



Item No: 22

Meeting Date: Wednesday 21st June 2017

Glasgow City Integration Joint Board

Report By: Allison Eccles, Head of Business Development
Contact: Duncan Goldie, Performance Planning Manager
Tel: 0141 287 8751

HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 4 PERFORMANCE REPORT 2016/17

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 4 2016/17.
---------------------------	---

Recommendations:	The Integration Joint Board is asked to: a) note the attached performance report.
-------------------------	--

Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
--	--

Personnel:	None
-------------------	------

Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.
----------------	--

Provider Organisations:	None
--------------------------------	------

Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
--------------------	---

Financial:	None	
Legal:	The Integration Joint Board is required by statute to produce a performance report within four months of the end of each financial year. The first report is due by the end of July 2017 and to cover the financial year 2016/17 and is the subject of a separate report. Routine performance management arrangements are also expected to be in place across the Partnership.	
Economic Impact:	None	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	None	
Implications for Glasgow City Council:	The Integration Joint Board's performance framework will include performance indicators previously reported to the Council.	
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework will include performance indicators previously reported to the Health Board	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 The purpose of this report is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 4 2016/17.

2. Background

- 2.1 The Integration Joint Board noted an initial draft performance report on 21st March 2016, which brought together the performance indicators previously produced separately for Health and Social Work, within a single draft Joint Performance Report. This report captured the performance of the Health and Social Care Partnership, in relation to a range of key performance indicators across Health and Social Work Services.

- 2.2 At this meeting, it was suggested that indicators which were too operationally focused and those which are updated annually/biennially were removed from the framework of the Integration Joint Board performance report, which the Board felt should be more strategically focussed.
- 2.3 The first full Joint Performance report was then presented to the Integration Joint Board on the 21 September relating to Q1 2016/17. It was agreed that this would be produced on a quarterly basis going forward and the latest performance report for Quarter 4 is now attached.
- 2.4 In addition to these Integration Joint Board Performance reports, Scottish Government Statutory Guidance makes it clear that Health and Social Care Partnerships are expected to have routine performance management arrangements in place, with regular performance reports produced for internal scrutiny by their respective management teams.
- 2.5 A more detailed Joint Performance report has, therefore, been developed in order to enable scrutiny of operational performance by Health and Social Care Partnership Management Teams and the Finance and Audit Committee. This is similar to the attached Integration Joint Board report, but includes a wider set of more operational performance indicators. It also contains detailed performance data for all indicators and localities, whereas the attached report summarises performance, then provides more detailed information on an exception basis for those indicators which are below target.
- 2.6 It should be noted that these reports and performance management processes are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime
- 2.7 It should also be noted that in addition to these quarterly performance reports, an Annual Performance Report - as required by the Public Bodies (Joint Working) (Scotland) Act 2014 – requires to be produced by July 2017 and is the subject of a separate report.

3. Reporting Format

- 3.1 In the performance summary section of the attached report, RAG ratings and changes in status for each care group are summarised. For each indicator, performance; RAG status at a city level; and direction of travel are then documented.
- 3.2 In the main body of the report, a more detailed analysis including locality information and status; performance trends; improvement actions; and

timelines for improvement are then provided, for those indicators which are AMBER or RED. The purpose of each indicator is also described, along with an indication of which of the following categories they belong to:

- NHS Local Development Plan Standards/Indicators (specified nationally which replaced the HEAT targets/standards from 2015/16).
- Health Board/Council Indicators (specified by the parent organisations in respect to services which have been devolved to the Partnership)
- Local Health and Social Work Indicators (specified locally by the Partnership)

4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the attached performance report for Quarter 4 2016/17.



CORPORATE PERFORMANCE REPORT (IJB)

**QUARTER 4
2016/17**

CONTENTS

SECTION	PAGE NUMBER
Performance Summary	3
Unscheduled Care	21
Children's Services	25
Homelessness	27
Criminal Justice	33
Health Improvement	36
Human Resources	38

PERFORMANCE SUMMARY

1. Key to the Report

Outlined below is a key to the classifications used in this report.

Classification	Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
RED	Performance misses target by 5% or more	▲	Improving
AMBER	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
GREEN	Performance is within 2.49% of target	▼	Worsening
GREY	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons

2a. Summary

The table below presents a summary of performance of the measures contained within the body of this Combined Performance Report. It reports changes in RAG rating between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available.

CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status Q3 ⇨ Q4
	R	A	G	Gr	R	A	G	Gr	
Older People (No. and %)	4 66.6%		2 33.3%		1 16.6%		5 83.3%		Red ⇨ Green -Intermediate Care: Percentage of users transferred home. -Deaths in Acute Hospitals (Aged 65+). -Deaths in Acute Hospitals (Aged 75+)
Primary Care (No. and %)			3 100%				3 100%		No changes in status.
Unscheduled Care (No. and %)	4 44.4%			5 55.5%	4 44.4%			5 55.5%	No changes in status.
Carers (No. and %)			1 100%				1 100%		No change in status.

CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status Q3 ⇨ Q4
	R	A	G	Gr	R	A	G	Gr	
Children's Services (No. and %)	1 14.2%	1 14.2%	5 71.4%		1 14.2%	1 14.2%	5 71.4%		No changes in status.
Adult Mental Health (No. and %)				2 100%				2 100%	No changes in status. The 2 Mental Health indicators are not currently being updated as a result of transfer to new information system.
Alcohol & Drugs (No. and %)	1 100%				1 100%				No changes in status.
Homelessness (No. and %)	5 83%		1 17%		5 83%	1 17%			Red ⇨ Amber Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation Green ⇨ Red Number of individual households not accommodated over last month of quarter
Criminal Justice (No. and %)	4 100%				3 75%		1 25%		Red ⇨ Green Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days

CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status Q3 ⇒Q4
	R	A	G	Gr	R	A	G	Gr	
Health Improvement (No. and %)	1 16.5%	1 16.5	2 33%	2 33%	2 33%		2 33%	2 33%	Amber ⇒ Red Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive Breastfeeding)
Human Resources (No. and %)	5 100%				5 100%				No changes in status.
Business Processes (No. and %)		1 25%	3 75%				4 100%		Amber ⇒ Green Percentage of Social Work complaints handled within 28 calendar days
TOTAL	25 46.2 %	3 5.5%	17 31.5%	9 16.7%	22 40.7%	2 3.7%	21 38.9%	9 16.7%	8

2b. Performance at a Glance.

The table below presents a summary of performance of the measures contained within the body of this Combined Performance Report. The main body of the performance report begins on page 21 and provides detail for each indicator which is AMBER or RED.

