

## 01. Progress in delivery of strategic outcomes

**Our Vision:** People in Midlothian are enabled to lead longer and healthier lives.

**Our Values:** Right support, right time, right place.

The Midlothian Health and Social Care Partnership 2019-22 Strategic Plan outlines our 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. Many voluntary sector and independent providers work with the Partnership to deliver our objectives. The Midlothian Health and Social Care Partnership (HSCP) has continued to implement the ambitions of the Strategic Plan against the challenging impact of the COVID-19 pandemic.

Throughout 2020-21 COVID-19 has caused significant disruption to all our community based activities with a large majority of them being suspended due to restrictions in place to prevent the spread of infection. For social care services physical distancing and infection control requirements severely impacted the opportunity for people to be supported to engage in activities. Support continued but with reduced capacity. Support was targeted, when needed, at those with the most critical care needs. Where possible alternatives such as online activities were introduced with some success although the limitations of such activities are recognised and evident in our performance data for this year. As we progress into 2021-22 COVID-19 will continue to present new service demands and challenges that will influence how we deliver our core services and how we adapt service delivery in response.

### 1. Integration

The impact of the COVID-19 pandemic brought many challenges and much disruption to the Health and Social Care Partnership, its partners and the communities it serves. There was increased anxiety and pressure on many service users, unpaid carers and staff. While challenges may have changed over 2020, they will continue into 2021.

As a Partnership, the top priority was the safety of people, communities and staff. In response to the situation it was important to be innovative and support clients effectively and safely during this time. Staff continued to see people face-to-face where this was clinically essential, but in order to reduce face-to-face contact, where feasible, teams made a number of changes to how they delivered services throughout the pandemic.

As well as managing changes to existing services, the Partnership also provided care and treatment to people who had contracted COVID and their families. It provided support to partner agencies around changed provision, infection control and other requirements, including the provision of personal protective equipment (PPE) and staff testing. In addition, COVID related services had to be established, often at short notice as the pandemic escalated, such as the COVID Testing and Assessment Hub at Midlothian Community Hospital. Many staff across the Partnership were redeployed to other roles, assisting in care homes and PPE centres.

Partnership staff were very involved in the work of the Midlothian Care for People Group where members of the Community Planning Partnership and other partners coordinated a humanitarian response as a result of the UK moving to lockdown on 23rd March 2020. Statutory and voluntary sector partners sought, as far as possible, to provide essential services to the whole population and particularly to those most directly affected by the imposition of lockdown. The Midlothian Care for People Group had to operate in a complex environment keeping abreast of new guidance and rapidly changing projections of need, whilst also keeping in close touch with policies and activities at national, regional and council level.

### 2. Inequalities

Health and Social Care services are committed to reducing health inequalities and improving the health of people in Midlothian by working collectively with others to draw on our assets, activities and resources.

There is emerging evidence that the impacts of the COVID-19 crisis are affecting some groups disproportionately. These are arising from the direct and indirect effects of contracting the illness, as well as the lockdown measures put in place to control spread of the virus.

We have strong local communities in Midlothian and we harness the strengths they can bring to improving health and wellbeing. Voluntary organisations, volunteers, neighbours and extended families are all vital to helping people who are vulnerable to stay safe and well. Active, supportive communities are fundamental to a good quality of life for

people vulnerable through age, illness or disability. It is important in addressing the harmful effects of social isolation which can lead to poorer physical and mental ill health and an increased risk of hospital or care home admission.

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

### **3. Justice Service**

Activity during Q4 continued with the theme for 2020-2021 in that the Justice team continued to respond to the COVID-19 pandemic. Service delivery focused on managing individuals in the Justice system through a mixture of face-to-face and virtual meetings. This was based on dynamic assessments using risk and needs to determine levels of involvement. Further, scoping exercises are currently being undertaken to assess the impact on service design and delivery of alternatives to prosecution/Court disposals. Diversion, Structured Deferred Sentences and Supervise Bail are all being considered in relation to new areas of practice for the Midlothian team. It is anticipated that this will increase the options for assisting with the backlog of cases within the Court system and provide better outcomes for individuals in the Justice system.

With regards to unpaid work, the Chief Medical Officer suspended Unpaid Work nationally in January 2021. In response, the team have been virtually delivering individual learning packs with clients as part of their 'other activity'. These packs are aimed to promote desistance from offending and assist individuals develop the skills and goals to lead an offence free lifestyle. We have utilised the skills of certain clients to produce face coverings that were distributed to community groups and organisations. A new unpaid work supervisor post has been recruited to in response to addressing the backlog of unpaid work hours that the service will face once it is reopened. Once the service can regain some face-to-face contact with service users, focus will return to clients gaining certified courses as part of their Court Order.

The Justice specific Men's service is progressing in its development. The holistic trauma-informed group for men is awaiting Covid restrictions to lift prior to opening. Some of the work of this service mirrors the work being undertaken by Spring, our women's service. Spring continues to support women despite the group-work aspect being suspended.

Our funded Peer Support Co-ordinator post has been reviewed in relation to the role and remit with a clear focus being given to the development of a pathway for volunteer peer supporters to form a network for services within Number 11. Recruitment to this post is being taken forward by Health in Mind and Justice.

### **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 requiring this support within Scottish Government guidance. Despite Covid restrictions impacting service delivery the Midlothian Substance Misuse service instigated an outreach model to those individuals who were most at risk. This includes the trialling of Buvidal [an injectable form of Buprenorphine].

There continues to be 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 has provided Police colleagues with credit card sized information cards with information on available treatment and support services. Police are issuing these when appropriate to do so. MELDAP services are developing electronic and other versions of information highlighting the risks caused by poly drug use. MELDAP services continue to provide data packages, basic smart phones and tablets to those individuals who are impacted by isolation and are unable to receive one to one support as a consequence of Scottish Government Covid restrictions.

