**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP**

East Renfrewshire
COUNCIL

NHS
Greater Glasgow
and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	27 September 2023
Agenda Item	10
Title	Performance Update – Quarter 1, 2023/24

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 Q1 (Apr-Jun) 2023/24 data is available for strategic performance indicators (PIs) this is included. The report includes exception reporting for two PIs, providing more detailed discussion of performance for these measures.

Exception reports are reports delving further into the performance of specific measures and mitigation or reasoning for current performance. They look at projected information on how to maintain or improve on current performance.

Presented by	Steven Reid
Policy, Planning and Performance Manager

Action Required

Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2023-24.

BLANK PAGE

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

27 September 2023

Report by Chief Officer

QUARTER 1 PERFORMANCE UPDATE 2023/24

PURPOSE OF REPORT

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

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2023/24.

BACKGROUND

3. The Performance and Audit Committee (PAC) regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year. Data availability is significantly more limited at Quarters One and Three with many performance indicators being reported on a 6-monthly cycle.

4. We continue to work with members of the PAC to improve the format and content of our performance reports. At Quarter four, 2022/23 we developed an example 'exception' reporting format in line with recommendations from our working group. For this current report, in addition to our full report on progress against our key performance indicators (Appendix One), we have included two exception reports (Appendix Two) giving more detailed discussion on performance trends for the following measures:
    *   Percentage of people waiting no longer than 18 weeks for access to psychological therapies
    *   Percentage of people whose care need has reduced following reablement

5. The exception reports cover:
    *   Purpose of the indicator – *explanation and how we use it to improve*
    *   What does good look like? – *long-term objective for this area of activity*
    *   Current status of measure – *current position including visualisation of data*
    *   Reason/explanation for current performance – *understanding why performance is an exception*
    *   Mitigating action – *approaches (with timescales) that will improve performance*
    *   Investment – *current / required resources to deliver expected performance*
    *   Context and benchmarking – *relevant comparative data if available*

6. For all indicators in our reporting, 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 (pERform) to collate data and produce strategic performance reports. Since the last meeting of PAC, the Planning and Performance team have met with officers working on the development of the new system to discuss requirements for HSCP-level reporting with the aim of increasing automation and flexibility in reporting. More automated reports should be available from the system in time for mid-year reporting in November.

REPORT

8. The main data report includes available data for Quarter 1 (April to June 2023) for indicators from our Strategic Plan and any updated data relating to end-year (or earlier) that have not previously been reported to the Committee. The report provides charts for all measures. The report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. 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.

9. 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

10. The HSCP continues to operate at a high level of performance across service areas, including many that continue to face significant challenges and pressures. During the current period of reporting, staff have shown resilience to deliver services to support the residents of East Renfrewshire.

11. Performance highlights include:
   - Although there was a slight reduction from the previous quarter, we are seeing a trend of significant improvement on **CAMHS waiting times** performance, reflecting the promotion of Tier 2 preventative services for young people. At Q1,

97.2% of all children had been waiting less than 18 weeks, exceeding our target (90%) for the last 3 quarters. Longest waiting times have been steadily reducing and is now performing lower than target at 14 weeks.

- Supporting **choice and control** – the number of people accessing support through Self-directed Support (SDS) Options 1 and 2 has remained stable. 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 -** 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).
- In the last quarter, **Reablement** has improved to above target level (60%) with 64% of care needs reduced following period of Reablement. This improvement has followed a challenging period with significant demand pressures and staffing issues for the service. More detail on this measure is given in the exception report at Appendix Two.
- We are seeing excellent perform on waiting times for **drug and alcohol recovery**- with all people seen within three weeks during Quarter 1 (target 90%).
- Following recruitment into the service we have seen improved performance for **psychological therapies waiting times** rising above the 90% target (91.5% Q1). More detail on this measure is given in the exception report at Appendix Two.
- Emergency hospital **admissions** remain stable and within our agreed targets.
- We have also seen improved performance in unscheduled **acute bed days**, and we achieved our target in Q1 for the first time since Q2 2020/21.
- We continue to perform well for meeting court timescales for commencement and completion of **Community Payback Orders** with 85% commencement and 100% completed in Q1.

12. Areas that remain challenging include:
- Minimising hospital **discharges with delay** (and bed days lost) continued to be a challenge for the partnership during the reporting period, averaging 6 a week. Although reaching higher levels during 2022/23, we have seen improvement during the last three quarters and we remain one of the best performing partnerships in Scotland. This remains an area of focused activity to support people to return home or into alternatives in the community.
- **A&E attendances** increased during the quarter and we are now sitting close to our target (set before the pandemic). We are seeing a recent increase in attendances from care homes (and to a lesser extent admissions). In response, we are working closely with local care home to embed a Care Homes Falls Pathway and developing the alignment of OTs, physios and other Allied Health Professionals with our care homes.
- We saw declining performance in our measure of satisfaction for carers during the quarter. This is reflecting the pressures that our **unpaid carers** are experiencing. Although the data is showing a recent decline, we would expect to see fluctuation and will continue to monitor whether there is any longer-term trend.
- Sickness **absence** continues to be an issue for the partnership and we are above our target for both NHS and local authority staff. However, absence rates improved during Quarter One. Absence panels are in place and support is target in service areas with highest levels of absence. We continue to deliver health and wellbeing support to our staff.

