

## 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.

Midlothian Integration Joint Board plan and direct the services that are delivered by Midlothian Health and Social Care Partnership (HSCP). The HSCP is a partnership between NHS Lothian and Midlothian Council and is responsible for services that help Midlothian residents to live well and get support when they need it. This includes all community health and social care services for adults in Midlothian and some hospital-based services such as Accident and Emergency.

Work on the IJB Strategic Plan 2022-25 continued in Q3. In order to meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, the HSCP is required to develop, consult on, and publish a new Strategic Plan in 2022. Official consultation on the draft plan is underway. The feedback from the consultation will be considered by planning groups and required changes will be made to the plan before the final plan is submitted to the IJB in March 2022 and published by 1st April 2022.

### 1. HSCP COVID-19 Response

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 since 2020, they continued in 2021, and into 2022. The Omicron variant resulted in additional vaccination clinics and changed restrictions.

The top priority of the Partnership is the safety of clients, carers, communities and staff. In response to the pandemic it was important to be innovative and support clients effectively and safely. In Q3 some services again had to adapt in how they operated with, for example, changes to relative visiting arrangements and changes to service delivery, reduced face to face where feasible. Reduced opportunities for carer respite remain a concern. The Omicron variant resulted in increased staff absence – people isolating or testing positive for the COVID. This increased pressure on service delivery.

As well as presenting a tremendous challenge to services, staff and partners, the crisis also created an opportunity to build on existing and new community connections. Volunteering programmes continued and were further supported by the Partnership.

### 2. Seasonal Flu/COVID Booster Programmes

The COVID Booster programme for eligible residents started on Monday 27th September. Vaccinations for care home residents, children under 5 and primary school children also started. This is the first year when the Health and Social Care Partnership is leading the flu programme and has taken over this service from General Practices as part of the new GP contract. The majority of vaccinations are provided from three venues: Gorebridge Leisure Centre, Midlothian Community Hospital and Eastfield Medical Practice. The Health and Social Care Partnership also leads the ongoing COVID vaccination programme which includes Evergreen (1st and 2nd COVID doses), 12-15 years olds, 3rd dose for people who are immunosuppressed and the Booster programme.

As a result of the Omicron variant there was additional pressures on the booster programme in efforts to have people boosted before the end of the year. Additional clinic hours were arranged with increased stations and vaccinators. At full capacity a total of 9001 appointments per week were offered across both sites plus 658 for Tranche 1/evergreen. By end Q3 50,253 of all adults in Midlothian had received a booster, including 91.5% of adults over 70 years. A clinic for people with a Learning Disability was held on 08.12.21 - approximately 80 people vaccinated.

### 3. Service Transformation

Health and Social Care services continued to develop during Q3. This included the ongoing transformation of local service pathways to embed a Home First approach, whereby people are supported out of hospital promptly, with a greater emphasis on supporting people at home, through investment in care at home, early intervention and prevention. Data indicates that the increased capacity within the team has facilitated earlier discharge from acute hospitals although pressures on Care at Home and other services have remained.

Mental Health, Substance Misuse and Justice services continue to operate and adapt according to COVID guidelines. Work to reduce drug related deaths was progressed and will continue into Q4.

#### **4. Justice Service**

Activity during Q3 continued to focus on recovery and our response 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 continues to be based on dynamic assessments using risk and needs to determine levels of involvement. The Justice team are continuing to design alternatives to prosecution/Court disposals. Structured Deferred Sentences offered to the Court by the Justice team have been reviewed and streamlined. Change Grow Live and Venture Trust have been identified as offering structured interventions to individuals involved in the Justice system. 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. Further conversations with colleagues in the Courts have progressed the design of services such as Supervised Bail and Diversion.

Q3 saw a continuation of unpaid work service users completing their hours. Supporting this is our new unpaid work supervisor who was recruited in response to addressing the backlog of unpaid work hours. The Justice team have also focused our efforts in engaging with our third sector partner organisations to look at opportunities for expanding the work placements available to our service users. A contract was agreed with Cyrenians to provide work placements in Bonnyrigg community garden. Further, a pilot project to increase training opportunities with a local college has proved beneficial to a number of individuals within the Justice System.

The Justice specific Men's service launched in September 2021. Stride is a holistic trauma-informed group for men involved in the Justice system. To support the delivery of this service, Justice identified funding to recruit a health and social care practitioner. The service has completed two rounds of group work to date with further sessions planned for early 2022. Some of the intervention delivered by Stride mirrors the work being undertaken by Spring, our women's service. Spring continues to support women and has been able to re-establish group work activities.

Our funded Peer Support Coordinator role has now been recruited to and the post holder has led two peer volunteer training programmes to date. This has increased the number of volunteer peers available within Health and Mind to support No 11 patients, clients and service users.

#### **5. Substance Misuse**

Key services based in Number 11 in Dalkeith continued to provide services including outreach treatment, injecting equipment provision [IEP], naloxone, information/advice. Despite Covid restrictions impacting service delivery, the Midlothian Substance Use 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 continue to be 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 services have developed and distributed 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 as part of impacting the digital inequalities agenda. The partnership intends to continue this work for the rest of 2021/22. All MELDAP services are continuing to provide the Covid driven practice developments that have proven useful to their clients/patients as restrictions ease. One particular area is providing a blended care approach of one to one engagement augmented with the use of digital/phone platforms according to choice and need.

#### **6. Digital**

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. With the inauguration of a new Digital Governance Group within our structure we anticipate improved planning and resourcing of projects (internally) which connect effort across the partnership. Furthermore, we hope to be able to present a united front to and for our key business partners with regard to digital development planning and to support prioritisation. We need to consider how services are designed and incorporate technology, therefore, as the HSCP supports development of the next IJB strategic Plan, we are positioning Digital as an enabler of transformation rather than a service or resource to demonstrate the paradigm shift required to deliver digital transformation.