### **5. Technology**

Technology offers a range of tools to support pathway and service redesign in terms of both iterative improvements and transformative initiatives. We continued to proactively engage with the emerging digital agenda in Scotland to maximise the value that technology, in all its forms, can add. COVID-19 brought forward the NHS Lothian rollout of NHS Near Me video conferencing 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.

## **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 training at levels one and two is underway.

The project to review and redesign Day Services to reduce costs including transport is now being progressed as part of the COVID-19 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. Analysis of Day Service transport and retender of the taxi contract has started.

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. Bonnyrigg High Street site scheduled for completion late 2022. Primrose Lodge in Loanhead plans complete.

## **7. Older People**

Older People's services have continued to see an increase in referrals as an impact of COVID-19. The impacts of carer stress, isolation and lack of physical activity on older people's health and wellbeing continue to be of concern as restrictions ease. Mental health referrals have increased, along with Adult Support and Protection referrals relating to financial harm. As unpaid carers return to work there are an increasing number of referrals for urgent assessment for packages of care or admission to care. This is likely to increase further.

Most day care and respite services remain closed following the second full lockdown. However, plans are in place to re-open day care services to provide some respite/short breaks to individuals and their unpaid carers. The Bungalow, operated by Alzheimer's Scotland, opened to a limited number of clients with dementia on Tuesday 06 April.

The Care Home Support Team are beginning to focus on educational programmes and improvement support, including rolling out the Restore2 Toolkit, and improving Anticipatory Care Planning. Care homes are committed to working with all partners to maintain high standards of infection control and compliance while providing a homely and stimulating environment for residents.

Plans for the development of Extra Care Housing complexes across three sites in Midlothian is ongoing with Spring 2023 proposed for completion.

A review of intermediate care and rehab services is underway to improve pathways and ensure individuals receive the right care in the right place at the right time, implementing the Home First principles, as agreed by NHS Lothian. A Single Point of Access was set up on 2nd December, as requested by the Scheduling of Unscheduled Care Project Board. As of 31 March 2021 it has processed 162 referrals.

The third sector continue to support individuals and their families in the community through creative alternatives to face to face support. This is continually reviewed through the older people's planning group.

## **8. Carers**

During 2020/21 a significant service review, consultation and recommissioning process was undertaken for Carer Services. Q4 saw the culmination of this process, with the Tender for new services being shared in January, and submissions and evaluation being undertaken in February. In later March Providers were advised of new service awards, and more recently the TUPE process has begun. The new contracts will begin 1st July 2021 (3 years +1 +1).

Effort has been made to link the carer consultation, service specification and new service procurement, and the under development carers strategy and action plan; ensuring priorities within the legislation and those raised by local carers are addressed in service delivery and actions. Priorities remain in the areas of; Carer Identification; Access to Support, Information and Advice; Health & Wellbeing including access to Breaks from Caring; and Planning Ahead (Future Planning). During 2021/22 Q1 evaluation and monitoring arrangements will be agreed with the new providers.

## **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 now in 12 practices and the role of OT is being recruited to supplement the service. 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.

Recommissioning of community mental health and wellbeing supports currently delivered by Health in Mind has been concluded; 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. New contracts will commence 1st July 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 closure to the public of the Audiology Department due to Covid restrictions, we recruited volunteers to uplift peoples' faulty hearing aids from their homes and delivered the aids to Midlothian Community Hospital for an Audiology technician to repair, and then return the repaired aids back to the individuals.

#### **11. Sport and Leisure**

Sport & Leisure Services resumed operations at all sites on a phased basis from 31st August in line with Scottish Government guidelines. COVID-19 restrictions are in place to protect the public and staff members. 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 when 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.

Lockdown #2 during Q4 resulted in the closing of all Sport & Leisure sites and activities and the redeployment of staff to support critical services across the Council and Health & Social Care Partnership including Care Homes, Schools, Roads Services, IT Services, Housing and Homelessness, General Admin, Vaccination rollout, PPE Hub, and In School LFD testing pilot.

## **02. Challenges and Risks**

### **COVID-19**

The impact of the COVID-19 pandemic brought many challenges and much disruption to the Health and Social Care Partnership, its partners and the communities it serves. There was increased anxiety and pressure on many service users, unpaid carers and staff. While challenges may have changed over 2020, they will continue into 2021. Covid will continue to influence how the HSCP delivers core services, works with partners and communities and develops the workforce. In addition the Partnership will adapt to deliver Covid related services, such as vaccination clinics.

### **A growing and ageing population**

We are the second smallest Local Authority in mainland Scotland but the fastest growing. This will continue to pose challenges for health and social care services whilst also changing some local communities. As people live for longer many more people will be living at home with frailty and/or dementia and/or multiple health conditions. An increasing number of people live on their own, and for some this will bring a risk of isolation.

### **Higher rates of long-term conditions**

Managing long-term conditions is one of the biggest challenges facing health care services worldwide, with 60% of all deaths attributable to them. Older people are more susceptible to developing long-term conditions; most over 65s have two or more conditions and most over 75s have three or more conditions. People living in areas of multiple

deprivation are at particular risk with, for example, a much greater likelihood of early death from heart failure. They are also likely to develop 2 or more conditions 10-15 years earlier than people living in affluent areas.

### **Higher rates of mental health needs**

Many mental health problems are preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live fulfilling healthy lives as far as possible. The incidence of mental health issues in Midlothian, while similar to the rest of Scotland, is a concern. Living in poverty increases the likelihood of mental health problems but also mental health problems can lead to greater social exclusion and higher levels of poverty. People who have life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.

