

Notice of Meeting and Agenda



Performance, Review and Scrutiny Committee

Venue: Council Chambers/Hybrid,
Midlothian House, Dalkeith, EH22 1DN

Date: Tuesday, 19 March 2024

Time: 11:00

Executive Director : Place

Contact:

Clerk Name: Democratic Services
Clerk Telephone:
Clerk Email: democratic.services@midlothian.gov.uk

Further Information:

This is a meeting which is open to members of the public.

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1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting.

3 Declaration of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

4 Minute of Previous Meeting

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| 4.1 | Minute of Performance Review and Scrutiny Committee Meeting of 12 December 2023 | 5 - 16 |
| 4.2 | Action Log | 17 - 20 |

5 Public Reports

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|------------|--|-----------|
| 5.1 | Adult Health and Social Care Q3 2023/24 Performance Report by Head of Adult Services and Deputy Chief Social Work Officer | 21 - 26 |
| 5.2 | Childrens' Services, Partnerships and Communities Q3 2023/24 Performance Report by Chief Social Work Officer and Chief Officer Childrens' Services, Partnerships and Communities | 27 - 40 |
| 5.3 | Corporate Solutions Q3 2023/24 Performance Report by Chief Officer Corporate Solutions | 41 - 64 |
| 5.4 | Education Q3 2023/24 Performance Report by Chief Operating Officer Education | 65 - 82 |
| 5.5 | Place Q3 2023/24 Performance Report by Chief Officer Place | 83 - 104 |
| 5.6 | Midlothian Council Q3 2023/24 Performance Report by Chief Executive | 105 - 114 |
| 5.7 | Inspection of Midlothian Council/HSCP Care at Home Services by the Care Inspectorate, report by Head of Adult Services and Deputy Chief Social Work Officer | 115 - 130 |
| 5.8 | Joint Inspection of Adult Services, Physical Disabilities, Long term Conditions and Carers, report by Head of Adult Services and Deputy Chief Social Work Officer | 131 - 178 |
| 5.9 | Sacred Heart Primary School Post Inspection Progress Update, report by Chief Operating Officer Education | 179 - 190 |

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| 5.10 | Inspection of Midlothian Council's Fostering, Adult Placement and Adoption Services, report by Chief Social Work Officer and Chief Officer Childrens' Services, Partnerships and Communities | 191 - 232 |
| 5.11 | Update on Newbyres Care Village, report by Head of Adult Services and Deputy Chief Social Work Officer | 233 - 240 |

6 Private Reports

No items for discussion

7 Date of Next Meeting

The next meeting will be held on Tuesday 14 May 2024.

Minute of Meeting

Performance Review and Scrutiny Committee
Tuesday, 19 March 2024
Item No: 4.1



Performance, Review and Scrutiny

Date	Time	Venue
Tuesday, 12 December 2023	11.00 am	Hybrid meeting held in the Council Chamber at Midlothian House and virtually via Microsoft Teams

Present:

Councillor Milligan (Chair)	Councillor Bowen (virtual)
Councillor Pottinger	Councillor Russell
Councillor Drummond	Councillor Curran
Councillor McEwan	Councillor Winchester
Councillor Imrie	Councillor Smail (virtual)

In attendance:

Councillor McKenzie (virtual)
Grace Vickers, Chief Executive
Kevin Anderson, Executive Director Place
Fiona Robertson, Executive Director Children, Young People & Partnerships
Saty Kaur, Chief Officer Corporate Solutions
Derek Oliver, Chief Officer Place
Michelle Strong, Education Chief Operating Officer
Joan Tranent, Chief Officer Children's Services / Chief Social Worker
Nick Clater, Head of Adult and Social Care Services
Gary Leadbetter, Democratic Services Officer
Hannah Forbes, Democratic Services Assistant

1 Welcome, Introductions and Apologies

The Chair welcomed Elected Members and Officers to the meeting of the Performance, Review and Scrutiny (PRS) Committee.

Apologies were received on behalf of Councillor McCall.

2 Order of Business

The Order of Business was as detailed in the agenda.

3 Declarations of interest

No declarations of interest were received.

4 Minutes of Previous Meetings

- 4.1 The Minute of the Meeting of the PRS Committee held on 7 November 2023 was submitted and approved as correct record.

It was stated that, in the Minute, it had been asked that a report on the latest medium-term action plan for Newbyres Care Home be brought to the PRS Committee, which the Action Log states should have been brought to the present PRS Committee. The Head of Adult and Social Care Services explained that there is currently no report, highlighting that there is a meeting the following week which the Chief Officer Children's Services / Chief Social Work Officer is chairing. The action plan will be updated following that meeting and it is expected that a high-level update will be brought to the next PRS Committee meeting. Disappointment at the absence of a report being presented on this at the current meeting was expressed. The Head of Adult and Social Care Services is to provide a report to the next PRS.

- 4.2 The Action Log was noted.

The Chair noted that the Action Log had a few actions which stated that they would be completed by the current meeting. The Chair asked that Officers speak to those that have not been completed.

The Executive Director Children, Young People & Partnerships, confirmed that, in relation to the Education Reform Consultations, a report had been shared with all Elected Members.

The Chair requested that the wording around holding a drug use seminar is updated to be more appropriate, and that a date is determined for this.

In relation to the action around whether the community cooperative would be the one-stop shop and if ownership would sit with Midlothian Council, the Head of Adult and Social Care Services explained that a response was previously provided to some Elected Members and would be circulated more widely.

In relation to the action around liaising with CAMHS, the Chief Officer Children's Services / Chief Social Work Officer explained there was no report although the GIRFEC Board occurred the previous week. The Chief Officer Children's Services / Chief Social Work Officer explained that a representative for CAMHS did not attend and stated that they had raised this point and a further meeting on this will take place in 2024. The Chief Officer Children's Services / Chief Social Work Officer agreed that they will come back with an update.

In relation to the action around libraries the Chief Officer Corporate Solutions explained that the previous usage numbers pre-covid for the planning service in libraries are currently being looked at. The Chief Officer Corporate Solutions further explained that there is broader work currently being undertaken which is looking at library services and what users are looking for moving forward post-covid. The Chief Officer Corporate Solutions stated that a further update will be provided on this once a decision has been taken around having a planning service in one or more of the libraries.

It was requested that actions are given an expected or target completion date, rather than "tbc."

In relation to action 5.11, it was requested that the report on Sacred Heart primary school be circulated.

5. Reports

Agenda No.	Report Title	Presented by:
5.1	Adult Health and Social Care Performance Report Quarter Two 2023/24	Head of Adult and Social Care Services
Outline of Report and Summary of Discussion		
The Head of Adult and Social Care Services, presented the report, highlighting the salient points, achievements and challenges outlined within it.		
The Chair thanked the Head of Adult and Social Care Services for the report and opened it up to questions.		
Following a request to expand on the work required around old age day services to ensure best value and that the need is fully met, the Head of Adult and Social Care Services explained that there have been changes in day care requirements and that the contracts have not been reviewed for a number of years, which needs to be done. There is a need to look at what day care provision is needed going forward, what can be afforded and whether there should be a more blended approach around age categories. The Head of Adult and Social Care Services explained that reviewing day care will be a piece of work undertaken in early 2024. Discussion from Members – it was noted that this may be traumatic for older people and that they and their families should be involved in any discussions and review.		

A query was raised in relation to pressures with sickness and recruitment, asking how long-term sicknesses might be mitigated. The Head of Adult and Social Care Services explained that, in terms of the high-volume services, there are efforts ongoing to overrecruit on the understanding that there will be vacancies, sicknesses and absences. The Head of Adult and Social Care Services further explained that their team works with HR around occupational health and with wellbeing leads. The Head of Adult and Social Care Services recognised that sometimes this does reach a point where this is no longer possible and that in these instances work is done to help move these people through the system, which does require HR support and early engagement with trade union colleagues. The Head of Adult and Social Care Services stated that the ultimate goal is to get people back into work.

The Chair observed that issues around sicknesses, absences and recruitment is noted throughout the report and stated it would be helpful to have some kind of benchmarking brought back to PRS. This will allow Members to have a better understanding of the problem, as well as provide assurances that work is being done in-house and across services to promote recruitment.

The Executive Director Children, Young People & Partnerships confirmed that the internal learning and development team have been working directly in schools to encourage young people to seek a career in care, and further noted work being undertaken with NHS Lothian around this.

Decision

Elected Members noted the report.

A further report on issues experienced around sicknesses, absences and recruitment to be brought to a future PRS to allow Members to have a better understanding of the problem and mitigations/solutions being taken.

Action

Head of Adult and Social Care Services

Agenda No.	Report Title	Presented by:
5.2	Children Services, Partnerships and Communities Performance Report Quarter Two 2023/24	Chief Officer Children's Services / Chief Social Worker
Outline of Report and Summary of Discussion		
The Chief Officer Children's Services / Chief Social Worker presented the report, highlighting the salient points, achievements and challenges outlined within it.		
The Chair thanked the Chief Officer Children's Services / Chief Social Worker for the report and opened it up to questions.		
The appropriateness of children services being part of the National Care Service was queried and whether the uncertainty around the National Care Service is affecting budgets in any way. The Chief Officer Children's Services / Chief Social Worker stated that justice and children's services are not currently included in		

discussions around the National Care Service, although there is a suggestion that children's services will be included. The Chief Officer Children's Services / Chief Social Worker stated that this does take up time, however there is a duty to ensure the right solution is found moving forward.

A query on who is ultimately responsible for the CAMHS waiting list was raised, with the Chief Officer Children's Services / Chief Social Worker explaining that the NHS are responsible. It was further noted that this is a hugely complex area in relation to which work is being done across all the Lothians to resolve the issues.

In response to a question on how many Midlothian children are on the CAMHS waiting list, the Chief Officer Children's Services / Chief Social Worker noted that there are currently over 700.

In relation to a question on the impact of being at capacity for looked after/unaccompanied asylum-seeking children, the Chief Officer Children's Services / Chief Social Worker explained that this work is managed and requested by the Home Office, requiring any reporting on capacity to be communicated to that government department. The Chief Officer Children's Services / Chief Social Worker explained that there is currently no more capacity, although a family first approach is always taken first.

The Chair highlighted that there seems to be a gap in cross-working and cross-referral between Council services, particularly in relation to those in poverty. The Chief Officer Children's Services / Chief Social Worker recognised that there was more work that could be done to improve this, such as training staff and raising awareness, although noted that there are complexities to this, as referrals should not be made unless permission is given. The Chair stated that there was perhaps more that could be done around signposting individuals to various services for support.

The Executive Director Place acknowledged that there are cases where joined-up working is successful, explaining that staff have had various types of training to support this. The Executive Director Place further explained that housing officers have had training to scan properties and pick up issues, although this can largely be dependent on how comfortable or confident they are about raising these. The Executive Director Place gave assurances that there are systems for joined-up working, although recognised that individuals may not wish to engage when various services or types of services are offered. The Executive Director Place also recognised that there will be failure points, but work is done to try and minimise this.

Decision

Elected Members noted the report.

Action

Agenda No.

Report Title

Presented by:

5.3	Corporate Solutions Performance Report Quarter Two 2023/24	Chief Officer Corporate Solutions
Outline of Report and Summary of Discussion		
<p>The Chief Officer Corporate Solutions, presented the report, highlighting the salient points, achievements and challenges outlined within it.</p> <p>The Chair thanked the Chief Officer Corporate Solutions for the report and opened it up to questions.</p> <p>The following questions were asked, with the corresponding responses given by the Chief Officer Corporate Solutions:</p> <ol style="list-style-type: none"> 1. Are the housing reactive / maintenance team able to access the customer service platform and the modules that have been purchased. <p>The Chief Officer Corporate Solutions explained that there has been a roll out in the reactive team around more hand-held devices, to allow for better recording. Alongside that, the Council is also building a online form for reporting repairs, , which will allow individuals to upload information and photographs to improve assessment times, improve triaging and hopefully make the journey easier for tenants.</p> <ol style="list-style-type: none"> 2. Where there are uncontested invoices for small businesses, can these be processed and paid before Christmas. <p>In relation to this, Councillor Curran declared an interest which is registered, but noted that this would not benefit them.</p> <p>The Chief Officer Corporate Solutions agreed that this is something that needs to be done but recognised that there is a human element to this and the work around processing invoices. The Chief Officer Corporate Solutions noted that there is also work around raising awareness with staff on the impact of not processing invoices in an appropriate timescale.</p> <ol style="list-style-type: none"> 3. In relation to the point made about growth creating the opportunity to meet housing with need with 25% of new homes, It was stated that 25% is not quite accurate, as there are historic agreements and queried if there was truly a net benefit to the council in the increase of population, recognising that this will bring in more council tax, but that the Council must also provide services which council tax does not fully cover. <p>The Chief Officer Corporate Solutions stated that they were happy to relook at this section and reword it.</p> <ol style="list-style-type: none"> 4. In respect of ensuring Midlothian is building back better in relation to housing developments creating jobs and apprenticeships, it was queried whether this was truly the case, as tenders may not go to businesses in Midlothian. <p>The Chief Officer Corporate Solutions explained that there was some internal work</p>		

ongoing reviewing the Council's community benefits process. The Chief Officer Corporate Solutions also stated that work can also be undertaken in relation to procurement and looking at using more local companies, although recognises the difficulties around this. The Chief Officer Corporate Solutions stated that they plan to provide an update on using and harnessing community benefits, going forward, next year.

A request was made to see an analysis on net benefits for the Council for people moving into Midlothian.

In relation to the 10 zones in Midlothian that are most deprived equating to 8.7% of the national deprivation in Scotland, it was asked that these zones are identified, how many people live within them and whether the Council is taking extra measures to support these people. The Chief Officer Corporate Solutions stated that they will provide information on the 10 SIMD areas in Midlothian, recognising that there will be focused work ongoing in these areas through the Community Planning Partnership, local plans and tackling poverty plans.

The Chair queried what work was being done to target support to the areas in Midlothian most in need. The Chair, in relation to the statement in the report around 25% of all new houses being affordable, asked if a breakdown of this could be provided in terms of numbers and exactly what is meant by affordable.

The Executive Director Place, in relation to the second query, stated that there is a defined formula in terms of the affordability of housing which is roughly 25-30% of household income being spent on housing costs. In terms of the breakdown of the 25%, The Executive Director Place recognised that affordable housing has a wide capture of tenure across housing associations, the Council, MMR, etc. The Executive Director Place stated that a breakdown can be provided.

The Chief Officer Corporate Solutions, in relation to the first query, noted that there are some reports to be brought back, such as the Child Poverty Report and Strategic Poverty Plan, which provide more information. The Chief Officer Corporate Solutions stated that a briefing session could be held on this.

Decision

Elected Members noted the report.

1. Look at wording in the Performance Report in relation to challenges, particularly in relation to net benefits of growth.
2. Circulate information to Elected Members on the 10 SIMD zones in Midlothian and the work being undertaken to support the people in these zones.
3. Provide a breakdown of the 25% affordable housing, in terms of numbers and how much is Council, housing associations, etc.

Action

1. Chief Officer Corporate Solutions
2. Chief Officer Corporate Solutions
3. Executive Director Place

Agenda No.	Report Title	Presented by:
5.4	Education Performance Report Quarter Two 2023/24	Education Chief Operating Officer
Outline of Report and Summary of Discussion		
<p>The Education Chief Operating Officer, presented the report, highlighting the salient points, achievements and challenges outlined within it.</p> <p>The Chair thanked the Education Chief Operating Officer for the report and opened it up to questions.</p> <p>Queries were raised in relation to data around school attendance, how pupils are settling in and the support they need. The Education Chief Operating Officer explained that there are a range of data sets that are being tracked carefully, noting that attendance remains an area of concern as it remains below pre-pandemic levels, with the reasons being investigated. The Education Chief Operating Officer also explained that there is also attainment data, noting that this has shown a range of needs, post-covid, that require response such as looking at what levels of support can be put in place. The Education Chief Operating Officer stated that there are many things that schools are doing to support pupils with their mental health, explaining that they are looking at the individual and therefore individualised support required.</p> <p>It was asked whether there was any correlation between the improved refurbishment of schools and improved environments with increases in attainment. The Executive Director Children, Young People and Partnerships explained that a piece of work was undertaken with the University of Edinburgh which looked at the impact of environments on attainment, which was to inform the design of the learning estate moving forward. The Executive Director Children, Young People and Partnerships explained that this was positive on new environments and the impact they could have on attainment. The Executive Director Children, Young People and Partnerships also noted that the recently opened Hawthornden additional support needs (ASN), provision has had an incredible impact in terms of the quality, attainment and wellbeing of pupils attending.</p> <p>In relation to ASN, it was queried if the numbers and waiting lists are increasing and whether there is a shortage of staff. The Education Chief Operating Officer explained that Midlothian is experiencing a sharp increase in the numbers of young people with ASN with the complexities around this, although noted that this is the national experience. The Education Chief Operating Officer also explained that all Local Authorities would state that the recruitment for head teachers can be challenging, although stated that Midlothian have done well in terms of recruitment. The Education Chief Operating Officer noted that creative solutions are always explored to ensure the best candidate is placed in the role.</p> <p>It was queried whether Midlothian was experiencing an increase in the violence against teachers in schools. The Education Chief Operating Officer confirmed that there was an increase, as well as a higher level of stress and dysregulated</p>		

behaviour than seen previously. The Education Chief Operating Officer explained that staff are asked to record these instances on the system and that there is ongoing analysis of this. In terms of this the Education Chief Operating Officer highlighted that it tends to be a small number of individuals, which requires exploring why the individual might be acting in this manner, including what the trigger is.

It was asked whether it would be worthwhile working with the police to ask them to attend schools. The Executive Director Children, Young People and Partnerships explained that the Council works closely with the police and that they do attend secondary schools, and that they are part of partnerships groups and support looking at the risky behaviours of young people.

A query was raised as to whether there had been a dramatic increase around ASN and violence in schools since Covid-19. The Executive Director Children, Young People and Partnerships provided some analysis that has been undertaken on the figures from 2018 to 2022: the percentage of primary school children with ASN has increased by around 9%, for secondary school children this has increased by around 19%, and for social, emotional and behavioural needs this has increased by 53%.

Decision

Elected Members noted the report.

Action

Agenda No.	Report Title	Presented by:
5.5	Place Performance Report Quarter Two 2023/24	Chief Officer Place
Outline of Report and Summary of Discussion		
<p>The Chief Officer Place presented the report, highlighting the salient points, achievements and challenges outlined within it.</p> <p>The Chair thanked the Chief Officer Place for the report and opened it up to questions.</p> <p>It was stated that the wording of the second last paragraph on page 80 needs updated or provided in context of additional services that the Council is required to provide.</p> <p>It was asked, with the incorporation of sport and leisure into services, whether there was a more flexible working approach to the whole structure. The Chief Officer Place confirmed that, as part of the overall service provision, they will be looking a holistic way of working.</p> <p>A request was made for a reminder on how long the environmental crime pilot team ran for and whether there will be a report provided on its success. The Chief Officer</p>		

Place explained that the pilot was for a year and that a report will be brought back on this in the new year, demonstrating its success and asking Elected Members to take a decision on how to proceed.

The Chair, in relation to housing, asked for some context and a breakdown on the 5251 active housing applicants on the waiting list, stating it would be helpful for Elected Members to have a clearer picture on the issue. A further query was raised on whether additional resource needed to be put into the Housing Officer team. The Chief Officer Place noted that this housing applicant figure had increased from Quarter 1. In terms of the Housing Officer team, the Chief Officer Place explained that it would perhaps benefit the Elected Members if there was a briefing on housing, the allocations policy, the waiting list and what housing services currently offer. The Chief Officer Place also explained that a trialled change is ongoing to implement a core homelessness service to ensure there are specific workstreams dealing with specific aspects of homelessness and housing.

The Chair stated that it would be helpful to have a briefing as well as a clear picture and breakdown of how many people make up these applicants, recognising that 1 applicant could be a family of multiple people.

Decision

Elected Members noted the report.

1. Wording of second paragraph on page 80 of the report required updating to reflect that the Council is required to provide additional services.
2. Briefing on the housing services, allocations policy, etc. to be held, as well as providing a breakdown on the applicants on the waiting list in terms of how many individual people make up the total applicants.

Action

1. Chief Officer Place
2. Chief Officer Place

Agenda No.	Report Title	Presented by:
5.6	Midlothian Council Report Quarter Two 2023/24 and Balanced Scorecard	Chief Executive
Outline of Report and Summary of Discussion		
<p>The Chief Executive presented the report which provides a summary of actions outlined in the meeting that are in line with the Single Midlothian Plan.</p> <p>The Chair thanked the Chief Executive for the report and opened it up to questions.</p> <p>A query was raised as to whether there is any review ongoing in relation to the mental health and working arrangements of staff. The Chief Executive explained that much of the workforce are front-facing services, and that it is a smaller percentage of the workforce who are working remotely or in a hybrid way, although there is more working in the latter way. The Chief Executive explained that there are a range of wellbeing supports in place, further noting that one of the themes of</p>		

the Transformation Blueprint is called “Workforce for the Future,” which concerns a whole list of supports that are being put in place. The Chief Executive stated that the HR Strategic Lead could provide an update on this at BTSG.

A request was made for more information to be provided offline on the 10 SIMD data zones in Midlothian. The Executive Director Children, Young People and Partnerships noted that there are other indicators and maps that are looked at, other than SIMD, in terms of deprivation and that work is being done to build a dataset looking at other factors, as there can be hidden poverty. The Executive Director Children, Young People and Partnerships explained that there will be more detail on this in the upcoming Child Poverty Report.

Decision

Elected Members noted the report.

1. Head of HR to provide an update on the Workforce for the Future theme in the Transformation Blueprint in a future BTSG

Action

1. Chief Executive

6 Private Reports

No items for discussion.

7 Date of the Next Meeting

The next meeting will be held on Tuesday, 6 February 2024 at 11:00am.

The meeting terminated at 13:06pm.

PRS Committee Action Log

Item No	Date of Meeting	Item No and Title	Action	Action Owner	Expected completion date	Comments
1	20/06/2023	5.4 Education Performance Report	<ul style="list-style-type: none"> A further report on the analysis of the attendance in schools will be provided. Clarification would be provided on the attainment figures. 	Fiona Robertson	April 2024	
2	20/06/2023	5.11 Education Performance Report	An updated report will be provided on Sacred Heart Primary School in 6 months	Fiona Robertson	December 2023	Recommended for closure: Report on the agenda of 19 March 2024 meeting
3	19/09/2023	5.1 Adult Health and Social Care Q1 2023/24 Performance Report	Additional training/seminar for Members on the issues of drug use	Nick Clater	End of June 2024	
4	19/09/2023	5.2 Children's Services, Partnerships and Communities Q1 2023/24 Performance Report	Answer query in relation to whether there were online resources families might use whilst waiting for CAMHS referral	Joan Tranent	Next meeting	Joan provided an update advising that there is still no answer to this but it has been raised with Alistair Short and will provide feedback once known.

Item No	Date of Meeting	Item No and Title	Action	Action Owner	Expected completion date	Comments
5	19/09/2023	5.10 Newbyres Care Home Inspection Report	Medium-term plan on Newbyres to be brought back to Committee	Grace Cowan		Recommended for closure: Report on the agenda of 19 March 2024 meeting
6	07/11/2023	5.1 Inspection of Midlothian Access Team	Report on six action points to brought back to PRS	Nick Clater	May 2024	
7	07/11/2023	5.2 Inspection of St Andrews RC Primary School and Nursery Class	Provide further details/information on the Raising Attainment Strategy at a future PRS	Michelle Strong		Recommended for closure: Raising Attainment Strategy was included in the December Council Report on Attainment
8	12/12/2023	5.1 Adult Health and Social Care Performance Report Quarter Two 2023/24	A report on issues experienced around sicknesses, absences and recruitment to brought to a future PRS to allow Elected Members to have a better understanding of the problem and mitigations/solutions being taken	Nick Clater	End of June 2024	
9	12/12/2023	5.3 Corporate Solutions Performance Report Quarter Two 2023/24	1. Look at and revise wording in the report in relation to challenges, particularly in relation to net	1. Saty Kaur 2. Saty Kaur	1. June 2024 2. June 2024 3. June 2024	1. Wording is being reviewed and more information on challenge will be presented in Q4 reporting

Item No	Date of Meeting	Item No and Title	Action	Action Owner	Expected completion date	Comments
			benefits of growth (considering need to provide services) 2. Circulate information on the 10 SIMD zones in Midlothian and the work being undertaken to support the people in these zones 3. Provide a breakdown of the 25% affordable housing, in terms of numbers and how much is Council, housing associations, etc.	3. Kevin Anderson		2. Included in the poverty work that is ongoing and will be circulated to members once aggregated 3. Breakdown being gathered and will be circulated to members
10	12/12/2023	5.5 Place Performance Report Quarter Two 2023/24	1. Wording of second paragraph on page 80 of the report requires updating to reflect that the Council is required to provide additional services. 2. Briefing on the housing services, allocations policy, etc. to be held, as well as providing a breakdown on the applicants on the housing waiting list in terms of how many individual people make up the total applicants.	1. Derek Oliver 2. Derek Oliver	1. June 2024 2. March 2024	1. Wording being reviewed 2. Briefing scheduled for March 2024 (Recommend for closure)

Item No	Date of Meeting	Item No and Title	Action	Action Owner	Expected completion date	Comments
11	12/12/2023	5.6 Midlothian Council Report Quarter Two 2023/24 and Balanced Scorecard	Head of HR to provide an update on the Workforce for the Future theme in the Transformation Blueprint in a future BTSG	Grace Vickers	June 2024	Recommend to be moved to BTSG action log

Adult Health and Social Care Performance Report Q3 - 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.

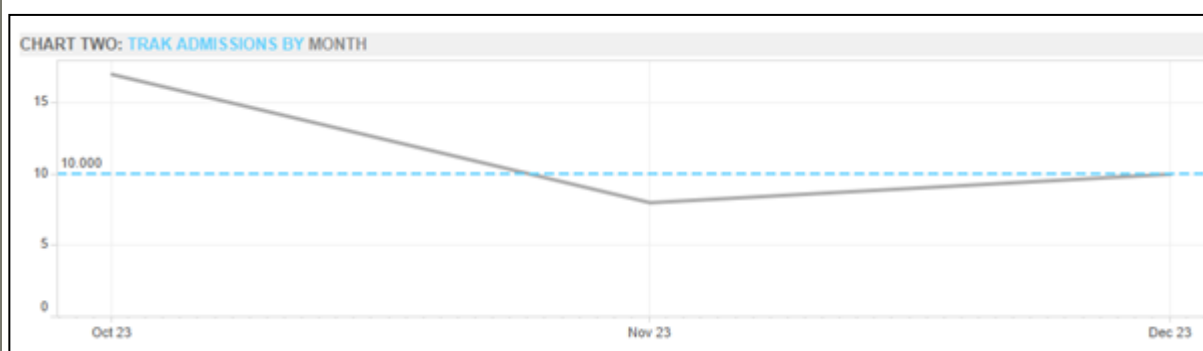
- Scoping of intelligence and funding for proposed pilot looking at the use of technology enabled care to help reduce drug related deaths in temporary accommodations.

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

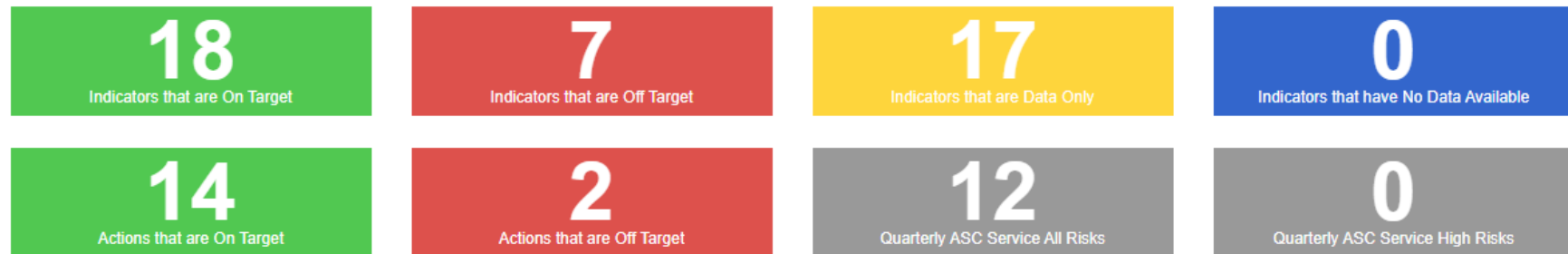
We have completed a full review of the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.

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-



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 →						

All children, young people, adults and families in Midlothian are supported to be the best they can be. This is achieved through a nurturing, respectful and collaborative approach that promotes wellbeing, equity and inclusion.

Community Priorities

The Community Planning Partnership (CPP) draw together public, voluntary and private sector bodies, and local communities to deliver a shared 'plan' to improve the lives of local people based on evidence. In Midlothian, the plan is called the Single Midlothian Plan (SMP). This is a shared partnership plan of how we will meet the needs of our local communities and brings together all the priorities for Midlothian into one place. Our outcomes for the next five years are:

- Individuals and communities have improved health and learning outcomes,
- No child or household need live in poverty,
- Significant progress is made towards net zero carbon emissions by 2030.

In Midlothian the Getting It Right for Every Child Board (GIRFEC) is one of the sub groups of the SMP, and one of the main drivers for the effective delivery of services to children. The GIRFEC Plan also known as the Integrated Children's Service Plan 2020-2023, is a statutory three year plan devised by the local authority and health. The plan develops key outcomes and priority actions which are designed to improve the lives of children, young people and families. The plan is coming to an end and a new three year plan 2023-2026 is currently being drafted.

The GIRFEC outcomes for the final year of the three year plan for 2022-23 are:

1. More children and young people are safe, healthy and resilient
2. More children and young people receive timely and effective mental health support when they need it
3. Inequalities in learning are reduced

We are fully committed to realising a children's rights approach to all of our work and ensuring that we embed the principles of the United Nations Conventions on the Rights of the Child (UNCRC) alongside our Promise commitments.

Progress and Achievements

The Promise

The Promise work continues to drive forward our children's service improvements.

Plan 21-24: Priority Areas

19 A Good Childhood

23 Whole Family Support

26 Supporting the Workforce

29 Planning

32 Building Capacity

Referrals:

Work is being progressed and is almost complete around gaining a clearer understanding on how all referrals come into the service.

This has been a significant piece of work involving many stakeholders. Within Q3 there is a 29.0% decrease compared to last year at this time and a 39% decrease in referrals from Q1. The impact of this piece of work is already evidencing positive results. This said the complexity of the referrals coming into the service remains high however it is hoped that we shall offer a much improved service

22/23				23/24		
Q1	Q2	Q3	Q4	Q1	Q2	Q3
2155	2212	2023	2626	2353	2067	1436

All referrals reported by quarter 2022/23-2023/24

Family Wellbeing Service

The service has had a significant amount of training on offer to the new workforce to ensure they have a good understanding of their role going forward. They are already working with 100 families and 177 children and young people. We are awaiting the arrival of a permanent new team leader for the service which shall help consolidate the learning and training staff have undertaken. We continue to work with our 3rd sector colleagues to agree how we can offer funding to them to support this service to have a holistic overview of the work we are doing with families.

Looked After away from home population

The data evidences that our looked after population is fairly static bearing in mind data changes on a daily basis. These stats are testament to the workforce ensuring that they support families to remain together, where safe to do so. The introduction of Family Group decision making, supports families to devise a plan which promotes families staying together with support from extended family. It is too early to advise if this is the reason for the consistent decline in numbers. Child Protection has reduced from last quarter however domestic abuse remains the main reason children's names are on the CP Register.

Self-Directed Support

We continue to work tirelessly to ensure that families had access to funding if assessed as in need . The summer period is often a challenge for families trying to identify sufficient resources for children with additional support needs. Our aim is to start planning for the summer period so that families are aware of what resources are available and have choice where their child(ren) can attend.

Trauma Informed Training

We remain committed to ensure all our staff are trauma informed this includes our foster carers. A rolling programme of training is being rolled out across the directorate and Council.

Challenges and risks

National Care Service:

The 'Bill' which is currently in Stage 1 has been postponed again with an expected outcome on the 1st March 2024. There remains no information around whether or not children's services and Justice will be included within the NCS.

Poverty

As families continue to be impacted by the cost-of-living crisis this is expected to lead to an increase in the number of families experiencing poverty. This also applies to workers on low incomes. We are assessing all claims that come into children and families from the Scottish Welfare Fund for early identification of families who may need additional support.

Workforce:

Midlothian continues to experience the same staffing issues encountered by other Councils. There is a general lack of experienced and skilled staff across the sector, and we are having to increasingly rely on locum workers. As reported in previous quarters, this is a national issue and discussions have started around A National Social Work Agency which would offer the same terms and conditions across Scotland, similar to that of Police Scotland and Education staff. This would benefit Midlothian if this approach were adopted. Workforce is a very live issue and impacting significantly on staff with higher rates of absence due to the stress this issue is causing. We are looking at a recruitment campaign over 3 days around June 2024 to try and attract social workers for children and adult services, social care staff, CLLE staff, teachers and learning assistants to try and bring new workers into Midlothian.

Unaccompanied Asylum Seeking Children

We continue to work with our Home Office colleagues to try to find a fairer way to share the distribution of UASC who arrive mainly in Kent on small boats. Most local authorities in Scotland are at capacity with regard to having no more foster or residential capacity to accommodate these young people. We therefore have to think differently around how we are all going to manage this ever-increasing demand.

Increased numbers of children impacted by the delay in neurodevelopmental waiting times:

There is a significant delay in families waiting for an appointment with CAMHS regarding neurodevelopment concerns. Not all cases will require clinical input from CAMHS however we are looking at how we can work together to consider how we best support families whilst on the waiting list. We continue to work with partners to explore how

best to meet the current demands and pressure whilst making sure we future proof our services to deliver sustainable options locally for children and young people with ASN and Complex and Enduring Needs. A neurodevelopmental pathway is in the early stages of development.

Foster Care

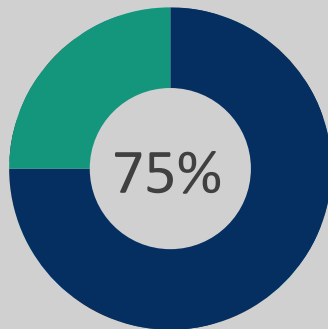
Given the local and national foster care crisis we are planning a major advertising campaign in March 2024 to hopefully generate prospective carers for teenagers and unaccompanied asylum-seeking children and young people.

Financial Pressures

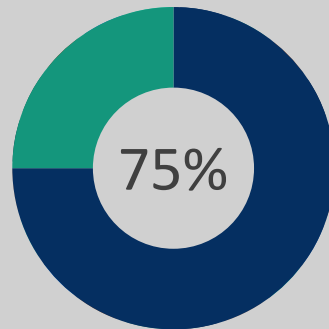
Finance is an ongoing challenge although at Q3 we continue to have a small underspend across the whole of the service.

Service Priority 1 - Ensure the Midlothian Wellbeing Service is aligned with other family supports across Midlothian

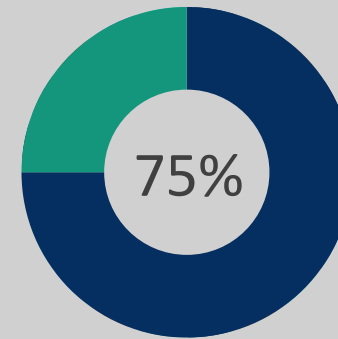
Progress of actions to achieve priority



Ensure funding and resources are in place for 23/24



Implement a formal launch of service across Directorate



Develop process to understand family supports commissioned across Midlothian

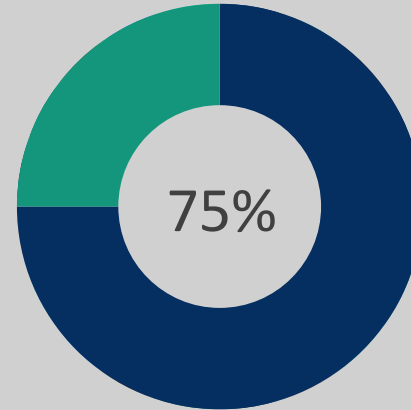
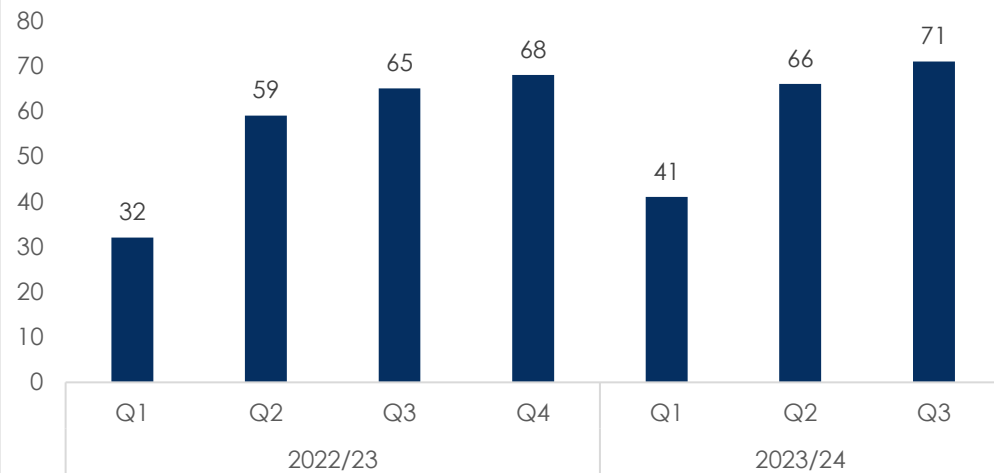
Key achievements this quarter:

- Work is well under way, the funding is in place and there has been a soft launch of the service with our partners. We continue to drive forward the work around the commissioning of 3rd sector services.

Service Priority 2 - Promote the use of Self-Directed Support amongst families to empower them to have choice and flexibility

Progress of actions to achieve priority

Number of families who take option 1 to organise their own support

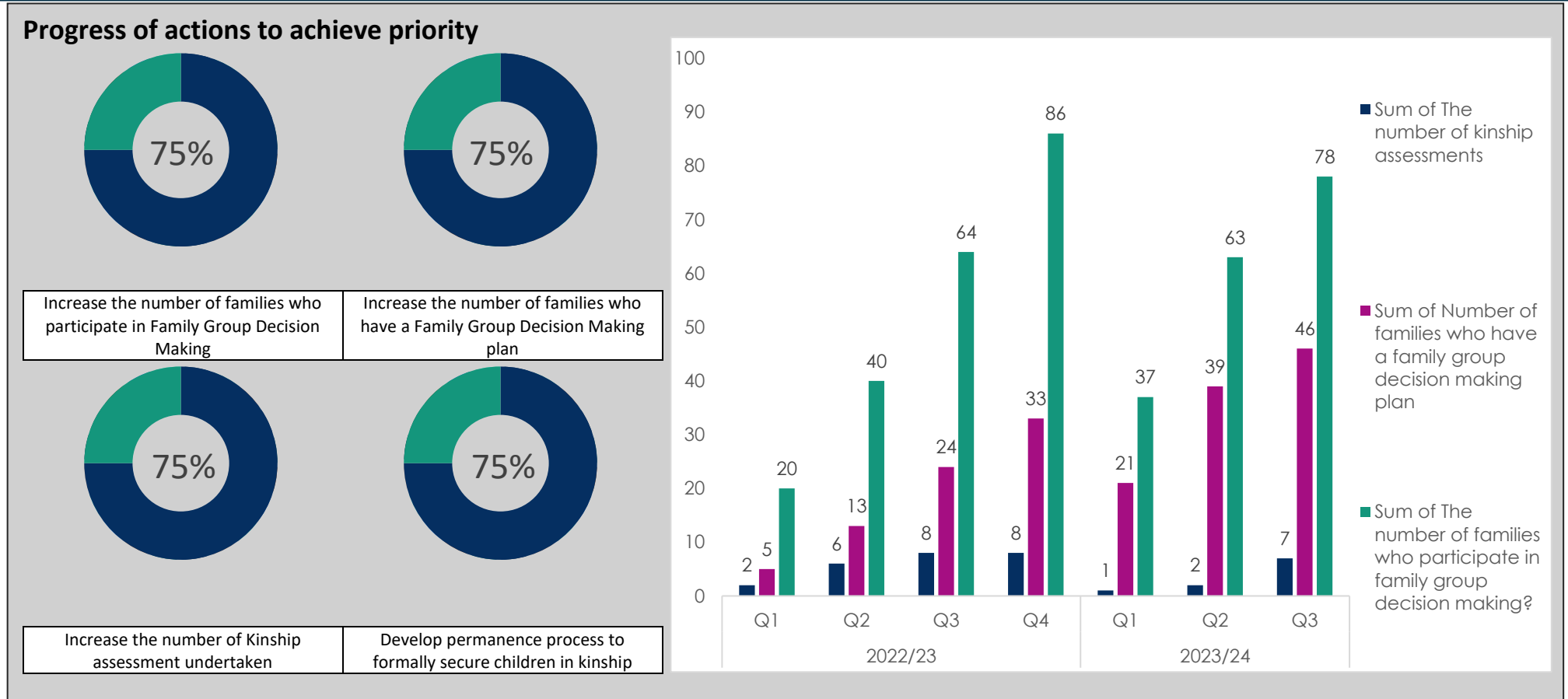


Increase by 10% the number of families who take Option 1 to organise their own support

Key achievements this quarter:

- In total there has been an increase of 30 families using SDS since Q1, which is a 73.2% increase and is the highest number now than at any point last year. There has also been a 7.6% increase in families from Q2, which was slightly lower compared to the same period last year (10.2%).
- This is a great achievement over the quarter and year with numbers continuing to increase. The issue we are facing is the lack of resources within the community to support families who want to access respite or clubs for their children who have additional support needs. Many organisations do not offer a service to children with additional support needs due to the increase costs in staffing but also finding suitably skilled staff is an ongoing issue.

Service Priority 3 - Strengthen supports offered to Family Group Decision Making and Kinship supports to maintain children with birth/kin families

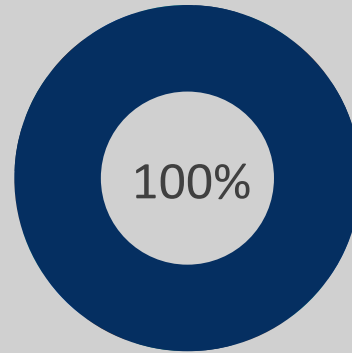


Key achievements this quarter:

- The number of families participating in family group decision making is now higher than it was at this point last year (78), and the number with a family decision making plan is higher, by almost double than compared to this period last year.

Service Priority 4 – Implement the National Child Protection Guidance locally

Progress of actions to achieve priority



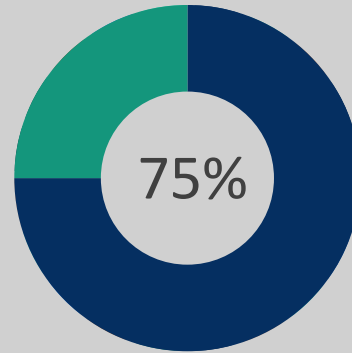
Contribute towards the development of Lothian wide Child Protection Procedures

Key achievements this quarter:

- We have launched the new Child Protection Procedures across Edinburgh, Midlothian, West Lothian and East Lothian with on going training in place for all staff.

Service Priority 5 - Develop a pathway for children and families to navigate mental health services in a timely manner

Progress of actions to achieve priority

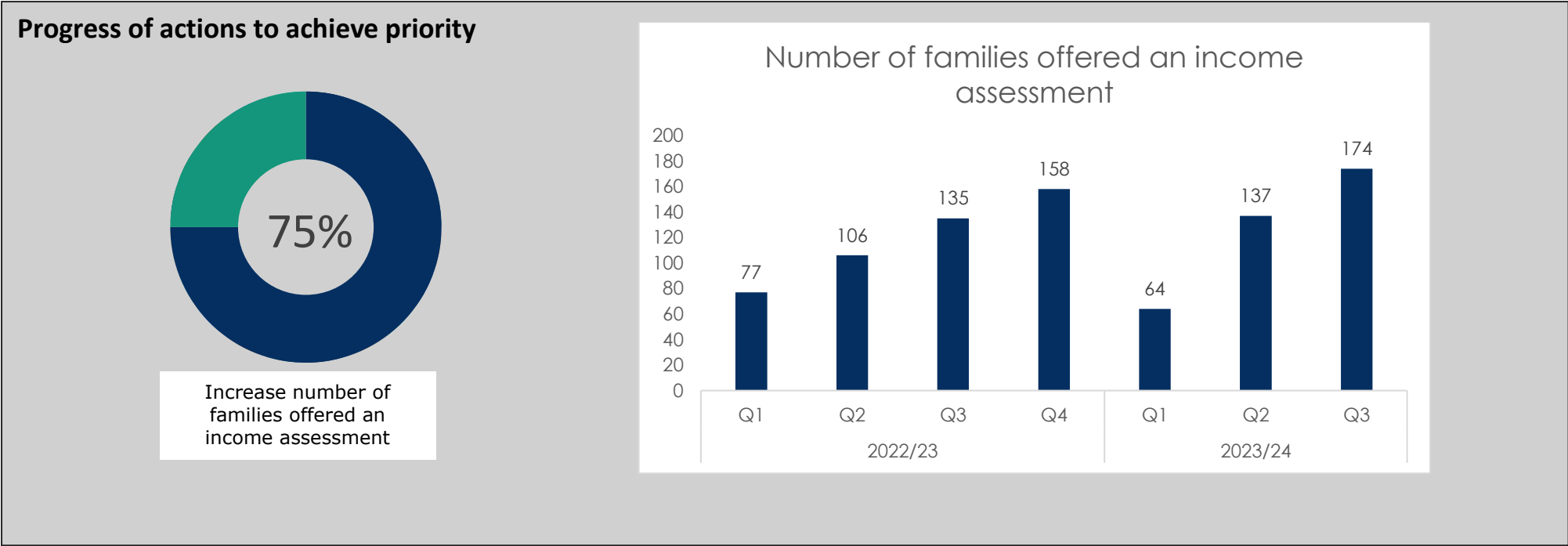


Develop a Single Point of Access across the directorate

Key achievements this quarter:

- Work is progressing on this matter. Funding has been agreed with CAMHS to fund a part time worker to take this work forward. This is being progressed via the Children and Young People's Mental Health and Wellbeing Sub Group.

