



Item No. 6

Meeting Date: Wednesday 20th October 2021

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: Allison Eccles, Head of Business Development

Contact: Duncan Goldie, Performance Planning Manager

Phone: 0141 287 8751

HSCP Performance Report Q1/2 2021/22

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1/2 of 2021/22.
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Background/Engagement:	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a quarterly Performance report would be produced, with specific service areas focused upon at each of their meetings, at which performance would be presented upon by the relevant Service Leads. As the Committee meets 6 times a year, there were occasions when the same quarterly report was used twice, and the data being considered was out of date. As a result, it has also been agreed that interim reports would be produced if required, in between quarters specifically for the service areas being focused upon at these meetings. This was to avoid the data being presented upon by the Service Leads being out of date and being a duplication of what had been contained in previous reports.
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report; b) consider the exceptions highlighted in section 4.3; and c) review and discuss performance with the Strategic Lead for Children's Services.
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Relevance to Integration Joint Board Strategic Plan:

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

Implications for Health and Social Care Partnership:**Reference to National Health & Wellbeing Outcome:**

HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.

Personnel:

None

Carers:

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

Provider Organisations:

None

Equalities:

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

Fairer Scotland Compliance:

N/A

Financial:

None

Legal:

The Integration Joint Board is required by statute to produce an Annual Performance Report within four months of the end of each financial year and to have routine performance management arrangements in place.

Economic Impact:

None

Sustainability:

None

Sustainable Procurement and Article 19:

None

Risk Implications:

None

Implications for Glasgow City Council:

The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.

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

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1/2 2021/22.

2. Background

- 2.1 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.

3. Reporting Format

- 3.1 Within the attached report, 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. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.
- i. Local Health and Social Work Indicators (chosen locally by the Partnership).
 - ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
 - iii. National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
 - iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement.

Exceptions

- 4.3 At Q1/2, **12 (75%)** indicators were **GREEN**; **3 (18.75%) RED**; and **1 (6.25%) AMBER**. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

<i>Children's Services</i>	Page No.
1. Uptake of the Ready to Learn Assessments (North West)	13
4. Access to CAMHS services - % seen with 18 weeks	17
5. % looked after & accommodated children under 5 who have had a Permanency Review	19

Changes in RAG Status

- 4.4 There has been a change in RAG status for **4** indicators since the last report, with all 4 improving.

i. Performance Improved

A) RED TO GREEN
1. Uptake of the Ready to Learn Assessments
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.
B) AMBER TO GREEN
9. Number of out of authority placements

5. Recommendations

- 5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) note the attached performance report;
 - b) consider the exceptions highlighted in section 4.3; and
 - c) review and discuss performance with the Strategic Lead for Children's Services.



CORPORATE PERFORMANCE REPORT

**QUARTER 1/2
2021/22**

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1. PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

The table below compares the overall RAG rating for Children's Services between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available. Table 2b provides the detail for each individual Key Performance Indicator.

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Children's Services	6 (37.5%)	2 (12.5%)	8 (50%)		3 (18.75%)	1 (6.25%)	12 (75%)	

2b. Performance at a Glance

The table below presents a summary of performance at a city-wide level for the performance measures contained within the body of this Performance Report and shows any changes in RAG status in the last period. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Aug 21	NE - 91%  NW - 82%  S - 92% 	S  to  NE & S  NW 
2. Percentage of HPs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Jun 21	NE - 93%  NW - 97%  S - 98% 	NE & NW  S  (from Apr)
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Q1	843 	
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Aug 21	70.75% 	
5. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review.	90%	9 September	65% 	
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Aug 21	100% (<5s)  100% (5-18) 	%(<5s)  (5-18)   to 

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>)	60%	July 2021	68% 	▲  to 
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	9 September	79% 	▲
9. Number of out of authority placements	30 by end of 21/22. 33 by end of Q1	end of August	33 	▲  to 
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q4	94.20% 	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q4	96.25% 	▲

