



Item No. 13

Meeting Date Wednesday 14th June 2017

Glasgow City Integration Joint Board Finance and Audit Committee

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

HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 4 PERFORMANCE REPORT

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 4 2016/17.
Recommendations:	The IJB Finance and Audit Committee is asked to: a) note the attached performance report; and b) review and discuss performance with the strategic lead in relation to Criminal Justice.
Relevance to Integration Joint Board Strategic Plan:	
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.	
Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
Personnel:	None

Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.
Provider Organisations:	None
Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
Financial:	None
Legal:	The Integration Joint Board is required by statute to produce a performance report within four months of the end of each financial year. The first report is due by the end of July 2017 and to cover the financial year 2016/17. Routine performance management arrangements are also expected to be in place across the Partnership.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	The Integration Joint Board's performance framework 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 Health Board.

1. Purpose

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

2. Background

- 2.1 The first full Joint Performance report for 2016/17 was presented to the Finance and Audit Committee on the 12 September 2016. It was agreed that this would be produced on a quarterly basis going forward and the latest performance report for Quarter 4 is now attached. 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 Criminal Justice.
- 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 template for this report was approved by the Integration Joint Board at its meeting on the 31 October.

3. Reporting Format

- 3.1 Performance is summarised at the start of the attached report. For each indicator, performance at a city level is classified as either RED, AMBER or GREEN and an indication is provided as to the direction of travel since the last reporting period. A summary table is also provided which notes the numbers of indicators which were RED/AMBER/GREEN over the last two reporting periods and highlights those indicators which have seen a change in status since the last report.

- 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 IJB Finance and Audit Committee is asked to:
- a) note the attached performance report; and
 - b) review and discuss performance with the strategic lead for Criminal Justice.



CORPORATE PERFORMANCE REPORT

(IJB FINANCE & AUDIT COMMITTEE)

**QUARTER 4
2016/17**

CONTENTS

SECTION	PAGE NUMBER
Performance Summary	3
Older People	28
Primary Care	45
Unscheduled Care	51
Carers Services	61
Children's Services	64
Adult Mental Health	75
Sandyford (Sexual Health)	77
Alcohol and Drugs	83
Homelessness	86
Criminal Justice	92
Health Improvement	96
Human Resources	102
Business Processes	109
Appendix 1 – Indicators Updated Annually/Biennially	113
Appendix 2 – Indicators Requiring Further Development	120

PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

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

CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status Q3 ⇨ Q4	New or Withdrawn Indicator at Q4
	R	A	G	Gr	R	A	G	Gr		
Older People (No. and %)	6 30%		14 70%		4 20%		16 80%		<p>Green ⇨ Red -% of service users leaving the service following reablement period with no further home care support</p> <p>Red ⇨ Green -Intermediate Care: Percentage of users transferred home. -Deaths in Acute Hospitals (Aged 65+). -Deaths in Acute Hospitals (Aged 75+)</p>	
Primary Care (No. and %)			3 30%	7 70%	4 36%	1 9%	3 27.5%	3 27.5%	Flu targets only classified at year end. Status unchanged for other indicators already classified in Q3. Remaining targets to be agreed for 2017/18.	New Indicator: Antibiotic Prescribing: Total Antibiotic Use

CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status Q3 ⇨ Q4	New or Withdrawn Indicator at Q4
	R	A	G	Gr	R	A	G	Gr		
Unscheduled Care (No. and %)	4 36%			7 64%	4 36%			7 64%	No changes in status. Remaining targets will be agreed in 2017/18 when developing the Unscheduled Care Commissioning Plan.	
Carers (No. and %)			2 67%	1 33%			2 67%	1 33%	No change in status for the existing indicators. Remaining target to be agreed for 2017/18.	
Children's Services (No. and %)	4 36%	1 9%	6 55%		3 27%	1 9%	7 64%		Red ⇨ Green Percentage of new SCRA reports submitted within 20 days/on time.	Indicator withdrawn: Uptake of the Ready to Learn Assessment (data sources being clarified).
Adult Mental Health (No. and %)				2 100%				2 100%	The 2 Mental Health indicators are not currently being updated as a result of transfer to new information system.	
Sandyford Sexual Health (No. and %)	4 67%		2 33%		4 67%		2 33%		No changes in status.	Indicators included in this report for first time.

CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status Q3 ⇨ Q4	New or Withdrawn Indicator at Q4
	R	A	G	Gr	R	A	G	Gr		
Alcohol & Drugs (No. and %)	1 33%		2 67%		1 33%		2 67%		<u>Red ⇨ Green</u> The percentage of Parental Assessments completed within 30 days of referral. <u>Green ⇨ Red</u> The percentage of Service Users with an initiated recovery plan following assessment	
Homelessness (No. and %)	5 83%		1 17%		5 83%	1 17%			<u>Red ⇨ Amber</u> Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation <u>Green ⇨ Red</u> Number of individual households not accommodated over last month of quarter	
Criminal Justice (No. and %)	4 100%				3 75%		1 25%		<u>Red ⇨ Green</u> Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days	

CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status Q3 ⇨ Q4	New or Withdrawn Indicator at Q4
	R	A	G	Gr	R	A	G	Gr		
Health Improvement (No. and %)	1 16.5%	1 16.5	2 33%	2 33%	2 33%		2 33%	2 33%	Amber ⇨ Red Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive Breastfeeding)	
Human Resources (No. and %)	5 100%				5 100%				No changes in status.	
Business Processes (No. and %)		1 25%	3 75%				4 100%		Amber ⇨ Green Percentage of Social Work complaints handled within 28 calendar days	
TOTAL	34 37%	3 3%	35 39%	19 21%	35 38%	2 2%	40 43%	15 16%	12	

2b. Performance at a Glance.

The table below presents a summary of performance of the measures contained within the body of this Combined Performance Report. The main body of the performance report begins on page 26 and provides detail for each indicator.

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 function now lies with Cordia.	85%	Q4	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	Q4	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.	1,200 for year	Q4	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 that this function now lies with Cordia.	75%	Period 13b (04/03/17 – 31/03/17)	GREEN	▶ Both hospital discharge and Community referrals
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. It should be noted that this function now lies with Cordia.	>40%	Period 13b (04/03/17 – 31/03/17)	RED	▼
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%	Q4	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	Mar 17	RED	▶

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
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	Mar 17	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	Mar 17	GREEN	▶
8. Contenance Service – Waiting Times	To monitor waiting times performance for Contenance Services. New indicator for Q3.	Maximum Wait 12 weeks	Q4	GREEN	▶
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%	Q4	GREEN	▶
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 for 2016/17	GREEN	▲
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 for 2016/17	GREEN	▲
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%	Mar 17	GREEN	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
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	Mar 17	RED	▲
13. Intermediate Care: Percentage of users transferred home.	To monitor the destinations with the aim of increasing those returning home.	>30%	Mar 17	GREEN	▲
14. Residential Care – Occupancy Rates	To monitor occupancy rates within residential units.	95%	Q4	GREEN	▼
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.	95%	Q4	GREEN	▼
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%	Jan 16 – Dec 16	GREEN	▲
16ii. Deaths in Acute Hospitals (Aged 75+).	As above	40%	Jan 16 – Dec 16	GREEN	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
Primary Care					
1. Prescribing Costs: Compliance with Formulary Preferred List.	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.	78%	Oct 16 – Dec 16	GREEN	▲
2. Prescribing Costs: Annualised cost per weighted list size.	To monitor prescribing costs. This indicator divides the total prescribing costs by practice populations adjusted for demographic factors. 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	Jan 17	GREEN	▶
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	This is intended to promote a reduction in the unnecessary use of antibiotics, and therefore reduce associated risk of healthcare associated infections (HAI) and antimicrobial resistance (AMR).	TBC	Oct 16 – Dec 16	GREY	

