





Meeting of East Renfrewshire Health and Social Care Partnership Held on	Performance and Audit Committee 22 June 2022
Agenda Item	8
Title	2021-22 End Year Performance Update and postponement of Annual Performance Report

Summary

Following emergency legislation in response to the Covid-19 outbreak, public authorities were granted the temporary power to delay publication of statutory reports where this would interfere with our coronavirus response. Recognising the continuing pressures from the pandemic, the Scottish Government moved legislation to extend provisions in the Coronavirus Scotland Act (2020) through to the 30th September 2022. This means that IJBs are able to extend the date of publication of Annual Performance Reports through to November, using the same mechanisms as the previous year. Given the continuing volume of work and requirement for input to the review from partners and services, it has been decided that we will postpone publication of our Annual Performance Report to August 2022.

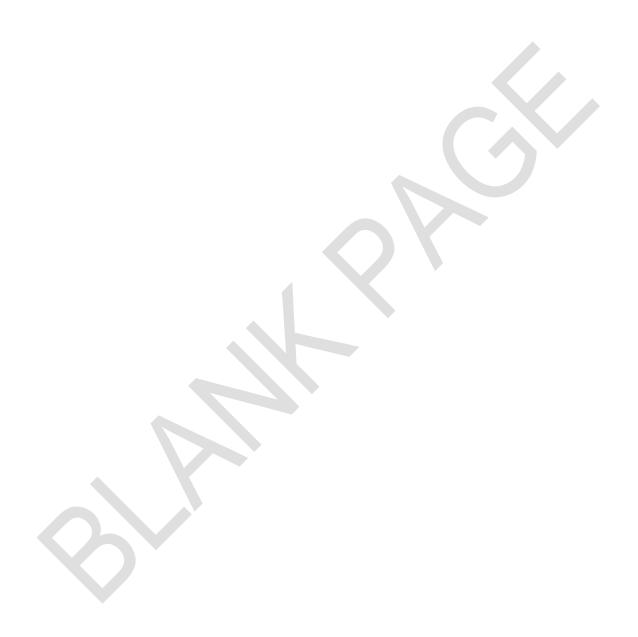
This paper provides an update on the End Year performance data for 2021-22 and a summary of key performance trends for consideration. The performance measures were developed to monitor progress in the delivery of the strategic priorities set out in the HSCP Interim Strategic Plan 2021-2022. The interim plan will be succeeded by a new Strategic Plan for 2022-25.

Presented NV	Steven Reid Policy, Planning and Performance Manager
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Action Required

The Performance and Audit Committee is asked to:

- note that the publication date for the HSCP Annual Performance Report 2021-22 has been postponed from 31 July 2022 to 31 August 2022; and
- note and comment on the End-Year Performance Update for 2021-22.



EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

22 JUNE 2022

Report by Chief Officer

2021-22 END YEAR PERFORMANCE UPDATE AND POSTPONEMENT OF ANNUAL PERFORMANCE REPORT

PURPOSE OF REPORT

1. The purpose of this report is to notify the Performance and Audit Committee of the decision to postpone publication of our Annual Performance Report for 2021-22 and provide a summary update of key performance for 2021-22.

RECOMMENDATION

- 2. The Performance and Audit Committee is asked to:
 - note that the publication date for the HSCP Annual Performance Report 2021-22 has been postponed from 31 July 2022 to 31 August 2022; and
 - note and comment on the End-Year Performance Update for 2021-22.

BACKGROUND

- 3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.
- 4. In recognition of the exceptional requirements being placed on public bodies as they responded to the Covid-19 outbreak, the Coronavirus (Scotland) Act 2020 made a number of temporary changes to statutory reporting and publication requirements (as well as Freedom of Information requests). This gave public authorities the temporary power to postpone publishing reports if they are of the view that continuing with report preparation would impede their ability to take effective action in response to the coronavirus pandemic.
- 5. Recognising the continuing pressures from the pandemic, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2022. This means that IJBs are able to extend the date of publication of Annual Performance Reviews through to November 2022, using the same mechanisms as the previous year, which are laid out in the Coronavirus Scotland Act (2020), Schedule 6, Part 3.
- 6. Given the volume of work required for a full review of performance and activity during 2021-22, and specifically the requirement for input to the review from partners and services, it has been decided that we will postpone publication of our Annual Performance Review to August 2022. As an interim measure we provide the IJB with a full performance data report and summary of key performance trends below.

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REPORT

- 7. The Chief Officer has agreed to delay the publication date for the Annual Performance Report until 31 August in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020 to do so. The staff who would have been involved in the preparation of the report have been heavily engaged in supporting the Covid-19 pandemic response.
- 8. A draft of the report will be presented to the Integration Joint Board at its next meeting on 10 August for approval. Subject to approval, the report will be published on our website by 31 August and promoted through media channels. We will post a public notification of the rescheduling of the report on our website before the original publication date of 31 July. This approach is in line with most other IJBs in Scotland.
- 9. The attached performance report includes data for end-year and any updated mid-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 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.
- 10. 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
- 11. The final section of the data report contains a number of organisational indicators relating to our staff and customers.

Continuing impact of the pandemic

- 12. During 2021-22 the partnership has continued to experience unprecedented challenges. Throughout the pandemic period, staff across the HSCP have responded with incredible commitment and have adapted to new ways of working; continuing to maintain and deliver safe and effective services to our residents. As the pandemic has continued we are seeing an increasingly fatigued workforce and we are placing a significant focus on supporting staff health and wellbeing.
- 13. Despite progressing our recovery during the year, the emergence of the Omicron variant during the winter months had a significant impact on progress. The HSCP and our

- partner organisations experienced increased staff absence with resulting pressures within the health and social care system. This year we have also seen significant recruitment and retention challenges in the sector impacting on our performance.
- 14. The data shows that despite the continuing pressures of the pandemic there has been strong performance across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive signs of recovery across many of our performance indicators as discussed below.

Supporting children and families

- 15. 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. Children accommodated in residential care settings has increased by a quarter and 83% have a neurodevelopmental diagnosis. The Child and Adolescent Mental Health Service (CAMHS) continues to experience high demand and an increase in urgent referrals. However, referrals to our alternative (Tier 2) services, Healthier Minds and the Family Wellbeing service are increasing while monthly referrals to CAMHS have been reducing. As a result we are beginning to see more positive performance on CAMHS waiting times during 2022/23.
- 16. Headline performance data includes:
 - % starting CAMHS treatment within 18 weeks 55% (year average) down from 61% in 20/21. Team reporting 63% at end March 22.
 - Care experienced children positive performance on permanence 2 children with 3+ placements
 - 91% of care experienced children supported in community a high rate but reducing during pandemic
 - Child protection 84% child protection cases with increased safety
 - Reduced % of children subject to child protection offered advocacy 62%

Supporting people to maintain their independence at home

- 17. 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 year we have seen continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. Quarterly referral rates have doubled since 19/20 and this level of demand was sustained during 2021/22. We saw a 48% reduction in support packages from partner providers between 20/21 and 21/22. Increased frailty, complexity of need and de-conditioning has been evident with higher referrals to rehabilitation services and twice as many Care at Home service users requiring two or more carers during visits.
- 18. Headline performance data includes:
 - 60% of people with reduced care need following re-ablement / rehabilitation (up from 31% at end 2020/21; was 67% pre-pandemic)
 - 89% reporting 'living where you/as you want to live' down slightly from 91%
 - 62% aged 65+ with intensive needs receiving care at home up from 58%

