

# Adult Health and Social Care Performance Report Quarter 3 2023/24



## 01. Progress in delivery of strategic outcomes

### Q3 23/24: (October/November/December)

#### Progress in delivery of strategic outcomes

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.

This report brings together the priority actions of the seven main areas that plan and deliver integrated care and support:

- Adult Services
- Older People
- Justice Service and Protection
- Public Health
- Mental Health and Substance Use
- Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP)
- Learning and Development

Midlothian HSCP aims to 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.

This quarterly update is provided in alignment with the four key themes of Service Actions and Indicators:

- Prevention
- Understanding Changing Needs
- Effective, efficient and quality (Best Value)
- Improving Outcomes - socioeconomic, health and wellbeing, personal outcomes

#### Prevention

Public health continues to work with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes as detailed below:

- Carried out an update to the Integrated Inequalities Impact Assessment on the Health Inclusion Team (HIT) to strengthen the contribution of services and plans to reduce health inequalities, by improving equity of access and ensuring non-discriminatory practice.
- Continued to provide outreach and have carried out health assessments with 156 people since April 2023.
- Contributed to a public health response for the draft alcohol licencing policy for the HSCP.

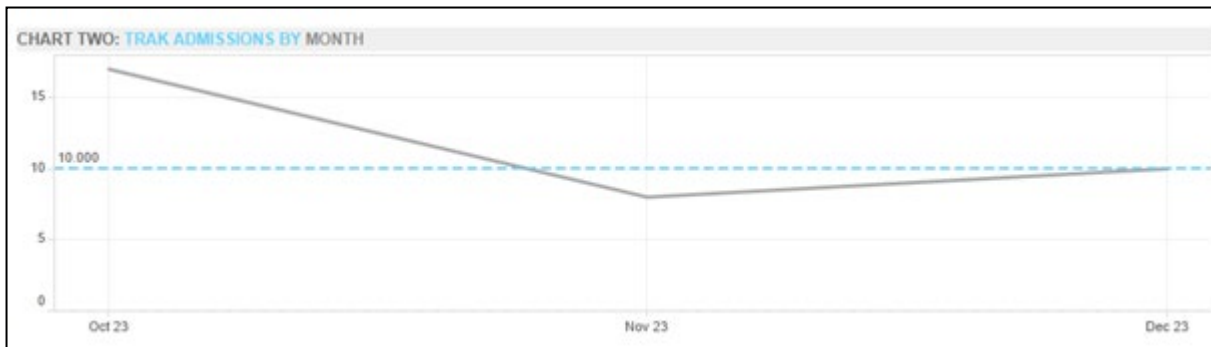
- Working with Sport and Leisure to establish a sustainable pathway to access leisure facilities for people staying in temporary accommodation.
- Scoping of intelligence and funding for proposed pilot looking at the use of technology enabled care to help reduce drug related deaths in temporary accommodations.

Population level data for Midlothian, validated and published by Public Health Scotland, demonstrate a number of service areas are working well to reduce health inequalities. These dashboards are open source and available at [Public Health Scotland website profiles](#).

Duty Social Work aim to provide unpaid carers with timely support and interventions and are supported in crisis, and the Duty team continue to work with colleagues to identify and support unpaid carers. Within the last quarter there were a total of 32 referrals received with the reason for making contact noted as 'Carer Stress'. 3% of these referrals were dealt with by staff within the duty social work team. During the quarter social work provided 26 Adult Carer Support Plans and 23% of these were put in place by the Duty team. It is important to note that whilst the overall number is not currently meeting the accumulative target, Q3 saw 161 completed, which is an increase of 48 on the previous quarter.

Work continues to ensure that staff have the relevant skills, competence and knowledge to work effectively, and that they are trauma informed and able to engage with service users using a range of approaches including the Midway. Within the Justice Service, 100% of staff are trained to Level 2 trauma (NES), and within Adult Support and Protection and Duty, 100% of staff have completed level 1 trauma training.

Midlothian Adult Mental Health service continue to robustly manage the Adult Mental Health Bed performance through our assertive outreach model within the Community Mental Health Team and the Intensive Home Treatment Team. Both teams work in partnership and collaboratively to provide the least restrictive model, care, intervention, and treatment to support individuals at home rather than admission to hospital. Person-centred care with close working with families and carers at the right time to meet the individual's needs. Midlothian saw a total of 35 admissions during Q3 which gives a mean average of 10 admissions a month (see below chart), with a weekly mean average over the quarter of 4.25 beds per week. The positive factor remains the robust community provision and response to managing individuals at home.



## **Understanding Changing Needs**

Activities to 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, resulted in 13 referrals and 16 respite bookings. A further two enquiries have been made about this service.

Newbyres Village is currently progressing an improvement plan with the aim of ensuring that the changing needs of residents are met including improving quality of information contained in support plans and establishing processes that ensure that monthly care plan review is carried out for every resident. Recently a process of consultation with residents and families resulted in reduction from 5 streets to 4 streets (61 beds to 48 beds). This allowed for consolidation of staffing and for the improvement plan to be progressed to ensure that care standards are improved and maintained at a high standard. Care inspectorate and clinical assurance colleagues continue to work proactively to these aims allowing the management team to review, revise and implement more robust policies and procedures. A programme of staff training both in person and e learning has now been started and planned for the coming year to ensure that all staff are included.

Work continues to reduce waiting times and the Physical Disabilities Occupational Therapy Service saw an 8% decrease in the number of people on their waiting list. This figure does not account for movement of people off the waiting list during this time. There was an 88% increase in the number of people removed from the waiting list during this quarter compared to the previous one. The median wait time did not decrease during this quarter owing to a number of urgent cases requiring to be allocated. Those people who have been waiting longer have received communication from the service to assess their needs and risk. They have been made aware to contact the service if their needs change.

A transitions worker has now been appointed on 2-year placement funded by Coming Home Change Fund. There are an increasing number of young people transitioning from Children's Services and an increasing proportion have complex needs. The transitions worker will help develop the transition pathway between Childrens and Adults services to improve the experience of young adults and their families and to ensure individual achieve positive outcomes.

All Health and Social Care specific LearnPro modules now have up to date content that relates to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice are working and accessible. A monthly reporting mechanism was developed and tested with one service and is now being implemented with a second service.

## **Effective, efficient and quality (Best Value)**

In order to ensure the continued improvement in median wait time from referral to assessment across two of the social work waiting lists since the previous quarter, the following measures have been adopted:

- 4 weekly supervision from Team Lead to actively review staff caseloads (a greater emphasis on performance and self-management).
- Dynamic management review of waiting lists and priorities.
- Support to staff in relation to time management.
- Increased data provision to better understand staff caseloads in order to identify and address differences in clinical practice.

- A more proactive approach to engaging with referrers at the point of referral through Team Lead having a conversation with the referrer – in some cases this results in more appropriate signposting or advice and can negate the need for further involvement.
- Through communication with other Team Leads, more robust and regular structures in place for professional supervision.

Financial Recovery templates continue to be monitored through the Finance and Performance Group. In addition, all services have attended two of a series of three Financial Recovery Workshops hosted by the HSCP with support from NHS Lothian's Sustainability & Value Team. The follow up workshop has been scheduled for February 2024.

Work is being progressed to enhance monitoring and reporting of resource panel expenditure is ongoing, with a specific focus on increased accuracy of forecasting financial commitment. There is ongoing work in relation to resource panel with an increasing amount of time being taken to review requests for packages for care to ensure evidence substantial and critical eligibility criteria are being met.

