Adult Social Care Services 2025/26 – Q2

Cabinet
Tuesday 25 November 2025
Item No 5.4

Adult Services protect and improve the wellbeing of the people and communities of Midlothian. We help people get the right support, in the right place, at the right time.

Social work services in Midlothian are delivered jointly by Midlothian Council and Midlothian Integration Joint Board. Adult social work and social care services, including Justice Social Work, are delegated to Midlothian IJB. Adult Social Care contributes to the Midlothian IJB Strategic Commissioning Plan, the strategic aims of both NHS Lothian and Midlothian Council, and contributes to the work of the Community Planning Partnership through the Single Midlothian Plan.

Learning Disability/Physical Disability

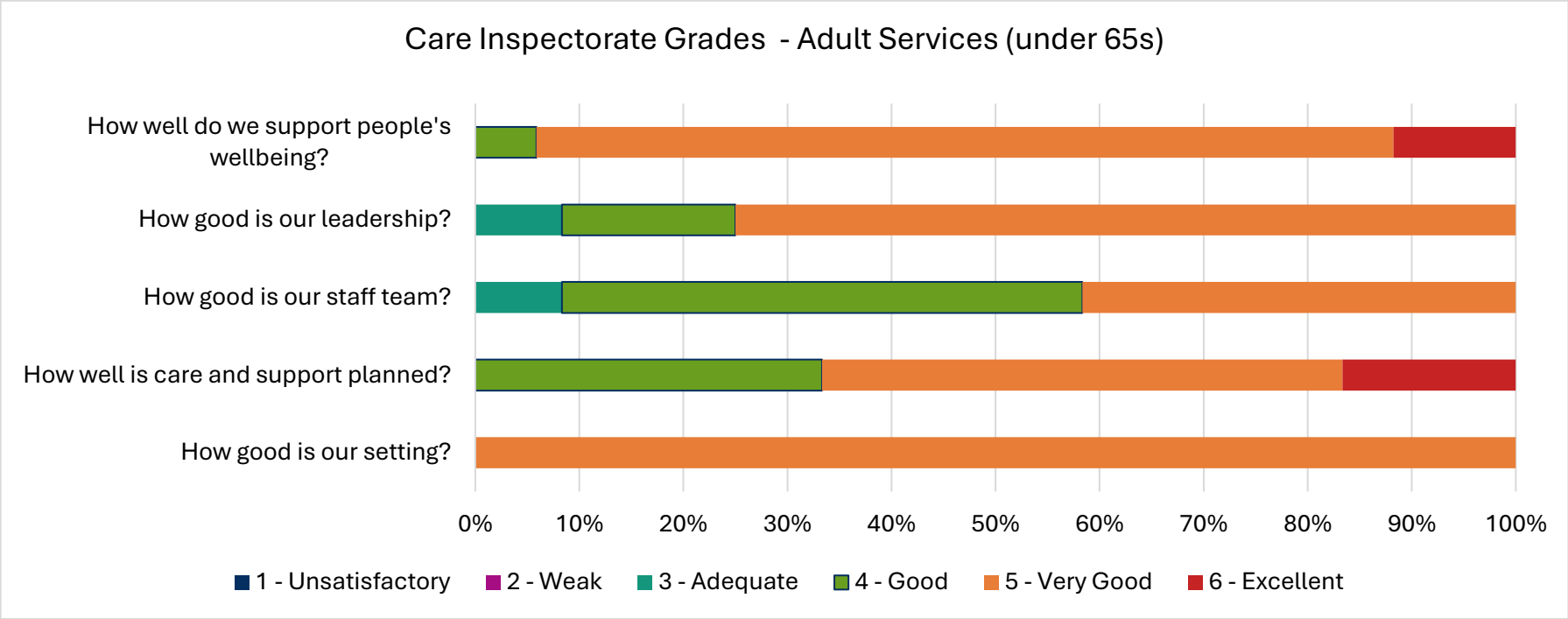
Care Inspectorate Grades Good or Above
Performance Detail:

Target = 90%

Actual = 96%

Exceeds target

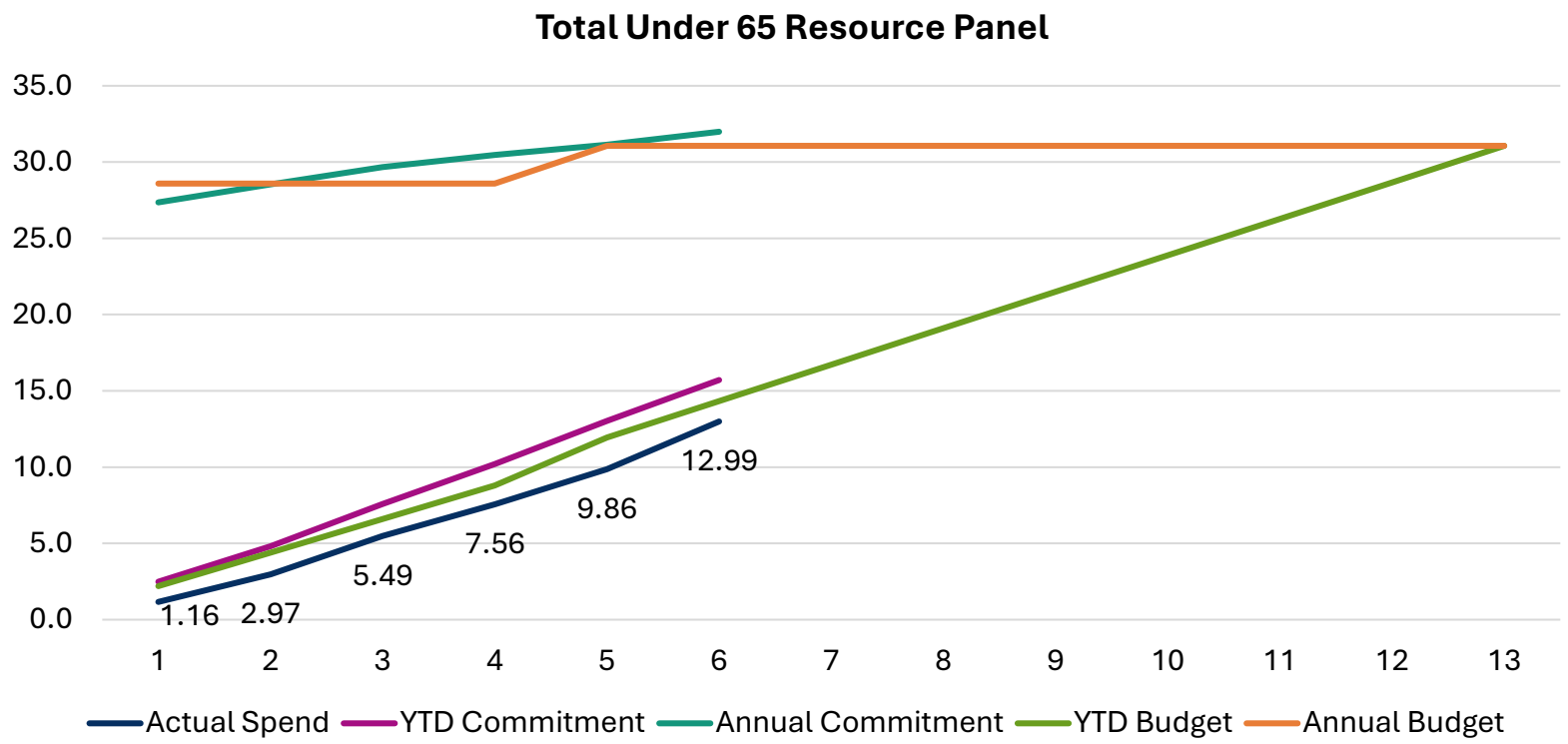
In this quarter inspections have been completed for Penumbra (Park Cottage) mental health service and Midlothian Council Community Access Teams. Both these services improved their grades with Penumbra being awarded two ‘excellent’ grades which is a great achievement.



Finance

Expenditure Against Budget Annual Budget = £31.06m Projected Expenditure = £31.99m Below target

Performance Detail:

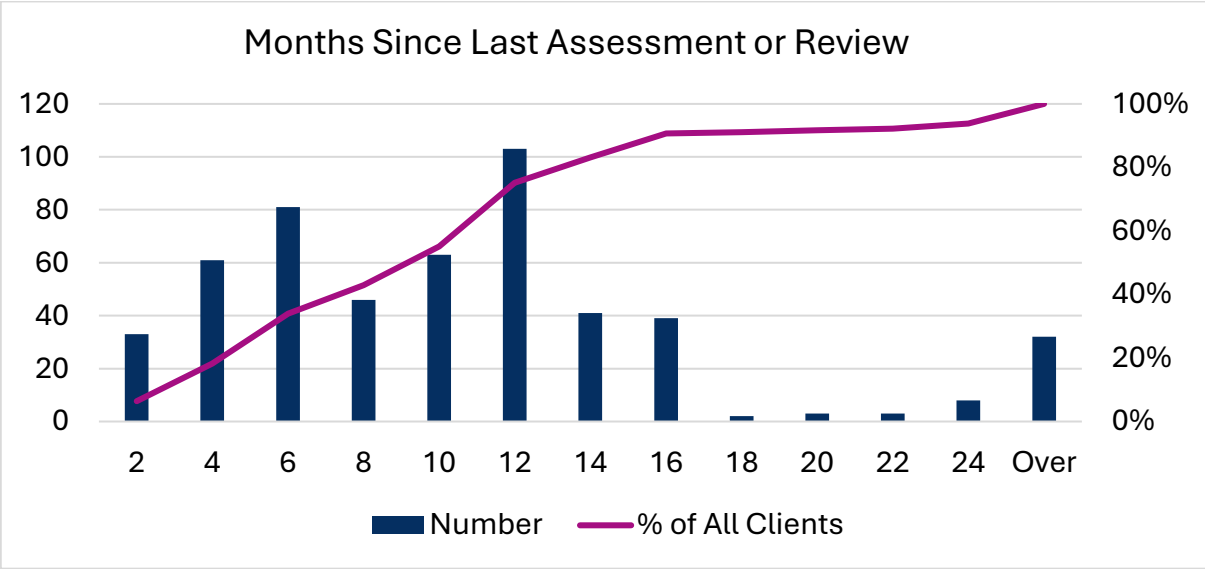


- The revised annual budget has been applied from Period 5.
- The increase in financial commitment in the first quarter of 2025 can be attributed in part to applying uplifts on MOSAIC and the inclusion of care packages for young adults transitioning from Children's Service to Adult Services. This means the increase in annual commitment may reduce.
- There is a delay in invoice processing and therefore variations for services not delivered may be understated resulting in slight over commitment.

Care Package Reviews

Number of Reviews Within 2 years Target = 90% Actual = 94% Exceeds target

Performance Detail:



- There are 32 individuals in receipt of a care package that have not had a formal assessment or review completed for over two years. In the majority of cases there is ongoing oversight or care management in place. Work is ongoing to allocate and complete reviews for these clients.
- The number of cases that have been over one year since there has been a formal review is increasing.

