Adult Health and Social Care Performance Report Quarter Three 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 services continued to be impacted by the ongoing effects of the COVID19 pandemic. A recent spike in infections over the winter months coupled with Influenza A cases has caused significant pressure on our workforce due to absences. 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.

Seasonal Flu/COVID Booster Programmes

The Midlothian Vaccination Team have responsibility for all vaccinations; Seasonal Flu, all covid vaccines, shingles and pneumococcal and all unscheduled vaccines that were part of the Vaccination Transformation Programme from the GPs to the HSCP.

In accordance with JCVI guidance, the Autumn/Winter vaccination programme for Flu and covid booster continues until 31st March 2023. All eligible cohorts have received and been invited for their vaccinations across 4 venues – Midlothian Community Hospital, Rosewell Steading, Gorebridge Leisure Centre and Penicuik YMCA-YWCA. From December, clinics were opened to drop-in clinics to increase and promote uptake. Penicuik YMCA-YWCA closed on 22 December 2022 with the other venues remaining open.

As of 08 January 2023, the uptake of flu vaccines for adults administered in Midlothian HSCP is 67% and 68% for Covid booster vaccines.

The Community Vaccination Team continues to deliver the school flu programme and the 0-5 immunisation team deliver the 2-5 year flu programme with a 59% uptake.

The housebound, inpatient and care home vaccination programmes are successfully complete with ongoing mopups arranged.

As part of the inclusivity plan and to promote further uptake in line with the Sottish Government target of 80% uptake. Pop clinics took place at IKEA Edinburgh, Mayfield Community Big Dig event, separate clinic sessions were held inviting individuals in homeless accommodation and Learning Disabilities teams continue to support with vaccinating their patient who are unable to attend clinics. There is further work planned for Q4 in line with the inclusivity plan.

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. It should be noted that both COSLA and Social Work Scotland have requested that the Scottish Government pause on the Bill pending further consultation.

Justice

The Justice Team have continued to deliver a range of interventions that fulfil all statutory requirements, despite managing a number of vacancies across quarter 2 and 3. We continue to ensure that we meet the needs of those released from custody either on remand or as planned release at sentence end date. There are strong links with SPS, and HMP Edinburgh in particular, which allows for work to be undertaken as part of the Number 11 allocations meetings to ensure that those leaving custody have access to support and resources relevant to their risk and needs.

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].

Learning Disabilities

The Complex Care Expert Panel Group oversees the spending of Midlothian's Complex Care Community Fund has now met three times and completed a plan for the Midlothian allocation of Community Change Fund. This includes allocations for third sector organisations, the development of a Safe House, improvements in transition for young people moving into adult life, refurbishment of community premises and a programme of training.

The Human Rights Expert Panel has been meeting every six weeks, with well attended sessions covering Human Rights and The Charter for Involvement. Two more sessions on Recovery from the pandemic and Communication will be held in January 2023.

The flats at Bonnyrigg High Street are scheduled for completion early 2024. 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 tenants moved on 4th and 5th October and have now returned to their renovated flats at Teviot Court. The second group are currently living at Primrose Lodge and will return to their tenancies in February. The entire programme of work at Teviot should be completed by March/April 2023, but outside works are weather dependent. We are now reapplying for capital funding for the work at Primrose Lodge.

Older People

Extra Care housing: Workforce paperwork is underway with care inspectorate around registration application for ECH care staffing for Normandy Court Dalkeith. The staffing structure has been approved by HSCP and we will move to recruitment in the next quarter. A change in handover date has been advised which will now be approximately May 2023.

Care at home: our internal and external providers delivered 59,544 actual care hours during this time period across Midlothian. Internally, the Homecare team delivered approximately 35% of all care hours for Older People, and a total of 61,272 visits to individuals. There continues to be a rise in demand for individuals being discharged from hospital and more work is underway regarding pathways for emergency community package of care requests to avoid admission where possible. A Multi-agency Quality in Care at Home has been re-established jointly with East Lothian to review quality and sustainability of Care at Home providers in the area. The internal Home Care service is also focused on the Learning and Development opportunities for our workforce. As part of these efforts, a series of face-to-face Infection Control training was rolled out to all teams.

Carers

Work currently in progress to produce a business case and plan committing available recurring and underspent Carers act funding, submitting to SMT in January 2023. Q3 has seen consultation with staff, carers and stakeholders confirming existing priorities within the Midlothian Carers Strategy (agreed prior to pandemic) remain relevant, sharing of consultation findings, and invitation to submit proposals for work to support use of the available funds through: strengthening of services and gaps; utilisation of underspent and carried forwards carer act funding. Closing date for proposal submissions 21/12/22. Proposals will be shared with stakeholders for feedback, to be returned mid-January.

There is delay in the recruitment to the Alzheimer Scotland Dementia Carer Support Practitioner post. Meeting with the provider due 21/12/22 to agree a way forward. Carer Strategy and IIA have been signed off and published on the Midlothian Council website.

Mental Health

Primary Care 2022 Action 15 developments continues to be postponed still awaiting update from Scottish Government.

