



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	27 March 2024
<b>Agenda Item</b>	7
<b>Title</b>	Performance Update – Quarter 3, 2023-24
<p><b>Summary</b></p> <p>This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where Quarter 3 (October – December 2023) data is available for strategic performance indicators this is included. The report includes exception reporting for three Performance Indicators (PIs), providing more detailed discussion of performance for these measures. Exception reports delve further into the performance of specific measures and mitigation or reasoning for current performance.</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 Performance Update 2023-24.</p>	

**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****27 March 2024****Report by Chief Officer****QUARTER 3 PERFORMANCE UPDATE 2023-24****PURPOSE OF REPORT**

1. This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the Health and Social Care Partnership (HSCP) Strategic Plan 2022-2025. Where Quarter 3 data is available for strategic performance indicators this is included. The report also includes more detailed exception reports for three key performance indicators.

**RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2023-24.

**BACKGROUND**

3. The Performance and Audit Committee (PAC) 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. Data availability is significantly more limited at quarters one and three with many performance indicators being reported on a 6-monthly cycle.
4. As with previous performance updates, in addition to our full report on progress against our key performance indicators (Appendix 1), we have included two exception reports (Appendix 2) giving more detailed discussion on performance trends for the following measures:
  - Sickness absence days per employee - HSCP (ERC staff)
  - Percentage of days lost to sickness absence for HSCP (NHS staff)  
*(N.B. the absence PIs are discussed in one report)*
  - Number of people self-directing their care through receiving direct payments and other forms of self-directed support
5. The exception reports cover:
  - Purpose of the indicator – *explanation and how we use it to improve*
  - What does good look like? – *long-term objective for this area of activity*
  - Current status of measure – *current position including visualisation of data*
  - Reason/explanation for current performance – *understanding why performance is an exception*
  - Mitigating action – *approaches (with timescales) that will improve performance*
  - Investment – *current / required resources to deliver expected performance*
  - Context and benchmarking – *relevant comparative data if available*

## REPORT

6. The main data report includes available data for Quarter 3 (October to December 2023) for indicators from our Strategic Plan and any updated data relating to end-year (or earlier) that have not previously been reported to the Committee. The report provides charts for all measures. The report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Explanations of any notable shifts in performance are included in the commentary text.
7. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2022-25:
  - 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
  - Working together on effective 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
  - Working together to protect people from harm
8. The HSCP continues to operate at a high level of performance across service areas, including many that continue to face significant challenges and pressures. During the current period of reporting, we have seen improving performance for 71% of the indicators where data was available.
9. Performance highlights include:
  - We continue to see excellent performance on **CAMHS waiting times**, reflecting the promotion of alternative supports for young people. At Q3, 99.6% of all children had been waiting less than 18 weeks, and we have exceeded our target (90%) for the past five quarters. Although the longest waiting time rose in Q3 we continue to perform within target.
  - Supporting **independence** and **rebalancing care** – latest data shows that we are meeting our target and performing ahead of the national average for the percentage of people age 65+ with intensive care needs receiving care at home (62.5%). A high proportion of service users (93%) continue to report that their 'living where/as you want to live' needs are being met. We also perform better than the Scottish average for spending on Self-directed Support (SDS) Options One and Two as a proportion of total spend on adult services. More detail on SDS performance is given in the exception report at Appendix 2.
  - Although we saw a lower number of people coming through our **reablement** service in Q3, 63% were discharged with reduced levels of care need following the intervention.
  - The number of **alcohol brief interventions** increased during the quarter and we are on course to meet our target for the financial year.

- Emergency **hospital admissions** decreased during the quarter and we are within our agreed targets. Latest data shows that unplanned hospital bed days also decreased during the reporting period.
- The proportion of **unpaid carers** reporting that their quality of life needs were being met increased from 88% to 93% during the quarter.

10. Areas that remain challenging include:

- We saw a reduction in the percentage of people **accessing psychological therapies** within 18 weeks from 91% to 84%, falling below our target (90%). This was due to staffing issues. Targeted action is taking place including additional support from NHSGGC.
- Performance on waiting times for **alcohol and drug recovery services** also declined. The percentage of people accessing recovery-focused treatment within 3 weeks dropped from 97% to 84%, reflecting staff absence during the quarter. It is predicted that performance will return to target in the next quarter as staffing levels return to normal.
- Minimising hospital **discharges with delay** (and bed days lost) continued to be a challenge for the partnership during the reporting period, averaging 9 a week (excluding adults with incapacity (AWI)) – up from 5 in the previous quarter. This remains an area of focused activity to support people to return home or into alternatives in the community.
- During the quarter we missed our target for the percentage of **Community Payback Orders** commencing within 7 days. However, we saw improvement in performance from 68% in Q2 to 73% in Q3. One unpaid work placement (of 14) was not completed within the Court timescale meaning that performance declined to 93% (from 100% in Q2).
- We are missing our target for the payment of **invoices** within 30 days: 83% for Q3 (target 90%).
- Sickness **absence** continues to be an issue for the partnership and we are above our target for both NHS and local authority staff. However, for both groups of staff, we saw improvement in absence rates during Quarter 3. Absence panels are in place and support is targeted to service areas with highest levels of absence. We continue to deliver health and wellbeing support to our staff. More detail on our absence performance is given in the exception report at Appendix 2.

## RECOMMENDATION

11. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2023-24.

## REPORT AUTHOR AND PERSON TO CONTACT

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March 2024

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

PAC 22.11.23 HSCP Mid-year Performance Update 2023-24

[eastrenfrewshire.gov.uk/media/9742/PAC-Item-06-Mid-Year-Performance-Update/pdf/PAC\\_Item\\_06\\_Mid-Year\\_Performance\\_Update.pdf?m=1699875488030](https://eastrenfrewshire.gov.uk/media/9742/PAC-Item-06-Mid-Year-Performance-Update/pdf/PAC_Item_06_Mid-Year_Performance_Update.pdf?m=1699875488030)

# Appendix 1

## HSCP Strategic Performance Report – 2023-24 Quarter 3



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 (incl. where we aim to decrease the value).


