Glasgow City
Integration Joint Board
Finance and Audit Committee

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PERFORMANCE REPORT

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 3 2016/17.

Recommendations:	The Integration Joint Board Finance and Audit Committee is asked to: a) note the attached performance report; and b) review and discuss performance with strategic leads in relation to the older people, primary care, unscheduled care, and carers' sections.

Implications for Integration Joint Board:

Financial:	None

Personnel:	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 will be expected by the end of July 2017 and cover the financial year 2016/17. 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

Equalities:	None

Risk Implications:	None

Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.

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 3 2016/17.

2. Background

2.1 The first full Joint Performance report for 2016/17 was presented to the Finance and Audit Committee on the 12 September. It was agreed that this would be produced on a quarterly basis going forward and the latest performance report for Quarter 3 is now attached. A subset of this report is reported to the Integration Joint Board, which focuses on the indicators of a more strategic nature and those which are more frequently updated.

2.2 At their meeting on the 12 September, the Finance and Audit Committee indicated that they wished to focus upon a number of specific service areas at each meeting, in order to enable a more detailed scrutiny of performance. On the 16 November, a reporting schedule for 2017 was endorsed and it was agreed that the relevant Strategic leads would be invited to attend each meeting to discuss the performance of their respective areas. Officers have been invited along to this meeting to discuss older people, primary care, unscheduled care, and carers.

2.3   These reports 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

2.4   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 - will be produced by July 2017. A proposed template for this report was approved by the Integration Joint Board at its meeting on the 31 October.

3.   Reporting Format

3.1   The indicators are summarised at the start of the attached report. For each indicator, an indication is provided as to the direction of travel since the last reporting period. Performance at a city level has also been classified as either GREEN, AMBER, or RED within this summary.

3.2   Performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target.

3.3   In the main body of the report, for those indicators which are AMBER or RED at a city level, a more detailed analysis including locality information and status; performance trends; improvement actions; and timelines for improvement are then provided.

3.4   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 Finance and Audit Committee is asked to:

a)   note the attached performance report for Quarter 3 2016/17; and

b)   review and discuss performance with strategic leads in relation to the older people, primary care, unscheduled care, and carers' sections.

CORPORATE PERFORMANCE REPORT

QUARTER 3
2016/17

CONTENTS

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

2. 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 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇨Q3	New Indicators
	R	A	G	Gr	R	A	G	Gr		
Older People (No. and %)	8 57%		6 43%		4 20%	2 10%	14 70%		**Red ⇨ Green** 2. No. of Anticipatory Care Plans 5. % of users leaving reablement with no further homecare support. **Red ⇨ Amber** 16. Deaths in Acute Hospitals (65+ and 75+) 6 new indicators been introduced	8. Continence Waiting Times. 9. Day Care Review Rates. 10. Referrals to Telecare (2) 14. Residential Care Occupancy Rates. 15. Residential Care Review Rates.

CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇨ Q3	New Indicators
	R	A	G	Gr	R	A	G	Gr		
Primary Care (No. and %)			3 100%			5 50%	3 30%	2 20%	No change in status for existing indicators. 7 new indicators been introduced. Remaining targets to be agreed for 2017/18.	Immunisations: 4. Flu (5) 5. Shingles (2)
Unscheduled Care (No. and %)	4 36%			7 64%	4 36%			7 64%	No changes in status. Remaining targets will be agreed for 2017/18 when developing the Unscheduled Care Commissioning Plan.	No new indicators
Carers (No. and %)			1 100%				2 67%	1 33%	No change in status for the existing indicator. 2 new indicators been introduced. Remaining target to be agreed for 2017/18.	2.Carers Referral Source 3.Improved ability to provide carer support
Children's Services (No. and %)	5 42%		7 58%		6 50%		6 50%		**Green ⇨ Red** 7.% new SCRA reports submitted within 20 days	

CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇨ Q3	New Indicators
	R	A	G	Gr	R	A	G	Gr		
Adult Mental Health (No. and %)				1				1	No changes in status. Target to be confirmed for 2017/18. 2 additional indicators not being updated as a result of transfer to new information system.	
Alcohol & Drugs (No. and %)			2 100%		1 33%		2 67%		**Green ⇨ Red** 2. % of Parental Assessments completed on time 1 new indicator been introduced	3. % service users with recovery plan
Homelessness (No. and %)	6 100%				5 83%		1 17%		**Red ⇨ Green** 6. No. of individual households not accommodated over last month of quarter.	
Criminal Justice (No. and %)	2 50%	1 25%	1 25%		4 100%				**Green ⇨ Red** 2. % CPOs with Case Management Plan within 20 days. **Amber ⇨ Red** 3. % of CPO 3 month Reviews held within timescale	

CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇨Q3	New Indicators
	R	A	G	Gr	R	A	G	Gr		
Health Improvement (No. and %)	2 33%		2 33%	2 33%	2 33%		2 33%	2 33%	No changes in status.	
Human Resources (No. and %)	5 100%				5 100%				No changes in status.	
Business Processes (No. and %)			4 100%			1 25%	3 75%		**Green ⇨ Amber** 3. % of Social Work complaints handled within 28 calendar days	
TOTAL	32 46%	1 1.5%	26 38%	10 14.5%	31 36.5%	8 9.5%	33 39%	13 15%	9	16

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
Older People					
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. The calculation is based on service users in receipt of a home care service for more than a year, and who have had a review activity completed within the last 12 months. It should be noted that this assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator	85%	Q3	GREEN	▲
2. 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	Q3	GREEN	▲
3. 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.	1200 for year	Q3	RED	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
4. 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, however, that this assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator.	75%	Period 9 (15 Oct – 11 Nov)	**GREEN**	▼ ▲
5. Percentage of service users leaving the service following reablement period with no further home care support.	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. This assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator.	>40%	Period 9 (15 Oct – 11 Nov)	**GREEN**	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - % over one year.	To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that there are no outstanding activities over 12 months.	0%	Q3	GREEN	►
7i. AHP Waiting Times – MSK Physio.	To monitor waiting times performance. This service is hosted by West Dunbartonshire which has managerial responsibility across NHSGGC	90% seen within 4 weeks	Dec 16	RED	▲
7ii. AHP Waiting Times – Podiatry	To monitor waiting times performance. This service is hosted by Renfrewshire which has managerial responsibility across NHSGGC	90% seen within 4 weeks	Dec 16	GREEN	▼
7iii. AHP Waiting Times – Dietetics.	To monitor waiting times performance. This service is hosted by Acute which has managerial responsibility across NHSGGC	100% seen within 4 weeks	Dec 16	GREEN	►
8. Continence Service – Waiting Times	To monitor waiting times performance for Continence Services. New indicator for Q3.	Maximum Wait 12 weeks	Q3	GREEN	N/A
9. Day Care – Review Rates	To monitor the extent to which reviews for day care service users are being undertaken within the target 6 month period.	95%	Q2 & Q3	GREEN	N/A
10.i Referrals to Telecare: Basic	To monitor the number of Telecare referrals received on a quarterly basis for the Basic Telecare Service.	2,248	Total Q1 to Q3	GREEN	N/A

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
10.ii Referrals to Telecare: Advanced	To monitor the number of Telecare referrals received on a quarterly basis for the Advanced Telecare Service.	304	Total Q1 to Q3	GREEN	N/A
11. Intermediate Care: Percentage Occupancy.	To monitor utilisation of intermediate care beds. Aim is to ensure occupancy rates are high to ensure efficiency/value for money.	90%	Dec 16	GREEN	▶
12. Intermediate Care: Average Length of stay (Days).	To monitor whether people are staying within intermediate care beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.	<30	Dec 16	RED	▶
13. Intermediate Care: Percentage of users transferred home.	To monitor the destinations with the aim of increasing those returning home.	>30%	Dec 16	RED	▲
14. Residential Care – Occupancy Rates	To monitor occupancy rates within residential units.	95%	Q2 & Q3	GREEN	N/A
15. Provided Residential Care – Review Rates	To monitor the extent to which reviews for service users in provided residential care are being undertaken within the target 6 month period.	100%	Q2 & Q3	GREEN	N/A

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
16i. 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%	Oct 15 – Sep 16	AMBER	▲
16ii. Deaths in Acute Hospitals (Aged 75+).	As above	40%	Oct 15 – Sep 16	AMBER	▲
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%	Jul 15 – Sep 16	GREEN	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
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. All patients on a practice list are included even if they have not received any prescriptions. 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	Sep 16	GREEN	▼
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)	Nov 16	GREEN	►
4i. Flu Immunisation Rates (over 65s).	To monitor people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data vaccine uptake estimates are taken from Health Protection Scotland records as at Week 13 2016	75%	Week 52 2016	AMBER	N/A

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
4ii. Flu Immunisation Rates (under 65s in at risk groups).	As above	75%	Week 52 2016	**AMBER**	**N/A**
4iii. Flu Immunisation Rates (pregnant women in at risk groups).	As above	75%	Week 52 2016	**AMBER**	**N/A**
4iv. Flu Immunisation Rates pregnant women (non-risk groups).	As above	75%	Week 52 2016	**AMBER**	**N/A**
4v. Flu Immunisation Rates (pre-school children).	As above	65%	Week 52 2016	**AMBER**	**N/A**
5. Shingles Immunisation Rates.	To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract as at 27/09/2016 and are for persons aged 70 and 78.	Target TBC for both age groups	2015/16	**GREY**	**N/A**
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 Accident and Emergency units. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare across areas but allow for comparisons over time within areas.	Target TBC	Jan 16 - Dec16	**GREY**	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
2. New Accident and Emergency (A&E) Attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations with a source of referral of a GP - crude rate per 100,000 population.	To monitor attendance at Accident and Emergency units where the patients have been directly referred by a GP. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas.	Target TBC	Dec 16	**GREY**	▲
3i. 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. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare across areas but allow for comparisons over time within areas.	Target TBC	Oct 16	**GREY**	▼
3ii. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	As above	Target TBC	Oct 16	**GREY**	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
4. Number of non-elective inpatient spells (All Ages).	To monitor the number of non-elective inpatient spells. Partners are working together to reduce these over time and shift the balance of care towards the community. These are numbers only at the moment and are not standardised for age/sex/SIMD so cannot be used to compare across areas, but allow for comparisons over time within areas	Target TBC	Aug 15 – Jul 16	GREY	▼
5i. Emergency Acute Bed Days for Older People (Rate per 1000 population). (Aged 65+).	To monitor the extent to which older people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community.	Target TBC	Oct 16	GREY	▼
5ii. Emergency Acute Bed Days for Older People (Rate per 1000 population). (Aged 75+).	As above	Target TBC	Oct 16	GREY	▼
6. Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI)), Learning Disability and Mental Health patients).	To monitor the extent to which people are being unnecessarily delayed in hospital beyond 72 hours with the aim that these are reduced.	0	Jan 17	RED	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
7. 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	Jan 17	**RED**	▲
8. Total number of Adults under 65 breaching the 72 hour discharge target (excluding Mental Health patients).	As above	0	Jan 17	**RED**	►
9. Total number of Adult Mental Health patients breaching the 72 hour discharge target (Under and Over 65s including AWI).	As above	0	Jan 17	**RED**	▲
10. 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	Oct 16	**GREY**	▲
11. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	As above	Target TBC	Oct 16	**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 2100 total	Q3	GREEN	▼
2. Carers Referrals – Source.	To monitor the source of carers assessments. The aim is to increase the percentage being referred from Primary Care	Targets to be set in 2017/18	Q3	GREY	N/A
Children's Services					
1 Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits.	To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme and they focus on each child's language, speech and emotional development as part of their preparation for nursery and then school.	95%	Dec 16	RED (All areas)	▼
2. 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%	Oct 16	GREEN	▼ ▲ ►
3. 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	Oct 16	GREEN	►

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
4. Percentage of looked after and accommodated children aged under 5 who have had a permanency review (who have been looked after for 6 months or more).	To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage.	90%	Q3	RED	▼
5. Percentage of children looked after at home with family/friends with a primary worker (Looked After Children [LAC]).	To monitor the proportion of children looked after at home who have an allocated social worker who manages their case and are recorded on careFirst. The aim is to ensure that all looked after children have a primary worker to enhance support and increase the likelihood of better outcomes.	100%	Q3	RED	▼
6. Percentage of children looked after away from home with a Primary worker (Looked After and Accommodated [LAAC]).	To monitor the proportion of children looked after away from home who have a primary worker recorded on careFirst. The aim is to ensure that all have a primary worker to enhance support and increase the likelihood of better outcomes.	100%	Q3	GREEN	►
7. Percentage of new SCRA reports submitted within 20 days/on time.	To monitor the proportion of new reports requested by SCRA which are submitted within the 20 day deadline.	60%	Q3	RED	▼
8. 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%	Q3	RED	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
9. 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%	31 Mar 16	RED	▼
10. Number of 3 – 5 year olds registered with a dentist.	To monitor the extent to which children 3 and over 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.	90%	31 Mar 16	GREEN	▲
11. 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%	Q2	GREEN	▼
12. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	As above for children aged 5 years	95%	Q2	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%	Dec-15	GREY	N/A
2. Primary Care Mental Health Teams – referral to 1st 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
3. Adult Mental Health Re-admissions within 28 days.	To monitor readmissions for mental health inpatient treatment within 28 days of discharge, with the aim to reduce these.	Target TBC	Sep 16	GREY	▲
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%	Q2	GREEN	▼
2. The percentage of Parental Assessments completed within 30 days of referral.	An Impact of Parental Substance Use (IPSU) Assessment should be completed within 30 days of referral. This indicator monitors the percentage of assessments completed within this timeframe.	75%	Q3	RED	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
3. The percentage of Service Users with an initiated recovery plan following assessment	Following assessment, all Alcohol and Drugs service users should have a recovery plan put place. This indicator aims to ensure that we maximise the proportion who have an initiated recovery plan. This indicator is being reported for the first time at Q3.	70%	Q3	GREY	N/A
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%	Q3	RED	▲
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%	Q3	RED	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
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%	Q3	**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)	Q3	**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	Q3	**RED**	▼
6. Number of individual households not accommodated.	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	Q3	**GREEN**	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
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%	Q3	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%	Q3	RED	▼
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%	Q3	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%	Q3	RED	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
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.	3546 to Q3	Apr 16 - Dec 16	**GREEN**	▲
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.	501 to Q1	Q1	**RED**	**N/A**
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**	▼

