



## Item No. 6

Meeting Date: Wednesday 8<sup>th</sup> December 2021

### Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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#### HSCP Performance Report Q2 2021/22

<b>Purpose of Report:</b>	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2021/22.
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<b>Background/Engagement:</b>	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them on a quarterly basis, with specific service areas focused upon at each meeting, which would be attended by the relevant Service Leads.
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<b>Recommendations:</b>	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none"><li>a) note the attached performance report;</li><li>b) consider the exceptions highlighted in section 4.3; and</li><li>c) review and discuss performance with the Strategic Lead for Adult Services.</li></ul>
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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:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
<b>Personnel:</b>	None
<b>Carers:</b>	Operational performance in respect to carers is outlined within the carers section of the attached report.
<b>Provider Organisations:</b>	None
<b>Equalities:</b>	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
<b>Fairer Scotland Compliance:</b>	N/A
<b>Financial:</b>	None
<b>Legal:</b>	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.
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	None
<b>Implications for Glasgow City Council:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.

## **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 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)
- 3.3 Along with the National Integration and MSG Indicators, a core set of strategic local indicators from this report are included in the HSCP's [Annual Performance Report](#) and are used to show trends over time. These are noted in Appendix 4.

## 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; as well as for those indicators which have changed their RAG status in a positive direction.

### ***Exceptions***

- 4.3 At Q2, 54 indicators were GREEN (48.2%); 50 RED (44.6%); 6 AMBER (5.4%); and 2 (1.8%); GREY. 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.

<b><i>Older People &amp; Carers</i></b>	<b>Page</b>
<b>8. Intermediate Care : Percentage Occupancy</b>	35
<b>9. Intermediate Care : Average Length of stay (Days)</b>	36
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<b>11. Number of Anticipatory Care Plan (ACP) <u>Conversations</u> and <u>Summaries</u> Completed and Shared with the patient's GP</b>	39
<b>14. Total number of Older People Mental Health patients delayed</b>	44
<b><i>Unscheduled Care</i></b>	
<b>2. A&amp;E Waits Less Than 4 Hours (%) (QEUH) (GRI)</b>	47
<b>7. Total Number of Acute Delays</b>	52
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<b>5. % looked after &amp; accommodated children under 5 who have had a Permanency Review</b>	69
<b><i>Adult Mental Health</i></b>	
<b>1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (NE)</b>	77
<b>2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill Gartnavel Leverndale)</b>	80
<b>4. Total number of Adult Mental Health delays</b>	84
<b><i>Sexual Health (Sandyford)</i></b>	
<b>1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered</b>	86
<b>2. Number of IUD insertions</b>	86
<b>3. Number of vLARC Implant appointments offered</b>	88
<b>4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.</b>	88
<b>6-9. Number of individual young people attending all Sandyford services - aged 13-15 for males and females; 16-17 for females</b>	91
<b><i>Alcohol and Drugs</i></b>	
<b>2. Percentage of Parental Assessments completed within 30 days of referral</b>	94
<b>3. Percentage of Service Users with an initiated recovery plan following assessment</b>	96
<b><i>Homelessness</i></b>	
<b>2. Percentage of live homeless applications over 6 months duration at the end of the quarter</b>	97
<b>3. Number of new resettlement plans completed - total to end of quarter (citywide).</b>	100
<b>4. Average number of weeks from application to settled accommodation</b>	101
<b>5. Number of households reassessed as homeless or potentially homeless within 12 months.</b>	103
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<b>6. % of Social Work Data Protection Subject Access Requests completed within required timescale</b>	137

## Changes in RAG Status

- 4.4 There has been a change in RAG status for **19** indicators since the last report. Of these, performance improved for **9** and declined for **10**.

### *i. Performance Improved*

<b>A) RED TO GREEN</b>
<b>Older People</b>
6. Provided Residential Care – Review Rates
<b>Children's Services</b>
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days
7. % of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date
<b>Sandyford (Sexual Health)</b>
7. Number of individual young people attending all Sandyford services aged 16-17 (Male)
<b>Business Processes</b>
3. % of Social Work Stage 1 Complaints responded to within timescale.
<b>B) RED TO AMBER</b>
<b>Children's Services</b>
1. Uptake of the Ready to Learn Assessments (South)
<b>C) AMBER TO GREEN</b>
<b>Children's Services</b>
1. Uptake of the Ready to Learn Assessments (North East)
9. Number of out of authority placements
<b>Criminal Justice</b>
1. % Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.

### *ii. Performance Declined*

<b>A) GREEN TO RED</b>
<b>Primary Care</b>
5iii. AHP Waiting Times – Dietetics
<b>Sandyford (Sexual Health)</b>
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions.
<b>Homelessness</b>
2. % of live homeless applications over 6-month duration at the end of the quarter.
3. Number of new resettlement plans completed - total to end of quarter (citywide)
<b>Business Processes</b>
2. % of NHS Stage 2 Complaints responded to within timescale
<b>B) GREEN to AMBER</b>
<b>Alcohol and Drugs</b>
3. % Bed Occupancy (Short Stay Adult Mental Health Beds) Stobill and Gartnavel
<b>C) AMBER TO RED</b>
<b>Alcohol and Drugs</b>
3. Percentage of Service Users with an initiated recovery plan following assessment
<b>Health Improvement</b>
5. Exclusive Breastfeeding at 6-8 weeks (general population)
6. Exclusive Breastfeeding at 6-8 weeks

## ***Covid Impact and Reporting***

- 4.5 The impact of Covid upon performance in relation to the HSCP's KPIs has been analysed and each indicator has been categorised as follows on the Summary at Page 11:
- A. Performance was affected but now back to pre-Covid levels
  - B. Performance was unaffected
  - C. Performance continues to be impacted by Covid
- 4.6 This analysis shows that 28 (25%) of the KPIs appear to be continuing to be impacted by Covid. Another 38 (33.9%) were affected but are back to pre-Covid levels. 46 (41.1%) have not been significantly impacted and have continued at similar levels throughout the pandemic period.
- 4.7 The majority of those which are continuing to be impacted (18) were already RED prior to Covid, with performance declining further. A small number (3) have actually been impacted in a positive direction (linked to unscheduled hospital bed days).
- 4.8 Information Returns to monitor the impact of Covid and service responses were introduced by the Scottish Government at the start of the pandemic in relation to Vulnerable Children and Adult Protection. More recently, additional information has also been requested through the introduction of a new Social Care Assessments and Need Return and the recommencement of a Quarterly Monitoring Return which was suspended at the start of the pandemic (covering a number of areas including the provision of free personal/nursing care, eligibility criteria and waiting times).

## **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 Adult Services.



# **CORPORATE PERFORMANCE REPORT**

**QUARTER 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	
	<b>RED</b>	Performance misses target by 5% or more	▲	Improving
	<b>AMBER</b>	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	<b>GREEN</b>	Performance is within 2.49% of target	▼	Worsening
	<b>GREY</b>	No current target and/or performance information to classify performance against.	<b>N/A</b>	This is shown when no comparable data is available to make trend comparisons

## 2a. Summary







The table below compares the overall RAG rating for each care group 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			
								
Older People & Carers	7 (38.9%)	1 (5.6%)	8 (44.4%)	2 (11.1%)	6 (33.3%)	1 (5.5%)	9 (50%)	2 (11.2%)
Unscheduled Care	5 (50%)		5 (50%)		5 (50%)		5 (50%)	
Primary Care	6 (54.5%)	2 (18.2%)	3 (27.3%)		7 (63.6%)	2 (18.2%)	2 (18.2%)	
Children's Services	6 (37.5%)	2 (12.5%)	8 (50%)		3 (18.7%)	1 (6.3%)	12 (75%)	
Adult Mental Health	5 (50%)		5 (50%)		5 (50%)	2 (20%)	3 (30%)	
Sandyford Sexual Health	7 (70%)		3 (30%)		7 (70%)		3 (30%)	
Alcohol & Drugs	1 (33.3%)	1 (33.3%)	1 (33.3%)		2 (66.7%)		1 (33.3%)	
Homelessness	4 (25%)		5 (75%)		6 (66.7%)		3 (33.3%)	
Criminal Justice		1 (16.7%)	5 (83.3%)				6 (100%)	









Health Improvement		2 (28.6%)	5 (71.4%)		2 (28.6%)		5 (71.4%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	2 (28.6%)		5 (71.4%)		2 (28.6%)		5 (71.4%)	
<b>TOTAL</b> No. and (%)	<b>48</b> <b>(42.9%)</b>	<b>9</b> <b>(8%)</b>	<b>53</b> <b>(47.3%)</b>	<b>2</b> <b>(1.8%)</b>	<b>50</b> <b>(44.6%)</b>	<b>6</b> <b>(5.4%)</b>	<b>54</b> <b>(48.2%)</b>	<b>2</b> <b>(1.8%)</b>






## 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 Combined 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	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
<b>Older People &amp; Carers</b>					
<b>Home Care, Day Care and Residential Services</b>					
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q2	85% 	▲	A
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Q2 Period 7 (Sep)	76% (Hosp)  75.3% (Comm) 	Hosp ▲ Comm ▼	B B
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Q2 Period 7 (Sep)	38.3% 	▲	B
4. Day Care (provided) – Review Rates (No data available 20/21 as day centres been closed)	95%	Q4 19/20	N/A 	N/A	C
5. Provided Residential Care – Occupancy Rates	95%	Q2	97% 	▲	A

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
6. Provided Residential Care – Review Rates	95%	Q2	97% 	 to 	A
<b>ii. Commissioned Services</b>					
7. Number of people in Supported Living Services. (Target under review)	Target under review	Q2	845 	▲	B
8. Intermediate Care: Percentage Occupancy.	90%	Sep 21	61% 	▼	C
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Sep 21	43 days 	▲	C
10. Intermediate Care: Percentage of users transferred home.	>30%	Sep 21	13% 	▼	C
<b>iii. HSCP Community Services</b>					
11. Number of community service led Anticipatory Care Plans in Place	Conversations 800 p.a. Summaries 200 p.a.	21/22	Conversations 137 	▲	C
			Summaries 36 	▲	C





Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	Covid Impact A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q2	2% 	▼	A
13.i Referrals to Telecare: Standard	2,000/p.a. 500/quarter	Q2	1317 	▲	A
13.ii Referrals to Telecare: Enhanced	500/p.a. 125/quarter	Q2	309 	▲	C
14. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Sep 21	10 	▼	A
15. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1900 per annum	Q2	1176 	▲	A
<b>Unscheduled Care</b>					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	153,791 (12,816/month)	Apr-Jul 21/22	49,546 (12,386 per month) 	▼	A
2. A&E Waits Less Than 4 Hours (%)	95%	Sep 21	GRI – 68.5%  QEUH – 56.5% 	GRI ▼ QEUH ▼	A A









Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 (5552/month)	Apr-Jul 21/22	21,191 (5298 per month) 	▼	A
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	453,866 (37,822/month)	Apr-Jul 21/22	144,210 (36,052 per month) 	▲	C
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)	33,260 (2772 per month)	Apr-Jun 21/22	64 (21.3 per month) 	▲	C
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	Apr-Jun 21/22	34,285 (11,608 per month) 	▲	C
7. Total number of Acute Delays	0	Jun 21	120 (Total) 54 (Non-AWI) 66 (AWI) 	Total ▼ Non-AWI ▼ AWI ▲	C


























Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	Covid Impact A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly average 3776)	Apr-Jul 21/22	20,481 (5120 per month) 	▼	B
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 (Monthly average 159)	Apr-Sep	8762 (1460 per month) 	▼	B
<b>Primary Care</b>					
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears).	78%	Q1	 76.72%	▼	B
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Jun 21	 £150.24	▼	B
3i. Flu Immunisation Rates (over 65s)	75%	Oct 20 – Mar 21	72% 	►	B
3ii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 20 – Mar 21	39% 	▲	B
3ii. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 20 – Mar 21	54% 	►	B
3iv. Flu Immunisation Rates (Pre-school - 2-5 year olds)	65%	Oct 20 – Mar 21	61% 	▲	B














Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	Covid Impact A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
3v. Flu Immunisation Rates (Primary School Children)	75%	Oct 20 – Mar 21	65%	►	B
4. Shingles Immunisation Rates (aged 70) (Health Board wide data)	60% (for Sep 30-Aug 21)	Sep 20 – Aug 21	54.62%	▲	C
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Sep 21	42%	▼	A
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Sep 21	40.2%	▼	C
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Sep 21	83.6%	►  to	B
<b>Children's Services</b>					
1. Uptake of the Ready to Learn Assessments	95%	Sep 21	NE - 93% NW- 87% S - 90%	NE  to  ▲ NW ► S  to  ▲	A A A
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Jul 21	NE - 93% NW- 96% S - 92%	All ▼	B B B











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Q2	1634 	▲	B
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Sep 21	53.01% 	▼	C
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%	Q2	65% 	▲	C
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q2	100%(<5s) 	%(<5s) ►	B
			100% (5-18) 	(5-18) ▲  to 	B
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date ( <i>revised indicator</i> )	60%	Q2	59% 	▲  to 	B
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q2	79% 	▲	A
9. Number of out of authority placements	30 by end of 21/22. 33 by end of Q1	Q2	31 	▼  to 	B

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q1	93.31% 	▼	B
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q1	96.32% 	▲	B
<b>Adult Mental Health</b>					
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Sep 21	NE 76.5%  NW 92.5%  S 94.8% 	NE ▼ NW ▼ South ▲	A A A
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (reported in arrears)	28 Days	Sep 21	Stob 32.2  Lev 31.8  Gart 37.7 	Stob ▼ Lev ▼ Gart ▼	A A A













Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (reported in arrears)	95%	Sep 21	Stob 98.8%  Lev 95.8%  Gart 97.5% 	Stob  to  ▼  Lev ►  Gart  to  ▼	A  A  A
4. Total number of Adult Mental Health delays	0	May 21	22 Total 17 (Non-AWI) 5 (AWI) 	Total ▲ Non-AWI ▼ AWI ▲	A
<b>Sandyford (Sexual Health)</b>					
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.	1888 per quarter	Q2	1400 	▼	C
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions.	1309 per quarter	Q2	1154 	▼  to 	A
3. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered.	2431 per quarter	Q2	1621 	▼	A








Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.	1148 per quarter	Q2	899 	▼	A
5. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q2	1 	▶	B
6 & 7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	4 (13-15) 27 (16-17)	Q2	2 (13-15)  29(16-17) 	▼ ▲  to 	C A
8 & 9. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	75 (13-15) 195 (16-17)	Q2	61(13-15)  172(16-17) 	▼ ▼	C C
10. Waiting times for access to TOPAR appointments	5 working days	Q2	1 	▼	B
<b>Alcohol and Drugs</b>					
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q4	99% 	▲	B











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q2	40% 	▼	B
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q2	60% 	▼  to 	B
<b>Homelessness</b>					
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q2	98% 	▼	B
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.	<40%	Q2	43% 	▲  to 	A
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 5,000/1250 per quarter	Q2	1031 	▲  to 	A
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q1	35 weeks 	▲	C
5. Number of households reassessed as homeless or potentially homeless within 12 months. (reported in arrears)	<480 per annum (<120 per quarter)	Q2	127 	▲	C

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q2	100% 	►	B
7. Number of new Housing First tenancies created.	300 by end of Q2 21/22	Q2	9 - Q2 227 - total 	▼	C
8. Number of Households in Bed & Breakfast Accommodation	350 by end of 21/22. New target TBC	Q2	389 	▼	C
9. Number of Temporary Furnished Flats	1850 by end of 20/21. New target TBC	Q2	2,359 	▲	C
<b>Criminal Justice</b>					
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q2	86% 	▲  to 	A
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q2	85% 	▲	B
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q2	85% 	▲	B
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q2	70% 	►	A



Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q2	79% 	▲	B
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q2	94% 	▲	B
<b>Health Improvement</b>					
1. Alcohol Brief Intervention delivery (ABI).	5066 (annual) 2533 (To Q2)	Q2	2252 	▲	A
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 21/22	Q1 21/22	377 	▲	A
3. Women smoking in pregnancy (general population)	12%	Q2	10.6% 	▼	B
4. Women smoking in pregnancy (most deprived quintile).	17%	Q2	15.3% 	▼	B
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% by end of 21/22	Q2 2021	29.8% 	▼  to 	B
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	23.4% by end of 21/22	Q2 2021	21.4% 	▲  to 	B

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	Covid Impact A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.9% by end of 20/21	Q4	25.9% 	▼	B
<b>Human Resources</b>					
1. NHS Sickness absence rate (%)	<4%	Sep 21	7.64% 	▼	C
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8/period	Q2 Period 7	1.5 ADL 	►	C
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	80%	Sep 21	27.8% 	▼	C
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Sep 21	49% 	▲	B
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Sep 21	69% 	▲	B
<b>Business Processes</b>					
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q1	95.8% 	▲	B

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status	<b>Covid Impact</b> A. Performance was affected but now back to pre - Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	64% 	▲ to  	B
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q1	76% 	▼ to  	B
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	87% 	▼	B
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported in arrears)	100%	Q4	98% 	▶	A
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q1	41% 	▲	C
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q1	83% 	▼	A

# 1. OLDER PEOPLE & CARERS

## i. Home Care, Day Care and Residential Services

<b>Indicator</b>	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months
<b>Purpose</b>	To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. The calculation is based on service users in receipt of a home care service for more than a year, and who have had a review activity completed within the last 12 months.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Locality	Target	2019/20			2020/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	85%	81% (A)	80% (R)	79% (R)	70% (R)	64% (R)	63% (R)	73% (R)	84% (G)	85% (G)
North East		88% (G)	86% (G)	85% (G)	73% (R)	66% (R)	65% (R)	80% (R)	88% (G)	90% (G)
North West		84% (G)	82% (A)	77% (R)	68% (R)	60% (R)	65% (R)	77% (R)	84% (G)	82% (A)
South		72% (R)	75% (R)	77% (R)	70% (R)	66% (R)	61% (R)	66% (R)	81% (A)	85% (G)
Performance Trend										
Performance in relation to Home Care reviews now GREEN across the city. It improved slightly at city level and in the North East and South, with the latter moving from AMBER to GREEN. North West reduced slightly moving from GREEN to AMBER.										
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<b>Indicator</b>	2. Percentage of service users who receive a reablement service following referral for a home care service
<b>Purpose</b>	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. Information is reported by calendar monthly financial periods.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Referral Source	Target	19/20			20/21				21/22			
		Q2 Per 7 (Sep)	Q3 Per 10 (Dec)	Q4 Per 13 (Mar)	Q1 Per 4 (Jun)	Q2 Per 7 (Sep)	Q3 Per 10 (Dec)	Q4 Per 13 (Mar)	Q1 Per 4 (Jun)	Quarter 2		
										Per 5 (Jul)	Per 6 (Aug)	Per 7 (Sep)
Hospital Discharges	70%	68.6% (G)	62.7% (R)	68.9% (G)	77.3% (G)	71.3% (G)	70.3% (G)	70.9% (G)	75% (G)	70.5% (G)	67.6% (A)	76% (G)
Community Referrals	70%	66.3% (R)	75.4% (G)	75.5% (G)	69.5% (G)	77.9% (G)	78.5% (G)	81.5% (G)	70.4% (G)	76.8% (G)	82.9% (G)	75.3% (G)

#### Performance Trend

Performance remained GREEN for community referrals over the last quarter. Hospital discharges moved to AMBER in period 6 but has moved back to GREEN, with performance being affected by an Occupational Therapy vacancy which is being recruited to.

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<b>Indicator</b>	3. Percentage of service users leaving the service following Reablement period with no further home care support.
<b>Purpose</b>	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. Information is reported by calendar monthly financial period.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

		19/20			20/21				21/22			
Locality	Target	Q2 Per 7 (Sep)	Q3 Per 10 (Dec)	Q4 Per 13 (Mar)	Q1 Per 4 (Jun)	Q2 Per 7 (Sep)	Q3 Per 10 (Dec)	Q4 Per 13 (Mar)	Q1 Per 4 (Jun)	Quarter 2		
										Per 5 (Jul)	Per 6 (Aug)	Per 7 (Sep)
<b>City</b>	>35%	35.1% (G)	35.4% (G)	36.4% (G)	36.4% (G)	31.5% (R)	43.0% (G)	37.2% (G)	37.3% (G)	43.4% (G)	34.1% (G)	38.3% (G)
North East		41.5% (G)	49.4% (G)	45.6% (G)	27.3% (R)	26.2% (R)	49.2% (G)	26.3% (R)	46.9% (G)	43.3% (G)	30.7% (R)	50.0% (G)
North West		33.9% (A)	38.5% (G)	37.3% (G)	39.0% (G)	37.9% (G)	40.5% (G)	52.4% (G)	38.3% (G)	49.4% (G)	43.8% (G)	39.6% (G)
South		31.6% (R)	30.2% (R)	30.7% (R)	39.7% (G)	27.7% (R)	41.2% (G)	28.9% (R)	31.4% (R)	38.5% (G)	29.0% (R)	31.6% (R)

#### Performance Trend

Performance varies across locality and over time. Performance improved in all areas in Q2 and remained GREEN at a city level and in the North East and North West. South improved but remained RED.

