

01. 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 Midlothian Health and Social Care Partnership 2019-22 Strategic Plan outlines a major programme of activity focused on prevention and early intervention; planned support, treatment and recovery; and unplanned treatment and support. We are achieving this by changing the emphasis of our services, placing more importance and a greater proportion of our resources on our key values.

Aligned to Midlothian Council's covid recovery route map the Midlothian Health and Social Care Partnership has put in place a 'Remobilisation Plan'. The plan sets out an ambitious four-phase approach and sets out our recovery priorities.

1. Integration

Midlothian Health and Social Care Partnership (HSCP) is progressing work to implement the ambitions of the Strategic Plan while managing the impact of the COVID-19 pandemic. The Remobilisation Plan priorities in Q2 included reinstating care home visiting, continued support to people who were shielding, launch of a GP publicity campaign to encourage self-management, and increased digital options for people to access support and implementation of a detailed recovery action plan locally.

The scale of the pandemic resulted in Midlothian Council and the Midlothian Community Planning Partnership devoting much of their time and collective resources to responding to the welfare needs of the population. Midlothian Health and Social Care Partnership established a dedicated COVID Team that reported daily to its Senior Management Team. This team kept staff within the HSCP informed of developments and sources of advice and assistance on such matters as personal protection equipment.

A Working Group, involving representatives from Volunteer Midlothian, Communities and Life Long Learning Service, and the Midlothian HSCP, was established and it created a suite of guidance on volunteering for front-line community responders, and for distance volunteering (e.g. telephone befriending). Midlothian HSCP subsequently made a commitment to volunteering and agreed to recruit a Volunteer Service Manager.

The Shielding Team continued to support people until the end of August. This team was established to provide support and services to people who were shielding (approximately 3,000) as a consequence of underlying health conditions. This support included referring 'shielders' to the hubs and community groups for support with shopping, food and prescriptions.

2. Inequalities

Health and Social Care services remain committed to contributing to reduce health inequalities. Local people, the third sector, public sector and private sector created a plan to prevent type 2 diabetes.

Some programmes to support people most vulnerable to health and other inequalities continued during Q2, others were delayed as a result of the pandemic. Support to people in homeless accommodation was delivered in a different way but did continue, as did support to people engaged with mental health, substance misuse, and social work and justice services. Some programmes, such as the one involving pregnant women who smoke, and the Type 2 Diabetes prevention work was delayed in Q2 until early September.

3. Justice Service

The 2019/20 financial year saw a new approach taken to the delivery of unpaid work in Midlothian. The team work alongside community groups and organisations to undertake a variety of projects that have sought to promote clients' engagement in their communities whilst making reparation (payback) to those communities who experience the highest levels of crime and anti-social behaviour.

This has been a significant change in the practice of the team and developing and maintaining the close working relationships with community groups has allowed the Justice team to support these organisations and communities as they started to deal with the impact of COVID19 in March 2020. The team supported the establishment of food services providing hot food to the most vulnerable in the community and also assisted by delivering hot food and food parcels and in supplying food by transporting donated food from supermarkets.

There is now an established pathway created for people who do Peer Support Training and are interested in volunteering. Next steps include looking into providing Scottish Vocational Qualifications (SVQ's) to support people into employment. Further, the Peer Support Development Worker is working in partnership with HMP Edinburgh to develop peer support in the prison for Midlothian men and women. The plan is to build a supportive relationship during their sentence, identify barriers prior to release (e.g. benefits, housing, bank account, photo identification, prescriptions), and aid a smooth transition back into the community. This service will also be available to those on remand who currently cannot access support services.

4. Substance Misuse

Key services based in Number 11 in Dalkeith continued to provide services including outreach treatment, injecting equipment provision [IEP], naloxone, information/advice and door step deliveries of Opiate Substitute therapy [OST] and other medication to those shielding or self-isolating through both the initial lockdown period and the subsequent months. Despite Covid restrictions impacting service delivery the Midlothian Substance Misuse service instigated an outreach model to those individuals who were most at risk both current patients in service and also offering support and treatment to those individuals identified who were not currently in service. This is over and above the patients normally seen through other aspects of service delivery.

In the early phases of lockdown, there appeared to be a potential risk that as normal drugs of choice became more scarce or expensive that people may turn to other available substances whether they are safe or not. As a consequence Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) issued information regarding a "Stick don't Twist" leaflet, advising people who use drugs to keep to known patterns of drug use.

In July/August, there were concerns about the availability in some communities of what would appear to be illicit Diazepam tablets and also Etizolam and Alprazolam [Xanax] whose quality is variable but would appear to be much stronger. These tablets are likely to be used in conjunction with other drugs [poly drug use] increasing the level of risk. Alerts and Intelligence were [and are] shared between Police Scotland, MELDAP and Drug Treatment and Support services to ensure that officers/workers had information to support harm minimisation information and support to people who use drugs. MELDAP created a specific multi-agency group which includes people with lived experience to examine a range of issues around the use of diazepam and illicit benzodiazepines.

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. COVID19 brought forward the NHS Lothian rollout of NHS Near Me video conferencing and supported by a dedicated project team. Access to this channel is now widely available with multiple services signed up. Embedding the channel into the service TrakCare eWorkflow becomes the new challenge. This is a pan Lothian challenge and the central Trak team are seeking Board support for resources. We await notification from eHealth regarding next steps.

Issues securing resources to implement the necessary technical changes to enable safe data sharing from Midlothian Council to NHS Lothian (both eHealth and Digital Services) and finalising information security remain, but we have found an acceptable interim solution by sharing anonymised/ pseudonymised and/or aggregate data. We continue to pursue and explore options to progress incrementally. COVID19 has changed priorities and pressures in the central Trak team in the development of improved informatics for MERRIT. The changes we would have been seeking are now needed across most services in Lothian and resourcing this is being considered by NHS Lothian eHealth Board. Our needs and aspirations have been voiced with the team and they are aware that we remain keen for these changes.

6. Learning Disabilities

Implementation of a framework for providing positive behavioural support within Midlothian has been completed and continues to receive support from all stakeholders. Implementation has been impacted by COVID19 but the steering group has now reconvened and the training subgroup will reconvene early November.

