



Item No: 21

Meeting Date: Friday 9 December 2016

Glasgow City Integration Joint Board

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PERFORMANCE REPORT

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 2016/17.
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Recommendations:	The Integration Joint Board is asked to: a) note the attached performance report.
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Implications for Integration Joint Board:

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

1. Purpose

- 1.1 The purpose of this report is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 2016/17.

2. Background

- 2.1 The Integration Joint Board noted a paper on 21st March 2016, which brought together the performance indicators previously produced separately for Health and Social Work, within a single report.
- 2.2 Work has been undertaken since to review these indicators and the first full Joint Performance report for Quarter 1 of 2016/17 was presented to the Integration Joint Board on the 21 September. It was agreed that this would be produced on a quarterly basis going forward and the latest performance report for Quarter 2 is now attached.
- 2.3 In addition to these Integration Joint Board Performance reports, Scottish Government Statutory Guidance makes it clear that Health and Social Care Partnerships are expected to have routine performance management

arrangements in place, with regular performance reports produced for internal scrutiny by their respective management teams.

- 2.4 A more detailed Joint Performance report has, therefore, been developed in order to enable scrutiny of operational performance by Health and Social Care Partnership Management Teams and by the Finance and Audit Committee. This is similar to the attached Integration Joint Board report, but it contains performance information for all indicators - even if GREEN. It also includes indicators which are more operationally focused and which are updated annually or even less frequently. The first version of this report was presented to the Finance and Audit Committee on the 12 September and they agreed to focus upon a number of specific service areas at each meeting in order to enable a more detailed scrutiny of performance.
- 2.5 It should be noted that 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
- 2.6 It should also be noted that in addition to these quarterly performance reports, an Annual Performance Report - as required by the Public Bodies (Joint Working) (Scotland) Act 2014 - will be produced by July 2017. A proposed template for this report was approved by the Integration Joint Board at its meeting on the 31 October.

3. Reporting Format

- 3.1 The indicators are summarised at the start of the attached report. For each indicator, an indication is provided as to the direction of travel since the last reporting period. Performance at a city level has also been classified as either GREEN, AMBER, or RED within this summary.
- 3.2 Performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target.
- 3.3 In the main body of the report, for those indicators which are AMBER or RED, a more detailed analysis including locality information and status; performance trends; improvement actions; and timelines for improvement are then provided.

3.4 The purpose of each indicator is also described, along with an indication of which of the following categories they belong to:

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

4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the attached performance report for Quarter 2 2016/17.

PERFORMANCE SUMMARY

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 since the last recorded quarter (or nearest period)	
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.	—	This is shown when no comparable data is available to make trend comparisons

Performance Summary At A Glance

The table below summarises overall performance in relation to those measures contained within the Combined Performance Report.

CARE GROUPS	RED	AMBER	GREEN	GREY	TOTAL
Older People	2	1	2		5
Primary Care			3		3
Unscheduled Care	4			5	9
Carers			1		1
Children's Services	3	1	4		8
Adult Mental Health				3	3
Alcohol and Drugs			1		1
Homelessness	6				6
Criminal Justice	2	1	1		4
Health Improvement	2		4		6
Human Resources	5				5
Business Processes			4		4
TOTAL	24	3	20	8	55

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Change
Older People					
1. Number of community service led Anticipatory Care Plans in Place	To monitor the extent to which services are introducing and rolling out the new community service led anticipatory care plans. It should be noted that these are separate from GP led anticipatory care plans which have been in place for longer but are not included here due to a lack of available information on their numbers.	360 for year	Q2	RED	▲
2. Number of people in supported living services	To monitor the number of people receiving supporting living packages. These are expected to increase over the course of the year in line with the longer term accommodation based strategy which seeks to shift the balance of care by enabling greater numbers of older people to be supported at home.	1200 for year	Q2	RED	▼
3. Percentage of service users who receive a reablement service following referral for home care	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who then receive a reablement service following screening. This assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator.	75%	Financial Period 7	GREEN	▼

4. Percentage of intermediate care users transferred home	To monitor the destinations of people leaving intermediate care with the aim of increasing those returning home.	30%	Oct 16	RED	▲
5. Deaths in Acute Hospitals (Aged 65+ and 75+)	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.	40%	Oct 15 – Sep 16	AMBER	▲
Primary Care					
1. Prescribing Costs: Compliance with Formulary Preferred List	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.	78%	Q1	GREEN	▼
2. Prescribing Costs: Annualised cost per weighted list size	To monitor prescribing costs. This indicator 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.	At or Below NHSGCC average	Q1	GREEN	▼

3. Numbers of people with a diagnosis of dementia on GP practice dementia registers	To monitor the numbers of people being placed on a dementia register in primary care. This gives an indication of whether dementia is being effectively diagnosed in order to enable appropriate interventions to be delivered. The targets are based upon population based prevalence estimates and give an indication of the numbers of people with dementia we would expect to find within a given area.	4210 (HSCP) Target varies across localities)	Sep 16	GREEN	▼
Unscheduled Care					
1. Accident and & Emergency Attendances for NHS Greater Glasgow and Clyde locations - crude rate per 100,000 by year	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.	TBC	Sep 15 – Aug 16	Target TBC	▼
2. Emergency Admissions – Numbers (Aged 65+ and 75+) and Rates/1000 population by month	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.	TBC	Aug 16	Target TBC	▼

3. Number of non-elective inpatient spells (All Ages)	To monitor the number of non-elective inpatient spells. Partners are working together to reduce these over time and shift the balance of care towards the community. These are numbers only at the moment and are not standardised, so cannot be used to compare across areas, but allow for comparisons over time within areas.	TBC	Aug 15 – Jul 16	Target TBC	▼
4. 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	Nov 16	RED	▲
5. Total number of patients over 65 classed as Adults with Incapacity (AWI) breaching the 72 hour discharge target (excluding Learning Disability and Mental Health patients).	As above	0	Nov 16	RED	▲
6. Total number of Adults under 65 breaching the 72 hour discharge target (excluding Mental Health patients).	As above	0	Nov 16	RED	▼
7. Total number of Adult Mental Health patients breaching the 72 hour discharge target (Under and Over 65s).	As above	0	Nov 16	RED	▼

8. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	To monitor the extent to which acute beds are occupied by people medically fit for discharge, with the aim being that these are reduced.	TBC	Sep 16	Target TBC	▲
9. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) Older People 65+).	As above	TBC	Sep 16	Target TBC	▲
Carers					
1. Number of Carers who have completed an Assessment during the quarter	To monitor the number of carer assessments completed during the reporting period. These will enable carers needs to be identified and appropriate support to be put in place as required.	Annual target of 700 per locality 2100 total	Q1	GREEN	▲
Children's Services					
1 Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits.	To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme and they focus on each child's language, speech and emotional development as part of their preparation for nursery and then school.	95%	Sep 16	RED	▼

2. Percentage of HPIs allocated by Health Visitors within 24 weeks	To monitor the extent to which Health Visitors are allocating Health Plan Indicators (HPIs) within the target of 24 weeks. The HPI classification provided informs future service provision and support plans. It involves an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing.	95%	Aug 16	AMBER	▼
3. Access to CAMHS services - Longest wait (weeks)	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and meet the national target of an 18 week maximum.	<18 weeks	Sep 16	GREEN	▶
4. 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%	Q2	RED	▼
5. Number of 0-2 year olds registered with a dentist	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.	55%	31 Mar 16	RED	▼

<p>6. Number of 3 – 5 year olds registered with a dentist</p>	<p>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</p>	<p>90%</p>	<p>31 Mar 16</p>	<p>GREEN</p>	<p>▲</p>
<p>7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months</p>	<p>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.</p>	<p>95%</p>	<p>Q1</p>	<p>GREEN</p>	<p>▼</p>
<p>8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years</p>	<p>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.</p>	<p>95%</p>	<p>Q1</p>	<p>GREEN</p>	<p>▲</p>