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<b>Target/Ref</b>	4. Day Care (provided) - Review Rates
<b>Purpose</b>	To monitor the extent to which reviews for day care service users are being undertaken within the target 6-month period. This indicator reports on review rates for service users in receipt of day care provided by our own local authority run units.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	<b>2019/20</b>				<b>20/21</b>	<b>2021/22</b>
Target	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1 - Q4</b>	<b>Q1 - Q2</b>
95%	<b>96% (G)</b>	<b>98% (G)</b>	<b>97% (G)</b>	<b>100% (G)</b>	<b>N/A</b>	<b>N/A</b>

#### **Performance Trend**

Day Care Centres were closed in March 2020 as a result of the Covid-19 outbreak and no data has been available.

A number of Day Care Centres have recently reopened however data remains unavailable currently. Service users who previously attended the day centres have had an informal review of their support needs carried out as they returned to the service. This was to ensure that the service could meaningfully support returning service users. Formal reviews will be arranged in line with normal schedules.

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<b>Target/Ref</b>	5. Provided Residential Care Homes – Occupancy Rates
<b>Purpose</b>	To monitor occupancy rates within our own local authority run residential care homes (provided).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	2019/20			2020/21				2021/22	
Target	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	94% (G)	90% (R)	91% (A)	91% (A)	95% (G)	85% (R)	93% (G)	94% (G)	97% (G)
<b>Performance Trend</b>									
<p>The residential occupancy rate exceeded target (GREEN) at Q2 with 534 residents at the end of September. Occupancy has returned to pre-pandemic levels with the development of a Discharge to Assess pathway which supports the assessment of prospective residents from hospital in a homely environment. Close scrutiny of admissions and discharges continues to be carried out in line with Health Protection Scotland guidance in relation to COVID-19 to minimise risk of introducing infection to the care homes.</p> <p>Glasgow HSCP has been working jointly with other HSCPs in NHSGGC to support care homes to respond to the pandemic. A range of actions have been taken and these were <a href="#">reported</a> to the IJB in June 2020 by the Chief Officer.</p> <p><a href="#">Back to Summary</a></p>									



<b>Target/Ref</b>	6. Provided Residential Care – Review Rates
<b>Purpose</b>	To monitor the extent to which reviews for care home residents are being undertaken within the target 6-month period. This indicator reports on the review of residents in our own local authority residential care homes.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	2019/20				2020/21		2021/22	
Target	Q1	Q2	Q3	Q4	Q1- Q3	Q4	Q1	Q2
95%	97% (G)	95% (G)	95% (G)	96% (G)	N/A	100% (G)	24% (R)	97% (G)
<b>Performance Trend</b>								
<p>There was a significant improvement during Q2 with performance moving from RED to GREEN. 19% of these reviews were in-house reviews carried out by care home staff while the other 77% received a statutory review led by a social worker. In June 2020, a formal request from Chief Social Work Office (Iona Colvin) was issued to all Chief Social Work Officers seeking enhanced professional and clinical oversight of all care home residents due to the pandemic. This led to a focussed project to prioritise statutory reviews of all care home residents and accounts for the significant improvement in this quality indicator.</p> <p><u>2020-21</u> No face-to-face reviews were carried out in our Care Homes during 20/21 Quarters 1 to 3 because of the ongoing Covid-19 pandemic and consequently data is not available for this period.</p> <p><a href="#">Back to Summary</a></p>								

## ii. Commissioned Services

<b>Indicator</b>	7. Number of people in supported living services.
<b>Purpose</b>	To monitor the number of people receiving supported 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 for longer.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) Frances McMeeking, Assistant Chief Officer, Operational Care Services

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	<i>Was 920 but under review for 21/22</i>	821	798	789	769	809	759	813	833	845
North East	N/A	252	249	250	235	255	230	249	258	259
North West	N/A	263	262	255	265	275	255	278	291	292
South	N/A	306	287	284	269	279	274	286	284	294
<b>Performance Trend</b>										
<p>Numbers increased overall by 12 during Quarter 2.</p> <p>Work is underway to review this indicator and its target as the service has changed and now has three elements: Clustered supported living, HSCP home care supported living, and Traditional supported living. No RAG rating has been assigned pending this review.</p> <p><a href="#">Back to Summary</a></p>										

<b>Indicator</b>	8. Intermediate Care: Percentage Occupancy
<b>Purpose</b>	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People'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	Sep 21
City	90%	88% (G)	88% (G)	73% (R)	56% (R)	62% (R)	38% (R)	52% (R)	69% (R)	63% (R)	62% (R)	61% (R)
North East		94% (G)	86% (A)	64% (R)	54% (R)	59% (R)	42% (R)	61% (R)	76% (R)	79% (R)	74% (R)	73% (R)
North West		87% (G)	91% (G)	84% (R)	68% (R)	77% (R)	52% (R)	46% (R)	67% (R)	63% (R)	67% (R)	57% (R)
South		84% (R)	88% (G)	71% (R)	43% (R)	49% (R)	16% (R)	50% (R)	64% (R)	46% (R)	43% (R)	53% (R)

#### Performance Trend

Performance has declined at a city level and in all localities in the last quarter and remains RED.

#### Issues Affecting Performance

Occupancy levels have dropped due to the impact of Covid on the care home sector

#### Actions to Improve Performance

Referrals for admissions to IC (Intermediate Care) have gradually increased in recent months, stabilising across the city during July, Aug, Sept.

Due to the success of the Discharge to Assess policy the HSCP has been able to support a wide range of discharge options. The focus of intermediate care continues to be on rehabilitation and returning services user home (see indicator 10). A review of intermediate care capacity has been completed taking into account the drop in occupancy levels with a tender exercise underway to secure the appropriate level of IC bed capacity for the coming years.

#### Timescales for Improvement

IC tender to be completed and contracts in place by 1 June 2022

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<b>Indicator</b>	9. Intermediate Care: Average length of stay (Days)
<b>Purpose</b>	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People'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	Sep 21
City	<28 days	33 (R)	37 (R)	31 (R)	40 (R)	39 (R)	48 (R)	47 (R)	46 (R)	46 (R)	43 (R)	43 (R)
North East		24 (G)	37 (R)	27 (G)	42 (R)	49 (R)	45 (R)	58 (R)	54 (R)	58 (R)	51 (R)	46 (R)
North West		41 (R)	37 (R)	36 (R)	49 (R)	37 (R)	65 (R)	57 (R)	50 (R)	41 (R)	48 (R)	48 (R)
South		32 (R)	35 (R)	30 (R)	27 (G)	26 (G)	29 (A)	35 (R)	34 (R)	37 (R)	27 (R)	36 (R)

<b>Performance Trend</b>
At a city level and in the North East & North West, performance improved in the last quarter with performance declining in the South. All remain RED.
<b>Issues Affecting Performance</b>
The current COVID-19 restrictions continue to have an impact on average length of stay which is above target. The key factors that contributed to this include the increased infection control required, an increased level of frailty among service users, and discharge plans that have been impacted by the effects of Covid on other services.
<b>Actions to Improve Performance</b>
A recovery plan for intermediate care has been developed with a focus on increasing home discharge options (see indicator 10) and joint multi-disciplinary/agency efforts to support individuals with complex needs to return home.
<b>Timescales for Improvement</b>
Improvement in length of stay is dependent on a number of key factors, including a reduction in Covid cases in Glasgow, the availability of appropriate service provision for individuals to move to and in conjunction with this, the capacity of the care sector to recruit staff.

<b>Indicator</b>	10. Percentage of intermediate care users transferred home
<b>Purpose</b>	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

			2019/20			2020/21				2021/22			
Locality	Destination	Target	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Jul 21	Aug 21	Sep 21
Glasgow	Home	30%	35% (G)	19% (R)	19% (R)	11% (R)	7% (R)	15% (R)	25% (R)	26% (R)	22% (R)	25% (R)	13% (R)
	Res/Nursing	N/A	53%	65%	62%	72%	72%	60%	50%	54%	53%	50%	55%
	Readmissions	N/A	9%	10%	13%	11%	13%	18%	22%	18%	18%	20%	13%
	Deceased	N/A	3%	6%	6%	6%	9%	8%	3%	2%	7%	5%	19%
NE	Home	30%	41% (G)	33% (G)	19% (R)	10% (R)	12% (R)	20% (R)	10% (R)	25% (R)	22% (R)	50% (G)	17% (R)
	Res/Nursing	N/A	36%	67%	58%	80%	65%	47%	50%	50%	50%	25%	75%
	Readmissions	N/A	23%	0%	19%	10%	18%	20%	40%	19%	17%	13%	0%
	Deceased	N/A	0%	0%	4%	0%	6%	13%	0%	6%	11%	13%	8%
NW	Home	30%	15% (R)	9% (R)	0% (R)	10% (R)	0% (R)	14% (R)	25% (R)	18% (R)	20% (R)	0% (R)	11% (R)
	Res/Nursing	N/A	73%	61%	77%	67%	65%	57%	50%	59%	30%	69%	44%
	Readmissions	N/A	4%	17%	9%	10%	18%	29%	25%	23%	50%	31%	33%
	Deceased	N/A	8%	13%	14%	14%	18%	0%	0%	0%	0%	0%	11%
South	Home	30%	55% (G)	20% (R)	38% (G)	13% (R)	8% (R)	9% (R)	36% (G)	37% (G)	24% (R)	18% (R)	10% (R)
	Res/Nursing	N/A	45%	68%	54%	75%	92%	82%	50%	53%	71%	64%	40%
	Readmissions	N/A	0%	8%	8%	13%	0%	0%	7%	11%	0%	18%	10%
	Deceased	N/A	0%	4%	0%	0%	0%	9%	7%	0%	6%	0%	40%

### Performance Trend

Performance declined at a city level and in the North East and North West and remains RED in the last quarter. South moved to RED from GREEN.

### Issues Affecting Performance

COVID-19 restrictions continue to have an impact on the % of individuals returning home. Similar to factors that affect length of stay the factors that affect the numbers discharged home include Covid infection control requirements, the frailty of individual service users, and the impact of Covid on other services involved in discharges.

### Actions to Improve Performance

While improvements have been made in the number of service users transferring home a recovery plan for intermediate care is in the process of being implemented with a focus on further increasing home discharge options.

### **Timescales for Improvement**

Further progress is anticipated over the coming months but this is dependent on the level of frailty of individual service users, the number of Covid cases reducing in Glasgow, and the impact of Covid on other services involved in discharges

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### iii. HSCP Community Services

<b>Indicator</b>	11. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP
<b>Purpose</b>	To monitor progress in the implementation of the new anticipatory care plans. New ACP booklets are patient held and remain with patients. It has been agreed that HSCP staff will share summary pages from these with GPs.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	Target 21/22	19/20	20/21	21/22				
		Full year	Full Year	Q1	Q2	Q3	Q4	Year to Date
No. ACP conversations held	800p.a.	530 (R)	264 (R)	93 (R)	44 (R)			137 (R)
No. summaries completed and shared with GPs	200 p.a.	130 (R)	69 (R)	28 (R)	8 (R)			36 (R)

<b>Performance Trend</b>
<p>This indicator relates to the number of completed summary versions of the national ACP that have been shared with GPs, and the number of conversations that have been held with patients and / or their carers to raise awareness of the benefits of ACPs.</p> <p>Targets for these indicators were set before the COVID-19 pandemic and as with other KPIs we are still below where we would like to be. While the pandemic has undoubtedly had an effect on our performance, it is likely that the current activity is under reported due to the system issues. Work is in hand to improve data capture.</p>
<b>Issues Affecting Performance</b>
<p>Continued pressures on services due to the COVID-19 pandemic have limited staff capacity to engage with people on f ACPs as part of future care planning. District Nurse Teams were limited to "essential work" only, and recording of ACP conversations was paused during the pandemic. T. The data above includes information from all Older People's teams in the HSCP recorded on EMIS.</p>
<b>Actions to Improve Performance</b>
<p>As staff adapt to new ways of working, for example remote consultations, there is an opportunity to refocus on ACP conversations and sharing ACP summaries on Clinical Portal.</p> <p>The HSCP has developed an implementation plan to embed ACPs as a key priority within our day-to-day work with patients.</p> <p>Online training resources have been created for all staff by the Macmillan ACP Programme. eLearning module: <a href="#">click here</a> Virtual Face-to-Face training: <a href="#">click here</a></p>

A website has also been developed by the Macmillan ACP Programme with dedicated information and resources to help people think about future planning. <http://www.nhs.uk/healthcareplanningcare>

### **Timescales for Improvement**

The Macmillan ACP Programme developments are well underway, with programme funding secured until April 2022. Staff training will continue to be offered to all key staffing groups identified in the HSCP Implementation Plan throughout 2021/22, alongside other work identified in the plan. However, all ongoing developments may be impacted by the changing landscape of COVID-19 and the overall recovery plan.

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<b>Target/Ref</b>	12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year.
<b>Purpose</b>	To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that there are no outstanding activities over 12 months.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	<b>0%</b>	0% (G)	1% (A)	1% (A)	2% (A)	6% (R)	5% (R)	8% (R)	1% (A)	2% (A)
North East		0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	0% (G)	0% (G)
North West		0% (G)	2% (A)	0% (G)	0% (G)	5% (R)	4% (R)	3% (A)	0% (G)	0% (G)
South		0% (G)	1% (A)	1% (A)	4% (R)	10% (R)	7% (R)	11% (R)	2% (A)	4% (R)

#### Performance Trend

At Q2, city performance dropped slightly but remained AMBER. North East and North West remained GREEN while performance in South dropped from AMBER to RED.

At the end of September there were 1,749 open OT assessment activities assigned to workers or teams: 31 (2%) of these had been open for more than 12 months; 28 were open to South, 1 to North East and 2 to North West.

#### Issues Affecting Performance

Due to the pandemic all locality community O.T teams have seen an increase in absence due to either covid or other sickness absences.

South have a number of reduced working hour capacity per WTE of staff due to WLB approvals which impacts on ability to allocate full allocations across the team.

There has been a significant increase in Q1 and Q2 in referral rates across all three localities.

#### Actions to Improve Performance

Engagement with the locality Team Leaders to review their longest waiting OT referrals and allocate.

Data cleanse work ahead of a move from Carefirst to Eclipse to ensure data is accurately capturing the number of OT assessments and how long they have been waiting  
South locality to consider a request via HOS to add additional OT or SCW resource against current establishment and WLB' in place.

<b>Timescales for Improvement</b>
Improvements continue to be expected over the coming months. <a href="#">Back to Summary</a>

<b>Target/Ref</b>	13. Referrals to Telecare
<b>Purpose</b>	To monitor the number of Telecare referrals received on a quarterly basis for the Standard and Enhanced Telecare Services. Expanding the uptake of Telecare is a central aim of the national Technology Enabled Care (TEC) Programme.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Telecare Referrals	Scot Govt. Targets	Revised Annual Targets	19/20 Full Year Total	20/21				20/21 Full Year Total	2021/22	
	19/20 & 20/21	21/22		Q1	Q2	Q3	Q4		Q1	Q2
Standard	2,750 688 per Q	2,000 500 per Q	2,723 (G)	468 (R)	541 (R)	680 (G)	637 (R)	2,326 (R)	660 (G)	657 (G)
Enhanced	1,500 375 per Q	500 125 per Q	1,565 (G)	41 (R)	163 (R)	121 (R)	119 (R)	444 (R)	158 (G)	151 (G)

#### Performance Trend

**Revised targets for 2021/22 have now been agreed; these reflect the constraints created by COVID-19.**

During Quarter 2 the revised quarterly pro-rata targets were met for both Standard and Enhanced Telecare Services (GREEN).

The volume of standard referrals this quarter continues the trend of demand for standard telecare returning to pre-Covid levels. During Q2 they were 20% higher than in the equivalent period in 20/21.

The suspension of Enhanced Telecare will be lifted in Q3 and access through the online format will be restored. Reviews of on hold referrals submitted during the suspension period will take place ahead of this during October.

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<b>Indicator</b>	14. Total number of Older People Mental Health patients delayed (Excluding AWI)
<b>Purpose</b>	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	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	Sep 21
0	City	10 (R)	8 (R)	15 (R)	14 (R)	17 (R)	9 (R)	9 (R)	13 (R)	8 (R)	7 (R)	10 (R)
	NE	2 (R)	2 (R)	7 (R)	6 (R)	5 (R)	4 (R)	3 (R)	3 (R)	1 (R)	2 (R)	3 (R)
	NW	3 (R)	3 (R)	2 (R)	4 (R)	5 (R)	1 (R)	3 (R)	4 (R)	1 (R)	1 (R)	3 (R)
	South	5 (R)	3 (R)	6 (R)	4 (R)	7 (R)	4 (R)	3 (R)	6 (R)	6 (R)	4 (R)	4 (R)
	Area wide team											

#### Performance Trend

Numbers vary across localities and over time. Numbers decreased since June though remains RED in all localities.

#### Issues Affecting Performance

There continues to be robust scrutiny of all OPMH delays but we also continue to experience challenges in discharging patients with complex needs. Covid also continues to have an impact on our ability to discharge to other providers.

#### Actions to Improve Performance

The new discharge pathway supports 72-hour discharge and includes dedicated Social Work resource, improved MDT working and early referral to Social Work is all in place. We are also exploring new ways to support this through MS Teams and remote working. Work will over the coming months to ensure the number of delays reduces.

#### Timescales for Improvement

Numbers are low and fluctuate month on month. It is unlikely we will ever reach zero.

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<b>Indicator</b>	15. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
<b>Purpose</b>	To monitor the number of carers being identified and supported and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 6 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Annual Target	19/20 Full Year Total	20/21				20/21 Full Year Total	21/22	
			Q1	Q2	Q3	Q4		Q1*	Q2
<b>Glasgow</b>	1,900 (475 per Q)	<b>1,932 (G)</b>	<b>364 (R)</b>	<b>488 (G)</b>	<b>443 (R)</b>	<b>633 (G)</b>	<b>1928 (G)</b>	<b>604 (G)</b>	<b>572 (G)</b>
North East	633 (158 per Q)	<b>740 (G)</b>	<b>122 (R)</b>	<b>155 (A)</b>	<b>156 (G)</b>	<b>171 (G)</b>	<b>604 (A)</b>	<b>180 (G)</b>	<b>188 (G)</b>
North West	633 (158 per Q)	<b>411 (R)</b>	<b>47 (R)</b>	<b>112 (R)</b>	<b>123 (R)</b>	<b>163 (G)</b>	<b>445 (R)</b>	<b>180 (G)</b>	<b>180 (G)</b>
South	633 (158 per Q)	<b>781 (G)</b>	<b>195 (G)</b>	<b>221 (G)</b>	<b>164 (G)</b>	<b>299 (G)</b>	<b>879 (G)</b>	<b>244 (G)</b>	<b>204 (G)</b>

<b>Performance Trend</b>
<p><b>*N.B.</b> The figures for Q1 were reviewed and amended by the service during Q2.</p> <p>During Q2 all localities continued to exceed the quarterly pro-rata target (GREEN).</p> <p><a href="#">Back to Summary</a></p>

#### Other Indicators for Ongoing Review - See Appendix 1, Section 1

1. Percentage of Last 6 months of life spent in the Community (MSG Indicator 5)
2. Percentage of the Population Unsupported at Home (Aged 65+) (MSG Indicator 6)

## UNSCHEDULED CARE

<b>Indicator</b>	1. New Accident and Emergency (A&E) attendances (18+)
<b>Purpose</b>	To monitor attendance at Accident and Emergency Departments. Partners are working together to reduce these over time and shift the balance of care towards the community. It includes all new and unplanned attendances at emergency departments and Minor Injury Units (MIUs) <b>but excludes GP Assessment Unit attendances</b> . Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 3.
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	21/22 Target	2021/22 (Apr-Jul)
<b>Glasgow</b>	153,791	155,029	156,783	162,600	159,916 (A)	113,513 (G)	153,791 (Total)	49,546
	12,816	12,919	13,065	13,542	13,326 (A)	9459 (G)	12,816 (Monthly)	12,386 (G)
<b>Performance Trend</b>								
<p>The figures for 21/22 are below target and GREEN on a pro-rata basis. The numbers of attendances have, however, continued to increase having fallen due to the pandemic and are now approaching pre-pandemic levels.</p> <p><a href="#">Back to Summary</a></p>								

<b>Target/Ref</b>	2. A&E Waits Less Than 4 Hours (%)
<b>Purpose</b>	To monitor waiting times at the main A&E units in Glasgow City. This will relate to all patients who attend these units, irrespective of their home location. Source of data is monthly Health Board Unscheduled Care reports.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Localit y	Targe t	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	Sep 21
GRI	95%	85.8 (R)		85.9 (R)	95.7 (G)	92.8 (G)	88.5 (R)	91.8 (A)	87.5 (R)	82.4 (R)	76.2 (R)	68.5 (R)
QEUH		76.2 (R)		76.8 (R)	95.8 (G)	89.7 (R)	81 (R)	87.9 (R)	80.6 (R)	69.8 (R)	58 (R)	56.5 (R)

<b>Performance Trend</b>
After improving at the start of the pandemic in 20/21, performance declined at both hospitals and has worsened in 21/22 remaining RED.
<b>Issues Affecting Performance</b>
As has been reported nationally A&E waiting times continue to be a cause for concern and a key indicator of the pressure the NHS is currently facing. Recent analysis has shown that approximately a third of attendances at the QEUH could have been seen elsewhere. The Scottish Government has recently issued national guidance on re-directing patients who could be seen more appropriately by other services e.g. community pharmacies. The aim of this policy is to ease pressure on A&E departments so emergencies and other urgent cases can be seen timeously.
<b>Actions to Improve Performance</b>
Action plans are being developed to implement the new re-direction policy across all A&E departments
<b>Timescales for Improvement</b>
Ongoing throughout 2021 and into early 2022
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<b>Indicator</b>	3. Number of Emergency Admissions (18+)
<b>Purpose</b>	To monitor the extent to which people are being admitted to hospitals in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. This includes all inpatient and day care admissions but excludes people admitted to obstetrics and psychiatric hospitals and those admitted as geriatric long stay patients. Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 1`
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	21/22 Target	2021/22 (Apr-Jul)
<b>Glasgow</b>	70,133	69,656	62,725	63,898	63,324 (G)	54,960* (G)	66,624	21,191*
	5844	5804	5227	5325	5277 (G)	4580* (G)	5552	5298* (G)

\*Provisional

#### Performance Trend

The figures for 21/22 are below target and GREEN on a pro-rata basis. The numbers of admissions have, however, continued to increase having fallen due to the pandemic and are now approaching pre-pandemic levels.

