

Date: 11 March 2022  
When calling please ask for: Eamonn Daly (07584 116619)  
e-mail: [eamonn.daly@eastrenfrewshire.gov.uk](mailto:eamonn.daly@eastrenfrewshire.gov.uk)

**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD PERFORMANCE AND AUDIT COMMITTEE**

Dear Colleague

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD - PERFORMANCE AND AUDIT COMMITTEE**

A meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee will be held on **Wednesday 16 March 2022 at 9.00 am.**

**Please note this is a virtual meeting.**

The agenda of business is attached.

Yours faithfully

ANNE-MARIE MONAGHAN  
Chair

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD  
PERFORMANCE & AUDIT COMMITTEE  
WEDNESDAY 16 MARCH 2022**

**VIRTUAL MEETING VIA MICROSOFT TEAMS**

**AGENDA**

- 1 Apologies for absence**
- 2. Declaration of Interests**
- 3. Minute of meeting of 24 November 2021 (copy attached, pages 5 - 10).**
- 4. Matters Arising (copy attached, pages 11 - 14).**
- 5. Rolling Action Log (copy attached, pages 15 - 18).**
- 6. HSCP Strategic Plan (copy attached, pages 19 - 92).**
- 7. Performance Report 2021-22– Quarter 3 (copy attached, pages 93 - 118).**
- 8. Audit Update (copy attached, pages 119 - 144).**
- 9. IJB Strategic Risk Register Update (copy attached, pages 145 - 160).**
- 10. Date of Next Meeting – Wednesday 22 June 2022 at 9am.**

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**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board  
Performance and Audit Committee  
held at 9.00am on 24 November 2021**

**PRESENT**

Anne-Marie Monaghan, NHS Greater Glasgow and Clyde Board (Chair)

Councillor Caroline Bamforth	East Renfrewshire Council
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Heather Molloy	Scottish Care
Anne Marie Kennedy	Non-voting IJB member

**IN ATTENDANCE**

Liona Allison	Assistant Committee Services Officer (East Renfrewshire Council)
Lesley Bairden	Head of Finance and Resources (Chief Financial Officer)
John Cornett	Audit Scotland
Eamonn Daly	Democratic Services Manager (East Renfrewshire Council)
Ian McLean	Accountancy Manager
Julie Murray	Chief Officer - IJB
Steven Reid	Policy, Planning and Performance Manager
Louisa Yule	Audit Scotland

**APOLOGIES FOR ABSENCE**

Councillor Barbara Grant	East Renfrewshire Council co-opted Member
Provost Jim Fletcher	East Renfrewshire Council

**DECLARATIONS OF INTEREST**

1. There were no declarations of interest intimated.

**MINUTE OF PREVIOUS MEETING**

2. The committee considered and approved the Minute of the meeting of 22 September 2021.

**MATTERS ARISING**

3. The committee considered a report by the Chief Officer providing an update on matters arising from discussions that had taken place at the previous meeting.

Having heard Ms Monaghan welcome the production of an easy read version of the annual

performance report and also welcome the £50 threshold below which receipts of expenditure were not required in relation to SDS payments, the committee noted the report.

### **ROLLING ACTION LOG**

4. The committee considered a report by the Chief Officer providing details of all open actions, and those that had been completed or removed since the last meeting.

Having heard the Chief Officer, Ms Monaghan referred to Action 20 in respect of the Annual Performance Report which was identified in the report as a closed action. She suggested that this should remain as an open action as the issue of percentages against actual numbers to provide more contextual information remained unresolved. The Chief Officer undertook to review this.

The Committee noted the report.

### **INTERNAL AUDIT ANNUAL REPORT 2020-21 AND PROPOSED AUDIT PLAN 2021-22**

5. The committee considered a report by the Chief Auditor, East Renfrewshire Council, relative to the Chief Auditor's Annual Report for 2020-21 which contained an independent opinion on the adequacy and effectiveness of the governance, risk management and internal control systems operating within the IJB. A copy of the Chief Auditor's Annual Report accompanied the report as an appendix.

The report explained in summary that the Annual Report concluded that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in the year ended 31 March 2021. This was with the exception of a matter still under investigation by Police Scotland, and so no further information could be provided at this time.

In addition, details of the proposed 2021-22 audit plan, for which approval was sought, were contained in the report.

In the absence of the Chief Auditor the Head of Finance and Resources (Chief Financial Officer) was heard further on the report and confirmed that Internal Audit were satisfied that reasonable assurance could be placed on the control environment which operated in the East Renfrewshire Integration Joint Board. She confirmed that full details of the matter that was currently the subject of a police investigation would be brought to the committee at an appropriate time.

Commenting on the annual report and plan Ms Forbes again raised concerns that the committee did not have sight of any audit reports in relation to any matters delegated to the IJB by the Council and the health board. Responding to the concerns raised, the Head of Finance and Resources (Chief Financial Officer) reminded the committee that the format of the audit update report had been changed and that report contained every audit update/action in relation to either the HSCP or the IJB. However it members wished sight of the individual reports these could be provided.

The committee:-

- (a) noted the contents of Internal Audit's annual report 2020-21;
- (b) noted the annual assurance statement and the conclusion that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2020-21 except for a matter still under investigation by Police Scotland;

- (c) approved the proposed 2020-21 audit plan; and
- (d) noted that copies of audit reports would be circulated to all members of the committee.

### **AUDIT SCOTLAND REPORT 2020-21**

5. The committee took up consideration of the external audit annual report for 2020-21, which summarised the findings arising from the 2020-21 audit of the IJB.

The report provided a number of key messages. In relation to financial management and sustainability, it was noted that the auditor's report was unmodified; that the IJB had appropriate and effective financial management arrangements in place to support financial monitoring, reporting and decision making, and that the IJB had returned an underspend of £5.759 million against a budgeted overspend of £2.432 million, prior to any identified savings. This was mainly due to reduced service costs due to COVID-19 as well as earmarked funding received in-year that was unspent as at 31 March. In addition, the auditor noted that the medium-term financial outlook, covering the period 2022/23 to 2026/27, had been updated by the IJB to reflect the impact of COVID-19, with an identified funding shortfall of around £4 million per year from 2021/22 onwards. Future efficiency savings alone were considered unlikely to address this funding gap and the IJB would need to continue to work with partners to develop a revised financial strategy which ensured the organisation remained financially sustainable.

In relation to governance, transparency and best value it was noted that in the auditor's opinion the IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the Board; governance arrangements operating throughout the COVID-19 pandemic have been appropriate and operated effectively; the IJB has put in place appropriate arrangements to demonstrate the achievement of Best Value; and the IJB has effective arrangements for managing performance and monitoring progress towards strategic objectives.

Included in the appendices accompanying the report was an action plan which set out the proposed management action in respect of areas where recommendations had been made.

Ms Monaghan introduced John Cornett and Louisa Yule from Audit Scotland.

Mr Cornett was heard further on the key messages and that it was intended to issue an unqualified audit opinion. In terms of financial sustainability he highlighted that COVID had led to the IJB having healthy reserves, due in part to the late receipt of additional funding from the Scottish Government. However it was important not to lose sight of the underlying financial challenges which lay ahead and which may not seem apparent in light of the "healthy" financial position.

In conclusion Mr Cornett thanked the Head of Finance and Resources (Chief Financial Officer) and her staff for their assistance in delivering the audit.

Thereafter having heard Ms Monaghan echo Mr Cornett's thanks to all those involved in the timeous production of the accounts and the annual report, the committee noted the report.

### **ANNUAL REPORT AND ACCOUNTS 2020-21**

6. Under reference to the Minute of the meeting of the IJB of 23 June 2021, the committee considered a report by the Chief Financial Officer seeking approval for the final audited annual

report and accounts for the IJB for the period 1 April 2020 to 31 March 2021, following the external audit of the accounts. A copy of the annual report and accounts accompanied the report.

The report referred to the establishment of IJBs and the requirements, in accordance with Section 106 of the Local Government (Scotland) Act 1973, for annual accounts to be prepared in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom, and also to additional guidance produced by the Local Authority (Scotland) Accounts Advisory Committee.

Thereafter, the report explained that the annual report and accounts had been prepared in accordance with the relevant legislation and guidance, and set out the key messages from Audit Scotland. In summary, the annual report and accounts were unmodified and the operational underspend and reserves were unchanged from the unaudited position; effective financial management was in place to support monitoring and decision making; the potential future year financial challenges were unlikely to be addressed through efficiency alone and work with partners was required to ensure financial sustainability; the IJB has appropriate governance in place and arrangements during the Covid-19 pandemic have operated effectively; the IJB has effective arrangements in place to demonstrate best value and for managing performance

The report also referred to the 3 recommendations made by Audit Scotland and summarised the response and associated timescale for action in respect of each, with progress on both to be reported to the committee.

The report also highlighted that the main messages from the annual report and accounts remained unchanged from the unaudited position reported in June, with the operational underspend of £0.833 million remaining unchanged. Main budget variances were set out and it was noted that the reserves total remained unchanged at £10.415 million. COVID-19 spend was £9.115 million. Funding of £12.260 had been received with the balance taken to reserves.

The Chief Financial Officer was then heard further on the accounts. She commented on the reduction in the operational overspend position from June, explained the reasons for the change and that identifying changes between the draft and final account stages was not unusual, and that the reasons why the overspend had not been identified in the first place had been investigated with additional checks already having been incorporated into procedures.

Ms Forbes expressed disappointment at the errors that had been identified but welcomed that additional checks had been added to the process for the future.

Referring to her earlier comments made during consideration of the Rolling Action Log, Ms Monaghan highlighted that the table providing information on Strategic Priority 1 provided percentages but in the absence of actual numbers it was not possible to put the percentages into context.

Thereafter, Ms Monaghan having commented on the key issues and the recommendations made by Audit Scotland the committee agreed that the audited annual report and accounts be remitted to the IJB for approval.

## **MID YEAR PERFORMANCE UPDATE 2021-22**

7. The committee considered a report by the Chief Officer providing an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Interim Strategic Plan 2021-2022.



It was explained that due to the ongoing COVID-19 pandemic availability of mid-year data was more limited than normal although it was expected that there would be a smaller number of updates compared with end-year. In addition, for many performance indicators, normal reporting of data trends against established targets was less meaningful due to the continuing impact of COVID-19 on provision.

The report included data for mid-year and any updated end-year data for indicators from the Strategic Plan that had not previously been reported to the committee. Each measure was presented with an RAG status in relation to the target for the reporting period (where a target was set), along with long-term and short-term trend arrows and commentary on performance. Many of the data trends reflected the unique circumstances faced by services over the course of the pandemic. Explanations of any notable shifts in performance were included in the commentary text.

The report contained data updates and commentary relating to the performance measures set out under the 8 strategic priorities in the HSCP Interim Strategic Plan 2021-22 details of which were listed, and concluded by providing a number of organisational indicators relating to staff and customers.

Commenting on the report, the Policy, Planning and Performance Manager explained that the data showed that despite the significant challenges of the pandemic support for most vulnerable residents had continued and services had performed well against many of the performance measures. Performance had been more negatively affected for service areas where patterns of demand had increased significantly during the reporting period.

Attention was drawn to various examples of performance and service provision across the strategic priorities. These included increased demand across mental health and addiction services, an increase in delayed discharges, and significant impact on the provision of unpaid work placements, amongst others.

In response to questions from Ms Monaghan on performance trends, the Chief Officer referred to the significant increases in service demand, to the introduction of new performance management processes, and that a number of areas where on the basis of the information in the report had seen drops in performance were already seeing improvements.

Ms Monaghan welcomed the improvements but referred to the challenges that would face the services in the coming winter months.

The committee noted the report.

## **AUDIT UPDATE**

8. Under reference to the Minute of the previous meeting (Item 6 refers), the committee considered a report by the Chief Officer providing an update on new audit activity relating to the HSCP since last reported to the committee in June, summarising all open audit recommendations and providing information on internal audit planned activity for the IJB and the HSCP. Accompanying the report were a series of appendices. These contained information regarding audit activity relating to the IJB and HSCP; and information on recommendations from previous audits. Summary information in relation to the appendices was contained in the report

Referring to earlier discussions around audit reports the Head of Finance and Resources (Chief Financial Officer) confirmed arrangements for the circulation of audit reports to the committee. She also confirmed that the Audit Scotland Action Plan accompanying the report would be superseded to reflect the new recommendations made by Audit Scotland in their audit.

**10**  
**NOT YET ENDORSED AS A CORRECT RECORD**

Ms Forbes noted that a high number of audits were considered to be complete but required verification by internal audit, and queried why there appeared to be such a delay in verification. In reply the Head of Finance and Resources (Chief Financial Officer) undertook to raise this with the Chief Auditor.

The committee noted the report.

**IJB STRATEGIC RISK REGISTER UPDATE**

**9.** Under reference to the Minute of the previous meeting (Item 8 refers), the committee considered a report by the Chief Officer providing an update on the Integration Joint Board Strategic Risk Register. A copy of the risk register accompanied the report.

Having set out the risk matrix used to calculate risk scores, the report then referred to the meeting of the committee on 22 September 2021 and explained that since then there had been no change in risk scores, no new risks added or any existing risks removed from the register.

However, risk control measures in place had been updated to include any proposed mitigation which had been completed since last reported.

Details of those risks still considered as high or significant post-mitigation were outlined. These related to the Scottish Child Abuse Inquiry where due to the historic nature of the risk no further mitigations had been identified, and Financial Sustainability, which continued to be a high/red risk as last reported and that this was still considered red post-mitigation reflecting the current economic climate and uncertainty around COVID-19 and Brexit implications.

As previously reported, although “Failure of a Provider” was considered as a medium level risk post-mitigation it was still considered a significant risk given the potential impact on service delivery.

The committee noted the report.

**DATE OF NEXT MEETING**

**10.** It was reported that the next meeting of the committee would take place on Wednesday 16 March 2022 at 9.00am.

CHAIR



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	16 March 2022
<b>Agenda Item</b>	4
<b>Title</b>	Matters Arising
<b>Summary</b>	
<p>The purpose of this paper is to update members of the Performance and Audit Committee on progress regarding matters arising from the discussion which took place at the meeting of 24 November 2021.</p>	
<b>Presented by</b>	Lesley Bairden, Chief Financial Officer
<b>Action Required</b>	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**16 March 2022**

**Report by Chief Officer**

**MATTERS ARISING**

**PURPOSE OF REPORT**

1. To update the Integration Joint Board on progress regarding matters arising from the discussion that took place at the meeting of 24 November 2021.

**RECOMMENDATION**

2. Integration Joint Board members are asked to note the contents of the report.

**REPORT**

**Annual Report and Accounts**

3. The Annual Report and Accounts for 2020/21 were approved by the Integration Joint Board on 24 November 2021 following remittal from Performance and Audit Committee.

**Audit Update**

4. Reports are not routinely published by our partners or however should Performance and Audit Committee member wish to see an original audit report, they can request a copy from the Governance and Compliance Officer.

5. As discussed at the meeting, any new audit reports relating to HSCP activity will be included as an appendix to the regular Audit Update report.

**RECOMMENDATIONS**

6. Members of the Performance and Audit Committee are asked to note the contents of the report.

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Chief Financial Officer  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

Julie Murray, IJB Chief Officer  
[julie.murray@eastrenfrewshire.gov.uk](mailto:julie.murray@eastrenfrewshire.gov.uk)

November 2021

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	16 March 2022
<b>Agenda Item</b>	5
<b>Title</b>	Rolling Action Log
<b>Summary</b>	
The attached rolling action log details all actions, including those which have been completed since the meeting on 24 November 2021.	
<b>Presented by</b>	Julie Murray, Chief Officer
<b>Action Required</b>	
Committee members are asked to note progress.	

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## ACTION LOG: Performance and Audit Committee (PAC)

March 2022

Action No	Meeting Date	Item No	Agenda Item	Action	Responsible Officer	Status	Date Due / Closed	Progress / Outcome
33	24.11.2021	5	Rolling Action Log	Reopen Action 22 as the issue of making sure relevant data (eg percentages and absolute numbers) are included in performance reports requires further refinement.	Policy, Planning and Performance Manager	OPEN	Jun-22	As part of our planned review of performance reporting we will produce written guidance specific to HSCP outlining expectations and best practice for data updates where available.
32	24.11.2021	6	Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22	Arrangements should now be made for the implementation of the audit plan.	Chief Auditor	OPEN	Mar-22	Internal audit have capacity issues and some work is postponed to 22/23
31	24.11.2021	6	Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22	Bring details of the matter under investigation by Police Scotland to the committee at an appropriate time.	Chief Financial Officer	OPEN	Jun-22	No update as at March 2022
30	24.11.2021	7	Internal Audit Annual Report 2020-21 and Internal Audit Plan 2021-22	Arrange for future HSCP/IJB Audit reports to be circulated to members of the committee.	Chief Financial Officer	CLOSED	Mar-22	Any new reports will be shared with members as previously agreed
29	24.11.2021	7	East Renfrewshire IJB Annual Audit Report 2020-21	Carry out the agreed actions as contained in the action plan.	Chief Financial Officer	CLOSED	Mar-22	Action plan updates will be included in the regular PAC Audit Report as a separate appendix
28	24.11.2021	8	Audited Annual Report and Accounts 2020-21	Committee agreed to recommend approval of the accounts to the Integration Joint Board.	Chief Financial Officer	CLOSED	Nov-21	Accounts considered at Nov IJB
27	24.11.2021	10	Audit Update	Arrange for future HSCP/IJB Audit reports to be circulated to members of the committee (See item 6 above)	Chief Financial Officer	CLOSED	Nov-21	SEE ACTION 30 ABOVE
26	24.11.2021	10	Audit Update	Arrange for a retrospective library of audit reports to be made available	Chief Financial Officer	CLOSED	Nov-21	New reports will be included in the Audit Update reports. The Governance and Compliance Officer can provide any historic report on request.
25	24.11.2021	10	Audit Update	Seek explanation why there has been a delay in the internal audit verification process and report back as part of the matters arising report to the next meeting of the committee.	Chief Financial Officer	CLOSED	Mar-22	Due to a reduction in audit hours available and ongoing operational restrictions in place, the HSCP Follow Up audit, which was scheduled to take place in 2021/22 was delayed and is now likely to be rolled forward into the annual audit plan for 2022/23
24	22.09.2021	5	Rolling Action Log	Investigate the possibility of expediting plans to produce an easy read version of the annual report and accounts possibly through the use of outsourcing.	Chief Financial Officer	CLOSED	Nov-21	Easy read summary produced and published
22	22.09.2021	6	Annual Performance Report 2020-21	Also review the possibility of putting percentages quoted in context against the actual numbers and also look at graphs to see where lines showing expected performance levels could be included	Policy, Planning and Performance Manager	CLOSED	Sep-21	We will continue to ensure all relevant data is included in our performance reporting and will use percentages and/or number as most relevant. ACTION REOPENED NOV-21 - SUPERSEDED BY ACTION 33
17	23.06.2021	7	Unaudited Annual Report and Accounts	Make arrangements to add reference about discussions with Council colleagues relative to early notice of central support costs	Chief Financial Officer	OPEN	Sep-22	CFO discussed central support charges with Council colleagues as part of 2022/23 budget. Council did not produce a mid year review for 2021/22. Further work is required to establish post covid activity and associated costs. Due date revised from Jan-22 to Sep-22 to reflect ongoing work
15	23.06.2021	8	Performance Update	Continue to review the format/layout of the report to try and achieve a better balance between looking forwards and backwards	Policy, Planning and Performance Manager	OPEN	Jun-22	We will work with the Chair to look at our in-year reporting to ensure we are looking at forward actions to improve performance as well as a retrospective for future performance updates. The report presented Sep-21 is the statutory annual report. Due date extended to Jun-22 - as this will be included in planned review of performance reporting.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	16 March 2022
<b>Agenda Item</b>	6
<b>Title</b>	East Renfrewshire HSCP Strategic Plan 2022-25
<p><b>Summary</b></p> <p>The purpose of this report is to present the Performance and Audit Committee with the HSCP Strategic Plan for the period 2022-25. The Plan has been produced following extensive engagement and development work during the past 12 months and succeeds the HSCP Interim Strategic Plan 2021-22. The plan sets out the principle strategic priorities for the partnership, key areas of focus and activity for the three years ahead; and recognises the continuing context of recovery from the Covid-19 pandemic. The paper also sets out planned activity for communicating the key messages in the plan.</p>	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<p><b>Action Required</b></p> <p>The Performance and Audit Committee is asked to note and comment on the contents of the HSCP Strategic Plan for 2022-25; and note plans for the development of user-friendly formats and wider communication.</p>	

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**EAST RENFREWSHIRE PERFORMANCE AND AUDIT COMMITTEE**

**16 March 2022**

**Report by Chief Officer**

**EAST RENFREWSHIRE HSCP STRATEGIC PLAN 2022-25**

**PURPOSE OF REPORT**

1. The purpose of this report is to present the Performance and Audit Committee with the newly developed HSCP Strategic Plan for the period 2022-25.

**RECOMMENDATION**

2. The Performance and Audit Committee is asked to note and comment on the contents of the HSCP Strategic Plan for 2022-25; and note plans for the development of user-friendly formats and wider communication.

**BACKGROUND**

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Integration Authorities review their strategic commissioning plan at least every three years. Recognising the challenges of undertaking planning activity during the pandemic period and the unique circumstances that we were facing, it was agreed in November 2020 that the HSCP would establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our recovery from the Covid-19 pandemic.
4. It was also agreed that during 2021-22 we would undertake a more comprehensive strategic needs assessment and full programme of community and stakeholder engagement to support the establishment of a full three-year strategic plan for the period 2022-25 to be published by 1 April 2022. This work is now complete and represented in the content of the Strategic Plan.

**REPORT**

5. In the context of continuing challenges from the Covid-19 pandemic, significant work has been undertaken to develop our Strategic Plan drawing in views of a wide range of stakeholders and communities. This has included:
  - Ongoing consultation with the Strategic Planning Group (SPG) during the development of both the interim (2021-22) plan and the new three year plan. The SPG has been convened monthly during significant stages of the plan's development.
  - Review of national and local strategic planning (including relevant local, regional and national plans relating to response and recovery from Covid-19 pandemic).
  - Assessment of lessons learned and impacts from the Covid-19 pandemic in consultation with HSCP service managers and the SPG.
  - Desk-based review of strategic performance reporting 2018-21 considering progress against priorities in previous strategic plan.
  - Refreshment of demographic, health and service need information carried out in liaison with Public Health Scotland LIST analysts.

- Discussion with SPG to review performance and demographic information, assess progress towards existing strategic priorities and consider reviewed suite of priorities for the plan in light of performance assessment, the ongoing Covid-19 pandemic and wider operational context.
  - ‘Festival of engagement’ – Community and stakeholder engagement carried out August to October 2021. Delivery of the engagement process was supported by partners in the HSCP Participation and Engagement Network. Twenty focus groups and workshops (principally delivered online with some face-to-face groups) were delivered involving nearly 200 participants. These included people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. People choosing not to attend workshop events could participate through online surveys and one-to-one discussions with support organisations.
  - Engagement feedback shared and assessed with the SPG and summary findings shared with engagement participants and service managers.
  - High-level draft strategy for consultation produced and reviewed by SPG 18 November 2021.
  - Public consultation period including online survey ran 16 December 2021 to 13 February 2022. Promotion of consultation through social media and through stakeholders and engagement networks.
  - Consultation draft shared for discussion with:
    - East Renfrewshire Council Corporate Management Team (CMT) (14 December 2021)
    - NHS Greater Glasgow and Clyde CMT (2 December 2021) and
    - NHSGGC Finance, Planning and Performance Committee (7 December 21).
  - Draft strategy considered at IJB Seminar – 31 January 2022.
  - Discussion of updates to draft plan at SPG February 2022 and further updating of content.
  - Presentation of draft final strategy to IJB – March 2022.
6. The next steps are:
- Final drafting of strategy recognising comments from IJB and any outstanding feedback.
  - Publication of the Strategic Plan 2022-25, including accessible and interactive formats.
7. The three-year Strategic Plan meets the statutory requirements for planning set out in the Public Bodies (Joint Working) (Scotland) Act 2014. The strategy sets out:
- the ambition, vision and priorities of the partnership for the three-year period;
  - key themes from our stakeholder and residents’ engagement;
  - our strategic priorities for 2022-25 – including key areas of focus for delivery;
  - East Renfrewshire’s current context – including summaries of demographics, recognised impacts from Covid-19 pandemic, medium and longer-term challenges for the partnership, and planning context (including planned National Care Service); a review of progress against our strategic priorities;
  - details of how we will resource our strategic plan;
  - explanation of how we measure success.
8. The plan describes our partnership and vision recognising the benefits of working collaboratively as a broad and inclusive partnership and the opportunities that exist to build on the strengthened partnership working we have seen during the pandemic.
9. Where possible, reference has been made in the plan to relevant recovery/remobilisation planning at NHSGGC Board level, including the priorities set out in Moving Forward

Together, and commitments reflected in the Five Year Strategy for Adult Mental Health Services, the Public Health Strategy: Turning the Tide through Prevention and the Joint Unscheduled Care Commissioning Plan. The plan also recognises the implications from the Independent Review of Adult Social Care and subsequent National Care Service proposals and national consultation exercise.

10. The draft plan illustrates how the HSCP will contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under our strategic priorities we set out our key activities and critical indicators that link to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan.
11. The consultation found that respondents were positive about our inclusive approach to engagement during the development of the plan; and there was strong support for this to continue throughout the delivery of the plan. People were supportive of our strategic priorities and the key areas of focus set out in the plan. A majority of consultees are confident that the approaches described in our plan will deliver on our priorities and wider objectives for HSCP – while recognising the challenges we face. Many people emphasised the crucial importance of partnership and collaborative working and there was a focus on ensuring the necessary support is in place for our staff and for local unpaid carers.
12. Key changes we have made to the final draft following the consultation period include:
  - Strengthening the emphasis in the plan on safety, preventing harm and addressing rising incidence of violence against women and girls following the pandemic.
  - Reference to the practical supports available for digital solutions; and recognition to the role of peer support in recovery and supporting independence.
  - More detail on how we are working to enhance mental health support through primary care; and local initiatives using the Community Mental Health and Wellbeing Fund.
  - Strengthen discussion of new approaches being developed in line with winter planning investment – in the context of the pandemic and changing demand patterns.
  - More references to the impact of the pandemic on unpaid carers and increased pressures for carers including increased caring requirement.
  - In our existing discussion of health inequalities, greater reference to the wider impacts of poverty and focus on supporting people with protected characteristics.
  - For our priority supporting staff wellbeing recognition our intention to be a 'listening' partnership; and outlining activities including wellbeing group, plan and appointment of wellbeing lead.
  - Inclusion of a 'plan on a page' summarising the main elements of the plan.
13. Our headline planning priorities build on those set out in our previous strategic plans. In the development of our interim plan for 2021-22, we extended our priority for mental health to include mental health and wellbeing across our communities. We changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare and we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For the 2022-25 plan we have also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity. For each priority we set out the contributing outcomes that we will work to, key activities for the next three years and accompanying performance measures. Our strategic priorities for 2022-25 are:
  - Working together with children, young people and their families to improve mental and emotional wellbeing;
  - Working together with people to maintain their independence at home and in their local community;
  - Working together to support mental health and wellbeing;

- Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time;
  - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities;
  - Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives;
  - Working together with individuals and communities to tackle health inequalities and improve life chances;
  - Working together with staff across the partnership to support resilience and wellbeing; and,
  - Protecting people from harm.
14. The Strategic Plan outlines the range of thematic plans that support its implementation. We will revise our local delivery plans in light of the new plan, building on the intermediate outcomes and key activities outlines under each strategic priority.
15. We are working in collaboration with ERC Housing Services and other partners to support housing research that will inform the next Local Housing Strategy. In tandem with this activity we will revise and refresh the Housing Contribution Statement and present this to the IJB at a future date. Timelines for our updated Workforce Plan have also been revised to later in the year and will also be presented to a future meeting of the IJB.
16. To support the development of the Strategic Plan we are producing an Equality Impact Assessment (EqIA) in collaboration with a range of stakeholders. The EqIA considers positive and potentially negative impacts of the plan on people with protected characteristics. The finalised EqIA will be available alongside the published plan and, in line with good practice, we will review the EqIA during 2022-23 as we take forward its implementation.
17. East Renfrewshire Council Communications Team will revise the Strategic Plan document to included greater illustration and visualisation and we will produce an easy-read summary of the final plan. We will also produce an interactive online version of the plan including summaries and videos explaining our approaches. The plan will be made available in a variety of formats and languages as required to meet the needs of residents.
18. Subject to approval at the IJB, the Strategic Plan will be shared for agreement with East Renfrewshire Council and NHS Greater Glasgow and Clyde Finance, Planning and Performance Committee.

## CONCLUSION

19. Significant work has been undertaken to develop our Strategic Plan for 2022-25 in consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges of the pandemic. This includes a highly participative engagement process coproduced with wider partners through our Participation and Engagement Network. The plan represents a strong strategic footing for the partnership over the next three years as we continue our recovery and renewal following the Covid-19 pandemic. The key messages from the plan will be communicated through innovative, user friendly methods including development of an easy-read document and interactive online version of the plan. In the months ahead we will put in place a range of delivery plans and refresh thematic plans that support the implementation of the strategy.



**RECOMMENDATION**

20. The Performance and Audit Committee is asked to note and comment on the contents of the HSCP Strategic Plan for 2022-25; and note plans for the development of user-friendly formats and wider communication.

**REPORT AUTHOR AND PERSON TO CONTACT**

Steven Reid: Policy, Planning and Performance Manager  
[steven.reid@eastrenfrewshire.gov.uk](mailto:steven.reid@eastrenfrewshire.gov.uk)  
0141 451 0746

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

HSCP Interim Strategic Plan 2021-22, 17 March 2021  
[https://www.eastrenfrewshire.gov.uk/media/4738/IJB-Item-08-17-March-2021/pdf/IJB\\_Item\\_08\\_-\\_17\\_March\\_2021.pdf?m=637505417890570000](https://www.eastrenfrewshire.gov.uk/media/4738/IJB-Item-08-17-March-2021/pdf/IJB_Item_08_-_17_March_2021.pdf?m=637505417890570000)

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**Working Together for  
East Renfrewshire –  
A Three Year Strategic  
Plan for Health and  
Social Care  
2022-25**

**East Renfrewshire  
Health and Social Care  
Partnership**

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## 1. Introduction

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Welcome to the third Strategic Plan for East Renfrewshire Health and Social Care Partnership (HSCP). The plan sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. The plan covers the period 2022-25 and builds on our one-year 2021-22 'bridging plan' that was developed to support planning during our pandemic response phase.

Our strategic planning activity is taking place during an exceptionally challenging period for the partnership as we continue to support local residents through the Covid-19 pandemic and begin our recovery from the impacts of the crisis. The partnership continues to find itself in a period of change with significant uncertainty for the months and years ahead. At the same time, it is essential that we fully understand the lasting impacts of the pandemic as we work to deliver our strategic aims and objectives.

Our response to the pandemic has seen incredible resilience, commitment and creativity from staff at the HSCP, our partner providers and community groups in East Renfrewshire. Our teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. During the pandemic period there has been innovation and collaborative working across the health and care system building on and strengthening local partnerships. This positive response is informing current and future approaches and we will continue to build on innovation and best practice over the course of this strategic plan.

While the plan sets out fundamental strategic priorities for health and social care such as supporting people to living independently and well at home, supporting better mental health and wellbeing, and ensuring access to high quality local health care services we continue to operate in the context of the pandemic. Our plan will be reviewed annually, building on the experiences and new learning as we continue our recovery.

This plan is based on strong evidence of local needs and despite practical challenges has been developed through a highly participative process drawing in voices from our partners in the community, third and independent sectors as well as people with lived experience and unpaid carers. As an inclusive partnership we will continue to engage widely as we review the delivery of our commitments in this plan and work to bring in fresh and innovative ideas as we move forward.

## 2. Our ambition, vision and priorities

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### 2.1 Our ambition

This is a pivotal time for health and social care in Scotland and it is the ambition of East Renfrewshire HSCP to meet the challenges we face and embrace new opportunities with a renewed commitment to innovation and high quality services and supports, designed and delivered in partnership with local people and partners.

We want to ensure that health and care supports available in East Renfrewshire meet the needs, values and personal ambitions of the people who live here. We want supports to be truly person-centred, focused on human rights and empowering people to thrive at whatever stage they are at in life.

Building the health and social care system we want to see requires strong collaboration and over the life of this plan we will work to further strengthen collaborative practices, building on examples such as our digital partnership and local delivery of the Communities Mental Health and Wellbeing Fund.

Our focus is on prevention and early intervention, with a range of supports in place to meet health and care needs early, preventing deterioration and helping people avoid crisis situations. As a broad and inclusive partnership our ambition is to maximise the supports and opportunities that are available for local people in the community, supporting prevention and working to tackle health inequalities across our communities. We recognise the wider determinants of health and wellbeing including education, employment and income, and the importance of good quality, affordable and appropriate housing. Through collaborative and ethical commissioning we will work with communities, third sector organisations and our independent sector providers, championing the most innovative and effective ideas and approaches.

Everyone has the right to live in safety and be protected from neglect, abuse and harm. Our partnership has a key role in helping to keep vulnerable people in our communities safe; and in preventing harm and supporting people at risk of harm. Over the life of this plan we will continue to develop our responses to new risks and vulnerabilities as these emerge.

Our health and care system depends on those that provide care and support, both paid and unpaid. Our ambition in East Renfrewshire is to increase recognition of the role that unpaid carers play, and ensure that the supports needed by carers are in place. As a partnership our workforce are our greatest asset. We want to ensure that those providing invaluable health and care services are happy and motivated; and feel respected and fulfilled in their role for years to come.

## 2.2 Listening to the experiences of people in East Renfrewshire

To support the development of this Strategic Plan we carried out a highly participative engagement process during 2021 designed and delivered in partnership with our third and independent sector partners. A wide range of views were shared with us by people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. Some of the most prominent issues raised in relation to our strategic themes are given below along with the response we take as a partnership.