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Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
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	Oct 15 – Sep 16	**GREEN**	▲
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	Oct 15 – Sep 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%	Dec 16	**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	Q3	**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%	Dec 16	**RED**	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
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%	Dec 16	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%	Dec 16	RED	▼
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%	Q2	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%	Q3	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%	Q3	AMBER	▼
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%	Q3	GREEN	▲

1. OLDER PEOPLE

Proactive Care and Support at Home

Indicator	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.
Purpose	To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. The calculation is based on service users in receipt of a home care service for more than a year, and who have had a review activity completed within the last 12 months. It should be noted that this assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 4
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3
85%	North East	90% (G)	87% (G)	90% (G)	91% (G)	91% (G)	92% (G)
85%	North West	82% (A)	81% (A)	79% (R)	79% (R)	77% (R)	81% (A)
85%	South	81% (A)	82% (A)	82% (A)	80% (R)	84% (G)	84% (G)
85%	Glasgow	84% (G)	83% (G)	83% (G)	83% (G)	84% (G)	85% (G)

Performance Trend

Performance overall within Glasgow has been within target for the past 12 months. There are notable variations within the city however with North East consistently meeting the target, and improvements in performance in the South in the last 2 periods. North West's performance increased significantly during Quarter 3. North West has had ongoing discussions with Cordia to improve performance.

Indicator	2. Number of Community Services led Anticipatory Care Plans (ACPs) in Place
Purpose	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.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Q1	Q2	Q3			
NE	N/A	34	34	148			
NW	N/A	17	23	23			
South	N/A	10	10	91			
Citywide	N/A	0	0	7			
Glasgow	240 to Q3	61 (R)	67 (R)	269 (G)			
Performance Trend							
The target is to achieve 120 ACPs in total across the city by Q2, 240 by Q3 and 360 by Q4. Cumulative figures to each quarter shown above. Performance has increased as anticipated over the course of the year and has moved from RED to GREEN in the last quarter.							

Indicator	3. 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		
North East	N/A			**58**		
North West	N/A			**102**		
South	N/A			**66**		
Glasgow	Reach 1200 in 16/17	**231 (R)**	**228 (R)**	**226 (R)**		

Performance Trend

Cumulative figures to each quarter shown above with locality information now reported for the first time. Performance below what would be expected, with a slight decrease over the last two quarters. Numbers highest in the North West.

Actions to Improve Performance

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.

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.

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.

Indicator	4. Percentage of service users who receive a reablement service following referral for home care.
Purpose	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, however, that this assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator. Information reported for 4 weekly financial periods by Cordia which has been mapped to the HSCP quarterly reporting cycle.
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)

			Q1		Q2			Q3	
Locality	Referral Source	Target	Per. 1&2	Per. 4	Per. 5	Per. 6	Per. 7	Per. 8	Per. 9
City-wide	Hospital Discharges	75%	82.7% (G)	77.3% (G)	78.6% (G)	79.1% (G)	77.5% (G)	77.3% (G)	72.5% (A)
	Community Referrals	75%	79.2% (G)	81.9% (G)	80% (G)	77.5% (G)	77.0% (G)	73.6% (G)	83.6% (G)
Performance Trend									
Performance dipped slightly below the 75% target during Period 9 (Quarter 3) for Hospital Discharge referrals (AMBER) but remained considerably above target for Community Referrals hence is classified overall as GREEN.									

Indicator	5. Percentage of service users leaving the service following reablement period with no further home care support
Purpose	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. This assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator. Information shown by 4 weekly financial periods.
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			Q2			Q3		
		Per. 1&2	Per. 3	Per. 4	Per. 5	Per. 6	Per. 7	Per. 8	Per. 9	Per. 10
North East	>40%	39% (A)	41% (G)	48% (G)	41% (G)	45% (G)	33% (R)	36% (R)	33% (R)	33% (R)
North West	>40%	46% (G)	37% (R)	41% (G)	52% (G)	39% (A)	43% (G)	36% (R)	39% (A)	51% (G)
South	>40%	25% (R)	29% (R)	26% (R)	44% (G)	49% (G)	25% (R)	31% (R)	30% (R)	43% (G)
Citywide	>40%	37% (R)	34% (R)	36% (R)	45% (G)	45% (G)	33% (R)	34% (R)	34% (R)	43% (G)

Performance Trend

Locality data reported for the first time. Performance varies across locality and over time. At a city level, performance moved from RED to GREEN in the last reporting period with North East the only area below target. .

Target/Ref	6. Open occupational therapy (OT) activities at assessment stage assigned to worker or team: % over one year
Purpose	To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that there are no outstanding activities over 12 months.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3
0%	North East	4% (R)	0% (G)	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North West	1% (A)	3% (R)	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)
0%	South	23% (R)	14% (R)	5% (R)	1% (A)	0% (G)	0% (G)	0% (G)
0%	Glasgow	15% (R)	8% (R)	3% (R)	1% (A)	0% (G)	0% (G)	0% (G)
Performance Trend								

The proportion of assessments outstanding for more than 12 months fell significantly during 2015/16. During the 3 quarters of 2016/17, no OT assessments have been open for more than a year.

Target/Ref	7. AHP Waiting Times
Purpose	To monitor the waiting times performance in relation to AHP services. These services are hosted across NHSGGC with Renfrewshire having managerial responsibility for Podiatry; West Dunbartonshire for MSK Physio; and Acute for Dietetics.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Service	Target	16/17 April	16/17 Aug	16/17 Sep	16/17 Oct	16/17 Nov	16/17 Dec
MSK Physio	90% seen within 4 weeks	45% (R)	46% (R)	47% (R)	47.5% (R)	48% (R)	50% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.7% (G)	97.7% (G)	96.8% (G)	97.2% (G)	95.5% (G)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
Performance Trend							
Target being met by Dietetics and Podiatry but not by MSK physio. All patients requiring an urgent MSK appointment are seen within the target timescales.							

Target/Ref	8. Continence Service – Waiting Times
Purpose	To monitor waiting times performance for Continence Services. This service is hosted by Glasgow. The service is reported by North and South areas. The North area includes North East and North West Glasgow, and East and West Dunbartonshire. The South area includes Glasgow South, Inverclyde, East Renfrewshire and Renfrewshire
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

	Actual Wait in Weeks							
Target	Q3 16/17		Q4 16/17					
	North	South						
Maximum Wait 12 weeks	7.0 (G)	5.5 (G)						
Performance Trend								
This indicator is reported upon for the first time above. Waiting time targets are being met for both the North and South areas as defined above.								

Target/Ref	9. Day Care – Review Rates
Purpose	To monitor the extent to which reviews for day care service users are being undertaken within the target 6 month period. This indicator reports on provided, rather than purchased, day care.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

	2016/17			
Target	**Q2-Q3**	**Q4**		
95%	**96% (G)**			
Performance Trend				
This indicator is reported upon for the first time above, so Q2 and Q3 have been reported collectively.				

Target/Ref	10. Referrals to Telecare
Purpose	To monitor the number of Telecare referrals received on a quarterly basis for the Basic and Advanced Telecare Services. Expanding the uptake of Telecare is a central aim of the national Technology Enabled Care (TEC) Programme.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 2
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Telecare Referrals	Agreed Scottish Govt Target (Annual)	Q1 16/17	Q2 16/17	Q3 16/17	Year to Date (Apr–Dec 2016)	Year End Total
Basic	2,248	633	655	589	1,877 (G)	
Advanced	304	186	179	205	570 (G)	
Performance Trend						
This indicator is being reported for the first at Q3. The number of referrals to both the Basic and Advanced Telecare Services are anticipated to meet the agreed annual Scottish Government targets at year end (GREEN).						

Care at Times of Transition

Indicator	11. Intermediate Care : Percentage Occupancy
Purpose	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Apr -16	Aug -16	Sep -16	Oct -16	Nov - 16	Dec - 16
North East	90%	94% (G)	90% (G)	88% (G)	87% (G)	95% (G)	95% (G)
North West	90%	75% (R)	91% (G)	84% (R)	92% (G)	97% (G)	97% (G)
South	90%	94% (G)	89% (G)	82% (R)	92% (G)	86% (A)	86% (A)
Glasgow	90%	88% (G)	90% (G)	87% (G)	91% (G)	92% (G)	92% (G)
Performance Trend							

Variations across areas and over time. Performance at a city level and in the North East and North West remains GREEN, with the South AMBER over the last two reporting periods.

Indicator	12. Intermediate Care : Average length of stay (Days)
Purpose	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Apr -16	Aug -16	Sep -16	Oct -16	Nov - 16	Dec - 16
Glasgow	<30	41 (R)	39.5 (R)	39 (R)	41.3 (R)	43 (R)	42 (R)
North East	<30	36 (R)	46 (R)	42 (R)	51 (R)	40 (R)	46 (R)
North West	<30	38 (R)	31 (R)	34 (R)	40 (R)	43 (R)	42 (R)
South	<30	44 (R)	46 (R)	44 (R)	38 (R)	39 (R)	39 (R)

Performance Trend

Average lengths of stay vary over time and between localities. There has been a slight reduction in average lengths of stay at a city level between November and December, though there has been a slight increase since April 2016.

Actions to Improve Performance

There is a robust process in place in each locality to manage throughput so that we utilise our capacity to best effect and in the interests of patients and their families A significant feature of this client group, however, is their frailty and the potential for individuals to remain unwell for some time, which can impact on length of stay.

Timeline for Improvement

The imminent changes to complex care will provide alternative options for managing more frail individuals either in the community or in other care home placements, through a process of assessment. The new intermediate care contract will also allow the partnership to have a more flexible use of the beds to focus on assessment and rehabilitation.

The review process will continue meantime to promote throughput in the units in order to maximise efficiency and promote the quality of assessment and support provided for clients. The target will be revised during 2017/18.

Indicator	13. Percentage of intermediate care users transferred home compared to those transferred to a residential or nursing home.
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
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		Targets	Apr -16	Aug -16	Sep -16	Oct -16	Nov -16	Dec -16
Glasgow	**Home**	30%	21% (R)	30% (G)	25% (R)	27% (R)	13% (R)	21% (R)
	Res/Nursing	N/A	52%	46%	62%	60%	67%	66%
	Readmissions	N/A	25%	21%	9%	11%	14%	15%
	Deceased	N/A	2%	3%	4%	2%	3%	0%
NE	**Home**	30%	22% (R)	22% (R)	19% (R)	21% (R)	11% (R)	18% (R)
	Res/Nursing	N/A	39%	39%	69%	71%	61%	64%
	Readmissions	N/A	33%	28%	6%	7%	22%	18%
	Deceased	N/A	6%	11%	6%	0%	6%	0%
NW	**Home**	30%	21% (R)	15% (R)	23% (R)	29% (G)	10% (R)	19% (R)
	Res/Nursing	N/A	57%	59%	58%	53%	85%	69%
	Readmissions	N/A	21%	26%	15%	12%	5%	12%
	Deceased	N/A	0%	0%	4%	6%	0%	0%
South	**Home**	30%	21% (R)	52% (G)	37% (G)	29% (G)	16% (R)	25% (R)
	Res/Nursing	N/A	58%	36%	56%	58%	64%	66%
	Readmissions	N/A	21%	12%	4%	13%	16%	16%
	Deceased	N/A	0%	0%	4%	0%	4%	0%

Performance Trend
Variations across localities and over time. There has been an increase in the percentage going home across all areas over the last reporting period, but all localities remain below target and RED.

Actions to Improve Performance
Further work is underway to promote alternatives to nursing or residential care and staff are committed to getting people back to their own home wherever possible, supported by an increase in the availability of housing options and other supported community options.

Timeline for Improvement
It is anticipated that this target will be met by the end of 2017/18.

Hospitals and Care Homes

Target/Ref	14. Residential Care – Occupancy Rates
Purpose	To monitor occupancy rates within residential units (provided).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

	2016/17			
Target	**Q2-Q3**	**Q4**		
95%	**100% (G)**			
Performance Trend				
This indicator is reported upon for the first time above, so Q2 and Q3 have been reported collectively. Occupancy targets are being exceeded.				

