

To: Renfrewshire Integration Joint Board

On: 19 November 2021

Report by: Head of Strategic Planning and Health Improvement

Subject: Performance Management Mid-Year Report 2021/22

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1 The purpose of this report is to update the IJB on mid-year performance for the financial year 2021/22 and covers the period April to September 2021. The full Scorecard updating all performance measures is attached as Appendix 1.
- 1.2 While this report is for the period April to September 2021, data is not yet available for all performance measures to September 2021. As such, the information provided in the report is the most up to date available at this point.
- 1.3 The new ECLIPSE Care Management system that data is extracted from for the social care indicators was not fully developed as at 30 September 2021, therefore data provided in the scorecard was extracted on 27 October 2021. Over the next few months we will review the social care information to ensure data improvements derived from the introduction of ECLIPSE are reflected in future reporting.
- 1.4 Our report provides an update on indicators from the updated Performance Scorecard 2021/22 that was agreed at the IJB meeting on 17.09.21. There are 57 indicators of which 39 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or exceeds target.
- 1.5 At the mid-year point for 2021/22 the Scorecard shows the status of the 39 indicators that have targets set against them as:
 - 12 red indicators (31%)
 - 7 amber indicators (18%)
 - 20 green indicators (51%)

2. Recommendation

It is recommended the IJB:





- Approves the Performance Management Mid-Year Report 2021/22 for Renfrewshire HSCP.

3. Performance for the period April to September 2021

- 3.1 The Performance Scorecard is included as Appendix 1. Section 5 of this paper shows improvement for 8 performance indicators and section 6 shows deterioration for 5 performance indicators. Section 8 gives an update on our unscheduled care indicators.

4. Performance Indicators that have changed RAG (red, amber, green) Status

- 4.1 The following table shows a more favourable performance position at 30.09.21. compared to 31.03.21. Our performance indicators with red status have reduced from 14 to 12; amber has reduced from 9 to 7 and those with green status have increased from 16 to 20.

Performance Indicator Status	31.03.21	30.09.21
	Alert: 14	Alert: 12
	Warning: 9	Warning: 7
	Target achieved: 16	Target achieved: 20
	No targets: 18	No targets: 18

5. Improvements in Performance

- 5.1 In the period April to September 2021 there has been a further decrease in **Emergency admissions from care homes** (Outcome 4). 201 care home residents were admitted within this period compared to 220 for the same period in 2020. Our Senior Information Analyst in the Local Intelligence Support Team is leading on work to capture the impact of the support provided by our Advanced Nurse Practitioners with Renfrewshire Care Homes to reduce avoidable emergency hospital admissions.
- 5.2 There has been an overall improvement in the **uptake rate of child health 30-month assessments** (Outcome 4). Performance at September 2021 was 94% which is an improvement on year end performance of 83%.

- 5.3 The **% of children vaccinated against MMR at 5 years** (Outcome 4) has increased from 96.8% at March 2021 to 97.8% at June 2021; performance remains above the 95% target.
- 5.4 The **% of patients who started treatment within 18 weeks of referral to Psychological Therapies** (Outcome 3) has seen an increase in performance since March 2021 (86.8%) with 90.9% of patients being seen within the timescale at September 2021. The sustained improvement in performance is reflected in the improvements in Psychological Therapy waiting times in the Community Mental Health Teams and may partly be attributable to the remobilisation of staff in Doing Well posts in the first 6 months of the pandemic. This indicator has moved from amber to green status.
- 5.5 There has been a further improvement in **reducing the percentage of babies with a low birth weight (<2500g)** (Outcome 4) with performance for the rolling year July 2020 to June 2021 recorded as 5.3%. This is the first time performance has been achieved below the 6% target for at least 3 years. This indicator has moved from amber to green status.
- 5.6 The **% of health staff with completed TURAS profile/PDP** (Outcome 8) has increased to 47.5% at September 2021 from 41.7% at March 2021. Performance does however remain considerably below the target of 80% and this indicator has been prioritised with service managers for improvement over the next 6 months.
- 5.7 The **percentage of routine Occupational Therapy referrals allocated within 9 weeks** (Outcome 2) – has increased to 100% at October 2021 from 41% at March 2021. This improvement was achieved by auto-allocating the referrals to the right team upon receiving the OT request. As a result, and to provide more meaningful performance data, we will consider including a new local indicator that monitors the allocation to **the actual commencement of services** before the next reporting period. The impact of this change has also reduced the number of clients on the Occupational Therapy waiting list. See 5.8 below.
- 5.8 The **number of clients on the Occupational Therapy waiting list** (Outcome 2) has reduced to 14 at October 2021 from 159 at March 2021. As detailed in section 5.7, social work case recording changes provide an opportunity to provide more meaningful performance data. Therefore, we will consider including a new local indicator that monitors **time spent on the waiting list** and **the waiting list outcome** before the next reporting period.

