

# Adult Health and Social Care Performance Report Q2 2022/23



## 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.

In order to meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, the HSCP was required to develop, consult on, and publish a new 3 year Strategic Plan in 2022. The new Strategic Plan for 2022-25 was published in April 2022.

### **HSCP COVID-19 Response**

The Health and Social Care Partnership, its partners and the communities it serves continued to be impacted by the COVID 19 pandemic, although restrictions are now eased, Scotland has seen an increase in the number of positive cases (1 in 45) compared to the last quarter (1 in 95). As we approach winter, our strongest mitigation against covid remains our vaccination programme. The Midlothian Health and Social Care Partnership Vaccination Plan has been presented at our Senior Management Team and is included in our Winter plan. We continue to work with our partners to support staff where required and ensure our service delivery is not impacted by deploying staff to cover absences where needed. As we progress into the next quarter and Winter, a strong focus on workforce is included in the Winter Plan.

### **Seasonal Flu/COVID Booster Programmes**

The Midlothian vaccination team have responsibility for all vaccinations that were part of the Vaccination Transformation Programme from the GP's to the HSCP.

In accordance with JCVI Guidance on the covid booster vaccine our Flu/Covid booster vaccination programme is progressing well across the cohorts. Scheduled meetings take place to review our action log and track progress. Vaccine supply for Covid + Flu is currently good and is continuously being monitored.

The next cohort to be invited to receive their seasonal Flu and Covid booster vaccinations is the 50 – 64 cohort, while the Flu vaccine is currently being rolled in schools by the Community Vaccination Teams.

Activity being progressed as part of our inclusivity programme include conversations to connect with Ukraine and Afghan refugees placed in Midlothian, and the rollout of vaccinations within Hostels. The sharing of information with foodbanks within Gorebridge/Penicuik regarding clinics is taking place. Both have accessible venues to the users of the foodbanks.

### **Service Transformation**

On 20 June 2022 the Scottish Parliament published the National Care Service Bill which will provide the foundation for the NCS. Alongside the Bill, explanatory notes, a policy memorandum, a financial memorandum and a delegated powers memorandum were also published. The first stage of the consultation was concluded in early September and we await the outcome of that.

### **Justice**

We have continued to liaise with key partners (Courts and other Local Authorities) regarding the uptake of bail services which has been a nil return in orders being imposed at Court. Requests for assessments are being processed through notification of bail opposed lists but clients are either not in agreement to the assessment or,

more often than not, the Court is proceeding without formally requesting it. From communication with other areas we are aware that it is a similar picture nationally and we are feeding this back to colleagues in Scottish Government. The Justice Service have continued to manage the unpaid work hours. The term backlog was initially used in reference to unpaid work hours during Covid when unpaid work delivery was suspended in line with national restrictions and therefore for a period of time no hours were completed. The term backlog is somewhat misleading; as soon as a court imposes a CPO with 'Unpaid work or other activity' requirement the hours are outstanding until the client completes them. Midlothian have no orders in backlog and we were one of the first local authorities able to re-instruct clients to attend groups as soon as easing of restrictions permitted it. We were in part able to manage this due to a very motivated staff team and the work of the line managers in developing Covid risk assessments.

The team work closely with partner agencies to ensure that we are able to meet the needs of service users in terms of re-integration and rehabilitation but also serve the communities that have been most affected by crime. The Unpaid Work team has continued to develop and implement training pathways for clients undertaking an Unpaid Work Requirement. This starts with all clients completing SCQF award at level 4 in Health & Safety as part of their standard induction onto the Order. Clients have opportunity to undertake further SCQF qualifications including: First Aid, Advanced Health & Safety Training and Manual Handling. Working with the Community Lifelong Learning Team a further pathway has been developed for clients to undertake a variety of training courses including; an Adult Achievement Award, CSCS Card, Digital Skills, An Introduction to Wellbeing or to undertake work improving their literacy and numeracy Skills.

### **Substance Misuse**

Key services based in Number 11 in Dalkeith continued to provide services including outreach treatment, injecting equipment provision [IEP], naloxone, and information/advice. Currently, there are challenges with recruitment. However, the Midlothian Substance Use Service continues to support and treat those individuals who are most at risk. This includes the provision of Buvidal [an injectable form of Buprenorphine]. The caseload of the SUS service in Q2 averaged around 340. As a proxy measure, this indicates that at any given point, 340 people were provided treatment and support as a protective factor in minimising harm. Despite pressure on capacity due to recruitment challenges and consistently high number of people being treated, the service was able to deliver rapid access to 6 new patients. Staff recruitment to employ 2 Non-Medical Prescribers has been completed. Other recruitment to new nursing and 3rd sector posts are underway. These posts augment service capacity to deliver the Medication Assisted Treatment Standards.

### **Naloxone**

Accidental overdose is a common cause of death among users of heroin, morphine and similar drugs, which are referred to as opioids. Naloxone is a drug which temporarily reverses the effects of a potentially fatal overdose with these drugs. Administering Naloxone provides time for emergency services to arrive and for further treatment to be given. Services and MELDAP have continued the roll out of training and providing "Take Home Naloxone" kits (hereafter referred to as THN) or Nyxoid [Nasal Spray]. These are issued to people at risk of opioid overdose, their friends and family and service workers in order to help prevent overdose deaths. Any member of the public over the age of 16 can be trained in the use of Naloxone allowing them to carry and administer it as well as recognise the signs of someone who may be experiencing an overdose. In a joint initiative with MELDAP, Midlothian Council has agreed to:

- . Promote Naloxone training and carrying amongst their staff group.
- . Include Naloxone training and carrying with the 1st aid trainers course.
- . Look to try and ensure that there are Naloxone trained members of staff within all public facing buildings where possible.

This is voluntary initiative for staff.

Drug Trends Service staff have provided feedback that the noted previous increase in cocaine use through snorting, injecting and/or smoking continues. There also continues to be concerns about the availability of "street benzo's" for example, illicit Diazepam, Etizolam and Alprazolam [Xanax]. These tablets are likely to be used in conjunction with other drugs [poly drug use] increasing the level of risk.

### **Learning Disabilities**

The Complex Care Expert Panel Group which will oversee spending of Midlothian's Complex Care Community Fund has now been established and will meet at the end of October to develop the plan for the Midlothian allocation of Community Change Fund.