RECOMMENDATION

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

REPORT AUTHOR AND PERSON TO CONTACT

Steven Reid, Policy, Planning and Performance Manager
Steven.Reid@eastrenfrewshire.gov.uk

13 September 2023

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper: HSCP Annual Performance Report 2022-23, 26 June 2023.
https://www.eastrenfrewshire.gov.uk/media/9264/PAC-Item-09-26-June-2023/pdf/PAC_Item_09_-_26_June_2023.pdf?m=638227830052970000

Appendix One

HSCP Strategic Plan – 2023-24 Qtr 1

Report Author: Ian Smith / Steven Reid

East Renfrewshire HEALTH AND SOCIAL CARE PARTNERSHIP
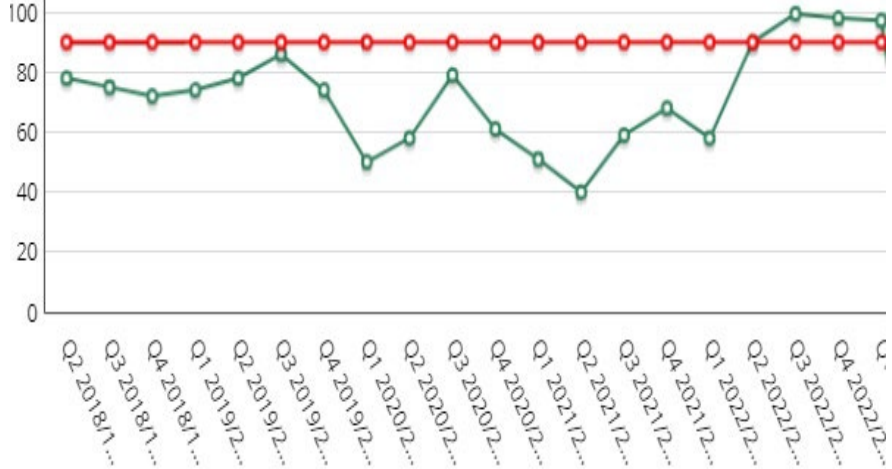
Key:
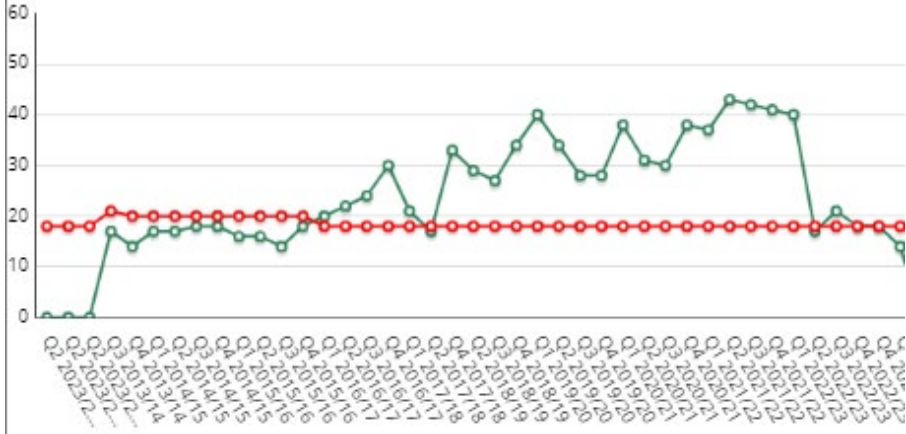
Green	performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)

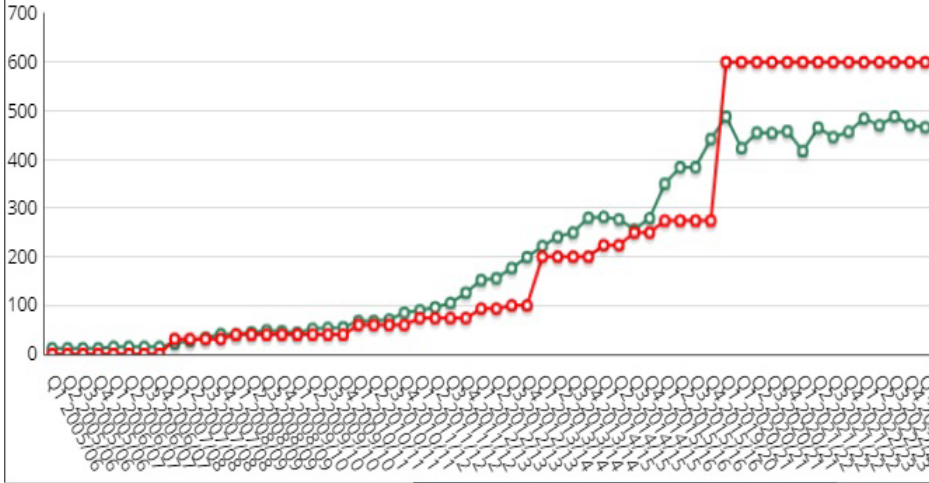**Trend arrows point upwards where there is <u>improved</u> performance (inc. where we aim to decrease the value).**

* INCREASE/DECREASE in PI description gives the <u>intended</u> 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	Chart	Latest Note
INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	Qtr 1 2023/24	97.2%	90%	Green	(declining)		Weekly average for Qtr 1 2023/24, this is down slightly on the previous Q4 2022/23 (98%) but remains above target (90%).

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE -Child & Adolescent Mental Health - longest wait in weeks at month end	Qtr 1 2023/24	14	18	Green	⬆ (improving)		Continuing improvement in performance, reflecting work to reducing long waiting times. Longest wait at 28 June 2023 was 14 weeks.