<b>Supporting people to maintain independence</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• We need to move beyond the mindset of traditional services – look at innovative options for support.</li> <li>• We need to be serious about prevention and stopping people reaching crisis. We need to expand what's available in the community – and communicate what's available to those that need support.</li> <li>• We need to make sure that services are 'joined-up' and support providers are talking to each other.</li> <li>• We need to make sure we're making the best use of digital technology.</li> <li>• We need to fulfil our commitment to expanding choice and control. We need a more effective framework needed around Self-directed Support – clarity on supports and criteria.</li> <li>• We need more collaborative working between support providers and with other partners – e.g. training, finance, and approaches to recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>• We are committed to the principles and priorities set out in the Independent Review of Adult Social Care and the initial proposals for a National Care Service including: the commitment to person-centred, right-based approaches; more collaborative working and 'joined-up' approaches that focus on the experiences of individuals; and expanding choice and control through full delivery of self-directed support.</li> <li>• We will develop and delivery our Commissioning and Market-shaping Plan to support this strategy. Through collaborative practices we will develop and expand local market provision.</li> <li>• In partnership with our local providers' forum we will explore practical steps for more collaborative working between local support providers.</li> <li>• We will promote and support the expanded use of digital communication technology for access to health and care supports; and promote use of health monitoring systems to support self-management of conditions.</li> </ul>
<b>Supporting better mental health and wellbeing</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• Essential that we support and promote resilience and self-management – across a range of groups – e.g. elderly, disabled, men, young people, shielding group, carers.</li> <li>• More strengths based support – building on people's lived experiences.</li> <li>• We need to ensure peer to peer support continues and is built on going forward.</li> </ul>	<ul style="list-style-type: none"> <li>• Working collaboratively with our wider community planning partners we are focused on supporting better mental wellbeing and resilience across our communities. Led by the third sector, innovative approaches are being supported through the Communities Mental Health and Wellbeing Fund.</li> </ul>



<ul style="list-style-type: none"> <li>• Encourage prevention – self-awareness and understanding around mental wellbeing.</li> <li>• We need to make sure we are giving individuals time/space – listening and directing to most appropriate support.</li> <li>• We need to tackle stigma – getting messages across; embed with managers and staff.</li> <li>• Communication and awareness of services before crisis; sharing resources across our partnership and more widely. There is an increasing group of people not connected to services – they need to know what to do when they require support.</li> <li>• Some people have benefited from greater community connectedness during the pandemic – we should build on positive experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• We are focused on preventative approaches and will build on the strengths of approaches such as community link workers in GP practices and our peer support programme.</li> <li>• Through information and advice provision, digital communications, and greater awareness across services we will work to ensure access to the right mental health supports at the right time.</li> <li>• Through collaborative practices we will develop and expand local market provision for mental health and addiction supports.</li> <li>• Learning from our experiences during the pandemic, we will take full advantage of opportunities from digital technology to increase contact and improve access to mental health and addiction services.</li> </ul>
<b>Meeting local healthcare needs – and addressing health inequalities</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• Better information and access to support – raising awareness of what is available.</li> <li>• Need choice and flexibility for health and wellbeing - Services must fit people rather than people fitting services.</li> <li>• We need to see services coming together and working collaboratively.</li> <li>• We need to refocus our efforts on wider health improvement activity. Need to return to pre-pandemic screening programmes</li> <li>• We must promote the prevention agenda through interventions such as Talking Points, community link workers, support for self-management. And recognise that loneliness / isolation is a massive issues for health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• We are committed to working collaboratively to improve the health and wellbeing of our population. We are focused on delivering targeted health improvement interventions in communities experiencing greater health inequalities. With our community planning partners we are working to tackle the root causes of health inequalities including child poverty, housing and employment; working to promote health literacy and self-management; and working to strengthen community resilience and capacity.</li> <li>• We are focused on preventative approaches and will continue to develop the support provided by Talking Points, community link workers, and physical health interventions delivered in partnership with the Culture and Leisure Trust.</li> </ul>

<ul style="list-style-type: none"> <li>• Need to improve support for learning disabilities post pandemic – and return to collaborative practices.</li> <li>• Health inequalities – need to look at wider issues of poverty and housing. Significant health inequalities for people with physical and learning disabilities – exacerbated during the pandemic – delays, disruption to clinics.</li> <li>• There needs to be a focus on how we organise as communities to support health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• In collaboration with NHS Greater Glasgow and Clyde we work to improve person-centred pathways for those accessing healthcare supports.</li> <li>• We are committed to early intervention and prevention for people with long-term conditions; minimising unplanned hospital use; and improving support in the community for people leaving hospital.</li> </ul>
<b>Supporting unpaid carers</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• We need to be creative – shift from traditional approaches and shift thinking on what’s possible for families.</li> <li>• Collaborative working between organisations and better engagement / communication with unpaid carers is imperative.</li> <li>• We need to develop the availability of regular short breaks – many families at breaking point following the pandemic.</li> <li>• We need to build clarity/understanding on definition of breaks – wide ranging in length and nature – supporting carers as individuals.</li> <li>• We need to help people recognise their role and identify as carers – and overcome any barriers/stigma.</li> <li>• We need to return to face-to-face peer support for unpaid – this has important social aspect.</li> </ul>	<ul style="list-style-type: none"> <li>• In partnership with East Renfrewshire Carers Centre, we will work collaboratively with local carers in designing new, more flexible approaches to support.</li> <li>• We are committed to developing the range of short-break options and increasing availability for carers to allow them to continue in their caring role. Listening to the needs and experiences of carers, we will work collaboratively with providers to expand the range of options available.</li> <li>• We will work to widen understanding of caring, and the challenges faced by unpaid carers in East Renfrewshire through information and training.</li> <li>• As we move beyond the pandemic, we will ensure that vital informal supports are re-established and strengthened as appropriate to the needs of local carers.</li> </ul>
<b>Supporting staff wellbeing</b>	
<b>What people told us</b>	<b>How we respond as a partnership</b>
<ul style="list-style-type: none"> <li>• We need to recognise and reward the incredible contribution of our staff and the pressures they are under - before, during and after the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>• Across the partnership our workforce as gone above and beyond to continue delivering vital support to local people during extremely challenging circumstances. We are entirely focused on supporting the wellbeing of our staff –</li> </ul>

<ul style="list-style-type: none"> <li>• Important to recognise the wider mental health issues among staff (across our wider partnership).</li> <li>• We need to support our staff with new ways of working and adapting to a new landscape following the pandemic.</li> <li>• There is a need for flexibility and balance - providing staff autonomy.</li> <li>• We need to embed and sustain new meaningful supports for staff without stigma.</li> <li>• We need to focus on the wellbeing of staff e.g. through wellness sessions and 'champions' to take forward wellbeing issues alongside our management structures.</li> <li>• There should be better communication and sharing of resources across partnership – tapping into available supports.</li> <li>• We need to build on the raised profile and wider recognition of staff in care sector as a result of the pandemic.</li> <li>• We need to develop the skills of our managers to provide support – and have appropriate open conversations with staff.</li> <li>• We need to ensure we keep people connected where they are still working remotely.</li> </ul>	<p>and committed to embedding successful approaches as normal practice.</p> <ul style="list-style-type: none"> <li>• We have put in place new structures and new channels for communication and we will review and develop these approaches moving forward.</li> <li>• In the context of the pandemic, we are supporting managers to ensure team members feel connected and can access different levels of support for mental and emotional wellbeing.</li> <li>• Opportunities for physical activity, rest and relaxation will continue to be developed and promoted and will be available for staff across the wider partnership.</li> </ul>
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### Listening to children and young people

In accordance with the Children and Young People's (Scotland) Act 2014 local and national partners have been working together to identify the needs of children, young people and families across East Renfrewshire. This work culminated in the publication of the **East Renfrewshire Children and Young People's Services Plan 2020-2023**. Based on a wide ranging assessment of local needs carried out in 2020-2021 East Renfrewshire HSCP and partners agreed a set of priorities to drive change and improve the wellbeing of children and their families.

This activity has included extensive engagement with children, young people, parents/carers in a range of settings including early learning centres, youth facilities, parents and carers groups, and summer holiday programmes. Furthermore an emphasis has been placed on the need to specifically ensure the participation of vulnerable children and families including those care experienced and those with complex needs.

The range of information gathered from this engagement activity has also informed the development of this Strategic Plan and ensured we agree improvement priorities that will have the greatest impact across our statutory, specialist, and universal children's services provision over the three years ahead.

### 2.3 Our partnership

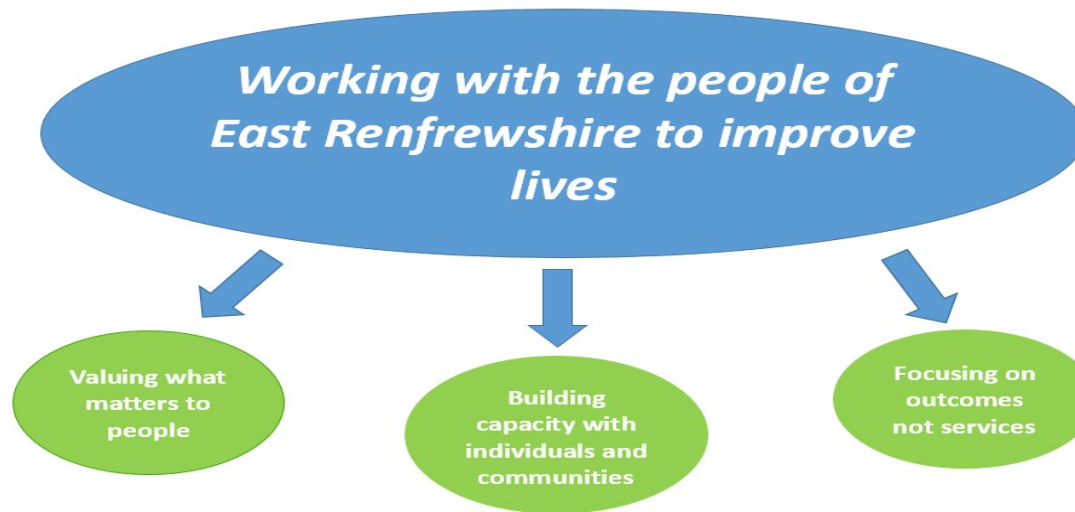
Under the direction of East Renfrewshire's Integration Joint Board (IJB), our HSCP builds on a secure footing of a 16 year commitment to health and social care partnership in East Renfrewshire. Our experiences throughout the Covid-19 pandemic have reinforced the benefits of working together as a broad and inclusive partnership. Moving forward we will further strengthen our supportive relationships with independent and third sector partners. It is also essential that we recognise the increased levels of participation in our communities and informal support within neighbourhoods that have developed in response to Covid-19. Our partnership must extend beyond traditional health and care services to a long-term meaningful partnership with local people and carers, volunteers and community organisations.

### 2.4 Our long-term vision

Our vision statement, "*Working together with the people of East Renfrewshire to improve lives*", was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction and remains unchanged for this iteration of our Strategic Plan.

We developed integration touchstones to progress this vision. These touchstones, which are set out below, are used to guide everything we do as a partnership.

- *Valuing what matters to people*
- *Building capacity with individuals and communities*
- *Focusing on outcomes, not services*



## 2.5 Our strategic priorities

In line with our vision and the wider priorities for our partnership, we have reviewed our strategic priorities. While our high-level strategic focus remains unchanged and the majority of our priorities from our previous 3-year (2018-21) plan will continue, we are building a wider focus on mental health to include community wellbeing. We have also added a strategic priority relating to the wellbeing of our workforce. Our strategic priorities are discussed in more detail at Section 4 and our operational planning will reflect how these priorities will be pursued as we recovery from the pandemic.

## 2.6 Delivering our strategy as we move beyond the Covid-19 pandemic

The plan covers 2022-25, a period in which we will continue to respond to the impacts of the pandemic as well as building our recovery based on learning and understanding of the shifting needs and priorities our East Renfrewshire residents.

As a broad and inclusive partnership we will continue to meet the needs of those directly impacted by Covid-19, including those receiving care and support and their carers. The continuing delivery of the local Covid-19 and flu vaccination programme is of

particular importance to residents and will remain a significant focus for our resources in the short and medium term. We will also continue to support NHS Greater Glasgow and Clyde (NHSGGC) to deliver vaccination programmes as efficiently as possible for East Renfrewshire residents.

New models and delivery approaches established in response to the challenges of the pandemic will continue as we deliver on the commitments in this plan. As a partnership we will take forward our approach to collaborative and ethical commissioning; and draw in wider opportunities including in relation to housing options and technology solutions in our market shaping strategy.

Recovery and Renewal Programme – aims and objectives:

- To establish a comprehensive programme of recovery and renewal to support key areas of change and development across the HSCP
- Support the operational challenges faced by the partnership as a result of the pandemic
- Focus on wellbeing and support of staff and those who use our services
- Build on the lessons learned and new ways of working during the response and initial recovery phase
- Work with those who use our services and our partners to develop and enhance services
- Delivery of financial efficiencies and savings and potential realignment of resource
- Be informed by and inform the delivery of current and future HSCP strategic plans

At the same time, we will take forward our Recovery and Renewal Programme. The programme seeks to ensure that the lessons learned during the pandemic are used to inform our recovery as well as bring transformational change to the delivery of services in the future.

## 2.7 Our engagement process

To support the development of this Strategic Plan we carried out a highly participative engagement process designed and delivered in partnership with our third and independent sector partners. Our 'Festival of Engagement' ran between August and October 2021 and in spite of the practical challenges of the pandemic drew in the voices of people with lived experience, unpaid carers, staff and management at support providers, HSCP staff and officers from internal and external partner organisations. Full details of the engagement and learning coming from it can be viewed in our supporting Summary of Engagement document.



The engagement process was led by our multi-agency Participation and Engagement Network, delivered in line with the principles set out in the East Renfrewshire Health and Social Care Participation and Engagement Strategy 2020-23. Partner organisations supported facilitation of engagement events and over the three months we conducted 20 focus groups and workshops (principally delivered online with some face-to-face groups) involving nearly 200 participants. Workshops focused on key themes and were designed to be fun and participative using tools such as instant online polls (via mobile phones). Those unable to attend events or wishing to give individual views had the opportunity to complete short online surveys in relation to the engagement themes.





Following development of a draft strategic plan a full public consultation exercise was carried out between November 2021 and February 2022. During the consultation period the draft plan was shared with our partners at East Renfrewshire Council and NHSGGC, considered in an IJB seminar event and promoted through social media and other communication channels. The engagement process has provided the partnership with a wealth of knowledge on the experiences and challenges being faced by those receiving support, unpaid carers and those delivering support in East Renfrewshire. This knowledge informs the priorities set out in this high-level strategy and will inform the operational plans that support it as well as our other thematic strategic plans.

Ongoing engagement with our communities is an essential part of our work. Through the Participation and Engagement Network we will continue to ensure that our engagement processes are robust, well-coordinated and reflect best practice. In East Renfrewshire engagement is recognised as a shared responsibility across our wider partnership and we will continue to ensure that as many voices as possible inform our planning and delivery.



### 3. Working Together for East Renfrewshire - our plan on a page

<b>The context for our Strategic Plan includes...</b>								
East Renfrewshire's population, demographics and patterns of needs	Our recovery from the Covid-19 pandemic	The Independent Review of Adult Social Care and National Care Service	National Health and Wellbeing Outcomes					
			National legislation, policies and strategies					
			Local plans, strategies and improvement/change programmes					
<b>Our vision is...</b>					<b>Our touchstones are...</b>			
Working together with the people of East Renfrewshire to improve lives					<ul style="list-style-type: none"> <li>Valuing what matters to people</li> <li>Building capacity with individuals and communities</li> <li>Focusing on outcomes, not services</li> </ul>			
<b>Our strategic priorities are... Working together...</b>								
...with children, young people and their families to improve mental and emotional wellbeing	...with people to maintain their independence at home and in their local community	...with people to maintain their independence at home and in their local community	...to support mental health and wellbeing	...to meet people's healthcare needs by providing support in the right way, by the right person at the right time	...with people who care for someone ensuring they are able to exercise choice and control	...on effective community justice pathways that support people to stop offending and rebuild lives	...with individuals and communities to tackle health inequalities and improve life chances	...with staff across the partnership to support resilience and wellbeing
<b>and... Protecting people from harm</b>								
<b>Our strategic enablers are...</b>								
Workforce and organisational development	Medium-term Financial and Strategic Planning	Collaborative, ethical commissioning	Communication and Engagement	Data and intelligence	Digital technology and Infrastructure			
<b>We will deliver this strategy through supporting plans and programmes, including...</b>								
HSCP Delivery and Improvement Plans	Commissioning and Market-shaping Plan	Medium-term Financial Plan	ER HSCP Workforce Plan	NHS Greater Glasgow and Clyde and ERC Improvement Plans	East Renfrewshire Children and Young People's Services Plan	East Renfrewshire Carers Strategy	Public Protection Improvement Plans	ER HSCP Participation & Engagement Strategy

## 4. Our strategic priorities

We have reviewed our performance in relation to the strategic priorities in our previous Strategic Plan (see Section 6), assessed our demographic profile and the lessons learned from the Covid-19 pandemic, and in consultation with key stakeholders and communities we have reviewed our strategic priorities and areas of focus within these. The majority of our high-level priorities remain unchanged from our previous three-year plan but we agreed in 2020 to widen our focus on mental health to include community wellbeing and have added a strategic priority relating to the wellbeing of our workforce. We also include a section looking at our cross-cutting, multi-agency work to protect people from harm. This activity underpins and enables the delivery of our other strategic priorities.



## Working together with children, young people and their families to improve mental and emotional wellbeing

Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in “*At Our Heart*” our Children and Young People’s Services Plan 2020-2023. Improving the mental and emotional wellbeing of children and young people will continue to be one of the highest priorities for East Renfrewshire Health and Social Care Partnership (HSCP) as we go forward in future years.

Together all partners in East Renfrewshire are building an approach to mental health support for children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place. A co-production event which included children, young people and parents/carers supported relationship-based and nurturing approaches which bridge the gap between school and home. There was a shared view that in many instances help for a child or young person would be best placed in the context of the child’s family network. From this it was agreed to develop a blended model of support which would incorporate new as well as existing approaches.

The Covid-19 pandemic has exacerbated the circumstances of many children, young people and families, and we are now seeing a significant rise in the number of those experiencing challenges with their mental health and wellbeing. In response to this a multi-stakeholder Healthier Minds Service approach aligned to school communities has been developed to identify and ensure delivery of mental wellbeing support to promote children and families’ recovery. This will work alongside our existing suite of support for families including the Family Wellbeing Service which links to GP practices and the CAMHS service. In addition, our Healthier Minds Framework is an evidence-based guide for children, young people, families and practitioners, outlining ways to support mental wellbeing in a holistic way and provides information about service and resources that can help at different stages in time.

An emerging area of increasing need is from children and young people with a neurodevelopmental diagnosis (including autism) or suspected diagnosis. In partnership with the Council and other partners we will ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way.

We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report “The Promise”. As outlined in the Children and Young People’s Plan we will work in our role as Corporate Parents to ensure all care experienced children and young people have settled, secure, nurturing and permanent places to live, within a family setting.

<b>Mental and emotional wellbeing is improved among children, young people and their families</b>	
<b>Our contributions to delivering this outcome</b>	<b>How we will measure our progress</b>
<p>Protect our most vulnerable children, young people and families</p> <p>Deliver on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise</p> <p>Respond to the mental and emotional health and wellbeing needs of children and young people</p> <p>Ensure children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities</p>	<p>% of children with child protection plans assessed as having an increase in their level of safety</p> <p>% of children subject to child protection who are offered advocacy service</p> <p>% Looked After Children with more than one placement within the last year</p> <p>% of young people in transition to young adulthood with a transition plan by age of 16</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Implementing the new Healthier Minds service linked to schools and communities</li> <li>• Support engagement and participation through East Renfrewshire Champions Board and Mini Champs</li> <li>• Work in partnership with children, young people and their families to implement the recommendations of the Independent Review of Care Report (The Promise).</li> <li>• Offer Family Group Decision Making at the initial referral stage through Request for Assistance (s12 duties)</li> <li>• Embed the Signs of Safety practice principles across all child and family interventions</li> <li>• Fully implement new Scottish Child Interview Model (SCIM), alongside key partner agencies ensuring trauma informed support from referral to recovery</li> </ul>	

## Working together with people to maintain their independence at home and in their local community

Ensuring as many East Renfrewshire residents as possible can maintain their independence at home remains a priority of the partnership and a key area of focus as we move through and beyond the Covid-19 pandemic. Our approaches are person-centred and focused on the rights of individuals to exercise choice and control. We are able to deliver on this priority thanks to the enthusiasm and commitment of our partner providers and community support organisations and will continue to promote collaborative approaches.

We are aware that many older people, residents who were required to shield during the pandemic and those who live alone have become more isolated and had less opportunities for leisure, exercise and social activities. At the same time, the response to the pandemic in East Renfrewshire has demonstrated the resilience of our community-based supports with teams of volunteers and staff keeping touch with the most vulnerable and isolated, notably through the Community Hub. We work to minimise isolation and engage with those in need through approaches such as befriending, peer support and the work of our Kindness Collaborative and Talking Points, linking people to local supports. We will continue to build on this collaborative working going forward to increase the community supports and opportunities available. Recognising the impacts of the pandemic on individuals, we will ensure that the people we support receive timely review and reassessments as we move through the pandemic.

We will make best use of technology and health monitoring systems to support independence and self-management. With our partners we will support digital inclusion and the roll out of the AskSARA web based assessment and advice on equipment and solutions to support daily activities. We will support the increased use of digital technology, telephone and Near Me technology to support remote consultations and enable services to continue seeing patients in new ways. To support this we have linked with the Scottish Government's Connecting Scotland programme and we are working alongside partners in the third sector and our Culture and Leisure Trust to minimise digital exclusion. We will ensure that digital technology is used only as appropriate to the needs of the people we work with and that a range of options are available to people.

***“We need to focus on how we work together as a whole partnership under the ‘umbrella’ of the HSCP” Support staff***

***“It’s about feeling respected and trusting the support that’s there - not just ‘going along with things’. It’s about being understood and support providers seeing beyond ‘the mask’”*** Unpaid carer

We are committed to increasing choice and control and delivering the full potential of Self-directed Support. We will continue to review and embed our outcome-focused assessment tool and our individual budget calculator and ensure that people who require support have as much choice and control as they wish in relation to their supports. We will work collaboratively to ensure that we have an effective delivery framework in relation to supporting individuals and enabling innovative approaches. We will support our partner providers and in-house services to develop their business/service plans to adapt to these new approaches. As we recover from the pandemic we will build on our strong local partnerships and social enterprise approach, encouraging innovation that supports people to live independently in the community and offers alternatives to residential care.

As more people live longer with more complex conditions it is important that we work collaboratively with housing providers to support independent living in our communities. We will continue to work with colleagues in East Renfrewshire Council Housing Services and local housing providers to better understand local needs and discuss future models of housing, technology and support.

<b>People are supported to maintain their independence at home and in their local community</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>More people stay independent and avoid crisis through early intervention work</p> <p>The people we work with have choice and control over their lives and the support they receive.</p>	<p>Number of people engaged through Talking Points events and support</p> <p>Referrals to preventative support through Talking Point engagement</p> <p>% of people whose care need has reduced following re-ablement/rehabilitation</p> <p>Number of people self-directing their care through receiving direct payments and other forms of self-directed support.</p> <p>Percentage of people reporting 'living where you want to live' needs fully met.</p> <p>% of people aged 65+ with intensive needs receiving care at home</p> <p>Percentage of people aged 65+ who live in housing rather than a care home or hospital</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Promote the range of local supports and opportunities available through the Community Hub and Talking Points</li> <li>• Establishing greater choice and innovation by developing the local market for provision</li> <li>• Review and refresh our roll out of individual budget calculator and access to self-directed options</li> <li>• Promote the use of AskSARA and other digital opportunities that support independence</li> <li>• Support use of digital technology, telephone and Near Me technology</li> <li>• Improve links and pathways between our rehabilitation and re-ablement services</li> <li>• Work with housing providers to refresh our housing need assessment and consider future housing opportunities</li> </ul>	

## Working together to support mental health and wellbeing

In our previous plan our strategic priority had a focus on recovery for people experiencing mental ill health. In response to the impact of the pandemic we have extended this priority to working together to support mental health and wellbeing across our communities.

The experience of the Covid-19 pandemic has impacted on emotional wellbeing for people in all walks of life, and will continue to do so. Many of us have been anxious or worried about our health, our family and friends, and changes to our way of life. Some individuals, families and communities have struggled significantly over the period. During the pandemic we have adapted our approaches across services to support the mental wellbeing of the people we work with. As we move forward we will continue to focus on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We recognise that different types of mental health need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this. We are focused on close collaboration with primary care, and further enhancing the mental health and wellbeing supports within primary care settings. We will work with GPs, third sector partners and people with lived experience to develop our approach to ensure people get the right service, in the right place at the right time.

We are enhancing our approach to minimising drug-related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families. This includes implementation of the Medication Assisted Treatment standards to ensure low barrier, person centred service provision, increasing access to residential rehabilitation and enhancing community based recovery supports. We recognise that there are often close links between individuals' mental health and substance use. Therefore, it is important that alcohol and drugs services have close connections with our mental health services in East Renfrewshire.

We will continue to work in partnership with people who use services, carers and staff to influence the Greater Glasgow and Clyde Five Year Strategy for Adult Mental Health Services and contribute to its delivery to ensure the needs of East Renfrewshire residents are met. We will ensure a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being. We are working on improving access to psychological therapies to ensure individuals receive the right support at the right time. We will continue to test and develop the impact of lived experience in the delivery of services such as peer support and its contribution to individual's recovery journeys, alongside formal services. Over the life of this plan we will continue to support the promotion of positive attitudes to mental health, reduce stigma and support targeted action to improve wellbeing among specific groups. Suicide prevention is a key focus, raising awareness, reducing stigma and ensuring effective responses to distress and crisis.

***“One approach won't fit for everyone – it's about being open minded and flexible and treating everyone as an individual.”***

Support provider



We have committed to working together with community planning partners on activities that support mental wellbeing and resilience across our communities, with Voluntary Action taking a leading role. The rollout of the Scottish Government's Community Mental Health and Wellbeing Fund in East Renfrewshire is enabling grassroots community organisations to provide vital supports and activities to local communities with £238,000 already distributed – ranging from community food, cooking and exercise initiatives, mindfulness courses, social activities to reduce loneliness and isolation, a recovery college and dementia support services. We will work closely with Voluntary Action and wider partners to assure the success and sustainability of funded programmes.

Over the life of this plan we will continue to support the promotion of positive attitudes on mental health, reduce stigma and support targeted action to improve wellbeing among specific groups. Supporting the wellbeing and resilience of our staff and volunteers is critical to ensuring they can support residents effectively. We will continue our partnership working with primary care and Recovery Across Mental Health (RAMH) in which link workers in all of our GP practices offer social and psychological interventions to improve wellbeing.

***“Helping people have resilience isn’t always about services - often it’s recognising small things we can do for ourselves and for one another.”*** Local resident  
***“Promoting self – management doesn’t mean you are on your own.”*** Local resident

<b>People are supported to look after and improve their own mental health and wellbeing</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Individuals can access a range of supports on their journey to recovery from mental health and alcohol and drugs harms</p> <p>Wellbeing is enhanced through a strong partnership approach to prevention and early intervention</p> <p>Staff and volunteers have the skills, knowledge and resilience to support individuals and communities</p>	<p>Percentage of people waiting no longer than 18 weeks for access to psychological therapies</p> <p>Percentage of people waiting no longer than three weeks from referral to alcohol / drug treatment</p> <p>Mental health hospital admissions (age standardised rate per 1,000 population)</p> <p>Positive outcomes for individuals supported through link worker interventions</p> <p>Positive outcomes for individuals receiving peer support</p> <p><i>Wellbeing measures being developed with CP partners</i></p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Work with our communities to promote positive mental health and wellbeing</li> <li>• Support mental health and wellbeing interventions delivered through third sector and community-led activity</li> <li>• Enhance access to primary care mental health services</li> <li>• Continue to increase the mental health workforce through Action 15 funding, including occupational therapy provision in care homes and peer support for recovery</li> <li>• Implement the priorities set out in the Greater Glasgow and Clyde Mental Health Strategy in East Renfrewshire and the Coronavirus mental health transition and recovery plan</li> <li>• Enhance alcohol/drugs frontline staffing and service design to implement the Medication Assisted Treatment Standards and ensure fast, appropriate access to treatment.</li> <li>• Develop and deliver local action plan for suicide prevention with key partners.</li> <li>• Reflect and build on innovative ways services have been delivered during the pandemic (including digital solutions)</li> </ul>	

- Enhancing alcohol/drugs service provision to support Rights, Respect and Recovery and the Drugs Mission to prevent drug-related deaths
- Maximise opportunities for skills development in relation to mental health across services and the wider partnership

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**Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time.**

Primary care is the cornerstone of the NHS with the vast majority of healthcare delivered in primary care settings in the heart of our local communities. It is vital in promoting good health self-care and supporting people with long-term health needs and as a result reducing demands on the rest of the health and social care system. Through our Primary Care Improvement activity we have been expanding primary care teams with new staff and roles to support more patients in the community. This should allow local GPs to spend more time in clinically managing patients with complex care needs.

During the pandemic we have strengthened our partnership working and opportunities for shared clinical conversations between the consultants and clinical leaders in hospitals and the GP as the expert medical generalists in the community. The vision set out by NHSGGC in its recovery and remobilisation planning is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. HSCPs are working in partnership to ensure effective communications, a consistent approach, shared information and the alignment of planning processes.

***“Better and quicker access to specialist services can help deal with problems early and result in an appropriate action plan”***  
Local resident

Significant investment in winter 2022 has helped add resilience to our health and care response. We have strengthened the capacity of our Care at Home Responder Service, Community Nursing and Community Rehabilitation teams and have established an intensive support service at our in-house care home for a multidisciplinary ‘step-up’, ‘step-down’ approach. This is supporting rehabilitation and reablement and timely discharge to home/homely settings. Additional resources are being used to address the accelerated demand pressures we have seen for Care at Home services, with increased frontline staff as well as management and support, and increased capacity for the Home First model and Technology Enabled Care. We are also building the capacity of our multi-disciplinary teams across the HSCP including: developing our multi-disciplinary Front Door model and leadership arrangements; additional capacity for social work and our Care Home and Community Review Team; support for the wider GGC frailty hubs; and increased capacity for frailty practitioners. We will continue to build on the collaborative working which has been further developed in response to the pandemic in order to support our care home community in maintaining residents in the community, and avoiding hospital admissions.

We have seen increasing use of digital communication as people interact with healthcare providers including, for example, extensive use of Near Me video appointments. We will take an evidence-based and inclusive approach to supporting the anticipated change

in the way our communities access healthcare. This means ensuring wider access to digital communication technologies, keeping pace with new approaches and opportunities and making sure a suite of options are available for those requiring alternatives.

We continue to work together with HSCPs across Glasgow, primary and acute services to support people in the community, and develop alternatives to hospital care. We will support the delivery of NHSGGC board-wide initiatives to help those experiencing frailty including the frailty pathway, Home First and other approaches supporting older people to stay well at home. In partnership we will support the national development of capacity for resilience and recovery, through the prioritisation of: the Covid Remote Health Monitoring Pathway; the Hospital@Home Pathway; the Community Respiratory Response Pathway; and, Out-patient Parental Antibiotic Therapy (OPAT).

In partnership we support the development and delivery of the joint strategic commissioning plan which outlines improvements for patients to be implemented over the next five years.

Our joint programme is focused on three key themes:

- **early intervention and prevention** of admission to hospital to better support people in the community;
- **improving hospital discharge** and **better** supporting people to transfer from acute care to community supports;
- **improving the primary / secondary care interface** to better manage patient care in the most **appropriate** setting.

<b>People's healthcare needs are met with support provided in the right way, by the right person at the right time.</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Early intervention and prevention of admission to hospital to better support people in the community</p> <p>Improved hospital discharge and better support for people to transfer from acute care to community supports</p> <p>Improved primary / secondary care interface to better manage patient care in the most appropriate setting</p>	<p>No. of A &amp; E Attendances            Number of Emergency Admissions            A &amp; E Attendances from Care Homes            Emergency Admissions from Care Homes            Occupied Bed Days (Adult – non-elective)</p> <p>People waiting more than 3 days to be discharged from hospital</p> <p>Bed days lost to delayed discharge</p> <p>% of last six months of life spent in Community setting</p> <p>Percentage of people admitted to hospital from home during the year, who are discharged to a care home</p> <p>Number of clients supported into intermediate care</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Improve quality and quantity of Anticipatory Care Plans and Emergency Care Information Summaries</li> <li>• Progress local out of hours response arrangements to support implementation of Urgent Care Resource Hub.</li> <li>• Implement discharge to assess protocol.</li> <li>• Implement frailty pathway and initiatives to address frailty</li> <li>• Improve process for AWI patents learning from mental welfare commission recommendations and GGC wider review</li> <li>• Develop and test enhanced community support and intermediate care models in partnership with HSCPs across Glasgow</li> <li>• Continue support to local care homes and other supported living providers through safety and professional assurance arrangements.</li> </ul>	

## Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

The contribution of unpaid carers to our social care system is beyond measure and the daily efforts of families and loved ones to those needing support is fully recognised by the partnership. Carers have been significantly impacted by the pandemic and changes to a range of supports available to those providing care. Unpaid carers have also taken on increased caring during this time and have faced additional pressures. As we move beyond the pandemic we must ensure that the right supports and services are in place for carers. The ongoing work of the Carers Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

***“It’s important to know there are people out there, who can, will and want to help you”***

Carer

Our Carers Strategy sets out how we will work together with partners to improve the lives of East Renfrewshire’s carers. Through our local engagement and discussion we know that we need to develop our workforce, pathways and supports for carers. We have committed to working together with East Renfrewshire Carers Centre to improve access to accurate, timely information. We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring local provision

that best meets carers needs. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personalised support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support.

Our engagement for this plan reemphasised the importance of flexible and innovative approaches to the provision of breaks from caring. This will remain a focus for the partnership over the life of this plan. We will work collaboratively with providers to develop the range of options available; and we will make sure that carers are aware of and have access to appropriate breaks.

***Having the opportunity to hear from other carers is great, and although problems and situations may be different the message you take home is “you are not alone”. Carer***

Peer support and having the opportunity to share experiences is highly valued by our carers but has been disrupted during the pandemic. As a wider partnership we will ensure that these informal supports that enable people to continue in their caring role are re-established and strengthened going forward.

<b>People who care for someone are able to exercise choice and control in relation to their caring activities</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Staff across the partnership are able to identify carers and value them as equal partners</p> <p>Carers can access accurate information about carers' rights, eligibility criteria and supports</p> <p>More carers have the opportunity to develop their own carer support plan</p> <p>More carers are being involved in planning the services that affect them and in strategic planning</p>	<p>Percentage of carers who feel supported to continue in their caring role. (NI8)</p> <p>People reporting 'quality of life for carers' needs fully met (%)</p> <p>Carers offered support to develop their own personal support plans</p> <p>Services involving carers in their design and planning process</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• In partnership with Carers Centre provide information and training to raise awareness of the impact of caring and requirements of Carers Act.</li> <li>• Publicise our clear prioritisation framework for support and implement consistently</li> <li>• Work with providers to review and modernise our approach to breaks in light of Covid-19 requirements</li> <li>• Ensure that carers and support organisations are aware of the scope and different types of replacement care and short-break provision available.</li> <li>• Develop tools and supports to help carers identify the impact of their caring role and plan how best to meet their needs</li> <li>• Work with partners to ensure supports are available to carers to minimise the impact of financial hardship as a result of caring.</li> <li>• Implement carers' support planning including planning for emergencies with individual carers.</li> <li>• Work together with partners to ensure carers are being involved in planning the services that affect them</li> </ul>	



## Working together with our community planning partners on effective community justice pathways that support people to stop offending and rebuild lives

We will continue to work together with our multi-agency partners to ensure there are strong pathways to recovery and rehabilitation following a criminal conviction.

Through the East Renfrewshire Community Justice Outcome Improvement Plan we are committed to a range of actions with community planning partners. We are working together to support communities to improve their understanding and participation in community justice. As an HSCP our justice service will continue to promote the range of community justice services that we deliver and, in response to the challenges posed by the pandemic period, will continue to identify and build on opportunities for the unpaid work element of community payback orders to meet the needs of the local community and reduce the risk of further offending. We will build on the innovative approaches that have been developed during the pandemic and ensure we have the capacity to support people to complete unpaid work.

We will continue to strengthen our links with community services and programmes to provide greater access and support for people to stop offending. In the context of our recovery from the pandemic we will work to ensure that people moving through the justice system have access to the services they require, including welfare, health and wellbeing, housing and employability.

<b>People are supported to stop offending and rebuild their lives through effective community justice pathways</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>People have improved access to through-care</p> <p>People have access to a comprehensive range of recovery services</p> <p>Trauma-informed practice is embedded across justice services</p> <p>Structured deferred sentence and bail supervision is implemented</p> <p>The risk of offending is reduced through high quality person centred interventions</p>	<p>% of people reporting community payback order helped to reduce their offending</p> <p>% of people completing unpaid work requirements</p> <p>Positive employability and volunteering outcomes for people with convictions</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Use appropriate risk assessment tools to identify need and reduce the risk of further offending.</li> <li>• Delivering a whole systems approach to diverting both young people and women from custody</li> <li>• Delivering accredited programmes aimed at reducing reoffending</li> <li>• Working with local partners to ensure a range of beneficial unpaid work placements are taken up</li> <li>• Enhance skills and knowledge in trauma informed practice across justice services</li> <li>• Increase effective use of structured deferred sentence, bail supervision electronic monitoring.</li> <li>• Actively participate in the East Renfrewshire Employability Partnership to develop pathway and employability support</li> <li>• Ensure people subject to statutory and voluntary supervision including licence have early access to community mental health, alcohol and drug recovery services</li> <li>• Deliver multi-agency public protection arrangements with police, health and prisons which assess and manage sex offenders, serious and violent offenders</li> </ul>	

## Working together with individuals and communities to tackle health inequalities and improve life chances.

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning. We will work to ensure that the health improvement activities we support are accessible, well communicated, and flexible; driven by the needs of local people. We will coproduce targeted interventions recognising diversity and addressing the specific needs of people with protected characteristics.

