





Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	29 March 2023
Agenda Item	7
Title	Performance Update – Quarter 3, 2022-23

# **Summary**

This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where Q3 (Oct-Dec) 2022-23 data is available for strategic performance indicators this is included.

Presented by	Steven Reid Policy, Planning and Performance Manager
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# **Action Required**

Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2022-23.



# **EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

## PERFORMANCE AND AUDIT COMMITTEE

## 29 March 2023

## Report by Chief Officer

# **QUARTER 3 PERFORMANCE UPDATE 2022-23**

## **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 Strategic Plan 2022-2025. Where quarter three data is available for strategic performance indicators this is included.

## **RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2022-23.

## **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.
- 4. We continue to work with members of the Performance and Audit Committee to improve the format and content of our performance reports. An example 'exception' reporting format has been developed and will be finalised in line with recommendations from our working group ahead of end-year reporting in summer 2023. We intend to move to a format whereby performance reports begin with a series of exception reports focusing on a core set of key performance indicators; followed by a full report on progress against our key performance indicators.
- 5. The proposed exception reports will cover:
  - Purpose of the indicator explanation and how we use it to improve
  - What does good look like? *long-term objective for this area of activity*
  - Current status of measure current position including visualisation of data
  - Reason/explanation for current performance understanding why performance is an exception
  - Mitigating action approaches (with timescales) that will improve performance
  - Investment current / required resources to deliver expected performance
  - Context and benchmarking relevant comparative data
- 6. For all indicators, we aim to show clear visualisation of performance trends against targets with charts. As we develop our reporting (and particularly for our core/exception indicator set) we intend to incorporate future performance projections against forward targets to show intended trajectories in our charts.

- 7. The HSCP continues to use the East Renfrewshire Council performance system to collate data and produce strategic performance reports. As noted when we reported on mid-year performance, the Council has moved from the Pentana performance IT system to a new internally developed system called pERform. At March 2023, the system remains in a development phase, meaning that we have been able to manipulate reporting formats for this update. In particular, we have not been able to modify performance charts and have had to manually construct the report.
- 8. Ahead of our next reporting cycle at end year we will continue to work through these technical issues with Council colleagues. And we will continue to take forward the development of exception reporting in discussion with PAC members and the working group.

#### **REPORT**

- 9. The report includes available data for Quarter 3 (October to December 2022) for indicators from our Strategic Plan and any updated data relating to mid-year (or earlier) that have not previously been reported to the Committee. The report provides charts for all measures. The report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Many of the data trends continue to reflect the impact of the Covid-19 pandemic and subsequent demand pressures affecting services. 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 Strategic Plan 2022-25:
  - Working together with children, young people and their families to improve mental and emotional wellbeing
  - Working together with people to maintain their independence at home and in their local community
  - Working together to support mental health and wellbeing
  - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
  - Working together with people who care for someone ensuring they are able to exercise choice and control
  - Working together on effective community justice pathways that support people to stop offending and rebuild lives
  - Working together with individuals and communities to tackle health inequalities and improve life chances
  - Working together with staff across the partnership to support resilience and wellbeing
  - Working together to protect people from harm
- 11. The data shows that despite the significant pressures facing health and social care provision there has been strong performance across service areas. During the reporting period our staff have continued to work tirelessly in challenging circumstances.
- 12. Performance highlights include:
  - Significant improvement on **CAMHS waiting times** performance, reflecting the promotion of Tier 2 preventative services for young people. At Q3 nearly all children (99.5%) had been waiting less than 18 week, now exceeding our target (90%). Longest waiting times been reducing but rose on the previous quarter and are missing target.