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
4. Numbers of people with a diagnosis of dementia on GP practice dementia registers.	To monitor the numbers of people being placed on a dementia register in primary care. This gives an indication of whether dementia is being effectively diagnosed in order to enable appropriate interventions to be delivered. The targets are based upon population based prevalence estimates and give an indication of the numbers of people with dementia we would expect within a given area. Information is continuing to be extracted using QoF calculator.	4210 (HSCP) Target varies across localities)	Mar 17	GREEN	▲
5i. 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 2017.	75%	Week 13 2017	AMBER	▲
5ii. Flu Immunisation Rates (under 65s in at risk groups).	As above	75%	Week 13 2017	RED	▲
5iii. Flu Immunisation Rates (pregnant women in at risk groups).	As above	75%	Week 13 2017	RED	▲
5iv. Flu Immunisation Rates pregnant women (non-risk groups).	As above	75%	Week 13 2017	RED	▲
5v. Flu Immunisation Rates (pre-school children).	As above	65%	Week 13 2017	RED	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
6. Shingles Immunisation Rates (aged 70 and aged 78)	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	Sep 16 – Mar 17	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	Apr 16 – Mar 17	GREY	►
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	Mar 17	GREY	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
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	Mar 17	GREY	▼
3ii. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	As above	Target TBC	Mar 17	GREY	▼
4i. 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	Mar 17	GREY	▼
4ii. Emergency Acute Bed Days for Older People (Rate per 1000 population). (Aged 75+).	As above	Target TBC	Mar 17	GREY	▼
5. 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	Apr 17	RED	▶

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

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
Carers					
1. Number of Carers who have completed an Assessment during the quarter.	To monitor the number of carer assessments completed during the reporting period. These will enable carers needs to be identified and appropriate support to be put in place as required.	Annual target of 700 per locality 2,100 total	Q4	GREEN	▶
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	Q4	GREY	▶
3. Qualitative Evaluation Question: Improved your ability to support the person that you care for	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.	65%	Q3	GREEN	N/A
Children's Services					
1. Percentage of HPis allocated by Health Visitors within 24 weeks.	To monitor the extent to which Health Visitors are allocating Health Plan Indicators (HPis) within the target of 24 weeks. The HPI classification provided informs future service provision and support plans. It involves an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing.	95%	Jan 17	GREEN	▶ ▼ ▶
2. Access to CAMHS services - Longest wait (weeks).	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and meet the national target of an 18 week maximum.	<18 weeks	Mar 17	GREEN	▶

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
3. 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%	Q4	RED	▶
4. 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%	Q4	RED	▶
5. 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%	Q4	GREEN	▶
6. 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%	Q4	GREEN	▲
7. Percentage of young people receiving an aftercare service who are known to be in employment, education or training.	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.	75%	Q4	RED	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
8. Number of 0-2 year olds registered with a dentist.	To monitor extent to which children under 3 are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate.	55%	30 Sept 16	AMBER	▲
9. 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%	30 Sept 16	GREEN	▼
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. 95% uptake optimises this protection.	95%	Q3	GREEN	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	As above for children aged 5 years	95%	Q3	GREEN	▼

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
Adult Mental Health					
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.	To monitor waiting times for people accessing psychological therapy services, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people.	90%	Jul 16 – Sep 16	GREY	N/A
2. Primary Care Mental Health Teams – referral to 1 st assessment – percentage within 28 days.	To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for all patients to be seen for their first appointment within 28 days of referral.	90%	Mar 16	GREY	N/A
Sandyford (Sexual Health)					
1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.	To monitor waiting times for access to a first appointment for vLARC.	10 Working Days	Q4	RED	IUD ▼ Implants ▲
2. Average waiting times for access to Urgent Care appointments.	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations.	2 Working Days	Q4	GREEN	▼
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).	To monitor waiting times for access to Routine 20s appointments.	20 working days	Q4	RED	▲

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Direction of Travel
4. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17.	An aim is to improve access across all Sandyford services for young people aged 13-15 and aged 16-17 and this indicator monitors attendance and whether this is being achieved.	Variable across age groups	Q4	ALL RED	Variable
5. Proportion of male attendances at all Sandyford services who are MSM (Men Who Have Sex with Men).	An aim is to improve access across all Sandyford services for MSM and this indicator monitors attendance and whether this is being achieved.	10%	Q4	GREEN	▲
6. Waiting times for access to Gender Identity service for young people and for adults	To monitor waiting times for access to first appointment at Gender Identity services for young people aged under 17, and for adults aged 17 and older. Clinic is provided at Sandyford Central (West Glasgow) so no locality specific information shown.	18 Weeks	Q4	RED	▲ for under and over 17 year olds
Alcohol and Drugs					
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred.	90%	Q3	GREEN	▲
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%	Q4	GREEN	▲

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 was reported for the first time at Q3.	70%	Q4	RED	▼
Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled (Permanent) Accommodation in these cases.	95%	Q4	AMBER	▲
2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation.	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation.	95%	Q4	RED	▲

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%	Q4	RED	▲
4. Provision of settled accommodation made available by social sector landlords.	To measure progress made by Homelessness Services towards fulfilling agreed targets for the provision of settled (permanent) accommodation from Registered Social Landlords. This area is a very high priority for the SHR	Annual target 3,000 (750 per Q)	Annual total for 2016/17	RED	▲
5. Number of households reassessed as homeless or potentially homeless within 12 months.	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).	<300 during 2016/17	Annual total for 2016/17	RED	▼
6. Number of individual households not accommodated in last month of quarter.	This indicator provides information on the number of households not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfill their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process.	< 150	Q4	RED	▲

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%	Q4	RED	▶
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	To monitor the extent to which CPO case management plans are being developed within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.	85%	Q4	GREEN	▲
3. Percentage of CPO 3 month Reviews held within timescale.	To monitor proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.	75%	Q4	RED	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement.	70%	Q4	RED	▶

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.	5,066 to Q4	Apr 16 - Mar 17	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.	696 to Q2	Q2	RED	▲
3. Women smoking in pregnancy – general population.	To monitor the extent to which women are smoking in pregnancy. The aim is to reduce rates and meet the target of a maximum of 15%. This relates to women across all areas.	Target TBC	Jan 16 – Dec 16	GREY	▼
4. Women smoking in pregnancy – most deprived quintile.	To monitor the extent to which women are smoking in pregnancy in the most deprived areas in the city, with the aim of reducing rates and meeting the target of a maximum of 20%.	Target TBC	Jan 16 – Dec 16	GREY	▼

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	Jan 16 – Dec 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	Jan 16 – Dec 16	RED	▼
Human Resources					
1. NHS Sickness absence rate.	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency.	<4%	Feb 17	RED	▶
2. Social Work Sickness Absence Rate.	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency.	<2.64 ADL (average days lost) per employee to Q3	Q4	RED	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff.	80%	Mar 17	RED	▲

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%	Mar 17	RED	▲
5. Percentage NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the agreed deadline.	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.	100%	Mar 17	RED	▶
Business Processes					
1. Percentage of NHS Complaints responded to within 20 working days.	To monitor performance in relation to the agreed NHS target time for responding to complaints (target of 20 days).	70%	Q4	GREEN	▼
2. Percentage of Social Work complaints handled within 15 working days (local deadline).	To monitor performance in relation to the locally agreed Social Work target time for responding to complaints. (15 days).	65%	Q4	GREEN	▲
3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline).	To monitor performance in relation to the statutory Social Work target time for responding to complaints (28 days).	85%	Q4	GREEN	▲
4. Percentage of elected member enquiries handled within 10 working days.	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.	80%	Q4	GREEN	▲

1. OLDER PEOPLE

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 function now lies with Cordia.
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 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
85%	North East	87% (G)	90% (G)	91% (G)	91% (G)	92% (G)	92% (G)
85%	North West	81% (A)	79% (R)	79% (R)	77% (R)	81% (A)	85% (G)
85%	South	82% (A)	82% (A)	80% (R)	84% (G)	84% (G)	83% (G)
85%	Glasgow	83% (G)	83% (G)	83% (G)	84% (G)	85% (G)	86% (G)
Performance Trend							
Performance overall within Glasgow has been within target for the past 18 months. There are notable variations within the city however with North East consistently meeting the target. Significant improvement in North West during Q3 and Q4 means that all localities were within target range at year end. 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	Q4		
NE	N/A	34	34	79	136		
NW	N/A	17	23	90	180		
South	N/A	10	10	93	161		
Citywide	N/A	0	0	7	7		
Glasgow	360 to Q4	61 (R)	67 (R)	269 (G)	484 (G)		
Performance Trend							
Cumulative figures to each quarter shown above. Performance has increased as anticipated over the course of the year and has moved to and remained GREEN in the last two quarters.							

