Adult Social Care – Annual Performance Report 19/20

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 ambitious redesign. 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.

The threat and uncertainty of the emerging coronavirus pandemic became a significant challenge at year end as our priorities changed.

1. Integration

Midlothian Health and Social Care Partnership is progressing work to implement the ambitions of the Strategic Plan. Efforts to support people most vulnerable to health and other inequalities continues to progress. This includes specific programmes involving pregnant women who smoke, people living in homeless accommodation, people who use alcohol and drugs, carers, people/families who could benefit from welfare rights checks and others. In addition the Community Planning partnership work to tackle Type 2 Diabetes continues to progress well.

Several programmes of work are underway in order to best support people who are frail. The increasing prevalence of frailty is linked to our rapidly ageing population. People with severe and moderate frailty (3,500 people) accounted for 4% of Midlothian's population and 31% of unscheduled activity in the Royal Infirmary of Edinburgh in 2019. Midlothian HSCP and Midlothian GPs have been working together to improve the quality of care (health and social care) provided to people with frailty.

Local Planning Groups have prepared their action plans in line with the Partnership values: prevention, recovery, co-ordinated care, supporting the person not just focussing on the condition.

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. This includes supporting people to be healthy, active and engaged in community life. Having a healthy diet and being physically active are important to reduce risk of type 2 diabetes but so are environmental, financial and social barriers, not just individual lifestyle choices. Actions we are taking forward include increasing capacity of weight management services, training on eating well and moving more as well as strengthening links between services to ensure people are in receipt of all the welfare support they are entitled to.

3. Justice Service

In November 2019 a very successful Community Justice event was held. This included an address by the Chief Executive of Community Justice Scotland.

All teams are now present within the Number 11 Recovery Hub. A regular multiagency meeting at Number 11 has been introduced where partners from the statutory and voluntary sector get together and discuss who will be leaving prison within the following three months. Key staff in Midlothian Council are provided with the names of individuals entering the prison system and release dates. This information is provided by the SPS.

Safe and Together continues to operate in Midlothian. There have been 7 referrals to the Midlothian Families First (MFF) project where staff can work with men involved in domestically abusive behaviour on a voluntary basis. The

referral route into the service has opened up to include self-referral following contact with the police (enhanced call-back service). To respond to concerns regarding the rising risk of domestic abuse during this time the Justice Team have continued to support the implementation of Safe and Together by offering consultations to C&F staff on domestic abuse informed practice, continued participation on the implementation group and delivering briefings to staff, including at the Midlothian head teachers forum.

The Spring service has expanded in terms of the provision of service. There is now a drop in service for women on a Thursday. The drop-in provides peer to peer support for women moving on from the service and in the longer term, enables women who have lived experience to develop a peer support role for Spring and represent service users within the steering group. There were also plans to offer a weekly trauma informed yoga class and a monthly drop in service for smear testing and sexual health advice. Unfortunately due to Covid 19 these services and all group work is currently on hold.

4. Substance Misuse
The Mental Health Team and MELD, the main third sector partner, have both relocated to No11 and are fully operational in the building. All key services have now relocated to Number 11. Staff from Substance Misuse, Mental Health, Community Justice and key 3rd sector partners are now based at the Hub with scope for partner services such as CLEAR, VOCAL and Children 1st to hot desk and attend team meetings as required.

MELDAP continues to lead work in developing responses to changing 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 the chaotic population engaged and reduce unused appointments.

The new development framework for Peer Co-ordinators, which describes a career progression both in terms of salary and qualifications has been approved and instigated. New appointments have been made using the new structure. Recent discussions with team managers will ensure a higher profile of peer workers at Number 11.

Good links to partner services have been developed and good working arrangements have been developed between the SMS team and MELD staff in terms of an outreach provision. New approaches moving from clinic based services to home/community based support developed.

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.

The COVID-19 Outbreak brought forward NHS Lothian rollout of NHS Near Me video conferencing (powered by attend anywhere) 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.

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. Continuing to pursue and explore options to progress incrementally.

COVID-19 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 completed and continues to receive support from all stakeholders. Implementation, however, will be impacted by COVID-19.

The project to review and redesign day services to reduce costs including transport has been suspended due to Covid-19. Going forward this action will be progressed as part of the Covid-19 recovery plan.

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.

7. Older People
Older people's services continue to develop and also be challenged.

Cross referencing those waiting for a package of care with clients who have been identified on the frailty index has helped us explore how we can support these individuals in a more proactive way.

Discharge to assess continues to support people discharged from hospital in a more timely manner providing rehab where needed.
Continual improvement in the in house care at home service is demonstrating improved management oversight, addressing and reducing sickness absence and improved training achievements.

All the care homes having either sustained good grades or improved grades. Two staffing reviews were completed – one for the Extra care housing facility at Cowan Court and the other for the Rapid Response carers. Reducing unplanned admissions to hospital from care homes continues to be on track with ongoing support from the care home support team to ensure staff in the care homes are upskilled to support residents when unwell in the care homes.

The Joint Dementia team is now fully staffed and managing an increasing number of complex cases and supporting people with advanced dementia in their own homes. Post diagnostic support is a highly valuable resource within the team and it is acknowledged to be part of the role of each professional in the team as well as the dedicated Post Diagnostic support workers.