The Human Rights Expert Panel is now well established, meeting every six weeks, and has developed a programme of activities and three sessions covering Human Rights, The Charter for Involvement, Recovery from the pandemic and Communication.

The flats at Bonnyrigg High Street are scheduled for completion in September 2023. Designs for Primrose Lodge in Loanhead are complete, but the property is being used to house tenants of Teviot Court whilst their flats are being upgraded. The first six moves took place on 4th and 5th October and work at Teviot should be completed by March/April 2023, but outside works are weather dependent. We will reapply for capital funding for the work at Primrose Lodge once we are confident that Teviot tenants have fixed dates for moving back into their homes, and that we have full access to the building.

### **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. We have been working to identify the list of applicants for the facility at Normandy Court Dalkeith, to allow us to identify the level of care provision required for the facility going forward. The facility is due to come online at the end of March 2023.

**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).

**Care at Home:** During Q2, our internal and external providers delivered ~78,000 care hours for clients in Midlothian. On average, our internal Care at Home service completed 6,873 visits per week, to an average of 298 clients. August was our busiest month providing care to 303 clients, and starting 51 new packages of care. During the quarter Midlothian HSCP continued to work closely with external providers who delivered approximately 51,000 care hours, or 66% of care hours for the quarter. Audits were completed for external providers, including feedback gathered directly from clients. Feedback highlighted the preference for regular carers, and the importance of carers' ability to engage with clients, stating, "The carers are friendly which helps when you have people coming into your home."

### **Carers**

Previously agreed additional resource has been supported by contracts and services should now be in a position to access this funding. Agreement was reached and amendments made to the existing contract made so that Alzheimer Scotland will recruit a Dementia Carer Support Practitioner from November. Governance groups within the HSCP gave support for additional funding to Grassy Riggs to deliver carer support, delivery of which should be possible with immediate effect. Long-term sickness and staff leaving due to personal reasons resulting in staff vacancies have impacted VOCAL, and have required alternative approaches to delivery being adopted, e.g. engaging CAB to support delivery of some welfare rights services.

Discussions of work to engage with stakeholders and carers re existing strategy; strengthening of services and gaps; utilisation of underspent and carried forwards carer act funding. Proposal for a plan for funding committal to SMT in January 2023. Carer Strategy at final stages of being checked for accessibility before aim of sign-off by Chief Officer and publication online.

### **Mental Health**

**Primary care developments:** There has been a postponement from the Scottish Government regarding the funding for the Mental Health and well-being Monies, National plans will not progress at this time, awaiting update from Scottish Government

Individual Placement Support has been impacted by Covid 19 and subsequently the current post holder has left the post. This post has unfortunately taken 4 recruitment processes but the post has now been successfully recruited to. The new member of staff will be commencing employment in October.

There continues to be strong partnership working between Housing, Health and Social care and third sector providing support and housing for individuals with complex needs, through the housing first model.

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

Awareness training sessions for HSCP staff, provided by Sight Scotland are being planned in light of Covid Restrictions easing. Sight Scotland continue to provide information sessions to staff in relation to the services they provide. Meetings are taking place with Deaf Action to review their role and remit in light of their specialist Social Worker leaving post.

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. Conversations have started between Audiology, Enable Local Area Coordinators and other relevant parties in regard to restarting repair clinics in Community Venues, as per pre pandemic. At the request of Audiology they wish to prioritise the start of an Audiology Clinic in Midlothian Community Hospital first before other options are more actively pursued.

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 Improving.

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. The monthly target for the service to see 17 people per month. During Q2 39 people were referred and 27 people used the service demonstrating a slight increase. Local work continues to focus on primary care engagement with 'tests of change' within 3 GP practices. The other Lothian areas have a dominance of secondary care referrals but in Midlothian, there is a more even spread across secondary care, GPs, third sector and self-referrals.

### **Sport and Leisure**

Gorebridge Leisure Centre: The main hall remedial work is now complete. The works were delayed due to the ongoing roof replacement programme but the centre will now be able to accommodate a fuller programme. The centre is being utilised for the winter vaccination programme, on a smaller scale than previously with only the lesser hall being used.

Stabilisation in the global supply of chlorine products for swimming pools has meant that all spa pools previously closed due to low availability of chlorine have now reopened. Swimming pool closures due to lack of chlorine were avoided during Q2 which previously had looked very likely.

#### **Active Schools:-**

- . Continuing to expand our Active Schools Programme with more free opportunities being offered in schools with a pathway in place from schools to community & club sport.
- . Young Ambassador Programme: All secondary schools have engaged and have recruited 2 Young Ambassadors who will work with Active Schools Coordinators to promote sport & physical activity opportunities in schools and work to identify and address barriers to participation.
- . Fit for Girls Programme: We have established a Fit for Girls Committee who will identify & address barriers to participation for girls and will work to empower other girls to shape and influence sport & physical activity in Midlothian.
- . Young People Networking Event: We held a networking event for Midlothian Young People from our Young Ambassador Programme, Fit for Girls Committee and Active Schools Leadership Academy. This gave the pupils the opportunity to meet each other, discuss plans for the year and discuss ways that they can work together to promote, influence and shape sport in Midlothian.
- . Whole Systems Approach: We have been working with our NHS colleagues and have created a plan as part of the type 2 diabetes, Whole System Approach programme. This project will run in the Easthouses/Mayfield area addressing inequalities in accessing sport & physical activity.
- Child Healthy Weight Programme: Along with our Active Schools colleagues (East, West, Edinburgh & Midlothian) and NHS colleagues we have finalised plans and launched the child healthy weight programme. This is a referral programme taking a targeted approach for young people. Review of term 1 will be undertaken in December.

## 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. The Health and Social Care Partnership has maintained delivery of services and continues to work with its partners to ensure resources are being managed and deployed to cover staff absences where needed and continue to develop our remobilisation plans. We continue to work to ensure key staff receive both the Covid and flu vaccine.

### **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.

We have particular pressures in our disability services with challenges to meet complex needs in the community when in the past care settings may have been considered.

### **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.

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.