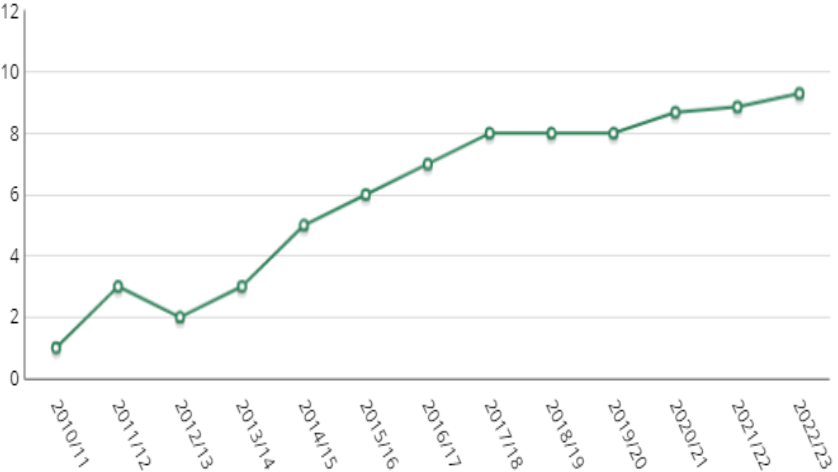

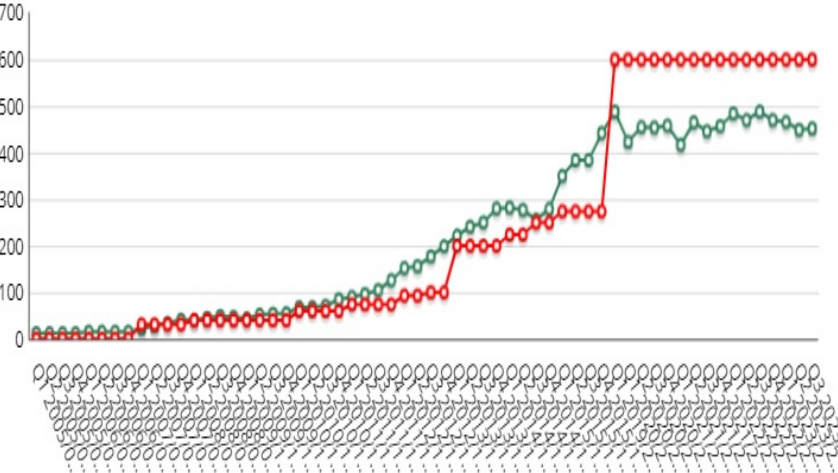
**1. Working together with children and their families to improve mental well-being**

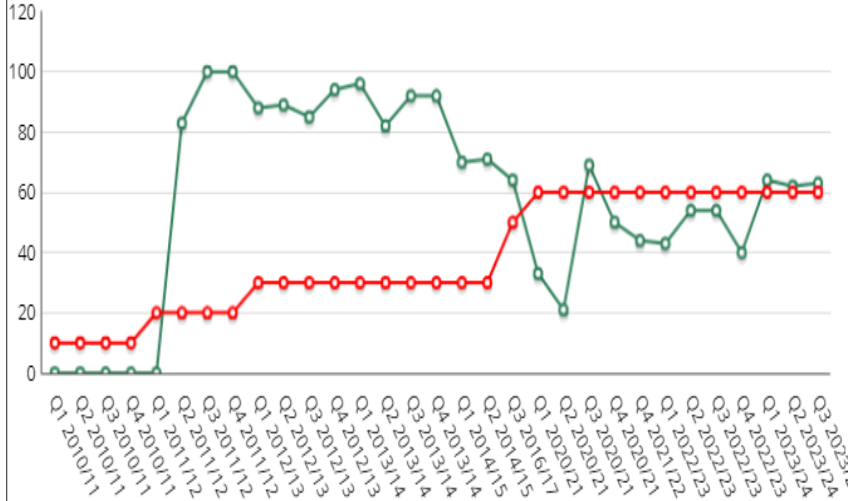

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (AIM TO INCREASE)	Qtr 3 2023/24	99.6%	90%	Green	no change		Weekly average for Qtr 3 2023/24, this is down marginally on the previous Qtr (100%) but remains above target (90%).

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Child & Adolescent Mental Health - longest wait in weeks at month end (AIM TO DECREASE)	Qtr 3 2023/24	16	18	Green	↓ (declining)		Longest wait at end of Qtr 3 is showing improved performance but remains below target (16 weeks).

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


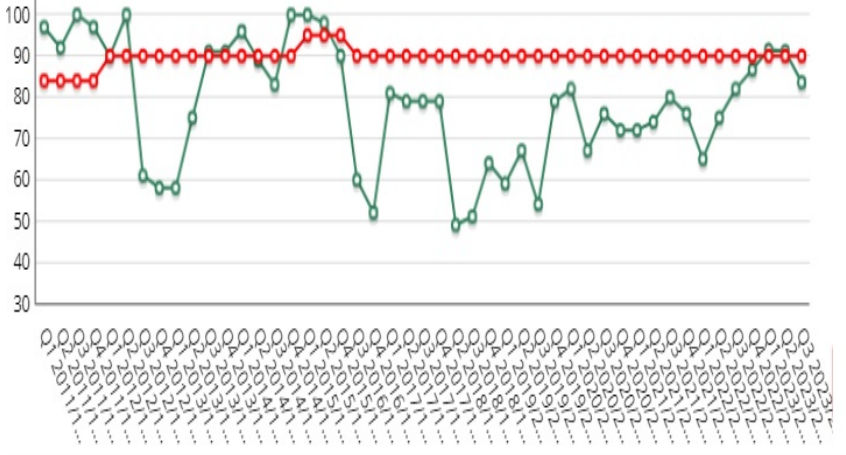

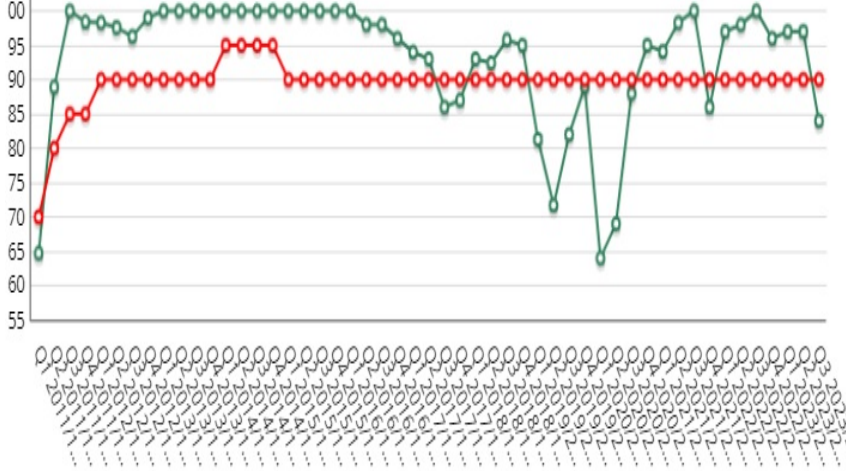
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (AIM TO INCREASE)	Annual Data Only 2022/23	62.5%	62%	Green	↓ (declining)		The LGBF data shows that our performance has dropped slightly compared with the previous year (64%) but we continue to perform ahead of target. This compares to a national average of 61.5% 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 Feb 2024).