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<b>Indicator</b>	4. Number of Unscheduled Hospital Bed Days - Acute (18+)
<b>Purpose</b>	To monitor the extent to which people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	21/22 Target	2021/22 (Apr-Jul)*
<b>Glasgow</b>	493,371	515,275	506,792	496,071	497,641 (R)	438,871* (G)	453,866	144,210*
	41,114	42,939	42,232	41,339	41,470 (R)	36,572* (G)	37,822	36,052* (G)

*Provisional
<b>Performance Trend</b>
<p>The figures for 21/22 are below target and GREEN on a pro-rata basis. The numbers of unscheduled bed days have, however, continued to increase having fallen due to the pandemic.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay							
<b>Purpose</b>	To monitor the extent to which people are occupying geriatric long stay beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.							
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2							
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)							
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)							
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)							
<b>Glasgow</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>21/22 Target</b>	<b>2021/22 (Apr-Jun)*</b>
	36,956	33,278	21,377	19,324	14,192 (G)	861* (G)	33,260	64
	3080	2773	1781	1610	1183 (G)	72* (G)	2772	21.3 (G)

\*Provisional

#### Performance Trend

Performance is classified as GREEN with figures remaining very low compared to pre-pandemic. It should be noted, however, that data availability has a time lag and these figures are incomplete for 20/21 and 21/22.

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<b>Indicator</b>	6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).
<b>Purpose</b>	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	21/22 Target	2021/22 (Apr-Jun)*
<b>Glasgow</b>	190,791	187,654	182,524	180,888	189,139 (A)	165,668* (G)	181,371	34,825*
	15,899	15,638	15,210	15,074	15,762 (A)	13,806* (G)	15,114	11,608* (G)

\*Provisional

#### Performance Trend

Performance is classified as GREEN with figures remaining low compared to pre-pandemic. It should be noted, however, that data availability has a time lag and these figures are incomplete for 20/21 and 21/22.

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<b>Indicator</b>	7. Total number of Acute Delays
<b>Purpose</b>	To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care 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	Sep 21
North East	0	25	20	16		20	9	19	25	22	20	17
North West		19	10	12		17	17	12	15	15	18	15
South		17	16	9		19	17	21	20	23	26	22
Sub-Total (Included Codes)		61	46	37		56	43	52	60	60	64	54
North East	0	11	9	12		11	22	28	27	26	19	29
North West		8	10	11		9	10	13	16	17	16	18
South		2	2	17		14	11	10	18	20	18	19
Sub-Total (Complex Codes)		21	21	40		34	43	51	61	63	53	66
Overall Total		82 (R)	67 (R)	77 (R)		90 (R)	86 (R)	103 (R)	121 (R)	123 (R)	117 (R)	120 (R)

<b>Performance Trend</b>
Total numbers delayed have decreased slightly since June but remain RED.
<b>Issues Affecting Performance</b>
Acute AWI levels peaked mid-September 21 to a level of 72. Progress has been made with a number of cases which are now around the level of 54.
<b>Actions to Improve Performance</b>
There is a significant focus on AWI activity currently with the development of a tracker process to monitor individual patient progress against agreed milestones. It is envisaged that this will mitigate delays across the AWI journey and identify escalation required.

A proportion of discharges move to intermediate care or long term care placements. Movement to these locations and also the use of Discharge to Assess will be scrutinized over the winter period to maximise available capacity and to minimise delays. A daily huddle is now in place for intermediate care within the partnership.

Additional investment has been made with the recent announcement of monies from the Scottish Government which will further enhance capacity to promote discharge home, seven day discharge and admission avoidance. Scottish Govt are also monitoring delays very closely.

Operationally, there are daily senior management huddles across partnership and acute to focus on delays and a high level of scrutiny within the HSCP to identify opportunities to prevent delays or mitigate their impact.

### **Timescales for Improvement**

Actions in place aim to improve delays during Nov / Dec 21 and further actions will gain traction to support improvement through to March / April 22.

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<b>Indicator</b>	8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
<b>Purpose</b>	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
<b>Type of Indicator</b>	MSG Indicator 4
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	21/22 Target	2021/22 (Apr-Jul)
<b>Glasgow</b>	41,582	38,870	29,897	38,656	45,318 (R)	49,902 (R)	39,919	20,481
	3488	3239	2491	3238	3776 (R)	4159 (R)	3327	5120 (R)

<b>Performance Trend</b>
The figures for 21/22 are above target and RED on a pro-rata basis.
<b>Issues Affecting Performance</b>
The number of patients associated with delays have seen a reduction over the period Sept 21 to present. This has been helped by a reduction in the number of AWI cases. AWI Bed days associated with delays have shown a plateauing from the previous period but there remain some longer stay AWI cases that continue to contribute significantly. Non AWI bed days increased slightly during the reporting period which have been impacted on by capacity of care homes to accept admissions. There is a 75% occupancy level within care homes due to staffing issues and a hesitancy from care homes to accept some patients from acute services.
<b>Actions to Improve Performance</b>
Additional investment – including new Scottish Govt monies, support for seven day discharge, an improvement in the capacity for care homes and the targeted work to progress AWI cases should support a reduction in bed days.
<b>Timescales for Improvement</b>
The aim is to continue to further reduce AWI bed days lost through to Dec 21 with more sustained improvements through to March 22. Similarly, the focus on non AWI remains with daily scrutiny throughout the winter period. <a href="#">Back to Summary</a>

<b>Indicator</b>	9. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+)
<b>Purpose</b>	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 7 above. Source is Health Board Information Team.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services

Indicator	Target TBC	19/20	20/21	21/22				
		Full year	Full Year	Jun	Jul	Aug	Sep	Year to Date
<b>City</b>	<b>1910 (159/ month)</b>	<b>6571 (R)</b>	<b>11,163 (R)</b>	<b>1470 (R)</b>	<b>1561 (R)</b>	<b>1409 (R)</b>	<b>1618 (R)</b>	<b>8762 (R)</b>
North East		2460	4881	632	<b>619</b>	<b>478</b>	<b>663</b>	3728
North West		2356	2397	399	<b>437</b>	<b>403</b>	<b>420</b>	2362
South		1755	3885	439	<b>505</b>	<b>528</b>	<b>535</b>	2672

<b>Performance Trend</b>
Performance remains above target and RED. Please note that processes are underway to agree the 2021/22 unscheduled care indicators/targets and the target shown is that for 2019/20.
<b>Issues Affecting Performance</b>
The legal process with AWI delays means that each contributes significantly to bed days lost each month. In comparison, Non AWI delays are less likely to individually impact on bed days lost. A reduction in AWI numbers recently with a number of cases moving to Guardianship has seen a reduction in overall numbers, as well as a plateauing of bed days lost.
<b>Actions to Improve Performance</b>
There is a significant focus on AWI activity currently with the development of a tracker process to monitor individual patient progress against agreed milestones. It is envisaged that this will mitigate delays across the AWI journey and identify escalation required.
Additional investment has been planned to support the GCC legal team where capacity to process Local Authority applications has been recognised as a current issue in the journey.
Issues such as court dates are outwith control of the partnership and these contribute to the backlog of cases awaiting dates.
<b>Timescales for Improvement</b>
It is hoped that the current trend of reduction in AWI delays will continue or at least plateau with the current actions during 21/22
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## PRIMARY CARE

<b>Indicator</b>	1. Prescribing Costs: Compliance with Formulary Preferred List
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	19/20			20/21				21/22
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>City</b>	78%	77.87% (G)	77.76% (G)	77.49% (G)	77.04% (G)	77.03% (G)	76.96% (G)	76.83% (G)	76.72% (G)
NE		78.56% (G)	78.47% (G)	78.20% (G)	77.73% (G)	77.76% (G)	77.75% (G)	77.63% (G)	77.51% (G)
NW		77% (G)	76.96% (G)	76.61% (G)	76.16% (G)	76.20% (G)	76.17% (G)	76.04% (A)	75.90% (A)
S		77.99% (G)	77.79% (G)	77.57% (G)	77.13% (G)	77.08% (G)	76.91% (G)	76.79% (G)	76.70% (G)
NHSGGC		77.87%	77.76%	77.50%	76.75%	77.06%	76.98%	76.84%	76.73%

### Performance Trend

All localities slightly reduced in the last quarter. North West remained AMBER while the others, although all slightly below target, remained GREEN. This is reported one quarter in arrears.

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<b>Indicator</b>	2. Prescribing Costs: Annualised cost per weighted list size
<b>Purpose</b>	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	19/20			20/21				21/22
		Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
<b>City</b>	Cost below (or same) as Board average	£151.58 (G)	£151.13 (G)	£153.46 (G)	£151.97 (G)	£151.40 (G)	£150.76 (G)	£147.61 (G)	£150.24 (G)
NE		£146.67 (G)	£146.37 (G)	£148.55 (G)	£148.23 (G)	£148.15 (G)	£147.45 (G)	£144.49 (G)	£147.00 (G)
NW		£150.32 (G)	£149.48 (G)	£151.63 (G)	£149.23 (G)	£148.98 (G)	£148.59 (G)	£145.63 (G)	£148.15 (G)
S		£157.17 (G)	£156.91 (G)	£159.54 (G)	£157.85 (G)	£157.17 (G)	£156.36 (G)	£152.85 (G)	£155.69 (G)
<b>NHSGGC</b>		£169.12	£168.79	£171.58	£169.97	£169.40	£168.73	£164.95	£167.94

<b>Performance Trend</b>
<p>Variations across sectors and over time with a slight increase in all areas in the last quarter. This is reported one quarter in arrears.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	3. Flu Immunisation Rates
<b>Purpose</b>	To monitor the numbers of people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data vaccine uptake estimates are taken from Health Protection Scotland and is based on automated extracts from all Scottish GP practices. Immunisation rates are shown for various groups. The data will be reported for Q3 and Q4 each year when the programme is delivered.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Over 65s	Pregnant (no risks)	Pregnant with risk factors	Pre-school 2-5 years old	Primary School Children	Under 65s with risk factors	Unpaid and Young Carers
<b>Target</b>	<b>75%</b>	<b>75%</b>	<b>75%</b>	<b>65%</b>	<b>75%</b>	<b>No target</b>	<b>No target</b>
Glasgow City	72% (A)	39% (R)	54% (R)	61% (A)	65% (R)	49%	57%
Health Board	80%	47.2%	55.5%	62.5%	75%	53.2%	61.8%

#### Performance Trend

The seasonal flu vaccination programme runs from 1 October to 31 March each year. All areas are below target. These figures relate to the entire period and will not be updated until the next programme which runs in 2021/22.

#### Issues Affecting Performance

Primarily relates to ability/willingness of people to take the vaccination and our capacity to provide enough staff who are able to deliver the vaccine.

#### Actions to Improve Performance

The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the flu vaccination programme and encourage an increased uptake.

The Vaccination Transformation Programme is a national programme led by the Scottish Government (SG) to coordinate the migration of vaccination delivery out of GP practices and use alternate vaccination delivery models across Scotland. This had only been partially progressed by late 2019 but has since accelerated in light of COVID. By late 2020, Scotland had a mixed delivery model for influenza vaccination which varies considerably by NHS Board.

The programme is midway through its implementation and flu immunisations for children now sit with the HSCPs, whilst Maternity Services is responsible for vaccinations for pregnant women. The timescale for the transfer from general practice of the adult flu

vaccination programme has been delayed until October 2021; however, given the expansion of the programme by over 80,000 people in Glasgow who are aged 55 to 65 years and the constraints placed on delivery as a result of social distancing requirements, the Health Board, HSCPs and GP practices have been working collaboratively to ensure that the programme can be delivered successfully and a hybrid model has been used in 2020/21, with the HSCP taking on full responsibility for the over 65 year olds and GPs primarily delivering the 18-64 year olds at risk. Where GPs could not deliver on the programme they offered “vaccinator time” to the HSCP vaccination centres. In addition, the HSCP continued with an expanded number of vaccinations for people who are housebound.

There is an expectation that the Vaccination Transformation Programme will be completed by the end of October 2021 and this will be a challenge as we continue with the delivery of the COVID vaccination programme during 2021.

Programme specific comments:

### **Pregnant Women**

The feedback on maternity services figures related to lack of connectivity between the Badgernet IT system and GP systems and that not all the vaccinations may have been recorded.

### **Primary School Children**

When primary school vaccination sessions were scheduled often whole classes had been sent home to isolate. However, our school immunisation team did manage to set up alternative sessions in December for classes but often there were large numbers of children still absent. These children were then offered mop up appointments at community clinics.

### **Pre-school**

The 61% uptake is a significant improvement on previous years. As a comparator in 2019/20 the Glasgow uptake was 50.5%.

### **Timescales for Improvement**

The Health Board is developing a combined Flu/COVID 19 Booster Vaccination framework for 2021/22 starting in September 2021 which will be in line with the national approach. Glasgow HSCP is involved in this work and is developing a local team to support the Board to improve performance, especially for groups/individuals who find it difficult to access the vaccination locations or who require more tailored approaches to ensure that we can engage with them (such as housebound patients, care home residents, homeless people etc).

The HSCP also hosts the children's vaccination team for the Board and has started the recruitment process for the vaccinator staff.

We are working hard to ensure that we support a co-ordinated and joined up approach to the various vaccination programmes to maximise uptake. However, given the short timescales, the requirement to provide a COVID 19 booster and the expanding nature of the cohorts of people who will require to be vaccinated from 2021, this will be a very challenging year.

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<b>Indicator</b>	4. Shingles Immunisation Rates
<b>Purpose</b>	To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract and are for persons aged 71 to 79.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

<b>Area</b>	<b>Target (Sep 20-Aug 21)</b>	<b>Aged 71 to 79</b>
<b>Glasgow City</b>	<b>60%</b>	<b>54.62% (R)</b>

<b>Performance Trend</b>
The target relates to the whole year between 1 September 2020 and 31 August 2021. Performance is below target and RED.
<b>Issues Affecting Performance</b>
Due to the Covid pandemic this programme could not be effectively delivered in 2020/2021 (Sep-Aug) as the routine shingles programme was suspended temporarily in line with COVID-19 advice, although if a patient was well and presented for any other scheduled appointment, they could be opportunistically vaccinated. The impact from Covid-19 continues to threaten the 2021/2022 programme as services try to resume a business as usual model.
<b>Actions to Improve Performance</b>
The delivery of the shingles vaccination is the responsibility of GP practices but had been temporarily suspended as described above. A letter was subsequently issued to practices on the 21 July 2021 by the Scottish Government, which directed that the shingles' programme would commence on 1 September 2021 as in previous years, and that eligible individuals can be immunised from this date. However, shingles vaccinations do not have to be delivered at this time and participating practices can deliver them at a later date if they need to protect their capacity. An options appraisal for how the vaccine will be delivered going forward is being undertaken as part of the Vaccination Transformation Programme, which is focused on transferring responsibility for delivering vaccinations from GPs to the HSCP, NHS GG&C and other providers.
<b>Timescales for Improvement</b>
The Vaccination Transformation Programme offers the opportunity to look at alternative forms of provision to increase uptake in the future.
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<b>Target/Ref</b>	5. AHP Waiting Times
<b>Purpose</b>	To monitor the waiting times performance in relation to AHP services. These services are hosted across NHSGGC with Renfrewshire having managerial responsibility for Podiatry; West Dunbartonshire for MSK Physio; and Acute for Dietetics.
<b>Type of Indicator</b>	Local HSCP indicator for
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

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	Sep 21
MSK Physio	90% within 4 wks	41 (R)	33 (R)	33 (R)	7 (R)	45 (R)	92 (G)	87 (G)	63 (R)	49 (R)	52 (R)	42 (R)
Podiatry	90% within 4 wks	91.9 (G)	95.2 (G)	N/A	N/A	48.1 (R)	40.4 (R)	58.7 (R)	48.9 (R)	36.1 (R)	46.8 (R)	40.2 (R)
Dietetics	100% within 12 wks	100 (G)	99.9 (G)	100 (G)	98.5 (G)	100 (G)	100 (G)	100 (G)	100 (G)	98.3 (G)	91.5 (G)	83.6 (R)

## Performance Trend

### **MSK Physio**

% patients seen within the 4 week target has seen an overall decrease within Q2 21/22. The reasons for this are 2 fold. Firstly demand has continued to increase to pre covid levels. Secondly MSK capacity has been reduced due to further redeployment of staff (n = 18) to support Acute colleagues with the pandemic effort. These staff were deployed in August and did not return to MSK until 18<sup>th</sup> October 2021. The combination of increasing demand and decreased capacity has resulted in a reduction in the percentage number of patients seen within 4 weeks. There has also been a rising in maximum waiting times in Q2 for the aforementioned reasons. The redeployment of staff in August and September was reflected in the waiting times rising by a week each week during this period.

### **Podiatry**

Performance remains below target and has reduced in the last quarter. Referral numbers have now increased and are at pre pandemic levels. A new telephone triage system has been introduced for the first contact and currently only around 45% of patients are requiring further contact.

### **Dietetics**

Referral rates have returned to pre-pandemic levels, in September the dietetic service referral rate was 16% higher than it was in September 2019. Some community dietitians were deployed to acute dietetic services, thus reducing community capacity. Additionally, there were staff vacancies that impacted on ability to deliver clinical care. All of these points have impacted on the community dietetic service.

<p><b>Issues Affecting Performance</b></p> <p><b>MSK Physio</b></p> <p>Since March 2021 demand for MSK service has increased to pre covid levels. The MSK service continues to remobilise but within Q2 a further 18 staff were redeployed to support Acute colleagues. There is limited Face to face capacity within MSK departments due to ongoing social distancing requirements, and this is variable across sites. The majority of first appointments (88%) remain managed virtually (by telephone) and patients are escalated and prioritised to Face to face based on clinical need. This has increased the number of patient transfers between MSK sites (to where there is F2F capacity) and this has reduced MSK capacity and increased workload for MSK staff. On scrutiny of the patients escalated for F2F the majority of patients requiring face to face were where they required post op Physiotherapy following orthopaedic surgery. In the interest of service efficiency this cohort of patients is now escalated straight to F2F for their first appointments. The service also had to allow increased time for virtual new patient appointments (due to increased paperwork involved) and this has reduced return appointment capacity within the service.</p> <p><b>Podiatry</b></p> <p>NHSGG&amp;C Podiatry suspended all of its activity except for Foot Protection and infected lesions on 23 March 2020. Referrals were not accepted for anything other than these conditions, and the service took back shared care dressings from District Nurses etc to allow them to be utilised across the wider system. All urgent referrals were seen within the 2 day response period. The referral performance above relates to 'non-urgent' self-referrals.</p> <p>The first phase of the recovery plan is addressing waiting times by triaging all new self-referrals by telephone. Current data indicate that only around 20% of these patients are being given a face to face appointment. The service was reduced again at the beginning on January 2021 and suspended all new telephone review in preparation for supporting the COVID Vaccination process and in an anticipation of an increase in sickness absence.</p> <p>There is a waiting list of patients who have been triaged via telephone as requiring non urgent Podiatry care and will be appointed in line with the Boards guidance on accommodation and ongoing infection control measures.</p> <p>Accommodation and staff having to isolate are due to contact tracing are the biggest issues affecting performance.</p> <p>The service is also experiencing significant recruitment issues with vacancy levels sitting at 11%</p> <p><b>Dietetics</b></p> <p>Patients have been assessed using a mix of virtual appointments (NHS Near Me or telephone) and face to face appointments. Statistically, it appears that during the pandemic the number of patient review appointments has increased thus impacting on caseload capacity. Staff vacating posts has also impacted on the number of both new and review appointments, plus the re-deployment of community staff into acute setting.</p>	<p><b>Actions to Improve Performance</b></p> <p><b>MSK Physio</b></p> <p>Rotational staff were returned to MSK within October 2021. This has increased New Patient and return capacity and is expected to decrease waiting times moving forward/</p> <p>Physiotherapy patients are being offered a first appointment on a GGC wide basis (as first appointment is virtual), but also with the first offer being at the 3 sites closest to their home (to reduce the number of internal transfers for a F2F appointment). The GGC wide offer of first appointment has resulted in equity of waiting times across GGC. This has increased efficiency of NP provision. Appointing patients who</p>
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require follow up physiotherapy after orthopaedic surgery to a F2F new patient appointment will also increase efficiency and effectiveness of service provision.