Individual Placement Support has been impacted on due to recruitment we were hopefully we had a candidate however they have withdrawn and now the post is out to advert and there is interest, so we are hopeful to recruit.

Strong partnership working continues between Housing, Health and Social care with third sector. Providing support 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 for the New Year. Sight Scotland continue to provide information sessions to staff in relation to the services they provide and report back on the people they have worked with. They continue to reduce waiting lists for people requiring their service, which is offered in their community and evidence this through quarterly reporting.

Meetings have been taking place with Deaf Action to review their role and how they support our Services in light of them not having any access to a BSL trained Social Worker from the New Year. They have been asked to provide an up to date list of all the people within Midlothian that they work with. The still have a CCA who is able to provide support using BSL.

Volunteers continue to uplift peoples' faulty hearing aids from their homes and deliver the aids to Midlothian Community Hospital for an Audiology technician to repair, and then return the repaired aids back to the individuals. Specially trained staff are also able to repair hearing aids for people on the same day. This service is offered both by HSCP and Redcross staff. Recent conversations with the volunteer coordinator have improved communication and efficiency around volunteer collection service. A meeting took place to discuss the re-instigation of community based hearing aid repair clinics which took place before Covid. It was agreed by HSCP staff and Third Sector agencies that there was a benefit in these starting again as they not only provide a practical purpose but reduce social isolation and provide peer support for people who attend. Actions have stalled as a result of not having been able to engage Audiology in these plans so far

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

Sport and Leisure

Gorebridge Leisure Centre: Roof replacement now complete, some remedial work to be completed in the gym but not affecting business operations. The centre is being utilised for the winter vaccination programme on a smaller scale than previously with only the lesser hall being used.

Meeting between all contractors and Midlothian took place in December with regards to destination Hillend which will see work commence on Monday 30th January 2023. Initial phase with see major improvements to access roads as well as the A702.

The Gym Group opened one of its budget gym facilities at Straiton retail park in November. Membership numbers have dropped but we can't tell at this time if this is due to solely down to The Gym Group, general cost of living factors or seasonal drop-off but we are monitoring the situation closely.

Active Schools:-

Free Activity

Our move to free activity has gone well. Rather than taking a one size fits all approach, we have worked with schools & communities to identify what model works best for each school and we have nearly all schools engaging. We are currently completing our monitoring for term 1 and will update once data is confirmed. However approximate data is:

- . 102 free primary clubs.
- . 50 free secondary clubs.
- . 108 volunteers delivering activity equalling 994.5 hours of volunteering in Q3
- . 1960 pupils participating.

This is a really positive start to our free activity programme and we hope to see these numbers increasing each term as we settle into the new model.

Events

We have welcomed back our in person events this term and the feedback from schools has been really positive. We have had the following events this term;

Event No. of schools Approximate no. of pupils Basketball 16 170 Hockey 3 80 Boccia 5 40 Netball (secondary) 2 50

We are looking forward to starting term 2 with our Sportshall Athletics events with 21 schools attending.

Secondary Schools Term 1/Term 2

- . Active Schools Leadership Academy 12 pupils have completed a programme of training and will now deliver free clubs in primaries, high school & community settings.
- . Introduction to Coaching Children We have delivered this training to Sports Development & Sport & Recreation classes at Beeslack and Newbattle. We plan to have some of these pupils delivering activity in primaries and community settings.
- . Fit for Girls We have recruited more girls from secondary schools onto our Midlothian Fit for Girls Committee and they will receive training from the national tutors in January. We ran this programme successfully last year and as part of Women & Girls in Sport Week, Maree Todd, Minister for Public Health, Women's Health & Sport visited Midlothian to hear about our work from the girls who were involved.
- . Kit for All We are rolling out the Kit for All programme across Midlothian schools and communities, recycling & redistributing sports kit.

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. We are currently working with key stakeholders to determine how best to allocate the resources we have for unpaid carers.

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 3 - Adult Health and Social Care-