2. Working together with people to maintain their independence

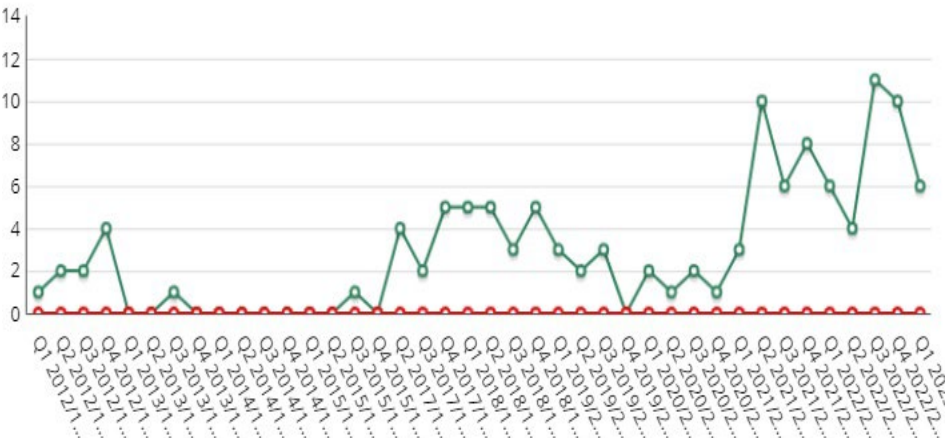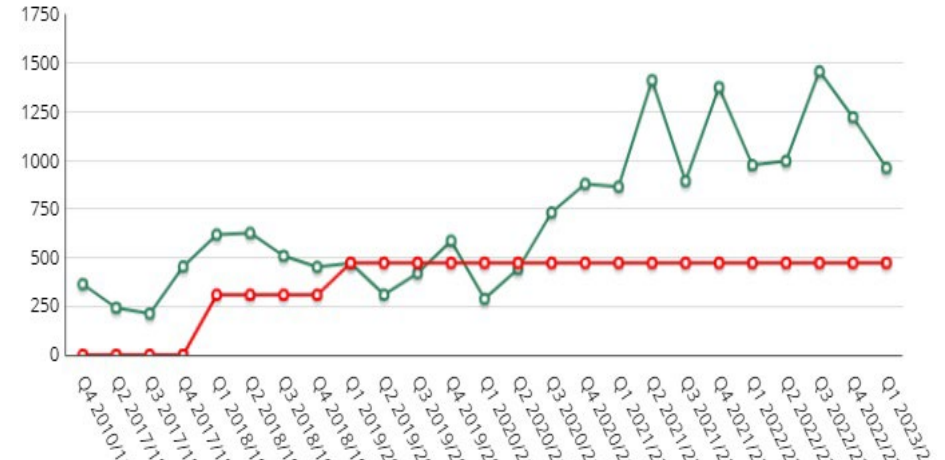| Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Number of people self-directing their care through receiving direct payments and other forms of self-directed support.	Qtr 1 2023/24	466	600	Red	⬇ (declining)		Data calculated from the Social Care returns shows a total of 466 people were in receipt of SDS 1 and 2 Option payments in Qtr 1. A further 707 people were covered under SDS Option 3.

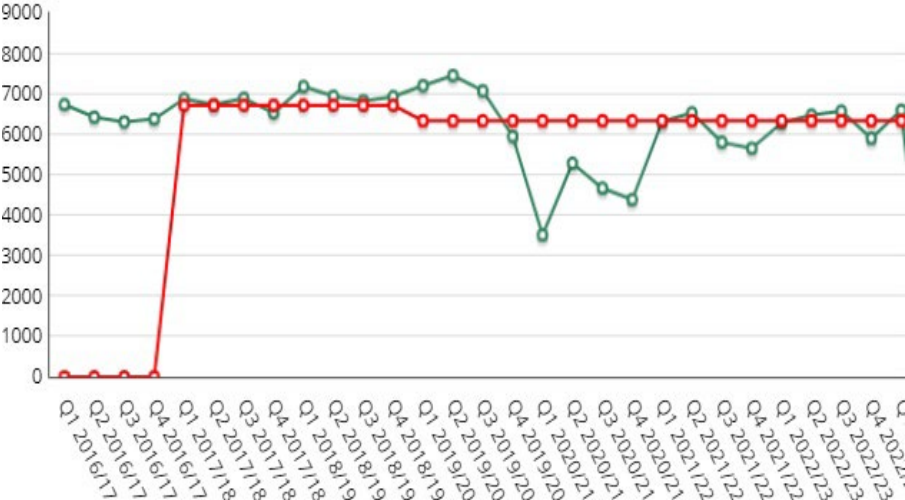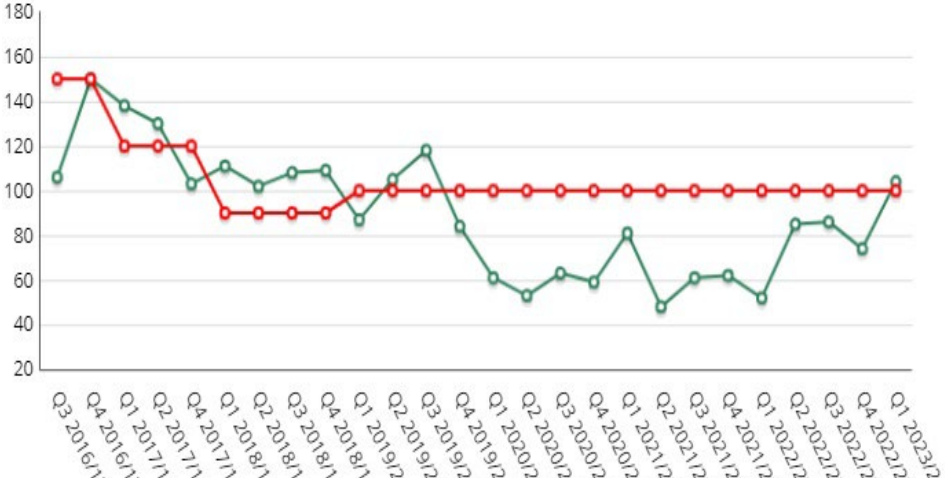| Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Percentage of those whose care need has reduced following re-ablement / rehabilitation	Qtr 1 2023/24	64%	60%	Green	⬆ (improving)		Of the 53 reablement clients discharged this quarter 34 were discharged with no or reduced service (64%). This is an improvement on the end-year (22/23) figure that was sitting below target at 48%. Significant demand pressures and staffing issues for the Care at Home service during and following the pandemic had reduced the positive impacts of reablement. *More detail is included in our exception report for this measure.*
INCREASE - People reporting 'living where you/as you want to live' needs met (%)	Qtr 1 2023/24	92%	90%	Green	⬆ (improving)		In Qtr 1 of the total 198 valid responses 183 reported their needs met. Performance this Qtr is up on Qtr 4 (89%).