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (AIM TO INCREASE)	Annual Data Only 2022/23	9.3%	Data Only		 (improving)		Latest available data for this indicator at Feb 2024. We continue to perform well on this measure. % spend on SDS continued to improve (up from 8.9% for 2021/22) This compares to a national average of 8.7%. (Source: Improvement Service)
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (AIM TO INCREASE)	Qtr 3 2023/24	452	600	Red	 (improving)		Data calculated from the Social Care returns shows a total of 452 people were in receipt of SDS 1 and 2 Option payments in Qtr 3. A further 688 people were covered under SDS Option 3.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of those whose care need has reduced following reablement / rehabilitation (AIM TO INCREASE)	Qtr3 2023/24	63%	60%	Green	 (improving)		We continue to perform above target and improved slightly on the previous quarter (62%). Numbers of service users going through reablement reduced in Q3 due to staff absence. Only 8 discharges in this period but this will increase again going into Q4 with return of staff availability.
People reporting 'living where you/as you want to live' needs met (%) (AIM TO INCREASE)	Qtr 3 2023/24	93%	90%	Green	 (improving)		In Qtr 3 of the total 97 valid responses 90 reported their needs met. Performance is up on Qtr 2 (88%).





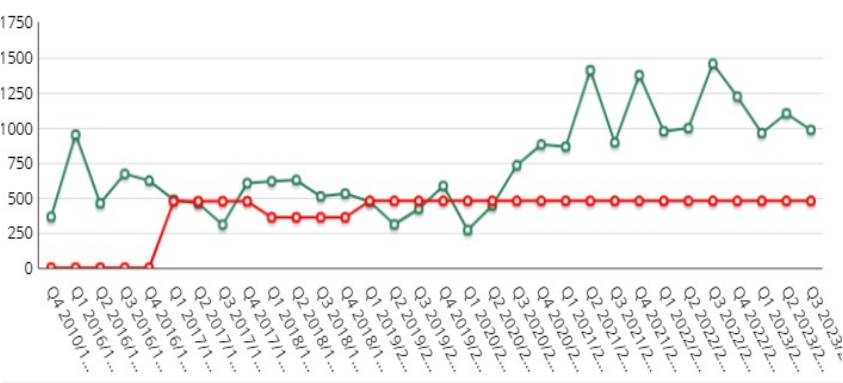
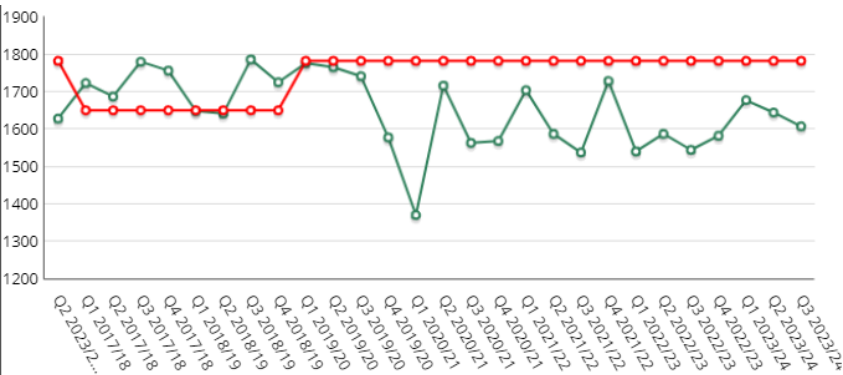
**3. Working together to support mental health and well-being**

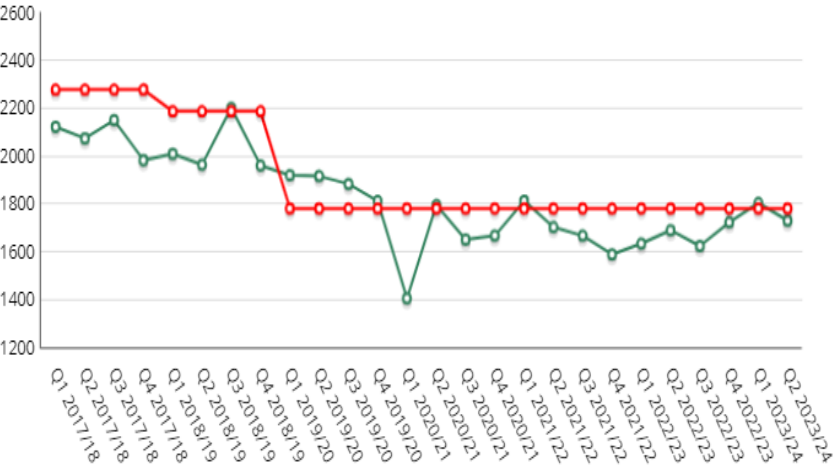
Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (AIM TO INCREASE)	Qtr 3 2023/24	83.6%	90%	Red	 (declining)		During Quarter 3 the % of people starting psychological therapy within 18 weeks has reduced to 83.6% from 91.1% in Quarter 2. This is due to staffing issues across all services and vacancies outstanding. Psychologists from Glasgow central services are providing additional sessions where required and wait time is recorded weekly, highlighting long waits or patients about to breach target, to ensure all teams are aware of current waiting time for their service.
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. (AIM TO INCREASE)	Qtr 3 2023/24	84%	90%	Red	 (declining)		Within ADRS the current % wait time to treatment had dropped to 84% from 97% in the previous quarter. This is just below the national target of 90% and was due to 10 long waits. Performance on this target is reported on a quarterly basis and there have only been two quarters since April 2021 that the target has not been met. Current staffing absence levels within the team have affected the ability to meet the target this quarter however it is predicted performance will meet the target next quarter.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. (AIM TO INCREASE)	Qtr 3 2023/24	125	105	Green	↑ (improving)		East Renfrewshire has a target of delivering 419 Alcohol Brief Interventions per financial year which requires 105 to be delivered per quarter. Glasgow Council on Alcohol deliver ABIs for East Renfrewshire and in Q3 achieved 125, above the target. This was an increase on the previous quarter of 102 ABIs and it is expected the annual target will be met for 2023-24.