#### **7. 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 and the pathway has been updated. Work with People First to produce a video from a service users' perspective to be used in staff training has been delayed

as a consequence of the new guidelines responding to the Omicron variant. Two services are piloting a quality framework aimed at improving the quality of care for service users. PBS Pathway now in use within Community Learning Disability Team.

The project to review and redesign Day Services to reduce costs including transport continues as part of the COVID-19 Remobilisation Plan with a focus on re-establishing and building up centre based services supplemented by home based, community based, and on line models of support. Progress is contingent on further national guidance. Buildings based services are further limited by the risk associated with the COVID 19 Omicron variant. Model for Day Service transport and tender of the taxi contract agreed by Senior Management Team and tender will be issued when restrictions on shared taxi transport are relaxed.

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 Mid 2023. Designs for Primrose Lodge in Loanhead are complete but still awaiting availability of the property.

## **8. Older People**

**Extra Care Housing:** As with many other areas, Midlothian faces many challenges in addressing the housing and care needs of an ageing population with increasingly complex requirements. Extra Care Housing is a model of accommodation and care that supports people to live in their own tenancy. Work was progressed on 3 sites (Dalkeith, Bonnyrigg and Gorebridge) to provide 106 ECH bungalows or flats. Timescales were impacted by Covid 19 but completion dates are still estimated as late 2022 (Dalkeith) and late 2023 (Bonnyrigg and Gorebridge).

**Care Homes:** Midlothian has 10 older people's care homes, 2 of which are HSCP run with one being an intermediate care facility. The remaining 8 are privately run either by private companies, charitable organisations or independent care homes. Health Boards and local Health and Social Care Partnerships continue to carry responsibilities for the clinical and professional oversight of the care provided to people resident in care homes in line with the Scottish Government guidelines (May 2020).

The Care Home Support Team has provided substantial support to care homes for older people to address the challenges faced throughout the Covid-19 pandemic. Examples include the provision of direct support to meet staffing challenges, input to meet the complex care needs of individual residents, vaccination, testing of staff and residents, support with the reintroduction of visiting and providing practical and emotional support to staff affected by the impacts of the loss of residents in unprecedented numbers.

**Care at Home:** Care at Home continues to be a key contributor to the HSCP vision for people to receive the right care in the right place; in their home and community as far as possible. It supports efforts to reduce length of hospital stay, as well as admission avoidance. Care at Home is currently provided by the HSCP and external providers. Midlothian experienced significant pressures within Care at Home services over the last 9 months. This was in line with the national challenges to recruit care staff. Despite this pressure, Care at Home worked hard to ensure packages of care continued to be delivered. On 1st September new contracts were awarded to external Care at Home providers. Work has been ongoing with the new providers in order to implement the contracts effectively.

## **9. Carers**

Payment of carer additional resource allocations to community partners has been delayed; significant work demand on internal teams supporting this work as a result of recent staff departures. Despite considerable effort to initiate a residential respite resource within Cowan Court, this was not achievable during Q3 due to late notice staff recruitment withdrawals. Staffing issues have since been remedied and it is anticipated that offers of respite will be offered imminently. Respite for older people remains a particular challenge, but the Short Breaks funding that is provided by the HSCP and distributed by VOCAL remains in significant demand, so much so that funding for the year has been allocated, and the HSCP propose additional support for use in Q4. Changes to Carers Act regulations regarding Adult Carer Support Plans which came into effect during later summer 2021 are about to be implemented in local practice. The development of staff guidance and support plans forms have been developed for use after final consultation with Team Leader.

## **10. 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 across Midlothian and we have appointed to the OT role to supplement the service. Evaluation of the impact of primary care nurses is ongoing and is a blend of quantitative and qualitative data. Current findings are positive.

Individual Placement Support has been impacted by Covid 19 however the service is providing assessment and support to 8 individuals who are seeking employment and/or Further Education.

The recommissioning of community mental health and wellbeing supports currently delivered by Health in Mind is now delivering services across new community venues across Midlothian for one-to-one meetings and group work as well as delivery of the Midlothian Access Point and our substance use support services.

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

Awareness training sessions for HSCP staff, provided by Deaf Action and Sight Scotland have also not been possible due to the pandemic and training over Zoom or Teams cannot provide practical, hands on training. Work has commenced with Sight Scotland to provide information sessions to staff in relation to the services they provide.

In response to the closure to the public of the Audiology Department due to Covid restrictions volunteers continue 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.

Hybrid model up and running for delivery of face to face and digital for all weight management programmes. Digital devices secured for people referred so they are able to decide what options best suits their needs.

Midlothian HSCP commenced work on Improving the Cancer Journey (ICJ) during 2021. ICJ is a partnership between Macmillan and the four Lothian Health and Social Care Partnerships. Midlothian Council hosts the Programme on behalf of the four HSCPs. The ICJ Programme aims to meet the non-clinical needs of people living with cancer; it promotes self-management and person-centred solutions. The service in Midlothian has strong links with the Wellbeing Service in GP practices and the MacMillan Welfare Rights Advisor in the Welfare Rights Team. Since going live in April 2021, 58 people have accessed the ICJ service and have completed initial assessments, with 12 of these also completing the 12 week review. Our aspiration by the end of our first year of being operational is to reach 30% of newly diagnosed people, which for Midlothian means 161 people. While referrals have been slow, the pace is increasing and local promotion has started, which was not possible before the official service launch in November. SIMD data indicates that the ICJ service has good reach with 48% of people using the service from SIMD 1 & 2. Referrals are mainly from Clinical Nurse Specialists, but Midlothian benefits from good engagement with third sector services, in particular VOCAL, Red Cross, Thistle and MELD.