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

Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies	Qtr 1 2023/24	91.5%	90%	Green	(improving)		Weekly average for Qtr 1 is 91.5% which is up from Qtr 4 (86.7%) and now above target. This has been a significant improvement in performance following recruitment to address workforce challenges faced by the service. *More detail is included in our exception report for this measure.*
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks.	Qtr 1 2023/24	97%	90%	Green	(improving)		East Renfrewshire Community Addictions Team saw all referrals within the target of 3 weeks. Glasgow Council on Alcohol saw 7 of their 9 referrals within three weeks and 2 within 3 - 12 weeks of referral.
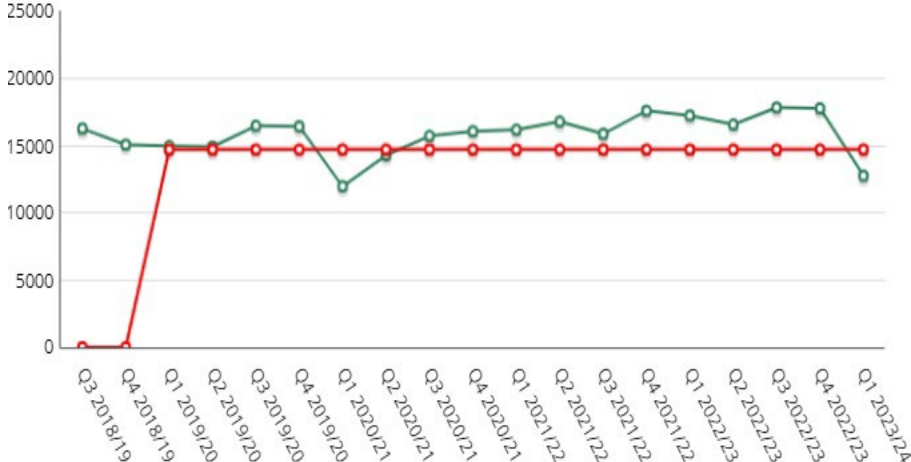
4. Working together to meet people's healthcare needs						
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Delayed discharge: people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (Ave number delayed NHSGGC Acute & MH weekly data)	Qtr 1 2023/24	6	0	Red	⬆ (improving)		Weekly average for Qtr 1 2023/24. Down from an average of ten in previous Qtr 4. Performance has improved during the last three quarters and we remain one of the best performing partnerships in Scotland.
DECREASE - Delayed discharges adult bed days lost to delayed discharge (MSG data)	Qtr 1 2023/24	962	473	Red	⬆ (improving)		Latest data to Jun 2023, released Sep 2023. Down from 1,222 days lost in Qtr 4.(Source: Scottish Govt, MSG)
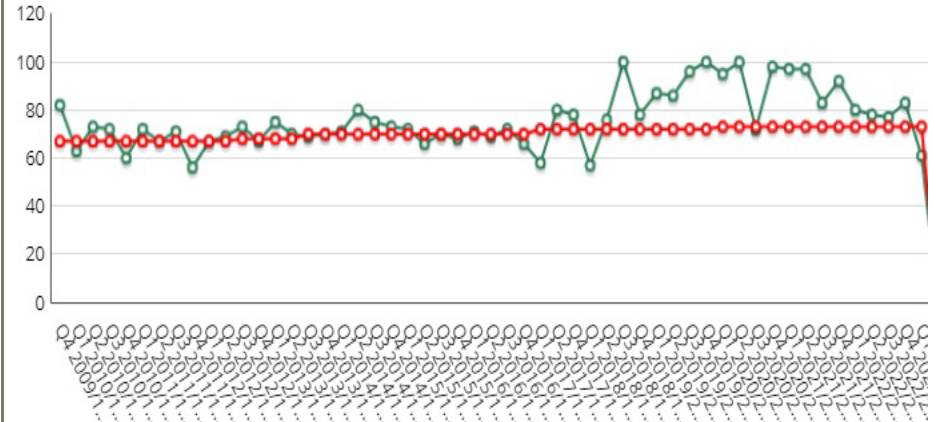
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Number of Emergency Admissions: Adults (NHSGGC data)	Qtr 1 2023/24	1,666	1,782	Green	(declining)		Up from 1,582 in Qtr 4. Target reviewed for 2023/24 with no change required (annual target 7,124) as agreed by Head of Adult Services, Communities and Well-Being July 2023.