### **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.



## Quarter 2 - Adult Health and Social Care-



### SMP Adult Health and Social Care INDICATORS Off Target

Code & Title	Gauge	Value	Target	Next Update Due	Last Update	History
AHSC.P.2.1b Average wait time for social work services		19 weeks	6 weeks	01 Jan 2023	Q2 2022/23	
AHSC.P.2.1a Average wait time for occupational therapy services		8.6 weeks	6 weeks	01 Jan 2023	Q2 2022/23	
AHSC.P.10.8a Lines of communication formally agreed with all relevant agencies.		25%	50%	01 Jan 2023	Q2 2022/23	
AHSC.P.11.3a Completion of 6 month pilot of residential respite within Cowan Court ...		25%	50%	01 Jan 2023	Q2 2022/23	
AHSC.P.1.2a Number of people who received a health assessment from the Commu...		22	37.5	01 Jan 2023	Q2 2022/23	
AHSC.MPI.05 % of Service PIs that are on target/ have reached their target. (does n...		88.1%	90%	01 Jan 2023	Q2 2022/23	
AHSC.MPI.03 % of service priority Actions on target / completed, of the total number		89.19%	90%	01 Jan 2023	Q2 2022/23	
AHSC.MPI.04 % of invoices paid within 30 days of invoice receipt (cumulative)		96%	97%	01 Jan 2023	Q2 2022/23	
AHSC.MPI.01 Performance against revenue budget		£59.258m	£59.107m	01 Jan 2023	Q2 2022/23	

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### SMP Adult Health and Social Care ACTIONS Off Target

Code & Title	Progress	Status	Due Date	Type
AHSC.P.2.1 Reduce waiting times for occupational therapy and social work services.		20% Check Progress	31 Mar 2023	Action
AHSC.P.5.1 Implement Individual Placement Support specialist employment support ...		20% Check Progress	31 Mar 2023	Action
AHSC.P.10.8 Establish effective links between the Physical Disability Planning Grou...		25% Check Progress	31 Mar 2023	Action
AHSC.P.11.3 Increase respite bed availability in Midlothian by offering residential res...		25% Check Progress	31 Mar 2023	Action



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## Adult Health and Social Care PI summary



### Manage budget effectively

Priorities	Indicator	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Feeder Data	Value
		Value	Value	Value	Value	Status	Note	Short Trend			
01. Manage budget effectively	Performance against revenue budget	£52.319m	£50.497m	£59.284m	£59.258m		<b>Q2 22/23:</b> £151,000 overspend		£59.113m		



### Manage stress and absence

Priorities	Indicator	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Feeder Data	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)	17.10	9.67	4.83	10.56		<b>Q2 22/23:</b> Off Target		10.53	Number of days lost	6,471.86
										Number of FTE in service	613.02



### Complete all service priorities

Priorities	Indicator	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Feeder Data	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	82.86%	88.57%	91.89%	89.19%		<b>Q2 22/23:</b> Off Target 4 service actions identified as off target: Commentary contained within this report. 1 in assessment & care management, 1 in Mental Health, 1 Extra Care Housing, and 1 in Adults with long term conditions.		90%	NUMBER of service priority actions in total	37
										NUMBER of service priority actions on target / completed	33



### Process invoices efficiently

Priorities	Indicator	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Feeder Data	Value
		Value	Value	Value	Value	Status	Note	Short Trend			
04. Process invoices efficiently	% of invoices paid within 30 days of invoice receipt (cumulative)	96%	95%	96%	96%		<b>Q2 22/23:</b> 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)	721
										Number paid within 30 days (cumulative)	695



Improve PI performance

Priorities	Indicator	2021/2 2	Q2 2021/2 2	Q1 2022/2 3	Q2 2022/23				Annual Target 2022/2 3	Feeder Data	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)	76.09 %	82.61 %	92.86 %	88.1%		<b>Q2 22/23:</b> Off Target 5 performance indicators identified off target: Commentary contained within this report. 1 in Health Inequalities; 2 in Assessment & Care management, 1 in Adults with long term conditions, and 1 in Extra Care Housing.		90%	Number on tgt/complete or Data Only	37
											Number of PI's in total

Control Risk

Priorities	Indicator	2021/2 2	Q2 2021/2 2	Q1 2022/2 3	Q2 2022/23				Annual Target 2022/2 3	Feeder Data	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%	100%		<b>Q2 22/23:</b> Risks reviewed. No risks graded as 'high'		100%	Number of high risks reviewed in the last quarter	0
											Number of risks that are graded as high

Implement Improvement Plans

Priorities	Indicator	2021/2 2	Q2 2021/2 2	Q1 2022/2 3	Q2 2022/23				Annual Target 2022/2 3	Feeder Data	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.	66.6%	100%	80%	100%		<b>Q2 22/23: On Target</b>		90%	Number of internal/external audit actions on target or complete	7
											Total number of internal/external audit actions



# Adult Health and Social Care Complaints Indicator Summary

## Commitment to valuing Complaints - Outcomes and Customer Feedback





Indicator	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23
	Value	Value	Value	Value	Status	Note	Short Trend	
Number of complaints received (quarterly)	53	14	15	21		Q2 22/23: Data only		
Number of complaints closed in the year	53	14	14	17		Q2 22/23: Data only		
Number of complaints upheld (quarterly)	3	1	0	0		Q2 22/23: Data only		
Number of complaints partially upheld (quarterly)	3	0	0	2		Q2 22/23: Data only		
Number of complaints not upheld (quarterly)	33	6	13	10		Q2 22/23: Data only		
Number of complaints Resolved (quarterly)	14	7	1	5		Q2 22/23: Data only		
Average time in working days to respond to complaints at stage 1	13.17	10.43	7.9	4.14		Q2 22/23: On Target		5
Average time in working days to respond to complaints at stage 2	14.83	26.86	19.67	9.33		Q2 22/23: On Target		20
Average time in working days for a full response for escalated complaints	0	0	20	0		Q2 22/23: On Target		20
Percentage of complaints at stage 1 complete within 5 working days	36.17%	28.57%	70%	85.71%		Q2 22/23: Off Target		95%
Percentage of complaints at stage 2 complete within 20 working days	66.67%	57.14%	33.33%	100%		Q2 22/23: On Target		95%
Percentage of complaints escalated and complete within 20 working days	100%	0%	100%	0%		Q2 22/23: No complaints escalated		95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	19		4	2		Q2 22/23: Data only		
Number of Compliments	3	0	2	1		Q2 22/23: Data only		