### **12. Sport and Leisure**

Following the move to "beyond Level 0" Sport and Leisure operations have continued to move towards pre-covid operations, however there are still significant challenges related to the pandemic.

The ongoing restrictions around schools has resulted in the continued closure to the public of Newbattle Community Campus and The Lasswade Centre during school hours, leaving only weekday evenings and weekends for Sport & Leisure operations. Gorebridge Leisure Centre continues to be utilised as a mass vaccination centre, now administering the Flu vaccine in addition to Covid vaccinations, and will continue to do so until at least 31/03/2022.

Newtongrange Leisure Centre had 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. However as a result of the Newbattle restrictions and use of Gorebridge for non S&L activities this dedicated use of Newtongrange has had to cease to allow other members of the public access to leisure facilities during the day in their local community. This has led to a drop in the usage by some MAC members who still hold concerns regarding Covid and the safety of mixing with the wider community due to their vulnerable health and wellbeing.

The Ageing Well programme of activities is nearly back to pre-covid levels in terms of the range of activities on offer. Participation and volunteering levels have been good but there has been an inevitable turnover of participants who cannot or who do not yet wish to return and the case is the same for volunteers, however the resumption of a much fuller programme has also seen a good number of new participants and volunteers access the project.

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. The MAC team have also resumed delivery of the Tier 2 Weight Management Programme at Newtongrange Leisure Centre. Delivery is not back to pre-covid levels due to staff vacancies and facility availability at Newbattle and Lasswade centres however virtual delivery is due to commence in Q4.

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.

## 02. Challenges and Risks

### **COVID-19**

The Health and Social Care Partnership, its partners and the communities it serves continued to be impacted by the COVID 19 pandemic. Covid continued to influence how the HSCP delivered core services, it impacted on staff absence and deployment, and it required additional resource, for example to deliver vaccination clinics, coordinate staff testing for HSCP and other staff, and manage PPE provision locally.

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

Midlothian is 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, sex, 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.

There is reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers and Staff Nurses. This impacts on service delivery and development.

### **Review of Adult Social Care**

The Independent Review of Adult Social Care (published in February 2021) was set up to recommend improvements to adult social care in Scotland. It looked at these in terms of the outcomes for people who use services, their carers and families and the experience of those working in the sector. There are likely to be significant changes to care services as a result of this review.

### **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 became carers for the first time, or saw 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 services supporting carers 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, impacting on carers. Further work is required to reduce the significant pressure and impact of caring that carers reported, 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.

### **Acute hospitals**

Acute hospitals are under huge pressure due to unsustainable demand and financial restrictions. Investing in community based services and work with carers is required to minimise avoidable and inappropriate admissions and facilitate earlier discharge. By treating people closer to home, or in their own home the HSCP can support admission avoidance and improve people's outcomes.

# Adult, Health and Social Care



## Successes and Challenges

**Corporate Performance Indicators (latest)**

7 Off Target, 6 On Target, 0 Data Only, 8 Data Not Yet Available

**Service Plan Actions (latest)**

4 Off Target, 31 On Target/Complete, 0 Data Not Yet Available

**Service Plan PIs (latest)**

6 Off Target, 25 On Target, 0 Data Only, 15 Data Not Yet Available

**Corporate PIs Off Target**

PIs 7 Off Target

- Performance against revenue budget
- 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

**Service Plan Actions Off Target**

Actions 4 Off Target

- Improve awareness and understanding of sensory impairment among HSCP staff and partners by delivering training with RNIB and Deaf Action.
- Reduce waiting times for occupational therapy and social work services.
- 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.
- Enhance community resources for social prescribing by running a specific stress control classes in community venues.

**Service Plan PIs Off Target**

PIs 6 Off Target

- Number of people who received a health assessment from the Community Health Inequalities Team.
- Data exchange mechanism between the Council and NHS Lothian is in place.
- Average wait time for occupational therapy services
- Average wait time for social work services
- Number of carers accessing short breaks through VOCAL Wee Breaks Service (cumulative)
- Number of stress control classes run in community venues.

**Service High Risks (latest)**

2 High Risk/Medium Risk

- COVID 19
- Meeting growing demands with constrained /reduced budgets, especially from external funders.

**All Risks - Adult Social Care**

Risks 13 High Risk/Medium Risk, 9 Low Risk

Key: Off Target (Red Circle), On Target (Green Check), Data Only (Data Icon), Data Not Yet Available (Question Mark Icon)

Key: Off Target (Yellow Triangle), On Target/Complete (Green Check), Data Not Yet Available (Question Mark Icon)

Key: Off Target (Red Circle), On Target (Green Check), Data Only (Data Icon), Data Not Yet Available (Question Mark Icon)

Key Risks: High Risk/Medium Risk (Yellow Triangle), Low Risk (Green Check)

# Adult Health and Social Care PI summary

## 01. Manage budget effectively

Priorities	Indicator	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Annual Target 2021/22	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
01. Manage budget effectively	Performance against revenue budget	£49.338m	£44.973m	£50.868m	£50.497m	£52.884m		Q3 21/22: Off Target Overspend of £48,000		£52.836m		

## 02. Manage stress and absence

Priorities	Indicator	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Annual Target 2021/22	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)	13.65	9.57	4.92	9.67	13.63		Q3 21/22: Off Target Absence in some areas remains higher than target.		10.53	Number of days lost	8,297.78
											Number of FTE in service	608.94

## 03. Complete all service priorities



Priorities	Indicator	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Annual Target 2021/22	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	77.14%	N/A	94.29%	88.57%	88.57%		Q3 21/22: Off Target 4 service actions identified as off target: 1 in assessment & care management, 1 in Mental Health, 1 in Adults with long term conditions, physical disabilities and sensory impairment, and 1 in Digital. Commentary against each priority action contained within this report.		90%	NUMBER of service priority actions in total	35
											NUMBER of service priority actions on target / completed	31