### **Improving Outcomes - socioeconomic, health and wellbeing, personal outcomes**

Services continue to be supported to use OutNav software to capture their progress and contributions towards achieving improvements in outcomes. Work in Q3 has been interrupted by personnel changes and some reconfiguration of service oversight. Work that has been required during Q3 to review financial planning has also impacted on services' ability to progress this work. Currently 5 of 7 service areas detailed in the Adult Social Care Plan are using OutNav and 8 of 15 heatmaps are underway or completed.

Welfare Rights services support individuals to maximise their incomes, and the additional income generated (Q1 - end November 2023) was £2,899,089. The number of clients assisted for the same reporting period was 738 with 65 benefit appeals supported.

The Physical Disabilities inspection report has been issued and available on the Care Inspectorate website. The first draft of the improvement plan will also be available on 24 January. A working group has been established in preparation for the Adult Support and Protection Inspection, expected in Spring 2024.

Midlothian Substance Use services (SUS) continue to progress with improving outcomes for individuals and continue to meet the A11 waiting time target of 90 %. Medication Assisted Treatment standards continue to be implemented successfully, MAT standards 1-5 which were fully implemented by March 2023. Over the last year the service has been focussing on the criteria for MAT 6-10, which we are pleased to say Midlothian is in a very positive position to meet the set criteria by March 2024, both through process and numerical measures. Midlothian has also become one of the pilot areas for the implementation of the numerical data into REDCAP which is the electronic recording system designed to support MAT implementation.

Midlothian has successfully implemented a training programme and has already exceeded the 50% training target for March 2024. The service continues to reduce barriers, improve access, and offer both proactive clinical and assertive outreach to population of Midlothian, a variety of intervention, supports care and treatment in keeping with the MAT standards.

During Q3 44 individuals were supported through the Non-fatal Overdose (NFO) pathway where 23 Individuals received proactive assertive outreach within targeted 72 hours with most being

within 24 hours (caveat that success in terms of engaging with individuals can take more than x1 attempt and may include multiple assertive outreach visits), with outcomes of harm reduction and supporting access into service. The SUS Treatment service continues to support 276 individuals with complex substance and/or alcohol use, person centred focus on recovery and harm reduction.

## 02. Challenges and Risks

### Q3 23/24:

#### **Challenges and Risks**

We aim to 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 continue to invest in the wellbeing, training, and development of our workforce, including our third sector partners and unpaid carers. We also have ongoing challenges in rolling out our trauma-informed approaches to all aspects of the HSCP. There are some areas of very proactive practice but there are other areas who have had less exposure to trauma-informed approaches.

Whilst our digital agenda is gaining prominence, 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.

The financial context continues to create challenges in ensuring long term sustainability of services, however, across the HSCP, positive steps are being taken to understand opportunities for redesign with a focus on efficacy, that also bring the required financial efficiencies.

#### **Our workforce**

We have completed a full review of the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.

We continue to have areas where sickness rates are high. These are predominantly within areas where direct care is being delivered so the impact of this can present a challenge. HR are supporting managers to move long term sickness absence cases through to a conclusion as quickly as possible and managers are also looking at how they can better work with trade unions to resolve issues at the earliest opportunity. Wellbeing and trauma work with staff continues.

#### **Our communities**

Health inequalities are generally well understood across the HSCP, and services are becoming more aware of how their work can contribute to reducing the gap. Work is underway to build more detailed understanding of how the profile of communities across Midlothian is changing, within the context of significant population expansion driven by private sector housing development.

### Quarter 3 - Adult Health and Social Care-

**18**  
Indicators that are On Target

**7**  
Indicators that are Off Target

**17**  
Indicators that are Data Only

**0**  
Indicators that have No Data Available

**14**  
Actions that are On Target

**2**  
Actions that are Off Target

**12**  
Quarterly ASC Service All Risks

**0**  
Quarterly ASC Service High Risks

**Adult Health and Social Care INDICATORS Off Target**

Code & Title	Gauge	Value	Target	Last Update	History
23/24.AHSC3.2a Maintain or improve median wait time for OT waiting lists since pre...		0%	30%	Q3 2023/24	
AHSC.MPI.02 Average number of working days lost due to sickness absence (cumul...		18.54	10.53	Q3 2023/24	
ASC.SPSO.05.1 Percentage of complaints at stage 1 complete within 5 working days		55.56%	95%	Q3 2023/24	
23/24.AHSC3.3a Maintain or improve median wait time for Social Work waiting lists ...		40%	60%	Q3 2023/24	
23/24.AHSC1.3b Number of completed Adult Carer Support plans by VOCAL (accu...		418	450	Q3 2023/24	
AHSC.MPI.03 % of service priority Actions on target / completed, of the total number		87.5%	90%	Q3 2023/24	
ASC.SPSO.04.1 Average time in working days to respond to complaints at stage 1		5.778	5	Q3 2023/24	

← 1 of 1 →

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

Code & Title	Progress	Status	Due Date	Type
23/24.AHSC3.2 People who are referred to Occupational Therapy are assessed in a ...		35% Check Progress	31 Mar 2024	Action
23/24.AHSC3.3 People who are referred to Social Work are assessed in a timely ma...		35% Check Progress	31 Mar 2024	Action

← 1 of 1 →

# Adult Health and Social Care PI summary

## 01. Manage budget effectively

Priorities	Indicator	2022/23	Q3 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
01. Manage budget effectively	Performance against revenue budget	N/A	£59.388m	£56.580m	£56.538m	£57.337m		Q3 23/24: On Target				

## 02. Manage stress and absence

Priorities	Indicator	2022/23	Q3 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
02. Manage stress and absence	Average number of working days lost due to sickness absence (cumulative)	21.16	15.78	5.60	13.19	18.54		<p><b>Q3 23/24: Off target</b>                      We continue to have areas where sickness rates are high. These are predominantly within areas where direct care is being delivered so the impact of this can present a challenge. HR are supporting managers to move long term sickness absence cases through to a conclusion as quickly as possible and managers are also looking at how they can better work with trade unions to resolve issues at the earliest opportunity. Wellbeing and trauma work with staff continues.</p>		10.53	Number of days lost Number of FTE in service	9,573.59 516.5

## 03. Complete all service priorities

Priorities	Indicator	2022/23	Q3 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
03. Complete all service priorities	% of service priority Actions on target / completed, of the total number	72.97%	94.44%	100%	87.5%	87.5%		<p><b>Q3 23/24: Off target</b>                      2 service actions relating to wait times identified as off target: Commentary contained within this report.</p>		90%	NUMBER of service priority actions in total NUMBER of service priority actions on target / completed	16 14

#### 04. Process invoices efficiently

Priorities	Indicator	2022/23	Q3 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
04. Process invoices efficiently	% of invoices paid within 30 days of invoice receipt (cumulative)	97%	97%	98%	99%	99%		Q3 23/24: On target		97%	Number of invoices received (cumulative)	1,200
												Number paid within 30 days (cumulative)

#### 05. Improve PI performance



Priorities	Indicator	2022/23	Q3 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
05. Improve PI performance	% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)	70.45%	84.09%	80%	85%	90%		Q3 23/24: On target		90%	Number on tgt/complete or Data Only	18
												Number of PI's in total

#### 06. Control Risk

Priorities	Indicator	2022/23	Q3 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
06. Control Risk	% of high risks that have been reviewed in the last quarter	100%	100%	100%	100%	100%		Q3 23/24: The HSCP Integration Manager and the HSCP Chief Allied Health Professional are currently implementing the Governance and Assurance Framework across all Group Services within the HSCP. This includes a full review of all processes for risk identification and escalation. This will inform the processes for understanding and reporting of risk through Pentana.		100%	Number of high risks reviewed in the last quarter	0