27 Indicators that are On Target

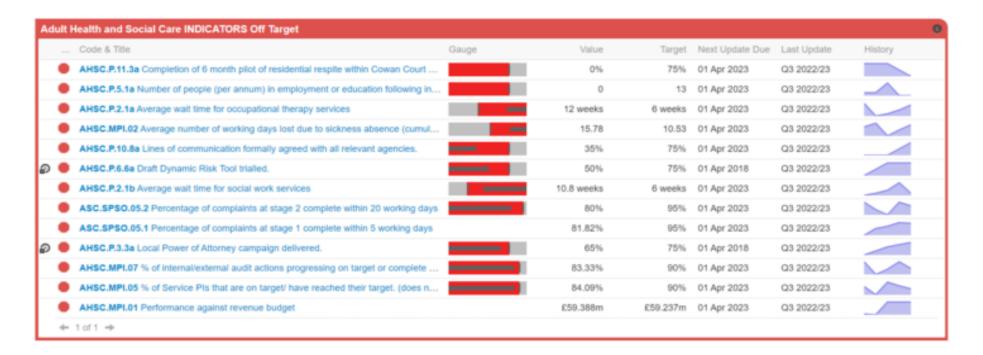
13
Indicators that are Off Target

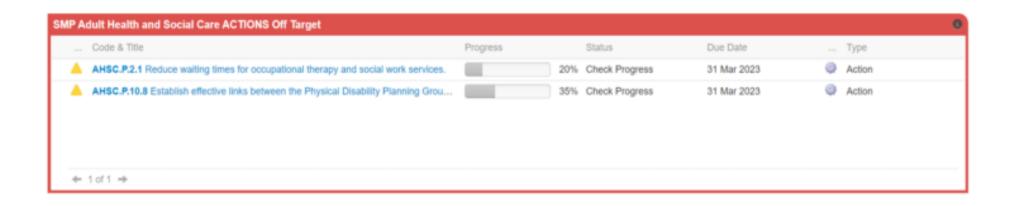
18
Indicators that are Data Only

Indicators that have No Data Available

34 Actions that are On Target 2 Actions that are Off Target 12
Quarterly ASC Service All Risks

Quarterly ASC Service High Risks





Adult Health and Social Care PI summary

01. Manage budget effectively

Priorities	Indicator	2021/ 22	Q3 2021/ 22	Q1 2022/ 23	Q2 2022/ 23			Q3 2022/23		Annua I Target	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend	2022/		
Inliaget	Performance against revenue budget	£52.3 19m		£59.2 84m	£59.2 58m	£59.3 88m		Q3 22/23: Off Target	•	£59.1 13m	-	

02. Manage stress and absence

Priorities	Indicator	2021/	Q3 2021/ 22	Q1 2022/ 23	Q2 2022/ 23			Q3 2022/23		Annua I Target	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend	2022/		
	Average number of							Q3 22/23: Off Target Seasonal variation			Number of days lost	9,782. 46
02. Manage stress and absence	working days lost due to sickness absence (cumulative)	17.10	13.63	4.83	10.56	15.78		due to increased Covid and influenza community spread has further impacted on absence.	•	10.53	Number of FTE in service	619.74

03. Complete all service priorities

Priorities	Indicator	2021/ 22	Q3 2021/ 22	Q1 2022/ 23	Q2 2022/ 23			Q3 2022/23		Annua I Target	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend	2022/		
03. Complete	% of service priority	02.06	00 57	04.80	90.10	04.44					NUMBER of service priority actions in total	36
all service priorities	Actions on target / completed, of the total number	82.86 %	88.57 %	91.89	89.19 %	94.44 %		Q3 22/23: On Target		90%	NUMBER of service priority actions on target / completed	34

04. Process invoices efficiently

Priorities	Indicator	2021/ 22	Q3 2021/ 22	Q1 2022/ 23	Q2 2022/ 23			Q3 2022/23		Annua I Target	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend	2022/		
04. Process invoices	% of invoices paid within 30 days of	96%	95%	96%	96%	97%		Q3 22/23: On Target	1	97%	Number of invoices received (cumulative)	1,118
invoices with	invoice receipt (cumulative)										Number paid within 30 days (cumulative)	1,089

05. Improve PI performance

Priorities	Indicator	2021/ 22	Q3 2021/ 22	Q1 2022/ 23	Q2 2022/ 23			Q3 2022/23		Annua I Target		Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend	2022/		
05. Improve	% of Service PIs that are on target/ have reached their target.	76.09 %		92.86 %	88.1%	84.09		Q3 22/23: Off Target. Pls which are off	.	90%	Number on tgt/complete or Data Only	37
PI real performance (do	(does not include Corporate PIs)	%	%	%		%		target will be reviewed in Q4.			Number of PI's in total	44

06. Control Risk

Priorities	Indicator	2021/	Q3 2021/ 22	Q1 2022/ 23	Q2 2022/ 23			Q3 2022/23		Annua I Target	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend	2022/		
06. Control	% of high risks that have been reviewed	100%	100%	100%	100%	100%		Q3 22/23: On Target			Number of high risks reviewed in the last quarter	0
Risk	in the last quarter							_			Number of risks that are graded as high	0

07. Implement Improvement Plans

Priorities	Indicator	2021/ 22	Q3 2021/ 22	Q1 2022/ 23	Q2 2022/ 23			Q3 2022/23		Annua I Target	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend	2022/		
07. Implement	% of internal/external audit actions progressing on	66.6%	100%	80%	100%	83.33		Q3 22/23: 6 internal audit actions on target and one off	.	90%	Number of internal/extern al audit actions on target or complete	5
Improvement Plans	target or complete this quarter.					%		target and work is underway to review.	•		Total number of internal/extern al audit actions	6

