Midlothian
Health & Social Care

Adult Social Care Plan

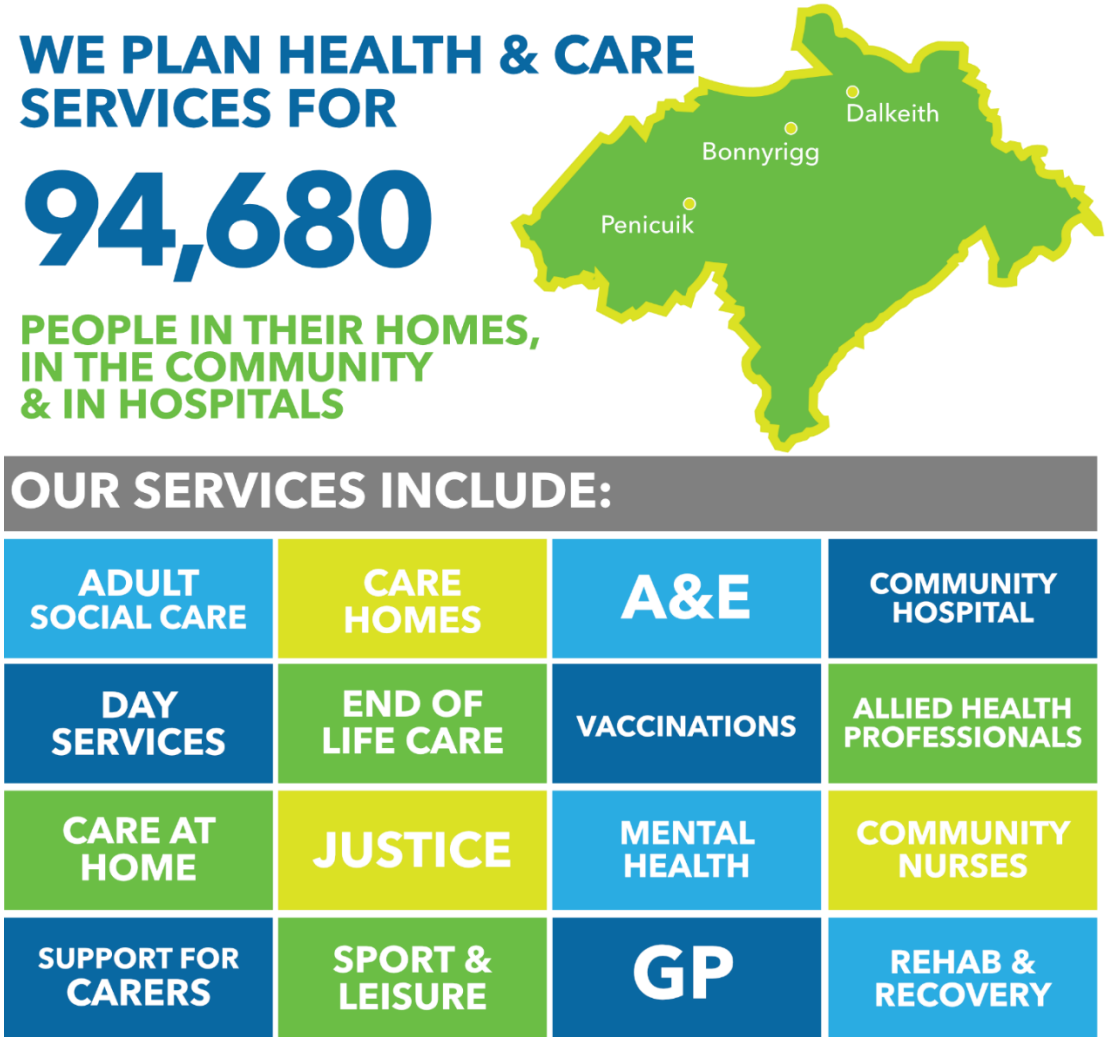
2023/24

Contents

Health and Social Care in Midlothian

The Midlothian Integration Joint Board (IJB) plan and direct delegated health and social care services for the people of Midlothian. Midlothian Health and Social Care Partnership (HSCP) oversees the delivery of all the services delegated to Midlothian IJB. The aim of integrated health and social care is for the people to experience more joined up treatment and care.

To achieve this, all the services within Midlothian HSCP must make progress towards the aims of Midlothian IJB Strategic Commissioning Plan, work alongside the Community Planning Partnership, and contribute to the strategic aims of both NHS Lothian and Midlothian Council.