# Adult Social Care Performance



## 01. Health Inequalities

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23			Annual Target 2022/23	Target	
				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>Q2 22/23: On Target</b> The referral rate continues to increase towards pre pandemic target of 300 per quarter. Discussions are taking place for the service to start taking referrals from the Physical Disability Team OTs and Social Workers. An in house preliminary analysis of engagement figures for Q2 calculates that 71% of the Initial Appointments that were offered were attended. 20 people attended Lifestyle Management and Mindfulness in Nature courses in Q2. Both courses were face to face in Community venues. The Wellbeing service Lead is working with MHSCP to incorporate Neurological Funded Project work into the service. We have started to record the number of people living with a Neurological condition who have been referred to the service. The	Number of people referred to the Wellbeing Service across all 12 GP practices	966	221	263	273			<b>Q2 22/23: On Target</b>	1,000	250





PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
		service has received 16 referrals in August and September that mention a neurological condition within the reason for referral.										
AHSC.P.1.2a	Support people vulnerable to health inequalities by referral to the Community Health and Inequalities Team.	<b>Q2 22/23:</b> On Target 83 referrals in Q2. Referrals come from a variety of sources including, temporary accommodations, justice and self-referrals.	Number of people who received a health assessment from the Community Health Inequalities Team.	162	76	56	22			<b>Q2 22/23:</b> Off Target Impact of limited capacity within the CHIT team.	150	37.5
xP.AHSC.4.1a	Deliver Welfare Rights service to people with health and social care needs	<b>Q2 22/23:</b> On Target Service continues for people receiving a Health and Social care service. Referrals remain steady. Positive outcomes continue.	Number of people supported with Cancer - Welfare Rights Service (accumulative)	270	175	116	137			<b>Q2 22/23:</b> On Target	250	125
xP.AHSC.4.2a	Work with Red Cross to support people who are frail to access financial support available to them.	<b>Q2 22/23:</b> On Target This is part of the Midlothian <i>efrility</i> programme and data is collected bi-annually. E Frailty work continues and people are benefiting for additional financial help though accessing Attendance Allowance.	Additional benefit income to Midlothian residents identified as frail	£216,112								

## 02. Assessment and Care Management

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.2.1a	Reduce waiting times for occupational therapy and social work services.	Q2 22/23: Off Target Increased wait times being addressed and monitored weekly.	Average wait time for occupational therapy services	4.6 weeks	13.8 weeks	6 weeks	8.6 weeks			Q2 22/23: Off Target Downturn in Q2	6 weeks	6 weeks
AHSC.P.2.1b		Q2 22/23: Off Target Increased wait times being addressed and monitored weekly.	Average wait time for social work services	10.8 weeks	12 weeks	13.4 weeks	19 weeks			Q2 22/23: Off Target Continued downturn this quarter. Work continues to reduce the social work services waiting times.	6 weeks	6 weeks
AHSC.P.2.2a	Continue to implement and monitor Self Directed Support	Q2 22/23: On Target	Proportion of people choosing SDS option 1	8.4%	9.7%	8.8%	9.4%			Q2 22/23: Data Only		
AHSC.P.2.2b		Q2 22/23: On Target	Proportion of people choosing SDS option 2	1.9%	3.2%	1.8%	1.5%			Q2 22/23: Data Only		
AHSC.P.2.2c		Q2 22/23: On Target	Proportion of people choosing SDS option 3	86.7%	84.7%	86.9%	86.3%			Q2 22/23: Data Only		
AHSC.P.2.2d		Q2 22/23: On Target	Proportion of people choosing SDS option 4	2.9%	2.4%	2.5%	2.8%			Q2 22/23: Data Only		
AHSC.P.2.2e		Q2 22/23: On Target	Increase the % of people who feel they are participating more in activities of their choice		86.9%	72.7%	87.8%	77%			Q2 22/23: On Target	75%



### 03. Carers

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.3.1b	Provide carers with the tools and skills to manage their caring role through the provision of Adult Carer Support Plans and information and advice services.	<b>Q2 22/23:</b> On Target Adult Carer Support Plans (ACSP) continue to be delivered by the HSCP and VOCAL. Reporting schedule and monitoring & evaluation framework in place. Access to quality information and advice to lessen the impact of caring, as well as support to enable them to care for as long as they able and willing to is fundamental to the carer support being provided, and a key aspect of the Carer Act legislation.	Number of completed Adult Carer Support plans by the HSCP (accumulative)	80	35	16	45			<b>Q2 22/23:</b> On Target	60	30
AHSC.P.3.1c		<b>Q2 22/23:</b> On Target Adult Carer Support Plans (ACSP) continue to be delivered by the HSCP and VOCAL. Reporting schedule and monitoring & evaluation framework in place. Access to quality information and advice to lessen the impact of caring, as well as support to enable them to care for as long as they able and willing to is fundamental to the carer support being provided, and a key aspect of the Carer Act legislation.	Number of completed Adult Carer Support plans by VOCAL (accumulative)	1,930	943	187	356			<b>Q2 22/23:</b> On Target Q2 Data: 169	600	300

PI Code	Priority/Action	Action Note	PI	2021/2 2	Q2 2021/2 2	Q1 2022/2 3	Q2 2022/23			Annual Target 2022/2 3	Target	
				Value	Value	Value	Value	Status	Short Trend			Note
AHSC.P.3 .1e		<b>Q2 22/23:</b> On Target Adult Carer Support Plans (ACSP) continue to be delivered by the HSCP and VOCAL. Reporting schedule and monitoring & evaluation framework in place. Access to quality information and advice to lessen the impact of caring, as well as support to enable them to care for as long as they able and willing to is fundamental to the carer support being provided, and a key aspect of the Carer Act legislation.	Number of Carers accessing Information and Advice services from VOCAL and British Red Cross			212	172			<b>Q2 22/23: Data Only</b> 142 Vocal 30 BRC		
AHSC.P.3 .3a	Support carers to be involved in future planning by developing a local power or attorney communications campaign to compliment ongoing national campaign.	<b>Q2 22/23:</b> On Target Initial meeting with new Communications Officer during Q1 to introduce area of work and draft Action Plan. Action Plan development and capture of progress delayed by attendance at recent SLWG meetings. Discussions re further offer of Bite-size workshops. HSCP and Council promotion of POA Day via social media.	Local Power of Attorney campaign delivered.			25%	50%			<b>Q2 22/23:</b> On Target	100%	50%