Supporting mental health and wellbeing and supporting recovery from addiction

- 19. During 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 the pandemic, and access to treatment has been maintained. The HSCP has been supporting mental health and wellbeing concerns across care groups related to stress and distress related to the pandemic but also wider economic problems. There have been increased caseloads across all teams (Community Addictions Team, Adult Mental Health Team, Primary care mental health team, Older adult team). For older people we are seeing overall wellbeing impacted by issues such as isolation and reduction in mobility.
- 20. Headline performance data includes:
 - Mental health hospital admissions remain low (at 1.4 admissions per 1,000 population)
 - 76% waiting no longer than 18 weeks for access to psychological therapies (av. 2021/22); End March 2022 65%
 - 95% accessing recovery-focused treatment for drug/alc within 3 weeks up from 69% in 20/21
 - 9% of service users moving from treatment to recovery services in the year up from 6% in 20/21

Meeting healthcare needs and reducing unplanned hospital care

- 21. Patterns of accident and emergency use and unplanned hospital admissions were significantly altered by the pandemic; but for some measures have been moving above pre-pandemic levels during the year. Despite increased activity we remain ahead of target for emergency admissions and A&E attendances. During the reporting period we have seen an increase in discharges with delay. 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 delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated.
- 22. Headline performance data includes:
 - Discharge without delay averaged 7 delays for 2021-22 up from 3 for 20/21
 - Adult bed days lost to delayed discharge 4,546 for 21/20 up significantly from 2,342 in 20/21
 - Adult A&E attendances 16,877 up from 13,677 in 20/21
 - Adult Emergency admissions 6,772 up from 6,518 in 20/21

Supporting unpaid carers

- 23. Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout 2021-22. Check-in calls to carers were 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 continued to run virtually.
- 24. Headline performance data includes:
 - 92% of those asked reported that their 'quality of life ' needs were being met up from 91% in 20/21

Supporting people through criminal justice pathways / Keeping people safe from harm

- 25. The provision of unpaid work was significantly impacted by the pandemic with Community Payback Orders suspended on 23rd March 2020. At end-year we were missing targets for commencement of unpaid work placements within seven days but had reached target for completion of placements within court timescales. At the end of March 2022 there remained a backlog of 6,200 hours of unpaid work for East Renfrewshire although this is low in comparison with other areas and only represents 1% of Scotland's overall backlog. During the year we increased our capacity to deliver by focusing on outdoor work activities and increasing the number of supervisors available.
- 26. Adult Support and Protection (ASP) activity is significantly higher than pre-pandemic levels but decreased during 2021/22 compared with 20/21. We have seen an increase in support required as a result of domestic abuse / violence against women. 125 victims and 205 children discussed at MARAC (Multi-agency risk assessment conference) an increase of 4% and 19% respectively compared to 20/21. 1226 women and children supported by Women's Aid a 52% increase across the service. And the reporting period noted the highest recorded number of women supported in outreach services in the past two years. Despite this additional demand for support we have continued to improve personal outcome measures for women and families affected by domestic abuse throughout the pandemic.
- 27. Headline performance data includes:
 - 58% Community Payback Orders (CPOs) commencing within 7 days down from 65% in 20/21
 - 81% of unpaid work placement completions within Court timescale up from 75%
 - Positive employability outcomes for people with convictions 75% up from 66% in 20/21
 - 100% of people reported that their order had helped address their offending up from 92% in 20/21
 - Improvement in domestic abuse outcomes women 87% increase by 3% target met.
 - Improvement in domestic abuse outcomes children 84% increase by 1% target met.

Supporting staff resilience and wellbeing

- 28. 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. During 2021/22, the HSCP recruited a Health and Wellbeing Lead Officer who is undertaking a scoping exercise across the wider health and social care landscape. This role has been specifically designed to acknowledge the growing pressures and challenges upon the health and social care workforce, and to create resources, tools and services to support the health and wellbeing of all staff and volunteers who work for and support the HSCP.
- 29. Headline performance data includes:
 - 61% response rate for our staff engagement survey (iMatter) despite challenges of pandemic
 - Composite 'Employee Engagement Index' score was 78% up from 75% at the previous survey
 - 88% of staff agreed that "My manager cares about my health and wellbeing" up from 85% and best score to date

- 72% agreed that "I feel involved in decisions in relation to my job" up from 69%
- 75% agree that "I am given the time and resources to support my learning growth" – down slightly from 77%

CONCLUSION

30. Significant work has been undertaken to establish a comprehensive performance report for 2021-22. The data shows that despite the continuing challenges resulting from the pandemic we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through our recovery and renewal planning and the delivery of our next Strategic Plan for 2022-25 we will ensure that our priorities and approaches meet the changing needs of our population. We will complete and publish our Annual Performance Report for 2021-22, building on the performance data and highlighting the experiences of services, partners and residents during the past year.

RECOMMENDATION

- 31. The Performance and Audit Committee is asked to:
 - note that the publication date for the HSCP Annual Performance Report 2021-22 has been postponed from 31 July 2022 to 31 August 2022; and
 - note and comment on the End-Year Performance Update for 2021-22.

REPORT AUTHOR AND PERSON TO CONTACT

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June 2022

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

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

HSCP Strategic Plan – End Year 2021-22

Report Author: Ian Smith / Steven Reid

Generated on: May 2022

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%)