Midlothian HSCP brings together parts of Midlothian Council and NHS Lothian to help people live well and get the right support when they need it. There are over 60 services that are overseen by Midlothian HSCP, and their contribution towards improving outcomes for people and communities is reported in the Midlothian Integration Joint Board Annual Performance Report (APR) 2022/23.

Adult Social Care Services

What we do

Adult Social Care services protect and improve the wellbeing of the people and communities of Midlothian. They help people get the support they need in the right place, and at the right time.

We work in partnership with people to contribute to sustaining thriving communities. We provide information, education, and support to help people take positive action to prevent ill or worsening health and wellbeing. When people need our support, our intervention should help people achieve the things that matter to them. We have 'Good Conversations' with people, provide personalised care, promote self-management, and ensure well-coordinated services across health, social care and the Third and Independent sectors.

Social work services in Midlothian are delivered jointly by Midlothian Council and Midlothian Integration Joint Board. Adult social work and social care services, including justice social work, are delegated to Midlothian IJB. This means we are part of integrated health and social care and overseen by Midlothian HSCP and IJB. Adult Social Care therefore contributes to the Midlothian IJB Strategic Commissioning Plan, the strategic aims of both NHS Lothian and Midlothian Council, and contributes to the work of the Community Planning Partnership through the Single Midlothian Plan.

How we do this

To meet the needs of people and communities we will need to deliver on the strategic priorities of all our partners. We have identified a number of similar themes and priorities that we must work together to achieve. We need to:

- Provide more preventative care
- Understand how peoples' and communities' needs have changed and build the right offers of support
- Ensure effective and efficient services while also maintaining quality
- Improve socio-economic, health, wellbeing, and personal outcomes

We must develop a whole-system-approach to service design and delivery. This relies on shared decision-making, and shared responsibility for outcomes that enable proactive and consistent approaches to performance and quality improvement.

We have recognised we must do more to support the workforce. This means investing in the wellbeing, training, and development of our workforce, including our third sector partners and unpaid carers.

We must continue to improve the coordination of care and find ways to share information between services. We will have to make better use of existing technologies and provide people with access to accurate information and services.

Legislation that shapes & directs our services

The main legislation that shapes and directs our services is:

- **The Social Work (Scotland) Act 1968** sets out the duty to assess the needs of people living in the community consider if support is required and take account of their preferences.

- **The Adults with Incapacity (Scotland) Act 2000** aims to protect adults who are unable to make decisions for themselves because of a mental disorder or an inability to communicate.

- **The Community Care and Health (Scotland) Act 2002** introduced free personal care for adults regardless of income or where people live. This legislation also established the rights of unpaid carers.

- **The Adult Support and Protection Act 2007** requires services to work together to support and protect the rights of people who are unable to keep themselves or their property safe.

- **The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012** set out the specific duties in Scotland. It is our duty to ensure equal opportunity and foster good relations with groups that have protected characteristics.

- **The Self-Directed Support (Scotland) Act 2013** makes legislative provisions relating to the arranging of care and support, and community care services to provide a range of choices to people for how they're provided with support. The aim of the legislation is to increase the choice and control to people in how their care is organised and delivered.

- **The Public Bodies (Joint Working) (Scotland) Act 2014** brought together integrated health and social care in legislation. The Act created integration authorities that hold a joint budget for health and social care services to plan and direct services that feel 'joined up' from the point of view of the people using them.

- The **Carers (Scotland) Act 2016** outlines the duty to ensure better and more consistent support for carers and young carers to help them continue to provide care for as long as they were able and wised to.

- The **Mental Health (Care and Treatment (Scotland) Act 2003** increases the rights and protection of people who experience poor mental health, a learning disability, or a personality disorder. The act set out the need for community-based mental health services and the importance of involving people, their families, and carers in decisions. The Act also ensures that people are not detained unless there is a risk they are unable to keep themselves safe or might risk the safety of other people.

Key successes 2022/23

Every year we report on how the services delegated to the Midlothian IJB have improved outcomes for people and communities. Some examples of the work of Adult Social Care services in 2022/23 include:

Learning Disability

We have continued to develop our Learning Disability services and reviewed our services. It is important that people with learning disabilities in Midlothian have good access to Day Services that help them meaningfully participate in their community. Our Day Services have provided opportunities for people to learn new skills and connect with each other. We have worked in partnership with Thera Trust who are a charity offering support to people with learning disabilities in Midlothian. This increased our ability to provide integrated care and support in partnership with our Learning Disabilities team.

