



Item No. 7

Meeting Date: Wednesday 9th December 2020

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

Report By: Allison Eccles, Head of Business Development
Contact: Duncan Goldie, Performance Planning Manager
Phone: 0141 287 8751

HSCP PERFORMANCE REPORT Q2 2020/21

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2020/21.
Background/Engagement:	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.
Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report; b) consider the exceptions highlighted in section 4.4; c) review and discuss performance with the Strategic Leads for Criminal Justice and Adult Services in relation to these areas.
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 updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 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)
- 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 3.

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.

Covid Impact

- 4.3 Performance in relation to many KPIs has been affected by Covid and these are explained in the report for each individual indicator. Performance has been adversely affected in various ways and KPIs where performance has been particularly impacted are described below:
- Some activities stopped being undertaken (e.g. day care and residential service reviews).
 - Some services/activities operated at a reduced capacity and were prioritised according to need with alternative service delivery models also being introduced such as telephone/online consultations (e.g. continence, podiatry, sexual health services, alcohol brief interventions, smoking quits).
 - Other activities were given a lower priority given competing demands (e.g. home care reviews, anticipatory care plans, ready to learn assessments).
 - Other services have continued but their ability to deliver against the targets were constrained by external factors linked to Covid (e.g. transfer home from intermediate care, telecare, live homeless applications over 6 months, use of temporary furnished flats/B&Bs, subject access requests).
- 4.4 There are, however, also some areas which saw performance actually improving (A&E attendances; A&E waits; unscheduled hospital bed days; and offers of emergency accommodation).
- 4.5 Where performance has been affected, descriptions are provided in the report for each relevant indicator, of the measures which are being taken by services to improve performance, and an indication is provided of the existing status of service recovery and the current models of delivery. Recovery planning is being overseen within the HSCP by the Operational Recovery Group. The

HSCP is also involved in the Recovery Groups which have been established at Health Board and Council levels and have been supporting and contributing to the development of Council and Health Board wide recovery plans. These may be affected by the dynamic nature of the ongoing pandemic situation and the requirements to respond to it.

Exceptions

- 4.6 At Q2, 40 indicators were GREEN (34.8%); 67 RED (58.3%); 5 AMBER (4.3%); and 3 (2.6%); 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.

Older People	Page
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months	27
3. Percentage of service users leaving the service following reablement period with no further home care support.	29
8. Intermediate Care : Percentage Occupancy	34
9. Intermediate Care: Average Length of stay (Days).	36
10. Percentage of intermediate care users transferred home	37
11. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP	39
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	41
13. Continence Service – Waiting Times	42
14. Referrals to Telecare: Basic and Advanced	44
15. Total number of Older People Mental Health patients delayed	46
16. Falls rate per 1,000 population aged 65+	48
Unscheduled Care	
2. A&E Waits Less Than 4 Hours (%) (QEUH)	50
4. Number of Unscheduled Hospital Bed Days - Acute (18+)	52
7. Total Number of Acute Delays	55
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).	56
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	57
Primary Care	
3. Flu Immunisation Rates	62
4. Shingles Immunisation Rates	64
5i. AHP Waiting Times – MSK Physio	65
5i. AHP Waiting Times – Podiatry	65
Children's Services	
1. Uptake of the Ready to Learn Assessments	67
4. Access to CAMHS services - % seen with 18 weeks	71

5. % looked after & accommodated children under 5 who have had a Permanency Review	73
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28	75
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.	77
9. Number of out of authority placements	79
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (NE&NW)	83
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill and Gartnavel)	85
4. Total number of Adult Mental Health delays	88
Sexual Health (Sandyford)	
1 & 2. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered and insertions.	90
3 & 4. Number of vLARC Implant appointments offered and Implant insertions across all Sandyford locations	92
5. Average waiting times for access to Urgent Care appointments.	94
6-9. Number of individual young people attending all Sandyford services - aged 13-15 and 16-17 for males and females.	95
Alcohol and Drugs	
2. Percentage of Parental Assessments completed within 30 days of referral.	99
Homelessness	
2. % of live homeless applications over 6 months duration at end of the quarter.	103
3. Number of new resettlement plans completed - total to end of quarter (citywide)	105
4. Average number of weeks from application to settled accommodation.	107
7. Number of new Housing First tenancies created.	110
8. Number of Households in Bed & Breakfast Accommodation	111
9. Number of Temporary Furnished Flats	112
Criminal Justice	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	113
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	115
Health Improvement	
1. Alcohol brief intervention delivery (ABI)	120
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	122
Human Resources	
1. NHS Sickness absence rate	129
2. Social Work Sickness Absence Rate	131

3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	133
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	135
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	136
Business Processes	
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported quarter in arrears)	138
4. % of SW Complaints responded to within timescale (Stage 2)	140
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported quarter in arrears)	141
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	142

Changes in RAG Status

- 4.7 There has been a change in RAG status for **20** indicators since the last report. Of these, performance improved for **8** and declined for **12**.

i. Performance Improved

A) RED TO GREEN
Children's Services
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.(South)
Criminal Justice
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
5. Percentage of Criminal Justice Social Work Reports submitted to court
Health Improvement
5. Exclusive Breastfeeding at 6-8 weeks (general population)
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).
B) AMBER TO GREEN
Older People's Services
5. Provided Residential Care – Occupancy Rates
Unscheduled Care
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)

ii. Performance Declined

A) GREEN TO RED
Older People's Services
2. Percentage of service users who receive a reablement service following referral for a home care service.
3. Percentage of service users leaving the service following reablement period with no further home care support.
Unscheduled Care
2. A&E Waits Less Than 4 Hours (%) (QEUIH)
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)
Children's Services
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)
Alcohol and Drugs
2. Percentage of Parental Assessments completed within 30 days of referral.
Health Improvement
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported quarter in arrears)
B) AMBER TO GREEN
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported quarter in arrears)
C) AMBER TO RED
Older People's Services
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.

5. Recommendations

5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:

- b) note the attached performance report;
- b) consider the exceptions highlighted in section 4.4;
- c) review and discuss performance with the Strategic Leads for Criminal Justice and Adult Services in relation to these areas.



CORPORATE PERFORMANCE REPORT

**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			
								
Older People	10 (52.6%)	2 (10.5%)	4 (21.1%)	3 (15.8%)	12 (63.2%)		4 (21%)	3 (15.8%)
Unscheduled Care	3 (30%)	1 (10%)	6 (60%)		4 (60%)		6 (40%)	
Carers			2 (100%)				2 (100%)	
Primary Care	7 (63.6%)	1 (9.1%)	3 (27.3%)		7 (63.6%)	1 (9.1%)	3 (27.3%)	
Children's Services	8 (50%)		8 (50%)		9 (50%)		7 (50%)	
Adult Mental Health	5 (50%)		5 (50%)		5 (50%)		5 (50%)	
Sandyford Sexual Health	9 (90%)		1 (10%)		9 (90%)		1 (10%)	
Alcohol & Drugs			3 (100%)		1 (33%)		2 (67%)	
Homelessness	2 (40%)		3 (60%)		6 (66.7%)		3 (33.3%)	

Criminal Justice	5 (83.3%)		1 (16.7%)		3 (50%)		3 (50%)	
Health Improvement	3 (42.9%)		3 (42.9%)	1 (14.2%)	2 (28.6%)	2 (28.6%)	3 (42.8%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	3 (42.9%)	1 (14.2%)	3 (42.9%)		4 (57.2%)	2 (28.6%)	1 (14.2%)	
TOTAL No. and (%)	60 (54.1%)	5 (4.5%)	42 (37.8%)	4 (3.6%)	67 (58.3%)	5 (4.3%)	40 (34.8%)	3 (2.6%)