A scoping exercise is being carried out to assess the extent of people who are housebound requiring social engagement to reduce social isolation and loneliness – a number of initiatives are being explored including a "roaming model of day care", increasing befriending opportunities and undertaking intergenerational work to reduce social isolation and loneliness amongst older people in Midlothian.

8. Carers
Since implementation of the Carers Act in April 2018, there have been considerable changes in funding, service demand, and duties on Local Authorities and Health Boards.

There is significant demand for VOCAL services, Midlothian's largest carer service provider, and for other carer support delivered by other partners. VOCAL are approaching the end of their current 3 year contract. A report was submitted to the Contracts and Commissioning Group to propose a one year extension to the current contract to allow time for carers, stakeholder and providers to be involved in consultation and a review of carer supports and service provision. This process began in Q3 2019/20, with an invitation to tender for services taking place in Q2/3 of 2020/21, new contracts beginning April 2021.

Work to achieve Carer positive employer status (level one) is being progressed as part of the Healthy Working Lives agenda and nearing completion with the final pieces of evidence being sourced.

9. Mental Health
The Mental Health Strategic Planning group developed the Mental Health Action Plan reflecting the priorities set out in the Midlothian Strategic Plan 2019-2022. Primary Care nurses are being rolled out in medical practices. Planning is underway for reviewing commissioned mental health and wellbeing supports currently provided by the third sector. Covid-19 has had an impact on the method of delivery of mental health services since week of 16th March due to government advice and social distancing.
The Midlothian Access Point stopped in its current form mid-March. A planned reopening to provide support by telephone and video is planned for mid-June. The primary care mental health nurses continue to work remotely by providing support by telephone, there has been some staff turnover but recruitment is underway.

10. Adults with Long Term Conditions, Disability and Impairment
Midlothian continues to be part of the East Region work stream for Weight Management and the local service has increased in capacity. Weight management services continue to be promoted and additional programmes in 2019-20 were fully booked. Work was paused in March due to Covid-19. The initiation of audiology clinics in Midlothian Community Hospital to improve service accessibility remains off target. Further funding opportunities unavailable as impacted by Covid-19. Improving awareness and understanding of sensory impairment among HSCP staff and partners by delivering 2 half days of training with RNIB and Deaf Action has taken place, however further progress impacted by the pandemic.

Challenges and Risks

COVID-19 Pandemic
The impact, threat and uncertainty of the emerging coronavirus pandemic became a significant challenge during Q4 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. This is heavily impacting on assisting hospital discharges and supporting people at home in the community who require increased care and support. This is supporting a shift in the balance of care, and keeping people safely at home for as long as is safely possible.

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 though the absence management process where required.

Adult Social Care Service Plan Dashboard

Adult Social Care
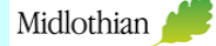
Successes and Challenges

Midlothian

Corporate Performance Indicators (latest)
🔴 6 ✅ 7 📇 0 📊 6

Service Plan Actions (latest)
🔴 8 ✅ 23 📇 0

Service Plan PIs (latest)
🔴 2 ✅ 2 📇 0 📊 24

Service Risks (latest)
⚠️ 11

Corporate PIs Off Target as at 31st March 2020

PIs   🔴 6

Average number of working days lost due to sickness absence (cumulative)

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

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

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

Average time in working days to respond to complaints at stage 1

Percentage of complaints at stage 1 complete within 5 working days

Key PIs
- 🔴 Off Target
- ✅ On Target
- 📊 Data Only Indicator
- 📇 Data is not yet available

Service Plan Actions Off Target as at 31st March 2020

Actions 🔴 8

Initiation of audiology clinics in Midlothian Community Hospital to improve service accessibility.

Reduce the waiting times for occupational therapy and social work services

Implementation of an integrated health and social care dashboard to manage operational service delivery

Work to achieve Carer positive employer status (level one)

Develop the Midlothian Carer Strategy and Action Plan for 2019-22

Support planning for the provision of intermediate care housing

Reduce the average length of time since last assessment or review of cases

Complete the review and redesign of day services reducing costs including transport

Key Actions
- ⚠️ Off Target
- ✅ On Target/Complete
- 📇 Data is not yet available

Service Plan PIs Off Target as at 31st March 2020

PIs   🔴 2

Average waiting time for social work services

Average waiting time for occupational therapy services

Key PIs
- 🔴 Off Target
- ✅ On Target
- 📊 Data Only Indicator
- 📇 Data is not yet available

High Risks as at 31st March 2020

Risks   ⚠️ 2

9 Risks at Medium and 2 are high

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

Key Risks
- ⚠️ High Risk / Medium Risk
- 📇 Data is not yet available

Adult, Social Care Annual PI summary 2019/21

1. Making the best use of our Resources

Priorities	Indicator	2018/19 Value	Q1 2019/20 Value	Q2 2019/20 Value	Q3 2019/20 Value	2019/20 Value	2019/20 Status	2019/20 Note	Short Trend	Annual Target 2019/20	Feeder Data	Value
01. Manage budget effectively	Performance against revenue budget	£39.931m	£42.651m	£42.634m	£42.574m	£42.593m	✅	**19/20**: On Target	⬇	£42.593m		
02. Manage stress and absence	Average number of working days lost due to sickness absence (cumulative)	16.46	3.81	8.46	13.31	16.75	🛑	**19/20**: Off Target Absence in some areas continues to remain higher than target. From mid-March Covid-19 absence will have further impacted the absence rate. Monitoring in place.	⬇	10.53	Number of days lost	8,216.11
											Number of FTE in service	490.42