Adult Health and Social Care Complaints Indicator Summary

Commitment to valuing Complaints
4. Outcomes and Customer Feedback

	2021/22	Q3 2021/22	Q1 2022/23	Q2 2022/23			Q3 2022/23		Annual
Indicator	Value	Value	Value	Value	Value	Status	Note	Short Trend	Target 2022/23
Number of complaints received (quarterly)	53	12	15	21	20		Q3 22/23: Data only	1	
Number of complaints closed in the year	53	12	14	17	20		Q3 22/23: Data only	1	
Number of complaints upheld (quarterly)	3	1	0	0	3		Q3 22/23: Data only	1	
Number of complaints partially upheld (quarterly)	3	0	0	2	2		Q3 22/23: Data only		
Number of complaints not upheld (quarterly)	33	10	13	10	5		Q3 22/23: Data only	₽	
Number of complaints Resolved (quarterly)	14	1	1	5	4		Q3 22/23: Data only	₽	
Average time in working days to respond to complaints at stage 1	13.17	15.09	7.9	4.14	3.18		Q3 22/23: On Target	1	5
Average time in working days to respond to complaints at stage 2	14.83	18	19.67	9.33	12.2		Q3 22/23: On Target	₽	20
Average time in working days for a full response for escalated complaints	0	0	20	0	0		Q3 22/23: On Target	-	20
Percentage of complaints at stage 1 complete within 5 working days	36.17%	36.36%	70%	85.71%	81.82%		Q3 22/23: Off Target We are working to ascertain whether more complaints designated as Stage 1 should be triggered as Stage 2.	•	95%
Percentage of complaints at stage 2 complete within 20 working days	66.67%	100%	33.33%	100%	80%		Q3 22/23: Off Target A number of complaints are very complex and require some time to provide a response. We are also working with staffing pressures.	•	95%
Percentage of complaints escalated and complete within 20 working days	100%	100%	100%	100%	100%		Q3 22/23: On Target. No complaints escalated	-	95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	19		4	2	2		Q3 22/23: Data only		
Number of Compliments	3	0	2	1	3		Q3 22/23: Data only	1	

Adult Social Care Performance



01. Health Inequalities

PI Code	Priority/Action	Action Note	PI	2021/2	Q3 2021/2 2	Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
AHSC.P.1	Support people living with long term health conditions or facing challenging life situations through the Midlothian Wellbeing service based in Midlothian GP Practices.	Q3 22/23: The referral rate continues to increase towards the tender target of 300 per quarter. The Wellbeing service has now incorporated Neurological Funded Project work into the service. The Neurological Project work assumes an increase of a further 30 referrals per quarter to the service. Referral pathway has been created for the MHSCP Physical Disabilities and Long-Term Conditions Team to refer to Wellbeing. Referral Pathway has been created for NHS Lothian Dept Clinical Neurosciences to refer to Wellbeing. A self-referral route has been set up for cohorts of patients identified by GP Practices regarding pain relief medication reduction.	Number of people referred to the Wellbeing Service across all 12 GP practices	966	253	263	273	285			Q3 22/23: On Target	1,000	250

AHSC.P.1	Support people vulnerable to health inequalities by referral to the Community Health and Inequalities Team.	Referrals come from a variety of sources including,	Number of people who received a health assessment from the Community Health Inequalities Team.	162	32	56	22	71		•	Q3 22/23: On Target	150	37.5
xP.AHSC. 4.1a	Deliver Welfare Rights service to people with health and social care needs	Q3 22/23: On Target Service continues for people receiving a Health and Social care service. Referrals remain steady. Positive outcomes continue.	supported with	270	221	116	137	171			Q3 22/23: On Target	250	125
xP.AHSC. 4.2a		Q3 22/23: On Target The DWP return for 1st Oct - 31st Dec is nil due to stopping identification of frailty patients from old GP lists. £500 from the OPAF fund and £600 from the LACER fund was distributed 1st Oct - 31st Dec 2022 to support people on the frailty scale.	Additional benefit income to Midlothian residents identified as frail	£216,1 12	Annual	indicato	r - Not m	neasured	I for Qua	rters		£150,0 00	£75,000

02. Assessment and Care Management

PI Code	Priority/Action	Action Note	PI	2021/2 2	Q3 2021/2 2	Q1 2022/2 3		Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
.1a		Q3 22/23: Off Target Increased wait times being addressed and monitored weekly.	Average wait time for occupational therapy services	4.6 weeks	13.2 weeks	6 weeks	8.6 weeks	12 weeks		•	Q3 22/23: Off Target Complexity of request and workforce pressures	6 weeks	6 weeks

PI Code	Priority/Action	Action Note	PI	2021/2		Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
AHSC.P.2	Reduce waiting times for occupational therapy and social work services.	Q3 22/23: Off Target Increased wait times being addressed and monitored weekly.	Average wait time for social work services	10.8 weeks	9 weeks	13.4 weeks	19 weeks	10.8 weeks		•	Q3 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	Q3 22/23: On Target	Proportion of people choosing SDS option 1	8.4%	7.8%	8.8%	9.4%	9.1%		•	Q3 22/23: Data Only		
AHSC.P.2	Continue to implement and monitor Self Directed Support	Q3 22/23: On Target	Proportion of people choosing SDS option 2	1.9%	1.9%	1.8%	1.5%	1.5%			Q3 22/23: Data Only		
AHSC.P.2	Continue to implement and monitor Self Directed Support	Q3 22/23: On Target	Proportion of people choosing SDS option 3	86.7%	87.6%	86.9%	86.3%	82.6%		1	Q3 22/23: Data Only		
AHSC.P.2	Continue to implement and monitor Self Directed Support	Q3 22/23: On Target	Proportion of people choosing SDS option 4	2.9%	2.7%	2.5%	2.8%	6.7%		•	Q3 22/23: Data Only		
AHSC.P.2	Continue to implement and monitor Self Directed Support	Q3 22/23: On Target	Increase the % of people who feel they are participating more in activities of their choice	86.9%	78.9%	87.8%	77%	N/A		-	Q3 22/23: Information will be available in Q4.	75%	75%

