be significantly increased before March 2019 (Regional funding). Midlothian CPP workshop took place on 24th October. Consultation with Midlothian voluntary organisations has taken place – to be discussed further. Midlothian Strategy to be drafted following further developments - regional and local. |
| ASC.P.9.2 | Continued provision of sensory impairment awareness raising sessions.   | 31-Mar-2019 |  | 75%      | <b>Q3 18/19:</b> On Target<br>Training sessions continuing and Sensory Champion training now complete giving a further 10 Champions in Midlothian.   |
| ASC.P.9.3 | Contribute to the development of a plan for the new British Sign Language legislation.  | 31-Mar-2019 |  | 30%      | <b>Q3 18/19:</b> Off Target<br>Midlothian BSL Implementation Plan still to be completed on the back of the consultation information gathered. This will then go to Council for approval, timing to be confirmed.   |
| ASC.P.9.4 | Evaluate the success of the revised Adaptation Policy for people with physical disabilities and collaborative working between Occupational Therapy and Housing. | 31-Mar-2019 |  | 75%      | <b>Q3 18/19:</b> On Target<br>Ongoing meetings and monitoring taking place.  |

### 10. Adults Substance Misuse

| Code       | Action   | Due Date    | Icon  | Progress | Comment & Planned Improvement Action   |
|------------|--|-------------|---|----------|--|
| ASC.P.10.1 | Reshape local services to reflect changes in funding and emerging National priorities. | 31-Mar-2019 |  | 40%      | <b>Q3 18/19:</b> On Target<br>Additional funding for 2018/19 and for 2 years beyond that, confirmed. Plans for the Investment have been agreed and it is being used to introduce advocacy, a Scottish Government priority for the investment, and implement an assertive in reach and outreach approach. |

# Adult, Social Care PI Report 2018/19















## 01. Health Inequalities

| PI Code      | PI  | 2017/18 | Q3 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 |        |             |                     | Annual Target 2018/19 | Benchmark |
|--------------|---|---------|------------|------------|------------|------------|--------|-------------|---------------------|-----------------------|-----------|
|              |   | Value   | Value      | Value      | Value      | Value      | Status | Short Trend | Note                |                       |           |
| ASC.S.01.02a | Increase the number of staff trained in inequalities & poverty (cumulative) | 88      | 82         | 27         | 0          | 76         |        |             | Q3 18/19: Data Only |                       |           |



## 02. Assessment and Care Management

| PI Code    | PI   | 2017/18  | Q3 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 |        |             |   | Annual Target 2018/19 | Benchmark |
|------------|--|----------|------------|------------|------------|------------|--------|-------------|---|-----------------------|-----------|
|            |  | Value    | Value      | Value      | Value      | Value      | Status | Short Trend | Note  |                       |           |
| ASC.P.2.1a | Average waiting time for occupational therapy services | 15 weeks | 12 weeks   | 14 weeks   | 15 weeks   | 12 weeks   |        |             | Q3 18/19: Off Target<br>Improvement since last quarter. Data reflects the continued increased demand for services. Newly Appointed 12 month fixed OT post has increased staff capacity. A review of working practices has identified opportunities to streamline processes and trial new ways of working. | 6 weeks               |           |
| ASC.P.2.1b | Average waiting time for social work services          | 11 weeks | 9 weeks    | 8 weeks    | 9 weeks    | 12 weeks   |        |             | Q3 18/19: Off Target<br>Data reflects continued demand for services. A review of working practices has identified opportunities to streamline processes and trial new ways of working.  | 6 weeks               |           |