**4. Working together to meet people's healthcare needs**


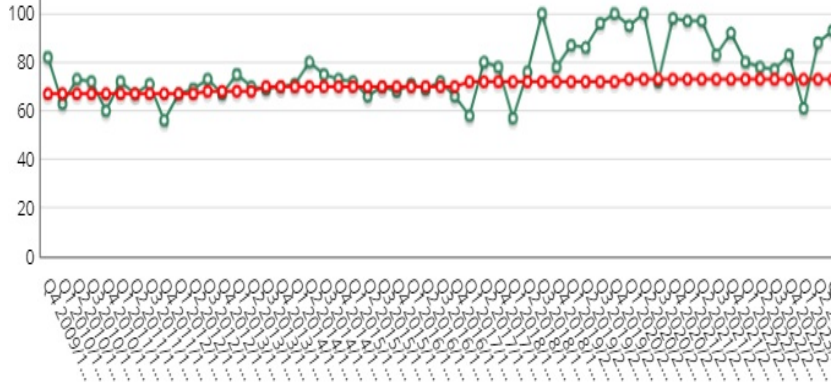
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (Ave number delayed NHSGGC Acute & MH weekly data) (AIM TO DECREASE)	Qtr 3 2023/24	9	0	Red	↓ (declining)		Weekly average for Qtr 3 2023/24 was 9 delays. Up from an average of five in Qtr 2.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) (AIM TO DECREASE)	Qtr 3 2023/24	15	0	Red	 (declining)		Monthly average of latest available data (Oct-Nov 2023 only). Compares to 12 in previous Qtr 2. (Source: Public Health Scotland, Jan 2024)
Delayed discharges (PHS) bed days lost to delayed discharge (AIM TO DECREASE)	Qtr 3 2023/24	985	477	Red	 (improving)		Data available for Oct and Nov 2023 only. (Source: Public Health Scotland, Jan 2024)
Number of Emergency Admissions: Adults (NHSGGC data) (AIM TO DECREASE)	Qtr 3 2023/24	1,607	1,782	Green	 (improving)		Hospital admissions continue to decline, down from 1,644 in Quarter 2, and ahead of target.


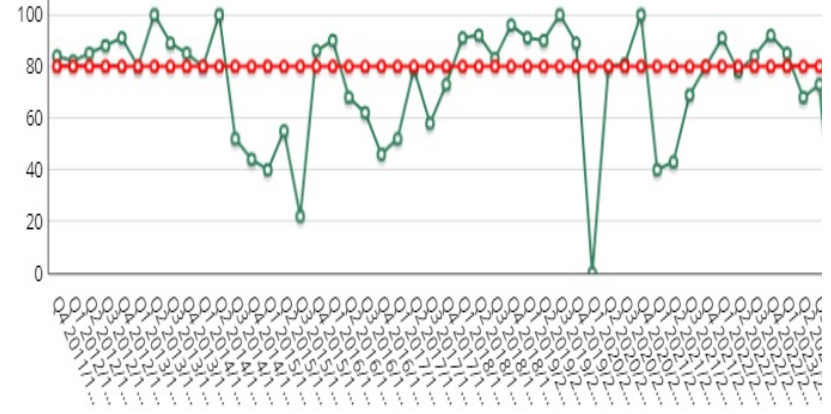
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Number of Emergency Admissions: Adults (MSG data) (AIM TO DECREASE)	Qtr 2 2023/24 (Latest)	1,730	1,781	Green	 (improving)		Latest data to Sep 2023, monthly data corrected back to April 2023. Down from 1,804 admissions in previous Qtr 1. (Source: Scottish Govt, MSG Feb 2024)
No. of A & E Attendances - Adults (MSG data) (AIM TO DECREASE)	Qtr 2 2023/24 (Latest)	4,818	4,584	Red	 (declining)		Latest data to Sep 2023, released Feb 2024. Up from 4,634 attendances in Qtr 1. (Source: Scottish Govt, MSG)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
No. of A&E Attendances (excl MIUs) (NHSGGC data) (AIM TO DECREASE)	Qtr 3 2023/24	2,924	4,583	Green	 (improving)		In quarter 3 A&E attendances fell from 3,160 in the previous quarter and we remain within target.
Unscheduled Hospital (Acute) Bed Days: Adults (18+) (AIM TO DECREASE)	Qtr 2 2023/24 (Latest)	16,555	14,715	Red	 (improving)		Latest provisional data to Sep 2023, released Feb 2024. Data corrected back to Jan 2023. (Source: Scottish Govt, MSG)

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

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People reporting 'quality of life for carers' needs fully met (%) (AIM TO INCREASE)	Qtr 3 2023/24	93%	73%	Green	 (improving)		In Qtr 3 of the total 28 valid responses 26 reported their needs met. Performance is up from 88% in Qtr 2.


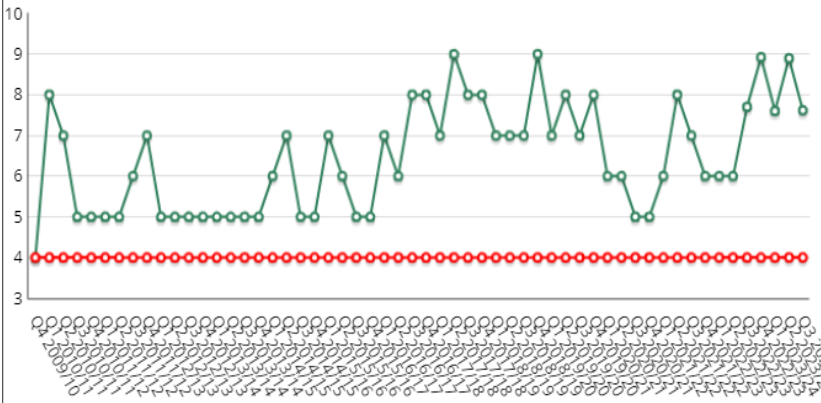

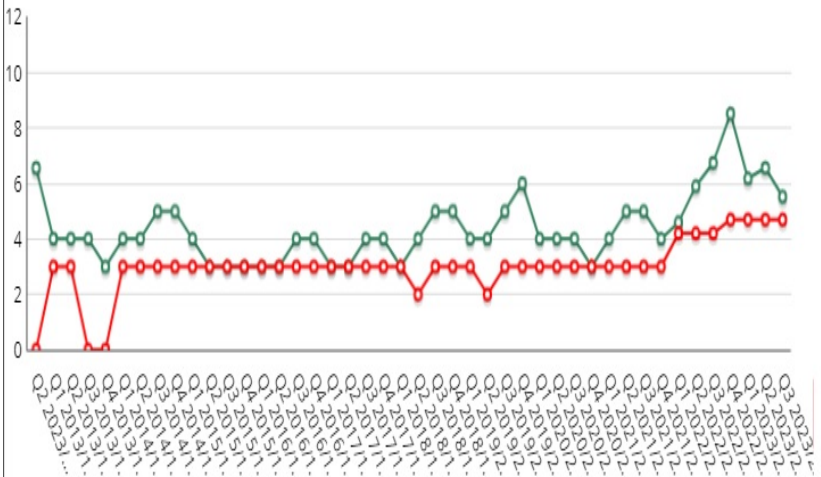
**6. Working together with our partners to support people to stop offending**

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days (AIM TO INCREASE)	Qtr 3 2023/24	73%	80%	Red	 (improving)		Fourteen out of nineteen unpaid work placements commenced within 7 days.