During 2022/23, we worked alongside people and communities through our Expert Panels to deliver the change that matters most to them.

Complex Care Expert Panel

The Complex Care Expert Panel's financial recommendations for Community Change Fund spending priorities were approved. This included recruiting a new Transition Development Worker, making improvements to Day Service venues for people with complex needs, developing a Positive Behavioural Support Training Programme, and supporting grants to the Third Sector organisations.

The Human Rights Expert Panel

The first programme of activity was agreed in 2022/23. A programme of two-monthly meetings will oversee work to ensure we are promoting and protecting peoples' human rights and our duties under human rights law.

Unpaid Carers

We know that access to quality information, advice, and support allow carers to provide care for as long as they are willing and able to do so. In 2022/23 we increased the number of Adult Carer support plans by 150%. We have focused on listening to carers, our partners, people, and communities to ensure that we use all our available resources in ways to make the biggest difference. We have developed a range of plans for 2023/24 to best support carers in Midlothian.

Older People

In 2022/23, we worked with a range of partners to ensure we provided more than 230 online, outdoor, and creative opportunities each month for older people to connect with each other. We reviewed our Home Care Service to ensure our services are sustainable and fit for the future. A new Resource Manager is overseeing our Service Improvement Plan. We have continued to focus on improving the knowledge and skills of our staff and our new training suite at Hardengreen has supported a number of learning opportunities.

Physical Disability, Long Terms Conditions and Sensory Impairment

The Physical Disability team has had a focus in 2022/23 to increase collaborative and integrated working to improve health and wellbeing. We worked with more partners to increase the range of care and support available in Midlothian.

We increased the amount of care we provide in people's homes and in the community. A volunteer organisation worked with us to provide a hearing aid maintenance and repair home service. Volunteers collected faulty hearing aids from people at home and returned them after repair by an audiology technician.

We have continued to develop partnership working with Sight Scotland who have reduced their waiting lists for community-based services. In partnership with Midlothian Council, we are working alongside Deaf Action's new social worker to collaboratively provide the right care.

The Physical Disability team, Long Term Conditions team, and the Thistle Foundation worked together to improve support for people with neurological conditions.

Number 11

Number 11 houses a number of our adult services. The success of this integrated model of care and support relies on the strong relationships and joint working.

Justice Social Work

Justice Social Work developed more interventions and services to help people who need additional support to live safely in their community. We have built strong links with the Scottish Prison Service and HMP Edinburgh. This ensures that those leaving custody have the right support at the right time to meet their needs.

Substance Use

The Substance Use team provides quality information, advice, and support to people and their families. WE have continued to learn and develop new supports, treatment, and care to keep the most vulnerable people as safe as possible. This has included increasing the safe use of injecting equipment and new medical treatments.

Mental Health

In 2022/23 we have successfully supported 34 people experiencing poor mental health into employment, education, or volunteering. Taking a whole-person approach has increased people's opportunities to succeed. We have been able to develop meaningful service offers with strong partnership working between social care, health, housing and the third sector. We have successfully provided support for more people with complex needs using the Housing First model.

Good Conversations

We always work in partnership with people as experts in their own lives. Using the Good Conversations approach we work alongside people who often have more than one long term conditions to support them to manage their conditions effectively and enjoy the things that matter most to them. This includes support for people with their physical health and mental wellbeing.

Adopting Good Conversations as business as usual has helped our services redesign and establish a 'no wrong door' approach. Our staff can quickly connect people with the right services and get the right help at the right time. This has contributed to improved outcomes for people and is evidenced in OutNav.

Our communities

Midlothian is a great place to live, work, learn, and relax which all contribute to good health and wellbeing. This includes our green spaces, villages, towns, and the transport we need to move between them. Midlothian's population has grown every year since 2006. In 2018 there were 39,122 households in Midlothian. This is projected to reach 52,266 by 2040. In Midlothian, the proportion of people aged 75 and over is predicted to grow by over 40%. The number of people aged between of 30-59, and 0-15, has also increased.