- Supporting **choice and control** seeing a continuing stable increase in people supported through Self-directed Support (SDS) Options 1 and 2. Latest data shows that the proportion of our social care spend going through SDS has been increasing and is in line with the national average.
- Supporting **independence** and **rebalancing care** latest data shows that we are achieving our target for the proportion of adults (18+) needing care, receiving that care at home (rather than in hospital or a care home) at 65.2%. And we have moved above our target for the % of people 65+ with intensive needs receiving care at home (64.4%).
- A high proportion of service users (90%) continue to report that their 'living where/as you want to live' needs are being met. And we have seen an increase in the adults supported at home who agreed that they are supported to live as independently as possible (according to the latest national Health and Care Experience Survey)
- We are seeing excellent perform on waiting times for **drug and alcohol recovery**-with all people seen within three weeks during guarter 3 (target 90%).
- A&E **attendances** and emergency **admissions** remain within our agreed targets. We have been seeing the number of attendances and admissions increasing back towards pre-pandemic levels, however, the trend shows reductions for Q3 22/23.
- Unscheduled **acute bed days** have been improving overall, and we achieved our target in Q3 for the first time since Q2 2020/21.
- Positive support to care home residents is reflected in the low volume of A&E attendances and admissions although we have seen increases for both measures during 2022/23.
- We remain within target for meeting court timescales for commencement and completion of **Community Payback Orders**.
- 13. Areas that remain challenging include:
  - For reablement services we continue to perform below target for the proportion of service users with reduced care needs, reflecting the continuing pressures on our non-residential care services.
  - Performance for **psychological therapies waiting times** remains below target. However, following recruitment into the service we are seeing improved performance on this measure and are moving towards the 90% target (82%, Q3).
  - Minimising hospital discharges with delay (and bed days lost) continued to be a challenge for the partnership during the reporting period, averaging 11 a week.
     This remains an area of focused activity to support people to return home or into alternatives in the community.
  - Reflecting the pressures that our **unpaid carers** are experiencing, we have seen declining performance in our satisfaction measures for carers.
  - Meeting our breastfeeding target in our more deprived neighbourhoods remains challenging and this has been impacted by the pandemic. However, we are continuing to see improved performance.
  - Sickness **absence** continues to be an issue for the partnership and we are above our target for both NHS and local authority staff.

## RECOMMENDATION

14. Performance and Audit Committee is asked to note and comment on the Quarter Three Performance Update 2022-23.

# REPORT AUTHOR AND PERSON TO CONTACT

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March 2023

Chief Officer, IJB: Julie Murray

# **BACKGROUND PAPERS**

PAC 21.09.2022 – HSCP Annual Performance Report

https://www.eastrenfrewshire.gov.uk/media/8178/Performance-and-Audit-Committee-Item-06-21-September-2022/pdf/Performance\_and\_Audit\_Committee\_Item\_06\_-\_21\_September\_2022.pdf?m=637987495043070000

# **HSCP Strategic Plan – QTR 3 2022-23**

Report Author: Ian Smith / Steven Reid

Generated on: March 2023

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%)

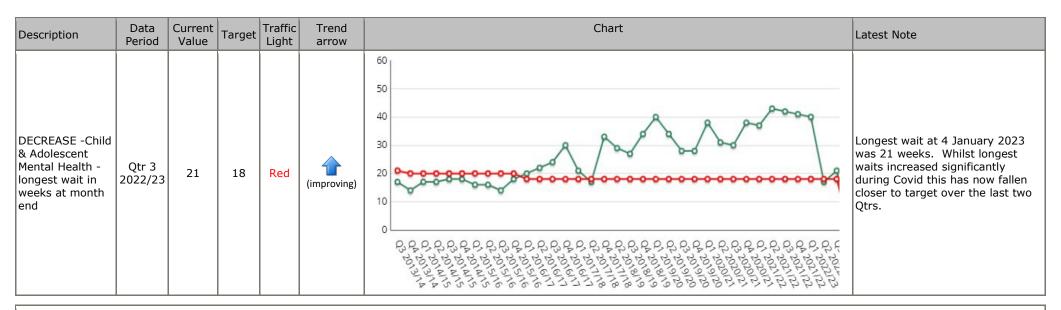


Trend arrows point upwards where there is improved performance (inc. where we aim to decrease the value).