2. Corporate Health

Priorities	Indicator	2018/19 Value	Q1 2019/20 Value	Q2 2019/20 Value	Q3 2019/20 Value	2019/20 Value	2019/20 Status	2019/20 Note	Short Trend	Annual Target 2019/20	Feeder Data	Value
03. Complete all service priorities	% of service priority Actions on target / completed, of the total number	87.88%	87.1%	90.32%	90.32%	74.19%	🛑	**19/20**: Off Target Details of service actions off target contained within body of the report.	⬇	90%	Number of service & corporate priority actions	31
											Number of service & corporate priority actions on tgt/completed	23
04. Process invoices efficiently	% of invoices paid within 30 days of invoice receipt (cumulative)	93%	97%	92%	93%	94%	🛑	**19/20**: 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)	21,954
											Number paid within 30 days (cumulative)	20,638
05. Improve PI performance	% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)	75%	100%	25%	75%	50%	🛑	**19/20**: Off Target Details of service performance indicators off target contained within body of the report. Performance report includes a further 24 data only indicators.	⬇	90%	Number on tgt/complete	2
											Total number of PI's	4

3. Improving for the Future

Priorities	Indicator	2018/19 Value	Q1 2019/20 Value	Q2 2019/20 Value	Q3 2019/20 Value	2019/20 Value	2019/20 Status	2019/20 Note	2019/20 Short Trend	Annual Target 2019/20	Feeder Data	Value
07. Implement Improvement Plans	% of internal/external audit actions progressing on target or complete this quarter.	77.78%	100%	80%	75%	100%	✅	**19/20**: On Target	⬆	90%	Number of internal/external audit actions on target or complete	4
											Total number of internal/external audit actions	4

Adult Social Care Complaints Indicator Summary

01.4 Commitment to valuing complaints

Indicator	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20		
	Value	Value	Value	Value	Value	Value	Status	Note
Number of complaints received (quarterly)	67	12	21	11	7	37	📈	**19/20**: Data Only
Number of complaints closed in the year	66	11	15	7	2	32	📈	**19/20**: Data Only
Number of complaints upheld (quarterly)	21	0	0	0	0	0	📈	**19/20**: Data Only
Number of complaints partially upheld (quarterly)	16	2	1	1	0	5	📈	**19/20**: Data Only
Number of complaints not upheld (quarterly)	25	6	3	6	2	27	📈	**19/20**: Data Only
Average time in working days to respond to complaints at stage 1	16.13	14.18	6.67	35.71	9	19.86	🛑	**19/20**: Off Target Reasons for delayed response to be investigated.
Average time in working days to respond to complaints at stage 2	24.14	0	0	0	0	0	✅	**19/20**: On Target
Average time in working days for a full response for escalated complaints	23.58	0	10	0	5	28.33	🛑	**19/20**: Off Target Reasons for delayed response to be investigated. Potential impact of the emerging Covid-19 pandemic.
Percentage of complaints at stage 1 complete within 5 working days	22.5%	9.09%	66.67%	0%	0%	13.79%	🛑	**19/20**: Off Target Reasons for delayed response to be investigated.
Percentage of complaints at stage 2 complete within 20 working days	57.14%	100%	100%	100%	100%	100%	✅	**19/20**: There were no complaints at stage 2.
Percentage of complaints escalated and complete within 20 working days	57.89%	100%	100%	100%	100%	66.67%	🛑	**19/20**: Off Target Reasons for delayed response to be investigated. Potential impact of the emerging Covid-19 pandemic.
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	1	0	0	0	0	0	📈	**19/20**: Data Only

Adult, Social Care Action report

Midlothian

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	✅	100%	**19/20**: Complete Service is going well. Working to increase joint working with primary care mental health nurses. Has supported individuals and primary care staff during the pandemic.
AHSC.P.1.2	Support people vulnerable to health inequalities by referral to the Community Health and Inequalities Team.	31-Mar-2021	✅	100%	**19/20**: Complete Additional CHIT Nurse (part time) started in March 2020. This will ensure CHIT Nurse time spent supporting people who frequently attend A&E. Some work to support frequent attenders at A&E did progress but the key work involving the CHIT nurse was delayed due to delays in recruitment.

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-2020	❌	60%	**19/20**: Off Target The emerging challenge in responding to Covid-19 at year end further impacted on a continued downturn in performance. Work will continue 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	✅	100%	**19/20**: Complete

03. Supporting Service Users Through the Use of Technology

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.11.3	Lessen the need for travel to clinics and appointments by extending 'attend anywhere' video conferencing where services are willing to adopt.	31-Mar-2021	✅	100%	**19/20**: Complete The COVID-19 Outbreak brought forward NHS Lothian rollout of NHS Near Me VC (powered by attend anywhere) supported by 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. Again this is a pan Lothian challenge and the central Trak team are seeking board support for resources. We need to keep close and be ready when they are.
ASC.P.3.1	Implementation of an integrated health and social care dashboard to manage operational service delivery	31-Mar-2020	❌	55%	**19/20**: Off Target 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 the rate limiting issues. Continuing to pursue and explore options to progress incrementally.
ASC.P.3.2	Support the development of improved informatics for MERRIT	31-Mar-2020	✅	100%	**19/20**: Redundant/Superseded COVID-19 has changed priorities and pressures in the central Trak team. The changes we would have been seeking are now realised as being need across most services in Lothian and resourcing this is being considered by NHS Lothian eHealth Board. Out needs and aspirations have been voiced with the team and they are aware that we remain keen for these changes. Depending on the board decision they will be in touch to scope a package or work with us for which we will need to be responsive to their need.