The project to review and redesign day services to reduce costs including transport was suspended due to COVID19. This is now being progressed as part of the Remobilisation Plan with a focus on re-establishing and building up centre based services within the restriction of current guidance and supplemented by home based, community based, and on line using new models of support.

Work continues to progress plans in relation to housing, both short term by making best use of the property available and longer term by ensuring needs as considered as part of the Phase 3 Housing Programme. Despite COVID there has been significant progress at the Bonnyrigg High Street site and Primrose Lodge in Loanhead.

7. Older People

Older Peoples services have seen an increase in referrals across most services as an impact of COVID19. There has been an increase of around 15% to referrals to the Social Work duty team, an increase in the number of unpaid

carers looking after an older person seeking support through VOCAL, and increase in demand for Care and Home services, and an increase in the number of crisis/emergency situations due to some older people's services still remaining closed. Day care and respite services remain closed, however plans are in place to attempt to re-establish these to provide some respite/short break to individuals and their unpaid carers.

The care home support team have commenced the flu vaccination programme with the residents in the care homes and once the residents are complete they will vaccinate all staff. This has been welcomed by the care homes and supported by the GP practices. The care homes have been highly effective and resilient in keeping Covid out of the homes in the second quarter. They are highly committed to work with all partners to maintain high standards of infection control and compliance while providing a homely and stimulating environment for all residents.

Plans for the development of extra care housing complexes across three sites in Midlothian is ongoing with Spring 2022 proposed for completion. A review of Intermediate care and rehab services is underway to review and explore improved pathways for individuals ensuring they receive the right care in the right place at the right time. The third sector continue to support individuals and their families in the community and have been creative in identifying other means of support through weekly telephone calls, meals delivery service, newsletters and technology enable care to keep people, connected as an alternative to face to face support that has been suspended due to Covid. This is continually reviewed through the older people's planning group which has been meeting on a 4 weekly basis and attendance has been particularly high.

8. Carers

Since implementation of the Carers Act in April 2018, there have been considerable changes in funding, service demand, legislative requirements and duties on Local Authorities and Health Boards. Existing carer support contracts have been in place for a number of years, and it was assessed that in light of the significant changes in the unpaid legislative landscape combined with the contract of the main services provider coming to an end (March 2020), that a period of review and consultation leading to recommissioning of services was necessary to best serve carers moving forward. Agreement to this process was sought from and agreed by the Contracts and Commissioning Group; enabling a one year extension to existing contracts (due to end March 2020) to facilitate this process. Actions to follow through on this work began in Q4 2019/20, with a schedule of review, consultation and procurement through 2020/21; new contracts planned for April 2021. Due to the impact of the pandemic in early 2020, the timescale for completion of the work required to be adjusted, with timescales revised for new contracts to begin in July 2021. The consultation phase has recently ended and we are in the process of reviewing the data and drawing up the service specification of the new contracts. Tender will be opened at the beginning of January 2021 (Q4), with new services starting in July 2021.

9. Mental Health

The Mental Health Strategic Planning group developed the Mental Health Action Plan reflecting the priorities set out in the Midlothian HSCP Strategic Plan. Primary Care Mental Health Nurses are in 11 practices and from the end of November all 12 practices will have a Primary Care Mental Health Nurse. Evaluation of the impact of primary care nurses is being developed.

Midlothian Access Point has now re-started and people can access the service directly via email and then will be allocated an assessment.

In September consultation on the recommissioning of community mental health and wellbeing supports currently delivered by Health in Mind started; this involved key stakeholders staff and third sector colleagues working across the HSCP, as well as consultation with people who use services through a paper questionnaire, online survey monkey, focus groups and individual interviews. The consultation for people who use services was facilitated by CAPS Independent Advocacy. A working group is developing the service specifications for commissioned mental health and wellbeing services and supports. The Invitation to Tender will be issued in January 2021.

10. Adults with Long Term Conditions, Disability and Impairment

It has not been possible to progress the creation of Audiology clinics in the Midlothian Community Hospital due to the pandemic. This has however brought an opportunity to look at potential new technologies which could facilitate more local provision.

Awareness training sessions for HSCP staff, provided by Deaf Action and The Royal National Institute of Blind People (RNIB) have also not been possible due to the pandemic and training over Zoom or Teams cannot provide practical, hands on training.

In response to the current closure to the public of the Audiology Department due to Covid, we have recruited volunteers to uplift peoples' faulty hearing aids from their homes. They will deliver the aids to Midlothian Community Hospital (MCH) for an Audiology technician to repair, and then return the repaired aids back to the individuals. This service is due to start on 27th October.

11. Sport and Leisure

Sport & Leisure Services resumed operations at all sites on a phased basis from 31st August 2020 in line with Scottish Government guidelines. COVID19 restrictions are in place to protect the public and staff members, these include staggered activity start and finish times, all sessions are required to be booked and paid in advance online or by phone, limited capacities in each activity and the generic physical distancing, hand sanitising and use of face covering practices that are the norm in most public spaces. Community sport and activity clubs and other external lets have resumed where the current guidance, facility availability and reasonable Covid modifications has allowed. Newtongrange Leisure Centre has been utilised to accommodate Midlothian residents with pre-existing health conditions who access the Midlothian Active Choices (MAC) and Ageing Well programmes to provide safe, specific support to that vulnerable client group. Tier 2 weight adult weight management (Get Moving with Counterweight) and paediatric weight management (Get Going) courses are scheduled to resume at the end of October should Covid restrictions allow. Sport & Leisure Services has supported Midlothian HSCP colleagues in delivering Flu Vaccination clinics and Let's Prevent, the Type 2 diabetes prevention programme by accommodating and integrating those services within Sport & Leisure facilities and programmes. Sport & Leisure Services via its Ageing Well and MAC programmes is directly involved in the Falls Prevention strategy and pathways for those experiencing or at risk of falls.

Sport & Leisure services will continue to develop its digital capabilities including an expanded role out of online booking and advance payment for all activities, online fitness classes and activities as well as deploying digital platforms such as MS Teams for internal and external communication and workforce training and development.

