

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 outlined a major programme of service changes designed to promote prevention and recovery. Service priorities for the year included 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 this included improved partnership working, public engagement and working with communities. The three major programmes of redesign are Learning Disability Day Services, Care at Home, and Learning Disability 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 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 care capacity cannot match that growth without whole system change. The IJB acknowledge the challenges and going forward two multiagency events will take place as part of ongoing discussion.

1. Integration

The Health and Social Care Strategic Plan 2019-22 has been developed and approved. The Plan includes a major programme of public and staff consultation and a compilation of a population health and wellbeing needs assessment. New services such as a Midlothian 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. Musculoskeletal advanced practitioner physiotherapists and pharmacists are also in most GP practices now. 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 prevention and early identification is being prepared. The Income Maximisation post (to work with local families) has now been filled.

3. Criminal Justice

The Criminal Justice Team has moved to a temporary home while their building becomes a recovery hub that will bring mental health, substance misuse and criminal justice services together. The recovery hub will be called Number Eleven and will allow new ways of working across services to improve outcomes and accelerate access to services for some of the most needy and complex individuals in society. The new Unpaid Work service continues to develop with staff undertaking a 36 hour training for trainers' e-learning course with the face to face training planned for May. This will enable Unpaid Work supervisors to offer certificated training courses to service users subject to Community Payback Orders. Spring has gone from strength to strength in the past year and the Spring Team Leader and social worker posts have been made permanent. Interest in attending has significantly increased and there is now a waiting list for the service. Safe and Together represents a culture change in how domestic abuse is viewed within a child protection context. The Criminal Justice team are able and willing to work with fathers on a voluntary basis. Further training has recently taken place and the Public Protection Learning and Development Co-ordinator has completed Training for Trainers and can now deliver Safe and Together training. It is anticipated that referrals to the perpetrator service will increase, albeit slowly, as the approach becomes more embedded in child protection work.

4. Substance Misuse

MELDAP held a consultation event with service users and carers that helped inform the new Strategic Plan 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 developing a leaflet regarding powdered Ecstasy ["Mandy"] specifically being developed for young people and planning a Lothian Wide Workshop in relation to emerging drug trends. 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. This has ensured that currently no-one is waiting for access to the SMS Service.

5. Technology

Technology offers a range of tools to support pathway and service redesign in terms of both iterative improvements and transformative initiatives. We continue to proactively engage with the emerging digital agenda in Scotland to maximise the value that technology, in all its forms, can add. Last quarter we acknowledged our need to assess our exciting digital maturity to match our capability with our aspiration and roadmap appropriately. Scottish Government has just released a national maturity assessment schedule for NHS and Council. Our business intelligence and analytics project to deliver an integrated operational resilience dashboard is progressing well. We have established an initial data set and now have a working prototype in a test environment to drive data driven discovery and improvement. This will be tested with senior management and end users along with seeking to make the processes of obtaining and updating data in the visualisation more robust through efforts to automate. The HSCP have also submitted an application for Scottish Government TEC funding, to develop an electronic frailty record that would support multi agency use in the management of our frail population.

6. Learning Disabilities

Cherry Road Resource Centre which provides day services for people with learning disabilities and complex needs received top marks for quality of care and quality of management and leadership following an inspection of the Care Inspectorate this year. Key areas of work continue to be focused on 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

Current focus of activities continues to be supporting the implementation of Self Directed Support and enhancing support planning processes (including option 2), back office processes and 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

As previously referenced our biggest challenge around older people's services in Midlothian continues to be capacity for both Care at home and Care homes. The services have undertaken a number of initiatives with Care at home to increase capacity by commissioning additional contracts to our external providers, reorganising the in house service client runs, and working closely with the voluntary sector to see how they can provide alternatives to Care at home. The first graduates from our new Carer Academy have now graduated and are being interviewed for care positions. A recruitment campaign is also underway, in collaboration with our external partners. Care homes are presenting a different challenge. There is bed capacity across Midlothian, however, families/individuals often make choices based on those with lengthy waits, blocking a hospital bed for others that require medical intervention. The team are working on a suite of information leaflets for all Midlothian patients >65 years old, so consistent conversations can take place from admission. A new Care Home Strategy is in development and focusses on the management of stress and distress, unnecessary hospital admissions and falls within our Care homes. A comprehensive Quality assessment framework has been developed and will be routinely used across all care homes on a monthly basis, to detect any issues and support management teams to continually improve quality of care. The HSCP have agreed funding for additional clinical/care posts to augment the current care home team, which is testament to the focus the partnership has on improving care for older people. We have been working closely with the Care Inspectorate to develop quality of care across Care Homes, as well as Highbank Intermediate care facility and Care at Home.