PD/LTC interventions recorded as outcome achieved Target = 85% Actual = 98% Exceeds target

PD/LTC referral screening episode concluded within 3 working days. Target = 90% Actual = 88% Below target

Annual leave pressure in Q2 has impacted the % of referral screening episodes completed in 3 working days.

Neighbourhood Networks

“C from The Midlothian Independent Network has settled into the network extremely well and required no encouragement to join the other members to go paddleboarding with BBLE last week! She is proud of herself to now be an independent member and so she should be”.

Carr Gomm Midlothian Music Group

Every Tuesday, members of the Carr Gomm community come together at the Midlothian Music Group ‘Something to Believe In’.
Facilitated by Support Practitioner and Music Maestro Ross, the group runs weekly and welcomes people we support to the Loanhead office to get together and sing, perform, dance, play instruments and – of course - have fun. The Midlothian Music Group is a safe space for self-expression, where people we support can come together and:

- learn new skills
- improve their confidence and self-worth
- make new friends
- feel a sense of community and belonging.

Thera Scotland

A, a person supported by Thera (Scotland) has been shortlisted for the Equality and Diversity award at the 2025 Midlothian Volunteer Awards.
A is a young woman who is supported by Thera (Scotland). With their support, A found a voluntary role at The Steadings, a community hub run by the Rosewell Development Trust. A began volunteering in January 2022 and goes there every other Thursday. She primarily assists with administration tasks and has been recognised for her work ethic, passion, and determination. A considers her voluntary role to be the same as work. She only misses them when on holiday – and is unhappy about this! She complains to people that she is missing her work to go on holiday. A takes great pride in her role, proudly telling everyone she meets about her work at The Steadings and showing off her ‘work badge’. A is respected and thought very highly of at The Steadings.

Her manager said:
“A is so committed to her role and is a valued member of our volunteering team, we look forward to her visits as she always has an amusing story to tell. Living in Penicuik, she isn’t exactly handy for Rosewell, she must travel on four buses to get here and home again. Nothing deters her, she enjoys it so much and appreciates the benefits of volunteering, valuing the social interaction and participation in community life. Volunteers like A are at the heart of our organisation and we appreciate everything that she does.”

Carers

Number of Adult Carer Support Plans completed by HSCP (accumulative)	Target = 50	Actual = 57		Exceeds target
Number of Adult Carer Support Plans completed by VOCAL (accumulative)	Target = 350	Actual = 578		Exceeds target

Development of a local Carers Strategy is a requirement under the Carers (Scotland) Act (2016). In Midlothian we are nearing completion of a revised Midlothian IJB Carers Strategy 2025-28, aiming to support the delivery of Midlothian IJB strategic aims through addressing priority themes for carers such as:

- Carer Rights and Identification
- Providing Information, Advice and Support
- Providing Carer Economic Wellbeing
- Supporting Health and Wellbeing (including breaks from caring), and
- Supporting Carer Involvement in Care Planning.

Development of the strategy has been in collaboration with the Carers Planning Group and Third Sector partners, and consultation with unpaid carers in Midlothian.

Care at Home

Care at Home and Telecare services

Midlothian Care at Home services deliver on average over 8000 hours per week (excluding travel time) and the average grades for our in-house and commissioned providers sits at grade 4 and above.

Provider	Weekly Planned Hours 20/01/2025 Excluding 15% travel time	Weekly Planned Hours 20/08/2025 Excluding 15% travel time	Increase in Hours from January to August 2025	Community Waiting List for Care at Home Hours per week
In house service	1357	1389	32	742 Jan 25
Call In Home Care	677	706	29	
Cera	1568	1681	113	
McSence	3020	3244	224	
Sub Total	6622	7020	398	
Option 2	853	1127	274	
Total	7475	8147	672	1004 August 25

Despite the increased hours provided each week across the Care at Home services this does not keep up with demand.

Number of weeks waiting for a package of care in the community Target = 6 Actual = 56  Below target

The longest wait for community packages of care is sitting at around 52 weeks. The Q2 figure has increased due to the pressure to respond only to referrals for packages of care from acute sites and therefore the community referrals waiting time has increased. However, with an additional social worker commencing in December 2025 this figure is expected to significantly improve, with two dedicated social workers and OT's reviewing each person waiting for a package of care. The Care at Home budget remains under budget and sickness absence is tightly managed with a dedicated team supervisor providing a consistent approach of managing sickness absence across the service.

Percentage of staff within care at home qualified for their post Target = 90% Actual = 84%  Below target

This does change if staff retire and new staff commence who require to be supported to undertake their SVQ, 2 however the figure has remained static for Q2.

Percentage of SVQ programmes completed by care at home staff against number commenced	Target = 95%	Actual = 90%		No Change

This has remained static for Q2 as well. A s there are ongoing SVQ programmes at present we anticipate this figure to reach its performance target of 95% within the reporting timeframes of Q4.

Number of Telecare referrals allocated within 3 days	Target = 90%	Actual = 99.38%		Exceeds target
Percentage of clients referred for telecare have equipment installed within 1 week	Target = 90%	Actual = 50.69%		Below target

The Telecare service continues to focus on responding to new referrals and installing within agreed timescales, along with continuing to support the switch over programme from analogue to digital. As it is a small team any significant staff sickness can affect the performance of the service. Significant staff sickness has impacted the recent performance data, although the number of telecare referrals allocated within their timescale of 3 days was 99.38% which is great. However, the percentage of clients who had their Telecare equipment installed within 1 week has only been 50.69% which is disappointing. Actions are in place to address this and look at processes on how this can be improved, but sickness absence has impacted this figure.

Older People's Service

NEWBYRES VILLAGE (48 PERMANENT RESIDENTS)

Care Inspectorate Grades Good or Above

Target = Improvement at next inspection- Improvement planning in place. No inspection in Q2

Inspection in January 2025 reported the following grades:

People's wellbeing	Leadership	Staff team	Setting	Care & support planning
4	3	3	4	4

There are significant grip and control measures relating to expenditure, specifically, on agency staffing costs. All agency requests are authorised by Heads of Service and are tracked by the finance team on a weekly basis. Newbyres has been challenged in recent months by staff vacancies and recruitment issues. The manager has now reported that they have reached establishment staffing levels.

Sickness absence is managed on a weekly basis by the Service Manager, Human Resources and Care Home management. This has produced efficiencies and a reduction in the prevalence of sickness absence, allowing for robust management of staffing costs including agency staffing.

- Newbyres Village has improvement planning in place to support improvement in grades in all areas but specifically in management / leadership / staffing.
- In this quarter there were no care home inspections.
- There is an improvement plan in place to improve management and safe delivery of medications.

All residents at NBV have an up-to-date activities plan

within 8 weeks of admission Target = 90% Actual = 100% Exceeds target

The activities team work hard to ensure that the residents at Newbyres have a rich and rewarding social life with group based activities, entertainment and 1 to 1 social support inclusive of carers and families. Very much a core team in Newbyres they arrange singers, pizza making sessions, visits from Shetland Ponies (a firm favorite for many), flower arranging, baking, quizzes, bingo and much more. Funds are raised throughout the year and the manager is planning a Friends of Newbyres group to support social activity at Newbyres Village.

Incident Reporting

	April	May	June	July	August	September
Falls Reported	8	6		10	9	3
Medication errors reported	11	14	8	6	10	5
Deaths reported	1	1	4	1	2	1
Hospital admissions	1	3	3	2	3	0
Assaults reported	1	1	0	1	0	1
Behavioural incidents reported	0	1	1	0	0	1
Absconding	0	0	1	0	2	2

HIGHBANK INTERMEDIATE CARE- (40 BEDS- INCLUDING 3 RESPITE BEDS)

Care Inspectorate Grades Good or Above

Inspection in January 2025 reported the following grades: No inspection in Q2

People's wellbeing	Leadership	Staff team	Setting	Care & support planning
4	Not assessed	5	Not assessed	Not assessed

There have been challenges reporting on data in relation to admissions, type of bed, length of stay and discharges and there is ongoing work progressing to ensure this is resolved. Some sample data from August below:

	August Admissions to Bed type					
Admission Type	**Assessment**	**Emergency**	**Interim**	**Respite**	**Waiting Bed**	**Total**
Highbank bed move						
New admission	5	0	5	12	0	22
Total	**5**	**0**	**5**	**12**	**0**	**22**

Bed move (from)	
Respite	0
Waiting Bed	0
New admission (from)	**22**
Home	14
Royal Edinburgh Hospital (RE)	5
Royal Infirmary of Edinburgh (RIE)	1
Western General Hospital	2
Total	**22**

August Discharges

Reason	
Deceased	0
Home	12
Moved to another care home	4
Not recorded	0
Total	**16**

Bed Type Discharged from	**Clients**	**Average Length of stay per bed type (days)**
Assessment	1	52
Emergency	0	0
Interim	3	262
Respite	12	75
Grand Total	**16**	**389**

- Highbank – Planning is at an advanced stage for the move to the new facility in Polton Street, Bonnyrigg – MIDLOTHIAN LIFE.
- Sickness absence percentages are improving as a consequence of weekly monitoring and tracking with care home management, Human Resources and Service Manager, reducing costs relating to agency spend.
- Locum numbers have improved in Q2 resulting in a significant decrease in agency spend.
- Highbank had a successful summer fayre raising funds for the care home residents' social fund.

There are many people staying longer at Highbank to await a care home placement. They are supported by the staff and activities coordinator with a rich and full calendar of social activity including singers, quizzes, therapy pet, crafting, gardening, singing and 1 to 1 sessions with staff or activities coordinator. Funds are raised through ongoing activity throughout the year.

Planning the move to the new building has included staff sessions, site visits and ensuring that residents, their carers, and the community are kept well informed. A number of ongoing sessions will happen right up until the move in March 2025. There is great excitement and a little sadness, many of the staff have worked at Highbank for many years and have happy memories. Alice Facia worked in Midlothian Council including Highbank for over 40 years, and staff and residents helped her to celebrate her retirement recently.

There is always excellent feedback relating to the food at Highbank which is of a high standard be it traditional home cooking, baking or something more international. The kitchen staff are looking forward to the move to the new building and will plan some home baked goods to welcome visitors no doubt.

Incident Reporting

	April	May	June	July	August	September
Falls Reported	10	5	6	7	2	5
Medication errors reported	0	0	0	1	0	1
Deaths reported	0	0	0	1	1	1
Hospital admissions	3	4	5	2	2	6
Assaults reported	0	0	0	0	0	0
Behavioural incidents reported	0	0	0	0	1	0
Absconding	0	1	0			0
Injury				1		

Hospital InReach Team

6 week reviews completed within 10 weeks of admission to a care home from bed based resource e.g. RIE/Acute, MCH or Highbank

Target = 90% Actual= 100% Exceeds target

All care home reviews were completed within the required time. As part of the staffing review currently being completed and some work being undertaken by the Social Services Council the roles and responsibilities of Community Care Assistants within MLHSCP are being reviewed. In anticipation of this all reviews are supervised and scrutinised by a qualified social worker within this time period.

6 week and 6 monthly reviews are also being completed for all residents who are in Highbank Intermediate care unit for these periods of time.

Tasks completed by CCA's that facilitate discharge to be completed within 2 weeks of allocation. e.g. house clean, housing application, house check

Target = 80% Actual = 65% Below target

There have been some issues with data collection that are currently being resolved and there have been some tasks completed by the Redcross project funded by unscheduled care monies that have produced some administrative issues that require to be managed.