03. Carers

PI Code	Priority/Action	Action Note	PI	2021/2	Q3 2021/2 2	Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	9
AHSC.P.3	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.	Q3 22/23: On Target Adult Carer Support Plans (ACSP) continue to be delivered by the HSCP and VOCAL. Reporting schedule and monitoring & evaluation framework in place and supported by in-person funding meeting in November 2022. 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 are able and willing to is fundamental to the carer support being provided, and a key aspect of the Carer Act legislation and Midlothian Carers Strategic Plan.	Number of completed Adult Carer Support plans by the HSCP (accumulative)	80	61	16	45	75			Q3 22/23 : On Target	60	45
AHSC.P.3	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.	Q3 22/23: On Target Adult Carer Support Plans (ACSP) continue to be delivered by the HSCP and VOCAL. Reporting schedule and monitoring & evaluation framework in place and supported by in-person funding meeting in November 2022. 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 are 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	1,389	187	356	550			Q3 22/23 : On Target	600	450

		and Midlothian Carers Strategic Plan.									
.1e	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.	delivered by the HSCP and VOCAL. Reporting schedule	Number of Carers accessing Information and Advice services from VOCAL and British Red Cross		212	172	196		Q3 22/23: Data only		
.3a			Local Power of Attorney campaign delivered.		25%	50%	65%		Q3 22/23: Off Target - Action plan will be developed to capture the progress is delayed by low attendance at recent SLWG	100%	75%

04. Older People

PI Code	Priority/Action	Action Note	PI	2021/2		Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
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.	Q3 22/23: Information will be available in Q4.	Decrease the proportion of ACPs rated as "red" by Care Home Support Team. (annual measure)		Annual	indicator	r - Not m	easured	for Qua	rters		75%	
HSCP.P.4 .7a	Sustain and increase the range of online, outdoor and creative opportunities for people to connect with each other, including: Ageing Well and British Red Cross radio show; and online groups.	Q3 22/23: Information will be available in Q4.	Number of activities including online / outdoor publicised in British Red Cross Community Calendar.			189	202		Q3 22 / in Q4	/23: Info	rmation will be available	200	
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.	Q3 22/23: Information will be available in Q4.	Review complete. Future model of delivery identified.			0%	30%	-	Q3 22/2 in Q4.	23: Infor	mation will be available	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.	Q3 22/23: Information will be available in Q4.	Number of day services places available for people who need support with personal care or have more advanced dementia.			66	76		Q3 22/2 in Q4.	23: Infor	mation will be available	70	

05. Mental Health

PI Code	Priority/Action	Action Note	PI	2021/2 2	Q3 2021/2 2	Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
.1a	Implement Individual Placement Support specialist employment support for people with mental health issues.	Q3 22/23: Off Target Recruitment pressure, advertised, now recruited candidate due to start Feb 23	Number of people (per annum) in employment or education following intervention.	7	1	4	0	0			Q3 22/23: Off Target Recruitment pressure, advertised, now recruited candidate due to start Feb 23	13	13
.5a	Mental Health self- management through increased access to Midspace.	increase in newsletter	The number of people accessing self-management support through Midspace increased by 10%. (annual measure)		Annual	indicator	r - Not m	easured	for Qua	rters		Yes	
.4a	Improve housing support for individuals who experience homelessness with complex needs.	7 individuals supported in Q3	Number of individuals who are receiving support from the HSCP through housing first model.			5	4	7		•	Q3 22/23: On Target - 7 individuals were supported in Q3.	20	0

06. Learning Disability

PI Code	Priority/Action	Action Note	PI	2021/2		Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
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.	Q3 22/23: On Target Decant from Teviot Court was delayed on the advice of IPCT Team. Building is now clear and the second group of Teviot Court tenants will return home to Teviot Court in February. Primrose Lodge will be vacant from this point and the reapplication for capital funding starts late January.	Renovation and Remodelling complete.			0%	0%	0%		-	Q3 22/23: On Target Measure collated quarterly to track progress. No quarterly target. Year end target expected to be met	100%	0%
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.	Q3 22/23: On Target The Quality Assurance Group monthly meetings oversee the QA Spreadsheet, as well as incident reporting. Visit schedules are informed by quarterly reports. Monthly reporting template and provider reporting schedule complete.	Suite of QA procedures and measures complete.			25%	50%	75%			Q3 22/23: On Target	100%	75%
AHSC.P.6 .6a	Strengthen work with people with complex needs by improving staff skills in using positive behavioural support and through the application of a dynamic risk tool.	Q3 22/23: On Target Complex Care Expert Panel established. Still awaiting Risk register from Scottish Government. Funding for Level 2 Positive Behavioural Support Training identified from Complex Care Community Change Fund and agreed by pan	Draft Dynamic Risk Tool trialled.			0%	50%	50%			Q3 22/23: Off Target Still awaiting Risk register from Scottish Government.	100%	75%

