

Date: 19 November 2021  
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**TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT  
BOARD PERFORMANCE AND AUDIT COMMITTEE**

Dear Colleague

**PERFORMANCE AND AUDIT COMMITTEE – 24 NOVEMBER 2021**

Please find attached an amended copy of Item 7 – East Renfrewshire IJB 2020-21 Annual Audit Report.

Please also find attached the undernoted item marked “to follow” on the agenda for the meeting of the Performance and Audit Committee on Wednesday 24 November 2021.

Yours faithfully

**Anne Marie Monaghan**

Chair

**Undernote referred to:-**

Item 9 – Performance Report – Quarter 2

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# East Renfrewshire Integration Joint Board

2020/21 Annual Audit Report – DRAFT



 AUDIT SCOTLAND

Prepared for East Renfrewshire Integration Joint Board and the Controller of Audit

November 2021

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# Key messages

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## 2020/21 annual report and accounts

- 1 Our audit opinions on the annual accounts of the East Renfrewshire Integration Joint Board (the IJB) are unmodified.
- 2 We received the unaudited accounts on 23 June 2021 in line with our agreed audit timetable. In light of the working restrictions arising from the current COVID-19 pandemic, we agreed with senior officers of the IJB to take advantage of the flexibilities conferred under the Coronavirus (Scotland) Act 2020 and re-profile the timing and delivery of our audit to complete in November 2021.

## Financial management and sustainability

- 3 The IJB has appropriate and effective financial management arrangements in place to support financial monitoring, reporting and decision making.
- 4 The IJB 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 in some areas because of COVID-19 as well as earmarked funding received in-year that was unspent as at 31 March 2021.
- 5 The medium-term financial outlook, covering the period 2022/23 to 2026/27, has 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 are unlikely to address this funding gap and the IJB will need to continue to work with partners to develop a revised financial strategy which ensures the organisation remains financially sustainable.

## Governance, Transparency and Best Value

- 6 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.
- 7 The IJB has put in place appropriate arrangements to demonstrate the achievement of Best Value.

- 8 The IJB has effective arrangements for managing performance and monitoring progress towards strategic objectives.

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# Introduction

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1. This report summarises the findings from our 2020/21 audit of East Renfrewshire Integration Joint Board (the IJB).
2. The scope of our audit was set out in our Annual Audit Plan presented to the Performance and Audit Committee meeting on 23 June 2021. This report comprises the findings from:
  - an audit of the IJB's 2020/21 annual accounts and
  - consideration of the four audit dimensions that frame the wider scope of public audit set out in the [Code of Audit Practice 2016](#).
3. The global coronavirus pandemic has had a considerable impact on the IJB and its partner bodies during 2020/21. This has had significant implications for services, sickness absence levels and planned projects and initiatives. Risks related to the pandemic were included in our Annual Audit Plan, and we have adapted our planned audit work at the IJB to address these risks.

## Adding value through the audit

4. We add value to the IJB through our audit through:
  - regular meetings with the Chief Finance Officer and Accountancy Manager (Deputy Chief Finance Officer) to assess technical accounting guidance around coronavirus funding and expenditure and agree the associated reporting requirements in the financial statements.
  - identifying and providing insight on significant risks, and making clear and relevant recommendations
  - sharing intelligence and good practice through our national reports ([Appendix 3](#)) and good practice guides
  - providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability.

## Responsibilities and reporting

5. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

**6.** Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice and supplementary guidance, and International Standards on Auditing in the UK. As public sector auditors, we give independent opinions on the annual accounts. Additionally, we conclude on the appropriateness and effectiveness of the performance management arrangements, the suitability and effectiveness of corporate governance arrangements, and the financial position and arrangements for securing financial sustainability. Further details of the respective responsibilities of management and the auditor can be found in the Code of Audit Practice and supplementary guidance.

**7.** This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

**8.** Our Annual Audit Report contains an agreed action plan at [Appendix 1](#). It sets out specific recommendations, responsible officers, and dates for implementation. It also includes outstanding actions from last year and progress against these.

## **Auditor independence**

**9.** Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

**10.** We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2020/21 audit fee of £27,330, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

**11.** This report is addressed to both the IJB and the Controller of Audit and will be published on Audit Scotland's website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk) in due course. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.



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# 1. Audit of 2020/21 annual accounts

The principal means of accounting for the stewardship of the resources and performance

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## Main judgements

Our audit opinions on the annual accounts of the East Renfrewshire Integration Joint Board (the IJB) are unmodified.

We received the unaudited accounts on 23 June 2021 in line with our agreed audit timetable. In light of the working restrictions arising from the current COVID-19 pandemic, we agreed with senior officers of the IJB to take advantage of the flexibilities conferred under the Coronavirus (Scotland) Act 2020 and re-profile the timing and delivery of our audit to complete in November 2021.

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## Our audit opinions on the annual accounts are unmodified

**12.** The annual accounts for the year ended 31 March 2021 were approved by the IJB on 24 November 2021. As reported in the independent auditor's report:

- the financial statements give a true and fair view of the state of affairs of the IJB and its income and expenditure for the year were properly prepared in accordance with the financial reporting framework.
- the management commentary, the audited part of the remuneration report and the annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

## The COVID-19 pandemic had a limited impact on audit evidence

**13.** The completeness and accuracy of accounting records and the extent of information and explanations that we required for our audit were not affected by the COVID-19 pandemic.

**14.** The working papers provided to support the accounts were of a good standard and the audit team received support from finance staff which helped ensure the final accounts audit process ran smoothly.

## The annual accounts were signed off in line with timescales permitted to reflect COVID-19

**15.** As a result of the continuing impact of COVID-19, the submission deadlines for IJB's audited annual accounts and annual audit reports have been set at 30 November 2021.

**16.** The unaudited annual accounts were received in line with our agreed audit timetable on 23 June 2021. In light of the working restrictions arising from the current COVID-19 pandemic combined with the need to maintain the quality of our audit in a remote working environment, we agreed with senior officers of the IJB to take advantage of the flexibilities conferred under the Coronavirus (Scotland) Act 2020 and reprofile the timing and delivery of our audit to complete in November 2021. The annual accounts were signed off in line with the revised timetable.

## Overall materiality is £2.1 million

**17.** We apply the concept of materiality in both planning and performing the audit and in evaluating the effect of any identified misstatements on the audit. We identify a benchmark on which to base overall materiality such as gross expenditure and apply what we judge to be the most appropriate percentage level for calculating materiality values.

**18.** The determination of materiality is based on professional judgement and is informed by our understanding of the entity and what users are likely to be most concerned about in the financial statements. In assessing performance materiality, we have considered factors such as our findings from previous audits, any changes in business processes and the entity's control environment including fraud risks.

**19.** Our initial assessment of materiality was carried out during the planning phase of the audit and was based on projections around the impact of COVID-19 on expenditure. On receipt of the unaudited annual accounts materiality levels were revised and updated to reflect the actual levels of expenditure during 2020/21 as summarised in [Exhibit 1](#).

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### Exhibit 1 Materiality values

Materiality level	Planning	Final
Overall materiality	£1.85 million	£2.1 million
Performance materiality	£1.11 million	£1.26 million
Reporting threshold	£100 thousand	£105 thousand

Source: Audit Scotland

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## Significant findings to report on the annual accounts

**20.** International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the IJB's accounting practices covering accounting policies, accounting estimates and financial statements disclosures.

**21.** [Appendix 2](#) provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks. These risks influence our overall audit strategy, the allocation of staff resources to the audit, and indicate how the efforts of the audit team are directed. [Appendix 2](#) also identifies the work we undertook to address these risks and our conclusions from this work.

**22.** Our audit identified two significant adjustments which exceeded our materiality threshold of £2.1 million. Management have agreed to correct both misstatements, neither of which had an impact on the final financial position of the IJB. In detail:

- After the preparation of the accounts a coding error was identified in the central spreadsheet prepared by officers in the health board for the calculation of the set-aside. This impacted the set aside value in both 2020/21 and 2019/20. A misstatement of £7.972 million for was identified for 2020/21 and an associated prior year restatement of £7.589 million was required. We have concluded that the misstatement was an isolated issue and does not indicate a wider systematic error.
- A classification error relating to a £4.2 million misstatement within expenditure which was included as Prescribing instead of Family Health Service.

**23.** A further two misclassifications within notes to the accounts were identified and corrected by management as follows:

- Note 2 has been updated to include £210,000 of Covid-19 funding which was correctly reflected in the Comprehensive Income and Expenditure Account and Note 3 but was omitted from Note 2.
- Note 4 for hosted services correctly reflected the total Learning Disability In-Patient Services cost of £9.294 million, however the split across each of the IJB's was misclassified. The movement relating to East Renfrewshire was a reduction to cost of £1.915 million from £1.926 million to £0.011 million.

## Unadjusted misstatements

**24.** We have no unadjusted misstatements to report.

## Good progress was made on prior year recommendations

**25.** The IJB has made good progress in implementing our prior year audit recommendations. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in [Appendix 1](#).

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## 2. Financial management and sustainability

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively

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### Main judgements

The IJB has appropriate and effective financial management arrangements in place to support financial monitoring, reporting and decision-making.

The IJB 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 in some areas because of COVID-19 as well as earmarked funding received in-year that was unspent at 31 March 2021.

The medium-term financial outlook, covering the period 2022/23 to 2026/27, has been updated 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 are unlikely to address this funding gap and the IJB will need to continue to work with partners to develop a revised financial strategy which ensures the organisation remains financially sustainable.

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### The 2020/21 budget included planned savings to address the funding gap for the year

**26.** The IJB approved its 2020/21 budget of £124.054 million in March 2020. The budget identified a funding gap of £2.432 million with plans to address this using identified savings and transfers from reserves as required. Savings plans included review of non-residential care packages.

### The budget process was appropriate

**27.** The budget was prepared with a high level of uncertainty due to the COVID-19 pandemic and as a result, the final position was expected to change. Members received regular and accurate information on the IJB's financial position throughout the year as detailed budget monitoring reports were submitted to meetings of the IJB. Appropriate adjustments were made to the budget to reflect additional funding streams and commitments as they occurred,

and the actual year-end outturn position was in line with expectations reported to the Integration Joint Board.

**28.** The content of the budget monitoring reports was regularly updated to reflect the financial impact of COVID-19. An additional section was included that highlighted additional income received and expenditure incurred as a result of COVID-19. This ensured the IJB were aware of how COVID-19 impacted on the overall financial position and outturn. We have concluded that the IJB has appropriate budget monitoring arrangements.

### The IJB returned an underspend in 2020/21

**29.** The impact on public finances of the COVID-19 pandemic has been unprecedented and this has necessitated both the Scottish and UK governments to provide substantial additional funding for public services as well as support for individuals, businesses, and the economy. It is likely that further financial measures will be needed and that the effects of the pandemic will be felt well into the future.

**30.** The IJB received additional funding of £12.260 million in year from the Scottish Government in relation to COVID-19. The IJBs accounts include £9.095 million of specific costs that were incurred as a consequence of the pandemic and as such, a total of £3.145 million was added to the ring-fenced reserves balance in year. The accounts were prepared on the assumption that the Scottish Government will continue to fund additional COVID-19 expenditure during 2021/22.

**31.** The IJB accounts disclose a surplus of £5.759 million in the financial year. [Exhibit 2](#) illustrates a high-level summary of funding contributions and total expenditure which resulted in a surplus on the provision of service. It also shows the movements in reserves during the year.

## Exhibit 2

### Year-end financial summary

IJB summary	NHS Greater Glasgow & Clyde £m	East Renfrewshire Council £m	Total £m	Financial outturn £m
<b>Net funding contribution (Income)</b>				
Funding contribution from partners	(118.742)	(57.531)	(176.273)	
Resource transfer			(6.568)	

Social Care Fund	(5.275)	
<b>Net funding contribution</b>		<b>(188.116)</b>
Total expenditure		182.357
<b>2020/21 surplus on the provision of services</b>		<b>(5.759)</b>
<b>Represented by:</b>		
Funding received transferred to earmarked reserves	(2.227)	
Funding received transferred to ring-fenced reserves (see para 32 below)	(4.363)	
Earmarked reserves drawn down in year	0.831	<b>(5.759)</b>

Source: East Renfrewshire Integration Joint Board Annual Accounts

**32.** The £4.363 million ring-fenced funding reflects monies received for local and national priorities which have yet to be delivered, including £3.145 million of COVID-19 funding received from the Scottish Government not spent in year. This will be utilised in 2021/22 to support the ongoing response to the pandemic. This ring-fenced funding has been transferred to reserves and can only be used for the intended purpose.

**33.** An additional £2.227 million has been transferred to earmarked reserves to be used for specific purposes over the coming years, including budget saving phases, counselling in schools and children and young peoples' mental health framework. This gives the IJB total earmarked reserves of £5.667 million.

**34.** Reserves are an integral part of the medium and longer-term financial planning of the IJB and its financial sustainability. The IJB holds reserves as a contingency to mitigate the impact of unanticipated pressures and to meet specific future commitments. The board aims to hold uncommitted general reserves of 2% of the IJBs revenue budget (excluding significant fixed costs such as family health service), which equates to approximately £1 million.

**35.** At 31 March 2021 the IJB held £272,000 of general reserves as was the position at 31 March 2020. The balance of £272,000 is significantly below the

reserve's strategy target of around £1 million, however, the IJBs earmarked reserve balance can be used to deal specifically with budget savings and in-year pressures. The current reserves held by the IJB are considered appropriate in the short term, however there is a risk that additional general reserves may be required in the longer term given the unprecedented financial challenges facing the IJB. The IJB should consider how to align its general reserve level with its stated reserves policy.

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## Recommendation 1

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.

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### The medium-term financial plan has been updated to reflect the expected impact of COVID-19

**36.** Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to develop its services or the way in which they should be delivered. The IJB approved an updated five-year medium-term financial outlook in June 2021. This covers the period 2022/23 to 2026/27 and supports the development of the current strategic plan. The financial outlook details a range of scenarios and factors that impact on the IJBs ability to deliver the strategic plan, including:

- Anticipated funding levels
- Cost pressures arising from inflation, service demand and changes in legislation
- Cost pressures arising as a result of the on-going response to the COVID-19 pandemic and the future consequences on service demand due to the pandemic.