Referral Workflows

Workflows assigned for 2025/26	Count
July	117
August	184
September	156
Total	457

Workflow to assessment after screening.	Count
July	75
August	93
September	112
Total	280

As can be seen, there remain difficulties gathering accurate data from Mosaic relating to workflows and it is hoped that a dashboard will be developed in order to ensure accurate reporting.

There has been a significant increase in staffing with an additional 4 social workers recruited to Hospital InReach team to progress various transformational activities. These activities have been identified to improve hospital discharge in line with Home First and Delayed Discharge policies. This will enable Midlothian residents to be discharged as quickly as possible from both acute hospitals and Midlothian Community Hospital, when they have finished medical treatment. All cases are screened and allocated within 24 hours and assessments are completed within 72 hours of hospital admission. Redcross have established a supportive discharge project (Anthea Fraser, Service Manager).

The social work team are currently building Standard Operating Procedures to provide social work services to acute hospitals, Highbank Intermediate Care and Midlothian Community Hospital. The team are also completing an improvement plan to ensure that they organise the hospital discharge service provided by Social Work in a person-centred and efficient manner. Currently staff are deployed as follows:
Highbank – 3 SW
MCH- 2.5 SW
Acute Hospitals- 3 SW
An integrated approach is used to manage good communication with clients, NHS staff and carers to progress discharge planning.

Older People's Team

Initial Care home reviews completed within 12 weeks of admission to a care home Target= 60% Actual=90%  Exceeds target

The Older People's social work team continue to work effectively to support clients to identify and achieve their outcomes.
The team has changed over the past year with an almost entirely new staff group including a number of newly qualified workers, who have almost all completed their Newly Qualified Social Worker activities in conjunction with Learning and Development and Supervision from Team Leader.
They are currently working on an improvement plan to ensure that the team plans and delivers social work services to Midlothian Older People and their Carers in line with Policies, Procedures and legislation.

Most recent waiting list data below showing improvement in median wait times:

Total people waiting	Added in last 7 days	Longest wait (weeks)	Longest wait trend	Median Wait (weeks)	Median Wait Trend
14	4	11.57	improvement	4	improvement

A significant improvement recently completed by the team was completing all annual Statutory Care Home reviews. The team leader and Social Workers are all very pleased to have completed this task, just in time to start the next reviews for November. The team have managed this task by designing the workflows to ensure that Care Home reviews are completed within timescales required going forward. This is significant progress since there has been a significant waiting list for Care Home review for many years.

Community Reviews are also being completed timeously ensuring that the outcomes identified and developed by clients, their carers, and SW staff are being met. The team will be working in Q3 with the Quality Assurance Team to ensure that client feedback is gathered and evaluated.
The team have had many compliments from clients and their carers this past quarter, including a significant compliment for a social worker: the carer / husband of a lady who uses day services and has dementia told her that she had “restored his faith in social work”.

The team are also involved in reviewing policies and processes in relation to:

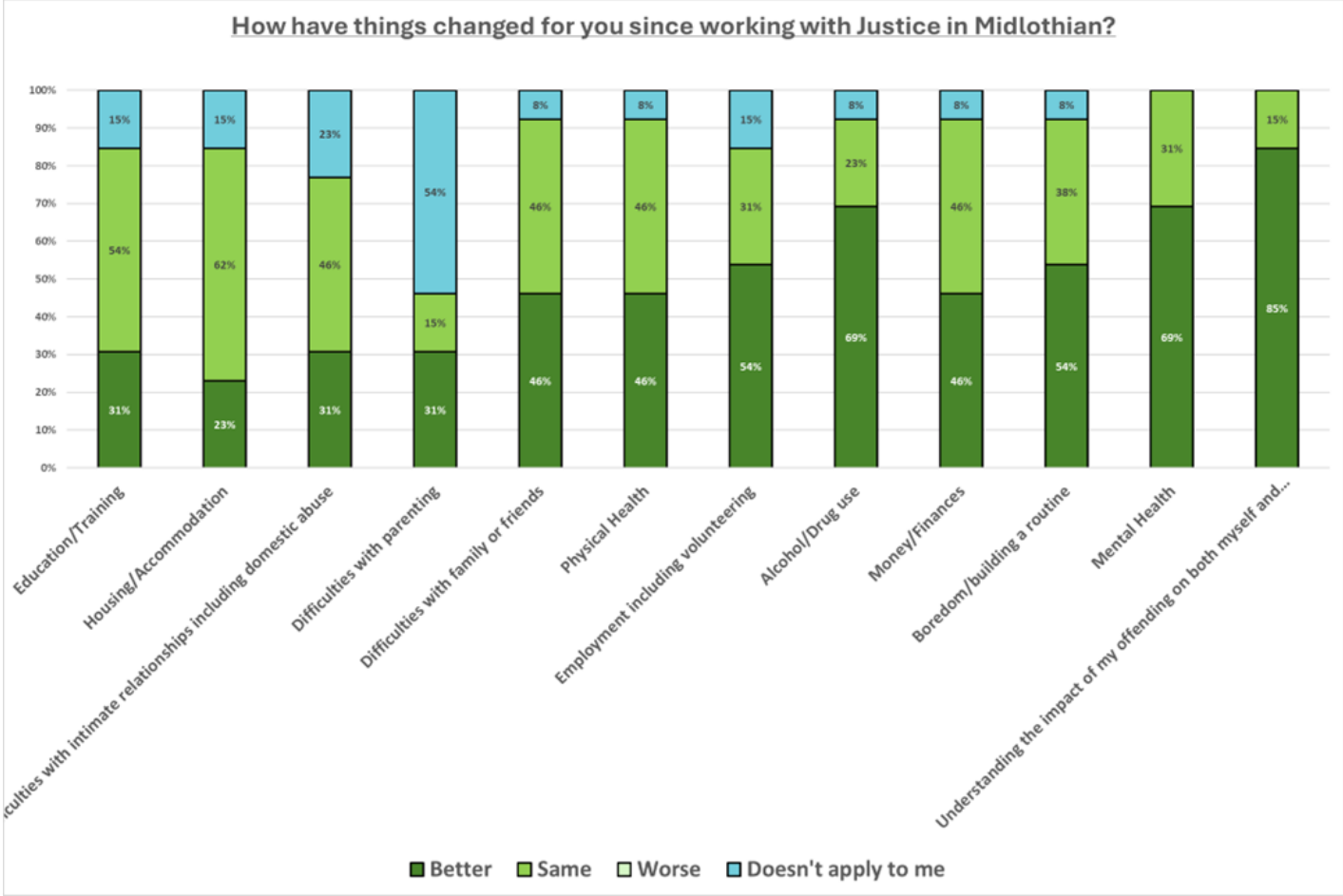
- Corporate Appointeeship
- Respite at Highbank
- Care home review.

Justice and Protection Services

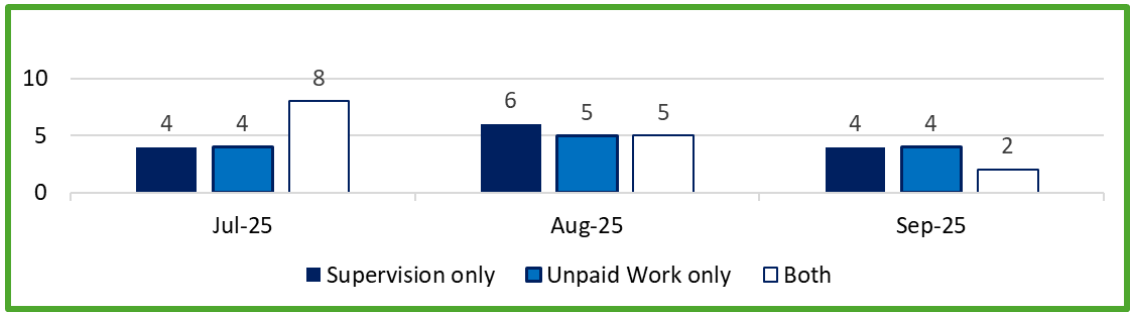
Justice Social Work services provide all statutory and associated functions identified in S.27 Social Work (Scotland) Act 1968. The core work includes the preparation of a variety of assessment reports, including Justice Social Work Reports and pre-release reports for serving prisoners involved in the Parole and Pre-release process. The service works with men and women aged 16 and over, subject to Community Payback Orders, Parole, Life and Non-Parole Licences, Extended Sentences and Supervised Released Orders.

Alongside the statutory work the Justice Service provides a range of early intervention and preventions strategies including bail services, structured deferred sentences and groupwork services for both men and women at risk of becoming involved in the justice system. It is intended to extend the range of early intervention by bringing the provision of Diversion from Prosecution in-house.

The interventions are informed by effective practice research and underpinned by the ideals of **reparation**, **rehabilitation** and **reintegration** and aims to provide a clear pathway to support those who have been convicted of offences to achieve a positive destination. The impact of interventions is measured through ongoing risk assessment and from feedback from those who have successfully completed their order or licence. The chart shows analysis of the self-assessment gathered from the feedback provided by people who completed supervision during the period July – September 2025.

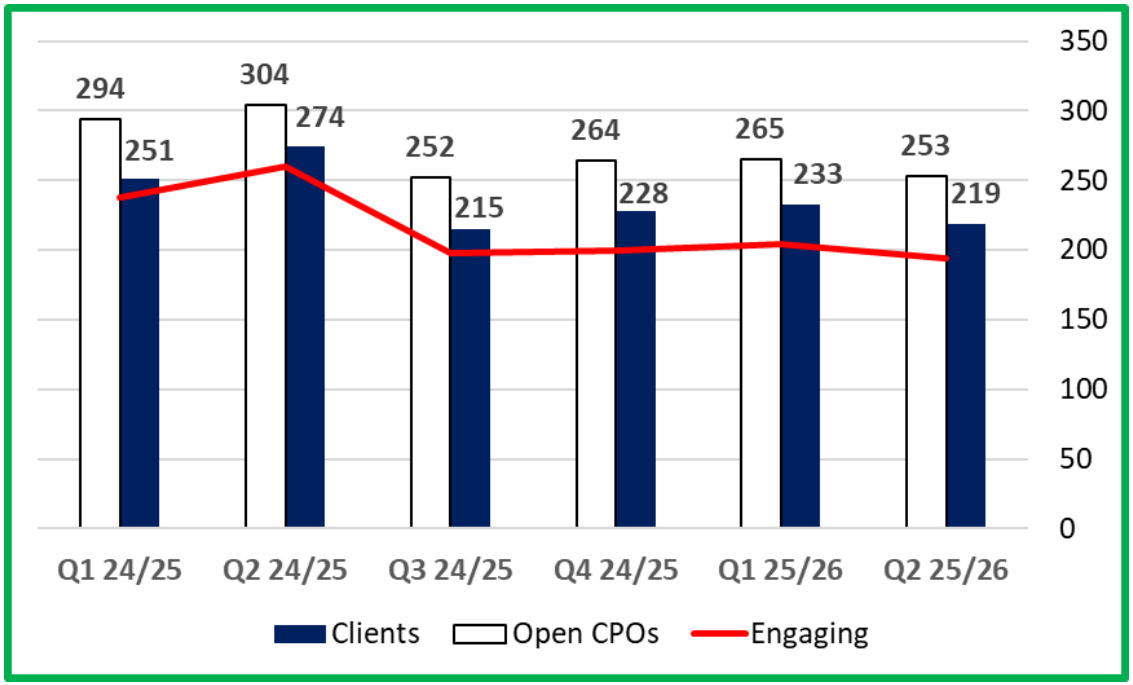


The main community-based sentence that the service manage is a **Community Payback Order** (CPO), which can have up to ten requirements. **Supervision** and **Unpaid Work** continue to be the most frequently imposed requirements as shown in the image on the right and during this reporting period the Courts imposed 46 Community Payback Orders.