***“Prevention work is key, now more than ever. The decline in general health following the pandemic is noticeable for many.”***

Support provider

The significance of health inequalities has been brought into even sharper focus as a result of the Covid-19 pandemic. We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionately impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic. We will support equalities activities being taken forward under NHSGGC recovery and remobilisation planning including mainstreaming of changes shown to be effective in reducing inequalities.

***“We need to highlight inequalities and redress the current gaps for some of our most vulnerable individuals and families; to support families affected by poverty, mental health issues and addictions.”*** Support provider

This priority also reflects our longer-term ambitions for East Renfrewshire. The HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, promote health literacy and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently; and play a proactive role in managing their health and wellbeing.

Through local delivery of the Universal Pathway we will ensure our children and young people have the best start in life with access to early support and help, and improved health and wellbeing with opportunities to maximise their growth,

development and learning. The Universal Pathway will ensure all 0–5 year olds receive core universal provision including through antenatal supports.

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<b>Minimise health inequalities and improve life chances working in collaboration with our communities</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Increase in activities delivered in partnership which support prevention and early intervention, improve outcomes and reduce inequalities.</p> <p>Health inequalities will be reduced by working with communities and through co-produced targeted interventions</p>	<p>Male life expectancy at birth in 15 per cent most deprived communities</p> <p>Female life expectancy at birth in 15 per cent most deprived communities</p> <p>Premature mortality rate per 100,000 persons aged under 75.</p> <p>% increase in exclusive breastfeeding at 6-8 weeks in most deprived SIMD data zones</p> <p>Smokers supported to successfully stop smoking in most deprived SIMD data zones</p> <p>Cancer screening uptake in most deprived SIMD data zones</p> <p>Alcohol brief interventions delivered</p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Work to understand the needs of the population and address longer term impacts of Covid-19 on our communities and protected characteristic groups</li> <li>• Work in partnership to build the capacity of community organisations, groups and individuals to deliver their own solutions for recovery from the coronavirus pandemic</li> <li>• Deliver tailored health improvement programmes and activities in communities with greater health inequalities and disproportionate effects of Covid-19</li> <li>• Continue to explore additional funding opportunities to support targeted health improvement interventions</li> </ul>	

- Continue to support local activity to tackle Child Poverty and mitigate its effects
- Work to ensure people in our most disadvantaged community are able to access digital opportunities that support independence and wellbeing
- Work with our partners to tackle inequalities and support residents with a number of long term conditions such respiratory illness, cardiovascular disease and obesity to provide physical and psychological health benefits
- Implement the Women's Health Plan and Maternal and Infant Nutrition Framework
- Lead on the development of the HSCP's Wellbeing Strategy for health and social care staff and implement staff wellbeing activities.

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## Working together with staff across the partnership to support resilience and wellbeing

In consultation with staff and stakeholders we added support for resilience and staff wellbeing as a new strategic priority during the pandemic, and this remains a key area of focus for our new 3-year plan. Working together with staff and our partners we will continue to develop and embed positive practices and interventions to promote staff wellbeing over the life of the plan. We will work to ensure that this priority is delivered across the wider partnership with advice, support and activities made available as widely as possible.

***“It’s important that we continue to support flexibility in the ongoing situation - as home life has been disrupted for staff as well as work life.”***

Support provider

During the pandemic the people who comprise the health and social care workforce have gone above and beyond to deliver much needed care to individuals under incredibly difficult circumstances. While these challenges are still evolving, we continue to rely on the workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important.

The HSCP has established a health and wellbeing ‘champion’ who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled ‘You care....We care too.’ The plan identifies four strategic objectives / outcomes and a supporting action plan:

- Overview and Communication - Staff have access to resources and information that can improve their wellbeing;
- Resilience and connectedness - Build resilience across HSCP ensuring all employees feel connected to their team or service and embed health and wellbeing culture across HSCP;
- Promotion of physical activity, rest and relaxation - Opportunities for staff to take part in physical activity are promoted across the HSCP and opportunities for rest and relaxation are provided;
- Staff feel safe in their workplace - Appropriate measures are in place to ensure staff feel safe in the workplace.

***“A key challenge is sustaining things going forward; especially low level interventions that can help with prevention”***

Support provider

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support,

helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

<b>Staff resilience and wellbeing in supported across the partnership</b>	
<b>Our contributions to delivering this priority</b>	<b>How we will measure our progress</b>
<p>Staff have access to resources and information that can improve their wellbeing</p> <p>Staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership</p> <p>Opportunities are promoted for staff to take part in physical activity, rest and relaxation</p> <p>Staff feel safe in the work place</p>	<p>Number of activities promoted</p> <p>Participation rates in health and wellbeing activities for staff</p> <p>iMatter feedback from staff, including:  <i>"My manager cares about my health and well-being"</i>  <i>"I am given the time and resources to support my learning growth"</i>  <i>"I feel involved in decisions in relation to my job"</i></p>
<p><b>Key activities during 2022-25</b></p> <ul style="list-style-type: none"> <li>• Ensure that all staff have access to universal information with regard to health and wellbeing across the partnership's services, including staff working from home</li> <li>• Develop leadership competencies across management in order to focus on resilience across the partnership</li> <li>• Ensure regular wellbeing conversations with staff and teams</li> <li>• Promote relaxation and physical activity opportunities across the partnership</li> <li>• Ensure all physical environments are adapted to be Covid-19 compliant</li> </ul>	



## Protecting people from harm

Fundamental to the work of the HSCP and cross-cutting the strategic priorities set out in this plan, is our responsibility to keep people protected and safe from harm. Everyone has the right to live in safety and be protected from neglect, abuse and harm. Our partnership has a key role in helping to keep vulnerable people in our communities safe and in preventing harm and supporting people at risk of harm. We deliver these through a variety of multi-agency public protection arrangements including: Child Protection; Adult Support and Protection; Violence Against Women Partnership; Multi-Agency Management of Offenders (MAPPA) and the Alcohol and Drugs Partnership. We also respond to new risks and vulnerabilities as these emerge, taking actions with our partners to prevent and respond and learning from each other to improve the ways we support and protect vulnerable people.

In our work to protect adults at risk from harm we will continue to respond to the changing needs that have arisen as a result of the pandemic and our learning from our experiences will help us to deal more effectively with ongoing challenges and ensure the right supports are in place. Through the delivery of our multi-agency **Adult Protection Improvement Plan 2021-23** we are focused on: ensuring that adults at risk, their families and carers views are heard and help shape the way we deliver services; making best use of all our opportunities for the prevention and identification of harm; and ensuring that we offer supports and services which meet the needs of Adults at risk of harm and those who support them. Over the life of this plan we will continue to strengthen the consistency and robustness of our processes and continue to develop awareness of Adult Support and Protection with our partners, providers and the public.

Through the delivery of our **Child Protection Business/Improvement Plan 2020-23** we are supporting a range of multi-agency activity to minimise harm to our children and young people. Through the plan we are focused on recovery from the Covid-19 pandemic, working to mitigate the impacts from the pandemic and minimising disruption to the provision of services to children, young people and their families. We are focused on ensuring that children, young people and their families are actively part of safety planning and these plans are accurately recorded and shared with them. Our multi-agency approach sees partners working together to ensure oversight and timeous responses to child protection concerns.

East Renfrewshire is leading the way in supporting children and young people impacted by abuse either as a victim or witness, with the establishment in 2022 of Scotland's first **barnahus** – or bairns' house. The barnahus model brings together all agencies involved in a case in one setting appropriate to the child. Key to the idea is that the child only has to tell their story once, minimising the time between a child disclosing abuse and being interviewed, so that they can move on to recovery as soon as possible, with all the specialist expertise for supporting children through the criminal process and therapies for recovery under one roof.

### **Violence Against Women and Girls (VAW&G)**

Evidence overwhelmingly indicates that domestic abuse is a widespread, chronic and damaging social problem. There is no doubt that the impact of the pandemic on women, children and young people who are victim-survivors of domestic abuse has been severe. The pandemic has put a spotlight on an existing crisis which has and continues to have a significant negative impact on survivors and children.

In East Renfrewshire, we have witnessed the devastating impact on women and children first hand through the increase in volume and complexity of domestic abuse referrals to our services. Domestic abuse continues to be the predominant reason for referral to our children's services and features as one of the most common concerns within child protection interagency referral discussions. In line with trends seen across Scotland we have seen a significant increase in referrals to our Multi Agency Risk Assessment Conference (MARAC) and to our specialist advocacy and support services provided by Women's Aid and ASSIST. It is expected that domestic abuse referrals will continue to increase longer term and recovering from the social and economic effects of Covid-19, and mitigating the long-term effects of trauma and abuse experienced by women, children and young people will require specific action to strengthen the capacity of our services and action across the whole system to ensure their recovery needs are recognised and addressed.

Our multi-agency approach to responding to all forms of violence against women and girls is set out in **The East Renfrewshire Equally Safe Improvement Plan 2020-2023**. The plan is underpinned with a clear focus on recovery and sets out how we will work collaboratively to achieve these aims and identifies the range of actions we will take to mitigate the impact of Covid-19. In the longer term it will ensure an effective and sustainable approach to preventing, reducing and responding effectively to all forms of violence against women and girls.

Our key priorities are:

- Ensure robust processes and pathways are in place to identify, protect and respond effectively to women, children and young people affected by domestic abuse and all forms of gender-based violence
- Strengthen the capacity of our services and action across the whole system to address the long-term effects of trauma and abuse experienced by women, children and young people
- Implementation of Routine Sensitive Enquiry, Multi Agency Risk Assessment Conference and Safe and Together practice to ensure a perpetrator pattern based, child centred, survivor strengths approach to working with domestic abuse.

#### **Key performance indicators**

##### Adult Support and Protection

People agreed to be at risk of harm have a protection plan in place

Number of ASP inquiries completed within our reporting period

% of ASP inquiries progressed to investigation

##### VAWG

Change in women's domestic abuse outcomes (safety and wellbeing)

Change in children's domestic abuse outcomes (safety and wellbeing)

<p>Type and locations of harm</p> <p><u>Child Protection</u></p> <p>% of children with multi-agency plans who have had contact with a professional</p> <p>% of referrals to Request for Assistance referred for allocation</p> <p>% of children and young people subject to child protection processes referred to the children's reporter</p>	<p>Number of referrals/number of new referrals to VAWG support services</p> <p>Number of referrals/re-referrals to MARAC</p>
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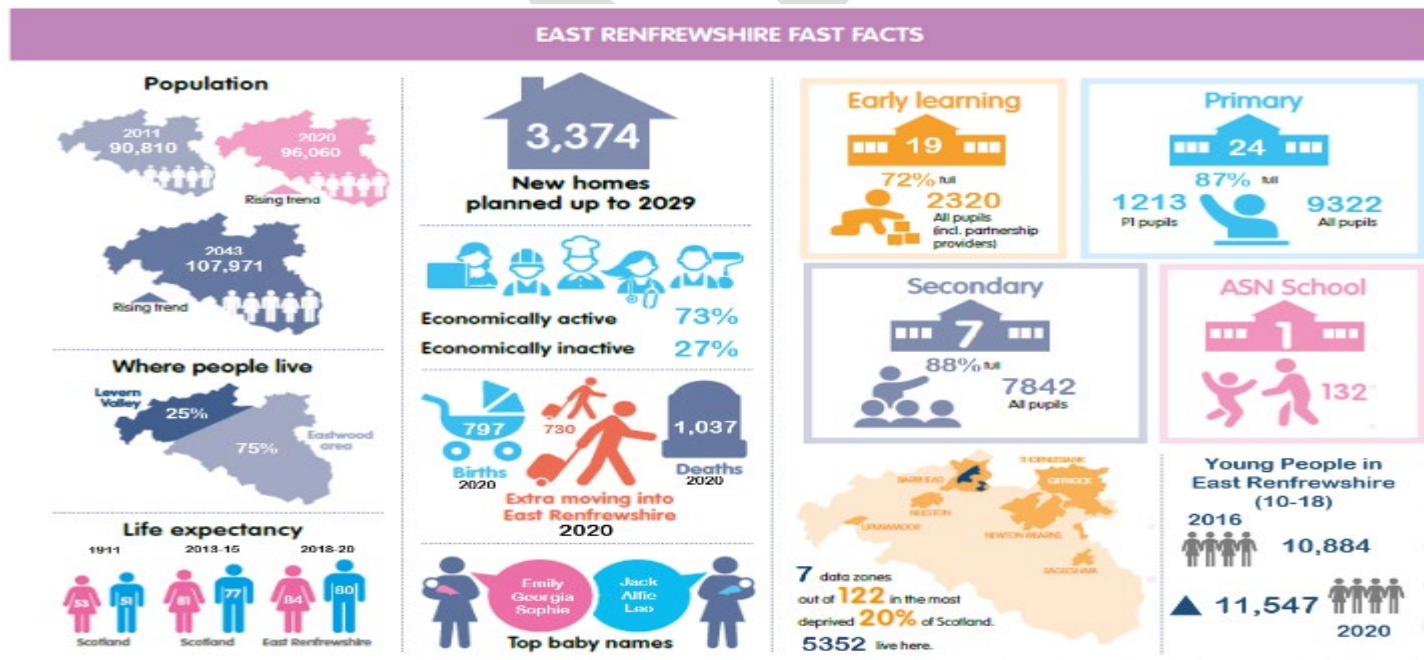
## 5. East Renfrewshire's current context

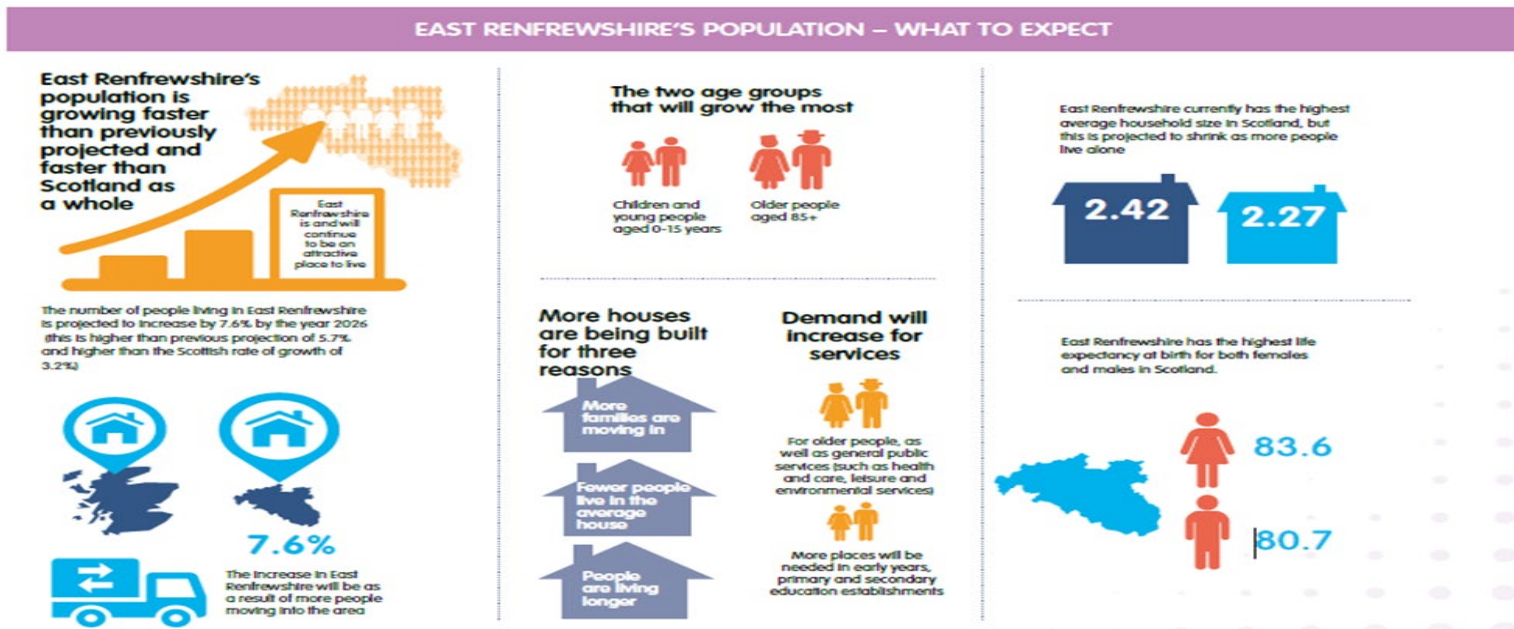
This section summarises our current context in relation to East Renfrewshire's demographic and health profile, future challenges and the impacts we are seeing from the Covid-19 pandemic, and our wider planning context for recovery.

### 5.1 East Renfrewshire's demographics

Detailed needs assessment work has been carried out to support the development of this plan and our full Joint Strategic Needs Assessment is available as a supporting document. A full socio-demographic profile has been developed for East Renfrewshire and covering our two localities (Eastwood and Barrhead) giving information on population, households, deprivation, health profile, life expectancy and use of services. This section provides an overview.

#### 5.1.1 Population





East Renfrewshire's population is growing and there is particular growth for our younger and older residents, who are the greatest users of universal health services.

There has been significant growth in our most elderly population with a 44% increase in the number of residents aged 85 years and over the last decade. The 85+ population is projected to increase by 18% between 2019 and 2024. People over 80 are the greatest users of hospital and community health and social care services.

### 5.1.2 Deprivation

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this masks the notable discrepancies that we see across the area with some neighbourhoods experiencing significant disadvantage.

The table below shows that more than half of East Renfrewshire's population (55%), and 67% of the Eastwood population live in SIMD datazones that are among the 20% least deprived in Scotland. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these datazones.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Population in least deprived SIMD quintile	%	2020	67	17	55	20
Population in most deprived SIMD quintile	%	2020	0	25	6.4	20

### 5.1.3 Health outcomes and inequalities

In line with the socio-demographic profile we see differing health outcomes for the populations in our two localities. While life expectancy at birth is above the Scottish average for East Renfrewshire as a whole, it remains below average in the Barrhead locality. Early mortality rates and the prevalence of long-term conditions including cancers are also higher for Barrhead.

Data also shows poorer outcomes for the Barrhead local in relation to the percentage of the population prescribed medication for anxiety, depression and psychosis. Hospital admission related to alcohol and drugs are also higher for Barrhead.

Indicators	Data Type	Time Period	Eastwood Locality	Barrhead Locality	East Renfrewshire HSCP	Scotland
Male average life expectancy in years	mean	2014-2018*	81.7	76.3	80.7	77.1
Female average life expectancy in years	mean	2014-2018*	84.8	80.2	83.6	81.1
Early mortality rate per 100,000	rate	2016-2018	51	90	62	110
Population with long-term condition	%	2018/19	19	22	21	19
Cancer registrations per 100,000	rate	2015-2017	606	636	615	632
Anxiety, depression & psychosis prescriptions	%	2018/19	16	20	17	19

Data also shows discrepancies across the two localities in our objective to reduce unplanned hospital use with poorer performance in the Barrhead locality for most measures. However, people at the end of life are more likely to be supported



in their community during the last six months of life compared with the Eastwood locality. The Barrhead locality records a higher rate of mental-health related emergency admissions to hospital and unplanned bed days.

## 5.2 Impacts from the Covid-19 pandemic and future challenges

This section considers the impacts of Covid-19 and the changes we have made as a partnership. We continue to learn lessons as we move through and beyond the pandemic period. We also outline what we consider some of the key challenges we face following the pandemic and in light of other external factors facing the partnership.

### 5.2.1 Direct impacts of Covid-19

- **Impacts of increasing poverty on health and wellbeing.** While the full economic consequences of the pandemic are still developing it is clear that there have been negative consequences for businesses and employment prospects nationally and locally. The evidence clearly links economic disadvantage with poorer physical and mental health outcomes and we have seen the unemployment rate rise in East Renfrewshire. The 18-25 age group has been particularly impacted with the proportion of this group claiming unemployment related benefits increasing significantly.
- **Potentially worsening health inequalities.** National evidence shows that the pandemic has had a disproportionate impact for disadvantaged communities and specific vulnerable groups. The loss of social support during the pandemic due to diminished or interrupted care and support has made disabled people, black and minority ethnic people, older people and children and young people more vulnerable. We have also seen at the UK level, that disadvantaged neighbourhoods and areas with poorer, high-density housing have been particularly badly affected by the pandemic.
- **Negative impacts on mental health and wellbeing.** Evidence indicates that the Covid-19 pandemic has impacted on increased social isolation, distress, anxiety, fear of contagion, depression and insomnia in the general population. Studies have concluded there will be significant longer-term impacts on mental health and wellbeing. For some of the population this could exacerbate pre-existing psychiatric disorders and heighten risks of suicidal behaviour. A number of key groups are at higher risk of adverse mental health outcomes. These include front line staff, women, people with underlying health conditions, children and young people (up to age 25). Locally, we know that families and people we support have reported worsening mental wellbeing.
- **Increased frailty and vulnerability.** Although the HSCP has succeeded in maintaining the vast majority of services throughout the pandemic we have been required to adapt provision and prioritise those in greatest need, particularly during the tightest lockdown restrictions. Some service areas have seen increasing levels of need, frailty and

vulnerability among the individuals they are working with where lower level, preventative interventions have been reduced, and increased carer stress.

- **Impacts of ongoing Covid-19 restrictions.** It is unclear how long restrictions such as physical distancing will need to remain in place. These has impacted the way we are able to deliver our services, limiting the numbers of people we can bring into buildings and restricting face-to-face contact and group supports. Alternative approaches are in place and we are working with our partners to re-establish our services and preventative supports as rapidly as possible.
- **Impacts on the wellbeing and capacity on staff.** The Covid-19 pandemic has placed huge demands on the health and care workforce with frontline staff dealing with the immediate consequences of the pandemic and teams having to adjust to radically different ways of working. Staff teams have also had to work with reduced capacity as a result of sickness absence or staff self-isolating during the crisis. Given the level of stress staff are under and potential for staff to feel isolated it is essential that we continue to support staff resilience and connectedness.

### 5.2.2 Changes and opportunities as a result of Covid-19

- **Changing patterns of service use.** The pandemic period has seen new ways that people engage with services with increased use of telephone and video contact. In some instances such as 'wellness calls' people have been able to engage with services in quicker and more convenient ways. We must ensure that we understand people's expectations and preferences when accessing services and make sure that any positive changes to service delivery are retained (while not excluding any groups e.g. those without access to digital technology).
- **Stronger communication across the partnership.** As a partnership the pandemic has brought into sharp focus our shared goals and the shared level of commitment across partner organisations. We have seen increasingly supportive working relationships between statutory, independent and third sector partners. There have been better lines of communication between health professionals, including access to expert consultant advice for GPs, other primary care professionals and care home staff.
- **High levels of community and third sector activity.** Since the emergence of the Covid-19 we have seen high levels of support and participation in our communities. At the height of the pandemic we saw a local surge in residents offering their time as volunteers as well as informal support within neighbourhoods. The experience of the pandemic has reinforced the crucial role of the community and third sectors in delivering essential support to our residents.
- **Capacity for change and innovation.** Over the course of the pandemic we have seen incredible resilience, commitment and creativity from staff. We have seen innovation and collaboration, between partner organisations and with our communities. This capacity for change and innovation will underpin our activity as we move forward.



### 5.2.3 Future challenges for the partnership

This section sets out some of the key challenges that the partnership faces as we embark on our new Strategic Plan, in the context of the Covid-19 pandemic and other external factors.

- **Increasing and changing service demand pressures.** In the immediate aftermath of the Covid-19 pandemic we are seeing significant increases in demand across service areas and higher levels of complexity among the people we are working with. This includes: higher volume of referrals to adult and child protection; increased CAMHS referrals and increase cases allocated to our children's social work teams; increased referrals to Care at Home services (and capacity pressures on partner providers) and higher levels of frailty and complexity among those accessing adult services. We continue to monitor demand pressures as we move through and beyond the pandemic.
- **Demographic pressures** remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.
- **Delivering a balanced budget.** The funding gap in future years could range anywhere from £0 to £5.7 million per year, excluding unknown factors and any additional savings requirements in future years. The resulting funding gap will be dependent on the funding settlement for each year. There are still many financial unknowns as we work our way towards recovery and the impact and implications from the plans for a National Care Service are currently unknown. Further information on our financial resources is available in our Medium-Term Financial Plan for 2022/23 to 2026/27 and our Annual Report and Accounts.
- **Minimising delayed discharges from hospital.** In order to achieve the target time of 72 hours we continue to require more community based provision. The medium-term aspiration is that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.
- **Meeting our prescribing costs.** The cost of drugs prescribed to the population of East Renfrewshire by GPs and other community prescribers is delegated to the IJB. This is a complex and volatile cost base of around £16 million per year. The post Covid-19 impact on prescribing in the medium to long term is unclear. During 2020/21 the volume of items prescribed reduced by 4.8% over the year as a result of the pandemic. The post Covid-19 implication is not yet clear in terms of complexity of need, population demand and mental health impacts.

- **Supporting the care market and our local care providers.** The longer term impact on the sustainability of the care provider market following Covid-19 is unknown and we continue to work closely with all our partners to work through issues, support where we can and look to develop the best way of working building on our collaborative and ethical commissioning approach as we move forward. This will build on our work to date, including the move to national contractual frameworks along with the implications from the independent review of adult social care which may impact on how we commission services.
- **Impact of Brexit.** The consequences of Brexit have not manifested in any specific issues to date although there are some anecdotal concerns in relation workforce vacancies particularly among partner providers. However, given we remain in a comparatively volatile period, this will continue to be monitored and working groups with partners remain active.

### 5.3 Our planning context

East Renfrewshire Health and Social Care Partnership operates within an evolving framework of legislation, regulations and national guidance that shape our responsibilities to the people of East Renfrewshire and influence how we deliver our services. The Partnership is committed to incorporating and aligning the key elements of national, regional and local policies in the planning, design and delivery of our services. This section highlights some of the key planning considerations that influence our current strategic direction.

#### 5.3.1 A Fairer, Greener Scotland: Programme for Government 2021-22

Published in September 2021, A Fairer, Greener Scotland sets out the Programme for Government and recognises the priority continues to be addressing the impact of Covid-19 as the single greatest public health crisis of our lifetimes and the impact on our health, economy and society. The programme also recognises the need to prioritise the recovery of our health and social care services – rebuilding capacity, and establishing a new form of care which people can access in a way, place, and time which works for them. It requires us to redouble efforts to tackle the inequalities that continue to blight our society –eradicating poverty and discrimination, and ensuring opportunity is never limited by economic or social circumstance. The programme also focuses on securing an economic recovery which is green and fair – for everyone and in every part of Scotland – and delivers the Scottish Government’s ambition to become a net-zero nation.

#### 5.3.2 NHS Greater Glasgow and Clyde Remobilisation Plan

The NHS Greater Glasgow and Clyde Remobilisation Plan is the current operational plan for the health board area setting out planned activity in relation to key priority areas. It covers a number of activity areas of particular relevance to the HSCP

including supporting staff wellbeing, recognising the importance of providing on-going support to promote both physical and psychological wellbeing over the coming year and looking to embed systems of support for the longer term.

The remobilisation plan sets out the approach to full remobilisation across adult services including the provision of advice, support and guidance to Care Homes, provision of services to support people in their own homes including care at home, respite and day care services, whilst ensuring that safety remains the top priority at all times. The plan is clear that lessons learned and innovative approaches developed during the pandemic, irrespective of setting, should be maintained and examples of best practice shared and adopted across IJBs.

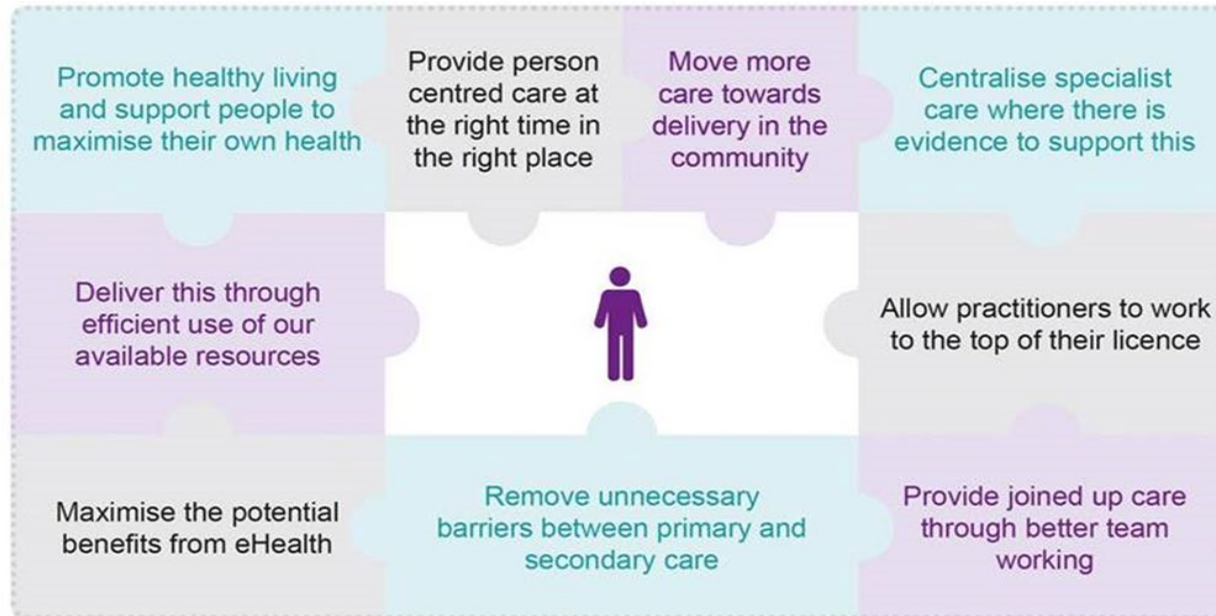
The plan supports the continuing safe delivery of (non-Covid) essential services in parallel with the response to Covid-19. It recognises that optimisation of self-care and an expansion of the role of primary care/community-based services will be a key element of the new “business as usual” following the pandemic. Key areas of activity include: enhancing the interface between primary and secondary care (including the development of Community Care and Treatment Room Services); sustaining Covid-19 pathways; primary care support to the essential roles/functions of care homes and care at home; responding to any increased demand for rehabilitation services (including potential impact of long Covid); and provision of key services in community including pain management, dentistry, and eye care.

The Remobilisation Plan supports a whole system approach to mental health and wellbeing in response to the mental health impacts of Covid-19, addressing the challenges that the pandemic has had, and will continue to have, on the population’s mental health. In line with the national Coronavirus (COVID-19): Mental Health - Transition and Recovery Plan, the Scottish Government will support Boards and IJBs to remobilise services and to improve performance against the CAMHS and Psychological Therapies waiting times standards.

The plan aims to ensure that provision reflects the service user perspective and experience across the whole health and social care system, and is structured around patient/service user pathways rather than service boundaries. It seeks to address the health inequalities that have been exposed and exacerbated by the pandemic and, as appropriate, embed innovative practices and new ways of working that have been evident during the pandemic response.

### **5.3.3 Moving Forward Together**

Moving Forward Together (MFT) is the strategic document which describes the vision for future clinical and care services in Greater Glasgow and Clyde. The key principles established through MFT are summarised below:



Although the formal governance arrangements for MFT were stood down due the pandemic, these priorities have continue to be delivered in partnership between clinicians, service users and the public. There has been significant progress since the start of the pandemic in relation to: maximising the potential benefits from eHealth (with higher volume of remote consultations); centralising specialist care where there is evidence to support this; providing person centred care at the right time in the right place (through the redesign of urgent care and strengthening of pathways); and, removing unnecessary barriers between primary and secondary care (though the cross system approach to recovery and remobilisation planning).

#### 5.3.4 Independent Review of Adult Social Care & National Care Service Consultation

The Independent Review of Adult Social Care in Scotland (chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland) was published on 3rd February 2021. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families; and the experience of people who work in adult social care.

The report put forward a bold vision for adult social care support in Scotland building on the opportunity for meaningful change as we move beyond the Covid-19 pandemic.

***Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.***

It calls for new thinking and a new positive narrative around the role of social care support, recognising its ‘foundational’ importance in society and moving towards a human rights based approach.

<b><i>Old Thinking</i></b>	<b><i>New Thinking</i></b>
<i>Social care support is a burden on society</i>	<i>Social care support is an investment</i>
<i>Managing need</i>	<i>Enabling rights and capabilities</i>
<i>Available in a crisis</i>	<i>Preventative and anticipatory</i>
<i>Competition and markets</i>	<i>Collaboration</i>
<i>Transactions</i>	<i>Relationships</i>
<i>A place for services (e.g. a care home)</i>	<i>A vehicle for supporting independent living</i>
<i>Variable</i>	<i>Consistent and fair</i>

It also argues that we must strengthen the foundations of the social care system. This means: fully implementing positive approaches such as self-directed support and the integration of health and social care; as well as nurturing and strengthening our workforce and supporting unpaid carers.

The independent review called for some structural changes including the establishment of a National Care Service (NCS) with accountability for social care support moving from local government to Scottish Ministers. The proposed NCS would oversee improvements in the consistency, quality and equity of care and support. The report also suggests a reformed role for Integration Joint Boards in implementing the social care vision outcome measures, and delivering planning, commissioning/procurement, managing local GP contracts, as well as local planning and engagement.

The report made 53 wide-ranging recommendations in relation to the following priorities:

- Mainstreaming and embedding a human rights approach;

- Ensuring better, more consistent support for unpaid carers;
- Establishing a National Care Service (NCS) for Scotland;
- Establishing a new approach to improving outcomes through a National Improvement Programme for social care;
- Developing models of care;
- Commissioning for the public good through collaborative commissioning and a greater focus on people's needs;
- Developing fair work arrangements with national oversight;
- Improving investment with a focus on prevention rather than crisis response.

The Scottish Government subsequently put forward proposals for the establishment of a National Care Service for Scotland. The proposals go beyond the scope and recommendations of the review and set out how a National Care Service will define the strategic direction and quality standards for community health and social care in Scotland. The consultation proposes that the NCS will have reformed local delivery boards which work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver support and services.

The consultation ran from 9<sup>th</sup> August to 2<sup>nd</sup> November 2021 and sought views from stakeholders on:

- Improving Care for People
- Establishing a National Care Service
- The Scope of the National Care Service
- Reforming Integration Joint Boards (as new Community Health and Social Care Board)
- Improving Commissioning of services
- Regulation
- Valuing people who work in social care

It is expected that the findings from the consultation exercise will have significant impacts for the delivery of social care and wider supports moving forward. We will support any changes that are adopted and will look to include these in our strategic and operational planning. During the life of this Strategic Plan we will implement any recommendations or specific actions arising from the review as requested by Scottish Government.

### 5.3.5 The Promise – the Independent Care Review for young people

The national focus on young people emphasises improving access and equality to education and employment for all our young people including our looked after young people. This aligns with the outcome of the Independent Care Review for care experienced young people –The Promise. It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can keep the promise it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

### 5.3.6 East Renfrewshire Community Plan & Fairer East Ren

The East Renfrewshire Community Plan sets out how local services work together to create stronger and fairer communities together with the people of East Renfrewshire.

The Community Plan (2018-28) reflects residents' top priorities and serves as the main strategic document for the East Renfrewshire Community Planning Partnership (CPP). The Community Plan is structured around five strategic priorities:

1. Early Years and Vulnerable Young People
2. Learning, Life and Work
3. Economy and Environment
4. Safe, Supportive Communities
5. Older People and People with Long-Term Conditions

In supporting delivery of the plan, the HSCP has a specific focus on supporting vulnerable young people (Outcome 1), older people and people with long-term conditions (Outcome 5) as well as supporting Outcome 4 through our community Justice services.