The Adult, Health and Social Care Service Plan for 2020-21 was updated in September 2020 to reflect the Partnerships Covid Recovery Strategy. The HSCP Remobilisation plan is aligned to Midlothian Council's Route map and the Nesta recommendations. Our performance measures were reviewed and revised as part of this exercise. In summary the changes included:

Service Priority: Health Inequalities

PI target reduced for the number of people who will receive a health assessment from the Community Health Inequalities Team as this will now be done online.

Service Priority: Carers

PI target reverted back to data only for the number of Carers receiving an adult carer support plan of their care needs by Adult Social Care. Limited face to face contact impacted numbers for the foreseeable, and the move to critical service delivery only.

Service Priority: Older People

The action to develop and deliver a pilot for Roaming Day Care in partnership with Volunteer Midlothian has been removed. This pilot is currently on hold.

The PI target for the number of people attending activity groups hosted by Ageing Well was amended to reflect the operational return from Covid 19 restrictions to accommodate the months left to operate.

The Action and associated PIs to increase community awareness of extra care housing was replaced with an Action and PIs on consulting with extra care housing tenants re the impact of Covid-19 on their health and wellbeing and identify common themes of concern around future engagement in one to one, group or wider community settings to aid future extra care housing service planning.

Service Priority: Mental Health

PI target reduced for the number of people (per annum) in employment or education following intervention to accommodate change in practice.

PI target reduced for the number of stress control classes run in community venues to accommodate change in practice.

Service Priority: Substance Misuse

New action introduced to run a pilot of an online SMART recovery group for veterans to increase the range of treatment and recovery interventions.

Service Priority: Adults with long term conditions, physical disabilities and sensory impairment

PI target reduced for the number of people assessed by weight management triage to accommodate change in practice.

Action deleted to put in place a housing group to determine how to increase choice, numbers and accessibility to increase the availability of suitable housing. Given the current circumstances, this group has been put on hold. Contributions have been made however, to related consultations, both national and local, therefore, a new action has

been introduced on the contribution to both national and local consultations to support an increase in the accessibility and availability of suitable housing.

Service Priority: Digital

Actions amended to reflect a change in priorities and pressures due to Covid19 which has brought forward and embedded a number of digital enhancements. Actions revised to focus on supporting NHS Lothian to continue channel shift and support services to maintain and adopt new digital working practices as part of remobilisation arrangements.

Service Priority: Learning Disability

Data only PI removed for the number of people with autism engaged in day activities due to Covid19 restrictions.

Data only PI removed for the number of practitioners trained on positive behavioural support as part of a programme of positive behavioural support in Midlothian as formal training has been postponed due to Covid19 restrictions.

02. Challenges and Risks

Q2 20/21:

COVID-19

The impact, threat and uncertainty of the coronavirus pandemic has become a significant challenge and will continue to be a challenge during 2020/21 and beyond. Collaboration and effective community and interagency working is fundamental, along with having in place a clear mobilisation and recovery programme to address the significant challenges faced in service delivery, addressing the wider health and care needs of the people of Midlothian, and ensuring workforce resilience and safety.

Funding pressures

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. Since adopting a locality based model this has increased capacity and improved the efficiency of the service by 6%. However, the demand for care at home continues to exceed supply and an extensive recruitment programme and recommissioning exercise is underway.

Delays in hospital continue to challenge the partnership ensuring people are discharged timeously. One of the main challenges in facilitating timely discharges is the increasing demand on the Care at Home services and supporting people at home in the community who require increased care and support. Discharge to assess continues to facilitate earlier discharges and works closely with Care at Home services and the Flow Hub to support individuals to return home safely.

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.

Adult, Health and Social Care

Successes and Challenges

Corporate Performance Indicators (latest)

● 3
 ✔ 10
 ? 0
 📄 6

Service Plan Actions (latest)

▲ 4
 ✔ 31
 ? 0

Service Plan PIs (latest)

● 5
 ✔ 16
 ? 0
 📄 13

Service Risks (latest)

▲ 12

Corporate PIs Off Target

PIs ● 3

% of service priority Actions on target / completed, of the total number

% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)

% of invoices paid within 30 days of invoice receipt (cumulative)

Service Plan Actions Off Target

Actions ▲ 4

Improve awareness and understanding of sensory impairment among HSCP staff and partners by delivering 2 half days of training with RNIB and Deaf Action.

Reduce the waiting times for occupational therapy and social work services

Work with Building Services and Housing to seek and achieve planning permission for extra care housing projects at Gorebridge, Dalkeith and Bonnyrigg.

Enhance community resources for social prescribing by running a specific stress control classes in community venues.

Service Plan PIs Off Target

PIs ● 5

Number of people who received a health assessment from the Community Health Inequalities Team.

Average waiting time for occupational therapy services

Average waiting time for social work services

Number of stress control classes run in community venues.

Number of people supported with Cancer

High Risks

Risks ▲ 3

Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services

Meeting growing demands with constrained /reduced budgets, especially from external funders

COVID 19

Key

- Off Target
- ✔ On Target
- 📄 Data Only
- ? Data Not Yet Available

Key

- ▲ Off Target
- ✔ On Target/Complete
- ? Data Not Yet Available

Key

- Off Target
- ✔ On Target
- 📄 Data Only
- ? Data Not Yet Available

Key Risks

- ▲ High Risk/Medium Risk
- ? Data Not Yet Available

Adult Health and Social Care PI summary


1. Making the best use of our Resources

Priorities	Indicator	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Feeder Data	Value
		Value	Value	Value	Status	Note	Short Trend			
01. Manage budget effectively	Performance against revenue budget	£42.634m	£42.593m	£2.246m		Q2 20/21: On Target		£42.593m		
02. Manage stress and absence	Average number of working days lost due to sickness absence (cumulative)	4.16	16.75	6.04		Q2 20/21: Off Target Absence figures have reduced due to a combination of the positive aspect of remote working and also that we have continued to monitor absence for covid as special leave		10.53	Number of days lost	8,216.11
									Number of FTE in service	490.42

