



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	24 September 2025
<b>Agenda Item</b>	8
<b>Title</b>	Performance Update – Quarter 1 - 2025-26
<b>Summary</b>  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 2025-28. Where Quarter 1 (April - June) 2025-26 data is available for strategic performance indicators (PIs) this is included. The report also includes two exception reports (covering three PIs), providing more detailed discussion of performance for these measures. Exception reports delve further into the performance of specific measures and mitigation or reasoning for current performance.	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<b>Action Required</b>  Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2025-26.	

**East Renfrewshire Integration Joint Board****Performance and Audit Committee****24 September 2025****Report by Chief Officer****Quarter 1 Performance Update 2025-26****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 2025-2028. Where Quarter 1 data is available for strategic performance indicators this is included. The report also includes two more detailed exception reports looking at four key performance indicators.

**Recommendation**

2. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2025-26.

**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 1 and 3 with many performance indicators being reported on a 6-monthly cycle.
4. As with previous performance updates, in addition to our full report on progress against our key performance indicators (Appendix 1), we have included two exception reports (Appendix 2) giving more detailed discussion on performance trends for the following areas:
  - Unplanned hospital use from care homes:
    - A&E attendances from care homes in East Renfrewshire
    - Emergency admissions from care homes in East Renfrewshire
  - Psychological Therapies waiting times
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*

## Report

6. The main data report includes available data for Quarter 1 (April to June 2025) 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. Explanations of any notable shifts in performance are included in the commentary.
7. The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2025-28:
  - Supporting children, young people and their families to improve mental and emotional wellbeing.
  - Supporting people to maintain their independence at home and in their local community.
  - Supporting better mental health and wellbeing and reducing harm from alcohol and drugs.
  - Supporting people who care for someone, ensuring they are able to exercise choice and control.
  - Strengthening links with communities and 3<sup>rd</sup> sector supports.
  - Supporting individuals and communities to tackle health inequalities and improve life chances.
  - Supporting people's healthcare needs by providing support in the right way, by the right person at the right time.
  - Supporting effective community justice pathways that support people to stop offending and rebuild lives.
  - Protecting people from harm.
  - Supporting staff across the partnership to strengthen resilience and wellbeing.
8. The HSCP continues to operate at a high level of performance across service areas, despite continuing challenges and pressures. During the current period of reporting, we have seen improving performance for 33% of the indicators, where data was available.

### Performance highlights include:

9. Performance on **waiting times for alcohol and drug recovery services** improved for the second quarter in a row. The percentage of people accessing recovery-focused treatment within 3 weeks increased from 97% to 98%. This is very positive performance in spite of staffing absence and vacancies within Alcohol and Drug Recovery Services (ADRS).
10. The number of **alcohol brief interventions** increased during the quarter. Training for delivery of ABIs has been underway within local service settings, but we expect it will take time to gradually increase local ABI delivery across the area.
11. We have seen increases in attendance and decreases in admissions from **care homes**. However, our care homes continue to perform within our target. More detail on care home performance on unplanned hospital use is given in the exception report at Appendix 2.
12. The proportion of **Community Payback Orders** being completed within court timescales rose during the quarter and we are now above target. This is due to the reduction of a

waiting list on select days during the reporting period. We also performed better than target for the percentage of CPOs commencing within 7 days.

13. We have seen continued high performance for the payment of **invoices** within 30 days and are now ahead of target at 93.76%. This has been the result of full staffing at the team and more efficient processes.
14. We have seen continuing improvement in **sickness absence** among Council-employed staff and we are ahead of target since Q1 2024/25. The HSCP has had an additional HR resource in place since Q2 of 2023/2024, which has played a significant role in reducing absence levels.

Areas that remain challenging include:

15. Supporting **independence** and **rebalancing care** – latest data shows that we are falling short of our target and performing below the national average for the percentage of people age 65+ with intensive care needs receiving care at home (60% - target 62%). We also perform below our target for the number of people accessing self-directed support (SDS) Options One and Two. However, we perform in line with the Scottish average for spending on SDS (One and Two) as a proportion of total spend on adult services.
16. We saw a higher number of people coming through our **reablement** service in Q1, but a reduction in the proportion of people discharged with reduced levels of care need (30%, down from 37% in Q4). In the last quarter there has been an increased proportion of people referred to the service that have proved unsuitable for reablement, impacting on our overall performance for this PI.
17. **Unplanned hospital attendances and admissions** remain stable and within target, and we have seen modest reductions in admissions from the previous quarter. Latest data shows that unplanned hospital bed days also increased during the reporting period.
18. In Quarter 1 saw a continuing reduction in the percentage of people **accessing psychological therapies** within 18 weeks from 87.2% (Q4) to 86.8% - below our target of 90%. This was due to staffing issues and outstanding vacancies. Waiting times are monitored weekly, with longest waits or patients about to breach target highlighted to our teams.
19. Hospital **discharges with delay** (and bed days lost) continue to be a key area of focus for the partnership and are at higher levels than for previous years. However, during Q1 delays (excluding adults with incapacity (AWI)) averaged 9 a week – up from 6 in the previous quarter.
20. Although performance remains high and ahead of target, the proportion of **carers** reporting their 'quality of life' needs being met dropped from 96% in Q4 to 76% in Q1. This measure shows some fluctuation and may be impacted by the timing of the survey question. We recognised the significant pressures local carers are under and continue to ensure supports are in place through the Carers Centre and other partners.

**Recommendation**

21. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Update 2025-26.