## 04. Process invoices efficiently



Priorities	Indicator	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Annual Target 2021/22	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)	92%	94%	92%	95%	95%		Q3 21/22: Off Target Service works to address delayed invoice payment, however, processing delays often result from		97%	Number of invoices received (cumulative)	848
											Number paid within 30 days (cumulative)	809

									invoices being queried with external providers.				
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**05. Improve PI performance**

Priorities	Indicator	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Annual Target 2021/22	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)	67.6 %	N/A	86.96 %	82.61 %	86.96 %		<b>Q3 21/22:</b> Off Target Position reflects status at Q3. Commentary against each PI contained within this report.		90%	Number on tgt/complete or Data Only	40
											Number of PI's in total	46

**06. Control Risk**

Priorities	Indicator	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Annual Target 2021/22	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%	N/A	100%	100%	100%		<b>Q3 21/22:</b> On Target Risk Register under review.		100%	Number of high risks reviewed in the last quarter	2
											Number of risks that are graded as high	2

**07. Implement Improvement Plans**

Priorities	Indicator	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Annual Target 2021/22	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.	85.71 %	N/A	50%	100%	100%		<b>Q3 21/22:</b> On Target		90%	Number of internal/external audit actions on target or complete	3
											Total number of internal/external audit actions	3









# Adult Health and Social Care Complaints Indicator Summary

## Commitment to valuing Complaints

Indicator	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Annual Target 2021/22
	Value	Value	Value	Value	Value	Status	Note	Short Trend	
Number of complaints received (quarterly)	47	13	14	14	12		Q3 21/22: Data Only		
Number of complaints closed in the year	33	5	11	14	12		Q3 21/22: Data Only		
Number of complaints upheld (quarterly)	7	0	1	1	1		Q3 21/22: Data Only		
Number of complaints partially upheld (quarterly)	11	2	3	0	0		Q3 21/22: Data Only		
Number of complaints not upheld (quarterly)	13	2	4	6	10		Q3 21/22: Data Only		
Number of complaints Resolved (quarterly)	N/A	N/A	3	7	1		Q3 21/22: Data Only		
Average time in working days to respond to complaints at stage 1	16.29	4	7.45	10.43	15.09		Q3 21/22: Off Target 4 out of 11 Stage 1 Complaints were complete within 5 days.		5
Average time in working days to respond to complaints at stage 2	0	0	0	26.86	18		Q3 21/22: On Target		20
Average time in working days for a full response for escalated complaints	14.5	19	0	0	0		Q3 21/22: On Target There were no Escalated Complaints.		20
Percentage of complaints at stage 1 complete within 5 working days	45.16%	75%	36.36%	28.57%	36.36%		Q3 21/22: Off Target 4 out of 11 Stage 1 Complaints were complete within 5 days.		95%
Percentage of complaints at stage 2 complete within 20 working days	0%	100%	100%	57.14%	100%		Q3 21/22: On Target		95%
Percentage of complaints escalated and complete within 20 working days	100%	100%	100%	0%	100%		Q3 21/22: On Target There were no Escalated complaints.		95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	3	0	3	7	6		Q3 21/22: Data Only		
Number of Compliments	5	N/A	2	0	0		Q3 21/22: Data Only		

## 01. Health Inequalities

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
AHSC.P.1.1a	Support people living with long term health conditions or facing challenging life situations through the Midlothian Wellbeing service based in Midlothian GP Practices.	<b>Q3 21/22:</b> On Target 253 referred to the service in Q3. 79 people participated in Lifestyle Management, New Beginnings and Mindfulness Courses in 2021. 19% of people who engaged in the service, engaged in group support. 49.6% of people referred were aged between 20–45 years. Therefore, the service can be regarded as a preventative service. 55% of people attending Initial Appointments in Q1 to Q3 2021 self-reported a primary health concern of living with low level or long-term mental health issues.	Number of people referred to the Wellbeing Service across all 12 GP practices	1,027	352	221	221	253			<b>Q3 21/22:</b> On Target	250
AHSC.P.1.2a	Support people vulnerable to health inequalities by referral to the Community Health and Inequalities Team.	<b>Q3 21/22:</b> On Target Nurses have continued to work with people in homeless hostels, at Number 11, with unpaid carers and others.	Number of people who received a health assessment from the Community Health Inequalities Team.	82	38	38	76	32			<b>Q3 21/22:</b> Off Target New people and brief interventions data. Referral dip over Christmas.	37.5
P.AHSC.4.1a	Deliver Welfare Rights service to people with health and social care needs	<b>Q3 21/22:</b> On Target Service continues for people receiving a Health and Social care service.	Number of people supported with Cancer - Welfare Rights Service (cumulative)	239	110	118	175	221			<b>Q3 21/22:</b> On Target	187.5

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
		Referrals remain steady. Positive outcomes continue.										
P.AHSC.4.2a	Work with Red Cross to support people who are frail to access financial support available to them.	<b>Q3 21/22:</b> On Target This is part of the Midlothian e frailty programme and data is collected bi-annually. E Frailty work continues and people are benefiting for additional financial help through accessing Attendance Allowance.	PI not measured for Quarters									