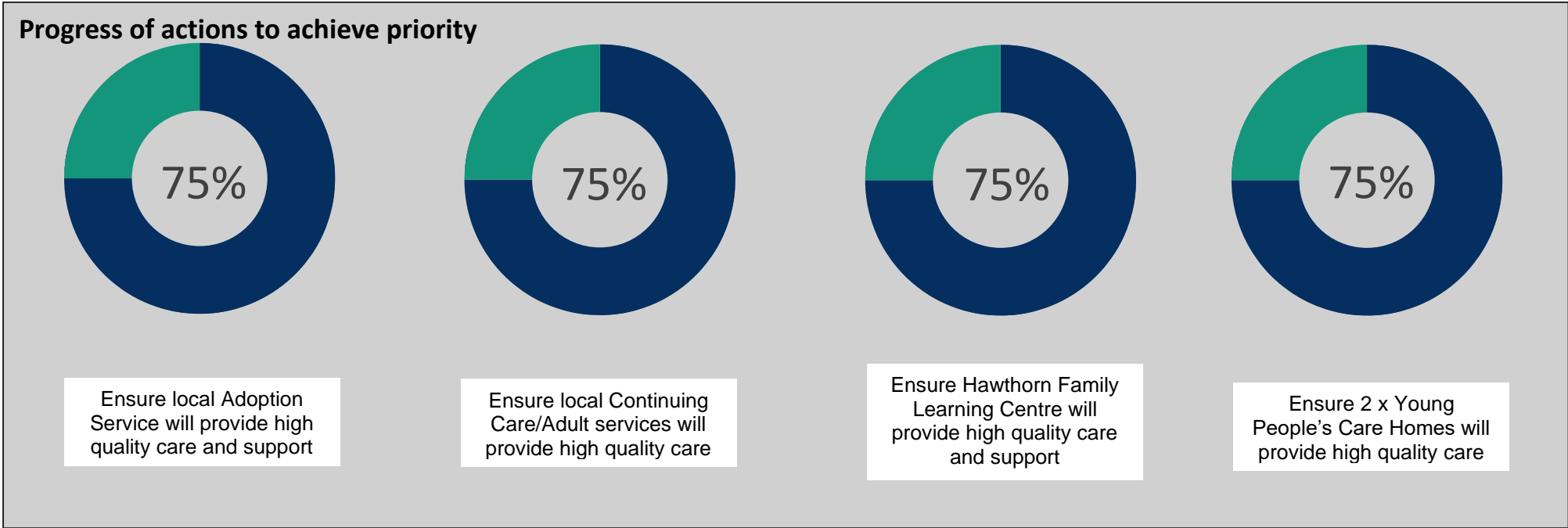
Service Priority 6 - Strengthen mechanisms to support families maximise their income



Key achievements this quarter:

- The number of families offered an income assessment is higher for Q3 (174), than at any point last year. There was also a 27.0% increase in families from Q2.

Service Priority 7 - Children, young people and their families experience high quality services

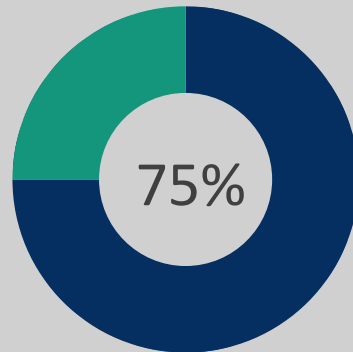


Key achievements this quarter:

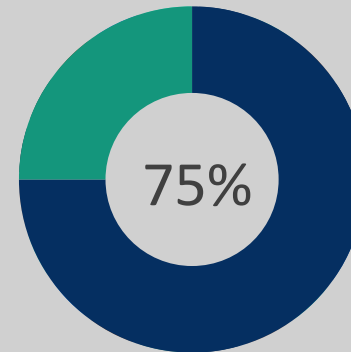
- An inspection took place in September 2023 for Fostering/ Adoption and Continuing Care – an improvement plan has been developed on the back of this and is closely scrutinized and monitored by Social Work Assurance Group (SWAG) to ensure the recommendations are being actioned and improvements being made.

Service Priority 8 – Strengthen the number of staff who understand the importance of trauma informed practice

Progress of actions to achieve priority



Develop a timetable of events that offer training opportunities and development for all CS staff



Increase the number of staff trained in using a trauma informed approach

Key achievements this quarter:

- Work is continuing in this area with a continued programme of rolling training events for all staff that undertake the trauma informed practice training.

Pentana Performance Dashboard

A full review of quarterly performance data is available via Pentana (Browser login link - <https://midlothian.pentanarpm.uk/login>)

Quarter 3 - Children's Services Partnership and Communities-



Quarterly Reporting Pls - Off Target

...	Code & Title	Gauge	Value	Target	Next Update Due	Last Update	History
●	BS.CSPC.LPI.05 Child Protection: % of Core Group meetings held within 15 days fo...		83%	100%	01 Apr 2024	Q3 2023/24	
●	CS.SPSO.04.1 Average time in working days to respond to complaints at stage 1		5.5	5	01 Apr 2024	Q3 2023/24	
●	CS.SPSO.05.1 Percentage of complaints at stage 1 complete within 5 working days		50%	95%	01 Apr 2024	Q3 2023/24	

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Corporate Solutions will “deliver forward looking services fit for a modern 21st Century organisation and put the citizen at the centre of service redesign”.

Corporate Solutions encompasses Human Resources, Digital, Customer Engagement, Legal & Governance, Corporate Resources, Transformation PMO and Continuous Improvement.

Corporate Solutions supports the whole Council delivering services to internal and external stakeholders, playing a key role in the delivery of the Council’s Medium Term Financial Strategy and ensuring organisational compliance, developing the workforce, and advancing transformation.

Transformation and opportunities

Transformation Blueprint (2023-2028)

We are committed to building on the learning and new ways of working that were adopted during the pandemic and renewing our focus on delivering our key priorities at the most local level possible. Rooted in the creation of a wellbeing economy, the vision of the 5-year Transformation Blueprint focuses on reducing inequalities at the same time as looking after the health of our planet.

Specifically, we have three main aims:

- Individuals and communities have improved health and learning outcomes.
- No child or household live in poverty.
- Significant progress is made towards net zero carbon emissions by 2030.

The pandemic has accelerated the financial challenges that we are facing. Reprioritisation and redesign are crucial to balancing the financial position, as well as preparing for further challenges, continued growth, and unknown changes that we will face.

The Blueprint sets out key areas of concern that need to be addressed over the next five years. We will continue to work to address the inequalities that our communities face, respond to the demands of being the fastest growing local authority in Scotland, and delivering our vision of being a great, green place to grow.

Transformation Blueprint Objectives

1. Support the Council to address the 5-year funding gap outlined in the Medium Term Financial Strategy (MTFS)
2. Follow the Money to ensure that the services we commission, contracts we manage and digital solutions we use deliver value for money.
3. Develop an organisational workforce that is flexible ensuring that all staff have the necessary skills to work effectively supported by digital technologies that fit for a 21st century workforce.
4. Design a workplace for the future delivering services in a holistic and integrated way.
5. Drive forward multi-agency transformation to deliver systems-level change resulting in joined-up service delivery which improve outcomes.

The Council's transformation blueprint provides the framework for opportunities to change the way services are improved and delivered to be more efficient. Corporate Solutions has a particular focus on delivering digital first approaches, embedding automation to improve customer access to services and hybrid working.

Customer Engagement

Aligned to the Transformation Blueprint, priorities for 2023/24, key work streams below:

Short term:

- Continued rollout and implementation of Customer Service Platform
- Reviewing service delivery all across Contact Centre teams
- Increased use of eBooks
- Active promotion of library space, for Council and partner services, and enable out of hours access for communities

Medium term:

- Rollout of the Hub & Spoke model with libraries providing and facilitating increased local service provision
- Customer Engagement Strategy development including revised communications and engagement plan

Long term:

- Increase income within Registrars through alternative ceremony offer
- Community and school library redesign; including the mobile library service

Key achievements this quarter:

Library services

This quarter Library Services were awarded the SLIC Library Service Excellence Award for activities that put our communities at the heart of the service. The service has risen to the challenges of a rapidly changing community, creating a series of events and services that respond to the needs to the community, particularly in response to the Cost of Living Crisis. The judges commended the service for these activities and joined up thinking they represent. They also saw a great range of cultural events which have been rewarded by significant increases in library visits and materials issues compared to that of the previous year.

Book Week Scotland took place in November and 66 events were held across our libraries including Bookbug sessions, author visits, workshops, crafting, school visits and Bookbug bag gifting sessions. Almost 2,300 people attended which was a great turn out for what was a very wet Book Week Scotland. A bookmark design competition was run in partnership with Midlothian primary schools with almost 300 entries having been submitted.

The pop-up Post Office in Newtongrange Library extended its opening hours in October increasing the service provision to the local community.

Working in partnership with other services including Communities, Lifelong Learning and Employability, Citizens Advice Bureau, Social Security Scotland and Into Work, a number of workshops and drop-in sessions were held in our Warm and Well Hubs providing advice on benefits, employability support, household budgeting and Cost of Living support and advice.

Our library services continue to transform and thrive in responding to the needs of our communities. There has been a 17% increase in total library visits compared to the same period last year with a 22% increase in physical library visits which demonstrates the impact of our Warm and Well Hubs and other support services and initiatives provided to our communities.

Channel shift

Channel shift work continues with the introduction of short term lets and assisted bin collection requests online this quarter. Several other service requests are in test phase and due to go live which are focused around waste services. Data shows a 10% reduction in call volumes this quarter compared to the same period last year and a 40% increase in contact received digitally by email. Overall, customer contact volumes remain consistent over the year to date. Call abandonment rate has remained consistent this year with a 6% abandonment rate for Q3 compared to 9% in Q4. This abandonment rate calculates the total number of calls that come into the call queue and then leave the queue. There is no ability to analyse why calls are abandoned - callers may choose to hang up because they would rather not wait, or they have called at an inopportune time. Front-end messages are updated on contact centre lines to provide information to the customer waiting, for example, if a whole street of bins had been missed, this would be reflected in the front- end message. Lines also have messages directing people online to carry out transactional activity.

Stage 1 complaint responses across Corporate Solutions are off target. As part of the implementation of the new online complaints portal, there has been an increase in stage 1 complaints received through this self-service option. However, some of these are service requests and not complaints, and work is ongoing to better signpost customers to service requests options where that is more appropriate. This volume, coupled with the Festive shut down has contributed to a slower response time for stage 1 complaints.

Communications and promotion

Our communication and marketing team continue to support services across the Council by promoting key initiatives on our social media platforms, news releases, website and community radio channel. Successes this quarter include:

Promotion to encourage participation of the Midlothian Outdoor Festival through a dedicated communications campaign. This includes a new Council website page signposting customers to online booking, media releases, brochure and posters and promotion across our social media platforms. The best performing Facebook post reaching 7,604 news feeds and 406 engagements. The best performing Twitter post reaching 2,123 impressions and 85 engagements.

Communications support to encourage participation in events as part of Challenge Poverty Week in October through a media release relaunching the warm and well hubs and a promotional video reaching 14,702 news feeds on Facebook and 2,399 impressions on Twitter. Various Facebook and Twitter posts encouraged people to attend events, visit the Cost of Living and our newly created Challenge Poverty webpages. The best performing Facebook post reached 5,252 news feeds and 3,833 Twitter impressions.

Communication to encourage the uptake of Bonfire Night Waste Amnesty contributed to a 21% increase in total uplifts from last year. 510 items were uplifted in total, removing potentially flammable waste from our communities most affected by nuisance fire-raising in the run up to Bonfire Night. A series of social media posts publicised the initiative and provided updates on slot availability. The best performing Facebook post reached 16,847 with an engagement rate of 7.75%, both considered higher than might be considered typical. Best performing Twitter post reached 1,986 impressions.

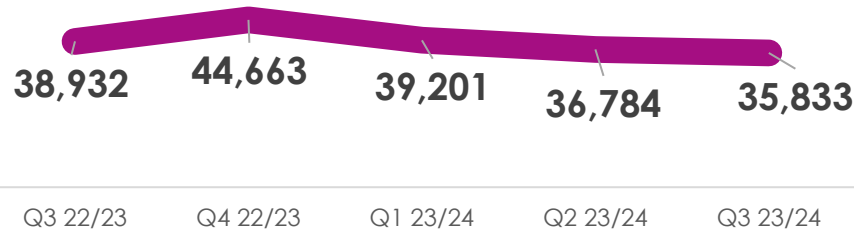
Activity to promote the uptake of the HSCP social care strategy survey, canvassing views of residents about future strategic priorities for Midlothian social care provision. A series of social media graphics were created in collaboration with HSCP project team and the HSCP Engagement officer, each formatted for use on different social media platforms. Combined Facebook posts reached 13,396 and combined Twitter impressions 6,936.

Communications to support the recruitment of more Shared Lives carers, focusing on short break services. Social media posts were created across all Council platforms publishing the work of the service and soliciting expressions of interest. The combined Facebook posts reaching 14,468 with an engagement rate of 4.66%. Interview footage was shot for inclusion in a new video providing information about the service, which will be released in Spring this year as well as work to update webpages for the service, and these will also be launched in Spring this year.

Customer Engagement – performance measures

Customer contact

Number of Contact Centre calls



74%
of calls in Q3
answered **within**
120 seconds

Social Media

21.5k Midlothian
Council Facebook
followers

17.9k @midgov
twitter followers

14.4% Customer
contact received **digitally**
(webform versus telephone)
from 10% in Q2

12,634

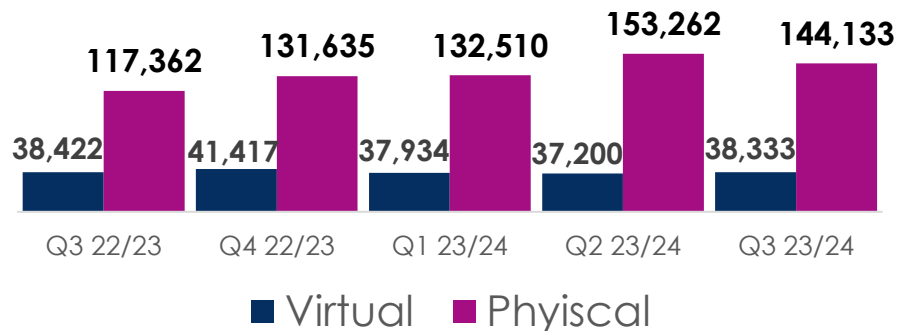
Email contact handled in
Q3 (decrease from 12,855 in Q2)

2,396

Contact Centre
Webforms received
(decrease from 2,588 in Q2)

Library services

Number of Library visits



1,483 Library events held in Q3

Number of Library memberships



1,031 Children's library initiatives taken place in Q3

599

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Library customers supported with **digital queries** in Q3

Human Resources

To achieve the Council's strategic priorities, we recognise that people are our most important asset. Our workforce strategy highlights that we need to attract the best talent, grow our own talent ensuring there are clear progression pathways, ensure our workforce feel engaged, valued and motivated and importantly, empower our staff to enable them to reach their full potential.

Our workforce vision is to work as **One Council** using our knowledge, experiences and sense of shared endeavour to collaborate and think creatively and innovatively so that our people can deliver life-changing impacts for our communities. Our new ways of working mark a clear desire for cultural change and a shift towards a more agile and modern operating model.

Our workforce is key to the delivery of the Transformation Blueprint. In order to ensure a thriving workforce, key areas of focus for 2023/24 will be:

- Investment in Organisational Development through a focused programme of work
- Completion of workforce plans in all services, with a particular focus in high risk areas
- Rollout of the Wellbeing Strategy
- Delivery of the Recruitment and Retention Strategy

Key achievements this quarter:

Wellbeing

Work continues to develop the new Wellbeing Strategy which will focus on the financial, physical, and psychological wellbeing of our workforce and ensure employees have access to advice, guidance and initiatives which support their health and wellbeing.

In conjunction with Midlothian Voluntary Action's project MFIN and the cost of living agenda, HR and Communications staff were involved with promoting support available through partner agencies to combat the cost of living pressures currently being experienced by employees and friends and family living in Midlothian communities. This included awareness of supports for debt advice, energy costs, healthy eating and stress management.

The rolling programme of **Wellness@Midlothian** initiatives continues this quarter to ensure we are supporting the positive health and wellbeing of our staff. During October to December 2023, 20 wellbeing events were held internally and externally covering cost of living supports, wellbeing and mental health awareness and health checks. 147 staff attended various events organised in house. Events included staff engagement exercises held in Stobhill Depot and Bonnyrigg Garage to share employee wellbeing information and details of where to seek support on a large range of topics. Health checks were held across Midlothian Libraries and Schools. Further health checks are scheduled for Quarter 4 for Cherry Road Centre, Bonnyrigg Garage, Stobhill and Fushiebridge Depots. Capital Credit Union were on site at Loanhead Library to meet staff and provide advice on budgeting and saving with over 20 staff attending. 3 Health walks were held for staff from the Active Travel Team supported by the Sport and Leisure team and special offers for gym membership over the festive period were promoted to staff.

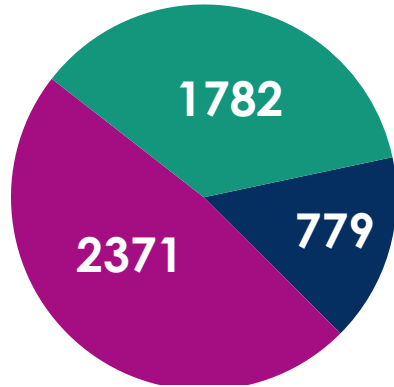
The HR team continue to focus on long term sickness absence which has resulted in progression of absence cases, capability hearings and return to work this quarter as well as the efficient management of employee relations cases to bring these to a conclusion.

21st century workforce - workforce strategy, recruitment and retention

Activity is ongoing to develop and implement the work streams under our workforce strategy, and progress Blueprint theme 2 '21st century workforce'. A consultation has taken place with the Trade Unions on what potential changes needs to take place in our policies for disciplinary, resolution, maximising attendance at work, performance improvement; and these will be included in the transformation workstream plan. A new Hybrid Working Policy was approved this quarter following engagement with Trade Unions and due for roll out and launch in quarter 4. The Leadership Forum programme for 2024 was approved and a new Management Forum focusing on practical management was proposed for launch this year.

Human Resources – performance measures

Workforce demographics



No. of staff by age group

■ 16-30 ■ 31-50 ■ over 50

65%

of employees are
Midlothian Residents

1,190 (24%)

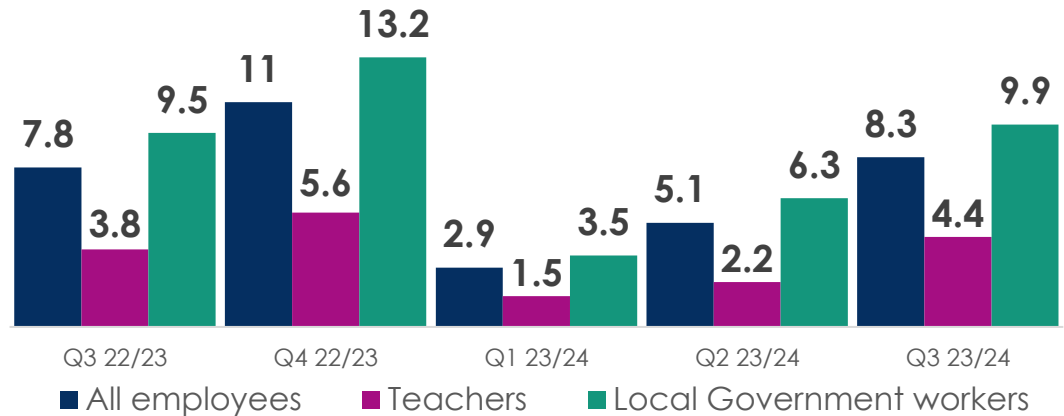
Employees with over
15 years of service

463

Leavers by Q3
(cumulative figure)

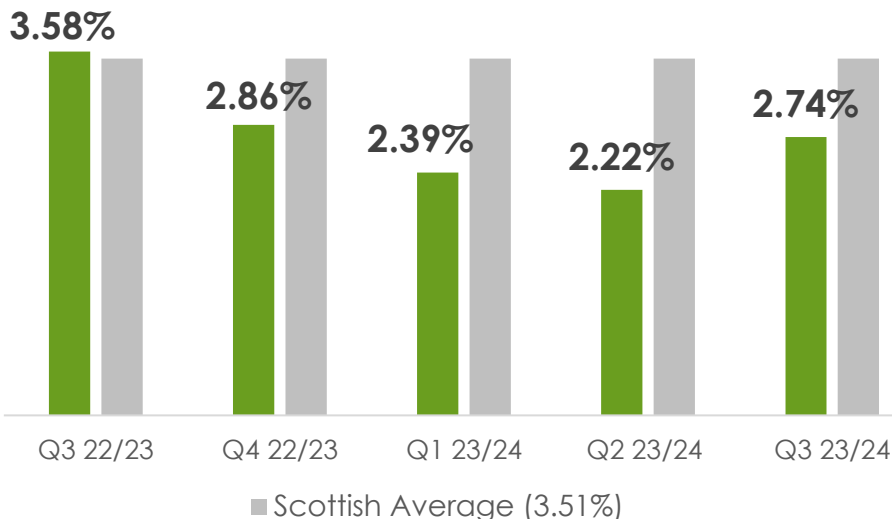
Employee Health and Wellbeing

Average Sickness Absence days



119 female employees in top 5% (113 in Q2 23/24)

Gender pay gap between average hourly rate
of pay for male and female (all employees)



167
Long term
absence
cases
ongoing

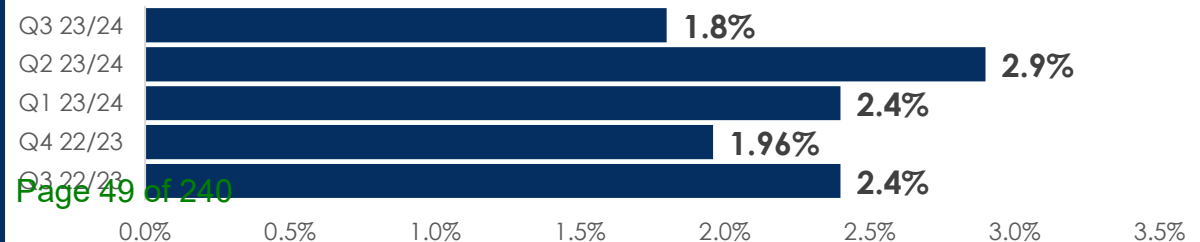
151
Occupational
Health referrals
via OHIO
(increase from
104 in Q2)

24
HR cases in
progress

205
Physiotherapy
referrals made
(decrease from
253 in Q2)

- **20** wellbeing events held this quarter with 147 attendees
- **803** employees accessing **mandatory eLearning courses**
- **1,181** employees accessing **non-mandatory eLearning courses**

% of staff turnover



Digital

Digital solutions underpin the Transformation Blueprint. Key work streams for 23/24 include:

- Review and refresh of the Council's Digital Strategy, including reprioritisation of projects to enable change and transformation
- Development of a Data Strategy and pilot projects such as the secure sharing and analysis of collective, operational level NHS & Council data
- Continued rollout of compliance and cyber security protective measures, including attainment of PSN and Cyber Essentials certification, and actioning any related recommendations
- Implementation of Microsoft O365 capabilities and applications to enable organisational efficiencies, collaboration and data driven decision making
- Delivering service improvements in frontline teams through projects such as digital transformation of Neighbourhood Services
- Continue the roll-out of the Customer Services Platform to promote channel shift
- Equipped for Learning: upgrade classroom Audio Visual estate with interactive smart screens and support the pilot of Virtual Class delivery
- Upgrading Call Centre digital infrastructure elements
- Refreshing / improving quality and coverage of corporate WiFi network
- Ensure all digital aspects of Council operations are well supported and operational

Key achievements this quarter:

Education and Equipped for Learning

As part of the equipped for learning project, 500 new Smart Screens have now been installed across the school estate. As well as providing a superior teaching and learning experience, the new panels reduce power consumption by 50%.

36 physical primary school servers were consolidated down to just 3 this quarter. This significantly reduces power requirements and CO2 emissions. This also allowed us to reduce the number of servers, thus reducing complexity and maintenance time of these systems.

Significant progress was made this quarter towards simplified meeting scheduling, enabling calendar visibility across Google and Microsoft accounts. This went live in January 2024.

Digital Systems and Infrastructure

- Roll out of Microsoft 365 across the whole corporate estate is now completed, enabling widescale collaboration and co-production. This has included:
 - Providing Council-wide training to corporate staff and Councillors, bringing the total to 3,568 attendees across 29 training sessions of 8 different courses.
 - Technical deployment of core Office 365 applications across the estate.
 - Improved collaboration and efficiencies now being realized in many ways across various areas of Council working.
 - Business Case for Phase 2 has been approved with phase 2 starting in December, focusing on user adoption, service-level workflow re-design, Sharepoint deployment, software rationalisation and data reporting and visualisation.
- Completion of a major upgrade to the Citrix platform, significantly enhancing security and efficiency. Citrix is used by approximately ¼ of corporate staff.
- Cloud First strategy continues with successful migration of several major business systems to the Cloud increasing resilience, simplifying maintenance reducing power consumption and CO2 emissions, and providing increased functionality. These include:
 - The Contact Centre's Netcall Liberty telephony management system
 - Capita One Housing system
 - Spydus, the new Library Management System
- Replacement, upgrade or removal of all Microsoft Windows 2012 Servers and upgrade to Commvault Backup System. This ensures that we do not have any old unsupported (and unsecure) server operating systems and hardware. Eight servers and four storage arrays replaced by four new servers. Again, reducing power, CO2, as well as increasing performance and reducing complexity.
- Computer Room AirCon - replacement of the ageing and unreliable air conditioning units in Fairfield and Midlothian House computer rooms, mitigating potential catastrophic impact should server room overheat. This again increases efficiencies by achieving reduced power and Co2 emissions.

Cyber Security

This quarter we were successful in managing and mitigating a major cyber incident. All systems and data were fully secured due to rapid response and multi-team effort during out-of-hours. A testament to the groundwork previously done to block, minimize and mitigate cyber attempts, as well as the dedication and professionalism of the digital services team.

In addition, various cyber security initiatives and events have taken place this quarter:

- **Conducted Phishing Exercises:** Designed and executed realistic phishing exercises to evaluate the resilience of the organisation against social engineering attacks.
- **Elected Member Cyber Security Presentation:** Successfully communicated key cyber security threats and mitigation to elected members, enhancing overall awareness.
- **Directorate specific Staff Security Presentation:** Successfully communicated security presentation to staff, ensuring a widespread understanding of cyber security risk and protective measures.
- **Setup PDNS (Protective DNS) for the Schools Network:** Implemented Protective DNS to strengthen the overall resilience of the schools' network against malicious attacks.
- **Supported the Implementation of Key Technical and Business Processes:** Collaborated with relevant teams to integrate security and compliance measures into new technologies and workflows, minimising potential risks e.g. Projects such as M365 and Google Workspace etc.

Digital – performance measures

Key Digital projects

100%

of Office 365 (phase 1)
project complete

40%

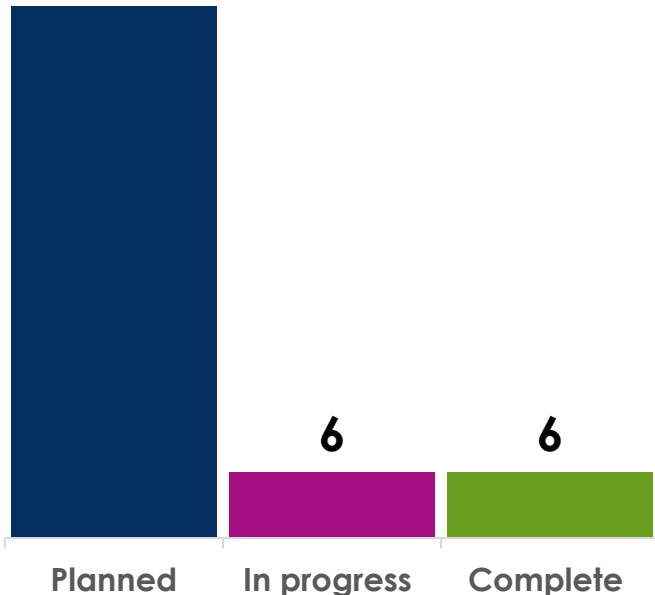
of total CSP (IT foundation
and service modules)
complete

Equipped for Learning

318 panels (interactive smart boards) were upgraded across schools
this quarter.

Progress of total number of Customer Service
Platform modules

49

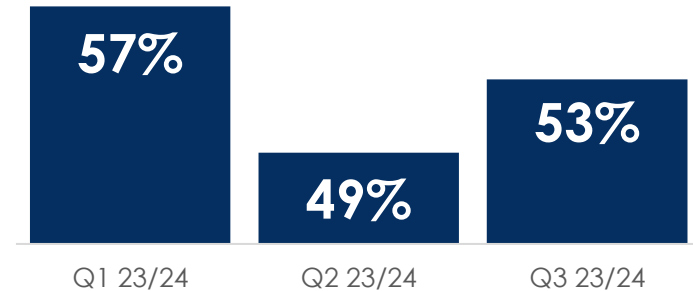


Service and Cyber security performance

232,593

Midlothian Council
Website visits this
quarter (decreased by
9,646 since Q2)

% of IT helpdesk incidents
complete within 48 hours



20% of cyber security
training complete

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100%

of Cyber Essentials and PSN
implemented

Corporate Resources

Key priorities for the service in 2023/24

- Redesign of business processes to achieve efficiencies across all of Corporate Resources
- Making more use of current applications to enable self-service e.g. viewing Council Tax and rent accounts online
- Continued upgrade of applications

Key achievements this quarter:

Work continues for the rollout of invoice approval processes. Fushiebridge Depot, a high volume invoice service, was fully onboarded to invoice approval in Q2. This quarter work to onboard Fleet Services and expand invoice approval in Property Maintenance was fully implemented. Moving away from paper-based invoicing to invoice approval system management allows for a greater level of audit, performance management and data, leading to more up to date financial monitoring and real time reporting. The Business Applications Team continue to work with Scottish Government's e-commerce team on next steps for the e-invoicing programme and onboarding of suppliers to this service. 3 new suppliers onboarded this quarter.

The rate of invoices paid on time across the Council is 92.5% (target is 95%) for quarter 3. Over 64k invoices were paid in total and the average no of days an invoice was paid was 11.7 days. In addition, the team made 11,750 direct payments to bank accounts to cover Free School Meals during the holiday period, the Energy Bill Support Scheme, Ukrainian Host payments and Business Covid Recovery grants.

Business application upgrades were completed for Mosaic and Itrent and server migration and implementation of data encryption completed for Open Revenues. The Capita ONE housing system went live this quarter. Other activities included the replacement of 82 multi-functional devices and printers across our school estate and the completion of the replacement programme for vehicle trackers across the fleet, and a review of unused mobile phone connections with 387 disconnected in total.

Our Employment and Reward and Business Applications Team successfully implemented the Local Government Pay award and associated back dated payments.

The Revenues and Benefits team continue to support the cost of living crisis. Requests for crisis funding continue to remain consistently high, with 67% of the revised Scottish Welfare Fund (SWF) budget up to and including Q3 allocated. (114% of the original budget). 4,977 applications have been received for Crisis Grants this year (1,464 during Q3). 1,029 received for Community Care Grants (280 during Q3). This demonstrates the significant challenge faced by our communities. The successful recruitment of the Scottish Welfare Fund Assessors this quarter will not only allow the team to respond and address the current backlog of processing activities but also analyse the reasons for the high number of applications and refusals to identify preventative activity to mitigate people reaching this crisis point. This is identified as a key action in the Child Poverty Action Plan.

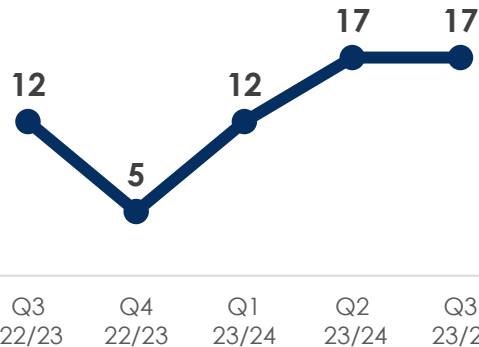
The percentage of current housing rent arrears sits at 13.61%, a slight increase from this period last year of 11.86%. In year Council Tax collected year to date is 77.1% showing a slight decrease from collection rates this time last year. There is no indication at this point that overall Council Tax collection across the year would not be achieved and end of year target therefore is expected to be made.

Corporate Resources – performance measures

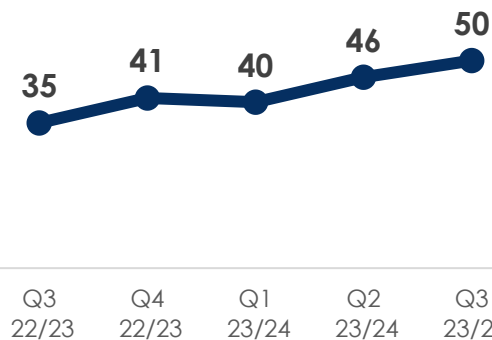
Revenues and Benefits

Average processing times (days)

Change of circumstances

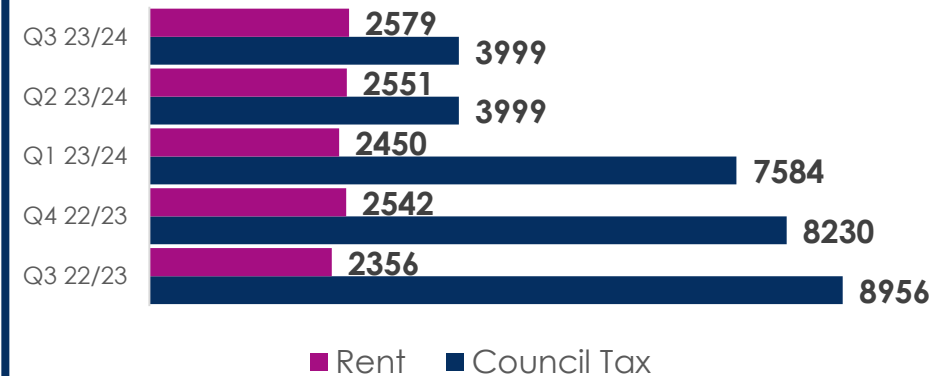


New claims



76.42% of Revenue and Benefits customers paying by **direct debit**

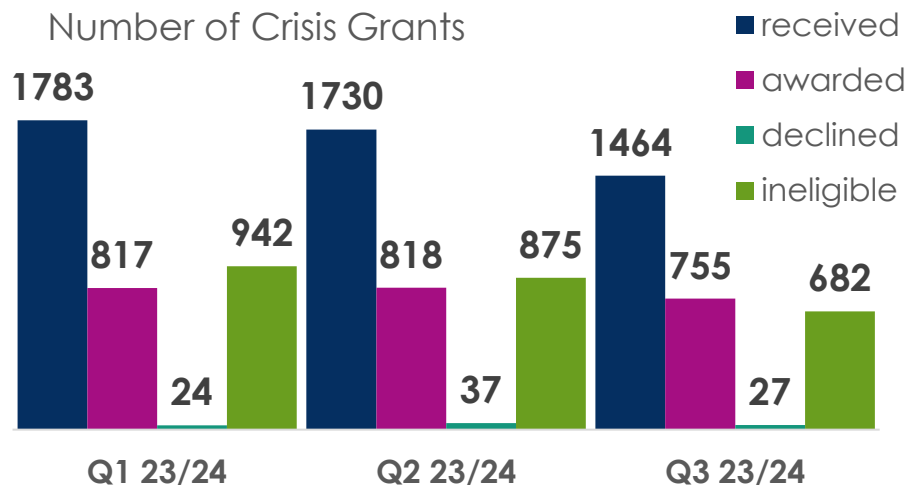
Number of online transactions



Scottish Welfare Fund

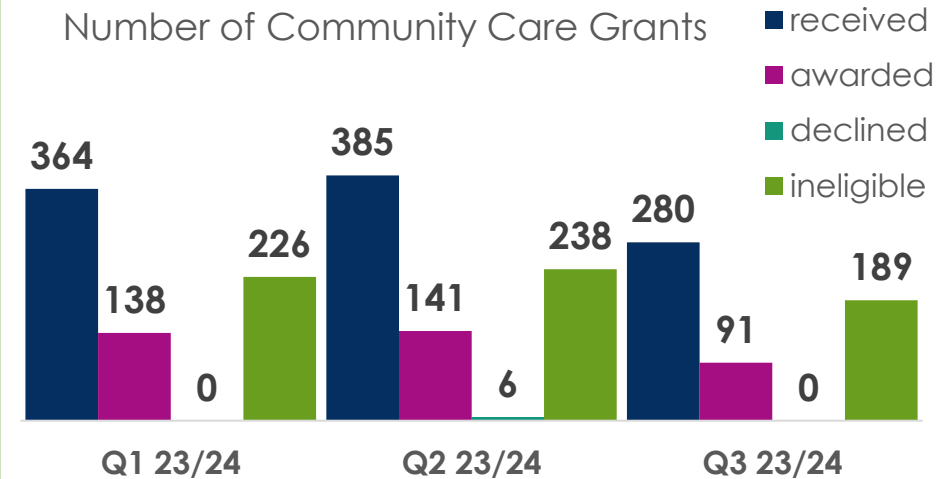
£263,586 granted from Scottish Welfare fund for **crisis grants** **£382,127** granted for **community care grants** up to Q3.

Number of Crisis Grants



67% of Scottish Welfare Fund budget spent this year.

Number of Community Care Grants



Legal and Governance

Key priorities for the service in 2023/24

- Delivery of the 2024 UK Government elections including voter Identity implementation
- Review of the Council's governance framework with revised Standing Orders and Associated Scheme(s)
- Implementation of the new Subject Access Request portal
- Development of the new Procurement Strategy, with a focus on social value, the introduction of a Council wide approach to Community Benefits, and an increased focus on local procurement
- Aligned to the Transformation Blueprint, undertake a review of Contract and Grant Management

Key achievements this quarter:

Legal Services

This quarter, Section 75 agreements were settled for Newtongrange for 1,000 homes, land in Dalkeith for 6 units and land in Gorebridge for 10 units. In addition, the team negotiated the purchase of 12 properties on the open market to support the Council's social housing programme, and the purchase of Millerhill Hub community facility from Shawfair LLP pursuant to Shawfair S75 Agreement. This involved agreeing additional transfer provisions for special district heating obligations, mutual car parking arrangements and special arrangements to take effect when the new (adjacent) retail unit is being constructed.

Additional Special needs tribunal work was brought in house and input was provided to the Mental Health Law Review consultation, as well as Court attendance to protect the Council's interests and to deliver suitable outcomes for children and vulnerable adults.

Procurement

An Interim Procurement Manager led the team last quarter with significant work undertaken including:

- An overhaul of the Contract Database
- Research and investigation into the use of a Concession contract, identifying and benchmarking of a suitable tender and preparation of all necessary tender documentation including suitable Terms and Conditions with support from legal services.
- The Council's standard Terms and Conditions for all other contracts have been updated with support from legal services.
- The procurement strategy peer review process has been streamlined to ensure audit trail and accountability.
- The Non-Competitive forms and templates have been reviewed and updated to ensure compliance with Regulations and Standing Orders.

A short life working group has been established to review contracts within Health and Social Care including the appointment of a dedicated Procurement Officer. A programme of work is being delivered to bring all off-contract spend onto relevant frameworks. A key piece of work that has commenced with HSCP and Procurement is involvement in the development of the Scotland Excel (SXL) Care and Support Contract which SXL are retendering with a go live date of April 2024. This approach provides a route to compliant commissioning for almost £16.5m of social care expenditure. It is anticipated that this would reduce the resource that would need to be invested in commissioning and avoid costs associated with a recommissioning / tendering process and could potentially mitigate some of the inflationary budget risks associated with a recommissioning exercise.

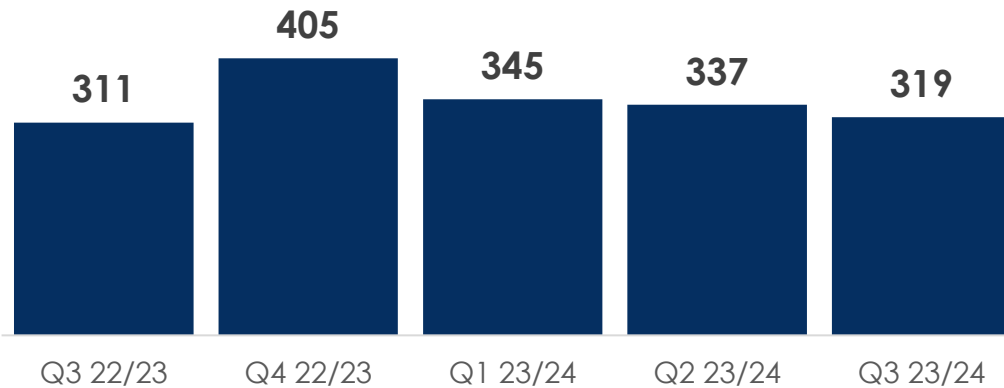
Programmes of work like this are part of the Transformation Blueprint 'Follow the Money' theme, looking at commissioning, contracting and identifying savings and efficiencies that can be made across the organisation, particularly in high risk/high spend areas.

High value and complex contracts were awarded this quarter for the supply of fire doors, window cleaning services, supply of bulb and wildflower and purchase of A2D (Analogue to Digital) Telecare Equipment.

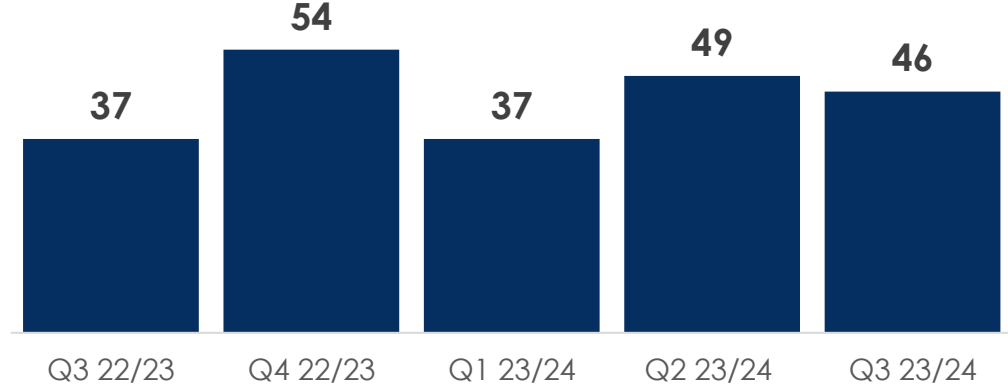
Legal and Governance – performance measures

Access to information

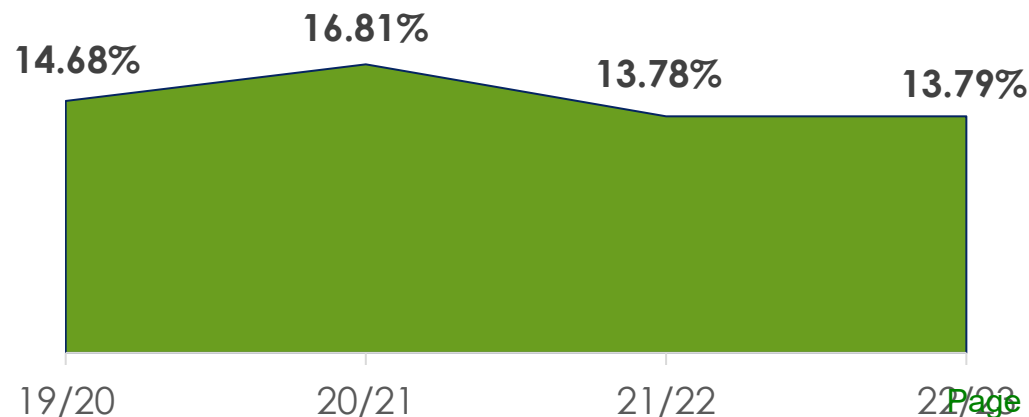
Number of Freedom of Information requests received (quarterly)



Number of Subject Access Requests received (quarterly)



% of procurement spent on local enterprises (LGBF)



3 regulated procurement exercises undertaken this quarter

14 legal commercial transactions undertaken this quarter

Challenges and risks

Financial position

Council approved the 2023/24 budget at its meeting on 21 February 2023. Delivery is reliant on a combination of savings and service reductions and includes the use of retrospective service concession savings and earmarked Covid recovery reserves. Whilst the 2023/24 budget is agreed, the challenge remains to reach ongoing financial sustainability. Cost and income projections for future years will be embedded in the Council's Transformation Blueprint which contains a range of transformation themes to drive towards a position of financial sustainability, and close working continues with the Business Transformation Steering Group to respond to the challenges.