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%	Apr – Jun 16	No current data	▼
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%	Dec-15	RED	▲
3. Adult Mental Health Re-admissions within 28 days	To monitor the extent to which people are readmitted for mental health inpatient treatment within 28 days, with the aim being to reduce these.	TBC	Sep 16	Target TBC	▲
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%	Q1	GREEN	▼

Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled (Permanent) Accommodation in these cases.	95%	Q2	RED	▲
2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation.	95%	Q2	RED	▼
3. Percentage of live homeless applications over 6 months duration at end of the quarter	To measure progress towards quicker throughput of homeless households to settled (permanent) accommodation. This indicator is a priority for the Scottish Housing Regulator (SHR).	<20%	Q2	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 Scottish Housing Regulator (SHR).	Annual target 3,000	Q2	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	Q2	RED	—
6. Number of individual households not accommodated	This indicator provides information on the number of households not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to 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.	< 150	Q2	RED	—
Criminal Justice					
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made.	80%	Q2	RED	▼

<p>2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days</p>	<p>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.</p>	<p>85%</p>	<p>Q2</p>	<p>GREEN</p>	<p>▲</p>
<p>3. Percentage of CPO 3 month Reviews held within timescale</p>	<p>To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.</p>	<p>75%</p>	<p>Q2</p>	<p>AMBER</p>	<p>▲</p>
<p>4. Percentage of Unpaid Work (UPW) requirements completed within timescale.</p>	<p>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.</p>	<p>70%</p>	<p>Q2</p>	<p>RED</p>	<p>▲</p>

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.	2026 to Q2	Q1	GREEN	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile.	501 to Q1	Q1	RED	—
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.	15%	Apr 15 – Mar 16	GREEN	▼
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%.	20%	Apr 15 – Mar 16	GREEN	▼

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 15 – Dec 15	GREEN	▲
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive)	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).	Variable target by locality	Jan 15 – Dec 15	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%	Aug 16	RED	▲
2. Social Work Sickness Absence Rate	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency.	2.58 per employee to Q2	Q1	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. The aim is to increase uptake and to achieve a target of 80%.	80%	Sep 16	RED	▼
4. Percentage NHS staff with standard induction training completed within the agreed deadline	To monitor the provision of standard induction training. The aim is to provide this within the agreed deadline.	100%	Sep 16	RED	▼
5. Percentage NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the agreed deadline	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.	100%	Sep 16	RED	▲
Business Processes					
1. Percentage of NHS Complaints responded to within 20 working days	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days).	70%	Q1	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%	Q2	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%	Q2	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%	Q2	GREEN	▼

GLASGOW HSCP
IJB PERFORMANCE REPORT
QUARTER 2 2016/17

Version 2 November 2017

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1. OLDER PEOPLE

Indicator	1. 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				
NE	N/A	34 (R)	34 (R)				
NW	N/A	17 (R)	23 (R)				
South	N/A	10 (R)	10 (R)				
Glasgow	120 to Q2	61 (R)	67 (R)				

Performance Trend

The target was to achieve 120 ACPs in total across the city by Q2, 240 by Q3 and 360 by Q4. The target is an estimate based on the likely number of ACPs that might be generated by community nurses, rehabilitation teams, respiratory teams, OPMH and intermediate care during the course of the full year. At present performance is under target at this stage, although the rate of uptake is expected to increase over the remainder of the year.

Actions to Improve Performance

Initial efforts were concentrated on developing the appropriate documentation and delivering awareness training to 893 staff across health, social work and other organisations. The implementation of the initiative is now being rolled out on a phased basis, with the initial focus on community nursing. Work is also now underway to roll it out in older people's mental health services as part of the dementia post diagnosis support initiative; within rehabilitation and respiratory services; and intermediate care.

Timeline for Improvement

It is not anticipated that the project will deliver the number of ACPs expected this year. The target will be revised for 2017/18.

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)

Indicator	Target	Q1 16/17	Q2 16/17			
Number of people in supported living	Reach 1200 in 16/17	231 (R)	228 (R)			
Performance Trend						
Performance below what would be expected, though the rate of uptake is expected to increase over the course of the year.						
Actions to Improve Performance						
<p>On-going 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> <p>We are also progressing a supported living service option from Cordia which has been implemented in the North East. After initial evaluation, this will be implemented in the North West in January 2017 and citywide thereafter. Anticipated benefits of this model will include ease of access/referral, familiarity by care management staff, and potential significant provider capacity.</p>						
Timeline for Improvement						
This target is not now expected to be achieved until 2017/18.						

Indicator	3. Percentage of service users who receive a reablement service following referral for home care.
Purpose	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. It should be noted, however, that this assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator. Information shown by 4 weekly financial periods.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Referral Source	Target	Period 3 16/17	Period 4	Period 5	Period 6	Period 7
City-wide	Hospital Discharges	75%	75.77% (G)	77.3% (G)	78.6% (G)	79.1% (G)	77.5% (G)
	Community Referrals	75%	76.6% (G)	81.9% (G)	80% (G)	77.5% (G)	77.0% (G)
Performance Trend							
Performance fluctuates but target has consistently been met throughout the year.							

Indicator	4. 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	Jun -16	Jul -16	Aug -16	Sep -16	Oct -16
Glasgow	Home	30%	21% (R)	26% (R)	38% (G)	30% (G)	25% (R)	27% (R)
	Res/Nursing	N/A	52%	52%	50%	46%	62%	60%
	Readmissions	N/A	25%	19%	11%	21%	9%	11%
	Deceased	N/A	2%	3%	2%	3%	4%	2%
NE	Home	30%	22% (R)	11% (R)	28% (R)	22% (R)	19% (R)	21% (R)
	Res/Nursing	N/A	39%	61%	28%	39%	69%	71%
	Readmissions	N/A	33%	28%	6%	28%	6%	7%
	Deceased	N/A	6%	0%	6%	11%	6%	0%
NW	Home	30%	21% (R)	42% (G)	40% (G)	15% (R)	23% (R)	29% (G)
	Res/Nursing	N/A	57%	32%	45%	59%	58%	53%
	Readmissions	N/A	21%	21%	15%	26%	15%	12%
	Deceased	N/A	0%	5%	0%	0%	4%	6%
South	Home	30%	21% (R)	24% (R)	43% (G)	52% (G)	37% (G)	29% (G)
	Res/Nursing	N/A	58%	62%	43%	36%	56%	58%
	Readmissions	N/A	21%	10%	13%	12%	4%	13%
	Deceased	N/A	0%	5%	0%	0%	4%	0%

Performance Trend
There has been an increase in the percentages going home over the last 12 months across the city as a whole. However, the North East and city as a whole are currently Red with the North West and South GREEN.
Actions to Improve Performance
Further work is underway to promote alternatives to nursing or residential care and staff are committed to getting people back to their own home wherever possible, which is being supported by an increase in the availability of housing options and other supported community options.
Timeline for Improvement
It is anticipated that this target will be met by the end of 2017/18.

Indicator	5. 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 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

65+

Locality	Target	Apr 13- Mar14	Apr14- Mar15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15- Sep 16
Glasgow	40% by Q4 16/17	46.4% (R)	45.7% (R)	45.4% (R)	44.3% (R)	43.6% (R)	40.9% (A)
North East	As above	44.1% (R)	45% (R)	45.0% (R)	43.8% (R)	42.3% (R)	39.6% (G)
North West	As above	46.5% (R)	46.5% (R)	44.1% (R)	42.8% (R)	43.6% (R)	41.6% (A)
South	As above	48.4% (R)	45.6% (R)	46.8% (R)	46.0% (R)	44.7% (R)	41.5% (A)
NHSGGC	N/A	44.4%	44.6%	43.7%	43.2%	42.9%	40.3%
Performance Trend							
Variations across areas and over time, but downward trend over the last 12 months and over the longer term. North East moved from RED to GREEN in the last quarter with the other areas and the city as a whole moving from RED to AMBER.							
Actions to Improve Performance							
The trend has been downward for some time and getting closer to the NHS Board's target. This is evidenced by performance in the North East where the target has now been reached. The North West and South are edging closer to the target – both had further to improve than the North East – and should reach the target by the year end should the current rate of improvement be maintained.							
Timeline for Improvement							
The target should be achieved by the year end should the current rate of improvement be maintained.							