CHILDREN'S SERVICES

Indicator	1. Uptake of the Ready to Learn Assessments
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. The figures shown below relate to those completed between 27 and 33 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20				2020/21				2021/22		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Jul 21	Aug 21
North East	95%	95% (G)	94% (G)	92% (G)	89% (R)	46% (R)	90% (A)	91% (A)	84% (R)	90% (A)	89% (R)	91% (A)
North West		91% (A)	86% (R)	89% (R)	88% (R)	54% (R)	81% (R)	85% (R)	80% (R)	88% (R)	85% (R)	82% (R)
South		94% (G)	91% (G)	91% (A)	91% (A)	65% (R)	85% (R)	90% (A)	88% (R)	89% (R)	89% (R)	92% (G)

Performance Trend
Performance in North East and South improved between June and August with the South moving to GREEN from RED. North West declined and remained RED.
Issues Affecting Performance
The number of Ready to Learn Assessments carried out has been significantly affected by the impact of the COVID-19 pandemic; initial guidance was that these visits were cancelled unless families were assessed as vulnerable. As the pandemic progressed and the visits were re-instated, some families declined these assessments to avoid risk of transmission (as these assessments are completed in the family home). Families who were then seen after the 27-30 month timescale had an assessment, but this was recorded on the system as an "unscheduled" assessment rather than as the 27-30 month assessment, and therefore is not captured in these figures. In the second lockdown, and subsequently, there are still families who have returned to their countries of origin and therefore have not been assessed, which is also reflected in these figures.
Actions to Improve Performance
Continue to carry out developmentally appropriate assessments for children who missed their 27 – 30 month Ready to Learn Assessment due to factors associated with the pandemic, and to record these as 'unscheduled' checks for children older than 30 months to ensure that the assessment is appropriate for the child's developmental stage. Team leaders to continue to review caseloads to ensure performance continues to improve.

Timescales for Improvement
Ongoing work is progressing to assess children who missed their 27 – 30 month assessment. Back to Summary

Indicator	2. % of HPIs (Health Plan Indicator) allocated by Health Visitor by 24 weeks
Purpose	To monitor the extent to which Health Visitors are allocating Health Plan Indicators to clients on time. The Health Plan Indicator (HPI) is a tool for recording an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing. Children allocated as 'core' remain on the universal child health pathway; those allocated as 'additional' receive additional input from the health visiting team and (if deemed necessary by the health visitor) multi-agency input. This classification may be subject to change as the child gets older.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20				2020/21				2021/22		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
North East	95%	98% (G)	95% (G)	98% (G)	98% (G)	96% (G)	97% (G)	98% (G)	96% (G)	98% (G)	97% (G)	93% (G)
North West		99% (G)	95% (G)	99% (G)	95% (G)	99% (G)	95% (G)	97% (G)	96% (G)	99% (G)	98% (G)	97% (G)
South		99% (G)	96% (G)	99% (G)	96% (G)	97% (G)	97% (G)	97% (G)	99% (G)	98% (G)	98% (G)	98% (G)

Performance Trend
Variations across areas and over time. In the last quarter, North East and South declined but remained GREEN. North West improved in the last period. There is a time lag in the availability of this data.
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Indicator	3. Number of referrals being made to the Healthier, Wealthier Children Service.
Purpose	To monitor the extent to which referrals are made to the Healthier, Wealthier Children Programme. Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

Locality	Annual Target	Quarterly Target	19/20 Total	2020/21					2021/22				
				Q1	Q2	Q3	Q4	20/21 Total	Q1	Q2	Q3	Q4	21/22 Total
City	1533	383	2,515 (G)	678 (G)	749 (G)	869 (G)	827 (G)	3123 (G)	843 (G)				
NE	344	86	764 (G)	138 (G)	205 (G)	218 (G)	210 (G)	771 (G)	260 (G)				
NW	576	144	918 (G)	196 (G)	189 (G)	214 (G)	213 (G)	812 (G)	217 (G)				
S	613	153	833 (G)	344 (G)	355 (G)	437 (G)	404 (G)	1540 (G)	366 (G)				

Performance Trend

Targets continue to be met at city level. No updates since Q1.