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

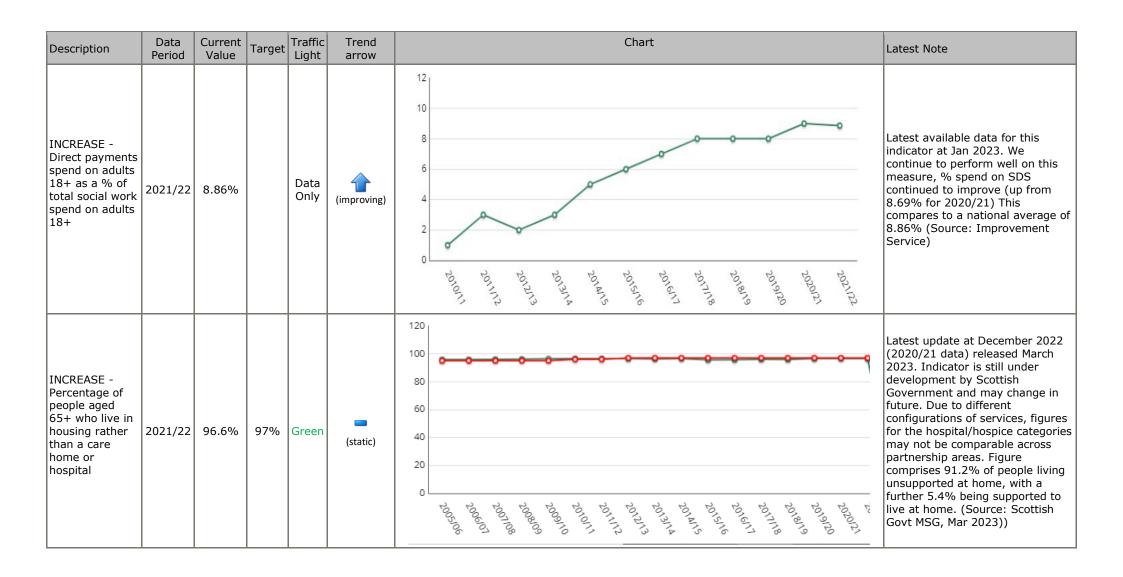
## 1. Working together with children and their families to improve mental and emotional well-being

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	Qtr 3 2022/23	99.5%	90%	Green	(improving)	120 100 80 60 40 20 0 0 0 0 0 0 0 0 0 0 0 0 0	Weekly average for Qtr 3 2022/23, compares to 59% in Qtr3 2021/22. Performance has recovered significantly on the Covid period and is now exceeding target.