07. Implement Improvement Plans

Priorities	Indicator	2022/23	Q3 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Value	Status	Note	Short Trend			
07. Implement Improvement Plans	% of internal/external audit actions progressing on target or complete this quarter.	100%	83.33%	100%	93.33%	100%		<b>Q3 23/24: On target</b>		90%	Number of internal/external audit actions on target or complete	8
												Total number of internal/external audit actions



# Adult Health and Social Care Complaints Indicator Summary

## Commitment to valuing Complaints 4. Outcomes and Customer Feedback

Indicator	2022/23	Q3 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24
	Value	Value	Value	Value	Value	Status	Note	Short Trend	
Number of complaints received (quarterly)	75	20	20	33	15		Q3 23/24: Data only		
Number of complaints closed in the year	65	20	19	29	10		Q3 23/24: Data only		
Number of complaints upheld (quarterly)	4	3	4	7	1		Q3 23/24: Data only		
Number of complaints partially upheld (quarterly)	5	2	3	6	2		Q3 23/24: Data only		
Number of complaints not upheld (quarterly)	40	9	7	12	4		Q3 23/24: Data only		
Number of complaints Resolved (quarterly)	11	4	5	4	3		Q3 23/24: Data only		
Average time in working days to respond to complaints at stage 1	5.11	3.18	2.85	1.88	5.78		Q3 23/24: Off target 9 complaints resolved in total. 5 complaints responded to within 5 days and 4 complaints took between 6 and 10 days.		5
Average time in working days to respond to complaints at stage 2	14.6	12.2	15.75	19.5	9		Q3 23/24: On target		20
Average time in working days for a full response for escalated complaints	0	0	11.5	13	0		Q3 23/24: On target		20
Percentage of complaints at stage 1 complete within 5 working days	77.78%	81.82%	100%	100%	55.56%		Q3 23/24: Off target 5 out of 9 complaints received responded to within 5 days. The remaining 4 took between 6 and 10 days.		95%
Percentage of complaints at stage 2 complete within 20 working days	73.33%	80%	75%	50%	100%		Q3 23/24: On target		95%
Percentage of complaints escalated and complete within 20 working days	100%	100%	100%	90%	0%		Q3 23/24: Not applicable for this quarter as there were no escalated complaints.		95%
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	10	4	0	2	4		Q3 23/24: Data only		
Number of Compliments	3	1	1	3	1				

# Adult Social Care Performance

## 1. Prevention

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24			Annual Target 2023/24	Target	
				Value	Value	Value	Status	Short Trend			Note
23/24.AH SC1.1a	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and supported to effectively participate.	<p><b>Q3 23/24:</b> On target The majority of individuals subject to statutory supervision are on a Community Payback Order. At the end of Q3 there were 308 Community Payback Orders in place; a small increase from the previous quarter. As previously noted the number of orders does not equate to the number of orders as on an individual can be on concurrent orders. At the end of Q3 there 265 individuals subject to a CPO.</p> <p>As of the end the reporting period there was a total of 31 individuals in breach of their orders and not engaging in voluntary contact. These matters are currently being addressed through formal Court processes. Based on the number of individuals on an order and the number of individuals in breach I can advise that there are currently 234 people actively engaging with our service on a CPO – 88%. The number engaging is dynamic and this is a snapshot at the end of December 2023.</p> <p>Staff within the Justice Team will be flexible when seeking to engage individuals, taking a person centred and trauma informed approach; this is line</p>	% of people subject to a Community Payback Order and effectively participate.	91%	92%	88%			<b>Q3 23/24:</b> Data only		

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		with effective practice research. However a CPO is an order of the Court and it is critical that we manage these orders responsibly if we are to maintain the confidence of sentencers and the general public. Therefore disciplinary action, including returning the order to court for breach action, is taken when necessary. During the breach process we will continue to seek to engage with individuals and there can be re-engagement with the order. In these circumstances the Court would take this information into consideration when reaching a decision on how to sentence the person for the breach of the order.									
23/24.AH SC1.1b	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and supported to effectively participate.	<p><b>Q3 23/24:</b> On target The majority of individuals subject to statutory supervision are on a Community Payback Order. At the end of Q3 there were 308 Community Payback Orders in place; a small increase from the previous quarter. As previously noted the number of orders does not equate to the number of orders as on an individual can be on concurrent orders. At the end of Q3 there 265 individuals subject to a CPO.</p> <p>As of the end the reporting period there was a total of 31 individuals in breach of their orders and not engaging in voluntary contact. These matters are currently being addressed through formal Court processes. Based on the number of individuals on an order and the number of individuals in breach I can advise that there are currently 234 people actively engaging with our service on a CPO – 88%. The number engaging is dynamic and this is a snapshot at the end of December 2023.</p>	Successful completion rate of Community Payback Orders is maintained at or above the national average.	Not measured for Quarters		Not measured for Quarters				74%	







PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		Staff within the Justice Team will be flexible when seeking to engage individuals, taking a person centred and trauma informed approach; this is line with effective practice research. However a CPO is an order of the Court and it is critical that we manage these orders responsibly if we are to maintain the confidence of sentencers and the general public. Therefore disciplinary action, including returning the order to court for breach action, is taken when necessary. During the breach process we will continue to seek to engage with individuals and there can be re-engagement with the order. In these circumstances the Court would take this information into consideration when reaching a decision on how to sentence the person for the breach of the order.									
23/24.AH SC1.2a	Evidence improvements in population health by expanding integrated working with key strategic partners to develop change.	<b>Q3 23/24:</b> On target Public health continues to work with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes as detailed below: . Carried out an update to the Integrated Inequalities impact assessment on the HIT service to help strengthen the contribution of services and plans to reduce health inequalities by improving equity of access and ensuring non-discriminatory practice. - The health inclusion team continue to provide outreach and have carried out health assessments with 156 people since April 2023. - Contributed to a public health response for the draft alcohol licencing policy for the HSCP. - Working with Sport and leisure to establish a sustainable pathway to	Increased number of strategic partners	Not measured for Quarters	Not measured for Quarters				Yes		







PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		<p>access leisure facilities for people staying in temporary accommodation.</p> <ul style="list-style-type: none"> <li>- Funding for a whole systems approach to type II diabetes has been sent to successful bids and projects started. These projects will help the people of Mayfield and Easthouses to have more access to healthy food options, keep physically active and have more money in their pockets.</li> <li>- Assessor for the Community Mental Health and Wellbeing Fund for Adults deciding on awarding micro, small and large grants to Third Sector organisations and partnerships.</li> <li>- Continued to develop pathways and activities for Green Health Prescriptions, with monthly meetings. Articles to promote activities in 'Connections' magazine &amp; the Older people's winter newsletter.</li> <li>- Jointly supervising with lecturers from the Usher Institute 2 Master's students from Edinburgh University who are carrying out projects in Midlothian looking at Green Health Prescribing and the homeless prevention duty.</li> <li>- Continuing to finalise the Joint Strategic Needs Assessment to be published on the HSCP website. Also assisted with other data requests including updating the Community Justice Midlothian profile.</li> <li>- Legacy money bequeathed to Lasswade &amp; Cockpen area to be used to support people's health and maintain/recover from any health issues, distributed to Citizens Advice Bureau to start hardship fund payments.</li> <li>- Scoping of intelligence and funding for proposed pilot looking at the use of technology enabled care to help reduce</li> </ul>									