DECREASE - Number of Emergency Admissions: Adults (MSG data)	Qtr 1 2023/24	1,671	1,781	Green	(improving)		Latest data to June 2023, monthly data corrected back to April 2022. Down from 1,723 admissions in previous Qtr 4. (Source: Scottish Govt, MSG Sep 2023)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - No. of A & E Attendances - All	Qtr 1 2023/24	6,585	6,325	Amber	(declining)		Latest data to June 2023, released Sep 2023. Up from 5,891 attendances in Qtr 4. (Source: Scottish Govt, MSG)
DECREASE - No. of A & E Attendances - Adults	Qtr 1 2023/24	4,634	4,584	Amber	(declining)		Latest data to June 2023, released Sep 2023. Up from 4,081 attendances in Qtr 4. (Source: Scottish Govt, MSG)
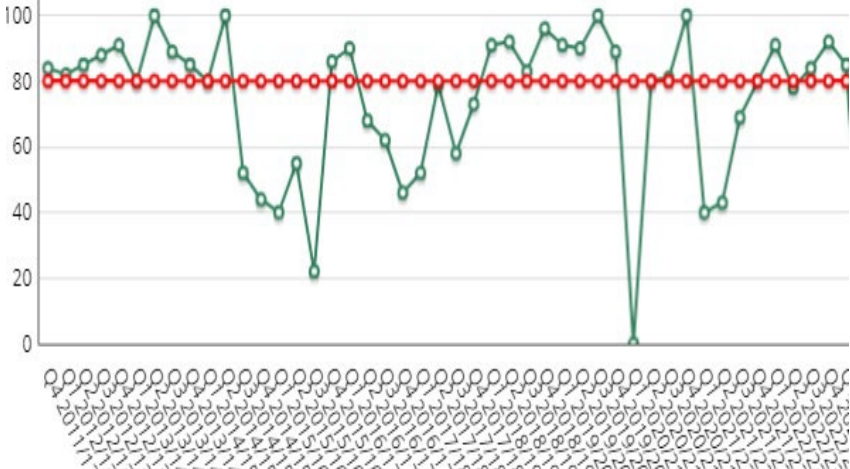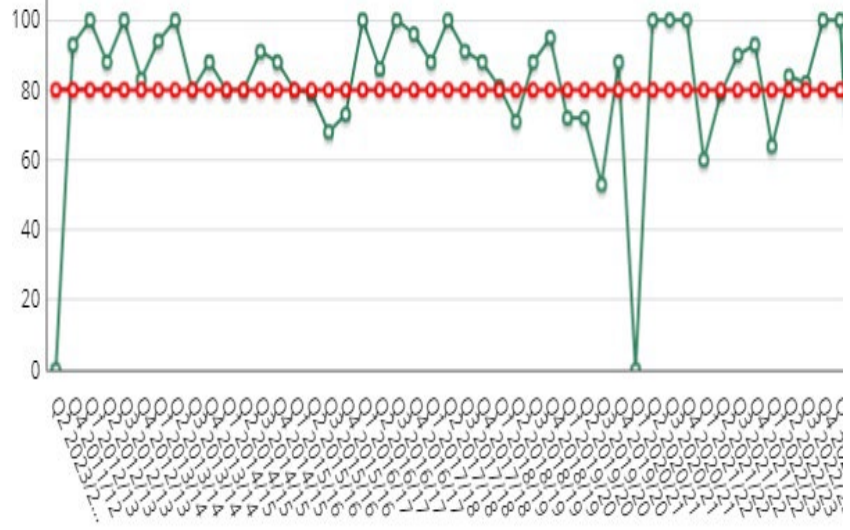
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Emergency Admissions from Care Homes (NHSGGC data)	Qtr 1 2023/24	50	60	Green	(declining)		Emergency admissions from care homes is up significantly on previous Qtr 4 (33). Admissions have remained consistent over the previous couple of years and have generally remained consistently lower than pre-pandemic levels.
DECREASE - A & E Attendances from Care Homes (NHSGGC data)	Qtr 1 2023/24	104	100	Green	(declining)		Attendances from care homes have increased from Qtr 4 (74 attendees). We continue to work closely with our care homes with a focus on minimising unplanned attendances and admissions (including scrutiny of data for individual care homes). We are working to embed a Care Homes Falls Pathway across all care and residential homes. We are also developing our model for aligning AHPs (OTs, physios etc) with care homes and are seeing an increase in referrals.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
DECREASE - Unscheduled Hospital (Acute) Bed Days: Adults (18+)	Qtr 1 2023/24	12,782	14,715	Green	⬆ (improving)		Latest provisional data to June 2023, released Sep 2023. Data corrected back to April 2022. (Source: Scottish Govt, MSG)

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

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	Qtr 1 2023/24	61%	73%	Red	⬇ (declining)		In Qtr 1 of the total 41 valid responses 25 reported their needs met. Performance down significantly from 83% in Qtr 4.