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
Older People					
1. Number of community Service led Anticipatory Care Plans in Place.	To monitor the extent to which services are introducing and rolling out the new community service led anticipatory care plans. It should be noted that these are separate from GP led anticipatory care plans which have been in place for longer but are not included here due to a lack of available information on their numbers.	120 to Q2 240 to Q3 360 by Q4	Q4	GREEN	▲
2. Number of people in supported living services.	To monitor the number of people receiving supporting living packages. These are expected to increase over the course of the year in line with the longer term accommodation based strategy. This strategy seeks to shift the balance of care by enabling greater numbers of older people to be supported at home and reduce the numbers going into residential or nursing care.	1,200 for year	Q4	RED	▶
3. Percentage of service users who receive a reablement service following referral for a home care service.	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. It should be noted that this function now lies with Cordia.	75%	Period 13b (04/03/17 – 31/03/17)	GREEN	▶ Both hospital discharge and Community referrals
4. Intermediate Care: Percentage of users transferred home.	To monitor the destinations with the aim of increasing those returning home.	>30%	Mar 17	GREEN	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
5. Deaths in Acute Hospitals (Aged 65+).	To monitor the numbers of people dying within acute settings. External factors may impact upon performance, but the HSCP has a role to work with partners in reducing numbers through enhancing community palliative care provision, and supporting the development and implementation of end of life plans which enable people to indicate where they would like to die.	40%	Jan 16 – Dec 16	GREEN	▲
6. Deaths in Acute Hospitals (Aged 75+).	As above	40%	Jan 16 – Dec 16	GREEN	▲
Primary Care					
1. Prescribing Costs: Compliance with Formulary Preferred List.	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.	78%	Oct 16 – Dec 16	GREEN	▲
2. Prescribing Costs: Annualised cost per weighted list size.	To monitor prescribing costs. This indicator divides the total prescribing costs by practice populations adjusted for demographic factors. This indicator does not provide information on the external factors that affect prescribing such as new drugs, guidelines or national drug shortages.	At or Below NHSGGC average	Jan 17	GREEN	▶

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
3. Numbers of people with a diagnosis of dementia on GP practice dementia registers.	To monitor the numbers of people being placed on a dementia register in primary care. This gives an indication of whether dementia is being effectively diagnosed in order to enable appropriate interventions to be delivered. The targets are based upon population based prevalence estimates and give an indication of the numbers of people with dementia we would expect within a given area. Information is continuing to be extracted using QoF calculator.	4210 (HSCP) Target varies across localities)	Mar 17	GREEN	▲
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population.	To monitor attendance at A&E units. Partners are working together to reduce these and shift the balance of care towards the community.	Target TBC	Apr 16 – Mar 17	GREY	▶
2. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 65+).	To monitor the extent to which people are being admitted to hospital in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community.	Target TBC	Mar 17	GREY	▼
3. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	As above	Target TBC	Mar 17	GREY	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
4. Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI)), Learning Disability and Mental Health)	To monitor the extent to which people are being unnecessarily delayed in hospital beyond 72 hours with the aim that these are reduced.	0	Apr 17	RED	▶
5. Total number of patients over 65 classed as Adults with Incapacity (AWI) breaching the 72 hour discharge target (excluding Learning Disability and Mental Health patients).	As above	0	Apr 17	RED	▲
6. Total number of Adults under 65 breaching the 72 hour discharge target (excluding Mental Health)	As above	0	Apr 17	RED	▲
7. Total number of Adult Mental Health patients breaching the 72 hour discharge target (AWI).	As above	0	Apr 17	RED	▲
8. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	To monitor the extent to which acute beds are occupied by people medically fit for discharge, with the aim being that these are reduced.	Target TBC	Mar 17	GREY	▲
9. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	As above	Target TBC	Mar 17	GREY	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
Carers					
1. Number of Carers who have completed an Assessment during the quarter.	To monitor the number of carer assessments completed during the reporting period. These will enable carers needs to be identified and appropriate support to be put in place as required.	Annual target of 700 per locality 2,100 total	Q4	GREEN	►
Children's Services					
1. Percentage of HPis allocated by Health Visitors within 24 weeks.	To monitor the extent to which Health Visitors are allocating Health Plan Indicators (HPis) within the target of 24 weeks. The HPI classification provided informs future service provision and support plans. It involves an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing.	95%	Jan 17	GREEN	NE ► NW ▼ S ►
2. Access to CAMHS services - Longest wait (weeks).	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and meet the national target of an 18 week maximum.	<18 weeks	Mar 17	GREEN	►
3. Percentage of young people receiving an aftercare service who are known to be in employment, education or training.	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.	75%	Q4	RED	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
4. Number of 0-2 year olds registered with a dentist.	To monitor extent to which children under 3 are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate.	55%	30 Sept 16	AMBER	▲
5. Number of 3 – 5 year olds registered with a dentist.	As above. For children aged 3 and over.	90%	30 Sept 16	GREEN	▼
6. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. 95% uptake optimises this protection.	95%	Q3	GREEN	▼
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	As above for children aged 5 years	95%	Q3	GREEN	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
Adult Mental Health					
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.	To monitor waiting times for people accessing psychological therapy services, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people.	90%	Jul 16 – Sep 16	GREY	N/A
2. Primary Care Mental Health Teams – referral to 1 st assessment – percentage within 28 days.	To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for all patients to be seen for their first appointment within 28 days of referral.	90%	Mar 16	GREY	N/A
Alcohol and Drugs					
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred.	90%	Q3	GREEN	▲
Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled (Permanent) Accommodation in these cases.	95%	Q4	AMBER	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation.	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation.	95%	Q4	RED	▲
3. Percentage of live homeless applications over 6 months duration at end of the quarter.	To measure progress towards quicker throughput of homeless households to settled (permanent) accommodation. This indicator is a priority for the Scottish Housing Regulator (SHR).	<20%	Q4	RED	▲
4. Provision of settled accommodation made available by social sector landlords.	To measure progress made by Homelessness Services towards fulfilling agreed targets for the provision of settled (permanent) accommodation from Registered Social Landlords. This area is a very high priority for the SHR	Annual target 3,000 (750 per Q)	Annual total for 2016/17	RED	▲
5. Number of households reassessed as homeless or potentially homeless within 12 months.	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).	<300 during 2016/17	Annual total for 2016/17	RED	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
6. Number of individual households not accommodated in last month of quarter.	This indicator provides information on the number of households not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfill their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process.	< 150	Q4	RED	▲
Criminal Justice					
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	To monitor whether Community Payback Order unpaid work placements are commencing within 7 working days of the order having been made.	80%	Q4	RED	▶
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	To monitor the extent to which CPO case management plans are being developed within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.	85%	Q4	GREEN	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
3. Percentage of CPO 3 month Reviews held within timescale.	To monitor proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.	75%	Q4	RED	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement.	70%	Q4	RED	▶
Health Improvement					
1. Alcohol Brief Intervention delivery (ABI).	To monitor the extent to which alcohol brief interventions are being delivered within primary and community settings. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above a safe range.	5,066 to Q4	Apr 16 - Mar 17	GREEN	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile.	696 to Q2	Q2	RED	▲
3. Women smoking in pregnancy – general population.	To monitor the extent to which women are smoking in pregnancy. The aim is to reduce rates and meet the target of a maximum of 15%. This relates to women across all areas.	Target TBC	Jan 16 – Dec 16	GREY	▼
4. Women smoking in pregnancy – most deprived quintile.	To monitor the extent to which women are smoking in pregnancy in the most deprived areas in the city, with the aim of reducing rates and meeting the target of a maximum of 20%.	Target TBC	Jan 16 – Dec 16	GREY	▼
5. Breastfeeding at 6-8 weeks (Exclusive).	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).	Variable target by locality	Jan 16 – Dec 16	GREEN	▶