Project work has started to consider the number of patient transfers (which is limiting MSK capacity and affecting staff wellbeing due to added workload). The service hopes to reduce the number of patient transfers by October 21. Demand will need to be monitored as rise in demand will result in demand exceeding MSK capacity.

### ***Podiatry***

Blended clinical templates have now been developed and are 50/50 face to face and virtual. These will progress when accommodation becomes available. Some accommodation has now been released however the need for distancing still limits the overall capacity.

The service is working in conjunction with NES and NHS careers to advertise return to practice for Podiatrists who may not have practiced for some time. This will be done on an 'earn as you learn basis'.

### ***Dietetics***

The dietetic team leads are working locally with health centre business support staff to progress with increasing the number of patients seen face to face in a safe and clinically appropriate way. It is expected that by increasing face to face appointments, with clinically appropriate patients, will help restore clinic capacity.

All dietitians in the community dietetic service have been undertaking extra clinics to reduce current waiting times.

Re-deployed staff have now return to community dietetic service which will increase clinical capacity as too will recruitment to current vacancies, which is in the process of being completed.

## **Timescales for Improvement**

### ***MSK Physio***

It is anticipated that service recovery in terms of face to face will only increase significantly when there is a relaxation in social distancing requirements. Demand continues to rise and will need to be monitored on an ongoing basis to ensure demand does not exceed capacity. If this happens, and waiting times rise then resource will be utilised to address this issue. It is expected that waiting times will decrease over the next few weeks (within November) due to the return of staff from redeployment.

### ***Podiatry***

The service is involved in ongoing negotiation around available clinical accommodation. This will clearly be contingent on any further extension of emergency measures. Other variables are recruitment of staff. The extension of emergency measures until end of March 2022 suggest no significant impact will be made until beyond that date.

### ***Dietetics***

The service anticipates that the position will be improved over the next few months

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## **Other Annually Reported Indicators - See Appendix 1, Section 3**

1. % able to make an appointment with doctor 3 or more working days in advance
2. % able to see or speak to a doctor or nurse within two working days
3. Abdominal Aortic Aneurysms Screening Rate (AAA)
4. Antibiotic Prescribing

## CHILDREN'S SERVICES

<b>Indicator</b>	1. Uptake of the Ready to Learn Assessments
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	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	Sep 21
North East	95%	94% (G)	92% (G)	89% (R)	46% (R)	90% (A)	91% (A)	84% (R)	90% (A)	89% (R)	91% (A)	93% (G)
North West		86% (R)	89% (R)	88% (R)	54% (R)	81% (R)	85% (R)	80% (R)	87% (R)	85% (R)	83% (R)	87% (R)
South		91% (A)	91% (A)	91% (A)	65% (R)	85% (R)	90% (A)	88% (R)	89% (R)	89% (R)	93% (G)	90% (A)

<b>Performance Trend</b>
Performance improved slightly in the North East and South in the last quarter, moving from AMBER to GREEN and RED to AMBER respectively. North West remained the same and RED.
<b>Issues Affecting Performance</b>
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 considered 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). If families are seen after the 27-30 month timescale, while they still have an assessment it will be recorded as "unscheduled" rather than 27-30 months and therefore not included in these figures. In the second lockdown and subsequently there are still families who have returned to their countries of origin and therefore unable to be assessed
<b>Actions to Improve Performance</b>
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.
<b>Timescales for Improvement</b>
Ongoing work is progressing to assess children who missed their 27 – 30 month assessment.
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<b>Indicator</b>	2. % of HPIs (Health Plan Indicator) allocated by Health Visitor by 24 weeks
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	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	Apr 21	May 21	Jun 21	Jul 21
North East	95%	95% (G)	98% (G)	98% (G)	96% (G)	97% (G)	98% (G)	96% (G)	98% (G)	99% (G)	96% (G)	93% (G)
North West		95% (G)	99% (G)	95% (G)	99% (G)	95% (G)	97% (G)	96% (G)	99% (G)	98% (G)	98% (G)	96% (G)
South		96% (G)	99% (G)	96% (G)	97% (G)	97% (G)	97% (G)	99% (G)	98% (G)	98% (G)	99% (G)	92% (G)

Performance Trend
<p>Variations across areas and over time. All areas remain GREEN. There is a time lag in the availability of this data.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	3. Number of referrals being made to the Healthier, Wealthier Children Service.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	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)	791 (G)			1634 (G)
NE	344	86	764 (G)	138 (G)	205 (G)	218 (G)	210 (G)	771 (G)	260 (G)	220 (G)			480 (G)
NW	576	144	918 (G)	196 (G)	189 (G)	214 (G)	213 (G)	812 (G)	217 (G)	185 (G)			402 (G)
S	613	153	833 (G)	344 (G)	355 (G)	437 (G)	404 (G)	1540 (G)	366 (G)	386 (G)			752 (G)

#### Performance Trend

Targets continue to be met at city level.

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<b>Indicator</b>	4. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Area	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	Sep 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)	53.01 (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)	72.73 (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)	78.72 (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)	24.69 (R)

<b>Performance Trend</b>
Variations exist across localities and over time. Performance remains RED across the city.
<b>Issues Affecting Performance</b>
<p>The restrictions associated with the pandemic response are continuing to have an impact on the number of face to face appointments that can be offered. 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. This notes the conditions for an appropriate digital offer. Most teams are experiencing particular demands on the duty system and increased numbers of emergency presentations, both of which can reduce the ability of teams to allocate children with the longest waits. Further there are challenges with recruitment and resourcing teams to meet current demands.</p> <p>The reason for the substantial drop in the South is due to an increased focus on those with the longest waits (who were already waiting over 18 weeks), when compared to previous months when only emergency and urgent children and young people were seen. This has impacted the 'percentage seen' within 18 weeks with performance dipping despite increased activity levels, as a result of more of the people being seen by the service already having waited over 18 weeks. In addition, in the South there was no Choice clinician due to the impact of vacancies over a prolonged period of time so the team were not managing to address the waiting list over this period, and were only able to cover emergency appointments (as compared to the figures for other areas which reflect the impact of Choice clinician time).</p>

## **Actions to Improve Performance**

Comprehensive review / validation of the current waiting list to ensure up to date information is available in relation to those who have had lengthy waits, to establish any reduction or escalation of difficulties, and/or any additional supports that may be beneficial.

City wide CAMHS Waiting List Initiative resources were realigned with locality teams, and staffing has now mainly been appointed. These fixed term posts will further locality based support and will help to reduce internal waits, optimise capacity within teams, ensure a seamless patient journey, and facilitate further reductions in the size of the waiting list.

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.

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.

The CAMH service may be represented at Joint Support Team Meetings to aid discussions regarding the needs of children and young people and to identify the most appropriate supports and interventions, and colleagues are continuing to explore different means of service delivery given the restrictions that are likely to remain in place into the summer. The learning from the service response over the course of the pandemic is being analysed and will contribute to ongoing efforts to make sustainable improvements to service delivery.

There is an increased focus on DNA rate for choice appointments, data is being reviewed and plans developed with the aim of reducing this.

The West CAMHS pilot of a digital group for parents of young children with anxiety was successful. A complete set of guidance was signed off by the SCS Clinical Governance Committee, meaning that all parts of the service can now proceed with group work delivered remotely.

Brief Interventions work continues citywide.

## **Timescales for Improvement**

The Waiting List Initiative is continuing and is likely to take until the end of 2021 before improvements are seen in Glasgow City. Given the magnitude of this work, capacity from within the wider HSCP has been identified to support.

Links are already being established with colleagues and partners within localities and this work will continue on an ongoing basis. For example, service managers are now attending the JST-ISG and Locality Planning Meetings.

Service Managers have undertaken a programme of work for referrers with the intention of implementing throughout 2021.

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<b>Indicator</b>	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.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20			2020/21				21/22	21/22 Q2	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	% with review	Number <u>without</u> a Permanency Review
<b>City</b>	90%	72% (R)	70% (R)	68% (R)	66% (R)	58% (R)	59% (R)	55% (R)	58% (R)	65% (R)	27*
North East		81% (R)	71% (R)	68% (R)	69% (R)	57% (R)	59% (R)	51% (R)	62% (R)	69% (R)	11
North West		76% (R)	80% (R)	65% (R)	65% (R)	52% (R)	52% (R)	53% (R)	42% (R)	47% (R)	9
South		59% (R)	59% (R)	71% (R)	64% (R)	61% (R)	62% (R)	59% (R)	62% (R)	74% (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 12 percentage points higher than the position at the end of June.

At the end of September a total of 27 children (of 78 children under 5 looked after for 6 months or more) had not yet had a permanency review.

### 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.

### **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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<b>Indicator</b>	6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	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
Under 5s	100%	23.1% (R)	100% (G)	100% (G)	100% (G)	73.33 (R)	100% (G)	100% (G)	100% (G)	100% (G)
Aged 5-18		92.3% (R)	92.7% (R)	92.9% (R)	100% (G)	92.86% (R)	100% (G)	96.15% (A)	85% (R)	100% (G)

<b>Performance Trend</b>
<p>Percentages can fluctuate due to the small numbers involved. Performance has moved to GREEN from RED for 5-18 year olds in the last quarter.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	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	Q2
City	60%	34% (R)	36% (R)	40% (R)	41% (R)	45% (R)	32% (R)	42% (R)	49% (R)	51% (R)	59% (G)
North East		43% (R)	32% (R)	33% (R)	57% (R)	49% (R)	52% (R)	41% (R)	49% (R)	55% (R)	76% (G)
North West		43% (R)	43% (R)	51% (R)	33% (R)	42% (R)	22% (R)	23% (R)	41% (R)	50% (R)	63% (G)
South		24% (R)	36% (R)	41% (R)	21% (R)	45% (R)	24% (R)	53% (R)	58% (A)	45% (R)	50% (R)
Performance Trend											
During Q2 there were significant improvements across all localities with the city, North East and North West moving from RED to GREEN. There was also improvement in performance in South which remained RED.											
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<b>Indicator</b>	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20			2020/21				2021/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	75%	74% (G)	71% (R)	68% (R)	65% (R)	76% (G)	77% (G)	80% (G)	78% (G)	79% (G)
North East		76% (G)	71% (R)	63% (R)	62% (R)	82% (G)	80% (G)	84% (G)	82% (G)	81% (G)
North West		79% (G)	76% (G)	71% (R)	72% (A)	77% (G)	81% (G)	82% (G)	80% (G)	79% (G)
South		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 further falling from 3% (Q1) to 2% at the end of Q2. This equates to a total of 17 young people in the city – 6 (3%) in North East and 2 (1%) in South who do not have their employability status recorded. The other 9 are young people whose team is “not indicated” (i.e. those without a primary relationship to a worker or team).

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<b>Indicator</b>	9. Number of out of authority placements
<b>Purpose</b>	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,
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target			2019/20				2020/21				2021/22
19/20	20/21	21/22	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
31	40	30 (Q4) 33 (Q1)	46 (R)	47 (R)	46 (R)	42 (R)	45 (R)	40 (G)	34 (G)	34 (A)	31 (G)
<b>Performance Trend</b>											
Placements fell from 34 to 31 in Q2 moving to AMBER to GREEN.											
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<b>Indicator</b>	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>City</b>	95%	93.2% (G)	92.1% (A)	93.5% (G)	93.2% (G)	94.24% (G)	94.37% (G)	95.15% (G)	94.20% (G)	93.31% (G)
North East		93.4% (G)	89.4% (R)	94.1% (G)	91.5% (A)	94.13% (G)	94.98% (G)	94.56% (G)	93.15% (G)	94.94% (G)
North West		92.8% (G)	93.5% (G)	92.2% (A)	93.3% (G)	94.86% (G)	94.34% (G)	95.2% (G)	94.32% (G)	90.91% (A)
South		93.2% (G)	93.3% (G)	93.8% (G)	94.4% (G)	93.86% (G)	93.92% (G)	95.56% (G)	94.94% (G)	93.79% (G)

Performance Trend
<p>Performance slightly decreased but remained GREEN at a city level and in North East and South. North West moved to AMBER. This indicator is reported in arrears.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>City</b>	95%	96.5% (G)	96.3% (G)	95.8% (G)	96.35% (G)	96.52% (G)	97.25% (G)	96.15% (G)	96.25% (G)	96.32% (G)
North East		96.6% (G)	96.9% (G)	96.5% (G)	97.64% (G)	98.46% (G)	98.07% (G)	96.97% (G)	97.03% (G)	96.44% (G)
North West		96.3% (G)	96.6% (G)	95.5% (G)	95.07% (G)	94.36% (G)	96.66% (G)	96.24% (G)	95.77% (G)	96.27% (G)
South		96.7% (G)	95.6% (G)	95.4% (G)	96.03% (G)	96.69% (G)	97.08% (G)	95.4% (G)	96.01% (G)	96.26% (G)

Performance Trend
<p>Performance remains GREEN across the city with a small increase in the last quarter at a city level and in the North West and South. North East slightly decreased. This indicator is reported in arrears.</p> <p><a href="#">Back to Summary</a></p>

### 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

## ADULT MENTAL HEALTH

<b>Target/Ref</b>	1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral
<b>Purpose</b>	To monitor the waiting times for people who started a PT treatment. The NHS LDP Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This indicator relates to all adults and older people and to people who started a PT in that quarter.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult 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	Sep 21
NE	90%	85.1 (R)	80.8 (R)	70.7 (R)	70.7 (R)	53.7 (R)	75 (R)	56.6 (R)	82.3 (R)	78.7 (R)	90.1 (G)	76.5 (R)
NW		90.7 (G)	90.7 (G)	88.7 (G)	45.8 (R)	84 (R)	95.7 (G)	93.6 (G)	97.1 (G)	96 (G)	93.1 (G)	92.5 (G)
S		96 (G)	82.7 (R)	79.5 (R)	77.6 (R)	93 (G)	58.7 (R)	91.4 (G)	92.8 (G)	90.4 (G)	89.7 (G)	94.8 (G)

### Performance Trend

Performance remains RED in the North East and GREEN in the North West and South.

The overall % starting a PT within 18 weeks in September 2021 is circa 89% for all the services managed by Glasgow City HSCP (including the Glasgow City Hosted services that cover the whole of NHSGG&C)> The overall total starting a PT is fewer than pre pandemic activity.

Performance varies between localities and between teams within each locality. As a result of the initial outbreak of Covid-19 all teams in the 3 localities and the Hosted services accrued long waits.

The North West has 25 people still waiting over 18 weeks who are yet to start a PT. The South, with 132 people still waiting over 18 weeks who are yet to start a PT, is an identified pressure over the coming quarters. Similarly, the North East, with 99 people still waiting over 18 weeks who are yet to start a PT, is also an identified pressure over the coming quarters. The Glasgow City Hosted services have 117 people still waiting over 18 weeks who are yet to start a PT, and is an identified pressure over the coming quarters.

The number of people still waiting over 52 weeks in across Glasgow City increased during the quarter. There are 6 people waiting over 52 weeks in the teams serving the 3 localities in Glasgow City and 49 people waiting over 52 weeks in the Glasgow City Hosted services.

Issues Affecting Performance
<p>The effect of the outbreak of Covid-19 continues to have multiple impacts on the overall performance of delivering PTs through Q1 Apr-Jun 21.</p> <p>Covid-19 created a large cohort of people waiting to start a PT. Waiting list initiatives to target the long waits can result in a short-term higher proportion of people starting their treatment beyond the Standard timeframe.</p> <p>Social distancing measures result in reduced consulting space which is prioritised primarily for urgent clinical need.</p> <p>There is a Board wide focus on addressing the longest waits of over 52 and 36 weeks.</p> <p>Alternative IT based interventions require infrastructure and hardware, for both healthcare staff and patients.</p> <p>Some people are waiting longer due to clinical, social and personal reasons which prevent them engaging in remote consultations (so are waiting for a face-to-face approach).</p> <p>The capacity to deliver PTs is affected by vacancies, annual leave, sick leave and extended leave. Recruitment to some posts has resulted in no applicants</p> <p>There are bulges of demand across the full range of wait of waiting times that will require mitigation to prevent an adverse impact on the waiting time standard.</p>
Actions to Improve Performance
<p>Outside of the Trauma service, teams with people waiting over 52 weeks have scheduled appointments to start treatment by, where able, the end of November 21.</p> <p>Teams with people waiting over 36 weeks are focusing capacity on scheduling appointments to start treatment with this cohort.</p> <p>Digital alternatives to face-to-face approaches (i.e. Anytime Anywhere or Near Me) are being used. Safe face-to-face appointments are being conducted where facilities are suitable</p> <p>Staff and patients training and support to adjust to a range of home- and social distanced work-based arrangements requiring IT and telecoms equipment to continue to deliver services.</p> <p>Teams are seeing if they can use accommodation in GP facilities and other community settings.</p> <p>Telephone contact with patients, who are waiting for their treatment to start, continues on a regular basis providing support and information of how to contact services should their condition deteriorate.</p> <p>The Board wide PT Group team has been implemented and commenced delivering digital-based group interventions with the CMHTs</p> <p>Peripatetic Band 7 therapists have been targeting people with long waits</p> <p>Access to CBT for people with Long Term Conditions being delivered</p> <p>The Scottish Government Internet Enabled CBT initiative targeting the North East and North West</p>

Heads of Service and Professional Leads are routinely monitoring team performance to assess the impact of actions.

The timescales for approval to recruit are being assertively followed up. Where recruitment to some posts has resulted in no applicants, alternatives to create capacity to support existing teams and staff being generated are required.

#### **Timescales for Improvement**

Learning about the long term impact of the continuing Covid-19 social distancing measures on the ability of services to deliver PTs is ongoing.

People waiting over 36 weeks will be reviewed in future quarters.

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<b>Target/Ref</b>	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Hospital	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	Sep 21
Stobhill	28 days	32.1 (R)	36.1 (R)	22.9 (G)	28.8 (A)	31.3 (R)	31.2 (R)	35.5 (R)	31.2 (R)	31.6 (R)	31.6 (R)	32.2 (R)
Leverndale		25.1 (G)	33.0 (R)	23.1 (G)	22 (G)	22.9 (G)	22.9 (G)	23.9 (G)	29.8 (R)	30.7 (R)	37.3 (R)	31.8 (R)
Gartnavel		37.1 (R)	38.7 (R)	27.4 (G)	39.4 (R)	30.5 (R)	28 (G)	31.7 (R)	29.8 (R)	35.6 (R)	33.1 (R)	37.7 (R)

<b>Performance Trend</b>
Performance remains RED in all 3 hospitals and average length of stay has increased since June.
<b>Issues Affecting Performance</b>
<p>The ongoing Covid-19 pandemic continues to have a significant impact on the pattern of MH services responses. Services continue to respond flexibly to fluctuations in:</p> <ol style="list-style-type: none"> <li>1. Wards being closed to new admissions due to COVID reduces patient movement although this has reduced since March. This particularly impacts on Glasgow City located acuter admissions when capacity is reduced elsewhere is the wider acute admission system.</li> <li>2. Numbers of COVID- positive patients</li> <li>3. Staff absence rates</li> <li>4. Sept 2019 the number of people staying 6months or longer rose dramatically and grew during the initial period of COVID. Since Aug 2020 the numbers staying over 6 months has been reduced.</li> <li>5. There has been an increase in people boarding into Glasgow City hospitals both internally and external to the Health Board area. Although external boarders are relatively few in number the margins and pressure on occupancy for a month is the equivalent of 4 beds for the whole month.</li> </ol>



## **Actions to Improve Performance**

Operational responses continue to maintain safe and effective care. Further evolution of contingency and scenario planning is on-going. This includes consideration of the impact of fluctuations in activity for a up to a further 12 months:

1. Consolidation of all unscheduled assessments and admissions and single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners.
2. Direct access to mental health assessment units during day time established for Primary Care.
3. Piloting In-reach practitioners across inpatients to identify those patients who require short term admissions and then safely continue their care and treatment in the community.
4. In-patient admissions testing and isolation for COVID and personal protective equipment and staffing guidelines continually reviewed updated and applied.
5. On-going work by Discharge Co-ordination Teams
6. The use of beds by external Health Boards given local capacity and the impact internal placement of patients affecting the communication and discharge planning will be reviewed by the Bed Management Group.