| PI Code    | PI  | 2017/18 | Q3 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 |   |   | Annual Target 2018/19  | Benchmark |      |
|------------|---|---------|------------|------------|------------|------------|---|---|--|-----------|------|
|            |   | Value   | Value      | Value      | Value      | Value      | Status  | Short Trend   |  |           | Note |
| ASC.P.2.4a | Improved reported outcomes by service users   | 94%     | 96%        | 94%        | 93%        | 93%        |    |    | <b>Q3 18/19:</b> On Target<br>Reviews include nine outcomes focussed questions. Not all questions are asked at each review. This measures the proportion of people who responded positively to at least 66% of the questions they were asked. For Q3 51 out of 55 people responded positively. | 75%       |      |
| ASC.P.2.4b | Increase the % of people who feel they are participating more in activities of their choice | 94%     | 98%        | 91%        | 95%        | 94%        |    |    | <b>Q3 18/19:</b> On Target<br>49 out of 52 people stated during review that their ability to participate in activities of their choice had not deteriorated.   | 75%       |      |
| ASC.P.2.4c | The proportion of people choosing SDS option 1  | 5.8%    | 6.9%       | 6.38%      | 7.39%      | 7.7%       |    |    | <b>Q3 18/19:</b> Data Only<br>There is no target for self-directed support options, as this is included in order to monitor the spread of uptake, which is determined by service user choice. Includes those under the age of 18.  |           |      |
| ASC.P.2.4d | The proportion of people choosing SDS option 2  | 3.1%    | 4.71%      | 2.98%      | 2.64%      | 2.6%       |   |   | <b>Q3 18/19:</b> Data Only<br>There is no target for self-directed support options, as this is included in order to monitor the spread of uptake, which is determined by service user choice. Includes those under the age of 18.  |           |      |
| ASC.P.2.4e | The proportion of people choosing SDS option 3  | 85%     | 92%        | 84%        | 83.3%      | 82.8%      |  |  | <b>Q3 18/19:</b> Data Only<br>There is no target for self-directed support options, as this is included in order to monitor the spread of uptake, which is determined by service user choice. Includes those under the age of 18.  |           |      |
| ASC.P.2.4f | The proportion of people choosing SDS option 4  | 6.1%    | 6.1%       | 6.9%       | 6.68%      | 6.9%       |  |  | <b>Q3 18/19:</b> Data Only<br>There is no target for self-directed support options, as this is included in order to monitor the spread of uptake, which is determined by   |           |      |

| PI Code | PI | 2017/18 | Q3<br>2017/18 | Q1<br>2018/19 | Q2<br>2018/19 | Q3 2018/19 |        |                |      | Annual<br>Target<br>2018/19                              | Benchmark |  |
|---------|----|---------|---------------|---------------|---------------|------------|--------|----------------|------|--|-----------|--|
|         |    | Value   | Value         | Value         | Value         | Value      | Status | Short<br>Trend | Note |  |           |  |
|         |    |         |               |               |               |            |        |                |      | service user choice. Includes those under the age of 18. |           |  |





#### 04. Carers

| PI Code    | PI   | 2017/18 | Q3<br>2017/18 | Q1<br>2018/19 | Q2<br>2018/19 | Q3 2018/19 |   |   |  | Annual<br>Target<br>2018/19 | Benchmark |
|------------|--|---------|---------------|---------------|---------------|------------|---|---|--|-----------------------------|-----------|
|            |  | Value   | Value         | Value         | Value         | Value      | Status  | Short<br>Trend  | Note   |                             |           |
| ASC.P.4.2a | Monitor the number of carers receiving an adult carer support plan of their care needs | N/A     | N/A           | 37            | 24            | 26         |  |  | <b>Q3 18/19:</b> Data Only<br>This does not include Adult Carer Support Plans undertaken by VOCAL. |                             |           |

#### 05. Older People



| PI Code    | PI  | 2017/18 | Q3<br>2017/18 | Q1<br>2018/19 | Q2<br>2018/19 | Q3 2018/19 |   |   |                            | Annual<br>Target<br>2018/19 | Benchmark |
|------------|---|---------|---------------|---------------|---------------|------------|---|---|----------------------------|-----------------------------|-----------|
|            |   | Value   | Value         | Value         | Value         | Value      | Status  | Short<br>Trend  | Note                       |                             |           |
| ASC.P.5.5a | Number of Individuals receiving care at home at Qtr End                                 | N/A     | N/A           | 1,144         | 1,438         | 1,513      |   |   | <b>Q3 18/19:</b> Data Only |                             |           |
| ASC.P.5.5b | Number of Individuals waiting for a 'Care at Home' package of care                      | N/A     | N/A           | 104           | 37            | 24         |  |  | <b>Q3 18/19:</b> Data Only |                             |           |
| ASC.P.5.5c | Reduce the number of patients delayed in hospital for more than 72 hours at census date | 21      | 27            | 32            | 38            | 22         |  |  | <b>Q3 18/19:</b> Data Only |                             |           |