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive).	As above for within the 15% most deprived areas.	Variable target by locality	Jan 16 – Dec 16	RED	▼
Human Resources					
1. NHS Sickness absence rate.	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency.	<4%	Feb 17	RED	►
2. Social Work Sickness Absence Rate.	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency.	<2.64 ADL (average days lost) per employee to Q3	Q4	RED	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff.	80%	Mar 17	RED	▲
4. Percentage NHS staff with standard induction training completed within the agreed deadline.	To monitor the provision of standard induction training. The aim is to provide this within the agreed deadline.	100%	Mar 17	RED	▲
5. Percentage NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the agreed deadline.	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.	100%	Mar 17	RED	►

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
Business Processes					
1. Percentage of NHS Complaints responded to within 20 working days.	To monitor performance in relation to the agreed NHS target time for responding to complaints (target of 20 days).	70%	Q4	GREEN	▼
2. Percentage of Social Work complaints handled within 15 working days (local deadline).	To monitor performance in relation to the locally agreed Social Work target time for responding to complaints. (15 days).	65%	Q4	GREEN	▲
3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline).	To monitor performance in relation to the statutory Social Work target time for responding to complaints (28 days).	85%	Q4	GREEN	▲
4. Percentage of elected member enquiries handled within 10 working days.	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.	80%	Q4	GREEN	▲

1. OLDER PEOPLE

Indicator	2. Number of people in supported living services
Purpose	To monitor the number of people receiving supporting living packages. These are expected to increase over the course of the year in line with the longer term accommodation based strategy. This strategy seeks to shift the balance of care by enabling greater numbers of older people to be supported at home and reduce the numbers going into residential or nursing care.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
North East	N/A			58	66
North West	N/A			102	100
South	N/A			66	65
Glasgow	Reach 1200 in 16/17	231 (R)	228 (R)	226 (R)	231 (R)
Performance Trend					
Cumulative figures to each quarter shown above with locality information available since Q3. Performance below what would be expected, though there has been a slight increase in Q4. Numbers highest in the North West.					
Actions to Improve Performance					
<p>We are revisiting the performance data as it is suspected that significantly more older people are currently receiving supported living packages and are not shown above, as they have gone through personalisation and have a service funded via the dedicated personalisation budget, but are not being reflected in the above figures. At the end of period 11 (2016/17) there were an additional 227 older people in receipt of a personal budget and likely to be in a supported living arrangement.</p> <p>In addition, ongoing input and support from Older People's Commissioning teams is being provided to local care management teams and provider organisations in order to facilitate increased placements. Care management teams have also created structures to offer greater levels of support to staff when they are appraising all service options and to help them identify appropriate alternatives to care home provision. All supported accommodation options are now fully discussed at each locality resource allocation group.</p>					
Timeline for Improvement					
The work to review the existing performance data will be completed prior to the next reporting period. However, this target is not now expected to be achieved until 2017/18.					

2. UNSCHEDULED CARE

Indicator	4. Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI)), Learning Disability and Mental Health patients).
Purpose	To monitor the extent to which older people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This relates to older people only, but excludes those classified as AWI under the requirements of the Adults with Incapacity Act 2000, as well as people with learning disabilities and mental health patients. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

TARGET	AREA	14 Mar 16	18 Apr 16	12 Dec 16	9 Jan 17	6 Feb 17	6 Mar 17	3 Apr 17
0	NE	4 (R)	2 (R)	5 (R)	4 (R)	8 (R)	7 (R)	12 (R)
	NW	9 (R)	12 (R)	16(R)	10 (R)	11(R)	4(R)	7 (R)
	S	9 (R)	8 (R)	1 (R)	6 (R)	5 (R)	11 (R)	5 (R)
	HSCP	22 (R)	22 (R)	22(R)	20 (R)	24(R)	22(R)	24(R)
Performance Trend								
Numbers fluctuate across areas and over time. North East, South and the city overall have increased since December with the North West reducing.								
Actions to Improve Performance								
Action plan and supporting performance management arrangements being implemented. Actions include social work and rehabilitation teams working closely on a daily basis with acute services to enable the early identification of patients, and putting plans in place to ensure that only in exceptional circumstances are older adults assessed in an acute setting for their long term care needs. When this is required, the assessment will be completed and alternative resource identified prior to the patient becoming fit for discharge. From April 2017 we have set a new target of a maximum of 20 delays per month and have new intermediate care arrangements in place. It is expected that there will be some fluctuation in performance while these new arrangements bed in, but it remains an ongoing priority and focus of management action to ensure delays are kept to a minimum.								
Timeline for Improvement								
A new target will be in place for 2017/18 which is to reduce delays to a maximum of 20 delays for under 65s, over 65s and adults with incapacity (excluding mental health, learning disability and older people mental health beds).								

Indicator	5. Total number of patients over 65 classed as Adults with Incapacity (AWI) breaching the 72 hour discharge target (excluding Learning Disability and Mental Health patients).
Purpose	To monitor the extent to which Older People classified as Adults with Incapacity are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This excludes adult mental health patients and people with learning disability. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

Target	AREA	14 Mar 16	18 Apr 16	12 Dec 16	9 Jan 17	6 Feb 17	6 Mar 17	3 Apr 17
0	NE	11 (R)	10 (R)	1(R)	1(R)	1 (R)	1 (R)	0 (G)
	NW	16 (R)	19 (R)	3(R)	1(R)	0 (G)	4 (R)	2 (R)
	South	23 (R)	32 (R)	0(G)	0(G)	4 (R)	0 (G)	0 (G)
	City	50 (R)	61 (R)	4(R)	2(R)	5 (R)	5 (R)	2 (R)
Performance Trend								
Numbers fluctuate over time and between localities and have reduced slightly since December for the city. Overall numbers have significantly fallen since March 2016, following the AWI beds which the HSCP commission in community settings at Darnley and Quayside being reclassified in line with national guidance. These are no longer categorised as acute beds, so are not included.								
Actions to Improve Performance								
The action plan and supporting performance management arrangements being implemented continues to show an improvement in performance. Actions include early referral and intervention for those who lack capacity; tracking individuals to improve throughput and aligning additional social work resources to support this; improving communication processes and the information provided to families; and the commissioning of further beds within the NHS continuing care estate, which is transferring to the HSCP.								
Timeline for Improvement								
The original action plan aimed to reduce the numbers being delayed to 0 by April 2017. A new target will be in place for 2017/18 which is to reduce delays to a maximum of 20 delays for under 65s, over 65s and adults with incapacity (excluding mental health, learning disability and older people mental health beds).								