Engaging effectively with people

At the end of quarter 2 the Justice Service team were supervising **219 people** who were subject to **253** CPOs. Justice Social Work staff use a **trauma informed** and **person-centred approach** to develop effective working **relationships** with people. Disengagement from community-based supervision can indicate an increased risk of reoffending and that the person lifestyle is becoming more chaotic; the latter can be due to a number of factors including impact of involvement from other statutory services. To mitigate this risk, it is important that Social Work staff recognise the **signs of dis-engagement** and take early and preventative action which focuses on rebuilding trust and supporting re-engagement. Alongside provision of opportunities and interventions to effect change, people on a CPO are **held accountable** for their engagement on the order and where necessary robust action is taken on non-compliance, which can ultimately result in the order being returned to court for breach action. During the breach process staff continue to offer opportunities for the person to re-engage.



On 30th September 2025 14% (n=31) of people subject to a CPO were in breach of their order and it had been returned to Court. Of these 31 people, 6 had re-engaged effectively on the order. In total 89% (N= 219) of people were engaging effectively on their order. For comparison over previous quarters refer to the image above.

Feedback

At the end of service every person is offered the opportunity to complete an exit questionnaire. Current data indicates that 38 CPOs were concluded in the quarter. Thirteen exit questionnaires were completed during Q2 and 100% of respondents reported that they felt listened to. The majority of those who responded experienced the service as positive as it enabled them to maintain or improve their quality of life and rated the service they received as good or excellent, based on trustworthiness and the level of care and support provided (images 4 and 5).

"Everything I have done with yous has been positive. Doing the CISSO / Stop it Now / Veterans First groups were most helpful - helping me understand me and understand my past"

"Helped me to focus and helped me to be more mature. I know my worth now thanks to the help I have received."

"It was helpful to have a choice on my placement, I tried the outdoor work at the community hospital but found it difficult. I was moved to help in the pantry and found this work rewarding."

"This service has greatly improved my confidence and mental health, helped me understand how to improve my overall attitude to life"

"Thank you to everyone I have worked with and that has helped me not reoffend. This is the first time I have not had any charges outstanding since I was 16"

Adult Support and Protection

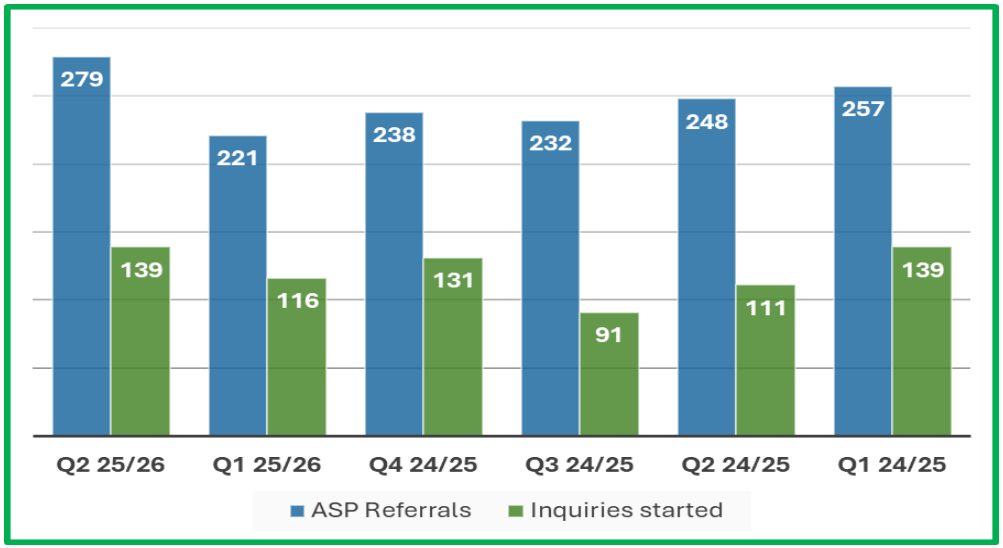
The Adult Support and Protection (Scotland) Act 2007 was introduced in October 2008. It provides duties, powers and measures for the **support** and **protection** of **adults who may be at risk of harm**. Under section 3 (1) of the Act an "adult at risk" is a person aged sixteen or over who meets all of the following criteria (commonly referred to as the 'three-point test'):

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

Social Work staff undertake specific training to become a Council Officer and work to **identify, minimise and manage risk**, and ensure that all suspicions, disclosures or incidents of actual harm are acted upon. An adult is someone aged 16+ although for individuals between the age of 16 and

18 years of age there will be discussion with Children Services colleagues to identify if the matter would more appropriately be managed under **child protection** procedures.

On receipt of a referral related to concerns that there is an adult at risk of harm it is screened to ensure that the relevant information is available and an investigation, often referred to as the **Duty to Inquire (DTI)** will be undertaken. The local aim is that that the investigation will be completed within 21 days, however there are a number of factors which impact this including being able to speak to the adult to gain their views. An investigation can be undertaken with or without the use of **investigative powers** and use of the latter can be a reason for delay. The chart on the right shows the volume of work during quarter 2. Of the referrals that progressed to investigation, 65% were on women and 35 % for men. This may indicate underreporting of ASP concerns for males, although this would require further exploration.



The table on the right shows the breakdown of referrals across age groups and by the type of harm.

Age Group	Count	%
16-17	1	1%
18-24	18	13%
25-34	19	14%
35-44	12	9%
45-54	15	11%
55-64	19	14%
65-69	9	6%
70-74	6	4%
75-79	12	9%
80-84	8	6%
85 plus	18	13%
unknown	2	1%
Total	**139**	**100%**

Primary Harm	Count	%
Domestic Abuse	15	11%
Financial or Material harm	27	19%
Hoarding	2	1%
Neglect and Acts of Omission	12	9%
Physical harm	24	17%
Psychological/emotional harm	29	21%
Self Harm	5	4%
Self Neglect	18	13%
Sexual harm	7	5%
Total	**139**	**100%**

Psychological/emotional harm is the most prominent type of harm referred (21%) with financial or material harm being the second most prevalent (19%). This highlights that identifying and intervening in cases of financial harm remains a strength for the service. Understanding and awareness of the issues and challenges in working with those experiencing domestic abuse is also positive across the council officer group, and 15 investigations were completed where this was the primary type of harm: for 11% of all investigations. Work undertaken to support those experiencing domestic abuse is supported though the work undertaken as part Multi-Agency Risk Assessment Conferences (MARAC).

To ensure that the adult is protected from ongoing harm taking a **person-centred approach** to **safety planning** and decision making Is key to **minimise** or reduce the **risk**. At all times Council officers will seek to address the risk in line with the principles of the Adult Support and Protection (Scotland) Act 2007.If risks remain at the completion of the Duty to Inquire, and the three-point test has been met, an **Adult Case Conference** must be convened; this is a multi-agency forum for shared decision-making. A **Protection Plan** is put in place at each case conference and is reviewed at least once to ensure that it is having a positive outcome or if additional action is required. Four protection plans commenced in Quarter 2**.**
A range of legal measures that agencies can take to mitigate and manage identified risks and include the use of **Protection Orders** which are sought through an application to the Sheriff Court. Protection Orders must be in line with the principles of the Act and therefore must be the least restrictive option that will provide benefit to the adult. There were no Protection Orders required in Quarter 2

The ASP team have continued to work with partner agencies to **improve information sharing** and processes for gathering feedback. During the quarter we met with colleagues from Newbattle Medical Practice to consider how we make requests for information from GPs more robust and streamlined to reduce delays. Following consultation with the NHS Public Protection Office and the ASP Lead Officer (EMPPO) we have agreed to trial an information sharing template that has recently been rolled out in West Lothian. It is intended that a pilot will commence with Newbattle Medical Practice and will consult with GP surgeries across Midlothian regarding the findings.

Welfare Rights Team
The Welfare Rights Team provide welfare benefits advice to individuals within Midlothian including advice to cancer patients in partnership with MacMillan Cancer Support. The Welfare Rights Team **offer support and advice** to many of the most vulnerable presidents of Midlothian who may have a disability, be at state pension age or over, receiving a social work service (Child or Adult Services). Referrals are received from across the Council and HSCP; No 11, Children Services, Adult Health and Social Care Services, Housing, Revenues, Midlothian Community Hospital and GP Surgeries. In addition to referrals from partner agencies the team operate a telephone advice line that supports members of the public to make a self-referral or to seek advice only. Services provided by the team include:

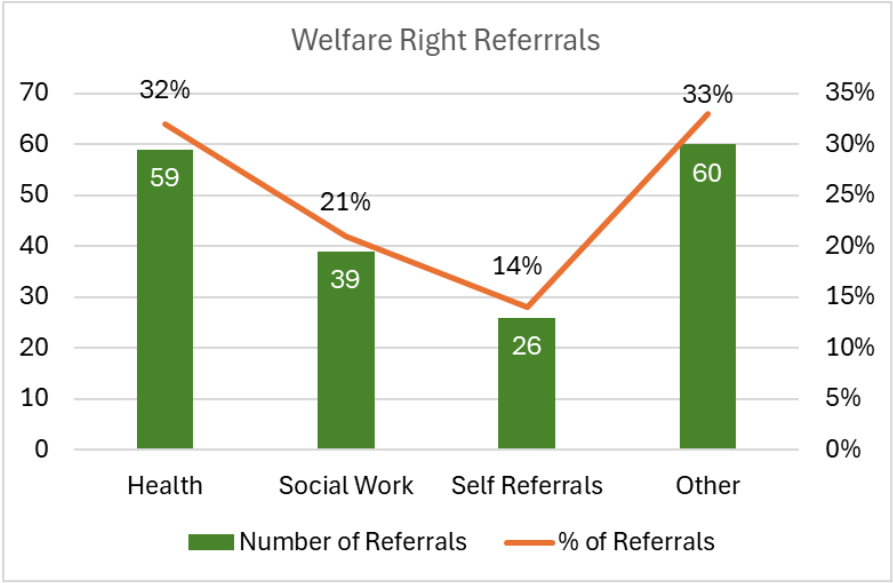
- Welfare advice and benefits checks
- Help with applying for benefits
- Help in a crisis, e.g. if you have no money
- Help with benefit appeals and tribunal representation
- Basic debt and housing advice.