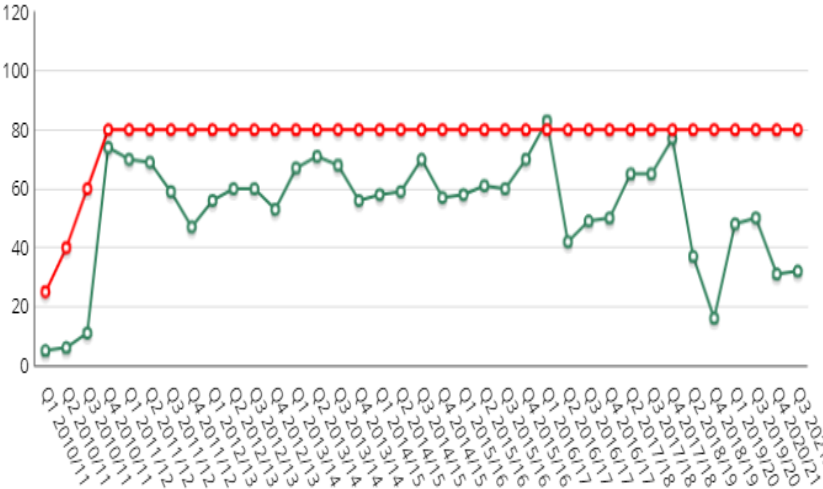
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work completions within Court timescale. (AIM TO INCREASE)	Qtr 3 2023/24	93%	80%	Green	↓ (declining)		Thirteen of fourteen unpaid work placements were completed within Court timescales in Qtr 3.

**Organisational measures**

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Payment of invoices: Percentage invoices paid within agreed period (30 days) (AIM TO INCREASE)	Qtr 3 2023/24	83.1%	90%	Red	↓ (declining)		Data to Dec 2023. Both the volume of invoices received and long-term staff absences in the team remain challenging, and the volume will likely continue until a replacement care system is in place. Additional challenges in Q3 around connectivity in the office (EHCC) and the availability of the CareFirst Finance screens have added to staff downtime.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of days lost to sickness absence for HSCP NHS staff (AIM TO DECREASE)	Qtr 3 2023/24	7.62%	4.0%	Red	 (improving)		Absence remains high, as expected during winter months and work continues to support maintaining attendance at work through NHS Absence Panels.
Sickness absence days per employee - HSCP (LA staff) (AIM TO DECREASE)	Qtr 3 2023/24	5.52	4.2	Red	 (improving)		Absence has decreased moving in to Quarter 3. This can be attributed to the continued additional absence management support that has been implemented within Intensive Services. The support has included the introduction of absence panels, training provision and additional HR and management support, all of which have shown positive results. By continuing this focus on attendance across the HSCP and particularly in Intensive Services, through early intervention to support employees during periods of absence, it is anticipated to continue to see a decrease in absence rates moving into Quarter 4.



Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System (AIM TO INCREASE)	Jan 24	55%	60%	Red	 (improving)		KSF compliance has been steadily increasing over the past 12 months. The KSF Lead sends out monthly communications to managers to increase compliance. Additional training for reviewers took place in February 24. Aiming for 60% reduced target by June 2024.

## Appendix 2 – Exception Reports

### Sickness absence days per employee - HSCP (LA staff)

#### Percentage of days lost to sickness absence for HSCP NHS staff

##### Purpose of the indicators

The HSCP has two separate indicators showing the level of staff sickness absence for Council-employed and NHS-employed staff groups. We use the performance indicators to regularly monitor overall absence levels. We also use more detailed staff absence data to identify trends such as absence by service location and reasons for absence.

For HSCP Council employees, the current indicator is 'Working Days Lost to sickness absence per FTE'. There were no agreed absence targets for the Council for 2023/24 however indicative targets have been set for the purpose of absence performance and for internal management oversight.

For HSCP NHS employees, the current indicator is 'Percentage of total days lost to sickness absence'. The NHS absence target is 4% (temporary 5% until March 2024) to ensure safe staffing levels.

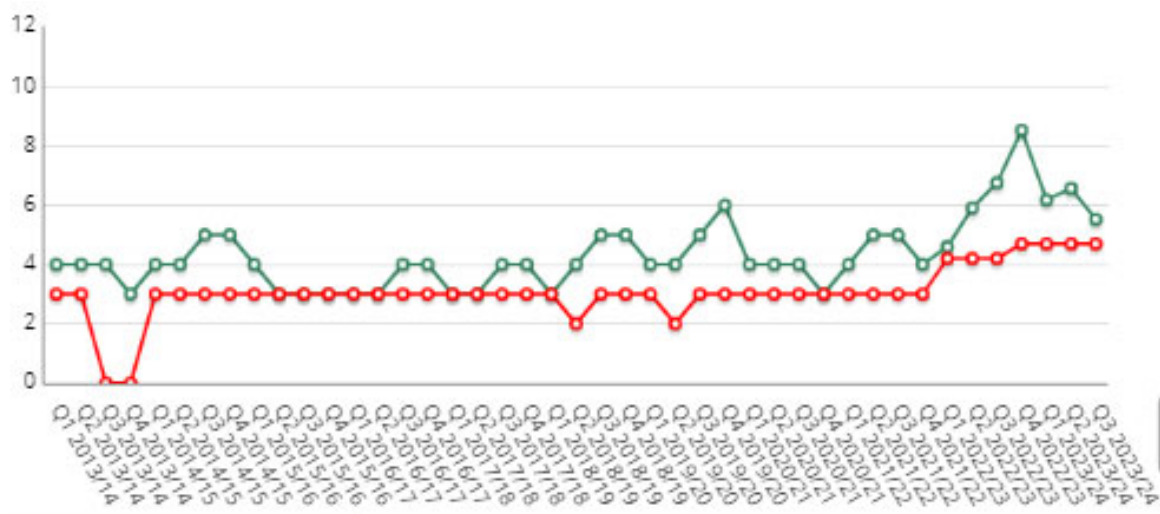
##### What does good look like?

We are aiming to ensure that safe staffing levels are not compromised as a result of high absence. Our objective is also to ensure that the health and wellbeing of our workforce is at the forefront of everything we do.