## **Timescales for Improvement**

Learning about the longer-term impact of the COVID-19 pandemic on the ability of services to manage use of beds is on-going.

Remobilisation will continue through to March 2022, and operational contingency arrangements continue to be reviewed.

System wide support mechanisms also being reviewed across sites and specialty's with the wider mental health "family".

On-going pressure will remain with vacancies, non-Covid absences, seasonal annual leave and the requirement to support staff to decompress in the coming months. Maintaining safe and effective care means amending the acceptance of admissions for people from outwith their usual admission hospital cannot be implemented short-term.

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<b>Target/Ref</b>	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Hospital	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	Sep 21
Stobhill	<95%	98.6 (A)		93.2 (G)	75.7 (G)	94 (G)	91.4 (G)	96.5 (G)	97 (G)	91.2 (G)	98 (A)	98.8 (A)
Leverndale		94.1 (G)		85.8 (G)	77 (G)	90.6 (G)	82.0 (G)	88.8 (G)	92.4 (G)	93.5 (G)	95.3 (G)	95.8 (G)
Gartnavel		92.8 (G)		90.6 (G)	85.5 (G)	95.4 (G)	89.2 (G)	93.4 (G)	93.2 (G)	97.7 (A)	98.8 (A)	97.5 (A)

<b>Performance Trend</b>
Performance in Stobhill and Gartnavel moved from GREEN to AMBER between June and September.
<b>Issues Affecting Performance</b>
<p>Pressure on Adult acute beds included a 2 bed rolling closure programme for anti-ligature works into late summer.</p> <p>The ongoing Covid-19 pandemic continues to have a significant impact on the pattern of MH services responses. Inpatient services continue to respond flexibly to fluctuations in:</p> <ol style="list-style-type: none"> <li>1. Wards being closed or paused to admissions due to COVID during the quarter on MH bed sites reduces patient movement although this has reduced since March.</li> <li>2. The need for isolating people to prevent COVID- infections, intensified by the limited availability of single rooms for new admissions</li> <li>3. Staff vacancies and high numbers of non Covid related absence</li> <li>4. The use of beds by external Health Boards given local capacity is having an impact. Use by external Health Boards is limited. However 95% occupancy is the equivalent of 1 empty bed on each of the 14 adult acuter wards across NHS GG&amp;C. .</li> </ol>
<b>Actions to Improve Performance</b>
Operational responses continue to maintain safe and effective care. Further evolution of contingency and scenario planning is on-going. This includes consideration of the impact of expected fluctuations in activity to March 2022:

1. Focus on people who have longer lengths of stay.
2. On-going work by Discharge Co-ordination Teams and the impact of control measures restricting patient movement
3. All hospitals report an increasing acuity of person admitted (increased numbers of enhanced observations), which will impact on length of stay.
4. Maintaining and evolving existing arrangements is continuing the pressure on staff.
5. Minimise anyone (staff and patients) coming into services – especially if in or from identified hotspot areas
6. The use of beds by external Health Boards given local capacity and the impact on communication and discharge planning will be reviewed by the Bed Management Group.

#### **Timescales for Improvement**

Understanding the longer term impact of the COVID-19 pandemic on length of stay is on-going to March 2022. Operational contingency arrangements and the impact on bed use continues to be reviewed. System wide support mechanisms also being reviewed across sites and specialty's with all services. Numbers of wards closed to admissions due to COVID has an adverse impact on discharges as well as on admissions. Maintaining safe and effective care means amending the acceptance of admissions for people from outwith their usual admission hospital cannot be implemented short-term.

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<b>Indicator</b>	4. Total number of Adult Mental Health Delays
<b>Purpose</b>	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the Older People's section of this report and Acute patients are in the Unscheduled Care sections. Source of data is the monthly Health Board Census figures.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult 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	Sep 21
North East		6	10	5	3	2	4	6	6	3	12	7
North West		11	9	5	6	8	4	5	8	9	8	6
South		4	7	5	0	2	1	4	2	5	3	4
City/LD		0	0	0	1	1	1	1	0	0		
<b>Sub-Total (Included Codes)</b>		<b>21</b>	<b>26</b>	<b>15</b>	<b>10</b>	<b>13</b>	<b>10</b>	<b>16</b>	<b>16</b>	<b>17</b>	<b>23</b>	<b>17</b>
North East		1	0	1	0	1	1	2	2	2	2	1
North West		0	0	2	4	2	2	6	5	2	3	3
South		2	1	1	0	1	0	0	0		1	1
City/LD		0	0	0	0	0	1	1	0	0		
<b>Sub-Total (Complex Codes)</b>		<b>3</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>9</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>5</b>
<b>North East Total</b>		<b>7</b>	<b>10</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>8</b>	<b>8</b>	<b>5</b>	<b>14</b>	<b>8</b>
<b>North West Total</b>		<b>11</b>	<b>9</b>	<b>7</b>	<b>10</b>	<b>10</b>	<b>6</b>	<b>11</b>	<b>13</b>	<b>11</b>	<b>11</b>	<b>9</b>
<b>South Total</b>		<b>6</b>	<b>8</b>	<b>6</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>5</b>
City/LD		0	0	0	1	1	2	2	0	0		
<b>All Delays</b>	<b>0</b>	<b>24 (R)</b>	<b>27 (R)</b>	<b>19 (R)</b>	<b>14 (R)</b>	<b>17 (R)</b>	<b>14 (R)</b>	<b>25 (R)</b>	<b>23 (R)</b>	<b>21 (R)</b>	<b>29 (R)</b>	<b>22 (R)</b>

<b>Performance Trend</b>
Numbers vary across localities and over time. Delays increased between June and August.
<b>Issues Affecting Performance</b>
Admission routes and discharge relationships continued to be disrupted due to significant COVID related issues, COVID- positive patients in some areas and staff re-deploying to ward areas to

maintain safe and effective treatment and wards closing to admissions and patient movement as a result of infection prevention and control measures.

### **Actions to Improve Performance**

Mental health hospitals have continued to have significant pressures on beds both prior to and during the pandemic with increased admission rates for the majority of the time. The discharge teams continue to work alongside other teams to assist with the facilitation of timely discharge and support. Regular meetings now take place to:

- Discuss delays across adult services to find solutions and progress issues where there are barriers to leaving hospital. These meetings include staff reps from a range of services and the HSCP housing and homeless lead attends to ensure any housing issues are followed up and reported
- Discharge management team meetings meet weekly to review all discharges across the city and identify and pressures
- Multi disciplinary team (MDT) meetings twice weekly with reps from hospital management team, bed managers, social workers and AHP staff to review all admissions and discharges
- Management and Allocation of Community Resource Options (MACRO) meetings take place monthly to consider all learning disability delays and planned discharges

These meetings together with the continued focus on delays across the city will assist in reducing these figures over quarters 3 and 4.

Ongoing discussions are taking place with commissioning team with regard to availability of resource and plans are in place to ensure appropriate systems are in place to allow people to return to their own home where appropriate.

### **Timescales for Improvement**

Regular reviews continue on progressing solutions for people to move out of hospital, as well as the demand from vulnerable people entering care from the community.

Other areas that will assist in reducing delays over the next quarter include:

- The Carrgorm pilot roll out commencing across the city from October and will be reviewed regularly with regard to impact on delayed discharges
- EMIS referral is now live and will record information on patients with length of stay over three months and progress
- Implementation of the homeless pathway
- Mental Health Housing First Pilot will commence

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## **Other Annually Reported Indicators - See Appendix 1, Section 3**

### **11. Deaths from Suicide**

## SANDYFORD (SEXUAL HEALTH)

<b>Indicator</b>	1 & 2. Number of vLARC IUD appointments offered and insertions across all Sandyford locations
<b>Purpose</b>	To establish if clinical capacity is being maximised.
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

### IUD – number of appointments

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>		<b>1246</b>	<b>1149</b>	<b>1355</b>	<b>299</b>	<b>996</b>	<b>1375</b>	<b>1497</b>	<b>1438</b>	<b>1106</b>
NE		303	283	267	0	273	388	475	483	332
NW		829	755	987	299	723	987	1022	955	774
S		114	111	101	0	0	0	0	0	0
<b>NHSGGC</b>	<b>1888/ Quarter</b>	<b>1739 (R)</b>	<b>1650 (R)</b>	<b>1870 (G)</b>	<b>299 (R)</b>	<b>1311 (R)</b>	<b>1723 (R)</b>	<b>1839 (A)</b>	<b>1784 (R)</b>	<b>1400 (R)</b>

### IUD – number of insertions

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>		<b>942</b>	<b>964</b>	<b>999</b>	<b>305</b>	<b>895</b>	<b>1135</b>	<b>1196</b>	<b>1178</b>	<b>892</b>
NE		207	201	182	0	186	273	352	372	256
NW		664	684	757	305	709	861	844	806	636
S		71	79	60	0	0	0	0	0	0
<b>NHSGGC</b>	<b>1309/ quarter</b>	<b>1296 (G)</b>	<b>1310 (G)</b>	<b>1322 (G)</b>	<b>310 (R)</b>	<b>1124 (R)</b>	<b>1413 (G)</b>	<b>1488 (G)</b>	<b>1484 (G)</b>	<b>1154 (R)</b>

<b>Performance Trend</b>
Number of IUD appointments and insertions fallen since last report and both are now RED.
<b>Issues Affecting Performance</b>
Staffing pressures due to annual leave, vacancies and absence have continued to affect performance.  The service is still unable to offer the required amount of appointments due to the unavailability of accommodation across Glasgow and the Board area which has been previously agreed for increased service provision.

<b>Actions to Improve Performance</b>
<p>Despite resuming LARC services during the Covid recovery period, the service is currently restricted to only 3 sites so does not have the physical capacity to reach target.</p> <p>Activity not likely to resume to pre-COVID levels until full recovery of services is achieved – currently restricted by access to other sites limited.</p>
<b>Timeline for Improvement</b>
<p>With the full recovery of services, and once accommodation issues are rectified, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to reach and maintain target levels during 2022.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	3 & 4. Number of vLARC Implant appointments and insertions offered across all Sandyford locations
<b>Purpose</b>	To establish if clinical capacity is being maximised.
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

#### Implants – number of appointments

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>		<b>1321</b>	<b>1169</b>	<b>1202</b>	<b>156</b>	<b>1100</b>	<b>1377</b>	<b>1550</b>	<b>1278</b>	<b>1019</b>
NE		501	495	454	0	372	571	654	513	382
NW		740	583	665	156	728	806	896	765	637
S		80	91	83	0	0	0	0	0	0
<b>NHSGGC</b>	<b>2431/quarter</b>	<b>1783 (R)</b>	<b>1655 (R)</b>	<b>1691 (R)</b>	<b>156 (R)</b>	<b>1586 (R)</b>	<b>2028 (R)</b>	<b>2278 (R)</b>	<b>1966 (R)</b>	<b>1621 (R)</b>

#### Implants – number of insertions

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>		<b>690</b>	<b>601</b>	<b>617</b>	<b>148</b>	<b>750</b>	<b>693</b>	<b>811</b>	<b>654</b>	<b>587</b>
NE		227	206	228	0	204	289	326	229	201
NW		398	336	334	148	545	403	484	425	386
S		65	59	55	0	0	0	0	0	0
<b>NHSGGC</b>	<b>1148/quarter</b>	<b>912 (R)</b>	<b>874 (R)</b>	<b>865 (R)</b>	<b>148 (R)</b>	<b>1034 (R)</b>	<b>1017 (R)</b>	<b>1148 (G)</b>	<b>991 (R)</b>	<b>899 (R)</b>

<b>Performance Trend</b>
Number of implant appointments and insertions fallen since last report and remain RED.
<b>Issues Affecting Performance</b>
Staffing pressures due to annual leave, vacancies and absence have continued to affect performance.  The service is still unable to offer the required amount of appointments due to the unavailability of accommodation across Glasgow and the Board area which has been previously agreed for increased service provision.



<b>Actions to Improve Performance</b>
<p>Despite resuming LARC services during the Covid recovery period, the service is currently restricted to only 3 sites so does not have the physical capacity to reach target.</p> <p>Activity not likely to resume to pre-COVID levels until full recovery of services is achieved – currently restricted by access to other sites limited.</p>
<b>Timescales for Improvement</b>
<p>With the full recovery of services, and once accommodation issues are rectified, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to reach and maintain target levels during 2022.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	5. Median waiting times for access to Urgent Care appointments.
<b>Purpose</b>	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely skewing the results.
<b>Type of Indicator</b>	National Indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	2 working days	8 (R)	5 (R)	3 (R)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)
NE		11 (R)	9 (R)	5 (R)	NA	1 (G)	1 (G)	3 (R)	1 (G)	1 (G)
NW		8 (R)	5 (R)	2 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)
S		11 (R)	8 (R)	5 (R)	NA	NA	NA	NA	NA	NA
NHSGGC		9	6	3	1	1	1	1	1	2

Performance Trend
<p>Performance remains GREEN. Target has been adjusted to be based upon median rather than average waiting times as small numbers of outliers were distorting the figures. The service in the South has not yet reopened so is classed as N/A.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	6-9 Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male & Female)
<b>Purpose</b>	Improved service access across all Sandyford services for young people aged under 18
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

#### Male

Area	Age	Target	19/20			20/21				21/22	
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	13-15	4	5 (R)	5 (R)	6 (R)	2 (R)	7 (R)	4 (R)	5 (R)	6 (R)	2 (R)
NHSGGC		13	14 (R)	13 (R)	13 (R)	3 (R)	12 (R)	14 (R)	11 (R)	14 (R)	8 (R)
City	16-17	27	23 (R)	20 (R)	16 (R)	3 (R)	18 (R)	16 (R)	27 (R)	23 (R)	29 (G)
NHSGGC		49	49 (R)	48 (R)	38 (R)	4 (R)	29 (R)	30 (R)	37 (R)	39 (R)	47 (G)

#### Female

Area	Age	Target	19/20			20/21				21/22	
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	13-15	75	78 (R)	69 (R)	71 (R)	21 (R)	36 (R)	40 (R)	43 (R)	68 (R)	61 (R)
NHSGGC		143	153 (R)	161 (R)	145 (R)	37 (R)	87 (R)	95 (R)	87 (R)	129 (R)	118 (R)
City	16-17	195	225 (R)	190 (R)	192 (R)	69 (R)	136 (R)	149 (R)	137 (R)	180 (R)	172 (R)
NHSGGC		358	445 (R)	358 (R)	384 (R)	132 (R)	246 (R)	280 (R)	256 (R)	343 (R)	314 (R)

<b>Performance Trend</b>
Performance declined across all categories between Q1 and Q2 with the exception of 16-17 year old males which increased slightly. Targets have been adjusted downwards across all age groups for 2021/22.
<b>Issues Affecting Performance</b>
The service is currently restricted to only 3 sites. The Saturday service which opened in June closed again in August due to staffing and issues with attendance / location.
<b>Actions to Improve Performance</b>
The service aims to have YP service in a total of 9 sites across GGC so currently there is not physical service capacity to reach target. As recovery continues, and as pandemic circumstances allow, more YP clinics will be provided over the coming months in increasing number of locations. Plans are being made to increase to 1/2 new sites whilst awaiting approval to access other Sandyford sites.
<b>Timescales for Improvement</b>
With the implementation of the proposed new service model, the numbers of Young people attending are expected to rise in 2022 . <a href="#">Back to Summary</a>

<b>Indicator</b>	10. Waiting times for access to first TOPAR (Termination of Pregnancy and Referral) Appointments
<b>Purpose</b>	To monitor waiting times for access to first appointment at TOPAR service
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

	2019/20			2020/21				2021/22	
Target	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
5 working days	5 (G)	5 (G)	6 (R)	2 (G)	0 (G)	0 (G)	0 (G)	0 (G)	1 (G)

Performance Trend
<p>Performance remained GREEN in the last quarter.</p> <p><a href="#">Back to Summary</a></p>

## ALCOHOL AND DRUGS

<b>Indicator</b>	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	2019/20			2020/21				2021/22
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	90%	98% (G)	98% (G)	98% (G)	98% (G)	99% (G)	98% (G)	99% (G)	
North East		100% (G)	99% (G)	98% (G)	94% (G)	100% (G)	99% (G)	99% (G)	
North West		100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	
South		91% (G)	93% (G)	90% (G)	96% (G)	99% (G)	99% (G)	97% (G)	
Performance Trend									
<p>PHS have not yet published the Waiting Times figures due to some data quality issues with DAISy. We await further communication from PHS on the current position.</p> <p>This indicator is reported one quarter in arrears.</p> <p>At Q4 all localities continued to exceed the referral to treatment time 3-week target (GREEN).</p> <p><a href="#">Back to Summary</a></p>									

<b>Indicator</b>	2. Percentage of Parental Assessments completed within 30 days of referral.
<b>Purpose</b>	An <i>Impact of Parental Substance Use</i> (IPSU) Assessment should be completed within 30 days of referral. This indicator monitors the percentage of assessments completed within this timeframe.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	2019/20			2020/21				2021/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	75%	74% (G)	71% (R)	77% (G)	80% (G)	67% (R)	76% (G)	57% (R)	67% (R)	40% (R)
North East		69% (R)	81% (G)	88% (G)	86% (G)	62% (R)	78% (G)	78% (G)	83% (G)	20% (R)
North West		83% (G)	60% (R)	33% (R)	59% (R)	75% (G)	50% (R)	33% (R)	0% (R)	0% (R)
South		71% (R)	65% (R)	61% (R)	80% (G)	67% (R)	90% (G)	0% (R)	67% (R)	100% (G)

#### Performance Trend

The number of Parental Assessment forms completed on careFirst during Q2 remained very low (see table below) with a total of 10 forms completed across the city over the 3-month period. These low numbers continue to cause significant fluctuation in performance between quarters. During Q2 only South met target (GREEN) with the city, North East and North West RED.

As previously mentioned there has been a significant downward trend in the number of Parental Assessment forms completed on careFirst during the past 2 years – numbers completed from 2018-2021 are shown below.

**2018/19** Q1 – 457, Q2 – 432, Q3 – 507, Q4 – 210

**2019/20** Q1 – 201, Q2 – 69, Q3 – 49, Q4 – 71

Locality	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2
<b>City</b>	<b>71</b>	<b>95</b>	<b>33</b>	<b>33</b>	<b>30</b>	<b>12</b>	<b>10</b>
NE	49	71	21	18	18	6	5
NW	6	17	4	4	9	2	2
South	13	5	6	10	3	3	2
Other	3	2	2	1	0	1	1

#### Issues Affecting Performance

The service has been severely affected over the past two quarters by vacancies and sickness absence, as well as covid restrictions, which has impacted on the capacity to undertake full initial assessments and reviews. North West ADRS have not been screening all new referrals, which has impacted on the identification of parents; South and North East have been screening all new referrals although it would appear that parental assessments remain delayed within North East.

However, all service users with caring responsibilities are categorised as Red in terms of risk and therefore staff in all teams maintain regular contact including home visits and liaison with involved agencies such as education, health visitors and Children and Families. Carefirst recording issues have been flagged in that parental assessments are not being created and/or saved appropriately on completion and therefore are not being included in the above figures. This follows the introduction of a new assessment process in 2020 and staff appear not to be following the guidance. The new processes will be re-circulated to staff immediately with a reminder in terms of the importance of completing and saving assessments.

#### **Actions to Improve Performance**

New referrals will be prioritised for screening and assessment across the city, to ensure that parental assessments are captured and completed timeously. This will require a review of the current team structures and contingency plans.

#### **Timescales for Improvement**

The focus of resource to new referrals will be realigned over the next four weeks, although this will impact on the wider service and will require agreement through management structures. Carefirst guidance and processes will be re-circulated to staff immediately.

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<b>Indicator</b>	3. Percentage of Service Users with an initiated recovery plan following assessment.
<b>Purpose</b>	Following assessment, all Alcohol and Drugs service users should have a recovery plan put place. This indicator aims to ensure that we maximise the proportion who have an initiated recovery plan.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	70%	80% (G)	80% (G)	82% (G)	83% (G)	82% (G)	80% (G)	74% (G)	67% (A)	60% (R)
North East		79% (G)	91% (G)	84% (G)	86% (G)	83% (G)	82% (G)	77% (G)	70% (G)	66% (R)
North West		87% (G)	89% (G)	87% (G)	89% (G)	88% (G)	85% (G)	76% (G)	67% (A)	60% (R)
South		79% (G)	86% (G)	79% (G)	79% (G)	78% (G)	77% (G)	73% (G)	68% (A)	58% (R)

#### Performance Trend

There was further slippage in performance during Q2 with the city, North West and South moving from AMBER to RED and North East moving from GREEN to RED between Q1 and Q2.