**37.** The outlook is updated annually to recognise changes in these scenarios and factors and identifies a potential funding gap of around £4 million each year from 2021/22 onwards.

### Future funding gaps are unlikely to be addressed through efficiency and transformation savings alone

**38.** The IJB has demonstrated a reasonable track record in the delivery of its agreed savings targets, although this has become increasingly difficult due to increased levels of demand and the pandemic response.

**39.** Savings targets have been set for 2021/22 and beyond, however efficiency savings and service reforms alone are unlikely to bridge the funding gaps identified in the longer-term without significant impact to the level of service currently delivered by the IJB.



40. The potential funding gap identified within the medium-term financial outlook of £22 million over the five years from 2022/23 represents a challenging target. Efficiency savings alongside service reform and prioritisation will address some of the funding gap, however with increasing demand pressures, officers consider that the longer-term gap cannot be bridged through efficiency savings alone and will continue to engage with partner bodies around future funding levels.

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## Recommendation 2

Continue to engage with partner bodies in relation to future funding levels, to ensure the IJB remains financially sustainable.

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### Financial systems of internal control operated effectively

41. The IJB is reliant on the systems of its partner bodies, NHS Greater Glasgow and Clyde and East Renfrewshire Council, for its key financial systems including ledger and payroll. All IJB transactions are processed through the respective partners' systems and all controls over these systems are within the partner bodies, rather than the IJB.

42. As part of our audit approach, we sought assurances from the external auditors of NHS Greater Glasgow and Clyde and East Renfrewshire Council in accordance with International Standard on Auditing (UK) 402. Confirmation has been received that there were no weaknesses in the systems of internal controls for either the health board or the council impacting on the audit of the IJB.

### Standards of conduct and arrangements for the prevention and detection of fraud and error are appropriate

43. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. The arrangements in place at East Renfrewshire Council and NHS Greater Glasgow and Clyde were reviewed as part of the external audits and the respective teams found them to be adequate. The IJB has a Code of Conduct in place to which members subscribe and the Members' Registers of Interest are publicly available on the IJB's website.

44. We reviewed the arrangements in place at NHS Greater Glasgow and Clyde and East Renfrewshire Council through consideration of the work by partner body auditors and concluded that appropriate arrangements are in place for the prevention and detection of fraud and error. We are not aware of any specific issues we require to bring to your attention.

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## 3. Governance, transparency, and Best Value

The effectiveness of scrutiny and oversight and transparent reporting of information. Using resources effectively and continually improving services.

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### Main judgements

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.

The IJB has effective arrangements for managing performance and monitoring progress towards strategic objectives.

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### Governance arrangements operating throughout the COVID-19 pandemic have been appropriate and operated effectively

**45.** In response to the COVID-19 pandemic the IJB made a number of changes to its governance arrangements including the establishment of a Local Resilience Management Team, implementation of temporary decision-making arrangements, the creation of a COVID-19 risk register and participation in local and national working groups. The IJB worked with partner organisations to support a joined-up response.

**46.** Virtual Board and Performance and Audit Committee meetings were established and operated throughout 2020/21. This has supported effective scrutiny, challenge and decision-making. Meetings continue to be held in a virtual environment, in line with the Scottish Government guidance for safer workplaces during the pandemic. We concluded that the revised arrangements were appropriate and adequate and operated effectively. Overall governance arrangements are appropriate and support effective scrutiny, challenge and decision making.

### Openness and transparency

**47.** There is an increasing focus on how public money is used and what is achieved. In that regard, openness and transparency supports understanding

and scrutiny. Transparency means that the general public has access to understandable, relevant and timely information about how the IJB is taking decisions and how it is using resources.

**48.** Due to COVID-19, all meetings of the Board and Performance and Audit Committee for 2020/21 were held online, with papers and minutes published on the website. Last year we reported a website design issue where specific reports relating to the Performance and Audit Committee were unavailable due to search functionality limitations. Action has been taken and this issue has now been resolved.

**49.** Overall, the IJB shows a commitment to transparency with all Board and Performance and Audit committee meeting minutes and documents being available on the website.

### **Arrangements are in place to secure Best Value**

**50.** Integration Joint Boards have a statutory duty to make arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

**51.** The IJB aims to secure best value through its budget monitoring reports, which include sufficient detail and quality to provide those making decisions with the information required. Best value criteria is considered as part of budget decisions and proposals and is an implicit part of reporting. Board members frequently challenge proposals made by the IJB on the basis of what is best for users and with a view to securing best value

**52.** The IJB further demonstrates its commitment to securing best value through their consideration of alternative models of service delivery. The Recovery and Renewal programme was established prior to the pandemic and then paused to enable the required response to COVID-19. In June 2021 the Integration Joint Board considered a report on the future of the programme. Given the challenges facing the IJB and the impact of the pandemic the focus of the programme changed to transformation with recovery being incorporated.

**53.** The programme has four overarching themes of recovery, wellbeing, individual's experiences and business systems and processes. Projects will be aligned to one of these themes.

- Recovery – will focus on the transition from recovery to the new normal.
- Wellbeing - will focus on staff and IJB partners. Its projects will include the development a wellbeing action plan and wellbeing champions.
- Individual's experience – will focus on engagement with service users to reflect on changes to models of service delivery over the past year. The programme aims to consider the role of technology and identify areas for further improvement and redesign of services including the care at home redesign and the learning disability overnight support projects.

- Business systems and processes – will focus on information systems and process improvement and includes the replacement of the HSCP case recording system and care at home scheduling system.

## Review of adult social care services

**54.** An independent review of adult social care services was published in February 2021. This was requested by the Scottish Government in September 2020 with the primary aim of the review being to recommend improvements to adult social care services in Scotland. The review made a number of recommendations including the set-up of a National Care Service for Scotland that is equal to the NHS and that self-directed support must work better for people with decisions being based on their needs, rights and preferences.

**55.** The IJB have considered and assessed the review and reported the findings to the Board. The organisation continues to monitor developments and is actively engaged in discussions around the implementation of the review with partners and stakeholders. The IJB anticipates that the review will have significant impacts for the delivery of social care moving forward and will look to implement any recommendations or specific actions arising from this review.

## The IJB was able to maintain service performance levels despite the pandemic

**56.** The pandemic is expected to have had a substantial impact on performance measures, particularly for services which have been temporarily suspended, or are operating at a reduced level or have had to adapt to new ways of working.

**57.** The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as; assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, and the inspection of services.

**58.** The contents of the IJB's 2020/21 Annual Performance Report were in line with applicable requirements and guidance and the Report itself was considered by the Integration Joint Board on 22 September 2021.

**59.** The IJB has appropriate performance management arrangements in place, which are used to target effective service delivery and support improvement activity. Performance levels are measured against a suite of key performance indicators, comparing current year with prior years. The 2020/21 Annual Performance Report highlights a number of areas where the IJBs performance has shown the greatest improvement in 2020/21, including the percentage of people with alcohol and/or drug problems accessing recovery focussed treatment within 3 weeks (up from 90% in 19/20 to 95% in 20/21).

**60.** The IJBs performance against the key performance indicators reflect the impact of service provision due to the pandemic, however the targets for each key performance indicator could usefully be re-assessed to determine if they remain a realistic baseline target given the environment the IJB are currently operating within.

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## Recommendation 3

Review key performance indicators and, where appropriate, re-base relevant targets to ensure these reflect the impact of the pandemic on the IJBs performance.

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**61.** The 2020/21 Annual Performance Report also acknowledges a number of areas where improvement is required and sets out key actions the IJB will progress to achieve these improvements. Examples of the areas for improvement include:

- Children and young people starting treatment for specialist child and adolescent mental health services within 18 weeks
- The percentage of those whose care need has reduced following reablement
- The percentage of HSCP (local authority) complaints received and responded to within timescale.

**62.** The IJB has effective arrangements in place for managing performance.

## Care at Home

**72.** The Care Inspectorate published a Care at Home inspection report in February 2019. An improvement plan was established in response to the findings. A follow-up inspection took place in November 2019 and highlighted that a programme of service redesign was required for Care at Home to ensure improvement actions were achieved in a sustainable manner.

**63.** Work has been undertaken to address the improvement actions outlined by the Care Inspectorate and an unannounced inspection took place in June 2021. The report outlined grades of 4 (good) across all areas of the Care at Home service inspected.

## National performance audit reports

**64.** Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2020/21 we published some reports which may be of direct interest to the IJB as outlined in [Appendix 3](#).

**65.** From attendance at Board and Performance and Audit Committees we are aware that the IJB has arrangements in place for considering and reviewing national reports including any locally agreed actions.

# Appendix 1

## Action plan 2020/21

### 2020/21 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p><b>1. 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>Risk – 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.</p> <p><a href="#">Paragraph 35</a></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> <p>Chief Financial Officer 31 March 2022</p>
<p><b>2. 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.</p> <p>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>Continue to engage with partner bodies in relation to future funding levels, to ensure the IJB remains financially sustainable.</p> <p><a href="#">Paragraph 40</a></p>	<p>The maturity of our IJB has allowed to 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</p>

Issue/risk	Recommendation	Agreed management action/timing
<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>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.</p> <p>We will continue with our scenario planning, financial modelling and report our position to every IJB meeting.</p> <p>We will continue to work with our partners to articulate these challenges as part of our funding and performance discussions.</p> <p>Chief Financial Officer 31 March 2022</p>
<p><b>3. Key performance indicators</b></p> <p>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.</p> <p>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.</p>	<p>Review key performance indicators and, where appropriate, re-base relevant targets to ensure these reflect the impact of the pandemic on the IJBs performance.</p> <p><a href="#">Paragraph 60</a></p>	<p>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.</p> <p>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.</p> <p>Chief Financial Officer 31 March 2022</p>

## Follow-up of prior year recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p><b>4. Financial Sustainability</b></p> <p>The IJB has a savings requirement of £2.432 million per the 20/21 budget settlement. This has resulted in a funding gap of £1.644 million that will need to be met from care packages, revising the individual budget calculator to reflect prioritisation based on national criteria.</p> <p>The August 2020 revenue budget monitoring report projects an overspend of £0.238 million against a full year budget of £125.8 million. The intention is to fund this from the budget savings reserve as required.</p> <p>The IJB will also face additional challenges due to the impacts of COVID-19. The estimated financial implications of COVID-19 between March 2020 and March 2021 are in the region of £9 million.</p> <p>Risk – The IJB may not be able to deal with future financial challenges and deliver required savings without adversely impacting service delivery.</p>	<p>Take action to comply with the stated reserves policy and bring the level of general reserves held into line with the Board target.</p> <p>Update the MTFP to reflect the impacts of COVID-19 at the earliest opportunity.</p> <p>Deliver planned changes and improvements to the operation of set aside as a matter of priority.</p> <p>Work with key partners to identify and act on further opportunities to deliver service transformation that will help shift the balance of care. These actions should be integrated into the planned changes to set-aside and into current and future service transformation projects where appropriate.</p>	<p>See action plan point 2 above.</p>
<p><b>5. Care at Home</b></p> <p>A report published by the Care Inspectorate during 2018/19 identified a number of concerns and areas for improvement regarding the IJBs Care at Home service.</p> <p>The IJB have developed a comprehensive improvement</p>	<p>The IJB should work with partners to address the findings of the Care at Home Service report, ensuring that responsibility and accountability is clearly defined to enable the IJB to monitor and review progress</p>	<p><b>Complete</b></p> <p>An unannounced inspection took place in June 2021 and ratings of good were noted across all areas inspected.</p>



Issue/risk	Recommendation	Agreed management action/timing
<p>plan to address the report findings.</p> <p>Risk – The issues identified within the Care Inspectorate report are not adequately addressed and no improvement is seen within the Care at Home service, impacting on the achievement of strategic priorities within the strategic plan.</p>	<p>and initiate remedial action if required.</p>	

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# Appendix 2

## Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating to our wider responsibility under the Code of Audit Practice.

### Risks of material misstatement in the financial statements

Audit risk	Assurance procedure	Results and conclusions
<p><b>1. Management override of controls</b></p> <p>International Auditing Standards require that audits are planned to consider the risk of material misstatements in the financial statements caused by fraud, which is presumed to be a significant risk in any audit. This includes the risk of management override of controls.</p>	<p>Detailed testing of journal entries</p> <p>Assessment of the estimation methodology applied by the IJB and the reasonableness of the estimates contained in the financial statements.</p> <p>Focused testing (via partner bodies) of the regularity and cut-off assertions</p> <p>Evaluation of the assurances from the IJBs partner bodies' external auditors, who carry out testing of accruals and prepayments.</p>	<p>Significant journals processed by the IJB were reviewed, with no issues identified.</p> <p>No significant accounting estimates were made by the IJB in the preparation of annual accounts.</p> <p>Testing of regularity and cut-off assertions as well as accruals and prepayments was undertaken by the external auditors of the IJBs partner bodies. No issues were identified which would have an impact on the processing of IJB transactions or our audit approach.</p> <p><b>No evidence of management override of controls from the work performed.</b></p>
<p><b>2. Impact of additional funding due to COVID-19 on the financial statements</b></p> <p>The COVID-19 pandemic has resulted in significant financial pressures for the IJB. The Scottish and UK governments have</p>	<p>Assessed how the IJB had processed and controlled the additional funding and associated expenditure.</p> <p>Assessed how the additional funding and associated expenditure impacts on the financial statements.</p>	<p>The IJB regularly monitored and reported COVID-19 funding and associated expenditure to the IJB Board throughout the year.</p> <p>The IJB complied with the CIPFA/LASAAC guidance on accounting for COVID-19</p>

Audit risk	Assurance procedure	Results and conclusions
<p>announced a range of additional funding streams to support frontline services and help the organisation manage the financial pressures caused by COVID-19.</p> <p>This has also resulted in an associated increase in expenditure with some new expenditure streams. Total additional funding in 2020/21 for the IJB is expected to be in the region of £9.327 million. This additional income and expenditure includes a mixture of principal and agency transactions which are subject to different accounting considerations in the preparation of the financial statements.</p> <p>The IJB should ensure that any funding carried forward and recognised in the reserves balance does not include funding where they would be considered to be acting as the 'agent'.</p>	<p>Reviewed the annual report and accounts and considered how the additional funding and associated expenditure had been reported.</p>	<p>grants when accounting for the additional COVID-19 funding and associated expenditure.</p> <p>All additional funding and associated expenditure received in year by the IJB, can be considered 'principal' and as such has been recognised within the accounts.</p> <p><b>No evidence that the reserve balances carried forward to 21/22 incorrectly include funding where the IJB would be acting as agent.</b></p>