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
Older People				
<i>Home Care, Day Care and Residential Services</i>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q2	64% 	▼
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Q2 Period 6	71.3% (Hosp)  77.1% (Comm) 	Hosp ▼ Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Q2 Period 7	31.5% 	▼  to 
4. Day Care (provided) – Review Rates (No data available 20/21 as day centres been closed)	95%	Q4 19/20	N/A 	N/A
5. Provided Residential Care – Occupancy Rates	95%	Q2	95% 	▲  to 
6. Provided Residential Care – Review Rates (No data available 20/21 as these not being undertaken)	95%	Q4 19/20		N/A

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
ii. Commissioned Services				
7. Number of people in Supported Living Services. (Awaiting confirmation of new target)	Target under review	Q2	809 	N/A
8. Intermediate Care: Percentage Occupancy.	90%	Sep 20	62% 	▲
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Sep 20	39 days 	▲
10. Intermediate Care: Percentage of users transferred home.	>30%	Sep 20	7% 	▼
iii. HSCP Community Services				
11. Number of community service led Anticipatory Care Plans in Place.	Conversations 800 p.a. Summaries 200 p.a.	Q2	Conversations 152  Summaries 33  (Both Year to date)	▲
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q2	6% 	▼  to 
13. Continence Service – Waiting Times	100% within 12 weeks	Sep 20	All  Nursing (N) 71% Nursing (S) 34% Physio 6%	All▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
14.i Referrals to Telecare: Basic	2,750 per annum	Q2	1009 (Year to date) 	▲
14.ii Referrals to Telecare: Advanced	1500 per annum	Q2	202 (Year to date) 	▲
15. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Aug 20	14 	▼
16. Falls rate per 1,000 population aged 65+ (reported in arrears)	6.75 per quarter (27 total)	2019/20	27.4 	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	153,791 (12,816/month)	Apr-Jul 2020	34,758 (8690 per month) 	▲  to 
2. A&E Waits Less Than 4 Hours (%)	95%	Sep 20	GRI – 92.8%  QEUH – 89.7% 	Both ▼ QEUH  to 
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 (5552/month)	Apr-Jul 2020	16,914 (4229 per month) 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	453,866 (37,822/ month)	Apr-Jul 2020	109,990 (27,498 per month) 	  to 
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	33,260 (2772 per month)	2019/20	14,192 (1183 per month) 	
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	2019/20	188,754 (15,729 per month) 	
7. Total number of Acute Delays	0	Sep 20	90 (Total) 56 (Non-AWI) 34 (AWI) 	Total  Non-AWI  AWI 
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).	39,919 (Monthly average 3776)	Jul 20	14,527 (3632 per month) 	  to 
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 20	5196 (866 per month) 	

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement (No data available for Q1 as these were not being undertaken)	1900 per annum	Q2	488 	▼
2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for? (No data available for Q1 as these were not being completed)	70%	Q2	87% 	►
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears).	78%	Q1 20/21	 77.04%	▼
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Jun 20	 £151.97	▲
3i. Flu Immunisation Rates (over 65s)	75%	Oct 19 – Mar 20	72.2% 	▲
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Oct 19 – Mar 20	42.1% 	▲
3iii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 19 – Mar 20	47.7% 	▲
3iv. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 19 – Mar 20	58.2% 	▲
3v. Flu Immunisation Rates (Pre-school - 2-5 year olds).	65%	Oct 19 – Mar 20	50.5% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Shingles Immunisation Rates (aged 70)	60%	Sep 19 – Jun 20	34.8% 	▲
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Sep 20	45% 	▲
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Sep 20	48.1% 	▲
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Sep 20	100% 	►
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Sep 20	NE - 88% NW - 78% S - 84%   	All ▲
2. Percentage of HPis allocated by Health Visitors by 24 weeks.	95%	Jul 20	NE - 94% NW - 96% S - 94%   	NE & S ▼ NW ►
3. Number of referrals being made to Healthier, Wealthier Children Service	383 per quarter across city	Q2	749 	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Sep 20	45.4% 	▲
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	58% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28	100%	Q2	73.3%(<5s)  92.86% (5-18) 	Both ▼ Both  to 
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>)	60%	Q2	32% 	▼
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q2	76% 	▼  to 
9. Number of out of authority placements	40 by end of 20/21	Q2	45 	▼
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q1	94.24% 	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q1	96.52% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Sep 20	NE 52.1% NW 83.1% South 93.4%	NE ▼ NW ▲ South ▲ to
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Sep 20	Stob 32.1 Lev 22 Gart 30.8	Stob ▼ Lev ▲ Gart ▲ Stob to
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	Sep 20	Stob 94.8% Gart 90.6% Lev 96.3%	All ▲
4. Total number of Adult Mental Health delays	0	Aug 20	22 Total 19 (Non-AWI) 3 (AWI) 	Total ▼ Non-AWI ▼ AWI ▲
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.	1888 per quarter	Q2	1311 	▲
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions.	1309 per quarter	Q2	1124 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered.	2431 per quarter	Q2	1586 	▲
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.	1888 per quarter	Q2	1034 	▲
5. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q2	3 	►
6&7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	21 (13-15)	Q2	7 (13-15) 	▲
	58 (16-17)		18 (16-17) 	▲
8 & 9. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	146 (13-15)	Q2	36 (13-15) 	▲
	339 (16-17)		136 (16-17) 	▲
10. Waiting times for access to TOPAR appointments	5 working days	Q2	2 	►
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported quarter in arrears)	90%	Q1	98% 	►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q2	67% 	▼  to 
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q2	82% 	▼
Homelessness				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q2	99% 	►
2. Percentage of live homeless applications over 6 month duration at the end of the quarter.	<40%	Q2	55% 	▼
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 5,000	Q2	800 	▼
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q2	42 weeks 	►
5. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum	Q1	108 	▼
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q2	99% 	►
7. Number of new Housing First tenancies created.	240 by end 20/21	Q2	133 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
8. Number of Households in Bed & Breakfast Accommodation	350 by end of 20/21	Q2	567 	▼
9. Number of Temporary Furnished Flats	1850 by end of 20/21	Q2	2529 	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q2	70% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q2	80% 	▲
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q1	83% 	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q2	73% 	▼  to 
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q2	85% 	▼  to 
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q2	97% 	▲

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% 	▼
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Sep 20	6.07% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8 /period	Q1 P7 (4-week period)	1.1 ADL 	►
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework) (KSF).	80%	Sep 20	34% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Sep 20	67% 	►
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Sep 20	9% 	▼
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported quarter in arrears)	70%	Q1	98.5% 	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported quarter in arrears)	70%	Q1	59% 	▼ to  to 
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported quarter in arrears)	70%	Q1	67% 	▲ to  to 
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported quarter in arrears)	70%	Q1	59% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported quarter in arrears)	100%	Q1	95% 	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported quarter in arrears)	100%	Q1	18% 	▼
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q1	77% 	▼