07. Substance Misuse

PI Code	Priority/Action	Action Note	PI	2021/2		Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
AHSC.P.7 .1a	Ensure those most at risk of overdose have continued access to take-home Naloxone kits.	Q3 22/23: On Target There has been an increase this quarter is that there has been more staff training in Midlothian. At least 39 of the 65 in Midlothian were undertaken in December when staff training at No11 was provided.	Number of Naloxone kits replenished by MELD, SMS and Peer Workers.	139	38	41	5	65		•	Q3 22/23: Data Only		
AHSC.P.7	Expand the offer of buprenorphine prolonged release injections as part of Medication Assisted Treatment options.	Q3 22/23: 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 Q3 is 13.	Number of people taking up offer of buprenorphine prolonged release injections.	49	14	4	7	13		•	Q3 22/23: Data only		
AHSC.P.7 .3a	Deliver 'rapid access to prescribing and treatment' to help individuals who have dropped out of treatment re-engage.	Q3 22/23: On Target SUS Midlothian saw 11 new patients for rapid access in Q3. SUS are treating and supporting approximately 340 people at any given point.	Number of people assisted via 'rapid access to prescribing and treatment'	30	5	0	6	11		•	Q3 22/23: Data Only		

08. Justice Service

PI Code	Priority/Action	Action Note	PI	2021/2	Q3 2021/2 2	Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
AHSC.P.8	Increase referrals through the Safe and Together approach for non-court mandated domestic abuse perpetrators.		Number of individuals referred through the Safe and Together approach.	4	3	0	2	2			Q3 22/23: On Target	4	2
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.	Q3 22/23: On Target The Community Safety and Justice Partnership continue to provide drop in sessions provided by DWP within Number 11.	Establish DWP drop in at No11			100%	100%	100%			Q3 22/23: Completed in Q1.	100%	100%
AHSC.P.8 .5a	Plan and deliver a seven- day period of community justice mass advertising campaign focusing on case studies.	Q3 22/23: On Target Edinburgh College are due to run the media campaign across social in February 2023.	Promote Edinburgh College project via 7 day campaign on social media.			80%	90%	90%	②	-	Q3 22/23: On Target	100%	75%

09. Adult Support and Protection

PI Code	Priority/Action	Action Note	PI	2021/2		Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
	neglect and hoarding.	There is an event planned to take place in Q4 that focuses on self-neglect and hoarding.	hoarding referrals	4	2	2	1	0		•	Q3 22/23: Information will be available in Q4.	5	0

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

PI Code	Priority/Action	Action Note	PI	2021/2 2		Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
0.1a	Deliver weight management programmes to help address and prevent obesity and type 2 diabetes.	Hybrid model up and running for delivery of face to face	Number of people referred to Weight Management Triage. (Tier 2 and Tier 3)	508	117	177	150	150			Q3 22/23: On Target	200	100
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.	Activity for October- December: 54 referrals received; 40 people opted into the service and 30	Number of referrals into Move More or equivalent physical activity referral programme from ICJ (Improving the Cancer Journey)		4	0	2	1		•	Q3 22/23 : Data Only		

AHSC.P.1 0.4b	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.	Q3 22/23: On Target Activity for October- December: 54 referrals received; 40 people opted into the service and 30 people were seen (uptake rate 55%)	% of the total participants in the physical activity programmes	1.4%	1.8%	0.4%	0.54%	0.42%		•	Q3 22/23: Data only		
AHSC.P.1 0.6a	Working with Audiology determine the feasibility of establishing an audiology clinic(s) in Midlothian.	Q3 22/23: Complete Clinics have started at Midlothian Community Hospital	Completion of option appraisal.			0%	100%	100%	②		Q3 22/23: Completed in Q2	100%	100%
AHSC.P.1 0.7a	Develop locally based specialist services for people with a hearing impairment.	Q3 22/23: On Target People have the opportunity to have their hearing aid repaired by specially trained staff, or for their hearing aid to be collected and taken into Midlothian Community Hospital for repairs to take place there before the aids are returned to them.	Implementation of locally based specialist services			15%	90%	90%			Q3 22/23: On Target	100%	75%
AHSC.P.1 0.8a	Establish effective links between the Physical Disability Planning Group and mainstream services to improve access to wider public services.	Q3 22/23: Off Target Work not progressing due to key facilitators of the Physical Disability Planning Group having left and their posts not having been filled. Planning Officer for Physical Disabilities also not recruited into. Communication still open between HSCP and key voluntary stakeholders in the PDPG but actions have stalled.	Lines of communication formally agreed with all relevant agencies.			25%	25%	35%			Q3 22/23: Off Target Work has not progressed due to key facilitators of the PDPG having left and their posts not having been filled. Planning Officer for Physical Disabilities also not recruited into. Communication still open between HSCP and key voluntary stakeholders in the PDPG but actions have stalled.	100%	75%