Indicator	6. Total number of Adults under 65 breaching the 72 hour discharge target (excluding Mental Health patients).
Purpose	To monitor the extent to which adults under 65 are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This includes adults under 65 with complex needs; those classified as AWI under the requirements of the Adults with Incapacity Act 2000; and those with learning disabilities. It excludes mental health patients. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

AREA	TARGET	14 Mar 16	18 Apr 16	12 Dec 16	6 Feb 17	6 Mar 17	3 Apr 17
NE	10 by April 2017	5 (G)	8 (R)	16(R)	12 (R)	7(R)	6(R)
NW		6 (R)	7 (R)	12(R)	12 (R)	9(R)	9(R)
S		5 (R)	5 (R)	5(R)	5 (R)	3(R)	4(R)
HSCP		16 (R)	20(R)	33(R)	29(R)	19(R)	19(R)
Performance Trend							
Numbers fluctuate across localities and over time. Overall city figures have increased over the course of the year though have significantly reduced since December.							
Actions to Improve Performance							
The action plan and performance framework being implemented are showing an improved performance. Please also see indicator 5 above.							
Timeline for Improvement							
The original action plan aimed to reduce the numbers being delayed to 10 by April 2017. A new target will be in place for 2017/18 which is to reduce delays to a maximum of 20 delays for under 65s, over 65s and adults with incapacity (excluding mental health, learning disability and older people mental health beds).							

Indicator	7. Total number of Mental Health patients breaching the 72 hour discharge target (Under and Over 65s including AWI patients).
Purpose	To monitor the extent to which Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	David Walker, Head of Operations (South)

TARGET	AREA	14 Mar 16	18 Apr 16	12 Dec 16	9 Jan 17	6 Feb 17	6 Mar 17	3 Apr 17
Under 65s Target= 0	NE	3 (R)	2 (R)	5(R)	4(R)	4 (R)	2(R)	2(R)
	NW	3 (R)	3 (R)	5(R)	4(R)	6 (R)	6(R)	6(R)
	South	9 (R)	6 (R)	5(R)	4(R)	3 (R)	3(R)	4(R)
	City	15 (R)	11 (R)	15(R)	12(R)	13 (R)	11(R)	12(R)
Over 65s Target = 0	NE	3 (R)	4 (R)	8(R)	4(R)	2 (R)	2(R)	2(R)
	NW	13(R)	11(R)	8(R)	5(R)	8 (R)	6(R)	5(R)
	South	8 (R)	6 (R)	8(R)	9(R)	8 (R)	11(R)	12(R)
	City	24 (R)	21 (R)	24(R)	18(R)	18 (R)	19(R)	19(R)
All Ages	Total	39 (R)	32 (R)	39(R)	30(R)	31(R)	30(R)	31(R)
Performance Trend								
Numbers vary across localities and over time and have reduced considerably since December.								
Actions to Improve Performance								
Improvement plans are being developed and implemented by Core Leadership groups as part of the Partnership's transformation and financial efficiency programmes.								
Timeline for Improvement								
Further improvements are anticipated by the end of Q2 (September 2017).								

3. CHILDREN'S SERVICES

Indicator	3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
75%	North East	65% (R)	63% (R)	64% (R)	61% (R)	49% (R)	56% (R)	65% (R)
75%	North West	63% (R)	61% (R)	64% (R)	66% (R)	54% (R)	52% (R)	49% (R)
75%	South	67% (R)	70% (R)	75% (G)	71% (R)	67% (R)	66% (R)	68% (R)
75%	Glasgow	65% (R)	65% (R)	67% (R)	67% (R)	57% (R)	58% (R)	61% (R)

Performance Trend

At the end of Q2 there was a significant reduction in performance across all localities. This reduction continued into Q3 although there was slight improvement at Q4. Slippage appears to be linked to changes in recording practice which has increased the number of care leavers recorded. Fewer of these young people have had their employability recorded and as a result we have seen a reduction in the proportion being recorded as having positive destinations. At Q4 the percentage of young people who have not had their destination recorded is as follows: (NE 10%, NW 28%, South 11% - Glasgow City 16%). These proportions need to improve before we can accurately ascertain the proportion in positive destinations.

Actions to Improve Performance

Work has been undertaken to review all the young people known to Leaving Care Services. Many of the young people are living outwith Glasgow and owing to the complexities of their circumstances often fail to engage with services. There is some evidence also that care leavers are undertaking positive activities but that this is not being recorded on careFirst 6 (the Social work information system). Work is underway to address this and to ensure arrangements are in place to more accurately record the reasons why some young people are unable to engage with employability and training (such as pregnancy, mental/physical health problems and custody). In the medium to longer term we expect to see improvements in the numbers of young people moving into positive destinations as this is a key objective of our "Transformation Programme" for children's services and our Corporate Parenting Action Plan.

Timeline for Improvement

Localities continue to focus on the 75% target and remain confident that this is achievable and we would expect to see a continuation in performance each quarter.

Indicator	4. Number of 0-2 year olds registered with a NHS dentist
Purpose	To monitor the extent to which children under 3 are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate. Information is updated on a 6 monthly basis on the ISD website in January and June.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	30 Sep 14	31 Mar 15	30 Sep 15	31 Mar 16	30 Sep 16
55%	HSCP	51.8% (R)	50.3% (R)	50.6% (R)	52% (A)	52.7% (A)
60%	GGC	51.9% (R)	51.6% (R)	52.2% (A)	52% (R)	52.3% (R)
	Scotland	49.2%	49%	49.4%	49.1%	48.4%
Performance Trend						
Registration rates have increased over the last two quarters and moved from RED to AMBER and remain above the Scottish average. Rates of dental registration for children aged 3-5 years of age are in excess of the city target, showing that slower initial rates of registration are remedied by the time the child reaches school age (see indicator 9 below).						
Actions to Improve Performance						
Dental registration is raised routinely at the health visitor assessments undertaken as part of the universal children's pathway, and some mothers are referred to support staff to encourage early nutrition, good oral health and to support dental registration directly. High dental registration rates at 3-5 years would suggest that these lower rates at 0-2 years are more indicative of parental delay, rather than disengagement with dental services.						
Timeline for Improvement						
New health visitor assessment requirements are being introduced as part of a revised universal children's pathway. The national roll out of this new assessment will be undertaken on a phased basis over the next two years, in line with the planned changes in the health visiting workforce.						