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		<p>drug related deaths in temporary accommodations.</p> <ul style="list-style-type: none"> <li>- Continue to attend working groups to promote a public health agenda. In Q3 we attended various groups including trauma training steering group, Mid &amp; East Lothian Drug and Alcohol Partnership Group, Midlothian Suicide Prevention Group, Equally Safe Strategy Leadership Group, Midlothian will be Healthier Thematic Group, Lothian Green Health Network and the Third Sector Summit.</li> </ul>									
23/24.AH SC1.2b	Evidence improvements in population health by expanding integrated working with key strategic partners to develop change.	<p><b>Q3 23/24:</b> On target</p> <p>Public health continues to work with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes as detailed below:</p> <ul style="list-style-type: none"> <li>. Carried out an update to the Integrated Inequalities impact assessment on the HIT service to help strengthen the contribution of services and plans to reduce health inequalities by improving equity of access and ensuring non-discriminatory practice.</li> <li>- The health inclusion team continue to provide outreach and have carried out health assessments with 156 people since April 2023.</li> <li>- Contributed to a public health response for the draft alcohol licencing policy for the HSCP.</li> <li>- Working with Sport and leisure to establish a sustainable pathway to access leisure facilities for people staying in temporary accommodation.</li> <li>- Funding for a whole systems approach to type II diabetes has been sent to successful bids and projects started. These projects will help the people of Mayfield and Easthouses to have more access to healthy food</li> </ul>	Improvement is evident in population health data	Not measured for Quarters		Not measured for Quarters				Yes	



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		<p>options, keep physically active and have more money in their pockets.</p> <ul style="list-style-type: none"> <li>- Assessor for the Community Mental Health and Wellbeing Fund for Adults deciding on awarding micro, small and large grants to Third Sector organisations and partnerships.</li> <li>- Continued to develop pathways and activities for Green Health Prescriptions, with monthly meetings. Articles to promote activities in 'Connections' magazine &amp; the Older people's winter newsletter.</li> <li>- Jointly supervising with lecturers from the Usher Institute 2 Master's students from Edinburgh University who are carrying out projects in Midlothian looking at Green Health Prescribing and the homeless prevention duty.</li> <li>- Continuing to finalise the Joint Strategic Needs Assessment to be published on the HSCP website. Also assisted with other data requests including updating the Community Justice Midlothian profile.</li> <li>- Legacy money bequeathed to Lasswade &amp; Cockpen area to be used to support people's health and maintain/recover from any health issues, distributed to Citizens Advice Bureau to start hardship fund payments.</li> <li>- Scoping of intelligence and funding for proposed pilot looking at the use of technology enabled care to help reduce drug related deaths in temporary accommodations.</li> <li>- Continue to attend working groups to promote a public health agenda. In Q3 we attended various groups including trauma training steering group, Mid &amp; East Lothian Drug and Alcohol Partnership Group, Midlothian Suicide</li> </ul>									



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target	
				Value	Value	Value	Status	Short Trend	Note			
		Prevention Group, Equally Safe Strategy Leadership Group, Midlothian will be Healthier Thematic Group, Lothian Green Health Network and the Third Sector Summit.										
23/24.AH SC1.3a	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	<b>Q3 23/24:</b> On target The Duty team continue to work with colleagues to identify and support unpaid carers. Within the last quarter there were a total of 32 referrals received with the reason for making contact noted as 'Carer Stress'. 3% of these referrals were dealt with by staff within the duty social work team. During the quarter social work provided 26 Adult Carer Support Plans and 23% of these were put in place by the Duty team.	Percentage of people making contact with Duty Social Work Team who are identified as unpaid carers and documented within Mosaic.	10%	14%	3%			<b>Q3 23/24:</b> Data only Within the quarter there were a total of 32 referrals received with the contact reason bring noted as 'Carer Stress'. 3% of these referrals were dealt with by staff within the duty social work team.			
23/24.AH SC1.3b	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	<b>Q3 23/24:</b> On target The Duty team continue to work with colleagues to identify and support unpaid carers. Within the last quarter there were a total of 32 referrals received with the reason for making contact noted as 'Carer Stress'. 3% of these referrals were dealt with by staff within the duty social work team. During the quarter social work provided 26 Adult Carer Support Plans and 23% of these were put in place by the Duty team.	Number of completed Adult Carer Support plans by VOCAL (accumulative)	144	257	418			<b>Q3 23/24:</b> Off target Whilst below the target, it is acknowledged 88 ACSPs offered this quarter by VOCAL were not taken forward as the carer either had a support plan, or expressed that they do not wish to take one forward at this time.	600	450	
23/24.AH SC1.3c	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	<b>Q3 23/24:</b> On target The Duty team continue to work with colleagues to identify and support unpaid carers. Within the last quarter there were a total of 32 referrals received with the reason for making contact noted as 'Carer Stress'. 3% of these referrals were dealt with by staff within the duty social work team. During the quarter social work provided 26 Adult Carer Support Plans and 23% of	Number of completed Adult Carer Support plans by HSCP (accumulative)	36	82	108			<b>Q3 23/24:</b> On target	80	60	



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target	
				Value	Value	Value	Status	Short Trend	Note			
		these were put in place by the Duty team.										
23/24.AH SC1.3d	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	<b>Q3 23/24:</b> On target The Duty team continue to work with colleagues to identify and support unpaid carers. Within the last quarter there were a total of 32 referrals received with the reason for making contact noted as 'Carer Stress'. 3% of these referrals were dealt with by staff within the duty social work team. During the quarter social work provided 26 Adult Carer Support Plans and 23% of these were put in place by the Duty team.	% of HSCP Adult Carer Support plans assessed by the Duty Team	42%	20%	23%			<b>Q3 23/24:</b> Data only During the quarter social work provided 26 Adult Carer Support Plans and 23% of these were put in place by the Duty team.			
23/24.AH SC1.4a	All Mental Health teams use of a variety of digital models to adopt a@ supported self-management approach	<b>Q3 23/24:</b> On target All services continue to promote self-management by , informing, sign posting and encourage the use of digital platforms, currently mental health services support the use of a variety of 33 on line platforms.	Number of digital models being used	33	33	33			<b>Q3 23/24:</b> Data only			
23/24.AH SC1.4b	All Mental Health teams use of a variety of digital models to adopt a@ supported self-management approach	<b>Q3 23/24:</b> On target All services continue to promote self-management by , informing, sign posting and encourage the use of digital platforms, currently mental health services support the use of a variety of 33 on line platforms.	% increase in the number of people who access MidSpace	33%	11%	11%			<b>Q3 23/24:</b> On target	10%	10%	





## 2. Understanding changing needs



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24			Annual Target 2023/24	Target	
				Value	Value	Value	Status	Short Trend			Note
23/24.AH SC2.1a	All services will explore, define and implement a mechanism to capture experience information of those using health and social care	<p><b>Q3 23/24:</b> On target Progress to date:-</p> <p>A local feedback questionnaire has been developed, and is now in place, and ready to use with Highbank respite users. The Care Opinion independent feedback website will be promoted for people using and/or affected by the Highbank respite service.</p> <p>Occupational Therapy and Physical Disabilities service has introduced a paper and electronic feedback form for people to undertake when their involvement with the Service is complete. Through the use of Outnav, responses from service users to our feedback form and collation of emails from people we have supported we are gathering more information to evidence that people engaging with our Service feel listened to and are treated with dignity and respect. People are letting us know that when we are able to work together, that even a small piece of equipment or change to their home environment can make a huge difference to the quality of their life.</p>	Number of service areas with a functioning feedback mechanism.	3	4	5			Q3 23/24: On target	7	5