6. Working together with our partners to support people to stop offending						
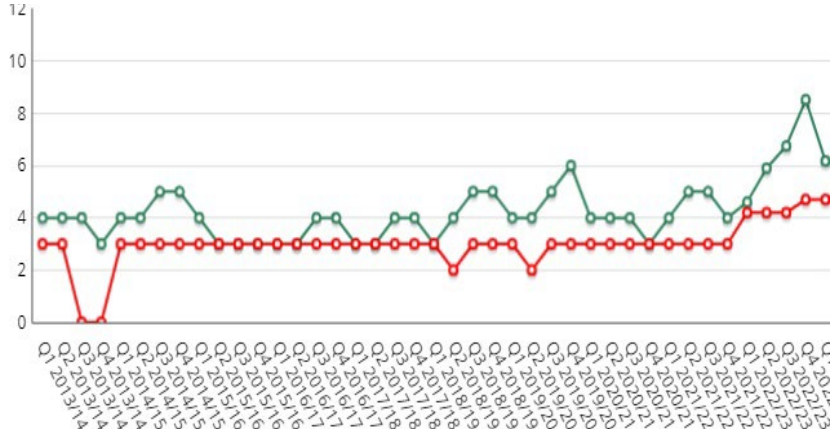
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Community Payback Orders - Percentage of unpaid work placements commencing within 7 days	Qtr 1 2023/24	85%	80%	Green	(declining)		Seventeen of twenty work placements commenced within 7 days. This is down from 92% in Qtr 4.
INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	Qtr 1 2023/24	100%	80%	Green	(improving)		All Orders (15) this Qtr were completed within timescale, the same as previous Qtr 4

Organisational Outcomes

Efficiency

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
INCREASE - Payment of invoices: Percentage invoices paid within agreed period (30 days)	Qtr 1 2023/24	86.4%	90%	Amber	⬆ (improving)		Data to May 2023 only. Following a review of the PI methodology this Indicator has been revised. The new PI methodology measures the number of invoices paid within 30 calendar days of receipt as a percentage of all invoices paid. Procurement card transactions are excluded. This methodology is in line with the Local Government Benchmarking Framework (LGBF) guidance, and brings ERC into line with other Scottish Councils.

Our people

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff	Qtr 1 2023/24	7.6%	4.0%	Red	⬆ (improving)		Monthly average for Qtr 1, down from 8.92% in previous Qtr 4.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
DECREASE - Sickness absence days per employee - HSCP (LA staff)	Qtr 1 2023/24		4.2	Red	(improving)		Absence within the HSCP for Qtr 1 has decreased from 8.52 days per employee in Qtr 4. Absence panels have recommenced and targeted interventions have been implemented in hot spot areas including Intensive Services as well as increased wellbeing support.

Appendix Two – Exception Reports

Psychological Therapies indicator - "Percentage of people waiting no longer than 18 weeks for access to psychological therapies"

Purpose of the indicator

The measure sets a 'referral to treatment' standard of at least 90% starting treatment within 18 weeks. It allows us to monitor how successfully we are delivering evidence-based psychological therapies to treat mental ill health in a timely way. The measure helps us to assess our performance in meeting the support needs of adults within an appropriate timescale and whether we need to make adjustments to our resourcing of the service or the approaches we are taking.

Psychological therapies refer to a range of interventions which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The target applies specifically to psychological therapies for treatment of a mental illness or disorder.

This is a nationally agreed 'HEAT' target – further information on definitions and measurement can be found here.

What does good look like?

That everyone who is referred is assessed and if deemed suitable for a psychological therapy, will start treatment within 18 weeks of referral.

Our aim is that, for most individuals where there is evidence that psychological therapies will be beneficial, this support is provided within a timescale that minimises the risk of further deterioration or crisis.

Timely provision of psychological therapies is a part of our work to provide a wide range of supports to individuals on their journey to recovery from mental ill health. We work in collaboration with a range if partner providers to support early intervention and our ultimate aim is to advance the HSCP Strategic Outcome "People are supported to look after and improve their own mental health and wellbeing".

Current status of measure

This exception report is for Psychological Therapies Treatment Waiting times. Currently the target is that 90% of people will have contact within 18 weeks of referral. At the end of July 2023, the current status of the service is 91% of referrals have started treatment within the 18 week time period. This is a significant improvement on previous performance where we had missed the national target for a number of years.

At the time of the last report, projections estimated the target would be met from February 2023. This was achieved and performance has been sustained on a monthly basis, with the exception of June. The target was narrowly missed at 88% but returned to 91% in July and weekly figures show target met during August. This was due to absences within the team.

Psychological Therapies Treat Wait <18 weeks
July 22 - July 23
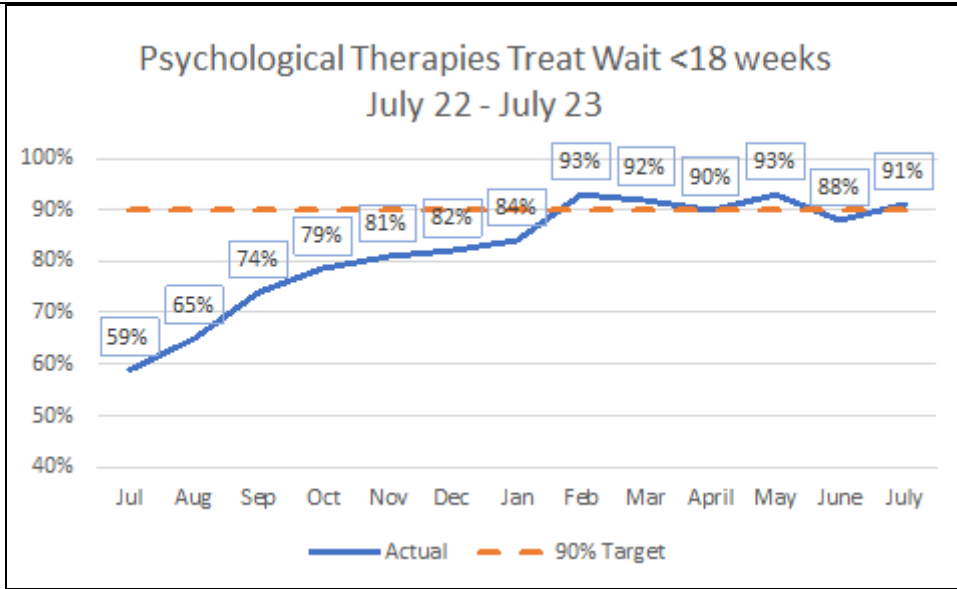
The target is monitored very closely on a weekly basis, to ensure early identification of performance issues and allow action to be taken. System recording is kept up-to-date to ensure accurate waiting times are produced. The chart below shows weekly performance over the past 12 weeks. Performance dipped just below 90% in three out of 12 weeks.