**08. Adults Offenders**



| PI Code    | PI   | 2017/18 | Q3<br>2017/18 | Q1<br>2018/19 | Q2<br>2018/19 | Q3 2018/19 |   |   |   | Annual<br>Target<br>2018/19 | Benchmark |
|------------|--|---------|---------------|---------------|---------------|------------|---|---|---|-----------------------------|-----------|
|            |  | Value   | Value         | Value         | Value         | Value      | Status  | Short<br>Trend  | Note  |                             |           |
| ASC.P.8.3a | Numbers accessing<br>SPRING service<br>(cumulative)                  | 77      | 62            | 17            | 39            | 56         |  |  | <b>Q3 18/19:</b> Data Only<br>17 women engaged in the service<br>during Q3                                      |                             |           |
| ASC.P.8.4a | Monitor the number of<br>violent offenders with<br>MAPPA involvement | 0       | 0             | 0             | 1             | 1          |  |  | <b>Q3 18/19:</b> Data Only<br>There is one MAPPA extension<br>case currently being managed in<br>the community. |                             |           |







# Adult & Social Care Service Risks

| Risk Title  | Risk Identification   | Risk Control Measure  | Risk Evaluation   | Related Action  | Related action latest note |
|---|---|---|---|---|----------------------------|
| Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services | <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.<br/>Unable to meet the increasing demands for provision particularly in relation to care at home.<br/>Ceasing trading due to financial difficulties creating risks around service provision for large groups of very vulnerable people.</p> | <p>01 - Service level agreements and contracts</p> <p>02 - Quality assurance officers monitoring of care homes and home care provision</p> <p>03 - Large scale investigation protocol involving multi-agency investigation of risk of harm within services and risk management planning.</p> <p>04 - Monitoring of Care Inspectorate Reports and reporting performance across the sector including exception reports.</p> <p>05 - Quarterly care home, care at home and day care providers forum to ensure good communication and partnership working with commissioned services</p> <p>06 - Service Managers role with responsibility for monitoring of commissioned services</p> <p>07 - Ensuring regular review of cases in accordance with level of risk and designated team leader responsibilities.</p> <p>08 - Commissioning processes to ensure robust decision-making.</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> |                            |
| Meeting growing demands with constrained /reduced budgets, especially from external funders                         | <p><b>Risk Cause:</b> Increasing ageing population of over 75's<br/>Increasing numbers of adults with disabilities and complex needs<br/>Rising customer expectations<br/>Insufficient budget</p>   | <p>01 - Eligibility criteria; fair access to care policy etc,</p> <p>02 - Performance reporting</p> <p>03 - Service transformation programme</p> <p>04 - Capacity planning and commissioning LD and complex needs</p> <p>05 - Monitoring and reporting waiting times</p> <p>06 - Developing performance indicators for reviewing policy</p>   |  | <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</p>   |                            |