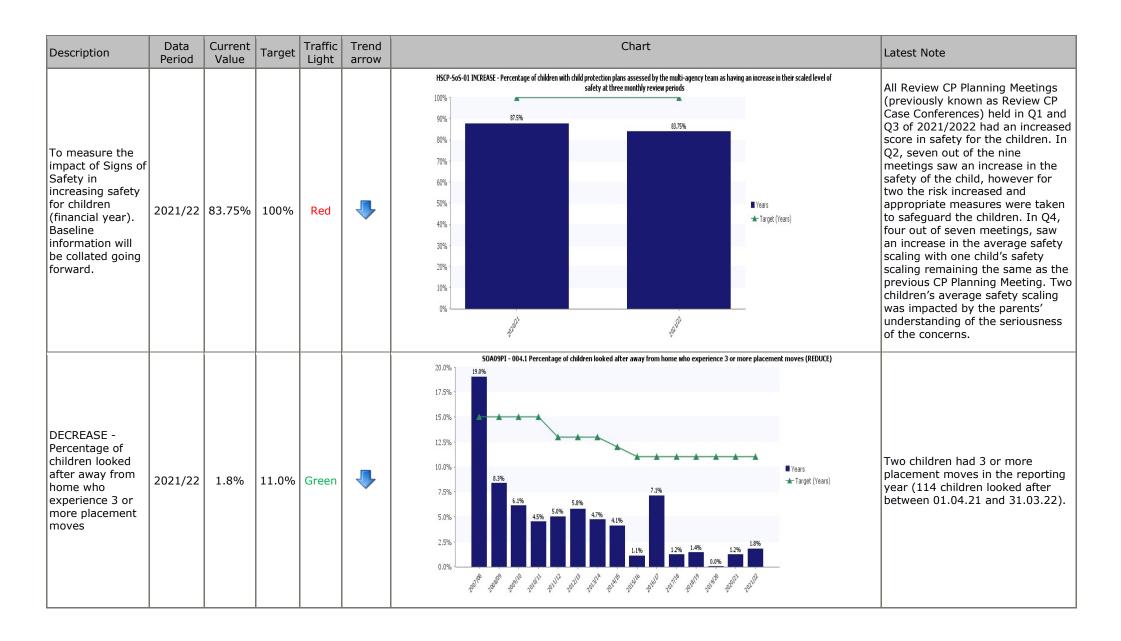


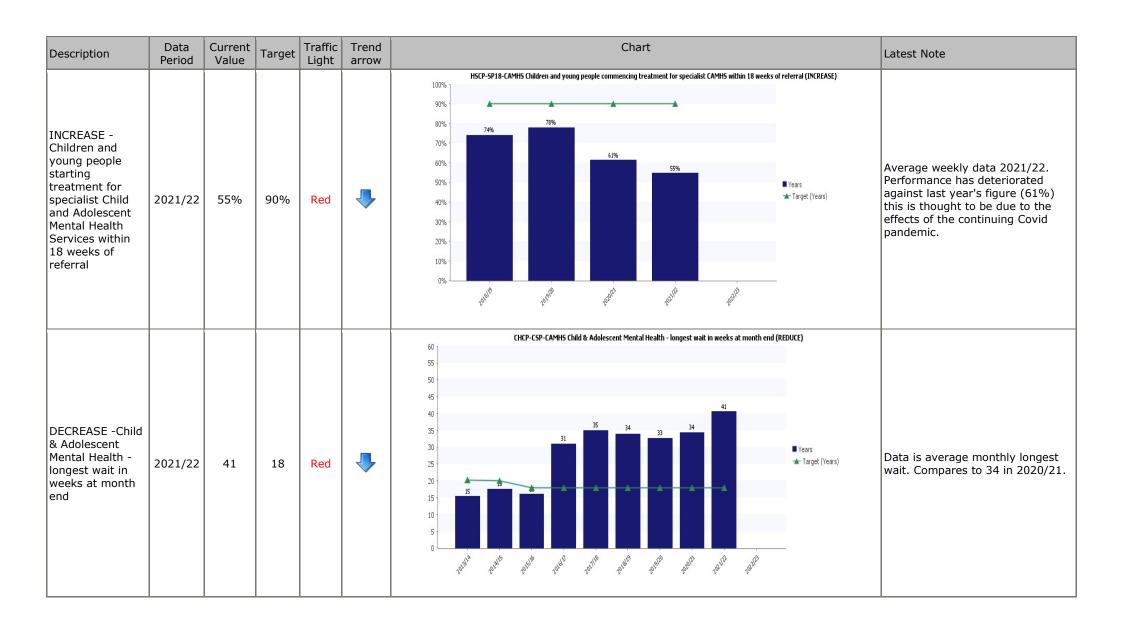
Trend arrows point upwards where there is improved performance (inc. where we aim to decrease the value).

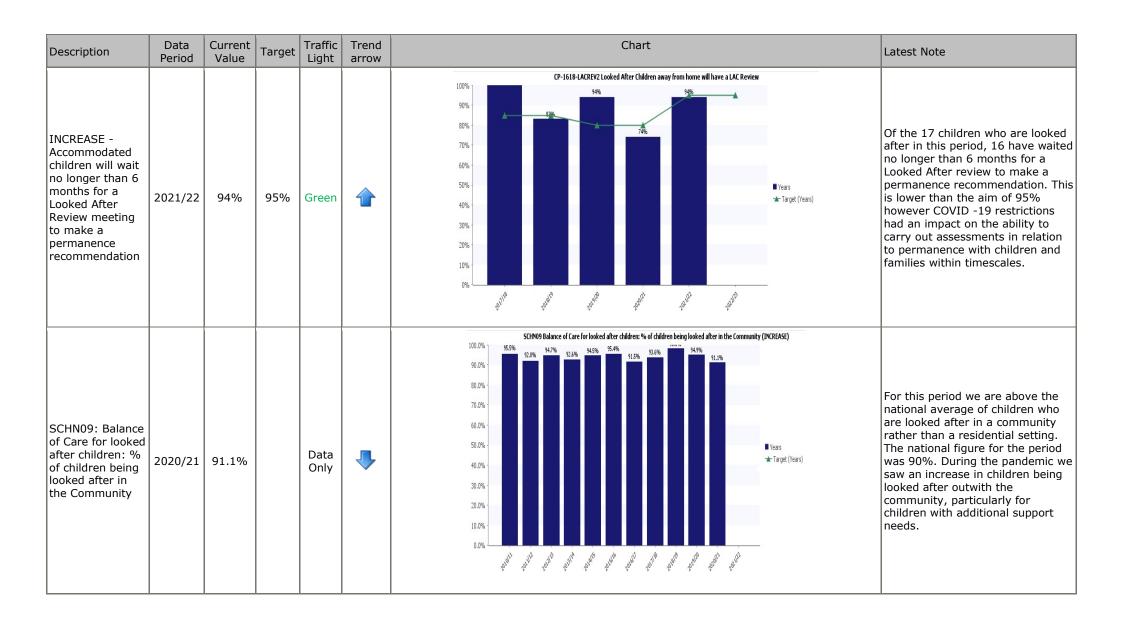
* INCREASE/DECREASE in PI description gives the intended direction of travel for the indicator

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

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow		Chart		Latest Note
INCREASE* - To measure the proportion of children and young people subject to child protection who have been offered advocacy.	2021/22	62%	100%	Red		HSCP-ADV-01 INCREASE - Percentage 90% - 80% - 70% - 63% 60% - 40% - 30% - 10% - 0%	e of children subject to child protection who have been offer	ed advocacy ■ Years ★ Target (Years)	Whilst service provision is beginning to resume to prepandemic levels, there is still an ongoing impact of Covid on our ability to engage with children and young people the way we did under pre-lockdown conditions. We continue to see more consistent offer of advocacy to children subject to child protection.