## 04. Older People

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
HSCP.P.4 .10a	Increase the quality of Anticipatory Care Plans for people who live in care or treatment facilities. Plans should be accessible to the person, owned by the person, and robust.	<b>Q2 22/23:</b> On Target Funding in place to support a project looking to improve the numbers and quality of ACPs across the 10 Care Homes. ACP Lead in post to drive this forward with initial data collated and ready to move onto phase 2 of the project.	Decrease the proportion of ACPs rated as "red" by Care Home Support Team. (annual measure)									
HSCP.P.4 .7a	Sustain and increase the range of online, outdoor and creative opportunities for people to connect with each other, including: Aging Well and British Red Cross radio show; and online groups.	<b>Q2 22/23:</b> On Target In September 2022 a total of 202 groups and activities were listed in the British Red Cross Community Calendar for older people. This compares to a baseline total of 166 in March 2022. The British Red Cross Local Area Coordination service, commissioned by the HSCP, continues to work to support local groups and individuals. In July and August the LAC service ran pop up activities in towns across Midlothian. Jingle and Mingle groups are planned for the festive period. Volunteer Midlothian's Connect Project, also commissioned by the HSCP, have continued to run an outdoor befriending group and Connect Online have developed new projects for people interested in technology.	Number of activities including online / outdoor publicised in British Red Cross Community Calendar.			189	202			<b>Q2 22/23:</b> On Target	200	200



PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
HSCP.P.4.8a	Identify a service delivery model that enables the HSCP Home Care Service to be sustainable by reviewing HSCP Internal Home Care service.	<b>Q1 22/23:</b> On Target	Review complete. Future model of delivery identified.			0%	30%			<b>Q2 22/23:</b> On Target Measured quarterly to track progress. No quarterly target. Year end target expected to be met.	100%	0%
HSCP.P.4.9a	Identify a model for delivering future day support for older people: Provide day support for people with complex support needs whilst Highbank Day Service is unavailable.	<b>Q2 22/23:</b> On Target In August, enhanced day support began to be delivered for up to 10 people per week at The Bungalow (Alzheimer Scotland). This is an increase in day support for people with more complex needs. The day service review working group has developed a scoping document and plan, and has collated existing evidence to inform a future model for day support.	Number of day services places available for people who need support with personal care or have more advanced dementia.			66	76			<b>Q2 22/23:</b> On Target Data collated quarterly to track progress. No quarterly target. Year end target expected to be met.	70	0





## 05. Mental Health

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				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>Q2 22/23:</b> Off Target Recruitment pressure, advertised on 4 occasions, during the last recruitment process we were successful and a new member of staff will be in the post October 22.	Number of people (per annum) in employment or education following intervention.	7	2	4	0			<b>Q2 22/23: On Target</b> Data collated quarterly to track progress. No quarterly target, however, recruitment pressure impacting on progress noted.	13	0



PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.5.5a	Mental Health self-management through increased access to Midspace.	<b>Q2 22/23:</b> On Target Midspace seen a 0.6% decrease this quarter though continues to be on target, compared to previous year similar activity this year 3193 compared to 3213 previous year.	The number of people accessing self-management support through Midspace increased by 10%. (annual measure)									
HSCP.P.5.4a	Improve housing support for individuals who experience homelessness with complex needs.	<b>Q2 22/23:</b> On Target 4 individuals supported. Information awareness sessions commenced to improve communication and links with the housing first process. Similar Links with third sector.	Number of individuals who are receiving support from the HSCP through housing first model.			5	4			<b>Q2 22/23:</b> On Target Data collated quarterly to track progress. No quarterly target. Year end target expected to be met.	20	0





## 06. Learning Disability

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.6.4a	Develop Primrose Lodge in Loanhead into long term accommodation for people with profound and multiple learning disabilities and a two person short break facility.	<b>Q2 22/23:</b> On Target Decant from Teviot Court was delayed on the advice of IPCT Team. Building is now clear and the work on Primrose will resume when return date to Teviot has been agreed. This is likely to be March/April 2023.	Renovation and Remodeling complete.			0%	0%			<b>Q2 22/23:</b> On Target Measured collated quarterly to track progress. No quarterly target. Year end target expected to be met.	100%	0%



PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.6.5a	Strengthen joint working between Learning Disability Services and care providers to inform continuous improvement through a staged approach to developing Quality Assurance procedures.	<b>Q2 22/23:</b> On Target The Quality Assurance Group monthly meetings are now well established, the QA Spreadsheet is been reviewed regularly and visit schedules informed by quarterly reports. Monthly reporting template and provider reporting schedule complete.	Suite of QA procedures and measures complete.			25%	50%			<b>Q2 22/23:</b> On Target Measured quarterly to track progress. No quarterly target. Year end target expected to be met.	100%	0%
AHSC.P.6.6a	Strengthen work with people with complex needs by improving staff skills in using positive behavioral support and through the application of a dynamic risk tool.	<b>Q2 22/23:</b> On Target Complex Care Expert Panel established. Risk register due for completion end of 2022 in line with National development timescale.	Draft Dynamic Risk Tool trialled.			0%	50%			<b>Q2 22/23:</b> On Target Measured quarterly to track progress. No quarterly target. Year end target expected to be met.	100%	0%



## 07. Substance Misuse

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				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>Q2 22/23:</b> On Target 5 kits distributed (HRT, MSUS, MELD). This is a substantial fall against other quarters. Operational service managers advise that this is caused by current saturation of those wishing to receive training and THN in this quarter.	Number of Naloxone kits replenished by MELD, SMS and Peer Workers.	139	63	41	5			<b>Q2 22/23:</b> Data Only		

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.7.2a	Expand the offer of buprenorphine prolonged release injections as part of Medication Assisted Treatment options.	<b>Q2 22/23:</b> On Target SUS 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 new people taking up the regular offer of buprenorphine prolonged release injections in Q2 is 7.	Number of people taking up offer of buprenorphine prolonged release injections.	49	6	4	7			<b>Q2 22/23:</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>Q2 22/23:</b> On Target SUS Midlothian saw 6 new patients for rapid access in Q2. SUS are treating and supporting approximately 340 people at any given point.	Number of people assisted via 'rapid access to prescribing and treatment'	30	6	0	6			<b>Q2 22/23:</b> Data Only		