9. Carers

The Carers (Scotland) Act 2016 was implemented on 1st April 2018. Work during 2018/19 has focussed on ensuring duties and responsibilities under the legislation were in place for implementation and delivery of new services/responsibilities. Agreement has been given and NCA signed for funding to support VOCAL to undertake Adult Carer Support Plans as part of sharing legislative duties; this work began in Q3 2018/19. This responsibility also involves the requirement to provide Carer Census reporting to the Scottish Government which VOCAL have submitted; the Adult Performance and Improvement Team submitted in December 2018 the first report for the carer's census per Scottish Government requirement; the second submission of this year being due in April 2019. The Carers Strategic Planning group have reformed to take stock of progress, and consider progress against the Action Plan; an updated strategy is the next task for the group. Feedback from a Carers event/consultation in November 2018 has been used to 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

Penumbra the new service provider for the remodelled mental health community based rehabilitation service commenced on 1st April 2019. The Wayfinder model will be implemented and evaluated. Utilising Action 15 funding 3 FTE Primary Care Mental Health nurses are in post and have dual roles to support the expansion of the Access Point and test the role of primary care mental health nurses initially in 4 GP practices, with a view to expanding this role across Primary Care in Midlothian.

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. The first Disabled Peoples' Assembly is due to take place on the 27th March in Dalkeith. The hearing aid maintenance clinics running once a month in Dalkeith Library continue to prove extremely popular. More volunteers have been recruited and received training from Audiology. This will enable the commencement of a clinic in the Town Hall in Penicuik shortly. The LAC service continues to support the peer support side of this. The Health and Social Care Partnership are currently exploring possible funding for Audiology equipment for the Community Hospital to facilitate a local assessment provision, with a funding bid being made to the Capital Steering Group in April 2019. The Midlothian Council British Sign Language final plan is being completed on the back of the consultation information gathered. This will be submitted 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 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 service review is planned for 2019 and development work is underway to attempt to manage the challenges.

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. Absence management monitoring is underway at local team and Head of service level, working with colleague from HR. Managers are actively supporting individuals through the Absence management process where required. A locum bank is being proposed to support carer absence in Newbyres Care Home and Highbank intermediate care facility, similar to the one already operational within Care at Home. This will aim to minimise agency use/spend where safe and possible.

Adult, Social Care PI summary 2018/19

Making the Best Use of our Resources

| Priorities | Indicator | 2017 /18 | Q1 2018 /19 | Q2 2018 /19 | Q3 2018 /19 | 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 | £40.919m | £39.757m | £39.777m | N/A | | 18/19: Data will be available when it has been verified and has been presented to the Council. | █ | £39.757m | | |
| 02. Manage stress and absence | Average number of working days lost due to sickness absence (cumulative) | 10.53 | 4.17 | 8.04 | 12.90 | 16.46 | ● | 18/19: Off Target 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. A locum bank is being proposed to support carer absence in Newbyres Care Home and Highbank intermediate care facility, similar to the one already operational within Care at Home. This will aim to minimise agency use/spend where safe and possible. | ↓ | 10.53 | Number of days lost (cumulative) | 8,053.26 |
| | | | | | | | | | | | Average number of FTE in service (year to date) | 489.23 |

Corporate Health

| Priorities | Indicator | 2017 /18 | Q1 2018 /19 | Q2 2018 /19 | Q3 2018 /19 | 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% | 100% | 97% | 93.94% | 87.88% | ● | 18/19: Off Target 29 out of 33 actions on target. Details contained within body of the report. | ↓ | 90% | Number of service & corporate priority actions | 33 |
| | | | | | | | | | | | Number of service & corporate priority actions on tgt/completed | 29 |
| 04. Process invoices efficiently | % of invoices paid within 30 days of invoice receipt (cumulative) | 95% | 94% | 94% | 93% | 93% | ● | 18/19: Off Target Continues to remain off target. Service continues to work to address delayed invoice | ↓ | 97% | Number received (cumulative) | 26,333 |
| | | | | | | | | | | | Number paid within 30 days (cumulative) | 24,385 |

| | | | | | | | | | | | | |
|----------------------------|---|--------|------|------|------|------|--|---|--|------|---|---|
| | | | | | | | | payment, however, recognise that processing delays often result from invoices being queried with externally providers. | | | | |
| 05. Improve PI performance | % of PIs that are on target/ have reached their target. | 86.49% | 50% | 50% | 50% | 75% | | 18/19: Off Target 3 out of 4 priority indicators on target. The performance report also includes a further 11 data only indicators. | | 90% | Number on tgt/complete | 3 |
| | | | | | | | | | | | 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% | | 18/19: On Target | | 100% | Number of high risks reviewed in the last quarter | 2 |
| | | | | | | | | | | | Number of high risks | 2 |