75+

Locality	Target	Apr 13- Mar14	Apr14- Mar15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15- Sep 16
Glasgow	40% by Q4 16/17	44.8% (R)	44.6% (R)	45.1% (R)	44.2% (R)	43.9% (R)	41.2% (A)
North East	As above	44% (R)	44.4% (R)	43.6% (R)	43.3% (R)	42.66% (R)	39.9%(G)
North West	As above	45.4% (R)	43.6% (R)	43.8% (R)	42.8% (R)	43.3% (R)	41.8% (A)
South	As above	44.9% (R)	45.7% (R)	47.6% (R)	46.4% (R)	45.6% (R)	41.9% (A)
NHSGGC	N/A	43.9%	43.7%	43.5%	43.0%	43.1%	40.4%
Performance Trend							
Variations across areas and over time, but downward trend over the last 12 months and over the longer term. North East moved from RED to GREEN in the last quarter with the other areas and the city as a whole moving from RED to AMBER.							
Actions to Improve Performance							
As above the trend for those aged over 75 has been downward for some time and getting closer to the NHS Board's target. This is evidenced by performance in the North East where the target has now been reached. The North West and South are edging closer to the target – both had further to improve than the North East – and should reach the target by the year end should the current rate of improvement be maintained.							
Timeline for Improvement							
The target should be achieved by the year end should the current rate of improvement be maintained							

PRIMARY CARE

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

AREA	TARGET	Apr- Jun15	Jul- Sep 15	Oct- Dec 15	Jan- Mar 16	Apr - Jun16
NE	78%	79.26% (G)	79.45% (G)	79.67% (G)	79.81% (G)	79.68% (G)
NW	78%	77.36% (G)	77.77% (G)	78.09% (G)	78.35% (G)	77.97% (G)
S	78%	77.91% (A)	78.14% (G)	78.59% (G)	79.0% (G)	78.74% (G)
NHSGGC	78%	78.07% (G)	78.33% (G)	78.61% (G)	78.86% (G)	78.57% (G)
Performance Trend						
All areas GREEN. Compliance slightly increased for 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	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
NE	Below NHSGGC average	162.67 (G)	163.09 (G)	163.79 (G)	164.49 (G)	164.54 (G)	164.60 (G)
NW	Below NHSGGC average	154.86 (G)	155.78 (G)	156.55 (G)	157.37 (G)	157.62 (G)	158.04 (G)
S	Below NHSGGC average	162.50 (G)	163.46 (G)	164.48 (G)	165.43 (G)	166.43 (G)	166.78 (G)
NHSGGC		173.20	174.22	174.97	176.02	176.66	177.20

Performance Trend

All areas GREEN with variations across sectors. There is ongoing implementation of cost effectiveness initiatives to ensure cost minimisation. However, due to the external factor of global drug cost increases, the trend shows increasing cost across all sectors as well as NHSGGC in the last year.

Indicator	3. Numbers of people with a diagnosis of dementia on GP practice dementia registers
Purpose	To monitor the numbers of people being placed on a dementia register in primary care. This gives an indication of whether dementia is being effectively diagnosed in order to enable appropriate interventions to be delivered. The targets are based upon population based prevalence estimates and give an indication of the numbers of people with dementia we would expect to find within a given area. Information is currently continuing to be extracted using the QoF calculator.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

AREA	TARGET	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
NE	1218	1533 (G)	1528 (G)	1530 (G)	1533 (G)	1541 (G)	1534 (G)
NW	1395	1273 (R)	1271 (R)	1288 (R)	1278 (R)	1275 (R)	1278 (R)
S	1597	1558 (G)	1514 (R)	1566 (G)	1563 (G)	1471 (R)	1566 (G)
HSCP	4210	4364 (G)	4313 (G)	4384 (G)	4374 (G)	4287 (G)	4378 (G)
Performance Trend							
Variations across localities but performance overall remains GREEN. The numbers on dementia registers have increased over the course of the last year. It should be noted that the accuracy of this data may be affected by the fact that the recording of information is no longer attached to payment.							

UNSCHEDULED CARE

A&E Activity

Indicator	1. 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 4
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Apr 15 - Mar 16	May 15 - Apr 16	Jun 15 - May 16	Jul 15 - Jun 16	Aug 15 - Jul 16	Sep 15 - Aug 16
North East	TBC	2632	2627	2649	2656	2659	2659
North West	TBC	1992	1956	1935	1946	1958	1971
South	TBC	2265	2195	2185	2201	2211	2219
Glasgow	TBC	2284	2245	2240	2253	2261	2268
Performance Trend							
Reduction overall across the city in this period. Variations across areas with North East generally highest and North West lowest over the last 12 months. Work required to obtain standardised rates to allow comparisons across areas. All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.							

Emergency Admissions

Indicator	2. 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 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Indicator	Target	14/15	15/16	Jun-16	Jul-16	Aug-16	Year to Date
i. 65+Numbers	TBC	26,237	27,891	2331	2411	2444	12,115
ii. 65+ Rates/1000 pop	TBC	315	334	28	29	29	145
i. 75+Numbers	TBC	16,530	17,844	1444	1485	1530	7447
ii. 75+ Rates/1000 pop	TBC	416	450	37	38	39	190
Performance Trend							
<p>Numbers for 65+ increased between 14/15 and 15/16 from 26,237 to 27,981, having fallen in the two previous years (5% fall in 2013/14, followed by a 0.8% reduction in 2014/15). Monthly average so far of 2423 (65+) and 1489 (75+) which is an increase on last year's monthly averages (2324 & 1487 respectively). Work required obtaining standardised rates to allow comparisons across areas. All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.</p>							

Non-Elective Spells

Indicator	3. Number of non-elective inpatient spells (All Ages)
Purpose	To monitor the number of non-elective inpatient spells. Partners are working together to reduce these over time and shift the balance of care towards the community. These are numbers only at the moment and are not standardised for age/sex/SIMD etc, so cannot be used to compare across areas, only over time within areas.
National/ Corporate/ Local	Health Board Indicator.
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Mar15- Feb16	Apr15- Mar16	May15- Apr16	Jun15- May16	Jul15- Jun16	Aug15- Jul16
North East	TBC	50,843	51,278	51,340	51,709	51,924	52,263
North West	TBC	46,342	47,208	48,297	49,278	49,911	50,129
South	TBC	57,748	59,833	61,886	62,964	63,729	64,199
Glasgow	TBC	154,933	158,319	161,523	163,951	165,564	166,891
Performance Trend							
Numbers have been increasing over all areas over the course of the last 12 months. All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.							

Delayed Discharges

Indicator	4. Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI)), Learning Disability and Mental Health patients).
Purpose	To monitor the extent to which older people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This relates to older people only, but excludes those classified as AWI under the requirements of the Adults with Incapacity Act 2000, as well as people with learning disabilities and mental health patients. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

TARGET	AREA	14 Mar 16	18 Apr 16	18 Jul 16	15 Aug 16	19 Sep 16	17 Oct 16	14 Nov 16
0	NE	4 (R)	2 (R)	7 (R)	13(R)	7 (R)	6(R)	6(R)
	NW	9 (R)	12 (R)	3 (R)	6(R)	10 (R)	11(R)	19(R)
	S	9 (R)	8 (R)	16(R)	9(R)	5 (R)	7(R)	5(R)
	HSCP	22 (R)	22 (R)	26(R)	28(R)	22 (R)	24(R)	30(R)
Performance Trend								
Numbers fluctuate across areas and over time. Overall city figures increased at the date of the November census.								
Actions to Improve Performance								
An action plan and performance framework have been developed and actions to improve performance are being implemented. These include social work and rehabilitation teams working closely on a daily basis with acute services to enable the early identification of patients, and putting plans in place to ensure that only in exceptional circumstances are older adults assessed in an acute setting for their long term care needs. When this is required the assessment will be completed and alternative resource identified prior to patient becoming fit for discharge.								
Timeline for Improvement								
The action plan aims to reduce the numbers being delayed to 10 by April 2017.								