11. Extra Care Housing & Respite

PI Code	Priority/Action	Action Note	PI	2021/2		Q1 2022/2 3	Q2 2022/2 3	Q3 202	2/23			Annual Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
AHSC.P.1 1.1a	Open and actively use the 48 new build Extra Care units (including 1 bariatric unit) at Newmills Road, Dalkeith.	Q3 22/23: On Target Work ongoing re construction, development of staffing model and identification of potential tenants. Site due for completion end of May 2023	Complete opening and active use of Extra Care units (including 1 bariatric unit) at Newmills Road, Dalkeith.			25%	50%	75%			Q3 22/23: Off Target Site due for completion end of May 2023	100%	75%
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.	Q3 22/23: Complete - Recommendations approved by Council August 2022.	Evidence provided to support developed proposal to Council.			100%	100%	100%			Q3 22/23: Completed in Q1	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.	Q3 22/23: Update will be available in Q4	Completion of 6 month pilot of residential respite within Cowan Court Extra Care Housing complex.			25%	25%	0%		•	Q3 22/23: Information will be available in Q4.	100%	75%

12. Sport and Leisure

PI Code	Priority/Action	Action Note	PI	2021/2		Q1	Q2	Q3 202	2/23			Annual	
				2	2021/2	2022/2 3	3					Target 2022/2	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note	3	
AHSC.P.1 2.1a	Improve access for people with protected characteristics to participate in specialised and mainstream physical activity opportunities.	further expansion and	Number of specific activities available per site for target population.			254	579	0			Q3 22/23: Data will be available in Q4 and the annual target is due to be met.	2,450	0
AHSC.P.1 2.2a	Ageing Well project – Return to pre-covid levels of participation and provision.	Q3 22/23: On Target 5503 attendees, 1191 volunteer hours from 53 active volunteers and 51 activities per week(12 weeks of delivery in Q3 due to festive break). 2 x Dementia Friendly training delivered by Alzheimer's Scotland, Walk Leader Training course and 2 x First Aid courses all delivered in November.	Number of weekly activities available.			650	689	0		-	Q3 22/23: Data will be available in Q4 and the annual target is due 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.	Q3 22/23: On Target 238 new referrals for Q3. MAC attendees data is lower than Q2 due to cessation of classes prior to Christmas resulting in Q3 being approx. 11 weeks long. Completion of S&L restructure will facilitate further expansion and integration into mainstream programme.	Number of weekly activities.			325	337	0			Q3 22/23: Data will be available in Q4 and the annual target is due to be met.	1,050	0

Adult Health and Social Care Service Risks



Code & Title	Risk Control Measure	Risk Identification	Risk Eval uatio n	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 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.				(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Eval uatio n	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01-01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services	o1 - Service level agreements and contracts o2 - Quality assurance officers monitoring of care homes and home care provision o3 - Large scale investigation protocol involving multi-agency investigation of risk of harm within services and risk management planning. o4 - Monitoring of Care Inspectorate Reports and reporting performance across the sector including exception reports. o5 - Quarterly care home, care at home and day care providers forum to ensure good communication and partnership working with commissioned services o6 - Service Managers role with responsibility for monitoring of commissioned services o7 - Ensuring regular review of cases in accordance with level of risk and designated team leader responsibilities. o8 - Commissioning processes to ensure robust decision-making.	Risk Cause: Providers have a lack of capacity to deliver contracted service Risk Event: Shortfall in service volume and or quality Risk Effect: Delivering poor quality care that places service users at risk of harm. Unable to meet the increasing demands for provision particularly in relation to care at home. Ceasing trading due to financial difficulties creating risks around service provision for large groups of very vulnerable people.		A review of the continuing difficulties in the provision of services by one of the Care at Home providers is being undertaken to determine whether a new Provider should be commissioned Workforce Plan is being developed to address long term sustainability of services. This work includes the involvement of MVA, Council and NHS Lothian.		Impact	12	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Eval uatio n	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	Risk Cause: Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget Risk Event: Change programme does not meet future years projected budget gaps Risk Effect: Inability to deliver against strategic priorities		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		Impact	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 08 - Neighbourhood planning 09 - Community planning processes	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. Risk Cause: Risk Event: Risk Effect:				Impact	9	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Eval uatio n	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
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	Risk Cause: Insufficient Capital Resources. Risk Event: Failure to maintain and modernise existing building stock Risk Effect: People are supported in environments of poor quality				Impact	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. 05 - Multi-agency Risk Panels (MARP) meet monthly	This is the risk of despite having comprehensive procedures and systems in place but one offender may commit a serious crime, causing harm to a member of the public and the council reputation damage. Risk Score likely to remain medium (low likelihood but high impact = medium). Risk Cause: Offender committing a serious crime Risk Event: Offence incident occurs. Risk Effect: Harm to member of the public Reputational damage to the Council				Impact	9	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Eval uatio n	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	06 - MAPPA which is a process for managing Registered Sex Offenders . 07 - Integration of group work programme with probation supervision 08 - Monitoring of staff compliance with National Outcomes and Standards through client review system. 09 - Access to Visor database of sex offenders linked to MAPPA. 10 - Offender Management Group established							
ASC.RR.01-09 Adult Protection	01 - Public Protection Committee 02 - Adult Protection Procedures 03 - Large scale investigation protocol 04 - IRD Review Group established (and links with the Police) 05 - Adult protection training programme 06 - Case file governance arrangements 07 - Adult Protection Lead Officer 08 - Training Programme 09 - Development of Adult Protection Team within Fieldwork	Risk Cause: Failure to identify the risk to the individual. Failure of adult protection procedures when invoked to adequately assess and manage the risk. Risk Event: Adult at risk of harm. Risk Effect: Reputational Damage to the Council. Harm to vulnerable service user.				Impact	9	Adult Health and Social Care