The Welfare Rights Officers have noted an **increase** in the volume of referrals and during Q2 the team received **184 new referrals**, an increase of 7 referrals on the previous quarter. In addition, they dealt with **100 calls to the advice line**, some of these calls resulted in referrals whilst others were provided with advice and signposting to appropriate services. Initial analysis indicates the increase correlates with the continuation of the roll out of devolved benefits by Social Security Scotland, in particular: launch of Pension Age Disability Benefit (replacing Attendance Allowance for people over state pension age in Scotland and the migration of people in receipt of legacy benefits to Universal Credit). The total amount of **additional income generated** for individuals through the work of the team during the reporting period was **£1,142,624.54.**

The image on the right shows the breakdown of referrals by sender. During the reporting year the Welfare Rights Officers worked with 227 clients; 114 men, 112 women and 1 person who preferred not to say.

The ages of people supported is shown in the table below:

Age Group	Count
0-15	2
16-24	20
25-34	15
35-44	19
45-59	43
60-64	23
65-70	21
71+	81
Total	**227**



Self Referrals - support with state pension related benefits and support with appeals
Other - Family member, neighbour, external agency

Public Health

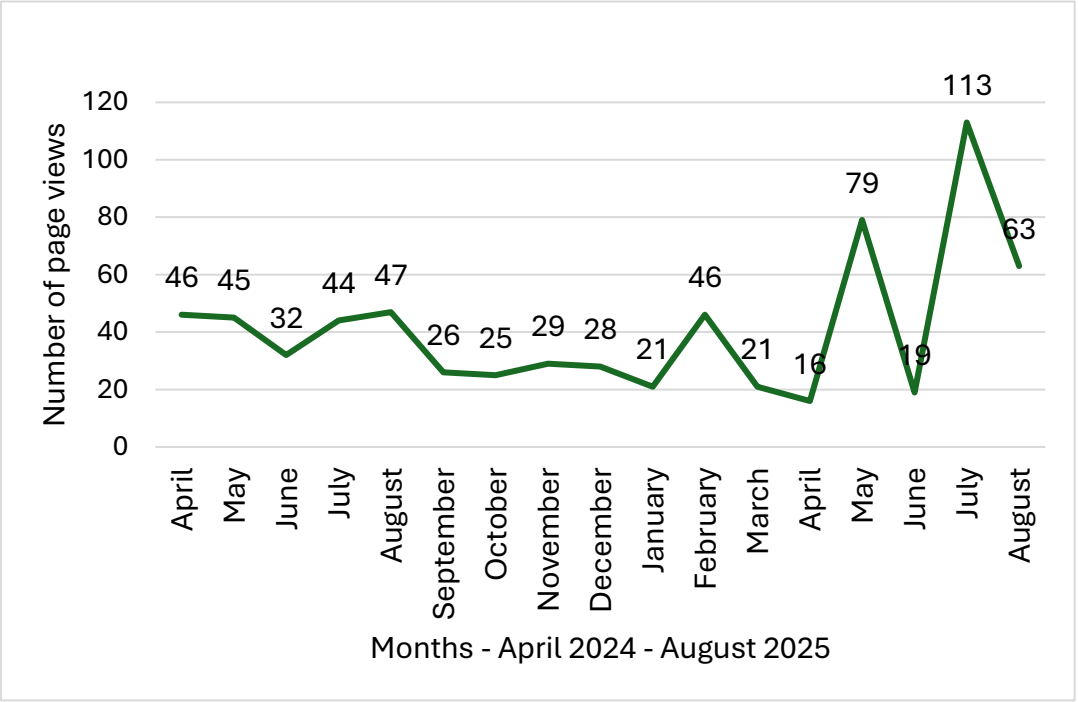
Public Health: Green health prescribing update – Midspace, Green health week and Deep Green pilot

The Green Health Prescribing Group has continued to meet to work towards its objectives of aiming to embed green health prescriptions into existing systems in an equitable and sustainable way.

The Green Health Group consists of providers who provide green health activities to the public and prescribers who may prescribe green health activities with people who access their services. The group is made up of Health in Mind, MAEDT, Bugslife, Loanhead community garden, Cyrenians, Women's AID, Thistle Foundation, Cycling UK, Archaeology Scotland, Newbattle College, Vocal, Sport and Leisure, Active travel, Mental Health, Physiotherapist, Occupational Therapists and public health.

The group worked on a project with NHS Lothian Charity and Health in Mind to improve the green health prescriptions pages on Midspace and ensure consistency across NHS Lothian. The group user-tested the new pages [Midspace | Green Social Prescriptions] and also provides regular updates to ensure the information stays up to date.

During Q1/2 we have been promoting the new Midspace webpages, both with staff and the public. In May 2025, we promoted national green health week. The aim nationally was to raise awareness of green health in general and also the Green Health Learning Network (which Midlothian is a member of). Our local aims were to raise the profile of the Midspace pages. We utilised the HSCP & Council social media channels between Monday and Friday of Green Health Week. Posts on Facebook performed better for than those on Twitter/X as it has a larger and more engaged user base. The group also promoted the pages at 'Vogrie Pogrie' in Dalkeith and the community Falls Prevention day in Lasswade. Subsequently, we have seen an increase of views of the pages and increased membership of the working group.



The Green Health Group has also engaged with researchers from Edinburgh University who are carrying out research looking at 'Developing and pilot testing a primary care-based toolkit to improve engagement with green health prescribing of older people living in deprived areas.' The Green Health Prescribing group members in Midlothian have been inputting into this research and giving feedback at various stages. This accumulated in an event in September aimed at reviewing and providing feedback to the toolkit they have developed called 'Deep Green' https://www.deepgreen.scot/.

The toolkit is designed to help GPs and other health and social care practitioners working in primary care to prescribe outdoor, nature-based activities. The toolkit provides support, information and evidence about Green Social Prescribing. It can be used by practitioners looking for help to add or expand Green Social Prescribing in their practice. It can also be used for people interested in the subject more generally. The toolkit is currently being piloted in 4 medical practices in Edinburgh: Craigmillar, Muirhouse, St Triduana's and Longhouse. Following this engagement event, we have shared the research with the primary care planning team and will look for opportunities to develop further pathways and champion green health locally.

The Public Health team have also attended national webinars, one was run by Public Health Scotland's Green Health Network which looked at strengthening practice through shared learning. The other was through Stirling University looking at the findings of a research project using green health to support people with mental health and substance abuse dependence. Learning from the events has been shared with the Green Health Group and further actions will be developed to embed the learning into future work.

Learning and Development

The learning and development team continue to deliver and coordinate over 1000 learning opportunities on a yearly basis. This covers a broad range from SVQ programmes (Levels 2, 3 and 4) to Adult Support and Protection, Child Protection, Team Teach, Trauma Informed Practice, Motivational Interviewing, Dementia Awareness and Medication training.

Courses coordinated and delivered from L and D
Child Protection Level 1 (Health & Social Care Staff only)
Level 1 Adult Support and Protection - all services
Medication Training/Workshop for Care at Home Staff
Motivational Interviewing
Safe & Together Model - Certified Trainer & Safe & Together Model Core Training 4 days
Self Directed Support (SDS): For H&SC Children & Families Staff ONLY
Stoma Care for Health and Social Care Staff
SVQ Core Skills: Information, Communication & Technology SCQF 5
SVQ Core Skills: Numeracy SCQF 5
SVQ Foundation Apprenticeship – CYP
SVQ Foundation Apprenticeship – H&SC
SVQ: Assessor Award L&D9DI
SVQ: Introduction to Unit CHS3 Administer Medication to individuals
SVQ2: Social Services & CYP SCQF6
SVQ2: Social Services & Healthcare SCQF6
SVQ3: SVQ Social Services & Health Care SCQF7
SVQ3: SVQ Social Services CYP SCQF7
SVQ4: Social Services & CYP SCQF9/10
SVQ4: Social Services & Healthcare SCQF9/10 (L4)
SVQ4: SVQ in Management SCQF 9/10
Team Teach Level 1 (6 hours) (Education only and Foster carers)
Team Teach Level 1 (6 hrs) (Health & Social Care staff)
Team Teach Level 2 (12 hours)
Team Teach Level 2 (12 hours)
Transportation of Children
Trauma Informed Training - Level 1 and level 2

In addition to this staff have also staff accessed post grad courses through Edinburgh University, Stirling, The Open University and Napier University.

The team are busy delivering the following: -

- Foundation and Modern Apprenticeships for Health and Social Care as well as Children and Young people in partnership with Education colleagues.
- Supporting Newly Qualified Social Workers;
- Co-ordinating Social Worker student placements
- OU SW PG Dip – supporting workers across HSCP and Children's services
- OU SW UG Stage 3 – supporting workers across HSCP and Children's services

OU SW UG Off-programme (module by module) – currently supporting 8 workers

All performance indicators are either on target or above target as highlighted below:

Health and Social Care specific LearnPro modules working / accessible that relate to registered professional practice.	Target = 100%	Actual = 100%		Meets target
All Health and Social Care specific LearnPro modules with up to date content that relate to registered professional practice.	Target = 100%	Actual = 100%		Meets target
Percentage of compliant/completed mandatory LearnPro modules that relate to registered professional practice.	Target = 100%	Actual = 100%		Meets target
Percentage of staff successfully completing external course	Target = 100%	Actual = 100%		Meets target

All LearnPro modules relevant to registered staff are fully up to date and compliance to completion is around 90%.

Adult Mental Health Service

Mental Health 18+ and Substance Use

The services offer holistic assessments, *What Matters to You* care planning, goal setting and treatment, and coordinates multi-agency support and follow up. Providing individual person-centred care and treatment, and support to enable them to actively participate in this process. Strives together for the maximum benefit to the individual by optimising recovery for the individual, improved mental health and wellbeing, in the least restrictive and intrusive manner.