2. Corporate Health

Priorities	Indicator	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Feeder Data	Value
		Value	Value	Value	Status	Note	Short Trend			
03. Complete all service priorities	% of service priority Actions on target / completed, of the total number	90.32%		88.57%		Q2 20/21: Off Target 31 out of 35 Actions are on target.		90%	Number of service & corporate priority actions	35
									Number of service & corporate priority actions on tgt/completed	31
04. Process invoices efficiently	% of invoices paid within 30 days of invoice receipt (cumulative)	92%	94%	96%		Q2 20/21: Off Target Service works to address delayed invoice payment, however, processing delays often result from invoices being queried with external providers.		97%	Number received (cumulative)	269
									Number paid within 30 days (cumulative)	257
05. Improve PI performance	% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)	25%	50%	85.29%		Q2 20/21: Off Target 29 out of 34 Indicators are on target.		90%	Number on tgt/complete	29
									Total number of PI's	34
06. Control Risk	% of high risks that have been reviewed in the last quarter	100%	100%	100%		Q2 20/21: On Target		100%	Number of high risks reviewed in the last quarter	3
									Number of high risks	3

3. Improving for the Future

Priorities	Indicator	Q2 2019/2 0	2019/2 0	Q2 2020/21				Annual Target 2020/2 1	Feeder Data	Value
		Value	Value	Value	Status	Note	Short Trend			
07. Implement Improvement Plans	% of internal/external audit actions progressing on target or complete this quarter.	80%	100%	100%		Q2 20/21: On Target		90%	Number of internal/external audit actions on target or complete	7
									Total number of internal/external audit actions	7

Adult Health and Social Care Complaints Indicator Summary

Commitment to valuing Complaints

Indicator	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21
	Value	Value	Value	Status	Note	Short Trend	
Number of complaints received (quarterly)	21	37	13		Q2 20/21: Data Only		
Number of complaints closed in the year	15	32	1		Q2 20/21: Data Only		
Number of complaints upheld (quarterly)	0	0	0		Q2 20/21: Data Only		
Number of complaints partially upheld (quarterly)	1	5	1		Q2 20/21: Data Only		
Number of complaints not upheld (quarterly)	3	27	0		Q2 20/21: Data Only		
Average time in working days to respond to complaints at stage 1	6.67	19.86	2		Q2 20/21: On Target		5
Average time in working days to respond to complaints at stage 2	0	0	0		Q2 20/21: There were no Stage 2 Complaints.		20
Average time in working days for a full response for escalated complaints	10	28.33	0		Q2 20/21: There were no Escalated Complaints.		20
Percentage of complaints at stage 1 complete within 5 working days	66.67%	13.79%	100%		Q2 20/21: On Target		95%
Percentage of complaints at stage 2 complete within 20 working days	100%	100%	100%		Q2 20/21: There were no Stage 2 Complaints.		95%
Percentage of complaints escalated and complete within 20 working days	100%	66.67%	100%		Q2 20/21: There were no Escalated Complaints.		95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	0	0	0		Q2 20/21: Data Only		

Adult Health and Social Care Action report






01. Health Inequalities

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.1.1	Support people with long term health conditions through the wellbeing service that has been introduced in all 12 GP practices	31-Mar-2021		50%	Q2 20/21: On Target The service continued to offer support to existing and new people. Lifestyle Management course was completed using a digital platform. Work with GP Practices continues to plan for practice based service provision in the near future.
AHSC.P.1.2	Support people vulnerable to health inequalities by referral to the Community Health and Inequalities Team.	31-Mar-2021		50%	Q2 20/21: On Target Nurse continued to visit homeless units with strict infection control measures in place. People in homeless units awarded ipads/chrome books and wifi to allow them to attend appointments using Near Me and to stay connected. There is vacancy in the team. CHIT service inc sexual health and BBV testing and advice continued. Other appointments via phone. Looking to offer face to face appointments to most vulnerable at MCH in October.
P.AHSC.4.1	Deliver welfare rights service to people with health care needs and who are vulnerable or particular risk of inequalities.	31-Mar-2021		50%	Q2 20/21: On Target Service continued via telephone. Referrals were reduced in July but picked up Aug and Sept. Good results re income gained for people in Midlothian.
P.AHSC.4.2	Work with Red Cross to support people who are frail to access financial support available to them.	31-Mar-2021		50%	Q2 20/21: On Target 38 people have received support since April 2020. 15 people receiving lower rate of Attendance allowance. 22 people receiving higher rate Attendance Allowance. 1 person benefits check and no increase.




02. Assessment and Care Management



Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.2.1	Reduce the waiting times for occupational therapy and social work services	31-Mar-2021		20%	Q2 20/21: Off Target The challenge in responding to Covid-19 continues to impact waiting times and is evident in a continued downturn in performance. Work continues to be progressed and action taken to reduce waiting times.
AHSC.P.2.2	Continue to implement and monitor Self Directed Support	31-Mar-2021		50%	Q2 20/21: On Target

03. Carers




Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.3.1	Provide carers with the tools and skills to manage their caring role through the provision of Adult Carer Support Plans and 1 to 1 support.	31-Mar-2021		60%	Q2 20/21: On Target Ongoing work. Outcome focused ACSP work continues to be undertaken by HSCP and VOCAL staff. Due to the nature of the caring role, the number of carers requiring plans changes continually. We aim that ACSP are linked in with the early stages of identification and engagement with services, aiming for early preventative intervention. Identification and connection with supports are ongoing priorities for carer work.
AHSC.P.3.2	Support and enable Adult Carers to access breaks from caring, during Covid-19, through the VOCAL Wee Breaks Service.	31-Mar-2021		60%	Q2 20/21: On Target Ongoing work. Demand for breaks from caring has fluctuated during the period of the pandemic. Applications for the fund from Adult carers (carers of adults) was initially reduced, but this appears to be picking up again. A new pot of Carers Act funding managed by the Wee Breaks Service for parent carers (adults caring for children) was quickly exhausted following significant demand. There has been further funding allocated for both Adult and Parent carers in recognition that there continued to be significant levels of stress and pressure on carers due to current restrictions and limits on access to support services including accessing respite and breaks from caring. The Wee Breaks Service and the HSCP are promoting the use of the service and funds, encouraging carers to consider alternative breaks from caring, enabling them to continue in their caring role as long as they are able and wish to do so. In collaboration with the third sector we are looking at alternative respite/break options for carers, as it is recognised that many carers are struggling to continue in the current circumstances.
AHSC.P.3.3	Support unpaid carers to maximise their income by accessing services and surgeries provided by Penicuik CAB.	31-Mar-2021		50%	Q2 20/21: On Target Ongoing work, service continues. There was no break in service provision and referrals are made by email by VOCAL. The worker provides the service by telephone and e mail and has been equipped to work from home with support being provided from the bureau premises.