The Plan also includes Fairer East Ren – our Local Outcomes Improvement Plan - as required by the Community Empowerment Act. Fairer East Ren focuses on reducing inequality of outcome across groups and communities and sets out the following strategic outcomes:

1. Child poverty in East Renfrewshire is reduced
2. Residents have the right skills, learning opportunities and confidence to secure and sustain work
3. East Renfrewshire's transport links are accessible, attractive and seamless
4. Residents' mental health and wellbeing is improved
5. Residents are safe and more socially connected with their communities



### 5.3.7 Planning in collaboration with housing

Ensuring our communities have access to good quality housing and housing-related services is key to enabling people to live as independently as possible and also makes a significant contribution to reducing health inequalities locally. We have developed a shared strategic focus delivered through the **Housing Contribution Statement (HCS)** which we will update in line with the new East Renfrewshire Local Housing Strategy. The HCS operates as the “bridge” between strategic housing planning and that of health and social care. It constitutes an integral part of our strategic planning and identifies the contribution of the housing sector in achieving the aspirations of this plan. Housing services contribute positively to improving the health and wellbeing of our communities and ensuring that more people are cared for and supported at home or in a homely setting, in a way that is personal to them, respects their rights and maintains connections with important people and places.

The Local Housing Strategy (LHS) is the key planning vehicle that sets out how the Council and its partners will meet the housing requirements of people in East Renfrewshire. The priorities established in the strategy reflect those of the HSCP and set out the specific actions that the ERC Housing Services and local housing providers will undertake to support independent living and the integration of health, social care and housing. The strategy provides details of the services and supports that are available to achieve this goal and provides an estimate of future specialist provision, need and delivery options. The HSCP is working collaboration with housing colleagues to support the development of the next LHS for 2022-27.



## 6. Review of progress against our strategic priorities (2018-22)

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In developing our plan we reviewed the progress we have made towards the outcomes and strategic priorities set out in our previous Strategic Plan 2018-21 in collaboration with our Strategic Planning Group (SPG). The review recognised the impact of the Covid-19 pandemic in the final year of the previous Strategic Plan and during 2021-22 and the emerging lessons from the period. More information on our performance is available in our [Annual Performance Report](#).

### 6.1 Mental wellbeing for children and young people

We have made good progress in establishing and developing more appropriate and proportionate models to support wellbeing for children and young people with a focus on prevention and holistic support to families. Our Family Wellbeing Service which supports children and young people who present with a range of significant mental and emotional wellbeing concerns is delivering positive outcomes for individuals. The service is now well established and has expanded its reach to all GP practices. We are seeing improving outcomes for children after parent/carer completion of our Psychology of Parenting Project (PoPP). The programme offers support to families experiencing difficulties with behaviour, building confidence among parents.

We continue to perform well in keeping children safe in their local community wherever possible and acting quickly to make decisions. We have made progress with the implementation of the Signs of Safety model which focuses on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. We continue to shift the balance of care and now have the highest proportion of children being looked after in the community in Scotland. Further progress has been made in ensuring our care experienced young people have a voice through our Champions Board with increased levels of participation and engagement.

### 6.2 Criminal Justice pathways

The IJB has been supporting multi-agency approaches to criminal justice through East Renfrewshire's Community Justice Outcome Improvement Plan with good progress in the establishment of stronger pathways to recovery and rehabilitative services.

High quality person centred interventions have been delivered through the Community Payback Team facilitating unpaid work, reducing the risk of reoffending and supporting individuals to overcome barriers into training and employment. We have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning

opportunities for service users, including improving the environment and supporting charitable and voluntary organisations. We receive regular feedback from the public on the positive impact that community payback has had on their local community.

We continue to put effective interventions in place to protect people from harm and have seen improving personal outcomes for women and children who have experienced domestic abuse.

This work needs to continue into the next strategic plan.

### **6.3 Supporting health and wellbeing in our disadvantaged communities**

East Renfrewshire as a whole continues to perform well ahead of the Scottish average for life expectancy and premature mortality rates. Collaborative and targeted interventions with physical activity and health awareness have been delivered in Barrhead and Neilston. In partnership with the East Renfrewshire Culture and Leisure Trust we have been progressing our Ageing Well activity to support health and wellbeing for older residents.

Health inequalities persist in East Renfrewshire and may have been exacerbated by the impact of the pandemic. We will continue to work with our community planning partners to develop our understanding of health inequalities and target interventions appropriately.

### **6.4 Supporting people to remain independent and live well at home**

Supporting independence and minimising reliance on institutional care has been a significant area of focus for the IJB during the period. We have seen good progress in the development of our preventative and community-led supports, promotion of models that increase individual choice and control, and development of innovative support for people to maintain health and wellbeing in their own homes. In particular, prior to the Covid-19 pandemic, Talking Points hubs were established across East Renfrewshire as places where people can go to have a good conversation about their health and wellbeing and be directed to the right support at the right time. The approach has strengthened our work as a partnership, with clearer understanding among support providers of what is available across East Renfrewshire. This has resulted in increased availability of information and access to community supports.

The HSCP has introduced an 'individual budget' calculator to support self-directed support but further work is required to embed the new processes. We have made good progress in supporting independent living for people with learning disabilities including the development of a range of meaningful activities in the community. We have progressed

independent living with the promotion of telecare and the expansion of our Home and Mobile Health Monitoring (HMHM) service with GP practices.

We would like to see more improvement in our performance that indicates a shift in the balance of care. Supporting people to live independently and well remains a strategic priority for the IJB and we will work to progress the most appropriate models of care, including making best use of digital opportunities to support local people.

### **6.5 Supporting recovery from mental ill-health**

We continue to develop our approaches to ensure that people who experience mental ill-health can access the appropriate support on their journey to recovery. Community Link Workers have been introduced to all GP practices to support preventative and holistic approaches. Approximately 2000 people have benefitted from a wide range of physical, social and psychological interventions. We have progressed self-management through the promotion of computerised cognitive behavioural therapy (cCBT) and increased our referrals to specialised mental health services.

Available performance information for mental health remains limited and we will work to progress our understanding of local experiences through improved data and engagement. There is strong emerging evidence on the impact the pandemic is having on mental wellbeing across groups in the community. In recognition of this we will expand the scope of this strategic priority from tackling mental ill-health to supporting mental wellbeing in the community more widely.

### **6.6 Reducing unplanned admissions to hospital**

Not accounting for the exceptional impact of the Covid-19 pandemic on acute care and patterns of hospital use, we have seen good progress in our development of supportive pathways out of hospital. We perform well on minimising delayed discharges and are seeing a reduction in unplanned days spent in hospital. However, the data shows that (before the pandemic) we were not reducing the volume of emergency admissions to hospital and there had been an overall increase in the number of A&E attendances over the period of the strategy (although with modest improvement for 2019/20).

To minimise unplanned presentations at hospital we have been working closely with GP practices and at cluster level and focusing on local data (e.g. frequent hospital attenders) to support to patients and minimise use of acute services. Prior to the pandemic good collaborative working with local care homes, brought down emergency attendances and admissions from this sector. We have seen good progress in supporting people at end of life with improving performance on the proportion of time people are supported in their own homes.

Our overall performance on unscheduled care indicates that we continue to be very successful at putting support in place to allow people to return to the community after as stay in hospital. However, with attendance and admission rates not improving over the longer term, we must work to ensure that people have the appropriate level of support in the community. We must also continue to work to identify those at greatest risk and plan support accordingly.

### **6.7 Supporting unpaid carers to exercise choice and control**

We have seen continued progress in our development of support for East Renfrewshire's unpaid carers working in collaboration with our local Carers Centre. Our most recent report shows 92% of carers reporting satisfaction with their quality of life. This indicator has improved consistently year on year and by 22% since 2016/17. However, the 2017/18 Scottish Health and Care Experience Survey showed that just 37% of carers felt supported in their caring role, although 70% of the people who responded were able to report a positive balance in terms of their caring role and other interests in their life. Whilst our performance is similar to that across Scotland, we know that this is an area that we can improve and we remain focused on ensuring that local people who provide unpaid care are valued and supported.

Working in partnership with the Care Collective (East Renfrewshire Carers and Voluntary Action East Renfrewshire), the HSCP has undertaken a range of activities to support the implementation of the Carers Act and establish a holistic approach to supporting local carers. We believe we have developed a sound continuum of support for improving outcomes for carers of all ages. Our local Carers Centre. Carers Centre staff have been trained in outcome-focussed, asset-based planning and Good Conversations and have completed Adult Carer Support Plans (ACSP) with carers. Those carers identified as having a substantial or critical need for support were referred to the HSCP for further social work intervention.

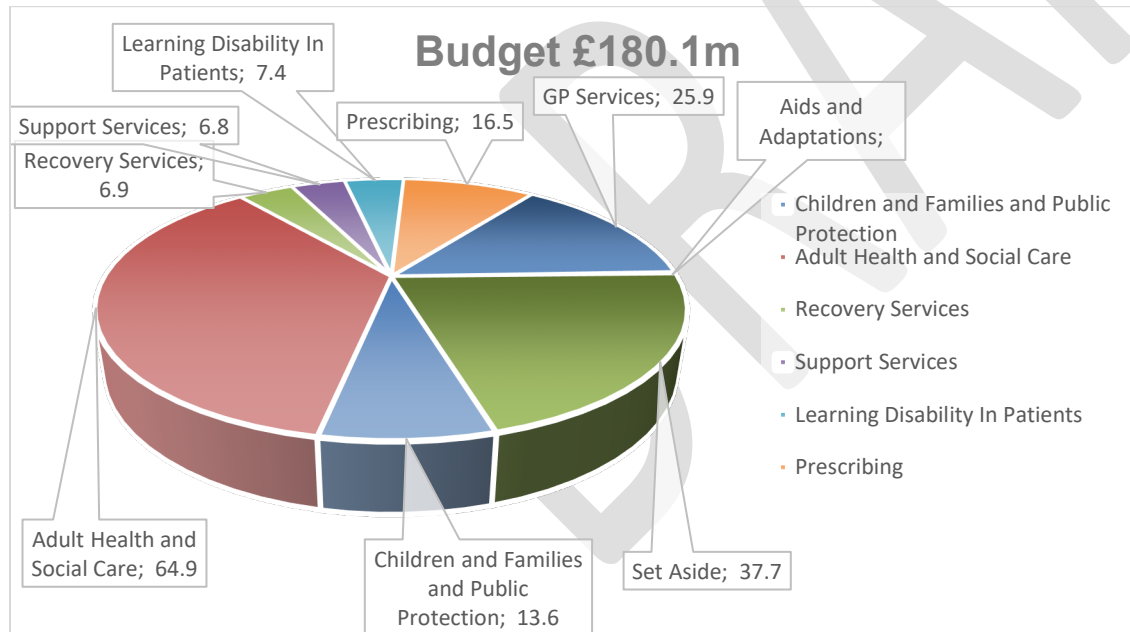
The HSCP appointed a Carers Lead in 2019/20 to promote the understanding and uptake of the legislation within East Renfrewshire. The Carers Lead is taking forward the development and implementation of the new East Renfrewshire Carers Strategy. Partners are clear that ensuring choice and control remains the key strategic priority for carers in East Renfrewshire.

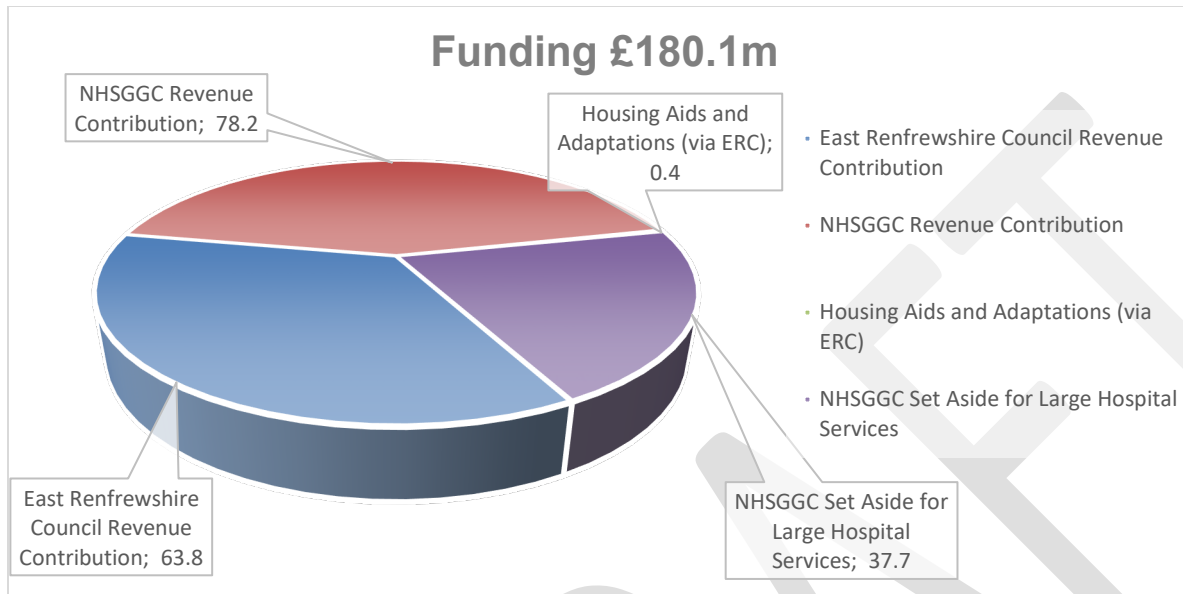
## 7. Resourcing our Strategic Plan

### 7.1 Financial Planning

The medium term financial plan for East Renfrewshire Integration Joint Board sets out the financial outlook covering the next five financial years for the IJB and the associated delivery of services through East Renfrewshire Health and Social Care Partnership, as directed by the IJB.

The IJB receives the vast majority of its funding from our two partners East Renfrewshire Council and NHS Greater Glasgow and Clyde as well as any specific grant funded initiatives from the Scottish Government and / or partner organisations. We recognise that these contributions are determined in the context of our partner funding settlements and any associated criteria and constraints. The IJB is engaged with partners in their respective budget setting processes. The first year of the plan shows the annual revenue budget (subject to IJB approval) for 2022/23 of £180.1 million and this will be spent delivering a range of health and social care services to the residents of East Renfrewshire.





Our budget broadly falls into two types of spending;

- the revenue budget to deliver health and social care services
- housing aids and adaptations and the budget for large hospital services which come under the strategic direction of the IJB.

The revenue budgets for those “day to day” health and social care services delivered by the HSCP is £142.4 million, with a further £0.6 million community justice funded by grant. We usually receive other ad-hoc funding and grants throughout the year to support various initiatives and this is reported within our routine financial reporting.

We also receive funding allocations for specific Scottish Government initiatives such as Primary Care Improvement Fund (c£2.4 million), Mental Health Action 15 (c£0.5 million) and Alcohol & Drugs Partnership (c£0.3 million).

We host the Learning Disability Specialist Services and Augmentative and Alternative Communication Service on behalf of the other 5 HSCPs within the Greater Glasgow and Clyde area, totalling £8 million and this cost is met by the HSCP.

Similarly each of the other 5 HSCPs host one or more services on behalf of the other HSCPs. Our use of a range of services is around £9.5 million but the costs are met by the host HSCP under current arrangements.

The respective use of hosted services is shown in each HSCPs annual report and accounts in order to demonstrate the total system wide cost of our populations use of services.

The funding gap in 2022/23 is £2.9 million and presents a significant challenge particularly when taken in context of recovery from Covid-19, however there is also increased investment through Scottish Government funding to support health and social care so this may provide a degree of flexibility where we need to redesign models of care.

The funding gap relates to the balance of the £4.2 million legacy savings from 2020/21 and 2021/22 we did not achieve as a result of the pandemic response. We received financial support from the Scottish Government to meet this pressure in both years as part of the additional costs associated with Covid-19.

The plans we had to review criteria and introduce charges for non-residential care have been overtaken by a combination of the impact of the pandemic with increased demand for services and people having more complex needs. We also know that as part of a national care service the intention is to have a national criteria for care and to eliminate charging for non-residential care, so to progress with previous plans could potentially have caused unnecessary distress and uncertainty. The majority of our care costs are for our older population where our demographic continues to have a high proportion of frail, older people.

The IJB recognises the scale of the challenge; that we are still in response mode at March 2022; that there are still many unknowns as we work our way towards recovery and the impact and implications from the plans for a national care service are unknown.

The IJB have recognised that 2022/23 will require an ongoing iterative approach and we will need to adapt, respond and flex in a timely manner. As one of the smaller IJBs we are nimble and can react quickly however we do have a significant financial risk; our funding gap is £2.9 million, we have c£2 million in reserves to phase in those savings we can achieve through change and redesign.

## **7.2 Medium Term Financial Outlook**

The funding pressures over the next 5 years relate to demand for services, legislative and policy changes, increasing population, inflation and economic uncertainty. Prescribing is a particularly volatile area as in addition to cost and demand

changes this can also be impacted by short supply of drugs, new drugs to the market, existing drugs coming off patent and other price mechanism changes.

Most significantly we do not know the ongoing impact and associated financial implications that Covid-19 has had on our population.

The 2022/23 cost pressures are per the proposed budget to the IJB and inform the modelled significant cost pressures for the following 4 years:

	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Pay – assumed at 2% pa	1.5	1.0	1.0	1.0	1.1
Inflation and Policy (care costs) – assume 4% pa	4.5	1.9	2.0	2.1	2.1
Prescribing – assumed 2% pa	0.3	0.3	0.3	0.3	0.4
Demographic and Demand changes - assume 4% pa	1.5	1.9	2.0	2.1	2.1
Legacy Savings	3.6				
Cost Pressures	11.4	5.1	5.3	5.5	5.7
Funding to offset pressures	(8.3)				
Planned Savings – Firm	(0.2)				
Remaining Funding Gap – to be achieved	2.9	tbc	tbc	tbc	tbc

There will be other costs pressures such as general inflation and it is intended that these will be offset by efficiency savings where possible. Additional capacity funding included in the 2022/23 budget has resulted in increased pay and inflation for future years.

For those areas not yet quantified for future years the information and implications will be updated as issues emerge and become clearer. The resulting funding gap will be determined by the difference between pressures and the funding settlement agreed with our partners.



There are a number of areas where caseload or staffing ratio to number of patients will determine changes to the workforce. For example there are staffing models that determine how many District Nurses or Health Visitors are required for the population size, so where we have an increasing population we need to work with partners to assess the impact on the workforce and how this is to be funded.

We have a one year workforce plan in place and our three year plan will be finalised during 2022. This will help inform these discussions and associated cost implications.

### 7.3 Reserves

Since the IJB was established in 2015 we have prepared for the expected financial challenge of the last few years and pre Covid-19 we had a reserves policy and an agreed strategy that allowed us time to deliver our savings.

We continue with this strategy to phase in savings to minimise the impact on frontline services however the scale of the challenge in 2022/23 means we may fully deplete this reserve. We may receive some Covid-19 support depending on the capacity impact on service redesign.

The projected reserves balance to 31 March 2022 is £16.3 million including an in-year allocation of £14.8 million to support Covid-19 and unscheduled care costs in 2021/22 and 2022/23. Our projected reserves can be summarised into the following categories:

Reserves	Projected balance at 31/3/22 £m
Scottish Government ring-fenced initiatives; fully committed and unable to apply to general use.	10.6
Bridging Finance to support the phased implementation of savings and allow for any in year pressures and flux in activity	3.1
Earmarked funding for projects and initiatives	1.6
Transitional Funding to support the bed model redesign within Learning Disability In-Patients	0.7
General reserves	0.3
<b>Total</b>	<b>16.3</b>

Within the bridging finance reserves of £2.4 million is specifically to support a phased approach to savings and it is likely we will utilise this to support the delivery of our £2.9 million savings in 2022/23.

#### 7.4 Risk

The medium term plan sets out modelled future implications and that in itself is a risk, underestimated costs pressures mean we may plan to save more than we need to and vice versa – both scenarios will impact on the funding available to deliver services.

Successfully closing the 2022/23 funding gap is a fundamental assumption when assessing future cost pressures. Any shortfall will impact on future year pressures and on financial sustainability.

The success of our Recovery and Renewal programme will be impacted by our ability to adequately resource the programme including wider recruitment and retention challenges.

The impacts of legislative, political or policy changes, with examples included in the national context and in particular any development of a national care service.

Prescribing has always been volatile due to the numerous factors involved and there is a real risk of significant increases post Covid-19. We do have a reserve to help us manage changes in cost and volume.

#### 7.5 Summary

The IJB budget for 2022/23, subject to agreement, allows us to meet cost pressures, investment in capacity per the Scottish Government budget settlement and implementation of all policy decisions.

Despite this investment we still have a legacy savings challenge of £2.9 million and our Recovery and Renewal programme will support savings delivery to some degree. The programme will also be regularly refreshed based on the latest response, take into account the impact of investment and incorporate further workstreams as required.

As our understanding of the impact of Covid-19 becomes clearer we will review our financial planning and modelling to reflect the impact this will have on demand for services and how we deliver them to meet the needs of our population.

## 8. How we will measure success

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Our performance reporting is fully aligned to the strategic priorities set out in this plan. In addition to regular performance reporting to our Performance and Audit Committee and Integration Joint Board, we publish Annual Performance Reports giving a retrospective look at the previous year's performance. These reports set out progress made to deliver our strategic priorities over the previous 12 months. We review our performance data against agreed local and national performance indicators, including:

- National Core Suite of Integration Indicators
- Ministerial Strategic Group (MSG), and
- Statutory Performance Indicators.

In addition to data, our performance reports draw on personal experiences, views and examples of service developments and approaches to describe the improvement process and how improved outcomes are being achieved.

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	16 March 2022
<b>Agenda Item</b>	7
<b>Title</b>	Performance Report 2021-22: Quarter 3
<p><b>Summary</b></p> <p>This report provides Performance and Audit Committee with an update on progress against our strategic performance measures for the period Quarter 3 2021/22. The performance measures were developed to monitor progress in the delivery of the priorities set out in the HSCP Interim Strategic Plan 2021-2022. Where data is available for Quarter 3 this is included (along with any previously unavailable updates for earlier periods). The report also includes proposals for review of strategic performance reporting to support the monitoring of the new HSCP Strategic Plan 2022-25.</p>	
<b>Presented by</b>	Steven Reid, Policy, Planning and Performance Manager
<p><b>Action Required</b></p> <p>Performance and Audit Committee is asked to note and comment on the Quarter 3 2021-22 Performance Report and the proposed approach to reviewing performance reporting.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**16 March 2022**

**Report by Chief Officer**

**PERFORMANCE REPORT 2021-22: QUARTER 3**

**PURPOSE OF REPORT**

1. This report provides Performance and Audit Committee with the performance measures developed to monitor progress in the delivery of the strategic priorities set out in the HSCP Interim Strategic Plan 2021-2022. Where data is available for Quarter 3 (October to December 2021) this is included (along with any previously unavailable updates for earlier periods). Indicators included in our strategic performance framework but without data updates for Quarter 3 are listed at the end of the report. The paper also sets out the planned approach for reviewing our strategic performance reporting to support the monitoring of the new HSCP Strategic Plan 2022-25

**RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the Quarter 3 2021-22 Performance Report and the proposed approach to reviewing performance reporting.

**BACKGROUND**

3. The Performance and Audit Committee regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year. During the Covid-19 pandemic period, reporting shifted to six-monthly. This is the first quarterly report to be presented to the committee since March 2020.

**REPORT**

4. The report includes data for Quarter 3 (October to December 2021) and any earlier data for indicators from our Interim Strategic Plan that have not previously been reported to the Committee. The report provides charts for all measures. It presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with long-term and short-term trend arrows and commentary on performance. Many of the data trends continue to reflect the unique circumstances faced by services over the course of the Covid-19 pandemic.
5. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Interim Strategic Plan 2021-22:
  - Working together with children, young people and their families to improve mental and emotional wellbeing
  - Working together with people to maintain their independence at home and in their local community

- Working together to support mental health and wellbeing
  - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
  - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities
  - Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives
  - Working together with individuals and communities to tackle health inequalities and improve life chances
  - Working together with staff across the partnership to support resilience and wellbeing
6. The final section of the data report contains a number of organisational indicators relating to our staff and customers.
7. Appendix 1 contains a list of the performance measures that will be included in the end of year report for which Quarter 3 data is not available.

### Headline performance summary

8. The data shows that despite the continuing pressures exacerbated by the pandemic, there has been strong performance across service areas. Staff continue to work tirelessly during particularly challenging circumstances.
9. Our children's services continue to see increasing demand and complexity following the pandemic. In particular we are seeing more children with diagnosed neurodevelopmental disorders and a higher prevalence of families in crisis leading to higher demand for care and support and more children coming under child protection.
- Despite growing demand, latest data (Q2) shows that more children and young people subject to child protection are being offered **advocacy** support (62% up from 45% in previous quarter).
  - We continue to miss our **CAMHS** waiting times target. This reflects current demand pressures with a 25% increase in CAMHS referrals and a notable increase in urgent referrals to CAMHS (up from 15% to 30% of total caseloads). However, during Q3 we have seen improvement with reduced numbers waiting 18 weeks and reduced 'longest waiting times' during December 21.
10. During the reporting period we continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity.
- 88% of people reported that their '**living where you/as you want to live**' needs were being met – up slightly from the previous quarter
  - National reporting (Local Government Benchmarking Framework – LGBF) shows steady improvement in the % of people aged 65+ with **intensive support needs** receiving care at home at 62%, up from 57%
11. Demand remains high across our mental health and addiction recovery services due to increases in complexity. Ongoing support and access to treatment been maintained throughout the pandemic period.
- Although we are missing our target for waiting times to access **psychological therapies** we are seeing steady improvement increasing from 72% waiting less than 18 weeks in Q1 to 80% at Q3. As we work to meet target we will continue to implement our action plan including prioritising the longest waits, offering remote appointments via NHS Attend Anywhere and increasing our psychology staffing resource.



- We are ahead of target for the % of people with alcohol and/or drug problems **accessing recovery-focused treatment** within three weeks at 98% for Q3, up from 92% in the previous quarter.
12. Patterns of accident and emergency and unplanned hospital admissions were significantly altered by the pandemic. During 2021-22, for a number of measures we have seen performance moving back towards pre-pandemic levels, but we continue to perform ahead of our targets for unplanned hospital use.
- For Q3, accident and emergency **attendances** and unplanned **admissions** both remain below target. Local (NHSGGC) and national (Ministerial Steering Group - MSG) data showed moderate increase on the same quarter last year.
  - Emergency **attendances and admissions from care homes** also remained within target with similar performance to Q3 in the previous year.
  - Our weekly average for **delayed discharges** has improved since the previous quarter (6 down from 10). Delays remain a significant area of focus for the HSCP having seen access restricted by pressures on care at home services, and impacts from higher levels of 'adults with incapacity' cases. The Hospital to Home team work to deliver timely and appropriate discharges from hospital.
  - Latest national data shows that our performance for **end-of-life care** continues to improve with the proportion of last 6 months of life spent at home or in the community at 90% (2020-21 – up from 89% for the previous year).
13. During the reporting period we have continued to work with East Renfrewshire Carers Centre to ensure that carers have access to necessary support and guidance.
- Although we remain ahead of target the % of people reporting that their '**quality of life for carers**' needs are being met fell from 97% to 83% from the previous quarter, although this may reflect the comparatively low number of people surveyed during Q3.
14. The provision of unpaid work has been significantly impacted by the pandemic with Community Payback Orders (CPOs) suspended on 23rd March 2020. As we commenced our recovery from the pandemic we have seen significant improvement in performance on completion of CPOs. This follows activity to increase the number of supervisors available to support service users as well as building our capacity to deliver by focusing on outdoor work activities during 2021-22.
- The percentage of **unpaid work placement completions** within Court timescale is now at 90% rising steadily from 60% in Q1 and 79% in Q2 and now ahead of target.
15. The performance against our organisational outcomes during Quarter 3 continues to reflect the context of significant operational pressures during the pandemic period.
- Staff **sickness absence** continued to miss target but for NHS staff improved in Q3 compared with the previous quarter. Q3 data is not yet available for ERC staff. Higher levels of absence at Q2 reflected the continuing impact of the Covid pandemic on the workforce.
  - In Q3 we missed our target for **complaints response timescales**. Performance was weakest in relation to NHS complaints, mainly due to the complex nature of the investigation stage complaints (where extensions were agreed with complainants in most cases)
  - We have also missed our target for the **payment of invoices** within 30 days, principally due to staff capacity.

### Strategic Reporting Review – Strategic Plan 2022-25

16. As previously discussed with the Performance and Audit Committee we recognise that current performance report is at a fixed point and is retrospective and there is scope for improvement. Development work to improve our strategic performance reporting has

slowed as we concentrated on our response and recovery from the pandemic. The development of the new HSCP Strategic Plan for 2022-25 is an opportunity for refreshment to our performance framework and performance reporting to the committee and elsewhere. In the past year we have increased our Business Analyst capacity which will support us to strengthen performance management and ensure a high quality and consistent approach to reporting.

17. We intend for the review to be conducted in close collaboration with members of the Performance and Audit Committee to ensure reporting meets expectations. We propose the following steps for the review:
- In line with the production of delivery plans for the new Strategy we will revise all strategic Performance Indicators and targets going forward. We would expect this to include streamlining of indicators in some areas including unscheduled care and addition of indicators relevant to our recovery from the pandemic. The suite of indicators and targets will be presented to the PAC for approval.
  - We will hold an initial session with PAC Chair to consider new reporting formats in line with best practice examples. We propose more 'forward looking' presentation of data including projected performance against target trajectories for future reporting periods. Commentaries will include a focus on indicators where we are missing/moving away from target and activity to improve performance.
  - We will present a draft of the new reporting format to PAC members for consideration at a future meeting of the committee, or a separate development sessions if considered appropriate.
  - Performance reporting is a shared responsibility across service areas. We will produce brief, HSCP-specific guidance to support the performance framework. This will reiterate expectations on updating of performance data (including clear presentation of figures) and best practice for provision of accompanying commentaries. The guidance will set out timescales for the annual reporting cycle, including deadlines for data/commentary updates and management sign-off.

## RECOMMENDATIONS

18. Performance and Audit Committee is asked to note and comment on the Quarter 3 2021-22 Performance Report and the proposed approach to reviewing performance reporting.

## REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Policy, Planning and Performance Manager  
[Steven.Reid@eastrenfrewshire.gov.uk](mailto:Steven.Reid@eastrenfrewshire.gov.uk)

March 2022

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

HSCP Mid-Year Performance Update 2021-22, Performance and Audit Committee, 24 November 2021

[https://www.eastrenfrewshire.gov.uk/media/7168/PAC-Item-09-24-November-2021/pdf/PAC\\_Item\\_09\\_-\\_24\\_November\\_2021.pdf?m=637729133123170000](https://www.eastrenfrewshire.gov.uk/media/7168/PAC-Item-09-24-November-2021/pdf/PAC_Item_09_-_24_November_2021.pdf?m=637729133123170000)

HSCP Annual Performance Report 2020/21, Performance and Audit Committee, 22 September 2021

[https://www.eastrenfrewshire.gov.uk/media/6841/PAC-item-06-22-September-2021/pdf/PAC\\_item\\_06\\_-\\_22\\_September\\_2021.pdf?m=637673822300770000](https://www.eastrenfrewshire.gov.uk/media/6841/PAC-item-06-22-September-2021/pdf/PAC_item_06_-_22_September_2021.pdf?m=637673822300770000)

# Strategic Plan Performance Report Quarter 3, 2021-22

Report Author: Ian Smith/Steven Reid, March 2022



Key:

<b>Green</b>	performance is at or better than the target
<b>Amber</b>	Performance is close (approx 5% variance) to target
<b>Red</b>	Performance is far from the target (over 5%)

Trend arrows point upwards where there is **improved** performance (inc. where we aim to decrease the value).