#### Issues Affecting Performance

A RAG system was implemented in April 2020, whereby contact with 'green' categorised service users is limited to a telephone call once per four weeks. Approximately 30% of the caseload are green, and recovery plans are not being completed with the majority of these service users. In addition, staffing levels are currently approximately 35-40% below establishment levels due to vacancies and absences, and there has been a significant impact on caseloads for staff. Additionally, staff are office based for duty one week in three, which is a much higher frequency than pre-covid, and has impacted on routine care management responsibilities, including recovery plans. Treatment and immediate care issues have been prioritised and care planning has been more limited, which will impact on recovery plans. Recovery plans completion rates are unlikely to improve until the service is able to remobilise.

#### Actions to Improve Performance

ADRS commissioned an evaluation of service and a number of recommendations were made, including an increase in resource and/or capacity in order to ensure staff are able to care plan service users. An implementation group has been established, with a first meeting planned for 11<sup>th</sup> November, and considerations in relation to capacity will be prioritised to support the implementation of the recommendations, and the MAT Standards, as well as the remobilisation of the service. This will have a positive impact on care planning and the completion of recovery plans.

#### Timescales for Improvement

Remobilisation of service is unlikely to progress until vacancies are filled, and workforce capacity can be increased. The service is aiming for February 2022 as a timescale for full service recovery.

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#### Other Annually Reported Indicators - See Appendix 1, Section 2

9. Number of drug related deaths

10. Number of alcohol related deaths



## HOMELESSNESS

<b>Indicator</b>	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
<b>Purpose</b>	To monitor the proportion of homeless applications where a decision is made within the 28-day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled Accommodation in these cases.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	87% (R)	94% (G)	97% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	98% (G)
North East		79% (R)	86% (R)	96% (G)	99% (G)	100% (G)	98% (G)	98% (G)	99% (G)	97% (G)
North West		87% (R)	97% (G)	97% (G)	98% (G)	98% (G)	98% (G)	100% (G)	98% (G)	99% (G)
South		86% (R)	94% (G)	97% (G)	100% (G)	100% (G)	99% (G)	100% (G)	100% (G)	99% (G)
Asylum & Refugee Team (ARST)		100% (G)	100% (G)	98% (G)	98% (G)	100% (G)	99% (G)	100% (G)	100% (G)	97% (G)
Performance Trend										
Performance was maintained during Q2 with all localities and teams remaining above target (GREEN).										
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<b>Indicator</b>	2. Percentage of live homeless applications over 6 months duration at the end of the quarter.
<b>Purpose</b>	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	2019/20			2020/21				2021/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	<40%	42% (R)	43% (R)	43% (R)	50% (R)	55% (R)	51% (R)	44% (R)	39% (G)	43% (R)
North East		44% (R)	43% (R)	45% (R)	47% (R)	50% (R)	50% (R)	42% (R)	39% (G)	41% (G)
North West		41% (G)	39% (G)	41% (G)	46% (R)	49% (R)	42% (R)	43% (R)	40% (G)	43% (R)
South		44% (R)	45% (R)	44% (R)	47% (R)	51% (R)	48% (R)	45% (R)	37% (G)	40% (G)
Asylum & Refugee Team (ARST)		33% (G)	35% (G)	38% (G)	64% (R)	90% (R)	73% (R)	45% (R)	40% (G)	51% (R)

#### Performance Trend

Performance slipped during Q2 with the city, North West and Asylum and Refugee Team moving from GREEN to RED. Performance in North East and South continued to be within the target range (GREEN).

#### Additional Information: Volume of Homeless Applications

The table below shows of the volume of new Homeless Applications per quarter and illustrates the increase in demand on the service since Quarter 1 2020/21.

2020 / 2021				2021 / 2022	
Q1	Q2	Q3	Q4	Q1	Q2
1,376	1,540	1,582	1,922	1,979	1,781

#### Issues Affecting Performance

The inability to resettle homeless households into settled lets, due to the ceasing of letting activity during the first six months of 2020/21, continues to have an impact on the number of live homeless cases over 6 months. This position has been extenuated by the increase in homeless applications received since Q4 2020/21.

An area of continuing pressure is the resettlement of families requiring larger sized properties and the low turnover and availability of this type of housing stock across the City.
<b>Actions to Improve Performance</b>
<p>The HSCP continues to work with the City's RSL partners to secure an increase in the number of lets to homeless households. Approval has been secured to recruit 3 additional RRTP Senior Homelessness Workers to lead on the planned roll out of the matching pilot and continue to drive performance in this area.</p> <p>Work has been undertaken with NRS to identify the scale of need for larger type properties to resettle homeless households. This demand analysis has informed investment priorities for NRS colleagues.</p>
<b>Timescales for Improvement</b>
<p>Progress with securing an increase in the number of settled lets for homeless households will result in progress with the reduction in the number of live cases over six months.</p> <p>As we continue to see an increase in the number of settled lets made to homeless households, performance improvements should be seen from Q4 2021/22.</p> <p><a href="#">Back to Summary</a></p>

<b>Target/Ref</b>	3. Number of new resettlement plans completed - total to end of quarter (citywide).
<b>Purpose</b>	To measure progress towards sustained provision of increased numbers of resettlement plans, which outline housing needs for individual households and form the basis of requests for settled accommodation through the Section 5 process, based on the weekly count of new plans agreed by Housing Access Team.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	2019/20				Total 19/20	2020/21				Total 20/21	21/22	
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2
<b>21/22</b> 5,000 per annum (1,250 per quarter)	<b>848</b> <b>(R)</b>	<b>897</b> <b>(R)</b>	<b>1,020</b> <b>(G)</b>	<b>1,009</b> <b>(G)</b>	<b>3,774</b> <b>(R)</b>	<b>829</b> <b>(R)</b>	<b>800</b> <b>(R)</b>	<b>1,041</b> <b>(R)</b>	<b>1,291</b> <b>(G)</b>	<b>3,961</b> <b>(R)</b>	<b>1,332</b> <b>(G)</b>	<b>1,031</b> <b>(R)</b>

<b>Performance Trend</b>
Performance slipped between Q1 and Q2. The pro-rata quarterly target of 1,250 was not met (RED) at Q2.
<b>Issues Affecting Performance</b>
Q2 saw an increase in demand for homelessness services which had an impact on the number of resettlement plans completed during the quarter.
<b>Actions to Improve Performance</b>
A Senior Community Homelessness Worker from each casework Service has been identified to lead and manage performance in this area, with weekly oversight by the Team Leader.  Weekly, Monthly and Quarterly oversight is also in place by Service Manager and Head of Service.
<b>Timescales for Improvement</b>
The service did exceed target in Q1 2021/22, and it is anticipated that we will meet the annual target of 5000 new resettlement plans by the end Q4 21/22.  The service currently has 2543 resettlement plans completed for homeless households awaiting an offer of settled accommodation.  <a href="#">Back to Summary</a>

<b>Indicator</b>	4. Average number of weeks from assessment decision to settled accommodation.
<b>Purpose</b>	A core element of the Council's Rapid Rehousing Development Plan is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	2020/21				21/22	
		Q1	Q2	Q3	Q4	Q1	Q2
City-wide	26 weeks	42 weeks (R)	42 weeks (R)	41 weeks (R)	45 weeks (R)	39 weeks (R)	35 weeks (R)

<b>Performance Trend</b>
<p>New indicator from 2020/21.</p> <p>Although performance did not meet target (RED) during Q2 there was a further significant reduction in the average number of weeks from 39 to 35 (10%) during the reporting period.</p>
<b>Issues Affecting Performance</b>
<p>The service has seen a continued reduction in the average number of weeks from assessment decision to settled accommodation over the previous three quarters and is making steady progress towards target of 26 weeks.</p>
<b>Actions to Improve Performance</b>
<p>The HSCP continues to engage with RSL partners to request a continued increase in the number of lets to homelessness households to speed up the resettlement process and relieve pressure on temporary accommodation.</p> <p>The HSCP set out within the Local Letting Plans for 2021/22 a letting target of 60% from RSL partners. The ask reflects the impact of the public health emergency and the cessation of letting activity period.</p> <p>The HSCP continues to work with the Wheatley Group and a small number of Community Based Housing Associations on a pilot to match homeless households to void properties.</p>

This has increased the number of lets made to homeless households and has reduced the number of offer refusals, speeding up the resettlement timescales for homeless households.

An evaluation of the matching approach has recently been completed and a plan will be developed setting out the actions that will be taken to roll out the model. The findings confirm improvements in homelessness resettlement timescales.

We continue to see a significant number of settled lets made to homeless households. The out turn figure for Q2 was 814 settled lets.

#### **Timescales for Improvement**

As we continue to see an increase in the number of settled lets made to homeless households, continued performance improvements in relation to the average number of weeks from assessment decision to settled accommodation, should be seen during Q3 and Q4 2021/22.

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<b>Target/Ref</b>	5. Number of households reassessed as homeless or potentially homeless within 12 months.
<b>Purpose</b>	This indicator reports on the number of “Repeats” by monitoring 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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	Full Year Total 19/20	2020/21				Full Year Total 20/21	2021/22	
			Q1	Q2	Q3	Q4		Q1	Q2
City	<480 per annum (<120 per Quarter)	437 (G)	108 (G)	94 (G)	95 (G)	123 (A)	420 (G)	154 (R)	127 (R)
<b>Performance Trend</b>									
During both Q1 and Q2 we exceeded the upper threshold (of maximum 120 per Q) for the number of households reassessed as homeless or potentially homeless within 12 months (RED).									
<b><u>Additional Information: Breakdown of “Reassessed” figures</u></b>									
Analysis of the 127 households reassessed during Q2 shows:									
<ul style="list-style-type: none"> <li>18 households presented Out of Hours.</li> <li>64 Households received temporary accommodation.</li> <li>31 of these households were accommodated in Emergency Accommodation (B&amp;B/Private Hotel) on the day they presented to us.</li> </ul>									
<b>Issues Affecting Performance</b>									
The service has seen an increase in the number of households re-presenting as homeless. The drivers for this increase will require further analysis.									
<b>Actions to Improve Performance</b>									
The service will undertake an audit of the repeat cases to gain an improved understanding of the drivers for the increase. The service will take appropriate measures to address the underlying causes of the increase to reflect the outcome of the audit.									
<b>Timescales for Improvement</b>									
The service will have undertaken the audit and developed an action plan by Q4 2021/22. <a href="#">Back to Summary</a>									

<b>Target/Ref</b>	6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
<b>Purpose</b>	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	2019/20			2020/21				2021/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	100%	76% (R)	71% (R)	65% (R)	99% (G)	99% (G)	100% (G)	100% (G)	100% (G)	100% (G)

Performance Trend
<p>Performance remained on target (GREEN) during the second quarter of 21/22.</p> <p><a href="#">Back to Summary</a></p>



<b>Indicator</b>	7. Number of new Housing First tenancies created.
<b>Purpose</b>	The RRTP sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target		20/21				21/22	
			Q1	Q2	Q3	Q4	Q1	Q2
City	600 over 5 years from 2019/20.	Number created during quarter	<b>0 (R)</b>	<b>19 (R)</b>	<b>25 (R)</b>	<b>33 (R)</b>	<b>22 (R)</b>	<b>9 (R)</b>
	Target by end of Q2 21/22 is 240	Cumulative Total	<b>119 (Base-line)</b>	<b>138 (R)</b>	<b>163 (R)</b>	<b>196 (R)</b>	<b>218 (R)</b>	<b>227 (R)</b>
<b>Performance Trend</b>								
<b>New indicator from 2020/21.</b> Below target								
<b>Issues Affecting Performance</b>								
The HSCP did not change the target for Housing first tenancies created, despite the cessation of letting activity during the public health emergency.  As the Housing First Pathfinder programme has ended and the HSCP identifies the basis for mainstreaming the Housing First approach, there was a reduction in the number of households securing tenancies with Housing First support.								
<b>Actions to Improve Performance</b>								
The HSCP is now working to mainstream the Housing First approach in order to ensure that service users with complex case histories continue to have access to mainstream tenancies with Housing First support.  Homelessness Services is currently working with Vanguard Scotland to review and improve our end to end systems and processes within the Housing First Team, which should enhance service user experiences and outcomes.								
<b>Timescales for Improvement</b>								
The service will expect to see improvements in the number of settled lets with Housing First support secured through Q3 of 2021/22.  <a href="#">Back to Summary</a>								

<b>Indicator</b>	8. Number of Households in Bed & Breakfast Accommodation
<b>Purpose</b>	The RRTP sets out an ambition to end the use of bed and breakfast accommodation during the life of the plan. This indicator will allow the HSCP to track progress in meeting this objective. The figures reported are the number of households who are in B&B and Private Hotels at the end of the quarter.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21				21/22	
		Q1	Q2	Q3	Q4	Q1	Q2
City	Eradicate the use over 5 years from initial baseline of 341 at the end of 19/20. (68 per year).  Target for end of 21/22 is 350 units	496 (R)	573 (R)	439 (R)	344 (G)	286 (G)	389 (R)

#### Performance Trend

##### New indicator from 2020/21.

During Q2 there was a significant increase of 36% in the number of homeless households accommodated within B&B type accommodation with performance moving from GREEN to RED.

##### Additional Information: Average Length of Time people spend in B&B

The average number of days a household spend in B&B/Private Hotels within a quarter is provided below. This is taken from those temporary tenancies which ended within that quarter.

2021/2022	
Q1	Q2
22 days	21 days

#### Issues Affecting Performance

The service has seen an increase in demand for emergency accommodation throughout Q2. The increase in the use of bed and breakfast accommodation has allowed the service to continue to meet its statutory duty.

<b>Actions to Improve Performance</b>
<p>The HSCP will continue to work with RSL partners to secure an increased level of supply of settled lets to reduce reliance on bed and breakfast type accommodation.</p> <p>In order to comply, over time, with the revised Unsuitable Accommodation Order (UAO), the service has developed an implementation plan setting out a number of actions to reduce and eliminate the use of bed and breakfast type accommodation.</p> <p>A temporary accommodation strategy is currently being developed that will set out how the service will transform the provision of emergency accommodation to reflect the RRTP targets and the revised UAO.</p>
<b>Timescales for Improvement</b>
<p>The service will expect to see reductions in the use of bed and breakfast type accommodation through Q4 of 2021/22.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	9. Number of Temporary Furnished Flats
<b>Purpose</b>	The RRTP sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent upon the securing of additional settled lets. This indicator provides an overview of progress with the implementation of this objective.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21				21/22	
		Q1	Q2	Q3	Q4	Q1	Q2
City	Reduce supply by 1,000 from initial baseline of 2,156 over 5 years from end of 19/20.  Target for end of Q4 2021/22 is 1,850	2,424 (R)	2,569 (R)	2,612 (R)	2,384 (R)	2,368 (R)	2,359 (R)
<b>Performance Trend</b>							
<b>New indicator from 20/21.</b> There was a small decrease in the number of temporary furnished flats between Q1 and Q2.							
<b>Issues Affecting Performance</b>							
As a consequence of the public health emergency and the understandable ceasing of letting activity on the part of RSLs, the HSCP increased the number of TFFs. These additional TFFs were supplied by the RSL partners to help minimise the use of B&B type accommodation to accommodate homeless households.							
<b>Actions to Improve Performance</b>							
The HSCP is currently developing a Temporary Accommodation Strategy. The core objective of the strategy will be to ensure sufficient supply of emergency accommodation to meet statutory duties. Any reduction in TFF numbers will be contingent upon progress being made to secure an increase in the number of settled lets and reductions in resettlement times.  The service also continues to work with RSL partners to convert a number of TFFs into settled lets in order that service users do not have the upheaval of moving to another property.							

### **Timescales for Improvement**

The service will review this target in line with policy decisions and the medium-term economic implications of the public health emergency. The HSCP will have the temporary accommodation strategy completed by Q3 2021/22, this will set out revised targets for our TFF provision.

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## CRIMINAL JUSTICE

<b>Indicator</b>	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
<b>Purpose</b>	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	80%	71% (R)	75% (R)	76% (R)	19% (R)	70% (R)	73% (R)	76% (R)	77% (A)	86% (G)
North East		78% (A)	79% (G)	82% (G)	22% (R)	72% (R)	73% (R)	81% (G)	72% (R)	76% (R)
North West		63% (R)	73% (R)	70% (R)	22% (R)	62% (R)	69% (R)	71% (R)	78% (A)	93% (G)
South		70% (R)	73% (R)	75% (R)	17% (R)	74% (R)	78% (A)	75% (R)	81% (G)	89% (G)

### Performance Trend

During Q2 performance in the city and North West improved further moving from AMBER to GREEN while South continued to exceed target (GREEN). Performance also improved in North East which remained RED.

During Q2 368 CPOs were made; an increase of 12.5% on the Q1 figure of 327.

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<b>Indicator</b>	2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	85%	75% (R)	72% (R)	85% (G)	71% (R)	80% (R)	86% (G)	85% (G)	83% (G)	85% (G)
North East		77% (R)	75% (R)	79% (R)	67% (R)	80% (R)	79% (R)	80% (R)	78% (R)	84% (G)
North West		91% (G)	71% (R)	87% (G)	75% (R)	82% (A)	91% (G)	87% (G)	85% (G)	88% (G)
South		77% (R)	71% (R)	87% (G)	67% (R)	78% (R)	86% (G)	88% (G)	88% (G)	83% (G)
Performance Trend										
The target for Case Management Plans continued to be met at Q2 with the city and all localities now meeting the target, with North East moving from RED to GREEN.										
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<b>Indicator</b>	3. Percentage of Community Payback Order (CPO) 3-month Reviews held within timescale.
<b>Purpose</b>	To monitor the proportion CPO reviews held within the 3-month standard. CPOs should be reviewed at regular intervals and revised where necessary.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	75%	76% (G)	76% (G)	87% (G)	86% (G)	83% (G)	84% (G)	87% (G)	83% (G)	85% (G)
North East		72% (A)	82% (G)	79% (G)	72% (A)	67% (R)	74% (G)	88% (G)	75% (G)	80% (G)
North West		94% (G)	90% (G)	90% (G)	91% (G)	85% (G)	97% (G)	92% (G)	91% (G)	97% (G)
South		66% (R)	63% (R)	91% (G)	92% (G)	100% (G)	83% (G)	82% (G)	81% (G)	81% (G)
Performance Trend										
<p>Reviews have been held by telephone during the current Covid-19 emergency.</p> <p>During Q2 the city and localities continued to exceed target (GREEN).</p> <p><a href="#">Back to Summary</a></p>										



<b>Indicator</b>	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
<b>Purpose</b>	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. This indicator remains important to emphasise the need for speed and efficiency.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	70%	69% (G)	71% (G)	66% (R)	63% (R)	73% (G)	89% (G)	65% (R)	70% (G)	70% (G)
North East		71% (G)	75% (G)	61% (R)	70% (G)	78% (G)	73% (G)	50% (R)	68% (A)	74% (G)
North West		67% (A)	68% (A)	67% (A)	59% (R)	69% (G)	100% (G)	58% (R)	61% (R)	64% (R)
South		69% (G)	71% (G)	73% (G)	64% (R)	73% (G)	100% (G)	83% (G)	80% (G)	70% (G)
Performance Trend										
<p>Performance remained similar at a city level between Q1 and Q2 and remained GREEN. During this period performance:</p> <ul style="list-style-type: none"><li>- improved slightly in the North East (moving from AMBER to GREEN)</li><li>- Improved slightly in the North West (although remained RED)</li><li>- declined in the South (although remained GREEN).</li></ul> <p>Excluding breaches from the figures gives the following: NE 78%, NW 67% and South 75% (City 74%).</p> <p>Additional support is being offered to North West by the performance team to assist them in reviewing their processes supporting service users to complete unpaid work orders within the timescales.</p> <p><a href="#">Back to Summary</a></p>										

<b>Indicator</b>	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
<b>Purpose</b>	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	80%	76% (R)	78% (A)	77% (A)	70% (R)	85% (G)	75% (R)	76% (R)	81% (G)	79% (G)
North East		74% (R)	82% (G)	77% (A)	64% (R)	90% (G)	75% (R)	78% (A)	84% (G)	82% (G)
North West		79% (G)	77% (A)	75% (R)	72% (R)	83% (G)	79% (G)	74% (R)	81% (G)	80% (G)
South		76% (R)	76% (R)	79% (G)	71% (R)	82% (G)	71% (R)	75% (R)	77% (A)	77% (A)

#### Performance Trend

During Q2, performance declined slightly in the North East, North West and at city level but remained GREEN. Performance remained the same and AMBER in the South.

South have implemented a number of measures to quality control the letters being sent to court. This is to ensure every effort has been made to complete the requested criminal justice social work report.