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

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

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 function now lies with Cordia. Information is reported for 4 weekly financial periods by Cordia which has been mapped below 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)

Locality	Referral Source	Target	Q1	Q3			Q4		
			Per. 1&2	Per. 9	Per 10	Per 11	Per 12	Per 13a	Per. 13b
City-wide	Hospital Discharges	75%	82.7% (G)	72.5% (A)	74.3% (G)	74.8% (G)	79.3% (G)	74.3% (G)	73.4% (G)
	Community Referrals	75%	79.2% (G)	83.6% (G)	83.8% (G)	75% (G)	80.8% (G)	85.6% (G)	76.5% (G)
Performance Trend									
Performance dipped slightly below the 75% target but remained GREEN over the last two reporting periods for Hospital Discharge referrals. Community referrals have been consistently above target and 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. It should be noted, however, that this function now lies with Cordia. Information is reported for 4 weekly financial periods by Cordia which has been mapped below 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			Q4		
Locality	Target	Per. 1&2	Per. 7	Per. 8	Per. 9	Per. 10	Per. 11	Per. 12	Per. 13a	Per. 13b
North East	>40%	39% (A)	33% (R)	36% (R)	33% (R)	33% (R)	46% (G)	29% (R)	47% (G)	37% (R)
North West	>40%	46% (G)	43% (G)	36% (R)	39% (A)	51% (G)	43% (G)	38% (R)	36% (R)	33% (R)
South	>40%	25% (R)	25% (R)	31% (R)	30% (R)	43% (G)	43% (G)	32% (R)	27% (R)	39% (A)
Citywide	>40%	37% (R)	33% (R)	34% (R)	34% (R)	43% (G)	44% (G)	33% (R)	35% (R)	36% (R)
Performance Trend										
Performance varies across locality and over time. At a city level, performance has moved from GREEN to RED in the last quarter.										
Actions to Improve Performance										
The 40% target has proved difficult to achieve during 2016/17, and discussions continue with Cordia to ensure improvements are achieved. The 40% target remains a target for 2017/18 and we are working with Cordia to ensure that there is a robust plan to achieve this going forward.										
Cordia are currently planning a review of Reablement processes intended to support the desired improvement.										
Timeline for Improvement										
The expectation is that the target will be achieved in 2017/18.										

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 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
0%	North East	0% (G)	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North West	3% (R)	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	South	14% (R)	5% (R)	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)
0%	Glasgow	8% (R)	3% (R)	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)
Performance Trend								
The proportion of assessments outstanding for more than 12 months fell significantly during 2015/16. The target was met across all localities during 2016/17. At Q4, 1 service user (of 1,421) had waited more than 12 months for an assessment but the figure shown above has been rounded to zero and performance is classified as GREEN given that a 2.5% variance is permitted.								

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 Apr	16/17 Sep	16/17 Oct	16/17 Nov	16/17 Dec	16/17 Jan	16/17 Feb	16/17 Mar
MSK Physio	90% seen within 4 weeks	45% (R)	47% (R)	47.5% (R)	48% (R)	50% (R)	44% (R)	49% (R)	49% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	97.7% (G)	96.8% (G)	97.2% (G)	95.5% (G)	99% (G)	98% (G)	97.8% (G)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)

Performance Trend

- MSK physio target not being met but all patients requiring an urgent MSK appointment are seen within the target timescales.
- Target being consistently met by podiatry.
- 1 person (out of 544) was actually waiting for more than 12 weeks in March for Dietetics, but the figure shown above has been rounded up to 100% and performance is classified as GREEN given that a 2.5% variance is permitted.

Target/Ref	8. Contenance Service – Waiting Times
Purpose	To monitor waiting times performance for Contenance 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)

Target	Actual Wait in Weeks							
	Q3 16/17		Q4 16/17					
	North	South	North	South				
Maximum Wait 12 weeks	8.2 (G)	6.5 (G)	5.1 (G)	9.5 (G)				
Performance Trend								
Maximum waiting times across all clinics shown above. Waiting time targets are being met for both the North and South areas as defined above.								

Target/Ref	9. Day Care (provided) – 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 review rates for service users in receipt of day care provided by our own local authority run units.
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)	95% (G)		
Performance Trend				
Performance has remained GREEN over the last quarter.				

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	Q4 16/17	Year End Total (Apr – Mar)
Basic	2,248	633	655	589	704	2,581 (G)
Advanced	304	186	179	205	265	835 (G)
Performance Trend						
This indicator was reported for the first at Q3. The number of referrals to both the Basic and Advanced Telecare Services exceeded 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	Nov - 16	Dec - 16	Jan -17	Feb -17	Mar - 17
North East	90%	94% (G)	95% (G)	95% (G)	89% (G)	89% (G)	94% (G)
North West	90%	75% (R)	97% (G)	97% (G)	94% (G)	86% (A)	91% (G)
South	90%	94% (G)	86% (A)	86% (A)	77% (R)	77% (R)	81% (R)
Glasgow	90%	88% (G)	92% (G)	92% (G)	86% (A)	83% (R)	88% (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 RED.							

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	Nov - 16	Dec - 16	Jan - 17	Feb -17	Mar - 17
Glasgow	<30	41 (R)	43 (R)	42 (R)	34 (R)	31 (A)	35 (R)
North East	<30	36 (R)	40 (R)	46 (R)	35 (R)	28 (G)	27 (G)
North West	<30	38 (R)	43 (R)	42 (R)	36 (R)	26 (G)	30 (R)
South	<30	44 (R)	39 (R)	39 (R)	32 (R)	38 (R)	45 (R)

Performance Trend

Average lengths of stay vary over time and between localities. Performance remains RED at a city level though average length of stay has reduced since the end of Q3. North East moved to GREEN.

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; namely the introduction of Intermediate Care Complex & Palliative Care (ICCP), 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	Nov -16	Dec -16	Jan - 17	Feb -17	Mar - 17
Glasgow	Home	30%	21% (R)	13% (R)	21% (R)	18% (R)	32% (G)	29% (G)
	Res/Nursing	N/A	52%	67%	66%	45%	45%	55%
	Readmissions	N/A	25%	14%	15%	31%	22%	13%
	Deceased	N/A	2%	3%	0%	5%	4%	2%
NE	Home	30%	22% (R)	11% (R)	18% (R)	19% (R)	33% (G)	38% (G)
	Res/Nursing	N/A	39%	61%	64%	38%	40%	52%
	Readmissions	N/A	33%	22%	18%	31%	24%	10%
	Deceased	N/A	6%	6%	0%	13%	4%	0%
NW	Home	30%	21% (R)	10% (R)	19% (R)	17% (R)	40% (G)	26% (R)
	Res/Nursing	N/A	57%	85%	69%	58%	42%	55%
	Readmissions	N/A	21%	5%	12%	25%	13%	13%
	Deceased	N/A	0%	0%	0%	0%	4%	6%
South	Home	30%	21% (R)	16% (R)	25% (R)	20% (R)	23% (R)	27% (R)
	Res/Nursing	N/A	58%	64%	66%	33%	55%	57%
	Readmissions	N/A	21%	16%	16%	40%	18%	17%
	Deceased	N/A	0%	4%	0%	7%	5%	0%

Performance Trend

Variations across localities and over time. There has been an increase in the percentage going home across all areas since the end of Q3 with the city moving from RED to GREEN, as has the North East. The other two localities have remained RED but improved performance.

This continues to be a key priority for the intermediate care service. 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. Options available to individuals include supported housing and supported living in the community (see indicator 3 above).

Hospitals and Care Homes

Target/Ref	14. Residential Care Homes – Occupancy Rates
Purpose	To monitor occupancy rates within our own local authority run residential care homes (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)	94% (G)		
Performance Trend				
Occupancy rates declined in the last quarter but remain GREEN.				

Target/Ref	15. Residential Care (Provided) – Review Rates
Purpose	To monitor the extent to which reviews for care home residents are being undertaken within the target 6 month period. This indicator reports on the review of residents in our own local authority residential care homes by care home staff.
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)	94% (G)		
Performance Trend				
Review rates declined in the last quarter but remain GREEN.				

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	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15- Sep 16	Jan 16 - Dec 16
Glasgow	40% by Q4 16/17	46.4% (R)	45.7% (R)	44.3% (R)	43.6% (R)	43.0% (R)	39.8% (G)
North East	As above	44.1% (R)	45% (R)	43.8% (R)	42.3% (R)	41.3% (A)	38.3% (G)
North West	As above	46.5% (R)	46.5% (R)	42.8% (R)	43.6% (R)	44.1% (R)	40.2% (G)
South	As above	48.4% (R)	45.6% (R)	46.0% (R)	44.7% (R)	43.7% (R)	40.9% (G)
NHSGGC	N/A	44%	44.6%	43%	42.9%	42.7%	39.7%
Performance Trend							
Variations across areas and over time, but downward trend over the last 12 months and over the longer term for the city as a whole. All areas GREEN in the last reporting period.							