**Report Author and Person to Contact**

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24<sup>th</sup> September 2025

Chief Officer, IJB: Alexis Chappell

**Background Papers**

[Performance and Audit Committee, HSCP Quarter 3 Report, 26 March 2025.](#)

[Performance and Audit Committee, HSCP Annual Performance Report, 25 June 2025.](#)

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## Appendix 1

### HSCP Strategic Performance Report – 2025-26 Quarter 1


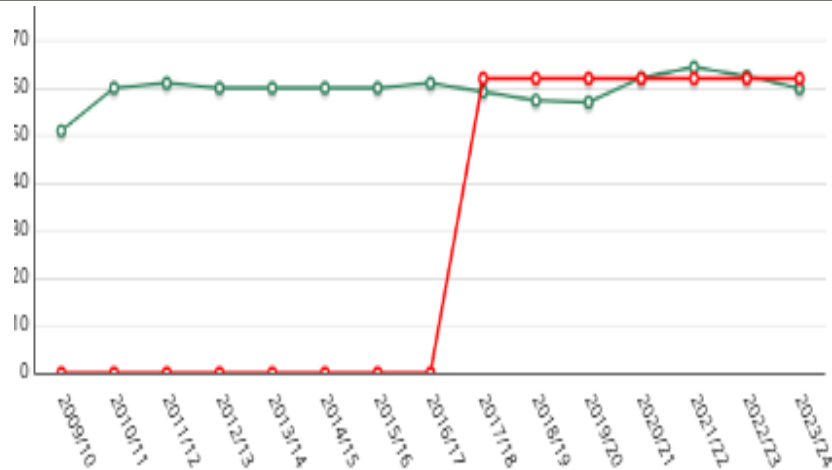



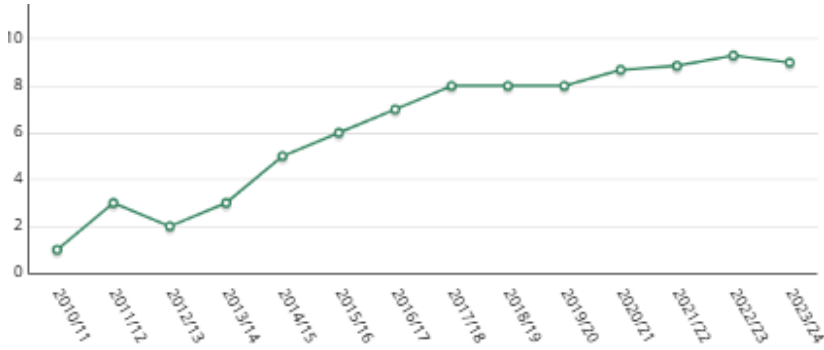

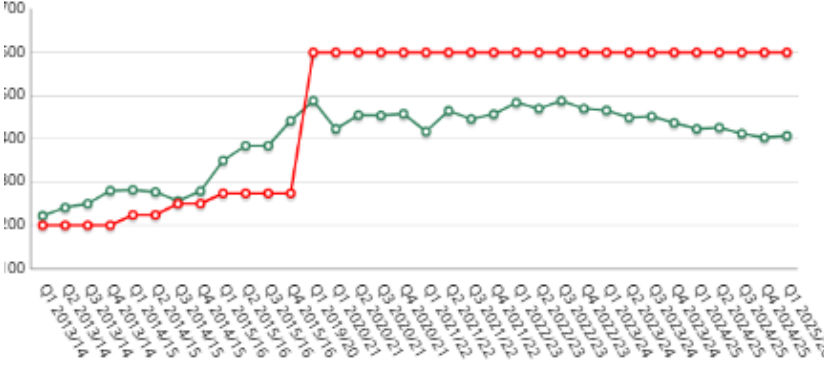
Key:

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


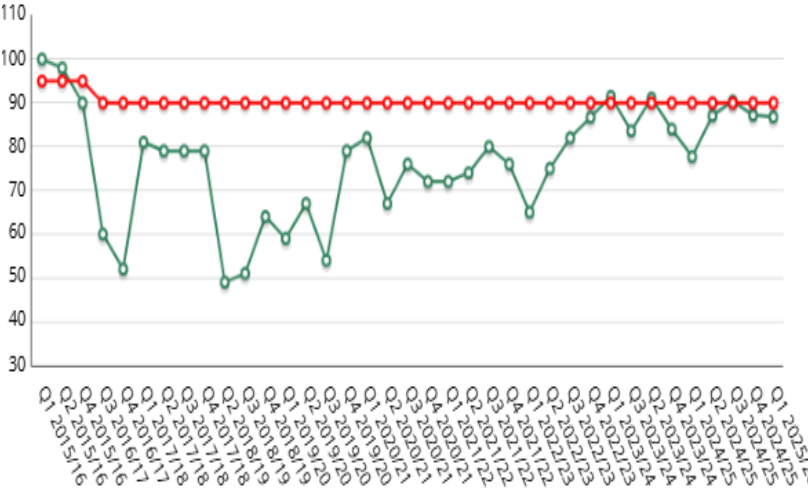

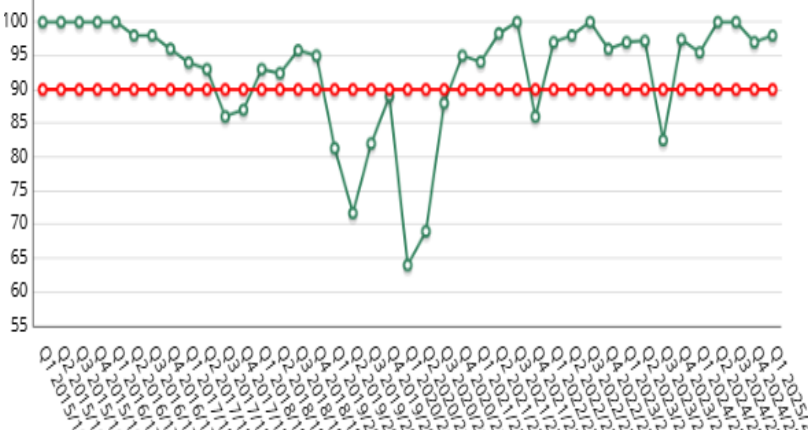
Trend arrows point upwards where there is improved performance (incl. where we aim to decrease the value).