6. Areas for Improvement

- 6.1 There has been a reduction in the **percentage of patients seen within the 18-week target for the Child and Adolescent Mental Health Service (CAMHS)** (Outcome 3) from 70.1% at March 2021 to 50.4% at September 2021. This has been as a result of increased demand for CAMH services and an increase in the urgency of care required.

A major impact on this performance has been the steady increase in referrals. In 2019 and 2020 referrals averaged 30 per month. In 2021, this increased to 76 per month. The number of referrals received in March 2021 was 51 and this has more than doubled at September 2021 to 108.

The continued impact of social distancing has also restricted the number of face to face appointments available. The nature of this work requires good acoustics and visuals, and technology does not always lend itself to this. In addition, some families do not have access to the technology required to access remote assessments.

There has also been considerable staffing pressures on the service with two vacancies and two staff on maternity leave.

- 6.2 There has been a reduction in the **percentage of patients seen within the 18-week target for the Child and Adolescent Mental Health Service (CAMHS)** (Outcome 3) from 70.1% at March 2021 to 50.4% at September 2021. This has been as a result of increased demand for CAMH services and an increase in the urgency of care required.

The CAMH Service has developed an improvement plan to ensure an improved and enhanced service. This will focus on improving patient pathways and increasing service capacity through the recruitment of additional staff. The recruitment of additional fixed term staff is underway, funded by the HSCP and through the Scottish Government's Mental Health Recovery and Renewal Fund. With this increased capacity in the service, we expect a positive impact on performance from early 2022. This also links with the Council's Children's Services Plan to provide mental health and wellbeing support to Renfrewshire's children and young people.

- 6.3 There has been a decline in performance on the **percentage of new referrals to the Podiatry Service seen within 4 weeks** in Renfrewshire (Outcome 9) from 67% at March 2021 to 50.4% at September 2021. Performance across NHSGGC has also dropped from 62% at March 2021 to 47.9% at September 2021.

The impact of COVID-19 has reduced face to face clinical capacity due to the on-going need to maintain social distancing in health care buildings.

There were 1,010 referrals to the service in the period April to September 2020; this has now increased to 3,381 for April to September 2021.

Recruitment has been challenging with insufficient suitable candidates applying for vacancies within the service. This is further impacted by staff seconded to front line COVID work; long term sickness absence rates including long COVID absence; and maternity leave. As the service was unable to recruit for suitable backfill, this has also impacted on front line clinical staffing levels. Taking this all into account the staffing levels are currently reduced by 22.9%.

- 6.4 There has been a decline in **A&E waits less than 4 hours** (Outcome 3). At July 2021, 81.2% of patients were seen within 4 hours which has reduced from 88% at March 2021. This indicator has moved from amber to red status.

Compliance with the 4 hour target during the last few months has been challenging with reductions in compliance seen across most of the main hospital sites in Greater Glasgow and Clyde. There has also been a notable increase in A&E attendances experienced during the past few months in addition to increasing acuity of patients, additional patient testing and bed challenges due to delayed discharge.

NHSGGC's compliance with the A&E 4 hour waiting standard is in line with national trends and monthly performance continues to exceed the national position. It was anticipated that public behaviours would change again as the pandemic eased with expected increased pressure on Emergency Departments. NHSGGC continues to remain committed to achieving the monthly target of 95%. More detail on A&E pressures is covered at section 8.4.

- 6.5 The **Number of Alcohol Brief Interventions (ABIs)** (Outcome 1) undertaken between April – June 2021 was recorded as 7. ABIs are traditionally carried out face to face and COVID 19 has had a considerable impact on our ability to do this. We are currently recruiting to an ABI post for a period of two years to improve and embed delivery across all settings.

7. Sensitive Routine Enquiry Indicators

- 7.1 Data is not yet available for the sensitive routine enquiry indicators. There are a number of challenges in recording and reporting the data across the NHSGGC area. This has been raised with NHSGGC e-health and also at a national level.