75+

Locality	Target	Apr 13- Mar14	Apr14- Mar15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15- Sep 16	Jan 16 - Dec 16
Glasgow	40% by Q4 16/17	46.5% (R)	44.8% (R)	44.2% (R)	43.9% (R)	43.2% (R)	39.7% (G)
North East	As above	44.4% (R)	44% (R)	43.3% (R)	42.6% (R)	41.3% (A)	37.8%(G)
North West	As above	45.5% (R)	45.4% (R)	42.8% (R)	43.3% (R)	44.1% (R)	40.4% (G)
South	As above	49.3% (R)	44.9% (R)	46.4% (R)	45.6% (R)	44.2% (R)	41.9% (A)
NHSGGC	N/A	44%	43.9%	43.0%	43.1%	42.6%	39.3%
Performance Trend							
Variations across areas and over time, but downward trend over the last 12 months and over the longer term for the city as a whole, which moved to GREEN in the last reporting period.							

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 16- Mar 16	Apr 16 - Jun16	Jul 16 - Sep 16	Oct 16- Dec 16
NE	78%	79.67% (G)	79.67% (G)	79.81% (G)	79.68% (G)	79.7% (G)	80.37% (G)
NW	78%	78.09% (G)	78.09% (G)	78.35% (G)	77.97% (G)	78.07% (G)	78.87% (G)
S	78%	78.59% (G)	78.59% (G)	79.0% (G)	78.74% (G)	78.70% (G)	79.61% (G)
NHSGGC	78%	78.33%	78.61%	78.86%	78.57%	78.65%	79.17%
Performance Trend							
All areas GREEN. Compliance slightly increased across the city over the last 12 months.							

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	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
NE	Below NHSGGC average	£163.79 (G)	£164.07 (G)	£163.48 (G)	£164.15 (G)	£163.35 (G)	£163.77 (G)
NW	Below NHSGGC average	£156.55 (G)	£158.25 (G)	£157.55 (G)	£157.77 (G)	£156.99 (G)	£157.22 (G)
S	Below NHSGGC average	£164.48 (G)	£167.79 (G)	£167.34 (G)	£168.32 (G)	£167.89 (G)	£168.96 (G)
NHSGGC		£174.97	£177.99	£177.50	£178.37	£177.82	£178.58
Performance Trend							
All areas GREEN with variations across sectors and initiatives to ensure cost minimisation are ongoing. 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.							

Indicator	3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day
Purpose	This is intended to promote a reduction in the unnecessary use of antibiotics, and therefore reduce associated risk of healthcare associated infections (HAI) and antimicrobial resistance (AMR)
National/ Corporate/ Local	National 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 16- Mar 16	Apr 16 - Jun16	Jul 16 - Sep 16	Oct 16- Dec 16
NE	TBC	1.79	2.05	2.12	1.83	1.70	2.05
NW	TBC	1.47	1.66	1.76	1.52	1.46	1.70
S	TBC	1.70	1.94	2.03	1.75	1.69	1.99
NHSGGC	TBC	1.68	1.92	2.01	1.74	1.66	1.95
Performance Trend							
Antibiotic prescribing fluctuates seasonally. Targets remain to be set.							

Indicator	4. 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	Nov 16	Dec16	Jan 17	Feb 17	Mar 17
NE	1218	1533 (G)	1510 (G)	1457 (G)	1510 (G)	1513 (G)	1513 (G)
NW	1395	1273 (R)	1265 (R)	1275 (R)	1275 (R)	1275 (R)	1263 (R)
S	1597	1558 (G)	1589 (G)	1565 (G)	1572 (G)	1555 (G)	1557 (G)
HSCP	4210	4364 (G)	4364 (G)	4297 (G)	4357 (G)	4339(G)	4333(G)
Performance Trend							
<p>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.</p>							

Indicator	5. 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%	71% (A)	46.0% (R)	51.5% (R)	57.6% (R)	65%	52.8% (R)
NW	75%	71.2% (A)	44.9% (R)	56.7% (R)	64.8% (R)	65%	56.1% (R)
South	75%	72.9% (A)	46.7% (R)	56.1% (R)	65.1% (R)	65%	52.6% (R)
NHSGGC	N/A	72.9%	46.1%	56.2%	63.5%	N/A	56%
Scotland	N/A	72.8%	44.9%	49.3%	58%	N/A	54.3%
Performance Trend							
The data shown relates to Week 13 of 2017. Performance below target across all categories and RED for all with the exception of over 65s.							

Indicator	6. 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	60%	41.3%	31.5%	37%
NW	60%	33.9%	30.6%	32.5%
South	60%	39.9%	32.7%	36.8%
NHSGGC	60%	39.2%	31.4%	35.9%
Scotland	TBC	42%	34.6%	38.9%
Performance Trend				
The data shown relates to the cumulative immunisation rates between 1 September 2016 and 30 March 2017. Performance has not been classified yet, as the target relates to the annual programme year which runs to the end of August. Variations across localities and between the different age groups. North West the lowest in both age groups.				

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	Dec 15 - Nov16	Jan 16- Dec 16	Feb 16- Jan 17	Mar 16- Feb 17	Apr 16- Mar 17
North East	TBC	2632	2687	2707	2726	2724	2709
North West	TBC	1992	2008	2018	2027	2028	2044
South	TBC	2265	2231	2233	2233	2222	2217
Glasgow	TBC	2284	2294	2303	2312	2308	2307
Performance Trend							
Variations across areas and over time with North East generally highest and North West lowest. Slight increase at a city wide level and in the North East and North West over the period shown, with South decreasing slightly. All outstanding unscheduled care targets will be determined through 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	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
North East	TBC	124	119	103	99	80	107
North West	TBC	83	85	74	65	69	77
South	TBC	94	100	79	71	78	94
Glasgow	TBC	100	101	85	77	76	92
Performance Trend							
<p>Variations across areas and over time with North East generally highest and North West lowest. Reduction overall across the city in the period shown. 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. All outstanding unscheduled care targets will be determined through the process of developing the Unscheduled Care Commissioning Plan.</p>							

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	Dec 16	Jan 17	Feb 17	Mar 17	16/17
i. 65+Numbers	TBC	26,237	27,891	2562	2282	2102	2361	28,557
ii. 65+ Rates/1000 pop	TBC	315	334	31	27	25	28	342
i. 75+Numbers	TBC	16,530	17,844	1694	1498	1377	1470	18,123
ii. 75+ Rates/1000 pop	TBC	416	450	43	38	35	37	460
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). Numbers have risen again this year, up 2.4% (666) for 65+ and 1.6% (279) for 75+. All outstanding unscheduled care targets will be determined through the process of developing the Unscheduled Care Commissioning Plan.								

Indicator	4. Emergency Acute Bed Days for Older People (Aged 65+ and 75+)
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	2014/15	2015/16	2016/17			
65+ Numbers	TBC	325,545	304,322	323,126			
65+ Monthly Average	TBC	27,128	25,360	26,927			
75+ Numbers	TBC	235,488	223,070	235,835			
75+ Monthly Average	TBC	19,624	18,589	19,653			
Performance Trend							
The total numbers have been on a downward trend since 2010/11. However, there was an increase last year both for those aged 65+ and 75+, and at year end, the total numbers were close to the 2014/15 rates. All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.							

Delayed Discharges

Indicator	5. Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI)), Learning Disability and Mental Health patients).
Purpose	To monitor the extent to which older people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This relates to older people only, but excludes those classified as AWI under the requirements of the Adults with Incapacity Act 2000, as well as people with learning disabilities and mental health patients. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

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

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

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

Indicator	7. Total number of Adults under 65 breaching the 72 hour discharge target (excluding Mental Health patients).
Purpose	To monitor the extent to which adults under 65 are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This includes adults under 65 with complex needs; those classified as AWI under the requirements of the Adults with Incapacity Act 2000; and those with learning disabilities. It excludes mental health patients. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

AREA	TARGET	14 Mar 16	18 Apr 16	12 Dec 16	6 Feb 17	6 Mar 17	3 Apr 17
NE	10 by April 2017	5 (G)	8 (R)	16(R)	12 (R)	7(R)	6(R)
NW		6 (R)	7 (R)	12(R)	12 (R)	9(R)	9(R)
S		5 (R)	5 (R)	5(R)	5 (R)	3(R)	4(R)
HSCP		16 (R)	20(R)	33(R)	29(R)	19(R)	19(R)

Performance Trend

Numbers fluctuate across localities and over time. Overall city figures have increased over the course of the year though have significantly reduced since December.