Indicator	5. Total number of patients over 65 classed as Adults with Incapacity (AWI) breaching the 72 hour discharge target (excluding Learning Disability and Mental Health patients).
Purpose	To monitor the extent to which Older People classified as Adults with Incapacity are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This excludes adult mental health patients and people with learning disability. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

Target	AREA	14 Mar 16	18 Apr 16	18 Jul 16	15 Aug 16	19 Sep 16	17 Oct 16	14 Nov 16
0	NE	11 (R)	10 (R)	1 (R)	0 (G)	5 (R)	2(R)	0(G)
	NW	16 (R)	19 (R)	2 (R)	4 (R)	7 (R)	6(R)	3(R)
	South	23 (R)	32 (R)	0 (G)	2(R)	1 (R)	0(G)	1(R)
	City	50 (R)	61 (R)	3 (R)	6 (R)	13 (R)	8(R)	4(R)
Performance Trend								
Numbers fluctuate over time and have reduced since the AWI beds which the HSCP commission in community settings at Darnley and Quayside were reclassified in line with national guidance and are no longer categorised as acute beds. These are, therefore, no longer included in the above figures, which relate to acute hospital beds only.								
Actions to Improve Performance								
An action plan and performance framework have been developed and actions to improve performance are being implemented. These include early referral and intervention for those who lack capacity; tracking individuals to improve throughput and aligning additional social work resources to support this; improving communication processes and the information provided to families; and the commissioning of further beds within the NHS continuing care estate, which is transferring to the HSCP.								
Timeline for Improvement								
The action plan aims to reduce the numbers being delayed to 0 by April 2017.								

Indicator	6. Total number of Adults under 65 breaching the 72 hour discharge target (excluding Mental Health patients).
Purpose	To monitor the extent to which adults under 65 are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This includes adults under 65 with complex needs; those classified as AWI under the requirements of the Adults with Incapacity Act 2000; and those with learning disabilities. It excludes mental health patients. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

AREA	14 Mar 16	18 Apr 16	18 Jul 16	15 Aug 16	19 Sep 16	17 Oct 16	14 Nov 16
NE	5 (G)	8 (R)	10 (R)	11 (R)	12 (R)	14(R)	16(R)
NW	6 (R)	7 (R)	5 (R)	6 (R)	10 (R)	10(R)	10(R)
S	5 (R)	5 (R)	5 (R)	7 (R)	6 (R)	6(R)	5(R)
HSCP	16 (R)	20(R)	20(R)	24(R)	28(R)	30(R)	31(R)
Performance Trend							
Numbers fluctuate across areas and over time and overall city figures increased slightly on the census dates over the last 3 months.							
Actions to Improve Performance							
An action plan and performance framework have been developed and actions to improve performance are being implemented. These are similar to those described in relation to indicator 5 above.							
Timeline for Improvement							
The action plan aims to reduce the numbers being delayed to 10 by April 2017.							

Indicator	7. Total number of Adult Mental Health patients breaching the 72 hour discharge target (Under and Over 65s).
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 2
HSCP Leads	David Walker, Head of Operations (South)

TARGET	AREA	14 Mar 16	18 Apr 16	18 Jul 16	15 Aug 16	19Sep 16	17 Oct 16	14 Nov 16
Under 65s Target= 0	NE	3 (R)	2 (R)	2 (R)	3 (R)	3 (R)	3(R)	3(R)
	NW	3 (R)	3 (R)	3 (R)	2 (R)	5 (R)	5(R)	5(R)
	South	9 (R)	6 (R)	9 (R)	11 (R)	9 (R)	4(R)	7(R)
	City	15 (R)	11 (R)	14(R)	16 (R)	17(R)	12(R)	15(R)
Over 65s Target= 0	NE	3 (R)	4 (R)	2 (R)	1 (R)	5 (R)	8(R)	8(R)
	NW	13(R)	11(R)	9 (R)	11 (R)	7 (R)	10(R)	9(R)
	South	8 (R)	6 (R)	7 (R)	6 (R)	7 (R)	9(R)	7(R)
	City	24 (R)	21 (R)	18(R)	18 (R)	19(R)	27(R)	24(R)
All Ages	Total	39 (R)	32 (R)	32(R)	34(R)	36(R)	39(R)	39(R)
Performance Trend								
Numbers fluctuate on a monthly basis and have increased over the last three months.								
Actions to Improve Performance								
Improvement plans are being developed by Core Leadership groups as part of the Partnership's transformation and financial efficiency programmes.								
Timeline for Improvement								
Improvements are anticipated by April 2017.								

Bed Days lost to Delayed Discharge

Indicator	8. 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 2
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	Jul -16	Aug -16	Sept- 16	Year to Date
HSCP	39,929 (R)	38,152 (R)	21,288 (G)	TBC	1000	1157	1117	9954
NE	9203	8048	5777	TBC	193	364	378	2634
NW	13,000	15,884	8034	TBC	254	434	482	3672
S	17,726	14,220	7477	TBC	553	359	257	3648
Performance Trend								
<p>Variations across areas with North East having the lowest bed days lost. For the city as a whole, there was a significant reduction in 2015/16. During 2016/17, the monthly average for Q2 has been 1091 in comparison to a monthly average of 1774 in 2015/16. This has been contributed to by the fact that the AWI beds which the HSCP commission in community settings at Darnley and Quayside were reclassified in line with national guidance and are no longer included (see indicator 7 above). All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.</p>								

Indicator	9. 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 2
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	Jul -16	Aug -16	Sep-16	Year to Date
HSCP	8936 (G)	8987 (G)	10,715 (R)	TBC	218	403	454	4603
NE	2235	1971	3590	TBC	60	138	209	1425
NW	3528	3806	3558	TBC	89	148	172	2026
S	3173	3210	3910	TBC	69	117	73	1152

Performance Trend

Variations across areas with South having the lowest bed days lost so far during 2016/17. During 2016/17, the monthly average for Q2 has been 358 in comparison to a monthly average of 893 in 2015/16. This has been contributed to by the fact that the AWI beds which the HSCP commission in community settings at Darnley and Quayside were reclassified in line with national guidance and are no longer included (see indicator 7 above). All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.

CARERS SERVICES

Indicator	1. Number of Carers who have completed an Assessment during the quarter
Purpose	To monitor the number of carer assessments completed during the reporting period. These will enable carers needs to be identified and appropriate support to be put in place as required.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Target	Locality	Cumulative Total for 2015/16	2016/17 Q1	2016/17 Q2	Cumulative Total to Date 2016/17
700	North East	905 (G)	161 (R)	205 (G)	366 (G)
700	North West	927 (G)	251 (G)	268 (G)	519 (G)
700	South	1,540 (G)	491 (G)	325 (G)	816 (G)
2,100	Glasgow	3,372 (G)	903 (G)	798 (G)	1,701 (G)

Performance Trend

At mid-year all localities are well on their way to meeting the annual target at year end although significant variation exists in the number of assessments completed in each locality. Target to be reviewed in April 2017

CHILDREN'S SERVICES

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

TARGET	AREA	Aug 15	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
95%	NE	47%(R)	68%(R)	72%(R)	73%(R)	61%(R)	70%(R)	68%(R)
	NW	58%(R)	54%(R)	56%(R)	49%(R)	57%(R)	60%(R)	53%(R)
	S	1%(R)	74%(R)	74%(R)	76%(R)	83%(R)	78%(R)	72%(R)

Performance Trend

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

Actions to Improve Performance

Further analysis has been undertaken to obtain a greater understanding of the reasons for the lower than expected performance.

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

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

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

Timeline for Improvement

To achieve target by March 2017.