04. Older People


Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.4.2	Use e frailty data to inform prioritisation of Care at Home waiting list.	31-Mar-2021		50%	Q2 20/21: On Target This work is ongoing that assists with the prioritisation of care at home referrals.
AHSC.P.4.3	Strengthen our hospital at home service by relocating to Midlothian Community Hospital and promoting uptake through GPs and Flow Centre.	31-Mar-2021		75%	Q2 20/21: On Target Hospital at Home is now relocated in the Community Hospital. Promotion of the service with GPs and the Flow centre is ongoing to ensure referrals are directed appropriately and maximise the use of the service.
AHSC.P.4.4	Support older people to attend activity groups hosted by Ageing Well each year	31-Mar-2021		50%	Q2 20/21: On Target Groups gradually reintroduced as lockdown measures have eased in line with Scottish Government guidelines. The project has responded well to new



Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
					challenges by holding classes in their original locations where possible and appropriate, new locations where necessary, available via online technologies, and providing home exercise guidance to those unable or unwilling to rejoin classes. Volunteer group leaders have been supported to return to activities via Covid training provided via SportScotland, provision of appropriate procedures, risk assessments and PPE. Volunteers and groups participants who are not ready or able to take part have been kept up to date with Ageing Well developments via regular communication by email, newsletter and through Black Diamond radio.
AHSC.P.4.5	Consult with extra care housing tenants re the impact of Covid-19 on their health and wellbeing.	31-Mar-2021		25%	Q2 20/21: On Target First round of interviews scheduled for week beginning 19/10/20.
AHSC.P.4.6	Work with Building Services and Housing to seek and achieve planning permission for extra care housing projects at Gorebridge, Dalkeith and Bonnyrigg.	31-Mar-2021		0%	Q2 20/21: Off Target Progressing

05. Mental Health




Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.5.1	Implement Individual Placement Support specialist employment support for people with mental health issues.	31-Mar-2021		50%	Q2 20/21: On Target Full caseload and 4 people on waiting list. Support delivered over the phone and via attend anywhere. People been seen face to face where required (following Covid safe working guidance). The job development has been challenging at times, however contact continuing to be made with employers mostly via email and phone call.
AHSC.P.5.2	Enhance community resources for social prescribing by running a specific stress control classes in community venues.	31-Mar-2021		10%	Q2 20/21: Off Target Stress control is open access large scale psycho-educational class, due to current Covid 19 restrictions face to face delivery not able to happen. Restrictions around the licensing mean that practitioners in Midlothian are not allowed to deliver via virtual methods.
AHSC.P.5.3	Expand mental health development in Primary Care	31-Mar-2021		50%	Q2 20/21: On Target Final recruitment underway to allow agreed allocation of Primary Care Mental Health Nurses in all 12 practices. Planned implementation by 30 November 2020.

06. Learning Disability


Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.6.1	Provide support and opportunities for adults with learning disabilities and autism by expanding day opportunities for young people in Midlothian in partnership with voluntary sector partners.	31-Mar-2021		50%	Q2 20/21: On Target Day Service remobilisation in progress but limited numbers as a consequence of COVID19 restrictions. New Gorebridge premises, opening end Nov 2020, will



Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
					expand availability for young people. Discussion with one other provider about a new transition Day Service. Premises identified and registration complete.
AHSC.P.6.2	Support people with Profound and Multiple Learning Disabilities to live in suitable accommodation by putting in place a programme of works for the renovation of Primrose Lodge in Loanhead for three people and the provision of respite for two people.	31-Mar-2021		50%	Q2 20/21: On Target Primrose Lodge design and costings complete. Building tender. Support tender to be developed.
AHSC.P.6.3	Support people with complex needs in crisis by training practitioners on positive behavioural support as part of a programme of positive behavioural support in Midlothian.	31-Mar-2021		50%	Q2 20/21: On Target Working group established to develop behaviour support training and supervision across Midlothian. Practitioner Training resources and a competency framework being developed. Training comprises two levels (a) part one trialed and evaluated positively; (b) part two is ready to be trialed.

07. Substance Misuse


Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.7.1	Expand the reach of the take-home Naloxone kits to those most at risk of overdose.	31-Mar-2021		50%	Q2 20/21: On Target In Q1 and Q2, there were 90 Naloxone kits distributed by MELD and SMS and 52 kits issues by Peer Workers.
AHSC.P.7.2	Run pilot of an online SMART recovery group for veterans to increase the range of treatment and recovery interventions.	31-Mar-2021		50%	Q2 20/21: On Target SMART Recovery UK have set up the pilot as of September 2020. The number of people who attend virtually averages at 6 per meeting. SMART Recovery UK have engaged with local veterans groups.
AHSC.P.7.3	Develop 'rapid access to prescribing and treatment' to help individuals who have dropped out of treatment re-engage.	31-Mar-2021		50%	Q2 20/21: On Target Despite Covid restrictions impacting service delivery, SMS Midlothian instigated an outreach model to those individuals who were most at risk both current patients in service and also offering support and treatment to those individuals identified through an outreach approach [who were not currently in service]. The number of people assisted in this way by the end of Q2 was 21. This is over and above the patients normally seen through other aspects of service delivery.

