

# Item No. 15

Meeting Date: Monday, 31<sup>st</sup> October 2016

## Glasgow City Integration Joint Board

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### ANNUAL PERFORMANCE REPORT

<b>Purpose of Report:</b>	The purpose of this report is to present the framework for the first Annual Performance Report of the Integration Joint Board, and to present the performance baseline which will be used to assess progress within this report.
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<b>Recommendations:</b>	The Integration Joint Board is asked to: a) note the performance baseline and provide feedback upon the proposed template for the first Annual Performance Report.
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#### Implications for IJB:

<b>Financial:</b>	None
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<b>Personnel:</b>	None
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<b>Legal:</b>	The Integration Joint Board is required by statute to produce a Performance Report within four months of the end of each financial year. The first report is required by the end of July 2017 and covers the financial year 2016/17.
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None	
<b>Sustainable Procurement and Article 19:</b>	None	
<b>Equalities:</b>	None	
<b>Risk Implications:</b>	None	
<b>Implications for Glasgow City Council:</b>	The Integration Joint Board's performance framework will include performance indicators previously reported to the Council.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Integration Joint Board's performance framework will include performance indicators previously reported to the Health Board.	
<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	a) No Direction Required	✓
	b) Glasgow City Council	
	c) NHS Greater Glasgow & Clyde	
	d) Glasgow City Council and NHS Greater Glasgow & Clyde	

## **1. Purpose**

- 1.1 The purpose of this report is to present the framework for the first Annual Performance Report of the Integration Joint Board, which will be produced in 2017. This report also includes a performance baseline which will be used to assess progress within this first Annual Performance Report.

## **2. Background - Scottish Government Performance Guidance**

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.
- 2.2 This Annual Performance Report is required to be published within 4 months of the end of each reporting year. The first year for which Integration Joint Board's must report is 2016/17, publishing no later than 31 July 2017.
- 2.3 Guidance on these Annual Performance reports was produced in March 2016. This indicated that the intention was to give local areas as much flexibility as possible in producing these reports. No standard template was, therefore, provided, with the layout being for local determination. It did, however, identify a number of areas which would be expected to feature within the Annual reports, in order to comply with the Performance Regulations of the Public Bodies (Joint Working) (Scotland) Act 2014. These are set out below.
  - Demonstration of how the Partnership have performed against the national Health and Wellbeing Outcomes (see Appendix 1), within the context of their Strategic Plan and Financial Statement. To support this, a set of Core Integration Indicators have been developed by the Scottish Government (see Appendix 2) and Partnerships are expected to report upon performance using these and other locally specified indicators. The report is expected to include a comparison of performance in the last 5 years, or since the Partnership was created.
  - A summary of financial performance for the current reporting year, along with comparisons with the previous 5 years, or since the Partnership was created. This should include the total spend by service and locality and details of any underspend/overspends and the reasons for these. They are also expected to include an assessment of Best Value and whether this has been achieved in the planning and delivery of services, along with any opportunities for further efficiencies.
  - Description of the arrangements which have been put in place to involve and consult with localities and an assessment of how they have contributed to the provision of services.
  - Details of any inspections carried out relating to the functions delegated to the Partnership by Healthcare Improvement Scotland, Social Care and Social Work Improvement Scotland (The Care Inspectorate), Audit Scotland, the Accounts Commission and the Scottish Housing Regulator. The report must describe the recommendations made and the actions being taken in response to them.
  - Details of any reviews of the Strategic Plan which have been undertaken, why these were carried out and what changes have been made as a consequence.

2.4 While promoting local flexibility, the Scottish Government is also offering support to Health and Social Care Partnerships in developing the Annual Performance Reports. It has organised a series of workshops across the country with officers from Glasgow attending an event in October 2016, and it has indicated it will share best practice and support to assist Partnerships going forward.

