



Item No. 6

Meeting Date: Wednesday 10th February 2021

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

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HSCP Performance Report Q2

Purpose of Report:	To present the Performance Report for Health Improvement for Quarter 2 of 2020/21.
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Background/Engagement:	<p>The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Quarterly Performance report would be produced, with specific service areas focused upon at each of their meetings, with performance presented upon by the relevant Service Leads.</p> <p>The attached report focuses only on Health Improvement as this is the service area being presented to this meeting. The information contained within it has already been presented to the Committee on 9 December 2020, as no updated information was available for Health Improvement at the time of writing this report.</p>
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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none">a) note the attached Performance Report;b) consider the exceptions in section 4.3;c) review and discuss performance with the Strategic Lead for Health Improvement.
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Relevance to Integration Joint Board Strategic Plan:

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

Implications for Health and Social Care Partnership:

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

1. Purpose

- 1.1 The purpose of this paper is to present the Performance Report for Health Improvement for Quarter 2 of 2020/21.

2. Background

- 2.1 These reports are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime.

3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.
- i. Local Health and Social Work Indicators (chosen locally by the Partnership).
 - ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
 - iii. National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
 - iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods. 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 Currently, 3 indicators are GREEN (42.8%); 2 RED (28.6%); and 2 AMBER (28.6%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

<i>Health Improvement</i>	
1. Alcohol brief intervention delivery (ABI)	10
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	12

Changes in RAG Status

- 4.4 There has been a change in RAG status for 3 indicator since the last reported period, as noted below.

A) RED TO AMBER	
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported quarter in arrears)	
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones). (reported quarter in arrears)	
B) GREEN TO RED	
<i>Health Improvement</i>	
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	

5. Recommendations

- 5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- d) note the attached performance report;
 - b) consider the exceptions highlighted in section 4.3;
 - c) review and discuss performance with the Strategic Lead for Health Improvement



CORPORATE PERFORMANCE REPORT

HEALTH IMPROVEMENT

**QUARTER 2
2020/21**





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1. PERFORMANCE SUMMARY









1. Key to the Report

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

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













2a. Summary

The table below compares the overall RAG rating for 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			
								
Health Improvement	3 (42.9%)		3 (42.9%)	1 (14.2%)	2 (28.6%)	2 (28.6%)	3 (42.8%)	

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
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5006	To Q2	430 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	300 to Q1	Q1 20/21	257 	▼ ✓ to 
3. Women smoking in pregnancy (general population)	12%	Q2	9.6% 	▲
4. Women smoking in pregnancy (most deprived quintile).	17%	Q2	14.7% 	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported quarter in arrears)	32.2% by end of 20/21	Apr-Jun 2020	30.8% 	▼  to 
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).(reported quarter in arrears)	23.4% by end of 20/21	Apr-Jun 2020	22.5% 	▲  to 
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	30.9% by end of 20/21	Apr-Jun 2020	25.3% 	▶

HEALTH IMPROVEMENT

Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 4 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	16/17	17/18	18/19	19/20	Target 2020/21	20/21 Actual			
						Q1	Q2	Q3	Total to date
Glasgow City HSCP	7,400 (G)	6,470 (G)	5055 (G)	4394 (R)	2532	115 (R)	315 (R)		430 (R)
North East	1,156 (R)	1,312 (R)	1360 (R)	1070 (R)	818	14 (R)	13 (R)		27 (R)
North West	1,399 (R)	1790 (G)	1277 (R)	934 (R)	792	21 (R)	63 (R)		84 (R)
South	739 (R)	674 (R)	1035 (R)	651 (R)	922	8 (R)	23 (R)		31 (R)
City Wide (Non sector specific wider settings delivery)	4,106	2694	1383	1739		72	216		288
Performance Trend									
Performance below target and RED. City wide services are delivered in localities but are recorded at a city-wide level.									
Issues Affecting Performance									
Figures for Primary Care have now been included for Q1 which were not in the last report. Pandemic mitigation measures have substantially interrupted delivery from wider HSCP services, primary care and our third sector delivery partners with face-to-face services being halted in many settings.									
Actions to Improve Performance									
We have been developing online approaches and some of these are already taking place. Given the major disruptions to normal service delivery caused by the COVID-19 pandemic, the delivery of ABIs to the normal level will, however, be impossible to achieve this year.									