4. HOMELESSNESS

Indicator	1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation
Purpose	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled (Permanent) Accommodation in these cases.
National/ Corporate/ Local	SW Corporate Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
95%	North East					90% (R)
	North West					94% (G)
	South					83% (R)
	Asylum & Refugee Team (ARST)					99% (G)
	City-wide	77% (R)	70% (R)	78% (R)	88.5% (R)	91% (A)

Performance Trend

Locality figures are being reported for the first time at Q4. City wide performance improved significantly during each quarter of 2016/17 and was only slightly below target (AMBER) at year end. There were variations within the city in Q4; North West and the ARST team exceeded target (GREEN) while North East and South were below target (RED).

Actions to Improve Performance

Team performance against this indicator continues to be reported to senior management on a weekly basis, and is included in the new monthly report implemented from 1st April 2017, which forms the basis for ongoing performance discussions with the Head of Homeless Services.

Timeline for Improvement

Weekly and monthly reporting will continue to ensure that performance improvements are sustained through 2017/18.

Indicator	2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation
Purpose	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation.
National/ Corporate/ Local	SW Corporate Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
95%	North East					80% (R)
	North West					80% (R)
	South					74% (R)
	City-wide figure only	67% (R)	57% (R)	50% (R)	52% (R)	76% (R)
Performance Trend						
Locality figures are being reported for the first time at Q4. The Asylum and Refugee Team (ARST) is not included as there are no decisions in this category. Although city wide performance did not meet target at Q4 (RED) there was significant improvement in performance between Q3 and Q4.						
Actions to Improve Performance						
Weekly and monthly monitoring has helped to improve performance against this indicator, however previous analysis has shown that this indicator relates to a relatively small number of complex decisions, and discussion is ongoing regarding a reduction in this target for 2017/18.						
Timeline for Improvement						
Teams will continue to make all efforts to ensure that intentionality decisions on complex cases are made timeously and that improvement is sustained into 2017/18.						

Indicator	3. Percentage of live homeless applications over 6 months duration at end of quarter
Purpose	To measure progress towards quicker throughput of homeless households to settled (permanent) accommodation. This indicator is a priority for the Scottish Housing Regulator (SHR).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Target reduced <30% (15/16) <20% (16/17)	North East	-	-	-	-	38% (R)	48% (R)	41% (R)
	North West	-	-	-	-	40% (R)	46% (R)	42% (R)
	South	-	-	-	-	44% (R)	53% (R)	48% (R)
	Asylum & Refugee Team (ARST)	-	-	-	-	42% (R)	63% (R)	57% (R)
	City-wide	45% (R)	42% (R)	44% (R)	47% (R)	44% (R)	50% (R)	45% (R)
Performance Trend								
The percentage of cases over 6 months across the city and for each of the larger teams has reduced in Q4, however performance remains RED.								
Actions to Improve Performance								
Team based performance against this target is now monitored on a monthly basis, through reports and meetings with the Head of Homeless Services. Teams continue to be encouraged to ensure all efforts are made to provide resettlement plans for longer term cases, or ensure that the case is kept under regular review.								
Timeline for Improvement								
It is anticipated that performance against this target could continue to fluctuate as teams balance provision of service across longer term cases and more recent presentations, and further consideration will be given to an increase in this target over the short to medium term.								

Target/Ref	4. Increase in provision of settled accommodation made available by social sector landlords (Section 5) - cumulative total to end quarter (citywide)
Purpose	To measure progress made by Homelessness Services towards fulfilling the targets for provision of settled (permanent) accommodation from the Wheatley Group and Registered Social Landlords as set out in a local Capacity Plan which was approved by the Housing Access Board in April 2015. This area is a very high priority for the Scottish Housing Regulator (SHR), as part of the voluntary intervention process.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q3	15/16 Q4	15/16 Annual Total	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	16/17 Annual Total
3,000 annual target (750 per Quarter)	City-wide figure only	506 (R)	432 (R)	1,742 (R)	455 (R)	480 (R)	432 (R)	574 (R)	1,979 (R)
Performance Trend									
Lets achieved increased in Q4, and for the year 2016/17 compared to the previous year. The total remains short of the annual target of 3,000 units and this indicator continues as RED.									
Actions to Improve Performance									
Work is ongoing to further investigate the range of reasons contributing to the shortfall in lets compared to target and highlight areas where process and practice can be improved to maximise lets achieved. Resettlement plan targets have been reviewed for 2017/18 with numbers being monitored weekly and monthly.									
Timeline for Improvement									
Work is ongoing to sustain and build upon improved results achieved over the course of 2017/18.									

Target/Ref	5. Number of households reassessed as homeless or potentially homeless within 12 months
Purpose	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	14/15 Full Year Total	15/16 Full Year Total	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	16/17 Full Year Total
<300 per annum (<75 per Q)	City-wide figure only	633 (R)	395 (R)	99 (R)	120 (R)	131 (R)	143 (R)	493 (R)
Performance Trend								
We exceeded the upper threshold of no more than 300 repeat cases during 2016/17 (RED). This was an increase of 25% over the previous year's figure of 395 (2015/16).								
Actions to Improve Performance								
NW CHT is continuing with their pilot approach to review of complex cases, prior to re-evaluation of the existing case guidance, taking account of the need to include consideration of repeat presentations as part of closure sign off process. Numbers of Lost Contact cases are being monitored through monthly reports.								
Timeline for Improvement								
Consideration will be given to an increase in this target for 2017/18.								

Target/Ref	6. Number of individual households not accommodated over last month of quarter.
Purpose	This indicator provides information on the number of households recorded in the last month of the quarter which were not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfil their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 7
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
<300 (2015/16) < 150 (2016/17)	City-wide figure only	351 Households in March 2016 (R)	225 Households in Jun 2016 (R)	217 Households in Sept 2016 (R)	91 Households in Dec 2016 (G)	209 Households in March 2017 (R)
Performance Trend						
Following a reported low number of cases in Q3 (GREEN), performance has returned to a level similar to that reported earlier in 2016/17, and is therefore RED at year end.						
Actions to Improve Performance						
The low number of cases reported in December 2016 raised concerns around recording practices. Teams have reviewed their approach and numbers now being reported reflect numbers reported in previous months. Team reports are monitored on a weekly and monthly basis. The service continues to experience challenges in always providing accommodation at point of request to households eligible under homeless legislation, and work is ongoing to maximise use of all available accommodation, including interim project placements used on an emergency basis. Voluntary Sector providers operating the temporary Winter Shelter over the period up to March 2017 reported a lower level of demand compared to last year, with a number of people not eligible for assistance.						
Timeline for Improvement						
Homeless Services continues to work with a range of partners, including Addiction Services, Community Safety and voluntary sector service providers to minimise the number of households seeking accommodation on a daily basis.						

5. CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) work placements commenced within 7 days of sentence
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made.
National/ Corporate/ Local	Criminal justice national standard and statutory return
Integration Outcome	Outcome 9
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
80%	North East	74% (R)	79% (G)	59% (R)	62% (R)	61% (R)	63% (R)	63% (R)
80%	North West	80% (G)	72% (R)	63% (R)	73% (R)	76% (R)	58% (R)	70% (R)
80%	South	72% (R)	72% (R)	64% (R)	64% (R)	65% (R)	69% (R)	63% (R)
80%	Glasgow	77% (A)	77% (A)	64% (R)	70% (R)	67% (R)	64% (R)	65% (R)

Performance Trend

North West's performance improved significantly during Q4, following the steep decline at Q3.

Actions to Improve Performance

Slight improvement across the city with a significant improvement in North West, but a dip in South. The performance has been impacted by sickness absence and vacancies, and the increase in level 1 orders which do not require a report and consequently reporting instructions for the offender have not been provided prior to court disposal. Improved performance will be achieved via

- A continued emphasis on the potential to improve business processes
- Continued scrutiny by the relevant managers.
- Continued scrutiny of the increase in Level 1 orders i.e. service users who have not had a Criminal Justice Social Work (CJSW) report completed but are made subject of unpaid work

Timeline for Improvement

This indicator is included in fortnightly performance reports provided to Locality Teams, and monitored at the Criminal Justice core leadership meeting. Improvement will be required for the next quarterly update.

Indicator	2. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale
Purpose	To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.
National/ Corporate/ Local	Criminal justice national standard
Integration Outcome	Outcome 4
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
75%	North East	53% (R)	57% (R)	63% (R)	53% (R)	59% (R)	56% (R)	64% (R)
75%	North West	89% (G)	70% (R)	84% (G)	65% (R)	80% (G)	78% (G)	75% (G)
75%	South	64% (R)	62% (R)	79% (G)	67% (R)	79% (G)	72% (A)	72% (A)
75%	Glasgow	68% (R)	62% (R)	75% (G)	62% (R)	72% (A)	69% (R)	71% (R)

Performance Trend

Only North West has consistently met target (GREEN) during the last 3 quarters. South and North East were rated AMBER and RED respectively during both Q3 and Q4.

Actions to Improve Performance

The city performance has improved slightly and North East have improved their performance in this area. This area of performance continues to be monitored closely by Service Managers at their monthly meetings using the fortnightly performance reports and information obtained through Team Leader supervision. Actions to improve performance remain:

- Re-emphasis of the national standard and the importance of reviews
- Refreshing staff knowledge and awareness of relevant recording requirements
- Closer monitoring of individual workers by their Team leaders

Timeline for Improvement

Improvement has been achieved this quarter and this emphasis will continue into Q1 of 17/18.

Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement.
National/ Corporate/ Local	Criminal justice statutory return
Integration Outcome	Outcome 4
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
70%	North East	50% (R)	58% (R)	46% (R)	57% (R)	66% (R)	58% (R)
70%	North West	39% (R)	56% (R)	54% (R)	62% (R)	64% (R)	61% (R)
70%	South	47% (R)	55% (R)	66% (R)	69% (G)	66% (R)	75% (G)
70%	Glasgow	46% (R)	54% (R)	54% (R)	63% (R)	65% (R)	65% (R)
Performance Trend							
At Q4 the South locality exceeded target (GREEN); performance remains below target in the other localities and the city as a whole (RED).							
Actions to Improve Performance							
This is a newer indicator with a stretch target. Overall the city performance has remained the same but 2 of the three areas have dipped in performance while one has improved. The strike action taken by Community Safety Glasgow (CSG) continued to have an impact over this quarter meaning the availability of placements at weekends was reduced which in turn reduced the ability for some offenders to complete their orders within timescales. This action has now concluded and further emphasis has been placed on the importance of completing orders within timescales.							
Timeline for Improvement							
Further improvement is expected by Q1 of 2017/18.							

6.HEALTH IMPROVEMENT

Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the categories below indicate where the interventions are being delivered. Referrals are received from a number of sources including primary care.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

Area	Actual Apr 16 – Sep 16	Target Apr 16 – Sep 16	Current Status
North East	217	262	Red
North West	156	204	Red
South	190	230	Red
Glasgow	563	696	Red
Performance Trend			
Performance below target. New target for 2016-17 is 51% higher than previous year, with NE, NW and South targets increasing by 38%, 62%, and 48% respectively.			
Actions to Improve Performance			
A city wide review of the community cessation model during 2015-16 identified a number of actions which are continuing to be implemented. These include an enhanced city wide perspective to key work areas and a more targeted approach when working with pharmacy and GP Practices. Following recommendations from the review, a staff shared learning event was held in May to share the updated good practice guides, update on pharmacy joint working progress and to generally encourage a more unified approach.			
Timeline for Improvement			
It is anticipated that improvements will be made during Quarter 4 2016-17. Due to the nature of the target, this will only become visible in later reports.			

Indicator	6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive Breastfeeding)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Jan 15- Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 -Sep 16	Jan 16- Dec 16
18.0%	NE	15.7% (R)	15.0% (R)	15.9% (R)	16.6% (R)	16.3% (R)
21.4%	NW	22.9% (G)	21.2% (G)	20.9% (G)	20.6% (A)	18.3% (R)
21.3%	S	17.7% (R)	18.1% (R)	19.8% (R)	20.6% (A)	21% (G)
20.1%	HSCP	18.2% (R)	18.2% (R)	18.2% (R)	19% (A)	18.4% (R)

Performance Trend

Variations exist across areas with differential targets in place. Performance RED for the HSCP as a whole, North East and North West, with South GREEN. Glasgow City and Greater Glasgow and Clyde have seen an upward trend in overall breastfeeding rates which are not being mirrored in other parts of Scotland.

Actions to Improve Performance

The best practices to promote breastfeeding are supported through the implementation of the UNICEF Baby Friendly standards, which review care for mothers and babies and identifies areas where targeted improvement is required. Each locality has just been reassessed and has maintained its UNICEF accreditation.

Each locality also has a programme of work which aims to reduce barriers and increase acceptability of breastfeeding, including the pilot 'baby café' approach in South Glasgow designed to engage and support minority ethnic mothers to continue to exclusively breastfeed.

Timeline for Improvement

Work continues to respond to the findings of the UNICEF reassessment process with an annual training and development programme in place. There are a growing number of challenges with increased referrals to the specialist breastfeeding clinics.