04. 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-2020	✅	100%	**19/20**: Complete Local Carers Centre and other organisations moved support and training opportunities online during the pandemic. Services have been responsive to immediate needs of carers, whilst developing longer term plans of service delivery.

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
ASC.P.4.1	Work to achieve Carer positive employer status (level one)	31-Mar-2020	❌	85%	**19/20**: Off Target Being progressed as part of Healthy Working Lives agenda. Draft submission and shared for feedback. Final pieces of evidence being sourced and added for submission asap.
ASC.P.4.2	Promote and improve uptake of Adult Carer Support Plan	31-Mar-2020	✅	100%	**19/20**: Complete Responsibility for Adult Carer Support Plans shared with VOCAL, offering choice and aiming to increase numbers. At year end Carer specific COVID-19 information available on Council website directing to supports and planning tools.
ASC.P.4.4	Develop the Midlothian Carer Strategy and Action Plan for 2019-22	31-Mar-2020	❌	75%	**19/20**: Off Target Pandemic and Carer Support & Service Review work necessitated attention to be given to information and supports for carers and services during Q4.

05. Older People

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
ASC.P.5.1	Reduce unplanned admissions to hospital from care homes	31-Mar-2020	✅	100%	**19/20**: Complete This continues to be on track with ongoing support from the care home support team to ensure staff in the care homes are upskilled to support residents when unwell in the care homes.
ASC.P.5.2	Investment in services that enable older people to avoid hospital admission or to return home from hospital as quickly as possible	31-Mar-2020	✅	100%	**19/20**: Complete These services continue to develop to support people being cared for and kept well at home to avoid unnecessary hospital admissions.
ASC.P.5.3	Support planning for the provision of intermediate care housing	31-Mar-2020	❌	75%	**19/20**: Off Target Delay at year end. Meetings taking place and the design for Highbank approved.
ASC.P.5.4	Ensure a continuous improvement approach with the Care at Home in-house services and partnership approach with external providers.	31-Mar-2020	✅	100%	**19/20**: Complete Continual improvement in the in house care at home service is demonstrating improved management oversight, reducing sickness absence and improved training achievements.

06. Mental Health

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.5.3	Expand mental health development in Primary Care	31-Mar-2020	✅	100%	**19/20**: Complete Primary Care nurses in 8 GP practices with view to expansion to all 12 GP practices. Recruitment has taken place to meet this and Primary Care Nurses in all GP practices by end of August 2020. Health in Mind social prescribing worker supporting 207 people to access mental health supports within the community in January to March 2020. People were supported to access supports such as physical activity and stress control as well as community groups.
ASC.P.6.2	Evaluate the triage with Police Scotland and other emergency services	31-Mar-2020	✅	100%	**19/20**: Complete Monthly monitoring statistics gathered.
ASC.P.6.3	Implementation of the new specialist employment project for people with mental health issues	31-Mar-2020	✅	100%	**19/20:** Complete Midlothian Works IPS Service achieved a Good Fidelity in its baseline Fidelity Review. The feedback demonstrated that, after only six months, it is already a highly valued element of community mental health service provision and that the Employment Specialist is fully integrated into the multidisciplinary team. The service has excellent senior management support and has sustainable funding in place.
ASC.P.6.4	Establish partnership working to ensure effective implementation of the Wayfinder Grade 4 model within the rehabilitation pathway	31-Mar-2020	✅	100%	**19/20**: Complete Wayfinder model is being embedded and 3 monthly partnership meetings ongoing.

07. Learning Disability

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
ASC.P.7.1	Implementation of framework for providing positive behavioural support within Midlothian	31-Mar-2020	✅	100%	**19/20**: Complete Planning work related to PBS completed. Going forward implementation will be impacted by COVID-19.
ASC.P.7.2	Reduce the average length of time since last assessment or review of cases	31-Mar-2020	❌	70%	**Q4 19/20**: Off Target Progress on some reviews disrupted by COVID-19. Progressing reviews will be addressed as part of the COVID recovery plan.
ASC.P.7.3	Complete the review and redesign of day services reducing costs including transport	31-Mar-2020	❌	50%	**19/20**: Off Target Going forward this action will be progressed as part of the COVID-19 recovery plan.