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		<p>This summer MELDAP carried out a consultation process with people with lived and living experience, carers/families, members of the public, services and partners. This included noting their priorities in relation to prevention/children/families services, treatment service and recovery orientated provision.</p> <p>All mental health services gather patient feedback via various routes. The development of a lived experience panel for adult mental health is underway and hoped to be in place early 2024. A session for mental health and substance use services has be held with VOCAL with a Carer group for dementia starting in January 2024.</p> <p>Duty Social Work Team introduced a paper and electronic feedback form initially sent out to those identified as Unpaid Carers. This commenced in September 2023. The feedback survey is now offered to all service users the Duty team are in contact with.</p> <p>Justice Service users subject to community based sentences are asked for feedback at regular points in their orders or licences and they also complete an entry and exit questionnaire to measure changes in areas identified as impacting on risk of re-offending. Women who are supported as part of the Caledonian system are asked to complete a feedback/experiential feedback form at the end of engagement. We seek feedback from beneficiaries of unpaid</p>									

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		<p>work projects this includes individuals and organisations. The Spring Service use a variety of methods to seek feedback from the women involved in this service as not all are directly involved in the Justice Service. As part of community justice we have service user groups through which we seek feedback and public consultation events.</p> <p>The InReach team continue to explore ways of strengthening their methods for capturing experience information. Informal mechanisms for capturing client feedback continue. Complaints are monitored, and actioned appropriately.</p>									
23/24.AH SC2.2a	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	<b>Q3 23/24:</b> On target Positive response. 13 referrals resulting in 16 respite bookings. A further two enquiries have been made about this service.	Highbank bed occupancy (both available beds and occupied beds)	Not measured for Quarters		Not measured for Quarters				4	0
23/24.AH SC2.2b	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	<b>Q3 23/24:</b> On target Positive response. 13 referrals resulting in 16 respite bookings. A further two enquiries have been made about this service.	Percentage number of unpaid carers reporting positive experience.	Not measured for Quarters		Not measured for Quarters				100%	
23/24.AH SC2.2c	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	<b>Q3 23/24:</b> On target Positive response. 13 referrals resulting in 16 respite bookings. A further two enquiries have been made about this service.	Number of people receiving respite who have the opportunity to complete Emotional Touchpoints activity	Not measured for Quarters		Not measured for Quarters				100	

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
23/24.AH SC2.3a	The InReach team will establish a mechanism to extract data to inform the breakdown of service processes to identify areas for improvement.	<b>Q3 23/24:</b> On target Performance colleagues continue working with the team to build a suite of reports to track workflow trends and support service planning activity. A number of reports now operational with others in the development/trial phase.	Average time from referral being received by the Inreach Team to being allocated to a worker.	Not measured for Quarters		Not measured for Quarters					
23/24.AH SC2.3b	The InReach team will establish a mechanism to extract data to inform the breakdown of service processes to identify areas for improvement.	<b>Q3 23/24:</b> On target Performance colleagues continue working with the team to build a suite of reports to track workflow trends and support service planning activity. A number of reports now operational with others in the development/trial phase.	Average time from allocation to completion of assessment	Not measured for Quarters		Not measured for Quarters					
23/24.AH SC2.3c	The InReach team will establish a mechanism to extract data to inform the breakdown of service processes to identify areas for improvement.	<b>Q3 23/24:</b> On target Performance colleagues continue working with the team to build a suite of reports to track workflow trends and support service planning activity. A number of reports now operational with others in the development/trial phase.	Average time from assessment to outcome	Not measured for Quarters		Not measured for Quarters					
23/24.AH SC2.4a	Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.	<b>Q3 23/24:</b> On target All Health and Social Care specific LearnPro modules have up to date content that relate to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice working and accessible. Developing a monthly reporting mechanism and trialling with one specific service. All modules up to date and working. Care at home service used as a trial service – this is now complete. Now working through other large services and the team are working on Newbyres at the moment.	Percentage of Health and Social Care specific LearnPro modules working / accessible that relate to registered professional practice.	100%	100%	100%			<b>Q3 23/24:</b> On target	100%	100%

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
23/24.AH SC2.4b	Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.	<b>Q3 23/24:</b> On target All Health and Social Care specific LearnPro modules have up to date content that relate to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice working and accessible. Developing a monthly reporting mechanism and trialling with one specific service. All modules up to date and working. Care at home service used as a trial service – this is now complete. Now working through other large services and the team are working on Newbyres at the moment.	All Health and Social Care specific LearnPro modules with up to date content that relate to registered professional practice.	No	Yes	Yes			<b>Q3 23/24:</b> On target	Yes	Yes
23/24.AH SC2.4c	Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.	<b>Q3 23/24:</b> On target All Health and Social Care specific LearnPro modules have up to date content that relate to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice working and accessible. Developing a monthly reporting mechanism and trialling with one specific service. All modules up to date and working. Care at home service used as a trial service – this is now complete. Now working through other large services and the team are working on Newbyres at the moment.	Establish the mechanism to report accurately on staff completion rate.	Not measured for Quarters		Not measured for Quarters				Yes	
23/24.AH SC2.5a	Complete a service review of MERRIT to improve staff wellbeing and increase sustainability	<b>Q3 23/24:</b> On target The service has identified current rotas aren't cost effective and placing pressure on staff. We met with staff, trades unions and staff-side representation to discuss solutions. New rotas have been proposed to support the provision of the same level of service. Staff will be transferred to the new rotas as	% of staff working on new rota	0%	0%	0%			<b>Q3 23/24:</b> Data only		

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target	
				Value	Value	Value	Status	Short Trend	Note			
		appropriate. Organisational review paper has been discussed by Senior Management Team. Proposed rota pattern is under review by Trade Unions' and awaiting feedback.										
23/24.AH SC2.5b	Complete a service review of MERRIT to improve staff wellbeing and increase sustainability	<b>Q3 23/24:</b> On target The service has identified current rotas aren't cost effective and placing pressure on staff. We met with staff, trades unions and staff-side representation to discuss solutions. New rotas have been proposed to support the provision of the same level of service. Staff will be transferred to the new rotas as appropriate. Organisational review paper has been discussed by Senior Management Team. Proposed rota pattern is under review by Trade Unions' and awaiting feedback.	Maintain or improve percentage of employee engagement index score (iMatter)	80%	80%	80%			<b>Q3 23/24:</b> On target Current iMatter score	78%	78%	





### 3. Effective, efficient and quality (Best Value)

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
23/24.AH SC3.1a	Explore and design a model of who system support for unpaid carers from the point of Planned Date of Discharge	<b>Q3 23/24:</b> On target <u>Design support pathway:</u> - Whilst work continues in this area it has slowed due to extended winter pressures for NHS Lothian. Awareness of Lothian Discharge Framework and transfer of responsibility to HSCP at the point of medically fit for discharge. Need to establish	Design a support pathway for unpaid carers of people in hospital with a Planned Date of Discharge	Not measured for Quarters		Not measured for Quarters				Yes	



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		<p>connection and work in collaboration with Home First range of services and initiate discussions/mapping/planning, establishing stakeholders, services, processes and timescales involved in the discharge process. Planned connection to VOCAL Capacity – Partnerships &amp; Employers work being taken forward with Carers Act funding support. This work aims to re-establish referral pathways and connections.</p> <p><u>Establish monthly activity numbers</u>:- Connection to inpatient discharge teams and data would support understanding of service requirement. In next period aim to work with Home First range of services as connection to inpatient care resources. VOCAL (Carer Support provider) to develop mechanisms to support the recording and capture of this data. VOCAL have agreement to take forward establishment of a new additional VOCAL Capacity – Partnerships &amp; Employers role, supported by Carers Act funding. Recruitment is being undertaken to fulfil this role.</p>									
23/24.AH SC3.1b	Explore and design a model of who system support for unpaid carers from the point of Planned Date of Discharge	<p><b>Q3 23/24:</b> On target  <u>Design support pathway</u>:- Whilst work continues in this area it has slowed due to extended winter pressures for NHS Lothian. Awareness</p>	Establish monthly activity numbers for referrals to VOCAL for unpaid carers of people in hospital with a	Not measured for Quarters		Not measured for Quarters				Yes	