1. OLDER PEOPLE

i. Home Care, Day Care and Residential Services

Indicator	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months							
Purpose	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.							
Type of Indicator	Local HSCP indicator							
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)							
Strategic Priority	Priority 4 (See Appendix 3)							
HSCP Lead	Frances McMeeking Assistant Chief Officer, Operational Care Services							
Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
85%	Glasgow	86% (G)	82% (A)	85% (G)	80% (R)	79% (R)	70% (R)	64% (R)
85%	North East	92% (G)	92% (G)	92% (G)	86% (G)	85% (G)	73% (R)	66% (R)
85%	North West	85% (G)	81% (A)	89% (G)	82% (A)	77% (R)	68% (R)	60% (R)
85%	South	83% (G)	75% (R)	78% (R)	75% (R)	77% (R)	70% (R)	66% (R)
Performance Trend								
Performance in relation to Home Care reviews fell further during Q2 with all localities remaining RED.								
Issues Affecting Performance								
Annual reviews were not deemed essential visits for Homecare during the COVID pandemic which is reflected in above performance. We continue to review our recovery arrangements and prioritise reviews to service users at risk. Assessment and review activity has largely been directed to facilitating Hospital discharge and supporting families and services users alike. Absence within the Assessment team and carrying a vacancy has also impacted on the figures above.								
Actions to Improve Performance								
Social care workers are beginning to plan review visits for those where interventions and actions have been agreed by the patch Assessment and Operations teams. We continue to prioritise ASP and are gradually recovering services, however there are some areas which are not able to recover as quickly as others due to staff absence. Test and trace is having an impact of staff absence and much of the work being prioritised is in collaboration with Operational managers and discussions with service users and families rather than non-essential annual reviews.								
Timescales for Improvement								
Monitoring capacity to fully recover on a weekly basis.								
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Indicator	2. Percentage of service users who receive a reablement service following referral for a home care service.
Purpose	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. Information is reported by calendar monthly financial periods.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking Assistant Chief Officer, Operational Care Services

		16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Quarter 2		
Referral Source	Target	Per 13b	Per 13b	Per 13b	Per 13	Per 4 (June)	Per 5 (July)	Per 6 (August)	Per 7 (September)
Hospital Discharges	70%	73.4% (G)	72.8% (A)	75.8% (G)	68.9% (G)	77.3% (G)	70.5% (G)	65.2% (R)	71.3% (G)
Community Referrals	70%	76.5% (G)	78.2% (G)	74.8% (G)	75.5% (G)	69.5% (G)	81.6% (G)	77.1% (G)	77.9% (G)
Performance Trend									
New target introduced for 19/20 having previously been 75%.									
Performance in relation to community referrals continue to exceed target at Period 7. Hospital Discharge referrals dipped in Period 6 but are now back to GREEN.									
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Indicator	3. Percentage of service users leaving the service following Reablement period with no further home care support.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking Assistant Chief Officer, Operational Care Services

		16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Quarter 2		
Locality	Target	Per. 13b	Per 13b	Per 13b	Per 10	Per 13	Per 4 (June)	Per 5 (July)	Per 6 (Aug)	Per 7 (Sept)
Citywide	>35%	36% (R)	37.9% (R)	35.7% (R)	35.4% (G)	36.4% (G)	36.4% (G)	41.9% (G)	38.5% (G)	31.5% (R)
North East	>35%	37% (R)	32.5% (R)	34.3% (R)	32.9% (R)	45.6% (G)	27.3% (R)	52.6% (G)	30.9% (R)	26.2% (R)
North West	>35%	33% (R)	45.7% (G)	42.7% (G)	38.5% (G)	37.3% (G)	39.0% (G)	40.5% (G)	42.9% (G)	37.9% (G)
South	>35%	39% (A)	35.9% (R)	31.7% (R)	30.2% (R)	30.7% (R)	39.7% (G)	38.0% (G)	39.8% (G)	27.7% (R)
Performance Trend										
New target introduced for 19/20 (previously 40%). Performance varies across locality and over time. Between Q1 and the end of Q2 performance at city level and in the South locality fell from GREEN to RED. North East remained RED; North West remained GREEN.										
Issues Affecting Performance.										
The Reablement pathway has been disrupted due to the requirement to focus on sustaining and maintaining services to those who meet the critical need eligibility criteria for services. Reablement teams have been affected by absence and many carers have been utilised across mainstream services and to facilitate complex hospital discharges.										
Actions to Improve Performance										
Test and Protect is impacting on absence across all care services including our ability to fully recover Reablement services as reflected in the performance figures above. We continue to monitor performance against staff availability.										
Timescales for Improvement										
Next quarter as we continue to monitor the impact of COVID on absence and service recovery.										
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Target/Ref	4. Day Care (provided) - Review Rates
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking Assistant Chief Officer, Operational Care Services

	2016/17	2017/18	2018/19	2019/20				20/21
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1 & Q2
95%	95% (G)	97% (G)	97% (G)	96% (G)	98% (G)	97% (G)	100% (G)	N/A
Performance Trend								
Day Care Centres closed in the middle of March because of the COVID-19 outbreak and so no data is available for Quarters 1 and 2.								
Back to Summary								

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

	16/17	17/18	18/19	2019/20				2020/21	
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	94% (G)	96% (G)	95% (G)	96% (G)	94% (G)	90% (R)	91% (A)	91% (A)	95% (G)
Performance Trend									
The occupancy rate rose between Q1 and Q2 with the RAG status moving from AMBER to GREEN during this period. 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 reported to the IJB in June by the Chief Officer. Back to Summary									

Target/Ref	6. Provided Residential Care – Review Rates
Purpose	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 by care home staff.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Frances McMeeking Assistant Chief Officer, Operational Care Services

	16/17	17/18	18/19	2019/20				2020/21
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1 & Q2
95%	94% (G)	95% (G)	96% (G)	97% (G)	95% (G)	95% (G)	96% (G)	N/A
Performance Trend								
Although a number of reviews were carried out by phone or mobile devices, no face-to-face reviews were carried out in our Care Homes during Quarters 1 and 2 because of the ongoing COVID-19 pandemic.								
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ii. Commissioned Services

Indicator	7. Number of people in supported living services.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) Frances McMeeking Assistant Chief Officer, Operational Care Services

Locality	Target	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Glasgow	<i>Was 920 but under review for 2020/21.</i>	734 (G)	842 (G)	821	798	789	769	809
North East	N/A	216	250	252	249	250	235	255
North West	N/A	236	275	263	262	255	265	275
South	N/A	282	317	306	287	284	269	279

Performance Trend

Numbers increased overall by 40 during Quarter 2. However, it should be noted that these figures may be slightly inflated because of a temporary change in the procedures as a result of COVID-19. The current process within Personalisation means that when someone is no longer receiving a supported living service the service agreement is left open so that the provider continues to be paid. Therefore, it is currently difficult to count this number accurately. We could potentially see a reduction back to Q1 levels during Q3. The service agreements of deceased service users have been closed and do not form part of the total given above.

Work is underway to review this indicator/target as the service is changing and now has three elements: Clustered supported living, HSCP home care supported living, and Traditional supported living. No RAG rating pending this review.

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Indicator	8. Intermediate Care: Percentage Occupancy
Purpose	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
Glasgow	90%	88% (G)	82% (R)	92% (G)	92% (G)	73% (R)	57% (R)	49% (R)	56% (R)	55% (R)	61% (R)	62% (R)
North East	90%	94% (G)	74% (R)	89% (G)	92% (G)	64% (R)	62% (R)	42% (R)	54% (R)	65% (R)	77% (R)	59% (R)
North West	90%	75% (R)	89% (G)	94% (G)	92% (G)	84% (R)	65% (R)	63% (R)	68% (R)	50% (R)	62% (R)	77% (R)
South	90%	94% (G)	83% (R)	92% (G)	92% (G)	71% (R)	44% (R)	40% (R)	43% (R)	48% (R)	42% (R)	49% (R)

Performance Trend

Performance fell sharply at the start of the pandemic and while there has been an increase at city level and in all localities in Q2, performance remains RED.

Issues Affecting Performance

Occupancy levels have dropped in the last few months due to the impact of Covid on the care home sector and a result of fewer discharges.

The complex acute SW referral rate reduced significantly over the period of Covid lockdown and in turn this reduced the number of admissions to Intermediate Care. In addition, infection control measures has had some impact on the ability to arrange admissions to IC Care Homes over the period.

A further factor that has affected occupancy numbers has been wider availability of care home options to support discharge and negate SW assessment at ward level.