Actions to Improve Performance

The action plan and performance framework being implemented are showing an improved performance. Please also see indicator 5 above.

Timeline for Improvement

The original action plan aimed to reduce the numbers being delayed to 10 by April 2017. A new target will be in place for 2017/18 which is to reduce delays to a maximum of 20 delays for under 65s, over 65s and adults with incapacity (excluding mental health, learning disability and older people mental health beds).

Indicator	8. Total number of Mental Health patients breaching the 72 hour discharge target (Under and Over 65s including AWI patients).
Purpose	To monitor the extent to which Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	David Walker, Head of Operations (South)

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

Bed Days lost to Delayed Discharge

Indicator	9. 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	Jan 17	Feb 17	Mar 17	16/17
HSCP	39,929 (R)	38,152 (R)	21,288 (G)	TBC	825	825	956	15,557
NE	9203	8048	5777	TBC	177	251	315	4058
NW	13,000	15,884	8034	TBC	412	308	357	6406
S	17,726	14,220	7477	TBC	236	266	284	5093
Performance Trend								
<p>For the city as a whole, there was a significant reduction in 2015/16. During 2016/17, this has continued, with a further reduction of 26% over the course of the year. Variations across localities with bed days lost highest in the North West and lowest in the North East, though all experienced reductions in 2016/17.</p> <p>The figures fell in 2015/16 following the introduction of intermediate care and the 72 hour discharge target. As the figures include AWI, the reduction in 2016/17 has also been contributed to by the AWI beds which the HSCP commission in community settings at Darnley and Quayside being reclassified (see indicator 6 above).</p> <p>All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.</p>								

Indicator	10. 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 by 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	Jan 17	Feb 17	Mar 17	16/17
HSCP	8936 (G)	8987 (G)	10,715 (R)	TBC	177	220	194	6050
NE	2235	1971	3590	TBC	18	41	28	1647
NW	3528	3806	3558	TBC	100	113	126	2995
S	3173	3210	3910	TBC	59	66	40	1408

Performance Trend

The total for 2016/17 has fallen by 43% since 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 6 above). Variations across localities with bed days lost highest in the North West and lowest in the South, though all experienced reductions in 2016/17.

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	Total for 15/16	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	Total for 2016/17
700	North East	905 (G)	161 (R)	205 (G)	158 (G)	213 (G)	737 (G)
700	North West	927 (G)	251 (G)	268 (G)	175 (G)	257 (G)	947 (G)
700	South	1,540 (G)	491 (G)	325 (G)	294 (G)	307 (G)	1,417 (G)
2,100	Glasgow	3,372 (G)	903 (G)	798 (G)	627 (G)	773 (G)	3,101 (G)
Performance Trend							
Performance varies across localities but targets for all localities have been exceeded. Target to be reviewed for 2017/18.							

Indicator	2. Carers Referrals
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 in 2015/16	No. of referrals at Q3 16/17	% of referrals at Q3 16/17	No. of referrals at Q4 16/17	% of referrals at Q4 16/17
Primary Care	TBC	14%	117	19%	137	18%
Acute	TBC	2%	20	3%	27	4%
Social Work	TBC	26%	232	37%	264	34%
Other	TBC	58%	258	41%	345	44%
Performance Trend						
New indicator. At quarter 4, 18% of referrals were from primary care, an increase since 2015/16. Targets for 2017/18 will be set 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	2016/17 Q4
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. % 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	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17
95%	NE	83% (R)	92% (A)	90% (A)	96% (G)	95% (G)	96% (G)	97% (G)
	NW	80% (R)	86% (G)	90% (A)	96% (G)	96% (G)	96% (G)	91% (A)
	S	82% (R)	89% (R)	92% (A)	94% (G)	96% (G)	93% (G)	96% (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. 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.								

Indicator	2. 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	Oct -16	Nov -16	Dec -16	Jan -17	Feb- 17	Mar- 17	Status
North Glasgow	18 (G)	18(G)	17 (G)	18(G)	22 (R)	17 (G)	17 (G)	Green
South Glasgow	9 (G)	12(G)	11 (G)	12(G)	12(G)	16 (G)	15 (G)	Green
East Glasgow	18 (G)	17(G)	17 (G)	18(G)	17(G)	21 (R)	18 (G)	Green
West Glasgow	12 (G)	10(G)	9 (G)	11(G)	13(G)	13 (G)	14 (G)	Green
Glasgow HSCP	18 (G)	18(G)	18 (G)	18(G)	22 (R)	21 (R)	18(G)	Green
Indicative target	18	18	18	18	18	18	18	18
Performance Trend								
Performance moved back to GREEN in March across the city. Variations exist across localities 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	3. 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 <i>not</i> 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 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	
							% with review	Number without a Permanency Review
90%	North East	86% (A)	84% (R)	76% (R)	69% (R)	66% (R)	81% (R)	14
90%	North West	83% (R)	80% (R)	85% (R)	79% (R)	72% (R)	57% (R)	15
90%	South	85% (R)	75% (R)	77% (R)	91% (G)	88% (A)	83% (R)	9
90%	City	84% (R)	80% (R)	79% (R)	78% (R)	75% (R)	76% (R)	39

Performance Trend

City-wide performance has declined over the past 12 months. Variations across localities and over time. Between Q3 and Q4 there was a significant increase in performance in North East and a significant decrease in performance in North West. At Q4 39 children (of 162 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Actions to Improve Performance

Local reviews have confirmed key areas which will require a sharp focus specifically in relation to improving data recording and reducing cancelled meetings and deferred meetings that have occurred as a consequence of outstanding parenting assessments and absent parents. Local arrangements and targeted approaches will ensure this area of work remains under constant scrutiny and corrective action, wherever necessary, will see an improvement in the coming months.

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 further improvements in performance will be evident by the end of the next quarter.

Indicator	4. 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 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
100%	North East	99% (G)	99% (G)	99% (G)	100% (G)	99% (G)	99% (G)
100%	North West	94% (R)	92% (R)	93% (R)	100% (G)	90% (R)	90% (R)
100%	South	99% (G)	96% (A)	95% (R)	100% (G)	96% (A)	94% (R)
100%	Glasgow	96% (A)	94% (R)	93% (R)	95% (R)	90% (R)	89% (R)
Performance Trend							
Variations across localities and over time. The target has only consistently been met in the North East of the city (GREEN).							
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	5. 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 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
100%	North East	100% (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	100% (G)	100% (G)	99% (G)	99% (G)	99% (G)	99% (G)

Performance Trend

Although all localities met the 100% target at Q4, the city wide figure is 99% as a small number (8) of the current 1,354 looked after and accommodated children have neither a primary worker nor team recorded on careFirst.

Indicator	6. Percentage of <u>new</u> 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 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
60%	North East	64% (G)	60% (G)	73% (G)	80% (G)	47% (R)	74% (G)
60%	North West	65% (G)	64% (G)	53% (R)	69% (G)	38% (R)	57% (R)
60%	South	67% (G)	68% (G)	82% (G)	81% (G)	50% (R)	65% (G)
60%	Glasgow	66% (G)	64% (G)	66% (G)	74% (G)	45% (R)	67% (G)

Performance Trend

The target for this indicator was increased from **55%** to **60%** for 2016/17. Following a sharp decline in performance during Q3, there was a significant increase at year end across all localities with only North West remaining outwith the target range (RED).

Actions to Improve Performance

The data above is generated on the basis that, if the e-form is not finished and saved, then the system indicates that the report has not been sent. This is a data quality problem (rather than reflecting the actual dates on which the reports were sent to SCRA) and there is a plan in place to address this under recording. However, there has been a substantial improvement in performance in since the last report as a result of action to improve the way this target is recorded on the system.

It must be emphasised that SCRA has advised that there are no significant problems with the submission of reports by social workers. Furthermore, this target may change in the future as the Children's Hearing System is developing a new performance reporting framework which is intended to provide a more accurate picture of the quality of the service provided for children.

Timeline for Improvement

It is anticipated that NW will be achieving the target by the end of Q1 2017/18.

Indicator	7. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

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

Performance Trend

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

Actions to Improve Performance

Work has been undertaken to review all the young people known to Leaving Care Services. Many of the young people are living outwith Glasgow and owing to the complexities of their circumstances often fail to engage with services.

There is some evidence also that care leavers are undertaking positive activities but that this is not being recorded on careFirst 6 (the Social work information system). Work is underway to address this and to ensure arrangements are in place to more accurately record the reasons why some young people are unable to engage with employability and training (such as pregnancy, mental/physical health problems and custody).