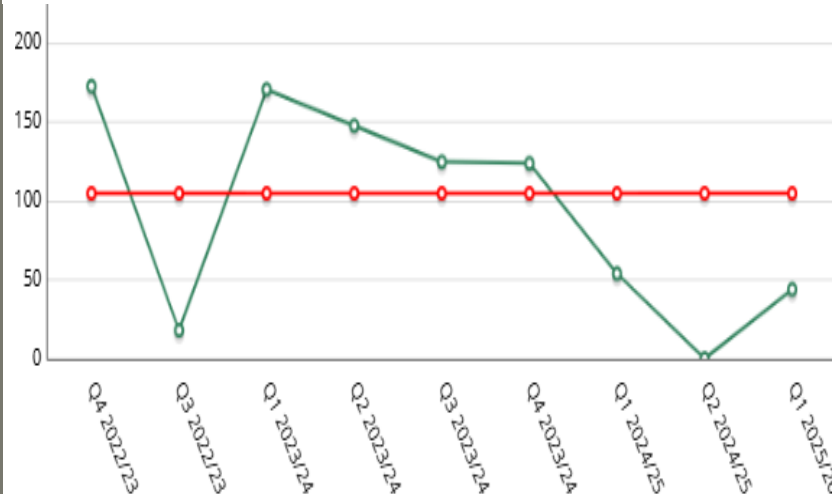
#### 2. Supporting people to maintain their independence at home and in their local community

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (AIM TO INCREASE)	2023/24	59.9%	62%	Amber	 (declining)		The LGBF data shows that our performance has dropped slightly compared with the previous year (62.5%) having now fallen below target. This compares to a national average of 62.6%. 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.


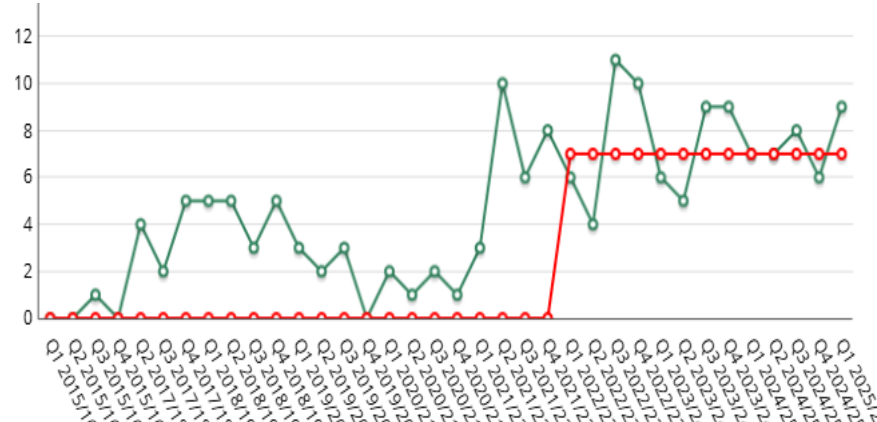
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (AIM TO INCREASE)	2023/24	9%	Data Only		 (declining)		Latest available data for this indicator at March 2025. We continue to perform in line with the national average whilst outperforming our family group of authorities. (Source: Improvement Service)
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (AIM TO INCREASE)	Q1 2025/26	407	600	Red	 (improving)		Data calculated from the Social Care returns shows a total of 407 people were in receipt of SDS 1 and 2 Option payments in Qtr 1.
Percentage of those whose care need has reduced following reablement / rehabilitation (AIM TO INCREASE)	Q1 2025/26	30%	60%	Red	 (declining)		Of the 54 people discharged from the service only 16 (30%) were discharged with reduced or no services. This is an increase on the number of people going through the reablement process but alongside this there is still a high percentage of people being referred through that there is no potential of reablement (20%). This is causing the overall figure of successful rehabilitation to appear less.

### 3. Supporting better mental health and wellbeing and reducing harm from alcohol and drugs

Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
Percentage of people waiting no longer than 18 weeks for access to psychological therapies (AIM TO INCREASE)	Q1 2025/26	86.8%	90%	Amber	 (declining)		<p>At the end of Quarter 1, 86.8% of people assessed and waiting for Psychological Therapy started treatment within 18 weeks. This is a decrease from 87.2% at the end of Q4 and is slightly below the 90% target. The total number of individuals waiting across all services at end of Q1 is 175 with the longest wait at this current time being 37 weeks. Vacancies are being managed across all services (older people's, primary care and adult mental health teams). Work is currently underway to identify funding and undertake recruitment whilst managing waiting times on a weekly basis to ensure the longest waits are being addressed where possible.</p>
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. (AIM TO INCREASE)	Q1 2025/26	98%	90%	Green	 (improving)		<p>The estimated waiting time figure for Quarter 1 25/26 is 98% (this remains unverified until 30 September 2025 pending Public Health Scotland publication) showing an increase of 1% on Qtr 4. 80 people started treatment during Qtr 1 2025-26, with 36 still in treatment. East Renfrewshire Alcohol and Drug Recovery Service (ADRS), Glasgow Council on Alcohol (GCA) and RCA Trust all record referrals and waiting times within DAISy for our area.</p>