## 08. Justice Service

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.8.2a	Increase referrals through the Safe and Together approach for noncourt mandated domestic abuse perpetrators.	<b>Q2 22/23:</b> On Target Through the Safe and Together Working group we are continuing to look at ways to increase awareness of MFF. Across Caledonian areas we are in liaison with other areas piloting non-court mandated programmes similar to MFF to share good practice.	Number of individuals referred through the Safe and Together approach.	4	0	0	2			<b>Q2 22/23:</b> On Target	4	2

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target	
				Value	Value	Value	Value	Status	Short Trend	Note			
AHSC.P.8.4a	Build stronger links with Department of Work and Pensions, Welfare Rights and Skills Development Scotland to ensure better access to their services by creating drop-in clinics at Number 11.	<b>Q2 22/23:</b> On Target DWP and Midlothian community justice created a bespoke bi-monthly drop in within No11 to give individuals the opportunity to seek advice and discuss a number of factors including benefits and alternative supports. To date 16 clients have been supported with a range of DWP service provision and advice. The partnership will continue to maximise engagement at No11 with DWPs contact with clients.	Establish DWP drop in at No11			100%						100%	100%
AHSC.P.8.5a	Plan and deliver a seven-day period of community justice mass advertising campaign focusing on case studies.	<b>Q2 22/23:</b> On Target A second project has been established with the campus to support the production of social media inputs and training videos that will be used to promote awareness within communities of the work conducted by the Community Justice Partnership.	Promote Edinburgh College project via 7 day campaign on social media.			80%	90%			<b>Q2 22/23:</b> On Target		100%	50%













## 09. Adult Support and Protection





PI Code	Priority/Action	Action Note	PI	2021/2 2	Q2 2021/2 2	Q1 2022/2 3	Q2 2022/23				Annual Target 2022/2 3	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.9 .1a	Raise awareness of self-neglect and hoarding.	<b>Q2 22/23:</b> On Target There have been a number of training events provided by the AP Lead Officer including a level 2 Course on ASP roles and Responsibilities and 4 out of 6 taught modules for Council Officer level 3 training.	Number of self-neglect and hoarding referrals which resulted in an investigation.	4	0	2	1			<b>Q2 22/23:</b> On Target Data collated quarterly to track progress. No quarterly target. Year end target expected to be met.	5	0

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







PI Code	Priority/Action	Action Note	PI	2021/2 2	Q2 2021/2 2	Q1 2022/2 3	Q2 2022/23				Annual Target 2022/2 3	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.1 0.1a	Deliver weight management programmes to help address and prevent obesity and type 2 diabetes.	<b>Q2 22/23:</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)	508	132	177	150			<b>Q2 22/23:</b> On Target	200	100

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23			Annual Target 2022/23	Target	
				Value	Value	Value	Value	Status	Short Trend			Note
AHSC.P.1 0.4a	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>Q2 22/23:</b> On Target Activity for July-September: 39 referrals received; 30 people opted into the service (uptake rate 79%); 27 completed first assessments and 10 completed review assessments.	Number of referrals into Move More or equivalent physical activity referral programme from ICJ (Improving the Cancer Journey)	9	1	0	2			<b>Q2 22/23:</b> Data Only		
AHSC.P.1 0.4b		<b>Q2 22/23:</b> On Target Activity for July-September: 39 referrals received; 30 people opted into the service (uptake rate 79%); 27 completed first assessments and 10 completed review assessments.	% of the total participants in the physical activity programmes	1.4%	1.2%	0.4%	0.54%			<b>Q2 22/23:</b> Data only		
AHSC.P.1 0.6a	Working with Audiology determine the feasibility of establishing an audiology clinic(s) in Midlothian.	<b>Q2 22/23:</b> On Target Weekly audiology clinics due to start in Midlothian Community Hospital 4th October.	Completion of option appraisal.			0%	100%			<b>Q2 22/23:</b> Complete	100%	100%
AHSC.P.1 0.7a	Develop locally based specialist services for people with a hearing impairment.	<b>Q2 22/23:</b> On Target Locally based specialist services in place but not started.	Implementation of locally based specialist services			15%	90%			<b>Q2 22/23:</b> On Target	100%	50%
AHSC.P.1 0.8a	Establish effective links between the Physical Disability Planning Group and mainstream services to improve access to wider public services.	<b>Q2 22/23:</b> Off Target Work is ongoing through the Physical Disability Planning Group but not moving forward as quickly as hoped due to lack of Planning Officer in post.	Lines of communication formally agreed with all relevant agencies.			25%	25%			<b>Q2 22/23:</b> Off Target Work is ongoing through the Physical Disability Planning Group but not moving forward as quickly as hoped due to lack of Planning Officer in post.	100%	50%

## 11. Extra Care Housing & Respite

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23				Annual Target 2022/23	Target
				Value	Value	Value	Value	Status	Short Trend	Note		
AHSC.P.1 1.1a	Open and actively use the 48 new build Extra Care units (including 1 bariatric unit) at Newmills Road, Dalkeith.	<b>Q2 22/23:</b> On Target Work ongoing re construction, development of staffing model and identification of potential tenants. Site due for completion end of March 2023.	Complete opening and active use of Extra Care units (including 1 bariatric unit) at Newmills Road, Dalkeith.			25%	50%			<b>Q2 22/23:</b> On Target	100%	50%
AHSC.P.1 1.2a	Support housing services in progressing recommendations for a change in policy around the availability of suitable wheelchair housing in new private housing developments / social housing with ground floor bedroom.	<b>Q2 22/23:</b> Complete Recommendations approved by Council August 2022.	Evidence provided to support developed proposal to Council.			100%					100%	100%
AHSC.P.1 1.3a	Increase respite bed availability in Midlothian by offering residential respite within Cowan Court Extra Care Housing complex as 6 month pilot for decision on permanent establishment and roll out to extra care housing new build facilities.	<b>Q2 22/23:</b> Off Target Options proposal submitted to SMT September 2022, and further data evidence re Highbank occupancy rates requires to be returned to SMT before end of September 2022. Cowan Court Respite flat pilot review not yet commenced.	Completion of 6 month pilot of residential respite within Cowan Court Extra Care Housing complex.			25%	25%			<b>Q2 22/23:</b> Off Target Cowan Court Respite flat pilot review not yet commenced.	100%	50%