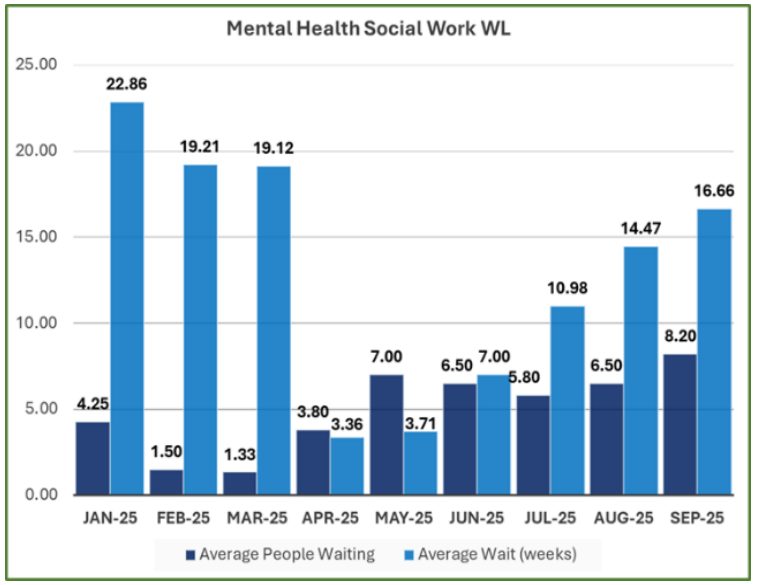
Mental Health Wait Times

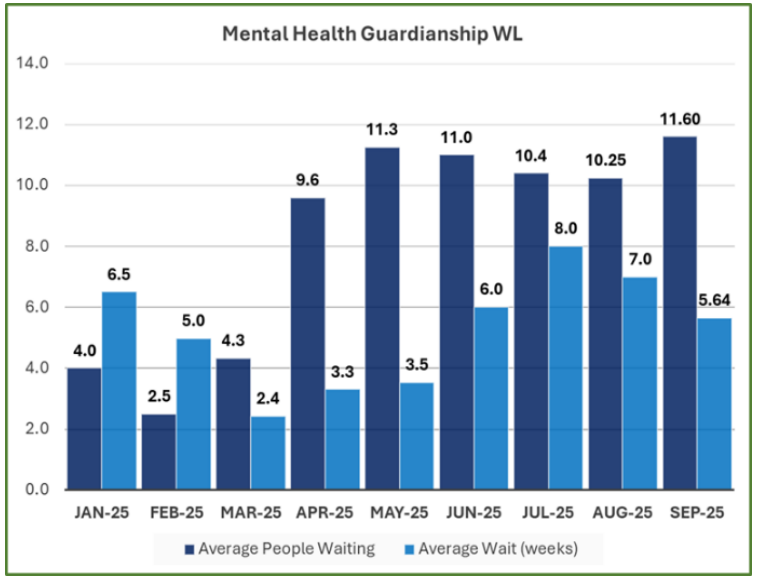
Mental Health Assessment refers to assessments by Mental Health Social Workers, not Mental Health Officers (MHO). The workforce for specifically Mental Health Social Work is 1.5 WTE. Work continues to look at how best to improve the wait times but, due to staffing capacity, this continues to be a challenge. We have seen some improvement over Q2 from the longest wait being 19 weeks in Q1 to 15 in Q2. Assurance can be given that the service continues to meet the needs of high-risk priority individuals in a timely manner.

There are 7 Mental Health Officers within the Mental Health Team. The Mental Health service set a realistic performance target of 12 weeks from the point of request to the allocation of an AWI case. The Mental Health team continue to demonstrate improvement and consistency within the agreed performance target.

New developments and successes

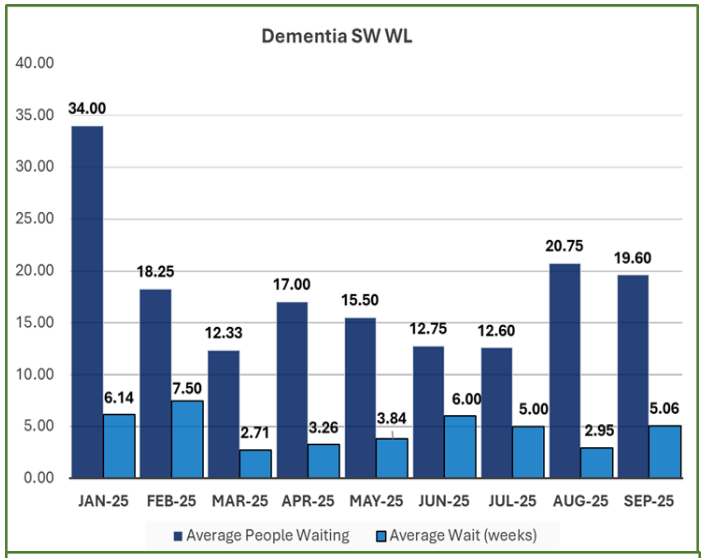
The Mental Health Social Work and MHO team is continuing to focus on developing resilience across all workstreams. In particular we are continuing to expand MHO capacity across adult services and will soon be starting 2 MHO trainees within the team. We also have a newly qualified MHO seconded to the team for a few months who is using the time to consolidate her training and learn new skills that she can bring back to her specialist team.

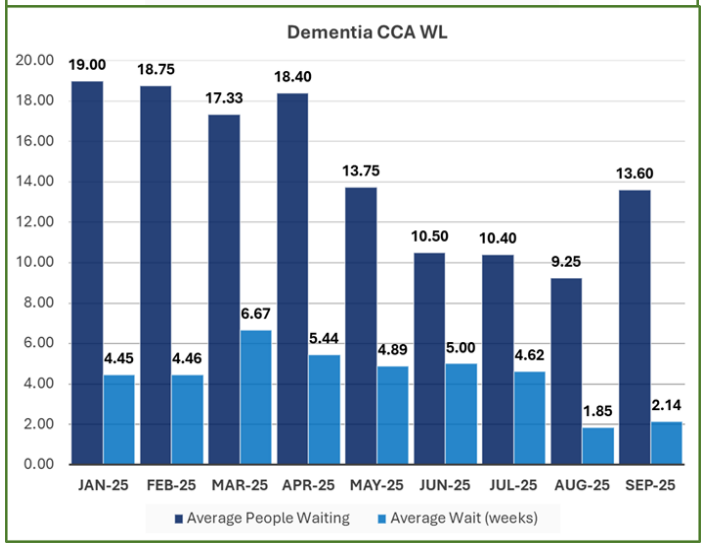




Dementia Team

The Midlothian Dementia service comprises 4 Social Workers and 2 Community Care Assistants. Currently in Midlothian, Social Work waiting times continue to be monitored within the agreed performance target of being allocated to a Social Worker within 6 weeks and/or Community Care Assistant within 3 weeks. The service continues to demonstrate improvement and consistency within the agreed performance target. (see graphs right)





New developments/success: Quality Improvement Project, to Improve Timely Access to our Older Adult Mental Health Wards in MCH

Wider system approach across health and social care engaged and embraced change in the hope to make a difference to the way we care for our patients. The project resulted in tangible changes to the waiting time for admission and to the length of stay. Importantly, it has built on relationships, improved communication and focused on the views of the patients, carers and on the views of the wider health and social care team.

The Midlothian Improvement team spanned the community, Mental Health inpatient ward and general hospital, introduced multiple interventions and tested three change ideas:

- Inter-team referral to include goals to shape admission.
- Person-centred care planning with specific goals.
- Embedded a ward social worker.

The outcomes from the project identified key learning:

- Multiple small change ideas resulted in significant and sustainable improvements in the admission pathway.
- Harnessing the strengths of the multi-disciplinary team improved relationships and generated new ideas.
- Strengthening relationships and identifying a shared vision and values were central to the success of our project.
- Our project created a mandate for change which has improved patient care.

Overall, this was a very successful QI project with very positive feedback with keenness to do more to improve pathways, flow and team collaboration and partnership working.

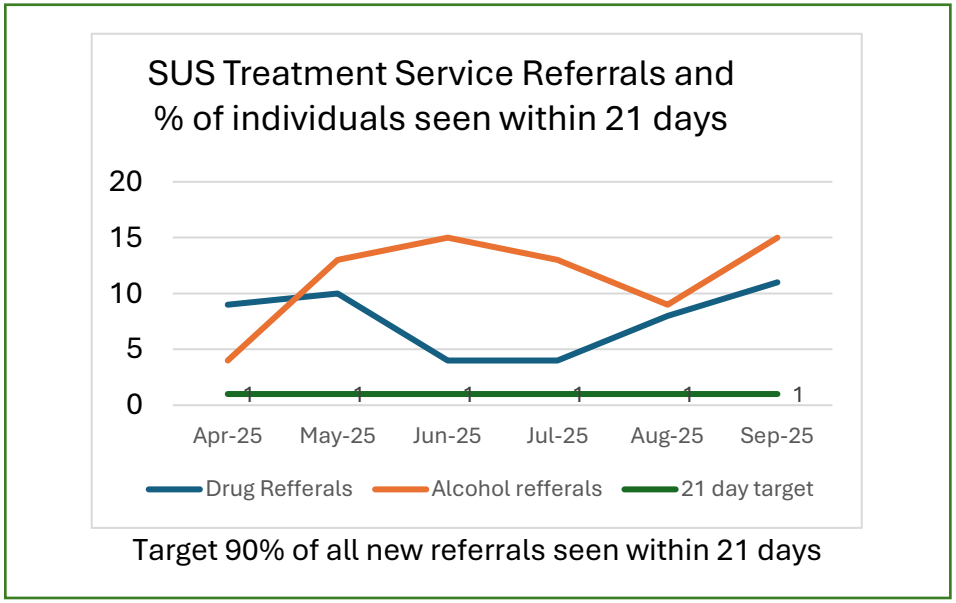
Substance Use Treatment Service (SUS)

Substance Use Service (SUS) Treatment Service

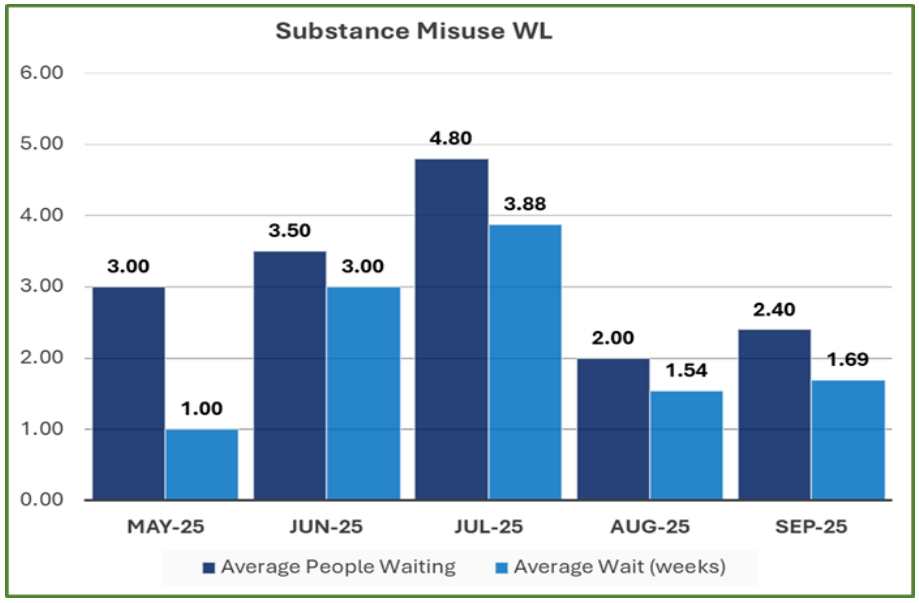
The SUS treatment service A11 waiting time, where each individual referred for either substance use, or alcohol use is triaged and commenced on treatment if appropriate within 21 days of referral. The service maintained a 100% waiting time A11 heat target performance. Overall, the services continued to provide direct access to timely and appropriate treatment that best meets an individual's needs, psycho-social support and peer-led support for those affected by their or another's drugs and / or alcohol use.

New developments/successes

- BBV testing please see spotlight Page 28.
- Further achievements for Midlothian Substance Use services include the development and implementation of the health clinics which now run weekly, supporting a holistic approach to care and meeting not only the person's substance / alcohol use but supporting the physical health, reducing risk and early detection of health concerns, which supports a more timely approach to effective person centred care.
- Midlothian SUS service proactive response to recent changes in drug trends resulted in working with families around the role and awareness of Naloxone administration. Over Q2, we have successfully trained family members and hope to expand this offer further to support harm reduction and provide the tools to family members to support their family member who is at high risk of overdose.