Towns and communities in Midlothian are organised across 15 community council areas. More people live in Penicuik, Bonnyrigg and district, Mayfield and Easthouses and Dalkeith and district than other areas (2011 census). Information about each area can be found in the Midlothian profile 2022. Midlothian also has wide range of green spaces and wildlife habitats including one Local Nature Reserve; one Regional Park; four Country Parks and two Woodland Trust sites, with active transport links between places and to and from Edinburgh and other surrounding areas.

The Scottish Index of Multiple Deprivation (SIMD) is how the Scottish Government identifies deprivation in Scotland. SIMD data is organised into 10 data zones, from the most to the least deprived. In Midlothian, approximately 31,522 people live in a zone that is considered to be the most deprived. While not everyone living in a deprived area will experience high levels of deprivation, we know there is a link between deprivation and poorer health outcomes. This means people who live in the most deprived communities are more likely to die younger.

People living in the most deprived areas of Midlothian are 30% more likely to need a prescription for anxiety or depression, and 24% of children live in poverty. We know that families that include a person with a disability are more likely to be financially disadvantaged than other families.

The largest local employer is Midlothian Council. Other employers include public sector organisations, a mix of sole traders, micro enterprises, and small and medium-sized enterprises (SMEs). Over 50% of the working age population work in Edinburgh. There is a thriving local Third Sector, which is supported by the Third Sector Interface (TSI). There are at least 500 formal groups or voluntary associations and other community planning partners. It is estimated that approximately 56% of the population volunteer informally.

More information on the health and social care needs of the Midlothian adult population can be found in the Health and Social Care Partnership's Joint Strategic Needs Assessment.

Our partners

The aim of integrated health and social care is to ensure that everyone in Midlothian has joined up treatment and care. To achieve this, Midlothian HSCP works towards the aims of Midlothian IJB, works alongside the Community Planning Partnership, and contributes to the strategic aims of NHS Lothian and Midlothian Council.

Midlothian Council

The Midlothian Council strategy sets the ambition to grow and transform by harnessing opportunities. The strategic objectives and key priorities align with the Scottish Government's Economic Strategy and links to the Community Planning Partnership's Single Midlothian Plan vision.

Community Planning Partnership and the Single Midlothian Plan

Adult Social Care contribute to the 'Single Midlothian Plan' to work with the Community Planning Partnership members to achieve more together than health and social care can do alone. We lead the 'Midlothian will be Healthier' thematic area with 4 multi-sector projects.

1. Midlothian Care and Support Community Co-operative
2. Falls prevention and support
3. Digital self-management platform
4. Early Identification and Support for People Living with Frailty

Adult Social Care is leading on the first of these projects to explore and define the demand for and the benefit of Midlothian Care and Support Community Co-operative that facilitates personalised support for carers, identifies local assets, and enhances local economic value.

Last year, 17% of carers did not feel they had a say in the services provided for the person the look after. This number rose to 31% for those caring for someone due to substance use. 38% of carers did not feel services were well coordinated and described additional stress caused by having to speak to several organisations to get support. Carers in Midlothian told us that would like to see more services in their local communities at a time that suits them and was provided in one place. We anticipate that a Community Cooperative will help carers find the right support, in the right place at the right time.

Third Sector

The Scottish Government considers the Third Sector to be equal partners in health and social integration. There are at least 700 voluntary sector group and organisations in Midlothian, and 228 registered charities (voluntary organisations or community groups) who identify their main operating area to be Midlothian.

Midlothian Health and Social Care Partnership contracts services from approximately 40 organisations to support people and communities. This is approximately 33% of the total Adult Social Care budget.

Third Sector Interfaces (TSIs) also play a key role. TSIs provide the third sector with a single point of access for support and advice.

NHS Lothian

The Lothian Strategic Development Framework sets out what needs to happen across Lothian's Health and Care system over the next 5 years. It is a joint plan between the all the Health and Social Care Partnerships in the Lothians.

The vision is that

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide
- We connect health and social care services seamlessly, wrapping around the citizen in their home
- We improve performance across our system, with better experiences for citizens and those who work for and with us

Our services

Adult Social Care covers a wide range of services. This plan brings together the priority actions of the 7 main areas that plan and deliver integrated care and support.

Adult Services

This service includes Learning Disability, Physical Disabilities, Long Term Conditions and Sensory Impairment, Unpaid Carers, and Welfare Rights.

These teams support people with a range of needs to live independently and access the right care, at the right time. This includes promoting and protecting peoples' human rights, including social and economic rights, and meeting our duties under human rights law. Teams are made up of a range of professionals including Occupational Therapists, Social Workers, and Community Care Assistants to provide assessment, care, and support.