Financial Services continues to ensure the Council has robust financial management arrangements in place with a full suite of financial monitoring reports for quarter two 23/24, presented to Council in November 2023. The team continues to provide in-depth financial input to key revenues and capital projects embedded into the Medium Term Financial Strategy.

Growing Council

Scotland with an increase of 16.1%. The 2011 census data lists Midlothian as having a population of 83,187 which has risen to 96,600 in the 2022 census data. The level of growth is 2.3% higher than our previous calculation and is now 13.4% higher than the Scottish average of 2.7%.

In terms of households, Midlothian saw the highest percentage increase at 17.2% since the 2011 census. Population density in Midlothian is 273.1 residents per square kilometre compared to the Scottish average of 69.8. In addition, Midlothian has 10 data zones which fall into the most deprived areas.

This growth creates the opportunity to meet housing need with 25% of new homes being built in the affordable housing provision, in addition to the expansion in our Council house building. This construction directly supports employment and will see a steady increase in the value of Council Tax income received over time.

To ensure Midlothian is 'building back better', this investment is also creating new jobs, apprenticeship opportunities, opportunities for businesses and communities and families hardest hit by the impact of the pandemic. These new opportunities help lead the way towards a better future for Midlothian.

Midlothian's approved Capital Strategy sets out the infrastructure required to meet those demographic pressures and includes the financial contributions Midlothian will make to the Edinburgh and South East Scotland City Region Deal. Encompassing five main themes the City Region Deal will bring significant investment across the regions with total investment of circa £1.3 billion across:

- Data Driven Innovation: £751 million
- Integrated Regional Employability and Skills: £25 million
- Transport: £156 million
- Culture: £45 million
- Housing: £313 million

Through the Data Driven Innovation strand the Deal will leverage existing world-class research institutes and commercialisation facilities in order that Easter Bush becomes a global location of Agritech excellence. The Easter Bush project includes significant investment in transport infrastructure along the A701/2 transport corridor. In addition, by improving onsite infrastructure at Easter Bush and transport infrastructure, the University of Edinburgh expects commercial partners will be able to co-locate at scale to commercialise Agritech breakthroughs.

The Capital Investment Strategy sits centrally within the Council's future planning activities and in doing so has to reflect the demands of Council services to ensure positive outcomes are achieved in the right place, at the right time, for the maximum benefit to Midlothian. The extensive capital programme delivers new schools, a record investment in council housing, improved community infrastructure, investment in the local transport network and innovative developments such as the new low carbon heat network in Shawfair.

Economic pressures

Inflation, as well as rising energy costs, are affecting the construction industry in Scotland. The UK is experiencing unprecedented adverse market conditions, leading to significant rises in tender prices for a wide range of materials. There is evidence that inflation of between 10% and 15% beyond BCIS predictions is affecting projects. The pandemic has also accelerated financial challenges, and the growth from being the fastest growing local authority in Scotland places significant pressure on Midlothian to be able to deliver high quality services to its citizens.

In response to all these pressures, a range of reprioritisation activity is taking place, with a revised Capital Plan being considered by the cross-party Business Transformation Steering Group, and options to review what and how services are delivered as part of the savings measures to reduce the funding gap recommended to Council.

Cost of Living Crisis

Midlothian's citizens are facing significant financial challenges. The impact on households continues to be noted across the UK with 49% of adults reporting an increase in their cost of living in December 2023 ([Office for National Statistics; Francis-Devine et al, 2022](#)). The UK is currently facing an unprecedented wave of increasing prices, bills and tax challenges. The 41 year high inflation rate of 11.1% in October 2022 has been the main driver of the cost of living crisis which has outstripped wage and benefit increases. Recent data shows the annual inflation rate was 4.0% in December 2023, up slightly from 3.9% in November. The price rises continue to impact low-income households hardest as a larger proportion of their costs are on energy and food. The Resolution Foundation estimates that absolute poverty is set to rise in the short-run, from 17.2% in 2021-22 to 18.3% in 2023/24 (or an additional 800,000 people in poverty).

As our citizens feel the impact of the Cost of Living Crisis, they will seek additional support from public services; in particular local authorities. To respond to this emerging crisis, the Council established a Cost of Living Task Force last year, which is chaired by the Council Leader and meets regularly to coordinate mitigating activities.

National Care Service

The estimated funding gap for the next three financial years does not include the associated costs of the Scottish Government's National Care Services (Scotland) Bill. If enacted, the bill would have fundamental implications for the community and for Local Government itself. The wide reaching changes in the bill aim to deliver a National Care Service by the end of the parliamentary term, which will impact on all aspects of the work of the Corporate Solutions team, including financial implications, in both revenue and capital, our asset base, our workforce, governance and legal arrangements and our digital infrastructure and platforms. It will require an immediate focus for the foreseeable future, and this will inevitably have implications for other priority work at a time of continued resource constraint.

Risk

The Council's Strategic Risk Profile is presented retrospectively to Audit Committee quarterly. The most critical risks to the Council are Financial Sustainability, Climate Change and the Change Programme. Corporate Solutions is key to the delivery of mitigating actions to these risks; through strategic planning and driving forward transformation.

Pentana Performance Dashboard

A full review of quarterly performance data is available via Pentana (Browser login link - <https://midlothian.pentanarpm.uk/login>)

Quarter 3 - Corporate Solutions-

18

Quarterly Reporting Corporate
Solutions PIs - On Target

9

Quarterly Reporting Corporate
Solutions PIs - Off Target

70

Quarterly Reporting Corporate
Solutions PIs - Data only

0

Quarterly Reporting Corporate
Solutions PIs - Data not
available

26

Quarterly Corporate Solutions
All Service Risks

0

Quarterly Corporate Solutions
High Service Risks

Quarterly Reporting Corporate Solutions PIs - Off Target

...	Code & Title	Gauge	Value	Target	Last Update	History
🔊	● CORP.DIGITAL.11 % of IT helpdesk incidents complete within 48 hours		53%	60%	Q3 2023/24	
🔊	● CORP.LEG.02 % of Freedom of Information requests complete within Statutory time...		79%	100%	Q3 2023/24	
🕒	● CR.CC.4 % of contact centre calls abandoned (quarterly)		6%	5%	Q3 2023/24	
🕒	● CSE.LPI.03 Average processing time for new claims (internally calculated) (quarterly)		50 days	25 days	Q3 2023/24	
🕒	● CSE.LPI.04 Average processing time for change of circumstances (internally calculat...		17 days	8 days	Q3 2023/24	
	● CORPS.MPI.01 Performance against revenue budget		£26.910m	£26.355m	Q3 2023/24	
🕒	● RHM.r.01.1 % of in-year Council Tax collected ytd (cumulative)		77.1%	95.2%	Q3 2023/24	
🕒	● RHM.r.02.1 % of current Housing Rent arrears (total)		13.61%	7.5%	December 2023	
	● CORPS.SPSO.05.1 Percentage of complaints at stage 1 complete within 5 working ...		83.33%	95%	Q3 2023/24	

← 1 of 1 →

Improving Outcomes for Learners through an Empowered System

Education Services encompasses Early Learning and Childcare (ELC), Primary Schooling, Secondary Schooling, Special Schooling, Additional Support Needs, Digital Learning, Educational Psychology and Community, Lifelong Learning and Employability (CLLE).

Vision and context

All children, young people, adults and communities in Midlothian are supported to be the best they can be. This will be achieved through a nurturing, respectful and collaborative approach that promotes wellbeing, equity, inclusion and lifelong learning.

The Education Service Plan is informed by and links to the outcomes determined by the Getting it Right for Every Midlothian Child Board.

The Standards in Scotland's Schools etc. Act 2000, as amended 2016, placed new duties on education authorities, and the Education Service Plan includes identified areas for improvement specific to Education to fulfil these duties. As a result, the Education Service Improvement Plan not only reflects the key priorities in the Midlothian Single Plan but also aligns closely with the key priorities in Education – Achieving Excellence & Equity: National Improvement Framework and Improvement Plan 2023:

- Placing the human rights and needs of every child and young person at the centre of education
- Improvement in children and young people's health and wellbeing
- Closing the attainment gap between the most and least disadvantaged children and young people
- Improvement in skills and sustained, positive school-leaver destinations for all young people
- Improvement in attainment, particularly in literacy and numeracy

Overall good progress has been made in Q3 in meeting our improvement milestones and outcome targets.

Priority 1: Raising attainment to ensure that all children and young people in Midlothian achieve outcomes which lead to positive destinations

Aligned to the Service Plan, priorities for 2023/24, key work streams:

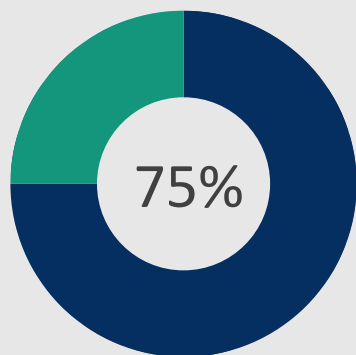
- *Learning, Teaching & Assessment Framework*
- *Monitoring impact of Raising Attainment Strategy*
- *Literacy & numeracy progressions*
- *Moderation & progression*
- *ASG development of BGE curricular frameworks*

Key achievements this quarter:

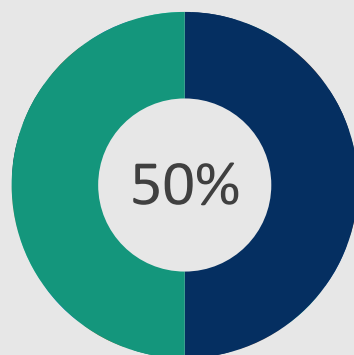
- A strategic group has been established to support development of Framework (ASG and Cross Sector representation) Milestones for completion of Framework are in place. Principles for Framework developed and in draft.
- Excellence and Equity Oversight Board established to monitor impact. Raising Attainment Team in post with data informed plan to support implementation of strategy.
- Launch of reading progression & Professional Learning anytime learning offer supported by the Raising Attainment team. Input to In Service Masterclasses.
- Learning Offer on appropriate pedagogical approaches to learning, teaching and assessment.
- All ASG improvement plans articulate development of a curricular area. ASG working groups set up to take forward. Primary HT group input to initial primary HT meeting with ASG follow up. Curriculum input and frameworks discussion around next steps. Clarity of purpose/rationale for using them and how, action plans to be created. PSDO to work with Dalkeith ASG to develop science and technologies framework as model.
- Refreshed Attendance Policy reviewed by MNCT and approved at Cabinet. The Attendance Partnership Network has hosted 3 of 5 workshops to date with positive feedback on greater understanding of and confidence in addressing attendance issues and more coordinated actions across partners towards improved attendance

Education Improvement Priority 1 – Progress towards the outcome

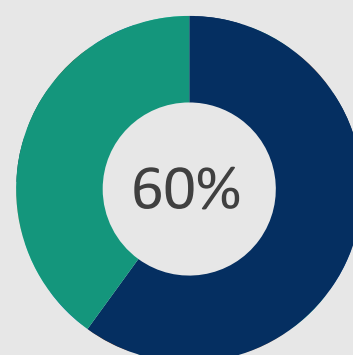
Priority 1.1 - Learning, teaching and assessment



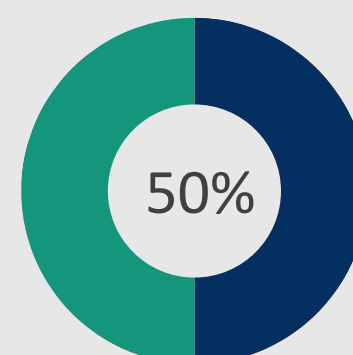
Learning, Teaching & Assessment Framework



Monitoring impact of Raising Attainment

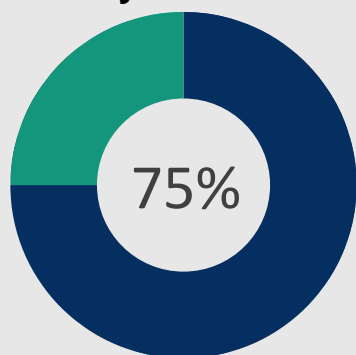


Majority of schools judged as good or above for QI 2.3

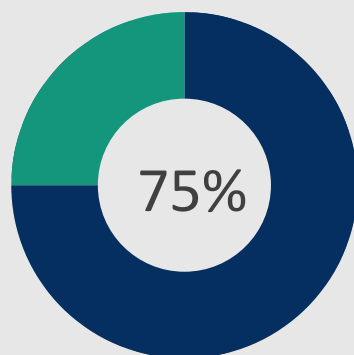


All schools can evidence improvement for QI 2.3

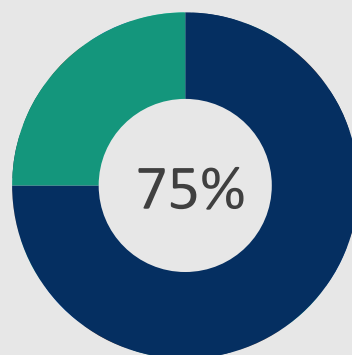
Priority 1.2 - Curriculum



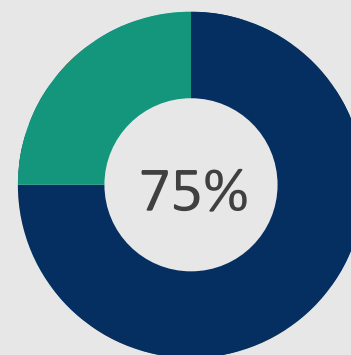
Literacy and Numeracy Progressions



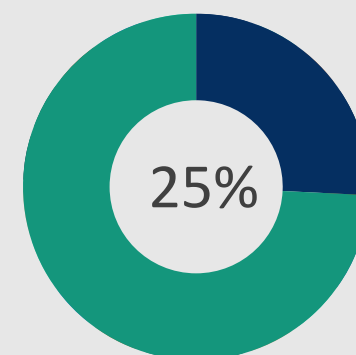
Moderation and Progression



Development of BGE curricular frameworks



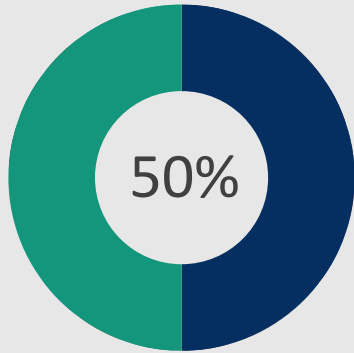
Curriculum Framework



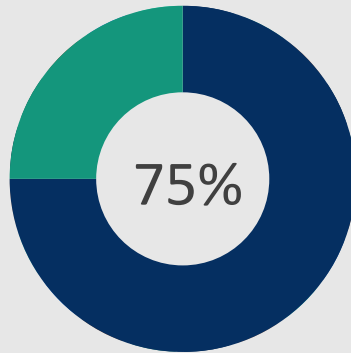
Midlothian Skills Framework

Education Improvement Priority 1 – Progress towards the outcome

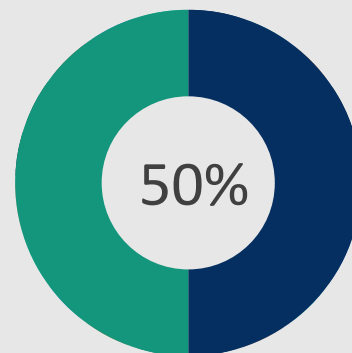
Priority 1.3 - Equity



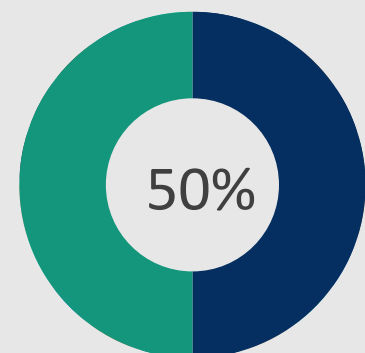
Excellence and Equity



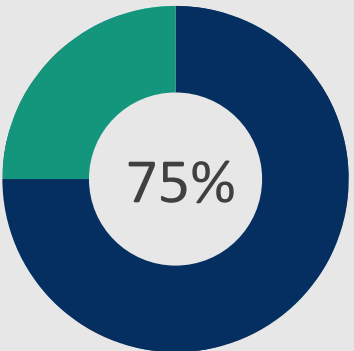
Effective use of data dashboards



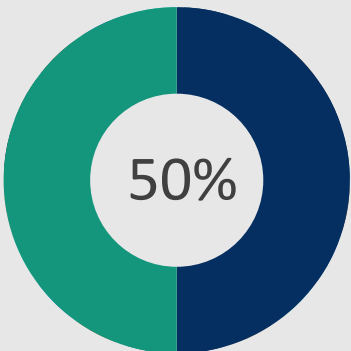
Intersectional data



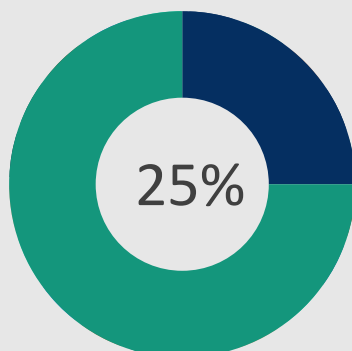
Tracking and Monitoring



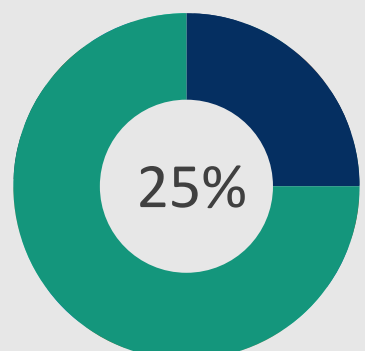
Pupil Equity Funding plans (PEF)



Midlothian Poverty Action

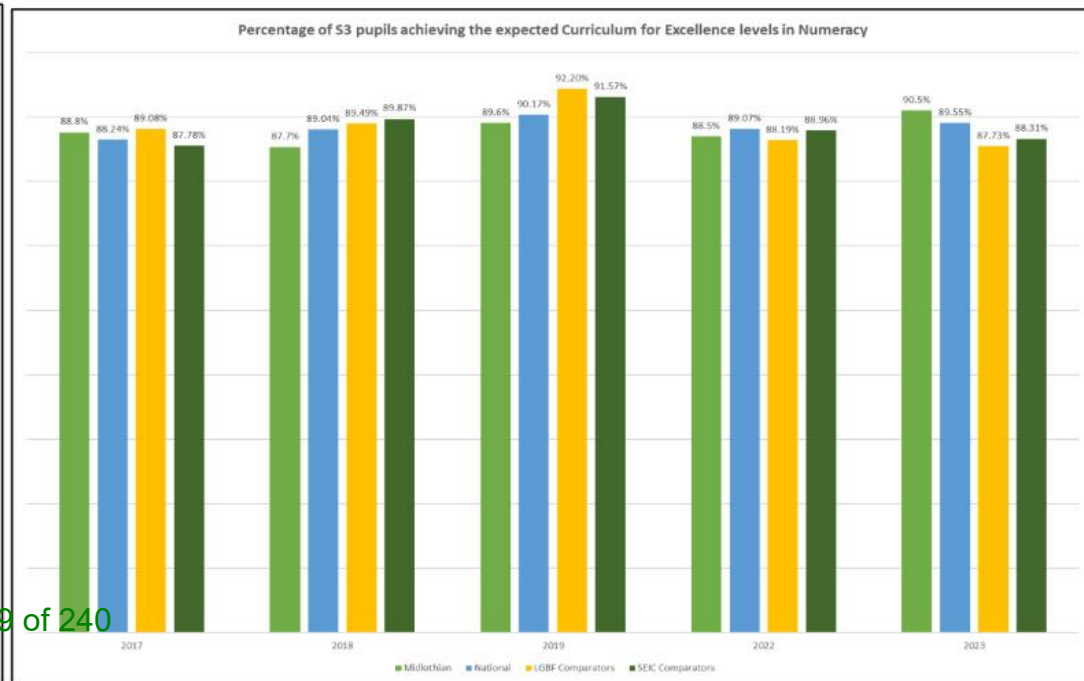
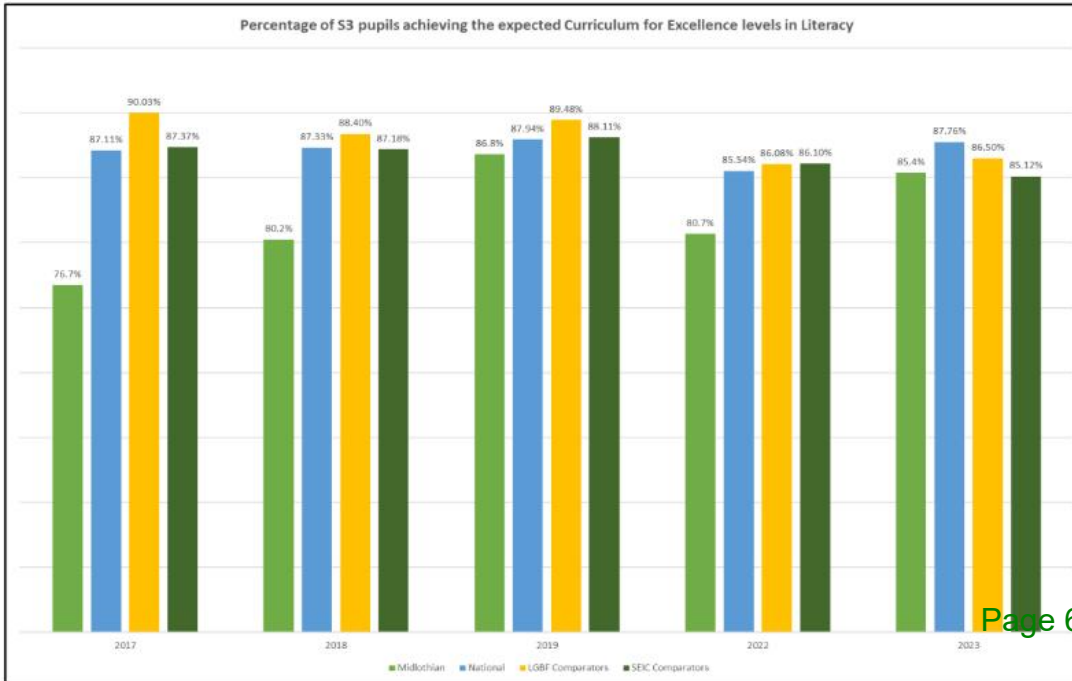
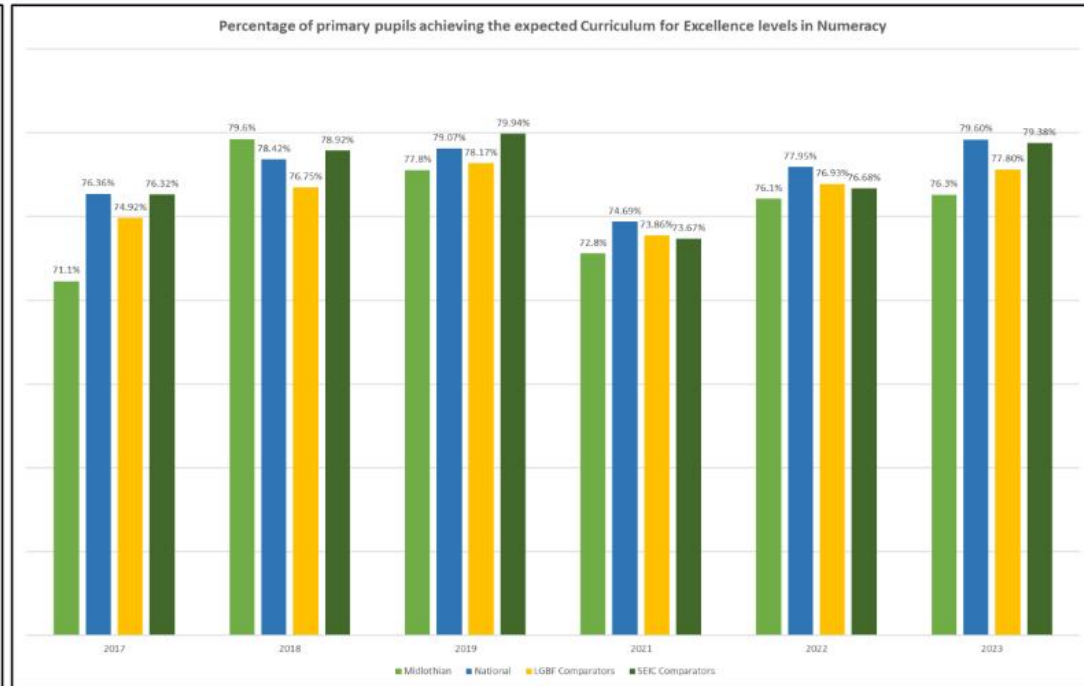
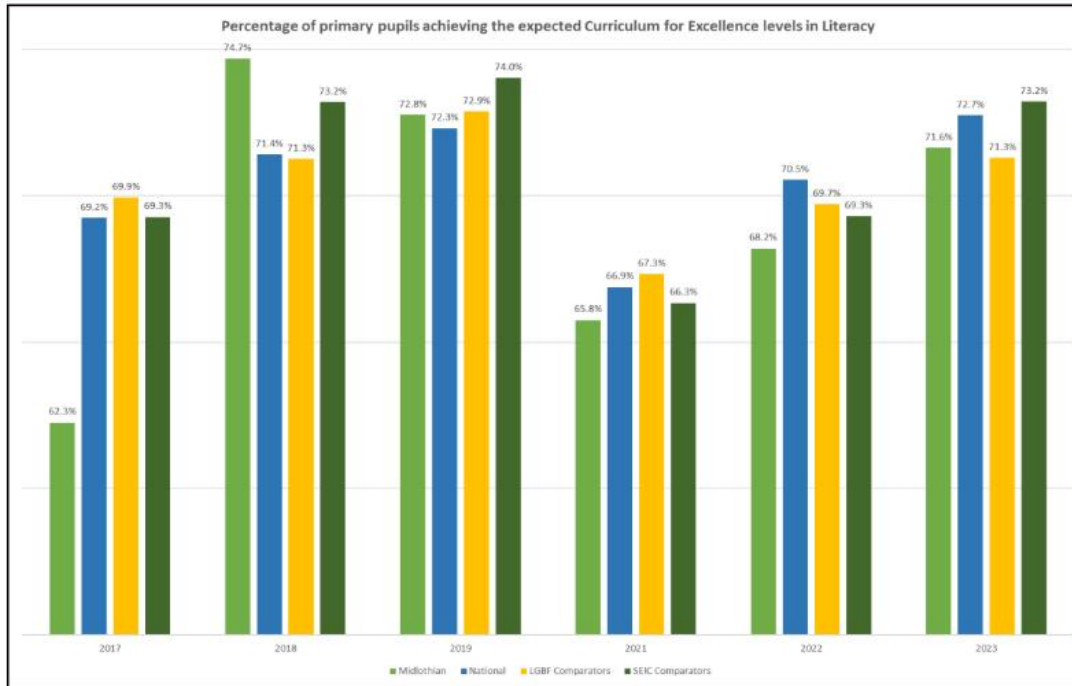


Procedures and Policy











































Partnerships and pathways

Raising Attainment – ACEL update 2022/23






Raising Attainment – ACEL update 2022/23

Individual Stages Performance

	P1		P4		P7		S3	
	vs. 22	vs. Comp	vs. 22	vs. Comp	vs. 22	vs. Comp	vs. 22	vs. Comp
Literacy								
Numeracy								
Reading								
Writing								
Listening & Talking								

* vs. 22 columns shows progress in component to last year's performance vs. Comp shows progress to the national and our LGBF Comparators

 Above
  Very similar performance
  Below

Key achievements this quarter:

ACEL Attainment:

ACEL data was published in December 2023. ACEL data details the % of pupils who have achieved expected CFE (Curriculum for Excellence) levels in reading, writing, and listening and talking and numeracy at P1, P4, P7 and S3. This data is based on teachers' professional judgements.

The ACEL data for Midlothian for 2022/23 demonstrates positive improvement.

- The combined primary stages (P1, P4 and P7), with both literacy and numeracy attainment shows an increase in 2022/23 on the previous year and are above pre-pandemic levels.
- For the individual stages there was also improvement in Literacy P1, P4 and P7 and for Numeracy improvement from 2021/22 in P1 and P4.
- Looking at the individual literacy components there was good progress in all three stages. In P1 there were increases in reading, writing, and listening & talking from last year, with reading and listening & talking levels above the national and comparator figures. In P4 there were improvements in all three components from last year and above national and comparator figures for writing and listening & talking. In P7 there were improvements in writing and listening & talking from last year.
- In S3 attainment was higher in both literacy and numeracy compared to last year and the pre-pandemic levels. In addition, the numeracy levels are higher than the national and comparator authorities' average. There were also increases in attainment for all literacy components compared to the previous year and are now more aligned to the national and comparator levels.
- Achievement of CfE Levels by deprivation shows the gap between the proportion of primary school pupils (P1, P4 and P7 combined) from the most and least deprived areas who achieved the expected level in literacy narrowed from 25.4 percentage points in 2021/22 to 21.2 percentage points in 2022/23 – the second smallest on record (since 2016/17). The attainment gap for P1, P4 and P7 pupils combined in numeracy also narrowed from 20.9% in 2021/22 to 14.6% in 2022/23 – the smallest on record. Both gaps in literacy and numeracy are smaller than the comparator authorities' average.
- The gap between the proportion of S3 pupils from the most and least deprived areas who achieved Third Level or better in literacy and numeracy however increased in both areas from 2021/22 to 2022/23, although the gap in numeracy of 10.6% (the second smallest on record) is lower than pre-pandemic levels and smaller than the comparator performance.

Although there is positive improvement in terms of % of pupils achieving expected CFE levels, there is further work to be done to improve P7 numeracy and to narrow the poverty related attainment gap in S3. The implementation of literacy and numeracy progressions, as well as targeted interventions for some learners, will support improvement in these areas.

Education Improvement Priority 2: All children & young people feel valued & included, and have the same opportunities to succeed

Aligned to the Service Plan, priorities for 2023/24, key work streams:

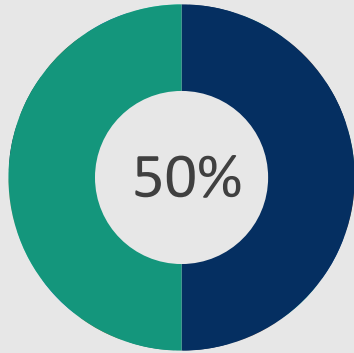
- *Relationships*
- *Wellbeing and Care*
- *Inclusion and Targeted Support*

Key achievements this quarter:

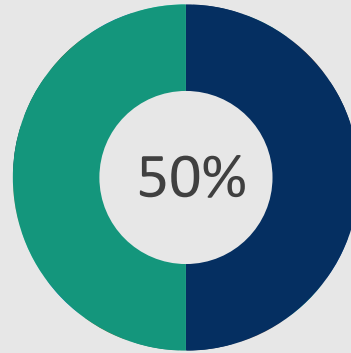
- Relational practice becoming embedded in the language and practice in schools led by Nurture Leads and EPs. Plan to develop relational policy through engagement with children and young people is well underway.
- EPs and Nurture Leads are developing professional learning offer for relational approaches and Keeping Trauma in Mind to launch in August 2024.
- Mapping of system around staff wellbeing is underway through a series of appreciative enquiry engagement sessions with school staff and analysis of support structures in schools. Proposals to be drafted upon completion of analysis in May
- Professional learning to strengthen understanding of anxiety, mental health and neurodiversity.
- The Glasgow Wellbeing Profile has not yet been rolled out across schools due to a delay in resolving issues relating to data security. Consideration is being given to the use of SHINE as an effective universal approach. Guidance for schools on use to targeted data is in process.
- A professional learning framework for wellbeing and mental health has been drafted for consultation with schools and partners with the aim of further building capacity within settings.
- A mapping of how resource is allocated across the system has been undertaken to inform the development of the Single Point of Access (SPA).
- Analysis of need has identified key priorities for allocation of Community Mental Health funds with centralised streamlined access pathways.
- All Support for Learning Staff have been trained in Inclusive Classrooms, had equipped for learning digital update and new Midlothian Learning Plans. Support for Learning role training took place in Q3.
- Dyslexia Working group has been set up and includes practitioners, parents and young people to review current dyslexia toolkits.

Education Improvement Priority 2 – Progress towards the outcome

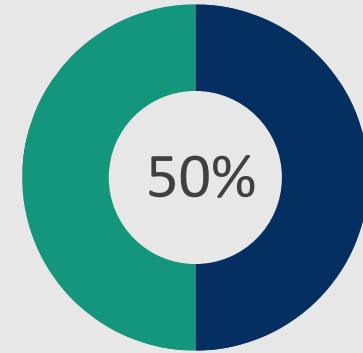
Priority 2.1 - Relationships



Relationship policy and practice

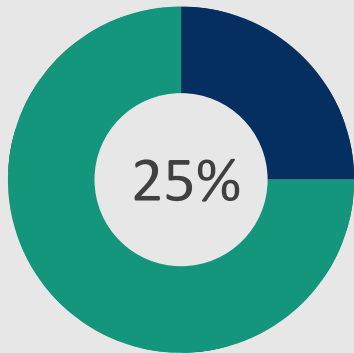


Professional learning needs of school staff

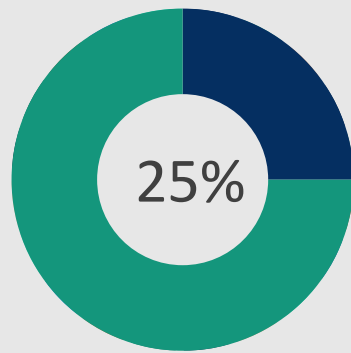


Professional support and supervision

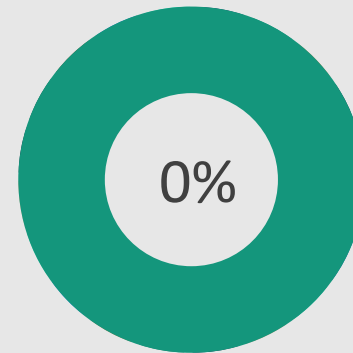
Priority 2.2 - Wellbeing and Care



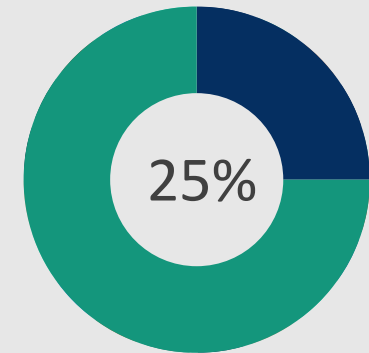
Curriculum pathways



Person centred assessment



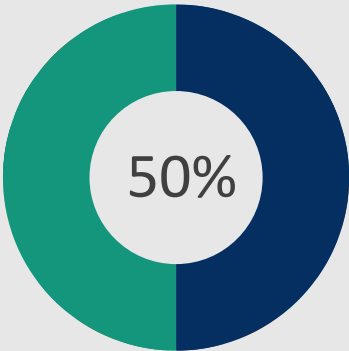
Effective use of data



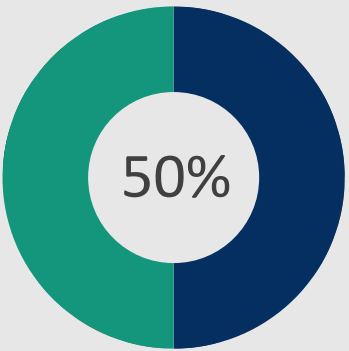
Pathways of support

Education Improvement Priority 2 – Progress towards the outcome

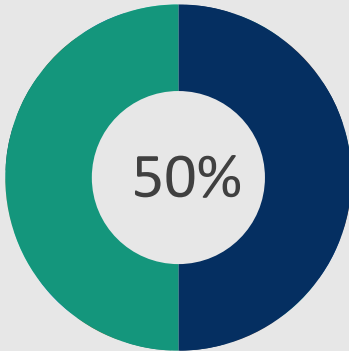
Priority 2.3 - Inclusion and Targeted Support



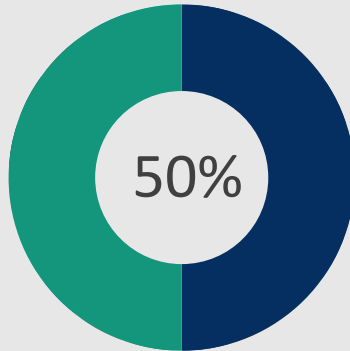
Additional Support Needs Review



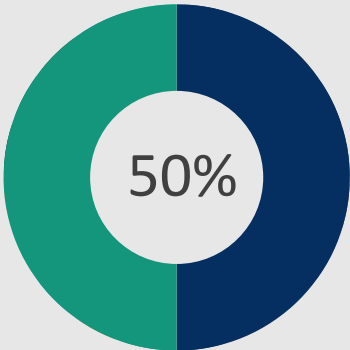
Additional Support Needs policies



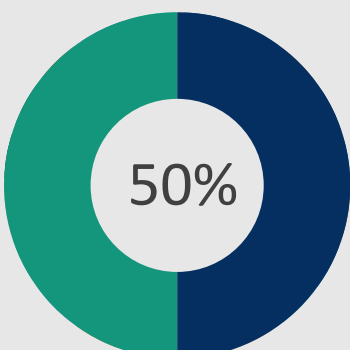
Support for learning network



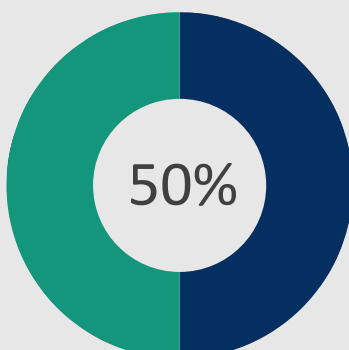
Additional Support Needs network



CEYP Tracking and Monitoring

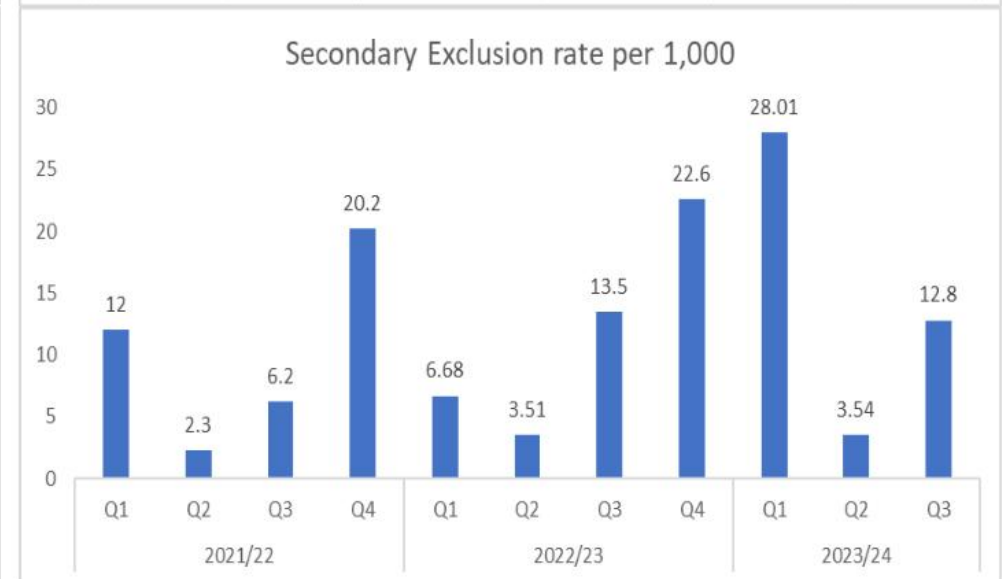
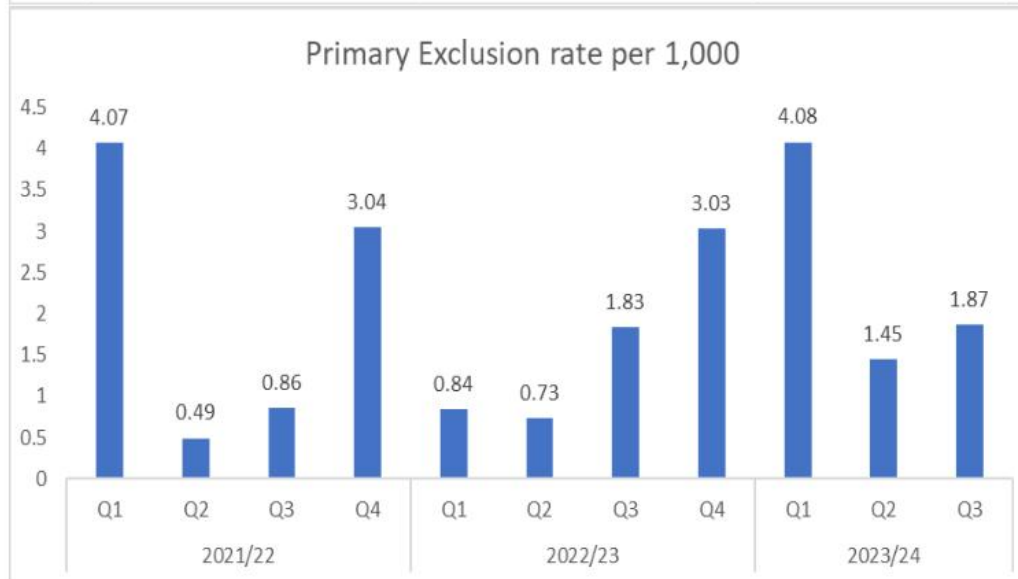
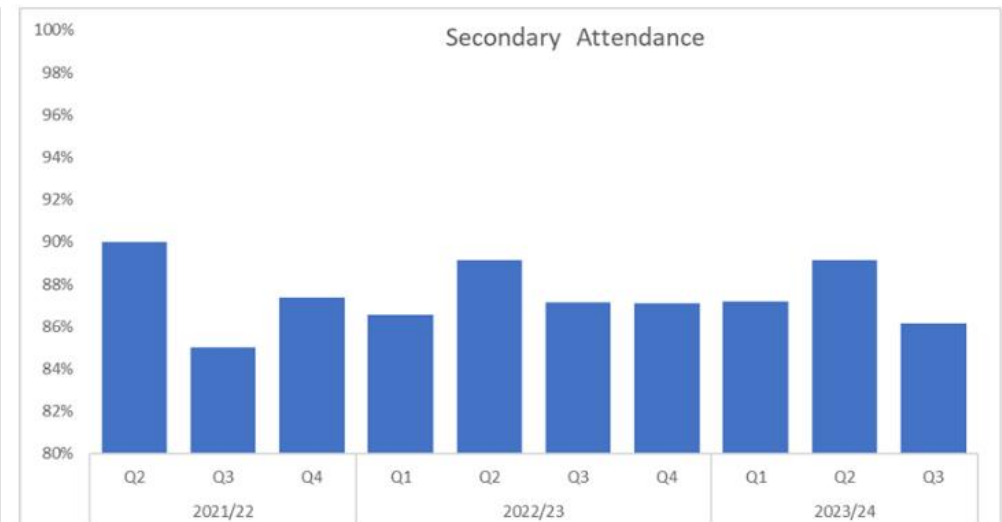
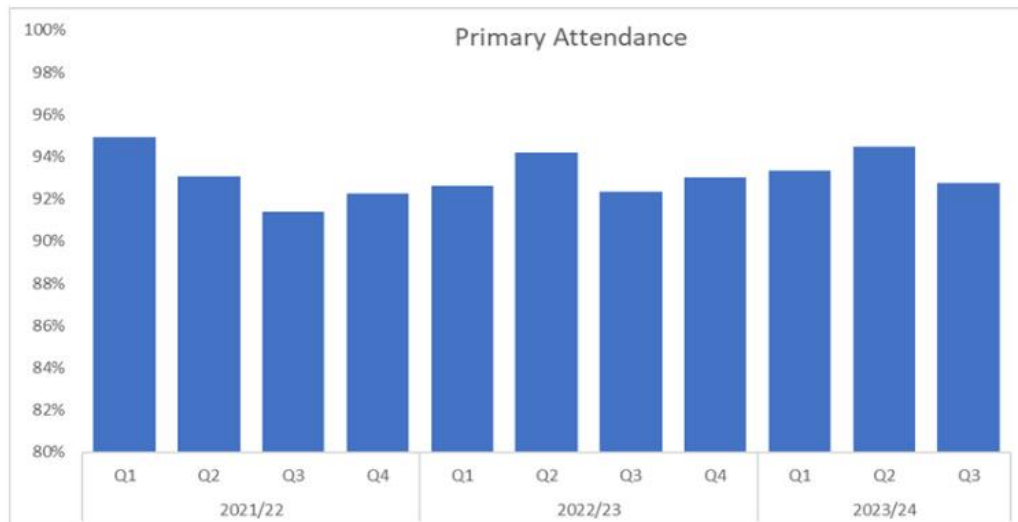


Dyslexia



Transitions 14+ and 16+

Education Improvement Priority 2 – Performance measures



Education Improvement Priority 2 – Key Successes

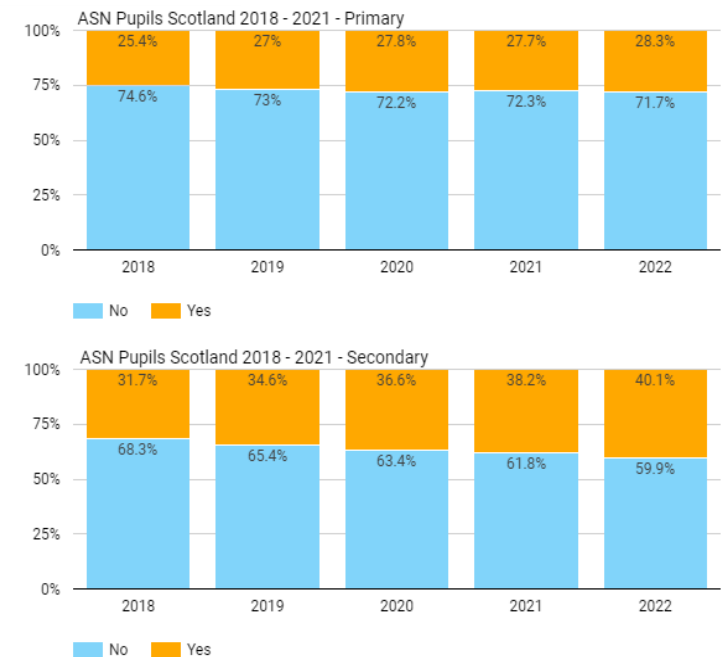
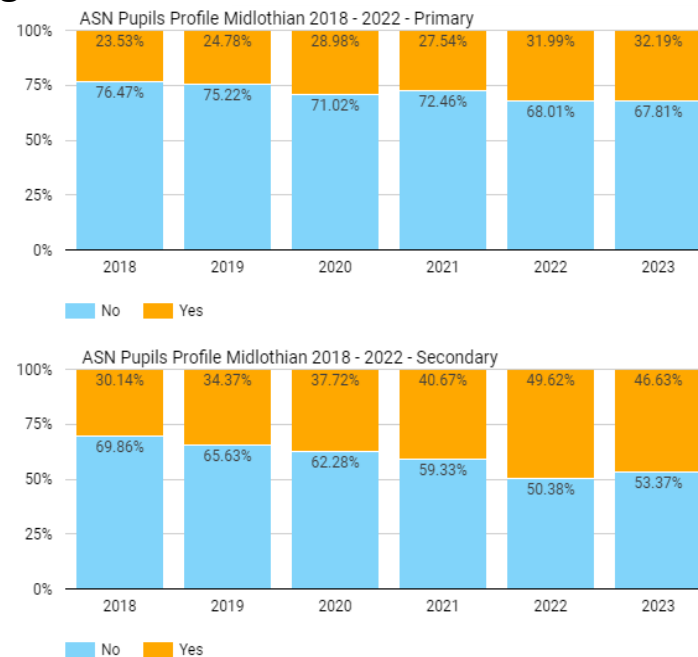
**2,254 P1+P2 pupils
have access to
Individual learning
tablets**

**11,872 P3-S6 pupils have their own learning
Chromebook**

Additional Support Needs changes over time

**8.6% Increase in
Primary pupils with
Additional support
needs**

**16.5% Increase in
Secondary pupils
with Additional
support needs**



Education challenges and risks

Attendance rates

The continuing impact of the pandemic on attendance and on post-school destinations. The implementation of a new Attendance strategy as well as strengthened supports will help schools to reverse this negative trend

Early Learning and Childcare Delivery

Midlothian Council has a relatively high proportion of funded ELC places delivered by partners in the private and voluntary sectors. Any increases in the rate that is paid to funded providers would create additional upward pressure on the early years budget.