### **Our services are under pressure**

People place a high value on being able to access effective health services when they need them. People expect to receive high quality care services when these are needed whether as a result of age, disability, gender or long term health conditions. Yet there are a number of pressures on our services.

### **Financial pressures**

Financial pressures on public services are well documented. There is no doubt that we need to do things differently: the traditional approach to delivering health and care services is no longer financially sustainable.

### **Workforce pressures**

The COVID-19 pandemic has and will continue to influence the demand for, and deployment of, the health and care workforce for the foreseeable future. Mass vaccination programmes and other large scale recruitment programmes related to COVID-19 have increased pressure on already stretched resource. How the workforce interacts with people has also changed with an increased use of digital or telephone appointments. The Scottish Government has requested that IJBs develop a 3 year Workforce Plan no later than 31st March 2022.

### **Unpaid carers**

Unpaid carers fulfil significant, valuable and wide-ranging roles within Midlothian communities, helping to keep people with care and support needs within our communities. During the pandemic many people have become carers for the first time, or seen changes to their caring role, resulting in them providing significantly more care for their elderly, sick or disabled family, friends and neighbours. Through this period Community services supporting carers have continued to offer a range of support, including digitally, and by telephone, though services supporting the person they provide support to may have been reduced, e.g. respite and day services, resulting in an impact on carers. It is essential that we work to reduce the significant pressure and impact of caring that carers report feeling, by continuing to explore innovative options to enable support to be given to both carers and the cared-for, and for there to be opportunities for breaks from caring leading to caring being more sustainable. We are constantly looking for ways to offer respite and support to reduce the stress and impact of caring.

### **Acute hospitals**

Acute hospitals are under huge pressure due to unsustainable demand and financial restrictions. We need to invest in community based and work with carers alternatives that will minimise avoidable and inappropriate admissions and facilitate earlier discharge. By treating people closer to home, or in their own home we can support admission avoidance and improve patient outcomes.

# Adult, Health and Social Care

## Successes and Challenges

### Corporate Performance Indicators (latest)

7 5 1 6

### Service Plan Actions (latest)

8 27 0

### Service Plan PIs (latest)

11 10 0 13

### Service Risks (latest)

12

### Corporate PIs Off Target

PIs 7

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)

% of internal/external audit actions progressing on target or complete this quarter.

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

Percentage of complaints at stage 1 complete within 5 working days

### Service Plan Actions Off Target

Actions 8

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

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

Contribute to the implementation of the British Sign Language Plan to improve equity of access to services and support for BSL users.

Reduce the waiting times for occupational therapy and social work services

Support older people to attend activity groups hosted by Ageing Well each year

Consult with extra care housing tenants re the impact of Covid-19 on their health and wellbeing.

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 11

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

Number of training awareness sessions

Average waiting time for occupational therapy services

Average waiting time for social work services

Increase the % of people who feel they are participating more in activities of their choice

Number of consultation questionnaires/interviews from Sept 2020 to March 2021.

Planning permission granted for extra care housing at Gorebridge, Dalkeith and Bonnyrigg.

Number of stress control classes run in community venues.

Primrose Lodge certified as available.

Number of people attending activity groups hosted by Ageing Well from November 2020 end of March 2021.

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  
PIs

-  Off Target
-  On Target
-  Data Only
-  Data Not Yet Available

Key  
Actions

-  Off Target
-  On Target/Complete
-  Data Not Yet Available

Key  
PIs

-  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


## 01. Manage budget effectively

Priorities	Indicator	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
01. Manage budget effectively	Performance against revenue budget	£42.593m		£2.246m	£44.973m	N/A		<b>20/21:</b> Data not available		£42.593m		

## 02. Manage stress and absence

Priorities	Indicator	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
02. Manage stress and absence	Average number of working days lost due to sickness absence (cumulative)	16.75	1.23	6.04	9.57	13.65		<b>20/21:</b> Off Target Absence rate improved from 2019/20. Absence in some areas continues to remain higher than target. Monitoring in place.		10.53	Number of days lost	8,194.99
											Number of FTE in service	600.24

## 03. Complete all service priorities

Priorities	Indicator	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
03. Complete all service priorities	% of service priority Actions on target / completed, of the total number			88.57%	77.14%		<b>20/21:</b> Off Target 27 out of 35 Actions completed. COVID-19 has resulted in significant disruption to all community based activities with a large majority of them being suspended to restrictions to prevent the spread of infection. Where possible alternatives such as online activities were developed with some success although the limitations of such activities are evident.			90%	NUMBER of service priority actions in total	35
											NUMBER of service priority actions on target / completed	27

#### 04. Process invoices efficiently

Priorities	Indicator	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
04. Process invoices efficiently	% of invoices paid within 30 days of invoice receipt (cumulative)	94%	92%	96%	94%	92%		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 of invoices received (cumulative)	684
											Number paid within 30 days (cumulative)	626

#### 05. Improve PI performance



Priorities	Indicator	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
05. Improve PI performance	% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)	50%		85.29 %		67.6 %		20/21: Off Target COVID-19 has resulted in significant disruption to all community based activities with a large majority of them being suspended due to restrictions. For social care services physical distancing and infection control requirements severely impacted the opportunity for people to be supported to engage in activities. Where possible alternatives such as online activities were developed with some success although the limitations of such activities are evident.		90%	Number on tgt/complete or Data Only	23
											Number of PI's in total	34

#### 06. Control Risk

Priorities	Indicator	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
06. Control Risk	% of high risks that have been reviewed in the last quarter	100%		100%		100%		20/21: On Target		100%	Number of high risks reviewed in the last quarter	3
											Number of risks that are graded as high	3