Code & Title	Risk Control Measure		Risk Eval uatio n	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01-10 Capacity to manage scale of transformation al 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. Risk Cause: Risk Event:		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.		Impact	9	Adult Health and Social Care
ASC.RR.01-13 Capacity of Workforce	01- Workforce Plan 02- Learning and Development Team	Risk Cause: Employees not suitably trained/development for the roles required of them. Challenges around maximising attendance Limited availability of staff in certain sectors Ageing workforce Risk Event: Inadequate staffing levels/skills. Risk Effect: Low morale. Inability to deliver services.		In recognition of the changing role of Newbyres and in response to the recent internal review a new staffing structure has been developed.		Impact	9	Adult Health and Social Care
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. Risk Cause: Risk Event: Risk Effect:		Data sharing The frameworki system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal.		Impact	9	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Eval uatio n	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
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 Risk Cause: Risk Event: Risk Effect:				Impact	9	Adult Health and Social Care
ASC.RR.01-17 COVID 19	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.	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 additional workload for those staff still able to attend work increased pressure on other parts of the health and social care system reduction of care provided to patients due to reduced staffing levels with a move to focus on essential work only				Impact	12	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Eval uatio n	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	frequent handwashing taking place. 7. In reception areas staff have been provided with masks and alcohol gel. 8. Staff updated regularly on NHS Lothian and National Guidelines. 9. Resilience plans in place across the Partnership. 10. Staff briefings to discuss responses to COVID-19 have been actioned with a focus on personal resilience plans to ensure attendance at work. 11. Asked staff to consider unnecessary face to face contact with patients is replaced by telephone contact. 12. Homeworking in place where appropriate. 13. Absence reporting and monitoring in place highlighting COVID related absence. 14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.							

Code & Title	Risk Control Measure	Risk Identification	Risk Eval uatio n	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
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 Risk Cause: Communication with the public could be poor or an event or incident has negative outcome. Risk Event: Failure to have in place a robust Communications Strategy and scenario planning Risk Effect: Potential for tremendous effort but without knowing whether the effort has been successful against negative effects.				Impact	9	Adult Health and Social Care
SRP.RR.07 Care at Home	1. Care at Home winter assurance plan and business continuity plan complete 2. Development of Care at Home Service Improvement action plan near completion 3. External commissioning complete and ongoing contract monitoring in place 4. External provider audits complete 5. Re-established Multi-Agency Quality in Care at Home quarterly review meetings jointly with East Lothian	Risk cause Internal and External providers of Care at Home services unable to meet service and quality requirements as a result of a lack of capacity. Risk event Capacity of Community Support outstripped by demand. Risk effect 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.		Independent review of adult and social care	Q3 22/23: COSLA and Social Work Scotland have formally requested a pause on the NCS Bill.	Impact	12	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Eval uatio n	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	6. Weekly provider meetings in place 7. Additional locum team members and contracts with agency staff in place 8. Daily discharge meeting with Multidisciplinary and Multi-agency team planning to plan and coordinate discharge to ensure care at hone support in place							

Published Local Government Benchmarking Framework - Adult Social Care



Adult, Social Care

Codo	Tialo	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	External Comparison
Code	Title	Value	Value	Value	Value	Value	Value	External Comparison
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£29.61	£27.04	£40.53	£37.62	£20.57	£26.12	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%	4.32%	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)			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	77.96%		86.28%		80.05%	N/A	19/20 Rank 20 (Third Quartile). 17/18 Rank 3 (TOP Quartile).

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	External Comparison
Code	Time	Value	Value	Value	Value	Value	Value	External Companson
	possible (data based on respondents whose care was funded by the council or health board) (LGBF)							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)
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)	£566.70	£559.76	£621.35	£611.36	£593.65	£603.71	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	2021/22	External Comparison
Code		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) odo	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	External Comparison
	Joue		Value							
C		Corporate Indicator - NET Cost per attendance at Sports facilities (LGBF)	£3.85	£3.97	£4.72	£3.65	£3.29	£94.22	£19.39	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).
С		Corporate Indicator - Percentage of adults satisfied with leisure facilities (LGBF)	73.67%	74%	74.33%	70.87%	63.2%	60.2%		20/21 Rank 30 (Bottom Quartile) 19/20 Rank 29 (Bottom Quartile) 18/19 Rank 18 (Third Quartile). 17/18 Rank 16 (Second Quartile). 16/17 Rank 19 (Third Quartile).