##### Current status of measure

###### Council-employed staff

For our Council staff, absence continues to be higher than the provisional targets (currently 4.2 days per quarter). Since the introduction of additional support, absence has decreased slightly from 6.56 days in Quarter 2 to 5.52 days in Quarter 3 and provisional figures indicate that this trend will continue into Quarter 4 despite absences generally increasing over the winter period.

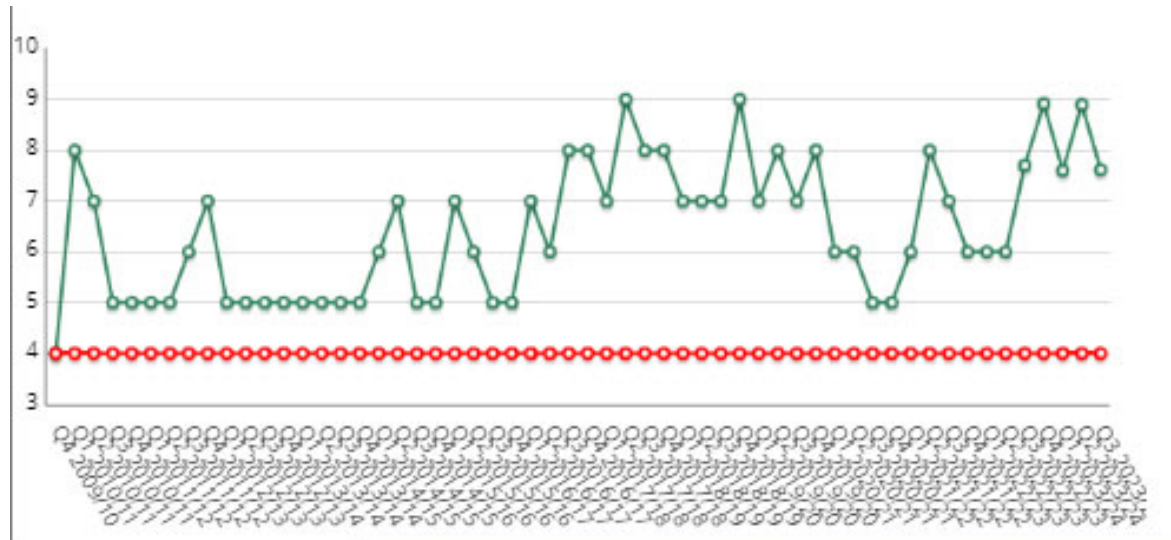


###### NHS-employed staff

For our NHS staff, the absence target is set at 4%, but we are currently operating with a temporary increase to 5% due to the extremely high levels of absence across NHSGGC. East Renfrewshire HSCP is experiencing higher than average levels of absence.

Absence rates dropped from 8.9% in Q2 to 7.64% in Q3 but remains above target. Within the quarter we see an increase from 6.86% in October to 8.01% in December. A level of increase in absence is expected during winter months.

Long Term absence average was 4.90%  
Short Term absence average was 2.73%  
Overall average was 7.64%



#### Reason/explanation for current performance

Absence for Council-employed staff has decreased from Quarter 2 to Quarter 3. This can be attributed to the additional management and HR resources temporarily introduced within the service, the introduction of absence panels, a targeted early intervention strategy and increased learning and development activities to support and upskill managers in relation to absence management.

In January, the top reason of absence for Council employed staff has been influenza colds attributing to 137 days absence in the month, reducing to 93 days in February. Musculoskeletal absences (non-back pain) has remained the second highest reason for absence in both January and February with 119 days and 114 days respectively. The highest reason for absence in February has been non work related stress – increasing from 102 days in January to 120 days in February. Other high levels of absence have been gastro illnesses, mental health issues, surgery and back pain.

Although absence rates improved for NHS staff in Q3 compared with the previous quarter we remain significantly above our target. Absence rates are notably higher in specific NHS service areas. Learning Disability In-Patients Service consistently have a higher rate of absence than other teams in the HSCP due to the nature of the patient group. There has also been an increase in stress-related absences across the HSCP but especially within health visiting and LD In-Patient teams. Psychological is the top reason for absence within the NHS. This includes work related stress, personal stress and all other mental health conditions. The NHS do not record work related and personal stress separately so we cannot provide data on this, however, from ongoing work through absence panels we know there is an almost equal split of work and personal stress amongst absent staff.

#### Mitigating action

Absence Panels have been introduced on a weekly basis within the higher absence areas of Intensive Services to support with the management of absence and the progression of

absence cases. Initially this also involved additional management resource from out with the service but this has now moved back to the service. Ensuring early intervention of absences and especially carrying out any Stress Risk Assessments early within the absence has allowed us to fully understand the nature of the absences and put in place any measures to support the individual where necessary.

Funding for a temporary HR Assistant Case Advisor resource was agreed and introduced during Quarter 2 in order to support the high volume of cases. This has proved beneficial with a decrease in absence for Quarter 3 identified.

Care at Home Project Board meetings initially met fortnightly and an absence paper was provided for each meeting to identify the progress management of absence cases and review any trends.

Lunch and Learn sessions were introduced weekly to upskill managers on all aspects of the Maximising Attendance Policy.

The HSCP are holding NHS Absence Panels to support managers with managing absence and to ensure a consistent approach across the Partnership. These panels are held monthly and will continue routinely.

We are also carrying out stress audits within each team, starting with the teams experiencing the highest levels of stress related absence. These stress audits will help address the areas experiencing work related stress.

A more pro-active approach from the NHSGGC HR Support and Advice Unit (HRSAU) has been requested to ensure cases are supported where managers have not sought support directly from HR.

Health and Wellbeing continues to be a key focus of the HSCP and good links have been made to ensure any support that can be provided to employees or targeted in specific areas are done so. Our Health & Wellbeing Officer has also been engaged in targeted team events with areas experiencing high levels of stress.

We would expect absence levels to start improving as we approach Spring.

**Investment**

Additional time and resources have been implemented to address high-level absence particularly within Intensive Services and targeted early-intervention to prevent absences and minimise the duration of absences.

An Absence Dashboard is currently under development for Council absences and this will allow a fuller insight of trends in relation to job roles, services, reason for absence etc. which will allow managers to have more targeted interventions in relation to absence management and prevention.

Additional HR Resource was funded to support absence management and a correlation can be identified in the reduction of absence levels particularly within Intensive Services. This is a resource that the HSCP is considering to extend for a further 12 months to support with absence management particularly during a period of redesign within the service, subject to funding.

Additional time and resource has been provided from the Board's HRSAU to support LD In-Patient Service with their absence management. They now have a dedicated HR Advisor supporting complex cases.

Through the absence panels process managers receive mentoring from a senior manager supported by HR.

### Context and benchmarking

Benchmarking data is available for absence rates relating NHS-employed staff only.