## 07. Implement Improvement Plans

Priorities	Indicator	2019/ 20	Q1 2020/ 21	Q2 2020/ 21	Q3 2020/ 21	2020/21			Annual Target 2020/21	Feeder Data	Value	
		Value	Value	Value	Value	Value	Status	Note				Short Trend
07. Implement Improvement Plans	% of internal/external audit actions progressing on target or complete this quarter.	100%		100%		85.71 %		<b>20/21: Off Target</b> Activity progressing to conclude the two outstanding audit actions.		90%	Number of internal/external audit actions on target or complete	6
											Total number of internal/external audit actions	7

# Adult Health and Social Care Complaints Indicator Summary

## Commitment to valuing Complaints

Indicator	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	2020/21				Annual Target 2020/21
	Value	Value	Value	Value	Value	Value	Status	Note	Short Trend	
Number of complaints received (quarterly)	37	7	13	13	14	47		20/21: Data only		
Number of complaints closed in the year	32	5	1	5	10	33		20/21: Data only		
Number of complaints upheld (quarterly)	0	2	0	0	0	7		20/21: Data only		
Number of complaints partially upheld (quarterly)	5	1	1	2	5	11		20/21: Data only		
Number of complaints not upheld (quarterly)	27	2	0	2	4	13		20/21: Data only		
Average time in working days to respond to complaints at stage 1	19.86	4.4	2	4	8.2	16.4		20/21: Off Target		5
Average time in working days to respond to complaints at stage 2	0	0	0	0	0	14.5		20/21: On Target		20
Average time in working days for a full response for escalated complaints	28.33	0	0	19	0	0		20/21: There were no Escalated Complaints.		20
Percentage of complaints at stage 1 complete within 5 working days	13.79 %	80%	100%	75%	30%	45.2%		20/21: Off Target 14 out of 31 Stage 1 Complaints were Completed within the 5 working days.		95%
Percentage of complaints at stage 2 complete within 20 working days	100%	100%	100%	100%	100%	100%		20/21: On Target		95%
Percentage of complaints escalated and complete within 20 working days	66.67 %	100%	100%	100%	100%	100%		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	0	0	4		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		100%	<b>20/21:</b> Complete The service continued to offer support to existing and new people. 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		100%	<b>20/21:</b> Complete Nurse continued to visit homeless units with strict infection control measures in place. Vacancy in the team recruited to – person starts May 2021. CHIT service inc. sexual health and BBV testing and advice continued. Other appointments via phone. Face to face appointments to most vulnerable at Midlothian Community Hospital on occasion if unable to engage online/phone.
P.AHSC.4.1	Deliver Welfare Rights service to people with health and social care needs	31-Mar-2022		0%	<b>20/21:</b> On Target Service continued, primarily via telephone. Referrals were reduced in Q2 but picked up Q3 and Q4. Good results re income gained for people in Midlothian. Appeals continue by phone conference.
P.AHSC.4.2	Work with Red Cross to support people who are frail to access financial support available to them.	31-Mar-2022		0%	<b>20/21:</b> On Target Since April 2020 over 100 people have received support.





## 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		75%	<b>20/21:</b> Off Target The continued challenge of COVID-19 has impacted further on wait times for this year. Reducing wait times continues to be a challenge. Action within the service continues to be taken.
AHSC.P.2.2	Continue to implement and monitor Self Directed Support	31-Mar-2021		100%	<b>20/21:</b> Complete Dedicated SDS Practice Development Worker supporting staff to improve choice. Creative solutions are offered to people under all SDS options, not just option 2.

### 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		100%	<b>20/21:</b> Complete Ongoing work. Outcome focused ACSP work continues to be undertaken by HSCP and VOCAL staff. We aim that ACSP are linked in with the early stages of identification and engagement with services, aiming for early preventative intervention. Carer identification, completion of ACSPs, and linking into support, information and advice services are priority themes in the newly commissioned services and developing carers strategy and action plan.
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		100%	<b>20/21:</b> Complete Ongoing work. Demand for breaks from caring has been strong during Q4. Additional funding from the Scottish Government through Share Care Scotland was made available to VOCAL (and all carer centres) during Q4, and though the tight time scale and ongoing Covid restrictions made it a challenge, VOCAL were successful in offering additional opportunities for Midlothian carers to have breaks.
AHSC.P.3.3	Support unpaid carers to maximise their income by accessing services and surgeries provided by Penicuik CAB.	31-Mar-2021		100%	<b>20/21:</b> Complete Penicuik CAB have continued to offer surgeries and support to carers receiving support from VOCAL.

### 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		100%	<b>20/21:</b> Complete 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		100%	<b>20/21:</b> Complete Hospital at Home relocated to the Community Hospital. The service has been promoted via GPs and the Flow Centre, and pathways are improved via implementation of the Single Point of Access.
AHSC.P.4.4	Support older people to attend activity groups hosted by Ageing Well each year	31-Mar-2021		75%	<b>20/21:</b> Off Target National Lockdown#2 resulted in the cessation of all Ageing Well physical activity opportunities until 12th March when restrictions were ease to allow outdoor group activities. Walking groups and outdoor line dancing groups restarted with restricted numbers and Covid protections in place.
AHSC.P.4.5	Consult with extra care housing tenants re the impact of Covid-19 on their health and wellbeing.	31-Mar-2021		30%	<b>Q4 20/21:</b> Off Target Older People's Planning Group agreed January 21 to defer 2nd stage engagement due to ongoing Covid restrictions – next scheduled engagement to be completed June 2021.


Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
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		75%	<b>20/21:</b> Off Target Planning consent awarded for Dalkeith site 31.03.21; Peer Review verbally agreed and progressing for Gorebridge; provision requirements agreed for Bonnyrigg and public consultation scheduled for April 21.