8. **Unscheduled Care Indicators**

- 8.1 NHSGGC has not set HSCP level targets/projections for 2021/22 for the Ministerial Scottish Government (MSG) Indicators. Performance against these indicators will continue to be closely monitored in line with the NHSGGC Unscheduled Care Commissioning Plan.
- 8.2 As expected all MSG unscheduled care indicators have seen a decline in performance relative to year end 2020/2021 as service demand has now increased beyond pre pandemic levels. This mirrors a national trend as public behaviours change again as the pandemic eases.
- 8.3 Should performance levels remain similar to quarter 1 (April to June 2021) we expect an approximate 20% increase on emergency admissions and unscheduled bed days in 2021/22 compared to 2019/20 and a 32% increase compared to 2020/21.
- 8.4 A&E attendances have increased substantially and again should performance levels remain similar to quarter 1 (April to June 2021) we expect an approximate 23% increase compared to 2019/20 and a 48% increase compared to 2020/21. NHSGGC is urging people to only attend A&E if their condition is life-threatening. Recent figures show that approximately 32% of the people attending A&E Departments did so with minor injuries and issues including sprained ankles, lower back pain, cut fingers and bruising. Attending A&E with these minor conditions not only adds to the pressures staff are facing but also impacts on waiting times.
- 8.5 The number of delayed discharge bed days was 2,661 from April to June 2021. Should performance levels remain similar to quarter 1, this is an approximate 15% increase on 2019/20 levels and 18% increase in 2020/21 levels.

9. **Reducing Delayed Discharges**

- 9.1 Several actions are currently being undertaken to improve performance on the unscheduled care indicators. The HSCP has its own Local Unscheduled Care Group chaired by the Head of Health and Social Care (Paisley) to progress on the delivery of the commitments in the NHSGGC Unscheduled Care Joint Commissioning Plan. A local Unscheduled Care Action Plan is being implemented and an update on this work programme will be submitted to the IJB meeting in March 2022.
- 9.2 A new sub-group of the Local Unscheduled Care Group has been established, chaired by the Adult Services Manager, which is currently developing a Delayed Discharge Improvement Plan and specifically looking at our Delayed Discharge Pathway. The pathway will focus on the following areas:

- Prevention of admission including the Care at Home response and the management of hospital attendance to treat, send home and avoid admission
 - Planning for hospital discharge on admission; the early allocation to Social Work Services and good communication with family, guardians and carers. Discharge Planning will be multi agency and prioritised by all.
- 9.3 In line with the NHSGGC Discharge to Assess Policy, the hospital team continues to work up stream in partnership with acute colleagues to ensure referrals come timeously and discharge can be facilitated as smoothly as possible. The policy works towards patients having their needs assessed and reviewed in their usual place of residence or own home rather than in hospital, as soon as they are medically fit and safe to be discharged.
- 9.4 To ensure the HSCP's services are fully prepared for this winter period, the Change and Improvement Team has been running a number of scenario-planning workshops with services to assess high risk scenarios and ensure that all necessary actions are identified and underway. Services involved include Care at Home, Care Homes, Mental Health and District Nursing and the scenarios considered include: internal and external staffing challenges which are currently being managed and could increase over winter, impacting on service provision and the management of delayed discharges; and supply chain issues.
- 9.5 Care at Home Services continue to support discharge from hospital. The service is reviewing current care planning schedules to create capacity to support this area throughout winter through increased staffing resources from recruitment activity. The central review team continues to work and review discharge cases to ensure appropriate levels of care are in place following discharge from hospital.
- 9.6 As part of the Scottish Government's winter planning measures, health boards are being funded to recruit 1,000 new health care support workers at Bands 3 and 4 to provide additional capacity in the community and in hospital settings. This equates to 222 staff within NHSGGC and 34 staff for Renfrewshire. The HSCP is exploring how this additional capacity can help alleviate demand pressures and in particular support timely hospital discharge. The Scottish Government recognises that this may inadvertently move staff from one part of the system to another, which is a critical dependency that will need to be managed.

10. Impact of COVID-19

- 10.1 As previously reported the full impact of COVID-19 on changes to demand across health and social care services remain unquantified. Where patients have avoided or delayed attendance for symptoms and conditions that would typically require treatment, it is possible that these may be exacerbated, leading to more serious health conditions over time.
- 10.2 As a result of the high COVID-19 activity across NHS GGC and the resulting pressure on staffing and bed capacity, the Boards elective programme has been substantially reduced to priority cases and time sensitive procedures only. The elective programme at this time is focused towards cancer, urgent patients and trauma work. Staff from the elective programme have been supporting the delivery of urgent and emergency care across NHS GGC and will continue to do so in the short term.
- 10.3 The HSCP Chief Officer's Tactical Group continues to meet weekly, enabling the six partnerships to work together, share good practice and develop common approaches where appropriate. The focus upon recovery continues, counterbalanced with meeting the changing demands presented by the remaining incidence of COVID-19 in our communities.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None








List of Background Papers – None.