Rate of demographic growth on the learning estate

A full refresh of school roll projections and capacities has been undertaken to assess current and future demand. This work will inform and shape the Learning Estate Strategy over the next 5 years. A number of schools funded through the Scottish Governments Learning Estate Investment Programme are at the briefing and design stages. There are council and developer funded projects being undertaken also. The Roll Projection data will be checked and refreshed on a 6 month basis to ensure we have provided sufficient capacity in each catchment. There are a number of schools with imminent capacity breaches. The Place Directorate are conducting Condition Surveys in all schools assets.

Children with ASN

Midlothian are seeing an increase in the number of children and young people with additional support requiring more specialist provision. This will require robust monitoring to ensure staffing and specialist facilities meets level of needs. As well as an increase in complex needs, Midlothian is also seeing a significant increase in the number of children and young people with additional support needs requiring more resourcing within mainstream school.

Recruitment and retention of staff

Nationally there is a shortage of subject specialists in Maths, Science, Technologies and English. This is having an impact on curriculum delivery in a number of our high schools. Attracting and retaining teaching and non-teaching staff into ASN provisions is having an impact on service delivery. Attracting suitably qualified staff for ELC due to national demand is also proving a challenge and having an impact on service delivery.

Financial pressure

There is a financial challenge to delivering statutory services given the current budget gap. Due to the current financial climate there may be an impact on services as a result of the cost of living and increase in poverty.

Community, Lifelong Learning and Employability (CLLE)

Key achievements this quarter:

Overall very good progress has been made in meeting the targets set in the CLD Three Year Partnership Plan which ensures Midlothian Council fulfils its statutory duty in relation to youth work, adult learning, and community capacity building with) zero red actions, 10 amber and 23 green). CLLE also ensure we meet our statutory duty through our internal performance tracking measures for the CLLE service. There has been satisfactory progress in implementing Shared Prosperity Funded Projects. CLLE has played a key role in formulating the new Local Child Poverty Action Report, jointly with Public Health NHS Lothian, Led by Executive Director CYP. Beeslack Community High School Swimming Projects have achieved 265 accreditations. Key events and programmes have supported local people to build skills for learning life and work. Highlights in this quarter include:

Employability Highlights

- 345 engagement by young people have accessing CLLE youth employability programmes in Q3 for example: NOLB one to one support, foundation apprenticeships – construction, hospitality, business and automotive, Maths Tutoring, Butty and a Blether, First Aid Qualifications and we piloted a new SQA qualification in Media and Film Industry.
- The Midlothian Council Parental Employability Team worked closely with local employers this quarter and held another Employers Fayre Event on Thursday 26 October 2023 at St John's & Kings Park Church Dalkeith. This was an excellent opportunity for Midlothian businesses and recruiters to meet and give information to Midlothian parents and young people about the opportunities they had available, job roles, qualifications needed and recruitment procedures. This successful event had over 37 local employers in attendance including Costco, Lothian Buses, Midlothian Council, Amazon, McSence, Health and Social Care, ELCAP, Hunters Coaches and local nursery providers. Local people could apply for live jobs on the day.

Quote: *"Very informative day and can't believe I got an interview, my first one in years"*

Youth Work

- 1228 engagements in Q3 by young people accessing youth work provision across a range of provisions for example Croft Street Hub, Feel Good Friday, Dungeon and Dragons, Youth Platform, Soup Group, Lady Wood Youth Club, Young Carer's Projects, Duke of Edinburgh, and Youth Participation Focus Groups
- The youth work survey was completed with 772 young people indicating what, where and when they wished youth work to be available which was after school, early evenings and Friday afternoons and evenings, drawing on a variety of interesting activities to enable quality youth work, confidence building, skill development and securing awards to take place. Barriers to participation were reported as having family/caring commitments, transport, and confidence.
- Sport and Leisure are one of Midlothian's most accessible employment areas for young people. To support this, we are delivering a sports pathway where young people can gain SQA Award work skills for Sport and Leisure, National Pool Lifeguard qualification, First Aid at Work and Level 2 Swim Teachers award.

Adult and Family Learning

- 563 engagements by adults and families have accessed community based adult learning, paid for adult learning programme and family learning. Examples include: ESOL, Literacy and Numeracy, village voices reminiscence, Ever Greens, Wellbeing Online, Raising Teens with Confidence, National 4 in Care, Digital Skills, SAQ Mental Health Coping Strategies and Lip Reading.
- *CLLE Partnership Digital Inclusion Action Plan Produced to ensure local digital offers create learning pathways from beginners to certification are aligned across Midlothian*
- *Community Lifelong Learning & Employability (CLLE) in partnership with Active Schools and Education have developed and delivered 3 short family learning programmes which provide physical activity & sport opportunities. We encourage families to engage with Active Schools opportunities and work together to remove any barrier to participation. We also provide free swim passes to participating families to help reduce the cost of family activities in this current cost of living crisis. 182 Participants (67 Families).*

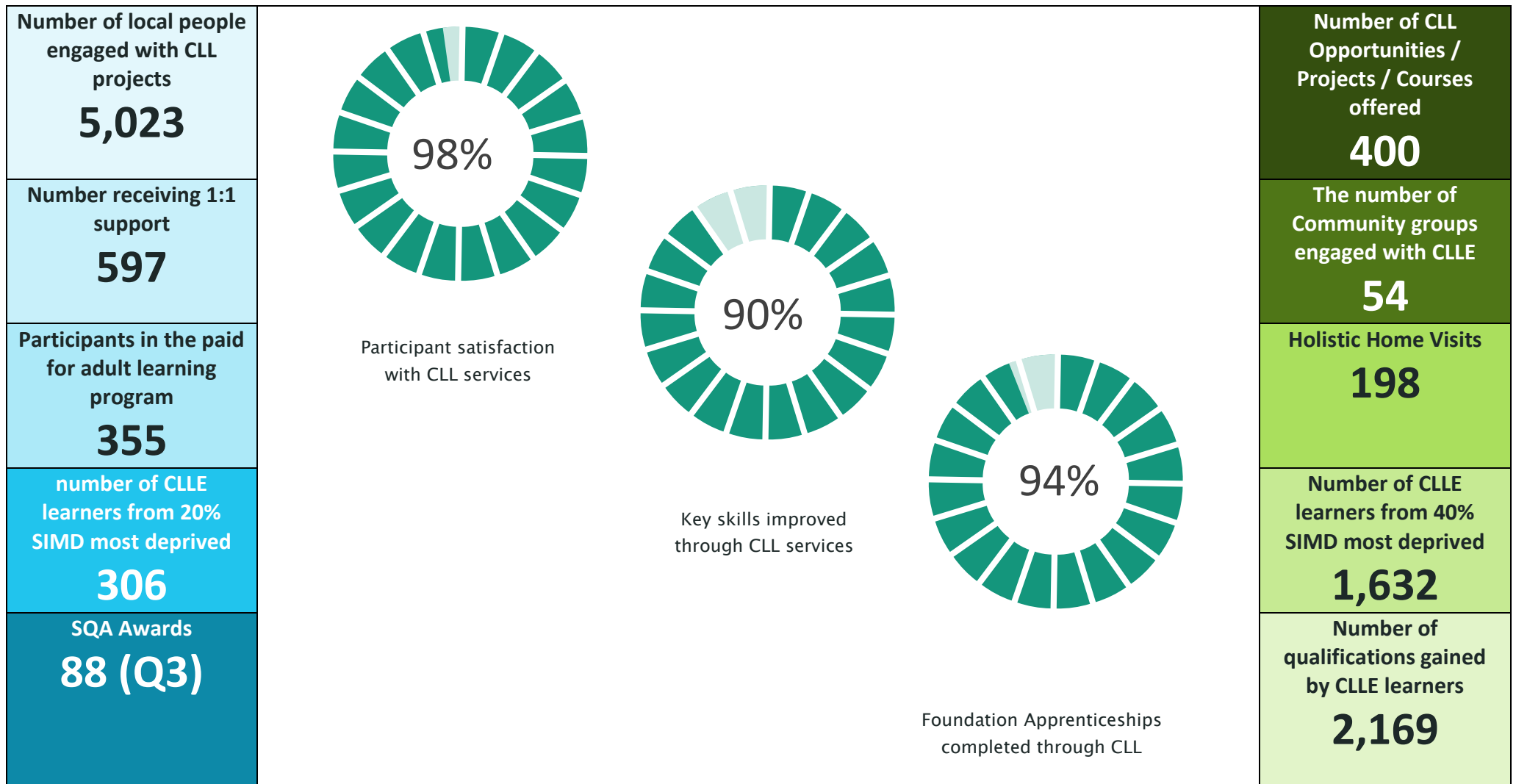
"As a family we enjoyed getting to try new class's and are very grateful to tutor for helping our son go his bike without any support in such a short space of time."
"Brilliant opportunity for kids to try a new activity with parents from experienced instructors. Wouldn't otherwise get this opportunity Great to see council and local clubs aligned." *"I feel proud to take my child to these events - they enjoy them, and I don't feel like a poor parent."*

Community Capacity Building and Reducing Poverty

- 21 groups in Q3 received direct community capacity building support with 54 overall in the year to date.
- Provided support and guidance to Newtongrange Development Trust for their asset transfer request for Newtongrange Welfare Park Bowling Pavilion and Green.
- Supported the distribution of 40 projectors (from school equipment upgrade) to community groups and organisations, supporting recycling principles too.
- MVA alerted CLLE to an underspend in Local Action Group (LAG) funding (the LAG distributes Community Led Local Development funding in the rural areas of Midlothian (which covers the whole of Mid except Dalkeith). The funding was for revenue and capital costs to support food insecurity projects. Prior to Christmas an application was submitted for £10,000 revenue to be split between Midlothian Foodbank and the pantries, this application has been successful, and organisations have identified the high-cost items that they struggle to purchase or get donated, these will be purchased via Mayfield and Easthouses Development Trust for distribution. An application for £6,300 capital costs has been submitted, this includes a couple of replacement fridges, shelving, and air fryers for partners, we are awaiting the outcome.
- In October 2023, the Annual General Meeting (AGM) of the Midlothian People's Equality Group (MPEG) was held along with an equality awareness event. All MPEG members and two distinguished speakers attended the event. Our CLLE equalities engagement officer arranged an Islamophobia awareness week training for staff and third-sector *partners as well as an equality and unconscious bias course with an aim to raise awareness towards it.*

Challenges: *this quarter are the retention of employability staff on annual fixed term contracts linked to NOLB Funding, planning for a new management information system and reduced staffing within the overall service.*

CLLE Progress toward outcomes



Pentana Performance Dashboard

A full review of quarterly performance data is available via Pentana (Browser login link - <https://midlothian.pentanarpm.uk/login>)

Quarter 3 - Education -

8
Indicators that are On Target

9
Quarterly Education Service
Indicators Off Target

14
Education service Indicators
Data only

0
Indicators that have No Data
Available

19
Quarterly Education Service
All Risks

3
Quarterly Education Service
High Risks

Education INDICATORS Off Target

...	Code & Title	Gauge	Value	Target	Next Update Due	Last Update	History
●	ED.SPSO.05.2 Percentage of complaints at stage 2 complete within 20 working days		0%	95%	01 Apr 2024	Q3 2023/24	
●	ED.MPI.07 % of internal/external audit actions progressing on target or complete this...		28.57%	90%	01 Jan 2024	Q2 2023/24	
●	ED.SPSO.04.2 Average time in working days to respond to complaints at stage 2		30	20	01 Apr 2024	Q3 2023/24	
●	ED.SPSO.05.3 Percentage of complaints escalated and complete within 20 working ...		50%	95%	01 Apr 2024	Q3 2023/24	
●	ED.SPSO.05.1 Percentage of complaints at stage 1 complete within 5 working days		57.14%	95%	01 Apr 2024	Q3 2023/24	
●	ED.SPSO.04.3 Average time in working days for a full response for escalated compl...		24.75	20	01 Apr 2024	Q3 2023/24	
●	BS.E.P.1.1e Improve Secondary School Attendance		86.15%	91.5%	01 Apr 2024	Q3 2023/24	
●	BS.E.P.1.1d Improve Primary School attendance		92.74%	95%	01 Apr 2024	Q3 2023/24	
●	ED.MPI.01 Performance against revenue budget		£132.631m	£132.621m	01 Apr 2024	Q3 2023/24	

← 1 of 1 →

Quarterly Education Service High Risks

...	Code & Title	Current Assessment	Date Assessed	Score	Impact/Target	Likelihood/Target
⚠	ED.RR.01-03 School Capacities/Catchment Areas/Demand for Pupil Places	⚠ High High	02 Feb 2023	16		
⚠	MC40-03 Failure to deliver savings	⚠ High High	10 May 2022	16		
⚠	SRP.RR.20 Early Years Expansion (1140 Hours)	⚠ High High	27 Nov 2018	20		

← 1 of 1 →

Place is where people, location and resources combine to create a sense of identity and purpose. The Place service ambition is to deliver joined-up, collaborative, and participative approaches to services, land and buildings, across all sectors within a place, enabling better outcomes for everyone and increased opportunities for people and communities to shape their own lives.

Place Services encompasses Building Services; Housing Services; Neighbourhood Services; Planning, Sustainable Growth & Investment; Property & Facilities Management; Protective Services; and, since September, Sport & Leisure.

Transformation Blueprint (2023-2028)

We are committed to building on the learning and new ways of working that were adopted during the pandemic and renew our focus on delivering our key priorities at the most local level possible. Rooted in the creation of a wellbeing economy, the vision of our new 5-year strategy focuses on reducing inequalities at the same time as looking after the health of our planet. Specifically, we have three main aims:

- Individuals and communities have improved health and learning outcomes.
- No child or household live in poverty.
- Significant progress is made towards net zero carbon emissions by 2030.

The pandemic has accelerated the financial challenges that we are facing. Reprioritisation and redesign is crucial to balancing the financial position, as well as preparing for further challenges and changes that we will face.

The strategic plan sets out our biggest challenges that need to be addressed over the next five years. We will continue to work to address the inequalities that our communities face, respond to the demands of the fastest growing local authority in Scotland, and delivering our vision of being a great, green place to grow.

Transformation Blueprint Objectives

1. Support the Council to address the 5-year funding gap of outlined in the Medium-Term Financial Strategy.
2. Follow the Money to ensure that the services we commission, contracts we manage and digital solutions we use deliver value for money.
3. Develop an organisational workforce that is flexible, ensuring that all staff have the necessary skills to work effectively, supported by digital technologies that fit for a 21st century workforce.
4. Design a workplace for the future delivering services in a holistic and integrated way.
5. Drive forward multi-agency transformation to deliver systems-level change resulting in joined-up service delivery which improve outcomes.

Environmental

Midlothian Council was one of the first local authorities to sign Scotland's Climate Change Declaration, publicly acknowledging the challenges and opportunities that climate change brings with a commitment to make the Council's activities net zero carbon by 2030. Work continues to implement the Council's Climate Change Strategy and focus continues within Place services to achieve future emissions targets. The ambitious strategy sets out how we will reduce our greenhouse gas emissions, encourage and work with others in our community to mitigate and adapt to changing climate. The strategy incorporates an action plan with a number of initiatives and ongoing programmes which together are helping to reduce our emissions and carbon footprint.

Economic Development continues to promote the Midlothian Business Green Pledge. 82 businesses have committed to the Pledge with 16 of those signing up during quarter 3. The team continue to work with pledgers to identify the best platform for group sharing. Through the LinkedIn group, pledgers share their experiences and the team continue to share a mix of green information from partners on learning opportunities, support and funding.

The Scottish Government's Heat in Buildings Strategy (2021) sets out its aims and objectives for achieving net zero emissions within the entire building stock in Scotland by 2045, including addressing poor energy efficiency as a driver of fuel poverty. As part of this Strategy,

Local Heat & Energy Efficiency

Strategies (LHEES) will set out the long-term plan for decarbonising heat in buildings and improving energy efficiency across an entire local authority area. The Strategies will draw on a standardised methodology to:

- set out how each section of the building stock needs to change to meet national objectives, including achieving zero greenhouse gas emissions in the building sector, and the removal of poor energy efficiency as a driver of fuel poverty.
- identify strategic heat decarbonisation zones and set out the principal measures for reducing buildings emissions within each zone.
- prioritise areas for delivery, against national and local priorities.

A Local Heat & Energy Efficiency Strategy (LHEES) lead officer was recruited and work has progressed at pace to review the findings of the previously reported Stage 4 LHEES study, the outcome of which has provided a good foundation for the remaining stages. This quarter the draft LHEES strategy and implementation plan was prepared. There has been positive and good engagement with internal stakeholders' business and community representatives, and regular engagement with Joint Venture Partners Midlothian Energy who will be an essential partner in delivering an effective and viable plan. The draft strategy and plan has also been circulated to officers and the Scottish Governments review consultants.

The annual Capital Works Programme for carriageway resurfacing combined with the Residential streets programme continues this quarter with 12km of carriageway resurfaced this year to date (representing 1.72% of the total road network). 3.82km of carriageway surfacing took place in Q1 and 4.79km in Q2. Footpath resurfacing was brought back on target last quarter and continues to accelerate with 3.13km of footpaths resurfaced this year to date (representing 0.44% of the footpath network). 0.2km of surfacing took place in Q1 and 1.44km in Q2. A total of 15.13km of surfacing across roads and footpaths has taken place this year to date. This quarter a total of 433.66 tonnes of material was used to fill potholes. 161.58 tonnes of material was used for temporary repairs and 272.08 tonnes for pothole pro permanent patching. The Pothole Pro project equated to 2,514m² of permanent patching, repairing 843 potholes this quarter. Our Roads and Transportation services received a "well managed" annual performance rating from the Scottish Road Works Commissioner for the coordination of all road works on the Council's public network during 2022/23. The service have achieved this top rating for a third year in a row.

The street lighting capital programme is complete ahead of plan this year with 751 of a targeted 752 new lighting column replacements up

to the end of this quarter with 1 unit outstanding due to site complications. A further 446 street lights were upgraded to LED lanterns to include a central management system for dimming.

This quarter, new waste service standards and waste collection policies were approved by Council. The development of these policies will ensure services operate transparently and fairly, encouraging householder participation, maximise the quality and quantity of materials collected for recycling and improve operational efficiencies. Work is being undertaken to communicate changes to our customers via our website pages and other promotional activities. Going forward, monitoring these standards will help us communicate more effectively with our customer when complaints arise, giving a clear understanding of the levels of service that can be expected. In addition, £2.2m was awarded from the Scottish Government's Recycling Improvement Fund which allow the Council to fully transition existing waste and recycling collection services to meet the recommendations in the Charter for Household Waste Recycling.

Work continues on our parks and greenspaces with 57 improvements or new facilities completed up to the end of quarter 3. Completed park improvements to date include North Middleton Park, Kings Park, Ironmills Park, Vogrie Country Park, Mayfield Skate Park, Roslin Glen Country Park, Waterfall Park, Auld Gala Park, Kings Park miners memorial and Kaimes View. Play improvements are progressing across Midlothian with Arniston Park, Cowden Park and Cockpen View play areas completed this quarter. Utilising the Nature Restoration fund from the Scottish Government, Butterfly and Bee happy mixes of Bulbs and wild flowers were planted at some of our prominent roundabouts and in our parks. 20 locations were planted with 1,184,670 bulbs.

The Ranger Service completed countryside site tree surveys to include identification of dangerous and high priority trees for treatment, held environmental learning sessions with the 'Early Learning' outdoor nursery at Vogrie and delivered the Midlothian Outdoor Festival 2023, which included 30 events and over 1,550 participants. This year 5,244 volunteer hours (874 days) were spent in countryside sites ensuring an attractive, safe and welcoming environment for all to enjoy. Volunteer numbers have increased significantly over the last few years, with a 25% increase in volunteer hours this quarter compared to the same period last year. Work on our Countryside sites would not be possible without close partnership working between volunteers and their coordination by our Ranger service.

The Vogrie Country Park renewal strategy tender was completed this quarter and a consultant appointed to support the Head of Development Capital and Entrepreneurial Projects with the initial baseline survey now completed. Works are ongoing at Vogrie Country Park to upgrade the toilet blocks and play area adjacent to the House as well as a changing places unit.

The Environmental Crime Pilot team has been running for 7 months with an increased emphasis on fly-tipping, littering and dog fouling.

The year long pilot has the power to issue statutory and fixed penalty notices between £80-£200 to offenders and report potential crimes to the procurator fiscal. The pilot is now being supported with a public fly tipping press release. 45 fixed penalty notices were issued this quarter with the vast majority in relation to littering.

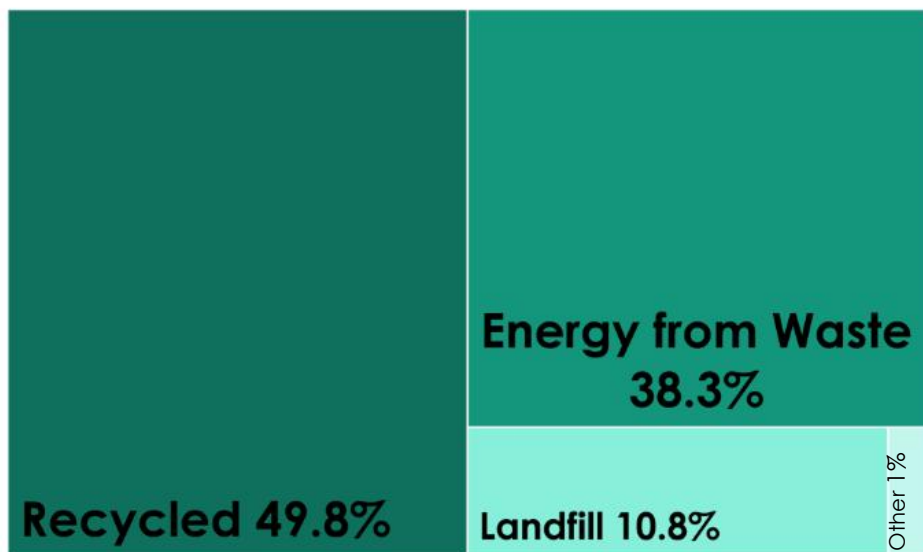
Our business regulations team have completed 100% of high-risk priority food law inspections that were planned in for 2023-2024. An additional 18 high risk food law inspections have been carried out to date, 6 of which within quarter 3. A total of 189 food law service requests have been received this year from Midlothian residents and businesses, 49 of which, received this quarter. 88% of those requests were responded within 5 working days. 50 interventions were carried out in relation to food safety/standards.

Trading Standards received 42 consumer complaints this quarter, 38 of which were completed. Completion is not fully within service control and is dependant on traders and complainants responding to investigations. 75 Trading Standards primary inspections took place this quarter including 12 under Animal Health and Welfare. A total of 195 primary inspections have been carried out this year. Compared to quarter 1 a marked decline in the number of illegal vapes being found for sale in the Midlothian area has been noted. It is possible, that following the seizure of approximately 1,400 disposable vapes from 6 shops in quarter 1, that illegal vapes are now less prevalent in Midlothian. This quarter a further 162 disposable vapes were seized. Vapes are seized due to contraventions of the safety law, mainly concerning the maximum quantity of nicotine.

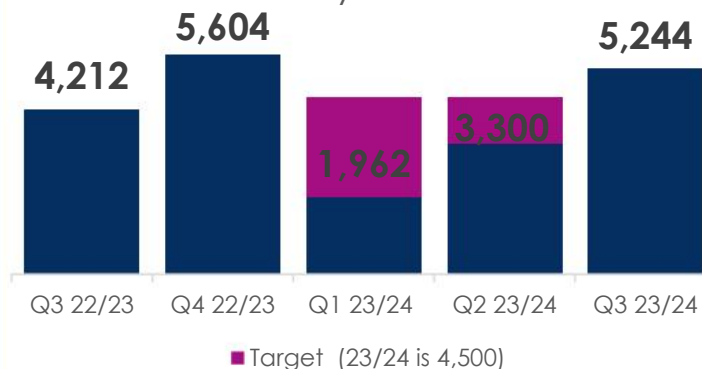
This quarter at least £3,490 has been returned to Midlothian consumers following Trading Standards involvement totalling £25,765 for the year so far. This includes refunds as well as repairs and replacement goods.

Neighbourhood Services – performance

% OF ALL DISPOSED WASTE



Number of vounteer hours in countryside sites



2

Environmental Green flags awarded for Kings Park and Straiton pond.

57

park and greenspace improvements/new facilities complete up to Q3 out of 50 planned (27 complete this quarter)

Number of street lighting columns replaced



373

tonnes of carbon emissions saved from street lighting this quarter (Increase from 215 tonnes in Q2)

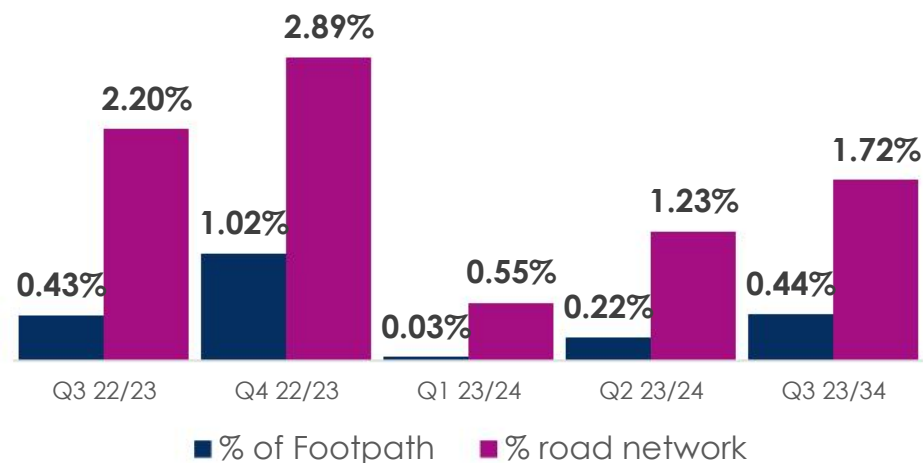
433 tonnes of material used to fill temporary and permanent **potholes** in Q3 (increase from 396 tonnes in Q2)

2,514m² of permanent **patching** achieved

843 potholes were permanently repaired in Q3

Page 66 of 240

% of Roads and footpath resurfaced



Protective Services – performance

Food Standards

88% of food related service requests from mid residents and Businesses responded to with target of 5 working days.

100% of Priority 1 and 2 premises receiving completed food law intervention in line with the service plan.

49 food law service requests received in Q3.

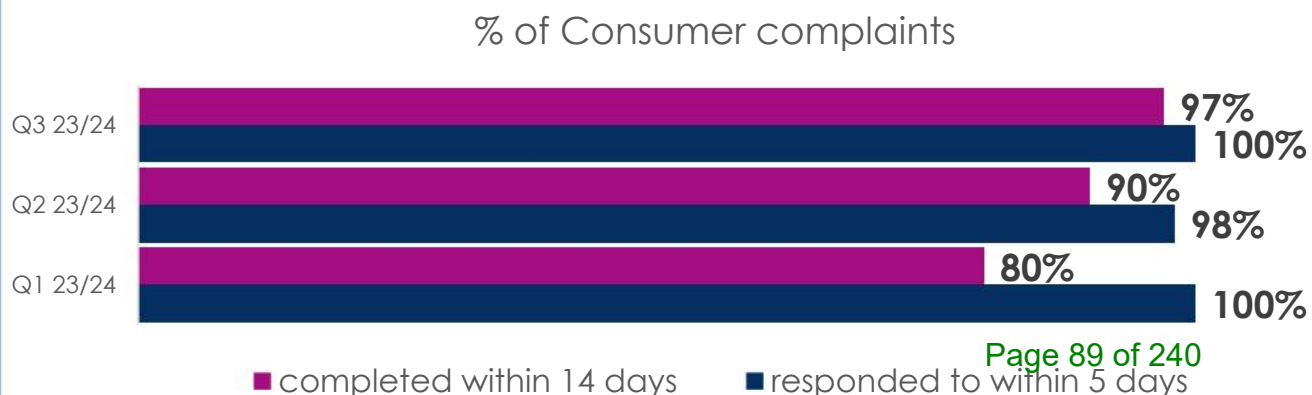
Public Health

222 Public Health service requests received from residents and businesses.

93% of public health complaints receiving first response within timescale.

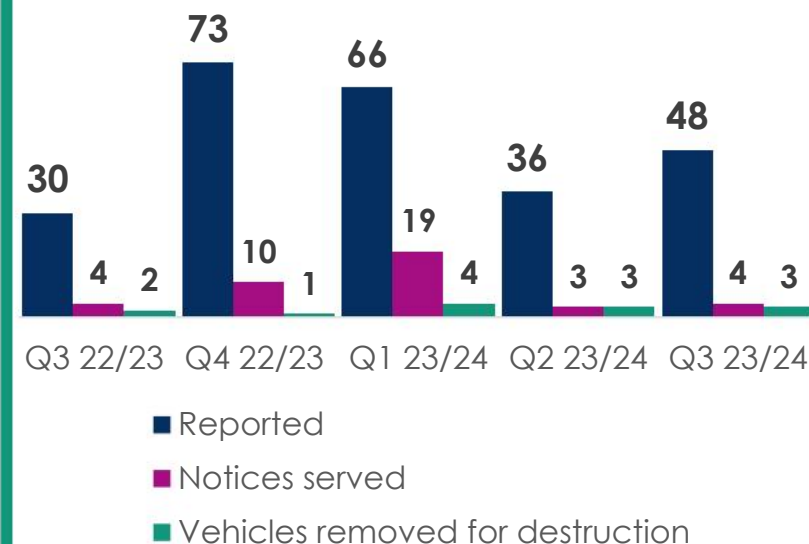
Trading Standards

42 consumer complaints received in Q3 (56 complaints in Q2)



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Number of abandoned vehicles



4% of businesses registered for tobacco/vapes in Midlothian visited this quarter.

2 interventions carried out where products seized from 1 premise this quarter.

Housing

Midlothian Council's updated Rapid Rehousing Transition Plan (RRTP) sets out key actions for delivery this year and addresses the next phase in transforming the services provided to meet housing need. These activities are crucial to reduce the time spent in temporary accommodation, improving the quality of temporary accommodation provided, continue to deliver Housing First and improve the health and wellbeing of those most vulnerable households. Our Rapid Rehousing Transition Plan is in its final year, this has brought significant change for homelessness over the last 4 years in ending the use of Bed and Breakfast type accommodation and developing better quality temporary accommodation, developing nomination agreements for people experiencing domestic abuse, and leaving the armed forces to enable access to permanent housing, preventing the need for a homeless assessment. Midlothian Council also adopted a model of Housing First which finds suitable properties before inviting nominations from a multi-disciplinary core group. Through the last award of our Rapid Rehousing Transition Plan (RRTP) monies, Housing Services have commissioned the Rock Trust for a two year contract to support our young tenants, helping them to move on from homelessness or avoid it altogether.

There continues to be a significant demand placed on homeless and temporary accommodation services, alongside the increase in energy, food and fuel costs, requiring a comprehensive preventative approach. Homelessness is not inevitable and can often be prevented.

The [Homeless Persons \(Suspension of Referrals between Local Authorities\) \(Scotland\) Order 2022](#) gives people in housing crisis the freedom to settle where they choose with access to the support they need, and aims to help them integrate more fully into the local community and to reduce repeat homelessness. The removal of the necessity to have a local connection to an area under this legislation has seen a shift in persons who would have presented elsewhere, now presenting to Midlothian, despite which Housing Services still manage to comply with the Unsuitable Accommodation Order and have avoided breaches this quarter.

The Council's Strategic Housing Investment Plan (SHIP) 2024/25 to 2028/29 was submitted to the Scottish Government this quarter. The SHIP identifies the Council's priorities for investment in new affordable housing in Midlothian over a 5 year period. The delivery of more affordable housing remains a high priority for Midlothian, as reflected by our ongoing and ambitious housing development programme.

There were 5,481 active housing applicants placed on the Common Housing Register at the end of this reporting period, an 18% increase compared to the same period last year. The total number of lets made to the general needs applicants this quarter was 63 and 73 made to homeless applicants. Re-let times to permanent accommodation properties have been brought back on target this quarter, averaging 32 days to re-let compared to 47 days at quarter 2.

The length of time homeless applicants waited until receiving a permanent housing outcome has slightly decreased to 57.5 weeks showing a continued downward trend from 76 weeks at the same period last year and 121 for quarter 2 of last year. In addition, the length of time homeless applicants spent in temporary accommodation has decreased to 39.5 weeks in comparison to 58.3 weeks in quarter 2 and 89 weeks from the same period last year.

The Scottish Housing Regulator reviewed our Homelessness practice this quarter and showed an understanding of the local issues we face, providing positive feedback to Housing Services for the work completed during this challenging period.

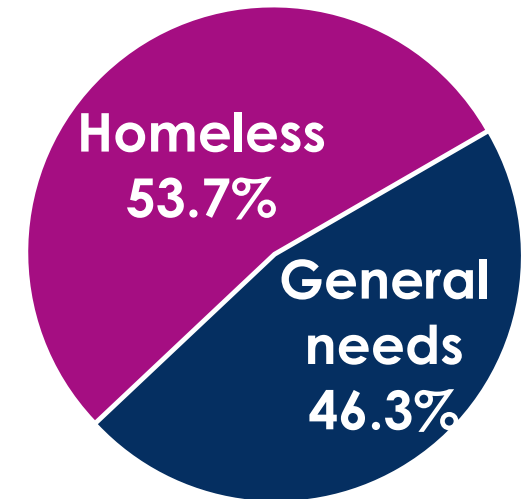
Housing – performance

5,481 applicants on housing waiting list (General needs and Homeless) (increase from 5,251 in Q2)

56 Lets to new build and open market purchases (increase from 33 in Q2)

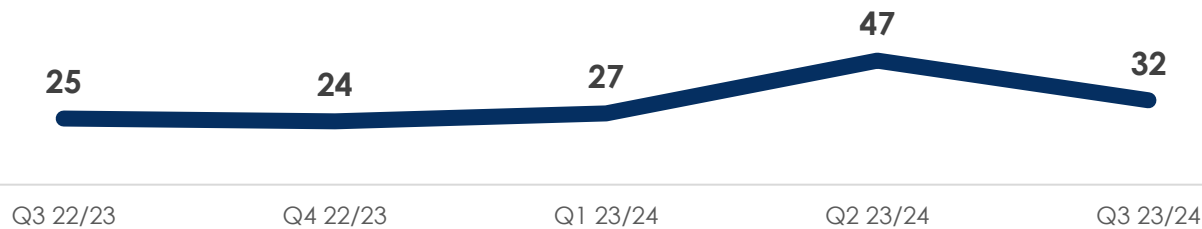
5 Lets to Housing First applicants (4 in Q2)

136 housing lets in Q3.



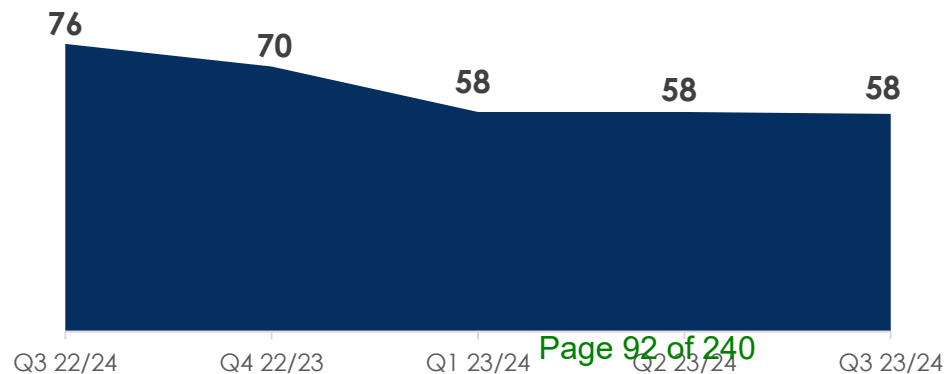
% of lets made to applicants

Time taken to re-let permanent accommodation properties (calendar days)



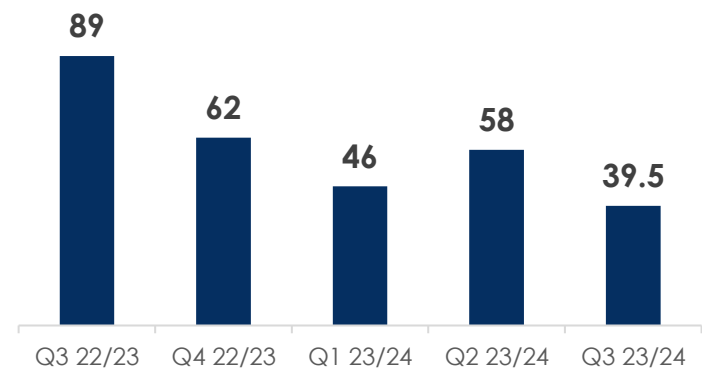
93.7% of Homeless applicants sustaining a permanent tenancy after 1 year

Length of time (weeks) homeless applicants wait until receiving a permanent housing outcome



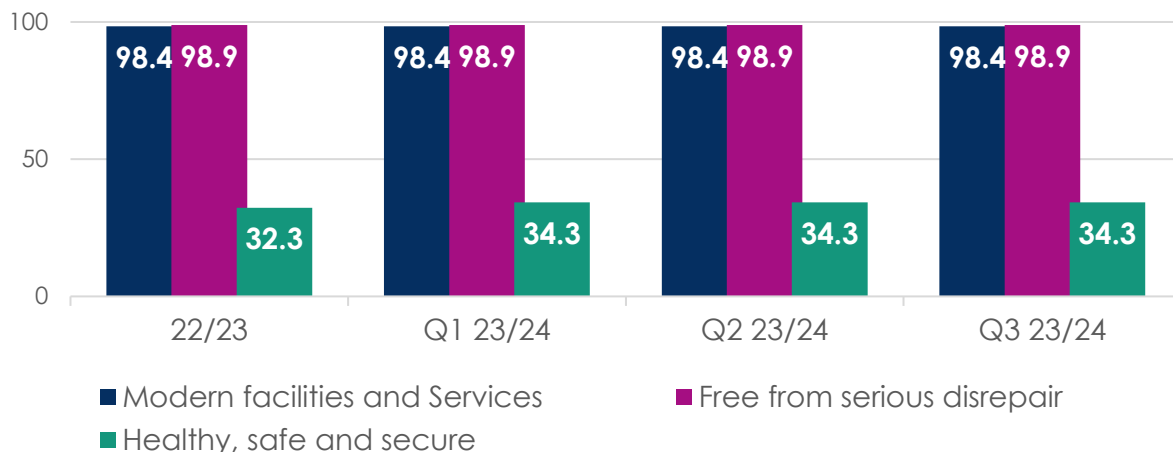
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Length of time (weeks) homeless applicants spend in temporary accommodation



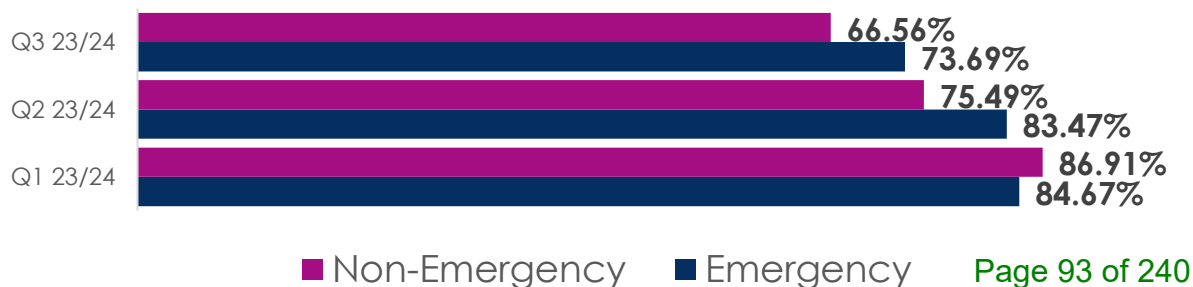
Building Services – performance

% of Council housing meeting Scottish Housing Quality Standards (SHQS)



Percentage of jobs completed within time is lower than expected due to a number of jobs where work has been completed but completion/invoice dates were not recorded on the system until after the target date. (E.g., standby work carried out over weekends). As Building Maintenance Service are undergoing a whole systems service transformation the work streams included for job performance and reporting will be addressed within the programme improvements. Figures reported under this indicator will be used as a baseline for improving system reporting.

% of Housing repairs completed on time



■ Non-Emergency ■ Emergency Page 93 of 240

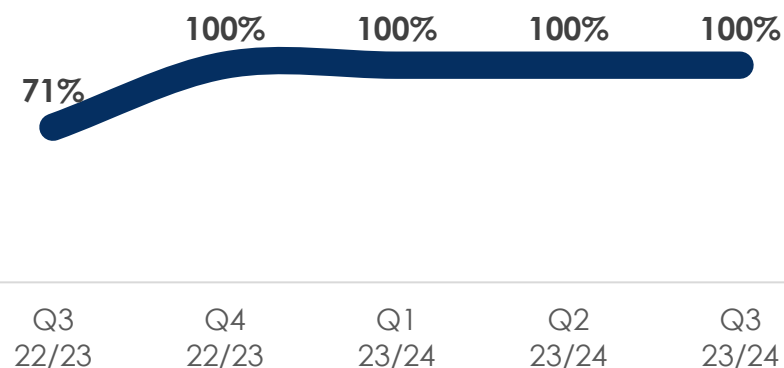
17.17 days

Average time taken to complete non-emergency repairs (decrease from 18 days in Q2)

20.22 hours

Average time taken to complete emergency repairs (increase from 17 hours in Q2)

% of Building warrant assessments processed within 10 days



The nationally adopted target for processing warrant is 20 days, Midlothian aim to process all applications in 10 days.

Economy & Regeneration

Midlothian Council's Economic Renewal Strategy sets out our ambitious approach to managing the transition from pandemic lockdown and planning for the longer term challenges the local economy will face. The strategy aims to mitigate the adverse economic impact on the local economy from COVID-19. Key aims are to protect jobs and aid business recovery using a place-based partnership approach that maximises the opportunities developing from the pandemic. Taking this partnership approach, the strategy will foster entrepreneurship, upskilling and training, addressing gaps in the market and changing the way business is done to better align this to customer behaviour. Alongside support for agriculture, tourism and the leisure and hospitality sectors, the council will also promote local jobs and self-employment opportunities, particularly for young people, to give them the necessary skills and support they need to benefit from economic recovery. Work is ongoing to refresh the Economic Strategy and will be presented for approval to Council later in the year.