## 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		100%	<b>20/21:</b> Complete Support delivered through a blended model of phone, NHS near me. and some face to face. Face to face where necessary to allow access to technology for those who face barriers to independently job searching/filling out applications online or who were identified as requiring face to face contact to support effective engagement. IPS worker accessed devices such as chrome books for clients through the Connecting Scotland digital inclusion programme.
AHSC.P.5.2	Enhance community resources for social prescribing by running a specific stress control classes in community venues.	31-Mar-2021		10%	<b>20/21:</b> 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		100%	<b>20/21:</b> Complete Primary Care Mental Health Nurses are now in 12 GP Practices and the role of OT is being recruited to supplement the service. Evaluation of the impact of primary care nurses is being developed.

## 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		100%	<b>20/21:</b> Complete Day Service remobilisation in progress following easing of second lockdown. Remobilisation principles agreed and planning with each service provider underway. New Gorebridge premises now open. This activity will continue to be a priority in 2021-22.
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		100%	<b>20/21:</b> Complete Primrose Lodge design and costings complete. Building tender. Support tender to be developed. Delayed as a consequence of COVID-19. Outline architect designs for 8 flats in Bonnyrigg complete.



Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
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		100%	<b>20/21:</b> Complete Two staff now completed the post graduate certificate in PBS (level 2). Level one training developed and delivered to staff in six services. PBS pathway to be updated to include staff training at level one. Competency Framework under development.

## 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		100%	<b>20/21:</b> Complete 29 Naloxone kits were distributed by MELD, SMS and Peer Workers in Q4, despite a national lockdown due to Covid restrictions.
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		100%	<b>20/21:</b> Complete SMART Recovery UK have set up the pilot as of September 2020. The number of people who attend virtually averages at 5 per meeting. SMART Recovery UK have engaged with local veterans groups and are now receiving referrals.
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		100%	<b>20/21:</b> Complete Despite Covid restrictions lockdown 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 in Q4 was 10. 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		100%	<b>20/21:</b> Complete 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 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






Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
					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		100%	<b>20/21:</b> Complete 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 (MFF), 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		100%	<b>20/21:</b> Complete The Desistance Team Leader has now been in post since September 2020. This strategic role was created to drive forward service delivery and implementation and develop holistic services for men not attending accredited programs. A survey of men within the Justice system in January 2020, indicated that 44% felt anxious, 39% felt low and depressed, and 28% continued to struggle processing experiences from their childhood. These results, along with the comprehensive mapping exercise, indicated a need for service for men which would support emotional regulation, address experiences of trauma and promote self-efficacy. A plan for the service will screen men on Court mandated Orders and establish appropriate interventions that have a positive evidence base relating to better wellbeing. The service will be developed with a peer support worker with lived experience. While restrictions remain in place due to COVID-19, it is hopeful that the new service will be operational when a suitable venue is agreed.

## 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		100%	<b>20/21:</b> Complete 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. Although there has only been 1 hoarding case that met the threshold for ASP and progressed to investigation, a number of other cases have been progressed via other teams as they didn't meet the threshold for ASP but intervention was needed. This highlights that the policy provides a clear direction for workers on how to progress cases. Informal feedback highlight workers

Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
					find the protocol helpful and it provides clarity to the work they are doing and how to progress it.

## 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		100%	<b>20/21:</b> Complete Weight management services delivered to address and prevent obesity and type two 2 diabetes. Services were temporarily paused in March 2020 in response to the Covid pandemic. 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%	<b>20/21:</b> Off Target No progress due to Covid pandemic, but new technologies continue to be 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%	<b>20/21:</b> 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		50%	<b>20/21:</b> Off Target Bitesize training sessions offered to HSCP staff. Progress on this action has been limited by Covid 19 restrictions limiting work that can be progressed.
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		100%	<b>20/21:</b> Complete No specific consultation opportunities available.

## 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		100%	<b>20/21:</b> Complete First incremental target achieved. Initial data exchange solution in place and data dashboards are live and in active development. Next steps are to build capacity to access and culture of use, develop a more resilient and mature data exchange mechanism between Council and NHS Lothian. Develop suite of dashboards to support operational awareness and standardise processes.
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		100%	<b>20/21:</b> Complete NHS Lothian now supports set up and adoption through established business as usual processes. Eligible teams that expressed interest have been supported to adopt and implement.















Code	Action	Due Date	Icon	Progress	Comment & Planned Improvement Action
AHSC.P.11.4	Lead on development of national technology enabled care project exploring frailty system of care.	31-Mar-2021		100%	<b>20/21:</b> Complete Timelines have shifted in response to continued COVID pressure during winter – first phase of project will now formally conclude in late April. Second phase of the project will commence directly after Phase 1.



# Adult Health and Social Care PI Report

## 01. Health Inequalities







PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark
		Value	Value	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	352	1,027			<b>20/21:</b> On Target	1,000	
AHSC.P.1.2a	Number of people who received a health assessment from the Community Health Inequalities Team.	218		18	38	82			<b>20/21:</b> Off Target Downturn due to Covid restrictions and service limitations. Nurse continued to visit homeless units with strict infection control measures in place. Other appointments via phone. Face to face appointments to most vulnerable at MCH on occasion if unable to engage online/phone.	150	
AHSC.P.4.2b	Additional benefit income to Midlothian residents identified as frail (cumulative)			£146,057.00	£200,834.40	£201,078.80			<b>20/21:</b> On Target	£150,000.00	
P.AHSC.4.1a	Number of people supported with Cancer	265		57	110	239			<b>20/21:</b> Off Target Slightly below annual target. Service continued, primarily via telephone, due to Covid restrictions.	250	