### 3. Proposed Plan Format

3.1 On the basis of the Scottish Government guidance, an initial template for the Annual Performance Report is set out below. The detailed contents of each of the main sections shown may be amended following feedback and learning from national events/guidance, but feedback is sought from the Integration Joint Board upon the broad framework and structure described.

3.2 It is intended that section 5 of the Annual Performance report will include a comparison of performance between March 2016 and March 2017. To facilitate this, a performance baseline has been prepared which captures performance for Quarter 4 of 2015/16 across the range of health and social work indicators previously reported to the Integration Joint Board and/or the Finance and Audit Committee. This is attached in Appendix 3.

#### ANNUAL PERFORMANCE REPORT - PROPOSED FORMAT

<b>1.</b>	<b>Introduction</b>
	<ul style="list-style-type: none"> <li>- Background and purpose of report</li> <li>- Partnership structures/governance arrangements</li> <li>- Overview of the city and localities</li> <li>- Strategic plan (and any revisions)</li> <li>- Key strategic priorities</li> </ul>
<b>2.</b>	<b>Our Impact Upon the National Health and Wellbeing Outcomes</b>
	<p>This will contain sub-sections relating to each of the nine national health and wellbeing outcomes set out in Appendix 1. For each outcome, the following will be provided:</p> <ul style="list-style-type: none"> <li>- Summary of key actions and developments from the Strategic Plan from across all care groups.</li> <li>- Summary of performance in relation to a selection of relevant Key Performance Indicators.</li> <li>- Examples of case studies which demonstrate impact upon the national outcomes and capture service quality and the experiences of service users, carers and their families.</li> </ul>
<b>3.</b>	<b>How We Involve Localities</b>
	<ul style="list-style-type: none"> <li>- Locality engagement and involvement mechanisms</li> <li>- Primary care engagement arrangements</li> <li>- Locality plans and priorities</li> </ul>

	- Key locality actions and achievements
<b>4.</b>	<b>Best Value and Financial Performance</b>
	<ul style="list-style-type: none"> <li>- Budget breakdown by service and locality</li> <li>- 2016/17 financial performance summary and narrative</li> <li>- Key investments during 2016/17</li> <li>- Delivery of transformation programme</li> <li>- Assessment of best value</li> <li>- Set aside budget arrangements</li> </ul>
<b>5.</b>	<b>Performance Summary</b>
	<ul style="list-style-type: none"> <li>- Comparison of performance between April 2016 and 2017 using the attached performance baseline (Appendix 4).</li> <li>- Key Survey Findings – national Health and Care experience survey, and the local health and wellbeing and schools surveys.</li> <li>- Care Inspectorate/Audit Scotland/Accounts Commission/Scottish Housing Regulator recommendations and actions</li> </ul>

#### **4. Recommendations**

4.1 The Integration Joint Board is asked to:

- a) note the attached performance baseline and provide feedback upon the proposed template for the first Annual Performance Report.

## NATIONAL HEALTH AND WELLBEING OUTCOMES

**Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer

**Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

**Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected

**Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

**Outcome 5.** Health and social care services contribute to reducing health inequalities

**Outcome 6.** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

**Outcome 7.** People using health and social care services are safe from harm

**Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

**Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services

**CORE SUITE OF INTEGRATION INDICATORS**

1. Premature mortality rate (Per 100,000 population)
2. Rate of emergency admissions per 100,000 population for adults.
3. Rate of emergency bed day per 100,000 population for adults.
4. Readmissions to hospital within 28 days of discharge per 1,000 admissions.
5. Proportion of last 6 months of life spent at home or in a community setting
6. Falls rate per 1,000 population aged 65+
7. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
8. Percentage of adults with intensive care needs receiving care at home
9. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population
10. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
11. Percentage of people admitted to hospital from home during the year, who are discharged to a care home
12. Percentage of people who are discharged from hospital within 72 hours of being ready
13. Expenditure on end of life care, cost in last 6 months per death