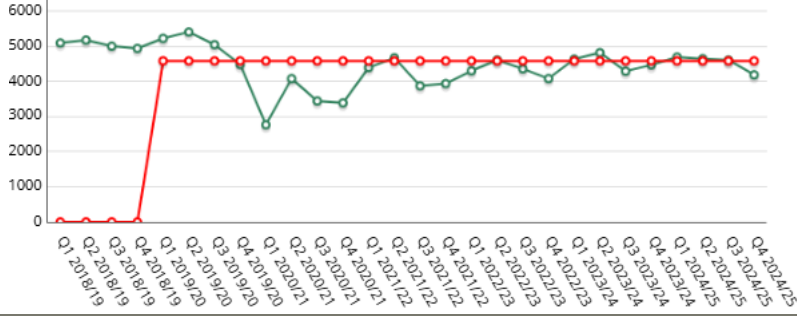

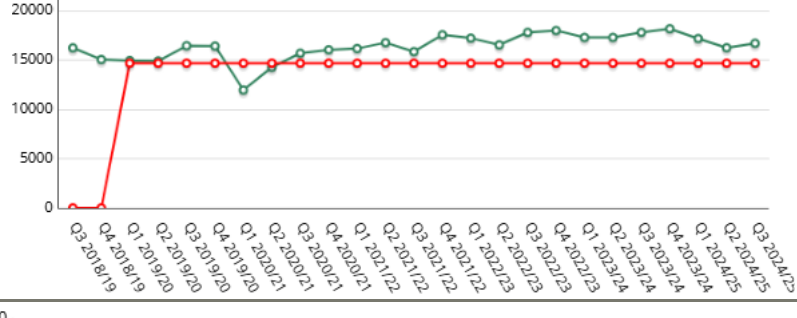

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. (AIM TO INCREASE)	Q1 2025/26	44	105	Red	 (improving)		East Renfrewshire has a target of delivering 419 Alcohol Brief Interventions per financial year, which requires 105 to be delivered per quarter. Glasgow Council on Alcohol deliver ABIs for East Renfrewshire and in Q1 achieved 44, which is below target. This was due to staffing shortages and HSCP officers are working with the commissioned provider to restart the alcohol awareness work in various community settings.


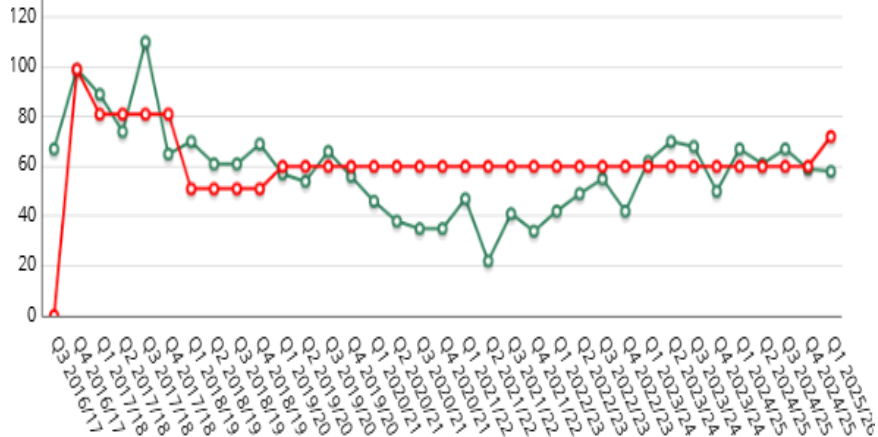
#### 4. Working together to meet people's healthcare needs

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (NHS GGC Acute & MH weekly data) (AIM TO DECREASE)	Q1 2025/26	9	7	Red	 (declining)		In Q1 the weekly average of people waiting more than 3 days to be discharged has increased to 9. This is an increase on Q4 and has returned to previous levels of 2023/24 after a period of better performance in 2024/25.


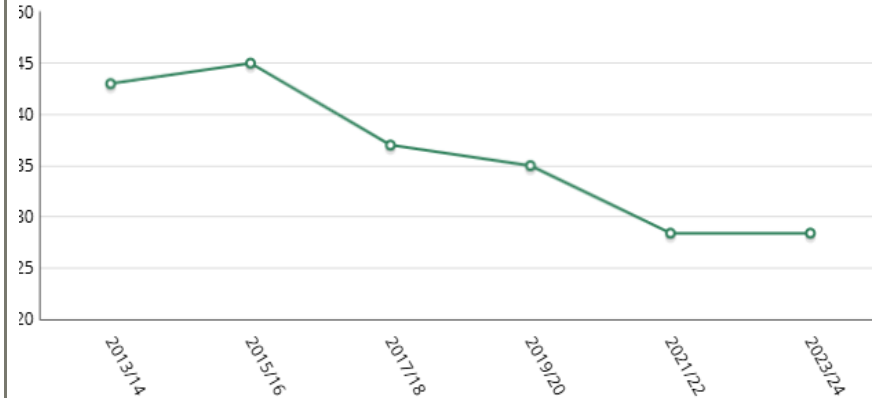
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) (AIM TO DECREASE)	Q1 2025/26	17	11	Red	 (declining)		Monthly average of latest available data (Apr-Jun 2025). Performance has declined increasing from 12 to 17 on the previous quarter. Performance is similar to the same period 2024/25. (Source: Public Health Scotland, Aug 2025)
Delayed discharges (PHS) bed days lost to delayed discharge (AIM TO DECREASE)	Q1 2025/26	1,583	1,029	Red	 (declining)		Number of bed days lost has increased from 1,306 in the previous quarter to 1,583. (Source: PHS, July 2025)

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Number of Emergency Admissions: Adults (NHSGGC data) (AIM TO DECREASE)	Q1 2025/26	1,618	1,782	Green	↓ (declining)		Hospital admissions have increased slightly to 1,618 in Quarter 1 from 1,528 in Quarter 4 and continue to perform below target.
No. of A&E Attendances (excl MIUs) (NHSGGC data) (AIM TO DECREASE)	Q1 2025/26	2,963	4,583	Green	↓ (declining)		A & E attendances have increased slightly in Q1 compared to Q4 2024/25, and also remains lower than the level of Q1 2024/25. Performance continues to be lower than target.
Number of Emergency Admissions: Adults (MSG data) (AIM TO DECREASE)	Q3 2024/25	1,811	1,781	Red	↓ (declining)		Latest provisional data to Dec 24. Up from 1,729 admissions in previous Qtr 2. (Source: Scottish Govt, MSG June 2025)