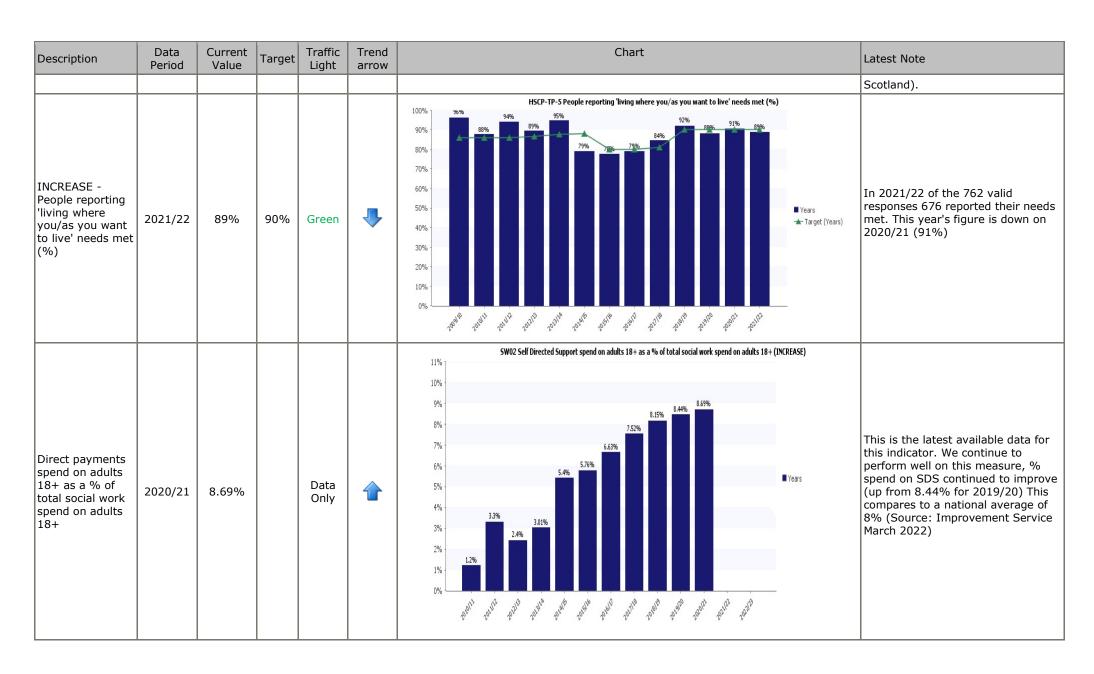




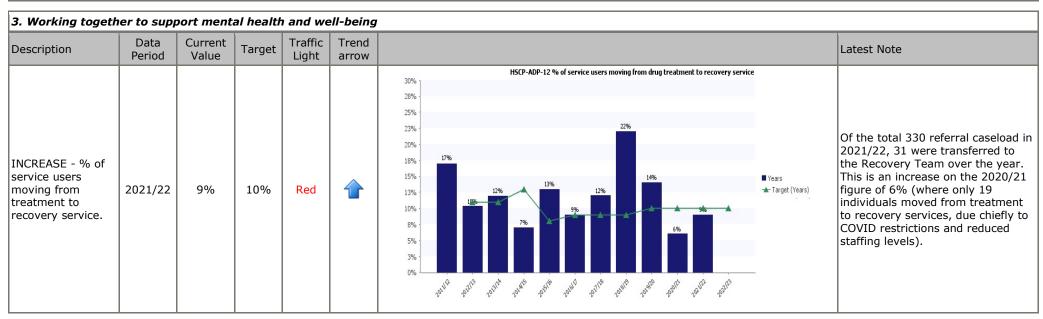
2. Working together with people to maintain their independence

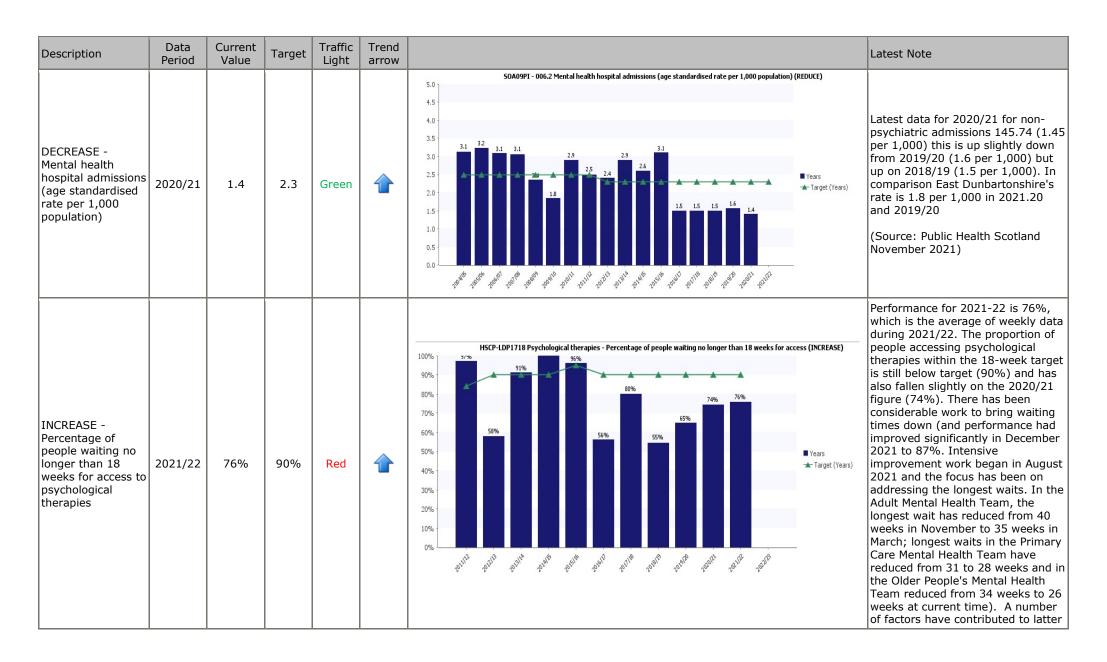
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - Number of people self directing their care through receiving direct payments and other forms of self-directed support.	2021/22	458	600	Red		CHCP HCC051 Number of people self directing their care through receiving direct payments and other forms of self-directed support (INCREASE) TOO 650 650 650 450 442 442 443 453 453 Target (Years) Target (Years)	Provisional data calculated from the annual Social Care return for 2021/22 shows a total of 458 people were in receipt of SDS 1 and 2 Option payments. A further 688 people were covered under SDS Option 3.
INCREASE - Percentage of those whose care need has reduced following re- ablement / rehabilitation	2021/22	60%	60%	Green		0D2CHCP6-0102 Percentage of those whose care need has reduced following re-ablement / rehabiliation 100% 90% 87% 60% 50% 40% 20% 10% 10% 10% 10% 10% 10% 10% 10% 10% 1	There were a total of 195 reablement clients this year, 39 remained open at end year. Of the completed cases, 94 were discharged with a reduced or no service; 43 were discharged with the same service and 2 were discharged with increased services (with a further 6 still waiting for services to start). Additionally 4 people were re-admitted to hospital, and a further 7 died. Performance in this regard has significantly increased on the 2020/21 (43%) outturn, and we are now reaching the performance target on this indicator.