08. Adults Substance Misuse

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
ASC.P.8.1	Complete work with relevant service managers on core services for the Recovery Hub, which will bring together Mental Health, Substance Misuse and Criminal Justice Services, including third sector partners, together	31-Mar-2020	✅	100%	**Q4 19/20**: Complete All key services have now relocated to Number 11. Staff from Substance Misuse, Mental Health, Community Justice and key 3rd sector partners are now based at the Hub with scope for partner services such as CLEAR, VOCAL and Children 1st to hot desk and attend team meetings as required.
ASC.P.8.2	Continue work of Peer Support Co-ordinator in embedding Peer Support provision in new Recovery Hub, which will bring together Mental Health, Substance Misuse and Criminal Justice Services, including third sector partners, together	31-Mar-2020	✅	100%	**19/20**: Complete The new development framework for Peer Co-ordinators, which describes a career progression both in terms of salary and qualifications has been approved and instigated. New appointments have been made using the new structure. Recent discussions with team managers will ensure a higher profile of peer workers at Number 11.
ASC.P.8.3	Work with partners to enhance the complementary role partner services such as VOCAL and Children First in the Recovery Hub	31-Mar-2020	✅	100%	**19/20**: Complete Good links to partner services have been developed and good working arrangements have been developed between the SMS team and MELD staff in terms of an outreach provision. New approaches moving from clinic based services to home/community based support developed.

09. Adult Offenders

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.8.2	Increase referrals through the Safe and Together approach for noncourt mandated domestic abuse perpetrators.	31-Mar-2020	✅	100%	**19/20**: Complete There have been two referrals to MFF during Q4. The referral route into the service has also opened up to include self-referral following contact with the police (enhanced call-back service). To respond to concerns regarding the rising risk of domestic abuse during this time the Justice Team have continued to support the implementation of Safe and Together by offering consultations to C&F staff on domestic abuse informed practice, continued participation on the implementation group and delivering briefings to staff, including at the Midlothian head teachers forum.
ASC.P.9.2	Continue to implement and expand the Spring Service provision in line with funding.	31-Mar-2020	✅	100%	**19/20**: Complete Spring has expanded in terms of the provision of service. There is now a drop in service for women on a Thursday. The drop-in provides peer to peer support for women moving on from the service and in the longer term, enables women who have lived experience to develop a peer support role for Spring and represent service users within the steering group. There were also plans to offer a weekly trauma informed yoga class and a monthly drop in service for smear testing and sexual health advice.

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
ASC.P.9.3	Continue to develop multi-agency arrangements to include violent offenders.	31-Mar-2020	✅	100%	**19/20**: Complete Clients who pose a risk of serious harm managed under MAPPA. Risk Management Case Conferences (RMCC) are a multi-agency meeting used to share information and develop risk management plans for those who have caused harm as part of their offending behaviour and remain at risk of doing so. It is at an RMCC that the decision can be made to refer a violent offender to be managed under MAPPA. There were 9 RMCC meetings held in Q4 to discuss 7 clients.

10. Adults with Long Term Conditions, Disability 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-2020	✅	100%	**19/20**: Complete Midlothian continues to be part of the East Region work stream for Weight Management and the local service has increased in capacity. Weight management services continue to be promoted and additional programmes in 2019-20 were fully booked. Work was paused in March due to the pandemic.
AHSC.P.10.2	Initiation of audiology clinics in Midlothian Community Hospital to improve service accessibility.	31-Mar-2020	❌	0%	**19/20**: Off Target Remains off target. Going forward funding opportunities unlikely to be available due to Covid-19.
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-2020	✅	100%	**19/20**: Complete

Adult, Social Care PI Report

Midlothian

01. Health Inequalities

PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
AHSC.P.1.1a	Number of people receiving the Wellbeing Service across all 12 GP practices		438		418	1,151		**19/20**: Data Only		
AHSC.P.1.2a	Number of referrals to Community Health Inequalities Team		80	67	31	218		**19/20**: Data Only		

02. Assessment and Care Management

PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
AHSC.P.2.1a	Average waiting time for occupational therapy services	6 weeks	6 weeks	8.5 weeks	9.7 weeks	12.4 weeks	🛑	**19/20**: Off Target The emerging challenge in responding to Covid-19 at year end further impacted on a continued downturn in performance. Work will continue to be progressed and action taken to reduce waiting times.	6 weeks	

PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
AHSC.P.2.1b	Average waiting time for social work services	8 weeks	5 weeks	9 weeks	9 weeks	14 weeks	🛑	**19/20**: Off Target The emerging challenge in responding to Covid-19 at year end further impacted on a continued downturn in performance. Work will continue to be progressed and action taken to reduce waiting times.	6 weeks	
AHSC.P.2.2a	Proportion of people choosing SDS option 1	6.9%	5.7%	6.2%	6.1%	4.6%	📈	**19/20**: 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	2.7%	2.9%	2.9%	2.7%	3%	📈	**19/20**: 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	84.6%	88%	87.7%	88.2%	90.3%	📈	**19/20**: 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	5.7%	3.4%	3.2%	2.9%	2.2%	📈	19/20 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	85.7%	91.6%	93.9%	85.1%	93.3%	✅	**19/20**: On Target	75%	

03. Supporting Service Users Through the Use of Technology

PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
AHSC.P.11.3a	Number of services utilising the 'Attend Anywhere' video conferencing		1	1	2	N/A	📈	**19/20**: The COVID-19 Outbreak brought forward NHS Lothian rollout of NHS Near Me VC (powered by attend anywhere) supported by dedicated project team and is now managed by NHS Lothian not the HSCP.		