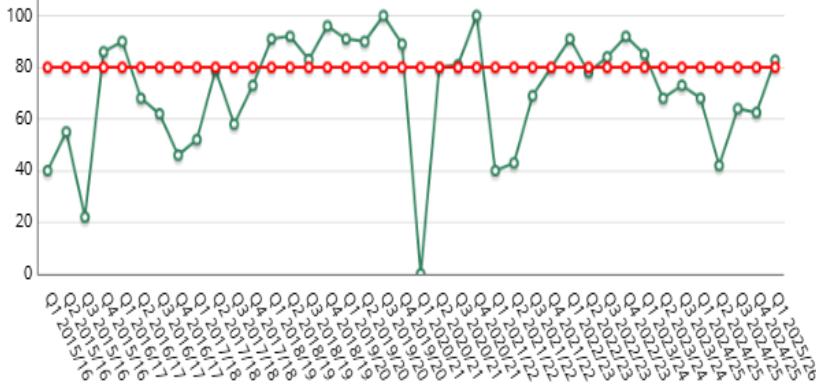


Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
No. of A & E Attendances - Adults (MSG data) (AIM TO DECREASE)	Q4 2024/25	4,186	4,584	Green	 (improving)		Latest data to Dec 24, released June 2025. Reduced from 4,608 attendances in Qtr 3. (Source: Scottish Govt, MSG)
Unscheduled Hospital (Acute) Bed Days: Adults (18+) (AIM TO DECREASE)	Q3 2024/25	16,737	14,715	Red	 (declining)		Latest provisional data to December 2024 released June 2025. Data corrected back to Apr 2023. (Source: Scottish Govt, MSG)
A & E Attendances from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q1 2025/26	108	120	Green	 (declining)		Figures for A&E attendances from care homes for Q1 2025/ have increased compared to Q4 2024/25. Although the figure has increased the target has been adjusted as the number of available of beds in care homes across East Renfrewshire have increased also.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Emergency Admissions from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q1 2025/26	58	72	Green	 (improving)		Admissions from care homes, are showing a decreasing (improving) trajectory, and are also below target. Hospital admission for the first quarter in 2025/26 are 13% lower than the same period in the previous year.

#### 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
Health and Social Care Integration - Core Suite of Indicators NI-8: Total combined % carers who feel supported to continue in their caring role. (AIM TO INCREASE)	2023/24	28.4%	Data Only		 (declining)		Scotland figure for period 31.2%. Latest data at September 2024. Data is from the Health and Care Experience Survey which is a sample survey of people aged 17+ registered with a GP practice in Scotland. Note figures from 2021/22 remain the same. (Source: Public Health Scotland)

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

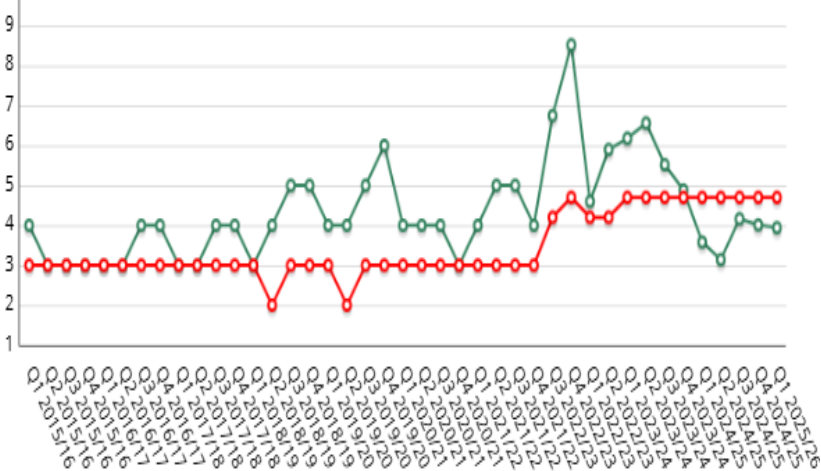
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days (AIM TO INCREASE)	Q1 2025/26	82.75%	80%	Green	 (improving)		24 out of 29 commenced within 7 days of order being imposed
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (AIM TO INCREASE)	Q1 2025/26	87%	80%	Green	 (improving)		20 out of 23 unpaid work placements were completed within court timescales. Performance has improved on the 71% in Q4 2024/25.

### 7. Working together to protect people from harm.

Domestic abuse - % change/improvement in women's safety and wellbeing outcomes	2024/25	92%	85%	Green	No Change	<p>From April 2024 – March 2025 a total of 1116 women and children were supported across Women's Aid three core services, helpline and drop in enquiries compared to 1059 during the same period last year- a 5% increase.</p> <p>The service reported significant change and improvement in women's domestic abuse outcomes, 107 reviews were completed with 92% of women assessed noting overall improvement in their outcomes indicating the positive impact of support.</p>
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### Organisational measures

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Payment of invoices: Percentage invoices paid within agreed period (30 days) (AIM TO INCREASE)	Q1 2025/26	93.76%	90%	Green	No Change		Q1 performance has seen this measure remain above target as continued work remains ongoing with dashboards to target specific invoices that are scheduled to fall outwith the agreed period.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Sickness absence days per employee - HSCP (LA staff) (AIM TO DECREASE)	Q1 2025/26	3.94	4.7	Green	<div><div></div><div>(improving)</div></div>		Council absence levels in Q4 were 4.01 and this has improved again to 3.94 Working Days Lost/FTE in Q1 and remains below target of 4.7.

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## Appendix 2 – Exception Reports

### A&E attendances/admissions from care homes in East Renfrewshire HSCP

#### Purpose of the indicator

To monitor A&E attendances/ admissions from care homes in East Renfrewshire HSCP.

#### What does good look like?

Unscheduled care activity/ conveyance to A&E for our Care Home residents only occurs for unavoidable clinical need. All opportunities, supports and pathways are considered to maximise health and care interventions, avoiding unnecessary conveyance and admissions to hospital, and to ensure residents receive treatment and care in their home environment whenever possible.