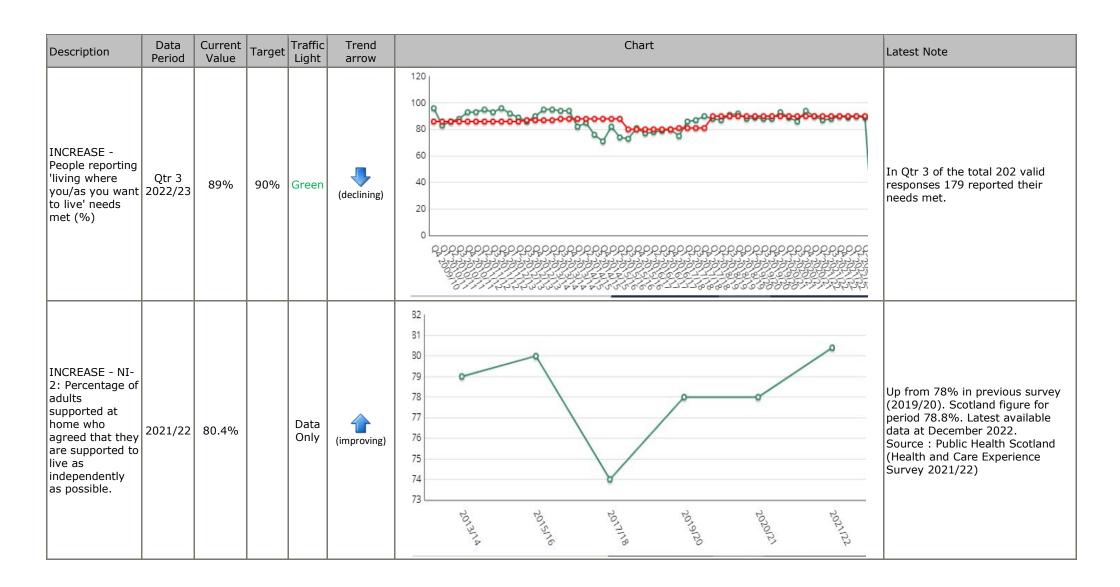


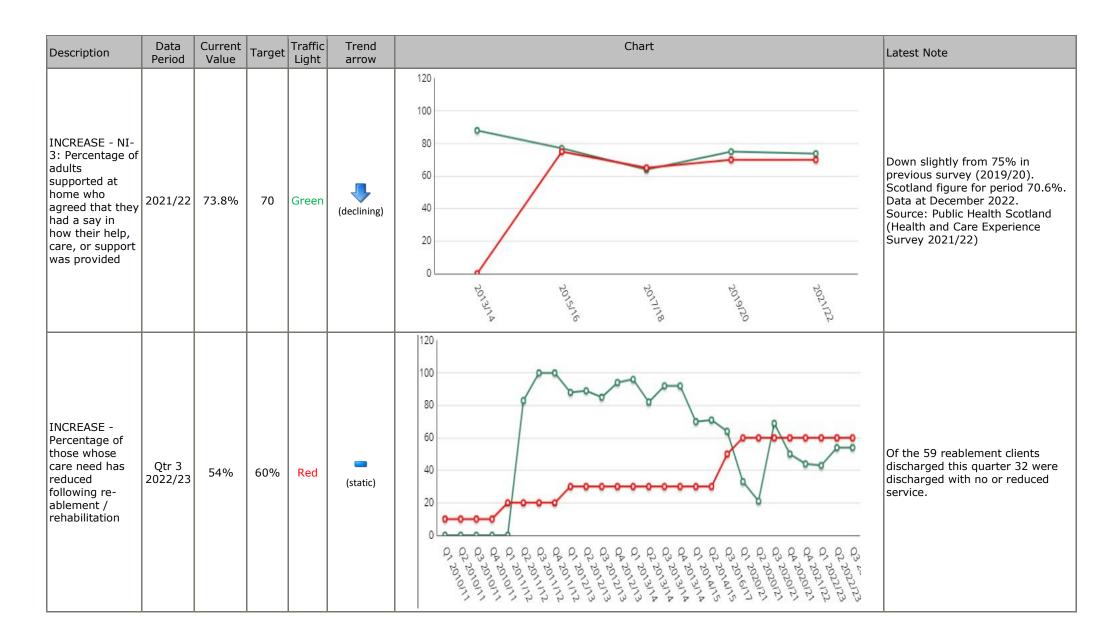
# 2. Working together with people to maintain their independence at home and in their local community