Our work to support unpaid carers helps them to focus on their own health and wellbeing and enable them to continue in their caring role. The Welfare Rights team help people to claim welfare benefits, and make sure they receive all the benefit income they are entitled to.

The majority of direct support is provided by services commissioned from external organisations.

Older People

This service includes Newbyres Care Village, Extra Care Housing, Older Peoples' Social Work, Older Peoples' OT, Care at Home, Rapid Response/MERRIT, Day Services, and Respite. For the purposes of this plan, Older Peoples Services includes Highbank Intermediate Care Facility and the InReach Social Work Team.

The Older Peoples' Service ensures that people over 65 receive person-centred care to live well in their community for as long as possible. This includes a range of service offers, support and equipment to help people live independently at home. These services provide support that often means people don't need to go to hospital, or supports people recover in their own home when they leave hospital.

Our services provide a combination of residential and non-residential care, both at home, in care homes, and in extra care housing. Some older people need more support to live at home. Our teams also provide social care support on discharge from hospital for all adults.

Highbank can provided rehabilitation for people who would benefit from additional support after leaving hospital. There are 40 beds in this facility.

Justice Service and Protection

This service includes Justice, Community Justice, Duty Social Work, Adult Support and Protection, and Public Health.

The Justice team supports people involved in the Parole and Pre-release process including the preparation of Criminal Justice Social Work Reports and pre-release reports. The team supervises people aged 18 and over who are subject to Community Payback Orders, Parole, Life and Non-Parole Licences, Extended Sentences and Supervised Released Orders.

Social Workers in the Duty Team support people aged 16 and over with crisis interventions, urgent and planned assessments, development of adult care support plans, reviews, and short-term interventions.

The Adult Support and Protection (ASP) Team provides support and protection for people aged 16 and over who may be at risk of harm. The ASP Team uses the 'three-point test' to identify people who are:

- unable to safeguard their own wellbeing, property rights or other interests
- are at risk of harm, and
- because they are affected by disability, mental disorder, illness, or physical and mental infirmity, are more vulnerable to being harmed then those not so affected.

The ASP Team works to keep people safe by considering all suspicions, disclosures or actual harm are acted upon. This helps us provide the right support to protect vulnerable adults in Midlothian, by developing outcomes-focused care plans.

Public Health

The Public Health Practitioners work to support services to improve wellbeing and reduce health inequalities for the people of Midlothian. We support staff to design and deliver services that support early intervention and prevention. We make connections and share good practice about how to avoid inequalities, and we monitor and evaluate long term, population level outcomes. The Health Inclusion team works directly with vulnerable people in the community to understand what matters to them and live the lives they choose.

Mental Health and Substance Use

This service includes Integrated Mental Health Teams and Substance Use.

This service works in partnership with people to achieve their personal health and wellbeing goals. This includes prevention and early intervention activity, assessment, treatment, care and support. Being trauma aware and a Good Conversation approach are central to delivering person-centred care. These teams work with a wide range of partners across health and care including the third sector, peer services and volunteers.

Learning and Development

The Practice Learning and Development team design, develop and deliver training and learning opportunities across Midlothian HSCP and Council services. The team offers accredited Scottish Vocational Qualifications (SVQ) assessment across a number of subjects and supports apprenticeships.

Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP)

MELDAP plans, commissions, and funds a network of services for people affected by their own or someone else's alcohol or drug use. Support is available for families and adult carers, and recovery-focused services are provided to address people's alcohol and drug use. These include residential rehabilitation, recovery services to reduce isolation, and opportunities to be supported into education, training, volunteering, and employment.

How we are funded

Midlothian IJB allocates the integrated budget it receives from Midlothian Council and NHS Lothian. Midlothian IJB's Strategic Commissioning Plan sets out an overall plan for its delegated services every three years.

The IJB asks services to prioritise a number of outcomes each year. Financial planning allocates funding to each service area to ensure the health and care needs of the people of Midlothian are met. This involves considering the best way to use available resource to provide the highest quality of care.

The budget for Adult Social Care Services is managed directly by the Midlothian Health and Social Care Partnership. Resources have been stretched due to salary increases for our staff and our commissioned services, and a larger population with more complex needs.