Target 90% of all new referrals seen within 21 days



SPOTLIGHT

Midlothian Substance Use Services

Bloodborne viruses (BBV) is a significant health concerns for individuals who access Substance Use Services due to the potential for transmission through contact with infected blood or bodily fluids. Within substance use the main risk of transmission is through the use of sharing of injecting equipment. The lack of awareness and testing can lead to undiagnosed infections, which can result in serious health complications.
To address the issue of BBVs in substance use services, it is essential to implement comprehensive testing and treatment programs. This includes offering testing and referral for treatment for hepatitis B, hepatitis C, and HIV, as well as vaccination for hepatitis B. By ensuring that individuals in service are tested and receive appropriate treatment, the risk of transmission can be significantly reduced, thereby improving the health and safety of all individuals in the service.

In July 2024 we recognised the need to look at different ways to engage individuals who access the Midlothian Substance Use Services, as BBV testing had a small uptake. The overall percentage of uptake was 18.5%, over the next year the service worked alongside the harm reduction team to look at ways to improve engagement through awareness sessions and communication with those who access the service. An improvement plan was developed and implemented which has been successfully completed. There was a review of the improvements on uptake of BBV and we are pleased to advise the service performance more than doubled, and in July 2025 was 41.6% and continues to grow. Midlothian Substance Use service continues to progress the committed improvement work to ensure every individual who is receiving Opiate replacement therapy is supported, educated and has access to BBV testing.

Drug Misuse Deaths

The Drug Misuse Death figures for 2024 were published in Q2.

In 2024 there was a total of 17 Drug Misuse Deaths (DMD) a small but welcome reduction of 3 from the 2023 figure. The deaths involved 13 males and 4 females. Like the national rate the highest rate of deaths involved people aged 35-44 years. Most deaths involved poly-drug use with an average of 4 drugs being implicated in deaths. Opioids, methadone, street benzodiazepines and Gabapentin were the drugs most frequently cited. There has been the increasing presence of Nitazenes in Drug Misuse Deaths. These drugs, many times more potent than heroin are often hidden within other illicit drugs and counterfeit pills greatly increasing the risk of drug poisoning and overdose. This type of drug and their derivatives are likely to pose an increasing risk to people who use drugs. There has also been a significant increase in cocaine and crack cocaine being implicated in Drug Misuse Deaths.

The 3-year average is 14 and the 5-year average is 17.

Changes from 2023 to 2024

DMD	Scotland	Midlothian	East Lothian	West Lothian	City of Edinburgh
All	1017 (-155)	17 (-3)	21 (+1)	22 (-9)	92 (-19)
Males	699 (-106)	13 (+1)	16 (+2)	14 (-9)	63 (-15)
Females	318 (-49)	4 (-4)	5 (-1)	8 (0)	29 (-4)

Alcohol Specific Deaths

The Alcohol Specific Death figures for 2024 were published in Q2.

Alcohol Specific Deaths are deaths from causes known to be exclusively caused alcohol consumption. Nationally there was a total of 1,185 ASD a 7% reduction from 2023 and the lowest figure since 2019. Male deaths continue to account for two-thirds of all deaths. The age profile of alcohol-specific deaths has become older in recent years.

The rate of alcohol-specific deaths is highest in age groups 45-64 and 65-74. For age group 25-44, the rate of mortality has generally fallen since the highest point in 2006.

For Midlothian there was a total of 20 ASD an increase of 5 from 2023. There was total of 4 female and 16 male ASD. The 5-year average is 17.

Staff Wellbeing

The HSCP Staff Wellbeing support system develops, implements, and evaluates a range of high-quality and research-based wellbeing, experience, and engagement processes, in order to enable, empower, sustain, and retain health and social care staff. One size doesn't fit all, we therefore endeavour to offer tailored support to individuals, teams, and services. To achieve this Midlothian HSCP embeds five foundational pillars – The Midway.

Wellbeing: We seek to create a positive state of mind and body which is underpinned by social and psychological wellbeing.
Equity: We strive for equity recognising that we must adjust to reduce imbalance.
Learning: We offer opportunities to learn. Furthering our knowledge and developing our skills.
Leadership: We encourage individual and group involvement to positively influence, guide, and improve.
Communication: We communicate information, intentions, and emotions in a way that is clear, respectful, and understood.

Numerous factors influence the health and wellbeing of our health and social care staff. Some of these, such as physical health are well understood, however, there are other influencers such as psychological burden, relationships, management skills, and the environment that are fundamental to the wellbeing of our workforce. This report spotlights activities undertaken this quarter and the underpinning evidence to support the health and wellbeing of Midlothian HSCP staff.

The staff of Midlothian HSCP are all working towards the same goal, that everyone working here is equally valued and supported to succeed. We believe that whoever you are, whatever you do, and wherever you work in the partnership, you can make a valued contribution and feel included. To achieve this, we implement actions which positively influence the 4 key drivers (p10-11) outlined within our Staff Wellbeing, Experience and Engagement Delivery Plan 2025-2028.

Q2 WORK PROGRESSED

Work has meaning and a positive impact on staff.	• Choice & Autonomy • Meaning & Purpose • Wellness & Resilience • Camaraderie & teamwork	• Physical & psychological safety • Participative management • Measurement & improvement

Who with?

Highbank is an intermediary care service for people over 60 years of age. While considered a 'short-term' facility the nature of the people requiring support has changed considerably over the years due to the aging population. This has resulted in staff extending their skills to offer support to those with more complex needs. In addition to this the residents and staff are about to embark on a significant change as they move to a new bespoke premises in 2026.

Having recognised the extensive physical and emotional demands placed on the team, the management group acknowledged the need to trial an evidence-based approach to better understand the experience of staff, and create a confidential space for peer support. Working with the Values-Based Reflective Practice (VBRP) approach, and with the support of Queens Nurses Institute, it has been agreed that taster sessions will be facilitated with staff prior to and after their move.
Reflective Practice provides staff with an opportunity to share experiences, to seek constructive resolution, and continue to develop as an individual and as a team. It was hoped that these sessions would commence in September, however due to unforeseen circumstances, this has been rescheduled to November. It is hoped that these opportunities will help to mitigate against negative consequences and enable camaraderie.

Why does this matter?
Workplace changes can create both positive and negative effects. A change of environment can provide new opportunities, support positivity, and improve the function and quality of care. The negative impact can be a sense of insecurity, lack of control, and reduced morale. These issues in turn can lead to increased sickness absence and reduced staff retention.
The overall impact is highly dependent on how well the process is managed, ensuring steps are taken to ensure staff feel engaged and have their experiences heard and validated. By utilising VBRP tools and principles, it is hoped that the negative consequences can be mitigated against, allowing staff to adapt and grow within their new environment.

What do they learn, feel, and do differently?
Values Based Reflective Practice Values based reflective practice (VBRP®) | Turas | Learn

Who with?
HSCP-wide one to one Wellbeing Support/ Coaching can help staff take a step back and think about how to care for their own health and wellbeing. Often people feel 'stuck' in their situation, coaching can help by creating a little distance to think more openly about the issue, explore options and set goals. Coaching for wellbeing was initially offered by NHS Education for Scotland via a digital section of the National Wellbeing Hub during the pandemic. Since this time specific services have been offered in NHS Boards, including NHS Lothian. As a trained Wellbeing Coach, the staff Wellbeing Lead now offers this support to any staff working within the HSCP, optimising staff support through formal organisational services and processes, and signposting to the wide range of resources outlined within the staff Wellbeing Directory.
Nine staff participated in wellbeing coaching during Q2. Nineteen sessions were delivered. Staff received on average two contacts. The primary reason for seeking help remains psychological distress.

Why does this matter?
Staff wellbeing in health, social work, and social care is critical to ensuring service users receive high quality and effective support. A caring and supportive culture within the workplace is essential to address both work-related and personal issues which contribute to effective management of stress, promote a healthy work-life balance, and develop personal growth.
Wellbeing coaching has the potential to enhance morale, increase productivity, improve staff retention, and reduce both presenteeism and absenteeism.

What do they learn, feel, and do differently?
"It is helpful to be able to talk things through. I can see things clearer."
"I often think I should be coping better. I'm not very kind to myself."
[Future Focus and Prevention – Staff Support]

Work is a healthy place to be.	• Healthy body • Balanced mind	• Positive choices • Caring culture

Who with?
The **National Workforce Wellbeing** week took place from the 1st to the 7th September. The week-long programme designed for health, social work, and social care staff offered 35 free online sessions to support meaningful conversations and promote wellbeing within the workplace. Midlothian offered 5 National sessions across the week. Topics included how to use cognitive behavioural approaches to manage stress, menopause, and mindful movement and meditation. Over 200 people attended the Midlothian HSCP sessions.

Why does this matter?
In July 2024 the Scottish Government published the paper Improving Wellbeing and Working Cultures. It sets out a vision to enhance working cultures across health, social care, and social work, through programmes of work at a national level focusing on the principles of wellbeing, leadership, and equity. By creating a nationwide approach, it is possible to share best practice across organisational boundaries, extend our reach, and work together to influence change.

What do they learn, feel, and do differently?
When asked 'Would you be interested in attending National Wellbeing Week if it takes place again next year?' 98% said yes and 2% were unsure.
"The sessions were great, very helpful, informative, and insightful."
"A lot of things for me to take away and start implementing."
"The presenters were amazing, and overall very calming sessions. Absolutely fabulous!!"

“This has been brilliant, lots of light bulb moments.”
“These sessions have been excellent. Very informative and helpful with work / personal life.”

Who with?
The National Workforce Wellbeing week inspired the planning and delivery of a **HSCP-wide** wellbeing event held on Friday 5th Sept. All staff were invited to visit Midlothian Community Hospital to share the Staff Wellbeing, Experience, and Engagement strategy and delivery plan, and to participate in the programme of activities. Activities included access to the team building box, ebikes, silent disco, and hand massage. In addition, stands were provided by Midlothian Council, NHS Lothian, and Third sector. The event was attended by over 60 staff with prizes being won by several teams through the contribution of ideas and personal and / or team nomination.

Why does this matter?
The new strategy outlines our vision and objectives and guides our priorities over the next three years. Through the delivery of the plan, we have the opportunity to celebrate our strengths, improve, and understand what matters to staff. By bringing the programme of support to staff and sharing the priorities of the delivery plan we have the opportunity to create greater awareness, communicate ideas, and engage with the issues which matter to staff.

What do they learn, feel, and do differently?
While supporting staff by prioritising wellbeing is not a new concept, promotion of the breadth of resources available continues to require effective communication. Staff were surprised by the extent of support available, from wellbeing spaces, micro projects such as ‘The Novel Idea’, to individual and team coaching and support. The focus of a local event enhances understanding by directly linking staff to resources which aid personal wellbeing, enhance joy at work, and builds camaraderie.

We are all able to show leadership	• Compassionate: attending, understanding, empathising, helping	• Collective and Collaborative: shared goals, purpose and responsibility, trust and permission, distributed and inclusive

Who with?
As highlighted above, a significant priority this quarter has been engaging with national and local wellbeing events aligned to the National Workforce Wellbeing week and effectively communicating the new Staff Wellbeing Experience and Engagement Strategy. To enable this **the HSCP** requires full commitment from the Senior and Extended management team.
Throughout August scripts were created, outlining the aims and objectives of the strategy. To reinforce our managers’ commitment to this work, four senior managers kindly promoted the principles of health, meaning, leadership and listening within a series of promotional videos. Links were distributed at the start of National Wellbeing Week (1st Sept), and culminated on the 3rd of October as we completed ‘Speak Up’ week.