Actions to Improve Performance

Referrals for admissions to IC have increased recently as have delays (see below).

Due to the success of the impact of the "Discharge to Assess" policy the HSCP has been able to discharge support range of wider discharge options at the point individuals become fit. The focus of IC going forward will be for rehabilitation and optimising a return home, we have initiated a review of the required IC capacity and will take into account the occupancy reductions in our plan. The HSCP are in the process of reviewing the Intermediate Care (IC) bed capacity. The future capacity and range of provision will take account of the drop in IC occupancy levels with a focus on IC provision for individuals whose have rehabilitation needs to support discharge home where possible.

It is also anticipated the occupancy levels will recover towards the end of the year as we are experiencing and increase in the number of SW Complex discharge referrals. It is also anticipated the occupancy levels will recover to an extent in the next quarter as we are experiencing and increase in the number of SW Complex discharge referrals.

Timescales for Improvement

December 2020 depending on Covid context, public health and Scottish Government guidance. The commissioning review regarding the numbers of IC beds required going forward is in progress.

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Indicator	9. Intermediate Care: Average length of stay (Days)
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
Glasgow	<28	44 (R)	31 (R)	30 (R)	31 (R)	33 (R)	38 (R)	40 (R)	48 (R)	42 (R)	39 (R)
North East	<28	41 (R)	33 (R)	34 (R)	29 (A)	28 (G)	52 (R)	42 (R)	63 (R)	53 (R)	49 (R)
North West	<28	36 (R)	36 (R)	30 (R)	36 (R)	45 (R)	41 (R)	49 (R)	55 (R)	48 (R)	37 (R)
South	<28	38 (R)	32 (R)	41 (R)	42 (R)	21 (G)	30 (R)	27 (G)	30 (R)	27 (G)	26 (G)

Performance Trend
During the period since the pandemic length of stay has increased with only South now on target. At a city level and in the other two localities, performance has significantly exceeded the target and while there have been improvements, performance remains RED in these areas.
Issues Affecting Performance
COVID-19 restrictions continue to have an impact on average length of stay. Some examples of the context are noted below: -Service users spending 14 days in isolation on admission, lengthened assessment time in some cases. Rehab has been limited given all the restrictions; - Difficulties involving families in discharge planning, social work and in some cases rehab staff not being able to have direct contact service users, has affected assessment; -Confidence in decision regarding discharge plans for individuals with high levels of complex need and frailty due to lack of direct contact; - Period of time where there was unclear testing strategy for onward discharges (largely now resolved) which resulted in remaining in IC.
Actions to Improve Performance
A recovery plan for intermediate care has been developed and is in the process of being implemented, this will support an increase focus on home discharge options and multi-disciplinary/agency joint efforts to support individual with complex need to return home and timely discharge.
Timescales for Improvement
December 2020 depending on Covid context, public health and Scottish Government guidance and the ability of agencies who support discharge to respond
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Indicator	10. Percentage of intermediate care users transferred home
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality		Target	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
Glasgow	Home	30%	21% (R)	25% (R)	34% (G)	25% (R)	11% (R)	20% (R)	11% (R)	15% (R)	30% (G)	7% (R)
	Res/Nursing	N/A	52%	62%	45%	53%	54%	56%	72%	67%	60%	72%
	Readmissions	N/A	25%	10%	12%	18%	19%	20%	11%	15%	7%	13%
	Deceased	N/A	2%	1%	5%	3%	17%	4%	6%	3%	2%	9%
NE	Home	30%	22% (R)	30% (G)	33% (G)	25% (R)	23% (R)	25% (R)	10% (R)	25% (R)	29% (G)	12% (R)
	Res/Nursing	N/A	39%	59%	50%	45%	46%	63%	80%	50%	50%	65%
	Readmissions	N/A	33%	7%	16%	30%	8%	13%	10%	25%	21%	18%
	Deceased	N/A	6%	0%	0%	0%	23%	0%	0%	0%	0%	6%
NW	Home	30%	21% (R)	22% (R)	27% (R)	27% (R)	9% (R)	67% (G)	10% (R)	23% (R)	31% (G)	0% (R)
	Res/Nursing	N/A	57%	57%	57%	59%	32%	33%	67%	62%	62%	65%
	Readmissions	N/A	21%	17%	11%	9%	41%	0%	10%	15%	0%	18%
	Deceased	N/A	0%	4%	4%	5%	18%	0%	14%	0%	8%	18%
South	Home	30%	21% (R)	22% (R)	39% (G)	22% (R)	5% (R)	7% (R)	13% (R)	0% (R)	31% (G)	8% (R)
	Res/Nursing	N/A	58%	70%	33%	56%	84%	57%	75%	83%	69%	92%
	Readmissions	N/A	21%	7%	9%	17%	0%	29%	13%	8%	0%	0%
	Deceased	N/A	0%	0%	9%	6%	11%	7%	0%	8%	0%	0%

Performance Trend
Performance RED across all localities at the end of Q2, having improved and reached GREEN in August.
Issues Affecting Performance
COVID-19 restrictions continue to have an impact on the HSCP's ability to optimise home discharge due to the wide range of services/agencies that have been able to respond due to Covid lockdown restrictions e.g.: -Housing providers being able to allocate housing; -Availability of services to provide supports for home discharges – e.g. telecare, SLS, day care, SDS providers; -Service users then have a change in needs/deteriorate whilst waiting these resources leading to reassessment and LTC; -Restrictions on service users visiting alternate tenancies due to need to isolate for 14 days on return to unit, impact on service user decision making and agreement; -Use of home passes for trial discharges restricted, initially not possible, currently need to isolate for 14 days if returning to Unit if doing so; and, -Family ability (or willingness) to contribute to care plans, especially given guidance on shielding/protecting the over 70s.

Actions to Improve Performance
A recovery plan for intermediate care has been developed and is in the process of being implemented, this will support an increase focus on home discharge options and multi-disciplinary/agency joint efforts to support individual with complex need to return home. Although it is anticipated we will experience barriers until all relevant agencies are able to respond.
Timescales for Improvement
December 2020 depending on Covid context, public health and Scottish Government guidance. Back to Summary

iii. HSCP Community Services

Indicator	11. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	Total (19/20)	Target (20/21)	Q1 20/21	Q2 20/21		Year to Date
Number of ACP conversation held	530 (R)	800p.a. (TBC)	76 (R)	76 (R)		152 (R)
Number of summaries completed and shared with GPs	130 (R)	200 p.a. (TBC)	17 (R)	16 (R)		33 (R)
Performance Trend						
This indicator relates to GCHSCP Older People & Primary Care Teams and 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 to raise awareness of the benefits of ACPs. Performance is below target for the first two quarters of 2020/21. At NHS Greater Glasgow and Clyde level, the number of ACPs on Clinical Portal can be reported. It is not possible to report this at HSCP level, however given the previous work carried out in Glasgow City it is likely that GCHSCP staff have made a substantial contribution to these figures. ACPs Uploaded to Clinical Portal so far are 118 (Q1) and 79 (Q2).						
Issues Affecting Performance						
An updated ACP awareness programme was completed in March 2020. However there was little opportunity to consolidate this training and implement into practice due to the pandemic. The lock down period provided many staffing challenges and although it was perhaps the optimum time to initiate ACPs with individuals there was an element of negative publicity that impacted on people's perception of what an ACP was and a willingness to engage in the process. As District Nurse Teams were limited to "essential work" only, recording of ACP conversations was paused. Therefore there is no data contribution for this submission from North East and South District Nurse Teams. It is likely that ACP conversations continued in Q2 and ACPs may have been shared with GPs as well, however we cannot report on this. This is also the position for Community Rehabilitation Teams and This data submission includes information from all OPPC teams across the three localities.						