Indicator	2. % of HPIs (Health Plan Indicator) allocated by Health Visitors within 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 those allocated as 'intensive' receive 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	Aug 2015	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
95%	NE	37% (R)	92% (A)	95% (G)	97% (G)	94% (G)	88% (R)	
	NW	42% (R)	90% (R)	93% (G)	93% (G)	95% (G)	91% (A)	
	S	60% (R)	92% (A)	94% (G)	93% (G)	94% (G)	91% (A)	
Performance Trend								
Variations across areas and over time. Performance reduced in all areas over the last period shown.								
Actions to Improve Performance								
<p>There is a slight time lag in the data and the most recent figures put NE at 93%, NW at 91% and South at 93%, which would mean that both NE and South are green and NW amber. Service managers and team leaders are actively</p> <p>Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action. To provide evidence for their performance and supervision framework a record keeping audit tool will be rolled out in January 2017. We are using the children's service inspection in Glasgow as an opportunity to do a final test of the tool - we will use those records which have been identified for file reading. Team Leaders are being trained in use of tool at the moment.</p>								
Timeline for Improvement								
To be regularly meeting the target across all three areas by March 2017.								

Indicator	3. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services - Longest wait in weeks
Purpose	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and meet the national target of an 18 week maximum.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

Area	Mar -16	Apr -16	May -16	Jun -16	Jul -16	Aug -16	Sep -16	Status
North Glasgow	18 (G)	18 (G)	17(G)	15(G)	18(G)	17(G)	16(G)	Green
South Glasgow	9 (G)	9 (G)	10(G)	12(G)	13(G)	13(G)	12(G)	Green
East Glasgow	18 (G)	18 (G)	18(G)	18(G)	18(G)	18(G)	18(G)	Green
West Glasgow	12 (G)	12 (G)	11(G)	8(G)	12(G)	12(G)	12(G)	Green
Glasgow HSCP	18 (G)	18 (G)	18(G)	18(G)	18(G)	18(G)	18(G)	Green
Indicative target	18	18	18	18	18	18	18	18
Performance Trend								
Performance has been consistently GREEN over the last year. Variations exist across areas and over time, with the lowest waiting times existing in South and West Glasgow. All Glasgow CAMHS teams have a median wait of first choice appointment of 5 weeks and 90% begin treatment by 12 weeks. There are very few children and young people seen at 18 weeks but the Scottish Government target is longest wait at 18 weeks and that is why we report on this indicator								

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

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

Performance Trend

At the end of Q2 there was a significant reduction in performance across all localities. This appears to be linked to changes in recording practice which has increased the number of care leavers recorded. Fewer of these young people have their employability recorded and as a result we have seen a reduction in the proportion of those in positive destinations. At Q2 the percentage of young people who have not had their destination recorded is as follows: (NE 13% - NW 22% - South 11% - Glasgow City 15%). These proportions need to improve before we can accurately ascertain the proportion in positive destinations.

Actions to Improve Performance

There are difficulties with the recording of leaving care on Carefirst 6, the Social work information system. Work is underway to address this and to ensure arrangements are in place to more accurately record care leavers in future.

Timeline for Improvement

Localities continue to focus on the 75% target and remain confident that this is achievable. Issues associated with accurate data recording systems and pathways to employment and training are currently being reviewed with a clear implementation and progress plan achievable by February.

Indicator	5. Number of 0-2 year olds registered with a dentist
Purpose	To monitor the extent to which children under 3 are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

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

Performance Trend

For the periods shown, registration rates have remained fairly static and below target. They have, however, been consistently above the Glasgow average. Rates of dental registration for children aged 3-5 years of age are also in excess of the city target, showing that slower initial rates of registration are remedied by the time the child reaches school age (see indicator 10 below).

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	6. Number of 3 – 5 year olds registered with a dentist
Purpose	To monitor the extent to which children 3 and over are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	31 Mar 14	30 Sep 14	31 Mar 15	30 Sep 15	31 Mar 16
90%	HSCP	100% (G)	100% (G)	100% (G)	98.5% (G)	98.7% (G)
87.9%	GGC	95.0 (G)	95.1 (G)	95.9 (G)	94.1% (G)	94.3% (G)
Performance Trend						
Registration rates remain GREEN.						

Indicator	7. 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
95%	NE					
95%	NW					
95%	S					
95%	HSCP	95.3% (G)	94.9% (G)	94.8% (G)	94.6% (G)	94.4% (G)
Performance Trend						
Performance GREEN for the period shown. Overall, MMR uptake has improved markedly over the recent past since the safety of MMR has been confirmed. No locality data currently available.						

Indicator	8. 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
95%	NE					
95%	NW					
95%	S					
95%	HSCP	97.5% (G)	97.0 (G)	96.3% (G)	95.9% (G)	96.2% (G)
Performance Trend						
Performance GREEN for the period shown. Overall, MMR uptake has improved markedly over the recent past since the safety of MMR has been confirmed. No locality data currently available.						

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies: % of people who started treatment within 18 weeks of referral
Purpose	To monitor waiting times for people accessing psychological therapy services, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 4
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	Jan 16 - Mar 16	Apr 16 - Jun 16	Status
NE	94.5% (G)	91.2% (G)	78.5% (R)	65.1%	75.0%	N/A
NW	82.7% (R)	73.1% (R)	83.4% (R)	79.2%	64.3%	N/A
S	96.3% (G)	97.4% (G)	95.7% (G)	98.6%	98.3%	N/A
HSCP Actual	91.7% (G)	87.4% (A)	87.3%(A)	82.6%	90%	N/A
HSCP Target	90%	90%	90%	90%	90%	90%
Performance Trend						
<p>The data in the table above is not accurate for 2016, so performance has only been classified up until the end of 2015. This is as a result of the IT system migrating from PIMS to EMISWeb. EMISweb reports are not likely to be able to be generated until the end of 2016 at the earliest, with reports for the final quarter potentially also incomplete. The HSCP will endeavour to achieve and maintain the target in 2017 supported by specific Scottish Government funding's but in the context also of anticipated efficiencies required across mental health services.</p>						

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 4
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. This is as a result of the IT system migrating from PIMS to EMISWeb. EMISweb reports are not likely to be able to be generated until the end of 2016 at the earliest, with reports for the final quarter potentially also incomplete.						

Target/Ref	3. Adult Mental Health Re-admissions within 28 days (NHS Local Indicator)
Purpose	To monitor the extent to which people are readmitted for mental health inpatient treatment within 28 days, with the aim being to reduce these.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
TBC	NE	4	3	5	7	2	9	8
	NW	7	6	6	3	11	14	11
	S	12	11	14	13	8	8	3
	HSCP	23	20	25	23	21	31	22
Performance Trend								
Numbers vary across areas and over time. City wide bed management group are monitoring readmission position along with increasing demand for admission beds and will continue to monitor and review over the next 6 months. We do not have sufficient information yet to know what would constitute as a meaningful target.								

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 4
HSCP Lead	David Walker, Head of Operations (South)

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

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 4
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2
95%	City-wide figure only	62% (R)	88% (R)	77% (R)	70% (R)	78% (R)
Performance Trend						
Performance has fluctuated over the reporting period. Although still RED, there has been an overall improvement since Q2 2015/16, and progress has been made in relation to longer term cases.						
Actions to Improve Performance						
Team performance in relation to number of cases over 28 days for decision is monitored weekly by Chief Officer Group. All teams are to ensure correct practice is followed when updating cases and accurate decision dates reported.						
Timeline for Improvement						
Evidence of further improvement is expected from Q3 onwards.						

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 4
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2
95%	City-wide figure only	33% (R)*	73% (R)	67% (R)	57% (R)	50% (R)
Performance Trend						
Performance improvement through 2015/16 has not been sustained into 2016/17. Performance declined further in Q2 2016/17.						
Actions to Improve Performance						
Performance has yet to show improvement, as teams work through longer term cases. There were 48 decisions, of which 24 were outwith timescale. An audit of Q1 cases highlighted a number of complex cases, and it is proposed that the target is reduced to 80% to reflect the need to allow teams a longer period of time to properly investigate prior to making decisions in these circumstances.						
Timeline for Improvement						
Performance on 28 day decisions by teams is being monitored weekly by Chief Officer Group and improvement is expected from Q3 onwards.						