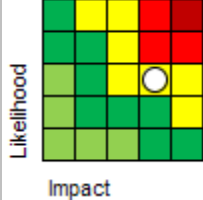
## 12. Sport and Leisure

PI Code	Priority/Action	Action Note	PI	2021/22	Q2 2021/22	Q1 2022/23	Q2 2022/23			Annual Target 2022/23	Target	
				Value	Value	Value	Value	Status	Short Trend			Note
AHSC.P.1 2.1a	Improve access for people with protected characteristics to participate in specialised and mainstream physical activity opportunities.	<b>Q2 22/23:</b> On Target Additional sessions and activities delivered during Q2 including; Sensory Friendly Swim Sessions now available at all wet sites twice a week; new disability swimming lessons available at Lasswade in addition to existing provision at Loanhead; Boccia session at Gorebridge LC.	Number of specific activities available per site for target population.			254	579			<b>Q2 22/23:</b> On Target Data collated quarterly to track progress. No quarterly target. Year end target expected to be met.	2,450	0
AHSC.P.1 2.2a	Ageing Well project – Return to pre-covid levels of participation and provision.	<b>Q2 22/23:</b> On Target 5766 attendees, 1256 volunteer hours from 52 active volunteers and 53 activities per week. Walk the Line annual event returned in September for first time post-Covid with 81 participants walking from Penicuik to Dalkeith.	Number of weekly activities available.			650	689			<b>Q2 22/23:</b> On Target Data collated quarterly to track progress. No quarterly target. Year end target expected to be met.	2,500	0
AHSC.P.1 2.3a	Grow Midlothian Active Choices programme to incorporate long-term condition classes into mainstream programme.	<b>Q2 22/23:</b> On Target 186 new referrals for Q2 meaning is a drop from Q1 levels which is normal over summer holiday period. Completion of S&L restructure will facilitate further expansion and integration into mainstream programme.	Number of weekly activities.			325	337			<b>Q2 22/23:</b> On Target Data collated quarterly to track progress. No quarterly target. Year end target expected to be met.	1,050	0

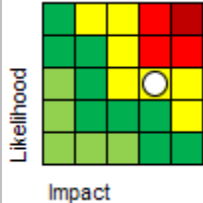
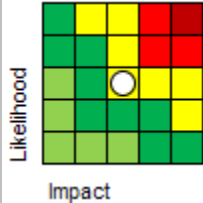
# Adult Health and Social Care Service Risks




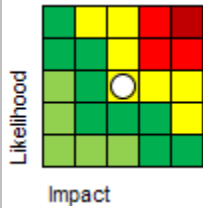
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01 Adult and Social Care Service		This is a Head of Service operational risk register which should set a risk appetite for risks/threats within the services run. Some are 'generic' and may be found in all HOS's risk registers e.g. Fraud, Waste and Error. It has been agreed that the risk register should only list operational risks that are above a risk appetite (residual risk). Once risks are reduced to low risk they can be sidetracked. Emerging risks of any consequence should be registered immediately. This risk register should correlate with the 'Successes/Challenges' part of the Quarterly Performance Report. Each risk must have an original/inherent risk score, a current risk score, a target risk (appetite) score and a target date for low risk achievement. Each quarter a latest note should be placed	▲					Adult Health and Social Care


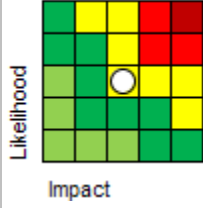

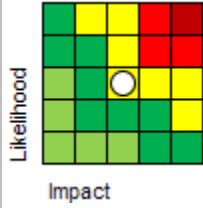
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
		against each risk, projecting the future. Internal Controls should also be reviewed as to their effectiveness. The Heat Map below gives an indication of the level of risk within the service.						
ASC.RR.01-01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services	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	<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>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>			12	Adult Health and Social Care


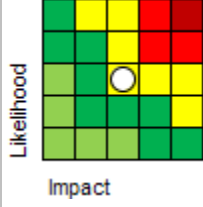

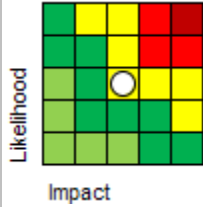

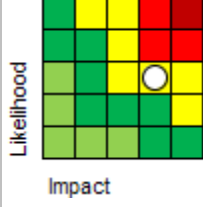


Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	risk and designated team leader responsibilities. 08 - Commissioning processes to ensure robust decision-making.							
ASC.RR.01-05 Meeting growing demands with constrained /reduced budgets, especially from external funders.	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 reablement will be undertaken through the new Social Care Monies			12	Adult Health and Social Care
ASC.RR.01-06 Capacity of communities to meet changing requirements of them to support social inclusion within local communities	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	<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>	▲				9	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
	08 - Neighbourhood planning 09 - Community planning processes	<b>Risk Event:</b> <b>Risk Effect:</b>						
ASC.RR.01-07 Property risks in terms of maximising the property asset to the benefit of service delivery and accessibility including DDA compliance	01 - Regular dialogue with Asset Management re needs of service. 02 - Divisional Business Continuity Plan advises on crises management situations. 03 - Development of community assets through regeneration 04- Strategic Capital Programme Board 05- Development of IJB Property Strategy	<b>Risk Cause:</b> Insufficient Capital Resources. <b>Risk Event:</b> Failure to maintain and modernise existing building stock <b>Risk Effect:</b> People are supported in environments of poor quality	▲				9	Adult Health and Social Care
ASC.RR.01-08 Harm by offenders to members of the public	01 - Risk management authority for serious violent and sex offenders is now established and is able to provide guidance. 02 - Various risk assessment tools and associated training mandatory for relevant Criminal Justice staff. 03 - Partnership working with other agencies around the management of risk in individual cases well established. 04 - Standards forms and procedures for staff to follow with relevant training.	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). <b>Risk Cause:</b> Offender committing a serious crime <b>Risk Event:</b> Offence incident occurs.	▲				9	Adult Health and Social Care