#### Current status of measure

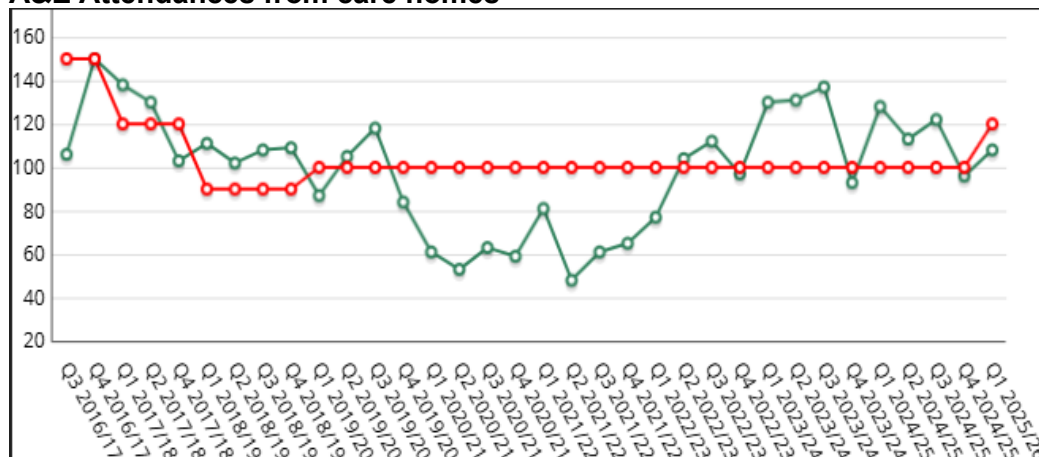
This exception report shows data for A&E attendance numbers and admissions for residents of care homes in East Renfrewshire HSCP. While there has been an increasing trajectory in A&E attendances and admissions from care homes over past 2 years, this has been demonstrated across NHS GG&C.

It is acknowledged that there has been a sustained increase to the numbers of individuals living within a care home setting in East Renfrewshire HSCP over recent years. Consequently, the local target for hospital attendances and admissions has now been adjusted to reflect this 20% increase in care home residents compared to when the targets were initially set.

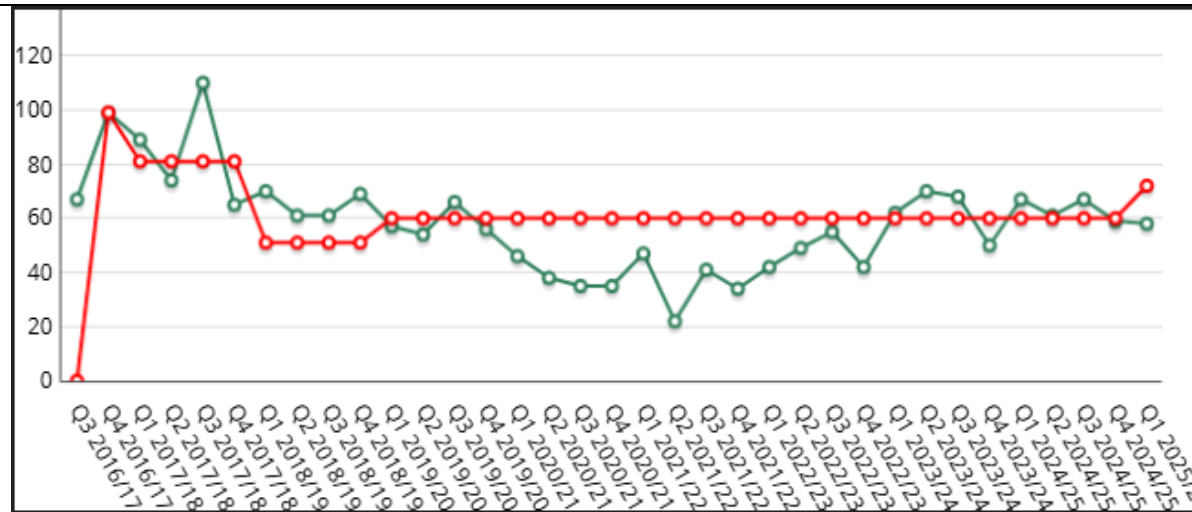
East Renfrewshire numbers for A&E attendances are below local target, which is an improvement. Attendances for Quarter 1 2025/26 are 16% lower than the same period in the previous year.

Admissions from care homes, are showing a decreasing (improving) trajectory, and are also below target. Hospital admission for the first quarter in 2025/26 are 13% lower than the same period in the previous year.

#### A&E Attendances from care homes



#### Emergency admissions from care homes



### Reason/explanation for current performance

Current performance is better than local target. Prevention of avoidable conveyance to A&E is multifaceted and there are challenges across the system to ensure alternative pathways are available and considered both in hours and out of hours. People living in care homes should have timely access to members of the multidisciplinary team 24/7 when urgent or unscheduled care is required. This is reliant on access to HSCP services in hours, extended hours access to Flow Navigation Centre for Falls Pathway and currently OOH (overnight and weekends) through OOH GP/ NHS24/ emergency services.

### Mitigating action

There is significant work ongoing across the HSCP and across the health board area to support avoidable conveyance to A&E for Care Home residents. The HSCP has proactively engaged with older people Care Homes over the last 30 months, embedding the GGC Care Home Falls Pathway. This pathway focuses on reducing unnecessary attendance at hospital, by extending the toolkit available to staff to support care home residents who have fallen, and not requiring an urgent response. This enables clinical discussion between care home staff and senior clinical decision makers at the Flow Navigation Centre (FNC), to facilitate residents to remain in their care homes when clinically safe, utilising virtual assessment. The pathway supports scheduling of unscheduled presentations, such as planned attendance to minor injuries clinic /ED or planned rehabilitation/GP /primary care assessment the following day.