The challenge in recent years has been finding the right balance between meeting people's needs in times of crisis while also supporting people to take action to prevent ill or worsening health in the future. We know the whole population programmes of prevention and early intervention activity will reduce pressure on emergency services in the future. However, it can be difficult to distribute and prioritise resources that allow for more community services. This is because we need to keep people safe in times of crisis and this can be unpredictable

All services have a duty to ensure we deliver Best Value. This means we ensure resources are well managed, to improve services, and deliver the best possible outcomes for people and communities.

Our workforce

We must ensure we have the right staff, in the right place, at the right time. Good Workforce Planning will ensure that our workforce has the knowledge and skills to deliver health and care in the future. The Midlothian Health and Social Care Partnership Integrated Workforce Plan for 2022-2025 recognises local and national challenges and describes how we will respond.

Our workforce is our greatest asset. We must invest in developing a skilled, flexible, and adaptable workforce to support people and communities to achieve the outcomes that matter most to them. We must plan in partnership with other sectors to ensure we have an integrated workforce, fit for the future, that puts people at the heart of all we do.

We have highly skilled and experienced teams within Midlothian Adult Social Care. However, we face staff retention challenges, particularly in relation to Mental Health Officers. We are focusing on staff engagement and experience and increasing staff development opportunities. Succession planning will be supported by a new local Career Development Toolkit.

How we plan

Our Service Plans

The Health and Social Care Partnership ensures that all services can describe their contribution to improving outcomes for the people and communities of Midlothian. These one-year plans set out how each service area contributes to the Head of Services' overarching plan to deliver on the ambitions of Midlothian IJB, Midlothian Council and NHS Lothian.

How we use data

We use data to continually improve our services and help us make good future decisions. We use a variety of data sources, not just activity numbers, to tell us about people's experiences, and outcomes. By using a variety of information sources, we can be more confident about what the data tells us. This approach is called 'data triangulation'.

Public engagement

People are the experts in their own health and wellbeing. We work with people as partners and co-design services to best meet the needs of our communities. Our Public Engagement Statement sets out how we work with people in all our operational planning groups

How we evaluate our performance

Midlothian HSCP has developed a Performance Framework which sets out service objectives and indicators to provide evidence of progress. For each objective, services must also describe how they will know they are making improvements and where they will find the data to provide evidence.

The key objectives that relate directly to Midlothian Council services are also included in the quarterly Council reporting process. This requires all indicators to be updated to indicate if services are making sufficient progress towards their objectives.

Activity data

Service delivery activity (Pentana)

Every year, Midlothian Council services set objectives and agree indicators. These objectives and indicators are recorded within Pentana, the software system used by Midlothian Council to record performance and create reports. Services need to update each indicator on a quarterly basis to demonstrate progress towards the objectives. The information can be viewed at any point by Midlothian Council employees and elected officials.

Service governance activity (Governance and Assurance Framework)

It is vital that all our services can provide assurance on the safety and quality of the care we provide. The Health and Social Care Partnership has developed a Governance and Assurance Framework (GAF) that considers quality in four areas: Safe, Effective, Person-Centred, and Regulatory.

All services are asked to use the GAF to provide quarterly reports. This allows us to take a consistent approach across all our services and provide Midlothian IJB, NHS Lothian and Midlothian Council with assurance on our governance arrangements across the organisation.

Experience data

The Scottish Health and Care Experience (HACE) Survey is a postal survey which is sent every 2 years to a random sample of people who are registered with a GP in Scotland. The questionnaires are sent out in the autumn asking about people's experiences during the previous 12 months. The survey asks about people's experiences of aspects of care and support provided by local authorities and other organisations, and caring responsibilities and related support.

The Scottish Government measure our performance based on 9 Health and Wellbeing Outcomes:

1		**Health & Wellbeing** People are able to look after and improve their health and wellbeing and live in good health for longer.
2		**Living in the Community** People are able to live, as much as possible, independently and at home or in a homely setting in their community.
3		**Positive Experiences & Dignity** People who use health & social care services have positive experiences of those services, and have their dignity respected
4		**Quality of Life** Health & social care services help to maintain or improve the quality of life of people who use those.
5		**Health Inequalities** Health & social care services contribute to reducing health inequalities.
6		**Support for Carers** People who provide unpaid care are supported to look after their health and wellbeing.
7		**Safe from Harm** People using health & social care services are safe from harm.
8		**Workforce** Staff are engaged with their work and are supported to continuously improve the information, support, care and treatment they provide.
9		**Use of Resources** Resources are used effectively and efficiently.