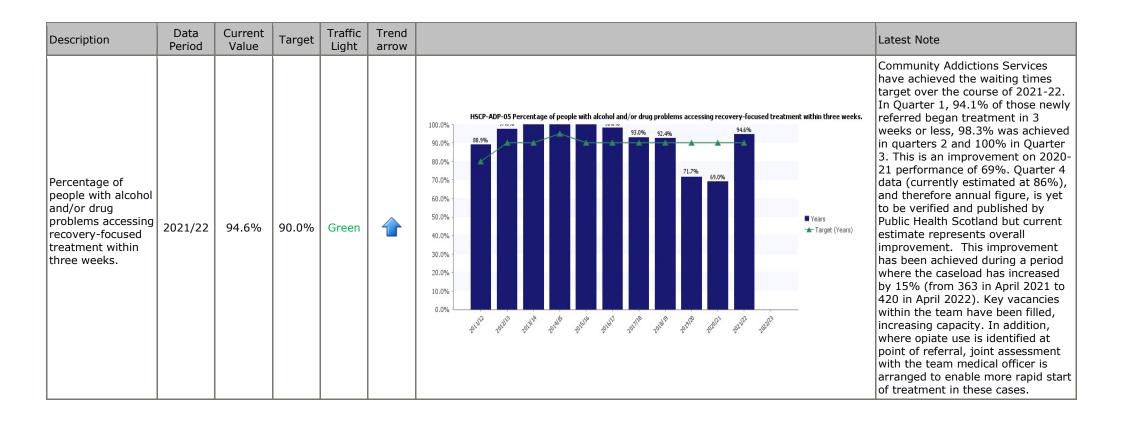


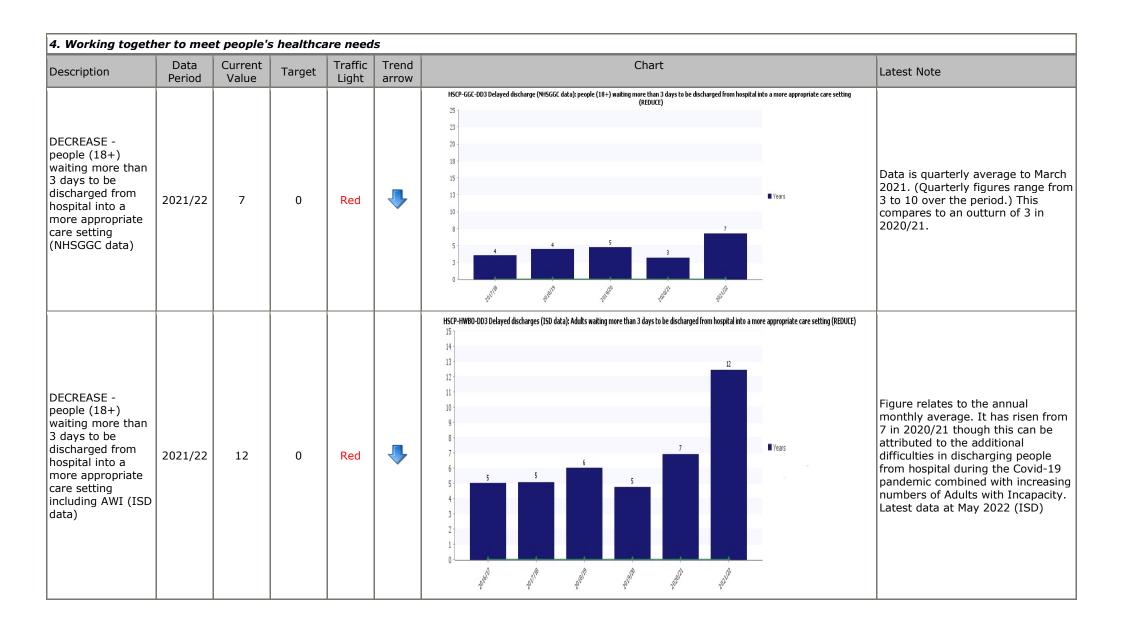
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart		Latest Note
SW03: Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home.	2020/21	62.2%	62.0%	Green		SW03a % of people aged 65 or over with long term care needs receiving personal care at home (LGBF) 90.0% 80.0% 70.0% 60.0% 50.7% 50.7% 50.7% 50.7% 50.7% 50.7% 50.7% 60.0% 10.0% 10.0% 10.0% 10.0%	ears Tarqet (Years)	The LGBF data shows that our performance has improved slightly compared with the previous year (57.6%). This compares to a national average of 61.7% The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues. (Source: Improvement Service March 2022)





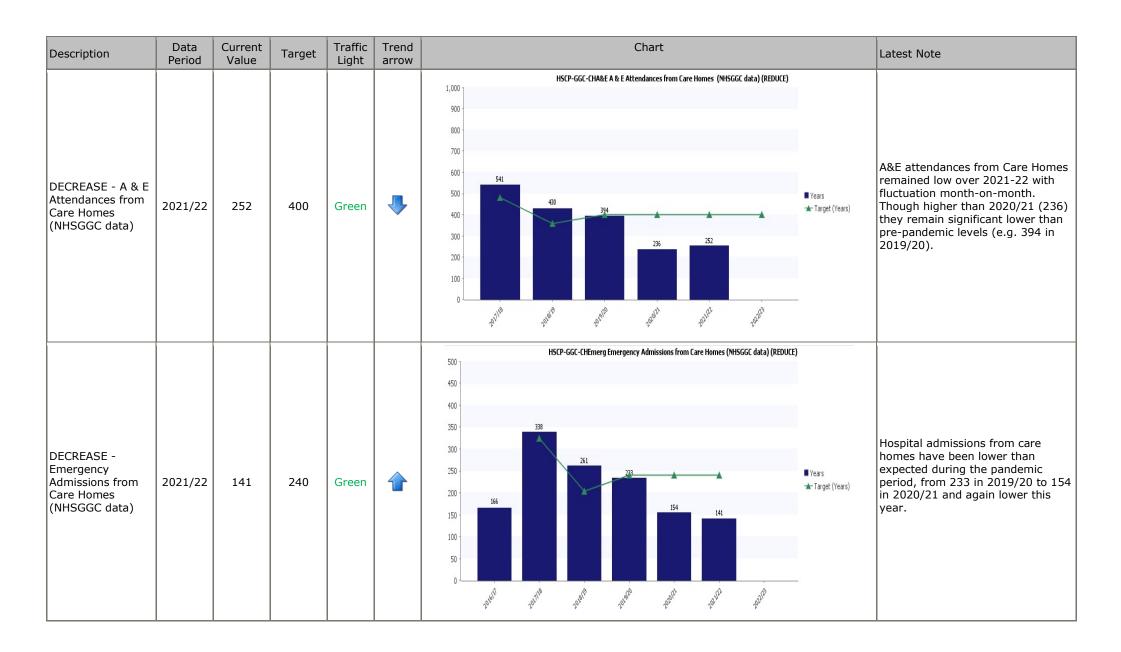
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow		Latest Note
							increase in waits including (a) a reduction in CBT Therapist hours due to long term staff sickness and multiple episodes of short-term staff absence (Covid-related); vacancies in counsellor and mental health practitioner roles. In addition, contingency planning for the Omicron Covid-19 variant resulted in a short pause to services which caused a further increase in waiting times.
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines.	2021/22	0	419	Red	•	HSCP-ADP02bi Alcohol brief interventions - Brief interventions delivered 1400 1300 1200 1100 1000 900 800 500 400 300 300 300 300 300 300 300 300 400 300 400 300 400 300 400 300 400 300 400 300 400 4	There has been no ABI delivery due to pandemic restrictions. The ABI work is being commissioned out in the coming months to get this work progressing again.

















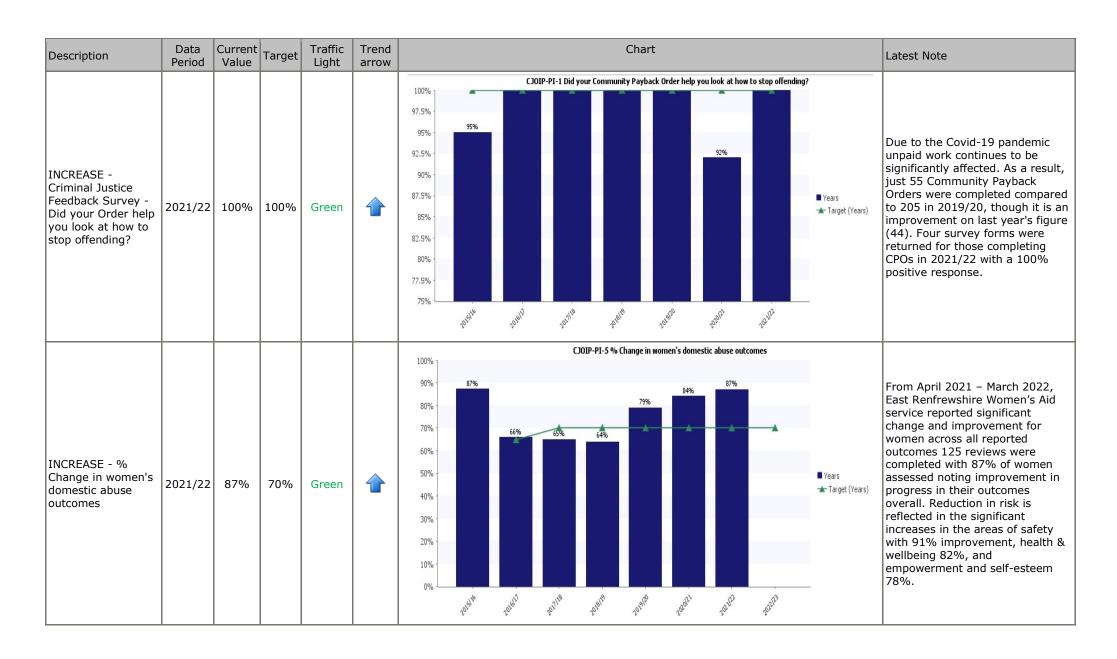
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - Health and Social Care Integration - Core Suite of Indicators NI-15: Proportion of last 6 months of life spent at home or in a community setting	2020/21	90%	86%	Green	•	HSCP-NI-15 Proportion of last 6 months of life spent at home or in a community setting (INCREASE) 100% 100% 100% 100% 100% 100% 100% 10	Our performance for end-of-life care (89.5%) is slightly below the national average (90%). MSG provisional data at June 2022 (Source: MSG, Scot Govt June 2022)