Weekly Performance - Psychological Therapies
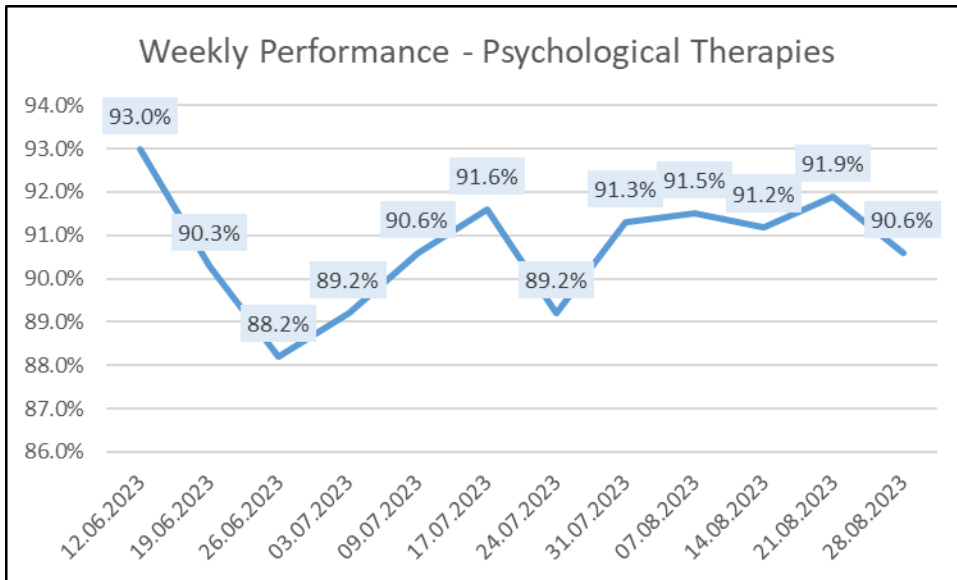
Reason/explanation for current performance

Workforce challenges (vacancies and absences) have been the principle reason that we have fallen below the waiting times target in the past. Staffing issues mainly relate to medical staffing coverage.

During the first quarter of 2022/23 performance did not improve as local recruitment was not successful initially. We were subsequently successfully in recruiting to some long-standing vacancies resulting in improved performance during quarters 2 and 3. Resolving the workforce issues has contributed to meeting the required waiting times performance of 90% since February. This improvement underlined the impact of addressing workforce challenges in the service.

Staffing remains a key challenge. For example, our Community Mental Health Team (CMHT) has a maternity leave vacancy that went out to recruitment. However we received no applications and we were planning on going out for a second time but the funding was subsequently declined from GGC.

Our PCMHT team are offering up supports to Glasgow NE PCMHT to help reduce their long wait times for LI CBT, this has been in effect for the past couple of months.

Mitigating action

The focus is now on sustaining / maintaining this improved performance.

Recruitment has been undertaken which has resulted in improved performance as vacancies have been filled. We have also undertaken work to address those with the longest waiting times on our list. The highest waits in weeks was recorded in November 2022 at 38 weeks and this has reduced in July 23 to 25 weeks. The total waiting for treatment in July 22 was 219 and reduced to 139 in July 23.

A review of services was undertaken within Adult Mental Health, looking at new patient capacity across 4 Glasgow South and East Renfrewshire Community Mental Health Teams (CMHTs). This has resulted in a plan to look at more flexible approaches for those with the longest waits. This includes moving peripatetic psychology resources to areas identified as having the most need and ensuring the use of digital and group interventions.

Older Adult Mental Health Team (OAMHT) has had an increase in staffing from the OPTIMAL team and the Primary Care Mental Health Team (PCMHT) has appointed new starts in process of allocating new patients. The OPTIMAL team is a Clinical Psychology-led team with a board-wide remit for increasing access to Psychological Therapies (PTs) for older people.

Additional staff members have joined the team and are quickly picking up caseloads and assessing new patients who may be suitable for psychological intervention.

Investment

Based on the current projections no further funding is required as additional capacity is being recruited in each team within current budgets. If this should fail it may be that further funding may be required to recruit further to help meet the target.

Context and benchmarking

Across Scotland health boards have struggled to meet the 90% target and from March 2023 NHS Scotland has not reached target. NHSGGC only achieved target in Q4 2022/23.

The figure continues to be monitored weekly and by Q1 of the current financial year (Apr-Jun 2023) 91.5% of people started treatment within 18 weeks of referral compared to 75% in Q2 of 2022-23 (July - Sep 2022).