Target/Ref	15. Residential Care (Provided) – Review Rates
Purpose	To monitor the extent to which reviews for residential care service users are being undertaken within the target 6 month period. This indicator reports on residents in provided residential placements.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

	2016/17			
Target	**Q2-Q3**	**Q4**		
95%	**97% (G)**			
Performance Trend				
This indicator is reported upon for the first time above, so Q2 and Q3 have been reported collectively.				

Indicator	16. Deaths in Acute Hospitals (65+ and 75+)
Purpose	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/care home based 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.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

65+

Locality	Target	Apr 13-Mar14	Apr14-Mar15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15-Sep 16
Glasgow	40% by Q4 16/17	46.4% (R)	45.7% (R)	45.4% (R)	44.3% (R)	43.6% (R)	40.9% (A)
North East	As above	44.1% (R)	45% (R)	45.0% (R)	43.8% (R)	42.3% (R)	39.6% (G)
North West	As above	46.5% (R)	46.5% (R)	44.1% (R)	42.8% (R)	43.6% (R)	41.6% (A)
South	As above	48.4% (R)	45.6% (R)	46.8% (R)	46.0% (R)	44.7% (R)	41.5% (A)
NHSGGC	N/A	44.4%	44.6%	43.7%	43.2%	42.9%	40.3%

Performance Trend

Variations across areas and over time, but downward trend over the last 12 months and over the longer term. North East moved from RED to GREEN in the last quarter with the other areas and the city as a whole moving from RED to AMBER. No updates available since the last report.

Actions to Improve Performance

The trend has been downward for some time and getting closer to the NHS Board's target. This is evidenced by performance in the North East where the target has now been reached. The North West and South are edging closer to the target – both had further to improve than the North East – and should reach the target by the year end should the current rate of improvement be maintained.

Timeline for Improvement

The target should be achieved by the year end should the current rate of improvement be maintained.

75+

Locality	Target	Apr 13-Mar14	Apr14-Mar15	Jan 15 -Dec 15	Apr 15 -Mar 16	Jul 15 -Jun 16	Oct 15-Sep 16
Glasgow	40% by Q4 16/17	44.8% (R)	44.6% (R)	45.1% (R)	44.2% (R)	43.9% (R)	41.2% (A)
North East	As above	44% (R)	44.4% (R)	43.6% (R)	43.3% (R)	42.66% (R)	39.9%(G)
North West	As above	45.4% (R)	43.6% (R)	43.8% (R)	42.8% (R)	43.3% (R)	41.8% (A)
South	As above	44.9% (R)	45.7% (R)	47.6% (R)	46.4% (R)	45.6% (R)	41.9% (A)
NHSGGC	N/A	43.9%	43.7%	43.5%	43.0%	43.1%	40.4%

Performance Trend
Variations across areas and over time, but downward trend over the last 12 months and over the longer term. North East moved from RED to GREEN in the last quarter with the other areas and the city as a whole moving from RED to AMBER. No updates available since the last report.

Actions to Improve Performance
As above the trend for those aged over 75 has been downward for some time and getting closer to the NHS Board's target. This is evidenced by performance in the North East where the target has now been reached. The North West and South are edging closer to the target – both had further to improve than the North East – and should reach the target by the year end should the current rate of improvement be maintained.

Timeline for Improvement
The target should be achieved by the year end should the current rate of improvement be maintained

PRIMARY CARE

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	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.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

AREA	TARGET	Jul 15 - Sep 15	Oct 15- Dec 15	Jan 15- Mar 16	Apr 15 - Jun16	Jul 15 - Sep 16
NE	78%	**79.45% (G)**	**79.67% (G)**	**79.81% (G)**	**79.68% (G)**	**79.7% (G)**
NW	78%	**77.77% (G)**	**78.09% (G)**	**78.35% (G)**	**77.97% (G)**	**78.07% (G)**
S	78%	**78.14% (G)**	**78.59% (G)**	**79.0% (G)**	**78.74% (G)**	**78.70% (G)**
NHSGGC	78%	**78.33% (G)**	**78.61% (G)**	**78.86% (G)**	**78.57% (G)**	**78.65% (G)**
Performance Trend						
All areas GREEN. Compliance slightly increased for the city over the last 12 months. No updates available since the last report.						

Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the total practice populations after they have been adjusted for demographic factors. All patients on a practice list are included even if they have not received any prescriptions. This indicator does not provide information on the external factors that affect prescribing such as new drugs, guidelines or national drug shortages.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

AREA	Target	Mar 16	Apr 16	Jun 16	Jul 16	Aug 16	Sep 16
NE	Below NHSGGC average	£163.79 (G)	£164.49 (G)	£164.60 (G)	£163.58 (G)	£164.42 (G)	£164.07 (G)
NW	Below NHSGGC average	£156.55 (G)	£157.37 (G)	£158.04 (G)	£157.45 (G)	£158.48 (G)	£158.25 (G)
S	Below NHSGGC average	£164.48 (G)	£165.43 (G)	£166.78 (G)	£166.49 (G)	£167.82 (G)	£167.79 (G)
NHSGGC		£174.97	£176.02	£177.20	£176.74	£177.96	£177.99
Performance Trend							
All areas GREEN with variations across sectors. There is ongoing implementation of cost effectiveness initiatives to ensure cost minimisation. However, due to the external factor of global drug cost increases, the trend shows increasing cost across all sectors as well as NHSGGC in the last year. No updates available since the last report.							

Indicator	3. Numbers of people with a diagnosis of dementia on GP practice dementia registers
Purpose	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 to find within a given area. Information is currently continuing to be extracted using the QoF calculator.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

AREA	TARGET	Apr 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec16
NE	1218	1533 (G)	1541 (G)	1534 (G)	1515 (G)	1510 (G)	1457 (G)
NW	1395	1273 (R)	1275 (R)	1278 (R)	1269 (R)	1265 (R)	1275 (R)
S	1597	1558 (G)	1471 (R)	1566 (G)	1577 (G)	1589 (G)	1565 (G)
HSCP	4210	4364 (G)	4287 (G)	4378 (G)	4361 (G)	4364 (G)	4297 (G)

Performance Trend

Variations across localities but performance overall remains GREEN. The numbers on dementia registers have increased over the course of the last year. It should be noted that the accuracy of this data may be affected by the fact that the recording of information is no longer attached to payment.

Indicator	4. Flu Immunisation Rates
Purpose	To monitor the numbers of people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data vaccine uptake estimates are taken from Health Protection Scotland and is based on automated extracts from all Scottish GP practices. Immunisation rates are shown for various groups; over 65s; under 65s in at risk groups; pregnant women (in at risk groups and generally); and pre-school children. The data will be reported for Q3 and Q4 each year when the programme is delivered.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

Area	Target	Over 65s	Under 65s in clinical risk groups	Pregnant (not in a clinical risk group)	Pregnant (in a clinical risk group)	Target	Pre-school
NE	75%	69.0% (A)	44.2% (A)	45.1% (A)	53.1% (A)	65%	53.2% (A)
NW	75%	69.5% (A)	43.2% (A)	52.3% (A)	62.0% (A)	65%	56.4% (A)
South	75%	70.7% (A)	44.3% (A)	51.7% (A)	63.3% (A)	65%	52.5% (A)
NHSGGC	N/A	71.1%	44.4%	51.1%	61.6%	N/A	56.1%
Scotland	N/A	71.1%	42.4%	43.9%	54.5%	N/A	55.0%

Performance Trend

The data shown relates to Q3 and is the position at Week 52 of 2016. Performance broadly similar across many of the categories with the exception of both pregnancy indicators, where North East is over 5% below the other areas. The aim is to reach the target figures by the end of Q4, so performance has been classified as AMBER rather than RED.

Indicator	5. Shingles Immunisation Rates
Purpose	To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract and are for persons aged 70 and 78.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

Area	Target	Aged 70	Aged 78	Total
NE	TBC	28.3%	21.0%	25.1%
NW	TBC	19.8%	16.9%	18.5%
South	TBC	26.5%	21.3%	24.3%
NHSGGC	TBC	22.4%	17.8%	20.5%
Scotland	TBC	27.2%	21%	24.6%
Performance Trend				
The data shown relates to the period between 1 September and 30 November 2016. Variations across localities and between the different age groups. North West the lowest to date across both categories. Targets to be confirmed.				

UNSCHEDULED CARE

A&E Activity

Indicator	1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population
Purpose	To monitor attendance at Accident and Emergency units. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Apr 15 - Mar 16	May 15 – Apr 16	Oct 15 - Sep 16	Nov 15- Oct 16	Dec 15 - Nov16	Jan 16- Dec 16
North East	TBC	2632	2627	2666	2680	2687	2707
North West	TBC	1992	1956	1985	1998	2008	2018
South	TBC	2265	2195	2221	2234	2231	2233
Glasgow	TBC	2284	2245	2276	2289	2294	2303
Performance Trend							
Variations across areas and over time with North East generally highest and North West lowest. Slight increase at a city wide level over the period shown. Work required to obtain standardised rates to allow comparisons across areas. All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.							

Indicator	2. New Accident and Emergency (A&E) Attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations with a source of referral of a GP - crude rate per 100,000 population
Purpose	To monitor attendance at Accident and Emergency units where the patients have been directly referred by a GP. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Mar-16	Apr-16	Sep-16	Oct-16	Nov-16	Dec-16
North East	TBC	124	102	93	109	119	103
North West	TBC	83	62	74	75	85	74
South	TBC	94	70	78	99	100	79
Glasgow	TBC	100	77	81	94	101	85

Performance Trend

Variations across areas and over time with North East generally highest and North West lowest. Reduction overall across the city in this period. Factors affecting this likely to include the closure of the Western General and Victoria A&Es and the opening of the AAU (Acute Assessment Unit) in the Queen Elizabeth University Hospital, all in May 2015. Since then GP referrals to the AAU would not count as Accident and Emergency attendances, with patients instead being classified as inpatients. Work required to obtain standardised rates to allow comparisons across areas. All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.

Emergency Admissions

Indicator	3. Emergency Admissions (Aged 65+ and 75+) – Numbers and Rates per 1000 population.
Purpose	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. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas.
National/ Corporate/ Local	HSCP Local Indicator. Linked to National Integration Indicator which is the emergency admission rate for all adults.
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Indicator	Target	14/15	15/16	Sep-16	Oct-16	Nov-16	Year to Date
i. 65+Numbers	TBC	26,237	27,891	2275	2374	2486	19,250
ii. 65+ Rates/1000 pop	TBC	315	334	27	28	30	231
i. 75+Numbers	TBC	16,530	17,844	1436	1580	1621	12,084
ii. 75+ Rates/1000 pop	TBC	416	450	36	40	41	307
Performance Trend							

Numbers for 65+ increased between 14/15 and 15/16 from 26,237 to 27,981, having fallen in the two previous years (5% fall in 2013/14, followed by a 0.8% reduction in 2014/15). Monthly average so far of 2406 (65+) and 1510 (75+) which is a slight increase on last year's monthly averages (2324 & 1487 respectively). Work required to obtain standardised rates to allow comparisons across areas. All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.

Non-Elective Spells

Indicator	4. Number of non-elective inpatient spells (All Ages)
Purpose	To monitor the number of non-elective inpatient spells. Partners are working together to reduce these over time and shift the balance of care towards the community. These are numbers only at the moment and are not standardised for age/sex/SIMD etc, so cannot be used to compare across areas, only over time within areas.
National/ Corporate/ Local	Health Board Indicator.
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Mar15-Feb16	Apr15-Mar16	May15-Apr16	Jun15-May16	Jul15-Jun16	Aug15-Jul16
North East	TBC	50,843	51,278	51,340	51,709	51,924	52,263
North West	TBC	46,342	47,208	48,297	49,278	49,911	50,129
South	TBC	57,748	59,833	61,886	62,964	63,729	64,199
Glasgow	TBC	154,933	158,319	161,523	163,951	165,564	166,891
Performance Trend							
Numbers have been increasing over all areas over the period shown. All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.							

Emergency Admissions – Total Bed Days Used

Indicator	5. Emergency Acute Bed Days for Older People (Aged 65+ and 75+) (Rate per 1000 population)
Purpose	To monitor the extent to which older people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community.
National/ Corporate/ Local	HSCP Local Indicator. Linked to National Integration Indicator which is the emergency bed day rate for adults and is also a local Health Board Indicator.
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Indicator	Target	14/15	15/16	Sep-16	Oct-16	Nov-16	Year to Date
65+ Numbers	TBC	325,545	304,322	25,273	25,902	26,659	212,797
65+ Monthly Average	TBC	27,128	25,360	303	310	318	2548
75+ Numbers	TBC	235,488	223,070	18,297	19,318	19,641	153,749
75+ Monthly Average	TBC	19,624	18,589	465	490	499	3905
Performance Trend							
The total numbers have been on a downward trend since 2010/11. Monthly averages so far are, however, slightly higher than last year for both age groups (26,599 against 25,360 for 65+ and 19,218 against 18,589 for 75+). All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.							