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

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	2021/22	92%	74%	Green	•	50% - ■ Years 	In 2021/22 of the 114 valid responses 107 reported their needs met. This year's figure is up on 2020/21 (91%)

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

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - Community Payback Orders - Percentage of unpaid work placements commencing within 7 days	2021/22	58%	80%	Red		CJOIP-PI-6b Community Payback Orders - Percentage of unpaid work placements commencing within 7 days 90% 80% 70% 60% 50% 40% 10%	This comprises 38 out of a total of 62 work placements. Performance has fallen this year on the 2020/21 figure (65%)
INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	2021/22	81%	80%	Green		CJOIP-PI-6a Community Payback Orders - Percentage of unpaid work placement completions within Court timescales (INCREASE) 90% 80% 70% 60% 40% 20% 10% 10% 10% 10% 10% 10% 1	This comprises 44 out of a total of 55 Orders. There was significant disruption to CPO activity as a result of Covid-19 last year, however performance has increased significantly this year up from 75%.

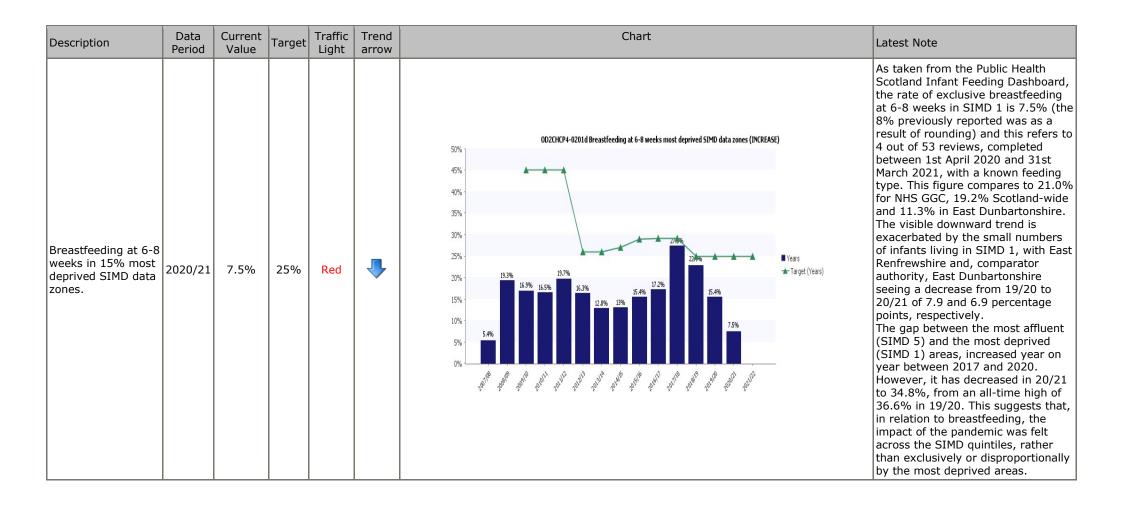


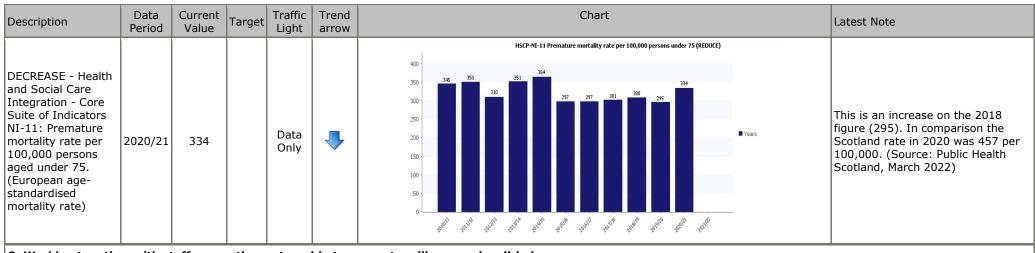


7. Working together with individuals and communities to tackle health inequalities

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - Male life expectancy at birth	2019/20	79.5	80.3	Green		SOA09PI - 005.1A Male Life expectancy at birth 82.5 80.7 79.7 79.8 79.3 80.1 80.5 80.7 80.3	Male life expectancy has fallen on the previous estimate of 80.3 years. The Scottish average was 76.8 years of age. (Source: NRS Sept 2021)
INCREASE - Female life expectancy at birth	2019/20	84	84	Green		SOA09PI - 005.18 Female life expectancy at birth 85 84 83 82.8 83.4 83.5 82.8 82.8 82.8 82.8 83.4 83.6 83.7 84 84 84 84 84 84 84 84 84 87 77 76 76 75 74 73 72 71 70 84 84 84 84 84 84 84 84 84 84 84 84 84	Female life expectancy has remained stable over the past couple of years and compares favourably to the Scottish average of 81 years of age. (Source: NRS Sept 2021)