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		<p>of Lothian Discharge Framework and transfer of responsibility to HSCP at the point of medically fit for discharge. Need to establish connection and work in collaboration with Home First range of services and initiate discussions/mapping/planning, establishing stakeholders, services, processes and timescales involved in the discharge process. Planned connection to VOCAL Capacity – Partnerships &amp; Employers work being taken forward with Carers Act funding support. This work aims to re-establish referral pathways and connections.</p> <p><u>Establish monthly activity numbers</u>:- Connection to inpatient discharge teams and data would support understanding of service requirement. In next period aim to work with Home First range of services as connection to inpatient care resources. VOCAL (Carer Support provider) to develop mechanisms to support the recording and capture of this data. VOCAL have agreement to take forward establishment of a new additional VOCAL Capacity – Partnerships &amp; Employers role, supported by Carers Act funding. Recruitment is being undertaken to fulfil this role.</p>	Planned Date of Discharge.								



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
23/24.AH SC3.2a	People who are referred to Occupational Therapy are assessed in a timely manner.	<b>Q3 23/24:</b> Off target The Physical Disabilities Occupational Therapy Service saw an 8% decrease in the number of people on their waiting list. This figure however does not account for movement of people off the waiting list during this time. There was an 88% increase in the number of people removed from the waiting list during this quarter compared to the previous one. The median wait time did not decrease during this quarter owing to a number of urgent cases requiring to be allocated. Those people who have been waiting longer have received communication from the service to assess their needs and risk. They have been made aware to contact the service if their needs change.	Maintain or improve median wait time for OT waiting lists since previous quarter.	20%	20%	0%			<b>Q3 23/24:</b> Off target Target amended in Q3 to reflect the primary source of data. OT wait lists managed and recorded in Mosaic are included in this PI.  Please note these metrics are not representative of the overall OT wait times across the Health and Social Care partnership. Some are managed and recorded in TRAK the NHS patient management system.	30%	30%
23/24.AH SC3.3a	People who are referred to Social Work are assessed in a timely manner	<b>Q3 23/24:</b> Off target Improvement in median wait time across two of the social work waiting lists since the previous quarter. The following measures have been adopted:-  4 weekly supervision from Team Lead to actively review staff caseloads (ie. A greater emphasis on performance and self-management).  Dynamic management review of waiting lists and priorities.	Maintain or improve median wait time for Social Work waiting lists since previous quarter.	60%	40%	40%			<b>Q3 23/24:</b> Off target Improvement in median wait time across two of the social work waiting lists since the previous quarter. Weekly monitoring of wait metrics in place.	60%	60%



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
		<p>Support to staff in relation to time management.</p> <p>Increased data provision to better understand staff caseloads in order to identify and address differences in clinical practice.</p> <p>A more proactive approach to engaging with referrers at the point of referral through Team Lead having a conversation with the referrer – in some cases this results in more appropriate signposting or advice and can negate the need for further involvement.</p> <p>Through communication with other Team Leads, more robust and regular structures in place for professional supervision.</p>									
23/24.AH SC3.4a	All services to consider and demonstrate Best Value with evidence-based data and meet cost efficiency targets	<b>Q3 23/24:</b> On target Financial Recovery Templates continue to be monitored through the Finance and Performance Group. In addition, all services attended the first of a series of three Financial Recovery Workshops hosted by the HSCP with support from NHS Lothian's Sustainability & Value Team. Follow up workshops have been scheduled for January and February 2024.	Meet Mental Health Officer service budget.	Not measured for Quarters		Not measured for Quarters				Yes	



PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
23/24.AH SC3.4b	All services to consider and demonstrate Best Value with evidence-based data and meet cost efficiency targets	<b>Q3 23/24:</b> On target Financial Recovery Templates continue to be monitored through the Finance and Performance Group. In addition, all services attended the first of a series of three Financial Recovery Workshops hosted by the HSCP with support from NHS Lothian's Sustainability & Value Team. Follow up workshops have been scheduled for January and February 2024.	Meet Mental Health Officer service cost efficiency target.	Not measured for Quarters		Not measured for Quarters				Yes	

#### 4. Improving Outcomes - socioeconomic, health and wellbeing, personal outcomes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
23/24.AH SC4.1a	Every service are will be using the OutNav software and have completed a heat map and first full draft of the complete framework	<b>Q3 23/24:</b> On target Work in Q3 interrupted by personnel changes and some reconfiguration of service oversight. Work started in Q3 to review financial planning has also impacted on services' ability to progress this work. Currently 5/7 service areas detailed in the Adult Social Care Plan are using OutNav and 8/15 heatmaps are underway or completed.	Number of service areas using OutNav.	Not measured for Quarters		Not measured for Quarters				7	

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target	
				Value	Value	Value	Status	Short Trend	Note			
23/24.AH SC4.1b	Every service are will be using the OutNav software and have completed a heat map and first full draft of the complete framework	<b>Q3 23/24:</b> On target Work in Q3 interrupted by personnel changes and some reconfiguration of service oversight. Work started in Q3 to review financial planning has also impacted on services' ability to progress this work. Currently 5/7 service areas detailed in the Adult Social Care Plan are using OutNav and 8/15 heatmaps are underway or completed.	Number of heat maps.	Not measured for Quarters		Not measured for Quarters				7		
23/24.AH SC4.1c	Every service are will be using the OutNav software and have completed a heat map and first full draft of the complete framework	<b>Q3 23/24:</b> On target Work in Q3 interrupted by personnel changes and some reconfiguration of service oversight. Work started in Q3 to review financial planning has also impacted on services' ability to progress this work. Currently 5/7 service areas detailed in the Adult Social Care Plan are using OutNav and 8/15 heatmaps are underway or completed.	Number of full drafts of completed framework.	Not measured for Quarters		Not measured for Quarters				7		
23/24.AH SC4.2a	People with a Learning Disability are able to look after and improve their health and wellbeing and live in good health for longer	<b>Q3 23/24:</b> On target Service user survey to be progressed. Annual PI targets will be determined as part of the design phase.	Number of people with a Learning Disability who require support from services in Midlothian.	409	410	433			<b>Q3 23/24:</b> Data only			


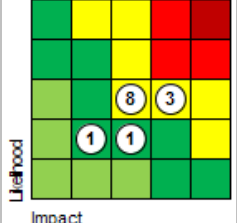
PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Status	Short Trend	Note		
23/24.AH SC4.2b	People with a Learning Disability are able to look after and improve their health and wellbeing and live in good health for longer	<b>Q3 23/24:</b> On target Service user survey to be progressed. Annual PI targets will be determined as part of the design phase.	Number of surveys sent out	Not measured for Quarters		Not measured for Quarters					
23/24.AH SC4.2c	People with a Learning Disability are able to look after and improve their health and wellbeing and live in good health for longer	<b>Q3 23/24:</b> On target Service user survey to be progressed. Annual PI targets will be determined as part of the design phase.	Return rate of survey.	Not measured for Quarters		Not measured for Quarters					
23/24.AH SC4.3a	Medication Assisted Treatment (MAT) Standards for Scotland - Improved access, choice & support	<b>Q3 23/24:</b> On target PI data for Q3 will not be finalised until end of January.  Focus of developments so far has been to address opioid dependence, however the standards aim to support system improvements for all drug related problems. Achievements to date for MAT 1-5: 1] Improved waiting times performance. 2] Same day start for people seeking OST [Opiate Substitute Therapies]. 3] Increased choice of medication with service delivering Buprenorphine as well as other opiate substitute therapies. 4] Assertive outreach to people who have	Number of MAT standard RAG rating as Green	5	5	5			<b>Q3 23/24: On Target</b> The number of MAT standard RAG rating as Green" is assessed annually by Scottish Government. Next assessment April 2024.	5	5