\* INCREASE/DECREASE in PI description gives the intended direction of travel for the indicator

**1. Working together with children and their families to improve mental well-being**

Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Note																		
INCREASE* - The proportion of children and young people subject to child protection who have been offered advocacy.	Q2 2021/22	62%	100%	Red	<table border="1"> <caption>HSCP-ADV-01 INCREASE - Percentage of children subject to child protection who have been offered advocacy</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q1 2020/21</td> <td>71%</td> </tr> <tr> <td>Q2 2020/21</td> <td>64%</td> </tr> <tr> <td>Q3 2020/21</td> <td>55%</td> </tr> <tr> <td>Q4 2020/21</td> <td>50%</td> </tr> <tr> <td>2020/21</td> <td>63%</td> </tr> <tr> <td>Q1 2021/22</td> <td>45%</td> </tr> <tr> <td>Q2 2021/22</td> <td>62%</td> </tr> <tr> <td>Target (Years)</td> <td>100%</td> </tr> </tbody> </table>	Period	Percentage	Q1 2020/21	71%	Q2 2020/21	64%	Q3 2020/21	55%	Q4 2020/21	50%	2020/21	63%	Q1 2021/22	45%	Q2 2021/22	62%	Target (Years)	100%	↑	↑	We have regular liaison meetings with Partners in Advocacy to ensure robust partnership working and support so that children and young people are offered access to and information for advocacy services at the earliest opportunity. This has resulted in an increase in offers of advocacy to children and young people.
Period	Percentage																									
Q1 2020/21	71%																									
Q2 2020/21	64%																									
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Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Note																																																																
<p>INCREASE - The impact of Signs of Safety in increasing safety for children (financial year).</p>	<p>Q3 2021/22</p>	<p>100%</p>	<p>100%</p>	<p>Green</p>	<p><b>HSCP-SoS-01 INCREASE - Percentage of children with child protection plans assessed by the multi-agency team as having an increase in their scaled level of safety at three monthly review periods</b></p> <table border="1"> <caption>HSCP-SoS-01 INCREASE Data</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q3-2020/21</td><td>100%</td></tr> <tr><td>Q4-2020/21</td><td>75%</td></tr> <tr><td>20-20/21</td><td>87.5%</td></tr> <tr><td>Q1-2021/22</td><td>100%</td></tr> <tr><td>Q2-2021/22</td><td>78%</td></tr> <tr><td>Q3-2021/22</td><td>100%</td></tr> <tr><td>Q4-2021/22</td><td>92.67%</td></tr> <tr><td>2021/22</td><td>92.67%</td></tr> </tbody> </table>	Quarter	Percentage	Q3-2020/21	100%	Q4-2020/21	75%	20-20/21	87.5%	Q1-2021/22	100%	Q2-2021/22	78%	Q3-2021/22	100%	Q4-2021/22	92.67%	2021/22	92.67%			<p>All children had an increased SoS safety scaling at the Review Child Protection Planning Meetings that took place in this quarter.</p>																																														
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<p>DECREASE -Child &amp; Adolescent Mental Health - longest wait in weeks at month end</p>	<p>Q3 2021/22</p>	<p>42</p>	<p>18</p>	<p>Red</p>	<p><b>CHCP-CSP-CAMHS Child &amp; Adolescent Mental Health - longest wait in weeks at month end (REDUCE)</b></p> <table border="1"> <caption>CHCP-CSP-CAMHS Longest Wait Data</caption> <thead> <tr> <th>Quarter</th> <th>Longest Wait (Weeks)</th> </tr> </thead> <tbody> <tr><td>Q3-2019/20</td><td>17</td></tr> <tr><td>Q4-2019/20</td><td>14</td></tr> <tr><td>Q1-2020/21</td><td>17</td></tr> <tr><td>Q2-2020/21</td><td>17</td></tr> <tr><td>Q3-2020/21</td><td>18</td></tr> <tr><td>Q4-2020/21</td><td>18</td></tr> <tr><td>Q1-2021/22</td><td>16</td></tr> <tr><td>Q2-2021/22</td><td>16</td></tr> <tr><td>Q3-2021/22</td><td>14</td></tr> <tr><td>Q4-2021/22</td><td>18</td></tr> <tr><td>Q1-2022/23</td><td>20</td></tr> <tr><td>Q2-2022/23</td><td>22</td></tr> <tr><td>Q3-2022/23</td><td>24</td></tr> <tr><td>Q4-2022/23</td><td>30</td></tr> <tr><td>Q1-2023/24</td><td>21</td></tr> <tr><td>Q2-2023/24</td><td>17</td></tr> <tr><td>Q3-2023/24</td><td>33</td></tr> <tr><td>Q4-2023/24</td><td>29</td></tr> <tr><td>Q1-2024/25</td><td>27</td></tr> <tr><td>Q2-2024/25</td><td>34</td></tr> <tr><td>Q3-2024/25</td><td>40</td></tr> <tr><td>Q4-2024/25</td><td>34</td></tr> <tr><td>Q1-2025/26</td><td>28</td></tr> <tr><td>Q2-2025/26</td><td>28</td></tr> <tr><td>Q3-2025/26</td><td>38</td></tr> <tr><td>Q4-2025/26</td><td>31</td></tr> <tr><td>Q1-2026/27</td><td>30</td></tr> <tr><td>Q2-2026/27</td><td>38</td></tr> <tr><td>Q3-2026/27</td><td>37</td></tr> <tr><td>Q4-2026/27</td><td>43</td></tr> <tr><td>Q1-2027/28</td><td>42</td></tr> </tbody> </table>	Quarter	Longest Wait (Weeks)	Q3-2019/20	17	Q4-2019/20	14	Q1-2020/21	17	Q2-2020/21	17	Q3-2020/21	18	Q4-2020/21	18	Q1-2021/22	16	Q2-2021/22	16	Q3-2021/22	14	Q4-2021/22	18	Q1-2022/23	20	Q2-2022/23	22	Q3-2022/23	24	Q4-2022/23	30	Q1-2023/24	21	Q2-2023/24	17	Q3-2023/24	33	Q4-2023/24	29	Q1-2024/25	27	Q2-2024/25	34	Q3-2024/25	40	Q4-2024/25	34	Q1-2025/26	28	Q2-2025/26	28	Q3-2025/26	38	Q4-2025/26	31	Q1-2026/27	30	Q2-2026/27	38	Q3-2026/27	37	Q4-2026/27	43	Q1-2027/28	42			<p>Data shows average of longest waits at the end of each month. In the Qtr 3 longest waits have fallen month on month from 43 in October, 42 in November to 41 in December. Across all partnerships in NHSGGC longest waits ranged from 18 to 58 weeks.</p>
Quarter	Longest Wait (Weeks)																																																																							
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Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Note																																								
INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	Q3 2021/22	59%	90%	Red	<p><b>HSCP-SP18-CAMHS Children and young people commencing treatment for specialist CAMHS within 18 weeks of referral (INCREASE)</b></p> <table border="1"> <caption>HSCP-SP18-CAMHS Data</caption> <thead> <tr> <th>Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>Q2 2018/19</td><td>78%</td></tr> <tr><td>Q3 2018/19</td><td>75%</td></tr> <tr><td>Q4 2018/19</td><td>72%</td></tr> <tr><td>Q1 2019/20</td><td>74%</td></tr> <tr><td>Q2 2019/20</td><td>74%</td></tr> <tr><td>Q3 2019/20</td><td>78%</td></tr> <tr><td>Q4 2019/20</td><td>86%</td></tr> <tr><td>Q1 2020/21</td><td>74%</td></tr> <tr><td>Q2 2020/21</td><td>78%</td></tr> <tr><td>Q3 2020/21</td><td>50%</td></tr> <tr><td>Q4 2020/21</td><td>58%</td></tr> <tr><td>Q1 2021/22</td><td>79%</td></tr> <tr><td>Q2 2021/22</td><td>61%</td></tr> <tr><td>Q3 2021/22</td><td>61%</td></tr> <tr><td>Q4 2021/22</td><td>51%</td></tr> <tr><td>Q1 2022/23</td><td>40%</td></tr> <tr><td>Q2 2022/23</td><td>59%</td></tr> <tr><td>Q3 2022/23</td><td>50%</td></tr> <tr><td>Q4 2022/23</td><td>50%</td></tr> </tbody> </table>	Quarter	Value (%)	Q2 2018/19	78%	Q3 2018/19	75%	Q4 2018/19	72%	Q1 2019/20	74%	Q2 2019/20	74%	Q3 2019/20	78%	Q4 2019/20	86%	Q1 2020/21	74%	Q2 2020/21	78%	Q3 2020/21	50%	Q4 2020/21	58%	Q1 2021/22	79%	Q2 2021/22	61%	Q3 2021/22	61%	Q4 2021/22	51%	Q1 2022/23	40%	Q2 2022/23	59%	Q3 2022/23	50%	Q4 2022/23	50%	↑	↑	Data is weekly average figure in Qtr 3. Last weekly data in Qtr 3 was 76% at 15 December 2021, this compares to a NHSGGC-wide figure of 59% commencing treatment within 18 weeks.
Quarter	Value (%)																																															
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Q1 2022/23	40%																																															
Q2 2022/23	59%																																															
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Q4 2022/23	50%																																															

**2. Working together with people to maintain their independence**

Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																				
INCREASE - People reporting 'living where you/as you want to live' needs met (%)	Q3 2021/22	88%	90%	Amber	<p><b>HSCP-TP-5 People reporting 'living where you/as you want to live' needs met (%)</b></p> <table border="1"> <caption>HSCP-TP-5 Data</caption> <thead> <tr> <th>Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>Q4 2017/18</td><td>90%</td></tr> <tr><td>Q1 2018/19</td><td>84%</td></tr> <tr><td>Q2 2018/19</td><td>88%</td></tr> <tr><td>Q3 2018/19</td><td>87%</td></tr> <tr><td>Q4 2018/19</td><td>91%</td></tr> <tr><td>Q1 2019/20</td><td>92%</td></tr> <tr><td>Q2 2019/20</td><td>88%</td></tr> <tr><td>Q3 2019/20</td><td>89%</td></tr> <tr><td>Q4 2019/20</td><td>88%</td></tr> <tr><td>Q1 2020/21</td><td>88%</td></tr> <tr><td>Q2 2020/21</td><td>89%</td></tr> <tr><td>Q3 2020/21</td><td>86%</td></tr> <tr><td>Q4 2020/21</td><td>94%</td></tr> <tr><td>Q1 2021/22</td><td>91%</td></tr> <tr><td>Q2 2021/22</td><td>90%</td></tr> <tr><td>Q3 2021/22</td><td>87%</td></tr> <tr><td>Q4 2021/22</td><td>88%</td></tr> </tbody> </table>	Quarter	Value (%)	Q4 2017/18	90%	Q1 2018/19	84%	Q2 2018/19	88%	Q3 2018/19	87%	Q4 2018/19	91%	Q1 2019/20	92%	Q2 2019/20	88%	Q3 2019/20	89%	Q4 2019/20	88%	Q1 2020/21	88%	Q2 2020/21	89%	Q3 2020/21	86%	Q4 2020/21	94%	Q1 2021/22	91%	Q2 2021/22	90%	Q3 2021/22	87%	Q4 2021/22	88%	↓	↑	In Qtr 3 of the total 167 valid responses 147 reported their needs met.
Quarter	Value (%)																																											
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Q1 2018/19	84%																																											
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Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																										
<p>INCREASE - Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+</p>	2020/21	8.69%		Data Only	<p><b>SW02 Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+ (INCREASE)</b></p> <table border="1"> <caption>SW02 Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+ (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>1.2%</td></tr> <tr><td>2010/11</td><td>3.3%</td></tr> <tr><td>2011/12</td><td>2.4%</td></tr> <tr><td>2012/13</td><td>3.01%</td></tr> <tr><td>2013/14</td><td>5.4%</td></tr> <tr><td>2014/15</td><td>5.76%</td></tr> <tr><td>2015/16</td><td>6.63%</td></tr> <tr><td>2016/17</td><td>7.52%</td></tr> <tr><td>2017/18</td><td>8.15%</td></tr> <tr><td>2018/19</td><td>8.44%</td></tr> <tr><td>2019/20</td><td>8.44%</td></tr> <tr><td>2020/21</td><td>8.69%</td></tr> </tbody> </table>	Year	Percentage	2009/10	1.2%	2010/11	3.3%	2011/12	2.4%	2012/13	3.01%	2013/14	5.4%	2014/15	5.76%	2015/16	6.63%	2016/17	7.52%	2017/18	8.15%	2018/19	8.44%	2019/20	8.44%	2020/21	8.69%	↑	↑	<p>This is the latest available data for this indicator. We continue to perform well on this measure, % spend on SDS continued to improve (up from 8.44% for 2019/20) This compares to a national average of 8% (Source: Improvement Service March 2022)</p>
Year	Percentage																																	
2009/10	1.2%																																	
2010/11	3.3%																																	
2011/12	2.4%																																	
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2018/19	8.44%																																	
2019/20	8.44%																																	
2020/21	8.69%																																	
<p>INCREASE - Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home.</p>	2020/21	62.2%	62.0%	Green	<p><b>SW03a % of people aged 65 or over with long term care needs receiving personal care at home (LGBF)</b></p> <table border="1"> <caption>SW03a % of people aged 65 or over with long term care needs receiving personal care at home (LGBF)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2009/10</td><td>50.7%</td></tr> <tr><td>2010/11</td><td>60.4%</td></tr> <tr><td>2011/12</td><td>61.0%</td></tr> <tr><td>2012/13</td><td>59.7%</td></tr> <tr><td>2013/14</td><td>59.5%</td></tr> <tr><td>2014/15</td><td>59.7%</td></tr> <tr><td>2015/16</td><td>60.0%</td></tr> <tr><td>2016/17</td><td>61.1%</td></tr> <tr><td>2017/18</td><td>59.8%</td></tr> <tr><td>2018/19</td><td>57.4%</td></tr> <tr><td>2019/20</td><td>57.8%</td></tr> <tr><td>2020/21</td><td>62.2%</td></tr> </tbody> </table>	Year	Percentage	2009/10	50.7%	2010/11	60.4%	2011/12	61.0%	2012/13	59.7%	2013/14	59.5%	2014/15	59.7%	2015/16	60.0%	2016/17	61.1%	2017/18	59.8%	2018/19	57.4%	2019/20	57.8%	2020/21	62.2%	↑	↑	<p>The LGBF data shows that our performance has improved slightly compared with the previous year (57.6%). This compares to a national average of 61.7% The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues. (Source: Improvement Service March 2022)</p>
Year	Percentage																																	
2009/10	50.7%																																	
2010/11	60.4%																																	
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**3. Working together to support mental health and well-being**

Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																		
<p>INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies</p>	<p>Q3 2021/22</p>	<p>80%</p>	<p>90%</p>	<p>Red</p>	<p><b>HSCP-LDP1718 Psychological therapies - Percentage of people waiting no longer than 18 weeks for access (INCREASE)</b></p> <table border="1"> <caption>HSCP-LDP1718 Psychological therapies - Percentage of people waiting no longer than 18 weeks for access (INCREASE)</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q2 2018/19</td><td>51%</td></tr> <tr><td>Q4 2018/19</td><td>64%</td></tr> <tr><td>Q1 2019/20</td><td>55%</td></tr> <tr><td>Q2 2019/20</td><td>59%</td></tr> <tr><td>Q3 2019/20</td><td>67%</td></tr> <tr><td>Q4 2019/20</td><td>54%</td></tr> <tr><td>Q1 2020/21</td><td>79%</td></tr> <tr><td>Q2 2020/21</td><td>65%</td></tr> <tr><td>Q3 2020/21</td><td>82%</td></tr> <tr><td>Q4 2020/21</td><td>67%</td></tr> <tr><td>Q1 2021/22</td><td>76%</td></tr> <tr><td>Q2 2021/22</td><td>72%</td></tr> <tr><td>Q3 2021/22</td><td>74%</td></tr> <tr><td>Q4 2021/22</td><td>72%</td></tr> <tr><td>Q1 2022/23</td><td>74%</td></tr> <tr><td>Q2 2022/23</td><td>80%</td></tr> </tbody> </table>	Quarter	Percentage	Q2 2018/19	51%	Q4 2018/19	64%	Q1 2019/20	55%	Q2 2019/20	59%	Q3 2019/20	67%	Q4 2019/20	54%	Q1 2020/21	79%	Q2 2020/21	65%	Q3 2020/21	82%	Q4 2020/21	67%	Q1 2021/22	76%	Q2 2021/22	72%	Q3 2021/22	74%	Q4 2021/22	72%	Q1 2022/23	74%	Q2 2022/23	80%			<p>Qtr 2 performance shows 80% of individuals waiting for psychological therapies are receiving treatment within the 18 week target, this continues the upward trend in the last 12 months and is up from 74% in the previous Qtr.</p>
Quarter	Percentage																																									
Q2 2018/19	51%																																									
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Q4 2021/22	72%																																									
Q1 2022/23	74%																																									
Q2 2022/23	80%																																									
<p>INCREASE - Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.</p>	<p>Q3 2021/22</p>	<p>98.0%</p>	<p>90.0%</p>	<p>Green</p>	<p><b>HSCP-ADP-05 Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</b></p> <table border="1"> <caption>HSCP-ADP-05 Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 2019/20</td><td>81.3%</td></tr> <tr><td>Q2 2019/20</td><td>71.7%</td></tr> <tr><td>Q3 2019/20</td><td>82.5%</td></tr> <tr><td>Q4 2019/20</td><td>89.0%</td></tr> <tr><td>Q1 2020/21</td><td>71.7%</td></tr> <tr><td>Q2 2020/21</td><td>64.0%</td></tr> <tr><td>Q3 2020/21</td><td>69.0%</td></tr> <tr><td>Q4 2020/21</td><td>88.0%</td></tr> <tr><td>Q1 2021/22</td><td>95.0%</td></tr> <tr><td>Q2 2021/22</td><td>69.0%</td></tr> <tr><td>Q3 2021/22</td><td>92.0%</td></tr> <tr><td>Q4 2021/22</td><td>98.0%</td></tr> </tbody> </table>	Quarter	Percentage	Q1 2019/20	81.3%	Q2 2019/20	71.7%	Q3 2019/20	82.5%	Q4 2019/20	89.0%	Q1 2020/21	71.7%	Q2 2020/21	64.0%	Q3 2020/21	69.0%	Q4 2020/21	88.0%	Q1 2021/22	95.0%	Q2 2021/22	69.0%	Q3 2021/22	92.0%	Q4 2021/22	98.0%			<p>Oct - Dec 2021 shows 98% clients had less than 3 weeks wait time to treatment showing a strong performance from the team and continuing the improvements achieved in 2020-21. Note this is based on management information at the current as we await formal reporting function to be launched from the new national DAISy (Drug and Alcohol Information System) database.</p>								
Quarter	Percentage																																									
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4. Working together to meet people's healthcare needs

Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																														
<p>DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting (NHSGGC data)</p>	<p>Q3 2021/22</p>	<p>6</p>	<p>0</p>	<p>Red</p>	<p><b>HSCP-GGC-DD3 Delayed discharge (NHSGGC data): people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting (excluding Code 9/AWI) (REDUCE)</b></p> <table border="1"> <caption>HSCP-GGC-DD3 Delayed discharge (NHSGGC data)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q3 2018/19</td><td>3</td></tr> <tr><td>Q4 2018/19</td><td>5</td></tr> <tr><td>Q1 2019/20</td><td>4</td></tr> <tr><td>Q2 2019/20</td><td>5</td></tr> <tr><td>Q3 2019/20</td><td>4</td></tr> <tr><td>Q4 2019/20</td><td>3</td></tr> <tr><td>Q1 2020/21</td><td>7</td></tr> <tr><td>Q2 2020/21</td><td>5</td></tr> <tr><td>Q3 2020/21</td><td>2</td></tr> <tr><td>Q4 2020/21</td><td>1</td></tr> <tr><td>Q1 2021/22</td><td>4</td></tr> <tr><td>Q2 2021/22</td><td>6</td></tr> <tr><td>Q3 2021/22</td><td>3</td></tr> <tr><td>Q4 2021/22</td><td>3</td></tr> <tr><td>Q1 2022/23</td><td>10</td></tr> <tr><td>Q2 2022/23</td><td>6</td></tr> <tr><td>Q3 2022/23</td><td>0</td></tr> </tbody> </table>	Quarter	Value	Q3 2018/19	3	Q4 2018/19	5	Q1 2019/20	4	Q2 2019/20	5	Q3 2019/20	4	Q4 2019/20	3	Q1 2020/21	7	Q2 2020/21	5	Q3 2020/21	2	Q4 2020/21	1	Q1 2021/22	4	Q2 2021/22	6	Q3 2021/22	3	Q4 2021/22	3	Q1 2022/23	10	Q2 2022/23	6	Q3 2022/23	0	<p>↓</p>	<p>↑</p>	<p>Data is weekly average for Qtr 3. This is down from 10 in Qtr 2.</p>										
Quarter	Value																																																					
Q3 2018/19	3																																																					
Q4 2018/19	5																																																					
Q1 2019/20	4																																																					
Q2 2019/20	5																																																					
Q3 2019/20	4																																																					
Q4 2019/20	3																																																					
Q1 2020/21	7																																																					
Q2 2020/21	5																																																					
Q3 2020/21	2																																																					
Q4 2020/21	1																																																					
Q1 2021/22	4																																																					
Q2 2021/22	6																																																					
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Q1 2022/23	10																																																					
Q2 2022/23	6																																																					
Q3 2022/23	0																																																					
<p>DECREASE - No. of A &amp; E Attendances (NHSGGC data)</p>	<p>Q3 2021/22</p>	<p>2,712</p>	<p>4,583</p>	<p>Green</p>	<p><b>HSCP-GGC-A&amp;E No. of A &amp; E Attendances (NHSGGC data) (REDUCE)</b></p> <table border="1"> <caption>HSCP-GGC-A&amp;E No. of A &amp; E Attendances (NHSGGC data)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 2017/18</td><td>3,205</td></tr> <tr><td>Q2 2017/18</td><td>3,128</td></tr> <tr><td>Q3 2017/18</td><td>3,161</td></tr> <tr><td>Q4 2017/18</td><td>3,093</td></tr> <tr><td>Q1 2018/19</td><td>12,587</td></tr> <tr><td>Q2 2018/19</td><td>3,250</td></tr> <tr><td>Q3 2018/19</td><td>3,212</td></tr> <tr><td>Q4 2018/19</td><td>3,273</td></tr> <tr><td>Q1 2019/20</td><td>3,208</td></tr> <tr><td>Q2 2019/20</td><td>12,943</td></tr> <tr><td>Q3 2019/20</td><td>3,272</td></tr> <tr><td>Q4 2019/20</td><td>3,391</td></tr> <tr><td>Q1 2020/21</td><td>3,270</td></tr> <tr><td>Q2 2020/21</td><td>2,815</td></tr> <tr><td>Q3 2020/21</td><td>2,343</td></tr> <tr><td>Q4 2020/21</td><td>2,766</td></tr> <tr><td>Q1 2021/22</td><td>2,374</td></tr> <tr><td>Q2 2021/22</td><td>2,371</td></tr> <tr><td>Q3 2021/22</td><td>9,854</td></tr> <tr><td>Q4 2021/22</td><td>3,176</td></tr> <tr><td>Q1 2022/23</td><td>3,073</td></tr> <tr><td>Q2 2022/23</td><td>2,712</td></tr> </tbody> </table>	Quarter	Value	Q1 2017/18	3,205	Q2 2017/18	3,128	Q3 2017/18	3,161	Q4 2017/18	3,093	Q1 2018/19	12,587	Q2 2018/19	3,250	Q3 2018/19	3,212	Q4 2018/19	3,273	Q1 2019/20	3,208	Q2 2019/20	12,943	Q3 2019/20	3,272	Q4 2019/20	3,391	Q1 2020/21	3,270	Q2 2020/21	2,815	Q3 2020/21	2,343	Q4 2020/21	2,766	Q1 2021/22	2,374	Q2 2021/22	2,371	Q3 2021/22	9,854	Q4 2021/22	3,176	Q1 2022/23	3,073	Q2 2022/23	2,712	<p>↑</p>	<p>↑</p>	<p>A&amp;E attendances have fallen significantly on Qtr2 (3,073) (Source NHSGGC Monthly Dashboard at February 2022)</p>
Quarter	Value																																																					
Q1 2017/18	3,205																																																					
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Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																																				
DECREASE - Number of Emergency Admissions: Adults (NHSGGC data)	Q3 2021/22	1,517	1,782	Green	<p><b>HSCP-GGC-EmerAd Number of Emergency Admissions: Adults (NHSGGC data) (REDUCE)</b></p> <table border="1"> <thead> <tr> <th>Year/Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>6,938</td></tr> <tr><td>Q1 2017/18</td><td>1,723</td></tr> <tr><td>Q2 2017/18</td><td>1,687</td></tr> <tr><td>Q3 2017/18</td><td>1,780</td></tr> <tr><td>Q4 2017/18</td><td>1,756</td></tr> <tr><td>2017/18</td><td>6,946</td></tr> <tr><td>Q1 2018/19</td><td>1,648</td></tr> <tr><td>Q2 2018/19</td><td>1,641</td></tr> <tr><td>Q3 2018/19</td><td>1,786</td></tr> <tr><td>Q4 2018/19</td><td>1,725</td></tr> <tr><td>2018/19</td><td>6,800</td></tr> <tr><td>Q1 2019/20</td><td>1,778</td></tr> <tr><td>Q2 2019/20</td><td>1,765</td></tr> <tr><td>Q3 2019/20</td><td>1,741</td></tr> <tr><td>Q4 2019/20</td><td>1,577</td></tr> <tr><td>2019/20</td><td>6,859</td></tr> <tr><td>Q1 2020/21</td><td>1,370</td></tr> <tr><td>Q2 2020/21</td><td>1,716</td></tr> <tr><td>Q3 2020/21</td><td>1,563</td></tr> <tr><td>Q4 2020/21</td><td>1,568</td></tr> <tr><td>2020/21</td><td>6,217</td></tr> <tr><td>Q1 2021/22</td><td>1,705</td></tr> <tr><td>Q2 2021/22</td><td>1,583</td></tr> <tr><td>Q3 2021/22</td><td>1,517</td></tr> </tbody> </table>	Year/Quarter	Value	2016/17	6,938	Q1 2017/18	1,723	Q2 2017/18	1,687	Q3 2017/18	1,780	Q4 2017/18	1,756	2017/18	6,946	Q1 2018/19	1,648	Q2 2018/19	1,641	Q3 2018/19	1,786	Q4 2018/19	1,725	2018/19	6,800	Q1 2019/20	1,778	Q2 2019/20	1,765	Q3 2019/20	1,741	Q4 2019/20	1,577	2019/20	6,859	Q1 2020/21	1,370	Q2 2020/21	1,716	Q3 2020/21	1,563	Q4 2020/21	1,568	2020/21	6,217	Q1 2021/22	1,705	Q2 2021/22	1,583	Q3 2021/22	1,517	↑	↑	Whilst annual hospital admissions were lower during the pandemic period (2020/21) and rose when lockdown restrictions were reduced they have fallen significantly this quarter from the previous Qtr 2 figure of 1,583		
Year/Quarter	Value																																																											
2016/17	6,938																																																											
Q1 2017/18	1,723																																																											
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Q3 2021/22	1,517																																																											
DECREASE - A & E Attendances from Care Homes (NHSGGC data)	Q3 2021/22	61	100	Green	<p><b>HSCP-GGC-CHA&amp;E A &amp; E Attendances from Care Homes (NHSGGC data) (REDUCE)</b></p> <table border="1"> <thead> <tr> <th>Year/Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q3 2016/17</td><td>106</td></tr> <tr><td>Q4 2016/17</td><td>150</td></tr> <tr><td>Q1 2017/18</td><td>138</td></tr> <tr><td>Q2 2017/18</td><td>130</td></tr> <tr><td>Q3 2017/18</td><td>103</td></tr> <tr><td>Q4 2017/18</td><td>541</td></tr> <tr><td>2017/18</td><td>541</td></tr> <tr><td>Q1 2018/19</td><td>111</td></tr> <tr><td>Q2 2018/19</td><td>102</td></tr> <tr><td>Q3 2018/19</td><td>108</td></tr> <tr><td>Q4 2018/19</td><td>109</td></tr> <tr><td>2018/19</td><td>430</td></tr> <tr><td>Q1 2019/20</td><td>87</td></tr> <tr><td>Q2 2019/20</td><td>105</td></tr> <tr><td>Q3 2019/20</td><td>118</td></tr> <tr><td>Q4 2019/20</td><td>84</td></tr> <tr><td>2019/20</td><td>394</td></tr> <tr><td>Q1 2020/21</td><td>61</td></tr> <tr><td>Q2 2020/21</td><td>53</td></tr> <tr><td>Q3 2020/21</td><td>63</td></tr> <tr><td>Q4 2020/21</td><td>59</td></tr> <tr><td>2020/21</td><td>236</td></tr> <tr><td>Q1 2021/22</td><td>82</td></tr> <tr><td>Q2 2021/22</td><td>49</td></tr> <tr><td>Q3 2021/22</td><td>61</td></tr> </tbody> </table>	Year/Quarter	Value	Q3 2016/17	106	Q4 2016/17	150	Q1 2017/18	138	Q2 2017/18	130	Q3 2017/18	103	Q4 2017/18	541	2017/18	541	Q1 2018/19	111	Q2 2018/19	102	Q3 2018/19	108	Q4 2018/19	109	2018/19	430	Q1 2019/20	87	Q2 2019/20	105	Q3 2019/20	118	Q4 2019/20	84	2019/20	394	Q1 2020/21	61	Q2 2020/21	53	Q3 2020/21	63	Q4 2020/21	59	2020/21	236	Q1 2021/22	82	Q2 2021/22	49	Q3 2021/22	61	↑	↓	A&E attendances from Care Homes remain comparatively low in Qtr 3 however attendances rose on Qtr 2 (49).
Year/Quarter	Value																																																											
Q3 2016/17	106																																																											
Q4 2016/17	150																																																											
Q1 2017/18	138																																																											
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Q1 2020/21	61																																																											
Q2 2020/21	53																																																											
Q3 2020/21	63																																																											
Q4 2020/21	59																																																											
2020/21	236																																																											
Q1 2021/22	82																																																											
Q2 2021/22	49																																																											
Q3 2021/22	61																																																											

Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																																						
DECREASE - Emergency Admissions from Care Homes (NHSGGC data)	Q3 2021/22	41	60	Green	<p><b>HSCP-GGC-CHEmerg Emergency Admissions from Care Homes (NHSGGC data) (REDUCE)</b></p> <table border="1"> <caption>HSCP-GGC-CHEmerg Emergency Admissions from Care Homes (NHSGGC data) (REDUCE)</caption> <thead> <tr> <th>Year/Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q3 2016/17</td><td>67</td></tr> <tr><td>Q4 2016/17</td><td>99</td></tr> <tr><td>Q1 2017/18</td><td>166</td></tr> <tr><td>Q2 2017/18</td><td>89</td></tr> <tr><td>Q3 2017/18</td><td>74</td></tr> <tr><td>Q4 2017/18</td><td>110</td></tr> <tr><td>Q1 2018/19</td><td>65</td></tr> <tr><td>Q2 2018/19</td><td>338</td></tr> <tr><td>Q3 2018/19</td><td>70</td></tr> <tr><td>Q4 2018/19</td><td>61</td></tr> <tr><td>Q1 2019/20</td><td>61</td></tr> <tr><td>Q2 2019/20</td><td>69</td></tr> <tr><td>Q3 2019/20</td><td>57</td></tr> <tr><td>Q4 2019/20</td><td>54</td></tr> <tr><td>Q1 2020/21</td><td>66</td></tr> <tr><td>Q2 2020/21</td><td>56</td></tr> <tr><td>Q3 2020/21</td><td>233</td></tr> <tr><td>Q4 2020/21</td><td>46</td></tr> <tr><td>Q1 2021/22</td><td>38</td></tr> <tr><td>Q2 2021/22</td><td>35</td></tr> <tr><td>Q3 2021/22</td><td>35</td></tr> <tr><td>Q4 2021/22</td><td>154</td></tr> <tr><td>Q1 2022/23</td><td>48</td></tr> <tr><td>Q2 2022/23</td><td>24</td></tr> <tr><td>Q3 2022/23</td><td>41</td></tr> <tr><td>Q4 2022/23</td><td>41</td></tr> </tbody> </table>	Year/Quarter	Value	Q3 2016/17	67	Q4 2016/17	99	Q1 2017/18	166	Q2 2017/18	89	Q3 2017/18	74	Q4 2017/18	110	Q1 2018/19	65	Q2 2018/19	338	Q3 2018/19	70	Q4 2018/19	61	Q1 2019/20	61	Q2 2019/20	69	Q3 2019/20	57	Q4 2019/20	54	Q1 2020/21	66	Q2 2020/21	56	Q3 2020/21	233	Q4 2020/21	46	Q1 2021/22	38	Q2 2021/22	35	Q3 2021/22	35	Q4 2021/22	154	Q1 2022/23	48	Q2 2022/23	24	Q3 2022/23	41	Q4 2022/23	41	↓	↓	Whilst emergency admissions from care homes have seen a consistent annual since 2017/18 this Qtr has seen a significant rise from Qtr 2 (24) to the previous year's levels.
Year/Quarter	Value																																																													
Q3 2016/17	67																																																													
Q4 2016/17	99																																																													
Q1 2017/18	166																																																													
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Q2 2022/23	24																																																													
Q3 2022/23	41																																																													
Q4 2022/23	41																																																													
DECREASE - Occupied Bed Days (Adult – non-elective) (NHSGGC data)	Qtr3 2021/22	49,389	58,220	Green	<p><b>HSCP-GGC-OBDOccupied Bed Days (Adult – non-elective) (REDUCE)</b></p> <table border="1"> <caption>HSCP-GGC-OBDOccupied Bed Days (Adult – non-elective) (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>66,792</td></tr> <tr><td>2017/18</td><td>67,347</td></tr> <tr><td>2018/19</td><td>63,068</td></tr> <tr><td>2019/20</td><td>61,767</td></tr> <tr><td>2020/21</td><td>58,336</td></tr> <tr><td>2021/22</td><td>49,389</td></tr> </tbody> </table>	Year	Value	2016/17	66,792	2017/18	67,347	2018/19	63,068	2019/20	61,767	2020/21	58,336	2021/22	49,389	↑	↑	Cumulative data to Qtr 3 (April - December 2021).																																								
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Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																												
DECREASE - No. of A & E Attendances - Adults	Q3 2021/22	2,605	3,056	Green	<p style="text-align: center;"><b>HSCP-MSG-A&amp;E-Ad No. of A &amp; E Attendances - Adults</b></p> <table border="1"> <caption>HSCP-MSG-A&amp;E-Ad No. of A &amp; E Attendances - Adults</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q4 2016/19</td><td>5,095</td></tr> <tr><td>Q1 2017/20</td><td>20,234</td></tr> <tr><td>Q2 2017/20</td><td>5,224</td></tr> <tr><td>Q3 2017/20</td><td>5,406</td></tr> <tr><td>Q4 2017/20</td><td>5,047</td></tr> <tr><td>Q1 2018/21</td><td>4,482</td></tr> <tr><td>Q2 2018/21</td><td>2,766</td></tr> <tr><td>Q3 2018/21</td><td>4,079</td></tr> <tr><td>Q4 2018/21</td><td>3,444</td></tr> <tr><td>Q1 2019/20</td><td>20,159</td></tr> <tr><td>Q2 2019/20</td><td>4,393</td></tr> <tr><td>Q3 2019/20</td><td>4,672</td></tr> <tr><td>Q4 2019/20</td><td>2,605</td></tr> <tr><td>Q4 2021/22</td><td>2,605</td></tr> </tbody> </table>	Quarter	Value	Q4 2016/19	5,095	Q1 2017/20	20,234	Q2 2017/20	5,224	Q3 2017/20	5,406	Q4 2017/20	5,047	Q1 2018/21	4,482	Q2 2018/21	2,766	Q3 2018/21	4,079	Q4 2018/21	3,444	Q1 2019/20	20,159	Q2 2019/20	4,393	Q3 2019/20	4,672	Q4 2019/20	2,605	Q4 2021/22	2,605	↑	↑	Data to November 2021. (Source: MSG, Scot Govt February 2022)														
Quarter	Value																																																			
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DECREASE - Number of Emergency Admissions: Adults (18+)	Q3 2021/22	1,662	1,781	Green	<p style="text-align: center;"><b>HSCP-MSG-EmerAd Number of Emergency Admissions: Adults</b></p> <table border="1"> <caption>HSCP-MSG-EmerAd Number of Emergency Admissions: Adults</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q4 2016/17</td><td>2,303</td></tr> <tr><td>Q1 2017/18</td><td>9,185</td></tr> <tr><td>Q2 2017/18</td><td>2,122</td></tr> <tr><td>Q3 2017/18</td><td>2,074</td></tr> <tr><td>Q4 2017/18</td><td>2,150</td></tr> <tr><td>Q1 2018/19</td><td>1,983</td></tr> <tr><td>Q2 2018/19</td><td>8,329</td></tr> <tr><td>Q3 2018/19</td><td>2,009</td></tr> <tr><td>Q4 2018/19</td><td>2,202</td></tr> <tr><td>Q1 2019/20</td><td>1,961</td></tr> <tr><td>Q2 2019/20</td><td>8,136</td></tr> <tr><td>Q3 2019/20</td><td>1,920</td></tr> <tr><td>Q4 2019/20</td><td>1,918</td></tr> <tr><td>Q1 2020/21</td><td>1,884</td></tr> <tr><td>Q2 2020/21</td><td>7,532</td></tr> <tr><td>Q3 2020/21</td><td>1,409</td></tr> <tr><td>Q4 2020/21</td><td>1,795</td></tr> <tr><td>Q1 2021/22</td><td>6,518</td></tr> <tr><td>Q2 2021/22</td><td>1,662</td></tr> <tr><td>Q3 2021/22</td><td>1,662</td></tr> <tr><td>Q4 2021/22</td><td>1,662</td></tr> </tbody> </table>	Quarter	Value	Q4 2016/17	2,303	Q1 2017/18	9,185	Q2 2017/18	2,122	Q3 2017/18	2,074	Q4 2017/18	2,150	Q1 2018/19	1,983	Q2 2018/19	8,329	Q3 2018/19	2,009	Q4 2018/19	2,202	Q1 2019/20	1,961	Q2 2019/20	8,136	Q3 2019/20	1,920	Q4 2019/20	1,918	Q1 2020/21	1,884	Q2 2020/21	7,532	Q3 2020/21	1,409	Q4 2020/21	1,795	Q1 2021/22	6,518	Q2 2021/22	1,662	Q3 2021/22	1,662	Q4 2021/22	1,662	↑	↑	Based on monthly provisional data to Oct-Dec 2021 (Source: MSG Scottish Govt, March 2022)
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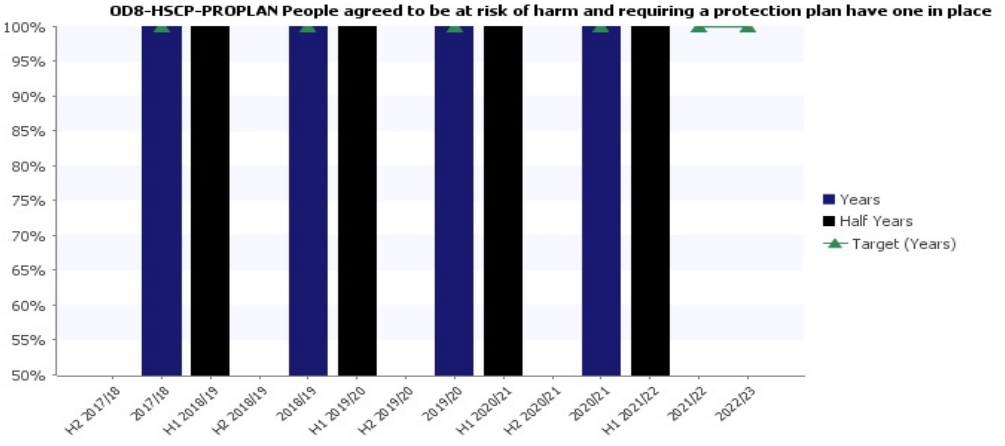


Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																																								
<p>DECREASE -                      Unscheduled Hospital (Acute) Bed Days: Adults (18+)</p>	<p>Q3                      2021/22</p>	<p>13,033</p>	<p>14,715</p>	<p>Green</p>	<p><b>HSCP-MSG-Unsched Unscheduled Hospital (Acute) Bed Days: Adults</b></p> <table border="1"> <caption>HSCP-MSG-Unsched Unscheduled Hospital (Acute) Bed Days: Adults</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q3 2018/19</td><td>16,272</td></tr> <tr><td>Q4 2018/19</td><td>15,085</td></tr> <tr><td>2018/19</td><td>60,007</td></tr> <tr><td>Q1 2019/20</td><td>14,983</td></tr> <tr><td>Q2 2019/20</td><td>14,938</td></tr> <tr><td>Q3 2019/20</td><td>16,484</td></tr> <tr><td>Q4 2019/20</td><td>16,451</td></tr> <tr><td>2019/20</td><td>62,856</td></tr> <tr><td>Q1 2020/21</td><td>11,983</td></tr> <tr><td>Q2 2020/21</td><td>14,298</td></tr> <tr><td>Q3 2020/21</td><td>15,731</td></tr> <tr><td>Q4 2020/21</td><td>116,075</td></tr> <tr><td>2020/21</td><td>58,087</td></tr> <tr><td>Q1 2021/22</td><td>16,195</td></tr> <tr><td>Q2 2021/22</td><td>16,536</td></tr> <tr><td>Q3 2021/22</td><td>13,033</td></tr> <tr><td>Q4 2021/22</td><td>-</td></tr> <tr><td>2021/22</td><td>-</td></tr> </tbody> </table>	Quarter	Value	Q3 2018/19	16,272	Q4 2018/19	15,085	2018/19	60,007	Q1 2019/20	14,983	Q2 2019/20	14,938	Q3 2019/20	16,484	Q4 2019/20	16,451	2019/20	62,856	Q1 2020/21	11,983	Q2 2020/21	14,298	Q3 2020/21	15,731	Q4 2020/21	116,075	2020/21	58,087	Q1 2021/22	16,195	Q2 2021/22	16,536	Q3 2021/22	13,033	Q4 2021/22	-	2021/22	-			<p>Based on interim data Oct - Dec 2021, data corrected back to April 2021 released March 2022. (Source: MSG Scottish Govt, March 2022)</p>																		
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<p>INCREASE -                      Health and Social Care Integration - Core Suite of Indicators NI-15: Proportion of last 6 months of life spent at home or in a community setting</p>	<p>2020/21</p>	<p>90%</p>	<p>86%</p>	<p>Green</p>	<p><b>HSCP-NI-15 Proportion of last 6 months of life spent at home or in a community setting (INCREASE)</b></p> <table border="1"> <caption>HSCP-NI-15 Proportion of last 6 months of life spent at home or in a community setting (INCREASE)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q4 2015/16</td><td>86%</td></tr> <tr><td>Q1 2016/17</td><td>86%</td></tr> <tr><td>Q2 2016/17</td><td>86%</td></tr> <tr><td>Q3 2016/17</td><td>86%</td></tr> <tr><td>Q4 2016/17</td><td>86%</td></tr> <tr><td>2016/17</td><td>86%</td></tr> <tr><td>Q1 2017/18</td><td>86%</td></tr> <tr><td>Q2 2017/18</td><td>86%</td></tr> <tr><td>Q3 2017/18</td><td>86%</td></tr> <tr><td>Q4 2017/18</td><td>86%</td></tr> <tr><td>2017/18</td><td>86%</td></tr> <tr><td>Q1 2018/19</td><td>86%</td></tr> <tr><td>Q2 2018/19</td><td>86%</td></tr> <tr><td>Q3 2018/19</td><td>86%</td></tr> <tr><td>Q4 2018/19</td><td>86%</td></tr> <tr><td>2018/19</td><td>86%</td></tr> <tr><td>Q1 2019/20</td><td>86%</td></tr> <tr><td>Q2 2019/20</td><td>86%</td></tr> <tr><td>Q3 2019/20</td><td>86%</td></tr> <tr><td>Q4 2019/20</td><td>86%</td></tr> <tr><td>2019/20</td><td>89%</td></tr> <tr><td>Q1 2020/21</td><td>89%</td></tr> <tr><td>Q2 2020/21</td><td>89%</td></tr> <tr><td>Q3 2020/21</td><td>89%</td></tr> <tr><td>Q4 2020/21</td><td>89%</td></tr> <tr><td>2020/21</td><td>90%</td></tr> <tr><td>2021/22</td><td>-</td></tr> </tbody> </table>	Quarter	Value	Q4 2015/16	86%	Q1 2016/17	86%	Q2 2016/17	86%	Q3 2016/17	86%	Q4 2016/17	86%	2016/17	86%	Q1 2017/18	86%	Q2 2017/18	86%	Q3 2017/18	86%	Q4 2017/18	86%	2017/18	86%	Q1 2018/19	86%	Q2 2018/19	86%	Q3 2018/19	86%	Q4 2018/19	86%	2018/19	86%	Q1 2019/20	86%	Q2 2019/20	86%	Q3 2019/20	86%	Q4 2019/20	86%	2019/20	89%	Q1 2020/21	89%	Q2 2020/21	89%	Q3 2020/21	89%	Q4 2020/21	89%	2020/21	90%	2021/22	-			<p>Our performance for end-of-life care has improved from 89% in 2019/20 and is equivalent to the national average. Data at December 2021 (Source: Public Health Scotland)</p>
Quarter	Value																																																															
Q4 2015/16	86%																																																															
Q1 2016/17	86%																																																															
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2021/22	-																																																															

**5. Working together with carers to be able to exercise choice and control**

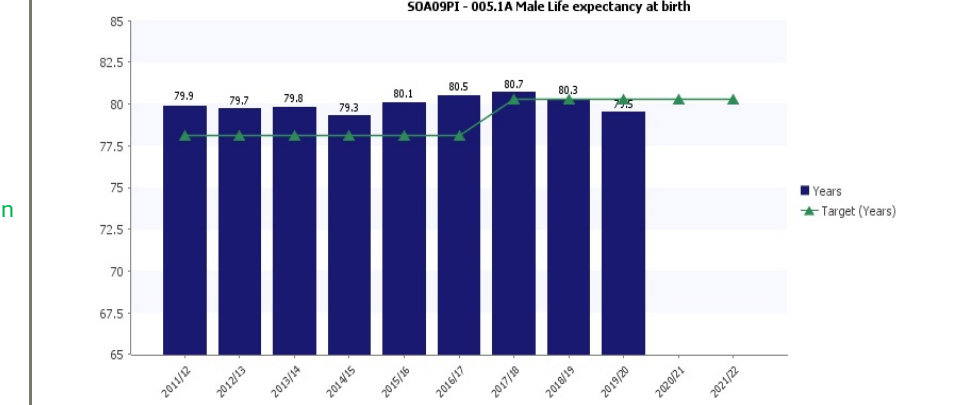


Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																								
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	Q3 2021/22	83%	73%	Green	<p><b>HSCP-TP-7 People reporting 'quality of life for carers' needs fully met (%) (INCREASE)</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>Q4 2017/18</td><td>78%</td></tr> <tr><td>Q1 2018/18</td><td>72%</td></tr> <tr><td>Q2 2018/18</td><td>57%</td></tr> <tr><td>Q3 2018/18</td><td>76%</td></tr> <tr><td>Q4 2018/18</td><td>100%</td></tr> <tr><td>Q1 2019/19</td><td>78%</td></tr> <tr><td>Q2 2019/19</td><td>78%</td></tr> <tr><td>Q3 2019/19</td><td>87%</td></tr> <tr><td>Q4 2019/19</td><td>86%</td></tr> <tr><td>Q1 2020/20</td><td>96%</td></tr> <tr><td>Q2 2020/20</td><td>92%</td></tr> <tr><td>Q3 2020/20</td><td>95%</td></tr> <tr><td>Q4 2020/20</td><td>95%</td></tr> <tr><td>Q1 2021/21</td><td>72%</td></tr> <tr><td>Q2 2021/21</td><td>91%</td></tr> <tr><td>Q3 2021/21</td><td>97%</td></tr> <tr><td>Q4 2021/21</td><td>97%</td></tr> <tr><td>Q1 2022/22</td><td>83%</td></tr> <tr><td>Q2 2022/22</td><td>92%</td></tr> </tbody> </table>	Quarter	Value (%)	Q4 2017/18	78%	Q1 2018/18	72%	Q2 2018/18	57%	Q3 2018/18	76%	Q4 2018/18	100%	Q1 2019/19	78%	Q2 2019/19	78%	Q3 2019/19	87%	Q4 2019/19	86%	Q1 2020/20	96%	Q2 2020/20	92%	Q3 2020/20	95%	Q4 2020/20	95%	Q1 2021/21	72%	Q2 2021/21	91%	Q3 2021/21	97%	Q4 2021/21	97%	Q1 2022/22	83%	Q2 2022/22	92%	↓	↓	In Qtr 3 of the total 12 valid responses 10 reported their needs met.
Quarter	Value (%)																																															
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Q1 2018/18	72%																																															
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**6. Working together with our partners to support people to stop offending**

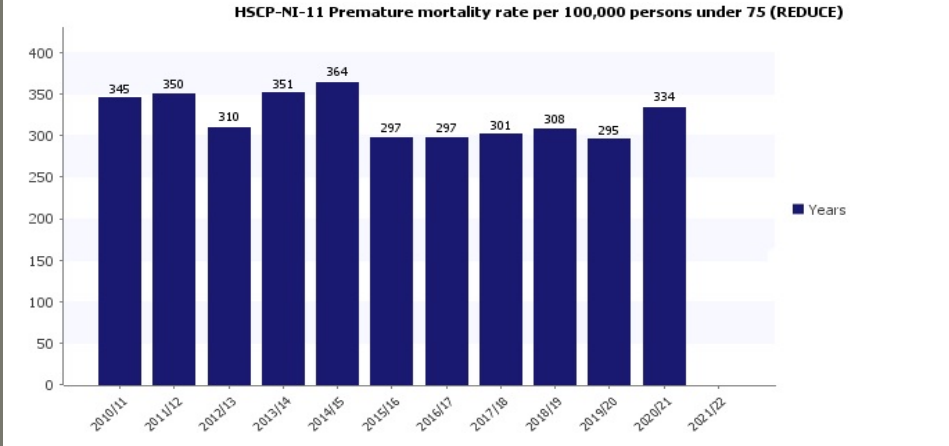
Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																																				
INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	Q3 2021/22	90%	80%	Green	<p><b>CJOP-PI-6a Community Payback Orders - Percentage of unpaid work placement completions within Court timescales (INCREASE)</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>Q4 2016/17</td><td>96%</td></tr> <tr><td>Q1 2017/18</td><td>96%</td></tr> <tr><td>Q2 2017/18</td><td>88%</td></tr> <tr><td>Q3 2017/18</td><td>91%</td></tr> <tr><td>Q4 2017/18</td><td>88%</td></tr> <tr><td>Q1 2018/18</td><td>92%</td></tr> <tr><td>Q2 2018/18</td><td>81%</td></tr> <tr><td>Q3 2018/18</td><td>71%</td></tr> <tr><td>Q4 2018/18</td><td>88%</td></tr> <tr><td>Q1 2019/19</td><td>95%</td></tr> <tr><td>Q2 2019/19</td><td>84%</td></tr> <tr><td>Q3 2019/19</td><td>72%</td></tr> <tr><td>Q4 2019/19</td><td>72%</td></tr> <tr><td>Q1 2020/20</td><td>53%</td></tr> <tr><td>Q2 2020/20</td><td>88%</td></tr> <tr><td>Q3 2020/20</td><td>71%</td></tr> <tr><td>Q4 2020/20</td><td>0%</td></tr> <tr><td>Q1 2021/21</td><td>100%</td></tr> <tr><td>Q2 2021/21</td><td>100%</td></tr> <tr><td>Q3 2021/21</td><td>100%</td></tr> <tr><td>Q4 2021/21</td><td>75%</td></tr> <tr><td>Q1 2022/22</td><td>60%</td></tr> <tr><td>Q2 2022/22</td><td>79%</td></tr> <tr><td>Q3 2022/22</td><td>90%</td></tr> <tr><td>Q4 2022/22</td><td>70%</td></tr> </tbody> </table>	Quarter	Value (%)	Q4 2016/17	96%	Q1 2017/18	96%	Q2 2017/18	88%	Q3 2017/18	91%	Q4 2017/18	88%	Q1 2018/18	92%	Q2 2018/18	81%	Q3 2018/18	71%	Q4 2018/18	88%	Q1 2019/19	95%	Q2 2019/19	84%	Q3 2019/19	72%	Q4 2019/19	72%	Q1 2020/20	53%	Q2 2020/20	88%	Q3 2020/20	71%	Q4 2020/20	0%	Q1 2021/21	100%	Q2 2021/21	100%	Q3 2021/21	100%	Q4 2021/21	75%	Q1 2022/22	60%	Q2 2022/22	79%	Q3 2022/22	90%	Q4 2022/22	70%	↑	↑	This continues the upward trend this year, up from 79% last quarter and 60% in Qtr 1.
Quarter	Value (%)																																																											
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Q3 2022/22	90%																																																											
Q4 2022/22	70%																																																											

<p>INCREASE - People agreed to be at risk of harm and requiring a protection plan have one in place</p>	<p>Q3 2021/22</p>	<p>100%</p>	<p>100%</p>	<p>Green</p>				<p>All residents identified as at risk of harm by the HSCP have a bespoke protection plan in place.</p>
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**7. Working together with individuals and communities to tackle health inequalities**

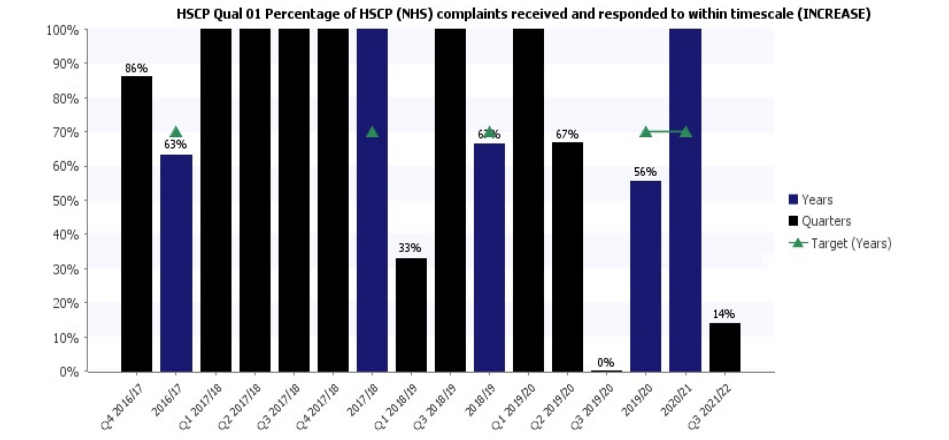
Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
<p>INCREASE - Male Life expectancy at birth</p>	<p>2019/20</p>	<p>79.5</p>	<p>80.3</p>	<p>Green</p>				<p>Male life expectancy has fallen on the previous estimate of 80.3 years. The Scottish average was 76.8 years of age. (Source: NRS Sept 2021)</p>

<p>INCREASE - Female life expectancy at birth</p>	<p>2019/20</p>	<p>84</p>	<p>84</p>	<p>Green</p>				<p>Female life expectancy has remained stable over the past couple of years and compares favourably to the Scottish average of 81 years of age. (Source: NRS Sept 2021)</p>
<p>INCREASE - Breastfeeding at 6-8 weeks in 15% most deprived SIMD data zones.</p>	<p>2020/21</p>	<p>8%</p>	<p>25%</p>	<p>Red</p>				<p>The figure of 8% is taken from Public Health Scotland Infant Feeding Dashboard. This corresponds to exclusive breastfeeding in SIMD 1 (most deprived) as recorded at the 6-8 week child health review for the period October 2020 - October 2021. For SIMD 2 the rate was 28%.</p>

<p>DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate)</p>	<p>2020/21</p>	<p>334</p>	<p>Data Only</p>	 <p>HSCP-NI-11 Premature mortality rate per 100,000 persons under 75 (REDUCE)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Mortality Rate</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>345</td></tr> <tr><td>2011/12</td><td>350</td></tr> <tr><td>2012/13</td><td>310</td></tr> <tr><td>2013/14</td><td>351</td></tr> <tr><td>2014/15</td><td>364</td></tr> <tr><td>2015/16</td><td>297</td></tr> <tr><td>2016/17</td><td>297</td></tr> <tr><td>2017/18</td><td>301</td></tr> <tr><td>2018/19</td><td>308</td></tr> <tr><td>2019/20</td><td>295</td></tr> <tr><td>2020/21</td><td>334</td></tr> <tr><td>2021/22</td><td>-</td></tr> </tbody> </table>	Year	Mortality Rate	2010/11	345	2011/12	350	2012/13	310	2013/14	351	2014/15	364	2015/16	297	2016/17	297	2017/18	301	2018/19	308	2019/20	295	2020/21	334	2021/22	-	<p>↓</p>	<p>↓</p>	<p>This is a fall on the 2018 figure (295). In comparison the Scotland rate in 2020 was 457 per 100,000. (Source: Public Health Scotland, December 2021)</p>
Year	Mortality Rate																																
2010/11	345																																
2011/12	350																																
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2014/15	364																																
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2020/21	334																																
2021/22	-																																

**9. Organisational outcomes**

**9.1 Our customers**

Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																		
<p>INCREASE - Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation)</p>	<p>Q3 2021/22</p>	<p>14%</p>	<p>70%</p>	<p>Red</p>	 <p>HSCP Qual 01 Percentage of HSCP (NHS) complaints received and responded to within timescale (INCREASE)</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q4 2016/17</td><td>86%</td></tr> <tr><td>Q1 2017/18</td><td>63%</td></tr> <tr><td>Q2 2017/18</td><td>100%</td></tr> <tr><td>Q3 2017/18</td><td>100%</td></tr> <tr><td>Q4 2017/18</td><td>100%</td></tr> <tr><td>Q1 2018/19</td><td>100%</td></tr> <tr><td>Q2 2018/19</td><td>33%</td></tr> <tr><td>Q3 2018/19</td><td>100%</td></tr> <tr><td>Q4 2018/19</td><td>66%</td></tr> <tr><td>Q1 2019/20</td><td>100%</td></tr> <tr><td>Q2 2019/20</td><td>67%</td></tr> <tr><td>Q3 2019/20</td><td>0%</td></tr> <tr><td>Q4 2019/20</td><td>56%</td></tr> <tr><td>Q1 2020/21</td><td>100%</td></tr> <tr><td>Q2 2020/21</td><td>14%</td></tr> <tr><td>Q3 2020/21</td><td>14%</td></tr> </tbody> </table>	Quarter	Percentage	Q4 2016/17	86%	Q1 2017/18	63%	Q2 2017/18	100%	Q3 2017/18	100%	Q4 2017/18	100%	Q1 2018/19	100%	Q2 2018/19	33%	Q3 2018/19	100%	Q4 2018/19	66%	Q1 2019/20	100%	Q2 2019/20	67%	Q3 2019/20	0%	Q4 2019/20	56%	Q1 2020/21	100%	Q2 2020/21	14%	Q3 2020/21	14%	<p>↓</p>	<p>↓</p>	<p>Of the 7 NHS complaints received during Q3, only 1 was responded to within target timescales. 2 were categorised as frontline and 5 were dealt with as stage 2 investigations. Delays were mainly due to the complex nature of the investigations; in the majority of cases an extension was agreed with the complainant</p>
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Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																																																																																								
<p>INCREASE - Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation)</p>	<p>Q3 2021/22</p>	<p>71%</p>	<p>100%</p>	<p>Red</p>	<p><b>HSCP Qual 02 Percentage of HSCP (local authority) complaints received and responded to within timescale (INCREASE)</b></p> <table border="1"> <caption>HSCP Qual 02 Percentage of HSCP (local authority) complaints received and responded to within timescale (INCREASE)</caption> <thead> <tr> <th>Period</th> <th>Years (%)</th> <th>Quarters (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Q4 2016/17</td><td>68%</td><td>74%</td><td>95%</td></tr> <tr><td>2016/17</td><td>68%</td><td>74%</td><td>95%</td></tr> <tr><td>Q1 2017/18</td><td>82%</td><td>82%</td><td>95%</td></tr> <tr><td>Q2 2017/18</td><td>93%</td><td>93%</td><td>95%</td></tr> <tr><td>Q3 2017/18</td><td>74%</td><td>74%</td><td>95%</td></tr> <tr><td>Q4 2017/18</td><td>75%</td><td>75%</td><td>95%</td></tr> <tr><td>2017/18</td><td>81%</td><td>81%</td><td>95%</td></tr> <tr><td>Q1 2018/19</td><td>64%</td><td>64%</td><td>95%</td></tr> <tr><td>Q2 2018/19</td><td>83%</td><td>83%</td><td>95%</td></tr> <tr><td>Q3 2018/19</td><td>58%</td><td>58%</td><td>95%</td></tr> <tr><td>Q4 2018/19</td><td>83%</td><td>83%</td><td>95%</td></tr> <tr><td>2018/19</td><td>72%</td><td>72%</td><td>95%</td></tr> <tr><td>Q1 2019/20</td><td>70%</td><td>70%</td><td>95%</td></tr> <tr><td>Q2 2019/20</td><td>67%</td><td>67%</td><td>95%</td></tr> <tr><td>Q3 2019/20</td><td>79%</td><td>79%</td><td>95%</td></tr> <tr><td>2019/20</td><td>72%</td><td>72%</td><td>95%</td></tr> <tr><td>Q3 2021/22</td><td>71%</td><td>71%</td><td>95%</td></tr> </tbody> </table>	Period	Years (%)	Quarters (%)	Target (%)	Q4 2016/17	68%	74%	95%	2016/17	68%	74%	95%	Q1 2017/18	82%	82%	95%	Q2 2017/18	93%	93%	95%	Q3 2017/18	74%	74%	95%	Q4 2017/18	75%	75%	95%	2017/18	81%	81%	95%	Q1 2018/19	64%	64%	95%	Q2 2018/19	83%	83%	95%	Q3 2018/19	58%	58%	95%	Q4 2018/19	83%	83%	95%	2018/19	72%	72%	95%	Q1 2019/20	70%	70%	95%	Q2 2019/20	67%	67%	95%	Q3 2019/20	79%	79%	95%	2019/20	72%	72%	95%	Q3 2021/22	71%	71%	95%			<p>There were 17 local authority complaints in Q3; 15 frontline and 2 investigation. 67% frontline complaints were responded to within timescale. 100% of stage 2 investigations were responded to on time.</p>																																
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<p>DECREASE - Average time in working days to respond to complaints at stage one (HSCP)</p>	<p>Q3 2021/22</p>	<p>5.2</p>	<p>5</p>	<p>Red</p>	<p><b>SPS004aHSCP The average time in working days to respond to complaints at stage one (HSCP) (REDUCE)</b></p> <table border="1"> <caption>SPS004aHSCP The average time in working days to respond to complaints at stage one (HSCP) (REDUCE)</caption> <thead> <tr> <th>Period</th> <th>Years (days)</th> <th>Quarters (days)</th> <th>Target (days)</th> </tr> </thead> <tbody> <tr><td>Q1 2017/18</td><td>3.8</td><td>3.8</td><td>17.5</td></tr> <tr><td>Q2 2017/18</td><td>3.7</td><td>3.7</td><td>17.5</td></tr> <tr><td>Q3 2017/18</td><td>5</td><td>5</td><td>17.5</td></tr> <tr><td>Q4 2017/18</td><td>8.1</td><td>8.1</td><td>17.5</td></tr> <tr><td>2017/18</td><td>6.8</td><td>6.8</td><td>17.5</td></tr> <tr><td>Q1 2018/19</td><td>12.5</td><td>12.5</td><td>17.5</td></tr> <tr><td>Q2 2018/19</td><td>6.9</td><td>6.9</td><td>17.5</td></tr> <tr><td>Q3 2018/19</td><td>4.3</td><td>4.3</td><td>17.5</td></tr> <tr><td>Q4 2018/19</td><td>4.6</td><td>4.6</td><td>17.5</td></tr> <tr><td>2018/19</td><td>3.9</td><td>3.9</td><td>17.5</td></tr> <tr><td>Q1 2019/20</td><td>5.1</td><td>5.1</td><td>17.5</td></tr> <tr><td>Q2 2019/20</td><td>4</td><td>4</td><td>17.5</td></tr> <tr><td>Q3 2019/20</td><td>7.2</td><td>7.2</td><td>17.5</td></tr> <tr><td>Q4 2019/20</td><td>5.4</td><td>5.4</td><td>17.5</td></tr> <tr><td>2019/20</td><td>18.3</td><td>18.3</td><td>17.5</td></tr> <tr><td>Q1 2020/21</td><td>8.2</td><td>8.2</td><td>17.5</td></tr> <tr><td>Q2 2020/21</td><td>8</td><td>8</td><td>17.5</td></tr> <tr><td>Q3 2020/21</td><td>9.4</td><td>9.4</td><td>17.5</td></tr> <tr><td>Q4 2020/21</td><td>8.7</td><td>8.7</td><td>17.5</td></tr> <tr><td>2020/21</td><td>3.1</td><td>3.1</td><td>17.5</td></tr> <tr><td>Q1 2021/22</td><td>11.7</td><td>11.7</td><td>17.5</td></tr> <tr><td>Q2 2021/22</td><td>5.2</td><td>5.2</td><td>17.5</td></tr> <tr><td>Q3 2021/22</td><td>5.2</td><td>5.2</td><td>17.5</td></tr> <tr><td>Q4 2021/22</td><td>5.2</td><td>5.2</td><td>17.5</td></tr> <tr><td>2021/22</td><td>5.2</td><td>5.2</td><td>17.5</td></tr> </tbody> </table>	Period	Years (days)	Quarters (days)	Target (days)	Q1 2017/18	3.8	3.8	17.5	Q2 2017/18	3.7	3.7	17.5	Q3 2017/18	5	5	17.5	Q4 2017/18	8.1	8.1	17.5	2017/18	6.8	6.8	17.5	Q1 2018/19	12.5	12.5	17.5	Q2 2018/19	6.9	6.9	17.5	Q3 2018/19	4.3	4.3	17.5	Q4 2018/19	4.6	4.6	17.5	2018/19	3.9	3.9	17.5	Q1 2019/20	5.1	5.1	17.5	Q2 2019/20	4	4	17.5	Q3 2019/20	7.2	7.2	17.5	Q4 2019/20	5.4	5.4	17.5	2019/20	18.3	18.3	17.5	Q1 2020/21	8.2	8.2	17.5	Q2 2020/21	8	8	17.5	Q3 2020/21	9.4	9.4	17.5	Q4 2020/21	8.7	8.7	17.5	2020/21	3.1	3.1	17.5	Q1 2021/22	11.7	11.7	17.5	Q2 2021/22	5.2	5.2	17.5	Q3 2021/22	5.2	5.2	17.5	Q4 2021/22	5.2	5.2	17.5	2021/22	5.2	5.2	17.5			<p>ERC Corporate figures, down from 11.7 in Qtr2</p>
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<p>DECREASE - Average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP)</p>	<p>Q3 2021/22</p>	<p>34.7</p>	<p>20</p>	<p>Red</p>	<p><b>SP5004dHSCP The average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP) (REDUCE)</b></p> <table border="1"> <caption>SP5004dHSCP Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 2017/18</td><td>38.1</td></tr> <tr><td>Q2 2017/18</td><td>23.9</td></tr> <tr><td>Q3 2017/18</td><td>15</td></tr> <tr><td>Q4 2017/18</td><td>34.4</td></tr> <tr><td>2017/18</td><td>20</td></tr> <tr><td>Q1 2018/19</td><td>26.2</td></tr> <tr><td>Q2 2018/19</td><td>37.4</td></tr> <tr><td>Q3 2018/19</td><td>24.7</td></tr> <tr><td>Q4 2018/19</td><td>30.3</td></tr> <tr><td>2018/19</td><td>25.7</td></tr> <tr><td>Q1 2019/20</td><td>17.6</td></tr> <tr><td>Q2 2019/20</td><td>21.2</td></tr> <tr><td>Q3 2019/20</td><td>27.4</td></tr> <tr><td>Q4 2019/20</td><td>23.4</td></tr> <tr><td>2019/20</td><td>22.2</td></tr> <tr><td>Q1 2020/21</td><td>29.4</td></tr> <tr><td>Q2 2020/21</td><td>22.3</td></tr> <tr><td>Q3 2020/21</td><td>25.7</td></tr> <tr><td>Q4 2020/21</td><td>27.8</td></tr> <tr><td>2020/21</td><td>34.8</td></tr> <tr><td>Q1 2021/22</td><td>21.8</td></tr> <tr><td>Q2 2021/22</td><td>27</td></tr> <tr><td>Q3 2021/22</td><td>34.7</td></tr> <tr><td>Q4 2021/22</td><td></td></tr> </tbody> </table>	Quarter	Value	Q1 2017/18	38.1	Q2 2017/18	23.9	Q3 2017/18	15	Q4 2017/18	34.4	2017/18	20	Q1 2018/19	26.2	Q2 2018/19	37.4	Q3 2018/19	24.7	Q4 2018/19	30.3	2018/19	25.7	Q1 2019/20	17.6	Q2 2019/20	21.2	Q3 2019/20	27.4	Q4 2019/20	23.4	2019/20	22.2	Q1 2020/21	29.4	Q2 2020/21	22.3	Q3 2020/21	25.7	Q4 2020/21	27.8	2020/21	34.8	Q1 2021/22	21.8	Q2 2021/22	27	Q3 2021/22	34.7	Q4 2021/22				<p>ERC Corporate figures, up from 27 days in Qtr 2</p>
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<p>DECREASE - The total number of complaints received - HSCP</p>	<p>Q3 2021/22</p>	<p>22</p>	<p>Data Only</p>		<p><b>SP50001HSCP The total number of complaints received (HSCP) (REDUCE)</b></p> <table border="1"> <caption>SP50001HSCP Data</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 2017/18</td><td>21</td></tr> <tr><td>Q2 2017/18</td><td>14</td></tr> <tr><td>Q3 2017/18</td><td>14</td></tr> <tr><td>Q4 2017/18</td><td>19</td></tr> <tr><td>2017/18</td><td>68</td></tr> <tr><td>Q1 2018/19</td><td>26</td></tr> <tr><td>Q2 2018/19</td><td>19</td></tr> <tr><td>Q3 2018/19</td><td>22</td></tr> <tr><td>Q4 2018/19</td><td>59</td></tr> <tr><td>2018/19</td><td>125</td></tr> <tr><td>Q1 2019/20</td><td>42</td></tr> <tr><td>Q2 2019/20</td><td>39</td></tr> <tr><td>Q3 2019/20</td><td>39</td></tr> <tr><td>Q4 2019/20</td><td>48</td></tr> <tr><td>2019/20</td><td>168</td></tr> <tr><td>Q1 2020/21</td><td>18</td></tr> <tr><td>Q2 2020/21</td><td>27</td></tr> <tr><td>Q3 2020/21</td><td>29</td></tr> <tr><td>Q4 2020/21</td><td>23</td></tr> <tr><td>2020/21</td><td>96</td></tr> <tr><td>Q1 2021/22</td><td>13</td></tr> <tr><td>Q2 2021/22</td><td>21</td></tr> <tr><td>Q3 2021/22</td><td>22</td></tr> <tr><td>Q4 2021/22</td><td></td></tr> </tbody> </table>	Quarter	Value	Q1 2017/18	21	Q2 2017/18	14	Q3 2017/18	14	Q4 2017/18	19	2017/18	68	Q1 2018/19	26	Q2 2018/19	19	Q3 2018/19	22	Q4 2018/19	59	2018/19	125	Q1 2019/20	42	Q2 2019/20	39	Q3 2019/20	39	Q4 2019/20	48	2019/20	168	Q1 2020/21	18	Q2 2020/21	27	Q3 2020/21	29	Q4 2020/21	23	2020/21	96	Q1 2021/22	13	Q2 2021/22	21	Q3 2021/22	22	Q4 2021/22				<p>ERC Corporate figures. No significant increase from previous quarter (21 in Qtr 2).</p>
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INCREASE - Payment of invoices: Percentage invoices paid within agreed period (30 days)	Q3 2021/22	75.7%	90%	Red	<p><b>CHCP-IN02 Payment of invoices: Percentage invoices paid within agreed period (30 days) (INCREASE)</b></p> <table border="1"> <caption>CHCP-IN02 Payment of invoices: Percentage invoices paid within agreed period (30 days) (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>84.2%</td> </tr> <tr> <td>2018/19</td> <td>73.9%</td> </tr> <tr> <td>Q3 2019/20</td> <td>76.6%</td> </tr> <tr> <td>2020/21</td> <td>68.8%</td> </tr> <tr> <td>Q3 2021/22</td> <td>75.7%</td> </tr> </tbody> </table>	Year	Percentage	2017/18	84.2%	2018/19	73.9%	Q3 2019/20	76.6%	2020/21	68.8%	Q3 2021/22	75.7%	↓	▬	Data at end of December 2021. Although our invoice processing performance shows an improvement compared to 2020/21, we continue to miss target. Staff absence has impacted the team both in terms of new ways of working, but more so in terms of staff capacity.												
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<p>The Net Cost of Residential Care Services per Older Adult (+65) per Week</p>	<p>2020/21</p>	<p>£273</p>	<p>Data Only</p>	<table border="1"> <caption>SW05 Net Cost of Residential Care Services per Older Adult (+65) per Week (REDUCE)</caption> <thead> <tr> <th>Year</th> <th>Net Cost (£)</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>£353</td></tr> <tr><td>2011/12</td><td>£388</td></tr> <tr><td>2012/13</td><td>£377</td></tr> <tr><td>2013/14</td><td>£370</td></tr> <tr><td>2014/15</td><td>£364</td></tr> <tr><td>2015/16</td><td>£326</td></tr> <tr><td>2016/17</td><td>£233</td></tr> <tr><td>2017/18</td><td>£165</td></tr> <tr><td>2018/19</td><td>£160</td></tr> <tr><td>2019/20</td><td>£170</td></tr> <tr><td>2020/21</td><td>£273</td></tr> <tr><td>2021/22</td><td>-</td></tr> </tbody> </table>	Year	Net Cost (£)	2010/11	£353	2011/12	£388	2012/13	£377	2013/14	£370	2014/15	£364	2015/16	£326	2016/17	£233	2017/18	£165	2018/19	£160	2019/20	£170	2020/21	£273	2021/22	-	<p>↓</p>	<p>↓</p>	<p>Latest available data at March 2022 shows East Renfrewshire's figure (£273) was below the national average of £439 in 2020/21 and was the lowest in our LGBF family group (Source: Improvement Service 2022)</p>
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9.3 Our people