**GLASGOW HSCP**

**INTEGRATION JOINT BOARD**

**PERFORMANCE REPORT**

**– PERFORMANCE BASELINE 2016**

<b>Indicator</b>	<b>Target</b>	<b>Baseline/Status</b>	<b>Timeframe</b>
<b>Older People</b>			
1. Number of Community Services led Anticipatory Care Plans (ACPs) in Place	360 by Q4 2016/17	<b>62 (Red)</b>	As at end of June 2016
2. Number of people in supported living services	1200 by Q4 16/17	<b>231 (Red)</b>	As at end of June 2016
3. Percentage of service users who receive a reablement service following referral for home care.	75%	<b>59.36% (Red)</b>	Q4 2015/16
4. Intermediate Care : Percentage of Users Transferred Home	30%	<b>25% (Red)</b>	March 2016
5. Deaths in Acute Hospital (65+)	40% by Q4 2016/17	<b>44.2% (Red)</b>	2015/16 total
<b>Unscheduled Care</b>			
6. New Accident and & Emergency Attendances for NHS Greater Glasgow and Clyde locations - crude rate per 100,000 population	TBC	2284 (Status TBC)	2015/16 total
7. Emergency Admissions – Numbers (Aged 65+ and 75+)	TBC	27,891 (65+) (Status TBC) 17,844 (75+) (Status TBC)	2015/16 total
8. Number of non-elective inpatient spells (All Ages)	TBC	158,304 (Status TBC)	2015/16 total
9. Adults <65 breaching the 72 hour delayed discharge target (excluding Adults with Incapacity – (AWI)).	0	<b>7 (Red)</b>	As at 7 March 2016
10. Older people >65 breaching the 72 hour delayed discharge target (excluding Adults with Incapacity (AWI)).	0	<b>33 (Red)</b>	As at 7 March 2016
11. Adults (all ages) With Incapacity (AWI) breaching the 72 hour delayed discharge target.	0	<b>55 (Red)</b>	As at 7 March 2016
12. Learning Disability Clients (all ages) breaching the 72 hour delayed discharge target.	0	<b>11 (Red)</b>	As at 7 March 2016
13. Mental Health Clients (all ages) breaching the 72 hour delayed discharge target.	0	<b>&lt; 65 – 14 (Red)</b> <b>&gt;65 - 22 (Red)</b> <b>Total - 36 (Red)</b>	As at 7 March 2016



14. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	TBC	21,288 (Status TBC)	2015/16 total
15. Number of Bed Days lost to delayed discharge for Adults with Incapacity (AWI)	TBC	10,715 (Status TBC)	2015/16 total
<b>Carers</b>			
16. Number of Carers who have started an Assessment in quarter	2100 by Q4 2016/17	<b>903 (Green)</b>	As at end of June 2016
<b>Children's Services</b>			
17. Ready to Learn Assessments – Percentage completed by 32 months	95%	<b>72% (NE) (Red) 53% (NW) (Red) 74% (S) (Red)</b>	March 2016
18. Percentage of HPIs (Health Plan Indicators) allocated within 24 weeks	100%	<b>95% (NE) (Red) 93% (NW) (Red) 96% (S) (Amber)</b>	March 2016
19. Access to CAMHS services - Longest wait (weeks)	18 weeks	<b>18 weeks (Green)</b>	March 2016
20. Percentage of young people receiving an aftercare service who are known to be in employment, education or training	75%	<b>67% (Red)</b>	Q4 2015/16
21. Number of 0-2 year olds registered with a dentist	55%	<b>51.7% (Amber)</b>	As at end September 2015
22. Number of 3-5 year olds registered with a dentist	90%	<b>98.5% (Green)</b>	As at end September 2015
23. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months	95%	<b>94.6% (Green)</b>	Q4 2015/16
24. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years months	95%	<b>95.9% (Green)</b>	Q4 2015/16
<b>Adult Mental Health</b>			
25. Psychological Therapies: % of people who started treatment within 18 weeks of referral	90%	<b>82.6% (Red)</b>	Q4 2015/16
26. Primary Care Mental Health Teams – referral to 1 <sup>st</sup> appointment – percentage within 28 days	100%	<b>81% (NE) (Red) 63% (NW) (Red) 98% (S) (Amber)</b>	December 2015
27. Mental Health Re-admissions within 28 days.	TBC	16 (Status TBC)	March 2016