04. Carers

PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
AHSC.P.3.1a	Number of Carers receiving 1:1 support by VOCAL (accumulative)		565	801	1,342	1,919	📈	**19/20**: Data only		
AHSC.P.3.1b	Number of carers receiving an adult carer support plan of their care needs by Adult Social Care (Accumulative)	122	33	55	82	121	📈	**19/20**: Data Only This does not include Adult Carer Support Plans undertaken by VOCAL.		
AHSC.P.3.1c	Number of carers receiving an adult carer support plan of their care needs by VOCAL (accumulative)		N/A	255	411	544	📈	**19/20**: Data only		

05. Older People

PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
AHSC.P.4.3a	Number of individuals receiving support from the Hospital at Home		101	102	96	393		**19/20**: Data only 393 individuals received support from the Hospital at Home and Rapid Response Team (MERRIT) during 2019-20.		
ASC.P.5.1a	Reduce number of unplanned admissions to hospital from a care home		62	90	104	329		**19/20**: Data Only		
ASC.P.5.2b	Reduce the number of people in hospital for last 6 months of their life		N/A	N/A	N/A	N/A		**19/20**: It has not been possible to report on the performance indicator due to a significant lag time for data. The most recent data is for 2017/18 which showed the target of 8.8% was achieved, 8.1% was the average % of time people in their last six months of life spent in hospital.		
ASC.P.5.4a	Number of Individuals receiving care at home at Qtr End	1,103	1,006	989	955	971		**19/20**: Data Only		
ASC.P.5.4b	Number of Individuals waiting for a 'Care at Home' package of care	106	119	123	116	231		**19/20**: Data only As of January 2020 the waiting lists for a 'care at home' package has been redefined.		
ASC.P.5.4c	Reduce the number of patients delayed in hospital for more than 72 hours at census date	35	18	16	15	1		**19/20**: Data Only Census data at 31st March is a reflection of both local and national response to Covid-19.		

06. Mental Health

PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
AHSC.P.5.3b	Number of individuals accessing the Midlothian Access Point		247	246	209	911		**19/20**: Data only Due to the Covid pandemic the Midlothian Access Point stopped in its current form mid-March. A planned reopening to provide support by telephone and video is planned for mid June.		
ASC.P.6.2a	The number of people signposted or referred to the Intensive Home Treatment Team from Police Scotland		58	51	56	210		**19/20**: Data only		
ASC.P.6.3a	Number of people in employment following intensive intervention		0	1	4	6	✓	**19/20**: On Target	6	

07. Learning Disability

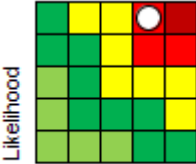| PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
ASC.P.7.2a	Average length of time since last assessment		1.83	2.5	3.4	1.94		**19/20**: Data only 1.94 years since last assessment. Work ongoing to progress outstanding reviews / assessments.		
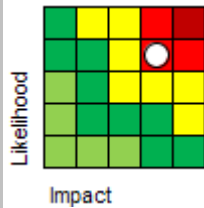
09. Adult Offenders
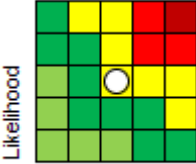
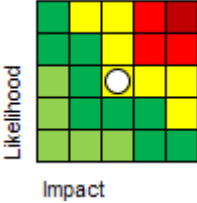| PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
AHSC.P.8.2a	Number of individuals referred through the Safe and Together approach		2	2	1	7	📊	**19/20**: Data Only		
ASC.P.9.2a	Numbers accessing SPRING service (active users of the service)	71	25	25	26	37	📊	**19/20**: Data Only Number of active clients who accessed the Spring Service during 2019-20.		
ASC.P.9.3a	Monitor the number of violent offenders with MAPPA involvement	1	0	2	2	4	📊	**19/20**: Data Only		
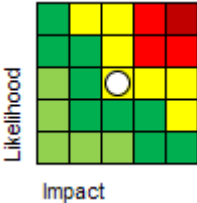
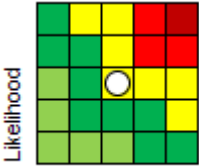## 10. Adults with Long Term Conditions, Disability and Sensory Impairment

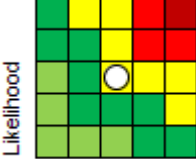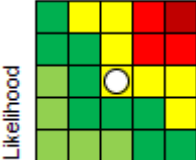| PI Code	PI	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	2019/20			Annual Target 2019/20	Benchmark
		Value	Value	Value	Value	Value	Status	Note		
AHSC.P.10.1a	Number of people referred to weight management triage		150	126	119	499	📊	**19/20**: Data Only		
AHSC.P.10.3a	Number of training awareness sessions		0	0	1	2	📊	**19/20**: Data Only Training sessions Impacted by COVID		

Adult & Social Care Service Risks
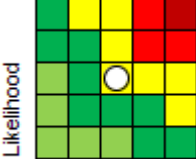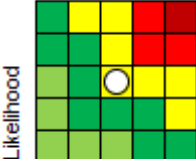
Midlothian