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
Target reduced <30% (15/16) <20% (16/17)	North East	-	-	-	-	38% (R)
	North West	-	-	-	-	40% (R)
	South	-	-	-	-	44% (R)
	Asylum & Refugee Team (ARST)	-	-	-	-	42% (R)
	City-wide	45% (R)	42% (R)	44% (R)	47% (R)	44% (R)

Performance Trend

The upper threshold was exceeded (RED) in each quarter on a citywide basis, and by each of the individual teams in Q2 16/17, as the overall proportion of longer term cases has not reduced.

Actions to Improve Performance

All teams are being asked to continue to progress Resettlement Plans to help reduce caseload numbers and move on longer term cases.

Whilst North East CHT percentage against this indicator looks better than other teams, this reflects current position where the team has recently taken on and retains a much larger caseload than would normally be held. Work is required to improve implementation of the Housing Options approach and additional staffing resources have been provided to assist NE CHT.

Timeline for Improvement

Improvement is expected from Q4 onwards, as more lets are achieved for longer term cases. It proposed that the target is revised to 40% to reflect time taken to implement the Housing Access approach, and the lower level of lets achieved to date.

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 4
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	2015/16 Annual Total	16/17 Q1	16/17 Q2
3,000 annual target (750 per Quarter)	City-wide figure only	370 (R)	506 (R)	432 (R)	1,742 (R)	455 (R)	480 (R)
Performance Trend							
The annual target of 3,000 units was not met in 2015/16. Whilst agreements are in place with RSLs for provision of lets to meet target in 2016/17, performance over Q1 and Q2 does not demonstrate an improvement on the previous year.							
Actions to Improve Performance							
Numbers of Resettlement Plans approved by Teams is being monitored weekly, and this emphasis will continue to ensure that there is a wide range of households and required areas queued for lets. It is not clear at present why individual RSL targets for numbers of offers are not being met in some areas, and there is concern that there may not be enough smaller sized properties available. Challenges remain in relation to the operation of Wheatley Group Homechoice, and processes around refusal or withdrawal of an offer need to be clarified.							
Timeline for Improvement							
It is anticipated that additional lets will be progressed over Q3 and Q4 to accelerate progress towards the overall target.							

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 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	14/15 Full Year Total	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	15/16 Full Year Total	16/17 Q1	16/17 Q2
<300 (<75 per Quarter)	City-wide figure only	633 (R)	67 (G)	102 (R)	112 (R)	114 (R)	395 (R)	110 (R)	128 (R)
Performance Trend									
Repeats for the year 2015/16 (395) exceeded the target of 300 cases, but represents a reduction on the total for the previous year 2014/15 (633). The number of repeat cases in Q2 2016/17 has increased compared to previous quarters, and the quarterly target has not been met.									
Actions to Improve Performance									
Previous information on repeat presentations highlights that this is a particular issue where there are complex / multiple issues. NW CHT proposes a pilot approach to focus on vulnerable homeless households not ready to move on to their own tenancy who are more likely to lose contact, to inform best practice across the service. If agreed, the pilot approach will commence in December 2016.									
Timeline for Improvement									
Given the increase in live cases (2,994 Q3 2014/15 to 3,556 Q2 2016/17), it is proposed that this target is reviewed.									

Target/Ref	6. Number of individual households not accommodated (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
Target reduced < 300 (2015/16) < 150 (2016/17)	City-wide figure only	351 Households in March 2016 (R)	225 Households in Jun 2016 (R)	217 Households in Sept 2016 (R)
Performance Trend				
Progress against target has not improved in Q2 2016/17, and is related to lower than expected Section 5 Let and Temporary Furnished flat numbers.				
Actions to Improve Performance				
The service continues to prioritise work to support people with complex needs, and manage throughput in emergency / temporary accommodation. Longer term B&B numbers are monitored weekly by Chief Officer Group.				
Timeline for Improvement				
Improvement resulting from increased access to lets enabling improved turnover in temporary / emergency accommodation is anticipated from Q4 2016/17.				

CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) unpaid 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 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
80%	North East	74% (R)	79% (G)	59% (R)	62% (R)	61% (R)
80%	North West	80% (G)	72% (R)	63% (R)	73% (R)	76% (R)
80%	South	72% (R)	72% (R)	64% (R)	64% (R)	65% (R)
80%	Glasgow	77% (A)	77% (A)	64% (R)	70% (R)	67% (R)
Performance Trend						
Although all areas are RED at Q2, there has been an improvement since year end 2015/16.						
Actions to Improve Performance						
Further consideration of the level of performance in respect of this indicator is underway and will be subject to further scrutiny by the relevant managers. As noted previously an increase in Level 1 orders i.e. service users who have not had a Criminal Justice Social Work (CJSW) report carried out have contributed to the performance shown. Further work is underway via the Court business meeting to identify any business process issues which are impacting on performance.						
Timeline for Improvement						
This indicator is included in fortnightly performance reports provided to Locality Teams, Performance is monitored regularly and 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 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
85%	North East	89% (G)	93% (G)	91% (G)	65% (R)	81% (A)
85%	North West	80% (R)	86% (G)	92% (G)	77% (R)	80% (R)
85%	South	93% (G)	95% (G)	98% (G)	100% (G)	100% (G)
85%	Glasgow	88% (G)	92% (G)	94% (G)	84% (G)	89% (G)
Performance Trend						
There was significant slippage in North East and North West between Q4 and Q1 but the South and city overall remained GREEN. Performance improved significantly in the North East of the city at Q2 and moved from RED to AMBER.						

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
75%	North East	53% (R)	57% (R)	63% (R)	53% (R)	59% (R)
75%	North West	89% (G)	70% (R)	84% (G)	65% (R)	80% (G)
75%	South	64% (R)	62% (R)	79% (G)	67% (R)	79% (G)
75%	Glasgow	68% (R)	62% (R)	75% (G)	62% (R)	72% (A)
Performance Trend						
Performance improved across all localities between Q1 and Q2; the increase in performance was particularly significant in the North West (GREEN) and South (GREEN) localities. The city overall moved from RED to AMBER.						
Actions to Improve Performance						
This area of performance continues to be monitored closely by Service Managers at their monthly meetings using the fortnightly performance reports and information obtained through Team Leader supervision. It was identified that an element of this underperformance is as a result of recording issues, which are being addressed and this work is showing improvements.						
Timeline for Improvement						
Specific emphasis has been directed where the variation in performance was most marked. As previously predicted, an improvement in performance was achieved at Quarter 2, and further improvement will be expected at Quarter 3.						

Indicator	4. Percentage of Unpaid Work 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 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2
70%	North East	-	50% (R)	58% (R)	46% (R)	57% (R)
70%	North West	-	39% (R)	56% (R)	54% (R)	62% (R)
70%	South	-	47% (R)	55% (R)	66% (R)	69% (G)
70%	Glasgow	-	46% (R)	54% (R)	54% (R)	63% (R)
Performance Trend						
Since this indicator was introduced in January this year, performance has increased across all localities but remains below target for the city as a whole and for the North East and North West. At Q2 South was, however, within the target range and was GREEN.						
Actions to Improve Performance						
Given this is a newer indicator the improvement between Q1 and Q2 is encouraging. Further work is being undertaken across localities in order to share learning and good practice with the aim of improving performance across the city.						
Timeline for Improvement						
Further improvement is expected by Q3.						

HEALTH IMPROVEMENT

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

Area	2014/15 End of Year Status	2015/16 End of Year Status	Target Apr 16 – Sep 16	Actual Apr 16 – Sep 16
North East Sector	No target	Green	654	585 (R)
North West Sector	No target	Green	634	711 (G)
South Sector	No target	Red	738	442 (R)
City Wide (Non sector specific wider settings delivery)	No target		No target	934
Glasgow City HSCP	Red	Green	2026	2672
Performance Trend				
Target met previously for 2015/16 and performance is on track at this point in the year. The target has been phased over the course of the year to deliver 20% in quarters 1 and 2 and 30% in quarters 3 and 4. The city wide figures include activity delivered in localities partner agency staff but recorded on a city wide basis for contractual purposes, as well those centrally delivered eg. by Sandyford.				

Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the categories below indicate where the interventions are being delivered. Referrals are received from a number of sources including primary care.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

Area	Actual Apr 16 – June 16	Target Apr 16 – June 16	Current Status
North East	89	131	Red
North West	83	102	Red
South	113	115	Amber
Glasgow	285	348	Red
GGC	418	501	Red
Performance Trend			
<p>Performance below target for Quarter 1. New target for 2016-17 is 51% higher than previous year, with NE, NW and South targets increasing by 38%, 62%, and 48% respectively. Quarter 1 outcomes compared to same time last year are up in NW and up significantly in South Sector. NE has seen a fall compared to same time last year.</p> <p>Cessation activity has an established seasonal pattern and Q1 accounts for approximately 20% of annual activity.</p> <p>Quit attempts across Pharmacy Services have declined around 14% from same period previous year and this remains a concern longer term and is only likely to be improved with national mass media activity.</p>			
Actions to Improve Performance			
<p>During Quarter 1 the South Sector undertook a significant number of GP Practice meetings. This led to a 77% increase in quit attempts during Quarter 1 compared to same time last year. This followed the learning from the review of services in Glasgow City and needs to be embedded longer term.</p> <p>The City wide review of cessation services during 2015-16 has identified a number of themes which are currently being implemented. Two key actions involve joint working with Pharmacy and the development of a GP Practice cluster based Community Service model which have been highlighted as improving outcomes as well as increasing quit attempts.</p>			

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

Timeline for Improvement

The joint working with Pharmacy should lead to improvements during Quarter 4 2016-17.

Early indicators for Quarter 2 show a similar level to Quarter 1 in terms of quit attempts.

Indicator	3. Women smoking in pregnancy – General Population
Purpose	To monitor the extent to which women are smoking in pregnancy. The aim is to reduce rates and meet the target of a maximum of 15%. This relates to women across all areas.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Apr 14- Mar 15	Jul 14 - Jun 15	Oct 14- Sep 15	Jan 15 - Dec 15	Apr 15- Mar 16	Status
15%	NE	17.6% (R)	16.5% (R)	16.3% (R)	16.4% (R)	16.6% (R)	Red
15%	NW	11.7% (G)	11.3% (G)	11.6% (G)	10.9% (G)	10.8% (G)	Green
15%	S	11.6% (G)	11.2% (G)	11.0% (G)	10.5% (G)	11.1% (G)	Green
15%	HSCP	13.4% (G)	12.7% (G)	12.6% (G)	12.2% (G)	12.5% (G)	Green
Performance Trend							
HSCP, North West and South consistently meeting target. North East remains below target and RED. Data not yet available for 2016/17.							

Indicator	4. Women smoking in pregnancy – most deprived quintile
Purpose	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%.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

AREA	Target	Apr14- Mar15	Jul 14 - Jun 15	Oct 14- Sep 15	Jan 15 - Dec 15	Apr 15- Mar 16	Status
NE	20%	20.2% (A)	19.0% (G)	18.9% (G)	19.1% (G)	20.3% (G)	Green
NW	20%	19.4% (G)	17.8% (G)	18.0% (G)	16.1% (G)	15.4% (G)	Green
S	20%	18.2% (G)	17.9% (G)	17.4% (G)	16.1% (G)	16.9% (G)	Green
HSCP	20%	19.3% (G)	18.3% (G)	18.1% (G)	17.2% (G)	17.8% (G)	Green
Performance Trend							
Performance remains GREEN in all areas. Rates have fallen in the North West and South in the last year but have increased slightly in the North East. Data not yet available for 2016/17.							

Indicator	5. Breastfeeding: 6-8 weeks (Exclusive Breastfeeding)
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 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Jan 14- Dec 14	Apr14- Mar15	July14- Jun 15	Oct 14- Sep 15	Jan 15- Dec 15
15.6%	NE	17.5% (G)	17.7% (G)	17.7% (G)	17.9% (G)	18.7% (G)
30.8%	NW	30.4% (A)	31.7% (G)	32.7% (G)	33.1% (G)	32.4% (G)
26.2%	S	26.7% (G)	27.4% (G)	27.4% (G)	25.9% (A)	25.9% (A)
24.0%	HSCP	25.1% (G)	25.7% (G)	26.1% (G)	25.6% (G)	25.9% (G)
Performance Trend						
Data not yet available for 2016. However, for the period shown, performance was GREEN for the HSCP. 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. Variations exist across areas with South the only area below target and AMBER and the only area to experience a reduction over the period shown.						

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 14- Dec 14	Apr14- Mar15	July14- Jun 15	Oct 14- Sep 15	Jan 15- Dec 15
18.0%	NE	14.6% (R)	14.3% (R)	14.8% (R)	15.1% (R)	15.7% (R)
21.4%	NW	18.5% (R)	21.0% (R)	21.2% (A)	22.8% (G)	22.9% (G)
21.3%	S	19.4% (R)	18.9% (R)	18.9% (R)	17.8% (R)	17.7% (R)
20.1%	HSCP	17.2% (R)	17.6% (R)	17.9% (R)	18.1% (R)	18.2% (R)

Performance Trend

Data not yet available for 2016. Performance RED for the HSCP with North West the only area meeting the target. Improvements have been achieved over the period shown in the North East, North West and for the city overall. Performance has declined in the South, with research suggesting this may be a reflection of varying breast feeding practices amongst different ethnic groups there who typically have much higher rates of mixed feeding.

Actions to Improve Performance

Evidence suggests the best practices to promote breastfeeding are the implementation of the UNICEF Baby Friendly standards. Each locality has UNICEF accreditation with external reassessment taking place this year. This reviews care for mothers and babies and identifies areas where targeted improvement is required. 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

Reassessments of UNICEF accreditation to take place during the course of 2016/17.

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 8
HSCP Lead	Sybil Canavan, Head of HR

HSCP	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Status
North East	5.8% (R)	5.2% (R)	5.9% (R)	6.0% (R)	6.0% (R)	6.4% (R)	Red
North West	6.0% (R)	5.8% (R)	7.1% (R)	7.0% (R)	6.5% (R)	6.5% (R)	Red
South	7.8% (R)	6.6% (R)	7.3% (R)	6.8% (R)	6.4% (R)	6.5% (R)	Red
Glasgow City	6.3% (R)	5.6% (R)	6.4% (R)	6.4% (R)	6.2% (R)	6.2% (R)	Red
Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
SPLIT	AREA	Apr-16	May-16	Jun-16	Jul-16	Aug-16	
Short term - % absences	NE	2%	2.1%	1.8%	1.5%	2.1%	
	NW	2.2%	2.7%	2.2%	2.3%	2.2%	
	S	1.9%	2.4%	2.0%	1.9%	1.6%	
	HSCP	2%	2.3%	2%	1.8%	1.9%	
Long term - % absences	NE	3.2%	3.8%	4.3%	4.5%	4.3%	
	NW	3.6%	4.4%	4.9%	4.2%	4.3%	
	S	4.7%	4.9%	4.8%	4.5%	4.9%	
	HSCP	3.6%	4.1%	4.3%	4.4%	4.3%	
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 							

- People and Change Managers continue to engage with senior management teams to shift the focus onto 'promotion of attendance'. This is achieved by reviewing reasons for absence; identifying patterns and trends through workforce information; and encouraging managers to anticipate peaks and the early interventions which could be applied. Additional support is available from the HR Support Unit and Specialist Services including Occupational Health, and Health & Safety which are promoted to line managers and staff.
- Information sessions for managers were held across a range of HSCP sites during September 2016 to demonstrate the new HR Connect portal and explain how the resources available within the repository can support managers and staff with their people management responsibilities.
- People and Change Managers have supported the initial roll out of Attendance Management Clinics in the HSCP, supported by the HR Support and Advice Unit to ensure HR representation during attendance management meetings with staff and ensure consistency of practice.
- The Attendance Management module of the 'People Management Programme' has been well attended and has a rolling programme which is signposted to managers by People and Change Managers where appropriate. This programme can be accessed as an introduction for new managers or as a refresher and update for existing managers with the aim of ensuring a consistent approach to Attendance Management. The programme is publicised on HR Connect.
- The main contributors identified for sickness absence across the HSCP relates to stress/depression/mental health illnesses. Each locality has developed a working group to focus on the mental health of staff, involving representatives from a range of services and support from People & Change Managers and OD Advisors. The NHS GG&C Mental Health and Well Being Policy and the new Stress in the Workplace Policy also support the work of these groups.