Delayed Discharges

Indicator	6. 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	19 Sep 16	17 Oct 16	14 Nov 16	12 Dec 16	9 Jan 17
0	NE	4 (R)	2 (R)	7 (R)	6(R)	6(R)	5 (R)	4 (R)
	NW	9 (R)	12 (R)	10 (R)	11(R)	19(R)	16(R)	10 (R)
	S	9 (R)	8 (R)	5 (R)	7(R)	5(R)	1 (R)	6 (R)
	HSCP	22 (R)	22 (R)	22 (R)	24(R)	30(R)	22(R)	20 (R)

Performance Trend

Numbers fluctuate across areas and over time. Overall city figures have reduced over the last two months.

Actions to Improve Performance

The action plan and performance framework being implemented is showing improved performance in recent months. 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 patient becoming fit for discharge.

Timeline for Improvement

The action plan aims to reduce the numbers being delayed to 10 by April 2017.

Indicator	7. Total number of patients over 65 classed as Adults with Incapacity (AWI) are 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	19 Sep 16	17 Oct 16	14 Nov 16	12 Dec 16	9 Jan 17
0	NE	11 (R)	10 (R)	5 (R)	2(R)	0(G)	1(R)	1(R)
	NW	16 (R)	19 (R)	7 (R)	6(R)	3(R)	3(R)	1(R)
	South	23 (R)	32 (R)	1 (R)	0(G)	1(R)	0(G)	0(G)
	City	50 (R)	61 (R)	13 (R)	8(R)	4(R)	4(R)	2(R)

Performance Trend

Numbers fluctuate over time and have reduced since the AWI beds which the HSCP commission in community settings at Darnley and Quayside were reclassified in line with national guidance and are no longer categorised as acute beds. These are, therefore, no longer included in the above figures, which relate to acute hospital beds only. Numbers fell in January to only 2.

Actions to Improve Performance

The action plan and performance framework being implemented is showing 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 action plan aims to reduce the numbers being delayed to 0 by April 2017.

Indicator	8. 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	14 Mar 16	18 Apr 16	19Sep 16	17 Oct 16	14 Nov 16	12 Dec 16	9 Jan 17
NE	5 (G)	8 (R)	12 (R)	14(R)	16(R)	16(R)	15(R)
NW	6 (R)	7 (R)	10 (R)	10(R)	10(R)	12(R)	9(R)
S	5 (R)	5 (R)	6 (R)	6(R)	5(R)	5(R)	7(R)
HSCP	16 (R)	20(R)	28(R)	30(R)	31(R)	33(R)	31(R)

Performance Trend

Numbers fluctuate across areas and over time. Overall city figures have increased over the course of the year though have remained at similar levels over the last 4 months.

Actions to Improve Performance

The action plan and performance framework being implemented are showing an improved performance. These are similar to those described in relation to indicator 7 above.

Timeline for Improvement

The action plan aims to reduce the numbers being delayed to 10 by April 2017.

Indicator	9. Total number of Adult 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	19Sep 16	17 Oct 16	14 Nov 16	12 Dec 16	9 Jan 17
Under 65s **Target= 0**	NE	3 (R)	2 (R)	3 (R)	3(R)	3(R)	5(R)	4(R)
	NW	3 (R)	3 (R)	5 (R)	5(R)	5(R)	5(R)	4(R)
	South	9 (R)	6 (R)	9 (R)	4(R)	7(R)	5(R)	4(R)
	City	15 (R)	11 (R)	17(R)	12(R)	15(R)	15(R)	12(R)
Over 65s **Target = 0**	NE	3 (R)	4 (R)	5 (R)	8(R)	8(R)	8(R)	4(R)
	NW	13(R)	11(R)	7 (R)	10(R)	9(R)	8(R)	5(R)
	South	8 (R)	6 (R)	7 (R)	9(R)	7(R)	8(R)	9(R)
	City	24 (R)	21 (R)	19(R)	27(R)	24(R)	24(R)	18(R)
All Ages	**Total**	39 (R)	32 (R)	36(R)	39(R)	39(R)	39(R)	30(R)

Performance Trend

Numbers vary across localities and over time, though all areas remain RED. There was a reduction in the number of delays between December and January with numbers at their lowest point for 2016/17.

Actions to Improve Performance

Improvement plans are being developed by Core Leadership groups as part of the Partnership's transformation and financial efficiency programmes.

Timeline for Improvement

Improvements are anticipated by April 2017.

Bed Days lost to Delayed Discharge

Indicator	10. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes those occupied by older people who are classified as AWI under the requirements of the Adults with Incapacity Act 2000.
National/ Corporate/ Local	Health Board Indicator/Linked to National Integration Indicator which is the number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

AREA	13/14 Total	14/15 Total	15/16 Total	16/17 Target	Sept-16	Oct -16	Nov -16	Year to Date
HSCP	39,929 (R)	38,152 (R)	21,288 (G)	TBC	1117	1001	954	11,909
NE	9203	8048	5777	TBC	378	243	TBC	2877
NW	13,000	15,884	8034	TBC	482	465	TBC	4137
S	17,726	14,220	7477	TBC	257	293	TBC	3941
Performance Trend								

Locality figures for November to be added to the year to date figures when available. Variations across areas with North East having the lowest bed days lost. For the city as a whole, there was a significant reduction in 2015/16. During 2016/17, this has continued with a monthly average over the last 3 months of 1024 in comparison to a monthly average of 1774 in 2015/16. This has been contributed to by the fact that the AWI beds which the HSCP commission in community settings at Darnley and Quayside were reclassified in line with national guidance and are no longer included (see indicator 7 above). All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.

Indicator	11. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily be older people who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. This indicator is a subset of indicator 11 above.
National/ Corporate/ Local	Health Board Local Indicator/Linked to National Integration Indicator which is the number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

AREA	13/14 Total	14/15 Total	15/16 Total	16/17 Target	Sep -16	Oct -16	Nov -16	Year to Date
HSCP	8936 (G)	8987 (G)	10,715 (R)	TBC	454	364	241	5208
NE	2235	1971	3590	TBC	209	101	TBC	1526
NW	3528	3806	3558	TBC	172	217	TBC	2243
S	3173	3210	3910	TBC	73	46	TBC	1198

Performance Trend

Locality figures for November to be added to the year to date figures when available. Variations across areas with South having the lowest bed days lost so far during 2016/17. The monthly average over the last 3 months has been 353 in comparison to a monthly average of 893 in 2015/16. This has been contributed to by the fact that the AWI beds which the HSCP commission in community settings at Darnley and Quayside were reclassified in line with national guidance and are no longer included (see indicator 7 above). All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.

CARERS SERVICES

Indicator	1. Number of Carers who have completed an Assessment during the quarter
Purpose	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.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Target (per annum)	Locality	Cumulative Total for 2015/16	2016/17 Q1	2016/17 Q2	2016/17 Q3	Cumulative Total to Date 2016/17
700	North East	905 (G)	161 (R)	205 (G)	158 (G)	524 (G)
700	North West	927 (G)	251 (G)	268 (G)	175 (G)	694 (G)
700	South	1,540 (G)	491 (G)	325 (G)	294 (G)	1110 (G)
2,100	Glasgow	3,372 (G)	903 (G)	798 (G)	627 (G)	2328 (G)
Performance Trend						
At Q3 the city wide target for 2016/17 has already been exceeded. Performance varies across localities and all likely to have exceeded their target by Q4. Target to be reviewed in April 2017.						

Indicator	2. Carers Referrals – Source
Purpose	To monitor the source of carers assessments. The aim is to increase the percentage being referred from Primary Care.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	% of referrals at Q3 16/17	No. of referrals at Q3 16/17	% of referrals in 2015/16
Primary Care	TBC	19%	117	14%
Acute	TBC	3%	20	2%
Social Work	TBC	37%	232	26%
Other	TBC	41%	258	58%
Performance Trend				
New indicator. At quarter 3, 19% of referrals were from primary care, an increase since 2015/16. Targets for 2017/18 will be set in April after the 2016/17 performance is reviewed.				

Indicator	3. Qualitative Evaluation Question: Improved your ability to support the person that you care for
Purpose	To measure carer satisfaction with the carer support services being provided and whether they are perceived to have improved their ability to continue in their caring role
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	2016/17 Q3
North East	65%	100% (G)
North West	65%	73% (G)
South	65%	80% (G)
Glasgow	65%	84% (G)
Performance Trend		
New indicator reported upon for the first time. Target being met across all localities		

CHILDREN'S SERVICES

Indicator	1. Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits - % to be completed by 32 months
Purpose	To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme. Invitations are issued to all children when they are approximately 27 months old. The focus is on each child's language, speech and emotional development as part of their preparation for nursery and then school.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

TARGET	AREA	Apr 16	Jul 16	Aug 16	Sep 16	Oct -16	Nov -16	Dec -16
95%	NE	68% (R)	61% (R)	70% (R)	68% (R)	76% (R)	80% (R)	73% (R)
	NW	54% (R)	57% (R)	60% (R)	53% (R)	60% (R)	63% (R)	60% (R)
	S	74 %(R)	83% (R)	78% (R)	72% (R)	72% (R)	75% (R)	76% (R)

Performance Trend

All areas remain below target and RED. Variations across areas and over time with North West lowest over most of the period shown.

Actions to Improve Performance

Further analysis has been undertaken to obtain a greater understanding of the reasons for the lower than expected performance; for example, North West have held a meeting with the Team Leaders and the Information Analyst to understand in more detail how the system is recording and reporting on assessments and the learning from this will be used to improve practice.

There were anomalies in the EMISWeb IT system and these have now been resolved since the last report.

Since the Ready to Learn Assessment was introduced there have been a number of changes to the guidance which have resulted in inconsistencies in the approach to undertaking assessments. Whilst we have taken measures to clarify the guidance (for example that staff should record a child's height and weight) this is not always followed through into the actual assessment. Work is in progress to improve the clarity of the guidance on what should be included in the assessment and Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action. To provide evidence for their performance and supervision framework a record keeping audit tool will be rolled out in January 2017. We are using the children's service inspection in Glasgow as

an opportunity to do a final test of the tool - we will use those records which have been identified for file reading.

In practice, where there are vulnerable families with complex issues, it can be difficult to complete the assessments within the target timescales. Assessments will be completed, but this can be when the child is older than 32 months, reducing the percentages shown. This can also be the case where children are transferred into a team's caseload from areas outside Glasgow without having had the assessment completed and there may not be sufficient time to arrange the appointment and undertake the assessment prior to the child reaching 32 months.

Timeline for Improvement

To achieve target by March 2017.

Indicator	2. % of HPIs (Health Plan Indicator) allocated by Health Visitor by 24 weeks
Purpose	To monitor the extent to which Health Visitors are allocating Health Plan Indicators to clients on time. The Health Plan Indicator (HPI) is a tool for recording an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing. Children allocated as 'core' remain on the universal child health pathway; those allocated as 'additional' receive additional input from the health visiting team and (if deemed necessary by the health visitor) multi-agency input. This classification may be subject to change as the child gets older.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

TARGET	AREA	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
95%	NE	88% (R)	93% (G)	97% (G)	94% (G)	96% (G)	96% (G)	88% (R)
	NW	86% (R)	93% (G)	93% (G)	95% (G)	96% (G)	90% (A)	92% (G)
	S	87% (R)	89% (R)	92% (G)	96% (G)	96% (G)	93% (G)	92% (G)

Performance Trend

Variations across areas and over time. GREEN in two localities in the last reporting period shown, so performance classed as GREEN at a city level.

Actions to Improve Performance

Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action.

Timeline for Improvement

To achieve target by March 2017 for all localities.

Indicator	3. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services - Longest wait in weeks
Purpose	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.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 9
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

Area	Mar -16	Apr -16	Jun -16	Jul -16	Aug -16	Sep -16	Oct- 16	Status
North Glasgow	18 (G)	18 (G)	15(G)	18(G)	17(G)	16(G)	18(G)	Green
South Glasgow	9 (G)	9 (G)	12(G)	13(G)	13(G)	12(G)	12(G)	Green
East Glasgow	18 (G)	18 (G)	18(G)	18(G)	18(G)	18(G)	17(G)	Green
West Glasgow	12 (G)	12 (G)	8(G)	12(G)	12(G)	12(G)	10(G)	Green
Glasgow HSCP	**18 (G)**	**18 (G)**	**18(G)**	**18(G)**	**18(G)**	**18(G)**	**18(G)**	**Green**
Indicative target	18	18	18	18	18	18	18	18
Performance Trend								
Performance remains consistently GREEN. Variations exist across areas and over time, with the lowest waiting times existing in South and West Glasgow. All Glasgow CAMHS teams have a median wait of first choice appointment of 5 weeks and 90% begin treatment by 12 weeks. There are very few children and young people seen at 18 weeks but the Scottish Government target is longest wait at 18 weeks and that is why we report on this indicator								

Indicator	4. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review
Purpose	To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. The number of children under 5 (looked after for 6 months or more) who have *not* had a permanency review has been added to the table below.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 7
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	
							% with review	Number without a Permanency Review /Total number
90%	North East	93% (G)	86% (A)	84% (R)	76% (R)	69% (R)	66% (R)	26 / 76
90%	North West	79% (R)	83% (R)	80% (R)	85% (R)	79% (R)	72% (R)	9 / 32
90%	South	85% (R)	85% (R)	75% (R)	77% (R)	91% (G)	88% (A)	7 / 57
90%	City	87% (A)	84% (R)	80% (R)	79% (R)	78% (R)	75% (R)	43 / 172

Performance Trend

City-wide performance has decreased over the last year. Variations across areas and over time. At Q2 35 children (of 161 children under 5 looked after for 6 months or more) were outwith the target time, at Q3 this figure was 43 (of 172).