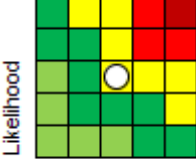| Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01–01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services	**Risk Cause: P**roviders have a lack of capacity to deliver contracted service **Risk Event:** Shortfall in service volume and or quality **Risk Effect: D**elivering poor quality care that places service users at risk of harm. Unable to meet the increasing demands for provision particularly in relation to care at home. Ceasing trading due to financial difficulties creating risks around service provision for large groups of very vulnerable people.	01 - Service level agreements and contracts 02 - Quality assurance officers monitoring of care homes and home care provision 03 - Large scale investigation protocol involving multi-agency investigation of risk of harm within services and risk management planning. 04 - Monitoring of Care Inspectorate Reports and reporting performance across the sector including exception reports. 05 - Quarterly care home, care at home and day care providers forum to ensure good communication and partnership working with commissioned services 06 - Service Managers role with responsibility for monitoring of commissioned services 07 - Ensuring regular review of cases in accordance with	🔶	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 Workforce Plan is being developed to address long term sustainability of services. This work includes the involvement of MVA, Council and NHS Lothian.			16

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
		level of risk and designated team leader responsibilities. 08 - Commissioning processes to ensure robust decision-making.					
ASC.RR.01–05 Meeting growing demands with constrained /reduced budgets, especially from external funders	**Risk Cause:** Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget **Risk Event:** Change programme does not meet future years projected budget gaps **Risk Effect:** Inability to deliver against strategic priorities	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	🔴	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			20
ASC.RR.01–06 Capacity of communities to meet changing requirements of them to support social inclusion within local communities	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.	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	⚠️				9

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	Risk Cause: **Risk Event:** **Risk Effect:**	07 - Developing capacity of Community Councils 08 - Neighbourhood planning 09 - Community planning processes					
ASC.RR.01–07 Property risks in terms of maximising the property asset to the benefit of service delivery and accessibility including DDA compliance	**Risk Cause:** Insufficient Capital Resources. **Risk Event:** Failure to maintain and modernise existing building stock **Risk Effect:** People are supported in environments of poor quality	01 - Regular dialogue with Asset Management re needs of service. 02 - Divisional Business Continuity Plan advises on crises management situations. 03 - Development of community assets through regeneration 04- Strategic Capital Programme Board 05- Development of IJB Property Strategy	⚠️				9
ASC.RR.01–08 Harm by offenders to members of the public	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). **Risk Cause:** Offender committing a serious crime **Risk Event:** Offence incident occurs.	01 - Risk management authority for serious violent and sex offenders is now established and is able to provide guidance. 02 - Various risk assessment tools and associated training mandatory for relevant Criminal Justice staff. 03 - Partnership working with other agencies around the management of risk in individual cases well established. 04 - Standards forms and procedures for staff to follow with relevant training.	⚠️				9

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	Risk Effect: Harm to member of the public Reputational damage to the Council	05 - Multi-agency Risk Panels (MARP) meet monthly 06 - MAPPA which is a process for managing Registered Sex Offenders . 07 - Integration of group work programme with probation supervision 08 - Monitoring of staff compliance with National Outcomes and Standards through client review system. 09 - Access to Visor database of sex offenders linked to MAPPA. 10 - Offender Management Group established					
ASC.RR.01–09 Adult Protection	**Risk Cause:** Failure to identify the risk to the individual. Failure of adult protection procedures when invoked to adequately assess and manage the risk. **Risk Event:** Adult at risk of harm. **Risk Effect:** Reputational Damage to the Council. Harm to vulnerable service user.	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	⚠️				9

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01–10 Capacity to manage scale of transformational change	A major programme of service review and transformation is currently underway. Failure to manage this programme will lead to risks in not achieving coherent arrangements for the continuing delivery of sustainable public services in the new financial climate. **Risk Cause:** **Risk Event:** **Risk Effect:**	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.			9
ASC.RR.01–13 Capacity of Workforce	**Risk Cause:** Employees not suitably trained/development for the roles required of them. Challenges around maximising attendance Limited availability of staff in certain sectors Ageing workforce **Risk Event:** Inadequate staffing levels/skills. **Risk Effect:** Low morale. Inability to deliver services.	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.			9
				Data sharing			

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01–14 Information Management and Data Protection	All Heads of Service are mandated to monitor compliance with the Data Protection Act. **Risk Cause:** **Risk Event:** **Risk Effect:**	01 - Action Plan to improve information management and data protection. This is being controlled through covalent.	⚠	The frameworki system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal.			9
ASC.RR.01–16 Legislative requirement for health and community care to integrate	This is viewed as a major change that will require huge investment in time and buy-in from stakeholders **Risk Cause:** **Risk Event:** **Risk Effect:**	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	⚠				9
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:**	- Other communications plans in place e.g. MAPPA - Communication monitored	⚠				9

Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
	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.						