Timeline for Improvement

There has not been the expected decrease in absence levels that had been anticipated. The trend across the localities has been consistent in the last quarter, with long term absence attributed to the vast majority of absence. It is anticipated that managers will become familiar with the process to access support via the HR Support and Advice unit and that Attendance Management Clinics will assist to ensure inpatient staff are met with promptly and consistently. It is anticipated that a further 6 month period may lead to an improvement.

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 5% or below.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 8
HSCP Lead	Christina Heuston, Head of Corporate Services

	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2
Average Days Lost Target and Actual	Target 2.45	Target 2.58	Target 2.64	Target 2.53	Target 2.45	Target 2.58
North East						
North West						
South						
Full City	2.5	2.2	2.4	2.6	2.5	2.8

Performance Trend
Absence levels are showing a gradual increase across all sectors. There is an increase in the number of employees absent for between 20 days and 3 months, a 46% increase compared with Q2 last year. New method of presenting data adopted in this report (was % absence previously) and data not yet available at sector level.
Actions to Improve Performance
<p>Actions being progressed in respect to social work staff include the following: -</p> <ul style="list-style-type: none"> • Continuation of the Early Intervention Policy in respect of psychological and musculoskeletal illnesses • The Early Intervention process and approach will be reviewed to ensure all possible measures are being taken to support employees back to work at the earliest point • Action Plans are will be developed as a priority for staff groups of Older People and Children’s Residential Services. Older People Residential has maintained a consistently high absence rates and will be addressed as a priority • Stress and back pain absences are on the increase, therefore, a new programme will be developed to support employees to remain at work and to minimise further absences recurring. Psychological and Musculoskeletal absences will also be included in the new programme. • Ongoing promotion and implementation of the Healthy Working Lives initiative. • A new management training programme will be introduced in early 2017 this will focus on manager interaction and practice skills time, to build confidence in having meaningful conversations to effectively manage staff attendance. A Pilot will commence with Older People Residential Managers.
Timeline for Improvement
It is anticipated that improvements will be made by Quarter 4

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

TARGET	AREA	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug -16	Sep -16
80%	HSCP	51.28% (R)	50.06% (R)	50.48% (R)	52.44% (R)	51.9% (R)	53.5% (R)	48.13% (R)

Performance Trend

Performance remains RED however has reduced slightly in the last quarter with an increase of 3% in KSF compliance noted as at end October. Further analysis has highlighted variances between areas with 56% being achieved in the North East, 45% in North West, and mental health specialist areas achieving 70% compliance. 350 reviews are required to be completed each month to maintain current level of compliance alone.

Actions to Improve Performance

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

- Identifying areas of concern, reviewing the manager's page on eKSF with the manager, and supporting them to identify any staff that do not have an outline assigned to them, and correcting this using the planning tool to assign review dates.
- Encouraging Team Leaders to discuss the action plan with their teams and engage with Service Managers / Senior Nurses /Heads of Service to support the initiative and monitor progress through regular one to one meetings. Locality Management and Operational Management teams have been advised of action plan in last quarter.
- People & Change Managers further support the roll out of the action plan by continuing to discuss KSF during update meetings with local managers to encourage ownership.

Timeline for Improvement

Improvement in compliance rates has been noted as at end October and it is expected that the actions being taken forward will supported further increases in compliance within the next 3 month period.

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

TARGET	AREA	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
100%	Glasgow City HSCP Total	29% (R)	47% (R)	67% (R)	78% (R)	43% (R)	69% (R)	64% (R)
100%	Glasgow City South	0% (R)	67% (R)	67% (R)	100% (G)	N/A	100% (G)	67% (R)
100%	Glasgow City North East	33% (R)	50% (R)	73% (R)	100% (G)	50% (R)	80% (R)	70% (R)
100%	Glasgow City North West	33% (R)	67% (R)	33% (R)	100% (G)	0% (R)	N/A	N/A
100%	Glasgow City HSCP Central	0% (R)	0% (R)	0% (R)	60% (R)	100% (G)	80% (R)	N/A

Performance Trend

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

Actions to Improve Performance

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

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

Timeline for Improvement

The process will be reviewed in December 2016.

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

TARGET	AREA	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
100%	Glasgow City HSCP Total	27% (R)	57% (R)	44% (R)	67% (R)	27% (R)	42% (R)	75% (R)
100%	Glasgow City South	0% (R)	43% (R)	25% (R)	N/A	0% (R)	50% (R)	100% (G)
100%	Glasgow City North East	8% (R)	50% (R)	63% (R)	100% (G)	20% (R)	40% (R)	100% (G)
100%	Glasgow City North West	60% (G)	100% (G)	0% (R)	0% (R)	33% (R)	33% (R)	0% (R)
100%	Glasgow City HSCP Central	100% (G)	100% (G)	N/A	80% (R)	N/A	50% (R)	100% (G)

Performance Trend

Performance fluctuates across areas and over time with North West the only area RED in the last reporting period. Performance has declined since July last year for the city overall

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, and a review of compliance is scheduled for end November 2016.

BUSINESS PROCESSES

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

TARGET	AREA	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
70%	NE	100% (G)	90% (G)	85% (G)	86% (G)	43% (R)
70%	NW	91% (G)	76% (G)	64% (R)	83% (G)	86% (G)
70%	S	67% (A)	100% (G)	80% (G)	100% (G)	83% (G)
70%	Corp.	99.0% (G)	97% (G)	98% (G)	96% (G)	98% (G)
70%	HSCP	93.0% (G)	85% (G)	97.5% (G)	95.5% (G)	96.5% (G)
Performance Trend						
HSCP, South and North West GREEN, with North East moving to RED in the last quarter. Performance has slightly improved since Quarter 1 in 2015/16.						

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
65%	North East	92% (G)	89% (G)	87% (G)	84% (G)	75% (G)
65%	North West	72% (G)	74% (G)	69% (G)	72% (G)	66% (G)
65%	South	63% (A)	54% (R)	48% (R)	62% (A)	47% (R)
65%	Homelessness	100% (G)	60% (R)	55% (R)	100% (G)	100% (G)
65%	Centre	76% (G)	78% (G)	75% (G)	78% (G)	62% (A)
65%	Glasgow	72% (G)	69% (G)	66% (G)	73% (G)	63% (G)
Performance Trend						
All localities, with the exception of South, were within the target range at Q2. The city as a whole was within the target range (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
85%	North East	96% (G)	93% (G)	92% (G)	91% (G)	84% (G)
85%	North West	87% (G)	91% (G)	86% (G)	90% (G)	96% (G)
85%	South	90% (G)	83% (G)	77% (R)	84% (G)	80% (R)
85%	Homelessness	80% (R)	80% (R)	73% (R)	100% (G)	100% (G)
85%	Centre	91% (G)	85% (G)	85% (G)	83% (G)	78% (R)
85%	Glasgow	90% (G)	87% (G)	84% (G)	88% (G)	83% (G)
Performance Trend						
At Q2 only the South locality and Centre (RED) were outwith the target range with the city overall 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 4
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
80%	North East	100% (G)	80% (G)	97% (G)	100% (G)	100% (G)
80%	North West	93% (G)	91% (G)	97% (G)	98% (G)	96% (G)
80%	South	82% (G)	85% (G)	82% (G)	86% (G)	74% (R)
80%	Centre	96% (G)	85% (G)	94% (G)	98% (G)	89% (G)
80%	Glasgow	92% (G)	90% (G)	93% (G)	94% (G)	88% (G)
Performance Trend						
The target was met at Q2 across all localities and the city overall with the exception of South (RED).						