Actions to Improve Performance

It is disappointing that, despite a strong management focus to review individual caseloads and ensure that time is allocated to review all of the cases involved, performance has not improved. However, this robust approach to monitoring performance and taking corrective action where necessary will continue.

It should be recognised the percentages shown can fluctuate as a result of the relatively small numbers of children in this category.

Timeline for Improvement

It is anticipated that improvements in performance will be evident by March 2017.

Indicator	5. Percentage of children looked after at home with family/friends (Looked After Children [LAC]) with a primary worker
Purpose	To monitor the proportion of children looked after at home who have an allocated social worker who manages their case and are recorded on careFirst. We aim to ensure that all looked after children have a primary worker to enhance support and increase the likelihood of better outcomes.
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
100%	North East	99% (G)	99% (G)	99% (G)	99% (G)	100% (G)	99% (G)
100%	North West	93% (R)	94% (R)	92% (R)	93% (R)	100% (G)	90% (R)
100%	South	98% (G)	99% (G)	96% (A)	95% (R)	100% (G)	96% (A)
100%	Glasgow	95% (R)	96% (A)	94% (R)	93% (R)	95% (R)	90% (R)

Performance Trend

During Q3 performance slipped slightly in the North West (RED) and South (AMBER) of the city.

Actions to Improve Performance

The unallocated cases relate primarily to children who are looked after in stable kinship placements and are considered not to be a priority for allocation. However, these children are known by our staff and there is a governance arrangement in place for these situations.

Timeline for Improvement

Not required.

Indicator	6. Percentage of children looked after away from home (Looked After and Accommodated [LAAC]) with a Primary worker
Purpose	To monitor the proportion of children looked after away from home who have an allocated social worker who manages their case and are recorded on careFirst. We aim to ensure all looked after children have a primary worker to enhance support and increase the likelihood of better outcomes.
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
100%	North East	99% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
100%	North West	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
100%	South	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
100%	Glasgow	99% (G)	100% (G)	100% (G)	99% (G)	99% (G)	99% (G)

Performance Trend

Although all localities met the 100% target at Q3, the city wide figure is 99% as a small number (15) of the current 1,400 looked after and accommodated children have neither a primary worker nor team recorded on careFirst.

Indicator	7. Percentage of new SCRA (Scottish Children's Reporter Administration) reports submitted within 20 days.
Purpose	To monitor the proportion of new reports requested by SCRA which are submitted within the 20 day deadline.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 7
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
60%	North East	66% (G)	64% (G)	60% (G)	73% (G)	80% (G)	47% (R)
60%	North West	51% (R)	65% (G)	64% (G)	53% (R)	69% (G)	38% (R)
60%	South	77% (G)	67% (G)	68% (G)	82% (G)	81% (G)	50% (R)
60%	Glasgow	68% (G)	66% (G)	64% (G)	66% (G)	74% (G)	45% (R)

Performance Trend

The target for this indicator was increased from **55%** to **60%** for 2016/17.
Performance deteriorated significantly between Q2 and Q3 across all localities (RED). City wide performance dropped below target (RED) for the first time in several years.

Actions to Improve Performance

A manual checking exercise on a sample of children's records in the North East has found that the drop in performance has been caused by the non-completion (or late completion) of the e-form on careFirst. The majority of reports were found to have been submitted to SCRA within the 20 day period but in some cases the e-form (which generates the data for this performance report) had not been signed off. For future performance reports the data will be extracted from a more accurate source in the system.

It must be emphasised that SCRA has advised that there are no significant problems with the submission of reports by social workers.

Timeline for Improvement

It is anticipated that there will be an improvement in performance by the end of Quarter 4.

Indicator	8. Percentage of young people 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
75%	North East	65% (R)	63% (R)	64% (R)	61% (R)	49% (R)	56% (R)
75%	North West	63% (R)	61% (R)	64% (R)	66% (R)	54% (R)	52% (R)
75%	South	67% (R)	70% (R)	75% (G)	71% (R)	67% (R)	66% (R)
75%	Glasgow	65% (R)	65% (R)	67% (R)	67% (R)	57% (R)	58% (R)

Performance Trend

At the end of Q2 there was a significant reduction in performance across all localities. This reduction continued into Q3. This 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 of those in positive destinations. At Q3 the percentage of young people who have not had their destination recorded is as follows: (NE 10%, NW 23%, South 11% - Glasgow City 14%). These proportions need to improve before we can accurately ascertain the proportion in positive destinations.

Actions to Improve Performance

There are difficulties with the recording of leaving care 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 care leavers in future. There is some evidence also that care leavers are undertaking activities but that this is not being recorded on the system.

Timeline for Improvement

Localities continue to focus on the 75% target and remain confident that this is achievable. Issues associated with accurate data recording systems and pathways to employment and training are currently being reviewed with a clear implementation and progress plan achievable by February. More detailed reports on progress will be available for reporting at Quarter 4.

Indicator	9. Number of 0-2 year olds registered with a 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 in August/February.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	31 Mar 14	30 Sep 14	31 Mar 15	30 Sep 15	31 Mar 16
55%	**HSCP**	**53.1% (A)**	**51.4% (R)**	**50.8% (R)**	**51.7% (R)**	**51.1% (R)**
55%	GGC	51.5% (R)	50.8% (R)	50.5% (A)	51.3% (A)	50.9% (R)

Performance Trend

For the periods shown, registration rates have remained fairly static and below target. They have, however, been consistently above the Glasgow average. Rates of dental registration for children aged 3-5 years of age are also 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 10 below). No updates since the last report.

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.

Indicator	10. Number of 3 – 5 year olds registered with a dentist
Purpose	To monitor the extent to which children 3 and over 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 in August/February.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	31 Mar 14	30 Sep 14	31 Mar 15	30 Sep 15	31 Mar 16
90%	**HSCP**	**100% (G)**	**100% (G)**	**100% (G)**	**98.5% (G)**	**98.7% (G)**
87.9%	GGC	95.0 (G)	95.1 (G)	95.9 (G)	94.1% (G)	94.3% (G)
Performance Trend						
Registration rates remain GREEN. No updates since the last report.						

Indicator	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	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. Rates of 95% uptake optimise this community protection.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	2015/16				2016/17	
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
95%	NE						
95%	NW						
95%	S						
95%	**HSCP**	**95.3% (G)**	**94.9% (G)**	**94.8% (G)**	**94.6% (G)**	**94.4% (G)**	**94.3% (G)**
Performance Trend							

Performance remains GREEN with a slight decrease in the last quarter. Overall, MMR uptake has improved markedly over the recent past since the safety of MMR has been confirmed. No locality data currently available.

Indicator	12. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. 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. Rates of 95% uptake optimise this community protection.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	2015/16				2016/17	
		Q1	Q2	Q3	Q4	Q1	Q2
95%	NE						
95%	NW						
95%	S						
95%	**HSCP**	**97.5% (G)**	**97.0 (G)**	**96.3% (G)**	**95.9% (G)**	**96.2% (G)**	**96.5% (G)**
Performance Trend							

Performance remains GREEN with a slight increase in the last quarter. Overall, MMR uptake has improved markedly over the recent past since the safety of MMR has been confirmed. No locality data currently available.

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies: % of people who started treatment within 18 weeks of referral
Purpose	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.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 9
HSCP Lead	David Walker, Head of Operations (South)

	% of People who started treatment within 18 weeks of referral					
	Apr 15 - Jun 15	**Jul 15 - Sep 15**	**Oct 15 - Dec 15**	**Apr 16 - Jun 16**	**Jul 16- Sep 16**	**Status**
NE	**94.5% (G)**	**91.2% (G)**	**78.5% (R)**	**75.0%**	**66.7%**	**N/A**
NW	**82.7% (R)**	**73.1% (R)**	**83.4% (R)**	**64.3%**	**82.4%**	**N/A**
S	**96.3% (G)**	**97.4% (G)**	**95.7% (G)**	**98.3%**	**97.4%**	**N/A**
HSCP Actual	**91.7% (G)**	**87.4% (A)**	**87.3%(A)**	**90%**	**95.9%**	**N/A**
HSCP Target	90%	90%	90%	90%	90%	90%
Performance Trend						

The data in the table above is not accurate for 2016, so performance has only been classified up until the end of 2015 and no data reported upon since September 2016. This is as a result of the IT system migrating from PIMS to EMISWeb. EMISweb reports are not likely to be able to be generated until the end of 2016 at the earliest, with reports for the final quarter potentially also incomplete. The HSCP will endeavour to achieve and maintain the target in 2017 supported by specific Scottish Government funding's but in the context also of anticipated efficiencies required across mental health services.

Target/Ref	2. Primary Care Mental Health Teams – referral to 1st assessment – percentage within 28 days
Purpose	To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for patients to be assessed within 28 days of referral.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	Nov 15	Dec 15	Jan 15	Feb 16	Mar 16
90%	NE	77% (R)	81% (R)	76%	80%	86%
90%	NW	61% (R)	63% (R)	N/A	N/A	N/A
90%	S	97% (G)	98% (G)	86%	94%	94%
Performance Trend						

The data in the table above is not accurate for 2016, so performance has only been classified up until the end of 2015 and no data reported upon since March 2016. This is as a result of the IT system migrating from PIMS to EMISWeb. EMISweb reports are not likely to be able to be generated until the end of 2016 at the earliest, with reports for the final quarter potentially also incomplete.

Target/Ref	3. Adult Mental Health Re-admissions within 28 days (NHS Local Indicator)
Purpose	To monitor the extent to which people are readmitted for mental health inpatient treatment within 28 days, with the aim being to reduce these.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 4
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
TBC	NE	4	3	5	7	2	9	8
	NW	7	6	6	3	11	14	11
	S	12	11	14	13	8	8	3
	HSCP	**23**	**20**	**25**	**23**	**21**	**31**	**22**
Performance Trend								
Numbers vary across areas and over time. City wide bed management group are monitoring readmission position along with increasing demand for admission beds and will continue to monitor and review over the next 6 months. We do not have sufficient information yet to know what would constitute as a meaningful target. No updates since the last report.								

ALCOHOL AND DRUGS

Indicator	1. % of clients commencing alcohol or drug treatment within 3 weeks of referral
Purpose	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.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 7
HSCP Lead	David Walker, Head of Operations (South)

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	1617 Q2
90%	North East	99% (G)	98% (G)	97% (G)	92% (G)	97% (G)	96% (G)
90%	North West	99% (G)	100% (G)	100% (G)	100%(G)	100% (G)	98% (G)
90%	South	86% (A)	89% (G)	100% (G)	93% (G)	83% (R)	73% (R)
90%	Glasgow	94% (G)	95% (G)	98% (G)	97% (G)	92% (G)	89% (G)
Performance Trend							
This indicator is reported one quarter in arrears. At Q1 and Q2 all localities exceeded target with the exception of the South (RED), with the city as a whole also within the target range.							

Indicator	2. The percentage of Parental Assessments completed within 30 days of referral.
Purpose	An *Impact of Parental Substance Use* (IPSU) Assessment should be completed within 30 days of referral. This indicator monitors the percentage of assessments completed within this timeframe.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 7
HSCP Lead	David Walker, Head of Operations (South)

Target	Locality	Q2 16/17	Q3 16/17	Q4 16/17
75%	North East	**77% (G)**	**80% (G)**	
75%	North West	**87% (G)**	**78% (G)**	
75%	South	**84% (G)**	**68% (R)**	
75%	Glasgow	**80% (G)**	**71% (R)**	

Performance Trend

This indicator was introduced at Q2. Data for previous periods is not available. Performance slipped significantly in South (RED) during Q3; the city (RED) as a whole also missed the 75% target. North East and North West are meeting the target.

Actions to Improve Performance

South staff are currently investigating local procedures to identify reasons for deterioration in performance and inconsistency across City. It has been noted that there are higher numbers of Parental Assessments in the South compared to other localities. This is being explored in conjunction with the other localities to ensure processes are uniform.

Timeline for Improvement

It is anticipated that an improvement in performance will be evident by year end.

Indicator	3. The percentage of Service Users with an initiated recovery plan following assessment
Purpose	Following assessment, all Alcohol and Drugs service users should have a recovery plan put place. This indicator aims to ensure that we maximise the proportion who have an initiated recovery plan.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 7
HSCP Lead	David Walker, Head of Operations (South)

Target	Locality	Q3 16/17	Q4 16/17	
70%	North East	**82% (G)**		
70%	North West	**83% (G)**		
70%	South	**85% (G)**		
70%	Glasgow	**82% (G)**		
Performance Trend				
This indicator is being reported for the first time at Q3 with data for previous periods not available. At Q3 all localities were above the 70% target (GREEN).				

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 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
95%	City-wide figure only	62% (R)	88% (R)	77% (R)	70% (R)	78% (R)	88.5% (R)	
Performance Trend								
Although still RED, there has been overall improvement since Q1 2016/17 and performance improved by over 10 percentage points between Q2 and Q3.								
Actions to Improve Performance								
The number of outstanding decisions over 28 days by team continues to be monitored through a weekly report to the Chief Officer (Operations). Teams have been briefed on the importance of this measure, and background information provided on assistance available to help manage decision making timescales.								
Timeline for Improvement								
Weekly monitoring 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 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
95%	City-wide figure only	33% (R)*	73% (R)	67% (R)	57% (R)	50% (R)	52.3% (R)	

Performance Trend

Performance improvement through 2015/16 but this has not been sustained into 2016/17. There was a slight improvement in performance between Q2 and Q3, though remains below target and RED.