<b>Addictions</b>			
28. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral	90%	<b>97% (Green)</b>	Q4 2015/16
<b>Homelessness</b>			
29. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation	95%	<b>77% (Red)</b>	Q4 2015/16
30. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation.	95%	<b>67% (Red)</b>	Q4 2015/16
31. Percentage of live homeless applications over 6 months duration at end of quarter	<20% (2016/17 target)	<b>44% (Red)</b>	Q4 2015/16
32. Increase in provision of settled accommodation made available by social sector landlords (Section 5)	3,000 annual target	<b>1742 (Red)</b>	2015/16 total
33. Number of households reassessed as homeless or potentially homeless within 12 months	<300	<b>395 (Red)</b>	2015/16 total
34. Number of individual households not accommodated (last month of quarter).	< 150 (2016/17 target)	<b>351 (Red)</b>	March 2016
<b>Criminal Justice</b>			
35. Percentage of Community Payback Order (CPO) work placements commenced within 7 days of sentence	80%	<b>64% (Red)</b>	Q4 2015/16
36. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days	85%	<b>94% (Green)</b>	Q4 2015/16
37. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale	75%	<b>75% (Green)</b>	Q4 2015/16
38. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	<b>54% (Red)</b>	Q4 2015/16
<b>Health Improvement</b>			
39. Alcohol brief intervention delivery (ABI)	5065 target for 16/17	<b>5643 (Green)</b>	2015/16 total
40. Smoking Quit Rates at 3 months from the 40% most deprived areas	941	<b>1229 (Green)</b>	2015/16 total
41. Women smoking in pregnancy – general population	15%	<b>12.5% (Green)</b>	2015/16
42. Women smoking in pregnancy – most deprived quintile	20%	<b>16.9% (Green)</b>	2015/16
43. Breastfeeding at 6-8 weeks (Exclusive)	24%	<b>25.9% (Green)</b>	2015

44. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive Breastfeeding)	20.1%	<b>18.2% (Red)</b>	2015
<b>Primary Care</b>			
45. Prescribing Costs: Compliance with Formulary Preferred List	78%	<b>78.69% (Green)</b>	Q4 2015/16
46. Prescribing Costs: Annualised cost per weighted list size	Below NHSGGC average (£174.97 at March 2016)	<b>£164.48 (Green)</b>	March 2016
47. Numbers of people with a diagnosis of dementia on dementia register and other equivalent sources	4210	<b>4416 (Green)</b>	March 2016
<b>Human Resources</b>			
48. NHS Sickness absence rate	4%	<b>6.3% (Red)</b>	March 2016
49. Social Work Absence Rate	5%	<b>5.4% (Red)</b>	Q4 2015/16
50. NHS staff with an e-KSF (%)	80%	<b>51.28% (Red)</b>	March 2016
51. Percentage of NHS staff with standard induction training completed within the agreed deadline	100%	<b>29% (Red)</b>	March 2016
52. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker training within the agreed deadline	100%	<b>27% (Red)</b>	March 2016
<b>Business Processes</b>			
53. Percentage of NHS Complaints responded to within 20 working days	70%	<b>95.5% (Green)</b>	Q4 2015/16
54. Percentage of Social Work complaints handled within 15 working days (local deadline)	65%	<b>66% (Green)</b>	Q4 2015/16
55. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline)	85%	<b>84% (Green)</b>	Q4 2015/16
56. Percentage of elected member enquiries handled within 10 working days	80%	<b>93% (Green)</b>	Q4 2015/16