| Risk Title   | Risk Identification   | Risk Control Measure  | Risk Evaluation   | Related Action | Related action latest note |
|--|---|---|---|----------------|----------------------------|
|  | <p><b>Risk Event:</b> Change programme does not meet future years projected budget gaps</p> <p><b>Risk Effect:</b> Inability to deliver against strategic priorities</p>  | <p>07 - Monitoring performance to meet contractual requirements</p> <p>08 - Budget monitoring</p>   |   |                |                            |
| Capacity of communities to meet changing requirements of them to support social inclusion within local communities                     | <p>In the current financial climate service users and family carers will become increasing dependent on support from local communities to ensure that their needs for meaningful activities and social interaction are met. Significant investment of resources and skills will be required to ensure that communities are able to respond to these needs.</p> <p><b>Risk Cause:</b></p> <p><b>Risk Event:</b></p> <p><b>Risk Effect:</b></p> | <p>01 - Role of MVA in supporting the voluntary sector</p> <p>02 - Voluntary Sector Compact agreement</p> <p>03 - Day Opportunities Review for Older people</p> <p>04 - Day Service Modernisation Programme LD</p> <p>05 - Change fund programme</p> <p>06 - FSF Programme</p> <p>07 - Developing capacity of Community Councils</p> <p>08 - Neighbourhood planning</p> <p>09 - Community planning processes</p>  |    |                |                            |
| Property risks in terms of maximising the property asset to the benefit of service delivery and accessibility including DDA compliance | <p><b>Risk Cause:</b> Insufficient Capital Resources.</p> <p><b>Risk Event:</b> Failure to maintain and modernise existing building stock</p> <p><b>Risk Effect:</b> People are supported in environments of poor quality</p>   | <p>01 - Regular dialogue with Asset Management re needs of service.</p> <p>02 - Divisional Business Continuity Plan advises on crises management situations.</p> <p>03 - Development of community assets through regeneration</p> <p>04- Strategic Capital Programme Board</p> <p>05- Development of IJB Property Strategy</p>  |    |                |                            |
| Harm by offenders to members of the public   | <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>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> |  |                |                            |

| Risk Title  | Risk Identification   | Risk Control Measure  | Risk Evaluation   | Related Action   | Related action latest note |
|---|---|---|---|--|----------------------------|
|   | <p><b>Risk Event:</b> Offence incident occurs.</p> <p><b>Risk Effect:</b> Harm to member of the public<br/>Reputational damage to the Council</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> |   |  |                            |
| Adult Protection                                    | <p><b>Risk Cause:</b> Failure to identify the risk to the individual.<br/>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.<br/>Harm to vulnerable service user.</p>                        | <p>01 - Public Protection Committee</p> <p>02 - Adult Protection Procedures</p> <p>03 - Large scale investigation protocol</p> <p>04 - IRD Review Group established (and links with the Police)</p> <p>05 - Adult protection training programme</p> <p>06 - Case file governance arrangements</p> <p>07 - Adult Protection Lead Officer</p> <p>08 - Training Programme</p> <p>09 - Development of Adult Protection Team within Fieldwork</p>            |  |  |                            |
| Capacity to manage scale of transformational change | <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> | <p>01 - Project management approach adhered to</p> <p>02 - Business Transformation Board and reporting arrangements.</p> <p>03 - New posts to support implementation of IRF, Dementia Demonstrator site and Change Fund</p> <p>04 - Support for service review from Business Transformation Section.</p> <p>05 - Project Plans agreed.</p> <p>06 - 2 new Project Officers</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. |                            |

| Risk Title   | Risk Identification   | Risk Control Measure   | Risk Evaluation   | Related Action  | Related action latest note |
|--|---|--|---|---|----------------------------|
| Capacity of Workforce  | <p><b>Risk Cause:</b> Employees not suitably trained/development for the roles required of them.<br/>Challenges around maximising attendance<br/>Limited availability of staff in certain sectors<br/>Ageing workforce</p> <p><b>Risk Event:</b> Inadequate staffing levels/skills.</p> <p><b>Risk Effect:</b> Low morale.<br/>Inability to deliver services.</p> | 01- Workforce Plan<br>02- Learning and Development Team  |    | In recognition of the changing role of Newbyres and in response to the recent internal review a new staffing structure has been developed.                          |                            |
| Information Management and Data Protection                         | <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>   | 01 - Action Plan to improve information management and data protection. This is being controlled through covalent.   |    | Data sharing<br>The framework system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal. |                            |
| Legislative requirement for health and community care to integrate | <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>   | 01 - Business Transformation Board and an NHS Lothian Project Group regularly review progress with arrangements in Midlothian<br>02 - NHS Lothian and Midlothian Council have both conducted Internal Audit reviews<br>03- The Joint Management Team chaired by the Joint Director maintains an overview of the implementation of the new arrangements |    |   |                            |
| Community Safety & Justice - Negative media impact                 | <p>Risk that negative media coverage impacts on community safety &amp; justice communication and engagement activity</p> <p><b>Risk Cause:</b><br/>Communication with the public could be poor or an event or incident has negative outcome.</p>  | - Other communications plans in place e.g. MAPPA<br>- Communication monitored  |  |   |                            |