The total number of new Business start-ups this quarter was 24. This should realise a forecasted creation of 40 jobs and an estimated contribution of £1.86M to the Midlothian economy in their first year of trading.

The Business Gateway team continue to promote localised procurement with clients, encouraging registration with the Supplier Development Programme and Public Contracts Scotland (PCS). The team actively encourage businesses to register with the Supplier Development Programme which provides access to free training and support in all aspects of public sector tendering to improve the tender readiness of local suppliers. This quarter discussions took place between Economic Development and Procurement proposing the creation of action groups to take key areas of work. Proposed areas of focus are:

- Refresh of the Local Procurement Strategy, supporting Community Wealth Building.
- Managing change – the need for better understanding throughout the Council to increase the local spend and to minimise unregulated spend.
- Creation of sessions hosted by procurement and economic development to encourage services to direct spend to the local supply base.

The Community Wealth Procurement Officer is now engaging with clients referred by colleagues across the service, encouraging them to access the Supplier Development Programme, Public Contract Scotland and providing one to one support to help businesses start their procurement journey as part of a growth strategy.

The Business Gateway service continue to promote the social enterprise model to clients where their plans, objectives and values align to the model. Contributing to Community Wealth Building objectives, the team support projects from the Social Enterprise Conversation sessions as they develop. The Community Wealth Building Officer recently contacted 32 local social enterprises, 12 have engaged and are in receipt of ongoing support. The Economic Development service has provided a total of 27 support inputs to social enterprise during the quarter and Business Gateway Advisers are providing ongoing business support to 5 social enterprises.

A further 60 'Planning to Start' enquiries were received this quarter from individuals that are considering setting up a business but need support to achieve this, these clients tend to have numerous sessions with their advisor covering areas such as business planning, access to finance, regularity compliance, routes to market and can take from 3 months to a year to reach the trading stage.

Business Gateway Expert Help Programme: this quarter, a contract was awarded to Net Zero Nation (NZN) to undertake a Net Zero Accelerator Programme which will support 13 local businesses to accelerate their Net Zero Journey.

The businesses will take part in 12-month Net Zero Business Accelerators with funding support from Midlothian Council/Business Gateway Midlothian. In return, they must sign an agreement where they commit to approach their Net Zero strategy and credible carbon reduction plan with vigour, speak at physical and online events to encourage other business leaders to start their own transition to Net Zero. The companies will receive a 12-month carbon accounting software license, an expert partner providing 1:1 support over 12 months to help them produce their audited carbon accounts, their carbon reduction plan produced, an auditor to verify and certify their carbon accounts and carbon reduction plan.

Delivering this programme to businesses will bring benefits to the Midlothian local business base in terms of economic, social and environmental progression and aligns with the Councils' commitment to Net Zero.

Economic Development have also been progressing a fourth expert help programme, Learn e-commerce, with marketing commencing in November 2023 and a [landing page](#) set up for registrations, this programme will commence in Q4 and will support retailers to increase their reach, turnover and profits through a multiple platform approach to e-retailing.

The new Midlothian Business Directory on Locate in Midlothian was launched during quarter 3. The new directory allows Midlothian businesses to have a listing on a [dedicated webpage](#) with images, an outline of the business activity, the business location and links to websites

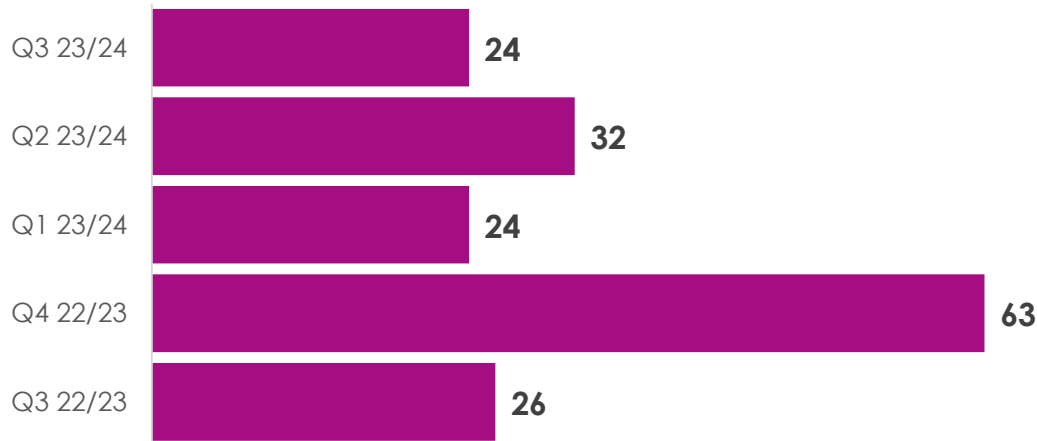
and social channels, all at no cost. Businesses are also highlighted on a map of Midlothian and categorised by sector, enabling businesses, consumers, and council services.

The Midlothian Business Directory will be used by Council Services to support the strategic priority of redirecting public sector spend into the local economy by making it easier for them to find local businesses for tender opportunities. As at the end of December 2023 there were 42 listings on the Midlothian Business Directory. Following the adoption of the National Planning Framework No.4, this quarter, the planning service has formally commenced its review of the Council's adopted spatial strategy, the Midlothian Local Development Plan 2. The first phase consists of engagement with community groups, key agencies, the development industry, local residents and elected members. This engagement will be ongoing throughout the year.

The percentage of Secondary school meal uptake has increased considerably from 20.36% in quarter 1 to 45.71% in quarter 2 and has been sustained during quarter 3 with 44.41% uptake. This is due to changes made to the menu offered to secondary schools to attract pupils back into the dining room.

Planning, Sustainable Growth & Investment-performance

Number of new Business start ups



Social media

1,572 Locate in Midlothian followers.

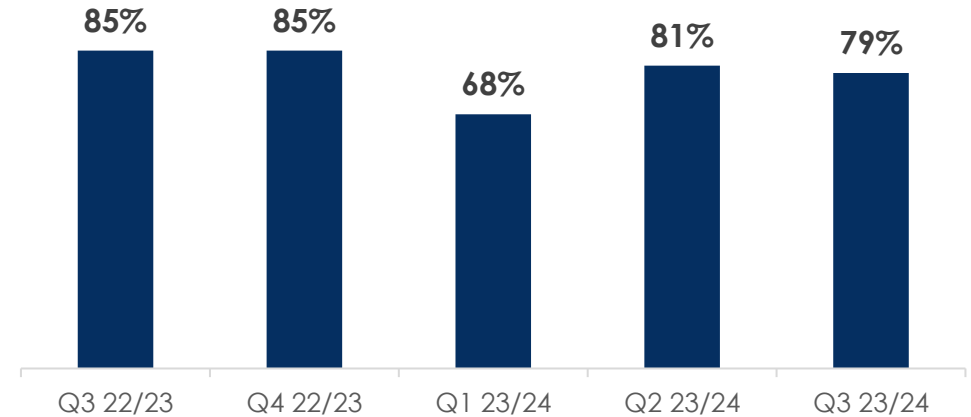
2,083 Business Gateway followers

16 Businesses signed up to the **Midlothian Business Green Pledge** in Q3 (increase from 15 in Q2)

17 Social enterprises supported in Q3 (increase from 12 in Q2)

60 'Planning to Start' enquires/submissions in Q3 (increase from 56 in Q2)

% of planning applications completed within target of 80%



50.1 weeks

Average time to determine planning applications for **major** developments

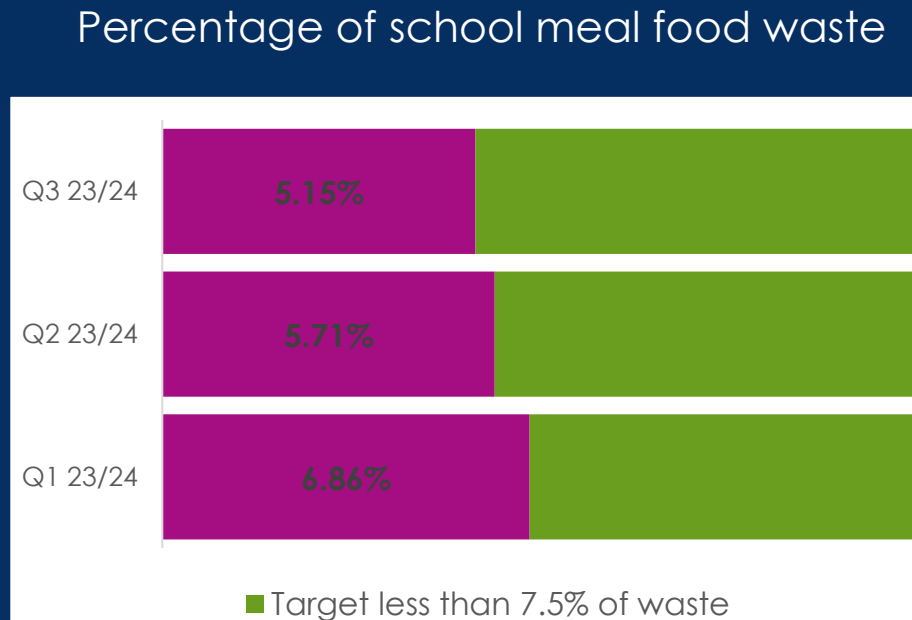
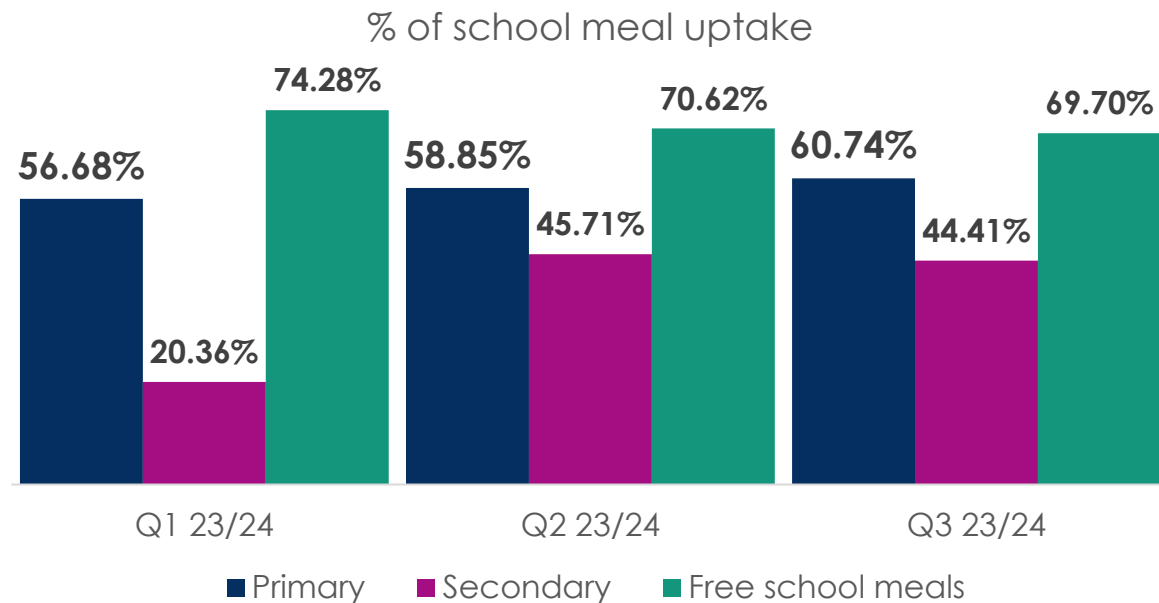
(Increase from **40.4** weeks in Q2)

9 weeks

Average time to determine planning applications for **minor** developments.

(Increase from **8.5** weeks in Q2)

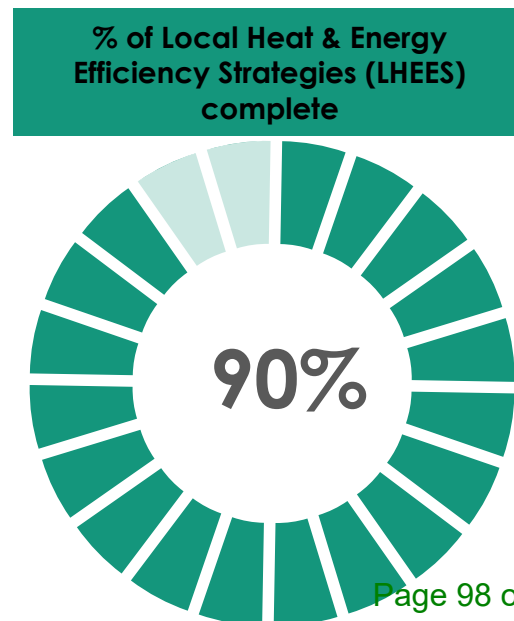
Property and Facilities – performance



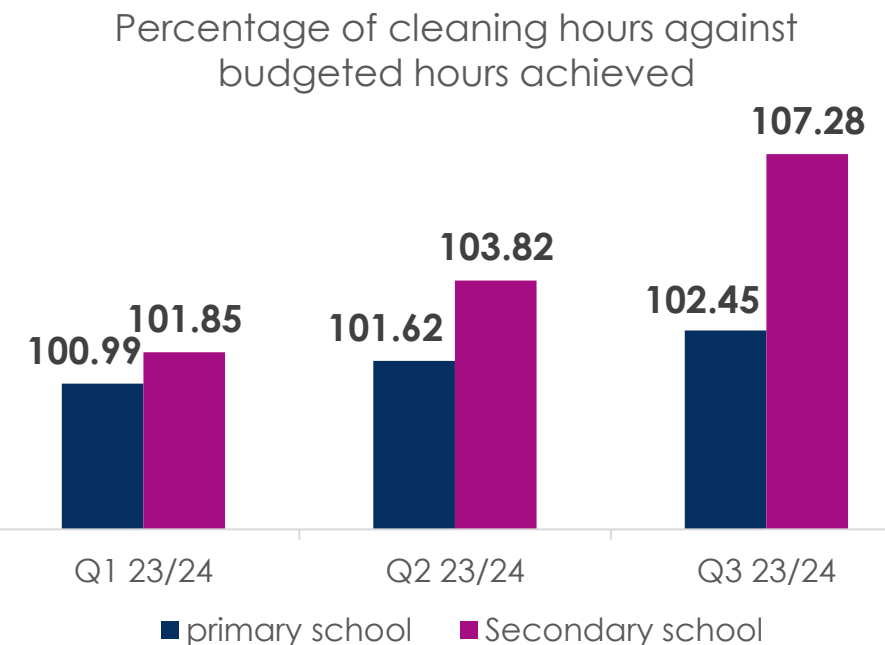
7.48 nursery and primary school meals prepared per hour (increase from 7.27 in Q2)

TARGET: APSE national average 8.84 meals prepared per hour

8.23 Secondary school meals prepared per hour (decrease from 8.46 in Q2)

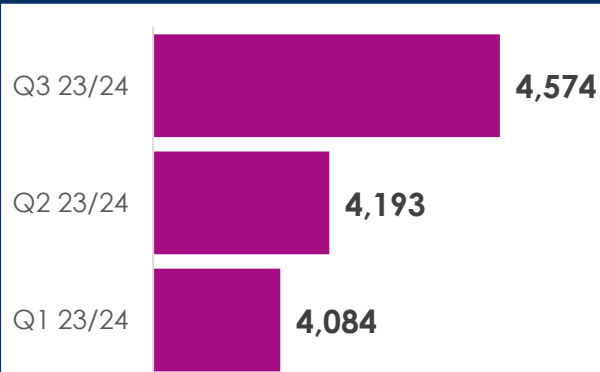


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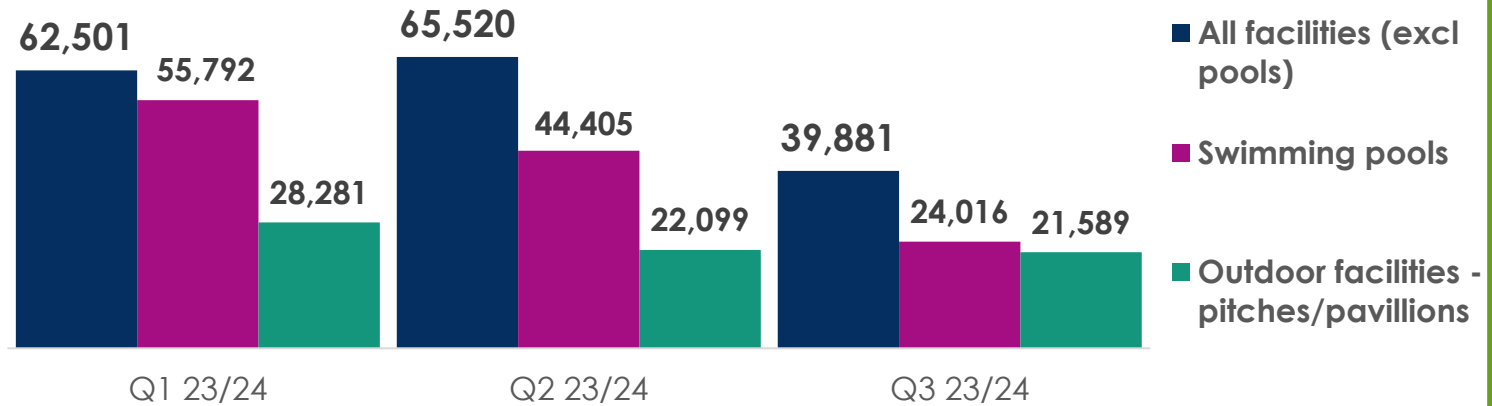


Sport and Leisure - performance

Number of Tonezone memberships (cumulative)

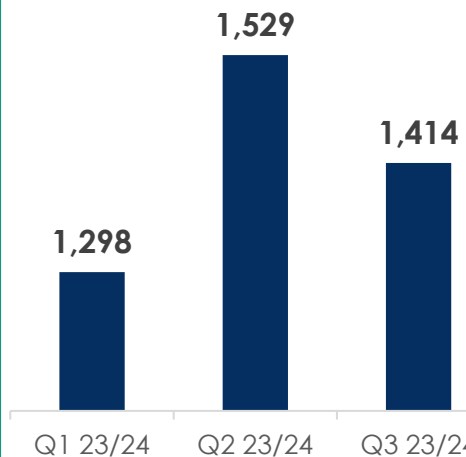


Number of attendances at Sport and Leisure facilities (quarterly)

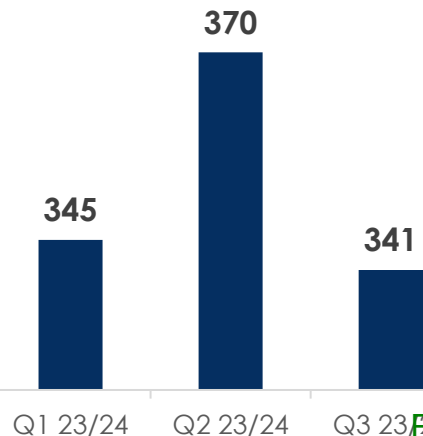


Midlothian Active Choices (MAC)

Number of MAC attendees (quarterly)

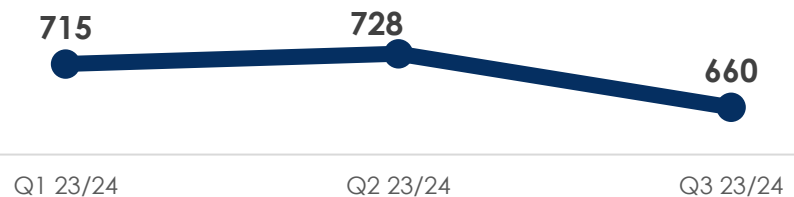


Number of new referrals after completion of MAC sessions (quarterly)



Ageing Well and Active Schools programme

Number of activities offered by Ageing Well to 50+ age groups (quarterly)



197 activities involving Active Schools programme

2,802 participants attending Active Schools clubs

1,972 volunteer hours delivered in Active Schools programme

Capital Investment Programme

As Scotland's fastest growing local authority area, it is critical to delivery that investment in community infrastructure, such as housing, the learning estate, economic investment and green infrastructure, is in the right place at the right time. This will help our communities to live well, live locally and prosper.

How we invest in community infrastructure must also respond to changes in our working and living patterns brought about by the COVID-19 pandemic. Communities need to be able to readily access the services they require. Capital investment is also an opportunity to support our local economy through job creation and skills enhancement, particularly in relation to supporting a transition to a green economy as we invest in sustainable, highly energy efficient buildings.

As a growing Council, we have the opportunity to transform parts of Midlothian in a way that reflects how we live now. We will invest in community infrastructure with a focus on place-making, reducing inequalities, improving economic opportunities and improving education and health and wellbeing outcomes.

The Capital Investment Strategy brings together many strands of the Council's activities to build upon our past successes and drive forward innovation in a co-ordinated and achievable manner for the benefit of Midlothian and its citizens.

The Capital Investment Strategy sits centrally within the Council's future planning activities and in doing so has to reflect the demands of Council services to ensure positive outcomes are achieved in the right place, at the right time for the maximum benefit to Midlothian. The extensive capital programme delivers new schools, a record investment in council housing, improved community infrastructure, investment in the local transport network and innovative developments such as the new low carbon heat network in Shawfair.

To ensure Midlothian is 'building back better', this investment is also creating new jobs, apprenticeship opportunities, opportunities for businesses and communities and families hard-hit by the impact of the pandemic. These new opportunities help lead the way out of the pandemic and towards a better future for Midlothian.

The Education Learning Estate Strategy programme has been developed and is subject to regular review meetings with Education and stakeholders to ensure effective monitoring, reporting and delivery of improvement and expansion of the Education estate including Early Years provision. This currently covers approximately 30 projects at various stages of development.

Midlothian Council is overseeing a significant housing programme. Phase 1 provided 864 additional houses within Midlothian. The total number of new homes from phase 2, 3 and 4 is currently estimated at 1134, comprising of 489 from phase 2 budget and 645 from phase 3 and 4 budgets. Progress continues with 645 homes currently being constructed on site either through commencement of enabling works or main contract works as of November 2022. An additional 327 homes are funded for delivery in phase 5. This included the largest Passivhaus programme in Scotland, with 191 homes to be built to the exacting Passivhaus standard, in line with Midlothian Council's Net Zero Housing Design Guide. This ensures exceptionally high levels of energy efficiency and low utility bills for our residents. At present further Passivhaus developments are paused for a cost benefit analysis exercise.

Challenges and risk

Over recent years, innovative ways of working have been introduced and services adapted at pace to respond to the needs of our citizens, in particular those experiencing the greatest levels of poverty and inequality. Our services are continuing to build on this learning moving forward, harnessing the energy, flexibility and creativity demonstrated by our workforce, to embed a culture of continuous improvement and innovation across Place.

Growing Council

In addition to the financial sustainability challenges, other challenges for Midlothian continue with our recovery from the pandemic, the cost of living crisis, the growing and ageing population and the increasing demand for services that this brings.

The recent Census results 2022 highlights that Midlothian remains the fastest growing local authority in Scotland with an increase of 16.1%. The 2011 census data lists Midlothian as having a population of 83,187 which has risen to 96,600 in the 2022 census data. The level of growth

is 2.3% higher than our previous calculation and is now 13.4% higher than the Scottish average of 2.7%. In terms of households, Midlothian saw the highest percentage increase at 17.2% since the 2011 census. Population density in Midlothian is 273.1 residents per square kilometre compared to the Scottish average of 69.8. In addition, Midlothian has 10 zones which fall into the most deprived areas.

This growth creates the opportunity to meet the housing need with 25% of new homes being built in the affordable housing bracket, in addition to the expansion in Council house building. This construction will directly support employment and will see a steady increase in the value of Council Tax income received over time.

The approved Capital Strategy sets out the infrastructure required to meet those demographic pressures and includes the financial contributions Midlothian will make to the Edinburgh and South East Scotland City Region Deal. Encompassing five main themes the City Region Deal will bring significant investment across the regions with total investment of circa £1.3 billion across:

- Data Driven Innovation: £751 million
- Integrated Regional Employability and Skills: £25 million
- Transport: £156 million
- Culture: £45 million
- Housing: £313 million

Through the Data Driven Innovation strand the Deal will leverage existing world-class research institutes and commercialisation facilities in order that Easter Bush becomes a global location of Agritech excellence. The Easter Bush project includes significant investment in transport infrastructure along the A701/2 transport corridor. In addition, by improving on-site infrastructure at Easter Bush and transport infrastructure, The University of Edinburgh expects commercial partners will be able to co-locate at scale to commercialise Agritech breakthroughs.

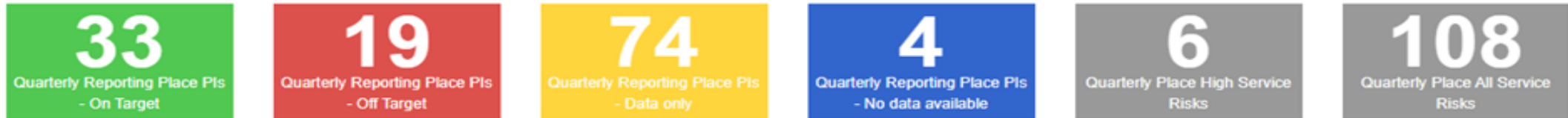
Risk

The Council's Strategic Risk Profile is presented retrospectively to Audit Committee quarterly. The most critical risks to the Council are Financial Sustainability, Climate Change and the Change Programme. Corporate Solutions is key to the delivery of mitigating actions to these risks; through strategic planning and the Medium Term Financial Strategy and driving forward the Council's transformation programme to derive change and redesign services.

Pentana Performance Dashboard

A full review of quarterly performance data is available via Pentana (Browser login link - <https://midlothian.pentanarpm.uk/login>)

Quarter 3 - Place ▾



Quarterly Reporting Place PIs - Off Target

1 Code & Title ▲ 2	Gauge	Value	Target	History
BS.PLACE.P.5.2b Percentage of the Council's housing stock meeting the 'Modern fa...		98.4%	100%	
HSN3 Corporate Indicator - Percentage of the Council's housing stock meeting the S...		49.3%	100%	
HSN4b Average time taken to complete non-emergency repairs (LGBF)		17.17 days	7.00 days	
PLACE.MPI.01 Performance against revenue budget		£46.229m	£43.275m	
PLACE.MPI.04 % of invoices paid within 30 days of invoice receipt (cumulative)		87%	90%	
PLACE.MPI.05 % of Service PIs that are on target/ have reached their target. (does ...		85.32%	90%	
PLACE.P.5.2a Percentage of the Council's housing stock meeting the 'Free from seri...		98.9%	100%	
PLACE.P.5.2c Percentage of the Council's housing stock meeting the 'Healthy, safe ...		34.3%	100%	
PLACE.PFM.17 Number of secondary school meals prepared per hour (APSE)		8.23	8.84	
PLACE.PFM.18 Number of nursery and primary meals prepared per hour (APSE)		7.48	8.84	
PLACE.PFM.21 Percentage of free school meal uptake (P1-P5)		69.7%	77.57%	
PLACE.PLAN.01 Determine 80% of planning applications within target (2 months for...		79%	80%	
PLACE.PLAN.02 Average timescale (weeks) to determine planning applications for ...		50.1	50	
PLACE.SPSO.04.3 Average time in working days for a full response for escalated co...		22.579	20	
PLACE.SPSO.05.1 Percentage of complaints at stage 1 complete within 5 working d...		80.2%	95%	
PLACE.SPSO.05.3 Percentage of complaints escalated and complete within 20 wor...		57.89%	95%	
PROSERVICES.30 Percentage of businesses registered for tobacco/vapes in Midlot...		1%	5%	
RHM.a.04.4mi Percentage of lets made to homeless list applicants		53.7%	60%	
RHM.h.05.5aiii Percentage of Homeless applicants sustaining a permanent tenancy ...		93.7%	95%	

Midlothian Council Report Quarter 3 2023/24



Progress Against Strategic Outcomes

Individuals and communities in Midlothian will be able to lead healthier, safer and greener lives by 2030. No child or household need live in poverty. Midlothian will be a Great Green Place to Grow by achieving our net zero carbon ambitions and supporting local people to strengthen the skills they need for learning, life and work.

Our new [Single Midlothian Plan](#) focuses on three main priorities:

- Individuals and communities have improved health and skills for learning, life and work.
- No child or household need live in poverty.
- Significant progress is made towards net zero carbon emissions by 2030.

In recent Census results, Midlothian is projected to have the highest percentage change in population size of all mainland council areas in Scotland with an increase of 16%. In addition, Midlothian has 10 zones which fall into the most deprived areas living a local share of 8.7% living in the most deprived areas in Scotland.

To accommodate growth within the resources available we will need to think differently about the services we deliver and how we deliver them. Rooted in the creation of a wellbeing economy, in June 2023 Council approved the new [Transformation Blueprint](#) 2023-2028. Some services will be transformed to meet our growing population within the financial envelope available, others may be delivered in a different way and some will need to stop. Fostering a collaborative culture where everyone is focused on the same end goal – creating effective and efficient services which will benefit our citizens – will be crucial to future success. The Transformation Blueprint will focus on the nature of the work we will do, developing a 21st century workforce supported by a workplace fit for the future where joined up services are delivered in a holistic and integrated way.

The 5 key objectives of the Transformation Blueprint are:

1. Support the Council to address the 5 year funding gap of £29.121 million outlined in the Medium Term Financial Strategy.
2. Follow the Money to ensure that the services we commission, contracts we manage and digital solutions we use deliver value for money.
3. Develop an organisational workforce that is flexible ensuring that all staff have the necessary skills to work effectively supported by digital technologies that fit for a 21st century workforce.
4. Design a workplace fit for the future delivering services in a holistic and integrated way as well as utilising our assets to maximise their potential.
5. Drive forward multi-agency transformation to deliver systems-level change resulting in integrated service delivery which improve community outcomes.

Whilst a full update for the performance for each of the Council's Service areas is published separately, this report reflects an overview of the key service updates, against the thematic areas of the Single Midlothian Plan.

Single Midlothian Plan Themes in 2023/27

Midlothian will be Healthier - Achievements

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 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.

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

Prevention

Prevention is a key role of services within the HSCP. Social Work services in particular work with our most vulnerable populations and are crucial to ensuring people remain safe and well. Public protection is prominent and is key to what social workers do. Public health continues to work with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes.

Understanding Changing Needs

All services are working towards the establishment of feedback mechanisms to ensure that service planning and delivery meet the needs of people and communities.

Effective, efficient and quality (Best Value)

Financial Recovery templates continue to be monitored through the Finance and Performance Group. In addition, all Adult Health and Social Care 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.

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. there is a strong commitment from the HSCP to having a more systemic approach to outcomes as it is acknowledged that this has been a gap.

Midlothian will be Safer – Achievements

This theme aims to address the underlying causes of offending behaviour, working with a range of individuals and organisations within community justice. The Community Justice (Scotland) Act 2016 supported a redesign of the community justice system, transferring the responsibilities for reducing offending and reoffending to local Community Planning Partnerships (CPPs). A National Strategy for Community Justice (2022) and National Outcomes, Performance and Improvement Framework (2023) were published by the Scottish Government to outline the new model.

The Community Justice Outcome Improvement Plan (CJOIP) has been approved and we are working on the actions agreed in the plan. The Community Justice Service was onboarded to OutNav, the digital platform used to capture contributions and report on progress towards improved outcomes at personal, service and strategic levels.

Research continues to show that community-based sentences are more effective in reducing offending than short prison sentences; they enable those convicted of offences to retain connections with local supports and family relationships. Community Payback Orders (CPO) have a number of requirements but Supervision and/or an Unpaid Work or Other Activity Requirement are those most often used by the Courts.

In the reporting year the Unpaid Work team completed 278 projects which benefited 221 people. We collated feedback from beneficiaries at the end of a project and 100% of respondents reported that the quality of the work was good (3%) or excellent (97%). From the feedback provided by individuals on an order, 100% of those who completed unpaid work or other activity advised that they learnt new skills and had been able to make reparation for their offending behaviour.

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Midlothian will Get it Right for Every Child - Achievements

In Midlothian the Getting It Right for Every Child Board (GIRFEC) is one of the subgroups of the SMP, and one of the main drivers for the effective delivery of services to children. The GIRFEC Plan also known as the Integrated Children's Service Plan 2020-2023, is a statutory three-year plan devised by the local authority and health. The plan develops key outcomes and priority actions which are designed to improve the lives of children, young people and families. The plan is coming to an end and a new three-year plan 2023-2026 is currently being drafted.

The GIRFEC outcomes for the final year of the three-year plan for 2022-23 are:

1. More children and young people are safe, healthy and resilient
2. More children and young people receive timely and effective mental health support when they need it
3. Inequalities in learning are reduced

We are fully committed to realising a children's rights approach to all of our work and ensuring that we embed the principles of the United Nations Conventions on the Rights of the Child (UNCRC) alongside our Promise commitments.

Based on the national Getting it right for every child wellbeing framework a set of priority actions has been developed which will make a significant contribution towards achieving the wellbeing outcomes. The Community Planning Partnership (CPP) are fully committed to realising the children's rights approach and ensuring that the principles of the United Nations Conventions on the Rights of the Child (UNCRC) are embedded in plans taken forward.

Outcome 1: Midlothian Children and Young People are Healthy, Active and Nurtured

Outcome 2: Midlothian Children and Young People are Achieving and Responsible

Outcome 3: Midlothian Children and Young People are Respected and Included

Outcome 4: Midlothian Children and Young People are Safe and Nurtured

Work is being progressed and is almost complete around gaining a clearer understanding on how all referrals come into the service.

This has been a significant piece of work involving many stakeholders. Within Q3 there is a 29.0% decrease compared to last year at this time and a 39% decrease in referrals from Q1. The impact of this piece of work is already evidencing positive results. This said the complexity of the referrals coming into the service remains high however it is hoped that we shall offer a much-improved service.

The Family Wellbeing Service has had a significant amount of training on offer to the new workforce to ensure they have a good understanding of their role going forward. They are already working with 100 families and 177 children and young people. We are awaiting the arrival of a permanent new team leader for the service which shall help consolidate the learning and training staff have undertaken. We continue to work with our 3rd sector colleagues to agree how we can offer funding to them to support this service to have a holistic overview of the work we are doing with families.

Focus continues on the following 5 priority areas within Education:

Priority 1: Attainment and Achievement

Priority 2: Included, Involved and Engaged: Wellbeing & Equity

Priority 3: Self-improving Systems

Priority 4: Life-Long Learning and Career-Ready Employability

Priority 5: Finance & Resources

Midlothian will Support Residents to Improve Employability and Outcomes in our Communities - Achievements

The vision for this them is to reduce the gaps in learning, economic circumstances and poverty.

Overall very good progress has been made in meeting the targets set in the CLD Three Year Partnership Plan which ensures Midlothian Council fulfils its statutory duty in relation to youth work, adult learning, and community

capacity building. CLLE also ensure we meet our statutory duty through our internal performance tracking measures for the CLLE service. There has been satisfactory progress in implementing Shared Prosperity Funded Projects. CLLE has played a key role in formulating the new Local Child Poverty Action Report, jointly with Public Health NHS Lothian, Led by Executive Director CYP. Beeslack Community High School Swimming Projects have achieved 265 accreditations. Key events and programmes have supported local people this quarter to build skills for learning life and work through **Employability, Youth work, Adult and Family Learning and Community Capacity Building and Reducing Poverty**

Midlothian will be Greener- Achievements

The Climate Emergency Group's and Community Planning Partnership vision is *significant progress is made towards net zero carbon emissions by 2030*. Our values are to get to net zero equitably, taking into account different people and communities capacities and abilities to get there. The Group consists of individuals and representatives of Midlothian Community Councils, Community Groups, national government agencies, Third Sector organisations, Midlothian Council, local chamber of commerce, land owners and Midlothian Energy Ltd.

The [National Planning Framework 4 \(NPF4\)](#) forms part of the local development plan for Midlothian and will also be the strategic basis that future plans and applications will need to take into account.

The biggest sources of carbon emissions in Midlothian are still domestic uses (30.5%) and transport (27.5%). Therefore, this theme will concentrate on reducing carbon emissions in the areas of domestic heating/power and transport to get to Net Zero.

Thematic actions are designed to increase awareness, promote reflection and action on the key Climate Emergency issues of energy, food and travel. They will lead to a better understanding of carbon emissions and greater investment in greener travel, renewable heat, energy sources and heating efficiency in Midlothian. The actions will help inform and give people the opportunity to get involved to make a difference. Midlothian's future will be different through having more people aware and engaged in Climate Emergency issues, both consciously and subconsciously. This will make Midlothian more resilient to the effects of Climate Change and in addition help contribute more widely to Climate Change resilience.

Outcome 1: Learning for Sustainability is increased

Outcome 2: Sustainable Living is increased

Outcome 3: Low Carbon/Renewable Energy Development and Home Energy Saving is Increased

Outcome 4: Carbon Storage is increased

Work continues to engage with businesses regarding their own climate change commitments via the 'climate change pledge' programme and there is increasing awareness in the Council and across communities on the back of communications from the Council and the working progressed by the Community Planning Climate Change Emergency group. Furthermore, this action will be progressed when the Council's adopted Climate Change Strategy is reviewed in 2023/24

The Scottish Government's Heat in Buildings Strategy (2021) sets out its aims and objectives for achieving net zero emissions within the entire building stock in Scotland by 2045, including addressing poor energy efficiency as a driver of fuel poverty. As part of this Strategy, Local Heat & Energy Efficiency Strategies (LHEES) will set out the long-term plan for decarbonising heat in buildings and improving energy efficiency across an entire local authority area. The Strategies will draw on a standardised methodology to:

- set out how each section of the building stock needs to change to meet national objectives, including achieving zero greenhouse gas emissions in the building sector, and the removal of poor energy efficiency as a driver of fuel poverty.
- identify strategic heat decarbonisation zones and set out the principal measures for reducing buildings emissions within each zone.
- prioritise areas for delivery, against national and local priorities.

Local Heat & Energy Efficiency

Strategies (LHEES) will set out the long-term plan for decarbonising heat in buildings and improving energy efficiency across an entire local authority area. The Strategies will draw on a standardised methodology to:

- set out how each section of the building stock needs to change to meet national objectives, including

achieving zero greenhouse gas emissions in the building sector, and the removal of poor energy efficiency as a driver of fuel poverty.

- identify strategic heat decarbonisation zones and set out the principal measures for reducing buildings emissions within each zone.
- prioritise areas for delivery, against national and local priorities.

The street lighting capital programme is complete ahead of plan this year with 751 of a targeted 752 new lighting column replacements up to the end of this quarter with 1 unit outstanding due to site complications. A further 446 street lights were upgraded to LED lanterns to include a central management system for dimming.

This quarter, new waste service standards and waste collection policies were approved by Council. The development of these policies will ensure services operate transparently and fairly, encouraging householder participation, maximise the quality and quantity of materials collected for recycling and improve operational efficiencies. Work is being undertaken to communicate changes to our customers via our website pages and other promotional activities. Going forward, monitoring these standards will help us communicate more effectively with our customer when complaints arise, giving a clear understanding of the levels of service that can be expected. In addition, £2.2m was awarded from the Scottish Government's Recycling Improvement Fund which allow the Council to fully transition existing waste and recycling collection services to meet the recommendations in the Charter for Household Waste Recycling.

Work continues on our parks and greenspaces with 57 improvements/new facilities completed up to the end of quarter 3. Activities this quarter include improvements to parks and play equipment and memorial benches.

Midlothian Council's updated Rapid Rehousing Transition Plan (RRTP) sets out key actions for delivery this year and addresses the next phase in transforming the services provided to meet housing need. These activities are crucial to reduce the time spent in temporary accommodation, improving the quality of temporary accommodation provided, continue to deliver Housing First and improve the health and wellbeing of those most vulnerable households. Our Rapid Rehousing Transition Plan is in its final year, this has brought significant change for homelessness over the last 4 years in ending the use of Bed and Breakfast type accommodation and developing better quality temporary accommodation, developing nomination agreements for people experiencing domestic abuse, and leaving the armed forces to enable access to permanent housing, preventing the need for a homeless assessment. Midlothian Council also adopted a model of Housing First which finds suitable properties before inviting nominations from a multi- disciplinary core group. Through the last award of our Rapid Rehousing Transition Plan (RRTP) monies, Housing Services have commissioned the Rock Trust for a two year contract to support our young tenants, helping them to move on from homelessness or avoid it altogether.

Midlothian will have a Wellbeing Economy and be Better Connected - Achievements

A wellbeing economy aims to deliver increased economic opportunities for all, providing meaningful and fair work, better outcomes for young people, sustainable places, improved health outcomes, reduced poverty and environmental sustainability.

To develop a wellbeing economy we will use Community Wealth Building (CWB) which is based around five interconnected pillars that centres on People, Place and Planet. Community Wealth Building changes the way local economies function by redirecting wealth into local economies, creating opportunities for the benefit local people. We have embedded three of the pillars into our delivery over the past two years and will continue to build on this work.

The [Regional Prosperity Framework \(RPF\) 2021](#) guides and integrates public, private and Third Sector decisions, actions, collaborations, strategies, policies and investments and sets out 3 key areas to support the rebuilding of the economy:

- people – to access fair work, to learn and develop new skills and to live happy and healthy lives
- places – that are sustainable, and attractive to live and work in and where enterprise thrives
- planet – meeting our needs in a way that will allow future generations to meet theirs, with a focus on reduction of greenhouse gas emissions (sustainability).

Midlothian Council's Economic Renewal Strategy sets out our ambitious approach to managing the transition from pandemic lockdown and planning for the longer term challenges the local economy will face. The strategy aims to mitigate the adverse economic impact on the local economy from COVID-19. Key aims are to protect jobs and aid business recovery using a place-based partnership approach that maximises the opportunities developing from the pandemic. Taking this partnership approach, the strategy will foster entrepreneurship, upskilling and training, addressing gaps in the market and changing the way business is done to better align this to customer behaviour. Alongside support for agriculture, tourism and the leisure and hospitality sectors, the council will also promote local jobs and self-employment opportunities, particularly for young people, to give them the necessary skills and support they need to benefit from economic recovery. Work is ongoing to refresh the Economic Strategy and will be presented for approval to Council later in the year.

The Business Gateway team continue to promote localised procurement with clients, encouraging registration with the Supplier Development Programme and Public Contracts Scotland (PCS). The team actively encourage businesses to register with the Supplier Development Programme which provides access to free training and support in all aspects of public sector tendering to improve the tender readiness of local suppliers. This quarter discussions took place between Economic Development and Procurement proposing the creation of action groups to take key areas of work. Proposed areas of focus are:

- Refresh of the Local Procurement Strategy, supporting Community Wealth Building.
- Managing change – the need for better understanding throughout the Council to increase the local spend and to minimise unregulated spend.
- Creation of sessions hosted by procurement and economic development to encourage services to direct spend to the local supply base.

The Economic Development priorities for the 2023/27 Single Midlothian Plan align to the social, environmental and economic aspirations of the wellbeing economy with people focussed outcomes that will also deliver local economic benefit.

Outcome 1: Develop a Midlothian Community Wealth Building Action Plan to guide future economic activity across the partnership

Outcome 2: Increase economic opportunity to maximise income, empowering individuals and communities

Outcome 3: Develop a culture of entrepreneurship, increasing business knowledge, for current and future generations

The Business Gateway service continue to promote the social enterprise model to clients where their plans, objectives and values align to the model. Contributing to Community Wealth Building objectives, the team support projects from the Social Enterprise Conversation sessions as they develop. The Community Wealth Building Officer recently contacted 32 local social enterprises, 12 have engaged and are in receipt of ongoing support. The Economic Development service has provided a total of 27 support inputs to social enterprise during the quarter and Business Gateway Advisers are providing ongoing business support to 5 social enterprises.

The total number of new Business start-ups this quarter was 24. This should realise a forecasted creation of 40 jobs and an estimated contribution of £1.86M to the Midlothian economy in their first year of trading.

A further 60 'Planning to Start' enquiries were received this quarter from individuals that are considering setting up a business but need support to achieve this, these clients tend to have numerous sessions with their advisor covering areas such as business planning, access to finance, regularity compliance, routes to market and can take from 3 months to a year to reach the trading stage.

Our Estates team have had continued success in managing our PIA estate. Surveys have been concluded in relation to potential presence of Reinforced Autoclaved Aerated Concrete (RAAC) in our Schools. All schools within the at-risk date range of 1930-2000 have been surveyed by consultant engineers who have confirmed that RAAC is not present. An assessment of the Housing stock also found no RAAC. The Non-Housing stock condition surveys continue to be progressed in line with allocated budget and agreed timelines.

There were 5,481 active housing applicants placed on the Common Housing Register at the end of this reporting period. The total number of lets made all applicants this quarter was 136 with 53.7% made to homeless applicants and 46.3% to general needs.

We have maintained the Healthy Working Lives Gold Award for over 9 years and work has commenced on the development of our Wellbeing Strategy which will focus on the financial, physical, and psychological wellbeing of our workforce and ensure employees have access to advice, guidance and initiatives which support their health

and wellbeing. The rolling programme of Wellness@Midlothian initiatives continues this quarter to ensure we are supporting the positive health and wellbeing of our staff.

Midlothian will Work Towards Reducing Poverty - Achievements

This theme focuses on reducing all aspects of poverty using a data informed approach whilst learning from those with direct experience of poverty.