## 02. Assessment and Care Management

PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.2.1a	Average waiting time for occupational therapy services	12.4 weeks		17 weeks	15 weeks	15.5 weeks			<b>Q4 20/21:</b> Off Target COVID-19 impacting on the continued downturn in performance. Work will continue to be progressed and action taken to reduce waiting times.	6 weeks	
AHSC.P.2.1b	Average waiting time for social work services	14 weeks		21 weeks	7 weeks	12 weeks			<b>20/21:</b> Off Target Work continues to be progressed to reduce waiting times.	6 weeks	
AHSC.P.2.2a	Proportion of people choosing SDS option 1	4.6%	5.7%	5.6%	5.3%	6%			<b>20/21:</b> 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	3%	2.4%	2.1%	2%	2%			<b>20/21:</b> 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	90.3%	89.1%	89.9%	88.8%	89.5%			<b>20/21:</b> 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	2.2%	2.8%	2.5%	3.9%	2.5%			<b>20/21:</b> 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.		

PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.2.2e	Increase the % of people who feel they are participating more in activities of their choice	93.3%	72.7%	86.9%	85%	60%			<b>20/21:</b> Off Target COVID-19 has resulted in significant disruption to all community based activities with a large majority of them being suspended to restrictions to prevent the spread of infection. For social care services physical distancing and infection control requirements severely impacted the opportunity for people to be supported to engage in activities. Critical day support continued but with reduced capacity and support was therefore targeted at those with most critical care needs. Where possible alternatives such as online activities were developed with some success although the limitations of such activities are recognised.	75%	





### 03. Carers

PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.3.1a	Number of Carers receiving 1:1 support by VOCAL (cumulative)	1,919	524	981	1,493	2,278			<b>20/21:</b> Data only		
AHSC.P.3.1b	Number of carers receiving an adult carer support plan of their care needs by Adult Social Care (cumulative)	121	3	13	23	38			<b>20/21:</b> Data only 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	544	374	717	1,080	1,585			<b>20/21:</b> Data Only		






PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark	
		Value	Value	Value	Value	Value	Status	Short Trend	Note			
	care needs by VOCAL (cumulative)											
AHSC.P.3.2a	Number of carers accessing short breaks through VOCAL Wee Breaks Service (cumulative)		63	131	202	316				<b>20/21:</b> Data Only		
AHSC.P.3.3a	Additional carer income generated through contact with Penicuik CAB (annual measure).			£227,563.00		£415,208.03				<b>20/21:</b> Data Only		

#### 04. Older People


PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark	
		Value	Value	Value	Value	Value	Status	Short Trend	Note			
AHSC.P.4.2a	Monitor the percentage of people with moderate to high frailty waiting for a Care at Home package.			28%	50%	29%				<b>20/21:</b> Data Only 29% of people currently 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 service	393	123	108	113	466				<b>Q4 20/21:</b> Data only 466 individuals received support from the Hospital at Home and Rapid Response Team (MERRIT) during 2021-21. This is an increase of 18.58% from the previous year.		
AHSC.P.4.5a	Number of consultation questionnaires/interviews from Sept 2020 to March 2021.			0	1	1				<b>20/21:</b> Off Target Older People's Planning Group agreed January 21 to defer 2nd stage engagement due to ongoing Covid restrictions – next scheduled engagement to be completed June 2021.	3	

PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark	
		Value	Value	Value	Value	Value	Status	Short Trend	Note			
AHSC.P.4.5b	Number of extra care housing tenants consulted. (cumulative)			0	77	77				<b>20/21:</b> On Target	67	
AHSC.P.4.6a	Planning permission granted for extra care housing at Gorebridge, Dalkeith and Bonnyrigg.			0	0	1				<b>20/21:</b> Off Target Planning consent awarded for Dalkeith site 31.03.21. Peer Review verbally agreed and progressing for Gorebridge; provision requirements agreed for Bonnyrigg and public consultation scheduled for April 21.	3	
P.AHSC.2.2a	Total number of people attending activity groups hosted by Ageing Well each year	21,427		1,473	1,833	3,895				<b>20/21:</b> Off Target National Lockdown#2 resulted in the cessation of all Ageing Well physical activity opportunities until 12th March when restrictions were eased to allow outdoor group activities. Walking groups and outdoor line dancing groups restarted with restricted numbers and Covid protections in place.  While services were suspended due to the National lockdown, sport and leisure staff assisted greatly in our Covid response. Staff were deployed to support critical services across the Council and the Health & Social Care Partnership including Care Homes, Schools, Roads Services, IT Services, Housing and Homelessness, General Admin, Vaccination rollout, PPE Hub, and In School LFD testing pilot.	9,000	


## 05. Mental Health

PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark	
		Value	Value	Value	Value	Value	Status	Short Trend	Note			
AHSC.P.5.1a	Number of people (per annum) in employment or education following intervention.			3	7	14				<b>20/21:</b> On Target	13	
AHSC.P.5.2a	Number of stress control classes run in community venues.			0	0	0				<b>20/21:</b> Off Target Stress control is open access large scale psycho-educational class, due to current Covid 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	12	12				<b>20/21:</b> On Target	12	
AHSC.P.5.3b	Number of individuals accessing the Midlothian Access Point	911	43	206	160	605				<b>20/21:</b> On Target	600	



## 06. Learning Disability

PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark	
		Value	Value	Value	Value	Value	Status	Short Trend	Note			
AHSC.P.6.2a	Primrose Lodge certified as available.			0.5	0.75	0.75				<b>20/21:</b> Off Target Primrose Lodge design and costings complete. Building tender. Support tender to be developed. Delayed as a consequence of COVID-19. Outline architect designs for 8 flats in Bonnyrigg complete. This performance indicator will continue to be monitored in 2021-22.	1	