Improving for the Future




| Priorities | Indicator | 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | 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% | 17.65% | 81.25% | 53.85% | 77.78% | | 18/19: Off Target Activity progressing to conclude the three outstanding audit actions. | | 90% | Number of internal/external audit actions on target or complete | 7 |
| | | | | | | | | | | | Number of internal/external audit actions in progress | 10 |

Adult Social Care Complaints Indicator Summary




Commitment to valuing complaints

| Indicator | 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | 2018/19 | | | Annual Target 2018/19 |
|--|---------|---------------|---------------|---------------|---------|--------|--|-----------------------------|
| | Value | Value | Value | Value | Value | Status | Note | |
| Number of complaints received (cumulative) | 54 | 10 | 32 | 47 | 67 | | 18/19: Data Only | |
| Number of complaints closed in the year | | 8 | 24 | 46 | 65 | | 18/19: Data Only | |
| Number of complaints upheld (cumulative) | | 3 | 11 | 17 | 21 | | 18/19: Data Only | |
| Number of complaints partially upheld (cumulative) | | 1 | 5 | 12 | 16 | | 18/19: Data Only | |
| Number of complaints not upheld (cumulative) | | 3 | 7 | 14 | 24 | | 18/19: Data Only | |
| Average time in working days to respond to complaints at stage 1 | 17.88 | 9.25 | 14.87 | 14.61 | 15.1 | | 18/19: Off Target 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 | 21 | 13.8 | 13.8 | 24.14 | | 18/19: Off Target Service reviewing reasons for delay. | 20 |
| Average time in working days for a full response for escalated complaints | | 2 | 10.25 | 19.38 | 24.83 | | 18/19: Off Target Service reviewing performance | 20 |
| Percentage of complaints at stage 1 complete within 5 working days | 20.59% | 25% | 20% | 17.86% | 25% | | 18/19: Off Target 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% | 33.33% | 60% | 60% | 57.14% | | 18/19: Off Target Service reviewing performance | 95% |
| Percentage of complaints escalated and complete within 20 working days | | 100% | 75% | 46.15% | 55.56% | | | 95% |
| Number of complaints where an extension to the 5 or 20 day target has been authorised (cumulative) | | 1 | 1 | 0 | 1 | | 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% | Q1 18/19: Complete 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 |  | 90% | 18/19: Off Target Plan updated and multiagency planning workshop on a local Housing First model planned for May 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 |  | 100% | 18/19: Complete Work continues and new pathway for people doing unpaid work to access a health check via CHIT has been established. |

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 |  | 100% | Q4 18/19: Complete The newly appointed 12 month fixed OT post has increased staff capacity in OT. An improvement in the reduction of people waiting on services in occupational therapy and social work is now evident following a review of working practices and improved report monitoring. Work will continue to further reduce the number of people waiting and improve the average wait time. |
| ASC.P.2.2 | Strengthen joint working with Health colleagues | 31-Mar-2019 |  | 100% | 18/19: Complete The Health and Social Care Partnership has continued to strengthen partnership working with the voluntary sector holding a third summit in November. The Penicuik Housebound Project has strengthened joint working with both health and voluntary sector organisations and is a successful multidisciplinary approach to be replicated. |
| ASC.P.2.3 | Contribute to the development of Anticipatory Care Plans, including through the involvement of unpaid carers. | 31-Mar-2019 |  | 100% | 18/19: Complete Established system in place enabling completed Carer Emergency 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. |



| Code | Action | Due Date | Icon | Progress | Comment & Planned Improvement Action |
|------|--------|----------|------|----------|---|
| | | | | | Review meeting was held during Q4 attended by SW, vol org and primary care staff. Reports of plans being well received by carers. Were able to fine tune communication between services to streamline sharing methods. Continue to promote; further review in 6 months. Qualitative research indicates a benefit to carers in having a plan in place, despite possible low numbers of occasions when they might be enacted. |