Actions to Improve Performance

Performance has still to show sustained improvement, however this relates to a relatively small number of cases which can be complex. There were 36 decisions of which 17 were out with the 28 day timescale. Performance will continue to be monitored weekly, and there will be further discussion regarding reduction of this target.

Timeline for Improvement

Teams will continue to make all efforts to ensure that intentionality decisions on complex cases are made timeously and that there is improvement 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)	
	North West	-	-	-	-	40% (R)	46% (R)	
	South	-	-	-	-	44% (R)	53% (R)	
	Asylum & Refugee Team (ARST)	-	-	-	-	42% (R)	63% (R)	
	City-wide	45% (R)	42% (R)	44% (R)	47% (R)	44% (R)	50% (R)	

Performance Trend

The percentage of cases over 6 months has increased across the city and in the larger teams and performance remains RED.

Actions to Improve Performance

Performance against this target will continue to be monitored to identify if this is a seasonal fluctuation or a longer term trend, as it may reflect lower than usual numbers of new applications being received over Q3.

Timeline for Improvement

It is anticipated that performance will improve over 2017/18 as numbers of lets improve and longer term cases are rehoused. The proposal to increase this target, reflecting the lower than anticipated number of lets currently being obtained through the Housing Access approach, will remain under review.

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 Q2	15/16 Q3	15/16 Q4	15/16 Annual Total	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
3,000 annual target (750 per Quarter)	City-wide figure only	370 (R)	506 (R)	432 (R)	1,742 (R)	455 (R)	480 (R)	432 (R)	

Performance Trend

The annual target of 3,000 units was not met in 2015/16. Whilst agreements are in place with Registered Social Landlords (RSLs) for provision of lets to meet the target in 2016/17, performance over the first 3 quarters of 2016/17 does not demonstrate an improvement on the previous year.

Actions to Improve Performance

Teams are continuing to submit resettlement plans and over 1,000 cases are with Housing Access Team for rehousing. Negotiations continue with RSLs regarding achievement of targets and with the Wheatley Group regarding operation of Homechoice and processes for refused / withdrawn offers.

Timeline for Improvement

It is anticipated that additional lets will be progressed over Q4 to improve overall total for the year.

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
<300 (<75 per Q)	City-wide figure only	633 (R)	395 (R)	110 (R)	128 (R)	132 (R)

Performance Trend
The number of repeat cases in Q3 has again increased compared to previous quarters, and performance remains RED.

Actions to Improve Performance
NW CHT has established a pilot approach to review of complex cases, and it has been agreed that case closure guidance will be re-evaluated, taking account of experience gained from this approach. This will reinforce the need to include consideration of repeat presentations as part of closure sign off process.

Timeline for Improvement
The overall number of live cases continues to be high, and the proposal to review this target to reflect the higher number of case closures will remain under review.

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
Target reduced < 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)

Performance Trend

Performance has improved, however, this may be seasonal fluctuation and it is not anticipated that this will be sustained.

Actions to Improve Performance

In addition to lower numbers of homeless applications, the Winter Shelter being provided by the Voluntary Sector has had lower numbers of clients compared to the previous year, a number of whom are not eligible for assistance through homeless services. Simon Community report lower numbers of rough sleepers over this period. There is some concern that there may be an element of under reporting by teams over the holiday period, and a representative from each team has been identified to assist in ensuring good practice.

Timeline for Improvement

A longer term sustained reduction in numbers of households not accommodated will depend on a significant increase in numbers of lets to enable existing homeless households to move on from temporary / emergency accommodation, thus improving turnover and availability. Whilst the number of lets for 2016/17 is likely to be lower than anticipated, work is ongoing to improve performance over 2017/18.

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)	
80%	North West	80% (G)	72% (R)	63% (R)	73% (R)	76% (R)	58% (R)	
80%	South	72% (R)	72% (R)	64% (R)	64% (R)	65% (R)	69% (R)	
80%	Glasgow	77% (A)	77% (A)	64% (R)	70% (R)	67% (R)	64% (R)	

Performance Trend

There was steep decline in performance at Q3 in the North West of the city.

Actions to Improve Performance

Slight improvements in performance in North East and South but the North West performance has dipped significantly and reduced the city wide average as this was the best performing locality previously. The North West performance has been impacted by sickness absence and vacancies. 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 Orders (CPOs) with a Case Management Plan within 20 days.
Purpose	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.
National/ Corporate/ Local	Criminal justice national standard
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
85%	North East	89% (G)	93% (G)	91% (G)	65% (R)	81% (A)	78% (R)	
85%	North West	80% (R)	86% (G)	92% (G)	77% (R)	80% (R)	81% (A)	
85%	South	93% (G)	95% (G)	98% (G)	100% (G)	100% (G)	71% (R)	
85%	Glasgow	88% (G)	92% (G)	94% (G)	84% (G)	89% (G)	76% (R)	

Performance Trend

There was slippage in North East (RED) and South (RED) between Q2 and Q3 and as a result city wide performance slipped from GREEN to RED at Q3.

Actions to Improve Performance

South's previous exemplary performance in relation to this indicator raised the city average. The drop in performance in the last quarter has been addressed via 1-1 performance sessions and specific support is being provided to individual workers where required.

Specific actions to improve performance in relation to this indicator include:

- close monitoring of individual worker performance to ensure compliance with the relevant recording processes, and
- appropriate prioritisation of recording within other National Standard Practice requirements.

Timeline for Improvement

An improved performance in relation to this indicator will be achieved by the next quarter.

Indicator	3. 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)	
75%	North West	89% (G)	70% (R)	84% (G)	65% (R)	80% (G)	78% (G)	
75%	South	64% (R)	62% (R)	79% (G)	67% (R)	79% (G)	72% (A)	
75%	Glasgow	68% (R)	62% (R)	75% (G)	62% (R)	72% (A)	69% (R)	

Performance Trend

Performance slipped across all localities between Q2 and Q3. The city overall moved from AMBER to RED.

Actions to Improve Performance

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. It has been acknowledged that the poorer performance is due to both recording and practice issues, and has been impacted by sickness absence levels and vacancies. Actions to improve performance:

- 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

Performance improved in Q2 but dipped in Q3. As some vacancies should be filled in the next weeks, an improved performance would be expected for Q4.

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)	
70%	North West	39% (R)	56% (R)	54% (R)	62% (R)	64% (R)	
70%	South	47% (R)	55% (R)	66% (R)	69% (G)	66% (R)	
70%	Glasgow	46% (R)	54% (R)	54% (R)	63% (R)	65% (R)	

Performance Trend

Since this indicator was introduced in January 2016, performance has increased across all localities. At Q3 performance remains below target in all localities and the city as a whole (RED).

Actions to Improve Performance

This is a newer indicator with a stretch target. Overall there has been improvement and two of the three localities have improved their performance between Q2 and Q3 although not meeting the target. Due to the strike action taken by Community Safety Glasgow (CSG), 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 Q4.

HEALTH IMPROVEMENT

Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above a safe range.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 4
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

Area	2014/15 End of Year Status	2015/16 End of Year Status	Target Apr 16– Dec 16	Actual Apr 16– Dec 16
North East Sector	No target	**Green**	1145	**874 (R)**
North West Sector	No target	**Green**	1109	**1082 (G)**
South Sector	No target	**Red**	1292	**597 (R)**
City Wide (Non sector specific wider settings delivery)	No target		No target	**1347**
Glasgow City HSCP	**Red**	**Green**	3546	**3900 (G)**
Performance Trend				
Target met previously for 2015/16 and performance is on track at this point in the year. The target has been phased over the course of the year to deliver 20% in quarters 1 and 2 and 30% in quarters 3 and 4. The city wide figures include activity delivered in localities partner agency staff but recorded on a city wide basis for contractual purposes, as well those centrally delivered eg by Sandyford.				

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 – June 16	Target Apr 16 – June 16	Current Status
North East	89	131	**Red**
North West	83	102	**Red**
South	113	115	**Amber**
Glasgow	**285**	**348**	**Red**
GGC	418	501	**Red**
Performance Trend			

Performance below target for Quarter 1. New target for 2016-17 is 51% higher than previous year, with NE, NW and South targets increasing by 38%, 62%, and 48% respectively. Quarter 1 outcomes compared to same time last year are up in NW and up significantly in South Sector. NE has seen a fall compared to same time last year.

Cessation activity has an established seasonal pattern and Q1 accounts for approximately 20% of annual activity.

Quit attempts across Pharmacy Services have declined around 14% from same period previous year and this remains a concern longer term and is only likely to be improved with national mass media activity.

No updates since the last report.

Actions to Improve Performance

During Quarter 1 the South Sector undertook a significant number of GP Practice meetings. This led to a 77% increase in quit attempts during Quarter 1 compared to same time last year. This followed the learning from the review of services in Glasgow City and needs to be embedded longer term.

The City wide review of cessation services during 2015-16 has identified a number of themes which are currently being implemented. Two key actions involve joint working with Pharmacy and the development of a GP Practice cluster based Community Service model which have been highlighted as improving outcomes as well as increasing quit attempts.

A planning template identifying key pharmacies that may benefit from support has been developed by the three Sectors and is due to be presented at GG&C Area Pharmacy Contractor Committee for approval in late November.

Timeline for Improvement
The joint working with Pharmacy should lead to improvements during Quarter 4 2016-17. Early indicators for Quarter 2 show a similar level to Quarter 1 in terms of quit attempts.

Indicator	3. Women smoking in pregnancy – General Population

Purpose	To monitor the extent to which women are smoking in pregnancy. This is a new indicator and is recorded at their first ante-natal appointment with a midwife, who record smoking status on the Pregnancy and Newborn Blood Screen (PNBS) Programme information system.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Jan 15 - Dec 15	Apr 15- Mar 16	July 15- Jun 16	Oct 15 – Sep 16	Jan 16 – Dec 16	Status
TBC	NE	17.1%	16.7%	16.6%	16.1%	15.9%	TBC
TBC	NW	12.2%	12.5%	13.1%	12.8%	12.5%	TBC
TBC	S	12.8%	12.9%	13.3%	13.6%	13.5%	TBC
TBC	**HSCP**	13.9%	13.9%	14.2%	14.1%	13.9%	TBC
Performance Trend							
Performance has fluctuated over time and across localities. North East consistently the highest, with North West the lowest over the period shown. Target to be confirmed as this is a new indicator. Previous indicator which was based upon feedback after birth had a target of 15%.							

Indicator	4. Women smoking in pregnancy – most deprived quintile
Purpose	To monitor the extent to which women are smoking in pregnancy within the most deprived quintile of the population. This is a new indicator and is recorded at their first ante-natal appointment with a midwife, who record smoking status on the Pregnancy and Newborn Blood Screen (PNBS) Programme information system.
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	July 15- Jun 16	Oct 15 – Sep 16	Jan 16 – Dec 16	Status
TBC	NE	20.8%	20.5%	20.6%	19.9%	19.9%	TBC
TBC	NW	20.1%	22.1%	23.3%	22.0%	21.6%	TBC
TBC	S	20.5%	20.5%	21.8%	21.4%	21.7%	TBC
TBC	**HSCP**	20.5%	21.0%	21.7%	21%	21%	TBC
Performance Trend							
Performance has fluctuated over time and across localities. Target to be confirmed as this is a new indicator. Previous indicator which was based upon feedback after birth had a target of 20%.							

Indicator	5. Breastfeeding: 6-8 weeks (exclusive)
Purpose	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).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Oct 14 -Sep 15	Jan 15- Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 -Sep 16
15.6%	NE	17.9% (G)	18.7% (G)	17.1% (G)	18.1% (G)	19.3% (G)
30.8%	NW	33.1% (G)	32.4% (G)	32.8% (G)	33.1% (G)	34.0% (G)
26.2%	S	25.9% (G)	25.9% (G)	25.8% (G)	27.8% (G)	28.4% (G)
24.0%	**HSCP**	25.6% (G)	25.9% (G)	25.3% (G)	26.7% (G)	27.4% (G)
Performance Trend						

Variations exist across areas with differential targets in place. All areas meeting the target over the period shown above. 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 and there has been an increase in the last quarter across all localities.

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	Oct 14 -Sep 15	Jan 15- Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 -Sep 16
18.0%	NE	15.1% (R)	15.7% (R)	15.0% (R)	15.9% (R)	16.5% (R)
21.4%	NW	22.8% (G)	22.9% (G)	21.2% (G)	20.9% (G)	20.8% (G)
21.3%	S	17.8% (R)	17.7% (R)	18.1% (R)	19.8% (R)	20.8% (G)
20.1%	**HSCP**	18.1% (R)	18.2% (R)	18.2% (R)	18.2% (R)	18.2% (R)

Performance Trend

Variations exist across areas with differential targets in place. Performance RED for the HSCP as a whole with North West and South GREEN, and North East RED. 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.