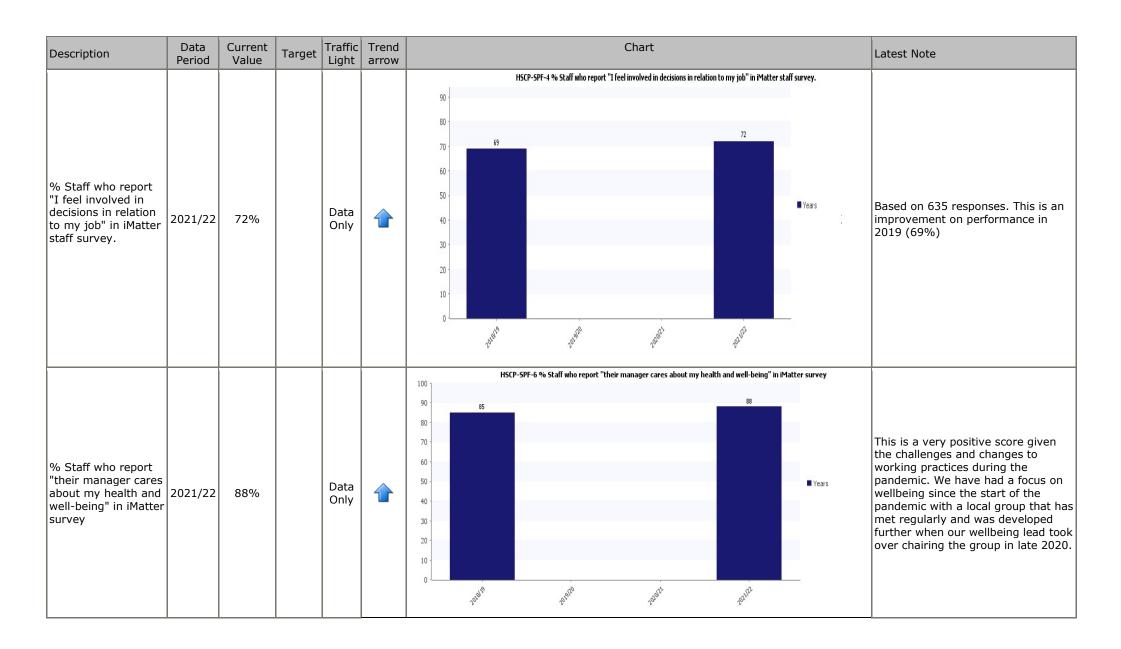






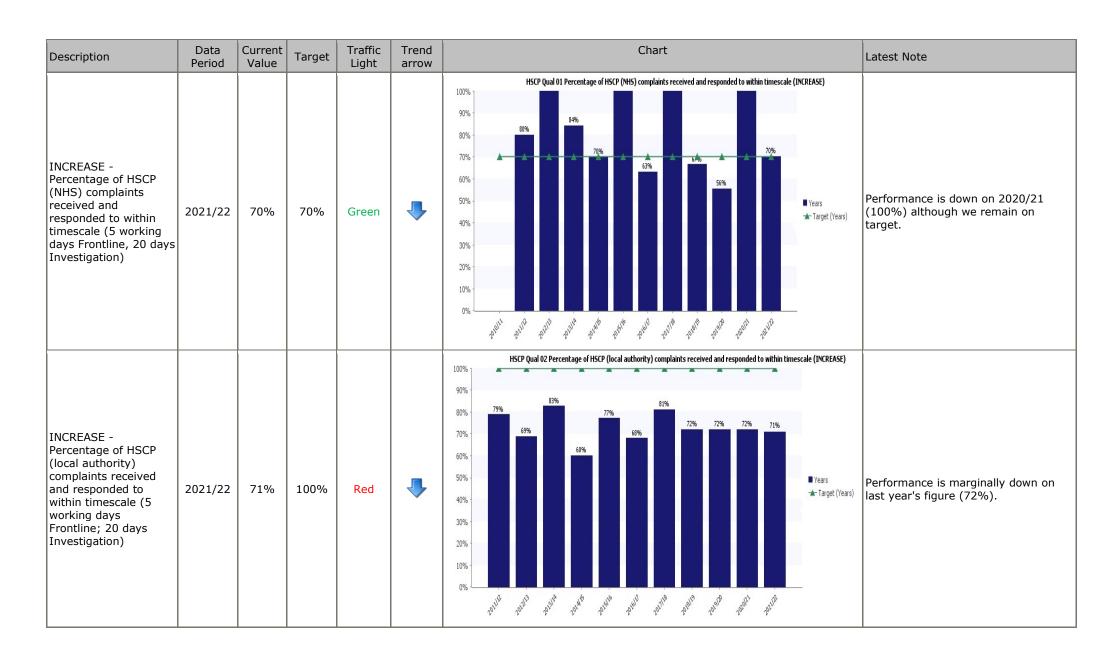
8. Working together with staff across the partnership to support resilience and well-being

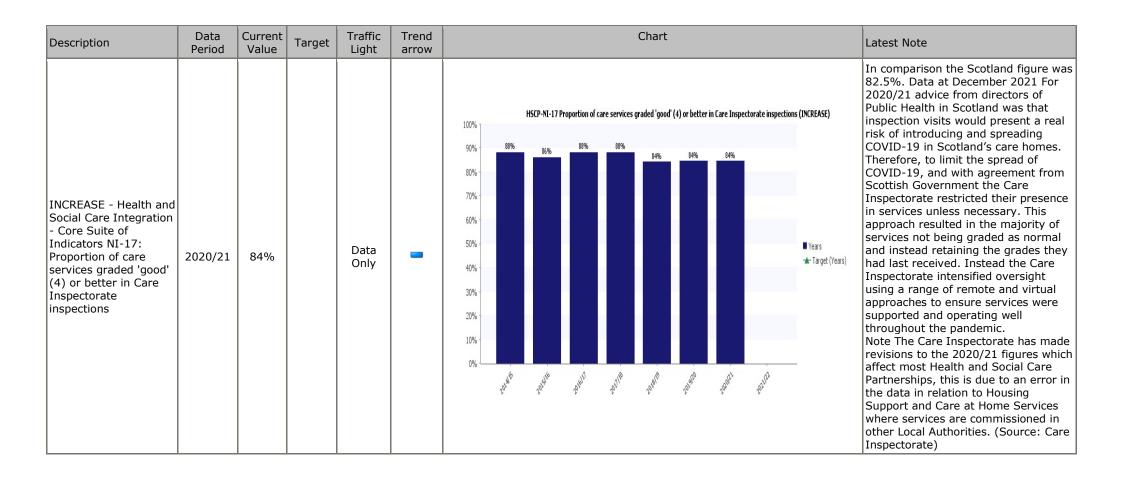
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - % Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey.	2021/22	75%	90%	Red	•	HSCP-SPF-3 % Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey (INCREASE) 80% 70% 70% 58% 70% 70% 70% 70% 70% 70% 70% 70% 70% 70	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.



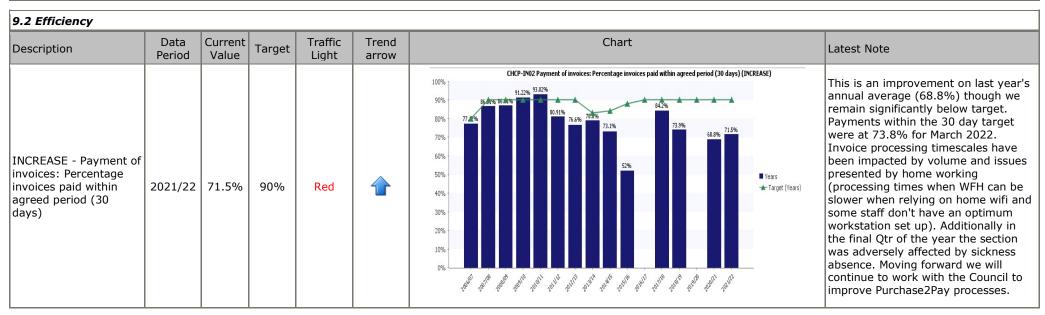
9. Organisational outcomes

9.1 Our customers Data Current Traffic Trend Chart Description Target Latest Note Period Value Light arrow SPS004aHSCP The average time in working days to respond to complaints at stage one (HSCP) (REDUCE) 17.5 Above average target response time. 12.5 DECREASE - Average (total number of complaints in 21/22 time in working days Years to respond to 2021/22 6.4 5 Red Use of the new complaints system ★ Target (Years) complaints at stage (introduced June 2021) is still bedding 7.5 one (HSCP) in and may be impacting on monitoring data. This is currently being examined. 2.5 SPS004dHSCP The average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP) (REDUCE) 45.0 40.0 35.0 Above average target response time. DECREASE - Average (total number of complaints in 21/22 30.0 time in working days - 21) to respond to 25.0 ■ Years Use of the new complaints system 22.2 complaints at 2021/22 30.8 20 Red ★ Target (Years) (introduced June 2021) is still bedding investigation (stage 2 20.0 in and may be impacting on and esc combined) monitoring data. This is currently 15.0 (HSCP) being examined. 10.0