Actions to Improve Performance

As staff adapt to new ways of working for example remote consultations there is opportunity to refocus our attention on ACP conversations and sharing ACP summaries on Clinical Portal. Service Managers and Team Leads will be responsible for re-establishing and prioritising this within their areas of responsibility.

The new MacMillan ACP Programme commenced in April 2020. The small team has developed a number of resources to support managers, staff and the general public in promoting ACP. A [website](#) has been developed with dedicated information and resources to help people think about future planning.

[Online](#) training resources have also been created for all staff and [virtual face to face training](#) is also available on the use of ACPs.

The team have conducted a staff survey to establish how staff currently use these tools, their awareness of ACPs and what challenges there may be to creating a joined up system. This will provide a baseline for refocusing this agenda. This report is due to be complete Jan 2021.

An advisory network is in the early stages of development and is a way to stay up to date with all developments, as well as giving you the opportunity to work alongside the Macmillan Anticipatory Care Planning Programme as they develop staff resources and promote future planning to the public. You can register to join here: <https://webropol.com/s/ACP-CAN-Registration>

Timescales for Improvement

The MacMillan ACP Programme developments are well underway and will be ongoing for the next 20 months. The re-engagement with staff from Older People & Primary Care Teams will tie in with service recovery plans.

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Target/Ref	12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
0%	City	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	2% (A)	6% (R)
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North West	0% (G)	0% (G)	1% (GA)	2% (A)	0% (G)	0% (G)	5% (R)
0%	South	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	4% (R)	10% (R)

Performance Trend

At Q2, overall city performance dropped from AMBER to RED. Only North East met target (GREEN) with North West moving from GREEN to RED and South remaining RED.

At the end of September there were 2,067 open OT assessment activities: 125 of these had been open for more than 12 months; 95 of these were open to South and 29 to North West.

Issues Affecting Performance

The performance in South continues to be affected by Covid contingency arrangements as Occupational Therapy staff were required to be redirected to the city-wide SW Duty and Adult Protection Hub at the point of lockdown. Covid contingency arrangements for OT resulted in only emergency and critical need provision due to both a reduced availability of staff as a result of shielding arrangements and the need to reduce risk to the service users by direct contact.

Actions to Improve Performance

Assessments for those waiting over a year have now been completed.

Timescales for Improvement

By Mid-October 2020.

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Target/Ref	13. Continence Service – Waiting Times.
Purpose	To monitor waiting times performance for Continence Services. This service is hosted by Glasgow. The service is reported by North and South areas. The North area includes North East and North West Glasgow, and East and West Dunbartonshire. The South area includes Glasgow South, Inverclyde, East Renfrewshire and Renfrewshire
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Area	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
100% seen within 12 weeks	Nursing - North	80% (R)	78% (R)	88% (R)	90% (R)	57% (R)	71% (R)
	Nursing - South	52% (R)	52% (R)	40% (R)	50% (R)	17% (R)	34% (R)
	Physio (citywide)	50% (R)	59% (R)	36% (R)	50% (R)	4% (R)	6% (R)
Performance Trend							
New data collection systems introduced so no historical data shown. Performance red for both the nursing services and the citywide physiotherapy service and has declined in the last quarter particularly for physiotherapy.							
Issues Affecting Performance							
The emergency measures put in place as a result of Covid 19 continue to impede the face to face consultations with patients and these have been replaced with telephone and where necessary, domiciliary visits. These are gradually being withdrawn to allow staff to engage in SPHERE specific interventions which will reduce the waiting lists. Physiotherapy and nursing services have plans in place to reintroduce patients to clinics following a prioritisation process. Referral to the services with SPHERE is being reconsidered and staff numbers have increased as a result of recruitment restart.							
Actions to Improve Performance							
Plans to reopen clinics have been developed and applications submitted for Attend Anywhere licences to minimise clinic consultation times. SPHERE staff will have laptops to allow them to operate agilely with MS Teams and Attend Anywhere. Team plans for nursing interventions and physiotherapy interventions in development to ensure most efficient use of time and skills. Prioritisation process underway to ensure those patients on waiting list are seen within appropriate timescales. Recruitment process restarted with new staff beginning in August. Single Point of Access (a temporary measure introduced to reduce the burden on district nursing services is gradually being withdrawn thereby releasing SPHERE staff time)							

Timescales for Improvement
The above work streams will be heavily dependent on clinic access and availability. Unless external factors impede the process, the service hopes to begin face to face consultations by early August and will work through waiting lists over the next months to come. Improvements in waiting times are expected to be evidenced by December 2020 Back to Summary

Target/Ref	14. Referrals to Telecare
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Telecare Referrals	Agreed Scot Govt. Annual Targets		16/17	17/18	18/19	19-20	20/21 Q1	20/21 Q2		Year to Date
	16/17-18/19	19/20								
Standard	2,248	2,750* 688 per Q	2,581 (G)	2,771 (G)	2,706 (G)	2,723 (G)	468 (R)	541 (R)		1009 (R)
Enhanced	304	1,500* 375 per Q	835 (G)	1,222 (G)	1,337 (G)	1,565 (G)	41 (R)	161 (R)		202 (R)

* These are targets from 2019/20; funding for expansion is no longer provided by the Scottish Government's TEC Programme. Revised targets for 2020/21 have yet to be agreed and require to reflect the constraints created by COVID-19.

Performance Trend

Since the introduction of lockdown in March 2020, the capacity for installing telecare has been restricted mainly to the supply of Standard Telecare equipment with the provision of Enhanced Telecare suspended from early April. However, a protocol is in operation to consider referrals for service users in exceptional circumstances where Enhanced Telecare would prevent admission to a care home or to hospital, or where it would enable hospital discharge.

During Q2 the number of both Standard and Enhanced telecare referrals increased in comparison to the previous quarter. The increase in Enhanced referrals is related to an increase in the number of applications for referrals being considered under the exceptions protocol mentioned above and as a result of the installation agencies addressing the backlog of Enhanced referrals submitted prior to lockdown.

The reduction in both Standard and Enhanced referrals during Quarters 1 and 2 is likely to impact on the annual 2020/21 figures.

Issues Affecting Performance

The risks associated with COVID continues to constrain the provision of telecare. The capacity of the HSCP's Telecare responder agencies and installation services has increased over Quarter 2 as absence levels improve. This has facilitated an increase in equipment provided through emergency protocols on a case by case basis

Actions to Improve Performance
A review of the referral management system will take place in Quarter 3 to determine safe options available to restart the supply of enhanced telecare which are robust enough to minimise risks of cross infection and minimise excessive demand on responder services.
Timescales for Improvement
A referral management process will be identified to ensure a safe longer term system to be put in place from the beginning of Quarter 4 Back to Summary

Indicator	15. Total number of Older People Mental Health patients delayed (Excluding AWI)
Purpose	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).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
0	City	11 (R)	11 (R)	16 (R)	9 (R)	7 (R)	11 (R)	14 (R)	16 (R)	14 (R)	
	NE	0 (G)	0 (G)	5 (R)	4 (R)	4 (R)	3 (R)	6 (R)	6 (R)	6 (R)	
	NW	7 (R)	1 (R)	4 (R)	2 (R)	1 (R)	3 (R)	4 (R)	5 (R)	3 (R)	
	South	4 (R)	10 (R)	7 (R)	3 (R)	2 (R)	5 (R)	4 (R)	5 (R)	5 (R)	
Performance Trend											
Numbers vary across localities and over time. Numbers increased slightly over the last 3 months at a city level and remain RED.											
Issues Affecting Performance											
The pandemic has meant some instances of relatives resisting/refusing to discharge to care homes, and some care homes resisting admissions – including in at least one case causing a patient to be admitted to hospital and thus instantly becoming a delayed discharge. While there was a regular and robust scrutiny process of all delays, this process continues to be affected due to outbreaks of Covid in OPMH wards. We continue to experience challenges associated with discharging patients due to the complex needs of this patient group and in addition, Covid has also had an impact on our ability to discharge to care homes with families challenging discharge and at times refusing to allow discharges to care homes. There continues to be additional delays due to the requirement for two negative tests pre discharge to care homes.											