08. Justice Service


Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.8.1	Maximise the range of services offered to people involved in the justice service by working collaboratively to develop and consolidate the No11 Practitioners Allocation Meeting.	31-Mar-2021		50%	Q2 20/21: On Target No 11 Allocation Meeting. This visionary forum brings together Health, Substance Misuse Services, Social Work, Housing and third sector agencies and gives consideration to bespoke packages of care/support/treatment to individuals who use No 11. With a signed Information Sharing Protocol with Scottish Prison Service, Midlothian is now aware of individuals returning to our communities. The





Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
					forum has seen excellent examples of holistic support being offered to services users. In-reach work in the prisons and then transitioning support to the community is now coordinated, person-centred and solution focused; involving Midlothian specific services, resources and agencies. This framework was used to support those Midlothian Prisoners who were identified through the Early Release Scheme in response to Covid-19. Further, the No 11 Allocation Meeting is being adapted to support individuals assessed suitable for the Alcohol Problem Solving Court.
AHSC.P.8.2	Increase referrals through the Safe and Together approach for noncourt mandated domestic abuse perpetrators.	31-Mar-2021		50%	Q2 20/21: On Target To support the implementation of the Safe and Together Model, the Justice Team continues to work closely with Children and Families Social Work by offering Midlothian Families First, a structured intervention working with unconvicted male perpetrators of domestic abuse. MFF are now open to referrals following contact with police. Work is ongoing with colleagues in communication to open this up to self-referral and wider H&SC agencies.
AHSC.P.8.3	Develop Trauma Informed holistic services for men on Community Payback Orders not attending accredited programmes such as Caledonian.	31-Mar-2021		50%	Q2 20/21: On Target The Desistance Team Leader post has now been recruited to. This strategic post was created to drive forward service delivery and implementation. This role will further develop holistic services for men not attending accredited programs. An initial referral form has been created for Justice Social Workers to utilise the supports coordinated via the No 11 Allocation Meeting for men aged 18-26. A comprehensive mapping exercise has commenced to determine the gaps and needs in service provision for men on Community Payback Orders.

09. Adult Support and Protection




Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.9.1	Raise awareness of self-neglect and hoarding.	31-Mar-2021		50%	Q2 20/21: On Target The EMPPC self-neglect and hoarding protocol was implemented into practice in February 2020. Awareness has been raised via council officer meetings, team leader meetings and discussions on a case by case basis. All staff have been informed about the protocol via emails and one to one sessions with supervisors. Further operational awareness raising sessions will take place over the coming months led by ASP TL and Lead Officer if required.

10. Adults with long term conditions, physical disabilities and sensory impairment





Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.10.1	Deliver weight management programmes to help address and prevent obesity and type 2 diabetes.	31-Mar-2021		40%	Q2 20/21: On target Weight management services were paused in March 2020 in response to the Covid pandemic and are in the process of restarting. Tier 2 about to be mobilized

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
					in Midlothian on a pilot to complete the Tier 2 patient group that was halted in March 2020. All referrals are being triaged and RAG but waiting times increasing due to lack of digital group platform for intervention.
AHSC.P.10.2	Initiation of audiology clinics in Midlothian Community Hospital to improve service accessibility.	31-Mar-2021		25%	Q2 20/21: On Target No progress due to pandemic, but new technologies being explored as alternative means to provide more local services.
AHSC.P.10.3	Improve awareness and understanding of sensory impairment among HSCP staff and partners by delivering 2 half days of training with RNIB and Deaf Action.	31-Mar-2021		0%	Q2 20/21: Off Target No training undertaken as a result of current Covid 19 restrictions given the hands on practical nature of this.
AHSC.P.10.4	Contribute to the implementation of the British Sign Language Plan to improve equity of access to services and support for BSL users.	31-Mar-2021		40%	Q2 20/21: On Target Bitesize training sessions currently on offer to HSCP staff.
AHSC.P.10.5	Contribute to both national and local consultations to support an increase in the accessibility and availability of suitable housing.	31-Mar-2021		50%	Q2 20/21: On Target No specific consultation opportunities available during this quarter.



11. Digital












Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.11.1	Pursue and explore options to progress incrementally a data exchange mechanism between the Council and NHS Lothian to improve our use of health and social care data.	31-Mar-2021		50%	Q2 20/21: On Target Agreement from Council to share anonymised/pseudonymised and/or aggregate data via email for now to get going. NHS Lothian laptop sourced for analyst to allow work to begin on dashboard.
AHSC.P.11.2	Support NHS Lothian to drive channel shift and support services to maintain and adopt 'attend anywhere' video conferencing as part of remobilisation arrangements.	31-Mar-2021		50%	Q2 20/21: On Target NHS Lothian moved this to Business as Usual now. Teams in Midlothian have been able to sign up and use the service. There remains a divide in Council services in the HSCP. NHS Lothian will not support waiting room creation for these teams without a business case, Council not able to use Attend Anywhere outwith Social Care currently so not able to adopt beyond HSCP at this point, council care teams wishing to use Attend Anywhere need resilient support to manage org unit – this may be Mosaic helpdesk. Currently no push from council services for this channel.
AHSC.P.11.4	Lead on development of national technology enabled care project exploring frailty system of care.	31-Mar-2021		50%	Q2 20/21: On Target Continuing to develop this project. Negotiating year 2 support from DHI as technical/design partner. Drawing together the discovery and define stage on course to complete year one by mid-November.

01. Health Inequalities






PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.1.1a	Number of people receiving the Wellbeing Service across all 12 GP practices		1,151	500			Q2 20/21: On Target Circa 500 official data not available as yet.	1,000	
AHSC.P.1.2a	Number of people who received a health assessment from the Community Health Inequalities Team.	67	218	19			Q2 20/21: Off Target Circa 19 official data not available as yet. Appointments via phone due to current Covid19 restrictions. Looking to offer face to face appointments to most vulnerable at MCH in October.	150	
AHSC.P.4.2b	Additional benefit income to Midlothian residents identified as frail			£146,057.00			Q2 20/21: On Target	£150,000.00	
P.AHSC.4.1a	Number of people supported with Cancer		265	57			Q2 20/21: Off Target Downturn an impact of Covid19 restrictions.	250	