## 02. Assessment and Care Management

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
AHSC.P.2.1a	Reduce waiting times for occupational therapy and social work services.	<b>Q3 21/22:</b> Off Target Reducing wait times continues to be a challenge. Action within the service continues to be taken.	Average wait time for occupational therapy services	15.5 weeks	15 weeks	17.2 weeks	13.8 weeks	13.2 weeks			<b>Q3 21/22:</b> Off Target Improvement this quarter. Work continues to be progressed and action taken to reduce wait times for OT services.	6 weeks
AHSC.P.2.1b		<b>Q3 21/22:</b> Off Target Reducing wait times continues to be a challenge. Action within the service continues to be taken.	Average wait time for social work services	12 weeks	7 weeks	16 weeks	12 weeks	9 weeks			<b>Q3 21/22:</b> Off Target Improvement this quarter. Work continues to be progressed to reduce waiting times.	6 weeks
AHSC.P.2.2a		<b>Q3 21/22:</b> On Target	Proportion of people choosing SDS option 1	6%	5.3%	5.7%	9.7%	7.8%			<b>Q3 21/22:</b> Data only	
AHSC.P.2.2b		<b>Q3 21/22:</b> On Target	Proportion of people choosing SDS option 2	2%	2%	2.1%	3.2%	1.9%			<b>Q3 21/22:</b> Data only	



PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
AHSC.P.2.2c	Continue to implement and monitor Self Directed Support	Q3 21/22: On Target	Proportion of people choosing SDS option 3	89.5 %	88.8 %	84.4 %	84.7 %	87.6%		↓	Q3 21/22: Data only	
AHSC.P.2.2d		Q3 21/22: On Target	Proportion of people choosing SDS option 4	2.5%	3.9%	2.7%	2.4%	2.7%		↑	Q3 21/22: Data only	
AHSC.P.2.2e		Q3 21/22: On Target	Increase the % of people who feel they are participating more in activities of their choice	60%	85%	79.5 %	72.7 %	78.9%		↑	Q3 21/22: On Target	75%

### 03. Carers







PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
AHSC.P.3.1a	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.	Q3 21/22: On Target	Number of Carers receiving 1:1 support via VOCAL (cumulative)	2,278	1,493	620	1,280	1,913		↑	Q3 21/22: Data only Q3 data: 512 existing carers; 121 new carers	
AHSC.P.3.1b			Number of carers receiving an adult carer support plan of their care needs by Adult Social Care (cumulative)	38	23	22	12	25		↑	Q3 21/22: Data Only	
AHSC.P.3.1c			Number of carers receiving an adult carer support plan of their care needs by VOCAL (cumulative)	1,585	1,080	457	943	1,389		↑	Q3 21/22: On Target Q3 data: 353 existing carers; 93 new carers	900

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
		to a reduced availability/capacity of services including respite.										
AHSC.P.3.2a	Support and enable Adult Carers to access breaks from caring through the VOCAL Wee Breaks Service.	<b>Q3 21/22: On Target</b> The fund continues to be in considerable demand, and has benefitted from flexibility in criteria, enabling parent carers to apply to the HSCP fund during and on an ongoing basis since the pandemic. Demand for Short Breaks funding during Q3 has depleted the existing budget for 2021/22. Given the recognition of the ongoing pressure on carers, the appropriateness of the applications for funding being received, and no other significant changes to pandemic imposed restrictions being imminent, it has been decided that an additional allocation of £14K to cover Q4 would be of benefit.	Number of carers accessing short breaks through VOCAL Wee Breaks Service (cumulative)	316	202	39	84	108			<b>Q3 21/22: Off Target</b> Number of wee break grants awarded 24 in Q3.	225







#### 04. Older People

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
AHSC.P.4.1a	Use efrailty data to inform prioritisation of Care at Home waiting list.	<b>Q3 21/22: On Target</b> Efrailty data being used to assist with the prioritisation	Monitor the percentage of people with moderate to	29%	50%	9%	10%	7.37%			<b>Q3 21/22: Data only</b> 7.37% of people currently waiting for a	

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
		of care at home referrals. The percentage of people with moderate to high frailty waiting for a care at home package has been reducing.	high frailty waiting for a Care at Home package.									Care at Home Package are identified as having moderate to severe frailty.
AHSC.P.4.5a	Consult with extra care housing tenants re the impact of Covid-19 on their health and wellbeing and identify common themes of concern around future engagement in one to one, group or wider community settings to aid future extra care housing service planning	<b>Q3 21/22:</b> On Target Consultations sent out to 67 ECH tenants in September 21. 26 consultation questionnaires returned and collated and reported back to Older People's Planning Group (OPPG) in November 21. OPPG reviewing existing questions January 22 and to agree next consultation date.	Number of consultation questionnaires/interviews (cumulative)	1	1	0	1	1			<b>Q3 21/22:</b> On Target	1
AHSC.P.4.5b			Number of extra care housing tenants consulted. (cumulative)	77	77	0	67	67			<b>Q3 21/22:</b> On Target	64
AHSC.P.4.6a	Work with Building Services and Housing to seek and achieve planning permission for extra care housing projects at Gorebridge and Bonnyrigg.	<b>Q3 21/22:</b> On Target Planning consent approved for Bonnyrigg ECH development at Polton St December 21.	Planning permission granted for extra care housing at Gorebridge and Bonnyrigg.	1	0	0	0	1			<b>Q3 21/22:</b> On Target	1
P.AHSC.2.2a	Support older people to attend activity groups hosted by Ageing Well each year	<b>Q3 21/22:</b> On Target The project currently delivers 43 activities per week supported by up to 54 active volunteers who contributed 971 hours of volunteering during the quarter. Current increase restrictions relating to the Omicron Covid-19 variant have not significantly impacted the projects ability to deliver activities or the uptake of those activities.	Total number of people attending activity groups hosted by Ageing Well each year	3,895	1,833	3,563	4,706	4,758			<b>Q3 21/22:</b> Quarterly target n/a. On target for achieving annual target.	0







PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.4.2a	Implement block contracts for external Care at Home Providers	<b>Q2 21/22:</b> Achieved New block contracts awarded to external providers and came into effect on 1st September.	Block Contracts in place	N/A	N/A	N/A	Yes	Yes			<b>Q3 21/22:</b> Achieved in Q2.	Yes
AHSC.P.4.2b		<b>Q2 21/22:</b> Achieved New block contracts awarded to external providers and came into effect on 1st September.	Contractual requirements fulfilled	N/A	N/A	25%	50%	75%			<b>Q3 21/22:</b> On Target	75%
AHSC.P.4.3a	Explore and expand options to offer support to people in Midlothian to reduce isolation.	<b>Q3 21/22:</b> On Target Day support group established. Issues and concerns around returning to groups and re-establishing groups were mapped. Online and telephone support reinstated when Omicron variant became prevalent. Exploring potential volunteer 1:1 buddy programme and use of mental wellbeing fund for micro grants for community groups. Campaign to promote volunteering opportunities to launch January 2022. Online session held in partnership with CLL for community groups to discuss any issues or concerns about reopening.	Number of people accessing support to reduce isolation by accessing our registered day services; British Red Cross local area coordinators; Grassy Riggs and Connect projects.	N/A	N/A	250	514	862			<b>Q3 21/22:</b> Data only	

## 05. Mental Health







PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.5.1a	Implement Individual Placement Support specialist employment support for people with mental health issues.	<b>Q3 21/22:</b> On Target Support delivered through a blended model of phone, NHS near me. and some face to face. The service is currently providing assessment and support to 8 individuals who are seeking employment and/or Further Education.	Number of people (per annum) in employment or education following intervention.	14	7	3	2	1			<b>Q3 21/22:</b> On Target Annual measure. On track to achieve annual target.	0
AHSC.P.5.2a	Enhance community resources for social prescribing by running a specific stress control classes in community venues.	<b>Q3 21/22:</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.	Number of stress control classes run in community venues.	0	0	0	0	0			<b>Q3 21/22:</b> Off Target Due to Covid 19 we are unable to provide groups or classes. In discussions as whether we could use digital resources.	1
AHSC.P.5.3a	Expand mental health development in Primary Care	<b>Q3 21/22:</b> On Target Primary Care Mental Health Nurses are in 12 GP Practices. One OT recruited and operational to supplement the service. Evaluation of the impact of primary care nurses is ongoing and is a blend of quantitative and qualitative data. Current findings are positive.	Number of individuals accessing the Midlothian Access Point	605	160	411	368	367			<b>Q3 21/22:</b> On Target	150



## 06. Learning Disability





PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
AHSC.P.6.2a	Support people with Profound and Multiple Learning Disabilities to live in suitable accommodation by supporting the renovation of Primrose Lodge in Loanhead for three people and with the provision of respite for two people.	<b>Q3 21/22:</b> On Target Design complete. Awaiting availability of property.	Renovation of Primrose Lodge complete.	0.75	0.75	0.75	0.75	0.75			<b>Q3 21/22:</b> On Target	0.75
AHSC.P.6.1a	Strengthen joint working of Learning Disability Services and care providers to inform longer-term changes in how adult social care is planned and delivered.	<b>Q3 21/22:</b> On Target Emergence of Omicron variant has restricted day services and the focus remains on remobilisation of services within current restrictions. Ongoing programme of meetings with individual Day Service providers around service development plans.	Activity of Day Service Providers' Group incorporated into the Remobilisation programme.	N/A	N/A	25%	50%	75%			<b>Q3 21/22:</b> On Target	75%
AHSC.P.6.3a	Support people with complex needs in crisis by training practitioners on positive behavioural support as part of embedding PBS in Learning Disability services.	<b>Q3 21/22:</b> On Target Competence Framework and Pathway updated to include support staff. PBS Training routinely being offered as part of behaviour support pathway and continues to be well evaluated. We will roll out training to other providers where opportunities arise.	Positive behavioural support pathway to be updated to include staff training at level one.	N/A	N/A	75%	100%	100%			<b>Q3 21/22:</b> Achieved in Q2.	100%



## 07. Substance Misuse

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.7.1a	Ensure those most at risk of overdose have continued access to take-home Naloxone kits to.	<b>Q3 21/22:</b> On Target Services have continued to promote the uptake of Naloxone in Midlothian. This has resulted in a significant increase in distribution against that reported in quarter 1.	Number of Naloxone kits replenished by MELD, SMS and Peer Workers.	N/A	N/A	9	63	38			<b>Q3 21/22:</b> Data only	
AHSC.P.7.2a	Expand the offer of buprenorphine prolonged release injections as part of Medication Assisted Treatment options.	<b>Q3 21/22:</b> On Target SMS Midlothian have instigated the delivery of Buprenorphine Injections as a widening of the availability and choice to people as part of the implementation of the National Medication Assisted Treatment Standards. The number of people taking up the regular offer of buprenorphine prolonged release injections is now 14.	Number of people taking up offer of buprenorphine prolonged release injections.	N/A	N/A	7	6	14			<b>Q3 21/22:</b> Data only	
AHSC.P.7.3a	Deliver 'rapid access to prescribing and treatment' to help individuals who have dropped out of treatment re-engage.	<b>Q3 21/22:</b> On Target 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 Q3 was 5. This is over and above the patients normally seen	Number of people assisted via 'rapid access to prescribing and treatment'	N/A	N/A	11	6	5			<b>Q3 21/22:</b> Data only	



PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	
		through other aspects of service delivery.										