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Indicator	4. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
Purpose	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and ensure all children are seen within 18 weeks.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20			2020/21				2021/22		
		Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Jul 21	Aug 21
City	100%	66.4% (R)	56.2% (R)	51.9% (R)	29.5% (R)	45.4% (R)	54.64% (R)	60.81% (R)	53.27% (R)	65.85% (R)	70.75% (R)
North East		56.7% (R)	49.5% (R)	51.1% (R)	30.7% (R)	42.8% (R)	51.56% (R)	57.58% (R)	54.22% (R)	55.93% (R)	65.31% (R)
North West		66.5% (R)	57.5% (R)	50.1% (R)	26.5% (R)	46.4% (R)	62.79% (R)	62.24% (R)	49.83% (R)	69.57% (R)	65.08% (R)
South		77.0% (R)	62.1% (R)	54.1% (R)	31.8% (R)	47% (R)	52.87% (R)	61.47% (R)	55.95% (R)	72.88% (R)	88.57% (R)

Performance Trend
Variations exist across localities and over time. Performance remains RED across the city, although there have been improvements in all areas since March.
Issues Affecting Performance
The restrictions associated with the pandemic response are having an increased impact on the number of face to face appointments that can be offered currently due to a significant increase in numbers of staff being required to self isolate. As a result, these appointments are limited to only those appointments assessed as essential. Near Me/Attend Anywhere and telephone contact is being offered for all other children and young people. It is acknowledged that for some patients Near Me/Attend Anywhere does not meet the needs of the child/young person, and/ or fit with the family circumstances. This is contributing to those children / young people experiencing a longer wait for an appointment than would ordinarily be the case. In these circumstances parents and carers have been advised that they can get in touch at any time if they feel there is a deterioration requiring an urgent appointment. PHS have updated the Digital Appointment Data Recording Guidance, which has been circulated via the CAMHS WLI Group, and provides criteria for assessing the suitability of a digital appointment. Most teams continue to experience particular demands on the duty system and increased numbers of emergency presentations, both of which is at times reducing the ability of teams to allocate children with the longest waits. Further, there are continuing challenges with recruitment and resourcing teams to meet current demands.
Actions to Improve Performance
Comprehensive review / validation of the current waiting list has been completed and feedback received from families in relation to this contact has been positive. Citywide CAMHS Waiting List Initiative resources have been realigned with locality teams and further recruitment is underway across the city. Work is ongoing to ensure CAMHS teams are embedded within Children's Services in localities by improving connections, alignment and collaboration with other services within the HSCP, in Education and across the third sector, with the aim of ensuring children, young people and their families are able to access the right kind of

support, within their local area, at the point of need. It is anticipated that the SG funded Tier 1&2 services recently commissioned by Education will begin to have an impact this year, with further tier 1 and 2 services expected, following approval of the plan by IJB on 22 September 2021.

Work is being undertaken with referrers to improve the quality of information contained in referral forms to ensure the right children and young people are being referred at the right time. This work will also aim to increase understanding of what CAMHS is able to offer, to facilitate thinking about how to best offer this, and to improve knowledge and understanding of what else is available within the wider locality that may better meet the needs of children and young people. In addition, an increased focus on effective triaging of new referrals within locality teams is ensuring increasing numbers of children and young people are able to receive the right kind of support, from the right service, at the right time, in line with GIRFEC and the need to address issues at the earliest opportunity.

To address the high volume of clinical time that is under-used due to children not being brought to appointments, teams are implementing plans aimed at reducing the likelihood that appointments are missed. This includes strategies such as increasing the level of choice that families have about when their appointments are, contact being made with families the day before appointments, text reminders being used, and families being offered the option of being offered short notice appointments if these become available.