02. Assessment and Care Management



PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.2.1a	Average waiting time for occupational therapy services	8.5 weeks	12.4 weeks	17 weeks			Q2 20/21: Off Target The challenge in responding to Covid-19 continues to impact waiting times and is evident in a continued downturn in performance. Work continues to be progressed and action taken to reduce waiting times.	6 weeks	

PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21			Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend		
AHSC.P.2.1b	Average waiting time for social work services	9 weeks	14 weeks	21 weeks			Q2 20/21: Off Target The challenge in responding to Covid-19 continues to impact waiting times and is evident in a continued downturn in performance. Work continues to be progressed and action taken to reduce waiting times.	6 weeks
AHSC.P.2.2a	Proportion of people choosing SDS option 1	6.2%	4.6%	5.6%			Q2 20/21: 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.	
AHSC.P.2.2b	Proportion of people choosing SDS option 2	2.9%	3%	2.1%			Q2 20/21: 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.	
AHSC.P.2.2c	Proportion of people choosing SDS option 3	87.7%	90.3%	89.9%			Q2 20/21: 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.	
AHSC.P.2.2d	Proportion of people choosing SDS option 4	3.2%	2.2%	2.5%			Q2 20/21: 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.	
AHSC.P.2.2e	Increase the % of people who feel they are participating more in activities of their choice	93.9%	93.3%	86.9%			Q2 20/21: On Target	75%

03. Carers

PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21			Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend		
AHSC.P.3.1a	Number of Carers receiving 1:1 support by VOCAL (accumulative)	801	1,919	457		↓	Q2 20/21: Data only Q2 data only	
AHSC.P.3.1b	Number of carers receiving an adult carer support plan of their care needs by Adult Social Care (Accumulative)	55	121	13		↑	Q2 20/21: Data Only 10 Adult Carer Support Plans completed during Q2. Numbers considerably lower than previous years due to critical service delivery only and impact of limited face to face conversations.	
AHSC.P.3.1c	Number of carers receiving an adult carer support plan of their care needs by VOCAL (accumulative)	255	544	343			Q2 20/21: Data only Q2 data	
AHSC.P.3.2a	Number of carers accessing short breaks through VOCAL Wee Breaks Service.			68		↑	Q2 20/21: Data Only	
AHSC.P.3.3a	Additional carer income generated through contact with Penicuik CAB (annual measure).			£227,563.00			Q2 20/21: Data Only Additional carer income generated in first 6 months of covid.	


04. Older People

PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21			Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend		
AHSC.P.4.2a	Monitor the percentage of people with moderate to high frailty waiting for a Care at Home package.			28%			Q2 20/21: Data Only 28% of people waiting for a Care at Home Package are identified as having moderate to severe frailty.	
AHSC.P.4.3a	Number of individuals receiving support from the Hospital at Home	102	393	108		↓	Q2 20/21: Data Only	


PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.4.5a	Number of consultation questionnaires/interviews from Sept 2020 to March 2021.			0			Q2 20/21: On Target First round of interviews scheduled for week beginning 19/10/20.	3	
AHSC.P.4.5b	Number of extra care housing tenants consulted.			0			Q2 20/21: On Target First round of interviews scheduled for week beginning 19/10/20.	67	
AHSC.P.4.6a	Planning permission granted for extra care housing at Gorebridge, Dalkeith and Bonnyrigg.			0			Q2 20/21: On Target Progressing	3	
P.AHSC.2.2a	Number of people attending activity groups hosted by Ageing Well from November 2020 end of March 2021.		21,427	1,473			Q2 20/21: On Target Target revised and set at 9000 for the remaining months of the year left to operate to accommodate the return from Covid19 restrictions.	9,000	

05. Mental Health


PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.5.1a	Number of people (per annum) in employment or education following intervention.			3			Q2 20/21: On Target	13	
AHSC.P.5.2a	Number of stress control classes run in community venues.			0			Q2 20/21: Off Target Stress control is open access large scale psycho-educational class, due to current Covid 19 restrictions face to face delivery not able to happen. Restrictions around the licensing mean that practitioners in Midlothian are not allowed to deliver via virtual methods.	1	
AHSC.P.5.3a	Number of Midlothian GP Practices with a Primary Care Mental Health Nurse.			11			Q2 20/21: On Target	12	

PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.5.3b	Number of individuals accessing the Midlothian Access Point	246	911	115			Q2 20/21: On Target Data complete until week ending 4 Sept. Will be updated when remaining data is available.	600	


06. Learning Disability

PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.6.2a	Primrose Lodge certified as available.			0.5			Q2 20/21: On Target	1	


07. Substance Misuse

PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.7.2a	Online SMART recovery group pilot completed			0.5			Q2 20/21: On Target SMART Recovery UK have set up the pilot as of September 2020. The number of people who attend virtually averages at 6 per meeting. SMART Recovery UK have engaged with local veterans groups.	1	



08. Justice Service

PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.8.2a	Total number of individuals referred through the Safe and Together approach	2	7	2			Q2 20/21: On Target 2 referrals received since 1st April 2020.	4	



09. Adult Support and Protection

PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.9.1a	Number of self-neglect and hoarding referrals which resulted in an investigation.			1			Q2 20/21: Data Only		


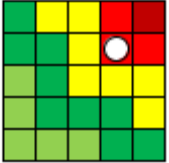
10. Adults with long term conditions, physical disabilities and sensory impairment


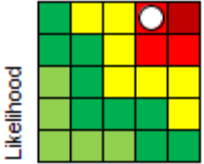

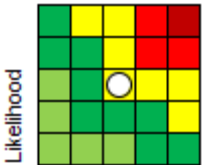
PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.10.1a	Number of people assessed by weight management triage.	126	499	86			Q2 20/21: Data only 86 people across tier 2 and 3		
AHSC.P.10.3a	Number of training awareness sessions	0	2	0			Q2 20/21: On Target No training sessions provided by Deaf Action/RNIB due to pandemic.	1	