## 08. Justice Service





PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.8.1a	Further develop the No11 Practitioners Allocation Meeting to maximise the range of services offered to people involved in the justice service by working collaboratively with Health, Substance Misuse Services, Social Work, Housing and third sector agencies	<b>Q1 21/22:</b> Complete This service continues to provide bespoke packages of care to individuals being released from all HMP establishments. Partners are committed in their engagement and have signed the Information Sharing Protocol.	No 11 Allocation Meeting adapted to support individuals assessed suitable for the Alcohol Problem Solving Court.	N/A	N/A	Yes	Yes	Yes			<b>Q3 21/22:</b> Achieved in Q1.	Yes
AHSC.P.8.2a	Increase referrals through the Safe and Together approach for noncourt mandated domestic abuse perpetrators.	<b>Q3 21/22:</b> On Target This quarter has focused on upskilling staff in the Justice Team by attending Safe and Together training to then embed this approach into the delivery of MFF in Midlothian. MFF consultations in the Justice Team have included completion of safe and together mapping exercises. Mapping is highlighting the need for non-court mandated domestic abuse work and is beginning to increase MFF referrals. Work will continue	Number of individuals referred through the Safe and Together approach.	4	4	0	0	3			<b>Q3 21/22:</b> On Target Referrals to the service continues to be promoted through team meetings and case discussions. A Justice Team Leader has given an input to a children and families social work team meeting. This was well received and will be rolled out to other children and families social work teams. Prior to the COVID-19 pandemic regular consultations	2

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target	
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		to offer partners the opportunity to attend team meetings and also deliver domestic abuse inputs to other teams prompting MFF and the Safe and Together approach.										were held at children and families social work. This quarter we have been planning to re-establish this work however with fluctuating restrictions this has been delayed.	
AHSC.P.8.3a	Develop a trauma informed service that focuses on tailored, structured intervention and access to wraparound services for men on Community Payback Order supervision.	<b>Q1 21/22:</b> Complete The inception of 'Stride' (men's service) has been a long process of consultation, research and considered design. The Men's Group will be facilitated by social workers (from Justice and the Substance Misuse Service) and peer support workers with lived experience. The expectation is that all men placed on a CPO will be considered for the Men's Service. It is hopeful that as the group develops, other external services that aim to promote better outcomes for men will become involved. Group work is likely to commence in August 21.	Stride - Service planned, designed and implemented.	N/A	N/A	80%	100%	100%			<b>Q3 21/22:</b> Complete in Q2.	100%	

## 09. Adult Support and Protection







PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.9.1a	Raise awareness of self-neglect and hoarding.	<b>Q1 21/22:</b> Complete The Public Protection Office have devised an online survey for frontline staff to evaluate the usefulness of the self-neglect and hoarding protocol. This will provide data on the extent of the use of the protocol and any improvements required.	Number of self-neglect and hoarding referrals which resulted in an investigation.	5	3	0	0	2			<b>Q3 21/22:</b> Data only	



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

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.10.1a	Deliver weight management programmes to help address and prevent obesity and type 2 diabetes.	<b>Q3 21/22:</b> On Target Hybrid model up and running for delivery of face to face and digital for all programmes. WMS have secured digital devices for people referred so they are able to decide what options best suits their needs.	Number of people referred to Weight Management Triage. (Tier 2 and Tier 3)	190	80	138	132	117			<b>Q3 21/22:</b> On Target Tier 2 and Tier 3	100
AHSC.P.10.2a	Improve awareness and understanding of sensory impairment among HSCP staff and partners by delivering training with RNIB and Deaf Action.	<b>Q3 21/22:</b> Off Target This action was delayed by staff absence and prioritisation or remobilization of services post Covid. Work is now	Number of training awareness sessions	0	0	0	0	0			<b>Q3 21/22:</b> On Target Annual target. Quarterly target n/a. Activity has progressed in Q3 and will continue in Q4.	0

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target	
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		progressing to gather service information and share with HSCP staff and also to develop briefing / training sessions for staff working most closely with people with a sensory impairment.											
AHSC.P.10.3a	Encourage the need for early identification of housing needs and solutions by acting early and having the right housing conversation with individuals.	<b>Q3 21/22:</b> On Target Review scheduled for February 22 to review training package and timetabling / number of training sessions, and identification of additional trainers.	Number of housing solutions online training sessions (cumulative)	N/A	N/A	4	6	6			<b>Q3 21/22:</b> On Target	2	
AHSC.P.10.3b			Number of people who attended housing solutions training sessions (cumulative)	N/A	N/A	60	75	75			<b>Q3 21/22:</b> Data only		
AHSC.P.10.4a	Support those living with, or previously affected by cancer to stay active by taking part in physical activity to help prevent and manage some of the effects of treatment.	<b>Q3 21/22:</b> On Target While referrals have been slow, the pace is increasing and local promotion has started, which was not possible before the official service launch in November.	Number of referrals into Move More or equivalent physical activity referral programme from ICJ (Improving the Cancer Journey)	N/A	N/A	2	1	4			<b>Q3 21/22:</b> Data only		
AHSC.P.10.4b			% of the total participants in the physical activity programmes	N/A	N/A	1.77 %	1.2%	1.8%			<b>Q3 21/22:</b> Data only 1.8% of total referrals.		
AHSC.P.10.5a	Collaborative approach to develop a pathway for people living with a neurological condition.	<b>Q3 21/22:</b> On Target Work is progressing. Programme Lead started mid-October with priorities for first three months progressed. Working with third sector to draft contract for community engagement work. Programme Board to meet early in 2022.	Pathway activity development for 2021/22 completed for people living with a neurological condition.	N/A	N/A	5%	30%	40%			<b>Q3 21/22:</b> On Target	40%	