| Risk Title | Risk Identification   | Risk Control Measure | Risk Evaluation | Related Action | Related action latest note |
|------------|---|----------------------|-----------------|----------------|----------------------------|
|            | <p><b>Risk Event:</b><br/>Failure to have in place a robust Communications Strategy and scenario planning</p> <p><b>Risk Effect:</b><br/>Potential for tremendous effort but without knowing whether the effort has been successful against negative effects.</p> |                      |                 |                |                            |

# Published Local Government Benchmarking Framework – Adult Social Care



## Adult, Social Care

| Code | Title  | 2010/1          | 2011/1  | 2012/1  | 2013/1  | 2014/1  | 2015/1  | 2016/1  | 2017/1  | External Comparison   |
|------|--|-----------------|---------|---------|---------|---------|---------|---------|---------|---|
|      |  | 1               | 2       | 3       | 4       | 5       | 6       | 7       | 8       |   |
|      |  | Value           | Value   | Value   | Value   | Value   | Value   | Value   | Value   |   |
| SW1  | Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)  | £18.16          | £18.76  | £13.49  | £25.32  | £29.63  | £26.98  | £24.65  | £36.88  | 17/18 Rank 29 (Bottom Quartile).<br>16/17 Rank 21 (Third Quartile).<br>15/16 Rank 25 (Bottom Quartile).<br>14/15 Rank 30 (Bottom Quartile). |
| SW2  | Corporate Indicator - SDS spend on adults 18+ as a % of total social work spend on adults 18+(LGBF)  | 2.76%           | 2.18%   | 2.4%    | 2.78%   | 2.69%   | 3.95%   | 6.11%   | 4.75%   | 17/18 Rank 13 (Second Quartile).<br>16/17 Rank 9 (Second Quartile).<br>15/16 Rank 13 (Second Quartile).<br>14/15 Rank 17 (Third Quartile).  |
| SW3  | Percentage of people aged 65 and over with long-term care needs receiving personal care at home  | 61.14%          | 63.91%  | 65.76%  | 65.37%  | 60.11%  | 66.67%  | 66.98%  | 68.04%  | 17/18 Rank 5 (Top Quartile).<br>16/17 Rank 10 (Second Quartile).<br>15/16 Rank 10 (Second Quartile).<br>14/15 Rank 20 (Third Quartile).     |
| SW4a | Percentage of adults receiving any care or support who rate it as excellent or good. (LGBF)  | New for 2014/15 |         |         |         | 85.78%  | 73%     | N/A     | 71.35%  | 17/18 Rank 32 (Bottom Quartile).<br>15/16 Rank 32 (Bottom Quartile).<br>14/15 Rank 12 (Second Quartile).                                    |
| SW4b | Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (LGBF) | New for 2014/15 |         |         |         | 81.73%  | 85.7%   | N/A     | 73.05%  | 17/18 Rank 31 (Bottom Quartile).<br>15/16 Rank 15 (Second Quartile).<br>14/15 Rank 28 (Bottom Quartile).                                    |
| SW5  | Corporate Indicator - The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)  | £393.17         | £422.24 | £423.23 | £417.41 | £396.72 | £408.30 | £363.41 | £411.59 | 17/18 Rank 18 (Third Quartile).<br>16/17 Rank 12 (Second Quartile).<br>15/16 Rank 19 (Third Quartile).<br>14/15 Rank 14 (Second Quartile).  |