Sector/Directorate		Long ago	Three	Two
	Report Month	Oct 2023	Nov 2023	Dec 2023
	Metrics	Sickness Absence	Sickness Absence	Sickness Absence
East Dunbartonshire HSCP		4.55%	5.87%	5.15%
East Renfrewshire HSCP		6.95%	7.94%	7.99%
Glasgow City HSCP		6.70%	7.77%	7.17%
Inverclyde HSCP		8.27%	8.14%	8.53%
Renfrewshire HSCP		6.48%	7.54%	6.83%
West Dunbartonshire HSCP		6.74%	8.24%	7.65%

During Quarter 3, East Renfrewshire HSCP had the second highest rate of NHS absence in December 2023 compared to other HSCPs within NHS GGC. This data doesn't always provide an accurate representation of levels of absence within each HSCP. East Renfrewshire HSCP is the smallest of the partnership areas and the size of the teams are very small. This means that a team of 3 people with one person absent results in an absence rate of 33% impacting greatly on our overall percentage rate. Glasgow City for example have much larger teams within their HSCP and therefore require a greater headcount of staff absent to achieve a high percentage rate.

## Self-Directed Support indicator - Number of people self-directing their care through receiving direct payments and other forms of self-directed support.

### Purpose of the indicator

The measure helps us monitor the uptake of self-directed support (SDS) options among the people we are working with. While the PI focuses on options 1 and 2 we monitor information showing a breakdown of uptake of each of the four options of SDS. An annual target of 600 has been set for uptake of options 1 and 2. In the three quarters reported on in 2023/24, the data shows that the uptake of options 1 and 2 is under 500, lower than previous years. The data shows an increase on option 3.

The following report explores the data and reflects on the context surrounding SDS activity within East Renfrewshire.

### What does good look like?

“High quality social care helps people to meet the outcomes that matter most to them, to participate in their community and help them to realise their human rights. Self-directed support, or SDS, is the way in which social care should be arranged and delivered for carers, adults, children and families in Scotland, by putting choice and control over their support front and centre.” *SDS Improvement Plan Scottish Government*

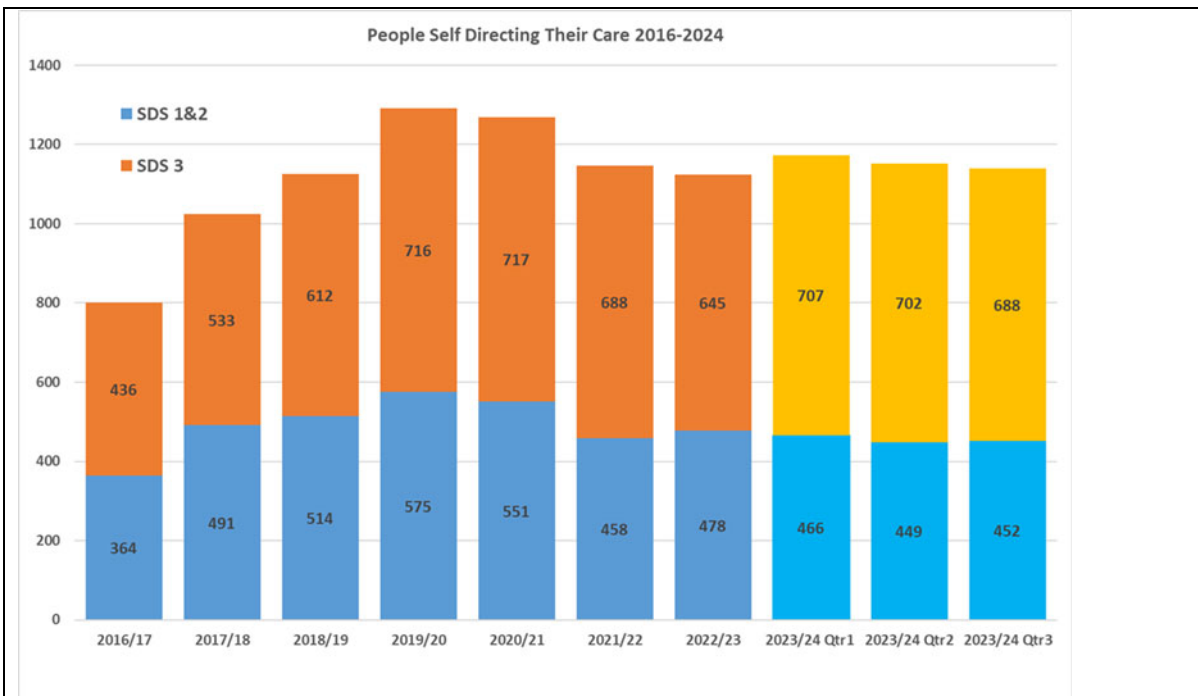
It is important that people are supported to live their lives in ways which are meaningful to them. Each adult, child, family and carer that accesses social care will have their own vision of what this looks like. They are experts on their own lives and must be recognised as such throughout the stages of planning and accessing care.

Delivering on and embedding the core principles and values of Self-directed Support is a priority within East Renfrewshire. This includes good integration with our local partners, working together to ensure we achieve this.

The Supporting People Framework has been developed to set the standard of what good looks like within our local context, reflecting the community of East Renfrewshire. This is a universal approach to delivering a fair and equitable delivery of Health and Social Care supports to people in the community.

### Current status of measure

Figures have remained fairly static through Q1, Q2 and Q3 at between 450 and 460 people. There was an increase in uptake of options 1 and 2 during the pandemic. This would be expected as it was at a time when traditional care services were reduced or withdrawn and creative often short-term solutions were utilised. This was supported in the SDS Guidance that was updated to reflect and prompt a more flexible approach at this time.



Considering the early implementation of the Supporting People Framework we suggest keeping the target of 600 for options 1 and 2 unchanged with a view to reviewing this in November 2024. It is anticipated that we will see an increase in Option 3 as a result of our eligibility criteria being raised to substantial and critical. While efforts are being made to promote creative use of budgets through person-led planning across the partnership, individuals who have substantial and critical needs are more likely to opt for Option 3 and receive a service from a provider.

#### **Reason/explanation for current performance**

In April 2023 the Supporting People Framework was implemented in East Renfrewshire. This is an eligibility framework introduced to support fairness and equitable delivery of social care services through Self-Directed Support.

The Framework has set a higher threshold in respect of the use of the options of SDS. Clear guidelines of 'risk' criteria have been updated, meaning there is a realistic expectation of what resources are available for individuals in receipt of SDS. For example both nationally and locally there are retention and unfair pay challenges within the Health and Social Care workforce which has impacted the uptake of roles such as Personal Assistants (which is managed under option 1 only).