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<b>Indicator</b>	6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison
<b>Purpose</b>	It is important that post release interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release. The data shown below excludes Extended Sentence Licenses.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lydney Smith, Head of Adult Services (Justice Services)

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	90%	92% (G)	92% (G)	100% (G)	95% (G)	97% (G)	81% (R)	81% (R)	88% (G)	94% (G)
North East		100% (G)	100% (G)	100% (G)	100% (G)	92% (G)	85% (R)	80% (R)	60% (R)	100% (G)
North West		100% (G)	89% (G)	100% (G)	80% (R)	100% (G)	78% (R)	83% (R)	80% (R)	92% (G)
South		78% (R)	89% (G)	100% (G)	100% (G)	100% (G)	75% (R)	80% (R)	100% (G)	89% (G)

#### Performance Trend

During Q2, at a city level, performance improved and remained GREEN. Improvements in performance were seen in the North East and North West with both moving from RED to GREEN. The South declined slightly but remained GREEN.

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## HEALTH IMPROVEMENT

<b>Indicator</b>	1. Alcohol brief intervention delivery (ABI)
<b>Purpose</b>	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 those levels identified by the Chief Medical Officer as low risk.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	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	5066	1267	4394 (R)	75 (R)	315 (R)	1954 (G)	1885 (G)	4269 (R)	1947 (G)	2252 (G)			4199 (G)
NE	1636	409	1070 (R)	0 (R)	13 (R)	120 (R)	107 (R)	254 (R)	42 (R)	132 (R)			174 (R)
NW	1585	397	934 (R)	0 (R)	63 (R)	46 (R)	35 (R)	165 (R)	43 (R)	48 (R)			91 (R)
S	1845	461	651 (R)	3 (R)	23 (R)	25 (R)	16 (R)	72 (R)	26 (R)	23 (R)			49 (R)
City Wide (Non sector specific)			1739	72	216	1763	1727	3778	1836	2049			3885

### Performance Trend

Performance GREEN for Q1 Note: City wide services are delivered in localities but are recorded at a city-wide level.

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<b>Indicator</b>	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
<b>Purpose</b>	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 combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Annual	19/20 Total	2020/21 Cumulative Totals				2021/22				
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	21/22 Total
City	1217	1389 (G)	257 (R)	614 (G)	903 (G)	1280 (G)	377 (G)				
NE	478	516 (G)	95 (R)	228 (A)	336 (A)	459 (A)	142 (G)				
NW	385	422 (G)	83 (R)	203 (G)	298 (G)	442 (G)	122 (G)				
S	352	451 (G)	79 (R)	183 (G)	269 (G)	379 (G)	113 (G)				

Performance Trend
<p>Performance remained GREEN in the last quarter at a city level and in all localities. This indicator is reported in arrears.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	3.Women smoking in pregnancy (general population).
<b>Purpose</b>	To monitor the extent to which women are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	<b>12%</b>	<b>10.9% (G)</b>	<b>10.8% (G)</b>	<b>9.8% (G)</b>	<b>10.4% (G)</b>	<b>9.6% (G)</b>	<b>10.0% (G)</b>	<b>8.2% (G)</b>	<b>9.7% (G)</b>	<b>10.6% (G)</b>
North East		12.5%	10.8%	10.1%	12.7%	11.1%	13.2%	10.6%	12.9%	11.6%
North West		8.1%	10%	8.6%	7.8%	8.5%	8.4%	6.3%	7.0%	9.4%
South		11.9%	11.3%	10.4%	10.8%	9.5%	9.1%	7.9%	9.5%	10.7%

#### Performance Trend

Performance at a city level remains GREEN although rates increased in the last quarter.

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<b>Indicator</b>	4.Women smoking in pregnancy (most deprived quintile)
<b>Purpose</b>	To monitor the extent to which women are smoking in pregnancy within the most deprived quintile of the population. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	17%	17.0% (G)	17.2% (G)	14.6% (G)	15.0% (G)	14.7% (G)	15.4% (G)	12.4% (G)	14.8% (G)	15.3% (G)
North East		14.5%	14.2%	14.2%	15.2%	14.9%	18.3%	14.0%	16.1%	15.4%
North West		15.8%	15.9%	13.7%	12.6%	15.1%	13.5%	10.9%	12.9%	14.3%
South		20.2%	20.8%	15.7%	16.4%	14.2%	14.2%	11.9%	14.9%	15.9%

<b>Performance Trend</b>
Performance at a city level remains GREEN although rates increased in the last quarter. <a href="#">Back to Summary</a>

<b>Indicator</b>	5. Exclusive Breastfeeding at 6-8 weeks (general population)
<b>Purpose</b>	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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	2019			2020				2021	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	<b>33% (end 21/22)</b>	<b>29.6% (R)</b>	<b>28.3% (R)</b>	<b>31.7% (G)</b>	<b>28.2% (R)</b>	<b>30.4% (R)</b>	<b>31.5% (G)</b>	<b>29.6 (R)</b>	<b>30.7 (A)</b>	<b>29.8 (R)</b>
North East		23.2%	19.7%	25.1%	24.1%	24.6%	22.5%	21.3	24.2	22.1
North West		35.4%	35.1%	36.7%	33.1%	35.8%	37.7%	38.3	37.2	33.4
South		30.2%	29.9%	33.2%	27.6%	31%	33.4%	29.5	30.5	32.7

#### Performance Trend

Targets are set at a city-wide level for 3 years as follows (31.4% by end of 2019/20; 32.2% by end of 2020/21; and 33% by end of 2021/22). Data is reported in arrears. Performance moved from AMBER to RED in last quarter.

#### Issues Affecting Performance

The Board Infant Feeding Team have faced ongoing issues with staff capacity over the last 6-8 months but it is hoped this will improve shortly. The team continue to offer Attend Anywhere appointments to mothers requiring more specialist breastfeeding support. As a result, waiting times for appointments have reduced with the majority of mothers seen in a few days and in some cases the same day or next day. Work to scope the re-establishment of a face to face clinic at the West ACH is underway. There is still a wait of 3-4 weeks for appointments with regard to ENT referrals for tongue tie division. 3<sup>rd</sup> sector provision of breastfeeding peer support in maternity hospitals is still on hold but input in neonatal units has restarted with the provision of an online group for both mums in hospital and mothers who have been discharged but had a baby in the neonatal unit. In local communities, face to face breast feeding support groups had been suspended due to Covid restrictions but online and 1-1 Attend Anywhere, text and telephone support have been



offered in their place. Uptake of the virtual services has dropped since lockdown restrictions have eased. Midwifery and Health Visiting team capacity has been impacted upon due to vacancies and absence, however, teams continue to support mothers and also contribute to UNICEF processes as far as capacity allows.

We are seeing an increase in mix feeding rates across the city. This is reflected in other parts of NHS GGC as well as nationally. The latest data from ISD Scotland shows that Breastfeeding rates in Scotland are increasing mainly due to increases in mix feeding. Rates are also increasing among mothers from our most deprived communities. (See Public Health Scotland Infant Feeding Statistics 2020/21).

### **Actions to Improve Performance**

In order to maintain UNICEF Gold Accreditation, Glasgow City localities continue to implement action plans in response to feedback received via UNICEF revalidation submissions. Ongoing audit cycles continue and each area will be completing and submitting their UNICEF annual reports in the first quarter of 2022.

Third sector continue to offer breastfeeding support online as above but have adapted in response to lower uptake of these groups by offering outdoor walk and talk groups. A third sector face to face group has now commenced in NE Glasgow and in South Glasgow there are plans to restart a face to face group by the end of November 21.

A telephone support pilot is being carried out in the city in partnership with the third sector. This is currently funded until March 2022 with the hope of sourcing an additional 6 months funding to allow further testing. As a part of the pilot, targeted recruitment of peer volunteers from our diverse communities is ongoing and work is currently underway with the Scottish Government QI team to utilise Quality Improvement approaches to improve uptake. We have recently recruited 6 Mum 2 Mum supporters with English as a second language and to date 66 mothers in Glasgow City have received support via this pilot. With agreement of maternity services, we also now have two of the 3<sup>rd</sup> sector Paid Peer team leads able to access the QEUH maternity in order to promote the services and increase uptake of the telephone support service.

The Breast pump loan scheme and free hand pump scheme continues to be available across sectors and work is underway to access feedback from families and staff regarding the benefit of having access to loan pumps in the city.

Social media has been used to promote local breastfeeding support and also to conduct campaigns around breastfeeding for World Breastfeeding week and Black Breastfeeding week. Work to develop mums stories for use in our social media platforms using video and audio messages to address some of the barriers identified in our recent scoping exercise is underway.

Plans to transition existing organisations who hold the NHSGG&C Breastfeeding Welcome Award to the national Breastfeeding Friendly Scotland (BFFS) award is progressing. The national award roll out will also be promoted to wider organisations and businesses to support normalising breastfeeding. We have engaged recently with a further education establishment with plans to make up to 600 staff aware of our key breastfeeding messages and to provide the BFFS award to these establishments.

### **Timescales for Improvement**

This work is ongoing and improvements will be sought going forward.

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<b>Indicator</b>	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
<b>Purpose</b>	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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	2019			2020				2021	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	<b>24.4% (end 21/22)</b>	<b>22.2% (G)</b>	<b>20.2% (R)</b>	<b>24.8% (G)</b>	<b>18.9% (R)</b>	<b>22.4% (A)</b>	<b>21.8% (R)</b>	<b>21.9 (R)</b>	<b>22.3 (A)</b>	<b>21.4 (R)</b>
North East		21.4%	15.8%	23.8%	21.4%	21.6%	19.6%	18.5	21.2	20.1
North West		23.7%	24.2%	22.4%	20.1%	25.8%	20.8%	24.6	27.0	22.5
South		21.9%	22.1%	27.7%	15.9%	20.5%	25.3%	23.4	19.8	22.0

<b>Performance Trend</b>
Targets are set at a city-wide level for 3 years as follows (22.4% by end of 2019/20; 23.4% end of 2020/21; and 24.4% for 2021/22). Data is reported in arrears. Performance moved from AMBER to RED in last quarter.
<b>Issues Affecting Performance</b>
<p>Covid 19 continues to impact on Midwifery and Health Visiting capacity, some services and face to face breast feeding support groups within community settings.</p> <p>Face to face antenatal classes via Midwifery Services have not as yet started up again and. Mothers continue to be signposted to the Solihull online pre-recorded classes.</p>
<b>Actions to Improve Performance</b>
<p>Return to some face to face breastfeeding support in the city as well as continuing to offer wider support such as text, Attend Anywhere and the telephone support pilot described above. The telephone support is offered antenatally and continues up to 4 months post-natal as required.</p> <p>Ongoing work underway to recruit and train peer and Mum 2 Mum supporters who reflect the communities in the City including with other languages.</p> <p>Involvement of voluntary sector partners working with children and families to share breastfeeding support opportunities.</p>

Currently having dialogue with Family Nurse Partnership to explore possibly of offering online breastfeeding group for young mums. This model has been tested successfully in Lanarkshire. Also currently exploring opportunity for targeted work with pregnant mums attending Smithycroft secondary with possibility of two antenatal interventions aimed at exploring barriers and offering targeted breastfeeding information linking to the breastfeeding support postnatally with opportunity for follow up activities around starting solids.

#### **Timescales for Improvement**

Face to face groups restarting before Dec 2021. Telephone support programme ongoing until March 2022 at present. Peer support recruitment in Nov 2021 and further course will take place in Jan 2022. Meeting with FNP has been rescheduled but aim to meet before end of Jan 22. Discussion with Smithycroft ongoing.

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<b>Indicator</b>	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks)
<b>Purpose</b>	To monitor the extent to which women are stopping breastfeeding in the period between their first visit by the Health Visitor and 6 weeks after birth. Health Visitors encourage women to continue breastfeeding in this period and the aim is to reduce drop off rates over time. This includes exclusive and mixed breastfeeding.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

AREA	2017/18 Drop Off Rates	2021/22 Target	2020				2021			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HSCP	32.3%	30.4%	22.7% (G)	25.7% (G)	24.0% (G)	25.5 (G)	25.9 (G)	25.5 (G)		
NE	39.9%	37.7%	24.8%	27.2%	29.3%	27.0	31.3	31.7		
NW	27.2%	25.6%	19.7%	23.9%	20.2%	24.6	21.1	20.5		
S	31.3%	29.5%	23.8%	26.1%	23.5%	25.3	26.4	26.0		

Performance Trend
<p>New indicator this year. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2021/22 and is GREEN. Data is reported in arrears.</p> <p><a href="#">Back to Summary</a></p>

### Other Annually/Biennially Reported Indicators - See Appendix 1, Section 3

12. Percentage of those invited who undertake bowel screening
13. Percentage of women invited who attend for breast screening.
14. Percentage of women invited who attend for cervical screening

## HUMAN RESOURCES

<b>Indicator</b>	1. NHS Sickness absence rate (%)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate Services

Locality	Target									2021/22 Q1		
		2019/20			2020/21							
		Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Jul 21	Aug 21	Sep 21
<b>Grand Total</b>	4%			6.37 (R)	5.55 (R)	6.07 (R)	5.79 (R)	5.1 (R)	6.41 (R)	6.69 (R)	6.84 (R)	7.64 (R)
Adult Services				6.7 (R)	6.8 (R)	6.91 (R)	6.5 (R)	5.16 (R)	6.21 (R)	6.91 (R)	7.20 (R)	8.43 (R)
Children's Services				5.6 (R)	4.2 (R)	3.4 (G)	4.9 (R)	4.58 (R)	6.76 (R)	7.04 (R)	7.16 (R)	7.95 (R)
Clinical Director				7.3 (R)	2.0 (G)	1.0 (G)	2.5 (G)	0 (G)	0.38 (G)	0.37 (G)	0.55 (G)	0.90 (G)
Health Improvement				3.9 (G)	1.8 (G)	2.2 (G)	3.3 (G)	5.06 (R)	5.21 (R)	5.48 (R)	4.41 (R)	5.40 (R)
Older People				7.4 (R)	5.8 (R)	6.0 (R)	6.0 (R)	6.14 (R)	6.94 (R)	7.03 (R)	7.55 (R)	8.22 (R)
Resources				4.8 (R)	2.1 (G)	2.3 (G)	4.6 (R)	4.34 (R)	5.2 (R)	4.47 (R)	3.30 (G)	3.81 (G)
Public Protection and Complex Care				8.1 (R)	5.3 (R)	8.9 (R)	7.9 (R)	5.37 (R)	8.38 (R)	7.56 (R)	7.28 (R)	5.07 (R)

### Performance Trend

Variations across areas and over time but performance overall remains above target for the HSCP and there has been an increase in absences at a city level in the last quarter.

### Issues Affecting Performance

This quarter shows a notable increase in sickness absence levels across the HSCP, with long term absence higher than short term absence, in keeping with established trend. Whilst most services saw an increase - the most marked rise was in Adult Services, where the inpatient element is almost 12% and 90 staff from Mental Health Services on long term sick leave. There have also been significant increases in levels of sickness absence within Children's Services and Older Peoples Services. The overall increase in sickness absence is reflected by in the Boards level of absence in the same period.

Absence recorded as 'Psychological' remains the most commonly used absence code and accounted for 34% of absence across the quarter.

#### **Actions to Improve Performance**

1. HSCP HR Team have updated the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff.
2. Ensure links with the HR Support and Advice Unit and NHS GGC resources and strategies to ensure assistance and guidance is available HSCP staff and managers.
3. Support management teams to access and analyse available attendance data and identify trends and areas of concern.
4. The HR Team are identifying areas where additional input is required to ensure long term sickness absence is supported by line managers and with support from HR where required.

#### **Timescales for Improvement**

Ongoing - subject to agreed review periods

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<b>Indicator</b>	2.Social Work Sickness Absence Rate (Average Days Lost, ADL)
<b>Purpose</b>	To monitor the level of sickness absence across care groups in Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Assistant Chief Officer, HR

*N.B. Social Work absence rates are reported as average days lost (ADL) per employee rather than a percentage figure.*

	Q2 2020/21				2021/22				Q2		
	P5	P6	P7		P1**	P2	P3	P4	P5	P6	P7
<b>ADL Target (10.2 per year/ 0.2 per week)</b>	0.8	0.8	0.8		0.4	0.8	0.8	0.8	0.8	0.8	0.8
<b>Glasgow</b>	1.0 (R)	1.1 (R)	1.1 (R)		0.4 (G)	1.2 (R)	1.4 (R)	1.5 (R)	1.5 (R)	1.5 (R)	1.5 (R)
Resources	0.7 (G)	0.8 (G)	0.9 (R)		0.2 (G)	0.6 (G)	0.8 (G)	0.8 (G)	0.9 (R)	0.7 (G)	0.8 (G)
Adult Services	0.6 (G)	0.7 (G)	0.5 (G)		0.3 (G)	0.9 (R)	1.0 (R)	1.5 (R)	1.6 (R)	1.5 (R)	1.4 (R)
Public Protection & Complex Care	0.5 (G)	0.4 (G)	0.5 (G)		0.3 (G)	0.7 (G)	0.7 (G)	0.7 (G)	0.7 (G)	0.8 (G)	0.9 (R)
Children's Services	0.7 (G)	0.7 (G)	0.7 (G)		0.3 (G)	0.9 (R)	0.9 (R)	1.0 (R)	1.0 (R)	1.0 (R)	1.1 (R)
Older People's Services	0.8 (G)	1.2 (R)	0.8 (G)		0.3 (G)	1.2 (R)	1.5 (R)	1.7 (R)	1.9 (R)	1.5 (R)	1.1 (R)
Care Services	1.3 (R)	1.4 (R)	1.4 (R)		0.5 (R)	1.5 (R)	1.8 (R)	1.8 (R)	2.0 (R)	1.9 (R)	1.8 (R)

\*\*Period 1 is 2, rather than 4, weeks long.

<b>Performance Trend</b>
Overall absence performance across all staff groups of GHSCP is consistently showing an increase in Average Days Lost (ADL) this year compared to 2020/21.
<b>Issues Affecting Performance</b>
The impact of the pandemic on the workforce has been quite significant, in particular on staff mental health and wellbeing.
<b>Actions to Improve Performance</b>
1) HR continue to work with managers to develop localised Wellbeing and Attendance Action Plans for each staff group, taking on board employee and manager feedback to implement a quarterly plan that is operationally feasible. This includes a refresh of processes, manager training and incorporating staff mental health and wellbeing promotions / activities into daily working lives.
2) Ongoing analysis of absence trends and deploying HR resources to managers that have the greatest need for support, will continue and is in line with the overall HR Wellbeing and Attendance Strategy.
<b>Timescales for Improvement</b>
It is anticipated that with the implementation of action plans across each staff group, that reporting a reversed trend can be demonstrated by the end of 2021/22.
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<b>Indicator</b>	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).
<b>Purpose</b>	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%.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate 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	Sep 21
<b>Glasgow</b>	<b>80%</b>	<b>40.8 (R)</b>	<b>37.9 (R)</b>	<b>41 (R)</b>	<b>35.6 (R)</b>	<b>34 (R)</b>	<b>29.3 (R)</b>	<b>25.7 (R)</b>	<b>28 (R)</b>	<b>27.4 (R)</b>	<b>27 (R)</b>	<b>27.8 (R)</b>
HSCP Central		48.8 (R)	34.5 (R)	32.8 (R)	35.6 (R)	35.5 (R)	33 (R)	29.3 (R)	32.9 (R)	31.7 (R)	31 (R)	29 (R)
North East		48.1 (R)	44.9 (R)	45.8 (R)	37.1 (R)	38.3 (R)	31.2 (R)	26.5 (R)	30.8 (R)	30.3 (R)	30 (R)	30 (R)
North West		36.1 (R)	34.5 (R)	36.6 (R)	31.5 (R)	29.7 (R)	25 (R)	20.5 (R)	18.9 (R)	18.3 (R)	18 (R)	20 (R)
South		35.8 (R)	33.8 (R)	35.4 (R)	38.6 (R)	34 (R)	30.5 (R)	28.7 (R)	31.9 (R)	31.3 (R)	31 (R)	32 (R)
Mental Health Central		28.7 (R)	32.3 (R)	31.3 (R)	22.8 (R)	30.3 (R)	28.5 (R)	26.9 (R)	29.7 (R)	26.5 (R)	18 (R)	22 (R)

<b>Performance Trend</b>
Performance remains RED across all areas though increased slightly over the last quarter at a city level. The NHSGGC figure for September 2021 was <b>57.4%</b> , and Partnership was at <b>34.4%</b> therefore we are <b>30%</b> points below the board wide average and <b>7%</b> points below the Partnership average.
<b>Issues Affecting Performance</b>
The last quarter has seen a significant rise in sickness absence as well as covid related absence and increased use of AL. This may have a knock on effect on the ability of services to maintain the input to KSF processes due to the service pressures. Further to this, it is important that KSF processes recognise the difficulties faced in the last year and is used to support staff and is seen as an integral part of the support mechanisms for staff.
<b>Actions to Improve Performance</b>
The 4-point plan should continue to try and maintain interest and encourage staff to think about the future building on the impact of COVID-19, as explained below. There are 4 key actions:



- We are organising a series of awareness and support sessions for Managers and Reviewers to better navigate the TURAS platform with our Learning & Education Colleagues
- We are encouraging reviewers and staff to use the 3 standard questions on the review to look at how COVID-19 has impact them and their service and look at the options going forward
- We are looking at Reviewers discussing “personal” supports for staff and putting these in either the objectives or PDP components of TURAS, so that they can be reviewed going forward
- To support reviewers to have these “supportive” meetings for all staff with a view of looking at personal wellbeing.