Adult Social Care Balanced Scorecard Indicators

PI Code	Performance Indicator	2017/18 Value	2018/19 Value	2019/20 Value	Status	Short Trend	Note	Annual Target 2019/20
BS.ASC.05	Reduce the number of emergency admissions for people aged 75+	2,785	2,797	2,923	📈	⬇	**19/20**: Data Only	
BS.ASC.06	Number of women offenders from Midlothian who engage with support services	13	13	9	📈	⬇	**19/20**: Data only	
BS.ASC.06a	Percentage of women offenders from Midlothian who engage with support services	50%	54%	78%	✅	⬆	**19/20**: On Target	50%
BS.ASC.07	% of satisfactory complete Community Payback Orders	67%	68%	61.8%	🛑	⬇	**19/20**: Off Target Whilst the final completion rate falls below the target set, the shortfall is not sufficient to cause concern within the service. Satisfactory completion can be affected by non-attendance of offenders, and this is outwith the control of Council.	80%
BS.ASC.20	Total number of carers receiving an adult carer support plan of their care needs (Accumulative)			665	📈	❓	**19/20**: Data only	
BS.ASC.S.05.01b	Decrease the percentage of falls which result in a hospital admission for clients aged 65+	3.8%	7%	4.4%	✅	⬆	**19/20**: On Target	6%
BS.ASC.S.05.05c	Maintain at zero the number of patients delayed in hospital for more than 2 weeks at census date	16	20	1	🛑	⬆	**19/20**: Off Target Census data at 31st March is a reflection of both local and national response to Covid-19.	0
BS.IOM.AHSC.4.1c	Amount generated by the Welfare Rights Team	£3,408,151	£4,407,373	£4,411,105	✅	⬆	**19/20**: On Target Target exceeded.	£2,500,000
BS.ASC.5.1a	Offer immediate mental health assessments at the Midlothian Access Point	949	1,092	911	✅	⬇	**19/20**: On Target	250
BS.ASC.8.1a	Number of Health & Social Care staff who have participated in face to face or on-line training	1,741	1,595	979	📈	⬇	**19/20**: Data only Annual downturn in performance. 63 training events were cancelled due to covid-19 impacting on the number of individuals who participated in training.	

Published Local Government Benchmarking Framework - Adult Social Care

Midlothian

Adult, Social Care

Code	Title	2010/11 Value	2011/12 Value	2012/13 Value	2013/14 Value	2014/15 Value	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	External Comparison
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£18.59	£19.17	£13.78	£25.83	£30.19	£27.47	£25.06	£37.57	£34.89	18/19 Rank 27 (Bottom Quartile) 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 - Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+ (LGBF)	2.76%	2.18%	2.35%	2.73%	2.69%	3.95%	6.11%	4.75%	4.5%	18/19 Rank 19 (Third Quartile) 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 LGBF	61.14%	63.91%	65.76%	65.37%	60.11%	66.67%	66.98%	68.04%	50.4%	18/19 Rank 32 (Bottom Quartile) 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	New - Percentage of adult supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (LGBF)					81.73%	85.7%		73.05%		17/18 Rank 31 (Bottom Quartile). 15/16 Rank 15 (Second Quartile). 14/15 Rank 28 (Bottom Quartile)
SW4b	New - Percentage of adults supported at home who agree that they are supported to live as independently as possible				82.61%		77.96%		86.28%		17/18 Rank 3 (TOP Quartile). 15/16 Rank 30 (Bottom Quartile). 13/14 Rank 19 (Third Quartile)
SW4c	New - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided				84.9%		84.44%		79.68%		17/18 Rank 6 (TOP Quartile). 15/16 Rank 1 (TOP Quartile). 14/15 Rank 8 (TOP Quartile)
SW4d	New - Percentage of carers who feel supported to continue in their caring role				44.48%		39.44%		73.05%		17/18 Rank 31 (Bottom Quartile). 15/16 Rank 21 (Third Quartile). 13/14 Rank 31 (Bottom Quartile)

Code	Title	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	Value	
SW5	Corporate Indicator - The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)	£393.17	£422.24	£432.14	£425.81	£404.27	£415.79	£369.56	£422.93	£411.13	18/19 Rank 18 (Third Quartile) 17/18 Rank 19 (Third Quartile). 16/17 Rank 12 (Second Quartile). 15/16 Rank 19 (Third Quartile). 14/15 Rank 14 (Second Quartile).
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges	93.79	105.81	105.82	101.45	107.11	104.49	109.36	114.39	108.89	2018/19 Rank 20 (Third Quartile) 2017/18 Rank 26 (Bottom Quartile) 2016/17 Rank 24 (Third Quartile) 2015/16 Rank 21 (Third Quartile)
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections		76.6%	80%	82.98%	77.78%	76.32%	69.39%	73.91%	78.05%	2018/19 Rank 25 (Bottom Quartile) 2017/18 Rank 30 (Bottom Quartile) 2016/17 Rank 31 (Bottom Quartile) 2015/16 Rank 28 (Bottom Quartile)
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)				917.12	1059.24	834.91	971.19	1422.02	1323.32	2018/19 Rank 29 (Bottom Quartile) 17/18 Rank 30 (Bottom Quartile) 16/17 Rank 23 (Third Quartile) 2015/16 Rank 20 (Third Quartile)

Culture and Leisure

Code	Title	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	Value	
C&L1	Corporate Indicator - NET Cost per attendance at Sports facilities (LGBF)	£4.11	£2.79	£3.64	£2.96	£3.14	£3.51	£3.62	£4.29	£3.39	18/19 Rank 26 (Bottom Quartile) 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 23 (Bottom Quartile). 15/16 Rank 24 (Third Quartile). 14/15 Rank 19 (Third Quartile).