In the medium to longer term we expect to see improvements in the numbers of young people moving into positive destinations as this is a key objective of our "Transformation Programme" for children's services and our Corporate Parenting Action Plan.

Timeline for Improvement

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

Indicator	8. Number of 0-2 year olds registered with a NHS dentist
Purpose	To monitor the extent to which children under 3 are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate. Information is updated on a 6 monthly basis on the ISD website in January and June.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	30 Sep 14	31 Mar 15	30 Sep 15	31 Mar 16	30 Sep 16
55%	HSCP	51.8% (R)	50.3% (R)	50.6% (R)	52% (A)	52.7% (A)
60%	GGC	51.9% (R)	51.6% (R)	52.2% (A)	52% (R)	52.3% (R)
	Scotland	49.2%	49%	49.4%	49.1%	48.4%

Performance Trend

Registration rates have increased over the last two quarters and moved from RED to AMBER and remain above the Scottish average. Rates of dental registration for children aged 3-5 years of age are in excess of the city target, showing that slower initial rates of registration are remedied by the time the child reaches school age (see indicator 9 below).

Actions to Improve Performance

Dental registration is raised routinely at the health visitor assessments undertaken as part of the universal children's pathway, and some mothers are referred to support staff to encourage early nutrition, good oral health and to support dental registration directly. High dental registration rates at 3-5 years would suggest that these lower rates at 0-2 years are more indicative of parental delay, rather than disengagement with dental services.

Timeline for Improvement

New health visitor assessment requirements are being introduced as part of a revised universal children's pathway. The national roll out of this new assessment will be undertaken on a phased basis over the next two years, in line with the planned changes in the health visiting workforce.

Indicator	9. Number of 3 – 5 year olds registered with a NHS 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 on the ISD website in January and June.
National/ Corporate/ Local	HSCP Local Indicator
Integration/ Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	30 Sep 14	31 Mar 15	30 Sep 15	31 Mar 16	30 Sep 16
90%	HSCP	88.4% (G)	88.9% (G)	98.5% (G)	98.7% (G)	95.3% (G)
87.9%	GGC	92.0% (G)	92.9% (G)	91.8% (G)	92.2% (G)	92.4% (G)
	Scotland	90.7%	91.2%	91.1%	91%	90.9%
Performance Trend						
Registration rates remain GREEN.						

Indicator	10. 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	Q3
95%	HSCP	95.3% (G)	94.9% (G)	94.8% (G)	94.6% (G)	94.4% (G)	94.3% (G)	93.4% (G)
Performance Trend								
Performance remains GREEN though has been decreasing over the period shown. No locality data currently available.								

Indicator	11. 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	Q3
95%	HSCP	97.5% (G)	97.0 (G)	96.3% (G)	95.9% (G)	96.2% (G)	96.5% (G)	94.9% (G)
Performance Trend								
Performance remains GREEN although there has been a slight decrease in the last quarter. 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 2017/18.						

Target/Ref	2. Primary Care Mental Health Teams – referral to 1 st 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 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 2017/18.						

SANDYFORD (SEXUAL HEALTH)

Indicator	1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.
Purpose	To monitor waiting times for access to a first appointment for vLARC
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Jul – Sep 16	Oct – Dec 16	Jan – Mar 17
Intrauterine Devices (IUD)					
10 working days	NE	21.72 (R)	21.31 (R)	18.89 (R)	23.63 (R)
	NW	20.34 (R)	24.57 (R)	20.69 (R)	21.17 (R)
	S	22.3 (R)	22.05 (R)	26.25 (R)	28.85 (R)
	HSCP	21.06 (R)	23.11 (R)	21.17 (R)	22.99 (R)
	GGC	19.00	21.64	18.84	17.19
Implants					
10 working days	NE	26.18 (R)	23.18 (R)	14.72 (R)	10.17 (G)
	NW	25.23 (R)	23.77 (R)	21.45 (R)	17.33 (R)
	S	24.3 (R)	24.16 (R)	23.64 (R)	21.59 (R)
	HSCP	25.28 (R)	23.67 (R)	19.41 (R)	15.56 (R)
	GGC	23.25	22.84	18.27	14.27
Performance Trend					
Target not met. Staffing issues across the service has meant that Urgent Care and some scheduled care (eg TOPAR – Termination of Pregnancy Assessment & Referral) has been prioritised, leading to fewer vLARC appointments able to be offered.					
Actions to Improve Performance					
Recruitment underway, proposals developed to look at additional clinics to address long waiting times.					
Timeline for Improvement					
Monitor over next 3 months					

Indicator	2. Average Waiting times for access to Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations. Average waiting times are shown and if under 3, means people have been seen in 2 working days.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Jul – Sep 16	Oct – Dec 16	Jan – Mar 17
Under 3.	NE	3.21 (R)	2.27 (G)	2.72 (G)	2.99 (G)
	NW	1.98 (G)	1.99 (G)	2 (G)	2.05 (G)
	S	4.47 (R)	3.38 (R)	3.55 (R)	3.37 (R)
	HSCP	2.32 (G)	2.26 (G)	2.26 (G)	2.28 (G)
	GGC	2.63	2.62	2.62	2.64

Performance Trend

Target being met across North East, North West and for the HSCP as a whole. South consistently above target for the period shown.

Indicator	3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).
Purpose	To monitor waiting times for access to Routine 20s appointments.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Jul – Sep 16	Oct – Dec 16	Jan – Mar 17
20 working days	NE	19.43 (G)	19.85 (G)	18.8 (G)	20.39 (G)
	NW	12.34 (G)	16.27 (G)	16.55 (G)	18.24 (G)
	S	23.84 (R)	21.81 (R)	23.55 (R)	24.28 (R)
	HSCP	22.85 (R)	21.63 (R)	22.94 (R)	22.72 (R)
	GGC	21.76	21.83	21.83	21.77

Performance Trend
Target met across North East and North West, but below target for the South and the city overall.
Actions to Improve Performance
Further investigate activity in the South clinics, particularly looking at staffing levels and capacity.
Timeline for Improvement
3 months.

Indicator	4. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17.
Purpose	An aim is to improve access across all Sandyford services for young people aged 13-15 and aged 16-17 and this indicator monitors attendance and whether this is being achieved.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AGE	Apr – Jun 16	Jul – Sep 16	Oct – Dec 16	Jan – Mar 17
58%	13-15 female	25% (R)	32% (R)	33% (R)	37% (R)
5%	13-15 male	1% (R)	1.5% (R)	2% (R)	2.5% (R)
64%	16-17 female	32% (R)	32% (R)	45% (R)	34% (R)
10%	16-17 male	4.5% (R)	3.44% (R)	3.44% (R)	3.2% (R)

Performance Trend
These figures are for the HSCP as a whole. Targets not being met across all categories.
Actions to Improve Performance
Young People services are included in the Sandyford Service review which will include looking at service times and locations.
Timeline for Improvement
Service Review will conclude in the Autumn with a set of recommendations to be implemented throughout 2018. Improvements expected to be seen by March 2018.

Indicator	5. Proportion of male attendances at all Sandyford services who are MSM (Men Who Have Sex with Men).
Purpose	An aim is to improve access across all Sandyford services for MSM and this indicator monitors attendance and whether this is being achieved.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Jul – Sep 16	Oct – Dec 16	Jan – Mar 17
10%	NE	18% (G)	22% (G)	19% (G)	20% (G)
	NW	35% (G)	36% (G)	35% (G)	35% (G)
	S	16% (G)	21% (G)	20% (G)	21% (G)
	HSCP	31% (G)	33% (G)	31% (G)	32% (G)
	GGC	28%	30%	29%	30%
Performance Trend					
Targets met and exceeded across all localities.					

Indicator	6. Waiting times for access to Gender Identity service for young people and for adults
Purpose	To monitor waiting times for access to first appointment at Gender Identity services for young people aged under 17, and for adults aged 17 and older. Clinic is provided at Sandyford Central (West Glasgow) so no locality specific information shown.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Jul – Sep 16	Oct – Dec 16	Jan – Mar 17
Under 17 Years					
18 weeks	GG&C	N/A	28.7 (R)	26.4 (R)	25.7 (R)
17 years and over					
18 weeks	GG&C	N/A	35 (R)	35 (R)	29.4 (R)

Performance Trend
Targets not being met for either age group, although performance has been improving for both over the course of the year.
Actions to Improve Performance
Service continues to review staffing levels to ensure correct resource is available.
Timeline for Improvement
Service Review will conclude in the Autumn with a set of recommendations to be implemented throughout 2018. Improvements expected to be seen by March 2018.