Timescales for Improvement

Significant planning has been undertaken during the previous period and the plans will be implemented from the start of the next cycle of activity which begins in October. The outcomes of ongoing and planned recruitment exercises are expected to have a significant impact on timescales for improvement. Due to national shortages of staff within some professions, and the number of staff currently on fixed term contracts who are likely to apply for permanent contracts, there are some concerns that the current recruitment activities will not lead to the required increase in capacity. Planning is currently underway in order to take account of some of these short to medium term challenges, and also to ensure services are more sustainable moving forward. It is anticipated that the foundations and planning undertaken to date will begin to contribute to improvements in 2022. As progress is made in terms of reducing the numbers of children being seen who are currently on the waiting list, it is likely that a drop in performance will be seen in terms of the % of children being seen within 18 weeks. This will be a short term reduction as progress is made to reduce the overall number of children waiting.

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Indicator	5. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review.
Purpose	To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. The number of children under 5 (looked after for 6 months or more) who have <i>not</i> had a permanency review has been added to the table below.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20				2020/21				21/22	21/22 Position as at 9 Sept	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	% with review	Number <u>without</u> a Permanency Review
City	90%	75% (R)	72% (R)	70% (R)	68% (R)	66% (R)	58% (R)	59% (R)	55% (R)	58% (R)	65% (R)	28*
North East		89% (R)	81% (R)	71% (R)	68% (R)	69% (R)	57% (R)	59% (R)	51% (R)	62% (R)	67% (R)	12
North West		65% (R)	76% (R)	80% (R)	65% (R)	65% (R)	52% (R)	52% (R)	53% (R)	42% (R)	47% (R)	9
South		61% (R)	59% (R)	59% (R)	71% (R)	64% (R)	61% (R)	62% (R)	59% (R)	62% (R)	76% (R)	6

*1 child's Team is not indicated on careFirst.

Performance Trend

Although performance at city and locality level remained RED, improvement was seen in each locality and particularly in South where the figure was 14 percentage points higher than the position at the end of June.

As at 9 September a total of 28 children (of 81 children under 5 looked after for 6 months or more) had not yet had a permanency review. This represents a reduction of 8 since the end of June.

Issues Affecting Performance

There has been a significant increase in referrals for a children's social work services since the early autumn 2020, exacerbated due to increased economic uncertainty, and social stress, which are contributing to increased family difficulties. The complexity of the current situation, the impact of the most recent Covid surge and consequent proportion of staff having to self-isolate, continues to mean that deployment of staff resource has had to be prioritised to respond to these matters, often on an emergency basis. Consequently, recovery planning has been affected and continues to make arranging face to face meetings with families more challenging. As Permanence Reviews involve making long-term decisions about children's future lives, it is important that these meetings involve a level of planning and participation that has been difficult to achieve throughout the course of the pandemic.

In addition, the Family Assessment and Contact Service (FACS) and the Glasgow Infant and Family Team (GIFT) only resumed face to face contact and support in September so this has had a knock-on effect in relation to concluding the permanence outcomes for a significant number of the children under the age of 4.

In addition, the Family Assessment and Contact Service (FACS) and the Glasgow Infant and Family Team (GIFT) only resumed face to face contact and support in September so this has had a knock-on effect in relation to concluding the permanence outcomes for a significant number of the children under the age of 4.

Actions to Improve Performance

There is now increased administrative support to minute meetings. Locality managers are prioritising permanence work as far as possible, whilst juggling emergency demand, and the increased availability of administrative support will continue to help to support improvement. In addition, as some of the offices have been equipped with access to large screens in meeting rooms, this has enabled a blended form of Permanence Review meeting to take place using Microsoft Teams in order to progress this work.

Permanence Forums and workshops are being re-established to focus on this group of children and to ensure their plans are progressed appropriately.