7.HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 1
HSCP Lead	Sybil Canavan, Head of HR

HSCP	Mar-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Status
North East	5.2% (R)	7.4% (R)	7.0% (R)	7.0% (R)	7.2% (R)	6.5% (R)	Red
North West	6.0% (R)	7.1% (R)	7.2% (R)	7.2% (R)	6.7% (R)	6.4% (R)	Red
South	7.8% (R)	5.8% (R)	6.0% (R)	6.0% (R)	5.1% (R)	6.2% (R)	Red
Glasgow City	6.3% (R)	6.6% (R)	6.6% (R)	6.6% (R)	6.2% (R)	6.1% (R)	Red
Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
SPLIT	AREA	Oct-16	Nov-16	Dec-16	Jan-16	Feb-16	
Short term - % absences	NE	3.7%	3%	3%	3.1%	3.6%	
	NW	3.3%	3.3%	3.3%	2.8%	3.6%	
	S	2.5%	3.4%	3.4%	2.5%	4.2%	
	HSCP	3.2%	3.1%	3.1%	2.7%	3.5%	
Long term - % absences	NE	3.7%	4%	4%	4.1%	2.9%	
	NW	3.8%	3.8%	3.8%	3.9%	2.9%	
	S	3.2%	2.6%	2.6%	2.7%	1.9%	
	HSCP	3.5%	3.5%	3.5%	3.4%	2.2%	
Performance Trend							
Variations across areas and over time. Performance remains RED across all areas.							
Actions to Improve Performance							
<p>The absence levels for the HSCP have historically remained above the national target. The current action plan to support managers in reducing absence include the following:-</p> <ul style="list-style-type: none"> • People and Change Managers maintain an overview of attendance for each locality, looking at 'hotspots'; monitoring trends and patterns; and providing reports to Locality Management Team meetings, highlighting where management actions are required. The Head of People & Change also reviews the absence statistics and reports them to the HSCP Senior Management Team. 'Microstrategy' is the workforce information system now being used to provide consistent reporting and analysis within each locality and also board wide. 							

- The main contributors identified for sickness absence across the HSCP relates to stress/depression/mental health illnesses. Each locality has developed a working group to focus on the mental health of staff, involving representatives from a range of services and support from People & Change Managers and OD Advisors. The NHS GG&C Mental Health and Well Being Policy and the new Stress in the Workplace Policy also support the work of these groups.
- Work continues to ensure an improved position for recording actual reasons for absence. Recent reporting to the SMT confirms that ,whilst absence is recorded accurately, more work is needed to ensure that the reasons for absence are recorded.
- Recent information provided has allowed a cross check between short term and long term absences which have hit the trigger points within the policy and where HR support is now required to ensure activity in line with the policy requirements. This work is ongoing.

Timeline for Improvement

Levels of absence have remained high. This can, in part be attributed to seasonal factors but there continues to be a continued level of stress related absence. The trend across the localities has been consistent in the last quarter, with long term absence attributed to the vast majority of absence.

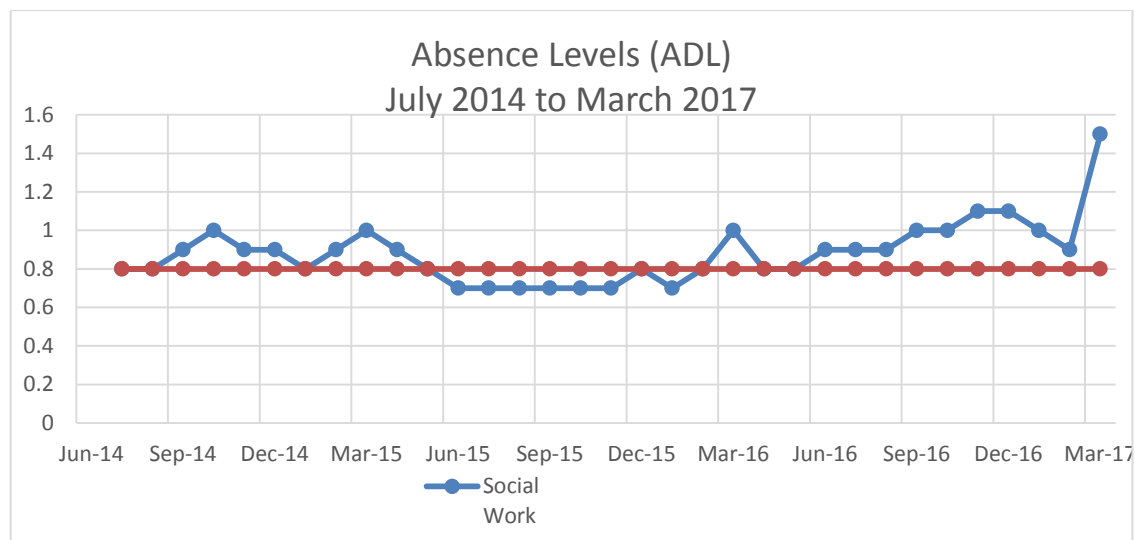
Focus continues on absence management across the HSCP with planned dialogue with the H R support unit to identify further specific resource to support absence management processes on an ongoing basis

Indicator	2. Social Work Sickness Absence Rate
Purpose	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Christina Heuston, Head of Corporate Services

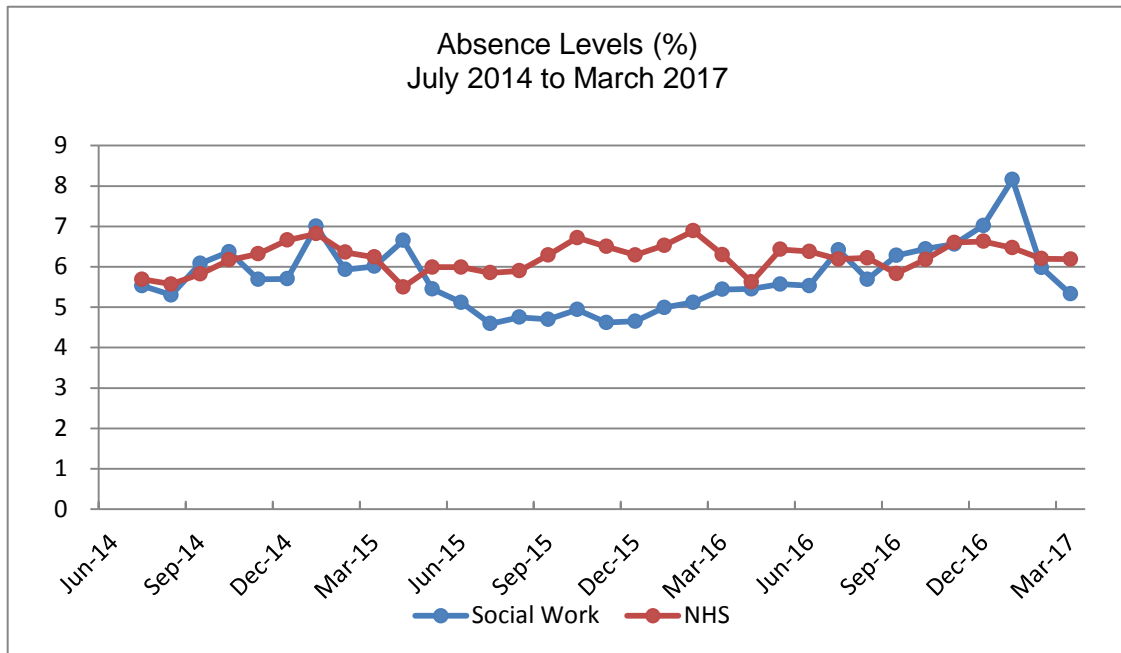
Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure as this reflects a more accurate position.