There continues to be a significant demand placed on homeless and temporary accommodation services, alongside the increase in energy, food and fuel costs, requiring a comprehensive preventative approach as set out in the Council's Rapid Rehousing Transition Plan. Homelessness is not inevitable and can often be prevented. Our refreshed vision for the service is that individuals and families will be able to access housing that is affordable and of good quality in sustainable communities. Housing Services are currently exploring a new approach to deliver services and are trialling new team set ups consisting of a community housing team, aiming to ensure every tenant and resident has their individual needs and rights recognised and is treated fairly with respect to enable tenancy sustainment. A core housing team, improving quality and turnaround of our properties, ensuring residents are informed of housing options and homeless applicants are provided temporary accommodation and a Homelessness team focused on preventing and supporting homelessness.

The Scottish Housing Regulator reviewed our Homelessness practice this quarter and showed an understanding of the local issues we face, providing positive feedback to Housing Services for the work completed during this challenging period.

Challenges and Risks

Financial position: Council approved the 2023/24 budget at its meeting on 21 February 2023. Delivery is reliant on a combination of savings and service reductions and includes the use of retrospective service concession savings and earmarked Covid recovery reserves. Whilst the 2023/24 budget is agreed, the challenge remains to reach ongoing financial sustainability. Cost and income projections for future years will be embedded in the Council's Transformation Blueprint which contains a range of transformation themes to drive towards a position of financial sustainability, and close working continues with the Business Transformation Steering Group to respond to the challenges.

Financial Services continues to ensure the Council has robust financial management arrangements in place with a full suite of financial monitoring reports for quarter two 23/24, presented to Council in November 2023. The team continues to provide in-depth financial input to key revenues and capital projects embedded into the Medium Term Financial Strategy.

Economic pressures: Inflation, as well as rising energy costs, are affecting the construction industry in Scotland. The UK is experiencing unprecedented adverse market conditions, leading to significant rises in tender prices for a wide range of materials. There is evidence that inflation of between 10% and 15% beyond BCIS predictions is affecting projects. The pandemic has also accelerated financial challenges, and the growth from being the fastest growing local authority in Scotland places significant pressure on Midlothian to be able to deliver high quality services to its citizens.

In response to all these pressures, a range of reprioritisation activity is taking place, with a revised Capital Plan being considered by the cross-party Business Transformation Steering Group, and options to review what and how services are delivered as part of the savings measures to reduce the funding gap recommended to Council.

Growing Council: Scotland with an increase of 16.1%. The 2011 census data lists Midlothian as having a population of 83,187 which has risen to 96,600 in the 2022 census data. The level of growth is 2.3% higher than our previous calculation and is now 13.4% higher than the Scottish average of 2.7%.

In terms of households, Midlothian saw the highest percentage increase at 17.2% since the 2011 census. Population density in Midlothian is 273.1 residents per square kilometre compared to the Scottish average of 69.8. In addition, Midlothian has 10 data zones which fall into the most deprived areas.

This growth creates the opportunity to meet housing need with 25% of new homes being built in the

affordable housing provision, in addition to the expansion in our Council house building. This construction directly supports employment and will see a steady increase in the value of Council Tax income received over time.

To ensure Midlothian is 'building back better', this investment is also creating new jobs, apprenticeship opportunities, opportunities for businesses and communities and families hardest hit by the impact of the pandemic. These new opportunities help lead the way towards a better future for Midlothian.

National Care Service: The estimated funding gap for the next three financial years does not include the associated costs of the Scottish Government's National Care Services (Scotland) Bill. If enacted, the bill would have fundamental implications for the community and for Local Government itself. The wide reaching changes in the bill aim to deliver a National Care Service by the end of the parliamentary term, which will impact on all aspects of the work of the Corporate Solutions team, including financial implications, in both revenue and capital, our asset base, our workforce, governance and legal arrangements and our digital infrastructure and platforms. It will require an immediate focus for the foreseeable future, and this will inevitably have implications for other priority work at a time of continued resource constraint.

Cost of Living Crisis: Midlothian's citizens are facing significant financial challenges. The impact on households continues to be noted across the UK with 49% of adults reporting an increase in their cost of living in December 2023 ([Office for National Statistics; Francis-Devine et al, 2022](#)). The UK is currently facing an unprecedented wave of increasing prices, bills and tax challenges. The 41 year high inflation rate of 11.1% in October 2022 has been the main driver of the cost of living crisis which has outstripped wage and benefit increases. Recent data shows the annual inflation rate was 4.0% in December 2023, up slightly from 3.9% in November. The price rises continue to impact low-income households hardest as a larger proportion of their costs are on energy and food. The Resolution Foundation estimates that absolute poverty is set to rise in the short-run, from 17.2% in 2021-22 to 18.3% in 2023/24 (or an additional 800,000 people in poverty).

As our citizens feel the impact of the Cost of Living Crisis, they will seek additional support from public services; in particular local authorities. To respond to this emerging crisis, the Council established a Cost of Living Task Force last year, which is chaired by the Council Leader and meets regularly to coordinate mitigating activities

Midlothian Council - How we are Performing-



PI Off Target

...	Code & Title	Gauge	Value	Target	Next Update Due	Last Update	History
	<div>BS.MC.MPI.01</div> Performance against revenue budget	<div></div>	£293.373m	£289.676m	01 Apr 2024	Q3 2023/24	<div></div>
	<div>CORP8</div> Corporate Indicator - Percentage of invoices sampled and paid within 30 day...	<div></div>	92.5%	95.0%	01 Apr 2024	Q3 2023/24	<div></div>
	<div>BS.MC.SPSO.05.1</div> Percentage of complaints at stage 1 complete within 5 working d...	<div></div>	78.77%	95%	01 Apr 2024	Q3 2023/24	<div></div>
	<div>BS.MC.SPSO.05.2</div> Percentage of complaints at stage 2 complete within 20 working ...	<div></div>	83.33%	95%	01 Apr 2024	Q3 2023/24	<div></div>
	<div>BS.MC.SPSO.05.3</div> Percentage of complaints escalated and complete within 20 work...	<div></div>	65.38%	95%	01 Apr 2024	Q3 2023/24	<div></div>

← 1 of 1 →



Title **Inspection of Midlothian Council/HSCP Care at Home services
by The Care Inspectorate**

Report by: Nick Clater, Head of Service, Health and Social Care

Report for Noting

1 Recommendations

Performance Review and Scrutiny Committee is requested to:-

1. To note the outcome of the inspection for Care at Home services provided by Midlothian Council under the Health and Social Care Partnership

2 Purpose of Report/Executive Summary

This report advises of

1. The outcome of the inspection
2. The recommendations for improvement

Date: **08/02/23**
Report Contact: **Nick Clater**

3 Background

3.1 Inspection

The inspection of the care at home services are evaluated under the framework of the “Health and Social Care Standards, My Support, My Life”. The areas they focused on this inspection were: -

1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How well is our care and support planned?

To gather the information to undertake the evaluation the inspectors undertook the following: -

- Spoke with 18 people who experience care and 14 of their family/friends/representatives.
- Spoke with 17 staff and management.
- Observed practice and daily life.
- Reviewed documents.

In addition to this they accessed all policies and procedures pertaining to the service and employees of Midlothian Council as well as previous feedback from clients and families on any compliments, concerns and complaints regarding the service.

3.2 Grades

The grades for the service were the following: -

- | | | |
|---|-----------------|----------|
| • How well do we support people's wellbeing | Good | 4 |
| • How good is our leadership | Good | 4 |
| • How good is our staff team | Good | 4 |
| • How well is our care and support planned | Adequate | 3 |

The Inspection report noted strengths in the following areas:

The report highlighted that most people the inspectors spoke with told them that they experienced good care and valued the commitment from the staff. Comments from people included "I enjoy visits, the company and the chat and my carer has a great way about him".

The inspectors also fed back that the staff they spoke with were committed, flexible and dedicated to providing the best possible service to the people they support. Most staff felt supported in their role and felt management were approachable.

Following a recent restructure, Care Practitioners had been recruited into a new role to work in the community, engage with people and support staff. Staff welcomed this new development as it provided them with the opportunity to

seek support promptly should it be needed. This ensures people experience good outcomes and care is more responsive when required.

3.2 Areas for Improvement

1. Under the standard *How well do we support people's wellbeing* the inspectors recommended to ensure people experience high quality care, the manager should ensure that records are fully maintained, along with relevant guidance (including body maps) when supporting people with their medication.

Action

All care plans are being audited by a dedicated senior member of the care at home team to ensure that body maps are inserted into each care and support plan and completed where appropriate and all care plans are of a high quality.

2. To ensure that people are confident that the care they receive is well led and managed, the manager should ensure any actions identified from audits completed are carried through to completion and this is clearly evidenced and tracked.

Action

An audit tracker is now in place to ensure all actions from audits are implemented in a timely manner.

3. To ensure people that staff know how to care and support them should they become unwell, anticipatory care plans should be developed for each person.

Action

As part of the care and support plan audit action, the audit template includes a check to make sure there is an anticipatory care plan within the care and support plan. Where this is not the case, this will be followed up by staff within the senior team of the care at home service.

4. To ensure that people are confident that the care they receive is person centred and well led, the manager should ensure Personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met. This should also incorporate risk enablement where appropriate and agreed.

Action

Again, as all care plans are being audited with a dedicated audit template and overseen by the Quality Assurance officer for care at home. All areas in the care and support plan that do not meet the standard of the care and support plan audit tool will be communicated to the relevant staff member who will update the care plan to ensure it is of a high standard and reflects all elements required.

We are confident that managers are highly committed to continue to build on these improvements to ensure the service provides high standards of care and support to citizens of Midlothian.

4 Report Implications (Resource, Digital and Risk)

4.1 Resource

There are no direct resource requirements arising from the inspection.

4.2 Digital

There are no digital implications related to this paper.

4.3 Risk

There is a reputation risk to the service and Midlothian Health and Social Care Partnership should identified improvements not be progressed.

4.4 Ensuring Equalities (if required a separate IIA must be completed)

All relevant IIAs sit within service.

4.4 Additional Report Implications

There are no additional report implications at present.

Appendices

Appendix A – Report implications

Appendix B - Care Inspectorate report

APPENDIX A – Report Implications

A.1 Key Priorities within the Single Midlothian Plan

A.2 Key Drivers for Change

Key drivers addressed in this report:

- ☐ Holistic Working
- ☐ Hub and Spoke
- ☐ Modern
- ☒ Sustainable
- ☐ Transformational
- ☐ Preventative
- ☐ Asset-based
- ☒ Continuous Improvement
- ☐ One size fits one
- ☐ None of the above

A.3 Key Delivery Streams

Key delivery streams addressed in this report:

- ☐ One Council Working with you, for you
- ☐ Preventative and Sustainable
- ☐ Efficient and Modern
- ☐ Innovative and Ambitious
- ☒ None of the above

A.4 Delivering Best Value

The report does not directly impact on Delivering Best Value

A.5 Involving Communities and Other Stakeholders

All clients and relevant family members/informal carers are sought their views and feedback on the care and support provided. Each client has a review undertaken every 6 months of their care and support plan to ensure their care and support plan reflects the needs of the client and are being met.

Staff regularly receive supervision and attend staff meetings and training where feedback is continually sought to influence service improvement.

A.6 Impact on Performance and Outcomes

The attached inspection report highlights the evaluation the Inspectors from the Care inspector found during the inspection several areas within the

A.7 Adopting a Preventative Approach

Not applicable

A.8 Supporting Sustainable Development

Not applicable

APPENDIX B**Inspection Report**

Midlothian Council - Domiciliary Care - Care at Home Support Service

35-37 High Street
Bonnyrigg
EH19 2DA

Telephone: 01312 715688

Type of inspection:
Unannounced

Completed on:
15 November 2023

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2004062598

About the service

Midlothian Council Domiciliary Care is registered as a Care at Home Service. It provides care to adults and older people living in their own homes within Midlothian. The care at home service, including The Midlothian Enhanced Rapid Response and Intervention Team (MERRIT) are based at Bonnyrigg Health Centre.

Staff are divided into six teams with differing roles. The MERRIT care team is part of a multi-disciplinary team. The team deals with emergency and crisis situations on a short-term basis. Carers offer personal care and some domestic assistance. They provide 24-hour response for people with personal alarms and they are heavily involved with responding to and the prevention of falls.

About the inspection

This was an unannounced inspection which took place between 6 and 15 November 2023. The inspection consisted of spending time meeting people in their own homes, discussions via telephone with supported people and their relatives and meetings with staff. This inspection was undertaken by three inspectors and an inspection volunteer from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 18 people who experience care and 14 of their family / friends / representatives.
- Spoke with 17 staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- People praised the quality of the staff who supported them.
- Managers needed improved oversight of people's medication needs.
- People's care plans should be further developed to ensure they provide appropriate information to guide staff and be more person centred for the supported person.
- Quality assurance processes were not sufficiently detailed to demonstrate their impact.
- Some people and their relatives felt communication from the office could be improved.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People told us that staff were very kind and polite. We observed positive interactions between staff and people who experience care, in which people were treated with dignity, respect and genuine affection. This meant that people were supported to build trusting relationships and experience meaningful connection.

Most people we spoke with told us that they experienced good care and valued the commitment from the staff. Comments from people included "I enjoy visits, the company and the chat and my carer has a great way about him".

Staff within the service support people to maintain independent living wherever possible. Supported people told us that staff explained what tasks they were undertaking and promoted self-care wherever possible. This supported people to make choices about how they live their lives and maintain independence

Managers strived to ensure consistency of staff as much as possible and systems were in place to monitor this. Improvements had been made in recent months to limit the number of different carers people had visiting them. Where this had been achieved, people welcomed the consistency. As one person told us: "I have regular carers which is great, because they know me and I know them. Plus they know where everything is to support me."

Where this was not the case, inconsistency impacted people's experiences. Comments from people included "Its like an adventure, I don't know who is coming one day to the next. If I am honest, I don't like it." " and a carer they didn't know just walked in and didn't inform her they were coming in like her other regular carers do.

People felt communication could be improved, especially when communicating with the office. We heard from people that they were not always informed as to changes to staff expected to provide support. The manager was aware that improvements were needed and following the recruitment of additional administrative staff, improvements should now be made.

People's personal plans needed more information about how to deliver each person's care and support. The sample of care documentation viewed, lacked detail in relation to information about individual's abilities, routines and preferences. However, people had access to their individual support plans which promoted their rights in relation to information held about them. We have commented on this more under Key Question 5 of this report.

Many people relied on the staff to administer their medication. Medication Administration Records (MAR) used to document medication administration were completed inconsistently. Improvements were needed to ensure people are supported to take their medication as prescribed and detailed within their personal plans. Please see area for improvement one.

Areas for improvement

1. To ensure people experience high quality care, the manager should ensure that records are fully maintained, along with relevant guidance (including body maps) when supporting people with their medication.

This ensures care and support is consistent with the Health and Social Care Standards which state, 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23)

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Managers utilised a variety of quality assurance systems which provided management oversight of the care delivered to people. This included the auditing of people's personal plans, medication and observations of staff practice.

Whilst it was evident that audits were being undertaken, for example the documentation recorded when supporting people with their medication, these were not sufficiently detailed to demonstrate their impact. Audits should clearly identify actions taken to enable leaders to track what the outcome of an audit was to support ongoing improvement and development within the service. Please see area for improvement one.

Managers promoted the involvement of people into the delivery of the service to a good level through facilitating satisfaction surveys and engagement with relatives. Overall, positive feedback was received, praising the quality of the care. Where feedback highlighted areas needing improvement, including staff consistency, managers took action to improve on this

Any learning from complaints received, satisfaction surveys and feedback from people was populated into the service improvement plan as part of their ongoing development to enhancing peoples care needs and experiences. This meant that people could be confident that their views were considered.

Areas for improvement

1. To ensure that people are confident that the care they receive is well led and managed, the manager should ensure any actions identified from audits completed are carried through to completion and this is clearly evidenced and tracked.

This is to ensure the care and support is consistent with the Health and Social Care Standards (HSCS) which state: I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes (HSCS 4.19)

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff we spoke with were committed, flexible and dedicated to providing the best possible service to the

people they support.

Most staff felt supported in their role and felt management were approachable. Following a recent restructure, Care Practitioners had been recruited into a new role to work in the community, engage with people and support staff. Staff welcomed this new development as it provided them with the opportunity to seek support promptly should it be needed. This ensures people experience good outcomes and care is more responsive when required.

The frequency of staff receiving support and supervision from their manager was mixed. This meant there was limited opportunity for staff to discuss and reflect on their practice. Staff reported mixed experiences of supervision. Not all staff had regular, planned opportunities to reflect on their practice. However, supervisors had been appointed and there was a clear plan in place for all staff to receive supervision. We were confident that managers would continue to build on these improvements.

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance needed to improve.

The content and detail of personal plans was not consistent. Whilst some were written with people to an adequate standard, others were not and did not always clearly reflect people's health and wellbeing needs and preferences. Plans were task focused and there was a lack of relevant information that would lead and guide staff in a consistent manner.

There was recognition from the manager that improvement was needed. Recent workshops had taken place for staff, offering additional training in the completion of personal plans. Managers were committed to ensuring that personal plans captured people's choices and preferences, and had sufficient detail to lead and guide staff to support people safely.

We have highlighted at previous inspections that people should be offered (with support) to develop anticipatory care plans; capturing their wishes and choices for how they would like care to be provided at the end of their lives. Improvement was still outstanding, and the manager should develop care plans to include anticipatory care elements to ensure people's wishes. Please see area for improvement one.

Risk assessments also needed development. We found that documentation outlined risk, but failed to add the level of detail that would ensure that staff fully understood how to work effectively with presenting issues. To support people to achieve good outcomes, the provider should ensure risk assessments reflect their assessment of needs, how these will be enabled safely and are reviewed on a regular basis to ensure the level of accuracy required. Please see area for improvement two.

Areas for improvement

1. To ensure people that staff know how to care and support them should they become unwell, anticipatory care plans should be developed for each person.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty'. (HSCS 3.18)

2. To ensure that people are confident that the care they receive is person centred and well led, the manager should ensure Personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met. This should also incorporate risk enablement where appropriate and agreed.

This is also to ensure that care and support is consistent with the Health and Social Care Standard which state "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.1)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people are safe and protected as far as possible from harm, the provider should ensure continuity of care and support for people, especially those with additional support needs for dementia who would benefit the most from receiving consistency of staff.

This should include, but is not limited to clear communication on details of delayed visits, changes in times of care provided and any support needs that have not been met during staff visits. This is to ensure care and support is consistent with Health and Social Care Standard 1.23: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'.

This area for improvement was made on 4 March 2022.

Action taken since then

Staff consistency was monitored by the manager to ensure the number of carers people have supporting them is minimal wherever possible. We noted that improvements have been made in recent months and the manager was confident this would continue to improve moving forward.

Previous area for improvement 2

To ensure people that staff know how to care and support them should they become unwell, anticipatory care plans should be developed for each person.

This is also to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty'. (HSCS 3.18)

This area for improvement was made on 4 March 2022.

Action taken since then

This improvement is outstanding and has therefore been repeated at this inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

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Joint Inspection of Adult Services. Physical Disabilities, Long Term Conditions and Carers.

Report by: Nick Clater, Head of Service, Health and Social Care

Report for Noting

1 Recommendations

Performance Review and Scrutiny Committee is requested to

1. To note the outcome of the inspection for Adult Services with a specific focus on people with Physical Disabilities, Long Term Conditions and their Unpaid Carers.

2 Purpose of Report/Executive Summary

This report advises of

1. The outcome of the strategic inspection
2. The recommendations that will be included within the improvement plan.

Date: 30/11/23
Report Contact: Nick Clater

3 Background

3.1 Inspection

The joint inspection of adult services with a focus on integration and outcomes for people with physical disabilities, long term conditions and their carers commenced in May of this year. In July, the partnership submitted our 'Position Statement' which sought to benchmark our activity against the five quality indicators outlined by the Care Inspectorate and Health Improvement Scotland.

- 1- Key performance outcomes
- 2- Experience of people who use our services
- 3- Delivery of key processes
- 4- Strategic planning, policy, quality and improvement
- 5- Leadership and direction

Narrative and evidential documents were provided to support statements relating to how the partnership is evidencing outcomes, commissioning services and developing key processes to support people accessing our services to have positive experiences. In parallel with the partnership's written contribution, the Care Inspectorate and Health Improvement Scotland completed extensive engagement activity with people and their carers and staff from third sector organisations as well as a range of professionals from within the Partnership.

3.2 Grades

The scrutiny activity was concluded with the publication of the final report on 28th November 2023.

The evaluation within the report assessed the Partnership as being 'Good' (Grade 4) for all 5 indicators we were assessed against.

An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.
Extract from Care Inspectorate guidance.

The Inspection report noted strengths in the following areas:

- Most people with physical disabilities and complex needs had positive experiences of integrated and person-centred health and social care, which supported an improved quality of life.

- There was a positive and effective approach to early intervention and prevention support. This was prioritised across the workforce and made a demonstrably positive impact on peoples' outcomes.
- The partnership had embarked on a whole systems approach to embedding a strengths-based outcomes approach to planning, delivery, and evaluation of its services. This included the introduction of a single system to support monitoring and evaluating how outcomes were being met across all services.
- The partnership had a culture of integration which was evidenced through a number of integrated teams, services and decision-making processes.
- Having shared access to health and social care records contributed to positive outcomes for people. Not all staff in all teams had shared access to records. The partnership should find ways to widen access where possible.

It is noted that the report is broadly very positive, and appreciation is due to all staff and third sector colleagues who contributed to the inspection activity.

3.2 Areas for Improvement

The report identifies 4 main areas where improvements should be made:

- The partnership should continue to address support for carers, as their experiences were less positive than those of people receiving care and support.
- The partnership should make sure that it has an integrated approach to providing information and advice, so that people can make informed choices about their support, care, and treatment.
- The partnership should ensure that staff are supported to be more confident in their knowledge of and in applying self-directed support so people receiving support can be clearer about their rights and choices.
- The partnership should build on their strong relationships with providers in developing sustainable solutions to providing care.

An improvement plan will be developed with guidance from the Partnership's link inspector within the Care Inspectorate. This will then be monitored and reviewed throughout 2024.

4 Report Implications (Resource, Digital and Risk)

4.1 Resource

There are no direct resource requirements arising from the inspection.

4.2 Digital

There are no digital implications related to this paper.

4.3 Risk

There is a reputation risk to Midlothian Health and Social Care Partnership should identified improvements not be progressed.

4.4 Ensuring Equalities (if required a separate IIA must be completed)

All relevant IIAs sit within service.

4.4 Additional Report Implications

There are no additional report implications at present.

Appendices

Appendix A – Additional Report Implications

Appendix B – Background information/Links

APPENDIX A – Report Implications

A.1 Key Priorities within the Single Midlothian Plan

A.2 Key Drivers for Change

Key drivers addressed in this report:

- ☐ Holistic Working
- ☐ Hub and Spoke
- ☐ Modern
- ☒ Sustainable
- ☐ Transformational
- ☐ Preventative
- ☐ Asset-based
- ☒ Continuous Improvement
- ☐ One size fits one
- ☐ None of the above

A.3 Key Delivery Streams

Key delivery streams addressed in this report:

- ☐ One Council Working with you, for you
- ☐ Preventative and Sustainable
- ☐ Efficient and Modern
- ☐ Innovative and Ambitious
- ☒ None of the above

A.4 Delivering Best Value

The report does not directly impact on Delivering Best Value

A.5 Involving Communities and Other Stakeholders

A full engagement strategy was carried out by the Care Inspectorate and Health Improvement Scotland in order to undertake their scrutiny activity.

Any improvements that require relevant consultation with service users, family members and carers will be undertaken by the relevant service.

A.6 Impact on Performance and Outcomes

The attached inspection report highlights several areas within the partnership where strength-based outcomes are the focus in service planning, delivery and evaluation. Any recommendations and areas for improvement will, once

addressed further improve the performance and the outcomes of people using the service.

A.7 Adopting a Preventative Approach

Not applicable

A.8 Supporting Sustainable Development

Not applicable

APPENDIX B

Inspection Report



Joint inspection of adult services

Integration and outcomes

Midlothian health and social care partnership

November 2023

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PART 1 - About our inspections

Background

The Care Inspectorate and Healthcare Improvement Scotland share a common aim that the people of Scotland should experience the best quality health and social care. We work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. We provide assurance that gives people confidence in services. Where we find that improvement is needed, we support services to make positive changes.

Legislative context

The Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to cooperate and coordinate their activities, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland. Healthcare Improvement Scotland and the Care Inspectorate have been working in partnership under the direction of Scottish Ministers to deliver joint inspections of services for adults since 2013.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the legislative framework for integrating adult health and social care. The aim of integration is to ensure that people and carers have access to good quality health and care services that are delivered seamlessly and contribute to good outcomes. This is particularly important for the increasing numbers of people with multiple, complex, and long-term conditions. The Care Inspectorate and Healthcare Improvement Scotland have joint statutory responsibility to inspect and support improvement in the strategic planning and delivery of health and social care services by integration authorities under Sections 54 and 55 of the Act.

Ministerial strategic group report

In February 2019, following a review of progress with integration, the Ministerial Strategic Group for Health and Community Care made proposals for improvement. In relation to scrutiny activity, the Ministerial Strategic Group for Health and Community Care proposed that joint inspections should better reflect integration, and specifically, that the Care Inspectorate and Healthcare Improvement Scotland should ensure that:

- Strategic inspections are fundamentally focussed on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the health board, local authority and integration joint board (IJB), and the contribution of non-statutory partners to integrated arrangements, individually and as a partnership.

Inspection focus

In response to the Ministerial Strategic Group for Health and Community Care recommendations, the Care Inspectorate and Healthcare Improvement Scotland have redeveloped our approach to joint inspections. Our inspections seek to address the following question:

“How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”

In order to address the question over the broad spectrum of adult health and social care services, we are conducting a rolling programme of themed inspections. These look at how integration of services positively supports people’s experiences and outcomes. These thematic inspections do not consider the quality of specialist care for the specific care group. They are simply a means of identifying groups of people with similar or shared experiences through which to understand if health and social care integration arrangements are resulting in good outcomes. We will examine integration through the lens of different care groups which, taken together, will allow us to build a picture of what is happening more broadly in health and social care integration and how this supports good experiences and outcomes for people.

National issues and context

At the time of our joint inspection of Midlothian health and social care partnership, partnerships across the country were continuing to experience a range of significant pressures following on from the Covid-19 pandemic. During the pandemic there were extreme and unprecedented impacts on service delivery and staffing across health and social care services.

At the beginning of the pandemic, emergency measures changed the way care, support and treatment were provided. This impacted on the ability to visit people at home during lockdown. The Care Inspectorate and Healthcare Improvement Scotland recognise that all health and social care partnerships still face significant challenges from both an increase in demand and capacity challenges from difficulties with recruitment and retention. Our inspections are not focussed on examining partnerships’ responses to, or recovery from, the pandemic, but we will make every effort to understand and account for its impact on partnerships, providers, people and carers.

Some of the issues and challenges highlighted for the Midlothian partnership in this report are national issues that are being faced by many other partnerships. A number of reports have detailed these challenges including Audit Scotland’s NHS in Scotland 2021 and Social Care Briefing 2022. These reports and our inspections, have highlighted that across the country:

- Demand for health and social care is increasing.
- The health and social care sector face ongoing challenges with recruitment and retention. This puts the capacity, sustainability, and quality of care services at considerable risk.

Details of all the reports can be found in the reference list in Appendix 5.

Developing systems which support staff to work in a more integrated way is another area where there is a national challenge. This includes sharing information across and between agencies. It has been highlighted and addressed in Scotland's digital health care strategy which was produced by the Scottish Government and COSLA (Convention of Scottish Local Authorities) in October 2021.

Explanation of terms used in this report

When we refer to **people**, we mean adults between 18 and 64 years old who have physical disabilities and complex needs.

When we refer to **carers**, we mean the friends and family members who provide care for people and are not paid for providing that care.

When we refer to **the health and social care partnership**, or **the partnership**, or **the Midlothian partnership**, we mean Midlothian health and social care partnership who are responsible for planning and delivering health and social care services to adults who live in Midlothian.

When we refer to **staff** or **workers**, we mean the people who are employed in health and social care services in Midlothian, who may work for the council, the health board, or for third sector or independent sector organisations.

When we refer to **leaders**, or **the leadership team**, we mean the most senior managers who are ultimately responsible for the operation of the health and social care partnership.

There is an explanation of other terms used in this report at Appendix 2.

PART 2 - A summary of our inspection

The partnership area

Midlothian health and social care partnership has a population of 94,680 and is one of four partnerships across the NHS Lothian area. Fifty-two percent of the population are female, and 48% are male. The population has been rising since 2006 with a 1.6% increase from 2020, higher than the Scottish average (0.3%). Further population predictions estimate an increase of 13.8% by 2028. The key reason for this is due to net migration where there are more people moving into the area than are moving out. There are above average populations of children and older working people and a below average population of people aged 75 years and older. The latter is predicted to grow by over 40% between 2018-2028.

The majority of the population lives in larger towns and villages in the northern part of the partnership. The main towns include Penicuik, Bonnyrigg, Dalkeith, Newtongrange and Gorebridge. The southern half of the partnership is predominantly rural, with a small population spread between a number of villages and farm settlements.

The Scottish Index of Multiple Deprivation data shows that approximately one-third of people in Midlothian live in areas considered to be the most deprived. There are three communities in the top 20% of most deprived areas in Scotland. These are all in East Midlothian and include the areas of Gorebridge, Mayfield and Woodburn [Dalkeith and District]. Life expectancy in these areas can be significantly less (up to 12 years) than for people living in more affluent areas of Midlothian.

In the 2011 Census 6.9% of people identified as living with a physical disability which was close to the Scottish average of 6.7%. In 2019 there were around 4,800 people between the ages of 16-64 years who had a physical disability which included people born with impairment, those who had had an injury and those whose disability developed as a result of an illness. In 2022, 3,292 adults (aged 18 years and over) who were known to the adults and social care team had physical disability recorded as their primary care group; 5,681 people had a blue badge and 1,200 people were recorded as wheelchair users. Approximately 10% of adults in Midlothian were carers, and two-thirds of these were women.

Summary of our inspection findings

The announced inspection of Midlothian health and social care partnership took place between May 2023 and September 2023.

In our discussions with people and carers, we received three completed surveys, spoke to 30 people with physical disabilities and complex needs, 14 carers and undertook two focus groups. The survey returns were particularly low, despite agreement with the partnership to pause a local carer survey during the inspection period. In our engagement with staff for the health and social care partnership, we received 77 completed staff surveys, spoke to 70 members of staff and undertook four professional discussion sessions with the leadership team.

We reviewed evidence provided by the partnership to understand their vision, aims, strategic planning and improvement activities.

Key strengths

- Most people with physical disabilities and complex needs had positive experiences of integrated and person-centred health and social care, which supported an improved quality of life.
- There was a positive and effective approach to early intervention and prevention support. This was prioritised across the workforce and made a demonstrably positive impact on peoples' outcomes.
- The partnership had embarked on a whole systems approach to embedding a strengths-based outcomes approach to planning, delivery, and evaluation of its services. This included the introduction of a single system to support monitoring and evaluating how outcomes were being met across all services.
- The partnership had a culture of integration which was evidenced through a number of integrated teams, services and decision-making processes.
- Having shared access to health and social care records contributed to positive outcomes for people. Not all staff in all teams had shared access to records. The partnership should find ways to widen access where possible.

Priority areas for improvement

- The partnership should continue to address support for carers, as their experiences were less positive than those of people receiving care and support.
- The partnership should make sure that it has an integrated approach to providing information and advice, so that people can make informed choices about their support, care, and treatment.
- The partnership should ensure that staff are supported to be more confident in their knowledge of and in applying self-directed support so people receiving support can be clearer about their rights and choices.
- The partnership should build on their strong relationships with providers in developing sustainable solutions to providing care.

Evaluations

The following evaluations have been applied to the key areas inspected. Further information on the six-point scale used to evaluate the key areas can be found in Appendix 3.

Key quality indicators inspected		
Key area	Quality indicator	Evaluation
1 - Key performance outcomes	1.2 People and carers have good health and wellbeing outcomes	Good
2 - Experience of people who use our services	2.1 People and carers have good experiences of integrated and person-centred health and social care	Good
	2.2 People's and carers' experience of prevention and early intervention	
	2.3 People's and carers' experience of information and decision-making in health and social care services	
5 - Delivery of key processes	5.1 Processes are in place to support early intervention and prevention	Good
	5.2 Processes are in place for integrated assessment, planning and delivering health and care	
	5.4 Involvement of people and carers in making decisions about their health and social care support	
6 - Strategic planning, policy, quality and improvement	6.5 Commissioning arrangements	Good
9 - Leadership and direction	9.3 Leadership of people across the partnership	Good
	9.4 Leadership of change and improvement	

PART 3 - What we found during our inspection

Key Area 1 - Key performance outcomes

What key outcomes have integrated services achieved for people and carers who use services in Midlothian?

Key messages

- The partnership placed importance on gathering and using good quality data about people's outcomes.
- Support for self-management, early intervention and prevention in particular was positive.
- Midlothian's national health and wellbeing indicator for people supported to look after their own health and wellbeing was higher than the Scottish average.

People and carers supported by integrated health and social care have good health and wellbeing outcomes

Public Health Scotland publishes an annual core suite of integration performance indicators for every health and social care partnership in Scotland. The indicators describe what people can expect from integrated health and social care. They measure progress around the national health and wellbeing outcomes set out in legislation.

The partnership placed importance on gathering and using good quality data about people's outcomes. This was reflected in its strategic planning work, for example in embedding the 'Midway' which was the partnership's overall approach to delivering a personal outcomes approach. Most people in Midlothian experienced good health and wellbeing. Midlothian could evidence how it supported people to manage their own health and wellbeing and to improve or maintain their quality of life. Outcomes for carers were not always as positive with a few carers who felt they did not get the support they needed to continue in their caring role. The partnership recognised this and was working to improve its support for carers. For example, the partnership had begun some scoping work to develop a carers cooperative which would act as a single point of contact for carers.

From conversations with people and carers, and from reviewing their health and social care records, we found that:

National health and wellbeing outcome	Inspection finding
1	<ul style="list-style-type: none"> Almost all people were supported to look after their health and wellbeing as much as possible.
2	<ul style="list-style-type: none"> Most people were supported to live as independently as possible.
3	<ul style="list-style-type: none"> Most people experiencing care felt they were treated with dignity and respect
4	<ul style="list-style-type: none"> Most people had a better quality of life because of the health and social care services they received.
6	<ul style="list-style-type: none"> Some carers felt supported to continue in their caring role.
7	<ul style="list-style-type: none"> Most people with physical disabilities were kept safe from harm

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Midlothian's national health and wellbeing outcome indicator for people having support to look after their own health was higher than the Scottish average. Third sector and the wider community services had a positive impact on people and carers in supporting them to look after their own health.

For a few people and carers access to early help was not always consistently available when they needed it.

Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

The partnership worked well, including with other key agencies to support this. A number of programmes and initiatives were in place to support people to live independently at home including meeting different levels of care required. This demonstrated a strong commitment to supporting people around this outcome.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

People talked positively about their experience of engaging with staff in services. Most people rated the care they received as positive overall. Some people talked of being treated with "kindness" and for those receiving social care, most indicated they had been treated with compassion and understanding.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

There were a wide range of factors supporting people to experience good outcomes that improved over time. For example, the partnership had successfully improved outcomes through close collaborative working, including between social work and housing.

For other people, improved outcomes had been experienced after being discharged from hospital. In these cases, occupational therapists had ensured the living environment was adapted appropriately. In some cases, this helped to promote greater autonomy. Health interventions such as speech and language therapy had also supported a continuing increase in people's confidence and independence. The advanced physiotherapy service based in GP practices supported people through early intervention. However, there were long waiting times for ongoing physiotherapy services for some people.

For some people, their main aim was to maintain quality of life at its present level. This was achieved by reducing the progression of conditions, making deterioration more manageable. Again, there were examples of good communication between people, their unpaid carers, paid providers and health and social work staff.

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Midlothian's national health and wellbeing outcome indicator for carers feeling supported to continue caring was lower than the Scottish average. Some carers were providing care at a level they no longer felt able to continue with. Many described feeling that the impact of caring had grown and continued to grow. The Covid-19 pandemic had made the caring role harder. A few carers did not always feel they were treated with dignity and respect.

Some carers had an adult carer support plan, and this had helped identify supports for them. However, for some carers this was not the case, and there had been little action taken in response to their plan.

Outcome 7: People who use health and social care services are safe from harm.

There had been a slight reduction in Midlothian's performance in relation to health and wellbeing outcome seven in comparison to the level achieved in 2020. However, most people with physical disabilities were kept safe from harm.

Impacts of the Covid-19 pandemic

The Covid-19 pandemic had affected a lot of people in Midlothian negatively. This included reductions in support, access to the community and community-based services and social isolation more generally. The partnership had put significant effort into re-establishing services, but the long-term health burden would continue for some time. For some people experiencing care, the negative impact was not reversible quickly, if at all. This should be recognised in 'good conversations' with people about what matters to them.

In addition, the partnership continued to have difficulties with recruitment and retention across a number of posts and roles. This had a negative impact on being able to meet peoples' and carers' needs.

The partnership had made positive developments in testing the chest heart and stroke digital support pathway for long Covid. Early feedback identified a number of factors to address. These included the need to ensure that the information was available in other languages; ensuring that any digital difficulties were resolved; and that personal outcomes should be included in the patient outcome data.

Evaluation

- Good

Key Area 2 - Experience of people and carers

What impact have integrated service approaches had on the lives of people who use services and on other stakeholders in Midlothian?

Key messages

- Most people felt that services worked well together, that staff listened to them and worked hard to deliver services that made a positive difference in their life.
- Generally, people and carers were treated with kindness, dignity and respect as a result of the commitment to and evidence of embedding a 'good conversations' approach that aimed to deliver person-centred care and outcomes focused support.
- Most people and carers experienced improved health and wellbeing as a result of early intervention and prevention support.
- On the whole, people had the right level of support at the right time, although this did not always happen consistently enough, due in the main to challenges with recruitment and retention of staff.
- Some carers struggled to get the support they needed to look after their own health and wellbeing and to be able to continue caring.
- Information and advice about services, support, options and rights was not always easy to find.

People and carers have good experiences of integrated and person-centred health and social care.

Most people felt that health and care services worked well together and the support they received had improved their quality of life and enabled them to maintain and/or improve their health and wellbeing. Although some people did not get the level and type of support they felt they needed, and had both positive and negative experiences of support.

There was a focus on maintaining peoples' independence as much as possible. This included people living in a residential care setting. For example, provision of 'in-house' physiotherapy positively affected people's health and quality of life. People and carers were generally unfamiliar with the term 'integration', but they had a sense that services were 'joined up' and that staff in different services spoke to each other. This meant they felt staff were working together to improve things for them. A few people felt that services did not talk to or collaborate with each other.

Most people received help and support at the right level, right time and right place. Support from the local carers organisation and independent advocacy was valued by people and carers to help get the right support in place. However, some people experienced long waits for their support to be arranged. For example, where providers were unable to offer the required level of support due to unavailability of care staff, some people chose option one, self-directed support. However, they encountered similar difficulties due to the limited availability of personal assistants.

This had a negative impact for those people affected in achieving their personal outcomes.

People and carers felt staff worked hard to try and respect their preferences and felt supported to live independently and take part in their local communities.

One person said that the support they received gave them “a bit of joy back in [their] life.”

Most people and carers felt that they were being listened to, that their needs were understood, and that staff were focussed on meeting their needs as far as possible. This led to people saying they felt respected and valued by partnership staff. Most people who used services felt they were treated with dignity and respect and their views and preferences were valued.

Where needs were higher or more complex this could be more difficult. Mechanisms for decision making around provision and funding were relatively straightforward. But more clarity was needed around how individual budgets could be used and what options and rights people had through self-directed support. People felt that not all staff members were clear or confident in describing this. This included some carers not having flexibility in ensuring that both their and their cared for person's budget met their needs. This negatively impacted both the person receiving support and the unpaid carer.

Most people were accessing physical health care appropriately through single health specific services that addressed their health care needs. However, some people found it hard to access specialist provision. Some people said that staff did not always understand their health condition.

The partnership demonstrated a strong commitment to embedding personal outcomes throughout their services. It was a strategic driver supported by ongoing training and infrastructural change. People and carers said that staff worked hard to understand what was important to them.

An 'end of engagement' questionnaire had recently been introduced to review service provision against peoples' identified personal outcomes. Whilst it was too early to evaluate the full effectiveness of this, this was positive. Some themes were starting to emerge which were informing future personal outcomes training.

Carers' experience of health and social care was not always as joined up and the support provided did not always help them to feel able to continue caring. A few carers said they did not feel respected or valued. Some carers said adult carer support plans were only put in place so they could access respite services. Whilst carers found these beneficial both for themselves and the person they cared for, they were insufficient to meet the carers' needs. Some carers said that there was limited action taken after having an adult carer support plan. A few carers did not have an adult carer support plan and not all social work staff discussed the option with them when there were opportunities to do so. The partnership had commissioned a local

carers organisation to undertake a range of early intervention and prevention work including completing adult carer support plans. Carers were able to offer feedback through the organisations' bi-annual carer survey. Most carers were positive about the support they received from the carer organisation but less so about support from social work staff.

People's and carers' experience of prevention and early intervention

The partnership in Midlothian had made significant investment with a wide range of stakeholders to support early intervention and prevention approaches. People and carers found this contributed to being able to be as independent as possible and get help from wider community supports. Examples of early intervention approaches to promote better quality of life included Green Health Prescribing and Midlothian Active Choices run by Midlothian Active Leisure. Both services aimed to improve peoples' physical activity levels and support them to combat social isolation. People reported feeling more confident, less isolated, and having improved sleep. In addition, Midlothian staff, including physiotherapists and occupational therapists, supported people with self-management approaches.

The partnership commissioned local area coordinators to help people and carers find support opportunities in their local communities. We saw evidence of this during our file reading. People spoke positively about the role they played as did staff members that we spoke to. Low threshold preventative support was provided by a range of commissioned services including a wellbeing service which helped people with long-term conditions. This was very highly regarded both by people using the service and staff referring to the service. It enabled them to have greater autonomy in managing their own health and wellbeing. People also highlighted the ease of access to the service which included a recently developed direct referral pathway for the physical disability and long-term conditions team.

People often referred to and appreciated the difference aids such as grab rails and other smaller items made to maintaining or improving independence. They were able to access this service from a local third sector organisation easily and quickly. Some people described this support as invaluable. Some people however, experienced longer waiting times for equipment. This had a negative impact on their ability to participate in their community and outside activities. For some people, more specialist equipment took longer to be provided. For example, specialist wheelchairs and hoists were complicated to arrange.

People who lived in residential care settings experienced support that ensured they were able to do as much for themselves as possible. People said that they were encouraged to complete whatever part of an activity or task they were able to do independently. Staff knew the people they supported well, and support was tailored to people's interests, choices and abilities as far as possible. One person described what this meant for them:

"I can remain living independently and have a meaningful life".

There was evidence of future care planning taking place to support people to be able to identify and put in place preventative strategies. Some people had had discussions to plan for the future and there had been focussed work with people living in residential care settings. However, few people outwith care settings had had the opportunity to discuss this.

People's and carers' experience of information and decision-making in health and social care services.

People and carers had mixed experiences of finding accessible information and advice. Just under half of people said they were given accurate information which was helpful in understanding their rights and options. They were supported to make meaningful choices and their decisions were respected. They also positively described the pacing of being given health information related to their condition which helped them in coming to terms with the impact of it. People who received services were more likely to be satisfied with the level of information they received than their unpaid carers.

Information about available services was not easy to find unless people knew what to look for. The partnership made information available online around supporting mental health and wellbeing and through a local disabled persons' organisation but links to both were not particularly visible. The partnership website could be difficult to navigate.

As one person said, finding information "is always a struggle".

The partnership was aware of this from feedback and had begun the process to make changes to the layout, structure and language on their website. This work was ongoing at the time of the inspection.

People and carers understanding of self-directed support varied. Some felt their options had been fully explored and that they had made an informed choice. Others felt that staff were not always confident in their own understanding and were therefore not clear on options and rights. Some people described a lack of flexibility around the use of allocated budgets. This was particularly apparent when both the person and unpaid carer had individual budgets. The mechanisms to make best use of these to meet both the persons' and carers' needs could be complicated. The partnership had put in place a comprehensive improvement plan to continue the roll out of self-directed support.

Some people felt that information around eligibility criteria was not as clear as it could be. It was difficult to find information about eligibility criteria online. Whilst people and staff felt that the processes for decision making and funding for support was straightforward, the information explaining it was not. More could be done to make information about eligibility criteria available in accessible formats.

Even when people and carers felt listened to, their support needs and preferences were not always met. This was due, in part, to both providers' inability to recruit care staff, insufficient numbers to meet rising demands and people's difficulty finding personal assistants where they had chosen self-directed support option one. The partnership had begun to look at options to address this through their commissioning processes. Furthermore, this was exacerbated in particular areas of Midlothian including Penicuik, Pathhead and Fala. This negatively impacted on peoples' experience of support and carers not having the right support to be able to continue caring. Consequently, those carers felt tired, and some felt that their views were not respected or listened to.

Impact of the Covid-19 pandemic

Not all services had returned to their pre-covid levels. This, together with the difficulties getting the right level of support for cared for people, led to carers feeling under increased pressure to provide a level of care they did not always feel was sustainable. This was exacerbated by the difficulties in recruiting care and support staff.