Actions to Improve Performance
There is a new discharge pathway that supports 72-hour discharge which includes dedicated Social Work resource, improved MDT working and early referral to Social Work however implementation of this was difficult due to Covid. We are currently exploring new ways to support this through MS Teams and remote working. Work will continue to ensure the number of delays reduces.
Timescales for Improvement
By the end of the calendar year. Back to Summary

Target/Ref	16. Falls rate per 1,000 population aged 65+
Purpose	Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. Well-organised services, delivering recommended and evidence-based practices can prevent falls and fractures amongst older people in the community setting and prevent their repeat falls. This indicator is based upon data gathered by Information Services Division (ISD) on the number of patients aged 65 plus who are discharged from hospital with an emergency admission code related to falls
Type of Indicator	National Integration Indicator (number 16)
Health & Wellbeing Outcome	Outcome 7(See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Target	15/16	16/17	17/18	18/19	19/20
Glasgow City	27 total 6.75/ quarter (18/19 and 19/20)	28.9	31.1	30.7	30.5 (R)	27.4 (G)
Scotland	N/A	21.1	21.4	22.2	22.5	22.7

*Provisional

Performance Trend
National Integration Indicator. Performance slightly above target but GREEN. Data may be subject to change due to the considerable time lag in the data for this KPI. A review is underway to identify a more appropriate KPI and data source to ensure more timeous reporting Current actions being taken forward to improve performance include: • Promotion of Level 1 assessment across all relevant staff groups and with other agencies • Improved links with SAS to increase use of the pathway for non-conveyance of uninjured fallers with rising numbers of referrals month on month • Develop pathway for referral for Scottish Fire and Rescue to access Level 2 assessments and promote opportunity for shared learning • Monitor implementation and impact of Falls bundles within OPMH wards • Introduce of a frailty tool across HSCP with a specific focus on evidence-based interventions for Frailty Syndromes such as Falls, Reduced Mobility, Delirium and adverse reactions to Medication • Engaging with care homes to determine current practice within Care Homes in relation to the prevention of falls and fragility fractures and responses and after a fall interventions • Explore key learning from The Falls Integrated Response and Support Technology Project and consider options Glasgow • Falls prevention is also a key strand of the HSCP's unscheduled care plan

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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

Indicator	1. New Accident and Emergency (A&E) attendances (18+)
Purpose	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) but excludes GP Assessment Unit attendances . Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 3.
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2015/16	2016/17	2017/18	2018/19	2019/20 Actual	20/21 Target	Apr- July 2020
Glasgow	153,791	155,029	156,783	162,600	159,916 (A)	153,791 (Total)	34,758 (G)
	12,816	12,919	13,065	13,542	13,326 (A)	12,816 (Monthly)	8690 (G)
Performance Trend							
The figures for April to July are comparatively low when compared with previous years and are GREEN. The number of attendances have risen slightly over the last four years which is consistent across GG&C as a whole. For 2019/20, the figures were above target and AMBER although they decreased since 2018/19, with lower figures in March, linked to Covid, presumably, contributing to this. Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation with no processes in place at Health Board or MSG levels to set new targets. Back to Summary							

Target/Ref	2. A&E Waits Less Than 4 Hours (%).
Purpose	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.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Mar 16	Mar 17	Mar 18	Apr 19	Apr 20	Jun 20	Jul 20	Aug 20	Sep 20
GRI	95%	82.7% (R)	86.3% (R)	81.2% (R)	79.6% (R)	91.4% (A)	95.7% (G)	95.9% (G)	95.2% (G)	92.8% (G)
QEUH	95%	85.1% (R)	81.8% (R)	85.9% (R)	75.5% (R)	90.7% (A)	95.8% (G)	95% (G)	89.6% (R)	89.7% (R)

Performance Trend
Performance has remained GREEN at the GRI while moving back to RED in the QEUH.
Issues Affecting Performance
As can be seen from the data above there was a marked improvement in performance over the summer months but this has dropped off at the QEUH due to a rise in the number of attendances. A national redesign of urgent care is being implemented and should see improvements in performance and attendances going forward.
Actions to Improve Performance
Implementation of the national urgent care redesign.
Timescales for Improvement
December 2020-January 2021 Back to Summary

Indicator	3. Number of Emergency Admissions (18+)
Purpose	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.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 1`
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	19/20	20/21 Target	Apr- July 2020
Total	70,133	69,656	62,725	63,898	63,324 (G)	66,624	16,914* (G)
Monthly average	5844	5804	5227	5325	5277 (G)	5552	4229* (G)

*Provisional

Performance Trend

Data at this stage is provisional. The figures for April to July are comparatively low when compared with previous years and are GREEN.

Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation with no processes in place at Health Board or MSG levels to set new targets.

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Indicator	4. Number of Unscheduled Hospital Bed Days - Acute (18+)
Purpose	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.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	19/20	20/21 Target	Apr- July 2020
Total	493,371	515,275	506,792	496,071	497,641 (R)	453,866	109,990* (G)
Monthly average	41,114	42,939	42,232	41,339	41,470 (R)	37,822	27,498* (G)
*Provisional Performance Trend Data at this stage is provisional. The figures for April to July are comparatively low when compared with previous years and are GREEN. Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation with no processes in place at Health Board or MSG levels to set new targets. Back to Summary							

Indicator	5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
Purpose	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.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual
Total	36,956	33,278	21,377	19,324	33,260	14,192* (G)
Monthly average	3080	2773	1781	1610	2772	1183 (G)

*Provisional

Performance Trend

Performance is classified as GREEN. It should be noted, however, that data availability has a time lag and these figures are provisional at this stage for 2019/20, although it is highly likely the target will be met based on recent trends.

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Indicator	6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).
Purpose	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.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual
Total	190,791	187,654	182,524	180,888	181,371	188,754* (A)
Monthly average	15,899	15,638	15,210	15,074	15,114	15,729* (A)

*Provisional

Performance Trend

Performance is slightly above target and is AMBER. It should be noted, however, that data availability has a time lag and these figures are still provisional at this stage for 2019/20.

Issues Affecting Performance

The ongoing demand for inpatient mental health services and the complexity of the patient cohort who access these beds.

Actions to Improve Performance

- The development of integrated delayed discharge teams to improve performance and to identify community based support more efficiently.
- The development of the Mental Health Assessment Units to support patients at the times of crisis and prevent admission to hospital.

The development of the Distress Hub to supports patients at the earliest opportunity.

Timescales for Improvement

2021 /2022

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Indicator	7. Total number of Acute Delays
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	19/20 Target	Apr 17	Apr 18	Apr 19	Apr 20	Jul 20	Aug 20	Sep 20
North East		10	23	14	10	16	15	20
North West		6	15	13	8	14	19	17
South		14	12	12	1	14	13	19
HA Team								
Sub-Total (Included Codes)		30	50	39	19	44	47	56
North East		2	2	6	16	17	17	11
North West		5	4	4	9	13	14	9
South		4	4	4	11	11	14	14
Sub-Total (Complex Codes)		11	10	14	36	41	45	34
All Delays	0	41 (R)	60 (R)	53 (R)	55 (R)	85 (R)	92 (R)	90 (R)

Performance Trend

Total numbers decreased in April and have been rising since.

Issues Affecting Performance

Delays have fluctuated during this period although the included codes numbers have seen a gradual decline. All delays have increased in recent months. AWI delays account for approximately half of the total delays.