Timescales for Improvement

Ongoing work is being progressed to undertake reviews, and additional capacity continues to be provided by the Independent Review Team.

In addition, a plan has been developed through the Carefirst implementation group for leads to develop a permanency recovery plan, with a focus on how to revive permanency workshops to support this process.

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Indicator	6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
Purpose	To monitor the proportion of looked after children who are receiving health assessments timeously as part of our corporate parenting duty for care experienced children and young people. These relate to all Looked After Children residing within Glasgow city with the exception of those under 5s who are being Looked After at Home who are assessed by Health Visitors as part of the Health Visiting Universal Pathway. It also excludes children from other Council areas who may be receiving a service from the Glasgow Vulnerability Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Jul-Aug
Under 5s	100%	23.1% (R)	100% (G)	100% (G)	100% (G)	73.3% (R)	100% (G)	100% (G)	100% (G)	100% (G)
Aged 5-18		92.3% (R)	92.7% (R)	92.9% (R)	100% (G)	92.9% (R)	100% (G)	96.15% (A)	85% (R)	100% (G)

Performance Trend
Percentages can fluctuate due to the small numbers involved. Performance has moved from RED to GREEN for over 5s in the period July-August with under 5s remaining GREEN.
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Indicator	7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.
Purpose	To monitor the proportion of <u>new</u> (as opposed to review) reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted by the due date specified (by SCRA). This indicator was revised during Q1 & 2 18/19. Prior to this, the target for completion was within 20 working days of request being received.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20				2020/21				2021/22	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	July 2021
City	60%	34% (R)	36% (R)	40% (R)	41% (R)	45% (R)	32% (R)	42% (R)	49% (R)	51% (R)	68% (G)
North East		43% (R)	32% (R)	33% (R)	57% (R)	49% (R)	52% (R)	41% (R)	49% (R)	55% (R)	70% (G)
North West		43% (R)	43% (R)	51% (R)	33% (R)	42% (R)	22% (R)	23% (R)	41% (R)	50% (R)	80% (G)
South		24% (R)	36% (R)	41% (R)	21% (R)	45% (R)	24% (R)	53% (R)	58% (A)	45% (R)	60% (G)
Performance Trend											
There is a significant time lag in relation to this indicator and therefore the most recent dataset relates to July.											
There were significant improvements in performance between Quarter 1 and the end of July with all localities either meeting or exceeding target and moving from RED to GREEN; performance increased by 15 percentage points in NE and South, and 30 percentage points in NW.											
These figures relate to the 40 New SCRA report requests received during July (NE 10, NW 10 and S 20). Of these, 27 (68%) were completed by the specified due date while 5 (12%) did not meet the due date. 8 (20% of the total) are not yet recorded as having been completed (NE 1, NW 2 and S 6).											
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Indicator	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20				2020/21				2021/22	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	As at 9 Sept
City	75%	71% (R)	74% (G)	71% (R)	68% (R)	65% (R)	76% (G)	77% (G)	80% (G)	78% (G)	79% (G)
North East		80% (G)	76% (G)	71% (R)	63% (R)	62% (R)	82% (G)	80% (G)	84% (G)	82% (G)	80% (G)
North West		62% (R)	79% (G)	76% (G)	71% (R)	72% (A)	77% (G)	81% (G)	82% (G)	80% (G)	79% (G)
South		70% (R)	69% (R)	69% (R)	73% (A)	67% (R)	69% (R)	78% (G)	80% (G)	81% (G)	82% (G)

Notes

-The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017, this was 25% nationally and 50% for Glasgow.

-From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems).

Performance Trend

All localities remained above target and GREEN during the reporting period.

The percentage of *non-recording* of Employability status improved slightly falling from 3% (Q1) to just under 2% on the 9th September. This equates to a total of 17 young people in the city – 8 (3%) in North East, 1 North West and 1 allocated to “other” who do not have their employability status recorded. The other 7 were young people whose team is “not indicated” (i.e. those without a primary relationship to a worker or team).