Reablement indicator - "Percentage of people whose care need has reduced following reablement"

| **Purpose of the indicator** |
|---|
| The measure sets a standard of 60% of all service users who receive input from the reablement service to be rehabilitated where the level of support required after discharge from the service has reduced. It is used to measure how successful the service is at using Occupational Therapy input and care workers using reablement methods to allow service users to be more independent in elements of daily living and personal care. |
| **What does good look like?** |
| As many people as possible after a period of intense reablement input requires little or no support which means that the need for ongoing care at home services is greatly reduced. This allows people of East Renfrewshire to remain as independent as possible in their own home upon discharge from hospital or a period of need when referred to the service. |
| **Current status of measure** |
| This exception report is based on the level of need following discharge from the reablement service. Currently the target is that 60% of people will require less support upon discharge from the service. Our overall performance for 2022/23 was 48%, significantly missing target, however we have seen performance improve for the latest quarterly reporting period.

At the point of reporting at the end of June 2023 the current status of the service is 64% of discharges have reduced or no service. The target rate has been reached for the first time in three years having fallen below this target since Q4 2020/21.
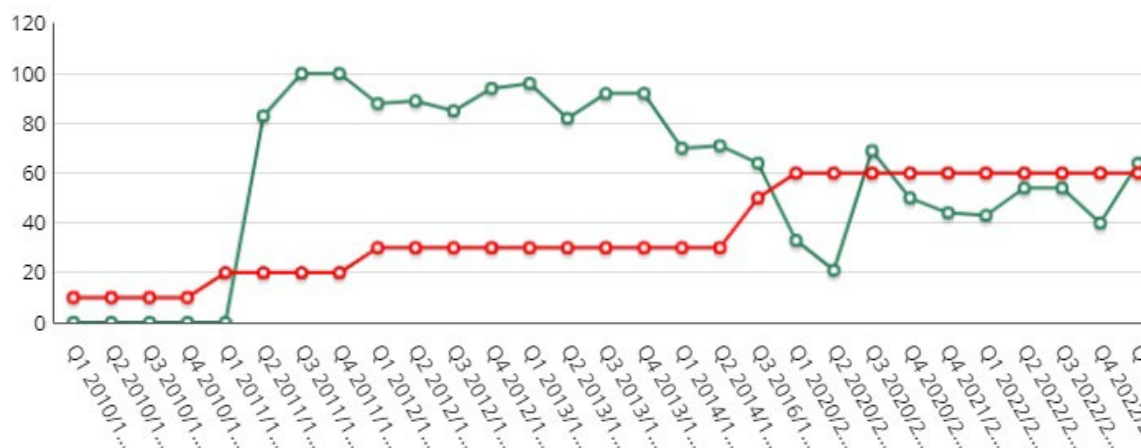
 |
| **Reason/explanation for current performance** |
| As the reablement service was initially established, the number of service users who accessed support was limited. Service users were screened for suitability to the service and whether there was potential for the person to be re-abled. During this period, performance was consistently ahead of target as the service was focused on service users with higher levels of suitability and potential for successful outcomes. As the service developed, reablement has been made available to a wider group of people with varying levels of potential for successful outcomes.

Over the period since the start of the pandemic, the annual number of reablement service users (closed cases) dropped significantly from 300 in 2019/20 to 126 in 2022/23. Last |

year, of the 126 total cases, 61 (48%) were closed with the service user requiring a reduced or withdrawn care package. This compares with 2021/22 where, of 156 reablement cases, 94 (60%) were closed with reduced or no care package.

In the last few years, East Renfrewshire care at home service has experienced unprecedented demand pressures with higher levels of care need and complexity among the people we work with. Between March 2020 and March 2023, the average size of care at home packages increased from just over 7 hours to nearly 8.5 hours per week. 14% of our service users now require support from two or more carers; up from 9% in February 2020.

At the same time, the service has experience issues with recruitment and retention and pressures as a result of staff absence. This was particularly the case during quarter 3 of 2022/23 where staffing issues were so significant that we had to reduce service levels to some existing care at home clients and were limited in our ability to accept new packages of care. Across the last 12 month, there has also been higher levels of absence within the care at home OT resource, with long term absence from the service impacting on flow of referrals through reablement. These issues significantly impacted our overall capacity to accept reablement referrals during the year.

In addition, we are seeing that as a result of higher levels of complexity and need, and increased pressure to discharge people as early as possible, people are leaving hospital with higher levels of frailty and less potential for successful outcomes through reablement.

In summary, increased pressures on care at home services through higher demand and staff capacity issues, and higher levels of frailty and complexity among people return to the community from hospital, have reduced our capacity to deliver reablement and we have not been able to achieve the level of outcomes for individuals seen in previous years.

Mitigating action

The service is working hard to address capacity issues and we are seeing improved performance in Quarter One, 2023/24. Care at home staff on long-term absence have now returned to work and we have successfully recruited to our Band 3 Health Care Assistant within the team. For Quarter One, our performance improved to 64%; of the 53 reablement service users discharged during the period, 34 were discharged with no or reduced service. This is projected to sustain the measure above target of 60% in the coming year.

Investment

Investment of recruitment of two Band 3 Healthcare Assistants has allowed more intense rehabilitation to take place with more visits taking place with service users. This in turn has helped to reduce timescales between referral to the service and initial visits which makes the reablement process a more positive experience and stops services being embedded before the input of rehabilitation and stops service users becoming dependent on services.

Context and benchmarking

This is a local measure and we do not have directly comparable data from other partnerships or nationally. The pressures that the service has faced in relation to demand and workforce pressures have been experienced across the social care sector in Scotland since the pandemic.

BLANK PAGE