Evaluation

- Good

Good Practice Example

Third sector wellbeing service

The wellbeing service had been running in Midlothian since 2015 and was highly regarded by people using and practitioners referring to the service. It offered support for people living with a long-term condition or facing difficult life situations. There were wellbeing practitioners based in GP practices throughout Midlothian supported by peer volunteers. Referrals to the service could be made by a GP or health or social care professional. A new referral pathway had been developed for teams within the organisation, including the physical disabilities and long-term conditions team. Support included one-to-one coaching and group-based lifestyle management and mindfulness courses.

In 2022-23, 1142 referrals were made to the service with 82% of people seen within four weeks of their referral. Fifty-eight percent of referrals were made by a GP and 70% of people referred were women. 4674 appointments were offered and 72% were taken up. Over half of the people referred lived in areas with Scottish Indicators of Multiple Deprivation (SIMD) quintiles one and two and over a third experienced at least three different health inequalities.

The support is based on the Midway principles where people have a 'good conversation' to identify what matters to them. Elements of the House of Care Model are used to prepare both practitioners and people using the services to have a good conversation based on the persons' strengths and abilities and their personal outcomes.

People's wellbeing was measured by completing a wellbeing questionnaire which when analysed by the Public Health Scotland Local Improvement Support Team found an average statistically significant improvement increase in well-being of eight points.

Key Area 5 - Delivery of key processes

How far is the delivery of key processes in the Midlothian partnership integrated and effective?

Key messages

- The partnership had a strong focus on early intervention and prevention. These services were being delivered effectively in partnership with independent and third sector organisations.
- A range of integrated working arrangements were contributing to effective integrated practice.
- There was a clear commitment to, and evidence of a personal outcomes approach being embedded across the partnership.
- Shared access for health and social work staff to each other's recording systems enhanced joint working. However, this was not available to all staff and more could be done to roll this out further.
- Future care and emergency planning with people and unpaid carers was not happening consistently enough.

Processes to support early intervention and prevention

The partnership had a strategic commitment to ensuring that early intervention and prevention approaches were embedded across all adults' services with a range of initiatives and services in place to support this. The partnership worked hard to ensure that these services were readily and easily accessible. There was evidence these approaches were integrated across all sectors. For example, the physical disability and long-term condition team made direct referrals to a third sector organisation providing wellbeing support. Evidence from the organisation's annual report demonstrated an improved sense of mental wellbeing in people using the service. Further, they were jointly developing new support arrangements under the partnership's neurological conditions pathway.

Whilst processes for future care planning in care settings had been successfully introduced, there was limited evidence of these in community settings. The partnership identified district nurses were the most likely staff group to have these conversations, but their workloads and work demands did not leave sufficient time for them to do this. In addition, nurses were one of the staff groups that the partnership struggled to recruit to. The partnership had widened the role and scope of the local carer's organisation through commissioning work on emergency planning to help address this.

Frailty and falls remained one of the top 10 reasons for admission to hospital in Midlothian and the partnership had a number of initiatives to help address this. For example, provision of an advanced physiotherapist within six GP practices ensured that people referred had early help with mobility and musculoskeletal problems. Over half of people received self-management information and almost all did not require to be seen by the GP. Wider community initiatives were available through Midlothian Active Choices which also helped to address social isolation. Staff

involved in signposting to these services described the interventions as a “gamechanger” for those referred.

Improvements to equipment, adaptations and telecare services were key for helping people to continue to live independently. The partnership had recently updated their equipment and adaptations guidance with an increased focus on self-management. Changes had been made to the social work recording system to facilitate easy access to telecare. Staff across the partnership had access to housing briefings and housing options training which focussed on early identification of problems before waiting until people presented in crisis.

A direct pathway to social work was in place from the local carers organisation which negated the need for further referral. Most requests made through this route were submitted to the relevant resource panel. Carers who received information and individual casework from the carers organisation said this increased their confidence in their caring role. However, not all carers were aware of the support available. For example, whilst some carers had been able to have mini breaks through the Wee Breaks scheme, not all carers were aware of this opportunity.

There was emerging evidence of the impact of the partnership’s focus on early intervention and prevention, but more work was required to demonstrate this. The partnership had introduced a process of outcome mapping using a cloud-based software system. Their strategic ambition was for all services to be using this to demonstrate and evidence how the partnership’s activities were improving people’s outcomes. Approximately 40% of services were using this system at the time of inspection.

Good Practice Example

Carer support

A local carer organisation was commissioned to provide carer support around early intervention and prevention. This included delivering advice and information for finance support which they did in partnership with two other local third sector organisations; providing emotional support through a counselling service and peer support; carrying out adult carer support plans and developing future and emergency plans for carers.

There was a strong relationship with the partnership, and carers lives were improved significantly through using the organisation’s services:

- 88% of carers felt more confident in their caring role.
- 90% of carers felt more informed.
- 84% experienced an improvement in their health and wellbeing.
- 62% felt actively involved in shaping the care and support for their cared for person.

Processes are in place for integrated assessment, planning and delivering health and care

There was clear evidence of an integrated approach to assessment, care planning and treatment interventions through a number of integrated teams across the partnership. Most reviews taking place were integrated but they were not always timely. The partnership had plans to review this.

Although some staff acknowledged that differences in language and culture across health and social work could hinder effective joint working nevertheless there were several supporting factors. These included co-located teams, strong relationships and good communication, multi-agency reviews and a history of integrated management arrangements.

There were examples of collaboration across partnership, third and independent sector staff. Occupational therapists were mentioned in particular for their advice on moving and handling. They responded quickly and their advice was beneficial in ensuring care staff were supporting people effectively. The partnership had a single point of access across many teams with a 'no wrong door' approach enabling people to access support regardless of their referral route. Working in the same building mitigated against not being able to share information electronically. Two-thirds of staff within the physical disability and long-term conditions team were able to access both NHS and social work electronic recording systems. This was commendable and made a significant contribution towards supporting peoples' outcomes.

Funding decisions were made through a series of resource panels which met regularly. Staff viewed these as a fair and consistent way to reach decisions quickly. Services were not always provided timeously once agreed. Delays in providing services were attributed to a combination of an increase in numbers of referrals, an increase in the complexity of peoples' needs and difficulties in the recruitment of care staff. Some of the delay was attributed to longer waiting lists for occupational therapy assessments. A waiting list letter had recently been developed by the physical disability and long-term conditions team with self-management and signposting information. This was positive but it was too early to evaluate its effectiveness in supporting people both whilst waiting for formal services and whether the information resolved their presenting difficulties.

There was some evidence of support to people experiencing health inequalities. For example, staff used different techniques and tools to support people with cognitive and communication support needs. The health and social care partnership health inclusion team was available to work alongside staff and people who experienced health inequalities. Where they had been involved this had been positive.

Involvement of people and carers in making decisions about their health and social care support

Most people were involved in making decisions about their care and support arrangements. There was strong commitment to an asset based personal outcomes approach which was embedded across services. There were regular opportunities for 'good conversations' training and trauma informed practice which meant staff across the partnership were confident in having 'good conversations' with people and carers. Several key organisational factors contributed to embedding the Midway approach. This included developments to the social work recording system to incorporate a personal outcomes approach with prompts at various stages. This was monitored effectively through regular file audit and case management through supervision.

We saw limited numbers of people who required application of adults with incapacity processes. However, where people lacked capacity or had cognitive or communication support needs, there were good links across relevant teams including speech and language therapy. Almost all people were being supported to use strategies to support self-management of their condition.

Whilst most staff were confident talking about self-directed support which was seen as integral to everything they do, not all staff across the partnership were clear on the options and rights available to people. The partnership's self-directed support planning officer supported staff by delivering short briefings, offering individual case advice and help to navigate self-directed support processes which were relatively straightforward. However, not all staff were aware of this support, and this meant some people were not clear about the range of options and choices available to them. Recruitment and retention of care staff, regardless of which self-directed support option was chosen, remained a key barrier to people being able to have their preferred choice of care and support. Some areas were more significantly affected than others, for example in Penicuik and Pathhead. This was particularly difficult where people required two care staff for some activities. It was further exacerbated where people chose self-directed support option two, and providers charged a higher rate than allocated in their budget. This resulted in families having to either top this up or not have all the support they needed.

There were wider opportunities for people and carers to contribute feedback to the partnership about their experiences and to the development of new services. For example, co-production was a factor of the partnership's digital and implementation delivery plan 2022-2025. The partnership identified this as a key mechanism for taking forward the level of change required to meet rising demands. Whilst this was positive, the plan was in its early stages, and it was too early to evaluate its effectiveness. There were bi-monthly carer engagement meetings which ensured the partnership understood the profile of carers in Midlothian and their feedback meaningfully contributed to improvement.

Impact of the Covid-19 pandemic

During the Covid-19 pandemic there had been a loss of local authority care home beds which were used for respite breaks. This had a negative impact for carers, as private alternatives were more costly. Learning taken from the Covid-19 pandemic around the use of technology for support and communication was being taken forward. However, there remained increased pressures on the workforce, staff were tired and there was a continuing increase in demand for services, especially for those with long-term conditions.

Evaluation

- Good

Key Area 6 - Strategic planning, policy, quality and improvement

How good are commissioning arrangements in the Midlothian partnership?

Key messages

- The integration joint board had published a comprehensive strategic plan with clear actions to improve outcomes for people and a focus on early intervention and prevention.
- There was a clear integrated approach to strategic planning and commissioning. This included specific plans/commissioning intentions in relation to people with physical disabilities.
- There were good working relationships with commissioned services across the third and independent sectors.
- The partnership's planning arrangements were not always effective in demonstrating how it met local needs, particularly in areas where people were more likely to experience health inequalities.
- Pressure on social care support was particularly acute in relation to availability of care staff. As a result, people and carers did not always get the level of support they expected.

Commissioning arrangements

The integration joint board had published a comprehensive strategic plan for 2022-2025 which identified actions to improve outcomes for people and carers. The commissioning intentions and actions applied to a wide range of health and social care functions, activities and services and demonstrated that the integration joint board had an integrated approach to strategic planning and commissioning. The plan had a clear focus on early intervention and prevention which was demonstrated by grouping plans in three areas:

- Early intervention and prevention
- Support and treatment
- Crisis and emergency.

A wide range of early intervention initiatives were available across health and social care. Examples included Midspace, an online mental health and wellbeing service providing information, advice and self-management support; and Forward Mid, a disabled person's organisation that provided an annual comprehensive directory of services for disabled people. The partnership had invested in a number of organisations to support people with physical disabilities, complex needs and sensory impairment. There was evidence of some innovative approaches around short breaks for carers. Effective quarterly reporting mechanisms were in place for commissioned services which demonstrated positive progress against identified quantitative and qualitative indicators. The partnership's annual report 2022-2023 identified more indicators and actions were on target than not and there was evidence of a joint approach to risk management. The integration joint board had developed a carers strategy and digital implementation plan to offer more detail on how their strategic aims would be achieved. The partnership still had to update their

current procurement policy 2018-2023. There was no evidence that this was underway, but there were plans for undertaking a wider commissioning review.

The partnership published their joint strategic needs assessment in 2019 and were in the process of updating this during the inspection period. The planned update had been paused due to the Covid-19 pandemic. This was a positive step given the level of change the partnership was embarking on and the need to have accurate and up to date data to base this on. The partnership had formally identified two localities by dividing the area into west and east. In practice, it had worked more closely with the community planning partnership in forging links with those local communities which had more of a sense of belonging. It was commendable to engage with communities at a more authentic level, however, it was not always clear how evidence was gathered, and the needs of communities were understood and responded to. This was particularly important for those people living in areas of lower Scottish Indicators of Multiple Deprivation who were more likely to experience higher health inequalities.

The partnership had developed an integrated physical disability service plan for 2023-2024. This sat within the overall framework of their strategic plan and set out the background for partnership working across third sector organisations. Progress was evident through quarterly performance reports using the partnership's governance assurance framework. This plan was at an early stage but detailed that some mid-year progress had been made against identified performance indicators. In addition, the physical disability service was using an outcomes mapping tool to record and evaluate activity against outcomes, rather than merely capturing service outputs. This work was at an early stage but was positive and demonstrated the partnership's significant commitment to embedding a whole system outcomes-focussed approach to health and social care.

The partnership had published their public engagement statement in 2021 which was based on the national community engagement principles. They used a standard engagement template setting out the partnership's clear expectations to focus on peoples' outcomes and what success would look like. A number of planning officers and associated planning groups were central to this. This illustrated the partnership's commitment to ensuring people experiencing care, third and independent providers could contribute to planning and commissioning. It also offered assurance to the integration joint board that these activities were being undertaken in partnership with a range of stakeholders. For example, the carer planning officer had a very good understanding of carer issues and worked closely with the local carers organisation to help inform the carers strategy. However, the disability planning officer post had been decommissioned after difficulties in recruitment when the post became vacant. This led to a gap in engagement with local disabled peoples' groups and loss of confidence from local disabled people. The planning group had recently restarted which was positive but there was a sense that lost ground had to be recovered.

Third and independent sector providers were positive about their relationships with the partnership. These had strengthened during the pandemic with a much greater need for collaboration, trust and transparency. The partnership convened 'engagement summits' twice-yearly which were seen as effective for communication, although providers felt that their decision-making processes could be slow.

Midlothian faced challenges in providing social care support and as a result people were not always readily able to access the support they needed. The partnership had a well-developed approach to quality assuring care providers. Dedicated officers supported people and frontline staff to address issues and concerns with providers efficiently and promptly. This service was well thought of and valued by people who used it. It helped maintain positive working relationships with providers and ensured that peoples' outcomes were prioritised.

Recruitment and retention of care staff were major issues for providers and for people and carers looking to recruit personal assistants. The partnership had put plans in place to address these difficulties. This included undertaking risk assessments for service areas and consulting with people using services and unpaid carers to understand their views.

However, pressures on budgets were very real. It was a challenge to ensure resources could be committed to addressing long-term needs when short-term demand was so high. The partnership was fully conscious of this dilemma. It was positive that it placed the value it did in early intervention and prevention. There were some restrictions to this. For example, respite was and had been difficult to tailor to the needs of everybody. There was also some confusion amongst people experiencing care around the amount of respite they could access. This did not feel consistent for them. The partnership was trying to ensure there was a clearer understanding of people's access to respite.

Evaluation

- **Good**

Key Area 9 - Leadership and direction

How has leadership in the Midlothian partnership contributed to good outcomes for people and their carers?

Key messages

- The partnership had an ambitious, strong commitment to an outcomes-focussed culture at both strategic and operational levels.
- The integration joint board had strengthened its approach to care and clinical governance through the introduction of their governance assurance framework and total quality management system.
- Joint working was supported by a well-established integrated management infrastructure.
- The partnership faced significant workforce challenges and had devised a series of measures to address these through their first integrated workforce strategy.

Leadership of people across the partnership

The current senior management team was established at the beginning of the Covid-19 pandemic. It had a shared vision and an effective collaborative commitment to renew the strategic focus on how services were planned and delivered. This included expanding the level of joint working and integration across all sectors to ensure people received the right support at the right time. The partnership fostered positive relationships with stakeholders around an outcomes-focussed approach in planning and delivering services which successfully contributed to this.

Midlothian had a range of mechanisms which supported integrated service delivery, development, and improvement activity. This included an integrated management structure for many adults' services which had been in place for some time, integrated and colocated teams, integrated planning and financial allocation resource panels and an integration manager on the senior management team. This provided staff with a solid foundation for integrated working. The integration manager led a number of development and improvement work strands. Almost all staff agreed that joint working was supported and encouraged by their managers and just over half of staff agreed that the senior leadership team had a clear vision to improve health and social care services for people with physical disabilities and complex needs. Although some staff felt communication about development and improvement activity could be piecemeal and so it was difficult to ensure that there was a clear understanding of the work and developments in other teams.

Leaders demonstrated they valued staff with the introduction of their staff communication, engagement and experience delivery plan for 2023-2024. This followed an iMatter survey finding around the lack of visibility of senior managers. The partnership worked in collaboration with over 200 members of staff to produce the delivery plan which will be reviewed annually. Whilst this represented a positive step, just under half of staff in our staff survey agreed that senior leaders were visible. The partnership intended to continue with regular engagement around its strategic aims. This had the potential to further increase senior leadership visibility.

The partnership had effectively supported staff with embedding an early intervention and prevention approach across health and social care. Most staff had the training and advice to support them in their role. The partnership had introduced a significant amount of organisational change around their strategic priorities with a strengthened focus on peoples' outcomes.

The Midway approach was well established within the partnership and had driven asset and strengths-based practice for over a decade. Significant numbers of staff, including the extended management team, had received 'good conversations' training and there was a confidence amongst most staff that people and carers had a say in how their care was provided. However, some health-based staff were unaware of the Midway approach and had a limited awareness of the availability of 'good conversations' training.

Leadership of change and improvement

The senior leadership team had initiated a significant amount of change and development to shift the focus towards early intervention and prevention and embed a whole system approach to outcomes-focussed working. They acknowledged the ambition and scope of these changes which, at the time of inspection, were still in the process of being implemented and evaluated.

In tandem with these changes the health and social care partnership had developed a new governance assurance framework implemented from April 2023. The framework aimed to address the organisational complexity of previous reporting and risk management arrangements. It was aligned to their total quality management system which provided assurance across their strategic, financial, workforce and planning activities. It enabled the integration joint board to monitor governance across four domains; safety; effectiveness; person-centred and regulatory and used an impact rating to highlight areas of confidence and risk. This gave the senior leadership team a better understanding of how integration was working to improve outcomes.

The framework was initially tested with allied health professions, including the physical disability and long-term conditions team. Their first quarterly report submitted in March 2023 highlighted a number of improvement areas. These included not meeting national performance indicators on waiting times and a lack of internal indicators. A series of quantitative measures was in development to address this.

The partnership was developing their Midway approach at a system wide level to support a real culture shift to "facilitating and not fixing". They were using a cloud-based software system and had developed a system wide outcomes mapping process across all adults' services. The system supports data recording, monitoring and analysis to evaluate how outcomes are met at a team, service and organisational level. Just under half of the partnership's teams were using the system with plans to roll it out across all integrated services. This represented a

significant commitment towards changing organisational processes and infrastructure towards being outcomes focussed.

Midlothian had three communities in the top 20% of the most deprived areas in Scotland. Reducing health inequalities was therefore one of the partnership's strategic priorities. Efforts to address these underlying inequalities were set out in the integration joint board's equalities outcomes and mainstreaming report 2021-2025. However, the progress report for 2021-2022 identified more areas rated as not being met or only partially met than completed. The partnership had invested in their aim to address the determinants of poor health and wellbeing by appointing two public health practitioners. This represented a significant investment for a smaller partnership and ensured close working relationships with Midlothian's local intelligence support team. This had helped to develop a better understanding of the needs of local communities and identify development priorities. Successful delivery of these priorities will enable the integration joint board to achieve its aim to ensure that they are able to reflect and respond to local communities more accurately.

Midlothian health and social care partnership published its first integrated workforce plan in December 2022. This was a comprehensive and well-developed document based on the six-step process and five pillars approach set out in Scottish Government guidance and was developed by a group with representatives from all sectors. The partnership faced significant workforce challenges with 10.6% of the estimated jobs available in Midlothian in 2021 going to the health and social care sector. This was lower than the Scottish average of 15.9%. There is a large retail, manufacturing and construction sector in the area with high levels of employment making it a competitive marketplace. The strategy was looking at innovative ways to address this across the whole workforce.

Opportunities for wider joint work was achieved through the Lothian Strategic Development Framework published in 2022. This referred to the four Lothian and Edinburgh integration joint boards and NHS Lothian collectively described as the Lothian health and care system. The Framework acknowledged the reality for timescales for recovery from the Covid-19 pandemic and the negative impact on performance and outcomes for people. However, it enabled linking of interdependent approaches with chief officers of the four integration joint boards meeting monthly. Examples of potential collaboration under discussion included streamlining hospital at home services whilst taking account of local infrastructures and addressing the difficulties in recruitment and retention of key health and social care staff.

Evaluation

- Good

Conclusions

The pandemic continued to have a significant negative impact on people, carers and staff across all sectors. The challenges faced by the partnership affected the availability and quality of support it could deliver. These included recruitment and retention of staff and care staff, increasing numbers of people seeking support and an increasing complexity of needs in those seeking support. This was exacerbated in certain geographical areas which had faced historical recruitment challenges. In addition, the partnership faced a projected population increase of over 13% in the next few years due in large part to the areas house building programme.

Staff were working incredibly hard within this context to deliver good outcomes for people that were broadly in line with Scotland as a whole. In some areas the partnership's performance was higher than the Scottish average. These included:

- more people rated the care they received as good or excellent.
- more people said the care they receive helped them to maintain or improve their quality of life and
- more people said they were able to look after their own health.

There was a clear commitment from the leadership team for a significant whole system change around better supporting peoples' outcomes. The outcomes mapping work was one of the tools that underpinned a whole system change to 'facilitating and not fixing' which was commendable. Leaders recognised the scale and ambition of these changes and that they would take time to become embedded and longer for their impact to be evaluated at a population level. Significant progress had been made in changing the partnership culture toward early intervention and prevention with strong collaborative working with the third sector. However, success will require strengthening commissioning processes to be more defined and ensuring the monitoring and evaluation through for example the governance assurance framework takes place across all services. The decision not to work with defined localities placed risks in being able to capture gaps in local areas.

Appendix 1

Inspection methodology

The inspection methodology included the key stages of:

- information gathering
- scoping
- scrutiny
- reporting.

During these stages, key information was collected and analysed through:

- discussions with service users and their carers
- staff survey
- submitted evidence from partnership
- case file reading
- discussions with frontline staff and managers
- professional discussions with partnership.

The underpinning quality improvement framework was updated to reflect the shift in focus from strategic planning and commissioning to include more of a focus on peoples' experiences and outcomes.

Quality improvement framework and engagement framework

Our quality improvement framework describes the Care Inspectorate and Healthcare Improvement Scotland's expectations of the quality of integrated services. The framework is built on the following:

- The National Health and Wellbeing Outcomes Framework. These outcomes are specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe what integrated health and social care should achieve. They aim to improve the quality and consistency of outcomes across Scotland and to enable service users and carers to have a clear understanding of what they can expect.
- The Integration Planning and Delivery Principles. These are also specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe how integrated services should be planned and delivered.
- Health and Social Care Standards. These seek to improve services by ensuring that the people who use them are treated with respect and dignity and that their human rights are respected and promoted. They apply to all health and social care services whether they are delivered by the NHS, councils or third and independent sector organisations.

The quality improvement framework also takes account of the ministerial strategic group's proposals in relation to collaborative leadership, working with the third and independent sector, strategic planning and commissioning, clinical governance and engaging people, carers and the wider public.

Quality indicators

We have selected a set number of quality indicators from our full quality improvement framework. The indicators relating to people and carer's outcomes and experiences are central to the framework. Other indicators consider the outcomes and experiences that integrated health and social care achieve.

The framework sets out key factors for each indicator and describes how they can be demonstrated. It also provides quality illustrations of good and weak performance. The indicators that will be inspected against are:

1.2	People and carers have good health and wellbeing outcomes
2.1	People and carers have good experiences of integrated and person-centred health and social care
2.2	People's and carer's experience of prevention and early intervention
2.3	People's and carer's experience of information and decision-making in health and social care services
5.1	Processes are in place to support early intervention and prevention
5.2	Processes are in place for integrated assessment, planning and delivering health and care
5.4	Involvement of people and carers in making decisions about their health and social care support
6.5	Commissioning arrangements
9.3	Leadership of people across the partnership
9.4	Leadership of change and improvement

Our engagement framework underpins how the Care Inspectorate and Healthcare Improvement Scotland will undertake and report on engagement with people using services and their carers.

The framework consists of 12 personal "I" statements, which focus on the experience and outcomes of people using services and their carers.

The 12 statements are:

1. From the point of first needing support from health and social care services, I have been given the right information at the right time, in a format I can understand.
2. I am supported to share my views, about what I need and what matters to me, and my views are always valued and respected.
3. People working with me focus on what I can do for myself, and on the things I can or could do to improve my own life and wellbeing.
4. I am always fully involved in planning and reviewing my health and social care and support in a way that makes me feel that my views are important.
5. Professionals support me to make my own decisions about my health and social care and support, and always respect the decisions that I make.
6. I get the advice, support, treatment and care that I need, when I need it, which helps me to become and stay as well as possible for as long as possible.
7. The health and social care and support that I receive, help me to connect or remain connected with my local community and other social networks.
8. Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work together to ensure that as far as possible, my family and friends are able to provide support at a level that feels right for them.
9. People working with me always treat me with dignity, respect my rights and show me care and kindness.
10. My carers and I can easily and meaningfully be involved in how health and care services are planned and delivered in our area, including a chance to say what is and is not working, and how things could be better.
11. I'm confident that all the people supporting me work with me as a team. We all know what the plan is and work together to get the best outcomes for me.
12. The health and social care and support I receive makes life better for me.

Appendix 2

Term	Meaning
Adult carer support plan	<p>Under the Carers (Scotland) Act, every carer has a right to a personal plan that identifies what is important to them and how they can be supported to continue caring and look after their own health. This is called an adult carer support plan.</p> <p>Adult carer support plans are required to include plans for how the cared for person's needs will be met in the future, including when the carer is no longer able to provide support.</p>
Agile working	Being ready to change the way people work by allowing them greater flexibility in their working hours and where they work, using technology. It also can include changing how people work together or their role.
Aids and adaptations	This means equipment and changes to people's homes which help with everyday tasks so that they can live independently. Examples include grab rails, bath and shower seats, wheelchairs, special mattresses and communication aids.
Capacity	Capacity is the maximum amount of care, support or treatment that day service or individual member of staff can provide.
Care and clinical governance	The process that health and social care services follow to make sure they are providing good quality and safe care, support and treatment.
Carers' centre	Carers' centres are independent charities that provide information and practical support to unpaid carers. These are people who, without payment, provide help and support to a relative, friend or neighbour who cannot manage without that help. Carers' centres are sometimes funded by health and social care partnerships to provide support.
Commissioning	Commissioning is the process by which health and social care services are planned, put in place, paid for and monitored to ensure they are delivering what they are expected to.
Complex needs	People have complex needs if they require a high level of support with many aspects of their daily lives and rely on a range of health and social care services.

Contract management	Contract management is the process that local councils and the NHS use to ensure that services they purchase from other organisations are of a good standard and are delivering at the expected level.
Coordination	Organising different practitioners or services to work together effectively to meet all of a person's needs.
Core suite of integration indicators	These are indicators, published by Public Health Scotland to measure what health and social care integration is delivering.
Day services	Care and support services offered within a building such as a care home or day centre or in the community. They help people who need care and support, company or friendship. They can also offer the opportunity to participate in a range of activities.
Direct payments	Payments from health and social care partnerships to people who have been assessed as needing social care, who would like to arrange and pay for their own care and support services.
Digital transformation	Digital transformation is a process of using digital technologies like computers and the Internet to create new ways of doing things to meet people's needs.
Early intervention	Early intervention is about doing something that aims to stop the development of a problem or difficulty that is beginning to emerge before it gets worse.
EFQM	The European Foundation for Quality Management is an organisation which has developed an approach to quality improvement that can help organisations to improve.
Eligibility criteria	Eligibility criteria are used by social work to determine whether a person has needs that require a social care service to be provided.
Emergency planning	These are plans that set out what will be done to maintain the health and wellbeing of people who need support when their normal support cannot be provided because of some kind of emergency, for example if an unpaid carer falls ill.
External providers	Independent organisations from which the health and social care partnership purchases care to meet the needs of people who need support.

Future care plan	Unique and personal plans that people prepare together with their doctor, nurse, social worker or care worker about what matters most to them about their future care.
Health and social care integration	Health and social care integration is the Scottish Government's approach to improving care and support for people by making health and social care services work together so that they are seamless from the point of view of the people who use them.
Health and social care partnership	Health and social care partnerships are set up to deliver the integration of health and social care in Scotland. They are made up of integration authorities, local councils, local NHS boards and third and independent sector organisations.
Health promotion	The process of enabling people to improve and increase control over their own health.
Hospital at home	Services that treat patients in their own home rather than occupying a hospital bed. They are managed by a dedicated team with of health professionals who are responsible for the person's care and treatment.
iMatter	A tool to improve the experience of staff who work for NHS Scotland.
Independent sector	Non-statutory organisations providing services that may or may not be for profit.
Integrated services	Services that work together in a joined-up way, resulting in a seamless experience for people who use them.
Integration joint board	A statutory body made up of members of the health board and local authority, along with other designated members. It is responsible for the planning and delivery of health and social care services.
Localities	Agreed sub-areas within a health and social care partnership area. The partnership should make sure it understands and responds to the different needs of people in different localities.
Low threshold services	Easy access services that people do not have to meet set standards or criteria to access, for example drop-in centres or conversation cafes. Low threshold services are often seen as a way of stopping people's health and wellbeing getting worse.

Microsoft Teams	An IT platform that allows people to meet and work together on the internet.
National health and wellbeing outcomes	Standards set out in Scottish legislation that explain what people should expect to get from health and social care integration.
National performance indicators	Measures that are used to evaluate how well organisations are doing in relation to a particular target or objective. For example, the Scottish Government uses national performance indicators to understand how well health and social care partnerships are achieving good health and wellbeing outcomes for people.
Organisational development	A way of using strategies, structures and processes to improve how an organisation performs.
Outcomes	The difference that is made in the end by an activity or action. In health and social care terms, the difference that a service or activity makes to someone's life.
Personal assistant	Somebody who is employed by a person with health and social care needs to help them live the best lives they can. People who need care can ask a health and social care partnership for a direct payment so that they can employ a personal assistant.
Person-centred	This means putting the person at the centre of a situation so that their circumstances and wishes are what determines how they are helped.
Prevention	In health and social care services, prevention is about activities that help to stop people becoming ill or disabled, or to prevent illness or disability becoming worse.
Procurement	The process that health and social care partnerships use to enter into contracts with services to provide care or support to people.
Public Health Scotland	A national organisation with responsibility for protecting and improving the health of the people of Scotland.
Quality indicators	Measures that are used to evaluate how good a process is – how efficient and effective a process is in achieving the results that it should.
Rehabilitation	The process of helping a person to return to good health, or to the best health that they can achieve.

Residential care	Care homes – places where people live and receive 24-hour care.
Respite care	Temporary care that is provided for someone with health and social care needs, usually to provide a break for the person or their carer. Respite care is often provided in a residential setting but can also be provided via short breaks for the person and/or their unpaid carers.
Scoping	The process of examining information or evidence to understand what it means.
Scrutiny	The process of carefully examining something (for example a process or policy or service) to gather information about it.
Seamless services	Services that are smooth, consistent and streamlined, without gaps or delays.
Self-directed support	A way of providing social care that allows the person to make choices about how they will receive support to meet their desired outcomes.
Service providers	Organisations that provide services, such as residential care, care at home, day services or activities.
Short breaks	Opportunities for disabled people and/or their unpaid carers to have a break. Its main purpose is to give the unpaid carer a rest from the routine of caring.
Strategic needs assessment	A process to assess the current and future health, care and wellbeing needs of the community in order to inform planning and decision-making.
Supported living	Housing with attached support or care services. Supported living is designed to help people to remain living as independently as possible in the community.
Third sector	Organisations providing services that are not private or statutory. The term is often used to refer to voluntary organisations but can also refer to community organisations or social enterprise organisations.
Workforce plan	A plan that sets out the current and future needs for staff in the organisation, and how those needs will be met.

Appendix 3

Six-point evaluation scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

Excellent	Outstanding or sector leading
Very Good	Major strengths
Good	Important strengths, with some areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses – priority action required
Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. Whilst opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance, which is evaluated as adequate, may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Appendix 4

The national health and wellbeing outcomes

- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.
- **Outcome 2:** People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected.
- **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- **Outcome 5.** Health and social care services contribute to reducing health inequalities.
- **Outcome 6.** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- **Outcome 7.** People using health and social care services are safe from harm.
- **Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 5

Reference list

- Audit Scotland, Social Care Briefing, January 2022 - <https://www.audit-scotland.gov.uk/publications/social-care-briefing>
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- Social Care Benchmarking Report 2022. July 2023. University of Strathclyde, CCPS, HR Voluntary Sector Forum - <https://www.ccpscotland.org/ccps-news/media-release-report-reveals-reality-of-staffing-crisis-in-social-care-with-more-than-half-of-those-moving-jobs-last-year-leaving-the-sector-2/>
- Health, Social Care and Sport Committee's scrutiny of the NHS at 75 – what are some of the key issues in 2023? - <https://spice-spotlight.scot/2023/06/29/health-social-care-and-sport-committees-scrutiny-of-the-nhs-at-75-what-are-some-of-the-key-issues-in-2023/> House of Care - Person-centred care: guidance for non-executive directors - gov.scot (www.gov.scot)
- Warwick Edinburgh Mental Wellbeing Score - [Collect, score, analyse and interpret WEMWBS](#) (warwick.ac.uk)
- Public Health Scotland - [Health and Social Care | Local Intelligence Support Team \(LIST\) | Health Topics | ISD Scotland](#)

Sacred Heart PS Post Inspection Progress update

Report by Michelle Strong, Education Chief Operating Officer

Report for Information

1 Recommendations

Note the content of the report and the progress made towards improving the quality of education provision for children.

2 Purpose of Report/Executive Summary

This report outlines the progress the school has made to improve the quality of education since the original inspection carried out by Education Scotland which was communicated in the HMle report May 2023. Education Scotland's report is attached as Appendix B.

Date January 2024

**Report Contact: Julie Fox
Quality Improvement Manager**

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3 Background

Sacred Heart is a Roman Catholic primary school with a non-denominational early learning and childcare (ELC) setting in Penicuik. The roll is currently 125 and the school is staffed by an acting head teacher (the substantive depute head teacher), acting depute head teacher (the substantive principal teacher), acting principal teacher and 5 class teachers.

The roll in the ELC is 20 at the present time and is staffed by a senior early years practitioner (SEYP), and 3 early years practitioners (EYPs).

Sacred Heart was inspected on 27 February – 3 March 2023. This was a full model inspection which normally takes place over a week. The inspection of Sacred Heart RC PS was disrupted by two days of teacher strike action during the inspection week. The report, summarised inspection findings and additional evidence were published by Education Scotland 9th May 2023.

His Majesty's Inspectors inspected and provided evaluations for the Quality Indicators (QI) as indicated below:

Early Learning and Childcare

QI 1.3 Leadership of change: satisfactory

QI 2.3 Learning, teaching and assessment: satisfactory

QI 3.1 Ensuring wellbeing, equality and inclusion: satisfactory

QI3.2 Securing children's progress: satisfactory

Primary School

QI 1.3 Leadership of change: weak

QI 2.3 Learning, teaching and assessment: weak

QI3.1 Ensuring wellbeing, equality and inclusion: weak

QI 3.2 Raising attainment and achievement: weak

Four areas for improvement were identified for the school and ELC;

1. *Staff should work together to ensure all children experience high quality learning and teaching. In doing so, staff should improve the planning of learning, teaching and assessment and ensure all children receive their entitlement to a broad curriculum.*
2. *Teachers should continue to work together to raise attainment. They should increase their understanding of national expectations about what children can achieve across all areas of the curriculum.*
3. *Staff should improve approaches to how they monitor children's progress in learning. They should use information on children's progress more effectively to raise attainment and improve how children's needs are met across the school and nursery.*

4. *Staff should improve the quality of learning through play across the early level.*

3.1 Support

The Quality Improvement Manager (QIM) and other central education officers worked closely with the acting headteacher and staff to create an action plan to address the areas for improvement.

Staff development time was adjusted in the summer term to focus on and progress the required improvement actions. The in-service day May 2023 was also used to focus on planning quality learning, teaching and assessment and quality learning experiences in classrooms.

Supporting staff health and wellbeing was a priority as the outcome of the inspection had affected staff confidence and it was essential to ensure all staff were able to and could fully engage with the required pace of change and improvement.

The central Early Years Principal Teacher (EYs PT) worked with the ELC setting on transition plans and support for children starting P1 in August 2023.

The QIM continues to provide support and oversees support provided by other key colleagues including the numeracy raising attainment officer. The ELC setting has also continued to receive ongoing support from an EYs PT to develop play across early level. Education Scotland's Attainment Advisor has also provided support with Pupil Equity Fund planning. Further support has been provided by our Raising Attainment lead officer with a review of the school's attainment tracking system, introduction of a new data dashboard and understanding and analysis of data.

The school will continue to receive intensive support to make the required improvements.

3.2 Progress towards areas for improvement

1. *Staff should work together to ensure all children experience high quality learning and teaching. In doing so, staff should improve the planning of learning, teaching and assessment and ensure all children receive their entitlement to a broad curriculum.*

Senior leaders and teachers have developed new approaches to planning children's learning. This is helping teachers to support children to make better progress in their learning in literacy and numeracy.

Children are now receiving their entitlement to a broad curriculum offer and this is monitored by senior leaders in termly planning meetings and beginning to improve the learning experiences in the majority of classes.

2. *Teachers should continue to work together to raise attainment. They should increase their understanding of national expectations about what children can achieve across all areas of the curriculum.*

3. *Staff should improve approaches to how they monitor children's progress in learning. They should use information on children's progress more effectively to raise attainment and improve how children's needs are met across the school and nursery.*

Recent attainment meetings show improved attainment across almost all classes. The acting head teacher has improved how she gathers and uses data to understand better the progress children are making. A tracking system has been updated and is used alongside the newly introduced data dashboards.

Attainment meetings are held with senior leaders and staff on a termly basis and class information is analysed and discussed. Data driven dialogue is at the forefront of attainment meetings. Attainment meetings are linked to tracking periods at which plans are made in relation to support and challenge and interventions considered if necessary. Weekly meetings are also held with the support for learning teacher and class teachers to ensure plans are flexible to need.

Staff professional learning sessions have been held in September 2023 and January 2024 in relation to use of the data dashboard. Moderation sessions are also in place and teachers' professional judgements are becoming more reliable as a result of their professional learning.

Further information on improved attainment can be found in Appendix C.

4. *Staff should improve the quality of learning through play across the early level.*

The new approaches to planning learning at early level are ensuring appropriate core provision is in place in the learning environment. Observations and assessment activities are enabling play and learning experiences to better meet the needs of learners. The curriculum progression pathways are now being used to build on prior learning and support professional dialogue about shared expectations and progress through early level.

Staff in P1 and ELC are beginning to work collaboratively, and most children continue to build on their early communication and language and numeracy skills through their play.

3.3 Next steps

The school receives continued support from the QIM with the central EYs PT working alongside teachers in P1 and P2 to support classroom organisation and planning effective learning and teaching.

Regular support will also continue for the ELC setting and a 10-week block of support for all teachers will be provided by the literacy raising attainment officer.

An experienced depute will be deployed to Sacred Heart RC PS from the February break until the summer when permanent appointments will be made to the management team. This depute will provide targeted support for the middle stages and work alongside the head teacher supporting class teachers.

4 Report Implications

The school shows early signs of improvement in most areas since the inspection in February 2023.

However, greater consistency in the quality of teaching remains an area of focus to ensure that all children can make good progress and attain well.

The acting headteacher has continued to show commitment to the school, built her relationship with the staff team and systematically delivered actions in the improvement plan.

The Quality Improvement Team will continue to support the school and a follow up review visit will take place at the end of February prior to Education Scotland's return visit.

4.1 Resource

QIM support, Raising Attainment team support and central EYs PT support.

4.2 Digital

There are no Digital implications.

4.3 Risk

Monitoring, review and evaluation of progress by central officers in the Education Team is the control measure in place to reduce the risk of failure of settings to demonstrate their capacity to improve.

4.4 Ensuring Equalities (if required a separate IIA must be completed)

The School Improvement Plan will be screened for equalities implications.

4.5 Additional Report Implications (See Appendix A)

Explanation of terms of quality used by Education Scotland

All	Almost all	Most	Majority	Minority	A few
100%	91% - 99%	75% - 90%	50% - 74%	Less than half 15% - 49%	Less than 15%

Appendices

Appendix A – Additional Report Implications

Appendix B – Inspection Report

Appendix C – Attainment Update

APPENDIX A – Report Implications

A.1 Key Priorities within the Single Midlothian Plan

Themes addressed in this report:

- ☐ Community safety
- ☐ Adult health, care and housing
- ☒ Getting it right for every Midlothian child
- ☒ Improving opportunities in Midlothian
- ☐ Sustainable growth
- ☐ Business transformation and Best Value
- ☐ None of the above

A.2 Key Drivers for Change

Key drivers addressed in this report:

- ☐ Holistic Working
- ☐ Hub and Spoke
- ☐ Modern
- ☐ Sustainable
- ☒ Transformational
- ☒ Preventative

- ☐ Asset-based
- ☒ Continuous Improvement
- ☐ One size fits one
- ☐ None of the above

A.3 Key Delivery Streams

Key delivery streams addressed in this report:

- ☐ One Council Working with you, for you
- ☒ Preventative and Sustainable
- ☐ Efficient and Modern
- ☐ Innovative and Ambitious
- ☐ None of the above

A.4 Delivering Best Value

As noted within.

A.5 Involving Communities and Other Stakeholders

As noted within.

A.6 Impact on Performance and Outcomes

The setting will continue to improve its work in line with the inspection action plan and school improvement plan and the Quality Improvement team from the Education Service will continue to challenge and support the setting in relation to developing and implementing a range of quality improvement strategies.

A.7 Adopting a Preventative Approach

The Standards in Scotlands Schools Act 2000 sets out the duties placed on education authorities to take preventative action in order to close the attainment versus deprivation gap by implementing key policies and programmes which are designed to target support to children and young people from disadvantaged communities.

A.8 Supporting Sustainable Development

The School Improvement Plan allows for sustainable development and improvement.

Appendix B – Inspection Report

9 May 2023

Dear Parent/Carer

In February 2023, a team of inspectors from Education Scotland visited Sacred Heart Primary School and Nursery Class. During our visit, we talked to parents/carers and children and worked closely with the headteacher and staff.

The inspection team found the following strengths in the school's work.

- Steps taken by the acting headteacher to refocus the work of the school on raising attainment and improving learning and teaching.
- Children who behave well and are pleasant, articulate and keen to learn. They respond well to the Sacred Heart awards at assembly.
- The nurturing approach of practitioners in the nursery. The nursery team support children to feel secure, confident and increasingly independent in their learning.

The following areas for improvement were identified and discussed with the headteacher and a representative from Midlothian Council.

- Staff should work together to ensure all children experience high quality learning and teaching. In doing so, staff should improve the planning of learning, teaching and assessment and ensure all children receive their entitlement to a broad curriculum.
- Teachers should continue to work together to raise attainment. They should increase their understanding of national expectations about what children can achieve across all areas of the curriculum.
- Staff should improve approaches to how they monitor children's progress in learning. They should use information on children's progress more effectively to raise attainment and improve how children's needs are met across the school and nursery.
- Staff should improve the quality of learning through play across the early level.

We gathered evidence to enable us to evaluate the school's work using four quality indicators from [How good is our school? \(4th edition\)](#) and [How good is our early learning and childcare?](#). Quality indicators help schools, local authorities and inspectors to judge what is working well and what needs to be improved. Following the inspection of each school, the Scottish Government gathers details of our evaluations to keep track of how well Scottish schools are doing.

Here are Education Scotland's evaluations for Sacred Heart Primary School and Nursery Class

Quality indicators for the primary stages	Evaluation
Leadership of change	weak
Learning, teaching and assessment	weak
Ensuring wellbeing, equality and inclusion	weak
Raising attainment and achievement	weak
Descriptions of the evaluations are available from: How good is our school? (4th edition), Appendix 3: The six-point scale	

Quality indicators for the nursery class	Evaluation
Leadership of change	satisfactory
Learning, teaching and assessment	satisfactory
Ensuring wellbeing, equality and inclusion	satisfactory
Securing children's progress	satisfactory
Descriptions of the evaluations are available from: How good is our early learning and childcare? Appendix 1: The six-point scale	

A more detailed document called Summarised Inspection Findings (SIF) will be available on the Education Scotland website at: [Reports page | Inspection reports | Education Scotland What happens next?](#)

As a result of our inspection findings, we think that the school needs additional support and more time to make necessary improvements. We will liaise with Midlothian Council regarding the school's capacity to improve. We will return to carry

out a further inspection of the school within one year of the publication of this letter. We will discuss with Midlothian Council the details of this inspection. When we return to inspect the school, we will write to you as parents/carers informing you of the progress the school has made.

Sadie Cushley

HM Inspector

Appendix C Information from new data dashboard December 23

Whole school combined data

Children who are on track to achieve expected levels in literacy and numeracy, combined at P1, P4 and P7 by June 2024

Information taken after initial tracking period in October 23.

	On track to attain	Not on track	Stretch aim
Combined literacy	64.5%	35.5%	63%
Combined numeracy	82.3%	17.7%	73%

This data shows improvement in both literacy and numeracy from June 23

Summary Jan 24

P1 showing dip against predicted outcomes, teacher continues to work with EYs PT and regular evaluative attainment dialogues held.

P2 showing upward trend in attainment in writing, teacher continues to work with EYs PT and regular evaluative attainment dialogues held.

P3 showing upward trend in attainment in almost all areas.

P4 showing upward trend in attainment in almost all areas.

P5 showing upward trend in attainment in majority of areas.

P6 attainment maintained at good level in almost all areas.

P7 showing upward trend in attainment in majority of areas.