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Indicator	9. Number of out of authority placements
Purpose	To monitor the number of out of authority placements. These include residential schools, secure units and specialist purchased resources. Reducing out of authority placements is an objective for our Children's Transformation Programme to ensure that Glasgow's children remain connected to their families, friends, schools and communities.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Target			2019/20				2020/21				2021/22	
19/20	20/21	21/22	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	End of Aug 21
31	40	33 (Q1) 30 (Q4)	48 (R)	46 (R)	47 (R)	46 (R)	42 (R)	45 (R)	40 (G)	34 (G)	34 (A)	33 (G)
Performance Trend												
There was a reduction of 1 between the end of June and the end of August meaning that the Q1 target was met and RAG status moved from AMBER to GREEN. The savings target for 21/22 was £2.1m and has been achieved. This was based on a reduction of 10 high cost purchased placements and 10 purchased fostering placements. Back to Summary												

Indicator	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	92.1% (A)	93.5% (G)	93.2% (G)	94.24% (G)	94.37% (G)	95.15% (G)	94.20% (G)		
North East		89.4% (R)	94.1% (G)	91.5% (A)	94.13% (G)	94.98% (G)	94.56% (G)	93.15% (G)		
North West		93.5% (G)	92.2% (A)	93.3% (G)	94.86% (G)	94.34% (G)	95.2% (G)	94.32% (G)		
South		93.3% (G)	93.8% (G)	94.4% (G)	93.86% (G)	93.92% (G)	95.56% (G)	94.94% (G)		

Performance Trend
Performance slightly decreased but remained GREEN at a city level and in all localities. This indicator is reported in arrears.
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Indicator	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	96.3% (G)	95.8% (G)	96.35% (G)	96.52% (G)	97.25% (G)	96.15% (G)	96.25% (G)		
North East		96.9% (G)	96.5% (G)	97.64% (G)	98.46% (G)	98.07% (G)	96.97% (G)	97.03% (G)		
North West		96.6% (G)	95.5% (G)	95.07% (G)	94.36% (G)	96.66% (G)	96.24% (G)	95.77% (G)		
South		95.6% (G)	95.4% (G)	96.03% (G)	96.69% (G)	97.08% (G)	95.4% (G)	96.01% (G)		

Performance Trend
Performance remains GREEN across the city with a small increase in the last quarter at a city level and in the North East and South. North East slightly decreased. This indicator is reported in arrears.
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Other Annually Reported Indicators - See Appendix 1, Section 3

5. % of 0-2 year olds registered with a dentist
6. % of 3-5 year olds registered with a dentist
7. % of P1 children with no obvious decay experience
8. % of P7 children with no obvious decay experience

APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data which is updated less frequently and so has not been included in the main body of the report.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Children's Services								
1.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 21	29.6% (R)	33.9% (R)	27.6% (R)	27.7% (R)	Provisional figures shown. Equivalent previous figures in Sep 20 (also provisional) were 39.2% (City); and for localities 43.8% (NE); 37.3% (NW); 36.9% (S). Published March 2021.
2. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 21	84.7% (R)	86% (R)	84.6% (R)	83.6% (R)	Provisional figures shown. Equivalent previous figures in Sep 20 (also provisional) were 87.4% (City); and for localities 88.1% (NE); 87.6% (NW); 86.7% (S). Published March 2021.
3. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2020	60.1% (G)				Performance has declined from 62.8% in 2018. Below the Health Board average of 68.7% which increased from 67.1%. Produced 2 yearly by Public Health Scotland (last one Oct 20).
4. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	72.8% (G)				Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017 Produced 2 yearly by Public Health Scotland (last one Oct 19).

APPENDIX 2 - 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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

Priority 1	Prevention, early intervention, and harm reduction
Priority 2	Providing greater self-determination and choice
Priority 3	Shifting the balance of care
Priority 4	Enabling independent living for longer
Priority 5	Public Protection