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	Apr-16	Sep-16	Oct-16	Nov-16	Dec-16	Status
North East	5.2% (R)	5.2% (R)	5.5% (R)	7.4% (R)	7.0% (R)	7.0% (R)	Red
North West	6.0% (R)	5.8% (R)	6.4% (R)	7.1% (R)	7.2% (R)	7.2% (R)	Red
South	7.8% (R)	6.6% (R)	6.2% (R)	5.8% (R)	6.0% (R)	6.0% (R)	Red
Glasgow City	6.3% (R)	5.6% (R)	5.8% (R)	6.6% (R)	6.6% (R)	6.6% (R)	Red
Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	

SPLIT	AREA	Apr-16	Sep-16	Oct-16	Nov-16	Dec-16	
Short term - % absences	NE	2%	1.9%	3.7%	3%	3%	
	NW	2.2%	2.1%	3.3%	3.3%	3.3%	
	S	1.9%	2.5%	2.5%	3.4%	3.4%	
	HSCP	**2%**	**2%**	**3.2%**	**3.1%**	**3.1%**	
Long term - % absences	NE	3.2%	3.6%	3.7%	4%	4%	
	NW	3.6%	4.4%	3.8%	3.8%	3.8%	
	S	4.7%	3.7%	3.2%	2.6%	2.6%	
	HSCP	**3.6%**	**3.8%**	**3.5%**	**3.5%**	**3.5%**	

Performance Trend

Variations across areas and over time. Performance remains RED across all areas.

Actions to Improve Performance

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:-

- 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

- People and Change Managers continue to engage with senior management teams to shift the focus onto 'promotion of attendance'. This is achieved by reviewing reasons for absence; identifying patterns and trends through workforce information; and encouraging managers to anticipate peaks and the early interventions which could be applied. Additional support is available from the HR Support Unit and Specialist Services including Occupational Health, and Health & Safety which are promoted to line managers and staff.

- People and Change Managers have supported the initial roll out of Attendance Management Clinics in the HSCP, supported by the HR Support and Advice Unit to ensure HR representation during attendance management meetings with staff and ensure consistency of practice. Continued interaction with the H R Support Unit continues to ensure robust plans are in place for individual case management.

- The Attendance Management module of the 'People Management Programme' has been well attended and has a rolling programme which is signposted to managers by People and Change Managers where appropriate. This programme can be accessed as an introduction for new managers or as a refresher and update for existing managers with the aim of ensuring a consistent approach to Attendance Management. The programme is publicised on HR Connect.

- 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

- Medical Staffing managers have recently received refreshed guidance to ensure that all medical staffing absences are reported and captured appropriately

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
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
North East	2.3	2.4	2.1	3.1	3.7	3.3	2.6 (G)
North West	3.5	2.5	2.6	2.7	2.2	2.2	3.5 (R)
South	3.7	2.7	2.3	3.2	2.4	3.1	4.0 (R)
Glasgow City	2.5	2.2	2.4	2.6	2.5	2.8	3.3 (R)

Below shows the Social Work trend using the average days lost calculator.
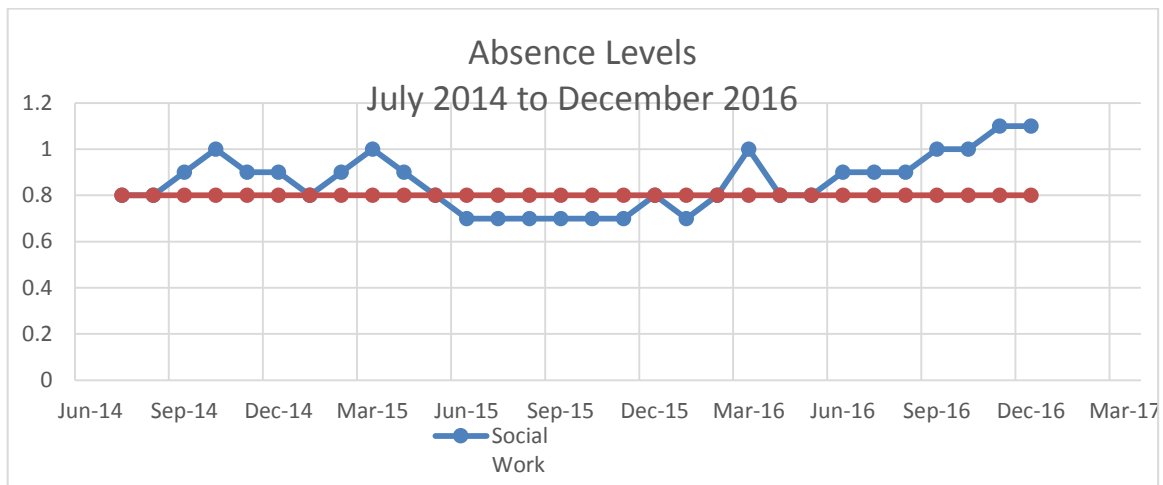
Below shows percentage absence trends for both Social Work and Health.

Absence Levels
July 2014 to December 2016
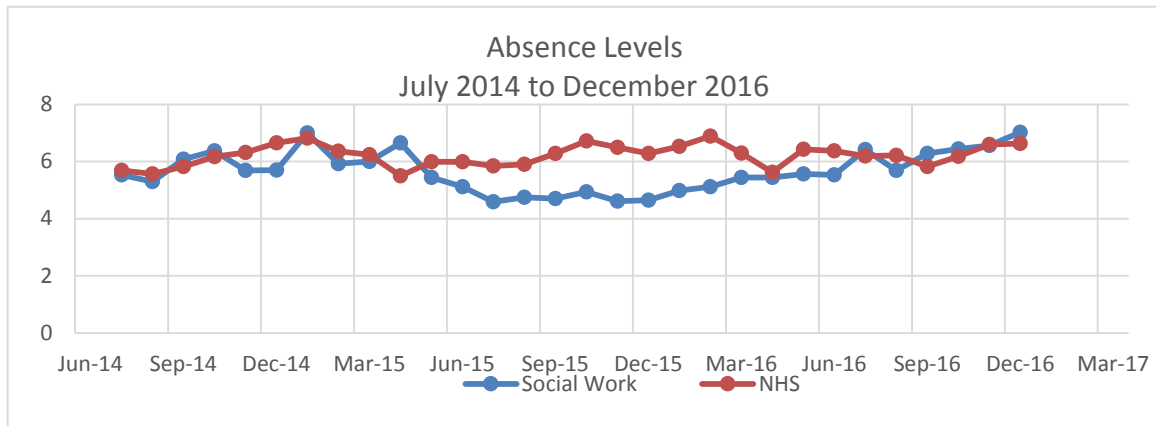
Performance Trend
Absence levels are showing a gradual increase across all sectors. There is a 41% increase in the number of employees absent between 20 days and 6 months city wide compared with Q3 last year. Only the North East locality reports a Q3 absence figure below target.
Actions to Improve Performance
Quarterly absence data is provided to Heads of Service and since August last year the department have started to see a steady increase in absence levels. Specific areas of concern are:- North East — Criminal Justice, Learning Disabilities (has the highest absence levels in Learning Disabilities across the city) North West — Hospitals, Criminal Justice (has the highest absence levels in Criminal Justice across the city), Addictions South — Learning Disabilities, Addictions (has the highest absence levels in Addiction Services across the city) Older People Res. — 5 Units with approximately 50 staff Accessibility of reports for managers is currently being explored by HR, which highlights employee absence information that underpins quarterly absence data. Promotion of such reports are included within the priorities for 2017 Action Plan. 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. Purchasing additional annual leave is a relatively new employee benefit however it has not been possible to facilitate this fully within Residential Services. A review of this position is underway – facilitating this may assist individuals in managing their attendance. Added to this is a need to have more flexibility in working patterns for those working in the Residential sector. The Principal HR Officer will meet with Heads of Service and Service Managers to develop strategies to address high absences within priority areas mentioned above.
Timeline for Improvement
With a review of current interventions and strategies, improvements are anticipated to be made in the year 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	Apr 16	Aug -16	Sep -16	Oct -16	Nov- 16	Dec -16
80%	HSCP	51.28% (R)	50.06% (R)	53.51 (R)	48.13% (R)	51.15% (R)	51.1% (R)	48.02% (R)

Performance Trend

Performance remains RED and has reduced slightly over the last two quarters. Further analysis has highlighted variances between areas with 58% being achieved in the North East, 46% in North West, and mental health specialist areas achieving 70% compliance. 350 reviews are required to be completed each month to maintain current level of compliance alone.

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, through to April 2017
- Work is also underway to identify good practice in other service areas which can be transferred into/ shared across the HSCP.

Timeline for Improvement

Compliance rates have dipped across the last 3 months of 2016. It is expected that the actions being taken forward will support improvement in compliance 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	Apr -16	Sep -16	Oct -16	Nov -16	Dec -16
100%	Glasgow City South	0% (R)	67% (R)	67% (R)	100% (G)	50% (R)	100% (G)
100%	Glasgow City North East	33% (R)	50% (R)	70% (R)	33% (R)	64% (R)	67% (R)
100%	Glasgow City North West	33% (R)	67% (R)	N/A	N/A	50% (R)	N/A
100%	Glasgow City HSCP Central	0% (R)	0% (R)	N/A	0% (R)	N/A	100% (G)
100%	**Glasgow City HSCP Total**	29% (R)	47% (R)	64% (R)	50% (R)	65% (R)	80% (R)

Performance Trend

Performance fluctuates across areas and over time. South and HSCP Central GREEN in the last reporting period with the North East and HSCP as a whole RED.

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

The latest figures reported show and improved position for the HSCP. Focus continues 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	Apr-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
100%	Glasgow City South	0% (R)	43% (R)	50% (R)	100% (G)	0% (R)	0% (R)	100% (G)
100%	Glasgow City North East	8% (R)	50% (R)	40% (R)	100% (G)	N/A	67% (R)	0% (R)
100%	Glasgow City North West	60% (G)	100% (G)	33% (R)	0% (R)	100% (G)	14% (R)	N/A
100%	Glasgow City HSCP Central	100% (G)	100% (G)	50% (R)	100% (G)	N/A	0% (R)	0% (R)
100%	**Glasgow City HSCP Total**	27% (R)	57% (R)	42% (R)	75% (R)	25% (R)	21% (R)	0% (R)

Performance Trend

Performance fluctuates across areas and over time. South GREEN in the last reporting period with the other areas all RED.

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

BUSINESS PROCESSES

Indicator	1. NHS Complaints responded to within 20 working days (%)
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days).
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

TARGET	AREA	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2
70%	NE	100% (G)	90% (G)	85% (G)	86% (G)	43% (R)	83% (G)
70%	NW	91% (G)	76% (G)	64% (R)	83% (G)	86% (G)	60% (R)
70%	S	67% (A)	100% (G)	80% (G)	100% (G)	83% (G)	80% (G)
70%	Corp.	99.0% (G)	97% (G)	98% (G)	96% (G)	98% (G)	99% (G)
70%	**HSCP**	93.0% (G)	85% (G)	97.5% (G)	95.5% (G)	96.5% (G)	97.2% (G)
Performance Trend							
HSCP, South and North East GREEN, with North West moving to RED in the last quarter. Performance has slightly improved for the city overall over the last two quarters.							

Indicator	2. Percentage of Social Work complaints handled within 15 working days (local deadline)
Purpose	To monitor performance in relation to the locally agreed Social Work target time for responding to complaints. (15 days).
National/Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
65%	North East	92% (G)	89% (G)	87% (G)	84% (G)	75% (G)	82% (G)	
65%	North West	72% (G)	74% (G)	69% (G)	72% (G)	66% (G)	64% (G)	
65%	South	63% (A)	54% (R)	48% (R)	62% (A)	47% (R)	40% (R)	
65%	Homelessness	100% (G)	60% (R)	55% (R)	100% (G)	100% (G)	85% (G)	
65%	Centre	76% (G)	78% (G)	75% (G)	78% (G)	62% (A)	62% (A)	
65%	Glasgow	72% (G)	69% (G)	66% (G)	73% (G)	63% (G)	63% (G)	
Performance Trend								
The South locality (RED) and Centre (AMBER) were below target during Quarters 2 and 3 with the other localities and the city overall GREEN.								

Indicator	3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline)
Purpose	To monitor performance in relation to the statutory Social Work target time for responding to complaints (28 days).
National/Corporate/ Local	Statutory Indicator and deadline
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
85%	North East	96% (G)	93% (G)	92% (G)	91% (G)	84% (G)	90% (G)	
85%	North West	87% (G)	91% (G)	86% (G)	90% (G)	96% (G)	84% (G)	
85%	South	90% (G)	83% (G)	77% (R)	84% (G)	80% (R)	73% (R)	
85%	Homelessness	80% (R)	80% (R)	73% (R)	100% (G)	100% (G)	95% (G)	
85%	Centre	91% (G)	85% (G)	85% (G)	83% (G)	78% (R)	72% (R)	
85%	Glasgow	90% (G)	87% (G)	84% (G)	88% (G)	83% (G)	81% (A)	

Performance Trend

The South locality (RED) and Centre (RED) were below target during Quarters 2 and 3. The city as a whole was slightly below target at Q3 (AMBER).

Actions to Improve Performance

It was recognised that there was a need for additional capacity within the Partnership and an appointment was made to the rights and enquiries team in October in order to address these demands.

Timeline for Improvement

Significant improvement is anticipated in the final quarter.