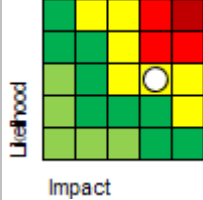
PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24				Annual Target 2023/24	Target	
				Value	Value	Value	Status	Short Trend	Note			
		experienced NFO with range of interventions including support into treatment offered. 5] Improved range of harm reduction interventions delivered at same location. 6] Ongoing support including links to third sector partners and recovery community to help people remain in treatment for as long as possible.										
23/24.AH SC4.3b			Percentage of people commence treatment within 21 days of referral	88.06%	95%	91.46%			<b>Q3 23/24:</b> On Target	90%	90%	



# Adult Health and Social Care Service Risks


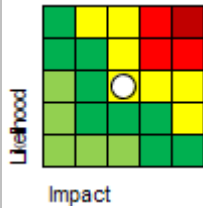



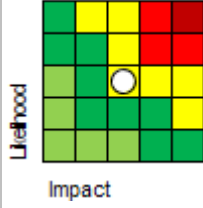

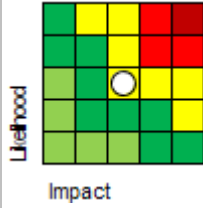
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01 Adult and Social Care Service		<p>This is a Head of Service operational risk register which should set a risk appetite for risks/threats within 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</p>						Adult Health and Social Care


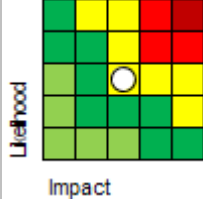

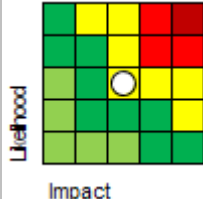

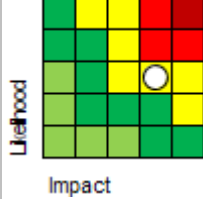
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
		against each risk, projecting the future. Internal Controls should also be reviewed as to their effectiveness. The Heat Map below gives an indication of the level of risk within the service.						
ASC.RR.01-01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services	01 - Service level agreements and contracts 02 - Quality assurance officers monitoring of care homes and home care provision 03 - Large scale investigation protocol involving multi-agency investigation of risk of harm within services and risk management planning. 04 - Monitoring of Care Inspectorate Reports and reporting performance across the sector including exception reports. 05 - Quarterly care home, care at home and day care providers forum to ensure good communication and partnership working with commissioned services 06 - Service Managers role with responsibility for monitoring of commissioned services 07 - Ensuring regular review of cases in accordance with level of	<p><b>Risk Cause:</b> Providers have a lack of capacity to deliver contracted service</p> <p><b>Risk Event:</b> Shortfall in service volume and or quality</p> <p><b>Risk Effect:</b> Delivering poor quality care that places service users at risk of harm. Unable to meet the increasing demands for provision particularly in relation to care at home. Ceasing trading due to financial difficulties creating risks around service provision for large groups of very vulnerable people.</p>		<p>A review of the continuing difficulties in the provision of services by one of the Care at Home providers is being undertaken to determine whether a new Provider should be commissioned</p> <p>Workforce Plan is being developed to address long term sustainability of services. This work includes the involvement of MVA, Council and NHS Lothian.</p>			12	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	risk and designated team leader responsibilities. 08 - Commissioning processes to ensure robust decision-making.							
ASC.RR.01-06 Meeting growing demands with constrained /reduced budgets, especially from external funders.	01 - Eligibility criteria; fair access to care policy etc, 02 - Performance reporting 03 - Service transformation programme 04 - Capacity planning and commissioning LD and complex needs 05 - Monitoring and reporting waiting times 06 - Developing performance indicators for reviewing policy 07 - Monitoring performance to meet contractual requirements 08 - Budget monitoring	<p><b>Risk Cause:</b> Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget</p> <p><b>Risk Event:</b> Change programme does not meet future years projected budget gaps</p> <p><b>Risk Effect:</b> Inability to deliver against strategic priorities</p>	▲	In preparation for the 72 hour Delayed Discharge target the expansion of key services including Merrit intermediate care and reablement will be undertaken through the new Social Care Monies			12	Adult Health and Social Care
ASC.RR.01-06 Capacity of communities to meet changing requirements of them to support social inclusion within local communities	01 - Role of MVA in supporting the voluntary sector 02 - Voluntary Sector Compact agreement 03 - Day Opportunities Review for Older people 04 - Day Service Modernisation Programme LD 05 - Change fund programme 06 - FSF Programme 07 - Developing capacity of Community Councils	<p>In the current financial climate service users and family carers will become increasing dependent on support from local communities to ensure that their needs for meaningful activities and social interaction are met. Significant investment of resources and skills will be required to ensure that communities are able to respond to these needs.</p> <p><b>Risk Cause:</b></p>	▲				9	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	08 - Neighbourhood planning 09 - Community planning processes	<b>Risk Event:</b> <b>Risk Effect:</b>						
ASC.RR.01-07 Property risks in terms of maximising the property asset to the benefit of service delivery and accessibility including DDA compliance	01 - Regular dialogue with Asset Management re needs of service. 02 - Divisional Business Continuity Plan advises on crises management situations. 03 - Development of community assets through regeneration 04- Strategic Capital Programme Board 05- Development of IJB Property Strategy	<b>Risk Cause:</b> Insufficient Capital Resources. <b>Risk Event:</b> Failure to maintain and modernise existing building stock <b>Risk Effect:</b> People are supported in environments of poor quality	▲				9	Adult Health and Social Care
ASC.RR.01-08 Harm by offenders to members of the public	01 - Risk management authority for serious violent and sex offenders is now established and is able to provide guidance. 02 - Various risk assessment tools and associated training mandatory for relevant Criminal Justice staff. 03 - Partnership working with other agencies around the management of risk in individual cases well established. 04 - Standards forms and procedures for staff to follow with relevant training.	This is the risk of despite having comprehensive procedures and systems in place but one offender may commit a serious crime, causing harm to a member of the public and the council reputation damage. Risk Score likely to remain medium (low likelihood but high impact = medium). <b>Risk Cause:</b> Offender committing a serious crime <b>Risk Event:</b> Offence incident occurs.	▲				9	Adult Health and Social Care


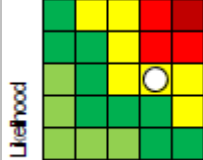
Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	05 - Multi-agency Risk Panels (MARP) meet monthly 06 - MAPPA which is a process for managing Registered Sex Offenders . 07 - Integration of group work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