In addition, the GG&C Call Before You Convey (CB4YC) pathway has also been implemented since November 2023 across all care homes in East Renfrewshire. This model provides an alternative pathway for Care Home residents who are deteriorating and at risk of conveyance to ED, and options for local senior clinical decision-making support for staff, instead of calling 111/999. The HSCP has embedded this pathway to anticipate deteriorating residents specifically before weekends with a virtual triage check model for all Care Homes. The Care Home Liaison Nursing (CHLN) Single Point of Access pathway was extended 9 months ago from a 5 day service to a proactive 7 day service. In addition, access to specialist nursing services such as diabetes nursing support has extended the support available to care home staff in their care of their residents.

Further Future Care Planning Quality Improvement work continues, and this is a priority for the health board. Proactive input from Community Rehabilitation AHPs to support targeted falls prevention interventions alongside individual resident rehabilitation input is ongoing.

In addition to our community CB4YC, there is also a SAS: FNC Call Before You Convey pathway. This is for SAS crews to use when a call has been made to 111/999 and the crew attending a resident in the home can call FNC for advice/decision support regarding conveyance.

The ongoing development of NHS GGC Flow Navigation Centre Plus model will further enhance the offering and coordination of clinical decision-making support and end to end pathways for care home residents and those who support them.

### **Investment**

Funding re-directed from the Care Home Collaborative to HSCPs to support Winter Planning assistance to Care Homes totalling £500k was allocated across all 6 HSCPs to mobilise this. The allocation to East Renfrewshire based on care home bed numbers for 23/24 (£31,651) and 24/25 (circa £35,000) has supported provision of additional Care Home Liaison Nurse (CHLN) hours and enabled recruitment to a 0.6WTE fixed term post to increase existing capacity. This funding has now been baselined and there is ongoing work to ensure development of CHLN service.

Additional scale up plans are being considered across GG&C as part of transformation and reform agenda

### **Context and benchmarking**

A comparative was sought with East Dunbartonshire HSCP and across the other HSCPs within GG&C who are currently all experiencing similar challenges with increasing numbers of attendances and admissions from care homes. There is ongoing multiagency work across GG&C in relation to this with East Renfrewshire representation on all appropriate working groups.

**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 support mental health in a timely way 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 health difficulty, from mild to moderate conditions to more severe and enduring.

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 one part of our work to provide a wide range of supports to individuals on their journey to recovery from mental health difficulties. We work in collaboration with a range of 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**

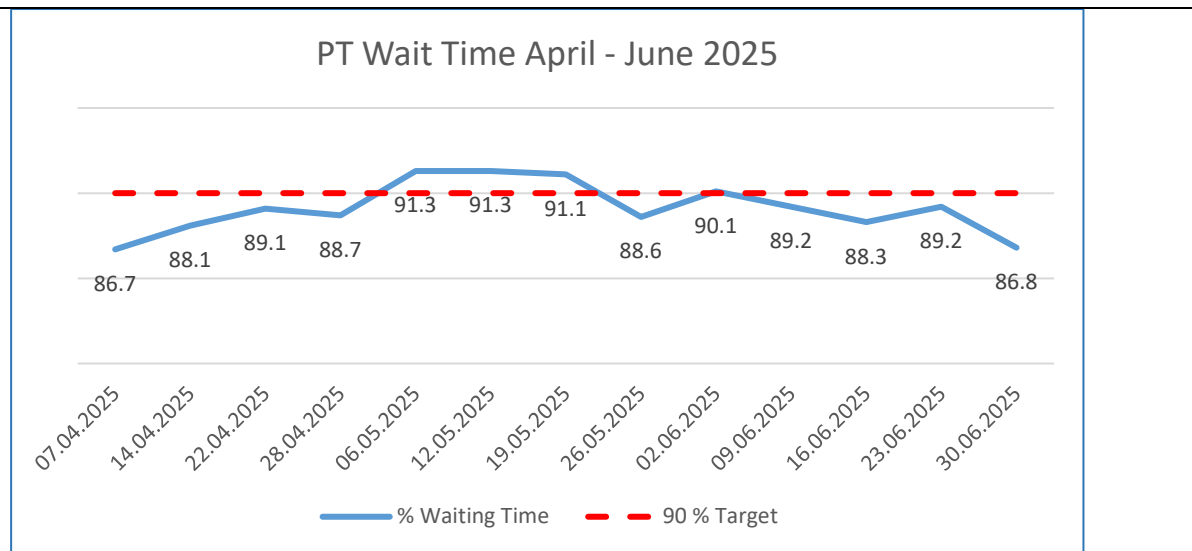
Currently the target is that 90% of people will start Psychological Therapy treatment within 18 weeks of referral.

At the end of Quarter 1 of 2025-26, 86.8% of people assessed and waiting for Psychological Therapy started treatment within 18 weeks, which is below the 90% target. This is a slight decrease from 87.2 % at the end of Q4. (Note this data remains to be verified by Public Health Scotland with publication due September/October.)

Waiting times are monitored very closely with performance noted and actions taken on a weekly basis. Over the course of Quarter 1, performance has fluctuated and the 90% target has been reached in 4 out of 13 weeks.

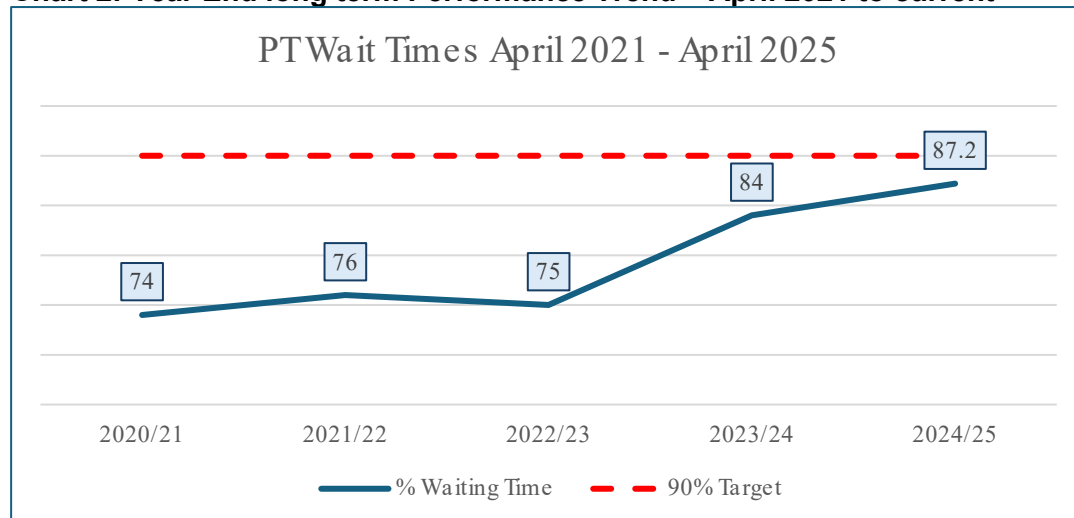
The total number of individuals waiting across all services at end of Q1 is 175. 31 of these have waited over 18 weeks, with the longest wait at this current time being 37 weeks.