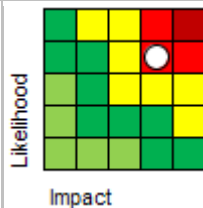

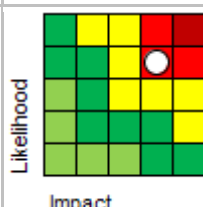
## 11. Digital

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22				Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	
AHSC.P.11.2a	Lead on development of national technology enabled care project exploring frailty system of care.	<b>Q3 21/22: On Target</b> Project continues to progress within target timelines for the project. Progressing ideation and prototyping of ideas stages. Operational managers have affirmed their support for the continuation of this project.	Completion of phase 3 and 4 of the national technology enabled care project.	1	0.75	0.25	0.5	0.75			<b>Q3 21/22: On Target</b> Phase 3 - 30% complete. Has remained slow to date due to resource constraints and refocusing. Planning citizen engagement again in early 2022. Phase 4 - will commence within phase three now around February 2022 and progress concurrent with it due to project timelines. Project officially finishes in September 2022 from the funders perspective.	0.75
AHSC.P.11.1a	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.	<b>Q3 21/22: Off Target</b> No further progress. The Council continues to review the Digital Strategy and outstanding backlog of projects. Resourcing and strategic direction for this project to be considered.	Data exchange mechanism between the Council and NHS Lothian is in place.	N/A	N/A	No	No	No			<b>Q3 21/22: Off Target</b> No further progress. The Council continues to review the Digital Strategy and outstanding backlog of projects. Resourcing for this project is unclear and appears to be confounded with lack of clarity over strategic direction, resource shortages, and skills gap.	Yes
AHSC.P.11.3a	Establish a mechanism that provides HSCP Senior	<b>Q3 21/22: On Target</b>	Digital Governance Group established.	N/A	N/A	Yes	Yes	Yes			<b>Q3 21/22: Achieved</b> in Q2.	Yes

PI Code	Priority/Action	Action Note	PI	2020/21	Q3 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22			Target	
				Value	Value	Value	Value	Value	Status	Short Trend		Note
AHSC.P.11.3b	Management oversight and proper business partner support within a governance framework for accountability to plan and deliver.	HSCP has appointed new Chief AHP whose portfolio also included Executive Lead for Digital. This post will take over as Chair of the Digital Governance Group and, as a new resource within a refreshed management structure, strengthen the connection between the needs and direction of the digital agenda and the senior management team. This is necessary to achieve a pipeline from a HSCP perspective that is also able to reflect (and perhaps seek to mitigate) some of the resource limitations our technical partners are experiencing with the volume of work and existing pipelines. There remains a risk that progress of projects is rate limited by this fact.	Identified workstreams agreed	N/A	N/A	No	No	No			<b>Q3 21/22:</b> On Target Workstreams are on target to be agreed by the end of the year.	No



# Adult Health and Social Care Service Risks

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01-05 Meeting growing demands with constrained /reduced budgets, especially from external funders.	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><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>		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			16	Adult Health and Social Care
ASC.RR.01-17 COVID 19	1. Communication systems and processes have been put in place. 2. Daily conferences have been set up to appraise evolving situation. 3. COVID-19 Control Team established. 4. A system set up to share information through Directors to all Midlothian staff. 5. Signage on front door of all premises advising people not to enter any of our buildings if they are suffering from COVID-19 symptoms.	<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> </ul>					16	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	<p>6. Signage up across all buildings advising of good handwashing routines and the necessity of ensuring frequent handwashing taking place.</p> <p>7. In reception areas staff have been provided with masks and alcohol gel.</p> <p>8. Staff updated regularly on NHS Lothian and National Guidelines.</p> <p>9. Resilience plans in place across the Partnership.</p> <p>10. Staff briefings to discuss responses to COVID-19 have been actioned with a focus on personal resilience plans to ensure attendance at work.</p> <p>11. Asked staff to consider unnecessary face to face contact with patients is replaced by telephone contact.</p> <p>12. Homeworking in place where appropriate.</p> <p>13. Absence reporting and monitoring in place highlighting COVID related absence.</p> <p>14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.</p>	<p>-essential supplies may be difficult to source, resulting in reduced stocks.</p>						

# 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)	£20.26	£20.89	£15.02	£28.06	£32.89	£30.00	£27.40	£41.06	£38.12	£20.82	19/20 Rank 6 (Top Quartile) 18/19 Rank 27 (Bottom Quartile). 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 21 (Third 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%	4.49%	5.06%	19/20 Rank 16 (Second Quartile) 18/19 Rank 18 (Third Quartile). 17/18 Rank 13 (Second Quartile). 16/17 Rank 8 (Top 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%	52.54 %	19/20 Rank 32 (Bottom Quartile) 18/19 Rank 32 (Bottom Quartile). 17/18 Rank 5 (Top Quartile). 16/17 Rank 6 (Top 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).
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).
SW4d	New - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (data based on respondents whose care was funded by the council or health board) (LGBF)				84.9%		84.44 %		79.68 %		66.95 %	19/20 Rank 32 (Bottom Quartile). 17/18 Rank 6 (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).

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	
SW5	Corporate Indicator - The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)	£438.64	£470.12	£471.25	£462.66	£440.32	£453.99	£404.02	£462.20	£469.47	£483.83	19/20 Rank 19 (Third Quartile) 18/19 Rank 20 (Third Quartile). 17/18 Rank 19 (Third Quartile). 16/17 Rank 12 (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).
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (LGBF)		76.6%	80%	82.98%	81.13%	84.96%	75.68%	89%	87.04%	83.33%	19/20 Rank 18 (Third Quartile) 18/19 Rank 7 (Top Quartile). 17/18 Rank 7 (Top Quartile). 16/17 Rank 29 (Bottom 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).

### Children's Services

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	
CHN17	Percentage of children meeting developmental milestones (LGBF)				83.84%	87.73%	89.22%	91.48%	93.65%	92.12%	93.02%	19/20 Rank 4 (Top Quartile) 18/19 Rank 5 (Top Quartile) 17/18 Rank 2 (Top Quartile) 16/17 Rank 3 (Top 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)	£4.59	£3.11	£4.05	£3.28	£3.48	£3.90	£4.02	£4.78	£3.70	£3.33	19/20 Rank 22 (Third Quartile) 18/19 Rank 26 (Bottom Quartile). 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 23 (Third Quartile).