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Renfrewshire Integration Joint Board Scorecard 2021-2022

















National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of service users
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing
7	People using health and social care services are safe from harm
8	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged in the work they do
9	Resources are used effectively in the provision of health and social care services









Performance Indicator Status		Direction of Travel		Target Source	
	Alert: 12		Improvement	N	National
	Warning: 7		Deterioration	B	NHSGGC Board
	Target achieved: 20		Same as previous reporting period	L	Local
	No targets: 18			M	MSG















This Performance Scorecard is for the financial Year 2021/22 and contains mid-year data for April to September 2021. In light of the exceptional circumstances surrounding the COVID-19 pandemic, some data for 2021/22 remains unvalidated and should be seen as indicative.

As previously outlined to the IJB, while the Scorecard Report continues to highlight how the Partnership has performed against the measures normally used for comparison year on year, it is difficult to draw direct comparisons to previous performance data due to the pandemic. The HSCP will therefore continue to proactively monitor performance trends to assess the impact of the pandemic throughout 2021/22.





















Section 1 – Performance Indicators with Targets

12 Red Indicators	Performance is more than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
1. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks (Outcome 3)	66.7%	70.1%	50.4% (Sept 21)	80%			N
2. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3)	90.5%	89.0%	89.0% (Sept 21)	100%			B
3. Reduce drug related hospital stays - rate per 100,000 population (Outcome 4)	303.35	2020/21 data not available until Oct 2022	2021/22 data not available until Oct 2023	170			N
4. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)	100%	63%	52.4% (Sept 21)	95%			B
5. Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)	173	161	Not Yet Available	182			B
6. Number of adult support plans declined by carers (age 18+) (Outcome 6)	34	51	41 (Sept 21)	46			L
7. % of health staff with completed TURAS profile/PDP (Outcome 8)	49.3%	41.7%	47.5 (Sept 21)	80%			B
8. Sickness absence rate for HSCP NHS staff (Outcome 8)	4.75%	5.65%	6.49% (Sept 21)	4%			N









Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
9. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Outcome 9)	90.1%	67.0%	50.4% (Sept 21)	90%			B
10. % of new referrals to the Podiatry Service seen within 4 weeks in NHS GGC (Outcome 9)	91.4%	62.0%	47.9% (Sept 21)	90%			B
11. % of foot ulcers seen within 2 working days in NHS GGC (Outcome 9)	81.2%	75.0%	80.4% (Sept 21)	90%			B
12. A&E waits less than 4 hours (Outcome 3)	87.4%	88%	81.2% (July 21)	95%			N











7 Amber Indicators	Performance is less than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
13. % of foot ulcers seen within 2 working days in Renfrewshire (Outcome 9)	81.7%	77.0%	82.8% (Sept 21)	90%			B
14. Percentage of long-term care clients receiving intensive home care (national target: 30%) (Outcome 2)	27%	29%	29% (Oct 21)	30%			N
15. Number of adults with a new Anticipatory Care Plan (Outcome 2)	159	201	106 (Sept 21)	221			L
16. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	80.2%	84.4%	82.1% (Sept 21)	90%			B
17. Formulary compliance (Outcome 9)	78.1%	77.6%	77.2% (April to June 21)	78%			L
18. Prescribing cost per treated patient (Outcome 9)	£91.34	£87.71	£90.27 (April to June 21)	£86.63			L
19. Improve the overall iMatter staff response rate (Outcome 8)	Paused during COVID 19.		58% (Sept 21)	60%			B