Timescales for Improvement
Improvements are anticipated going forward into quarter 3. Back to Summary

Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the 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.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	16/17	17/18	18/19	19/20	Target 2020/21	20/21 Actual			
						Q1	Q2	Q3	Total to date
Glasgow City HSCP	1,250 (R)	1,398 (G)	1412 (G)	1389 (G)	300	257 (R)			257 (R)
North East	489 (R)	498 (A)	547 (G)	516 (G)	118	95 (R)			95 (R)
North West	346 (R)	431 (G)	427 (G)	422 (G)	95	83 (R)			83 (R)
South	415 (R)	469 (G)	438 (G)	451 (G)	87	79 (R)			79 (R)

Performance Trend
Performance below target and RED across all localities.
Issues Affecting Performance
As a result of the pandemic, the service moved to a telephone service from mid-March. A number of practical obstacles had to be worked through to enable remote working for all staff. Pressure from general practice and pharmacy initially saw a reduction in referrals to the service. Telephone appointments are often taking longer than face to face appointments as people are experiencing a greater number of challenges and difficulties which are raised during the calls. Practitioners support patients and signpost/refer onto other services as required.
Actions to Improve Performance
Ongoing work to increase referrals through traditional and digital referrals. A Communication and Marketing Plan, ensuring that the service is widely publicised is being actioned across the city. Collaboration is underway with other central Scotland Board areas to develop a marketing campaign for the new year with the aim of expanding our visibility, and increasing footfall into all services.
Visual, eye-catching newsletters have been designed for GP surgeries, pharmacies and LAAC units and these were distributed in October. Facebook marketing continues to be developed & is also well used by those coming along to services.

Risk assessments and recovery plans are being written and shared with local Business Support Managers to ensure our place within Health Centres when they are able to re-open. We are assessing the option of using Near Me (Attend Anywhere) as another tool for supporting clients in the community.

Timescales for Improvement

In Quarter 2 all areas report an increase in referrals to the community stop smoking service, and a continuing trend of increasing numbers accessing the service and setting quit dates. It is hoped to see further improvement in quarter 3 but staff vacancies may impact on service delivery.

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Indicator	3. Women smoking in pregnancy (general population).
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Q1 18/19	Q1 19/20	TARGET	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	
HSCP	12.3% (G)	11.7% (G)	12%	10.9% (G)	10.8% (G)	9.8% (G)	10.4% (G)	9.6% (G)	
NE	14.8%	15.1%	N/A	12.5%	10.8%	10.1%	12.7%	11.1%	
NW	10.3%	9.3%	N/A	8.1%	10%	8.6%	7.8%	8.5%	
S	12.1%	10.8%	N/A	11.9%	11.3%	10.4%	10.8%	9.5%	
Performance Trend									
Performance at a city level remains GREEN although rates increased slightly in the last quarter. Target was reduced from 13% to 12% in 2019/20. New system introduced in November 2017, so no historical figures included.									
Back to Summary									

Indicator	4.Women smoking in pregnancy (most deprived quintile)
Purpose	To monitor the extent to which women are smoking in pregnancy within the most deprived quintile of the population. This is 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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

LOCALITY	Q1 18/19	Q1 19/20	TARGET	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	
HSCP	18.7% (G)	18.9% (R)	17%	17.0% (G)	17.2% (G)	14.6% (G)	15.0% (G)	14.7% (G)	
NE	19.6%	20.7%	N/A	14.5%	14.2%	14.2%	15.2%	14.9%	
NW	18.8%	16.4%	N/A	15.8%	15.9%	13.7%	12.6%	15.1%	
S	18.4%	18.7%	N/A	20.2%	20.8%	15.7%	16.4%	14.2%	
Performance Trend									
<p>Performance at a city level remains GREEN although rates increased slightly in the last quarter. Target was reduced from 19% to 17% in 2019/20. New system introduced in November 2017, so no historical figures included.</p> <p>Back to Summary</p>									