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 Q2	15/16 Q3	15/16 Q4	16/17 Q1	1617 Q2	16/17 Q3
90%	North East	98% (G)	97% (G)	92% (G)	97% (G)	96% (G)	97% (G)
90%	North West	100% (G)	100% (G)	100%(G)	100% (G)	98% (G)	99% (G)
90%	South	89% (G)	100% (G)	93% (G)	83% (R)	73% (R)	90% (G)
90%	Glasgow	95% (G)	98% (G)	97% (G)	92% (G)	89% (G)	94% (G)
Performance Trend							
This indicator is reported one quarter in arrears. At Q3 all localities exceeded the referral to treatment target.							

Indicator	2. The percentage of Parental Assessments completed within 30 days of referral.
Purpose	An <i>Impact of Parental Substance Use</i> (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)	74% (G)
75%	North West	87% (G)	78% (G)	86% (G)
75%	South	84% (G)	68% (R)	75% (G)
75%	Glasgow	80% (G)	71% (R)	77% (G)
Performance Trend				
This indicator was introduced at Q2. Data for previous periods is not available. Following a slip in performance at Q3 South met the 75% target at Q4. All localities were within the target range at Q4.				

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)	67% (A)	
70%	North West	83% (G)	64% (R)	
70%	South	85% (G)	73% (G)	
70%	Glasgow	82% (G)	65% (R)	
Performance Trend				
<p>This indicator was reported for the first time at Q3 with data for previous periods not available.</p> <p>At Q4 there was a significant slip in performance across all localities: North East slipped to AMBER while performance in North West and the city as a whole was outwith the target range (RED).</p>				
Actions to Improve Performance				
<p>The North West locality is in the process of implementing the following improvement actions:</p> <ol style="list-style-type: none"> 1. All new recovery plans will be initiated by Team Leaders at allocation meeting 2. The existing caseload will be reviewed to ensure recovery plans in place 				
Timeline for Improvement				
<p>The first action will be implemented during May. The review of the existing caseload to ensure recovery plans are in place will be implemented by the end of June 2017.</p>				

HOMELESSNESS

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

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
95%	North East					90% (R)
	North West					94% (G)
	South					83% (R)
	Asylum & Refugee Team (ARST)					99% (G)
	City-wide	77% (R)	70% (R)	78% (R)	88.5% (R)	91% (A)
Performance Trend						
Locality figures are being reported for the first time at Q4. City wide performance improved significantly during each quarter of 2016/17 and was only slightly below target (AMBER) at year end. There were variations within the city in Q4; North West and the ARST team exceeded target (GREEN) while North East and South were below target (RED).						
Actions to Improve Performance						
Team performance against this indicator continues to be reported to senior management on a weekly basis, and is included in the new monthly report implemented from 1 st April 2017, which forms the basis for ongoing performance discussions with the Head of Homeless Services.						
Timeline for Improvement						
Weekly and monthly reporting will continue to ensure that performance improvements are sustained through 2017/18.						

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

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

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

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

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

Target	Locality	15/16 Q3	15/16 Q4	15/16 Annual Total	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	16/17 Annual Total
3,000 annual target (750 per Quarter)	City-wide figure only	506 (R)	432 (R)	1,742 (R)	455 (R)	480 (R)	432 (R)	574 (R)	1,941 (R)
Performance Trend									
Lets achieved increased in Q4, and for the year 2016/17 compared to the previous year. The total remains short of the annual target of 3,000 units and this indicator continues as RED.									
Actions to Improve Performance									
Work is ongoing to further investigate the range of reasons contributing to the shortfall in lets compared to target and highlight areas where process and practice can be improved to maximise lets achieved. Resettlement plan targets have been reviewed for 2017/18 with numbers being monitored weekly and monthly.									
Timeline for Improvement									
Work is ongoing to sustain and build upon improved results achieved over the course of 2017/18.									

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

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

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

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

CRIMINAL JUSTICE

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

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

Performance Trend

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

Actions to Improve Performance

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

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

Timeline for Improvement

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

Indicator	2. Percentage of Community Payback 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)	88% (G)
85%	North West	80% (R)	86% (G)	92% (G)	77% (R)	80% (R)	81% (A)	98% (G)
85%	South	93% (G)	95% (G)	98% (G)	100% (G)	100% (G)	71% (R)	100% (G)
85%	Glasgow	88% (G)	92% (G)	94% (G)	84% (G)	89% (G)	76% (R)	97% (G)
Performance Trend								
There was significant improvement in performance across all localities and city wide at Q4; all exceeded target and were rated GREEN.								
Actions to Improve Performance								
All areas have exceeded the target. Improvement has been achieved largely through addressing performance with individual staff								
Timeline for Improvement								
Emphasis will now be on maintaining this high level of performance.								

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)	64% (R)
75%	North West	89% (G)	70% (R)	84% (G)	65% (R)	80% (G)	78% (G)	75% (G)
75%	South	64% (R)	62% (R)	79% (G)	67% (R)	79% (G)	72% (A)	72% (A)
75%	Glasgow	68% (R)	62% (R)	75% (G)	62% (R)	72% (A)	69% (R)	71% (R)
Performance Trend								
Only North West has consistently met target (GREEN) during the last 3 quarters. South and North East were rated AMBER and RED respectively during both Q3 and Q4.								
Actions to Improve Performance								
<p>The city performance has improved slightly and North East have improved their performance in this area. This area of performance continues to be monitored closely by Service Managers at their monthly meetings using the fortnightly performance reports and information obtained through Team Leader supervision. Actions to improve performance remain:</p> <ul style="list-style-type: none"> • Re-emphasis of the national standard and the importance of reviews • Refreshing staff knowledge and awareness of relevant recording requirements • Closer monitoring of individual workers by their Team leaders 								
Timeline for Improvement								
Improvement has been achieved this quarter and this emphasis will continue into Q1 of 17/18.								

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

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

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 2016/17	Actual 2016/17
North East Sector	No target	Green	1636	1156 (R)
North West Sector	No target	Green	1584	1399 (R)
South Sector	No target	Red	1846	739 (R)
City Wide (Non sector specific wider settings delivery)	No target		No target	4106
Glasgow City HSCP	Red	Green	5066	7400 (G)
Performance Trend				
Target for the year has been met at a city wide level. The city wide figures include activity delivered in localities by 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 – Sep 16	Target Apr 16 – Sep 16	Current Status
North East	217	262	Red
North West	156	204	Red
South	190	230	Red
Glasgow	563	696	Red
Performance Trend			
Performance below target. New target for 2016-17 is 51% higher than previous year, with NE, NW and South targets increasing by 38%, 62%, and 48% respectively.			
Actions to Improve Performance			
A city wide review of the community cessation model during 2015-16 identified a number of actions which are continuing to be implemented. These include an enhanced city wide perspective to key work areas and a more targeted approach when working with pharmacy and GP Practices. Following recommendations from the review, a staff shared learning event was held in May to share the updated good practice guides, update on pharmacy joint working progress and to generally encourage a more unified approach.			
Timeline for Improvement			
It is anticipated that improvements will be made during Quarter 4 2016-17. Due to the nature of the target, this will only become visible in later reports.			

Indicator	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%. No update since last report.							

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%. No update since last report.							