During this period the HSCP worked closely with the communications team to offer a multimode approach to the sharing of the strategic plan. The design team created pull-up banners, table tents, and A6 postcards outlining the four drivers. The postcards not only allow us to promote our aims but offers us a new method of capturing staff thoughts and experience during local engagement sessions and through site feedback boxes.

Why does this matter?

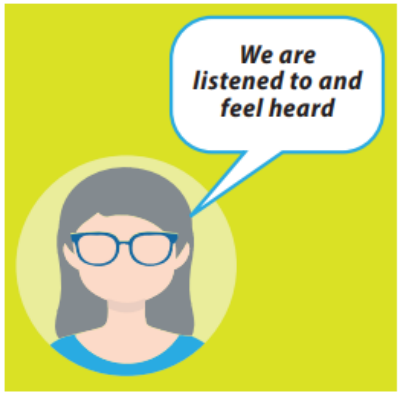
It is essential for managers to engage with staff to enhance morale, support productivity, and reduce turnover. Staff who feel engaged are more likely to feel motivated, valued, and be dedicated to the work that they do. Managers who commit to the strategy foster open and transparent communication, encourage greater participation, collaboration, and therefore higher rates of success.

What do they learn, feel, and do differently?

The impact of this approach is yet to be seen. Early feedback has highlighted that staff have watched the videos, commented positively on the potential of the strategy, and welcome sustained support from managers to make the plans a reality.

Work has meaning and a positive impact, Interim Head of Service Fiona Kennedy https://youtu.be/xIhifZzaldY
Work is a healthy place to be, Chief Nurse Fiona Stratton https://youtu.be/jMkSY5wjsgc
We are all able to show leadership, Head of Adult Services & Chief Social Work Officer, Nick Clater https://youtu.be/xXw8EwGWp0k
We are listened to and feel heard, Director of Midlothian Health and Social Care Partnership, Morag Barrow https://youtu.be/nuzcNnSgiRk

STAFF WELLBEING, EXPERIENCE & ENGAGEMENT



Midlothian
Health & Social Care

STAFF WELLBEING, EXPERIENCE & ENGAGEMENT

MEANING

- Choice & autonomy
- Meaning & purpose
- Wellness & resilience
- Camaraderie & teamwork
- Physical & psychological safety
- Participative management
- Measurement & improvement

HEALTHY PLACE

- Healthy body
- Balanced mind
- Positive choices
- Caring culture

LEADERSHIP

- Compassionate: attending, understanding, empathising, helping
- Collective & collaborative: shared goals, purpose & responsibility, trust & permission, distributed & inclusive

LISTENING

- What matters to you conversations
- iMatter survey & action plans
- Appraisal
- Raising concerns
- The voice of staff networks

The Midway

Wellbeing . Equity . Learning . Leadership . Communication

We listen to staff and they feel heard.	• What matters to you conversations • iMatter survey and action plans	• Appraisal • Raising concerns • The voice of staff networks

Who with?

Two significant methods of staff engagement are implemented by **Midlothian HSCP organisations**; iMatter and Speak Up. iMatter is an online survey offered on an annual basis seeking staff feedback on working practices, organisational communication, strengths and areas for improvement. The process involves reporting, discussion within teams, and the development of improvement plans to monitor progress in the next year.

In addition to iMatter, NHS Lothian implements Speak Up week. This year the week ran from the 29th September to the 3rd November. Speak Up week is an initiative advocated by the Independent National Whistle Blowing Officer and is a requirement of all NHS Boards. The week offers an opportunity to guide staff towards the processes to raise concerns and be assured that these will be acted upon.

This year the iMatter and Speak Up processes have highlighted the importance of going beyond the annual survey. We are therefore considering ways to improve structures and processes for staff to share their thoughts, ideas, and experiences. This will help us to ensure that we not only act on concerns but take opportunities to learn, share, celebrate and innovate.

Why does this matter?

Giving staff a meaningful voice means that our organisations do not assume that they know best particularly during times of pressure or change. Staff can feel that the balance of power is skewed towards the employer and the organisation. This can lead to a sense of uncertainty, fear, and resentment. Staff are motivated by a sense that they are valued, have a voice, and have the power to positively influence change.

What do they learn, feel, and do differently?

Further information to be shared in Q3.

Speak Up Week | INWO

Quarter 2 reporting 2025-26
Trauma-Informed Practice

The Midlothian trauma training programme continues to be delivered across the county as part of the on-going learning and development offer.
In Q2, 11 sessions of training were delivered which included 3 sessions of Level 2 training including an inset training and staff development day at Scots Corner Nursery Setting.
8 sessions of Level 1 training were delivered including 5 universal sessions for any staff members or community partners to attend. Bespoke training sessions were also delivered, 1 refresher session at Beeslack Annexe for teaching and support staff, as well as 2 sessions delivered to Midlothian's Trusted Partners Network, an afternoon session at MAEDT pavilion and an evening session at Penicuik Town Hall.
In total, 103 participants took part in training over Q2, with all feedback received as very good or excellent, and participants recording increased knowledge and confidence across all training sessions.

Midlothian Trauma Awareness Week took place between Monday 15th and Friday 19th September 2025, marking the first Trauma Awareness Week in Midlothian and in Scotland.

Launch event – 58 people attended the in-person launch event on Monday 15th September at Dalkeith Arts Centre. The event was launched by Cllr Kelly Parry and Dr. Grace Vickers, with Provost Debbi McCall in attendance alongside a number of Elected Members. The event focussed on the Trauma-informed principle of Collaboration – with presentations from East and Midlothian Women's Aid, Midlothian House Project, Play Therapy Base, and a representative from Midlothian's Trauma Informed Practice Steering Group who shared their experience of Trauma Informed Practice and the difference it can make for people engaging with and being supported by teams and services.
As part of the launch event, attendees were invited to sign a pledge of commitment to Trauma Informed Practice, specifically in relation to leading in a Trauma-informed way. 36 attendees from the launch event signed the leadership pledge of support including senior leaders and Elected Members in attendance – 10 additional signatures were added to the pledge by those unable to attend the event.
The pledge has now been submitted to the National Trauma Transformation Programme's list of pledge signatories in Scotland, demonstrating Midlothian's commitment to Trauma-informed practice and Leadership.
Further commitments to Trauma-Informed Practice were made by individuals and organisations via calls to action within the event packs circulated at the event, these commitments ranged from reviewing access to services with a Trauma Informed Lens to increasing opportunities for those with lived experience of trauma to participate in decision-making within their organisation.

Webinars – 91 attendees joined the webinars over the following 4 days, Tuesday peaked with 29 attendees while Friday had the lowest attendance with 19 participants. Attendees for the webinars were mainly from the Midlothian area, but we also had some attendance from participants in Fife, Glasgow and South Lanarkshire.
The feedback from the webinars was very positive, with specific speakers and examples of practice getting the most positive feedback, as well as participants sharing that they felt more confident to put their learning into practice going forward.

What 3 words describe your reflections on the webinar, holding in mind the trauma-informed principle of Trust?

Pre-webinar feedback:

Do you agree or disagree with the statement below:

I feel very confident putting the trauma-informed principle of Empowerment into practice

4

Strongly disagree — Strongly agree

Post-webinar feedback:

Do you agree with the statement below:

I feel more confident to support the principle of Empowerment in practice

4.8

Strongly disagree — Strongly agree

Challenges and Risks

Social workers within the Mental Health team continue to prioritise work with people who are at risk of hospitalisation or who need appropriate services on discharge from hospital. This has resulted in a slight increase in social work waiting times over the last 3 months. We currently have one MHO on maternity leave and one social worker leaving to undertake MHO training. This has been offset by the secondment of an MHO from another team.

There have been workload challenges over the last couple of months due to the increase in welfare guardianship renewals during the months of August and September, however the service continues to strive to meet the increased demand in a timely manner.

The main challenges for the Dementia staff include the shortage of suitable care home vacancies, meaning there continues to be Social Workers managing high-risk situations (carer stress) to support people and their families whilst awaiting an appropriate care home placement.

Ongoing challenges for the Substance Use service relates to the continual change in drug trends. The substance use services continue to deliver a whole system approach to assertive outreach and harm reduction to support individuals who are at risk of Non-Fatal Overdose (NFO).

You may have read in the news that the prison population in Scotland has reached an all-time high. On the 21st October the total number of people in prison was 8,430 (the official operating capacity is 7,805); 11 out of 17 prison establishments are at Red RAG Status which means they are unable to deliver a full regime, including delivery of rehabilitative work. The Justice Team Leads and the Community Justice Partnership Co-ordinator have been working collaboratively with colleagues from Scottish Prison Service, Scottish Government and Social Work Scotland, to consider all steps that can be taken to reduce the pressures. This includes pre-planning for the potential release of prisoners as part of Emergency Early Release. Should Parliament vote to pass this legislation the release for prisoners will commence from mid November 20025. We have reflected on the learning from the successful release of prisoners from the previous Emergency Early Release (summer 2024) and the release of prisoners following the changes to the time served for Short Term Prison Sentence (February 2025). As such we are confident that we will meet the needs of those being released.

Pentana Performance Dashboard

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

21	12	13	9
All AHSC Performance Indicators - On Target	All AHSC Performance Indicators - Off Target	All AHSC Performance Indicators - Data only	All AHSC Performance Indicators- No data available

Adult Health and Social Care INDICATORS Off Target

...	Code & Title	Gauge	Value	Target	Last Update	History
	AHSC.MPI.06 % of high risks that have been reviewed in the last quarter		0%	100%	Q2 2025/26	
	25/26.AHSC14.1a Number of Telecare referrals allocated within timescale (3 days)		99.83%	90%	Q2 2025/26	
	25/26.AHSC3.1c Number of weeks waiting for a package of care in the community.		56	6	Q2 2025/26	
	AHSC.MPI.07 % of internal/external audit actions progressing on target or complete ...		35%	90%	Q2 2025/26	
	ASC.SPSO.05.1 Percentage of complaints at stage 1 complete within 5 working days		60%	95%	Q2 2025/26	
	ASC.SPSO.05.3 Percentage of complaints escalated and complete within 20 workin...		60%	95%	Q2 2025/26	
	ASC.SPSO.05.2 Percentage of complaints at stage 2 complete within 20 working days		66.67%	95%	Q2 2025/26	
	25/26.AHSC1.1c Tasks completed by CCA's that facilitate discharge to be completed...		65%	80%	H1 2025/26	
	24/25.AHSC3.1a % of care at home staff qualified for their post		84%	90%	Q2 2025/26	
	25/26.AHSC3.1b % of SVQ programmes completed by care at home staff against nu...		90%	95%	Q2 2025/26	
	24/25.AHSC4.3a PD/LTC referral screening episode concluded within 3 working days		88%	90%	Q2 2025/26	
	24/25.AHSC10.1a Health assessment carried out by the health inclusion team since ...		164	165	2024/25	

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