### Risks identified from the auditor's wider responsibility under the Code of Audit Practice

Audit risk	Assurance procedure	Results and conclusions
<p><b>3. Financial Sustainability – short term</b></p> <p>The financial plan for 2021/22 outlines unfunded cost pressures of £4.38 million. The plan outlines savings identified to date of £522k and for budget phasing and in year pressure reserves to be utilised to a value of £1.419 million. This results in an in-</p>	<p>Reviewed the IJBs reported outturn position as part of the financial statements audit</p> <p>Assessed the delivery of in-year savings programs</p> <p>Reviewed the robustness of future savings plans identified</p>	<p>The IJBs final operational position as at 31 March 2021 was a net underspend of £5.759 million.</p> <p>The IJB savings target for 2020/21 was £2.4 million. This was fully funded by Scottish Government.</p> <p>Although the figures above paint a strong picture in the short term, this can be largely attributed to the impact</p>

Audit risk	Assurance procedure	Results and conclusions
<p>year funding gap of £2.4 million.</p> <p>There is a risk that ERIJB will be unable to achieve a sustainable outturn position going forwards, particularly given the uncertainty around COVID-19 and increasing service demands.</p>		<p>COVID-19 has had on the IJBs operational services and receipt of ring-fenced funding in year.</p> <p>There are a number of ongoing budget pressures over the coming years which are out with the IJBs control including the cost of drugs, Brexit and the required response to COVID-19.</p> <p>The IJB will potentially need a further £22 million of savings between 2022-2027 in order to deliver a balanced budget, as funding does not match the increasing demands on services and costs.</p>

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# Appendix 3

## Summary of national performance reports 2020/21

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### April

[Affordable housing](#)

### June

[Highlands and Islands Enterprise: Management of Cairngorm mountain and funicular railway](#)

[Local government in Scotland Overview 2020](#)

### July

[The National Fraud Initiative in Scotland 2018/19](#)

### January

[Digital progress in local government](#)

[Local government in Scotland: Financial overview 2019/20](#)

### February

[NHS in Scotland 2020](#)

### March

[Improving outcomes for young people through school education](#)

# East Renfrewshire Integration Joint Board

## 2020/21 Annual Audit Report – DRAFT

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## Performance and Audit Committee

24 November 2021

### East Renfrewshire Integration Joint Board Audit of 2020/21 annual accounts

#### Independent auditor's report

1. Our audit work on the 2020/21 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 24 November 2021 (the proposed report is attached at [Appendix A](#)).

#### Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Performance and Audit Committee's consideration our draft annual report on the 2020/21 audit. The Annual Audit Report includes details of our findings from the audit. In accordance with ISA260 we are required to report significant findings from our audit and these are set out on page 9 of our Annual Audit Report.

3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.

4. This report will be issued in final form after the annual accounts have been certified.

#### Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected.

6. We have no unadjusted misstatements to be corrected.

#### Representations from Section 95 Officer

7. As part of the completion of our audit, we are seeking written representations from the Chief Finance Officer on aspects of the annual accounts, including the judgements and estimates made.

8. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

## Appendix A: Proposed Independent Auditor's Report

### Independent auditor's report to the members of East Renfrewshire Integration Joint Board and the Accounts Commission

#### Reporting on the audit of the financial statements

##### Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of East Renfrewshire Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of East Renfrewshire Integration Joint Board as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

##### Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 07 January 2019. The period of total uninterrupted appointment is three years. I am independent of the of East Renfrewshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to East Renfrewshire Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

##### Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the East Renfrewshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

##### Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my judgements thereon.

##### Responsibilities of the Head of Finance and Resources (Chief Financial Officer) and the Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Resources (Chief Financial Officer) is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance and Resources (Chief



Financial Officer) determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance and Resources (Chief Financial Officer) is responsible for assessing East Renfrewshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

### **Auditor's responsibilities for the audit of the financial statements**

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how East Renfrewshire Integration Joint Board is complying with that framework;
- identifying which laws and regulations are significant in the context of East Renfrewshire Integration Joint Board;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of East Renfrewshire Integration Joint Board's partner bodies controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Reporting on other requirements**

#### **Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report**

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

#### **Statutory other information**

The Head of Finance and Resources (Chief Financial Officer) is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this statutory other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the statutory other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

### **Opinions prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement**

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

### **Matters on which I am required to report by exception**

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

### **Conclusions on wider scope responsibilities**

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

### **Use of my report**

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Cornett, FCPFA  
Audit Director  
Audit Scotland  
4<sup>th</sup> Floor  
8 Nelson Mandela Place  
Glasgow  
G2 1BT

## Appendix B: Letter of Representation (ISA 580)

John Cornett, Audit Director  
Audit Scotland  
4th Floor  
8 Nelson Mandela Place  
Glasgow  
G2 1BT

Dear John,

### East Renfrewshire Integration Joint Board Annual Accounts 2020/21

1. This representation letter is provided in connection with your audit of the annual accounts of East Renfrewshire Integration Joint Board for the year ended 31 March 2021 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.

2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Performance and Audit Committee, the following representations given to you in connection with your audit of East Renfrewshire Integration Joint Board's annual accounts for the year ended 31 March 2021.

#### General

3. East Renfrewshire Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2020/21 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by East Renfrewshire Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.

4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

#### Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (2020/21 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board at 31 March 2021 and the transactions for 2020/21.

## Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2020/21 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to East Renfrewshire Integration Joint Board's circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

## Principal and Agency

9. I have assessed all funding in relation to covid-19 and determined the nature of the funding. The annual accounts reflect all principal transactions as required.

## Going Concern Basis of Accounting

10. I have assessed East Renfrewshire Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on East Renfrewshire Integration Joint Board's ability to continue as a going concern.

## Liabilities

11. All liabilities at 31 March 2021 of which I am aware have been recognised in the annual accounts.

12. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

## Fraud

13. I have provided you with all information in relation to

- my assessment of the risk that the financial statements may be materially misstated as a result of fraud
- any allegations of fraud or suspected fraud affecting the financial statements
- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

## Laws and Regulations

14. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

### Related Party Transactions

**15.** All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2020/21 accounting code. I have made available to you the identity of all the East Renfrewshire Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

### Remuneration Report

**16.** The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

### Management commentary

**17.** I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

### Corporate Governance

**18.** I confirm that the East Renfrewshire Integration Joint Board has undertaken a review of the system of internal control during 2020/21 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

**19.** I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2021, which require to be reflected.

### Balance Sheet

**20.** All events subsequent to 31 March 2021 for which the 2020/21 accounting code requires adjustment or disclosure have been adjusted or disclosed.

**21.** This letter was considered at the meeting of the Audit and Risk Committee / Board [\*delete as appropriate] on xx November 2021.

Yours sincerely

Lesley Bairden

Head of Finance and Resources (Chief Finance Officer)

East Renfrewshire Integration Joint Board

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<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	24 November 2021
<b>Agenda Item</b>	9
<b>Title</b>	Mid-Year Performance Update 2021-22
<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 Interim Strategic Plan 2021-2022. Where mid-year data is available for strategic performance indicators this is included.</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 Mid-Year Performance Update 2021-22.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**PERFORMANCE AND AUDIT COMMITTEE**

**24 November 2021**

**Report by Chief Officer**

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

**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 HSCP Interim Strategic Plan 2021-2022. Where mid-year data is available for strategic performance indicators this is included.

**RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2021-22.

**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.

**REPORT**

4. Due to the ongoing Covid-19 pandemic availability of mid-year data is more limited than normal although it is expected that we would have a smaller number of updates compared with end-year. In addition, for many performance indicators our normal reporting of data trends against our established targets is less meaningful due to the continuing impact of Covid-19 on provision.
5. The report includes data for mid-year and any updated end-year data for indicators from our Strategic Plan 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 long-term and short-term trend arrows and commentary on performance. Many of the data trends reflect the unique circumstances faced by services over the course of the Covid-19 pandemic. Explanations of any notable shifts in performance are included in the commentary text.
6. 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

The final section of the data report contains a number of organisational indicators relating to our staff and customers.

7. The data shows that despite the pressures of the pandemic there has been strong performance across service areas. During the reporting period we have put a new senior management structure in place and our staff have continued to work tirelessly during challenging circumstances.

### **Supporting children and families**

8. Our children's services are continuing 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 more of these children coming under child protection and an associated increase in numbers coming into care. There has been a 29% increase in new allocations to our locality teams and 24.8% of CAMHS referrals in the six month period had a neurodevelopmental diagnosis. Over the past six months the number of children and young people subject to child protection who have been offered advocacy has increased.
9. Following the pandemic we have seen an increase in urgent referrals to CAMHS (up from 15% to 30% of total caseloads). Along with staffing challenges this has impacted on our ability to reduce waiting times for the service. The Children and Families service has continued to support the Healthier Minds service and the Family Wellbeing Service, offering 700 young people alternative support to CAMHS over the past year. The Enrichment Programme, a partnership between the HSPC and East Renfrewshire Culture and Leisure Trust has delivered 341 hours of activity to vulnerable young people

### **Supporting people to maintain their independence at home**

10. Over the reporting period we have 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. During the period our Care at Home service has maintained high levels of provision and the Care at Home improvement programme resulted in a positive inspection with grades moving to 4 (good) across all requirements. Our performance data shows 89% of people reporting that they are 'living where/as they want to live' and 69% of people have seen care needs reduced having received re-ablement / rehabilitation supports.

## **Supporting mental health and wellbeing and supporting recovery from addiction**

11. During the first half of 2021-22 our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. With the aid of technology teams have been able to offer people ongoing support throughout pandemic, and access to treatment has been maintained. As a result access to treatment waiting times for drugs and alcohol have continued to improve with 97% of people accessing treatment within 3 weeks for Apr-Sept 21 (target 90%). Our peer support programme continues to develop and we have been delivering a Buvidal clinic (a new, long-acting opiate substitution treatment and alternative to methadone and other substitutes).
12. We remain below target for access times to psychological therapies. To address this we are taking forward an action plan including prioritising the longest waits, offering remote appointments via NHS Attend Anywhere and securing increase in psychology staffing resource.

## **Meeting healthcare needs and reducing unplanned hospital care**

13. Patterns of accident and emergency and unplanned hospital admissions were significantly altered by the pandemic; but for some measures have been moving towards pre-pandemic levels in the past 6 months. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances.
14. During the reporting period we have seen an increase in delayed discharges. This is being driven by the pressure on care at home services which is restricting access. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. During the pandemic the team have experienced significant issues around supporting 'adults with incapacity' and establishing appropriate guardianship/Power of Attorney arrangements. However, our performance for standard delays remains among the best in Scotland.

## **Supporting unpaid carers**

15. Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have access to guidance and PPE throughout the first six months of the 2021-22. Check-in calls to carers are being delivered by ER Carers, and carers have been offered support to set up and manage a peer support Facebook Group. The Mental Health Carers group continues to run virtually. Despite the significant challenges being faced by carers 97% of those asked reported that their 'quality of life ' needs were being met.

## **Supporting people through criminal justice pathways**

16. The provision of unpaid work has been significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020. At mid-year we are missing targets for commencement of unpaid work placements within seven days and completion of placements within court timescales. Completion timescales are currently at 70% (target 80%). We have increased our capacity to deliver by focusing on outdoor work activities (ensuring social distancing is maintained) and have increased the number of supervisors available to support service users.
17. We have continued to provide support for women and families affected by domestic abuse throughout the pandemic. The reporting of personal outcome measures shows continuing improvement over the period, now sitting at 86%.

## **Supporting staff resilience and wellbeing**

18. Supporting staff wellbeing is a key focus of the partnership especially as a result of the pandemic which has placed significant pressure on our workforce. The way staff have been working has changed significantly with home working becoming the norm for large groups of employees. Despite the pandemic we were very pleased with a 61% response rate for our staff engagement survey (iMatter). Our composite 'Employee Engagement Index' improved from 75% to 78%; and 88% of staff agreed that 'My manager cares about my health and wellbeing', the best score to date for this question and a positive indication that managers are supporting staff through this challenging period. We continue to monitor and address staff absence which have seen recent increases particularly among NHS staff.

## **RECOMMENDATION**

19. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Update 2021-22.