### **Chart 1: weekly waiting times Q1**



Looking at annual performance data in Chart 2, it can be seen that performance has improved significantly since 2020-21 due to robust monitoring and securing of additional resources where required.

**Chart 2: Year End long term Performance Trend – April 2021 to current**



### Reason/explanation for current performance

Psychological therapies waiting times performance is influenced by a number of factors, including:

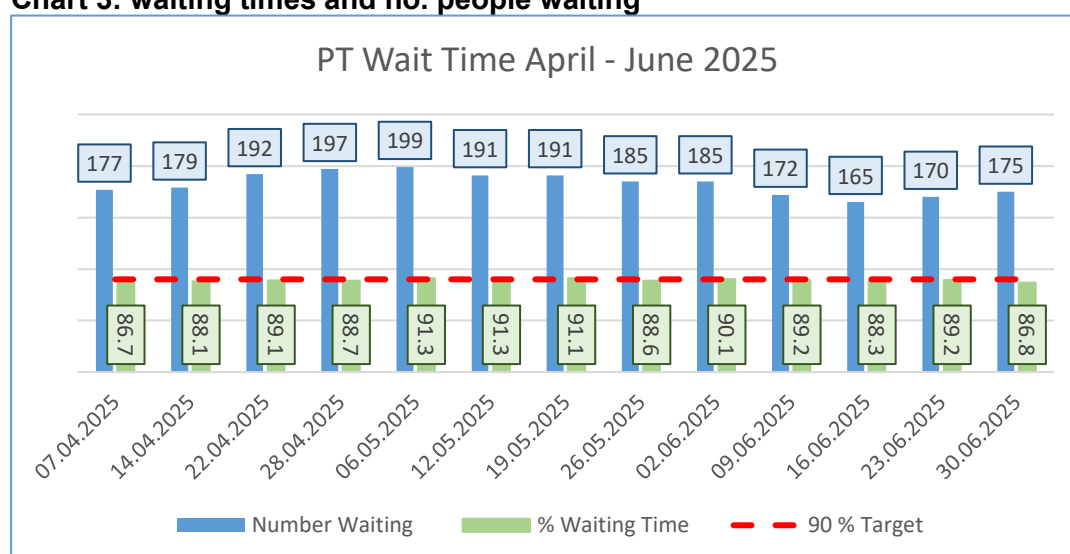
- Demand for psychological therapy (number of new people assessed as suitable)
- The number of long waiters in each given week
- Staffing resource available to provide psychological therapy to meet each person's specific needs, including specific psychology resources to meet complex needs such as high intensity CBT

Chart 3 shows weekly performance mapped against the number of people waiting each week. Figures show that 119 people started treatment during Q1 (including some of the longest waits). However, during the same period a further 123 were identified as suitable for PT and therefore joined the waiting list, demonstrating that the identified need for psychological therapies across adult, older adult and primary care mental health services remains high.

The number of people starting PT each week can vary (from 1 to 12 over last 8 weeks) and psychology resources have to be balanced between provision of treatment and assessment for suitability. Some people are seen well within the waiting time of 18 weeks and this is due to the ability to match to the appropriate psychology resource at that time, whilst waits can be longer where a more specialist therapy is required. It can be seen that the target has been met in the weeks with the highest numbers of people waiting overall – this is due to the ability of services to start people on treatment who have been waiting more than 18 weeks. In May services were successful in offering and starting treatment to 13 long waiters.

Staffing difficulties (including vacancies for senior psychologists) across all services have been a longstanding issue which has led to the waiting list growing in number and the longest waits increasing, particularly where a specialist need is identified e.g. for high intensity CBT. Recruitment difficulties in securing psychology resources are an issue nationwide.

**Chart 3: waiting times and no. people waiting**



### Mitigating action

Progress has been made in recruiting to vacant posts, or adding WTE to teams over the last 12-18 months. A 0.2FTE counsellor for the PCMHT was successfully recruited and started in post in February 2025 which will address long waits in this service area. A 0.7 WTE psychologist has started in post with the Older People's Mental Health Team.

Current actions to bring in additional resources are in progress across all three teams:

- Resources from another GGC team are supporting OPMHT in meeting PT demand.
- Budget has now been identified to recruit to a senior psychologist role in PCMHT, which will aid in particular long waits for High Intensity CBT. The expected timescale for recruitment is October 2025.
- Exploring options of increasing hours delivered within adult mental health team

In the meantime, wait times will continue to be monitored on a weekly basis, highlighting long waits or patients about to breach target, to ensure all teams are

aware of current waiting time for their service. A monthly report is submitted to NHSGGC as part of their monitoring.

**Investment**

Required funding has been made available from the core budget for the posts recently recruited and from Action 15 to add psychology capacity in the area of PCMHT. Overall funding identified to ensure staffing is at the required level.

**Context and benchmarking**

According to the most recently available data for GGC, East Renfrewshire was 8 percentage points above the GGC average of 78.6%, at the end of 2024-25.

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