Indicator	4. Percentage of elected member enquiries handled within 10 working days
Purpose	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
National/Corporate/ Local	Council Corporate Indicator.
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

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	100% (G)	80% (G)	97% (G)	100% (G)	100% (G)	98% (G)	
80%	North West	93% (G)	91% (G)	97% (G)	98% (G)	96% (G)	94% (G)	
80%	South	82% (G)	85% (G)	82% (G)	86% (G)	74% (R)	84% (G)	
80%	Centre	96% (G)	85% (G)	94% (G)	98% (G)	89% (G)	88% (G)	
80%	Glasgow	92% (G)	90% (G)	93% (G)	94% (G)	88% (G)	91% (G)	
Performance Trend								
The target was exceeded at Q3 across all localities and city-wide (GREEN).								

APPENDIX 1 – OTHER INDICATORS UPDATED ANNUALLY/BIENIALLY

1. NATIONAL INTEGRATION INDICATORS

A Core Suite of Integration Indicators was published in March 2015 by the Scottish Government to provide the basis against which Health and Social Care Partnerships measure their progress in relation to the National Health and Wellbeing outcomes. Further work is underway to develop and improve this indicator suite, and Partnerships are expected to report upon them in their 2016/17 Annual Performance Reports. The intention is that these will be derived from national data sources so that the measurement approach is consistent across all areas.

These Integration Indicators can be grouped into two types of complementary measures: indicators derived from Organisational/System data which is primarily collected for other reasons; and Outcome indicators based on feedback from the regular Health and Care Experience survey. The latest information in relation to both categories is summarised below:

i. Organisational/Systems Data

Indicator/Outcome	1. Premature mortality rate (Per 100,000 population);by calendar year.					
Outcome 1	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Glasgow City	674	672	649	635	612	634
Scotland	467	456	445	438	423	441

Indicator/Outcome	2. Rate of emergency admissions per 100,000 population for adults.					
Outcome 9	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Glasgow City	14,251	14,016	13,818	14,429	13,207	14,725
Scotland	11,390	11,558	11,664	11,982	11,865	12,116

Indicator/Outcome	3. Rate of emergency bed day per 100,000 population for adults.					
Outcome 9	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Glasgow City	148,988	143,851	139,225	142,117	116,578	126,721
Scotland	122,230	115,989	112,038	118,111	112,091	112,638

Indicator/Outcome	4. Readmissions to hospital within 28 days of discharge per 1,000 admissions.					
Outcome 4	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Glasgow City	98	98	98	97	91	97
Scotland	88	91	92	92	94	94

Indicator/Outcome	5. Proportion of last 6 months of life spent at home or in a community setting				
Outcome 9	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Glasgow City	85%	85%	85%	84%	85%
Scotland	88%	87%	87%	86%	87%

Indicator/Outcome	6. Falls rate per 1,000 population aged 65+					
Outcome 7	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16***
Glasgow City	25	25	26	26	27	29
Scotland	20	20	21	21	20	21

Note 2015/16 figures are provisional.

Indicator/Outcome	7. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections*	
Outcome 3	**2014/15**	**2015/16**
Glasgow	81%	81%
Scotland	81%	83%

*The Care Inspectorate have advised that this indicator is developmental.

Indicator/Outcome	8. Percentage of adults with intensive care needs receiving care at home				
Outcome 2	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
Glasgow City	58%	57%	56%	54%	56%
Scotland	61%	60%	62%	61%	61%

Indicator/Outcome	9. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population			
Outcome 9	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Glasgow City	1014	1090	1031	627
Scotland	886	922	1044	915

Indicator/Outcome	10. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency					
Outcome 9	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Glasgow City	22%	22%	24%	23%	19%	22%
Scotland	22%	22%	23%	23%	22%	22%

Other National Integration Indicators Under Development	11. Percentage of people admitted to hospital from home during the year, who are discharged to a care home (Outcome 2)
	12. Percentage of people who are discharged from hospital within 72 hours of being ready (Outcome 9)
	13. Expenditure on end of life care, cost in last 6 months per death (Outcome 9)

ii. Scottish Health and Care Experience Survey

This survey is the successor to the GP and Local NHS Services Patient Experience survey. The survey is postal and asks about people's experiences of their GP practice, out-of-hours services, and their outcomes from NHS treatments. The survey also now covers areas of care and help provided by local authorities and other organisations to support the national outcomes for health and social care proposed under The Public Bodies (Joint Working). There are also some questions aimed specifically at carers about their experiences of caring and support. The latest performance information for the 2015 survey is summarised below along with comparisons from the previous survey in 2013. The survey was undertaken using random samples of patients identified from GP practice lists, with the numbers aim of ensuring sufficient responses to achieve a reasonably reliable result for each practice. Within Glasgow, approximately 15,000 patients returned the survey.

Indicator	Outcome	Glasgow				North East	North West	South
		2013/14 Survey	2015/16 Survey	Change from 13/14 survey	Difference from Scottish average in 2015/16 survey	2015/16 Survey	2015/16 Survey	2015/16 Survey
% of adults able to look after their health very well or quite well	Outcome 1.	**90%**	**91%**	**+1%**	**-3%**	N/A	N/A	N/A
% of adults supported at home who agree they are supported to live as independently as possible	Outcome 2.	**85%**	**84%**	**-1%**	**Same**	82%	86%	85%
% of adults supported at home who agree they had a say in how their care or support was provided	Outcome 3.	**83%**	**81%**	**-2%**	**+2%**	82%	82%	79%
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	Outcome 3.	**80%**	**72%**	**-8%**	**-3%**	76%	65%	76%
% of adults receiving any care or support who rate it as excellent or good	Outcome 3.	**84%**	**82%**	**-2%**	**+1%**	83%	82%	82%
% of people with positive experience of care at their GP practice	Outcome 3.	**89%**	**88%**	**-1%**	**+1%**	86%	90%	89%

% adults supported at home who agree services/support had impact in improving or maintaining their quality of life.	Outcome 4.	**85%**	**84%**	**-1%**	**Same**	84%	85%	82%
% of carers who feel supported to continue in their caring role.	Outcome 6.	**48%**	**40%**	**-8%**	**-1%**	40%	40%	40%
% of adults supported at home who feel safe.	Outcome 7.	**87%**	**86%**	**-1%**	**+2%**	88%	85%	84%
% staff recommending their workplace as a good place to work*	Outcome 8.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Indicator is currently under development by ISD.

2. OTHER CORPORATE/LOCAL INDICATORS

There are a number of other indicators which services have identified as being important to monitor and review but which are only updated on an annual or biennial basis. These are summarised by care group below:

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
1. Percentage able to make an appointment with a doctor three or more working days in advance	HSCP Local Indicator Outcome 9	90%	15/16	78% (R)	73% (R)	77% (R)	83% (R)	Performance below target and there has been a slight reduction since the last survey for the city overall (was 80%). Glasgow is above the Scottish average however in 2015/16 (78%).
2. Percentage able to able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	84%	15/16	84% (R)	82% (R)	88% (R)	83% (R)	Performance below target and there has been a slight reduction since the last survey for the city overall (was 86%). Glasgow is the same as the Scottish average in 2015/16 (78%).
3. % of P1 children with no obvious decay experience	HSCP Local indicator. Outcome 1	60%	2014	58.8% (G)				Performance has improved from 56.5% in 2012. Below the Health Board average of 65.3%.
4. % of P7 children with no obvious decay experience	HSCP Local indicator. Outcome 1	60%	2015	70.2% (G)				Performance has improved from 60.6% in 2013. Below the Health Board average of 72.6%.
5. Deaths for which the underlying cause was classified as 'intentional self-harm' (crude rate per 100,000 population).	HSCP Local indicator. Outcome 7	N/A	2015	10.1				Rates have reduced for the HSCP as a whole, from 11.8 in 2014 and 13.2 in 2011. Glasgow below the Health Board average of 10.1 in 2015.
6. Number of drug related deaths (crude rate per 100,000 population).	HSCP Local indicator. Outcome 1	N/A	2015	25.9				Rates fluctuate but have increased for the HSCP as a whole from 19 in 2014 and 19.7 in 2011. Glasgow above the Health Board average of 19.2 in 2015.

7. Number of alcohol related deaths (per 100,000 population)	HSCP Local indicator. Outcome 1	N/A	2014	38.3	48.4	32.3	35.7	Rates have reduced from 39.6 in 2014 and 50.7 in 2011. North East has been consistently the highest. Glasgow above the Health Board average of 35 in 2014.
8. Abdominal Aortic Aneurysms Screening Rate (AAA) - Uptake rate	HSCP Local indicator. Outcome 1	TBC	To 31 March 2014	79% (4483/ 5677)	80.8% (1742/ 2157)	78.4% (1422/ 1814)	77.3% (1319/ 1706)	Variations across sectors. This is the first time this has been reported so no trend information is available. Targets to be agreed.
9. Percentage of those invited who undertake bowel screening	HSCP Local indicator. Outcome 1	60%	2013/ 15	48.4% (R)	47.1% (R)	49.4% (R)	48.7% (R)	Uptake improving over time. Between 2012/14 and 2013/15, rates increased from 46.3% to 48.4% (overall); and from 48.6% to 50.9% (females); and 44% to 45.9% (males). Performance remains below target, however, and below the Health Board average (53.3%). HSCP not directly responsible as programme is nationally delivered but it has a role in promoting awareness and encouraging uptake.
10. Percentage of women invited who attend for breast screening.	HSCP Local Indicator. Outcome 1	70%	2009-13	64.2% (R)	62.9% (R)	63.5% (R)	65.6% (R)	Uptake has reduced slightly from 67.7% since the 2006-09 round. Variations across areas with North East having the lowest uptake. HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but it has a role in promoting awareness and encouraging uptake.
11. Percentage of women invited who attend for cervical screening	HSCP Local Indicator. Outcome 1	80%	Jun 2015	68.5% (R)	71.5% (R)	62.7% (R)	72.6% (R)	Performance RED in all areas with variations across areas. HSCP not directly responsible as programme is delivered by the Health Board's Public Protection unit, but it has a role in promoting awareness and encouraging uptake.
12. HPV Vaccinations	HSCP Local Indicator Outcome 1	TBC	Nov 16 for 15/16 year	94.5% 87.6%				Figures shown for the 1st and 2nd dose, with uptake rates lower for dose 2. Rates slightly higher than Scottish averages of 93.3% (dose 1) and 86.5% (dose 2).

APPENDIX 2 – INDICATORS FOR FUTURE INCLUSION

The indicators below are indicators which have been suggested by services for future inclusion in the main body of this report. They are not part of the current report because data is not yet available; the indicators require further definition; work is required to develop reporting mechanisms; or confirmation is awaited that they should be included. In addition to those shown, further work is being undertaken to determine what indicators may be suitable for future inclusion in respect to Older People's Mental Health; Prisons and Custody suites; Learning Disability; Sexual Health and Equalities. Further consideration is also being given to whether any additional indicators may be suitable for future inclusion in relation to Criminal Justice, Children's Services and Alcohol and Drugs services.

OLDER PEOPLE

Falls - (HSCP Local Indicator) - exact indicator requires to be defined and target agreed.
Number of open occupational therapy (OT) activities at assessment stage assigned to a worker or team (snapshot at end of quarter) - exact indicator requires to be defined and target agreed.
Dementia Post Diagnosis Support (NHS LDP Standard/Health Board Indicator) - awaiting data
Day Care Occupancy Rates (HSCP Local Indicator) - awaiting data

UNSCHEDULED CARE

New A&E Attendances – standardised rate by month/year by locality. (HSCP Local Indicator) – new report required to produce this.
New A&E Attendances with a source of referral of a GP - standardised rate by month/year/locality. (HSCP Local Indicator) – new report required
Emergency Admissions – standardised rate by month/year/locality for the set aside specialties for adults/65+/75+. (HSCP Local Indicator) – new report required
Number of non-elective inpatient spells - standardised rate by month/year/locality for the set aside specialties for adults/65+/75+. (HSCP Local Indicator) – new report required
Emergency Acute Bed Days (All adults and Older People) – standardised rate by month/year/locality for the set aside specialties for adults/65+/75+. (HSCP Local Indicator) – new report required
Number of acute bed days lost to delayed discharge for Adults under 65 (excluding Mental Health) (HSCP Local Indicator) – new report required
Number of acute bed days lost to delayed discharge for Adult Mental Health patients (all ages and including AWI) (HSCP Local Indicator) – new report required

ADULT MENTAL HEALTH

CMHT referral to 1st appointment within 28 days. (HSCP Local Indicator) – awaiting confirmation that this should be included.
Inpatient activity – % treated within 12 weeks of being diagnosed and agreeing to inpatient or day care treatment. (HSCP Local Indicator) – awaiting confirmation that this should be included.
No. patients reporting reliable clinical change on the mental health core scores with a target of 50%. (HSCP Local Indicator) – awaiting data.

HEALTH IMPROVEMENT

Children exposed to 2nd hand smoke at 30 month test. (HSCP Local Indicator) - awaiting data.
Young people engaged in resilience programmes. (HSCP Local Indicator)- awaiting data.

PRIMARY CARE

Whooping Cough (HSCP Local Indicator) - awaiting data and target.
Antibiotic prescribing - awaiting data.