	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Average Days Lost (ADL)	Target 2.45	Target 2.58	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64	Target 2.53
North East	2.3 (G)	2.4 (G)	2.1 (G)	3.1 (R)	3.7 (R)	3.3 (R)	2.6 (G)	3.4 (R)
North West	3.5 (R)	2.5 (G)	2.6 (G)	2.7 (R)	2.2 (G)	2.2 (G)	3.5 (R)	2.8 (R)
South	3.7 (R)	2.7 (R)	2.3 (G)	3.2 (R)	2.4 (G)	3.1 (R)	4.0 (R)	3.9 (R)
Glasgow City	2.5 (R)	2.2 (G)	2.4 (G)	2.6 (R)	2.5 (R)	2.8 (R)	3.3 (R)	2.7 (R)

Below shows the Social Work trend using the average days lost calculator.



Below shows percentage absence trends for both Social Work and Health.



Performance Trend

Q4 has a reduced level from Q3 and following a rising trend through Q1 to Q3 the levels of absence are decreasing to levels similar to the same time last year. For Q4 the levels are above the target for all sectors. Overall the trend is now downward. The increased levels in 2016/17 have been caused mainly by an increase in long term absence numbers and increased absence with respiratory type illness.

Actions to Improve Performance

HR Resources continue to focus on employees and areas of significantly high absence levels, reducing the duration of long term absences, supporting managers with early intervention and support plans to facilitate returns to work quickly and coaching managers to take action early in order to prevent unnecessary delays in the attendance management process.

Discussions are underway with the Council's Occupational Health Service to look at a joint approach in developing a Musculoskeletal Programme for identified employees, in order to impact positively on the number of days lost due to back pain and other musculoskeletal reasons.

Recommendations highlighted within the Corporate Attendance Management Audit Report resulted in work being done on the Wellbeing and Attendance pages of Connect, therefore, communications have been developed and will be circulated to managers on a regular basis. These communications will now signpost managers to a suite of information relating to wellbeing and attendance for both managers and employees, including training and video tutorials to help managers navigate to reports on My Portal much easier or to make referrals to Occupational Health.

Timeline for Improvement

With a review of current interventions and strategies, improvements are anticipated to be made in Q1 and throughout 2017-18.

Indicator	3. NHS staff with an e-KSF (%)
Purpose	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Sybil Canavan, Head of HR

TARGET	AREA	Mar 16	Oct -16	Nov- 16	Dec -16	Jan - 17	Feb -17	Mar -17
80%	HSCP	51.28% (R)	51.15% (R)	51.1% (R)	48.02% (R)	50.52% (R)	51.77% (R)	53.08% (R)

Performance Trend

Performance remains RED but has continued to improve over the last three months. The figure for March 2017, whilst still below target, shows an improved position on the same time last year (51.82%). 350 reviews are required to be completed each month to maintain current level of compliance alone and local management teams are sighted on this detail.

Actions to Improve Performance

Senior Learning and Education Advisors continue to meet with Team Leaders to discuss local action plans with targets and timescales agreed to try and maintain an upward trajectory. This includes:-

- Identifying areas of concern, reviewing the manager's page on eKSF with the manager, and supporting them to identify any staff that do not have an outline assigned to them, and correcting this using the planning tool to assign review dates.
- Encouraging Team Leaders to discuss the action plan with their teams and engage with Service Managers / Senior Nurses /Heads of Service to support the initiative and monitor progress through regular one to one meetings. Locality Management and Operational Management teams have been advised of action plan in last quarter.
- People & Change Managers further support the roll out of the action plan by continuing to discuss KSF during update meetings with local managers to encourage ownership.
- Local managers have been asked to provide trajectories, by weekly activity, on an on-going basis to continue the work to improve the HSCP position
- Work is also underway to identify good practice in other service areas which can be transferred into/ shared across the HSCP.

Timeline for Improvement

It is expected that the actions being taken forward will support continued improvement within the next 3 month period.

Indicator	4. Percentage of NHS staff with standard induction training completed within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Sybil Canavan, Head of HR

TARGET	AREA	Mar -16	Nov -16	Dec -16	Jan -17	Feb - 17	Mar -17
100%	Glasgow City South	0% (R)	50% (R)	100% (G)	71% (R)	50% (R)	0% (R)
100%	Glasgow City North East	33% (R)	64% (R)	67% (R)	80% (R)	50% (R)	75% (R)
100%	Glasgow City North West	33% (R)	50% (R)	N/A	71% (R)	100% (G)	50% (R)
100%	Glasgow City HSCP Central	0% (R)	N/A	100% (G)	N/A	100% (G)	N/A
100%	Glasgow City HSCP Total	29% (R)	65% (R)	80% (R)	63% (R)	56% (R)	57% (R)

Performance Trend

Performance fluctuates across areas and over time. Induction rates for the partnership as a whole have increased since March last year.

Actions to Improve Performance

People & Change Managers and Senior Learning & Education Advisors continue to be proactive in attempts to prevent breaches of induction targets through provision of further support to managers encourage improvement in completion rates by undertaking the following:-

- Identifying 'hotspots' where timescale breaches are likely to occur.
- Updating local managers on a monthly basis to review induction activity and agree required actions to ensure compliance with timescales.

Timeline for Improvement

Focus on this activity to ensure improvement continues.

Indicator	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
Purpose	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Sybil Canavan, Head of HR

TARGET	AREA	Mar-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
100%	Glasgow City South	0% (R)	0% (R)	0% (R)	50% (R)	N/A	50% (R)
100%	Glasgow City North East	8% (R)	67% (R)	0% (R)	0% (R)	50% (R)	33% (R)
100%	Glasgow City North West	60% (R)	14% (R)	N/A	100% (G)	50% (R)	100% (G)
100%	Glasgow City HSCP Central	100% (G)	0% (R)	0% (R)	50% (R)	N/A	N/A
100%	Glasgow City HSCP Total	27% (R)	21% (R)	0% (R)	58% (R)	33% (R)	50% (R)

Performance Trend

Performance fluctuates across areas and over time. Induction rates for the partnership as a whole have increased since March last year.

Actions to Improve Performance

People & Change Managers are working collaboratively with Senior Learning & Education Advisors to support managers with the following:-

- Identifying 'hotspots' where timescale breaches are likely to occur.
- Updates on a monthly basis to review induction activity and agree required actions to improve compliance within timescales.
- Implementation of the process agreed to retrospectively ensure that all appropriately identified staff undertake the relevant learning to enable them to sign off the Healthcare Support Worker Code of Conduct, which will also capture staff who have not completed the induction programme.

Timeline for Improvement

Healthcare Support Worker Code of Conduct Programme commenced in September 2016 for 6 months. There is continuing overview of progress against the target at a local level to ensure improvement in compliance.