## 07. Substance Misuse

PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.7.2a	Online SMART recovery group pilot completed			0.5	0.75	1			<b>20/21:</b> On Target	1	

## 08. Justice Service





PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.8.2a	Total number of individuals referred through the Safe and Together approach (accumulative)	7		2	4	4			<b>20/21:</b> On Target	4	

## 09. Adult Support and Protection



PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.9.1a	Number of self-neglect and hoarding referrals which resulted in an investigation.			1	3	5			<b>20/21:</b> Data Only		




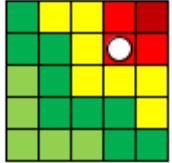
## 10. Adults with long term conditions, physical disabilities and sensory impairment


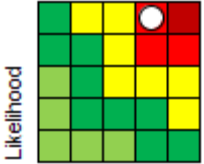

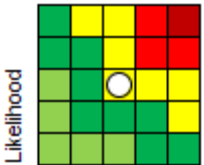
PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.10.1a	Number of people assessed by weight management triage.	499		86	80	190			20/21: Data Only		
AHSC.P.10.3a	Number of training awareness sessions	2		0	0	0			20/21: Off Target No training sessions provided by Deaf Action/RNIB due to Covid restrictions.	1	


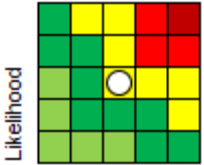

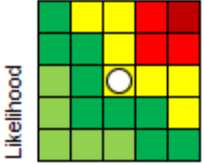
## 11. Digital


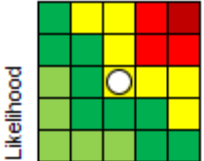

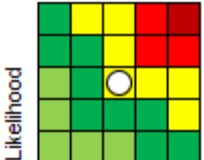
PI Code	PI	2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	2020/21				Annual Target 2020/21	Benchmark
		Value	Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.11.1a	Joint Dashboard created to improve our use of health and social care data.			0.5	1	1			20/21: On Target	1	
AHSC.P.11.4a	Completion of the Matter of Focus evaluation.	N/A		0.5	0.75	1			20/21: On Target	1	


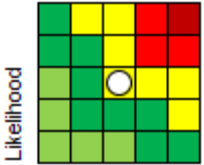

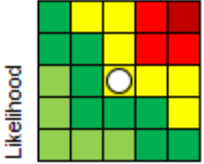

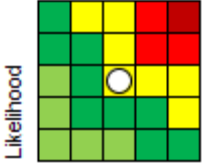
# Adult Health and Social Care Service Risks


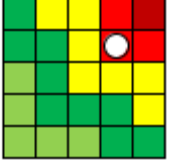
Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
<p>ASC.RR.01-01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services</p>	<p><b>Risk Cause:</b> Providers have a lack of capacity to deliver contracted service</p> <p><b>Risk Event:</b> Shortfall in service volume and or quality</p> <p><b>Risk Effect:</b> Delivering poor quality care that places service users at risk of harm. 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 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 level of risk and designated team leader responsibilities. 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>	16


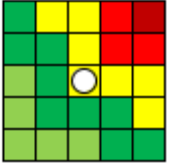
Code & Title	Risk Identification	Risk Control Measure	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score
ASC.RR.01-05 Meeting growing demands with constrained /reduced budgets, especially from external funders	<p><b>Risk Cause:</b> Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget</p> <p><b>Risk Event:</b> Change programme does not meet future years projected budget gaps</p> <p><b>Risk Effect:</b> Inability to deliver against strategic priorities</p>	<p>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><b>Risk Cause:</b></p> <p><b>Risk Event:</b></p> <p><b>Risk Effect:</b></p>	<p>01 - Role of MVA in supporting the voluntary sector 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><b>Risk Cause:</b> Insufficient Capital Resources.</p> <p><b>Risk Event:</b> Failure to maintain and modernise existing building stock</p> <p><b>Risk Effect:</b> People are supported in environments of poor quality</p>	<p>01 - Regular dialogue with Asset Management re needs of service.</p> <p>02 - Divisional Business Continuity Plan advises on crises management situations.</p> <p>03 - Development of community assets through regeneration</p> <p>04- Strategic Capital Programme Board</p> <p>05- Development of IJB Property Strategy</p>				 <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><b>Risk Cause:</b> Offender committing a serious crime</p> <p><b>Risk Event:</b> Offence incident occurs.</p> <p><b>Risk Effect:</b> 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><b>Risk Cause:</b> Failure to identify the risk to the individual. Failure of adult protection procedures when invoked to adequately assess and manage the risk.</p> <p><b>Risk Event:</b> Adult at risk of harm.</p> <p><b>Risk Effect:</b> Reputational Damage to the Council. 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><b>Risk Cause:</b></p> <p><b>Risk Event:</b></p> <p><b>Risk Effect:</b></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><b>Risk Cause:</b> 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><b>Risk Event:</b> Inadequate staffing levels/skills.</p> <p><b>Risk Effect:</b> 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><b>Risk Cause:</b></p> <p><b>Risk Event:</b></p> <p><b>Risk Effect:</b></p>	01 - Action Plan to improve information management and data protection. This is being controlled through covalent.		Data sharing 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><b>Risk Cause:</b></p> <p><b>Risk Event:</b></p> <p><b>Risk Effect:</b></p>	01 - Business Transformation Board and an NHS Lothian Project Group regularly review progress with arrangements in Midlothian 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"> <li>-shortages of staff due to contraction of COVID</li> <li>-additional workload for those staff still able to attend work</li> <li>-increased pressure on other parts of the health and social care system</li> <li>-reduction of care provided to patients due to reduced staffing levels with a move to focus on essential work only</li> <li>-essential supplies may be difficult to source, resulting in reduced stocks.</li> </ul>	<ol style="list-style-type: none"> <li>1. Communication systems and processes have been put in place.</li> <li>2. Daily conferences have been set up to appraise evolving situation.</li> <li>3. COVID-19 Control Team established.</li> <li>4. A system set up to share information through Directors to all Midlothian staff.</li> <li>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.</li> <li>6. Signage up across all buildings advising of good handwashing routines and the necessity of ensuring frequent handwashing taking place.</li> <li>7. In reception areas staff have been provided with masks and alcohol gel.</li> <li>8. Staff updated regularly on NHS Lothian and National Guidelines.</li> <li>9. Resilience plans in place across the Partnership.</li> <li>10. Staff briefings to discuss responses to COVID-19 have been actioned with a focus on personal resilience plans to ensure attendance at work.</li> <li>11. Asked staff to consider unnecessary face to face contact with patients is replaced by telephone contact.</li> <li>12. Homeworking in place where appropriate.</li> </ol>				 <p>Likelihood</p> <p>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  <b>Risk Cause:</b> Communication with the public could be poor or an event or incident has negative outcome. <b>Risk Event:</b> Failure to have in place a robust Communications Strategy and scenario planning <b>Risk Effect:</b> 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