Outcomes

The services we plan must, by law, aim to improve outcomes for people who use our service, their carers, and families. It is hard to evaluate how the work we do contributes improve the health and wellbeing of people and communities. This is because so many factors influence peoples' lives, what difference this makes, and the impact this has in their life.

We have invested in work to understand the role of how we plan and deliver services contributes to our strategic aims, and the outcomes that matter most to people. Using Outcome Mapping on the OutNav system we can describe what we do, who with, what people learn and gain as a result, how this makes them feel, and the difference this makes in their lives.

This approach allows us to record, analyse and understand our impact on people and communities and helps us make more targeted, locally informed decisions about how to commission services for the future.

Midlothian IJB has asked all services to be using OutNav by January 2024.

How we will measure our progress

Prevention

Action (Service objective)	**Performance Indicator and Measure**	**Data Source**
Justice services will work collaboratively to ensure that those subject to statutory supervision are enabled and supported to effectively participate.	1) % of people living in Midlothian, who are subject to a Community Payback Order and effectively participate. 2) Successful completion rate for people living in Midlothian who are subject to Community Payback Orders is maintained at or above the national average.	1) Service updates 2) Scottish Government benchmarking report
To evidence improvements in population health by expanding integrated working with key strategic partners to develop change TBC	1) Increase in number of partners 2) Increase in (TBC) population health indicators	TBC
Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis.	1) Number of people making contact with Duty Social Work Team who are identified as unpaid carers and documented within Mosaic. 2) Return rate for Duty Social Work Feedback Form for Unpaid Carers. 3) Number of unpaid carers assessed and identified as requiring support.	1) MOSAIC 2) Service update 3) MOSAIC
All Mental Health teams use of a variety of digital models to adopt a@ supported self-management approach.	1) Number of digital models being used 2) Number of people signposted to digital tools 3) Number of people who access each digital tool	1) Service update 2) Service update 3) Digital provider report

Understanding changing needs

Action (Service objective)	**Performance Indicator and Measure**	**Data Source**
All services will explore, define and implement a mechanism to capture experience information of those using health and social care	1) Number of service areas with a functioning feedback mechanism (target: 7) Baseline TBC	Service update
Reintroduce and evaluate the effectiveness of a new model of respite at Highbank Intermediate Care Facility that meets changing needs of people who require support and their unpaid carers.	1) Highbank bed occupancy (available beds and occupied beds) 2) Number of unpaid carers reporting positive experience 3) Number of people receiving respite who have the opportunity to complete Emotional Touchpoints activity 4) Target for Quarter 2 : 2 beds available 5) Revised target for Quarter 4 to be agreed following November review (anticipated 4 beds)	All Service update
The InReach team will ensure fair and timely access to support for people whose needs change.	1) Time from referral to allocation 2) Time from allocation to completion of assessment 3) Time from assessment to outcome	All MOSAIC
Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules	1) Number of Health and Social Care specific LearnPro modules working / accessible 2) Number of Health and Social Care specific LearnPro modules with up to date content 3) Number of Health and Social Care specific LearnPro modules completed by staff	All LearnPro
Complete a service review of MERRIT to improve staff wellbeing and increase sustainability.	1) % of staff working on new rota (baseline: 0) 2) % of employee engagement index score (baseline: TBC)	1) Service update 2) iMatter

Effective, efficient, and quality (Best Value)

Action (Service objective)	**Performance Indicator and Measure**	**Data Source**
To explore & design a model for whole system support for unpaid carers from the point of Planned Date of Discharge	1) Design a support pathway for unpaid carers of people in hospital with a Planned Date of Discharge. 2) Establish monthly activity numbers for referrals to VOCAL for unpaid carers of people in hospital with a Planned Date of Discharge.	1) Service update 2) VOCAL via service
People who are referred to Occupational Therapy are assessed in a timely manner.	1) Target: 6 weeks referral to assessment	1) MOSAIC
People who are referred to Social Work are assessed in a timely manner.	1) Target: 6 weeks referral to assessment	1) MOSAIC
All services to consider and demonstrate Best Value with evidence-based data and meet cost efficiency targets	1) Meet Mental Health Officer service budget. 2) Meet Mental Health Officer service cost efficiency target.	Service update