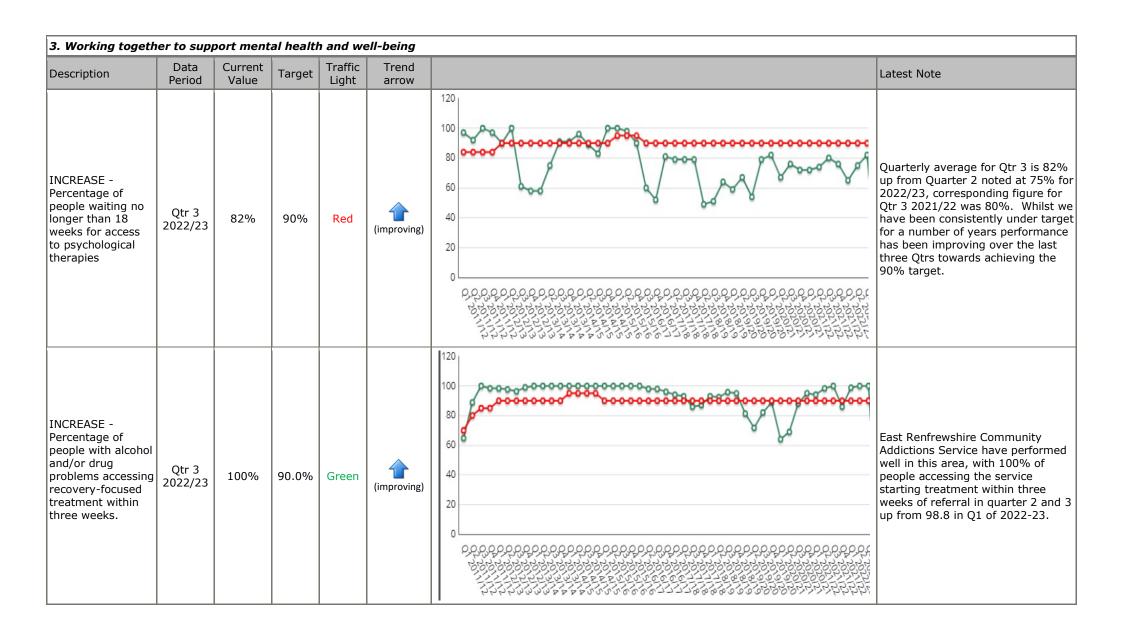
Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - Number of people self- directing their care through receiving direct payments and other forms of self-directed support.	Qtr 3 2022/23	488	150	Green	(improving)	600 500 400 300 200 100 0 8888888889900000000000000000000	Data calculated from the Social Care returns shows a total of 488 people were in receipt of SDS 1 and 2 Option payments in Qtr 3. A further 644 people were covered under SDS Option 3.