## Adult, Social Care

Code	Title	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£19.11	£19.71	£14.17	£26.60	£31.10	£28.31	£25.79	£38.65	£35.75	£35.51	19/20 Rank 28 (Bottom Quartile). 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%	2.4%	2.78%	2.69%	3.95%	6.11%	4.75%	4.51%	5.06%	19/20 Rank 15 (Second Quartile). 18/19 Rank 18 (Third Quartile). 17/18 Rank 13 (Second Quartile). 16/17 Rank 8 (Top 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%	54.09 %	19/20 Rank 29 (Bottom Quartile). 18/19 Rank 32 (Bottom Quartile). 17/18 Rank 5 (Top Quartile). 16/17 Rank 6 (Top Quartile). 15/16 Rank 9 (Second Quartile). 14/15 Rank 20 (Third Quartile).
SW4b	New - Percentage of adult supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (data based on respondents whose care was funded by the council or health board) (LGBF)					81.73 %	85.7%		73.05 %		67.57 %	19/20 Rank 32 (Bottom Quartile). 17/18 Rank 31 (Bottom Quartile). 15/16 Rank 15 (Second Quartile). 14/15 Rank 28 (Bottom Quartile)
SW4c	New - Percentage of adults supported at home who agree that they are supported to live as independently as possible (data based on respondents whose care was funded by the council or health board) (LGBF)				82.61 %		77.96 %		86.28 %		80.05 %	19/20 Rank 20 (Third Quartile). 17/18 Rank 3 (TOP Quartile). 15/16 Rank 30 (Bottom Quartile). 13/14 Rank 19 (Third Quartile).
SW4d	New - Percentage of adults supported at home who agree that they had a say in how their help, care or				84.9%		84.44 %		79.68 %		66.95 %	19/20 Rank 32 (Bottom Quartile). 17/18 Rank 6 (TOP Quartile).

Code	Title	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	
	support was provided (data based on respondents whose care was funded by the council or health board) (LGBF)											15/16 Rank 1 (TOP Quartile). 14/15 Rank 8 (TOP Quartile)
SW4e	New - Percentage of carers who feel supported to continue in their caring role (data based on respondents whose care was funded by the council or health board) (LGBF)				44.48 %		39.43 %		32.1%		31.54 %	19/20 Rank 27 (Bottom Quartile). 17/18 Rank 31 (Bottom Quartile). 15/16 Rank 21 (Third Quartile). 13/14 Rank 11 (Second Quartile).
SW5	Corporate Indicator - The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)	£413.84	£443.52	£444.45	£438.45	£416.34	£428.43	£380.35	£435.00	£423.09	£453.58	19/20 Rank 21 (Third Quartile) 18/19 Rank 17 (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 (LGBF)	93.79	105.81	105.82	101.45	107.11	104.49	109.36	114.39	108.89	108.77	19/20 Rank 17 (Third Quartile) 18/19 Rank 20 (Third Quartile). 17/18 Rank 26 (Bottom Quartile). 16/17 Rank 24 (Third Quartile). 15/16 Rank 21 (Third Quartile). 14/15 Rank 27 (Bottom Quartile).
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (LGBF)		76.6%	80%	82.98 %	77.78 %	76.32 %	69.39 %	73.91 %	78.05 %	76.74 %	19/20 Rank 24 (Third Quartile) 18/19 Rank 25 (Bottom Quartile). 17/18 Rank 30 (Bottom Quartile). 16/17 Rank 31 (Bottom Quartile). 15/16 Rank 28 (Bottom Quartile). 14/15 Rank 21 (Third Quartile)
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) (LGBF)				917.12	1059.24	834.91	971.19	1422.02	1323.32	965.62	19/20 Rank 24 (Third Quartile) 18/19 Rank 29 (Bottom Quartile). 17/18 Rank 30 (Bottom Quartile). 16/17 Rank 23 (Third Quartile). 15/16 Rank 20 (Third Quartile). 14/15 Rank 24 (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	2019/ 20	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	
C&L1	Corporate Indicator - NET Cost per attendance at Sports facilities (LGBF)	£4.34	£2.93	£3.82	£3.11	£3.29	£3.68	£3.79	£4.50	£3.47	£3.12	19/20 Rank 22 (Third Quartile) 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).