Actions to Improve Performance

A new discharge to assess policy has been introduced to speed up the discharge process. A solution to the AWI issue is still under discussion in the light of the decisions by the EHRC.

Timescales for Improvement

It is expected that delays for included codes will continue to fluctuate for the next few months.

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Indicator	8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
Purpose	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
Type of Indicator	MSG Indicator 4
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	19/20	2020/21 Target	2020/21 Actual (To July)
Total	41,582	38,870	29,897	38,656	45,318 (R)	39,919	14,527 (R)
Monthly Average	3488	3239	2491	3238	3776 (R)	3327	3632 (R)

Performance Trend
Performance for 2020/21 is classified as RED. Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation with no processes in place at Health Board or MSG levels to set new targets.
Issues Affecting Performance
Bed days lost to delays have increased in recent months. AWI delays account for approximately half of the total delays.
Actions to Improve Performance
A new discharge to assess policy has been introduced to speed up the discharge process. A solution to the AWI issue is still under discussion in the light of the decisions by the EHRC.
Timescales for Improvement
It is expected that bed days lost will fluctuate over the remainder of the year as delays increase Back to Summary

Indicator	9. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65)
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by older people who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. This indicator is a subset of indicator 7 above. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16	16/17	17/18	18/19	19/20	2020/21 Target	Jul 20	Aug 20	Sep 20	Year to Date
HSCP	10,715	6050	2098	3781	6571	1910 (159/month)	934 (R)	802 (R)	914 (R)	5196/866 per month (R)
NE	3590	1647	336	686	2460		354	249	306	1841
NW	3558	2995	816	1168	2356		205	177	210	1140
S	3910	1408	946	1927	1755		375	376	398	2215

Performance Trend

Performance for 20/21 is considerably above target and classified as RED. Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation

Issues Affecting Performance

The decision by the EHRC earlier in the year has had the effect that AWI patients are no longer discharged to off-site beds. This continues to be the case.

Actions to Improve Performance

A whole-system peer review of medical and professional decision-making in relation to incapacity has been agreed by the Health Board and will take place during December and January. This will include external peers from high performing HSCPs and Health Boards. Lessons learned in respect of best practice will be applied across the whole Board area as a product of this peer review.

Timescales for Improvement

No improvement is envisaged in the short term.

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CARERS

Indicator	1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Purpose	To monitor the number of carers being identified and supported and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 6 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Total	18/19 Total	19/20 Q4	19/20 Total	20/21 Q1	20/21 Q2
Glasgow	1900 (475 per Q)	1,942 (G)	1,984 (G)	518 (G)	1,932 (G)	n/a	488 (G)
North East	634 (159 per Q)	606 (G)	709 (G)	198 (G)	740 (G)	n/a	155 (A)
North West	634 (159 per Q)	620 (G)	502 (R)	121 (R)	411 (R)	n/a	112 (R)
South	634 (159 per Q)	716 (G)	783 (G)	199 (G)	781 (G)	n/a	221 (G)

Performance Trend
The use of Carers Support Plans and Young Carer Statements resumed during Quarter 2 following a suspension during Q1. During Q2 the city overall and the South locality exceeded the quarterly target (GREEN). North East fell slightly short of target (AMBER) while North West remained RED. Back to Summary

Indicator	2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?
Purpose	To measure carer's perception of whether Carer Support and services have improved their ability to continue in their caring role as per national carer's outcomes framework.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 6 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
Glasgow	70%	82% (G)	85% (G)	84% (G)	87% (G)	n/a	87% (G)
North East	70%	74% (G)	86% (G)	87% (G)	86% (G)	n/a	88% (G)
North West	70%	86% (G)	90% (G)	83% (G)	91% (G)	n/a	69% (G)
South	70%	86% (G)	81% (G)	83% (G)	83% (G)	n/a	92% (G)

Performance Trend
The Carers Evaluation Questionnaire was not carried out during Q1 because of the ongoing COVID-19 health emergency. The survey was resumed during Q2 and all localities either met or exceeded target.
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Other Indicators for Ongoing Review - See Appendix 1, Sections 1-2

1. Ministerial Strategic Group Indicators
2. National Integration Indicators

PRIMARY CARE

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

AREA	TARGET	Jan 16-Mar 16	Jan 17-Mar 17	Jan 18-Mar 18	Jan 19-Mar 19	Jan 20-Mar 20	Apr 20-Jun 20
City	78%			79.45% (G)	78.0% (G)	77.49% (G)	77.04% (G)
NE	78%	79.81% (G)	80.18% (G)	80.09% (G)	78.64% (G)	78.20% (G)	77.73% (G)
NW	78%	78.35% (G)	78.7% (G)	78.72% (G)	77.19% (G)	76.61% (G)	76.16% (G)
S	78%	79.0% (G)	79.41% (G)	79.48% (G)	78.12% (G)	77.57% (G)	77.13% (G)
NHSGGC	78%	78.86%	79.22%	79.24%	77.97%	77.50%	76.75%
Performance Trend							
All areas remain GREEN. Compliance decreased very slightly at a city level and across all areas in quarter 1, as it did at NHSGGC level. This is reported one quarter in arrears.							
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Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

AREA	Target	Mar 16	Mar 17	Mar 18	Mar 19	Mar 20	Apr 20	May 20	Jun 20
City	Cost below (or the same as) the GGC average.	£161.72 (G)	£162.93 (G)	£161.63 (G)	£155.57 (G)	£153.46 (G)	£153.97 (G)	£152.13 (G)	£151.97 (G)
NE		£163.79 (G)	£163.27 (G)	£157.21 (G)	£150.84 (G)	£148.55 (G)	£150.66 (G)	£148.28 (G)	£148.23 (G)
NW		£156.55 (G)	£156.47 (G)	£159.99 (G)	£154.53 (G)	£151.63 (G)	£151.82 (G)	£150.20 (G)	£149.23 (G)
S		£164.98 (G)	£168.44 (G)	£167.12 (G)	£160.80 (G)	£159.54 (G)	£159.49 (G)	£157.99 (G)	£157.85 (G)
NHS GGC		£174.99	£178.44	£178.32	£173.72	£171.58	£174.91	£170.21	£169.97
Performance Trend									
Variations across sectors and over time with an increase in all areas in the last quarter. Initiatives to ensure cost minimisation are ongoing. This is reported one quarter in arrears.									
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Indicator	3. Flu Immunisation Rates
Purpose	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; over 65s; under 65s in at risk groups; pregnant women (in at risk groups and generally); and pre-school children. The data will be reported for Q3 and Q4 each year when the programme is delivered.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Over 65s	Under 65s in clinical risk groups (exc. healthy pregnant women and carers)	Pregnant (not in a clinical risk group)	Pregnant (in a clinical risk group)	Pre-school 2-5 years old
Target	75%	75%	75%	75%	65%
City	72.2% (A)	42.1% (R)	47.7% (R)	58.2% (R)	50.5% (R)
NHSGGC	74.2%	42.6%	48.2%	57.5%	56.4%
Performance Trend					
These figures relate to the period of the seasonal flu vaccination programme which runs 1 October – 31 March. All age groups below target and RED with the exception of over 65s.					
Issues Affecting Performance					
Relates to willingness/ability of people to take up the vaccine. Looking forward (2020/21), given the expected increase in the number of people who will require to be vaccinated and the constraints imposed as a result of social distancing measures, the following issues are likely to affect delivery: • Sufficient staffing being available between September and October to deliver the programme • Availability of accommodation (probably evenings and weekends) • Sufficient doses of vaccine to ensure full coverage of the target groups					
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 responsibility for delivery of flu vaccinations is moving away from general practice to the NHS Health Board through the Vaccination Transformation Programme. This programme is midway through its implementation and flu immunisations for children now sit with the HSCPs. The timescale for the transfer from general practice of the adult flu vaccination programme has been delayed until March 2022; however, given the expected increase in the uptake of flu vaccinations this year, 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 will need to work collaboratively to ensure that the programme can be delivered successfully.