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	Jan 15- Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 -Sep 16	Jan 16- Dec 16
15.6%	NE	18.7% (G)	17.1% (G)	18.1% (G)	19.1% (G)	18.8% (G)
30.8%	NW	32.4% (G)	32.8% (G)	33.6% (G)	33.5% (G)	33.1% (G)
26.2%	S	25.9% (G)	25.8% (G)	27.8% (G)	28.4% (G)	28.2% (G)
24.0%	HSCP	25.9% (G)	25.3% (G)	26.7% (G)	27.2% (G)	27.0% (G)
Performance Trend						
<p>Variations exist across areas with differential targets in place. All areas meeting their targets 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.</p>						

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

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

Performance Trend

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

Actions to Improve Performance

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

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

Timeline for Improvement

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

HUMAN RESOURCES

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

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

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

Timeline for Improvement

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

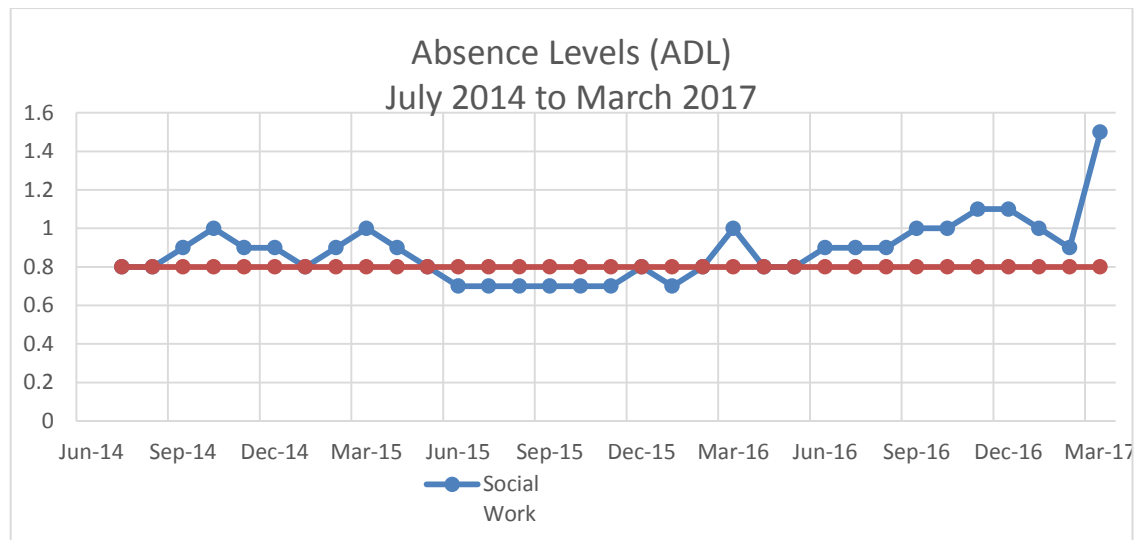
Focus continues on absence management across the HSCP with planned dialogue with the H R support unit to identify further specific resource to support absence management processes on an ongoing basis

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

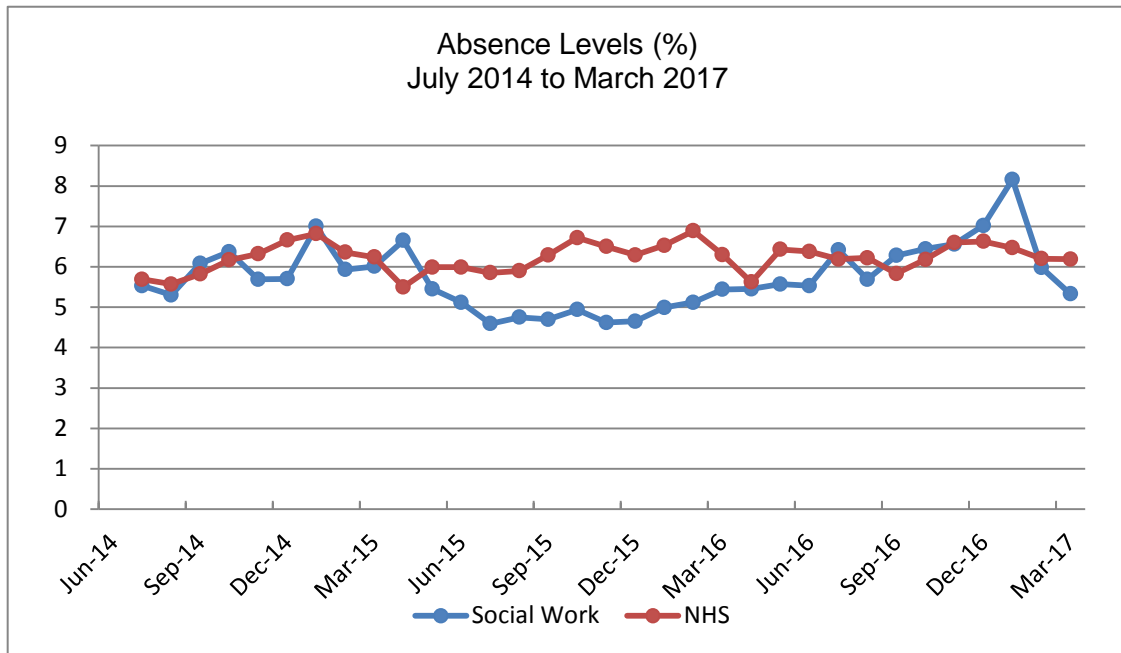
Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure as this reflects a more accurate position.

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

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



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



Performance Trend

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

Actions to Improve Performance

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

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

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

Timeline for Improvement

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

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

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

Performance Trend

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

Actions to Improve Performance

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

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

Timeline for Improvement

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

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

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

Performance Trend

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

Actions to Improve Performance

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

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

Timeline for Improvement

Focus on this activity to ensure improvement continues.

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

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

Performance Trend

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

Actions to Improve Performance

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

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

Timeline for Improvement

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

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 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
70%	NE	85% (G)	86% (G)	43% (R)	83% (G)	90% (G)	70% (G)
70%	NW	64% (R)	83% (G)	86% (G)	60% (R)	87% (G)	75% (G)
70%	S	80% (G)	100% (G)	83% (G)	80% (G)	0% (R)	100% (G)
70%	Corp.	98% (G)	96% (G)	98% (G)	99% (G)	98% (G)	96% (G)
70%	HSCP	97.5% (G)	95.5% (G)	96.5% (G)	97.2% (G)	97.5% (G)	95.5% (G)

Performance Trend

HSCP and all localities GREEN in the last reporting period.

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)	83% (G)
65%	North West	72% (G)	74% (G)	69% (G)	72% (G)	66% (G)	64% (G)	65% (G)
65%	South	63% (A)	54% (R)	48% (R)	62% (A)	47% (R)	40% (R)	44% (R)
65%	Homelessn ess	100% (G)	60% (R)	55% (R)	100% (G)	100% (G)	85% (G)	72% (G)
65%	Centre	76% (G)	78% (G)	75% (G)	78% (G)	62% (A)	62% (A)	58% (R)
65%	Glasgow	72% (G)	69% (G)	66% (G)	73% (G)	63% (G)	63% (G)	64% (G)
Performance Trend								
The South locality (RED) and Centre (RED) were below target at Quarter 4 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)	92% (G)
85%	North West	87% (G)	91% (G)	86% (G)	90% (G)	96% (G)	84% (G)	86% (G)
85%	South	90% (G)	83% (G)	77% (R)	84% (G)	80% (R)	73% (R)	74% (R)
85%	Homelessness	80% (R)	80% (R)	73% (R)	100% (G)	100% (G)	95% (G)	96% (G)
85%	Centre	91% (G)	85% (G)	85% (G)	83% (G)	78% (R)	72% (R)	67% (R)
85%	Glasgow	90% (G)	87% (G)	84% (G)	88% (G)	83% (G)	81% (A)	82% (G)

Performance Trend

The South locality (RED) and Centre (RED) were below target during Quarters 2, 3 and 4. The city as a whole was within the target range at Q4 (GREEN).

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)	100% (G)
80%	North West	93% (G)	91% (G)	97% (G)	98% (G)	96% (G)	94% (G)	95% (G)
80%	South	82% (G)	85% (G)	82% (G)	86% (G)	74% (R)	84% (G)	95% (G)
80%	Centre	96% (G)	85% (G)	94% (G)	98% (G)	89% (G)	88% (G)	83% (G)
80%	Glasgow	92% (G)	90% (G)	93% (G)	94% (G)	88% (G)	91% (G)	92% (G)
Performance Trend								
The target was exceeded at Q4 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

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	2015/16
Glasgow City	58%	57%	56%	54%	56%	55%
Scotland	61%	60%	62%	61%	61%	62%

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 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	9.2				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	2015	38.6	43.6	36.3	36.8	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 1 st and 2 nd 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 REQUIRING FURTHER DEVELOPMENT

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; and Sexual Health. 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 – Diagnosis Nos/Waiting times v 12 week target/PDS Plans completed – 3 new indicators to be in place for Q1 2017/18.
Day Care Occupancy Rates (HSCP Local Indicator)

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

Adult Mental Health Re-admissions within 28 days (HSCP Local Indicator) - awaiting confirmation that this should be included.
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 confirmation that this should be included.

CRIMINAL JUSTICE

Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court by the due date. (Target is for 80% of reports to be submitted by due date) – New indicator to be introduced from Q1 2016/17.
Throughcare order licences: Percentage of Post sentence interviews held within one day of release from prison. (Target is for 90% to be held within one day of release). New indicator to be introduced from Q1 2016/17.

PRIMARY CARE

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