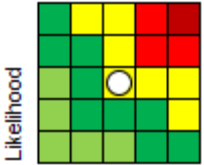

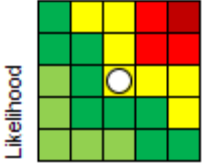
11. Digital


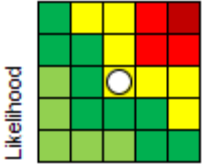

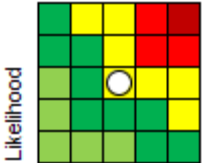
PI Code	PI	Q2 2019/20	2019/20	Q2 2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Status	Short Trend	Note		
AHSC.P.11.1a	Joint Dashboard created to improve our use of health and social care data.			0.5			Q2 20/21: On Target	1	
AHSC.P.11.4a	Completion of the Matter of Focus evaluation.	1	N/A	0.5			Q2 20/21: On Target	1	


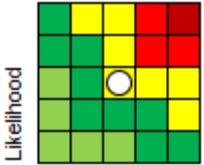

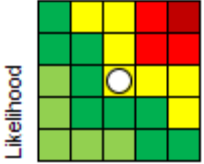

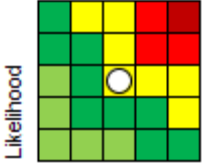
Adult Health and Social Care Service Risks


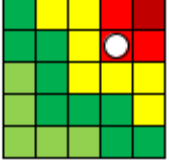
Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
<p>ASC.RR.01-01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services</p>	<p>Risk Cause: Providers 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>		 <p>Likelihood</p> <p>Impact</p>	<p>16</p>


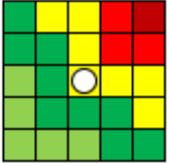
Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01-05 Meeting growing demands with constrained /reduced budgets, especially from external funders	<p>Risk Cause: Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget</p> <p>Risk Event: Change programme does not meet future years projected budget gaps</p> <p>Risk Effect: Inability to deliver against strategic priorities</p>	<p>01 - Eligibility criteria; fair access to care policy etc, 02 - Performance reporting 03 - Service transformation programme 04 - Capacity planning and commissioning LD and complex needs 05 - Monitoring and reporting waiting times 06 - Developing performance indicators for reviewing policy 07 - Monitoring performance to meet contractual requirements 08 - Budget monitoring</p>		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>Likelihood</p> <p>Impact</p>	20
ASC.RR.01-06 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 02 - Voluntary Sector Compact agreement 03 - Day Opportunities Review for Older people 04 - Day Service Modernisation Programme LD 05 - Change fund programme 06 - FSF Programme 07 - Developing capacity of Community Councils 08 - Neighbourhood planning 09 - Community planning processes</p>				 <p>Likelihood</p> <p>Impact</p>	9

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01-07 Property risks in terms of maximising the property asset to the benefit of service delivery and accessibility including DDA compliance	<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>				 <p>Likelihood</p> <p>Impact</p>	9
ASC.RR.01-08 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>Risk Event: Offence incident occurs.</p> <p>Risk Effect: Harm to member of the public Reputational damage to the Council</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> <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</p>				 <p>Likelihood</p> <p>Impact</p>	9

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
		through client review system. 09 - Access to Visor database of sex offenders linked to MAPPA. 10 - Offender Management Group established					
ASC.RR.01-09 Adult Protection	<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>	01 - Public Protection Committee 02 - Adult Protection Procedures 03 - Large scale investigation protocol 04 - IRD Review Group established (and links with the Police) 05 - Adult protection training programme 06 - Case file governance arrangements 07 - Adult Protection Lead Officer 08 - Training Programme 09 - Development of Adult Protection Team within Fieldwork				 <p>Likelihood</p> <p>Impact</p>	9
ASC.RR.01-10 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>	01 - Project management approach adhered to 02 - Business Transformation Board and reporting arrangements. 03 - New posts to support implementation of IRF, Dementia Demonstrator site and Change Fund 04 - Support for service review from Business Transformation Section. 05 - Project Plans agreed. 06 - 2 new Project Officers		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.		 <p>Likelihood</p> <p>Impact</p>	9

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01-13 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.		 <p>Likelihood</p> <p>Impact</p>	9
ASC.RR.01-14 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.		 <p>Likelihood</p> <p>Impact</p>	9
ASC.RR.01-16 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				 <p>Likelihood</p> <p>Impact</p>	9

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01-17 COVID 19	<p>There is a risk that Midlothian Health and Social Care Partnership suffer from severe disruption to providing services due to the Coronavirus pandemic (COVID-19). This may lead to:</p> <ul style="list-style-type: none"> -shortages of staff due to contraction of COVID -additional workload for those staff still able to attend work -increased pressure on other parts of the health and social care system -reduction of care provided to patients due to reduced staffing levels with a move to focus on essential work only -essential supplies may be difficult to source, resulting in reduced stocks. 	<ol style="list-style-type: none"> 1. Communication systems and processes have been put in place. 2. Daily conferences have been set up to appraise evolving situation. 3. COVID-19 Control Team established. 4. A system set up to share information through Directors to all Midlothian staff. 5. Signage on front door of all premises advising people not to enter any of our buildings if they are suffering from COVID-19 symptoms. 6. Signage up across all buildings advising of good handwashing routines and the necessity of ensuring frequent handwashing taking place. 7. In reception areas staff have been provided with masks and alcohol gel. 8. Staff updated regularly on NHS Lothian and National Guidelines. 9. Resilience plans in place across the Partnership. 10. Staff briefings to discuss responses to COVID-19 have been actioned with a focus on personal resilience plans to ensure attendance at work. 11. Asked staff to consider unnecessary face to face contact with patients is replaced by telephone contact. 12. Homeworking in place where appropriate. 				 <p style="text-align: center;">Impact</p>	16

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
		13. Absence reporting and monitoring in place highlighting COVID related absence. 14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.					
CCP08-CSP.08 Community Safety & Justice – Negative media impact	Risk that negative media coverage impacts on community safety & justice communication and engagement activity Risk Cause: Communication with the public could be poor or an event or incident has negative outcome. Risk Event: Failure to have in place a robust Communications Strategy and scenario planning Risk Effect: Potential for tremendous effort but without knowing whether the effort has been successful against negative effects.	- Other communications plans in place e.g. MAPPA - Communication monitored					9

Published Local Government Benchmarking Framework - Adult Social Care