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 |  | 20% | 18/19: Off Target 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 – perhaps by summer 2019 3) Procurement framework update (Scotland Excel). We have started to see some call failures from clients. We are working to establish the cause of these it could be a software issue with the Alarm Receiving Centre software platform or a consequence of a progressively digital telephony network or a combination. We have a work around and are continuing to monitor and work with the national telecare programme. |
| 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 |  | 100% | 18/19: Complete Explored the use of assistive technology, for supporting people with learning disabilities in need of overnight support. Offer of technology declined by client's family – not able to take further, case work continues. Equipment procured and ready for deployment according to LD team requirements. |
| 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% | Q2 18/19: Complete 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 |  | 100% | 18/19: Complete VOCAL and other organisations supporting carers have featured at recent Full CC Team meetings, and there have been attempts to establish newer connections with departments within the council such as with the Libraries Service (exploring |

| Code | Action | Due Date | Icon | Progress | Comment & Planned Improvement Action |
|-----------|---|-------------|---|----------|--|
| | | | | | access and support to carers who might struggle to leave the house). Bibliotherapist plans to attend carer awareness training offered by VOCAL. Continued work with Council Healthy Working Lives Group to progress application for Carer Positive Award and Carer Policies for Staff. |
| ASC.P.4.2 | Monitor response to demand for completion of adult carer support plans to inform future service delivery. | 31-Mar-2019 |  | 100% | 18/19: Complete VOCAL now share responsibility for completion of Adult Carer Support Plans, early learning from which has been used to develop shared referral and screening protocols for use by VOCAL and Adult & Children's Services staff. Application for a Non-Competitive action to support funding for this work for a period of 18 months was signed off, and we are in the process of arranging letters of agreement/contracts to agree this work and for payment. |
| ASC.P.4.3 | Progress implementation of the Carer's Emergency Planning toolkit. | 31-Mar-2019 |  | 100% | 18/19: Complete Established system in place enabling completed Carer Emergency 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. Review meeting was held during Q4 attended by SW, vol org and primary care staff. Reports of plans being well received by carers. |





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 |  | 100% | 18/19: Complete Flow hub improving patient/client pathways and reducing 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 |  | 100% | 18/19: Complete |
| 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 |  | 100% | 18/19: Complete Improved pathways from the voluntary sector. Workshop 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 |  | 100% | 18/19: Complete |
| 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 |  | 100% | 18/19: 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 |  | 80% | 18/19: Off Target 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. Data sharing agreement required. |
| ASC.P.6.2 | Develop new specialist employment project for people with mental health issues. | 31-Mar-2019 |  | 100% | 18/19: Complete An Individual Placement and Support model has been agreed. Post agreed and interview date is 14 May 2019. |
| 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 |  | 100% | 18/19: Complete 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 started work started work in January 2019. The renovation is going well and is still on target for completion in 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 |  | 100% | 18/19: Complete Plans in place. Work commencing on implementation of proposals. |
| 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 |  | 100% | 18/19: Complete 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 |  | 100% | 18/19: Complete Plans in place for a 5 days a week service. Will commence in line with individual support plans. |
| ASC.P.7.4 | Continue the programme of reviews of all high packages of care. | 31-Mar-2019 |  | 100% | 18/19: Complete 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 |  | 100% | 18/19: Complete The new joint Community Safety and Justice team will not be progressed following the Council's decision to remove the Community Safety Team as a budget saving. |
| ASC.P.8.2 | Develop interventions to non-Court mandated domestic abuse perpetrators referred through the Safe and Together approach. | 31-Mar-2019 |  | 100% | 18/19: Complete There have been no further referrals received this quarter. Actively working with one individual progressing with the pre-group work of the programme. Three members of staff within the team met with colleagues in Edinburgh in March to discuss how they manage the cases they work with. It was agreed that Edinburgh would send copies of the assessment, letters and review templates so that we can adapt them for use with Midlothian Families First. The CJ team continue to support the implementation of Safe and Together across Midlothian and part of this is speaking to colleagues in C&FSW about Midlothian First. |
| ASC.P.8.3 | Continue to implement and expand the Spring Service provision in line with funding. | 31-Mar-2019 |  | 100% | 18/19: Complete The Spring service has developed considerably with the two Spring-specific posts now being permanent, numbers at an all-time high and a waiting list now in operation. The Spring OT is developing a separate group for women moving on from the service. |
| ASC.P.8.4 | Continue to develop multi-agency arrangements to include violent offenders. | 31-Mar-2019 |  | 100% | 18/19: Complete There was one MAPPA extension case being managed in the community, who has now been recalled. Two have been managed over the past year, both back in custody. |