Description	Last Update	Current Value	Current Target	Traffic Light	Trend Graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																												
<p>DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff</p>	<p>Q3 2021/22</p>	<p>6.7%</p>	<p>4.0%</p>	<p>Red</p>	<table border="1"> <caption>HSCP-AB05d Sickness absence (%) NHS (REDUCE)</caption> <thead> <tr> <th>Quarter</th> <th>Sickness Absence (%)</th> </tr> </thead> <tbody> <tr><td>Q4 2016/17</td><td>8.2%</td></tr> <tr><td>Q1 2017/18</td><td>7.2%</td></tr> <tr><td>Q2 2017/18</td><td>8.5%</td></tr> <tr><td>Q3 2017/18</td><td>7.5%</td></tr> <tr><td>Q4 2017/18</td><td>7.5%</td></tr> <tr><td>Q1 2018/19</td><td>7.0%</td></tr> <tr><td>Q2 2018/19</td><td>7.0%</td></tr> <tr><td>Q3 2018/19</td><td>7.0%</td></tr> <tr><td>Q4 2018/19</td><td>7.0%</td></tr> <tr><td>Q1 2019/20</td><td>7.8%</td></tr> <tr><td>Q2 2019/20</td><td>7.8%</td></tr> <tr><td>Q3 2019/20</td><td>7.8%</td></tr> <tr><td>Q4 2019/20</td><td>7.8%</td></tr> <tr><td>Q1 2020/21</td><td>7.3%</td></tr> <tr><td>Q2 2020/21</td><td>5.5%</td></tr> <tr><td>Q3 2020/21</td><td>6.7%</td></tr> <tr><td>Q4 2020/21</td><td>6.7%</td></tr> <tr><td>Q1 2021/22</td><td>6.7%</td></tr> <tr><td>Q2 2021/22</td><td>6.7%</td></tr> <tr><td>Q3 2021/22</td><td>6.7%</td></tr> <tr><td>Q4 2021/22</td><td>6.7%</td></tr> </tbody> </table>	Quarter	Sickness Absence (%)	Q4 2016/17	8.2%	Q1 2017/18	7.2%	Q2 2017/18	8.5%	Q3 2017/18	7.5%	Q4 2017/18	7.5%	Q1 2018/19	7.0%	Q2 2018/19	7.0%	Q3 2018/19	7.0%	Q4 2018/19	7.0%	Q1 2019/20	7.8%	Q2 2019/20	7.8%	Q3 2019/20	7.8%	Q4 2019/20	7.8%	Q1 2020/21	7.3%	Q2 2020/21	5.5%	Q3 2020/21	6.7%	Q4 2020/21	6.7%	Q1 2021/22	6.7%	Q2 2021/22	6.7%	Q3 2021/22	6.7%	Q4 2021/22	6.7%	<p>↓</p>	<p>↑</p>	<p>Within NHSGGC, sickness absence at the end of Quarter 3 absence had decreased to 6.7% from 8.2% for the previous quarter. All services are below 6% with the exception of the hosted LD Inpatients service. There were significant number of long-term cases that very and being supported by HR. The majority of these have resolved and current absence is 4.44% across the HSCP.</p>
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<p>DECREASE - Sickness absence days per employee - HSCP (LA staff)</p>	<p>Q2 2021/22</p>	<p>4.7</p>	<p>3.1</p>	<p>Red</p>	<p><b>HSCP-LA-Abs Absence - HSCP (ERC Staff) (REDUCE)</b></p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Absence Days</th> </tr> </thead> <tbody> <tr><td>Q2 2016/17</td><td>3.4</td></tr> <tr><td>Q3 2016/17</td><td>3.7</td></tr> <tr><td>Q4 2016/17</td><td>3.5</td></tr> <tr><td>Q1 2017/18</td><td>13.6</td></tr> <tr><td>Q2 2017/18</td><td>2.8</td></tr> <tr><td>Q3 2017/18</td><td>2.5</td></tr> <tr><td>Q4 2017/18</td><td>3.5</td></tr> <tr><td>Q1 2018/19</td><td>4.2</td></tr> <tr><td>Q2 2018/19</td><td>13.0</td></tr> <tr><td>Q3 2018/19</td><td>3.3</td></tr> <tr><td>Q4 2018/19</td><td>3.6</td></tr> <tr><td>Q1 2019/20</td><td>4.5</td></tr> <tr><td>Q2 2019/20</td><td>5.0</td></tr> <tr><td>Q3 2019/20</td><td>4.0</td></tr> <tr><td>Q4 2019/20</td><td>4.0</td></tr> <tr><td>Q1 2020/21</td><td>4.9</td></tr> <tr><td>Q2 2020/21</td><td>6.2</td></tr> <tr><td>Q3 2020/21</td><td>4.2</td></tr> <tr><td>Q4 2020/21</td><td>3.9</td></tr> <tr><td>Q1 2021/22</td><td>3.5</td></tr> <tr><td>Q2 2021/22</td><td>3.3</td></tr> <tr><td>Q3 2021/22</td><td>13.6</td></tr> <tr><td>Q4 2021/22</td><td>3.6</td></tr> <tr><td>2021/22</td><td>4.7</td></tr> </tbody> </table>	Quarter	Absence Days	Q2 2016/17	3.4	Q3 2016/17	3.7	Q4 2016/17	3.5	Q1 2017/18	13.6	Q2 2017/18	2.8	Q3 2017/18	2.5	Q4 2017/18	3.5	Q1 2018/19	4.2	Q2 2018/19	13.0	Q3 2018/19	3.3	Q4 2018/19	3.6	Q1 2019/20	4.5	Q2 2019/20	5.0	Q3 2019/20	4.0	Q4 2019/20	4.0	Q1 2020/21	4.9	Q2 2020/21	6.2	Q3 2020/21	4.2	Q4 2020/21	3.9	Q1 2021/22	3.5	Q2 2021/22	3.3	Q3 2021/22	13.6	Q4 2021/22	3.6	2021/22	4.7			<p>Absence has increased this quarter from 3.6 in Qtr 1 Latest available data to Q2 21/22. Sickness absence for Council staff increased from 3.6 in Qtr 1. However all services with the exception of Intensive Services (which includes Care at Home) were below target. In part there was an increase in short term absence, with increased mixing and spread of infection in the population following the reduction of Covid restrictions during summer 2021. In addition, the demographic of the Care at Home workforce is an older age group and long-term cases have increased in duration due to delays in some treatment / operations post-Covid.</p>
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<p>INCREASE - Percentage of staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System</p>	<p>2020/21</p>	<p>32%</p>	<p>80%</p>	<p>Red</p>	<p><b>HSCP-E0-01 Percentage of NHS HSCP Staff with an e-KSF (Knowledge and Skills Framework) review in last 12 months (INCREASE)</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>74%</td></tr> <tr><td>2011/12</td><td>47%</td></tr> <tr><td>2012/13</td><td>53%</td></tr> <tr><td>2013/14</td><td>56%</td></tr> <tr><td>2014/15</td><td>57%</td></tr> <tr><td>2015/16</td><td>83%</td></tr> <tr><td>2016/17</td><td>50%</td></tr> <tr><td>2017/18</td><td>77%</td></tr> <tr><td>2018/19</td><td>16%</td></tr> <tr><td>2019/20</td><td>46%</td></tr> <tr><td>2020/21</td><td>31%</td></tr> <tr><td>2021/22</td><td>32%</td></tr> </tbody> </table>	Year	Percentage	2010/11	74%	2011/12	47%	2012/13	53%	2013/14	56%	2014/15	57%	2015/16	83%	2016/17	50%	2017/18	77%	2018/19	16%	2019/20	46%	2020/21	31%	2021/22	32%			<p>Figure at the end of December 2021, comprises 136 compliant from a total of 428 in scope. This compares to 46% at end year 2019/20. KSF/TURAS compliance has historically been very good across these services and is recognised by staff and managers alike as an integral part of our employee support and development system, a combination of disruption to usual operating processes, retirements, new managers and staff significantly impacted on our performance in this area. To improve performance we are reviewing hierarchies, providing training to are new to the service and, alongside managing ongoing demand setting an incremental target and management support to return to previous good performance.</p>																								
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**Appendix 1****Indicators with no update at Quarter 3, 2021-22****Children and Families**

Percentage of children looked after away from home who experience 3 or more placement moves  
 Balance of Care for looked after children: % of children being looked after in the Community (LGBF)  
 % Child Protection Re-Registrations within 18 months (LGBF)  
 % Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF)

**Supporting independence**

Percentage of those whose care need has reduced following re-ablement / rehabilitation  
 Number of people self directing their care through receiving direct payments and other forms of self-directed support.  
 Percentage of people aged 65+ who live in housing rather than a care home or hospital  
 Percentage of adults supported at home who agreed that they are supported to live as independently as possible (NI-2)  
 Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided (NI-3)

**Recovery / Mental health and wellbeing**

Mental health hospital admissions (age standardised rate per 1,000 population)  
 % of service users moving from treatment to recovery service.  
 Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines.

**Supporting carers**

Total combined % carers who feel supported to continue in their caring role (NI-8)

**Community Justice**

Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending?  
 Community Payback Orders - Percentage of unpaid work placements commencing within 7 days  
 % Change in women's domestic abuse outcomes  
 % Positive employability and volunteering outcomes for people with convictions.

**Supporting staff wellbeing**

% Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey.  
 % Staff who report "I feel involved in decisions in relation to my job" in iMatter staff survey.  
 % Staff who report "their manager cares about my health and well-being" in iMatter survey  
 Number of people participating in community based health improvement programmes

**Organisational outcomes**

iMatter Response Rate - HSCP  
 iMatter Employee Engagement Index (EEI) score - HSCP  
 % of teams with an iMatter Action Plan in place - HSCP



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	16 March 2022
<b>Agenda Item</b>	8
<b>Title</b>	Audit Update
<p><b>Summary</b></p> <p>This report provides Performance and Audit Committee with an update on:-</p> <ul style="list-style-type: none"> <li>• Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 2021</li> <li>• Summary of all open audit recommendations</li> </ul>	
<b>Presented by</b>	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p><b>Action Required</b></p> <p>Performance and Audit Committee are asked to note and comment on the report.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****16 March 2022****Report by Chief Officer****AUDIT UPDATE****PURPOSE OF REPORT**

1. This report provides Performance and Audit Committee with an update on:
  - Any new audit activity relating to the Health and Social Care Partnership since last reported to Performance and Audit Committee in November 2021
  - Summary of all open audit recommendations

**RECOMMENDATION**

2. Performance and Audit Committee are asked to note and comment on the report.

**BACKGROUND**

3. As agreed at Performance and Audit Committee in June 2021 we will continue to submit audit update reports to all meetings, including any new audit reports along with an overview of audit activity undertaken and an update on any outstanding recommendations since last reported.
4. Audit activity for the HSCP is provided in full as previously requested and this shows all current open audit actions across the HSCP and also where a Health Board or Council wide recommendation impacts on the HSCP. The specific actions from IJB audits are also detailed.
5. East Renfrewshire Council's Chief Internal Auditor undertakes the internal audit role for the Integration Joint Board. Audit Scotland also undertake an audit of the IJB Annual Report and Accounts and produce an action plan should they have any recommendations.
6. East Renfrewshire Council's internal audit assign the following risk ratings to their findings:

<b>High</b>	<ul style="list-style-type: none"> <li>• Key controls absent, not being operated as designed or could be improved and could impact on the organisation as a whole.</li> <li>• Corrective action must be taken and should start immediately.</li> </ul>
<b>Medium</b>	<ul style="list-style-type: none"> <li>• There are areas of control weakness which may be individually significant controls but unlikely to affect the organisation as a whole.</li> <li>• Corrective action should be taken within a reasonable timescale.</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>• Area is generally well controlled or minor control improvements needed.</li> <li>• Lower level controls absent, not being operated as designed or could be improved</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>• These recommendations are made for the purposes of improving efficiency, digitalisation or reducing duplication of effort to separately identify them from recommendations which are more compliance based or good practice.</li> </ul>

7. NHSGGC internal audit function is undertaken by Azets. They assign the following risk ratings to their findings:

4	<ul style="list-style-type: none"> <li>Very high risk exposure - major concerns requiring immediate senior management attention.</li> </ul>
3	<ul style="list-style-type: none"> <li>High risk exposure - absence / failure of key controls.</li> </ul>
2	<ul style="list-style-type: none"> <li>Moderate risk exposure - controls not working effectively and efficiently.</li> </ul>
1	<ul style="list-style-type: none"> <li>Limited risk exposure - controls are working effectively but could be strengthened.</li> </ul>

## REPORT

### **Audit Activity relating to the Integration Joint Board Audit (Appendix 1)**

8. No new audits have been undertaken in relation to the Integration Joint Board since last reported to Performance and Audit Committee in November. As noted at the September Committee, the days allocated for IJB audit work will be held in contingency and called upon if required. In the event we do not use this time for IJB work, we will use this time to supplement HSCP work, dependant on internal audit capacity.
9. The IJB specific follow up audit is in progress and internal audit have advised they will issue their report prior to the end of the financial year.
10. Outstanding recommendations relating to the Integration Joint Board are detailed in Appendix 1. These are from the following audit reports:-
- a) IJB Risk Management audit (Appendix 1a)
    - No changes since last reported. Three recommendations are considered implemented but are awaiting verification from internal audit follow up. One recommendation remains partially implemented and will be revisited when we move out of Covid response.
  - b) Audit Scotland annual audit plan (Appendix 1b)
    - The new action plan from the audit of the Annual Report and Accounts 2020/21 is attached at Appendix 1b. The full report was shared at PAC in November 2021.

### **East Renfrewshire Council Internal Audit Activity relating to the Health and Social Care Partnership (Appendix 2)**

11. Since last reported, no new audits or follow up activity have been undertaken by the Council's internal audit team which impact on the HSCP.

**Recommendations from previous audits (Appendices 2a-2i)**

12. A summary of all audit recommendations which have still to be implemented by the HSCP, or which the HSCP consider implemented but have yet to be verified by Internal Audit are included at appendices 2a-2i. The table below summarises the number of recommendations and the status for each audit. The detail is included on the relevant appendix.

Audit Report and Appendix		Changes since last reported to PAC	Recommendations			
			Total no. for HSCP	Verified as implemented by Internal Audit	Considered implemented by HSCP (awaiting verification)	Total open
Follow up of Corporate and Community Services Audits	2a	No	6	0	6	0
Carers Legislation	2b	Yes	5	0	3	2
Procurement Red Flags	2c	No	3	0	3	0
Data Protection Act / GDPR	2d	Yes	5	0	4	1
CareFinance	2e	Yes	14	0	10	4
Homecare	2f	No	15	12	3	0
Emergency Payment	2g	No	10	8	2	0
Self-Directed Support	2h	Yes	10	0	8	2
Follow up of HSCP Audits	2i	Yes	11	2	6	3
<b>TOTAL</b>			<b>79</b>	<b>22</b>	<b>45</b>	<b>12</b>

13. Due to ongoing capacity pressures within the HSCP as we remain in response mode, only 5 recommendations have moved from 'open' to 'considered implemented' since last reported. A total of 12 recommendations remain open across 5 audits.
14. Internal Audit within East Renfrewshire Council have advised that due to a reduction in internal audit hours available and ongoing operational restrictions, the HSCP Follow Up audit, which was scheduled to take place in 2021/22 is delayed and is now likely to be rolled forward into the annual audit plan for 2022/23.
15. Due to the reduction in audit hours, the recommendations previously noted as 'pending verification' by internal audit remain so.

**NHS Internal Audit Activity relating to the Health and Social Care Partnership**

16. Since last reported, we have not been made aware of any new recommendations from NHS Greater Glasgow and Clyde which impact on the HSCP.

**CONCLUSIONS**

17. To provide assurance of control all open audit recommendations are included at appendix 2 to enable oversight of previous audits and demonstrate progress.

**RECOMMENDATIONS**

18. Performance and Audit Committee are asked to note and comment on the report.

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Chief Financial Officer  
[Lesley.Bairden@eastrenfrewshire.gov.uk](mailto:Lesley.Bairden@eastrenfrewshire.gov.uk)

March 2022

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

PAC Paper: 22.09.2021 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/6842/PAC-item-07-22-September-2021/pdf/PAC\\_item\\_07\\_-\\_22\\_September\\_2021.pdf?m=637673822306700000](https://www.eastrenfrewshire.gov.uk/media/6842/PAC-item-07-22-September-2021/pdf/PAC_item_07_-_22_September_2021.pdf?m=637673822306700000)

PAC Paper: 23.06.2021 – Audit Update

[https://www.eastrenfrewshire.gov.uk/media/5749/PAC-Item-10-23-June-2021/pdf/PAC\\_Item\\_10\\_-\\_23\\_June\\_2021.pdf?m=637596213484470000](https://www.eastrenfrewshire.gov.uk/media/5749/PAC-Item-10-23-June-2021/pdf/PAC_Item_10_-_23_June_2021.pdf?m=637596213484470000)

PAC Paper: 27.11.2019 - Audit Actions Update

[https://www.eastrenfrewshire.gov.uk/media/1985/Performance-and-Audit-Committee-item-06-27-November-2019/pdf/Performance\\_and\\_Audit\\_Committee\\_Item\\_06\\_-\\_27\\_November\\_2019.pdf?m=637356832021000000](https://www.eastrenfrewshire.gov.uk/media/1985/Performance-and-Audit-Committee-item-06-27-November-2019/pdf/Performance_and_Audit_Committee_Item_06_-_27_November_2019.pdf?m=637356832021000000)

## INTEGRATION JOINT BOARD INTERNAL AUDIT ACTIVITY

This appendix details all audit recommendations relating to the integration Joint Board which are either open, or have yet to be verified as implemented by internal audit follow up

### Appendix 1A – Audit of IJB Risk Management (no changes since reported to PAC Nov-22)

Ref / Risk Rating	Recommendation	Comments	Timescale for completion	Status	Latest Note
4.1.1 (Low)	In the column headed "Completion date for proposed Risk Control Measure" all proposed risk control measures should show an implementation date for being put in place or a review date where they are "ongoing".	Where a risk control measure is ongoing a review date will be added.	23/09/2020	Considered Implemented – pending verification by Internal Audit	Implementation dates and reviews dates added
4.2.1 (Low)	The most recent version of the ERC operational risk register should be used in all cases.	Where the ERC format is appropriate we will ensure the current version is used.  The revised Risk Management Policy was issued to SMT in March and a follow up check will be done to ensure the most recent version is being used by operational services.	31/03/2021	Open	We had planned to undertake a risk session with SMT however this was postponed due Covid-19. This will be rescheduled and as we move into recovery housekeeping issues such as format are being reviewed.
4.3.1 (Low)	Control measures should comply with SMART criteria and consideration given to removing or annotating as notes those which are not genuine controls.	The IJB risk register will be reviewed to ensure all measures comply with SMART criteria.	23/09/2020	Considered Implemented – pending verification by Internal Audit	Control measures reviewed and updated
4.4.1 (Low)	Either the Business Continuity Plans should be provided to Audit or the risk registers amended to refer to the Business Impact Assessment as the risk control measure in place	The HSCP Business Continuity Plan has been updated and a copy shared with Audit.	01/06/2020	Considered Implemented – pending verification by Internal Audit	Shared BCP with audit 03.06.2020

## Appendix 1B – Audit Scotland 2020/21 Action Plan (New)

No	Issue	Risk	Recommendation	Agreed Management Action	Responsible Officer	Timing	Comments
1	<p><b>General Reserve position</b></p> <p>The general reserve position at 31 March 2021 is £272,000 which is below the IJBs reserve strategies recommendation that it holds uncommitted reserves of around 2% of the IJBs revenue budget (excluding significant fixed costs), which equates to around £1 million.</p>	<p>There is a risk that the uncommitted reserves held are not sufficient to meet longer-term financial pressures.</p>	<p>The level of general reserves should be reviewed, and appropriate action taken to comply with the stated reserves policy and bring the level of general reserves held into line with the Boards target. Paragraph 35</p>	<p>Whilst fully accepting we are not compliant with this policy this is a long-standing position for the IJB. As we have previously reported there is a tension between holding unallocated reserves when we have operated for a number of years with significant financial challenges. Our earmarked reserves strategy has allowed the IJB to prioritise service delivery. Without a significant increase in funding it is unlikely that the optimum 2% level of general reserve will be achieved.</p>	Chief Financial Officer	31-Mar-22	Please see management actions - no change
2	<p><b>Financial Sustainability</b></p> <p>The IJBs medium-term financial outlook has been updated to reflect the impact of COVID-19. Over the next five years from 2022/23 a potential funding gap has been identified of £22 million. It is unlikely that efficiency savings alone will be sufficient to bridge the funding gap identified over the longer-term without significant impact to the level of service currently delivered by the IJB.</p>	<p>There is a risk that the IJB may not be able to deal with future financial challenges and deliver required savings without adversely impacting service delivery.</p>	<p>Continue to engage with partner bodies in relation to future funding levels, to ensure the IJB remains financially sustainable. Paragraph 40</p>	<p>The maturity of our IJB has allowed us to not only recognise the long-standing financial challenges we face, but also take a pragmatic approach to our financial planning. The future uncertainties have never been greater including understanding the impact Covid-19 on demand and complexity of need. The IJB recognised that the 2021/22 budget would be an iterative process, with funding changes relating to Covid-19 and other initiatives emerging as the year progressed. The IJB also recognised that without support for Covid-19 costs, including unachieved savings, that we would most likely need to invoke financial recovery planning. We will continue with our scenario planning, financial modelling and report our position to every IJB meeting. We will continue to work with our partners to articulate these challenges as part of our funding and performance discussions.</p>	Chief Financial Officer	31-Mar-22	A refreshed MTFP is being taken to IJB on 16 March 2022 subject to agreement of the IJB Budget for 2022/23

3	<b>Key performance indicators</b>	The IJBs performance against the key performance indicators reflect the impact of COVID-19, however the targets themselves have not been reviewed to ensure these reflect a realistic baseline position for the IJB to measure performance against.	Risk – There is risk that the key performance targets and the IJBs performance against these are not aligned, as a result of the impact of COVID-19.	Review key performance indicators and, where appropriate, re-base relevant targets to ensure these reflect the impact of the pandemic on the IJBs performance. Paragraph 60	Whilst many of our performance indicators are national or part of a wider Greater Glasgow and Clyde suite of measures we will endeavour to re-base those where we can. Covid-19 has had a direct impact on people’s health and wellbeing. The indirect effects on other conditions as well as long Covid may take some time to manifest. This means our performance indicators may need revision over a longer period of time	Chief Financial Officer	31-Mar-22	The development of the new HSCP Strategic Plan for 2022-25 with associated implementation plan will include the review of the performance framework and performance reporting in consultation with the PAC. This work will commence following approval of the Strategic Plan by the IJB in March 2022.
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## Internal Audit Activity relating to the Health and Social Care Partnership

This appendix details all recommendations for the HSCP which have been made by East Renfrewshire Council's Internal Audit service. This includes all open recommendations for the HSCP, from both new and historic audits. The recommendations detailed in these appendices have either still to be implemented or are considered implemented by the HSCP but are subject to verification by internal audit.

### Appendix 2a: MB1140NS – Follow up Corporate and Community Services Audits (no changes since last reported to PAC Nov-21)

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (Med)	Directors should implement a process which ensures that a leavers checklist is completed for every employee who leaves the council and that this form is uploaded to information@work.	Reminder will be issued to all managers. There is no capability to run reports on this and we do not have the capacity to follow up with individual managers for all leavers to ensure this has been completed.	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
6.2.1 (Low)	Reports should be reviewed for high usage outwith the individual's data package and checks carried out to ensure that this is for business use only. Where necessary, reimbursement should be sought for personal use.	Monitoring process was put in place in 2019 however this fell away during pandemic. This will be reinstated	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued in staff bulletin re data usage. Monitoring process with notification to DMT reinstated
8.1.1 (Med)	Managers should ensure that all periods of absence are recorded in the flexi system and under the correct category to ensure all employee balances are accurate.	Reminder will be issued to managers. Process will be established where Advanced Managers run high debt balance reports quarterly and issue to managers for review	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021 Quarterly task set to run reports
8.4.1 (Low)	All managers responsible for authorising overtime claims should ensure that they are aware of the enhanced rates and when they are applicable.	Reminder will be issued to all managers	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
8.4.2 (Low)	Officers responsible for maintaining overtime records must ensure that these are complete and available on request to support all overtime paid.	Reminder will be issued to all managers	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021
8.4.3 (Low)	HSCP managers must ensure that they hold appropriate records to demonstrate that waivers have been signed by all employees breaching the EWTD. Where no waiver is held the employees should be prevented from working additional hours.	Reminder will be issued to all managers	Sep-21	Considered Implemented - Pending verification by internal audit	Reminder issued 02/09/2021



## Appendix 2b: MB1128FM - Carers Legislation (Updated notes, status of 4.1.1, 4.1.2, 4.1.3 changed to considered closed)

Ref / Risk Rating	Recommendation	Comments	Timescale for completion	Status	Latest Note
4.1.1 (M)	All carers recorded on the CareFirst system or within the Carers Centre's records should be offered an assessment in accordance with the Carers Eligibility Framework.	<p>Carer's rights awareness sessions currently being delivered to HSCP teams highlight the importance that carers eligible for support from services have their own support plan. That this plan and any actions required to achieve the outcomes of the carer are recorded within the Carefirst system independently of the person they care for.</p> <p>An independent review of carers experience using SDS in East Renfrewshire was requested and received in Jan 2021. This will also be used to inform practice going forward.</p> <p>A new process is being built into assessments referred to as the 'Carers Conversation' this will ensure and evidence, on a carer being identified, they are being offered an Adult Carer Support Plan (ASCP). This will be reviewed in 6 months (Sept 2021) to ensure it is working as expected.</p>	31 March 2022 (with a review for September 2021 included)	Considered Closed (pending verification by internal audit)	<p>Carers Conversation embedded in HSCP forms. Reviewed Feb 22. Questions ensure and evidence offer of ACSP, carers response and action taken</p> <p>Increased awareness of Carers right to Adult Carers Support Plan (ACSP) through Carers Rights &amp; Support Sessions. Delivered to all HSCP frontline teams apart from care at home frontline workers. Last presentation Dec 2021 for GPs.</p> <p>Carers Tracker currently being tested by Eastwood Locality team. Tracker will record offer of ACSP to any carer identified during cared for person's Assessment or Review. Wider roll out planned April 2022.</p> <p>SDS Independent Review was completed with outcome of SDS Strategic Group, which includes carer reps, now established.</p>
4.1.2 (M)	A copy of the carers conversation, assessment, support plan, self-directed support details and RAG minutes (where applicable) should be saved to the document hub on CareFirst or be accessible from documents or systems maintained by the Carers Centre	<p>The carers' personal information and support plan is recorded by East Renfrewshire Carers Centre (ERCC) on Charity Log, a specialist charity database software system and in the Carers Scotland Census.</p> <p>ERCC will distribute an annual questionnaire / survey to carers (date tbc taking account of pandemic and recovery) on behalf of HSCP and provide monthly tracker reports for the HSCP on carer activity.</p> <p>Other relevant carers data will be gathered from The Carers Scotland Census completed every six months by ERCC and the HSCP.</p> <p>A clearly defined process has been developed that will ensure and evidence that each time a carer is identified by the HSCP staff the carer relationship is recorded on the Carefirst system, that they have been offered advice, information and support along with an</p>	31 March 2022 (with a review for September 2021 included)	Considered Closed (pending verification by internal audit)	<p>Carers Conversations are embedded and recorded in Carefirst forms this was reviewed Feb 22.</p> <p>Wider roll out of awareness raising planned for April 2022.</p> <p>Resource Enablement Group (REG) inform the allocated worker on decision who then records REG outcome in Carefirst observations. This is most often recorded in the cared for person's records as ACSP has been declined and any carers budget is recorded as part of the cared for persons overall budget.</p> <p>Service Agreements for budgets recorded on Carefirst now include Carer Support option.</p> <p>Individual Budget Questionnaire review to be completed</p> <p>Carers Centre ACSP records are saved in Charity Log system. These can be accessed with consent from carers</p>

		<p>opportunity to have their own support plan. (This process is referred to as the 'Carers Conversation' and will be included in assessments and other relevant forms across HSCP services). This process should start April / May 2021.</p> <p>REG decisions are recorded in the supporting minutes and will identify carer's assessment outcomes.</p>			<p>through Carers Centre manager. Regular reports are received by HSCP on ACSPs offered, completed and declined, carer support delivered and other activity. Carers Centre also complete Carers Scotland Census.</p>
4.1.3 (M)	<p>The frequency of which carers support plans are reviewed should be documented and evidence of the review and the outcome should be recorded on the CareFirst system or the system and documents maintained by the Carers Centre.</p>	<p>A revised ACSP is being tested by practitioners during April and May 2021 this includes a required review date that will create a review activity on Carefirst system awaiting completion. The ACSP also includes carers outcomes measures that will be recorded in Carefirst and / or Charity Log. The ACSP will be approved for use on completion of testing and any changes required on feedback received</p> <p>The revised ACSP includes a required date for review of plan along with outcome measures. This data will be recorded in Care First and / or Charity Log.</p> <p>Existing ACSPs will be reviewed to ensure a review is offered and if accepted completed with the carer. This review will be completed by September 2021.</p> <p>Where the carer's support has been included within the Outcomes Assessment for the cared for person, further work will be needed as to how we can capture and extract information related specifically to the carer. This is not unique to East Renfrewshire and as these 'joint' assessments are reviewed each carer will be offered an ACSP.</p>	<p>31 March 2022 for existing carers.</p> <p>For joint assessments the date will depend on the date for a joint review</p>	<p>Considered Closed (pending verification by internal audit)</p>	<p>HSCP ACSP's completed after July 21 have review date set by allocated worker on Carefirst and review is recorded on Carefirst.</p> <p>HSCP Carers 'Tracker' (see above) linked to Cared-for person's review will ensure each carer receiving a service has their outcomes reviewed and this is recorded in tracker.</p> <p>ERCC ACSP's and reviews are saved on Charity Log. Regular activity reports on these are received by HSCP.</p> <p>Reviews of older HSCP ACSPs / Carers Assessments where no review date has been set have still to be actioned this will be highlighted with locality team managers.</p>
4.1.4 (L)	<p>The group of people who are canvassed for the annual survey should be recorded so it is clear which of these are caring for individuals involved with the service.</p>	<p>Please see 4.1.2 above. The methodology supporting the survey will also be recorded.</p>	<p>31-Mar-22</p>	<p>Open</p>	<p>Carers survey canvassing closes March 2022. This question was not included in the survey but will be included in future years.</p> <p>East Renfrewshire HSCP and partners staff wellbeing survey noted that 20% of staff reported that their caring role impacts on their overall wellbeing. The wellbeing lead officer is creating a plan to provide further support to staff who are carers as part of the overall staff wellbeing plan.</p>

4.2.1 (L)	Managers in HSCP should ensure that all staff complete the EPiC learning resource.	<p>Carers Rights Awareness sessions currently being rolled out across HSCP teams include the recommendation that all staff complete the EPiC learning resource. Numbers of staff completing the course will be able to be evidenced and 20 people have already been recorded since January 2021.</p> <p>Consideration being given as whether EPiC should be mandatory and included as part of induction for all HSCP staff. A refresher timetable will also be considered.</p>	30-Sep-21	Open	<p>Progress remains slow with this. 27 staff had completed by Dec 2021 this may be partially due to pressures of pandemic on staff throughout 2020-21.</p> <p>Discussions on how to improve take up have been requested with Learning and Development with the aim of this becoming mandatory part of induction for all HSCP staff.</p>
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## Appendix 2c: MB1121RM - Procurement Red Flags (no changes since last reported to PAC Nov-21)

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (L)	Where possible, there should be separation of duties between those who evaluate tenders and those who are responsible for writing the tender specification.	This is not always reasonably practicable due to level of resource within the department however this risk will be mitigated by the inclusion of relevant service representation for evaluation of each tender.	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments
4.1.2 (L)	In accordance with current corporate procurement guidance, all tender specifications should be checked by another officer and readily available evidence kept that this has been done.	As above	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments
4.4.1 (L)	Evidence should be sought from the successful bidder(s) of their relevant staff qualifications/training stated in their bid. It could be made clear in the tender wording that this will be required of the winning contractor thus incentivising the bid stating those qualifications held by personnel which are only the most relevant.	In any exercise procuring services for social care the tender would contain specific references to the requirement of any bidder meeting the requirements for its staff to be registered with the SSSC and for their services to meet the requirements for registration with the Care Inspectorate. It would be a reasonable undertaking therefore at tender to ask organisations to confirm that they are in a position to commence at award, a service registered with the relevant statutory bodies. The tender would ask bidders to confirm that they are in a position to comply in respect of the category of care being awarded. This could be supplemented by training plans and policies which would provide further suitable information on the ability of the bidder to successfully meet the requirements of the tender.	01/06/2020	Considered Implemented – pending verification by internal audit	As per comments

## Appendix 2d: MB1124RM - Data Protection /GDPR (Updated note at 4.4.1)

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.3.1 (L)	In accordance with the procedures, a record of screening decisions on whether a DPIA is required should be maintained by all departments.	DPIA screening decision to be incorporated into project mandate documentation. This will be overseen by HSCP Change Programme Manager  Issue comms to HSCP detailing when DPIA should be undertaken and a point of contact  Create and maintain DPIA log	31-Dec-20	Considered implemented – pending verification by internal audit	Screening decision incorporated into project mandate. Comms issued in staff bulletin DPIA log has been created however this does not include any historic DPIAs
4.3.2 (L)	Departments should keep evidence of Head of Service sign off if DPO advice in relation to a DPIA is not being followed. DPIAs should be built into each Department's project and change processes.	DPIAs will be signed off at HSCP Change Board as part of the change process.	31-Dec-20	Considered implemented – pending verification by internal audit	Change Board was suspended during Covid-19 – Replaced by Recovery and Renewal Programme Board from June '21
4.4.1 (M)	A review of current contracts and sharing agreements should be completed and in the meantime this control measure moved into the proposed risk control measures column in the next review of the strategic risk register.	A review of existing arrangements needs to take place to identify review periods and this will include diarising future reviews.	30-Jun-21	Partially Implemented	Data protection and information sharing are standard clauses contained with Scotland Excel Frameworks which the majority of our externally commissioned partner providers are part of. Over the 2022/23 financial year a review of non- framework commissioned services including block grant funded and out of area contracts will be undertaken and will ensure data protection and information sharing clauses are part of any service agreement.
4.6.1 (L)	Directors should ensure that all application forms have up to date direct links to a relevant privacy notice rather than a page listing many different council services and leaving the reader to ascertain which one is relevant.	Links have been updated and now take the user straight to HSCP privacy notice	31-Dec-20	Considered implemented – pending verification by internal audit	As per comments
4.8.1 (L)	Departments should monitor that all of their staff are undertaking annual on-line data protection training as a minimum. A prompt to act as a reminder would assist in this regard.	Communication to be issued to all ERC employees reminding them to complete the annual online data protection course	13-Nov-20	Considered implemented – pending verification by internal audit	Training reminder within Core Brief. L&D will include this in reporting to SMT (SMT has been suspended during covid and has yet to restart)

## Appendix 2e: MB1044RL – CareFirst Finance (4.1.1 &amp; 4.1.2 now considered closed; note updated at 4.5.1, )

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.1.1 (High)	Priority needs to be given to ensure that annual review takes place for each client with an authorised service agreement however the Head of Finance and Resources stated that it is not possible to undertake a full annual review on every care package and that this operates on a risk based approach. Details of the risk based approach needs to be documented and approved by the IJB	A risk based approach was agreed a number of years ago. The policy will be revised and taken to the IJB for approval.	31-Mar-19	Considered Closed – pending verification by internal audit	A temporary review team was created to complete reviews for all east Renfrewshire care home residents which was completed in December 2021. This team have now started reviewing care packages of residents in the community with 70 reviews allocated/completed as of March 2022/ Based on the success of this model, a permanent review team has been created to ensure we complete annual reviews timeously. The full team will be in post by April 2022
4.1.2	Operational Managers need to review and prioritise cases to ensure that those most likely to have changed are addressed first. In practice these cases should have been reviewed under routine work.	Will be in line with policy as above.	31-Mar-19	Considered Closed – pending verification by internal audit	The temporary and permanent review teams have and will continue to prioritise reviews according to need and risk.