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	09 - Development of Adult Protection Team within Fieldwork							
ASC.RR.01-10 Capacity to manage scale of transformational change	01 - Project management approach adhered to 02 - Business Transformation Board and reporting arrangements. 03 - New posts to support implementation of IRF, Dementia Demonstrator site and Change Fund 04 - Support for service review from Business Transformation Section. 05 - Project Plans agreed. 06 - 2 new Project Officers	A major programme of service review and transformation is currently underway. Failure to manage this programme will lead to risks in not achieving coherent arrangements for the continuing delivery of sustainable public services in the new financial climate.  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>		Business Transformation is supporting the transformation of Learning Disability services . Additional capacity is also being put in place to support the redesign of Highbank and the relocation of services from Liberton Hospital.			9	Adult Health and Social Care
ASC.RR.01-13 Capacity of Workforce	01- Workforce Plan 02- Learning and Development Team	<b>Risk Cause:</b> Employees not suitably trained/development for the roles required of them. Challenges around maximising attendance Limited availability of staff in certain sectors Ageing workforce  <b>Risk Event:</b> Inadequate staffing levels/skills.  <b>Risk Effect:</b> Low morale. Inability to deliver services.		In recognition of the changing role of Newbyres and in response to the recent internal review a new staffing structure has been developed.			9	Adult Health and Social Care
				Data sharing				

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01-14 Information Management and Data Protection	01 - Action Plan to improve information management and data protection. This is being controlled through covalent.	All Heads of Service are mandated to monitor compliance with the Data Protection Act.  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>		The framework system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal.			9	Adult Health and Social Care
ASC.RR.01-16 Legislative requirement for health and community care to integrate	01 - Business Transformation Board and an NHS Lothian Project Group regularly review progress with arrangements in Midlothian 02 - NHS Lothian and Midlothian Council have both conducted Internal Audit reviews 03- The Joint Management Team chaired by the Joint Director maintains an overview of the implementation of the new arrangements	This is viewed as a major change that will require huge investment in time and buy-in from stakeholders  <b>Risk Cause:</b> <b>Risk Event:</b> <b>Risk Effect:</b>					9	Adult Health and Social Care
ASC.RR.01-17 COVID 19	1. Communication systems and processes have been put in place. 2. Daily conferences have been set up to appraise evolving situation. 3. COVID-19 Control Team established. 4. A system set up to share information through	There is a risk that due to the ongoing pandemic, Midlothian Health and Social Care Partnership may suffer from continued disruption in providing services: This may lead to: -shortages of staff due to contraction of COVID or being identified as a close contact					12	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	<p>Directors to all Midlothian staff.</p> <p>5. Signage on front door of all premises advising people not to enter any of our buildings if they are suffering from COVID-19 symptoms.</p> <p>6. Signage up across all buildings advising of good handwashing routines and the necessity of ensuring frequent handwashing taking place.</p> <p>7. In reception areas staff have been provided with masks and alcohol gel.</p> <p>8. Staff updated regularly on NHS Lothian and National Guidelines.</p> <p>9. Resilience plans in place across the Partnership.</p> <p>10. Staff briefings to discuss responses to COVID-19 have been actioned with a focus on personal resilience plans to ensure attendance at work.</p> <p>11. Asked staff to consider unnecessary face to face contact with patients is replaced by telephone contact.</p> <p>12. Homeworking in place where appropriate.</p> <p>13. Absence reporting and monitoring in place</p>	<p>-additional workload for those staff still able to attend work</p> <p>-increased pressure on other parts of the health and social care system</p> <p>-reduction of care provided to patients due to reduced staffing levels with a move to focus on essential work only</p>						



Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	highlighting COVID related absence. 14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.							
SRP.RR.07 Care at Home	<p>1. Care at Home winter assurance plan and business continuity plan complete</p> <p>2. Development of Care at Home Service Improvement action plan near completion</p> <p>3. External commissioning complete and ongoing contract monitoring in place</p> <p>4. External provider audits complete</p> <p>5. Re-established Multi-Agency Quality in Care at Home quarterly review meetings jointly with East Lothian</p> <p>6. Weekly provider meetings in place</p> <p>7. Additional locum team members and contracts with agency staff in place</p> <p>8. Daily discharge meeting with Multidisciplinary and Multi-agency team planning to plan and coordinate discharge to ensure care at home support in place</p>	<p><b>Risk cause</b> Internal and External providers of Care at Home services unable to meet service and quality requirements as a result of a lack of capacity.</p> <p><b>Risk event</b> Capacity of Community Support outstripped by demand.</p> <p><b>Risk effect</b> There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked and elective operations potentially being cancelled.</p>		Independent review of adult and social care	Q1 23/24: Pause remains in place.	 <p>Likelihood</p> <p>Impact</p>	12	Adult Health and Social Care

# Published Local Government Benchmarking Framework - Adult Social Care



## Adult, Social Care

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£31.38	£28.65	£43.01	£39.85	£21.78	£27.75	£29.75	£56.96	22/23 Rank 29 (Bottom Quartile) 21/22 Rank 15 (Second Quartile) 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	4%	6.1%	4.8%	4.5%	5.1%	4.3%	4.4%	3.6%	22/23 Rank 27 (Bottom Quartile) 21/22 Rank 21 (Third Quartile) 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%	58.93%	58%	22/23 Rank 26 (Bottom Quartile) 21/22 Rank 22 (Third Quartile) 20/21 Rank 29 (Bottom Quartile) 19/20 Rank 32 (Bottom Quartile) 18/19 Rank 32 (Bottom Quartile). 17/18 Rank 5 (Top Quartile). 16/17 Rank 6 (Top Quartile).
SW4b	New - Percentage of adult supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (data based on respondents whose care was funded by the council or health board) (LGBF)	85.7%		73.05%		67.57%	67.57%	80.57%	80.57%	21/22 Rank 10 (Second Quartile) 19/20 Rank 32 (Bottom Quartile). 17/18 Rank 31 (Bottom Quartile). 15/16 Rank 15 (Second Quartile). 14/15 Rank 28 (Bottom Quartile)

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	
SW4c	New - Percentage of adults supported at home who agree that they are supported to live as independently as possible (data based on respondents whose care was funded by the council or health board) (LGBF)	77.96%		86.28%		80.05%	80.05%	73.44%	73.44%	21/22 Rank 25 (Bottom Quartile) 19/20 Rank 20 (Third Quartile). 17/18 Rank 3 (TOP Quartile). 15/16 Rank 30 (Bottom Quartile). 13/14 Rank 19 (Third Quartile).
SW4d	New - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (data based on respondents whose care was funded by the council or health board) (LGBF)	84.44%		79.68%		66.95%	66.95%	70.46%	70.46%	21/22 Rank 19 (Third Quartile) 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%	31.54%	27.36%	27.36%	21/22 Rank 26 (Bottom Quartile) 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)	£601.00	£593.00	£659.00	£648.00	£628.00	£642.00	£699.00	£627.00	22/23 Rank 11 (Second Quartile) 21/22 Rank 19 (Third Quartile) 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	114.45	110.47	108.77	125.7	105	99.05	22/23 Rank 17 (Third Quartile) 21/22 Rank 16 (Second Quartile) 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%	78%	72%	22/23 Rank 25 (Bottom Quartile) 21/22 Rank 20 (Third Quartile) 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	834.91	750.00	1422.02	1323.32	965.62	665.47	504.01	784.11	21/22 Rank 13 (Second Quartile) 20/21 Rank 26 (Bottom Quartile) 19/20 Rank 24 (Third Quartile) 18/19 Rank 29 (Bottom Quartile).

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	
	discharged, per 1,000 population (75+) (LGBF)									17/18 Rank 30 (Bottom Quartile). 16/17 Rank 23 (Third Quartile).
SW11	Number of days people spend in hospital when they are ready to be discharged		750	1,422	1,323	966	665	504	784	

## Children's Services

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	
CHN17	Percentage of children meeting developmental milestones (LGBF)	89.22%	91.48%	93.65%	92.13%	93.02%	90.95%	87.07%	N/A	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)