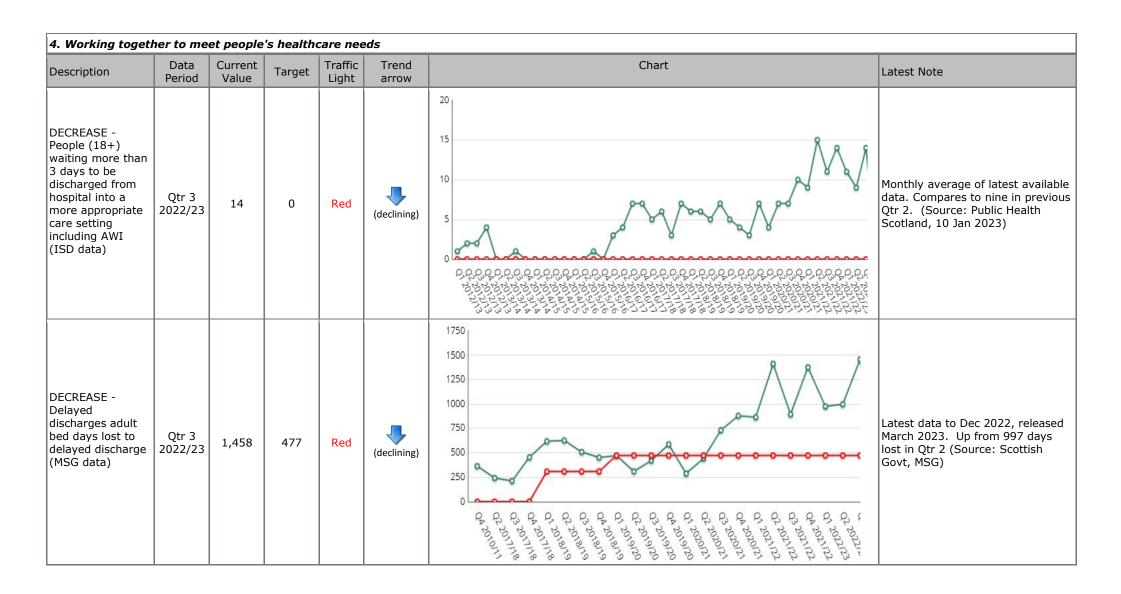














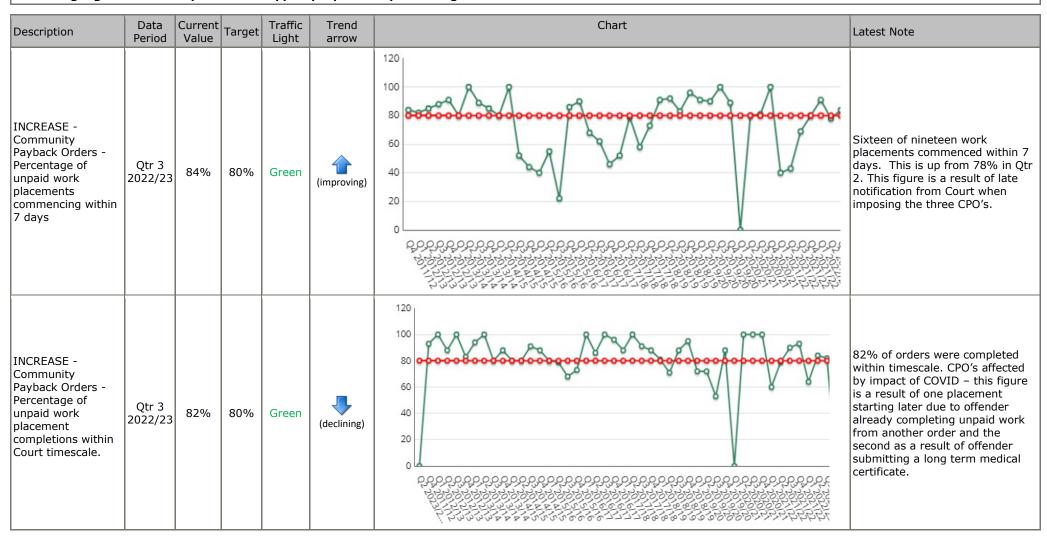




# 5. Working together with carers to be able to exercise choice and control

Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Latest Note
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	Qtr 3 2022/23	77%	74%	Green	(declining)	120 100 80 60 40 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	In Qtr 3 of the total 43 valid responses 33 reported their needs met
INCREASE - NI-8: Total combined % carers who feel supported to continue in their caring role.	2021/22	28.4%		Data Only	(declining)	50 45 40 35 30 25 20 20 20 20 20 20 20 20 20 20	Scotland figure for period 29.7%. Data at December 2022. Note figures from 2019/20 not directly comparable to figures in previous years due to changes in methodology. Source: Public Health Scotland (Health and Care Experience Survey 2021/22)

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



# 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 - Breastfeeding at 6-8 weeks in 15% most deprived SIMD data zones.	2021/22	17.9%	25%	Red	(improving)	50 40 30 20 10 20 10 10 10 10 10 10 10 10 10 1	This is a significant increase from 2020/21 (7.5%). Our comparator authority, East Dunbartonshire continues to see a higher rate in SIMD 1, with 21.1%, however East Renfrewshire is higher in SIMD 2 (28%). The gap between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas, has decreased for the second year in a row from 34.7% in 2020/21 to 27.6% in 2021/22. SIMD 5 rates have increase this year from 42.2% in 2020/21 to 45.5% in 2021/22. (Source: Public Health Scotland Infant Feeding Dashboard, Nov 2022)
DECREASE - Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age- standardised mortality rate)	2021/22	333		Data Only	(static)	450 400 350 300 250 200 150 100 50 0 201 201 201 201 201 201 201	Latest available data at September 2022 relates to 2021/22 end-year. This shows a marginal fall on the 2020 figure (334). In comparison the Scotland rate in 2021 was 466 per 100,000. (Source: Public Health Scotland, September 2022)



Description	Data Period	Current Value	Target	Traffic Light	Trend arrow	Chart	Notes & History Latest Note
INCREASE - Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System	Feb 2023	47.74%	80%	Red	(decreasing)	80 60 40 20	Due to the pressures of the pandemic KSF became a lower priority over the past 2 years. The KSF Lead sends out monthly communications to managers to increase compliance. Additional training has also been made available as refresher courses for reviewers. Increasing steadily over previous 4 months. Aiming for 60% reduced target by 31st March 2023.