4.2.1	Action is required by operational managers to ensure that varies processed are appropriate to the client and that service agreements reflect clients' needs accurately. Operational managers should prioritise checking of vary reports to approve all varies processed and to take action to update service agreements where appropriate.	This is already in place, however the formal sign off recording will be strengthened. To avoid duplication of effort and issues the sign off will incorporate some of the points below, as we suggested during the audit.	31-Mar-19	Open	As there is no simple export from CareFirst which gives this data, a report was developed which uses Excel to link three different Carefirst reports; varies processed, invoices paid and commitment. This was initially send out in June 2019 and feedback from managers was that it was data intensive and not user friendly. Changes were made to the report and user guidance was drawn up, which was issued in September 2019 alongside the reports for sign-off. Again, managers still felt the process was cumbersome and it is accepted this report needs work to make it more meaningful, this format remained in place in the interim. In March 2020, the decision was taken to not amend individual care packages unnecessarily due to the pandemic response, in line with national guidance many providers moved to being paid on planned hours. During the Covid response phase, these reports were not produced, but with a move to recovery, the aim is to restart reporting. In addition, a significant piece of work is ongoing with migration to the Scotland Excel national framework. This will act as an additional review of the data and we will continue to develop reporting to best meet everyone's needs.
4.2.2	A positive response should be obtained by the Finance Team from each operational manager regarding review and approval of vary reports to ensure that each case is addressed and the manager is confirming an awareness of the differences and any required actions. This could be combined with the quarterly client verification check (which covers existence of client, commitment value and provider) and signed off within budget monitoring to avoid numerous verification checks..	Per 4.2.1	31-Mar-19	Open	June'21: See above
4.3.1	Operational managers should be reminded that service agreements must be authorised as a priority to avoid backlogs in payments to providers.	Reminder issued 23 May 2018. However the planned centralised entry of service agreements will also improve authorisation times.	31-Mar-19	Considered closed - pending verification	Email issued 24.05.2018. This will be superseded by the centralised entry of service agreements once implemented

4.3.2	Social Workers should be instructed that updating the CFF system is essential and that this must be done before the service agreement commences where possible.	See 4.3.1	31-Mar-19	Considered closed - pending verification	Email issued 24.5.18 attached to scorecard outcome
4.4.1	Regular review of provider rates should take place within the commissioning team and appropriate action taken where anomalies are found. Evidence of this review should be held.	Report developed, will inform actions and any compliance issue will be taken to DMT	31-Mar-19	Considered closed - pending verification	Commissioning, CareFirst and Finance meet weekly to discuss any new rate anomalies. Records are maintained by CareFirst.
4.4.2	The report should be presented to DMT in line with procedures to obtain approval of rates not set by commissioning.	See 4.4.1	31-Mar-19	Considered closed - pending verification	Commissioning report to DMT annually when rates are reviewed. HOS approval for individual non-framework rates is now delegated to locality managers per 4.6.1. The Commissioning team also have access to business objects reports to check rates on an ad-hock basis.
4.5.1	A review of the uprating process should take place to address the processing of varies where a rate has been approved to be paid but needs to be updated on a service agreement. Service agreements should be identified and subject to independent review and update prior to processing the next period invoice.	See 4.2.1 and 4.4.1. However the planned centralised entry of service agreements will mitigate.	31-Mar-19	Open	An exercise is currently underway to address all Service Agreements on the system to ensure rates transition to the Scotland Excel Framework correctly. The annual uplift of rates will be an ongoing process and this will include non-framework rate changes. A new business support post has recently been filled and this is one of the tasks they will undertake
4.5.2	Processing staff should be reminded to check the number of hours charged to the service agreement to ensure that varies processed for rate changes do not also cover increased charges for additional hours.	Reminder issued during audit and will be routinely reviewed	31-Mar-19	Considered closed - pending verification	Team were reminded at time of audit. This is also included within the procedures to deal with invoice variations.
4.5.3	Housekeeping checks should be implemented ensuring that all of the adjustments processed that are intended to be offset at a later date are actually matched up and cleared.	This was deemed low risk, when team is fully staffed will be a routine process	31-Mar-19	Open	Invoice processors now regularly complete a tidy action for their allocated providers, ensuring any un-invoiced periods are promptly raised with the provider. Given the dynamics of care package profiles and actual spend there are a large volume of varies which are often not significant. The updating of Service Agreements for the Scotland Excel framework will remove the need for many of these varies.



4.6.1	Head of service approval must be seen by the carefirst team before they enter a non-framework rate.	Sign off process being refreshed	31-Mar-19	Considered closed - pending verification	This requirement was causing a delay in Service Agreements going onto the system, due to the demands already on HOS. As agreed with the Chief Officer, this has now been delegated to Locality Managers.
4.7.1	The deceased clients with open service agreements report should be reviewed and service updated to: <ul style="list-style-type: none"> <li>• Remove clients whose service agreements were not authorised</li> <li>• Ensure that service agreements effectively ended do not appear</li> <li>• Appropriately end agreements on the system,</li> </ul>	Reminder issued 23 May 2018 and also see 4.2.1	31-Mar-19	Considered closed - pending verification	The deceased clients report was updated in July 2018 to ensure cancelled and ended service agreements do not appear on the report. Incomplete/unauthorised service agreements are still included in the report as these require action; i.e. cancelled or completed and authorised.
4.7.2	Homecare Managers should be instructed of the procedure and the requirement to end the service agreements promptly of clients who have died.	See 4.7.1	31-Mar-19	Considered closed - pending verification	All managers instructed, per email of 24th May 2018. Weekly reports are sent to Intensive Services Manager. Any outstanding service agreements are discussed as part of the routine budget meetings.

## Appendix 2f: MB1060EL – Homecare (no changes since last reported to PAC Nov-21)

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
4.4.1 (Med)	Call up paperwork should be held on file for all clients.		Dec-18	Considered implemented - pending verification by internal audit	Completed Dec 2018 - All paperwork on CareFirst document hub
4.5.1 (Low)	Annual leave record cards should be created and kept up to date for all homecare employees including patch 7 and the re-ablement team.	Records to be reconciled at the commencement of the new leave year	Jan-19	Considered implemented - pending verification by internal audit	Record cards are available for all staff
4.7.1 (Low)	Consideration should be given to developing a means of ensuring that all providers are offered potential new client services and that services are allocated on a fair and equitable basis to those who are able to fulfil the requirements.	We will consider this with our providers as part of the development of new contractual arrangements	Apr-20	Considered implemented - pending verification by internal audit	Brokerage function in place to facilitate

## Appendix 2g: MB1077NS - Emergency Payments (No changes since last reported to PAC Nov-21)

Ref / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Note
4.1.1 (Med)	Section 12 or 22 monies should not be disbursed unless there is an application form with all sections fully completed and all required signatures obtained	(1) A reminder will be issued to all relevant social workers team leaders and service managers. (2) Existing forms and guidance will be reviewed, agreed and implemented.	Complete	Considered implemented - pending verification by internal audit	Email issued 17-07-2019  Monies are only disbursed when the relevant form has been completed and authorised. Forms have been updated to include a reminder that these must be fully completed and signed, or email authorisation appended.
4.3.3 (Low)	Section 12 and 22 monies should not be used to provide income to purchase items available from other sources (e.g. clothing grants).	Existing forms and guidance will be reviewed, agreed and implemented.	Complete	Considered implemented - pending verification by internal audit	Email issued 21-06-2019. Forms have been updated to include a reminder that these should not be used where alternative funding sources are available. MART are currently assisting with updates to guidance around benefits prior to forms and guidance being reissued

## Appendix 2h: MB1078EL - Self-Directed Support (Note at 4.1.1 updated)

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Update
4.1.1 (High)	Financial review of all direct payment clients should be undertaken as soon as possible and resource should be targeted to allow this.	Letters were issued to all Direct Payment recipients w/c 28 <sup>th</sup> Jan 2019 reminding them of financial record-keeping responsibilities and advising that HSCP Finance will be writing to them in March/April 2019, asking for a year-end balance and a random month's receipts. Participated in 3 SDS Forum events to explain record keeping, auditing and monitoring requirements to those in receipt of direct payments.	31 <sup>st</sup> July 2019	Open	Financial review of DPs commenced late 2019 with returns from 268 of 344 DP accounts reviewed. Due to Covid we were unable to follow up on the remaining however annual reviews for 2021 of all DP recipients are underway.  Programme of reviews being completed by review team should include financial review
4.1.2 (Med)	HSCP management should ensure at least annually that all option 1 clients have provided receipts to support expenditure and that any unspent monies are recovered.	Current requirements are that a year-end balance plus one random full months' worth of receipts are asked for. New procedures are currently being produced, which will ensure recovery of surplus funds in accounts, within agreed parameters. The new role of Finance Support Officers (FSO) will be responsible for monitoring of direct payments, liaising with social workers to ensure appropriate use of funds. All clients will be written to in March/April 2019 as part of the annual review. During 2019/20 we will review our existing contractual requirements.	New procedures by 31 <sup>st</sup> July 2019 and reviews ongoing thereafter	Considered closed - pending verification from internal audit	Receipts required as per procedure. 2021 reviews underway
4.2.1 (Med)	A review of the process for direct payments should take place with a view to ensuring that the process is easier to control, monitor and recover monies if necessary. This should take place as a priority.	The process will be re-written to ensure FSOs are all aware of procedures. The spreadsheet log has been altered already to separately identify ended Service Agreements where action is needed with regards to a potential recovery of funds.	July 31 <sup>st</sup> 2019	Considered closed - pending verification from internal audit	Process and spreadsheet updated
4.2.2 (Med)	As soon as an alternative method of payment is implemented, relying solely on a spreadsheet database as a means of monitoring and controlling payment should cease.	Alternative methods of payment will be investigated, including using CareFirst and payment cards.	31 <sup>st</sup> March 2020	Open	Process unlikely to change until new care first replacement system in place

4.3.1 (Med)	Detailed and structured guidance should be produced to assist staff in assessing the appropriate use of direct payment option 1 monies. Where specific circumstances occur and more creative use of DP funding is being considered, there should be a process for recording and authorising this.	Work has already begun around writing new guidance in conjunction with the locality managers. Once approved by DMT, this will be issued to all staff and separate guidance will be made available to clients.	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	All documentation relating to individual budgets and Direct Payments was produced and trained out to staff in summer of 2019. All documentation is also available on the intranet. The care plan should be used to record outcomes and a DP can be used creatively to meet those outcomes.
4.4.1 (Med)	Training across all teams should be provided for operational staff in how to complete DP agreements generally and how to support clients receiving a direct payment, specifically those under option 1.	All documentation is currently being revised in line with the work on Individual Budgets. Thereafter training will be provided to relevant staff. Regular refresher training will be provided as required. We will continue to work with the SDS Forum to ensure any issues they become aware of can be addressed.	31 <sup>st</sup> July 2019 thereafter ongoing	Considered closed - pending verification from internal audit	As above
4.5.1 (Med)	A review of the policy adopted regarding the rate payable to option 1 clients should take place to ensure that: - clients are not placed in financial detriment for choosing option 1 with agency support - a fair and equitable payment policy is adopted for all clients regardless of the option chosen.	Work on implementing Individual Budgets for clients is nearing completion, which will ensure equity across all options. In the interim a review can be requested if clients feel they don't have enough money to pay for the care they are assessed as needing. A reminder of this was sent to staff in Sept 2018 and was forwarded to Internal Audit in November 2018. All care packages will be reviewed to bring them under the new individual budget process, which will commence once the Individual Budget Process is implemented.	31 <sup>st</sup> July 2019 and ongoing thereafter	Considered closed - pending verification from internal audit	New individual budget process implemented Dec 2019. The equivalence rate is the same across all options. Once an indicative budget is known, a plan is costed up within those parameters using the actual rate, if known.
4.6.1 (Low)	The SPAEN checklist should be used by care managers to ensure that all appropriate measures are in place for clients employing a personal assistant and that the client fully understands their obligations as an employer such as having relevant insurances in place.	Information on the responsibilities of becoming an employer, or where to find further information, will be incorporated into the new guidance currently being written. SPAEN membership is not compulsory and other forums and networks are available to people.	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	New DP guidance in place.
4.6.2 (Low)	Clarification should be provided as to how £152 per annum which the HSCP has agreed to fund will be paid i.e. as a separate	This should be costed as part of someone's individual budget going forward.	31 <sup>st</sup> July 2019	Considered closed - pending	Costed as part of budget. HSCP will pay annually if needed, however often slack in budget means it's not necessary for a separate payment.

	payment or within the overall SDS package.	Currently, this is paid in year one. A separate payment may not be necessary depending on the balance of funds in a client's bank account, but if an additional payment is needed and authorised in subsequent years this will be provided. This should be picked up at the operational annual review. It needs to be recognised that there are alternatives to SPEAN and this will be identified within the review of documentation.		verification from internal audit	
4.7.1 (Med)	A process should be implemented to allow formal recorded recovery action to be taken to ensure that amounts overpaid are recovered from ongoing payments or repaid directly to the HSCP.	A report has been developed to identify all direct payment care packages that have ended. This report is reviewed monthly to ensure any payment made after an end date (for example due to the timing of notification of the change) will be recovered, linked to the closing statement for the account.	31 <sup>st</sup> July 2019	Considered closed - pending verification from internal audit	As per comment

\*Comments in bold reflect the changes referred to at the last meeting which had not been included in the paper

## Appendix 2i: MB1087FM - Follow up of HSCP Audits (Updated notes at 6.1.1 &amp; 6.1.2)

Ref. / Risk Rating	Recommendation	Comments (if appropriate)	Timescale for completion	Status	Latest Note
5.2.1 (Low)	Officers must ensure that clients with outstanding debt are not allowed to book places on forthcoming Play Schemes until all outstanding invoices have been settled in full.	New policy and procedures were fully implemented for the spring programme. Clients with outstanding debts have made payment arrangements via debtor section.	Complete 01.04.19	Not implemented - internal audit will re-recommend	The HSCP previously considered this implemented however clients with outstanding debt were allowed to book onto playscheme - the Covid pandemic was exceptional and children attending were prioritised based on a multi-agency assessment of need. We will consider whether amendments need to be made to policy and procedure
6.1.1 (Low)	The inventory records should be reviewed and updated to include the serial number of each item.	The inventories will be reviewed and annotated as required. 6 months moving forward	Initial review completed by 30 <sup>th</sup> June 2019 and on going	Open	Inventory procedure currently being refreshed due to complexity of home working. Inventories due to be finalised end March 2022
6.1.2 (Low)	All items of inventory being disposed of must be supported by an authorised inventory deletion form.	Staff reminded that the inventory deletion form should be completed in every case	30 <sup>th</sup> June 2019	Open	Inventory procedure currently being refreshed due to complexity of home working. Inventories due to be finalised end March 2022
7.1.1 (Low)	The printers with serial numbers QLC13102 and JWF82425 should be removed from the St Andrews House inventory list.	The printers are recorded on the central inventory of printers held by IT and no longer itemised on the SAH inventory.	Complete - 2.5.19	Considered implemented – pending verification by internal audit	
7.1.2 (Low)	The relevant paperwork should be completed and signed in respect of all disposals.	Staff reminded of this requirement	Complete - 2.5.19	Considered implemented – pending verification by internal audit	
7.1.3 (Low)	All disposals during the financial year should be recorded in the “disposed” column on the inventory spreadsheet.	Staff reminded of this requirement	Complete - 2.5.19	Considered implemented – pending verification by internal audit	

7.2.1 (Low)	Records on the flexi system should be reviewed and updated to ensure that employees are correctly assigned to the location where they work.	A review will be undertaken and records amended as required	30 <sup>th</sup> June 2019	Considered implemented – pending verification by internal audit	Staff locations have been reviewed on flexi system
7.3.1 (Low)	An update should be provided to audit when the details on the bank statements have been successfully changed.	Manager has again contacted bank to ask that this bank account be closed down. all future correspondence will be directed to Kirkton Service address	Complete - 28 <sup>th</sup> May 2019	Considered implemented – pending verification by internal audit	
7.5.1 (Low)	Evidence that procedures covering payment of discretionary monies to carers are available and have been distributed to all relevant staff in order that they are aware of typical examples of where discretionary payments may be made and improve consistency between cases should be provided to Audit.	The kinship care guidance has been amended to reflect guidance in a likely circumstance. This has been distributed to all relevant staff		Considered implemented – pending verification by internal audit	Kinship care guidance shared with internal audit





<b>Meeting of East Renfrewshire Integration Joint Board</b>	Performance and Audit Committee
<b>Held on</b>	16 March 2022
<b>Agenda Item</b>	9
<b>Title</b>	IJB Strategic Risk Register
<p><b>Summary</b></p> <p>This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.</p>	
<b>Presented by</b>	Lesley Bairden, Chief Financial Officer
<p><b>Action Required</b></p> <p>Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****16 March 2022****Report by Chief Financial Officer****IJB STRATEGIC RISK REGISTER UPDATE****PURPOSE OF REPORT**

1. This report provides the Performance and Audit Committee with an update on the IJB Strategic Risk Register.

**RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

**BACKGROUND**

3. In accordance with the agreed monitoring policy this report provides the Performance and Audit Committee with an update on the strategic risk register.
4. Good practice in the area of risk management suggest that a risk register should contain between six to eight of the most significant risk to make it a useful working document.
5. The risk register uses a simple, clear and effective 4 x 4 likelihood and severity risk matrix as shown below.

**Risk levels considering Likelihood and Severity**

<b>Likelihood</b>	<b>Score</b>								
Certain	4	Low (Green)		Medium (Yellow)		High (Red)		High (Red)	
Likely / probable	3	Low (Green)		Medium (Yellow)		Medium (Yellow)		High (Red)	
Possible/could happen	2	Low (Green)		Low (Green)		Medium (Yellow)		Medium (Yellow)	
Unlikely	1	Low (Green)		Low (Green)		Low (Green)		Low (Green)	
<b>Impact</b>		Minor	1	Significant	2	Serious	3	Major	4

6. In normal circumstances the policy states the tolerance for risk is as follows:

Risk Score	Overall rating
11-16	High/Red/Unacceptable
5-10	Medium/Yellow/Tolerable
1-4	Low/Green/Acceptable

## REPORT

7. The Strategic Risk Register is a 'live' document; the latest version is attached at Appendix 1.
8. The Strategic Risk Register was reported to the last meeting of the Performance and Audit Committee which took place on 24 November 2021. Since last reported:
- Risk control measures in place have been condensed and updated to include any proposed mitigation which has been completed.
  - No new risks have been added
  - No risks have been removed
  - 3 risk scores have been reduced.
9. Members are asked to note the following:-
10. **Death or significant harm to vulnerable individual:** The current risk score has been reduced from 12 (high) to 9 (medium) given the improvements made to our Adult Support and Protection arrangements. The score is expected to reduce further once our new governance framework is in place. This is currently in development and will provide assurance to the Chief Social Work Officer. It is anticipated that this will be in place by August 2022. Risk management frameworks will also be reviewed towards the end of the year as we move back towards recovery.
11. **Scottish child abuse inquiry:** The current risk score has been reduced from 12 (high) to 9 (medium) as the risk appears to be lower than previously reported due to the size and scale of East Renfrewshire in terms of identified individuals. No further mitigations are proposed due to the historic nature of this risk.
12. **Child Protection, Adult Protection and MAPPA Arrangements:** Due to pressures we have had to delay our work around reporting on professional registrations however a short life working group has been established to progress this over the next few months.
13. **Financial Sustainability:** Due to pressures we have extended the deadline for review of hosted service arrangements to June.
14. **Failure of a provider:** Due to pressures we have been unable to progress the development of our strategic commissioning plan and have extended the deadline for this. Now that we have finalised our HSCP Strategic Plan 2022-25 we will work towards the development of the commissioning plan alongside our market facilitation plan.
15. **Increase in frail older population:** Following significant investment from Scottish Government in terms of winter funding we have strengthened our response in care at home, interim care and multidisciplinary team working. This in turn has reduced the current score from 12 (high) to 9 (medium).

Post Mitigation - Red and Significant Risks Exception Report

16. Risks which score between 11-16 and rated as High/Red/Unacceptable and those which the Health and Social Care Partnership Management Team considers significant, following mitigation, should be brought to attention of the Performance and Audit Committee by an 'exception report'.

Financial Sustainability

17. Financial Sustainability remains a high/red risk as last reported. Whilst the budget being proposed to the IJB on 16 March 2022 recognises the Scottish Government significant investment in health and social care we still have a legacy savings of £2.9 million.
18. Therefore this risk is still considered red post mitigation reflecting the current economic climate, the uncertainty around ongoing Covid-19 cost implications and the ability of our Recovery and Renewal Programme to support the delivery of this level of saving on a recurring basis.
19. There remains risk that the HSCP could become unsustainable due to one of the following causes:
- Unable to deliver in full the existing savings on a recurring basis
  - Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies and savings
  - Implications from hosted services should current arrangements change
  - Prescribing volatility

**RECOMMENDATIONS**

20. Performance and Audit Committee is asked to note and comment on the IJB Strategic Risk Register.

**REPORT AUTHOR AND PERSON TO CONTACT**

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)  
[lesley.bairden@eastrenfrewshire.gov.uk](mailto:lesley.bairden@eastrenfrewshire.gov.uk)  
0141 451 0746

March 2022

Chief Officer, IJB: Julie Murray

**BACKGROUND PAPERS**

PAC Paper: November 2021: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/7155/PAC-Item-11-24-November-2021/pdf/PAC\\_Item\\_11\\_-\\_24\\_November\\_2021.pdf?m=637727683985700000](https://www.eastrenfrewshire.gov.uk/media/7155/PAC-Item-11-24-November-2021/pdf/PAC_Item_11_-_24_November_2021.pdf?m=637727683985700000)

PAC Paper: September 2021: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/6844/PAC-item-09-22-September-2021/pdf/PAC\\_item\\_09\\_-\\_22\\_September\\_2021.pdf?m=637673822316270000](https://www.eastrenfrewshire.gov.uk/media/6844/PAC-item-09-22-September-2021/pdf/PAC_item_09_-_22_September_2021.pdf?m=637673822316270000)

PAC Paper: June 2021: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/5750/PAC-Item-11-23-June-2021/pdf/PAC\\_Item\\_11\\_-\\_23\\_June\\_2021.pdf?m=637596213490230000](https://www.eastrenfrewshire.gov.uk/media/5750/PAC-Item-11-23-June-2021/pdf/PAC_Item_11_-_23_June_2021.pdf?m=637596213490230000)

PAC Paper: November 2020: IJB Strategic Risk Register Update

[https://www.eastrenfrewshire.gov.uk/media/4339/Performance-and-Audit-Committee-item-8-25-November-2020/pdf/Performance\\_and\\_Audit\\_Committee\\_item\\_8\\_-\\_25\\_November\\_2020.pdf?m=637413112993830000](https://www.eastrenfrewshire.gov.uk/media/4339/Performance-and-Audit-Committee-item-8-25-November-2020/pdf/Performance_and_Audit_Committee_item_8_-_25_November_2020.pdf?m=637413112993830000)

IJB Paper: January 2020: IJB Risk Management Policy and Strategy

[https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration\\_Joint\\_Board\\_Item\\_14\\_-\\_29\\_January\\_2020.pdf?m=637284294607930000](https://www.eastrenfrewshire.gov.uk/media/1436/Integration-Joint-Board-Item-14-29-January-2020/pdf/Integration_Joint_Board_Item_14_-_29_January_2020.pdf?m=637284294607930000)

## EAST RENFREWSHIRE INTEGRATION JOINT BOARD

## STRATEGIC RISK REGISTER

DATE ORIGINATED: 09.11.2015

DATE REVIEWED: 08.03.2022

ERC Ref	No.	Risk Status S/C/N (Same, Changed, New)	Risk (Threat/Opportunity to achievement of business objective)- include the consequence of the risk in this description)	Risk Control Measures currently in Place (need to be SMART e.g. detail of what type of training took place with dates in evidence column)	Assessment of Risk (As it is now)			Proposed Risk Control Measures (should be SMART with detail included)	Completion date for proposed Risk Control Measure	Assessment of Residual Risk (with proposed control measures implemented)			Risk Owner	
					Risk Score 11-16 5-10 1-4	Overall rating HIGH MEDIUM LOW	Likelihood (probability) L			Impact (Severity) I	Risk Score (LxI) L	Likelihood (probability) L		Impact (Severity) I
n/a	1	C	<b>Death or significant harm to vulnerable individual</b>											
			<p>Risk of death or significant harm to a service user/ patient as a result of HSCP actions or omissions.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- Loss of life or long term damage and impact on service user &amp; family.</li> <li>- Possible perception of failure of care.</li> <li>- Poor workforce morale.</li> <li>- Reputational damage.</li> </ul>	<p>Professional leadership for social work practice strengthened</p> <p>We continue to operate within Clinical and Care Governance Framework</p> <p>ASP Quality Assurance Framework continues to be implemented and reported to APC</p> <p>Quality assurance of Adult Service Improvement Plans</p> <p>Senior Management rota for chairing ASP implemented</p> <p>Continual audit against compliance of MHO standards</p> <p>Professional supervision policy adopted for social work and social care staff.</p> <p>Review of rising demands and pressure points across adult services.</p> <p>Rolling training programme.</p>	3	3	9	<p>New Governance Framework providing assurance to CSWO being developed.</p> <p>Review risk management frameworks as we move towards recovery.</p>	31.08.2022	31.12.2022	2	3	6	Head of Adult Services / Chief Social Work Officer

4.4	2	S	<b>Scottish Child Abuse Inquiry</b>									
			<p>Children accommodated by East Renfrewshire Council and legacy areas from 1930 may have been the victims of historical abuse whilst in foster care.</p> <p>Capacity to meet the demands of the S21 notice and the possibly increased demand of access to records and potential claims against the Council as Inquiry work progresses.</p>	<p>Adult Protection Committee and Child Protection Committee have been sighted on these issues.</p> <p>Final s21 submission made to the Inquiry in July 2020 in relation to the foster care case study. The Inquiry requested further information which was submitted in Jan-22. The Inquiry will begin to take evidence from Jun-22 onwards – it is unclear at this point whether ER will be cited to court</p> <p>Key learning from S21 work shared with managers</p> <p>Identified leads in HSCP working alongside legal services to manage the progress of any allegations/claims made.</p>	3	3	9				3	3
4.1	3	S	<b>Child Protection, Adult protection and Multi-Agency Public Protection Arrangements</b>									
			<p>Inconsistent assessment and application of the public protection agenda (Child Protection, Adult Protection and Multi-Agency Public Protection Arrangements- MAPPA) may result in risk of children or vulnerable adults being harmed and lead to non-compliance with legislative standards.</p>	<p>The operation of Child Protection Committee (CPC), Adult Protection Committee (APC) and MAPPA meetings deal with strategic and practice issues.</p> <p>"Safe Together" model implemented in HSCP.</p> <p>Regular reporting to COPP in place for adult, children and high risk offenders.</p>	2	4	8	<p>Introduce rolling review of PVGs on 3 yearly basis. Consistent with Care Inspectorate regulations.</p> <p>30/06/2022</p>	<p>Strengthen reporting arrangements around SSSC registrations. (<i>Short-life working group established Mar-22</i>)</p> <p>30/06/2022</p>	<p>Roll out "Safe Together" across Council</p> <p>31/12/2022</p>	1	4



4	S	Financial Sustainability										
		<p>Risk of being unsustainable due to one of the following causes:</p> <p>1) Unable to deliver in full the existing savings and achieve new savings to deliver a balanced budget.</p> <p>2) Unable to influence future funding to recognise demographic and other pressures, or realise future efficiencies &amp; savings.</p> <p>3) Implications of cessation of prescribing risk share and changes from hosted services funding structure.</p> <p>4) Financial Impacts relating to Brexit and other wider economic issues. Financial risks relate to staffing, purchase of care, drugs, equipment, consumables and food.</p> <p>5) Financial risks relating to Covid-19 There is a significant financial implication to the IJB if the costs of the response to the crisis are not fully funded. There are likely to be longer term implications with associated financial impact. The post Covid landscape is unclear</p> <p>6) Complexity of funding sources with some allocations late in the year and some instability from non-recurring funding.</p>	<p>The CFO provides regular financial advice and reporting to IJB, including savings progress.</p> <p>Detailed financial planning and monitoring for COVID 19 is in place and costs are considered by the Scottish Government as part of the NHSGCC response.</p> <p>Budget seminars are held with IJB Members.</p> <p>The regular budget updates and medium term financial plan set out funding pressures and scenarios. The HSCP is involved in the budget setting process with each of our partners.</p> <p>Medium Term Financial Plan latest revision Mar-22</p> <p>A local network and the National CFO Section meeting provide a discussion and decision making forum for wider issues impacting on partnerships, including prescribing and hosted services.</p> <p>The use of earmarked reserves allows us to deal with prescribing volatility in any one year.</p> <p>Review of hosted services is ongoing and this is a longer term review across all six HSCPs within NHSGCC.</p> <p>Planning for and monitoring of post Brexit impact at both national and local levels.</p> <p>Regular monitoring and planning combined with our reserves strategy allows us to maximise funding streams.</p>	3	4	12	<p>Conclude review of hosted service arrangements (indicative date).</p> <p>Refresh Medium Term Financial Plan for any significant changes during 2022/23</p> <p>Develop the tri-partite financial planning discussions with partners as included in Strategic Improvement Action Plan.</p>	30/06/2022				Chief Financial Officer

5.2	5	S	<b>Failure of a Provider</b>									
<p>Risk of failure of a key care provider, including care home, care at home and other care providers due to significant care concerns financial instability, staff recruitment and retention difficulties.</p> <p>Consequences could include:</p> <ul style="list-style-type: none"> <li>- disruption to service delivery</li> <li>- requirement to implement contingency plans</li> <li>- impact on individuals and families with potential disruption to care arrangements</li> </ul>			<p>We work with the Care Inspectorate to ensure robust action plans for improvement are in place.</p> <p>We work with providers at risk to agree phased and managed approach to closure if required. Escalation process in place.</p> <p>Work with Scottish Government, Scotland Excel and Cosla on care home market.</p> <p>Scotland Excel framework provides larger provider base to mitigate risk.</p> <p>Care Home assurance group established May 2020 (meets twice weekly).</p> <p>Care homes reporting key information which is reviewed by the care home assurance group to allow management of risk and support.</p> <p>Two community hubs established to provide range of support to care homes within Greater Glasgow and Clyde e.g. nursing, infection control support.</p>	4	3	12	<p>Reshape strategic commissioning plan based on outcome of the work exploring models of service delivery. Annual progress will inform our longer term approach.</p>	30/09/2022	3	3	9	<p>Chief Financial Officer / Heads of Service</p>

6	S	<b>Access to Primary Care</b>											
		<p>Insufficient primary care practice list capacity due to increased population size. This is a result of new housing developments which include family housing, increasing the number of children in the area and specific developments for older people.</p> <p>Inability to recruit/cover posts resulting in poor access for local residents.</p>	<p>Primary Care Improvement Plan agreed by IJB.</p> <p>Local practices are supported to manage list size by encouraging patients from out with the practice's contracted catchment area to register with a GP more local to them.</p> <p>Work with practices to maximise premises capacity to enable them to extend primary care team.</p> <p>Back scanning completed for practices to ensure all East Renfrewshire practices notes are scanned to free up space.</p>	3	3	9	<p>Work with planning department to consider impact and mitigation for new housing developments.</p> <p>Support GPs in practices most likely to be impacted by rise in new registrations due to new housing development to agree short term measures and discuss and longer term options to increase capacity.</p> <p>Signpost new residents to Practices registering patients for postcode area.</p> <p>Scoping ways to increase capacity for PCIP staff at existing sites, and exploring potential other sites</p> <p>Exploring revenue funded solutions around GP space in Newton Mearns and Neilston</p>	<p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p> <p>Ongoing (review Sep 22)</p>	3	2	6	Clinical Director	
5.1	7	S	<b>Increase in frail older population</b>										
			<p>Increase in frail older people, particularly very old, due to demographic changes leads to an over demand on certain services and failure to meet legislation, overspend and negative publicity.</p>	<p>Scottish Government providing additional resources (winter planning) for Health and Social Care with emphasis on managing demographic pressures.</p> <p>Outcome Delivery Plan (ODP) and HSCP strategic plans build on foundation of wider council prevention and early intervention strategy for older people.</p> <p>UCC Delivery Plan presented to IJB in March-22 for approval</p> <p>Concluded redesign work focusing on rehabilitation</p> <p>Annual budget setting takes account of demographic projections.</p>	3	3	9	<p>Reopen and further rollout of Talking Points as part of Community Led Support programme diverting people to community resources and building own assets. (Reviewed Mar-22)</p> <p>Reviewed front door arrangements to ensure fit for purpose in terms of recovery – new model launching Summer</p>	<p>Ongoing (review Aug 22)</p> <p>31/07/2022</p>	3	2	6	Chief Officer HSCP

8	S	<b>Workforce Planning and Change</b>										
		<p>Lack of appropriately skilled workforce due to combination of loss of experience from retirement of ageing workforce and changes to registration and job requirements leads to a reduction in service levels and inability to deliver redesigns in line with Strategic Plan requirements. Use of temporary contracts as mitigation for financial uncertainty impacts on ability to recruit and retain staff.</p>	<p>Workforce planning group restarted and includes 3<sup>rd</sup> / independent sector reps</p> <p>HSCP management team actively review of all request to recruit and the number of temporary contracts have been minimised.</p> <p>Overarching workforce workstream in our recovery plan (as we have had some capacity issues resulting from Covid-19 and our response to the emergency).</p> <p>Recovery and Renewal Programme established (Jun'21)</p> <p>Interim HSCP workforce plan developed and work commenced on 3-Year Plan</p> <p>Trauma Steering Group continues to meet regularly</p>	3	4	12	<p>Submit draft 3-Year HSCP Workforce Plan to Scottish Government by 31 July 2022</p> <p>Develop workforce information to include data on staff with long term health conditions to better understand the impact of covid-19 on service delivery. Continue to monitor covid and long covid absence to help inform service delivery (Reviewed Mar-22)</p> <p>Continue providing personalised supports to workforce in relation to trauma experienced during covid. (Reviewed Mar-22)</p>	<p>31/07/2022</p> <p>Ongoing (review Aug22)</p> <p>Ongoing (review Aug22)</p>	2	4	8	Chief Officer HSCP
2.2	10	S	<b>Increase in children &amp; adults with additional support needs</b>									
			<p>Increase in the number of children and adults with additional support requirements leading to a rise in demand on services.</p>	<p>Advanced Practitioner post to improve practice across adult and children services in preparing young people with additional support needs for adulthood.</p> <p>Analysis of demographic changes and increased financial forecasting.</p> <p>Education Resource Group manage specialist resources and admission to specialist provision.</p> <p>Resource Allocation Group (RAG) strengthened membership to include educational psychologist and occupational therapist.</p> <p>Concluded work to review transitions and new strategy developed</p>	4	3	12	<p>Present Transitions Strategy to Children Services Partnership Group for sign off</p> <p>Implement Transitions Strategy - transition team to be developed to lead delivery of strategy</p> <p>Continued monitoring and Covid support to partly offset increased demand.</p>	<p>30/04/2022</p> <p>30/09/2022</p> <p>Ongoing (review Sep 22)</p>	4	2	8

5.3	11	S	<b>In-House Care at Home Service</b>									
			<p>Significant pressures and lack of service capacity (vacancies and absence) impacts on service delivery and quality standards Impact on service users and carers</p>	<p>Increased resource to support robust absence management.</p> <p>Single base operating for Care at Home</p> <p>Ongoing quality assurance and monitoring activity.</p> <p>Significant frontline recruitment progressing</p> <p>Increased OT resource to maximise outcomes and reduce supports required</p> <p>Payment of carried over annual leave made to increase staff availability</p>	3	4	12	<p>Re-mobilise the service redesign activity.</p> <p>30/04/2022</p> <p>Appoint Senior Manager – Interviews scheduled end March</p> <p>30/04/2022</p> <p>Conclude work to realign staff work patters in order to maximise resource</p> <p>30/04/2022</p> <p>Complete current phase of frontline staff recruitment and on boarding and induction</p> <p>31/05/2022</p> <p>Enhance data availability and reporting capability of hospital referrals</p> <p>31/03/2022</p>	2	3	6	Chief Officer HSCP
		S	<b>Failures within IT System</b>									
			<p>Critical information not been received due to failures in IT system</p> <p>Emails from outside the East Renfrewshire domain have been blocked or receipt failed due to ERC and 3rd party technical system issues.</p>	<p>Specific email addresses can be added to whitelist if required.</p> <p>Emails can be manually released.</p> <p>Analysis completed of referral source and destination mapping, to ensure information can be shared with ICT mailboxes and specific senders / emails prioritised, should an issue arise.</p> <p>Phase 1 of ICT Clearswift Review (looking at setup of rules and configuration within the email gateway solution) concluded 14.4.20 with changes to rules that should reduce some of the technical complexity with regards to email blocking.</p> <p>HSCP continue to work with ICT BRMs for both partner organisations to highlight and address both intermittent and known ICT issues</p>	3	2	6	<p>Conclusion of ICT Clearswift Review (Phase 2) on the Clearswift Gateway infrastructure.</p> <p>TBC</p>	2	2	4	IT Business Partner



S ANALOGUE TO DIGITAL SWITCHOVER												
			<p>Vulnerable adults left without access to Telecare as a means of support due to accelerated switch from analogue to digital phone lines and associated financial implications.</p>	<p>Programme board established and full project team in place to take forward the transition to analogue to digital.</p> <p>HSCP representation on programme board.</p> <p>Analogue to digital implementation plan.</p> <p>ARC (Alarm Receiving Centre) system procured Nov 21</p> <p>Decision made re first tranche of dispersed alarm units</p> <p>Recruited HSCP Senior User</p>	3	3	9	<p>ARC Go Live date 22/6/22</p> <p>There is a Capital Project with our partner East Renfrewshire Council to manage replacement of analogue devices and peripherals within people's houses.</p> <p>Monitoring global supply issues in relation to chip shortages</p>	<p>22/06/22</p> <p>Ongoing</p> <p>Ongoing</p>	2	3	6

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