Indicator	5. Exclusive Breastfeeding at 6-8 weeks (general population)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	2016	2017	2018	Target (end 2020/21)	Q3	Q4	Q1	Q2
HSCP	25.7% (G)	26.9% (G)	30.4% (G)	32.2%	28.3% (R)	31.8% (G)	27.9% (R)	30.8% (A)
NE	18.3% (G)	19.7%(G)	24.4% (G)	N/A	19.7%	24.8%	23.6%	25.1%
NW	30.7% (G)	33.8% (G)	35.3% (G)	N/A	35.1%	37.1%	33.4%	36.0%
S	27.5% (G)	27.5% (G)	31.5% (G)	N/A	29.9%	33.3%	27.0%	31.3%
Performance Trend								
Performance AMBER against new adjusted 20/21 target. Targets were previously adjusted upwards and 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 one quarter in arrears.								
Issues Affecting Performance								
Impact of Covid 19 on Health Visiting services and breast feeding support groups within community settings.								
Actions to Improve Performance								
<ul style="list-style-type: none"> -Breastfeeding Support Information for families/signposting was cascaded to Family Nurse Practitioners and Children and Families (Health Visiting) citywide. -Breastfeeding Support and family support during COVID-19 hosted on NHSGGC website -Breastfeeding support groups provided for families online by National Childcare Trust and the Breastfeeding Network. Telephone support model to assist BAME families also developed. - Various supports moved online including the Starting Solids resource; Baby Club/Cafe Stork family support; and Breastfeeding awareness training for partners. - Peer Mentors for Breastfeeding Support have also been trained online to support telephone support and groups. -Community Breast Pump Loan Scheme has developed infection control procedure in line with COVID-19 advice/protocol. 								
Timescales for Improvement								
Quarter 4 Back to Summary								

Indicator	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	2016	2017	2018	Target (end 2020/21)	2019		2020	
					Q3	Q4	Q1	Q2
HSCP	18.2% (R)	20.3% (R)	21.2% (G)	23.4%	20.2% (R)	24.9% (G)	18.6% (R)	22.5% (A)
NE	16.2% (G)	18.4% (R)	20.2% (G)	N/A	15.8%	23.3%	20.8%	21.6%
NW	18.2% (R)	22% (R)	21.9% (R)	N/A	24.2%	22.7%	21.4%	25.1%
S	20.4% (G)	21.2% (R)	21.8% (A)	N/A	22.1%	28.3%	14.8%	21.4%
Performance Trend								
Performance AMBER against new adjusted 20/21 target. Targets were previously adjusted upwards and set at a city-wide level for the next 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 one quarter in arrears.								
Issues Affecting Performance								
Impact of Covid 19 on Health Visiting services and breast feeding support groups within community settings.								
Actions to Improve Performance								
<ul style="list-style-type: none"> - See Indicator 5 above for the actions which apply here also - Visits/telephone support provided by Family Nurse Practitioners and Health Visiting staff for those in need of support. - Digital exclusion issues have been recognised as a barrier to access to support citywide. Children's Services citywide are now linked to the Connecting Scotland Programme with a view to digital resource /support to families most in need. 								
Timescales for Improvement								
Quarter 4								
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Indicator	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks)
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	2017/18 Drop Off Rates	2020/21 Target	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
HSCP	32.3%	30.9%	25.3% (G)					
NE	39.9%	38.2%	29.2% (G)					
NW	27.2%	26%	22.6% (G)					
S	31.3%	30%	24.7% (G)					
Performance Trend								
<p>New indicator. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance shown for period Apr-Jun 2020 and is below the trajectory target for 2020/21.</p> <p>Back to Summary</p>								

APPENDIX 1 - NATIONAL HEALTH AND WELLBEING OUTCOMES

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5	Health and social care services contribute to reducing health inequalities
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
Outcome 7	People using health and social care services are safe from harm
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services

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APPENDIX 2 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

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