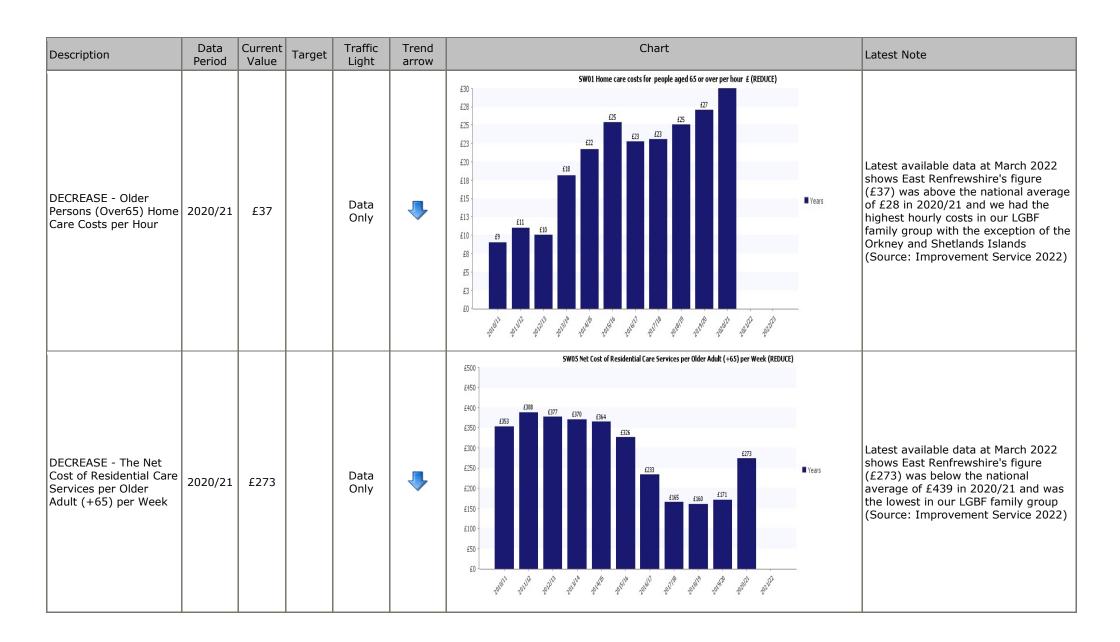


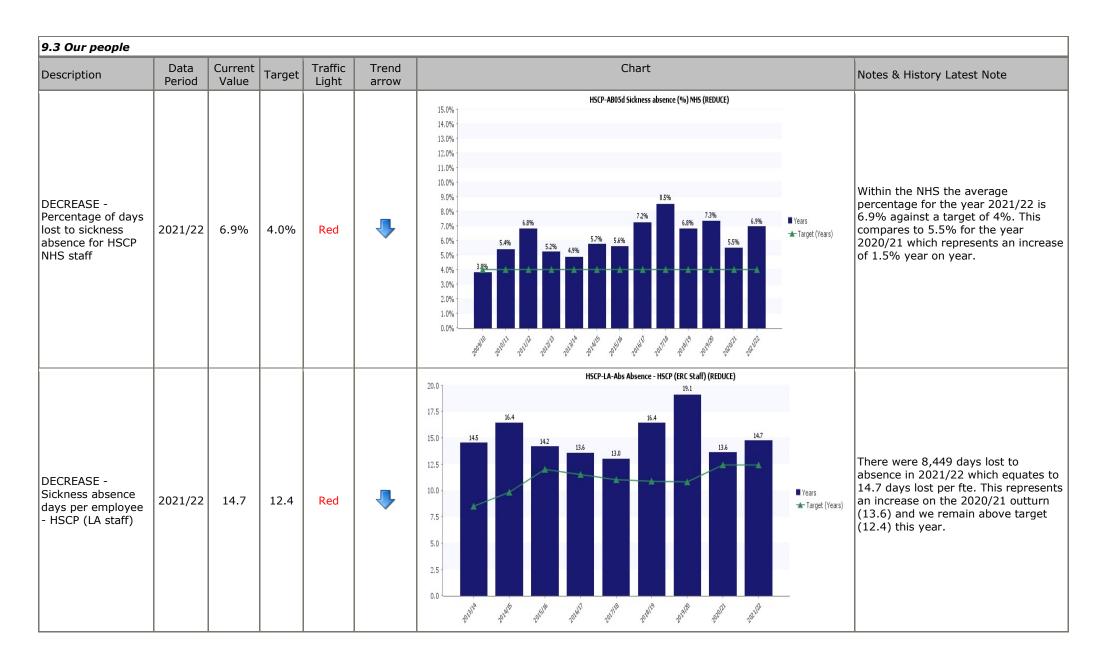


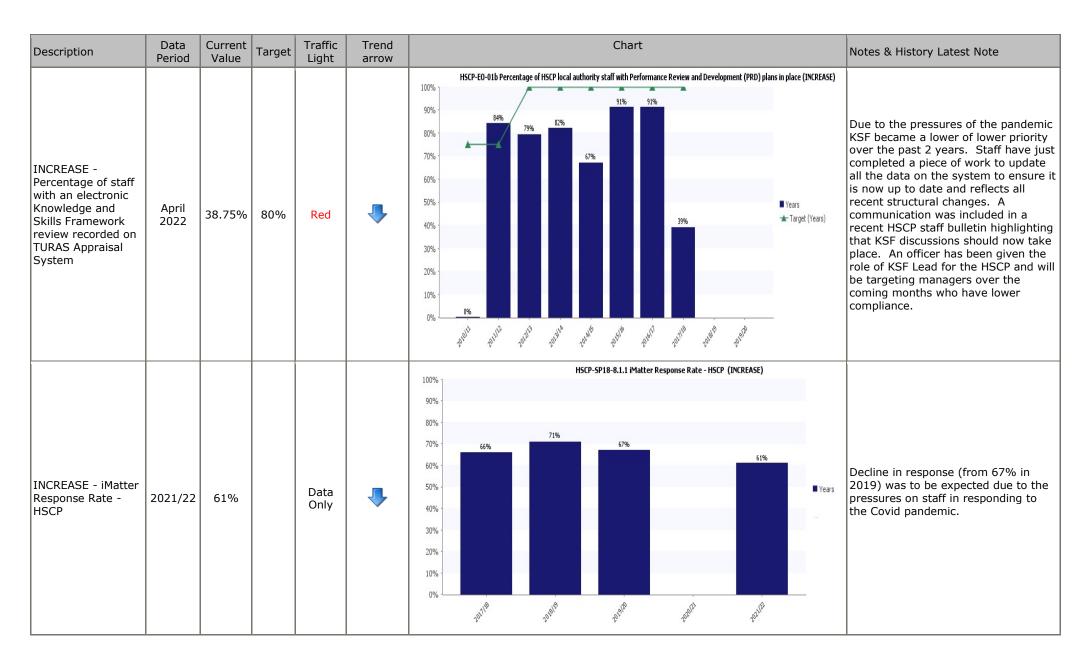
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart Latest Note
DECREASE - The total number of complaints received - HSCP	2021/22	48		Data Only		SPS0001HSCP The total number of complaints received (HSCP) (REDUCE) 175 125 100 75 168 Vears Compares to 96 complaints received in 2020/21.



Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
DECREASE - The gross cost of "children looked after" in residential based services per child per week £	2020/21	£4791		Data Only	•	SCHN08a The gross cost of "children looked after" in residential based services per child per week £ (REDUCE) £15000 £14000 £12000 £12000 £10000 £50000 £50000 £50000 £50000 £50000 £50000 £00000 £100000 £10000 £10000 £10000 £10000 £10000 £10000 £10000 £10000 £100000 £100000 £100000 £100000 £100000 £100000 £100000000	Compares to £4,109 in 2019/20
DECREASE - The gross cost of "children looked after" in a community setting per child per week £	2020/21	£357		Data Only	•	SCHN08b The gross cost of "children looked after" in a community setting per child per week £ (REDUCE) £225 £220 £175 £150 £125 £100 £195 £100 £195 £100 £195 £100 £155 £100 £25 £205 £206 £217 £222 £223 ¶Years	Compares to £223 in 2019/20







Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart Notes & History Latest Note	
INCREASE - iMatter Employee Engagement Index (EEI) score - HSCP	2021/22	78%		Data Only		HSCP-SP18-8.1.2 Matter Employee Engagement Index (EEI) score - HSCP (INCREASE) 90%	s a very of

Indicators with no update at End-Year 2021-22

Supporting independence

NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible.

NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided

Meeting people's healthcare needs

NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home

Supporting carers

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

Organisational measures

NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated

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

NI-23: Expenditure on end of life care, cost in last 6 months per death

NI-10: Percentage of staff who say they would recommend their workplace as a good place to work