#### **Timescales for Improvement**

Improvements sought in future quarters

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<b>Indicator</b>	4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
<b>Purpose</b>	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate 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	Sep 21
Glasgow	100%	23% (R)	59% (R)	20% (R)	67% (R)	67% (R)	44% (R)	58% (R)	44% (R)	48% (R)	43% (R)	49% (R)

<b>Performance Trend</b>
Performance fluctuates across areas and over time as numbers involved are small. Performance increased slightly but remains RED.
<b>Issues Affecting Performance</b>
<p>There remains an ongoing issue where some individuals complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers.</p> <p>The increase at the end of the last quarter continued with a peak in April at 67%, followed by a decline. However, work continues to improve induction being undertaken and recorded.</p>
<b>Actions to Improve Performance</b>
<p>Monthly named data is provided to all service areas via the local HR Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets.</p> <p>The performance is being monitored on a monthly basis to seek an urgent improvement.</p> <p>Managers are encouraged to ensure all induction is complete and to sign off the online induction programme</p>
<b>Timescales for Improvement</b>
<p>This data is available and shared on a monthly basis for review. Given the detail shared with managers, the expectation is that this performance should be maintained at a positive level.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
<b>Purpose</b>	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate 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	Sep 21
Glasgow	100%	18% (R)	20% (R)	50% (R)	50% (R)	9% (R)	29% (R)	62% (R)	43% (R)	56% (R)	27% (R)	69% (R)

<b>Performance Trend</b>
Performance fluctuates across areas and over time as numbers involved are small. Performance increased slightly but remains RED.
<b>Issues Affecting Performance</b>
Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that some individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers.
<b>Actions to Improve Performance</b>
<ul style="list-style-type: none"> <li>-Monthly named data is provided to all service areas via Senior Learning and Education Advisors in an attempt to prevent breaches of induction targets.</li> <li>-Work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHSGG&amp;C.</li> <li>-Prospective information is available for inductees who should have their process completed and activity is in place to engage with local managers to ensure this work is completed timeously.</li> </ul>
<b>Timescales for Improvement</b>
<p>This detail is provided on a monthly basis to local management teams for review. There is continuing overview of progress against the target at a local level to ensure improvement in compliance.</p> <p>Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. A continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.</p> <p><a href="#">Back to Summary</a></p>

## Other Annually Reported Indicators - See Appendix 1, Section 2

### 15. I-Matters Completion

## BUSINESS PROCESSES

<b>Indicator</b>	1. Percentage of NHS Stage 1 complaints responded to within timescale
<b>Purpose</b>	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 5 days normally for stage 1 or 10 days if extension given). New indicator introduced following new complaints procedures for both social work and health coming into effect on the 1 <sup>st</sup> of April 2017.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>City</b>	<b>70%</b>	96.4% (G)	91.2% (G)	92.4% (G)	96% (G)	98.5% (G)	86.6% (G)	95.2% (G)	94.2% (G)	95.8% (G)
North East		100% (G)	86.2% (G)	88.2% (G)	80% (G)	100% (G)	75% (G)	84.2% (G)	68.7% (G)	82.3% (G)
North West		82.3% (G)	80% (G)	69.6% (G)	70.6% (G)	85.7% (G)	81.2% (G)	63.7% (R)	65% (R)	75% (G)
South		100% (G)	75% (G)	50% (R)	66.7% (A)	86% (G)	72.7% (G)	85.7% (G)	100% (G)	88.9% (G)
Prisons		100% (G)	99.5% (G)	95% (G)	100% (G)	100% (G)	87.4% (G)	100% (G)	99.4% (G)	98.6% (G)

### Performance Trend

This indicator is reported **one quarter in arrears**. HSCP remained GREEN and performance at city level improved slightly over the last quarter. North West moved from RED to GREEN while all other localities remained GREEN. The vast majority of complaints relate to prisons so these largely determine overall HSCP performance

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<b>Indicator</b>	2. Percentage of NHS Stage 2 Complaints responded to within timescale.
<b>Purpose</b>	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days for stage 2).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>City</b>	<b>70%</b>	68% (G)	62% (R)	73% (G)	80% (G)	59% (R)	69% (G)	75% (G)	79% (G)	64% (R)
North East		64% (R)	67% (A)	100% (G)	89% (G)	33% (R)	54% (R)	100% (G)	100% (G)	83% (G)
North West		67% (A)	80% (G)	56% (R)	70% (G)	40% (R)	58% (R)	56% (R)	47% (R)	57% (R)
South		100% (G)	83% (G)	89% (G)	57% (R)	50% (R)	94.1% (G)	78% (G)	76% (G)	69% (G)
Prisons		66.7% (A)	56.7% (R)	72% (G)	80.3% (G)	63.1% (R)	67.2% (A)	77.9% (G)	86.5% (G)	64% (R)

<b>Performance Trend</b>
This indicator is reported <b>one quarter in arrears</b> . HSCP as a whole moved from GREEN to RED in the last period. Only the North West improved with the other areas declining. The vast majority of complaints relate to prisons so these largely determine overall HSCP performance
<b>Issues Affecting Performance</b>
The whole HSCP performance is driven by performance in prison healthcare, where the vast majority of complaints arise. Issuing responses to stage 2 complaints within deadline had improved in previous quarters due to falling numbers and improved performance at Barlinnie (usually having more complaints, reflecting a larger prison population). In Q1 of 2021/22 however, complaints at Low Moss (173) far exceeded those at Barlinnie (116) whilst performance was poorer (53% in time vs 84%). This in part reflects difficulty in Low Moss management coping with the demands of a sudden increase in volume of stage 2 complaints. A single patient submitted over 20 separate complaints in a short space of time. That impacted on performance as well as volume, as it was not possible to respond to all within the statutory period. This however also reflects performance at Low Moss having been consistently poorer than Barlinnie for the whole period 2020-21 (66% vs 81%).
<b>Actions to Improve Performance</b>
The key to improving performance in the prison sector (and therefore the HSCP as a whole) is to identify and address any constraints on efficient management of stage 2 complaints at Low Moss, whether resource, administrative or procedural, whilst maintaining the good level of performance at Barlinnie.
<b>Timescales for Improvement</b>
In both preceding years prison healthcare had been able to improve its performance against this target between the 1 <sup>st</sup> and 3 <sup>rd</sup> Quarter, suggesting that 6 months from time of report is a reasonable timescale to effect change (April 2022). Because part of the issue at Low Moss related to complaints from a single patient however, performance should improve somewhat when that specific issue is addressed, which will be sooner. <a href="#">Back to Summary</a>

<b>Indicator</b>	3. Percentage of Social Work Stage 1 Complaints responded to within timescale.
<b>Purpose</b>	To monitor performance in relation to the agreed SWS target time for responding to complaints at Stage 1 (target is 5 days or 15 days if extension applied). This indicator is reported one quarter in arrears.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	19/20			20/21				21/22
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
		% No.	% No.	% No.	% No.	% No.	% No.	% No.	% No.
City	70%	61% (R) 116	63% (R) 106	57% (R) 103	70% (G) 23	70% (G) 50	74% (G) 39	50% (R) 34	76% (G) 107
North East		78% (G) 37	70% (G) 27	79% (G) 29	67% (A) 6	75% (G) 8	100% (G) 8	62% (R) 8	94% (G) 16
North West		52% (R) 21	58% (R) 19	32% (R) 25	100% (G) 1	50% (R) 14	43% (R) 7	25% (R) 4	78% (G) 8
South		46% (R) 28	63% (R) 30	53% (R) 30	50% (R) 6	73% (G) 15	91% (G) 11	40% (R) 10	63% (R) 16
Homelessness		63% (R) 8	58% (R) 19	50% (R) 8	50% (R) 4	90% (G) 10	58% (R) 12	67% (A) 6	67% (A) 6
Home-care		N/A	N/A	N/A	N/A	N/A	N/A	N/A	81% (G) 53
Centre		59% (R) 22	63% (R) 11	73% (G) 11	100% (G) 6	67% (A) 3	100% (G) 1	50% (R) 6	75% (G) 8

#### Performance Trend

This indicator is reported **one quarter in arrears**. During Q1 performance improved at a city level with only the South (RED) and Homelessness (AMBER) below target. Homecare has been incorporated for the first time.

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<b>Indicator</b>	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
<b>Purpose</b>	To monitor performance in relation to the agreed SWS target time for responding to complaints at stage 2 (target is 20 days). This indicator is reported one quarter in arrears.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	19/20			20/21				21/22
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
		% No.	% No.	% No.	% No.	% No.	% No.	% No.	% No.
City	70%	50% (R) 48	50% (R) 54	51% (R) 59	59% (R) 39	76% (G) 58	84% (G) 68	89% (G) 70	87% (G) 52

Performance Trend	
<p>This indicator is reported <b>one quarter in arrears</b>.</p> <p>Performance declined slightly in Q1 but remained GREEN.</p> <p><a href="#">Back to Summary</a></p>	

<b>Indicator</b>	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
<b>Purpose</b>	This indicator monitors social work performance in relation to the timescale for the completion of Freedom of Information (FOI) requests; it is reported one quarter in arrears.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	19/20			20/21				21/22
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
		% No.	% No.	% No.	% No.	% No.	% No.	% No.	% No.
City	100%	97% (G) 94	97% (G) 72	96% (A) 92	95% (R) 61	99% (G) 80	100% (G) 75	98% (G) 90	98% (G) 83

Performance Trend	
<p>This indicator is reported <b>one quarter in arrears</b>.</p> <p>Performance in relation to FOIs continued to meet target (GREEN).</p> <p><a href="#">Back to Summary</a></p>	



<b>Indicator</b>	6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale.
<b>Purpose</b>	This indicator monitors social work performance in relation to the timescale for the completion of Data Protection Subject Access Requests; it is reported one quarter in arrears.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	19/20			20/21				21/22
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
		% No.	% No.	% No.	% No.	% No.	% No.	% No.	% No.
City	100%	72% (R) 185	68% (R) 144	58% (R) 146	18% (R) 50	34% (R) 95	19% (R) 110	21% (R) 109	41% (R) 144

<b>Performance Trend</b>
This indicator is reported <b>one quarter in arrears</b> . Performance remained RED but improved significantly despite a 32% increase in the number of Access Requests received during Q1.
<b>Issues Affecting Performance</b>
<p>There have always been difficulties in achieving the demanding 100% target in this area, due to both the complexity of work involved and the ongoing continued high demand for the service, particularly in respect of clients and their legal representatives seeking access to historic files. This reflects the background of national abuse enquiries, the introduction of GDPR and general social trends around awareness of personal information rights.</p> <p>Covid-19 had a direct and severe impact on SAR handling from March 2020 onwards, only slightly offset by an initial fall (but not cessation) of requests received. City Archives closed on 20<sup>th</sup> March 2020 and only partially reopened in 2021. SAR requests continued to be received throughout this period, the majority of which relate to requests for the (at that time inaccessible) archived records of former looked-after children. This led to an accumulated backlog, which peaked at well over 200 open requests.</p> <p>The figures for % clearance in the table above therefore essentially reflect the proportion of requests that could be cleared because the information was for current, not historic, clients and therefore accessible. The rate of clearance of those requests within time was actually good. The increased performance in Q1 reflects both some lessening of restrictions on access to archived files and a concerted effort by the team to clear the backlog.</p>
<b>Actions to Improve Performance</b>
Only a very gradual reduction in the backlog is possible within available resources while new requests continue to be received. As can be seen in the table above, the volume of such requests is now returning to pre-pandemic levels. Advocacy services and legal firms, who submit the majority of such requests on behalf of their clients, are recovering their own services to full capacity. SAR processing is specialist work - highly technical and knowledge-

based with a high reputational and financial risk for the council if not handled appropriately. This is not therefore a problem that can be easily resolved by diverting untrained staff from other areas, even were such resource available.

The rate at which cases can be cleared continues to be constrained by: (a) limitations on the rate archived files are transferred to GCHSCP; (b) the availability of skilled resource and (c) the rising numbers of new requests. The team is focussed on appropriately prioritising the cases to be cleared (for example those connected with legal process rather than those reflecting a general wish to access information) in order to mitigate reputational risk, whilst also seeking to effect a gradual reduction in the backlog.

### **Timescales for Improvement**

It is anticipated that there may be small incremental improvement throughout 2021/22, but performance against this indicator will continue to be sub-optimal until 2022/23.

Any focus on clearing the backlog of requests accumulated during the pandemic, however successful, will not be expressed as an improvement in this indicator. The vast majority of that backlog consists of cases already beyond the legal deadline of one month and it is now logically impossible to clear those cases within time. It is nevertheless important that focus should remain on clearing that backlog to avoid further reputational and regulatory risk. Any attempt to improve performance against this specific indicator by focussing on clearing new cases that are still within time would ultimately be counterproductive and detrimental to good management of this issue.

The Council's Data Protection Officer is being kept apprised of the scale of the backlog and work to reduce it.

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<b>Indicator</b>	7. Percentage of elected member enquiries handled within 10 working days.
<b>Purpose</b>	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	19/20			20/21				21/22	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% (No.)	% (No.)	% (No.)	% (No.)	% (No.)	% (No.)	% (No.)	% (No.)	% (No.)
City	80%	88% (G) 351	85% (G) 316	73% (R) 324	77% (A) 143	77% (A) 272	76% (R) 279	73% (R) 315	85% (G) 249	83% (G) 348
North East		95% (G) 74	95% (G) 61	85% (G) 68	95% (G) 19	90% (G) 42	91% (G) 54	93% (G) 56	91% (G) 56	88% (G) 66
North West		91% (G) 81	79% (G) 66	80% (G) 74	70% (R) 23	67% (R) 55	84% (G) 61	63% (R) 63	92% (G) 50	85% (G) 68
South		90% (G) 91	84% (G) 81	81% (G) 63	67% (R) 24	69% (R) 64	75% (R) 56	77% (A) 57	79% (G) 57	90% (G) 106
Centre		78% (A) 105	82% (G) 87	71% (R) 86	70% (R) 37	67% (R) 61	52% (R) 75	64% (R) 119	79% (G) 75	70% (R) 101
Care Services (prev. Cordia)		n/a	86% (G) 21	27% (R) 33	85% (G) 40	98% (G) 50	97% (G) 33	90% (G) 20	100% (G) 11	100% (G) 7

### Performance Trend

During Q2 performance remained at a similar level city wide and in the other areas, with the exception of Centre where it moved from GREEN to RED.

There was an increase in the overall number of enquiries in Q2 and is now similar to pre-Covid levels.

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## APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on annually reported Ministerial Strategic Group Indicators; the Core Suite of 23 National Integration Indicators; and other Corporate/Local Indicators. The latter are a mix of indicators for which data is only available on an annual/biennial basis so have not been included in the main body of the report and indicators which services have identified as being important to monitor and review but have no specific target.

### 1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	15/16	16/17	17/18	18/19	19/20	20/21	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.0%	86.7%	87.3%	87.5%	87.9%	89.9% (G)	87.8%
	Scotland	87.0%	87.3%	88.0%	88.0%	88.4%	90.5%	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.5%	94.7%	95%	94.9%	94.9%	94.9% (G)	95.4%
	Scotland	95.7%	95.8%	96%	96.0%	96%	96.2%	N/A

\*Provisional

### 2. NATIONAL INTEGRATION INDICATORS

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships. The Integration Indicators are grouped into two types of measures. 9 are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which was undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city. The remaining 14 indicators are derived from partnership operational performance data. Of these Operational indicators, 10 are currently reported upon, with a further 4 indicators currently under development by NHS Scotland Information Services Division (ISD).

Details of performance in relation to these indicators for 2020/21 can be accessed in Chapter 7 of the [Annual Performance Report \(2020/21\)](#) where comparisons are made over time and with the Scottish average.

### 3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Primary Care</b>								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	19/20	72% (R)				Performance below target but above the Scottish average (64%). This has reduced from the 2017/18 figure of 76%. From 19/20 Health & Care Experience Survey.
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	19/20	92% (G)				Performance above target and the same as the Scottish average (92%). This compares to 94% in 2017/18. From 19/20 Health & Care Experience Survey.
3. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	19/20	75.7% (G)	75.1% (G)	74.8% (G)	76.8% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). National screening report last produced March 2021 for 19/20.
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 21		100% (G)	98.4% (G)	100% (G)	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2020 were 78.6% (NE); 80.4% (NW); 80% (S), Next update due for Jan-Mar 2022.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Children's Services</b>								
5.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 21	<b>29.6% (R)</b>	<b>33.9% (R)</b>	<b>27.6% (R)</b>	<b>27.7% (R)</b>	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 and now published annually only.
6. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 21	<b>84.7% (R)</b>	<b>86% (R)</b>	<b>84.6% (R)</b>	<b>83.6% (R)</b>	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 and now published annually only.
7. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2020	<b>60.1% (G)</b>				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).
8. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	<b>72.8% (G)</b>				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).
<b>Others</b>								
9. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2020	<b>291</b>				Figures published annually by NRS. Last updated July 2021. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018; 279 (2019).

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2020	<b>143</b>				Figures published annually by ISD. Last updated August 2021. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018); 143 (2019).
11. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2019	<b>104</b>				Figures published annually by ISD. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018); 106 (2019). Last updated July 2021.
12. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2018/20	<b>53.4% (R)</b>	<b>52.8% (R)</b>	<b>54.2% (R)</b>	<b>53.4% (R)</b>	HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Feb 2021. Increase at city level since 17/19 when was 51.6%.
13. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	15/16-17/18	<b>N/A</b>	<b>65.8% (R) NHSGGC</b>			HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but has role in promoting awareness and encouraging uptake. Only NHSGGC information available at time of the new Annual NHSGGC screening report (Feb 2021).
14. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2018/20	<b>57.4% (R)</b>	<b>58.9% (R)</b>	<b>53.1% (R)</b>	<b>60.6% (R)</b>	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Feb 2021. Decrease at city level since 17/19 when was 67.6%.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Human Resources</b>								
15. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2019		<b>53% (G)</b>			Figures shown are for the annual survey undertaken in the Summer of 2021. Corresponding response rate figure for 2019 was 62% with the EEI also 77%. Not undertaken in 2020 due to Covid-19.
					Employment Engagement Index <b>77</b>			



## APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

<b>Outcome 1</b>	People are able to look after and improve their own health and wellbeing and live in good health for longer
<b>Outcome 2</b>	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
<b>Outcome 3</b>	People who use health and social care services have positive experiences of those services, and have their dignity respected
<b>Outcome 4</b>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
<b>Outcome 5</b>	Health and social care services contribute to reducing health inequalities
<b>Outcome 6</b>	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
<b>Outcome 7</b>	People using health and social care services are safe from harm
<b>Outcome 8</b>	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
<b>Outcome 9</b>	Resources are used effectively and efficiently in the provision of health and social care services

### APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

## APPENDIX 4 – APR LOCAL KPIs

In addition to the National Integration and MSG Indicators, the following core set of strategic local indicators are included in the HSCP's [Annual Performance Report](#) and are used to show trends over time.

1. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP
2. Number of people in supported living services
3. Percentage of service users who receive a reablement service following referral for a home care service.
4. Total number of Older People Mental Health patients delayed (Excluding AWI)
5. Intermediate Care: % users transferred home.
6. Prescribing Costs: Compliance with Formulary Preferred List.
7. New Accident and Emergency attendances (18+).
8. Total number of Acute Delays
9. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
10. Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (65+)
11. Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement
12. Percentage of HPis (Health Plan Indicators) allocated by Health Visitors by 24 weeks
13. Percent Access to specialist Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks age of HPis (Health Plan Indicators) allocated by Health Visitors by 24 weeks.
14. % of young people currently receiving an aftercare service who are known to be in employment, education or training
15. Number of out of authority placements.
16. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months)
17. Mumps, Measles and Rubella (MMR) Vaccinations: (% Uptake at 5 yrs)
18. Psychological Therapies: % of people who started treatment within 18 weeks of referral.
19. Total number of Adult Mental Health delays

20. % of clients commencing alcohol or drug treatment within 3 wks of referral
21. Number of households reassessed as homeless/ potentially homeless within 12 months.
22. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
23. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.
24. Alcohol Brief Intervention Delivery
25. Smoking Quit Rates at 3 months from the 40% most deprived areas.
26. Women smoking in pregnancy (general population)
27. Women smoking in pregnancy (most deprived quintile)
28. Exclusive Breastfeeding at 6-8 weeks (general population)
29. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).
30. NHS Sickness Absence rate (%)
31. Social Work Sickness Absence Rate (Average Days Lost)
32. Percentage of NHS Stage 1 complaints responded to within timescale
33. Percentage of NHS Stage 2 complaints responded to within timescale
34. Percentage of Social Work Stage 1 Complaints responded to within timescale
35. Percentage of Social Work Stage 2 Complaints responded to within timescale
36. Percentage of elected member enquiries handled within 10 working days.