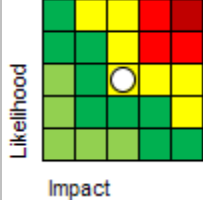

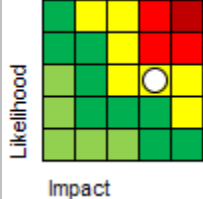
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	05 - Multi-agency Risk Panels (MARP) meet monthly 06 - MAPPA which is a process for managing Registered Sex Offenders . 07 - Integration of group work programme with probation supervision 08 - Monitoring of staff compliance with National Outcomes and Standards through client review system. 09 - Access to Visor database of sex offenders linked to MAPPA. 10 - Offender Management Group established	<b>Risk Effect:</b> Harm to member of the public Reputational damage to the Council						
ASC.RR.01-09 Adult Protection	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	<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.  <b>Risk Event:</b> Adult at risk of harm.  <b>Risk Effect:</b> Reputational Damage to the Council. Harm to vulnerable service user.					9	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
	09 - Development of Adult Protection Team within Fieldwork							
ASC.RR.01-10 Capacity to manage scale of transformational change	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	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.  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>		Business Transformation is supporting the transformation of Learning Disability services . Additional capacity is also being put in place to support the redesign of Highbank and the relocation of services from Liberton Hospital.			9	Adult Health and Social Care
ASC.RR.01-13 Capacity of Workforce	01- Workforce Plan 02- Learning and Development Team	<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  <b>Risk Event:</b> Inadequate staffing levels/skills.  <b>Risk Effect:</b> Low morale. Inability to deliver services.		In recognition of the changing role of Newbyres and in response to the recent internal review a new staffing structure has been developed.			9	Adult Health and Social Care
				Data sharing				

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01-14 Information Management and Data Protection	01 - Action Plan to improve information management and data protection. This is being controlled through covalent.	All Heads of Service are mandated to monitor compliance with the Data Protection Act.  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>		The framework system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal.			9	Adult Health and Social Care
ASC.RR.01-16 Legislative requirement for health and community care to integrate	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	This is viewed as a major change that will require huge investment in time and buy-in from stakeholders  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>					9	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	There is a risk that due to the ongoing pandemic, Midlothian Health and Social Care Partnership may suffer from continued disruption in providing services: This may lead to: -shortages of staff due to contraction of COVID or being identified as a close contact					12	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>Directors to all Midlothian staff.</p> <p>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> <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</p>	<p>-additional workload for those staff still able to attend work</p> <p>-increased pressure on other parts of the health and social care system</p> <p>-reduction of care provided to patients due to reduced staffing levels with a move to focus on essential work only</p>						



Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	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	- Other communications plans in place e.g. MAPPA - Communication monitored	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.					9	Adult Health and Social Care
SRP.RR.07 Care at Home	1. Care at Home improvement action plan in place and near completion 2. Appointment to Team Lead posts to support Complex care to enhance local leadership at operational level	<b>Risk cause</b> Internal and External providers of Care at Home services unable to meet service and quality requirements as a result of a lack of capacity.		Independent review of adult and social care	<b>Q1 22/23:</b> NCS Bill published June 2022. Consultation at Stage 1, concludes in Sept. See separate risk on NCS for further information.		12	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
	3. New Framework agreement in place with significant improvement in quality from Providers 4. Flow management planning in development to maximise Care at Home capacity going forward 5. Weekly provider meetings in place 6. Additional locum team members recruited to for contingency cover 7. New Leadership model in place 8. Daily discharge meeting with Multidisciplinary and Multi-agency team planning to plan and coordinate discharge to ensure care at home support in place	<p><b>Risk event</b> Capacity of Community Support outstripped by demand</p> <p><b>Risk effect</b> There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked and elective operations potentially being cancelled.</p>						

# Published Local Government Benchmarking Framework - Adult Social Care



## Adult, Social Care

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	External Comparison
		Value	Value	Value	Value	Value	Value	
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£30.00	£27.40	£41.06	£38.12	£20.82	£25.45	20/21 Rank 11 (Second Quartile) 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)	3.95%	6.11%	4.75%	4.49%	5.06%	4.31%	20/21 Rank 21 (Third Quartile) 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)	66.67%	66.98%	68.04%	50.4%	52.54%	53.6%	20/21 Rank 29 (Bottom Quartile) 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)	85.7%		73.05%		67.57%	N/A	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)	77.96%		86.28%		80.05%	N/A	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 support was provided (data based on respondents whose care was funded by the council or health board) (LGBF)	84.44%		79.68%		66.95%	N/A	19/20 Rank 32 (Bottom Quartile). 17/18 Rank 6 (TOP Quartile). 15/16 Rank 1 (TOP Quartile). 14/15 Rank 8 (TOP Quartile)

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	External Comparison
		Value	Value	Value	Value	Value	Value	
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)	39.43%		32.1%		31.54%	N/A	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)	£453.99	£404.02	£462.20	£469.47	£483.83	£457.19	20/21 Rank 17 (Third Quartile) 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)	104.49	109.36	114.39	108.89	108.77	125.67	20/21 Rank 22 (Third Quartile) 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)	84.96%	75.68%	89%	87.04%	83.33%	81.5%	20/21 Rank 24 (Third Quartile) 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)	834.91	971.19	1422.02	1323.32	965.62	665.47	20/21 Rank 26 (Bottom Quartile) 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	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	External Comparison
		Value	Value	Value	Value	Value	Value	
CHN17	Percentage of children meeting developmental milestones (LGBF)	89.22%	91.48%	93.65%	92.13%	93.02%	90.95%	20/21 Rank 4 (Top Quartile) 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	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	External Comparison
		Value	Value	Value	Value	Value	Value	
C&L1	Corporate Indicator - NET Cost per attendance at Sports facilities (LGBF)	£3.90	£4.02	£4.78	£3.70	£3.33	£91.81	20/21 Rank 27 (Bottom Quartile) 19/20 Rank 22 (Third Quartile) 18/19 Rank 26 (Bottom Quartile). 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 23 (Third Quartile).
C&L5d	Corporate Indicator - Percentage of adults satisfied with leisure facilities (LGBF)	73.67%	74%	74.33%	70.87%	63.2%	N/A	19/20 Rank 29 (Bottom Quartile) 18/19 Rank 18 (Third Quartile). 17/18 Rank 16 (Second Quartile). 16/17 Rank 19 (Third Quartile). 15/16 Rank 25 (Bottom Quartile). 14/15 Rank 21 (Third Quartile).