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 |  | 100% | 18/19: Complete Strategy developed. Action Plan drafted. To be shared with the Community Planning Partnership in May 2019. |
| ASC.P.9.2 | Continued provision of sensory impairment awareness raising sessions. | 31-Mar-2019 |  | 100% | 18/19: Complete 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 |  | 75% | 18/19: Off Target 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 |  | 100% | 18/19: Complete 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 |  | 100% | <p>18/19: Complete Additional funding for 2018/19 and for 2 years beyond that, confirmed. Plans for the Investment agreed and being used to introduce advocacy, a Scottish Government priority for the investment, and implement an assertive in reach and outreach approach.</p> |

Adult, Social Care PI Report 2018/19



01. Health Inequalities

| PI Code | PI | 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | 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 | 27 | 0 | 76 | 131 | | | 18/19: Data Only | | |

02. Assessment and Care Management

| PI Code | PI | 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | 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 | 14 weeks | 15 weeks | 12 weeks | 6 weeks | | | 18/19: On Target | 6 weeks | |
| ASC.P.2.1b | Average waiting time for social work services | 11 weeks | 8 weeks | 9 weeks | 12 weeks | 8 weeks | | | 18/19: Off Target Data reflects continued demand for services. Following a review of working practices improvement in waiting times evident. | 6 weeks | |
| ASC.P.2.4a | Improved reported outcomes by service users | 94% | 94% | 93% | 93% | 91% | | | 18/19: On Target | 75% | |
| ASC.P.2.4b | Increase the % of people who feel they are participating more in activities of their choice | 94% | 91% | 95% | 94% | 85.7% | | | 18/19: On Target 84 out of 98 people stated during review that their ability to participate in activities of their choice had not deteriorated. | 75% | |

| PI Code | PI | 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | 2018/19 | | | | Annual Target 2018/19 | Benchmark |
|------------|--|---------|---------------|---------------|---------------|---------|--------|----------------|--|-----------------------------|-----------|
| | | Value | Value | Value | Value | Value | Status | Short Trend | Note | | |
| ASC.P.2.4c | The proportion of people choosing SDS option 1 | 5.8% | 6.38% | 7.39% | 7.7% | 6.9% | | | 18/19: Data Only 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% | 2.98% | 2.64% | 2.6% | 2.7% | | | | | |
| ASC.P.2.4e | The proportion of people choosing SDS option 3 | 85% | 84% | 83.3% | 82.8% | 84.6% | | | | | |
| ASC.P.2.4f | The proportion of people choosing SDS option 4 | 6.1% | 6.9% | 6.68% | 6.9% | 5.7% | | | | | |

04. Carers

| PI Code | PI | 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | 2018/19 | | | | Annual Target 2018/19 | Benchmark |
|------------|--|---------|---------------|---------------|---------------|---------|--------|----------------|---|-----------------------------|-----------|
| | | Value | Value | Value | Value | Value | Status | Short Trend | Note | | |
| ASC.P.4.2a | Monitor the number of carers receiving an adult carer support plan of their care needs | N/A | 37 | 24 | 26 | 122 | | | 18/19: Data Only This does not include Adult Carer Support Plans undertaken by VOCAL. | | |

05. Older People



| PI Code | PI | 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | 2018/19 | | | | Annual Target 2018/19 | Benchmark |
|------------|--|---------|---------------|---------------|---------------|---------|--------|----------------|-------------------------|-----------------------------|-----------|
| | | Value | Value | Value | Value | Value | Status | Short Trend | Note | | |
| ASC.P.5.5a | Number of Individuals receiving care at home at Qtr End | N/A | 1,144 | 1,438 | 1,513 | 1,604 | | | 18/19: Data Only | | |
| ASC.P.5.5b | Number of Individuals waiting for a 'Care at Home' package of care | N/A | 104 | 37 | 24 | 106 | | | 18/19: Data Only | | |




| PI Code | PI | 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | 2018/19 | | | | Annual Target 2018/19 | Benchmark |
|------------|---|---------|---------------|---------------|---------------|---------|--------|----------------|------------------|-----------------------------|-----------|
| | | Value | Value | Value | Value | Value | Status | Short Trend | Note | | |
| ASC.P.5.5c | Reduce the number of patients delayed in hospital for more than 72 hours at census date | 21 | 32 | 38 | 22 | 35 | | | 18/19: Data Only | | |