## **REPORT AUTHOR AND PERSON TO CONTACT**

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

November 2021

Chief Officer, IJB: Julie Murray

## **BACKGROUND PAPERS**

[Performance and Audit Committee, 22 September 2021, HSCP Annual Performance Report 2020/21](#)

# HSCP Strategic Plan Report - Mid Year 21-22

Report Author: Steven Reid



Key:

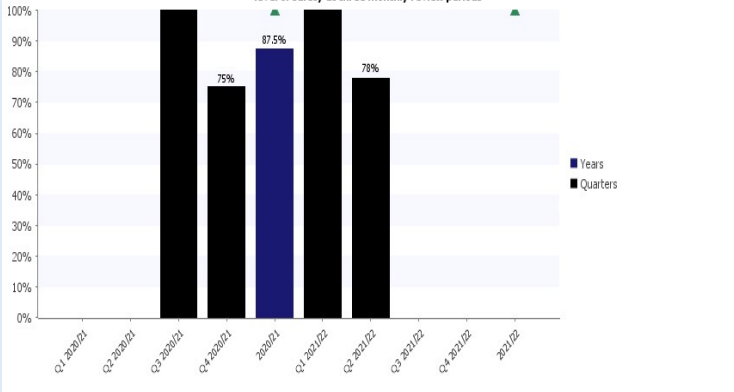




Green	performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)

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

East Renfrewshire Outcome Delivery Plan indicators highlighted in blue

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

Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																				
INCREASE - To measure the proportion of children and young people subject to child protection who have been offered advocacy.	H1 2021/22	62%	100%	Red	<p>HSCP-ADV-01 INCREASE - Percentage of children subject to child protection who have been offered advocacy</p> <table border="1"> <caption>Data for HSCP-ADV-01 INCREASE</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q1 2019/20</td> <td>71%</td> </tr> <tr> <td>Q2 2019/20</td> <td>64%</td> </tr> <tr> <td>Q3 2019/20</td> <td>55%</td> </tr> <tr> <td>Q4 2019/20</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>Q3 2021/22</td> <td>-</td> </tr> <tr> <td>Q4 2021/22</td> <td>-</td> </tr> </tbody> </table>	Period	Percentage	Q1 2019/20	71%	Q2 2019/20	64%	Q3 2019/20	55%	Q4 2019/20	50%	2020/21	63%	Q1 2021/22	45%	Q2 2021/22	62%	Q3 2021/22	-	Q4 2021/22	-	←	↑	Baseline is 74% for Q4 of 2019/20 (baseline is Academic Year). 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.
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Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note
<p>INCREASE - To measure the impact of Signs of Safety in increasing safety for children (financial year).</p>	<p>H1 2021/22</p>	<p>78%</p>	<p>100%</p>	<p>Red</p>	<p><b>HSCP-5o5-01 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> 			<p>At Qtr 2 seven out of the nine Review Case Conferences saw an increase in the safety of the child, however for two the risk increased and appropriate measures were taken to safeguard the children. Baseline information will be collated going forward.</p>
<p>DECREASE -Child &amp; Adolescent Mental Health - longest wait in weeks at month end</p>	<p>H1 2021/22</p>	<p>40</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> 			<p>The CAMHS Service continued to respond to urgent emergency and duty calls during lockdown, offering a range of face to face or digital attend anywhere appointments depending on the nature of the health issue. Urgent referrals increased from 15% of total caseload to 30% of total caseloads and resource was directed to meet these clinical priorities. This has resulted in longer waits for patients who sit outside the priority criteria. Links to Healthier Minds Hub have been strengthened and this allows a wider range of options for patients who have been referred to CAMHS and whose needs can be met by these services.</p>

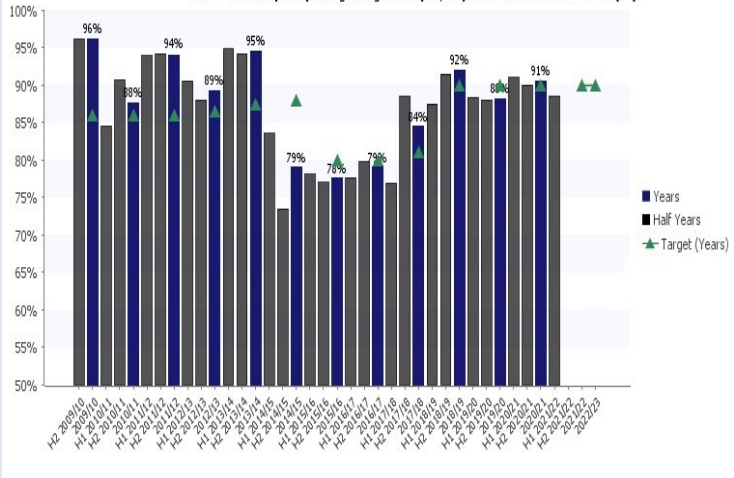
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INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	H1 2021/22	47%	90%	Red	<p>HSCP-SP18-CAMHS Children and young people commencing treatment for specialist CAMHS within 18 weeks of referral (INCREASE)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Value</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr><td>H1 2018/19</td><td>78%</td><td>90%</td></tr> <tr><td>H2 2019/20</td><td>73%</td><td>90%</td></tr> <tr><td>2018/19</td><td>74%</td><td>90%</td></tr> <tr><td>H1 2019/20</td><td>76%</td><td>90%</td></tr> <tr><td>H2 2019/20</td><td>80%</td><td>90%</td></tr> <tr><td>2019/20</td><td>78%</td><td>90%</td></tr> <tr><td>H1 2020/21</td><td>54%</td><td>90%</td></tr> <tr><td>H2 2020/21</td><td>70%</td><td>90%</td></tr> <tr><td>2020/21</td><td>61%</td><td>90%</td></tr> <tr><td>H1 2021/22</td><td>47%</td><td>90%</td></tr> <tr><td>H2 2021/22</td><td>-</td><td>90%</td></tr> <tr><td>2021/22</td><td>-</td><td>90%</td></tr> </tbody> </table>	Period	Value	Target (Years)	H1 2018/19	78%	90%	H2 2019/20	73%	90%	2018/19	74%	90%	H1 2019/20	76%	90%	H2 2019/20	80%	90%	2019/20	78%	90%	H1 2020/21	54%	90%	H2 2020/21	70%	90%	2020/21	61%	90%	H1 2021/22	47%	90%	H2 2021/22	-	90%	2021/22	-	90%	↓	↓	The CAMHS Service continued to respond to urgent emergency and duty calls during lockdown, offering a range of face to face or digital attend anywhere appointments depending on the nature of the health issue. Urgent referrals increased from 15% of total caseload to 30% of total caseloads and resource was directed to meet these clinical priorities. This has resulted in longer waits for patients who sit outside the priority criteria. Links to Healthier Minds Hub have been strengthened and this allows a wider range of options for patients who have been referred to CAMHS and whose needs can be met by these services.
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**2. Working together with people to maintain their independence**

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INCREASE - Percentage of those whose care need has reduced following re-ablement / rehabilitation	H1 2021/22	69%	60%	Green	<p>OD2CHCP6-0102 Percentage of those whose care need has reduced following re-ablement / rehabilitation</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Value</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr><td>2006/07</td><td>0%</td><td>60%</td></tr> <tr><td>H1 2010/11</td><td>0%</td><td>60%</td></tr> <tr><td>H2 2010/11</td><td>83%</td><td>60%</td></tr> <tr><td>2010/11</td><td>86%</td><td>60%</td></tr> <tr><td>H1 2011/12</td><td>86%</td><td>60%</td></tr> <tr><td>H2 2011/12</td><td>91%</td><td>60%</td></tr> <tr><td>2011/12</td><td>91%</td><td>60%</td></tr> <tr><td>H1 2012/13</td><td>91%</td><td>60%</td></tr> <tr><td>H2 2012/13</td><td>91%</td><td>60%</td></tr> <tr><td>2012/13</td><td>90.5%</td><td>60%</td></tr> <tr><td>H1 2013/14</td><td>70.5%</td><td>60%</td></tr> <tr><td>H2 2013/14</td><td>70.5%</td><td>60%</td></tr> <tr><td>2013/14</td><td>70%</td><td>60%</td></tr> <tr><td>H1 2014/15</td><td>64.4%</td><td>60%</td></tr> <tr><td>H2 2014/15</td><td>61.5%</td><td>60%</td></tr> <tr><td>2014/15</td><td>68%</td><td>60%</td></tr> <tr><td>H1 2015/16</td><td>68%</td><td>60%</td></tr> <tr><td>H2 2015/16</td><td>67%</td><td>60%</td></tr> <tr><td>2015/16</td><td>67%</td><td>60%</td></tr> <tr><td>H1 2016/17</td><td>67%</td><td>60%</td></tr> <tr><td>H2 2016/17</td><td>60%</td><td>60%</td></tr> <tr><td>2016/17</td><td>63%</td><td>60%</td></tr> <tr><td>H1 2017/18</td><td>69%</td><td>60%</td></tr> <tr><td>H2 2017/18</td><td>69%</td><td>60%</td></tr> <tr><td>2017/18</td><td>67%</td><td>60%</td></tr> <tr><td>H1 2018/19</td><td>67%</td><td>60%</td></tr> <tr><td>H2 2018/19</td><td>67%</td><td>60%</td></tr> <tr><td>2018/19</td><td>67%</td><td>60%</td></tr> <tr><td>H1 2019/20</td><td>67%</td><td>60%</td></tr> <tr><td>H2 2019/20</td><td>60%</td><td>60%</td></tr> <tr><td>2019/20</td><td>63%</td><td>60%</td></tr> <tr><td>H1 2020/21</td><td>69%</td><td>60%</td></tr> <tr><td>H2 2020/21</td><td>69%</td><td>60%</td></tr> <tr><td>2020/21</td><td>69%</td><td>60%</td></tr> <tr><td>H1 2021/22</td><td>69%</td><td>60%</td></tr> <tr><td>H2 2021/22</td><td>69%</td><td>60%</td></tr> <tr><td>2021/22</td><td>69%</td><td>60%</td></tr> </tbody> </table>	Period	Value	Target (Years)	2006/07	0%	60%	H1 2010/11	0%	60%	H2 2010/11	83%	60%	2010/11	86%	60%	H1 2011/12	86%	60%	H2 2011/12	91%	60%	2011/12	91%	60%	H1 2012/13	91%	60%	H2 2012/13	91%	60%	2012/13	90.5%	60%	H1 2013/14	70.5%	60%	H2 2013/14	70.5%	60%	2013/14	70%	60%	H1 2014/15	64.4%	60%	H2 2014/15	61.5%	60%	2014/15	68%	60%	H1 2015/16	68%	60%	H2 2015/16	67%	60%	2015/16	67%	60%	H1 2016/17	67%	60%	H2 2016/17	60%	60%	2016/17	63%	60%	H1 2017/18	69%	60%	H2 2017/18	69%	60%	2017/18	67%	60%	H1 2018/19	67%	60%	H2 2018/19	67%	60%	2018/19	67%	60%	H1 2019/20	67%	60%	H2 2019/20	60%	60%	2019/20	63%	60%	H1 2020/21	69%	60%	H2 2020/21	69%	60%	2020/21	69%	60%	H1 2021/22	69%	60%	H2 2021/22	69%	60%	2021/22	69%	60%	↑	↑	Of the 85 re-ablement discharges Apr – Sep, 69% (59) of them were discharged with reduced or no service. Additionally 4 died or were transferred to long term care facilities. 19 were discharged with the same service.
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INCREASE - Percentage of people aged 65+ who live in housing rather than a care home or hospital	2019/20	97%	97%	Green	<p>HSCP-MSG-Home Percentage of people aged 65+ who live in housing rather than a care home or hospital</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2005/06</td><td>96%</td></tr> <tr><td>2006/07</td><td>96%</td></tr> <tr><td>2007/08</td><td>96%</td></tr> <tr><td>2008/09</td><td>96%</td></tr> <tr><td>2009/10</td><td>96%</td></tr> <tr><td>2010/11</td><td>97%</td></tr> <tr><td>2011/12</td><td>97%</td></tr> <tr><td>2012/13</td><td>97%</td></tr> <tr><td>2013/14</td><td>97%</td></tr> <tr><td>2014/15</td><td>97%</td></tr> <tr><td>2015/16</td><td>96%</td></tr> <tr><td>2016/17</td><td>96%</td></tr> <tr><td>2017/18</td><td>96%</td></tr> <tr><td>2018/19</td><td>96%</td></tr> <tr><td>2019/20</td><td>97%</td></tr> </tbody> </table>	Year	Percentage	2005/06	96%	2006/07	96%	2007/08	96%	2008/09	96%	2009/10	96%	2010/11	97%	2011/12	97%	2012/13	97%	2013/14	97%	2014/15	97%	2015/16	96%	2016/17	96%	2017/18	96%	2018/19	96%	2019/20	97%	↑	↑	<p>Latest data released October 2021. Indicator is still under development by Scottish Government and may change in future. Due to different configurations of services, figures for the hospital/hospice categories may not be comparable across partnership areas. Figure comprises 91.6% of people living unsupported at home, with a further 4.9% being supported to live at home.</p>
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INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	2019/20	78%	Data Only	Data Only	<p>HSCP-NI-2 Percentage of adults supported at home who agreed that they are supported to live as independently as possible</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>2013/14</td><td>79%</td></tr> <tr><td>2014/15</td><td>80%</td></tr> <tr><td>2017/18</td><td>74%</td></tr> <tr><td>2019/20</td><td>78%</td></tr> </tbody> </table>	Year	Percentage	2013/14	79%	2014/15	80%	2017/18	74%	2019/20	78%	↑	↑	<p>Up from 74% in previous survey (2017/18). Scotland figure for period 81%. Latest available data at July 2021. Source : Public Health Scotland (Health and Care Experience Survey 2019/20)</p>																						
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<p>INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided</p>	2019/20	75%	70%	Green	<p>HSCP-NI-3 Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided (INCREASE)</p>  <table border="1"> <caption>HSCP-NI-3 Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2017/14</td> <td>88%</td> </tr> <tr> <td>2018/16</td> <td>77%</td> </tr> <tr> <td>2017/18</td> <td>64%</td> </tr> <tr> <td>2019/20</td> <td>75%</td> </tr> </tbody> </table>	Year	Percentage	2017/14	88%	2018/16	77%	2017/18	64%	2019/20	75%	↑	↑	<p>Up from 64% in previous survey (2017/18). Scotland figure for period 75%. Data at July 2021. Source: Public Health Scotland (Health and Care Experience Survey 2019/20)</p>																																														
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<p>INCREASE - People reporting 'living where you/as you want to live' needs met (%)</p>	H1 2021/22	89%	90%	Green	<p>HSCP-TP-5 People reporting 'living where you/as you want to live' needs met (%)</p>  <table border="1"> <caption>HSCP-TP-5 People reporting 'living where you/as you want to live' needs met (%)</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>H2 2009/10</td><td>96%</td></tr> <tr><td>H1 2010/10</td><td>85%</td></tr> <tr><td>H2 2010/10</td><td>91%</td></tr> <tr><td>H1 2011/11</td><td>88%</td></tr> <tr><td>H2 2011/11</td><td>94%</td></tr> <tr><td>H1 2012/12</td><td>94%</td></tr> <tr><td>H2 2012/12</td><td>89%</td></tr> <tr><td>H1 2013/13</td><td>89%</td></tr> <tr><td>H2 2013/13</td><td>95%</td></tr> <tr><td>H1 2014/14</td><td>95%</td></tr> <tr><td>H2 2014/14</td><td>79%</td></tr> <tr><td>H1 2015/15</td><td>78%</td></tr> <tr><td>H2 2015/15</td><td>78%</td></tr> <tr><td>H1 2016/16</td><td>79%</td></tr> <tr><td>H2 2016/16</td><td>80%</td></tr> <tr><td>H1 2017/17</td><td>84%</td></tr> <tr><td>H2 2017/17</td><td>94%</td></tr> <tr><td>H1 2018/18</td><td>92%</td></tr> <tr><td>H2 2018/18</td><td>92%</td></tr> <tr><td>H1 2019/19</td><td>89%</td></tr> <tr><td>H2 2019/19</td><td>91%</td></tr> <tr><td>H1 2020/20</td><td>91%</td></tr> <tr><td>H2 2020/20</td><td>91%</td></tr> <tr><td>H1 2021/21</td><td>89%</td></tr> <tr><td>H2 2021/21</td><td>89%</td></tr> <tr><td>H1 2022/22</td><td>89%</td></tr> <tr><td>H2 2022/22</td><td>89%</td></tr> </tbody> </table>	Period	Percentage	H2 2009/10	96%	H1 2010/10	85%	H2 2010/10	91%	H1 2011/11	88%	H2 2011/11	94%	H1 2012/12	94%	H2 2012/12	89%	H1 2013/13	89%	H2 2013/13	95%	H1 2014/14	95%	H2 2014/14	79%	H1 2015/15	78%	H2 2015/15	78%	H1 2016/16	79%	H2 2016/16	80%	H1 2017/17	84%	H2 2017/17	94%	H1 2018/18	92%	H2 2018/18	92%	H1 2019/19	89%	H2 2019/19	91%	H1 2020/20	91%	H2 2020/20	91%	H1 2021/21	89%	H2 2021/21	89%	H1 2022/22	89%	H2 2022/22	89%	↓	↓	<p>In Qtr 2 of the total 172 valid responses 150 reported their needs met (87%), whilst in Qtr 1 of the total 201 valid responses 180 reported their needs met (90%). This compares to 94% in the previous Quarter 4.</p>
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**3. Working together to support mental health and well-being**