	P1 (23 learners)	Stretch Aim 23/24	P2 Jan 2024 (17 learners)	P3 Jan 2024 (9 learners)	P4 Jan 2024 (19 learners)	Stretch Aim 23/24	P5 Jan 2024 (20 learners)	P6 Jan 2024 (14 learners)	P7 Jan 2024 (23 learners)	Stretch Aim 23/24
Literacy Overall	48%	68%	59%	66%	68%	55%	45%	86%	65%	60%
L&T	74%	79%	82%	100%	84%	65%	65%	93%	91%	65%
Reading	65%	72%	65%	78%	84%	68%	50%	93%	70%	70%

Writing	61%	68%	82%	78%	68%	60%	50%	93%	65%	63%
Numeracy	74%	83%	82%	100%	74%	65%	75%	100%	74%	65%

Inspection of Midlothian Council's Fostering, Adult Placement and Adoption Services

Joan Tranent, CSWO & Chief Officer Children's Services, Partnerships and Communities

Report for Information

1 Recommendations

1. Performance Review and Scrutiny Committee are requested to note the findings of the latest Care Inspectorate report which took place between 11 to 29 September 2023.
2. Performance Review and Scrutiny Committee are requested to acknowledge the hard work undertaken by staff and foster carers, despite the many challenges they have faced in relation to the recruitment of permanent staff and foster carers.

2 Purpose of Report/Executive Summary

The purpose of this report is to draw Performance Review and Scrutiny Committee attention to the announced inspection of our Fostering, Adult Placement and Adoption services and the grades awarded. All care inspection reports are published on the Care Inspectorate website and available to the public.

13 November 2023

Report Contact:

Lesley Watson Tel No 0131 271 3720
lesley.watson@midlothian.gov.uk

3 Background/

3.1 The Care Inspectorate is responsible for inspecting care services throughout Scotland. They do so by using the Health and Social Care Standards.

The headline standards are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high-quality environment if the organisation provides the premises.

The inspection uses a *descriptive* statement and/or statements to evaluate how the service meets the 5 higher-level standards. The final grade is then calculated using an overall six-point scale ranging from unsatisfactory (1) to excellent (6).

3.2 For the purposes of this short notice (announced) inspection the *descriptive* statements used and associated grades were as follows:

Fostering Services

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

Adoption Services

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Adult Placement Service

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

3.3 Midlothian Council was awarded an overall Grade 3 for all three services inspected. The inspection determined that the overall practice was adequate with a number of areas of good practice noted;

- Carers knew children and young people in their care well and relationships were built on empathy, compassion and trust. For many children and young people these relationships were stable and enduring.
- Young people were seen to achieve positive outcomes in relation to learning and education which were well supported by carers and by services working effectively together.

- Young people's views were known, and their voice had influence on the direction of their care and support.
- The service showed a clear commitment to ensuring brothers and sisters remained together.
- The importance of young people understanding their life story and of promoting a positive sense of identity was clear within caring households.

3.4 The inspection also highlighted improvement requirements and additional areas for improvement. The inspection feedback highlighted the challenges in relation to staffing capacity which has necessitated the use of locum social workers to cover vacancies. They acknowledged this was a national challenge but were concerned this would have had an impact on the ability of the service to drive forward and sustain improvements. Feedback also reflected the need for the service to have robust quality assurance mechanisms in place that are being used to support and evidence good practice.

3.5 An improvement plan has already been developed to support the identified requirements and areas for improvement. The newly appointed Family Centred Care Team Service Manager and Team Leader will manage this plan and regularly report on progress to the Social Work Assurance Group (SWAG).

4 Report Implications (Resource, Digital and Risk)

4.1 Resource

Not applicable.

4.2 Digital

Not applicable.

4.3 Risk

There are risk implications within the inspection findings. The workforce issue is both a local and national issue as is the recruitment of foster carers, both of which impact on the fostering services, adult placement and adoption services.

4.4 Ensuring Equalities

The service mission is for all care experienced children and young people to be provided with local quality services.

4.5 Additional Report Implications (See Appendix A)

APPENDIX A – Report Implications

A.1 Key Priorities within the Single Midlothian Plan

The inspection feedback endorses our local approach to delivering services.

A.2 Key Drivers for Change

Key drivers addressed in this report:

- ☒ Holistic Working
- ☐ Hub and Spoke
- ☒ Modern
- ☒ Sustainable
- ☒ Transformational
- ☐ Preventative
- ☐ Asset-based
- ☒ Continuous Improvement
- ☒ One size fits one
- ☐ None of the above

A.3 Key Delivery Streams

Key delivery streams addressed in this report:

- ☒ One Council Working with you, for you
- ☒ Preventative and Sustainable
- ☒ Efficient and Modern
- ☒ Innovative and Ambitious
- ☐ None of the above

A.4 Delivering Best Value

Staff continue to strive to support children and young people and carers to deliver best value which the inspection improvement plan supports.

A.5 Involving Communities and Other Stakeholders

Staff work with many stakeholders including young people and their families to deliver holistic, sustainable services.

A.6 Impact on Performance and Outcomes

Our grades are below the current performance measure however the inspection improvement plan will support improved practice standards across all of the services inspected.

A.7 Adopting a Preventative Approach

Not applicable

A.8 Supporting Sustainable Development – not applicable

Appendix B - Midlothian Council Fostering Service Inspection Report

Appendix C - Midlothian Council Continuing Care Service Inspection Report

Appendix D - Midlothian Council Adoption Service Inspection report

Midlothian Council Fostering Service Fostering Service

Family Placement Team
7 Eskdail Court
Dalkeith
EH22 1AG

Telephone: 01312 713 413

Type of inspection:
Announced (short notice)

Completed on:
3 October 2023

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2004083731

About the service

Midlothian Council Family Centred Care Team provides a fostering and family placement service for children and young people aged from 0 to 18 year and their families, who are assessed as in need of this. The service is responsible for the recruitment, assessment and support of carer families to provide a fostering service to a range of children and young people throughout the area of Midlothian. It is co-located with other children's services.

The inspection of this service took place alongside the inspection of the Midlothian Council continuing care service. Separate reports are produced for each service. This report should be read in conjunction with the report for the continuing care service.

About the inspection

This was a short notice (announced) inspection which took place between 11 September 2023 and 29 September 2023. The inspection was carried out by 2 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 5 caregivers and 3 young people, people using the service and observed 2 younger children with their carers.
- spoke with 7 members of staff and management, the Chief Social Work officer and Agency Decision Maker
- observed practice
- reviewed documents
- spoke with the panel chairs for both the permanence and adoption and the fostering panels
- spoke with the 2 placing social workers
- considered questionnaire feedback from staff, carers and other professionals.

Key messages

Significant staffing changes meant that caring households had experienced multiple changes in allocated worker over recent years which had negatively impacted people's experience.

Staffing issues at front line and management level limited the ability of the service to drive forward and sustain improvements.

Poor outcomes linked to lack of support from the service were identified.

The service showed a clear commitment to ensuring brothers and sisters remained together.

The importance of young people understanding their life story and of promoting a positive sense of identity was clear within caring households.

Quality assurance mechanisms were not comprehensive enough to fully support clear overview and improvement within the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Carers knew children and young people in their care well and relationships were built on empathy, compassion and trust. For many children and young people these relationships were stable and enduring. This meant that young people enjoyed a sense of security with nurturing caregivers. We also saw examples of carers maintaining relationships with young people who had moved on from their care. This reinforced to young people how important these relationships are and the carers commitment to them.

However, not all children and young people shared this experience. Unfortunately some young people and carers experienced poor outcomes due to difficult unplanned endings which resulted in significant disruption and loss. This will be considered further in Key Question 2.

Staffing changes meant that caring households had experienced multiple changes in allocated worker over recent years. This meant that very few caregiving families have benefitted from enduring, positive relationships with supervising social workers. Although the impact on caregiver families varied, most people have found this difficult, and it impacted negatively on experiences. **(See Area For Improvement 1)**

Poor outcomes linked to lack of support from the service were identified. These were reflected in a number of areas including de-registrations, unplanned endings and complaints. This was also evident in the variable quality and consistency of supervision for carers. **(See Requirement 1)**

Carers consistently presented young people's views however we saw limited examples of this being achieved through an independent route within the fostering service. This was particularly evident within foster carer reviews in conjunction with a consistent lack of reports being provided by the child's social worker. The service acknowledged this was an area that requires further development, and we will consider progress at the next inspection. **(See Area for Improvement 2)**

Children and young people's safety was promoted by a robust response to child protection concerns. Practice in this area was also supported by specific staff and carer training. However, we identified that young people and their caregivers were disadvantaged by inconsistent messaging and guidance in relation to the use of restraint and restrictive practices. This acted to reduce clarity and increase risk. **(See Area For Improvement 3)**

The service showed a clear commitment to ensuring brothers and sisters remained together where this was in their assessed best interests. This offered security and stability to young people and recognised the importance of these relationships and their shared experiences as a family unit.

The service worked well with practice team colleagues to ensure that family connections were supported when children and young people were living apart from their family. Carers also endeavoured to achieve and sustain positive relationships and communication with birth family members. This also provided birth family and young people with positive experiences of carer interactions with family members which were respectful and sensitive.

Carers also worked hard to support friendship and community connections for young people, allowing them to expand their social networks and experiences. This helped young people feel part of their community and offered them opportunities to explore areas of interest and build confidence.

Young people were seen to achieve positive outcomes in relation to learning and education which were well supported by carers and by services working effectively together.

Carers were clear on expectations around mandatory training, and they had access to a range of materials. A learning culture was seen to be in place and this supported carers in their complex role.

Young people's health and wellbeing was prioritised, and carers worked hard and advocated passionately to ensure needs were met, including where complex needs were present. Good multi-agency working with health professionals supported this.

The importance of young people understanding their life story and of promoting a positive sense of identity was clear within caring households and was consistently supported using memory boxes, memory books and open discussions. This helped children and young people understand their circumstances and reduced uncertainty.

We had some concerns about the emerging practice of carers attending panel being urged to consider extending their approval range. This had the potential to undermine the confidence of assessing workers and authorising managers. In addition, this meant that in some cases, the voices of carers and needs of young people within the caring households lost influence. **(See Area For Improvement 4)**

Although permanence across the authority is not monitored and tracked to the extent it was previously, plans were being progressed and drift was highlighted appropriately. However, we noted that a high proportion of permanent arrangements had broken down. This meant that despite permanence being legally secured, young people did not always experience the stability of remaining within the same family into adulthood.

High quality assessments were not consistently achieved reflecting the high turnover of staff and this was reflected in other key documentation. Additionally, limited or delayed assessments had significantly impacted experiences and outcomes. **(See Requirement 2)**

Requirements

1. By 15 January 2024 the provider must provide high quality support which consistently meets the needs of caring households.

To do this, the provider must, as a minimum:

- a) Identify vulnerabilities and support needs at an early juncture.
- b) Ensure supports are provided in a timely manner.
- c) Ensure the provision of regular high-quality supervision to caring households which is well recorded.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

2. By 15 January 2024 the provider must ensure that the safety and wellbeing of young people is supported through best practice in relation to assessment of caring households.

To do this, the provider must as a minimum:

- a) Ensure that assessments are comprehensive and of a high quality
- b) Ensure that assessments are carried out timeously
- c) Ensure assessments are undertaken promptly to reflect changes to circumstances in caring households

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS which state that:

'If I have a carer, their needs are assessed and support provided' (HSCS 4.26) and;

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

Areas for improvement

1. To promote positive outcomes the service should establish and sustain important relationships with carers and young people. This should include, but is not limited to, achieving consistency of workers supporting caring households.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15) and;

'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.' (HSCS 4.17)

2. To support young people's meaningful involvement and ensure they can influence their care and support the service should consistently and effectively seek their views.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

3. To ensure the safety and wellbeing of children and young people the service should ensure a shared understanding across the service and caring households in relation to restrictive practice. This should include, but not be limited to, a clear written policy and consistent messaging. In addition, the staff team should be provided with de-escalation training to enable them to more effectively support caring

households.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20)

4. To support the safety and wellbeing of children and young people the service should ensure that carer approvals accurately reflect assessed capacity, strengths and vulnerabilities. This should also take account of carer preferences and the needs of children within caring households.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Significant changes within the management and front-line staff team combined with reliance on short term contract workers has significantly impacted the service over recent years. This continues however the service is endeavouring to achieve stability through permanent staffing recruitment.

Although staff spoke very positively about the current acting manager of the service, some staff reflected that prior to this appointment, and due to a number of management changes, they did not feel their concerns about practice within the service were thoroughly addressed when raised. This increased risk and reduced confidence in leadership within the service.

Similarly, although regular, well attended carers meetings provide an opportunity for carers to meet with senior managers, some carers reflected a feeling of disengagement from the wider service and senior managers and felt that they were not always listened to.

At the time of the last inspection a Requirement was made in respect of quality assurance mechanisms within the service. We identified that this had not been fully addressed and that there is a lack of key comprehensive quality assurance systems which offer strategic and practice overview. These would provide a supportive function for the acting manager in their new role and to the broader service. We assessed this also limits opportunities for learning and improvement. **(See Requirement 1)**

We advised the service to review and amend the Aims and Objectives and Statement of Purpose as these were not up to date and did not cite the current Health and Social Care Standards.

The service did not hold an accurate overview of all unplanned endings and a consistent approach to these events was not being applied. This was linked to further poor experiences for some carers and young people and limited the service's scope for improvement. **(See Requirement 2)**

There have been a number of changes in panel chairs and panel membership however we recognise the breadth of experience new recruits have brought. We welcome the services' ongoing panel recruitment

endeavours and efforts to expand diversity of membership. This will enhance panel functioning and reduce the risk of conflicts of interest.

Although recognising the panels were working effectively, we assessed that they could further support and enhance quality assurance functions within the service. In addition, we urged the service to address the consistent lack of placing social worker reports provided for carer reviews as this would impact on comprehensive discussion and decision making. We will consider progress in these areas at the next inspection.

Requirements

1. By 15 January 2024 the provider must ensure quality assurance systems are robust and effectively support a strategic and practice overview and improvement work.

To do this, the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress
- b) Ensure care inspectorate annual return information is accurate

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

2. By 15 January 2024 the provider must adopt a robust approach to unplanned endings to support improved practice within the service and improved outcomes for young people and caring households.

To do this, the provider must as a minimum:

- a) Revise the current policy in relation to unplanned endings, with particular consideration given to thresholds.
- b) Ensure practice is consistent with the revised policy
- c) Ensure the process for reviewing premature endings is timely
- d) Utilise quality assurance mechanisms to support a clear overview of young people and carers experiences of unplanned endings throughout their involvement with the service.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We assessed that the ongoing staffing crisis within front line and management levels had negatively impacted on caring households, staff morale and the ability of the service to provide consistency in service provision and support. We are aware that the service is striving to regain stability of staffing and we will consider this again at the time of the next inspection.

Current staff have a range of relevant experience and access to core mandatory training which supports them in their role. The staff team have undertaken mandatory Child Protection and Adult Support and Protection training but we identified that the staff group have not undertaken de-escalation training. We concluded that as a result they may not be equipped to fully support carers and young people in this area, undermining the capacity of the staff team to help carers to support distressed or risk taking young people. **(See again Key Question 1, Area For Improvement 3)**

We identified that learning activity is not currently being retained within the service due to staff turnover. This meant that although there is a learning framework for the team, there is limited evidence of staff learning and development having a positive impact on outcomes for children and young people.

Staff currently within the team have been largely positive about the support and supervision they are receiving which they reflected was regular and responsive. However, we heard that workers had not always felt that they had an available and approachable manager.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Children and young people's plans were subject to regular multi-agency reviews. This supported a responsive, holistic and flexible approach as circumstances and needs change. The fostering service is actively involved with this process.

These forums highlighted good multi-agency working which supported young people's plans being progressed and their needs being met. Carers provided key input to these meetings and their views were valued.

We saw some evidence of children and young people's participation and their views being presented in their statutory reviews. The fostering service acknowledged that this is an area which requires further development, and we will consider progress at the time of the next inspection.

Safer caring family policies were in place however these were predominantly generic in format. This meant that information personalised to children and young people within the household which should support the direction of their care and support was absent. **(See Area For Improvement 1)**

Areas for improvement

1. To ensure that children and young people within caring households receive the support that is right for them, the service should ensure that individualised safer caring policies are in place and regularly reviewed to capture emerging needs or changes in circumstances.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

Midlothian Council must ensure that the health and well-being of children is always appropriately managed. In order to achieve this, the service must ensure foster carers receive sufficient and regular child and adult protection training.

This requirement was made on 4 March 2019.

Action taken on previous requirement

Foster carers were assessed as receiving sufficient and regular child and adult protection training as part of their mandatory training requirements.

Met - within timescales

Requirement 2

Midlothian Council must ensure that all family placement team staff members and the manager undertake appropriate child and adult support and protection training in line with the agency policy to ensure the safety and well-being of children and young people. In addition, a training needs analysis should be undertaken to identify areas of professional development for the team.

This requirement was made on 4 March 2019.

Action taken on previous requirement

The Family Centred Care Team were seen to have regular and up to date child and adult protection training in line with their policy and a clear learning framework. analysis of individual and team learning needs is ongoing in line with changing team members.

Met - within timescales

Requirement 3

Midlothian Council must ensure that quality assurance systems are robust and used effectively in order to identify areas for improvement. In addition they must notify the care inspectorate as detailed in the document: "Records that all registered care services (except childminding) must keep and guidance on notification reporting (2012)."

This requirement was made on 4 March 2019.

Action taken on previous requirement

We assessed that this had not been met and identified additional issues in relation to quality assurance within the service. As a result this will inform a new Requirement.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement**Previous area for improvement 1**

Midlothian Council should ensure a joined up approach to care planning and risk management, where relevant documents are produced and updated timeously and interface effectively.

This area for improvement was made on 4 March 2019.

Action taken since then

We found risk assessments were in place and appropriately informed care planning.

Previous area for improvement 2

To promote the safety and wellbeing of children and young people, Midlothian Council should ensure appropriate recruitment record keeping.

This area for improvement was made on 4 March 2019.

Action taken since then

Recruitment documentation was considered and safer recruitment practice was found to be in place.

Previous area for improvement 3

Midlothian Council should ensure that the consolidation of positive, supportive relationships between staff and foster caring households includes children and young people living there.

This area for improvement was made on 4 March 2019.

Action taken since then

This aspect of service provision has been impacted by the ongoing staffing challenges and therefore this has not been the case for many caring households and is reflected in the report.

Previous area for improvement 4

Midlothian Council should implement annual reviews and a learning and development programme for foster panel members and chair.

This area for improvement was made on 4 March 2019.

Action taken since then

These systems were found to be in place at the time of this inspection.

Previous area for improvement 5

Midlothian Council should undertake appropriate policy updates within the context of the Family Placement Team to ensure continuous improvement.

This area for improvement was made on 4 March 2019.

Action taken since then

We found most policies were appropriately updated and highlighted to the service documentation which required to be revised.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	3 - Adequate
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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Midlothian Council Continuing Care Service Adult Placement Service

Family Placement Team
7 Eskdail Court
Dalkeith
EH22 1AG

Telephone: 01312 705 678

Type of inspection:
Announced (short notice)

Completed on:
3 October 2023

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2019377544

About the service

Midlothian Council has a registered adult placement service linked to their fostering service for the sole purpose of continuing care. The Family Centred Care Team provides a continuing care service for eligible young people and their caring families, who are assessed as in need of this. The service is responsible for the assessment and support of carer families to provide ongoing support to young people. It is co-located with other children's services.

This is the first inspection of this service and it took place alongside the inspection of the Midlothian Council fostering service. Separate reports are produced for each service. This report should be read in conjunction with the report for the fostering service.

About the inspection

This was a short notice (announced) inspection which took place between 11 September 2023 and 29 September 2023. The inspection was carried out by 2 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 2 caregivers
- spoke with 7 staff and management, the Chief Social Work officer and Agency Decision Maker
- observed practice
- reviewed documents
- spoke with the social workers for 2 young people
- spoke with the chair of the fostering and continuing care panel
- considered questionnaire feedback from staff, carers and other professionals

No young people wished to engage directly in the inspection process and we received no questionnaire responses from young people within the service.

Key messages

Young people experienced a sense of security with nurturing caregivers into young adulthood and beyond.

Significant staffing changes meant that caring households had experienced multiple changes in allocated worker over recent years which had negatively impacted people's experience.

The service showed a clear commitment to ensuring brothers and sisters remained together throughout their childhood and into young adulthood.

Young people were seen to achieve in further education, learning and employment.

Young people's views were known, and their voice had influence on the direction of their care and support.

There was a lack of clarity in approach to continuing care within the team and across the broader services.

The approach to continuing care was consistently directed by the earliest chronological age for eligibility rather than being individualised and needs led which may disadvantage some young people or increase risk.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Carers knew young people in their care well and relationships were built on empathy, compassion and trust. These relationships were stable and enduring. This meant they enjoyed a sense of security with nurturing caregivers into young adulthood and beyond.

Staffing changes meant that caring households had experienced multiple changes in allocated worker over recent years. This meant that very few caregiving families have benefitted from enduring, positive relationships with supervising social workers. Although the impact on caregiver families varied, most people have found this difficult, and it impacted negatively on experiences. **(See Area For Improvement 1)**

Young people's views were known, and their voice had influence on the direction of their care and support. Carers continued to provide support in this area where needed but this reduced in line with young people's increasing maturity and confidence.

The service showed a clear commitment to ensuring brothers and sisters remained together where this was possible, throughout their childhood and into young adulthood. This offered security and stability to brothers and sisters and recognised the importance of these relationships and supported naturally shared experiences as a family unit.

Carers were clear on expectations around mandatory training and they had access to a range of materials. A learning culture was seen to be in place and this supported carers in their complex role. The service would however benefit from additional specific training and learning resources which would support carers in their roles with older young people and young adults as this was not currently available.

Young people were seen to achieve in further education, learning and employment. These, and other achievements, were celebrated within caring households and carers described the successes with great pride.

Areas for improvement

1. To promote positive outcomes the service should establish and sustain important relationships with carers and young people. This should include, but is not limited to, achieving consistency of workers supporting caring households.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15) and;

'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.' (HSCS 4.17)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Significant changes within the management and front-line staff team combined with reliance on short term contract workers has significantly impacted the service over recent years. This instability continues however the service is endeavouring to achieve stability through permanent staffing recruitment.

Although staff spoke very positively about the current acting manager of the service, some staff reflected that prior to her appointment, and due to a number of management changes, they did not feel their concerns about practice within the service were thoroughly addressed when raised. This increased risk and

reduced confidence in leadership within the service.

Similarly, although regular, well attended carers meetings provide an opportunity for carers to meet with senior managers, some carers reflected a feeling of disengagement from the wider service and senior managers and that they had not always felt listened to.

We identified that there is a lack of key comprehensive quality assurance systems which offer strategic and practice overview. These would provide a supportive function for the acting manager in their new role and to the broader service. We assessed this also limits opportunities for learning and improvement. **(See Requirement 1)**

There have been a number of changes in panel chairs and panel membership however we recognise the breadth of experience new recruits have brought. We welcome the services' ongoing panel recruitment endeavours and efforts to expand diversity of membership. This will enhance panel functioning and reduce the risk of conflicts of interest.

Although recognising the panels were working effectively, we assessed that they could further support and enhance quality assurance functions within the service. In addition, we urged the service to address the consistent lack of reports from young people's workers provided for carer reviews as this would impact on comprehensive discussion and decision making. We will consider progress in these areas at the next inspection.

There was a lack of clarity in approach to continuing care within the team and across the broader services. We discussed this at length with the service and highlighted the need for clear, accurate messaging and to ensure current policy reflects individualised best practice for young people. **(See Area for Improvement 1)**

Requirements

1. By 15 January 2024 the provider must ensure quality assurance systems are robust and effectively support a strategic and practice overview and improvement work.

To do this, the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress
- b) Ensure care inspectorate annual return information is accurate

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

Areas for improvement

1. The service should ensure clarity and consistency of approach to continuing care. This should include, but is not limited to, ensuring clear, accurate messaging and ensure that this supported by policy and practice which reflects individualised best practice for young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19) and;

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We assessed that the ongoing staffing crisis within front line and management levels had negatively impacted on caring households, staff morale and the ability of the service to provide consistency in service provision and support. We are aware that the service is striving to regain stability of staffing and we will consider this again at the time of the next inspection.

Current staff have a range of relevant experience and access to core mandatory training which supports them in their role. The staff team have undertaken mandatory CP and ASP training but we identified that the staff group have not undertaken de-escalation training. We concluded that as a result they may not be equipped to fully support carers and young people in this area, undermining the capacity of the staff team to help carers to support distressed or risk-taking young people **(See again Key Question 1, Area For Improvement 3)**.

We identified that learning activity is, in the main, not currently being retained within the service due to staff turnover. This meant that although there is a learning framework for the team, there is limited evidence of staff learning and developing having a positive impact on outcomes for children and young people.

Staff currently within the team have been largely positive about the support and supervision they are receiving which they reflected was regular and responsive. However, we heard that workers had not always felt that they had an available and approachable manager.

Staff described a lack of clarity, and in some cases a lack of familiarity, in relation to continuing care within the organisation. We concluded that this has the potential to impact staff confidence and ability to provide advice, guidance and undertake effective practice in this area. In addition, some staff suggested this lack of clarity may reflect a lack of leadership prioritisation of this aspect of the service provision.

There was limited or negligible contact between supervising social workers and many young people. All parties advised this was in line with the young person's wishes however we concluded it may have additionally been impacted by frequent changes in worker and the resulting lack of enduring relationships.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Young people were involved in reviews and these were tailored to meet their circumstances and encourage input. This reflected a pragmatic, respectful approach which increased the likelihood of young people's participation.

Safer caring family policies were in place however these were predominantly generic in format. This meant that information personalised to young people within the household which should support the direction of their care and support and arrangements for living together was absent. **(See Area For Improvement 1)**

Young people's views were clearly recorded and influenced assessment and decision making. However, the evident practice which has been taking place for some time involves young people's legal care and support orders ceasing upon reaching 16 years of age. Whilst recognising young people's eligibility for continuing care at this stage, and the good practice associated with young people not remaining looked after for longer than necessary, this will not be the case for all.

We recognise that chronological age is often not the best indicator of need, particularly for those young people who have experienced trauma and were concerned that a blanket approach was being adopted which may increase risk or may disadvantage some young people. **(See Area For Improvement 2)**

Areas for improvement

1. To ensure that young people within caring households receive the support that is right for them, the service should ensure that individualised safer caring policies are in place and regularly reviewed to capture emerging needs or changes in circumstances.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18)

2. The service should ensure that assessments considering continuing care are always individualised, needs led and reflect the best interests of young people rather than reflecting a service policy position based on chronological age or being resource driven.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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Midlothian Council Adoption Service Adoption Service

7 Eskdail Court
Dalkeith
EH22 1AG

Telephone: 01312 713 413

Type of inspection:
Announced (short notice)

Completed on:
3 October 2023

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2004083727

About the service

Midlothian Council Adoption Service is provided for children and young people, aged from birth to 18 years and their families who are assessed as being in need of this service. The agency recruits and supports adoptive parents to provide families for those children who cannot live with their birth parents or extended family members and who need permanent alternative care through adoption.

The service aims to 'recruit, train and support a range of adopters who are committed, empathic and knowledgeable and who can give permanent homes to children and young people in Midlothian'. However, in recent years due to staffing capacity the service has not been able to.

As the findings in this inspection are based on a sample of children's experiences, we cannot assure the quality of experience for every single child receiving a service. An inspection of the fostering service took place at the same time as this inspection and a separate report for that service is available.

About the inspection

This was a short notice (announced) inspection which took place between 11 September 2023 and 29 September 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three caregivers using the service
- spoke with three members of staff and management, the Chief Social Work Officer and Agency Decision Maker
- observed practice
- reviewed documents
- spoke with the panel chairs for both the permanence and adoption and the fostering panels
- considered questionnaire feedback from staff, carers and other professionals.

Key messages

- Some children benefitted from the love and care of attuned adoptive parents who cared for them with understanding. However, this was not the experience for all children and young people.
- Significant staffing changes meant that caring households had experienced multiple changes in allocated worker over recent years, which had negatively impacted people's experience.
- Staffing issues at front line and management level limited the ability of the service to drive forward and sustain improvements.
- The service showed a clear commitment to ensuring brothers and sisters remained together.
- The importance of young people understanding their life story and of promoting a positive sense of identity was clear within caring households.
- Quality assurance mechanisms were not comprehensive enough to fully support clear overview and improvement within the service.
- The service needs to ensure that all adoptive families benefit from a clear and individualised adoption.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Some children benefitted from the love and care of adoptive parents who were very attuned and cared for them with understanding and compassion. This meant that those young people enjoyed a sense of security with nurturing caregivers which allowed them to grow and flourish. However, not all children and young people shared this experience. Unfortunately, some young people and carers experienced poor outcomes including difficult unplanned endings which resulted in significant disruption and loss. **(This will be considered further in Key Question 2)**

Staffing shortages and changes meant that caring households had experienced inconsistent support from the service. Very few of the caregiving households we considered have benefitted from enduring, positive relationships with supervising social workers. Most people have found this difficult and it impacted negatively on experiences for adopters, prospective adopters and children. **(See Area for Improvement 1)**

Children and adoptive families sometimes experienced periods of high-quality support but several families working with the adoption service in recent years felt that they had not continued to be well supported throughout their journey. Adoptive parents told us of having to access independent adoption support, as workers within the service did not have 'the skills or the time' to provide them with the help they needed. Unfortunately, a disproportionately high number of children within the service had experienced adoption disruptions within the period being considered in this inspection. Considering the complex needs of many children living within adoptive families, it is vital that the lack of consistent support is addressed within the service development plan going forward and this will form a requirement. **(See Requirement 1)**

Children and their adoptive families benefitted from planning that sought to maintain birth family connections. We saw thoughtful practice around uniting previously separated siblings in adoption, promoting the children's positive sense of identity which will have lifelong benefits. We also heard that ongoing contact between adopted children and their previous foster carers is promoted, although carers have not always received sufficient guidance or support to effectively manage ongoing foster carer contact after placement.

The importance of young people understanding their life story and of promoting a positive sense of identity was clear within caring households and was consistently supported using memory boxes, memory books and open discussions. This helped children and young people understand their circumstances and reduced uncertainty.

Adopters and prospective adopters had access to a wide range of relevant and helpful training, including learning opportunities provided by Adoption UK. This ensured that carers had a good understanding of the basics of therapeutic parenting and supported them to approach the needs of their children with compassion and understanding.

Children and young people's safety was promoted by a robust response to child protection concerns. Practice in this area was also supported by specific staff and carer training.

Although permanence across the authority is not monitored and tracked to the extent it was previously, plans for children and young people were being progressed and drift was highlighted appropriately. This was particularly apparent for children for whom the permanent plan was for adoption. However, we noted that a high proportion of permanent arrangements including adoptions had broken down. This meant that despite permanence being legally secured, young people did not always experience the stability of remaining within the same family into adulthood.

We noted that good practice is followed in matching children with prospective adopters. Information is usually shared between professionals and prospective adopters in a clear and transparent way, with potential adopters having access to good quality written and verbal information.

Requirements

1. By 15 January 2024 the provider must provide high quality support, which consistently meets the needs of children and their adoptive parents at all stages of the adoption process including post adoption support.

To do this the provider must as a minimum:

- a) identify vulnerabilities and support needs at an early juncture
- b) ensure supports are provided in a timely manner.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

Areas for improvement

1. To promote positive outcomes the service should establish and sustain important relationships with carers and young people. This should include but is not limited to achieving consistency of workers supporting caring households.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15) and 'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.' (HSCS 4.17)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Significant changes within the management and front-line staff team combined with reliance on short term contract workers, has significantly impacted the service over recent years. This instability continues; however, the service is endeavouring to achieve stability through permanent staffing recruitment.

Although staff spoke very positively about the current acting manager of the service, some staff reflected that prior to her appointment and due to a number of management changes they did not feel their concerns about practice within the service were thoroughly addressed when raised. This increased risk and reduced confidence in leadership within the service.

Similarly although regular well attended carers meetings provide an opportunity for carers to meet with senior managers, some carers reflected a feeling of disengagement from the wider service and senior managers and felt that they were not always listened to.

At the time of the last inspection an area for improvement was made in respect of quality assurance mechanisms within the service. We identified that this had not been met in full and that there is a lack of key comprehensive quality assurance systems, which offer strategic and practice overview. These would provide a supportive function for the acting manager in their new role and to the broader service. We assessed this also limits opportunities for learning and improvement. **(See Requirement 1)**

Although senior management have acknowledged key areas for improvement within the service, significant challenges with capacity and stability have impacted the ability to implement and sustain improvement work within family centred care. We have particularly seen an impact of this upon the adoption service. This has impacted on all areas of the service, from the recruitment of carers to family finding and the placement of children as well as the provision of post adoption support.

People approaching the service considering applying to become adopters have been advised since 2022 that the service is 'closed' to new adoption assessments and prospective adopters have been encouraged to consider permanent fostering, where there is greater need within the local authority area. People who are committed to adoption are sometimes being signposted to other services, although recruitment records did not reflect that this was always the case. This policy is not reflected in the plan for the adoption service or reflected in the service's aims or objectives. The local authority must ensure that they are meeting their legal obligations to provide an adoption service, including post adoption support and should have a clear and transparent plan about how this is being provided if not directly by the local authority. **(See Requirement 2)**

Requirements

1. By 15 January 2024 the provider must ensure quality assurance systems are robust and effectively support a strategic and practice overview and improvement work.

To do this the provider must as a minimum:

- a) implement systems for tracking key areas and benchmark progress
- b) ensure Care Inspectorate annual return information is accurate.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

2. By 15 January 2024 the provider must ensure that the adoption service is able to fulfil their legal responsibilities and complete the core functions of the service.

To do this the provider must as a minimum:

- a) Review and update the service's aims and objectives and service development plan.
- b) Ensure there is a competent and well-trained staff team with the capacity to undertake this area of work.
- c) Ensure that caregivers are adequately supported and advised at all stages of their adoption journey, including post adoption support.

This is to comply with The Adoption Agencies (Scotland) Regulations 2009.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We assessed that the ongoing staffing crisis within front line and management levels had negatively impacted on caring households, staff morale and the ability of the service to provide consistency in service provision and support. We are aware that the service is striving to regain stability of staffing and we will consider this again at the time of the next inspection.

The current staff team have a range of relevant experience and have access to core mandatory training which supports them in their role, including mandatory child protection and adult support and protection training. However, although there is a learning framework in place for the team there is limited evidence of staff learning and development having a positive impact on outcomes for children, young people and their caregivers, as this is undermined by the staffing crisis.

The unstable staff team has had a particularly significant impact upon the adoption service, which has been effectively 'paused'. We could see that the team manager and some workers have continued to support adopters as fully as possible; however, we heard about negative experiences and inconsistent and limited support.

The new team manager clearly has a wealth of knowledge and experience in adoption work. However, this expertise is less apparent within the current staff team. This means there is a gap in knowledge and skills that will have to be addressed for the adoption service to provide a high level of trauma informed support to adopters in the future. **(See Areas for Improvement 1)**

Staff currently within the team have been largely positive about the support and supervision they receive from their manager, which they reflected was regular and responsive. However, we heard that workers had not always felt that they had an available and approachable manager.

Areas for improvement

1. To support care giver and children's wellbeing, learning and development, the provider should ensure that all staff are sufficiently confident, supported and enabled to respond to the support needs of adopter families.

This should include but is not limited to ensuring:

a) Staff have the opportunity to attend training that will enable them to confidently provide high quality adoption support.

b) Staff have the opportunity for reflection and development, via individual supervision and team meetings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Some children benefitted from careful planning around children's transitions from foster care to their adoptive parents. On occasion we found that the adoption service could have demonstrated more confidence in promoting good transition practices when children were placed from other local authorities, who took the lead with transition planning. However, the team has also embraced and supported emerging practice from other authorities, including 'bump into' or chemistry meetings and child appreciation days to promote a better understanding of the children's needs before transitions begin. We heard that the service has plans to develop this practice for Midlothian children and we look forward to seeing how this has progressed at the time of the next inspection.

The service has undertaken some positive work supporting birth parents with meaningful letterbox contact. This has been experienced as helpful and valuable by the parents involved and has led to birth parents being better able to manage this difficult task. However, out with the letterbox service we saw very little recent evidence of a post adoption support service.

From the small practice sample available we found that practice around the co-production of adoption support plans needs to be improved. The service have a clear policy outlining how adoption support planning should be approached and how these should be reviewed. This was not routinely followed and within recent adoption support plans, there were significant issues with the timing of planning meetings, the quality of the written plans and the process of ensuring the families views and needs were fully considered and addressed.

As explored earlier, there is a lack of capacity within the team to provide the therapeutic social work intervention many adoptive families need.

Practice in the area of adoption support planning needs to be significantly improved, in order to ensure the adoption service meets the requirements set out in the adoption regulations and this will form a requirement. **(See Requirement 1)**

Requirements

1. By 15 January 2024 the provider must adopt a strategic approach to providing post adoption support services.

To do this the provider must as a minimum ensure:

- a) All adoptive families have a co-produced adoption support plan in place and that this is reviewed in line with legislation and good practice guidance.
- b) Ensure that staff are fully aware of their roles and adopters are aware of their rights in relation to the development of adoption support plans.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To promote the safety and well-being of children and young people and to ensure appropriate record keeping, we encouraged the agency to make improvements in the areas highlighted, taking into account our 'Safer Recruitment Through Better Recruitment' guidance 2015.

HSCS 4.24 'I am confident that the people who support me have been appropriately and safely recruited.'

This area for improvement was made on 11 March 2020.

Action taken since then

This was found to be fully met.

Previous area for improvement 2

Midlothian Council must ensure that quality assurance systems are robust and used effectively in order to identify areas for improvement. In addition, they must notify the Care Inspectorate as detailed in the document: 'Records that all registered care services (except childminding) must keep and guidance on notification reporting (2012).'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from different organisations working together and sharing information about me promptly where appropriate and I understand how my privacy and confidentiality are respected.' (HSCS 4.18) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 11 March 2020.

Action taken since then

As outlined in the main body of the report, key quality assurance systems were not in place or were not working well. This area for improvement has been included in a new and expanded requirement in relation to quality assurance.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	3 - Adequate
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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Update on Newbyres Care Village

Report by Nick Clater, Head of Adult Services, Midlothian Health and Social Care Partnership

Report for Noting

1 Recommendations

PRS is requested to

1. Note the ongoing progress being made in relation to Care Inspectorate inspections;
2. Note the current workforce arrangements and bed configuration in Newbyres and accompanying rationale

2 Purpose of Report/Executive Summary

This report advises of

1. The ongoing improvement work being undertaken in Newbyres.
2. The rationale for the current bed configuration.

Date: 28/02/24

Report Contact: Nick Clater (Nick.Clater@midlothian.gov.uk)

3 Background

3.1 Introduction

Newbyres Village care home is situated in Gorebridge.

The care home is managed by Midlothian Health and Social Care Partnership and is configured into five wings named "streets", each with lounge and dining areas. There is also a wing that houses the kitchen and laundry facilities. Each wing has a shared garden.

Newbyres Village care home provides long-term care and is registered to support 61 people.

3.2 History of Recent Care Inspectorate Inspections

Newbyres was last inspected by the Care Inspectorate in May 2023 with a follow up to this being undertaken in August 2023.

The grades in May 2023 were as follows:

- How well do we support people's wellbeing? 2 (Weak)
- How good is our leadership? 2 (Weak)
- How good is our staff team? 2 (Weak)
- How good is our setting? 4 (Good)
- How well is care and support planned? 2 (Weak)

These grades were not as positive as the previous inspection from September 2022, which had a mix of Adequate and Good grades.

The Care Inspectorate consequently placed 5 Requirements and 1 recommendation on the service and indicated that they would return in approximately 3 months to evaluate progress. This resulted in the follow-up visit in August 2023 where they evaluated the service against the Requirements and Recommendation.

At that visit, the Care Inspectorate noted that progress had been made in all 5 Requirements and the 1 Recommendation, and that time was now required for these improvements to be embedded within the service and for these to be sustained to improve people's outcomes and experiences.

The grades in August 2023 were as follows:

- How well do we support people's wellbeing? 3 (Adequate)
- How good is our leadership? 3 (Adequate)
- How good is our staff team? 3 (Adequate)
- How good is our setting? Not Assessed
- How well is care and support planned? 3 (Adequate)

3.3 The Role of the Social Work Assurance Group (SWAG)

Whilst noting a degree of progress, it was agreed that enhanced governance and oversight of Newbyres would be beneficial and, following further discussions with the Care Inspectorate and within the HSCP, it was agreed that this governance and oversight would be provided by the newly established Social Work Assurance Group (SWAG), chaired by the Chief Social Work Officer and attended by the Head of Adult Services.

The Service Manager responsible for Newbyres was tasked with attending SWAG every fortnight to report on progress against the agreed action plan that had also been discussed with the Care Inspectorate.

Issues identified at SWAG as key to sustaining improvements at Newbyres were as follows:

1. The need for stability and then permanency in the Newbyres management team;
2. The need to reduce sickness absence amongst the staff group;
3. The need to develop a recruitment and retention strategy that would lead to a more sustainable staffing model;
4. The need to reduce the use of agency staff;
5. The need to ensure training was relevant and up to date;
6. The need to provide more support to staff in relation to wellbeing and trauma.

To assist progress in all of these areas, SWAG agreed on 12 September 2023 to the following:

- Place a moratorium on admissions until sustained improvements in the above areas could be consistently demonstrated;
- Temporarily close one “street” and therefore reduce bed base to 4 “streets” (50 beds) and keep this under review at SWAG. This was to ensure safety of residents.

Both measures were taken to ensure resident safety was maintained, medication and care errors reduced, and there was a reduction in temporary staffing.

Both measures were discussed with the Care Inspectorate and meetings were held with both staff and relatives of residents to inform them of this and explain the rationale.

SWAG placed Newbyres as a standing agenda item so updates could be reported at every fortnightly meeting.

3.4 Update on Progress

Since the HSCP decision to pause admissions was put into effect, the following measures have been taken:

1. A new Unit Manager has been appointed on an acting up basis with “support” placed around them including buddying with the Manager at Highbank Intermediate Care Facility, Service Manager presence in Newbyres Monday to Friday, and additional training. Plans are being made to make a permanent appointment.
2. There is a plan in place to provide training to all staff on a rolling basis, including the rolling out of “stress and distress” training for people with dementia.
3. Staff have been offered wellbeing and trauma inputs.
4. The unit manager and the management team at Newbyres are working with Midlothian Council HR team to reduce sickness absence through a mix of robust application of procedures, and early identification of issues that may result in individual staff members going being absent (linked to the wellbeing and trauma work highlighted above).
5. A new process has been introduced to utilise agency staff which provides more grip and control. Whilst agency use remains higher than is ideal, there is progress being made and agency spend is reducing.
6. Management is engaging with staff and residents’ families to establish a better communication culture.
7. Management is engaging with the Care Inspectorate on a more proactive and less reactive basis.
8. Work to reduce medication errors has resulted in a 50 per cent decrease since September 2023.
9. Work is continuing to recruit to vacancies and there are plans to do a wider social work and social care recruitment campaign for Midlothian.
10. A 12-week project has been initiated to update the ethos and admission criteria for Newbyres as well as an updated workforce model. This is due to report in April 2024.

It is the view of SWAG that the progress being made is positive. The Care Inspectorate have also indicated that they are seeing some steady progress. Nevertheless, absence rates, particularly for night staff, remain high and there remain gaps in permanent staffing despite attempts to recruit. Moreover, the planned programme of work described in no.10 above is due for completion in April, and it is anticipated that this will provide some clarity on the ethos of Newbyres, the admission criteria and the beginnings of a revised staffing model. Finally, there is a wider HSCP bed-based review commissioned by the HSCP that is pending. It is therefore anticipated that the outcome of this work will help inform SWAG of future decisions regarding ensuring the safety of residents is maintained and that the care provided is optimal.

4 Report Implications (Resource, Digital and Risk)

4.1 Resource

There are no direct resource requirements arising from the current arrangements in Newbyres although the ongoing use of agency is noted and there is a need for Newbyres to operate within a more sustainable financial model.

4.2 Digital

There are no digital implications related to this paper.

4.3 Risk

There is a reputational risk to Midlothian Health and Social Care Partnership should identified improvements not be progressed and maintained as per Care Inspectorate requirements.

4.4 Ensuring Equalities (if required a separate IIA must be completed)

All relevant IIAs sit within service.

4.4 Additional Report Implications

There are no additional report implications at present.

Appendices

None.

APPENDIX A – Report Implications

A.1 Key Priorities within the Single Midlothian Plan

A.2 Key Drivers for Change

Key drivers addressed in this report:

- ☐ Holistic Working
- ☐ Hub and Spoke
- ☐ Modern
- ☒ Sustainable
- ☐ Transformational
- ☒ Preventative
- ☐ Asset-based
- ☒ Continuous Improvement
- ☐ One size fits one
- ☐ None of the above

A.3 Key Delivery Streams

Key delivery streams addressed in this report:

- ☐ One Council Working with you, for you
- ☐ Preventative and Sustainable
- ☒ Efficient and Modern
- ☐ Innovative and Ambitious
- ☐ None of the above

A.4 Delivering Best Value

The report does not directly impact on Delivering Best Value

A.5 Involving Communities and Other Stakeholders

The Care Inspectorate involve stakeholders when they undertake their inspections.

Any improvements that require relevant consultation with service users, family members and carers will be undertaken by the relevant service.

A.6 Impact on Performance and Outcomes

The service continues to engage with the Care Inspectorate. Any recommendations and areas for improvement will, once addressed further improve the performance and the outcomes of people using Newbyres.

A.7 Adopting a Preventative Approach

Not applicable

A.8 Supporting Sustainable Development

Not applicable