Improving outcomes – socioeconomic, health and wellbeing, personal outcomes

Action (Service objective)	**Performance Indicator and Measure**	**Data Source**
Every service area will be using the OutNav software and have completed a heat map and first full draft of the complete framework	1) Number of service areas using OutNav (Target: 7) 2) Number of heat maps (Target: 7) 3) Number of full drafts of completed framework (Target: 7)	All OutNav
People with a Learning Disability are able to look after and improve their health and wellbeing and live in good health for longer.	1) Number of people with a Learning Disability who require support from services in Midlothian. 2) Number of surveys sent out 3) Return rate	All service update
MAT standards- (Medication Assisted Treatment) TBC awaiting Scottish Government targets	1) Awaiting confirmation of Performance Indicators from Scottish Government	Service update

Corporate actions and measures

Action (Service objective)	**Performance Indicator and Measure**	**Data Source**
Manage stress and absence	1) Average number of working days lost due to sickness absence (cumulative)	Continuous Improvement Team
Complete all service priorities	1) % of service priority Actions on target / completed, of the total number	Continuous Improvement Team
Process invoices efficiently	1) % of invoices paid within 30 days of invoice receipt (cumulative)	Continuous Improvement Team
Improve Performance Indicator performance	1) % of Service Performance Indicators that are on target/ have reached their target. (does not include Corporate Performance Indicators)	Continuous Improvement Team
Control Risk	1) % of high risks that have been reviewed in the last quarter	Continuous Improvement Team
Implement Improvement Plans	1) % of internal/external audit actions progressing on target or complete this quarter	Continuous Improvement Team
Complaints	1) Number of complaints received (quarterly) 2) Number of complaints closed in the year 3) Number of complaints upheld (quarterly) 4) Number of complaints partially upheld (quarterly) 5) Number of complaints not upheld (quarterly) 6) Number of complaints Resolved (quarterly) 7) Average time in working days to respond to complaints at stage 1 8) Average time in working days to respond to complaints at stage 2 9) Average time in working days for a full response for escalated complaints 10) % of complaints at stage 1 complete within 5 working days	Continuous Improvement Team

Action (Service objective)	**Performance Indicator and Measure**	**Data Source**
	11) % of complaints at stage 2 complete within 20 working days 12) % of complaints escalated and complete within 20 working days 13) Number of complaints where an extension to the 5- or 20-day target has been authorised (quarterly) 14) Number of Compliments	
Review and evaluate the functionality, effectiveness and uptake of Council-wide statutory and mandatory LearnPro modules	1) Number of LearnPro modules working / accessible 2) Number of LearnPro modules with up-to-date content 3) Number of LearnPro modules completed by staff	Learn Pro

COMMUNICATING CLEARLY

We are happy to translate on request and provide information and publications in other formats, including Braille, tape or large print.

如有需要我們樂意提供翻譯本，和其他版本的資訊與刊物，包括盲人點字、錄音帶或大字體。

Zapewnimy tłumaczenie na żądanie oraz dostarczymy informacje i publikacje w innych formatach, w tym Braillem, na kasecie magnetofonowej lub dużym drukiem.

ਅਸੀਂ ਮੰਗ ਕਰਨ ਤੇ ਖੁਸ਼ੀ ਨਾਲ ਅਨੁਵਾਦ ਅਤੇ ਜਾਣਕਾਰੀ ਤੇ ਹੋਰ ਰੂਪਾ ਵਿੱਚ ਪ੍ਰਕਾਸ਼ਨ ਪ੍ਰਦਾਨ ਕਰਾਂਗੇ, ਜਿਨ੍ਹਾ ਵਿੱਚ ਬਰੇਲ, ਟੇਪ ਜਾਂ ਵੱਡੀ ਛਪਾਈ ਸ਼ਾਮਲ ਹਨ।

Körler icin kabartma yazilar, kaset ve büyük nüshalar da dahil olmak üzere, istenilen bilgileri saglamak ve tercüme etmekten memnuniyet duyariz.

اگر آپ چاہیں تو ہم خوشی سے آپ کو ترجمہ فراہم کر سکتے ہیں اور معلومات اور دستاویزات دیگر شکلوں میں مثلاً بریل (نابینا افراد کے لیے اُبھرے ہوئے حروف کی لکھائی) میں، ٹیپ پر یا بڑے حروف کی لکھائی میں فراہم کر سکتے ہیں۔

Contact 0131 270 7500 or email: enquiries@midlothian.gov.uk