08. Adults Offenders





| PI Code | PI | 2017/18 | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | 2018/19 | | | | Annual Target 2018/19 | Benchmark |
|------------|--|---------|---------------|---------------|---------------|---------|--------|----------------|------------------|-----------------------------|-----------|
| | | Value | Value | Value | Value | Value | Status | Short Trend | Note | | |
| ASC.P.8.3a | Numbers accessing SPRING service (cumulative) | 77 | 17 | 39 | 56 | 71 | | | 18/19: Data Only | | |
| ASC.P.8.4a | Monitor the number of violent offenders with MAPPA involvement | 0 | 0 | 1 | 1 | 1 | | | 18/19: Data Only | | |

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>Risk Cause: Providers have a lack of capacity to deliver contracted service</p> <p>Risk Event: Shortfall in service volume and or quality</p> <p>Risk Effect: Delivering poor quality care that places service users at risk of harm. Unable to meet the increasing demands for provision particularly in relation to care at home. Ceasing trading due to financial difficulties creating risks around service provision for large groups of very vulnerable people.</p> | <p>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>Risk Cause: Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations 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>Risk Event: Change programme does not meet future years projected budget gaps</p> <p>Risk Effect: 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>Risk Cause:</p> <p>Risk Event:</p> <p>Risk Effect:</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>Risk Cause: Insufficient Capital Resources.</p> <p>Risk Event: Failure to maintain and modernise existing building stock</p> <p>Risk Effect: 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>Risk Cause: 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>Risk Event: Offence incident occurs.</p> <p>Risk Effect: Harm to member of the public 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>Risk Cause: Failure to identify the risk to the individual. Failure of adult protection procedures when invoked to adequately assess and manage the risk.</p> <p>Risk Event: Adult at risk of harm.</p> <p>Risk Effect: Reputational Damage to the Council. 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>Risk Cause:</p> <p>Risk Event:</p> <p>Risk Effect:</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>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</p> <p>Risk Event: Inadequate staffing levels/skills.</p> <p>Risk Effect: Low morale. Inability to deliver services.</p> | 01- Workforce Plan 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>Risk Cause:</p> <p>Risk Event:</p> <p>Risk Effect:</p> | 01 - Action Plan to improve information management and data protection. This is being controlled through covalent. |  | Data sharing The framework system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal. | |
| 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>Risk Cause:</p> <p>Risk Event:</p> <p>Risk Effect:</p> | 01 - Business Transformation Board and an NHS Lothian Project Group regularly review progress with arrangements in Midlothian 02 - NHS Lothian and Midlothian Council have both conducted Internal Audit reviews 03- The Joint Management Team chaired by the Joint Director maintains an overview of the implementation of the new arrangements |  | | |
| Community Safety & Justice - Negative media impact | <p>Risk that negative media coverage impacts on community safety & justice communication and engagement activity</p> <p>Risk Cause: Communication with the public could be poor or an event or incident has negative outcome.</p> | - Other communications plans in place e.g. MAPPA - Communication monitored |  | | |

| Risk Title | Risk Identification | Risk Control Measure | Risk Evaluation | Related Action | Related action latest note |
|------------|---|----------------------|-----------------|----------------|----------------------------|
| | <p>Risk Event: Failure to have in place a robust Communications Strategy and scenario planning</p> <p>Risk Effect: 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). 16/17 Rank 21 (Third Quartile). 15/16 Rank 25 (Bottom Quartile). 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). 16/17 Rank 9 (Second Quartile). 15/16 Rank 13 (Second Quartile). 14/15 Rank 17 (Third Quartile). |
| SW3 | Percentage of people aged 65 and over with long-term care needs receiving personal care at home | 61.14% | 63.91% | 65.76% | 65.37% | 60.11% | 66.67% | 66.98% | 68.04% | 17/18 Rank 5 (Top Quartile). 16/17 Rank 10 (Second Quartile). 15/16 Rank 10 (Second Quartile). 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). 15/16 Rank 32 (Bottom Quartile). 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). 15/16 Rank 15 (Second Quartile). 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). 16/17 Rank 12 (Second Quartile). 15/16 Rank 19 (Third Quartile). 14/15 Rank 14 (Second Quartile). |