In addition to the lack of personal assistants to support the uptake of option 1, the increased care charges that individuals managing their own budget incur (when compared to what the HSCP are charged) means that a desire to use option 1 or 2 is offset by the fact that you are likely to get less "hours" of support

Effective communications/information and advice will inform people of the 'real' impact of managing and using an Option 1 Payment, meaning we will possibly see reduced uptake on this option. Option 1 is a creative and flexible option, however it brings with it an increased responsibility that is not desirable to all recipients of SDS. This can be true when people are faced with more complex care needs as is likely to be the case given the Substantial and Critical risk requirements of the Supporting People Framework.

The Health and Social Care sector remains in recovery from the Covid 19 impact. There was an increased uptake in Option 1 through 2020-2022. Individuals had reduced options to meet outcomes through more traditional models of support such as care providers (typically managed under option 2 or 3). Such services were not as readily available throughout the pandemic and there was less desire to use such services due to increased

risks as a result of the Covid pandemic. This led to increased figures on the uptake of Option 1 to allow people to use a budget of support to meet their needs. There was less scrutiny applied under the temporary guidance of Self-Directed Support which allowed more flexibility and more alternative non-conventional measures of achieving outcomes. There was a decrease in reviews carried out over this period also.

The current figures reflect an increase in reviews being carried out locally, meaning support and care is better monitored, ensuring people are achieving 'the right amount of support' and receiving 'just enough support'. This is in line with the principles of Self-directed Support to ensure there is a strength- and assets-based approach to care before applying formal supports.

The reduced service provision from the local Independent support organisation 'Self-Directed Support Forum East Renfrewshire', has had a significant impact on the uptake of Option 1. Prior to the reduction of services, the SDS Forum East Renfrewshire provided an end-to-end support for individuals taking an Option 1. This included client groups who required 'additional' support to manage an option 1 budget, the Forum were able to offer budget management support. The SDS Forum have stopped providing support for individuals to become an employer of a Personal Assistant. This is a highly complex process and requires additional support and expert information and advice, with this provision no longer available, people are not confident in employing as a result.

### **Mitigating action**

SDS Guidance and procedures have been updated to reflect new and improved national guidance on SDS Standards, national legislation and learning from the SDS Improvement plan 2022.

Internal processes have been updated and renewed to support professionals carrying out SDS assessments in order to implement the Supporting People Framework and to implement good standards of SDS in practice.

Innovative processes to achieve high standards and promote confidence over the four options include:

- Peer Professional Review Group (PPRG). This is an opportunity for social workers to discuss and share learning on current cases. They have direct access to our Third Sector interface (Voluntary Action East Renfrewshire) and to our Community-Led model as well as senior members of the social care teams. This is a positive solution-based model that supports social workers to explore ideas of mitigating risks and adapting a more positive risk practice which ensures reablement. This provides coaching support to social workers regularly.
- Adult Carers Support Plan Screening Group (ACSPSG) which applies a similar model to the PPRG, allowing our partners from the East Renfrewshire Carers Centre to discuss ACS Plans at the screening group alongside initial contact team. It provides another sharing and learning platform which ensures a more holistic approach to supporting our carers.

The introduction of both the SDS Implementation Manager and Carers Lead roles at the Resource Enablement Group (REG) gives a wider lens to assessments requesting budgets for support. Ensuring appropriate supports and alternative options of resources are applied from a community led perspective. Both roles are working within the Senior Management Team to raise and address the challenges of SDS delivery and reviewing the impact on third sector.

One-to-one SDS training is available to workers and at a team's request using the role of the SDS Implementation Manager and the Carers Lead to support improved and reflective practice. This process supports carers and cared-for people accessing SDS budgets.

A joint-working approach continues and progress to meet the needs of the people of East



Renfrewshire is a priority. The HSCP works closely with community partners to offer support to service areas under SDS and SDS Carers. The Carers Lead has supported the East Renfrewshire Carers Centre to secure funding to provide a bespoke SDS worker for carers within East Renfrewshire. This will be a significant benefit alongside a seconded social worker post working within the East Renfrewshire Carers Centre. This will support choice and flexibility for people when choosing one of the four SDS options.

Collaborative working across Children and Adult services has provided consistency in practice and the use of our guidance and procedures under the Supporting People Framework. This has had a significant impact on the Transitions service, creating a new 'Funding Pathway' to support young adults who will be in receipt of SDS to manage this under the adults services model at an appropriate time. A Transitions PPRG and a Transitions REG have been developed to offer a specific process to young adults using Self-Directed Support within East Renfrewshire.

It is anticipated that our SDS figures will reflect these changes by the end of 2024. Regular reviews will be undertaken to monitor the progress and implementation of the Supporting People Framework and we are adaptive to changes. The impact and improvements expected from the framework will be realised by November 2024. The implementation has not been without its challenges, however effective innovations such as new processes and guidance are available, and this is encouraging. Weaknesses and challenges have been addressed with effective adaptations to our processes. The introduction of the Supporting People Framework continues to support significant outcomes and has led to large-scale review of all Self-directed Support packages of care. This will continue to impact our progress significantly over 2024.

### **Investment**

The details of investment within this specific area of work are outlined within the 'Mitigation Action' section above. Resources including new processes and procedures, updated guidance and increased partnership working has resulted in innovative systemic changes. Key drivers for change have been the skills and supportive coaching from the Leadership teams.

Further investment has been sought through recruitment and the introduction of the Self-directed Support Implementation Manager within East Renfrewshire from 2023 onwards. Both the SDS Manager and the Carers Lead have a responsibility to work collaboratively to ensure the principles and values of SDS are embedded within practice and policy. This impacts both carers and cared-for individuals using SDS to meet their needs.

Both roles have worked together to facilitate focussed work led by individual teams across the HSCP including Children and Families services. This focussed work has meant an increase in bespoke practice-led training on the application of SDS, as well as public information sessions held to inform people about new framework. This promotes equitability and consistency under the Supporting People Framework.

### **Context and benchmarking**

The Local Government Benchmarking Framework (LGBF) includes the performance indicator: "SDS Direct payments and managed personalised budgets spend on adults (18+) as a % of total social work spend on adults (18+)". By this measure, East Renfrewshire shows above average use of options 1 and 2 as a proportion of total social work spend for adults. In 2022-23, 9.3% of spend was used on options 1 and 2, compared with Scottish average of 8.7%. Our 'family group' (consisting of similar local authority areas) has an average of 7.3% for 2022-23.

Discussions at national forums suggest that Option 1 uptake is high in East Renfrewshire. This is due to a number of factors including the positive local input of Independent Support Organisations to support the management of the option.

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