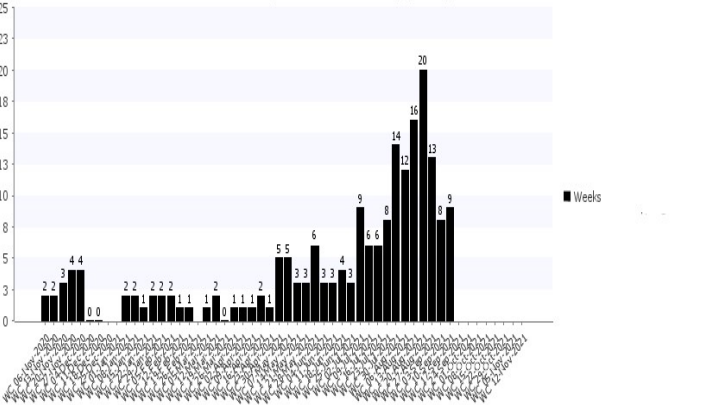
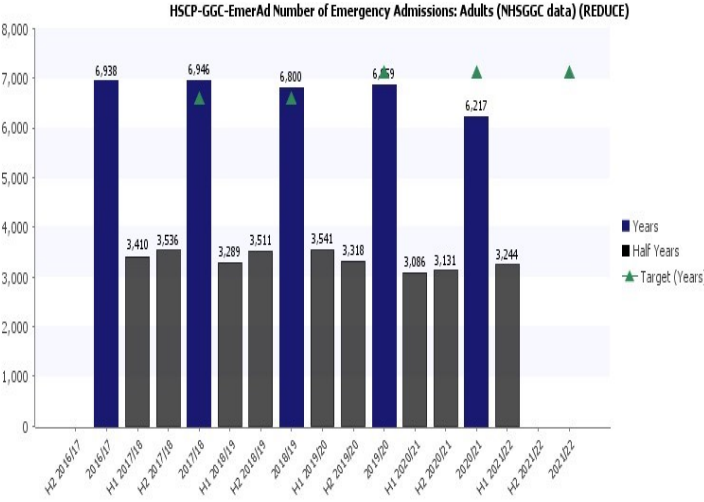
Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Latest Note																																																												
<p>INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies</p>	<p>H1 2021/22</p>	<p>73%</p>	<p>90%</p>	<p>Red</p>	<p><b>HSC-PDP1718 Psychological therapies - Percentage of people waiting no longer than 18 weeks for access (INCREASE)</b></p> <table border="1"> <thead> <tr> <th>Period</th> <th>Years</th> <th>Half Years</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr><td>H1 20/01/17</td><td>92%</td><td>92%</td><td>92%</td></tr> <tr><td>H2 20/01/17</td><td>95%</td><td>95%</td><td>95%</td></tr> <tr><td>H1 20/01/18</td><td>97%</td><td>97%</td><td>97%</td></tr> <tr><td>H2 20/01/18</td><td>85%</td><td>85%</td><td>90%</td></tr> <tr><td>H1 20/01/19</td><td>58%</td><td>58%</td><td>90%</td></tr> <tr><td>H2 20/01/19</td><td>75%</td><td>75%</td><td>90%</td></tr> <tr><td>H1 20/01/20</td><td>91%</td><td>91%</td><td>90%</td></tr> <tr><td>H2 20/01/20</td><td>90%</td><td>90%</td><td>90%</td></tr> <tr><td>H1 20/01/21</td><td>96%</td><td>96%</td><td>90%</td></tr> <tr><td>H2 20/01/21</td><td>56%</td><td>56%</td><td>90%</td></tr> <tr><td>H1 20/01/22</td><td>80%</td><td>80%</td><td>90%</td></tr> <tr><td>H2 20/01/22</td><td>55%</td><td>55%</td><td>90%</td></tr> <tr><td>H1 20/01/23</td><td>65%</td><td>65%</td><td>90%</td></tr> <tr><td>H2 20/01/23</td><td>74%</td><td>74%</td><td>90%</td></tr> </tbody> </table>	Period	Years	Half Years	Target (Years)	H1 20/01/17	92%	92%	92%	H2 20/01/17	95%	95%	95%	H1 20/01/18	97%	97%	97%	H2 20/01/18	85%	85%	90%	H1 20/01/19	58%	58%	90%	H2 20/01/19	75%	75%	90%	H1 20/01/20	91%	91%	90%	H2 20/01/20	90%	90%	90%	H1 20/01/21	96%	96%	90%	H2 20/01/21	56%	56%	90%	H1 20/01/22	80%	80%	90%	H2 20/01/22	55%	55%	90%	H1 20/01/23	65%	65%	90%	H2 20/01/23	74%	74%	90%			<p>Quarter 2 performance shows 74% of individuals waiting for psychological therapies are receiving treatment within the 18 week target. Waiting times are being closely monitored on a weekly basis and showing early signs of improvement on the 2020-21 annual figure (74%). An action plan is being progressed including identifying and prioritising the longest waits, offering remote appointments via NHS Attend Anywhere and securing increase in psychology staffing resource.</p>
Period	Years	Half Years	Target (Years)																																																																	
H1 20/01/17	92%	92%	92%																																																																	
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H2 20/01/23	74%	74%	90%																																																																	
<p>Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.</p>	<p>H1 2021/22</p>	<p>97.0%</p>	<p>90.0%</p>	<p>Green</p>	<p><b>HSC-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"> <thead> <tr> <th>Period</th> <th>Years</th> <th>Half Years</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr><td>H1 20/01/17</td><td>88.9%</td><td>88.9%</td><td>90%</td></tr> <tr><td>H2 20/01/17</td><td>90%</td><td>90%</td><td>90%</td></tr> <tr><td>H1 20/01/18</td><td>90%</td><td>90%</td><td>90%</td></tr> <tr><td>H2 20/01/18</td><td>90%</td><td>90%</td><td>90%</td></tr> <tr><td>H1 20/01/19</td><td>90%</td><td>90%</td><td>90%</td></tr> <tr><td>H2 20/01/19</td><td>90%</td><td>90%</td><td>90%</td></tr> <tr><td>H1 20/01/20</td><td>90%</td><td>90%</td><td>90%</td></tr> <tr><td>H2 20/01/20</td><td>90%</td><td>90%</td><td>90%</td></tr> <tr><td>H1 20/01/21</td><td>93.0%</td><td>93.0%</td><td>90%</td></tr> <tr><td>H2 20/01/21</td><td>92.4%</td><td>92.4%</td><td>90%</td></tr> <tr><td>H1 20/01/22</td><td>71.7%</td><td>71.7%</td><td>90%</td></tr> <tr><td>H2 20/01/22</td><td>69.0%</td><td>69.0%</td><td>90%</td></tr> <tr><td>H1 20/01/23</td><td>97.0%</td><td>97.0%</td><td>90%</td></tr> </tbody> </table>	Period	Years	Half Years	Target (Years)	H1 20/01/17	88.9%	88.9%	90%	H2 20/01/17	90%	90%	90%	H1 20/01/18	90%	90%	90%	H2 20/01/18	90%	90%	90%	H1 20/01/19	90%	90%	90%	H2 20/01/19	90%	90%	90%	H1 20/01/20	90%	90%	90%	H2 20/01/20	90%	90%	90%	H1 20/01/21	93.0%	93.0%	90%	H2 20/01/21	92.4%	92.4%	90%	H1 20/01/22	71.7%	71.7%	90%	H2 20/01/22	69.0%	69.0%	90%	H1 20/01/23	97.0%	97.0%	90%			<p>July - September 2021 shows 97% 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>				
Period	Years	Half Years	Target (Years)																																																																	
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**4. Working together to meet people's healthcare needs**

Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																																				
<p>DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (ISD data)</p>	<p>H1 2021/22</p>	<p>12</p>	<p>0</p>	<p>Red</p>	<p>HSCP-HWBO-DD3 Delayed discharges (ISD data): Adults waiting more than 3 days to be discharged from hospital into a more appropriate care setting (REDUCE)</p> <table border="1"> <caption>HSCP-HWBO-DD3 Delayed discharges (ISD data)</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>H2 2016/17</td><td>7</td></tr> <tr><td>2016/17</td><td>5</td></tr> <tr><td>H1 2017/18</td><td>5</td></tr> <tr><td>H2 2017/18</td><td>5</td></tr> <tr><td>2017/18</td><td>5</td></tr> <tr><td>H1 2018/19</td><td>6</td></tr> <tr><td>H2 2018/19</td><td>6</td></tr> <tr><td>2018/19</td><td>6</td></tr> <tr><td>H1 2019/20</td><td>5</td></tr> <tr><td>H2 2019/20</td><td>5</td></tr> <tr><td>2019/20</td><td>5</td></tr> <tr><td>H1 2020/21</td><td>5</td></tr> <tr><td>H2 2020/21</td><td>9</td></tr> <tr><td>2020/21</td><td>7</td></tr> <tr><td>H1 2021/22</td><td>12</td></tr> <tr><td>H2 2021/22</td><td>-</td></tr> <tr><td>2021/22</td><td>-</td></tr> </tbody> </table>	Period	Value	H2 2016/17	7	2016/17	5	H1 2017/18	5	H2 2017/18	5	2017/18	5	H1 2018/19	6	H2 2018/19	6	2018/19	6	H1 2019/20	5	H2 2019/20	5	2019/20	5	H1 2020/21	5	H2 2020/21	9	2020/21	7	H1 2021/22	12	H2 2021/22	-	2021/22	-			<p>Data to September 2021, average monthly figure compared to 5 at mid year 2020/21. (Source: Public Health Scotland Sep 2021). We have seen recent increases in delayed discharges driven by the pressure on care at home services which is restricting access. A majority of care at home provision in East Renfrewshire is delivered by partner providers and we are seeing limited capacity among providers. We have also experienced significant issues around supporting 'adults with incapacity' and establishing appropriate guardianship/Power of Attorney arrangements.</p>
Period	Value																																											
H2 2016/17	7																																											
2016/17	5																																											
H1 2017/18	5																																											
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<p>DECREASE - Delayed discharges (ISD) bed days lost to delayed discharge (REDUCE)</p>	<p>H1 2021/22</p>	<p>2,256</p>	<p>946</p>	<p>Red</p>	<p>HSCP-HWBO-DD-ALL Delayed discharges (ISD) bed days lost to delayed discharge for adults (incl AWI's) (REDUCE)</p> <table border="1"> <caption>HSCP-HWBO-DD-ALL Delayed discharges (ISD) bed days lost to delayed discharge for adults</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>H2 2016/17</td><td>1,099</td></tr> <tr><td>2016/17</td><td>2,704</td></tr> <tr><td>H1 2017/18</td><td>946</td></tr> <tr><td>H2 2017/18</td><td>914</td></tr> <tr><td>2017/18</td><td>1,860</td></tr> <tr><td>H1 2018/19</td><td>1,056</td></tr> <tr><td>H2 2018/19</td><td>1,039</td></tr> <tr><td>2018/19</td><td>2,284</td></tr> <tr><td>H1 2019/20</td><td>782</td></tr> <tr><td>H2 2019/20</td><td>1,006</td></tr> <tr><td>2019/20</td><td>1,808</td></tr> <tr><td>H1 2020/21</td><td>713</td></tr> <tr><td>H2 2020/21</td><td>1,611</td></tr> <tr><td>2020/21</td><td>2,324</td></tr> <tr><td>H1 2021/22</td><td>2,256</td></tr> <tr><td>H2 2021/22</td><td>-</td></tr> <tr><td>2021/22</td><td>-</td></tr> </tbody> </table>	Period	Value	H2 2016/17	1,099	2016/17	2,704	H1 2017/18	946	H2 2017/18	914	2017/18	1,860	H1 2018/19	1,056	H2 2018/19	1,039	2018/19	2,284	H1 2019/20	782	H2 2019/20	1,006	2019/20	1,808	H1 2020/21	713	H2 2020/21	1,611	2020/21	2,324	H1 2021/22	2,256	H2 2021/22	-	2021/22	-			<p>Data to September 2021. (Source: Public Health Scotland Sep 2021)</p>
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DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting (NHSGGC data)	H1 2021/22	3	0	Red	<p>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)</p> <table border="1"> <caption>HSCP-GGC-DD3 Delayed discharge (NHSGGC data)</caption> <thead> <tr> <th>Period</th> <th>Years</th> <th>Half Years</th> </tr> </thead> <tbody> <tr><td>H2 2017/18</td><td>4</td><td>4</td></tr> <tr><td>2017/18</td><td>4</td><td>4</td></tr> <tr><td>H1 2018/19</td><td>5</td><td>4</td></tr> <tr><td>H2 2018/19</td><td>4</td><td>4</td></tr> <tr><td>2018/19</td><td>4</td><td>5</td></tr> <tr><td>H1 2019/20</td><td>5</td><td>1</td></tr> <tr><td>H2 2019/20</td><td>1</td><td>5</td></tr> <tr><td>2019/20</td><td>5</td><td>1</td></tr> <tr><td>H1 2020/21</td><td>1</td><td>5</td></tr> <tr><td>H2 2020/21</td><td>5</td><td>3</td></tr> <tr><td>2020/21</td><td>3</td><td>6</td></tr> <tr><td>H1 2021/22</td><td>6</td><td>6</td></tr> <tr><td>H2 2021/22</td><td>6</td><td>6</td></tr> <tr><td>2021/22</td><td>6</td><td>6</td></tr> </tbody> </table>	Period	Years	Half Years	H2 2017/18	4	4	2017/18	4	4	H1 2018/19	5	4	H2 2018/19	4	4	2018/19	4	5	H1 2019/20	5	1	H2 2019/20	1	5	2019/20	5	1	H1 2020/21	1	5	H2 2020/21	5	3	2020/21	3	6	H1 2021/22	6	6	H2 2021/22	6	6	2021/22	6	6	↓	↓	Data is weekly average for Qtr 1.												
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DECREASE - No. of A & E Attendances (NHSGGC data)	H1 2021/22	6,251	9,166	Green	<p>HSCP-GGC-A&amp;E No. of A &amp; E Attendances (NHSGGC data) (REDUCE)</p> <table border="1"> <caption>HSCP-GGC-A&amp;E No. of A &amp; E Attendances (NHSGGC data)</caption> <thead> <tr> <th>Period</th> <th>Years</th> <th>Half Years</th> </tr> </thead> <tbody> <tr><td>2014/15</td><td>20,000</td><td>20,000</td></tr> <tr><td>2015/16</td><td>20,000</td><td>20,000</td></tr> <tr><td>2016/17</td><td>20,000</td><td>20,000</td></tr> <tr><td>H1 2017/18</td><td>6,333</td><td>6,254</td></tr> <tr><td>H2 2017/18</td><td>6,462</td><td>6,481</td></tr> <tr><td>2017/18</td><td>12,587</td><td>12,943</td></tr> <tr><td>H1 2018/19</td><td>6,462</td><td>6,481</td></tr> <tr><td>H2 2018/19</td><td>6,663</td><td>6,085</td></tr> <tr><td>2018/19</td><td>12,943</td><td>6,085</td></tr> <tr><td>H1 2019/20</td><td>6,663</td><td>6,085</td></tr> <tr><td>H2 2019/20</td><td>12,748</td><td>5,109</td></tr> <tr><td>2019/20</td><td>12,748</td><td>4,745</td></tr> <tr><td>H1 2020/21</td><td>5,109</td><td>4,745</td></tr> <tr><td>H2 2020/21</td><td>9,854</td><td>6,251</td></tr> <tr><td>2020/21</td><td>9,854</td><td>6,251</td></tr> <tr><td>H1 2021/22</td><td>6,251</td><td>6,251</td></tr> <tr><td>H2 2021/22</td><td>6,251</td><td>6,251</td></tr> <tr><td>2021/22</td><td>6,251</td><td>6,251</td></tr> </tbody> </table>	Period	Years	Half Years	2014/15	20,000	20,000	2015/16	20,000	20,000	2016/17	20,000	20,000	H1 2017/18	6,333	6,254	H2 2017/18	6,462	6,481	2017/18	12,587	12,943	H1 2018/19	6,462	6,481	H2 2018/19	6,663	6,085	2018/19	12,943	6,085	H1 2019/20	6,663	6,085	H2 2019/20	12,748	5,109	2019/20	12,748	4,745	H1 2020/21	5,109	4,745	H2 2020/21	9,854	6,251	2020/21	9,854	6,251	H1 2021/22	6,251	6,251	H2 2021/22	6,251	6,251	2021/22	6,251	6,251	↓	↓	Cumulative data for the first six months of 2021/22. A&E attendances have remained low during the pandemic period but have risen as lockdown restrictions have eased.
Period	Years	Half Years																																																															
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Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																																																								
DECREASE - A & E Attendances from Care Homes (NHSGGC data)	H1 2021/22	131	200	Green	<p>HSCP-GGC-CHA&amp;E A &amp; E Attendances from Care Homes (NHSGGC data) (REDUCE)</p> <table border="1"> <caption>A &amp; E Attendances from Care Homes</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>H2 2016/17</td><td>256</td></tr> <tr><td>H1 2017/18</td><td>268</td></tr> <tr><td>H2 2017/18</td><td>273</td></tr> <tr><td>2017/18</td><td>541</td></tr> <tr><td>H1 2018/19</td><td>213</td></tr> <tr><td>H2 2018/19</td><td>217</td></tr> <tr><td>2018/19</td><td>430</td></tr> <tr><td>H1 2019/20</td><td>192</td></tr> <tr><td>H2 2019/20</td><td>202</td></tr> <tr><td>2019/20</td><td>394</td></tr> <tr><td>H1 2020/21</td><td>114</td></tr> <tr><td>H2 2020/21</td><td>236</td></tr> <tr><td>2020/21</td><td>400</td></tr> <tr><td>H1 2021/22</td><td>131</td></tr> <tr><td>2021/22</td><td>400</td></tr> </tbody> </table>	Period	Value	H2 2016/17	256	H1 2017/18	268	H2 2017/18	273	2017/18	541	H1 2018/19	213	H2 2018/19	217	2018/19	430	H1 2019/20	192	H2 2019/20	202	2019/20	394	H1 2020/21	114	H2 2020/21	236	2020/21	400	H1 2021/22	131	2021/22	400	↑	↑	Cumulative data for the first six months of 2021/22. A&E attendances from Care Homes were comparatively low over the period with fluctuation month-on-month.																								
Period	Value																																																															
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DECREASE - Emergency Admissions from Care Homes (NHSGGC data)	H1 2021/22	72	120	Green	<p>HSCP-GGC-CHEmerg Emergency Admissions from Care Homes (NHSGGC data) (REDUCE)</p> <table border="1"> <caption>Emergency Admissions from Care Homes</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q2 2016/17</td><td>67</td></tr> <tr><td>Q4 2016/17</td><td>99</td></tr> <tr><td>2016/17</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>2017/18</td><td>300</td></tr> <tr><td>Q1 2018/19</td><td>65</td></tr> <tr><td>Q2 2018/19</td><td>70</td></tr> <tr><td>Q3 2018/19</td><td>61</td></tr> <tr><td>Q4 2018/19</td><td>69</td></tr> <tr><td>2018/19</td><td>261</td></tr> <tr><td>Q1 2019/20</td><td>57</td></tr> <tr><td>Q2 2019/20</td><td>54</td></tr> <tr><td>Q3 2019/20</td><td>66</td></tr> <tr><td>Q4 2019/20</td><td>56</td></tr> <tr><td>2019/20</td><td>233</td></tr> <tr><td>Q1 2020/21</td><td>46</td></tr> <tr><td>Q2 2020/21</td><td>38</td></tr> <tr><td>Q3 2020/21</td><td>35</td></tr> <tr><td>Q4 2020/21</td><td>35</td></tr> <tr><td>2020/21</td><td>240</td></tr> <tr><td>Q1 2021/22</td><td>154</td></tr> <tr><td>Q2 2021/22</td><td>48</td></tr> <tr><td>Q3 2021/22</td><td>24</td></tr> <tr><td>Q4 2021/22</td><td>72</td></tr> <tr><td>2021/22</td><td>120</td></tr> </tbody> </table>	Period	Value	Q2 2016/17	67	Q4 2016/17	99	2016/17	166	Q2 2017/18	89	Q3 2017/18	74	Q4 2017/18	110	2017/18	300	Q1 2018/19	65	Q2 2018/19	70	Q3 2018/19	61	Q4 2018/19	69	2018/19	261	Q1 2019/20	57	Q2 2019/20	54	Q3 2019/20	66	Q4 2019/20	56	2019/20	233	Q1 2020/21	46	Q2 2020/21	38	Q3 2020/21	35	Q4 2020/21	35	2020/21	240	Q1 2021/22	154	Q2 2021/22	48	Q3 2021/22	24	Q4 2021/22	72	2021/22	120	↑	↓	Hospital admissions from care homes continue to be lower than for the pre-pandemic period.
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Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
<p>Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (Average number delayed based on NHSGGC Acute &amp; MH weekly data)</p>	H1 2021/22	6	0	Red	<p>HSCP-GGC-DDwly Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting (NHSGGC Acute &amp; MH data) (REDUCE)</p> 	↓	↓	Weekly average to week commencing 24 September 2021.
<p>DECREASE - Number of Emergency Admissions: Adults (NHSGGC data)</p>	H1 2021/22	3,244	3,564	Green	<p>HSCP-GGC-EmerAd Number of Emergency Admissions: Adults (NHSGGC data) (REDUCE)</p> 	↑	↓	Hospital admissions were lower during the pandemic period but are returning to pre-pandemic levels.

Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																														
DECREASE - Occupied Bed Days (Adult – non-elective) (NHSGGC data)	H1 2021/22	39,966	29,110	Red	<p style="text-align: center;"><b>HSCP-GGC-OBD Occupied Bed Days (Adult – non-elective) (REDUCE)</b></p> <table border="1"> <caption>HSCP-GGC-OBD Occupied Bed Days (Adult – non-elective)</caption> <thead> <tr> <th>Period</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>H1 2018/19</td><td>30,367</td></tr> <tr><td>H2 2018/19</td><td>29,787</td></tr> <tr><td>H1 2019/20</td><td>63,068</td></tr> <tr><td>H2 2019/20</td><td>26,574</td></tr> <tr><td>H1 2020/21</td><td>61,767</td></tr> <tr><td>H2 2020/21</td><td>58,236</td></tr> <tr><td>H1 2021/22</td><td>39,966</td></tr> <tr><td>2021/22 (Target)</td><td>29,110</td></tr> </tbody> </table>	Period	Value	2016/17	66,792	2017/18	67,347	H1 2018/19	30,367	H2 2018/19	29,787	H1 2019/20	63,068	H2 2019/20	26,574	H1 2020/21	61,767	H2 2020/21	58,236	H1 2021/22	39,966	2021/22 (Target)	29,110	↓	↓	GGC data is showing an increase in occupied bed days over the first half of 2021/22. This is being driven by an increase in OBD for Care of the Elderly.								
Period	Value																																					
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2021/22 (Target)	29,110																																					
DECREASE - No. of A & E Attendances - Adults	H1 2021/22	4,393	4,584	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>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2015/16</td><td>18,332</td></tr> <tr><td>2016/17</td><td>18,747</td></tr> <tr><td>2017/18</td><td>19,342</td></tr> <tr><td>H1 2018/19</td><td>10,271</td></tr> <tr><td>H2 2018/19</td><td>9,941</td></tr> <tr><td>2019/20</td><td>20,234</td></tr> <tr><td>H1 2019/20</td><td>10,630</td></tr> <tr><td>H2 2019/20</td><td>9,529</td></tr> <tr><td>2019/20 (Target)</td><td>20,159</td></tr> <tr><td>H1 2020/21</td><td>6,845</td></tr> <tr><td>H2 2020/21</td><td>6,832</td></tr> <tr><td>2020/21</td><td>13,677</td></tr> <tr><td>H1 2021/22</td><td>4,393</td></tr> <tr><td>2021/22 (Target)</td><td>4,584</td></tr> </tbody> </table>	Period	Value	2015/16	18,332	2016/17	18,747	2017/18	19,342	H1 2018/19	10,271	H2 2018/19	9,941	2019/20	20,234	H1 2019/20	10,630	H2 2019/20	9,529	2019/20 (Target)	20,159	H1 2020/21	6,845	H2 2020/21	6,832	2020/21	13,677	H1 2021/22	4,393	2021/22 (Target)	4,584	↑	↑	Data to July 2021. (Source: MSG, Scot Govt October 2021)
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DECREASE - Number of Emergency Admissions: Adults (18+)	H1 2021/22	2,710	4,181	Green	<p>HSCP-MSG-EmerAd Number of Emergency Admissions: Adults</p> <table border="1"> <caption>HSCP-MSG-EmerAd Number of Emergency Admissions: Adults</caption> <thead> <tr> <th>Period</th> <th>Years</th> <th>Half Years</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr><td>H2 2018/19</td><td>8,765</td><td></td><td></td></tr> <tr><td>H1 2019/20</td><td>12,918</td><td></td><td></td></tr> <tr><td>H2 2019/20</td><td>12,382</td><td></td><td></td></tr> <tr><td>H1 2020/21</td><td>9,112</td><td>4,628</td><td>4,557</td></tr> <tr><td>H2 2020/21</td><td>9,185</td><td></td><td></td></tr> <tr><td>H1 2021/22</td><td>4,196</td><td>4,133</td><td></td></tr> <tr><td>H2 2021/22</td><td>8,329</td><td></td><td></td></tr> <tr><td>H1 2018/19</td><td>3,973</td><td>4,163</td><td></td></tr> <tr><td>H2 2018/19</td><td>8,436</td><td></td><td></td></tr> <tr><td>H1 2019/20</td><td>3,836</td><td>3,696</td><td></td></tr> <tr><td>H2 2019/20</td><td>7,532</td><td></td><td></td></tr> <tr><td>H1 2020/21</td><td>3,200</td><td>3,318</td><td></td></tr> <tr><td>H2 2020/21</td><td>6,518</td><td></td><td></td></tr> <tr><td>H1 2021/22</td><td>2,872</td><td></td><td></td></tr> <tr><td>H2 2021/22</td><td>2,872</td><td></td><td></td></tr> </tbody> </table>	Period	Years	Half Years	Target (Years)	H2 2018/19	8,765			H1 2019/20	12,918			H2 2019/20	12,382			H1 2020/21	9,112	4,628	4,557	H2 2020/21	9,185			H1 2021/22	4,196	4,133		H2 2021/22	8,329			H1 2018/19	3,973	4,163		H2 2018/19	8,436			H1 2019/20	3,836	3,696		H2 2019/20	7,532			H1 2020/21	3,200	3,318		H2 2020/21	6,518			H1 2021/22	2,872			H2 2021/22	2,872			↑	↑	Data to Jul 2021, released October 2021. (Source: MSG Scottish Govt, October 2021)
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Unscheduled Hospital (Acute) Bed Days: Adults (18+)	H1 2021/22	19,015	29,430	Green	<p>HSCP-MSG-Unsched Unscheduled Hospital (Acute) Bed Days: Adults</p> <table border="1"> <caption>HSCP-MSG-Unsched Unscheduled Hospital (Acute) Bed Days: Adults</caption> <thead> <tr> <th>Period</th> <th>Years</th> <th>Half Years</th> <th>Target (Years)</th> </tr> </thead> <tbody> <tr><td>H2 2018/19</td><td>31,357</td><td></td><td></td></tr> <tr><td>H1 2019/20</td><td>60,007</td><td></td><td></td></tr> <tr><td>H2 2019/20</td><td>29,921</td><td></td><td></td></tr> <tr><td>H1 2020/21</td><td>32,935</td><td></td><td></td></tr> <tr><td>H2 2020/21</td><td>62,856</td><td></td><td></td></tr> <tr><td>H1 2021/22</td><td>26,281</td><td></td><td></td></tr> <tr><td>H2 2021/22</td><td>31,806</td><td></td><td></td></tr> <tr><td>H1 2018/19</td><td>58,087</td><td></td><td></td></tr> <tr><td>H2 2018/19</td><td>22,915</td><td></td><td></td></tr> <tr><td>H1 2019/20</td><td>22,915</td><td></td><td></td></tr> <tr><td>H2 2019/20</td><td></td><td></td><td></td></tr> </tbody> </table>	Period	Years	Half Years	Target (Years)	H2 2018/19	31,357			H1 2019/20	60,007			H2 2019/20	29,921			H1 2020/21	32,935			H2 2020/21	62,856			H1 2021/22	26,281			H2 2021/22	31,806			H1 2018/19	58,087			H2 2018/19	22,915			H1 2019/20	22,915			H2 2019/20				↑	↑	Data to Jul 2021, released October 2021. (Source: MSG Scottish Govt, October 2021)																
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Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																						
<p>DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-12: Emergency admission rate (per 100,000 population) for adults.</p>	2019/20	10,438		Data Only	<p><b>HSCP-NI-12 Emergency admission rate (per 100,000 population) for adults (REDUCE)</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>9,662</td></tr> <tr><td>2011/12</td><td>10,527</td></tr> <tr><td>2012/13</td><td>10,676</td></tr> <tr><td>2013/14</td><td>10,493</td></tr> <tr><td>2014/15</td><td>10,729</td></tr> <tr><td>2015/16</td><td>11,404</td></tr> <tr><td>2016/17</td><td>11,425</td></tr> <tr><td>2017/18</td><td>10,497</td></tr> <tr><td>2018/19</td><td>10,342</td></tr> <tr><td>2019/20</td><td>10,438</td></tr> </tbody> </table>	Year	Value	2010/11	9,662	2011/12	10,527	2012/13	10,676	2013/14	10,493	2014/15	10,729	2015/16	11,404	2016/17	11,425	2017/18	10,497	2018/19	10,342	2019/20	10,438	↑	↑	<p>In comparison the Scotland average was 12,417 for the period. Data at March 2021 (Source: Public Health Scotland)</p>
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2018/19	10,342																													
2019/20	10,438																													
<p>DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-13: Emergency bed day rate (per 100,000) for adults</p>	2019/20	105,623	117,000	Green	<p><b>HSCP-NI-13 Emergency bed day rate (per 100,000) for adults (REDUCE)</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2010/11</td><td>119,761</td></tr> <tr><td>2011/12</td><td>123,545</td></tr> <tr><td>2012/13</td><td>119,084</td></tr> <tr><td>2013/14</td><td>113,742</td></tr> <tr><td>2014/15</td><td>113,006</td></tr> <tr><td>2015/16</td><td>117,774</td></tr> <tr><td>2016/17</td><td>122,875</td></tr> <tr><td>2017/18</td><td>121,097</td></tr> <tr><td>2018/19</td><td>112,036</td></tr> <tr><td>2019/20</td><td>105,623</td></tr> </tbody> </table>	Year	Value	2010/11	119,761	2011/12	123,545	2012/13	119,084	2013/14	113,742	2014/15	113,006	2015/16	117,774	2016/17	122,875	2017/18	121,097	2018/19	112,036	2019/20	105,623	↑	↑	<p>In comparison the figure for 2018/19 was 112,336. The Scotland average for the period was 118,055. Data at March 2021 (Source: Public Health Scotland)</p>
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Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																																												
<p>DECREASE - 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>	2020/21	90%	86%	Green	<p>HSCP-NI-15 Proportion of last 6 months of life spent at home or in a community setting (INCREASE)</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>Year/Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2019/20 Y1</td><td>82%</td></tr> <tr><td>2019/20 Q1</td><td>84%</td></tr> <tr><td>2019/20 Q2</td><td>84%</td></tr> <tr><td>2019/20 Q3</td><td>85%</td></tr> <tr><td>2019/20 Q4</td><td>85%</td></tr> <tr><td>2020/21 Y1</td><td>84%</td></tr> <tr><td>2020/21 Q1</td><td>84%</td></tr> <tr><td>2020/21 Q2</td><td>86%</td></tr> <tr><td>2020/21 Q3</td><td>86%</td></tr> <tr><td>2020/21 Q4</td><td>85%</td></tr> <tr><td>2020/21 Y2</td><td>85%</td></tr> <tr><td>2020/21 Q1</td><td>85%</td></tr> <tr><td>2020/21 Q2</td><td>86%</td></tr> <tr><td>2020/21 Q3</td><td>86%</td></tr> <tr><td>2020/21 Q4</td><td>89%</td></tr> <tr><td>2020/21 Y3</td><td>89%</td></tr> <tr><td>2020/21 Q1</td><td>89%</td></tr> <tr><td>2020/21 Q2</td><td>89%</td></tr> <tr><td>2020/21 Q3</td><td>89%</td></tr> <tr><td>2020/21 Q4</td><td>90%</td></tr> <tr><td>2020/21 Y4</td><td>90%</td></tr> </tbody> </table>	Year/Quarter	Value (%)	2019/20 Y1	82%	2019/20 Q1	84%	2019/20 Q2	84%	2019/20 Q3	85%	2019/20 Q4	85%	2020/21 Y1	84%	2020/21 Q1	84%	2020/21 Q2	86%	2020/21 Q3	86%	2020/21 Q4	85%	2020/21 Y2	85%	2020/21 Q1	85%	2020/21 Q2	86%	2020/21 Q3	86%	2020/21 Q4	89%	2020/21 Y3	89%	2020/21 Q1	89%	2020/21 Q2	89%	2020/21 Q3	89%	2020/21 Q4	90%	2020/21 Y4	90%			<p>Of performance for end-of-life care has improved from 89% in 2019/20. Data at Qtr 3 2021 (Source: Public Health Scotland)</p>
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**5. Working together with carers to be able to exercise choice and control**

Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																																																						
<p>INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-8: Total combined % carers who feel supported to continue in their caring role.</p>	2019/20	35%		Data Only	<p><b>HSCP-NI-8 Total combined % carers who feel supported to continue in their caring role (INCREASE)</b></p> <table border="1"> <caption>HSCP-NI-8 Total combined % carers who feel supported to continue in their caring role (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2017/14</td> <td>43%</td> </tr> <tr> <td>2018/15</td> <td>45%</td> </tr> <tr> <td>2017/18</td> <td>37%</td> </tr> <tr> <td>2019/20</td> <td>35%</td> </tr> </tbody> </table>	Year	Value (%)	2017/14	43%	2018/15	45%	2017/18	37%	2019/20	35%	↓	▬	<p>Although our performance declined slightly from 37% (2017/18) we perform better than the Scotland figure for the period which was 34%. Both East Renfrewshire and national figures have fallen on the previous Survey figures. Latest data at October 2021. Source : Public Health Scotland (Health and Care Experience Survey 2019/20)</p>																																												
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<p>INCREASE - People reporting 'quality of life for carers' needs fully met (%)</p>	H1 2021/22	97%	73%	Green	<p><b>HSCP-TP-7 People reporting 'quality of life for carers' needs fully met (%) (INCREASE)</b></p> <table border="1"> <caption>HSCP-TP-7 People reporting 'quality of life for carers' needs fully met (%) (INCREASE)</caption> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>H2 2008/10</td> <td>82%</td> </tr> <tr> <td>H1 2009/10</td> <td>67%</td> </tr> <tr> <td>H2 2009/10</td> <td>67%</td> </tr> <tr> <td>H1 2010/11</td> <td>67%</td> </tr> <tr> <td>H2 2010/11</td> <td>67%</td> </tr> <tr> <td>H1 2011/12</td> <td>64%</td> </tr> <tr> <td>H2 2011/12</td> <td>64%</td> </tr> <tr> <td>H1 2012/13</td> <td>69%</td> </tr> <tr> <td>H2 2012/13</td> <td>69%</td> </tr> <tr> <td>H1 2013/14</td> <td>71%</td> </tr> <tr> <td>H2 2013/14</td> <td>71%</td> </tr> <tr> <td>H1 2014/15</td> <td>75%</td> </tr> <tr> <td>H2 2014/15</td> <td>75%</td> </tr> <tr> <td>H1 2015/16</td> <td>69%</td> </tr> <tr> <td>H2 2015/16</td> <td>69%</td> </tr> <tr> <td>H1 2016/17</td> <td>70%</td> </tr> <tr> <td>H2 2016/17</td> <td>70%</td> </tr> <tr> <td>H1 2017/18</td> <td>72%</td> </tr> <tr> <td>H2 2017/18</td> <td>72%</td> </tr> <tr> <td>H1 2018/19</td> <td>78%</td> </tr> <tr> <td>H2 2018/19</td> <td>78%</td> </tr> <tr> <td>H1 2019/20</td> <td>82%</td> </tr> <tr> <td>H2 2019/20</td> <td>82%</td> </tr> <tr> <td>H1 2020/21</td> <td>91%</td> </tr> <tr> <td>H2 2020/21</td> <td>91%</td> </tr> <tr> <td>H1 2021/22</td> <td>97%</td> </tr> </tbody> </table>	Period	Value (%)	H2 2008/10	82%	H1 2009/10	67%	H2 2009/10	67%	H1 2010/11	67%	H2 2010/11	67%	H1 2011/12	64%	H2 2011/12	64%	H1 2012/13	69%	H2 2012/13	69%	H1 2013/14	71%	H2 2013/14	71%	H1 2014/15	75%	H2 2014/15	75%	H1 2015/16	69%	H2 2015/16	69%	H1 2016/17	70%	H2 2016/17	70%	H1 2017/18	72%	H2 2017/18	72%	H1 2018/19	78%	H2 2018/19	78%	H1 2019/20	82%	H2 2019/20	82%	H1 2020/21	91%	H2 2020/21	91%	H1 2021/22	97%	↑	↑	<p>In the first two quarters of 2021/22 the performance figure was 97%. This is comparable to the previous Quarter 4 (98%) figure.</p>
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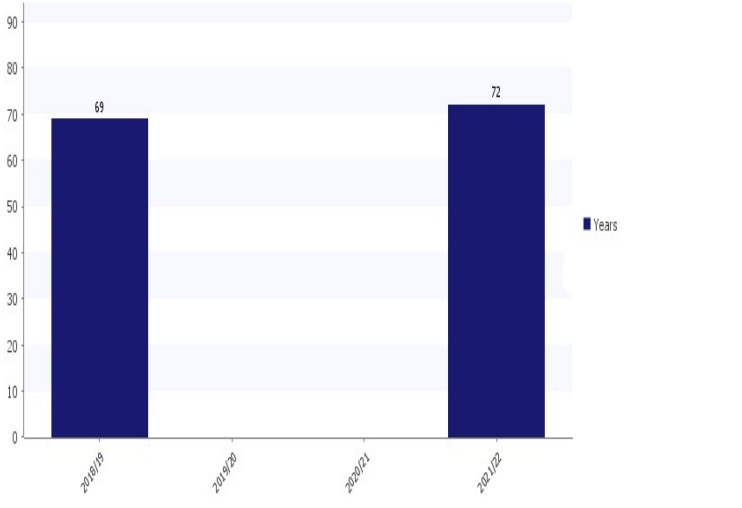
**6. Working together with our partners to support people to stop offending**

Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
<p>INCREASE - Community Payback Orders - Percentage of unpaid work placements commencing within 7 days</p>	<p>H1 2021/22</p>	<p>42%</p>	<p>80%</p>	<p>Red</p>				<p>Average of first two quarters 2021/22. There was significant disruption to CPO activity as a result of Covid-19.</p>
<p>INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.</p>	<p>H1 2021/22</p>	<p>70%</p>	<p>80%</p>	<p>Red</p>				<p>Average of first two quarters 2021/22. There was significant disruption to CPO activity as a result of Covid-19, with a much lower completed within the year. We have increased our capacity to deliver Unpaid Work (UPW) by focusing on outdoor work activities as this allows us to ensure social distancing is maintained. We have increased the number of supervisors available to support service users.</p>

Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																																												
% Change in women's domestic abuse outcomes	H1 2021/22	86%	70%	Green	<p style="text-align: center;"><b>CJOIP-PI-5 % Change in women's domestic abuse outcomes</b></p> <table border="1"> <caption>CJOIP-PI-5 % Change in women's domestic abuse outcomes</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>H1 2015/16</td><td>84%</td></tr> <tr><td>H2 2015/16</td><td>91%</td></tr> <tr><td>2015/16</td><td>87%</td></tr> <tr><td>H1 2016/17</td><td>72%</td></tr> <tr><td>H2 2016/17</td><td>60%</td></tr> <tr><td>2016/17</td><td>66%</td></tr> <tr><td>H1 2017/18</td><td>65%</td></tr> <tr><td>H2 2017/18</td><td>65%</td></tr> <tr><td>2017/18</td><td>65%</td></tr> <tr><td>H1 2018/19</td><td>68%</td></tr> <tr><td>H2 2018/19</td><td>57%</td></tr> <tr><td>2018/19</td><td>64%</td></tr> <tr><td>H1 2019/20</td><td>75%</td></tr> <tr><td>H2 2019/20</td><td>82%</td></tr> <tr><td>2019/20</td><td>79%</td></tr> <tr><td>H1 2020/21</td><td>84%</td></tr> <tr><td>H2 2020/21</td><td>86%</td></tr> <tr><td>2020/21</td><td>84%</td></tr> <tr><td>H1 2021/22</td><td>86%</td></tr> <tr><td>2021/22</td><td>70%</td></tr> <tr><td>2022/23</td><td>70%</td></tr> </tbody> </table>	Period	Value	H1 2015/16	84%	H2 2015/16	91%	2015/16	87%	H1 2016/17	72%	H2 2016/17	60%	2016/17	66%	H1 2017/18	65%	H2 2017/18	65%	2017/18	65%	H1 2018/19	68%	H2 2018/19	57%	2018/19	64%	H1 2019/20	75%	H2 2019/20	82%	2019/20	79%	H1 2020/21	84%	H2 2020/21	86%	2020/21	84%	H1 2021/22	86%	2021/22	70%	2022/23	70%	↑	↑	<p>From April 2021 – September 2021, East Renfrewshire Women's Aid service reported significant change and improvement for women across all reported outcomes 44 reviews were completed with 86% of women assessed noting improvement in progress in their outcomes overall. Reduction in risk is reflected in the significant increases in the areas of safety with 91% improvement, health &amp; wellbeing 80%, and empowerment and self-esteem 80%.</p>
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People agreed to be at risk of harm and requiring a protection plan have one in place	H1 2021/22	100%	100%	Green	<p style="text-align: center;"><b>OD8-HSCP-PROPLAN People agreed to be at risk of harm and requiring a protection plan have one in place</b></p> <table border="1"> <caption>OD8-HSCP-PROPLAN People agreed to be at risk of harm and requiring a protection plan have one in place</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>2017/18</td><td>100%</td></tr> <tr><td>2018/19</td><td>100%</td></tr> <tr><td>2019/20</td><td>100%</td></tr> <tr><td>2020/21</td><td>100%</td></tr> <tr><td>2021/22</td><td>100%</td></tr> <tr><td>2022/23</td><td>100%</td></tr> </tbody> </table>	Year	Value	2017/18	100%	2018/19	100%	2019/20	100%	2020/21	100%	2021/22	100%	2022/23	100%	▬	▬	<p>All residents identified as at risk of harm by the HSCP have a bespoke protection plan in place.</p>																														
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**8. Working together with staff across the partnership to support resilience and well-being**

Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																		
<p>% Staff who report "their manager cares about my health and well-being" in iMatter survey</p>	<p>H1 2021/22</p>	<p>88%</p>		<p>Data Only</p>	<table border="1"> <caption>HSCP-SPF-6 % Staff who report "their manager cares about my health and well-being" in iMatter survey</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>85</td> </tr> <tr> <td>2019/20</td> <td></td> </tr> <tr> <td>2020/21</td> <td></td> </tr> <tr> <td>2021/22</td> <td>88</td> </tr> </tbody> </table>	Year	Value (%)	2018/19	85	2019/20		2020/21		2021/22	88			<p>Based on 635 responses. iMatter Survey Report September 2021. This is a very positive score given the challenges and changes to working practices during the pandemic. We have had a focus on wellbeing since the start of the pandemic with a local group that has met regularly and was developed further when our wellbeing lead took over chairing the group in late 2020.</p>								
Year	Value (%)																									
2018/19	85																									
2019/20																										
2020/21																										
2021/22	88																									
<p>INCREASE - % Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey.</p>	<p>H1 2021/22</p>	<p>75%</p>	<p>90%</p>	<p>Red</p>	<table border="1"> <caption>HSCP-SPF-3 % Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2014/15</td> <td>58%</td> </tr> <tr> <td>2015/16</td> <td>71%</td> </tr> <tr> <td>2016/17</td> <td></td> </tr> <tr> <td>2017/18</td> <td>70%</td> </tr> <tr> <td>2018/19</td> <td>76%</td> </tr> <tr> <td>2019/20</td> <td>77%</td> </tr> <tr> <td>2020/21</td> <td></td> </tr> <tr> <td>2021/22</td> <td>75%</td> </tr> </tbody> </table>	Year	Value (%)	2014/15	58%	2015/16	71%	2016/17		2017/18	70%	2018/19	76%	2019/20	77%	2020/21		2021/22	75%			<p>Based on 635 responses. iMatter Survey Report September 2021. Although we are missing target for this measure, performance was consistent with the previous survey (76%) and significantly better than previous years.</p>
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Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note										
% Staff who report "I feel involved in decisions in relation to my job" in iMatter staff survey.	H1 2021/22	72%		Data Only	<p>HSCP-SPF-4 % Staff who report "I feel involved in decisions in relation to my job" in iMatter staff survey.</p>  <table border="1"> <caption>Staff Involvement Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019/19</td> <td>69%</td> </tr> <tr> <td>2019/20</td> <td>-</td> </tr> <tr> <td>2020/21</td> <td>-</td> </tr> <tr> <td>2021/22</td> <td>72%</td> </tr> </tbody> </table>	Year	Percentage	2019/19	69%	2019/20	-	2020/21	-	2021/22	72%	↑	↑	Based on 635 responses. iMatter Survey Report September 2021. This is an improvement on performance in 2019 (69%).
Year	Percentage																	
2019/19	69%																	
2019/20	-																	
2020/21	-																	
2021/22	72%																	

## 9. Organisational outcomes

### 9.1 Our customers

Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																		
INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2019/20	61%		Data Only	<p>HSCP-NI-4 Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated (INCREASE)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2013/14</td><td>76%</td></tr> <tr><td>2014/15</td><td></td></tr> <tr><td>2015/16</td><td>69%</td></tr> <tr><td>2016/17</td><td></td></tr> <tr><td>2017/18</td><td>60%</td></tr> <tr><td>2018/19</td><td></td></tr> <tr><td>2019/20</td><td>61%</td></tr> <tr><td>2020/21</td><td></td></tr> </tbody> </table>	Year	Value (%)	2013/14	76%	2014/15		2015/16	69%	2016/17		2017/18	60%	2018/19		2019/20	61%	2020/21		↑	↑	Up from 60% in previous survey (2017/18). Scotland figure for period 74%. Data at July 2021. Source: Public Health Scotland (Health and Care Experience Survey 2019/20)
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### 9.2 Efficiency

Description	Data Period	Value	Target	Traffic Light	Trend graph	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note																																		
INCREASE - Payment of invoices: Percentage invoices paid within agreed period (30 days)	H1 2021/22	72.8%	90%	Red	<p>CHCP-INO2 Payment of invoices: Percentage invoices paid within agreed period (30 days) (INCREASE)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>2006/07</td><td>77.4%</td></tr> <tr><td>2007/08</td><td>86.4%</td></tr> <tr><td>2008/09</td><td>86.4%</td></tr> <tr><td>2009/10</td><td>91.22%</td></tr> <tr><td>2010/11</td><td>93.02%</td></tr> <tr><td>2011/12</td><td>80.91%</td></tr> <tr><td>2012/13</td><td>76.6%</td></tr> <tr><td>2013/14</td><td>78.3%</td></tr> <tr><td>2014/15</td><td>73.1%</td></tr> <tr><td>2015/16</td><td>52%</td></tr> <tr><td>2016/17</td><td></td></tr> <tr><td>2017/18</td><td>84.2%</td></tr> <tr><td>2018/19</td><td>73.9%</td></tr> <tr><td>2019/20</td><td></td></tr> <tr><td>2020/21</td><td>68.8%</td></tr> <tr><td>2021/22</td><td></td></tr> </tbody> </table>	Year	Value (%)	2006/07	77.4%	2007/08	86.4%	2008/09	86.4%	2009/10	91.22%	2010/11	93.02%	2011/12	80.91%	2012/13	76.6%	2013/14	78.3%	2014/15	73.1%	2015/16	52%	2016/17		2017/18	84.2%	2018/19	73.9%	2019/20		2020/21	68.8%	2021/22		↓	↑	Although our invoice processing performance shows an improvement compared to 2020/21, we continue to miss target. COVID has impacted the team both in terms of new ways of working, but more recently in terms of staff capacity.
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**9.3 Our people**

Description	Data Period	Value	Target	Traffic Light		Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
<p>DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff</p>	<p>H1 2021/22</p>	<p>7.2%</p>	<p>4.0%</p>	<p>Red</p>		<p>↓</p>	<p>↓</p>	<p>We have seen a significant increase in NHS sickness absence from June 2021 onwards with a significant amount of long term absence (5.94% at September 2021). In East Ren the actual numbers are low with 20 LT cases in September. The reasons for this are complex. Within our LD hosted service there are 3 cases that involve critical ill health. Absences are monitored at DMT on a monthly basis and the HR Advice and Support unit are providing additional support. Within LD hosted service monthly absence panels take place and the HR Advice and Support Unit have a dedicated advisor to support. During October, seven of the staff members have returned to work and two are no longer employed therefore we anticipate absence levels to improve in October and November.</p>
<p>DECREASE - Sickness absence days per employee - HSCP (LA staff)</p>	<p>Q1 2021/22</p>	<p>3.6</p>	<p>3.1</p>	<p>Red</p>		<p>↓</p>	<p>↓</p>	<p>Q1 absence is below both 2020 and 2019 levels. (n.b. Q2 data not available at end Oct 21). From our own monthly monitoring at DMT we anticipate the corporate PI to rise given: More short term absence due to lack social distancing and viruses within community; Stress Anxiety levels due to burn out of employees from the pandemic. National research from workforce planning estimated PTSD to be around 18 months post pandemic; Delay in treatment for long term conditions and surgery as a result of the pandemic. These issues have been evident within our Care at Home workforce - the largest workforce within HSCP. Absence levels were high in June July and August mixture of LT absence and short term due to viruses etc. with lifting of restrictions and more mixing of people. Care at Home has a focus from the Councils Case Management Team. The Service are working with HR to develop an</p>

Description	Data Period	Value	Target	Traffic Light		Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note												
								action plan to improve performance.												
INCREASE - iMatter Response Rate - HSCP	H1 2021/22	61%		Data Only	<p style="text-align: center;"><b>HSCP-SP18-8.1.1 iMatter Response Rate - HSCP (INCREASE)</b></p> <table border="1"> <caption>HSCP-SP18-8.1.1 iMatter Response Rate - HSCP (INCREASE)</caption> <thead> <tr> <th>Year</th> <th>Response Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>66%</td> </tr> <tr> <td>2018/19</td> <td>71%</td> </tr> <tr> <td>2019/20</td> <td>67%</td> </tr> <tr> <td>2020/21</td> <td>-</td> </tr> <tr> <td>2021/22</td> <td>61%</td> </tr> </tbody> </table>	Year	Response Rate (%)	2017/18	66%	2018/19	71%	2019/20	67%	2020/21	-	2021/22	61%			Decline in response (from 67% in 2019) was to be expected due to the pressures on staff in responding to the Covid pandemic.
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Description	Data Period	Value	Target	Traffic Light		Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note												
INCREASE - iMatter Employee Engagement Index (EEI) score - HSCP	H1 2021/22	78%		Data Only	<p>HSCP-SP18-8.1.1 iMatter Response Rate - HSCP (INCREASE)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Response Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>66%</td> </tr> <tr> <td>2018/19</td> <td>71%</td> </tr> <tr> <td>2019/20</td> <td>67%</td> </tr> <tr> <td>2020/21</td> <td>-</td> </tr> <tr> <td>2021/22</td> <td>61%</td> </tr> </tbody> </table>	Year	Response Rate (%)	2017/18	66%	2018/19	71%	2019/20	67%	2020/21	-	2021/22	61%	↑	▬	Our EEI score increased from 75 in 2019 to 78 in 2021. This was a very positive result in the context of continuing pressure on staff during the pandemic.
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INCREASE - Percentage of staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System	H1 2021/22	33%	80%	Red	<p>HSCP-SP18-8.1.1 iMatter Response Rate - HSCP (INCREASE)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Response Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>66%</td> </tr> <tr> <td>2018/19</td> <td>71%</td> </tr> <tr> <td>2019/20</td> <td>67%</td> </tr> <tr> <td>2020/21</td> <td>-</td> </tr> <tr> <td>2021/22</td> <td>61%</td> </tr> </tbody> </table>	Year	Response Rate (%)	2017/18	66%	2018/19	71%	2019/20	67%	2020/21	-	2021/22	61%	↓	↑	The compliance is low however anecdotally we know that managers have been having wellbeing conversations within their KSF and Quality Conversation discussions. There has been capacity issues with staffing pressures over the last few months and managers have been asked to ensure record of KSF conversation is updated. We have a new work plan to improve KSF compliance across services.
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## **Indicators with no update at Mid-Year 2021-22**

### **Children and Families**

Percentage of children looked after away from home who experience 3 or more placement moves

Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence recommendation

Balance of Care for looked after children: % of children being looked after in the Community (LGBF)

% Child Protection Re-Registrations within 18 months

% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF)

### **Supporting independence**

Number of people self-directing their care through receiving direct payments and other forms of self-directed support.

NI-18: The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care.

Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (LGBF)

Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (LGBF)

### **Mental health and wellbeing**

% of service users moving from treatment to recovery service.

Mental health hospital admissions (age standardised rate per 1,000 population)

Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines.

### **Meeting people's healthcare needs**

Health and Social Care Integration - Core Suite of Indicators NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home

### **Criminal justice**

Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending?

% Positive employability and volunteering outcomes for people with convictions.

### **Tackling health inequalities**

Male life expectancy at birth

Female life expectancy at birth

Male life expectancy at birth in 15 per cent most deprived communities

Female life expectancy at birth in 15 per cent most deprived communities

Breastfeeding at 6-8 weeks in 15% most deprived SIMD data zones.

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)

## **Organisational measures**

Average time in working days to respond to complaints at stage one (HSCP)

Average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP)

Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation)

Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation)

The total number of complaints received - HSCP

NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

NI-5: Total % of adults receiving any care or support who rated it as excellent or good.

NI-6: Percentage of people with positive experience of the care provided by their GP Practice.

NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

NI-9: Percentage of adults supported at home who agreed they felt safe.

NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

Expenditure on end of life care, cost in last 6 months per death

The gross cost of "children looked after" in residential based services per child per week £ (LGBF)

The gross cost of "children looked after" in a community setting per child per week £ (LGBF)

Older Persons (Over65) Home Care Costs per Hour (LGBF)

The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)

Health and Social Care Integration - Core Suite of Indicators NI-10: Percentage of staff who say they would recommend their workplace as a good place to work

% of teams with an iMatter Action Plan in place - HS