20 Green Indicators	Performance is on or exceeds target						
Performance Indicator	19/20 Value	20/21 Value	2021/22 Value	Target	Direction of Travel	Status	Target Source
20. Percentage of routine OT referrals allocated within 9 weeks (Outcome 2)	42%	41%	100% (Oct 21)	45%	↑	✓	L
21. Number of adult support plans completed for carers (age 18+) (Outcome 6)	162	86	59 (Sept 21)	114	↑	✓	L
22. Number of carers accessing training (Outcome 6)	255	165	123 (Sept 21)	220	↑	✓	L
23. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.7%	6.2%	5.3% (June 21)	6%	↑	✓	B
24. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	24.4%	26.8%	Not yet available	21.4%	↑	✓	B
25. Percentage of clients accessing out of hours home care services (65+) (Outcome 2)	90%	90%	93% (Oct 21)	85%	↑	✓	L
26. Number of clients on the Occupational Therapy waiting list (as at position) (Outcome 2)	315	159	14 (Oct 21)	350	↑	✓	L
27. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.5 (2017)	1.0 (2018)	1.1 (2019)	1.6	↓	✓	L
28. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (Outcome 4)	94.4%	94.4%	94.6% (Sept 21)	80%	↑	✓	N
29. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	92.3%	86.8%	90.9% (Sept 21)	90%	↑	✓	N



Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
30. Uptake rate of child health 30-month assessment (Outcome 4)	95.5%	87%	94% (Sept 21)	80%			N
31. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	99.0%	96.8%	97.8% (June 21)	95%			N
32. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	95.0%	98.5%	97.8% (June 21)	95%			N
33. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data) (Outcome 4)	7.2	6.3	Not yet available	8.9			N
34. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks (Outcome 4)	100%	100%	100% (Sept 21)	100%			B
35. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)	95.9%	98%	93%* (April – June 21)	91.5%			N
36. Emergency admissions from care homes (Outcome 4)	746	506	201 (Sept 21)	692			L
37. Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 5)	16.7%	23.3%	Not yet available	19.9%			B
38. % of complaints within HSCP responded to within 20 days (Outcome 8)	78%	82%	85.1%	70%			B
39. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)	18.08	13.5	Not yet available	TBC			L


Section 2 – Performance Indicators without Targets

Sensitive Routine Enquiry Indicators (4)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
40. Number of routine sensitive enquiries (Outcome 3)	200	1,382	Not yet available	-			-
41. Number of referrals made as a result of the routine sensitive enquiry being carried out (Outcome 3)	1	* Paused due to COVID-19	No data available	-			-
42. Number of staff trained in sensitive routine enquiry (Outcome 5)	28	* Paused due to COVID-19	* Paused due to COVID-19	-			-
43. Number of staff trained in Risk Identification Checklist and referral to MARAC. (Outcome 5)	64	* Paused due to COVID-19	* Paused due to COVID-19	-			-

Ministerial Scottish Government Indicators (5)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
44. Number of unscheduled hospital bed days; acute specialties (18+) (Outcome 2)	126,904	112,609	37,473p (April – June 21)	-			M
45. Number of emergency admissions (18+) (Outcome 2)	18,173	14,399	5,780p (April – June 21)	-			M
46. Number of delayed discharge bed days (Outcome 2)	9,122	8,759	2,661 (April – June 21)	-			M
47. Total number of A&E attendances (Outcome 9)	60,238	39,432	19,522 (April – June 21)	-			M
48. Number of A&E attendances (18+) (Outcome 9)	47,297	31,892	14,995 (April – June 21)	-			M

Safe from Harm Indicators (6)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
49. Number of Alcohol Brief Interventions (Outcome 1)	224	53	7 (April – June 21)	-	↓		-
50. Number of suicides (Outcome 7)	16 (2019)	22 (2020)	Not Yet Available	-	↓		-
51. Number of Adult Protection contacts received (Outcome 7)	3,106	3,487	1,223 (Oct 21)	-	-		-
52. Total Mental Health Officer service activity (Outcome 7)	683	627	334 (Oct 21)	-	-		-
53. Number of Chief Social Worker Guardianships (as at position) (Outcome 7)	110	115	121 (Oct 21)	-	-		-
54. Percentage of children registered in this period who have previously been on the Child Protection Register (Outcome 7)	11%	29%	Not Yet Available	-	-		-

Social Care Indicators (2)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
55. Homecare hours provided - rate per 1,000 population aged 65+ (Outcome 2)	414	390	388 (Oct 21)	-	-		-
56. Population of clients receiving telecare (75+) - Rate per 1,000 (Outcome 2)	50	46	49 (Oct 21)	-	↑		-

Prescribing Indicator (1)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
57. Prescribing variance from budget (Outcome 9)	2.61% under budget	5.72% under budget	2.89% under budget (Sept 21)	-	↓		-

Notes

p Denotes provisional data

*Figure for Alcohol and Drugs waiting times for referral to treatment is unconfirmed. The transition to a new recording system has had an impact on data quality and recording.