There is a Board-wide planning group leading on the programme and Glasgow HSCP has established its own group to ensure that we can implement the programme effectively in the city with our GP partners. However, given the increase in scale and complexity of the challenge this year this is an area of high risk.

Timescales for Improvement

There is an expectation that the uptake of the flu vaccination will increase this year as a result of the COVID 19 pandemic.

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Indicator	4. Shingles Immunisation Rates
Purpose	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 70.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Target	Aged 70
Glasgow City	60%	34.80% (R)
NE	60%	32.77% (R)
NW	60%	37.84% (R)
South	60%	34.12% (R)
Performance Trend		
The data shown relates to the cumulative immunisation rates between 1 September 2019 and end of June 2020. The target relates to the whole year between 1 September 2019 and 31 August 2020 and performance is marked as RED as it is below what would be expected on a pre-rata basis.		
Issues Affecting Performance		
The routine shingles programme has been suspended temporarily in line with the current COVID-19 advice for adults aged 70 and over. However, if a patient is well and presents for any other scheduled appointment, they can be opportunistically vaccinated.		
Actions to Improve Performance		
The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the shingles vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include: - An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes. - Shingles vaccination uptake is fed back to GP practices and clinical directors quarterly - A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.		
Timescales for Improvement		
This will depend on implementation of recovery plan for primary care.		
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Target/Ref	5. AHP Waiting Times
Purpose	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.
Type of Indicator	Local HSCP indicator for
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Service	Target	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	Jun 20	Jul 20	Aug 20	Sep 20
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	37% (R)	8% (R)	7% (R)	14% (R)	27% (R)	45% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	93.2% (G)	1.6% (R)	5.5% (R)	26.3% (R)	44.4% (R)	48.1% (R)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	98.5% (G)	100% (G)	100% (G)	100% (G)

Performance Trend

MSK Physio

Performance below target. This declined significantly at the start of the pandemic, but has been improving as the service remobilisation plans have been implemented since July.

Podiatry

Performance below target since onset of pandemic but increasing. Referral numbers remain considerably below pre-Covid levels. A new telephone triage system has been introduced for the first contact and currently only around 45% of patients are requiring further contact. Domiciliary activity as a % of the total increased significantly due to the reduction in available clinical capacity over this period.

Dietetics

Dietetics remain GREEN and above target. Patients not being seen face to face but via telephone and using the NHS 'Near Me' system. As with the other AHPs, during the peak of the pandemic referral numbers fell and are gradually increasing again.

Issues Affecting Performance

MSK Physio

The sharp decrease in % patients seen within the 4-week target was due to suspension of the "routine" waiting list. A decision was taken to redeploy 80% of MSK staff to support Acute/Community Assessment Centres in response to the pandemic. The service continued to accept and triage routine referrals but only assess and treat patients referred as "urgent". Within GG&C all patients requiring an urgent appointment have continued to be seen within 4 weeks. This has predominately been by Virtual Patient Management (VPM), with around 2% requiring face to face assessment and treatment.

The MSK Service has continued to accept referrals throughout the pandemic but referral rates have been very low, as expected (elective surgery suspended/footfall at GP surgeries decreased for MSK conditions and patients less likely to self refer). Referrals to MSK are typically around 6000 per month but dropped to the lowest in April (approx 8% of normal referral rate), with a steady rise since with commencement of remobilisation plans.

Podiatry

NHSGG&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.

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. Since this is a new 'appointment type' on TrakCare it may be a few months before we can report from the dashboard the 4 week compliance figures for Telephone appointments. Initial indications are that 100% of these are being seen within the timeframe but we don't have verified detailed data as yet – only anecdotal.

Actions to Improve Performance

MSK Physio

Remobilisation plans are now underway and the service has recommenced routine appointments with more new and return appointments offered. Capacity is reduced due to ongoing social distancing requirements; risk assessment and insufficient equipment for Virtual Patient Management (VPM) in some sites.

Podiatry

To further assist recovery, Podiatry has secured 16 units at NHS Louisa Jordan to enable the service to provide full capacity clinics, particularly for patients living in areas where there is no access to clinical facilities. This commences on 2 November and will initially run until 31 Dec 2020. Full details for each of the recovery phases can be found in the Podiatry Recovery plan.

Timescales for Improvement

MSK Physio

Timescale will depend on implementation of recovery plans.

Podiatry

Full details in Podiatry Recovery plan. This will be contingent on access to clinical premises as the main limiting factor.

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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

Indicator	1. Uptake of the Ready to Learn Assessments
Purpose	To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme. Invitations are issued to all children when they are approximately 27 months old. The focus is on each child's language, speech and emotional development as part of their preparation for nursery and then school. The figures shown below relate to those completed between 27 and 33 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Apr 17	Apr 18	Apr 19	Feb 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
95%	NE	87% (R)	88% (R)	90% (A)	92% (G)	85% (R)	49% (R)	46% (R)	65% (R)	77% (R)	88% (R)
	NW	79% (R)	87% (R)	95% (G)	92% (G)	83% (R)	74% (R)	54% (R)	61% (R)	78% (R)	78% (R)
	S	87% (R)	89% (R)	91% (A)	93% (G)	82% (R)	75% (R)	65% (R)	68% (R)	74% (R)	84% (R)

Performance Trend

Performance in all localities declined at the start of the pandemic but has started to improve consistently over the last 4 months.

Issues Affecting Performance

The number of Ready to Learn Assessments carried out was significantly affected by the impact of the COVID-19 pandemic, initially 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) and there was a proportion of families who returned to their country of origin to stay with family during the period of the pandemic. Work is now being undertaken to follow up on children, where appropriate, who missed their 'Ready to Learn Assessment' within the 27 – 30 month timescale. However, these are being recorded as 'unscheduled' checks, as they are out with the appropriate timeframes for 27 – 30 month check.

Actions to Improve Performance

Continue to carry out developmentally appropriate assessments for children who missed their 27 – 30 month Ready to Learn Assessment due to factors associated with the pandemic, and to record these as 'unscheduled' checks for children older than 30 months to ensure that the assessment is appropriate for the child's developmental stage.

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

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

TARGET	AREA	Apr 17	Apr 18	Apr 19	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
95%	NE	95% (G)	99% (G)	93% (G)	97% (G)	98% (G)	97% (G)	94% (G)	96% (G)	94% (G)	
	NW	93% (G)	98% (G)	96% (G)	97% (G)	95% (G)	96% (G)	94% (G)	99% (G)	96% (G)	
	S	96% (G)	98% (G)	96% (G)	98% (G)	96% (G)	98% (G)	95% (G)	97% (G)	94% (G)	
Performance Trend											
Variations across areas and over time. All areas GREEN. There is a time lag in the availability of this data.											

Indicator	3. Number of referrals being made to the Healthier, Wealthier Children Service.
Purpose	To monitor the extent to which referrals are made to the Healthier, Wealthier Children Programme. Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

AREA	Annual Target	Quarterly Target	16/17 Total	17/18 Total	18/19 Total	19/20 Total	20/21 Q1	20/21 Q2	
City	1,533	383	1,533	1,757 (G)	2,590 (G)	2,515 (G)	678 (G)	749 (G)	
NE	344	86	344	509 (G)	1,078 (G)	764 (G)	138 (G)	205 (G)	
NW	576	144	576	587 (G)	830 (G)	918 (G)	196 (G)	189 (G)	
S	613	153	613	661 (G)	682 (G)	833 (G)	344 (G)	355 (G)	

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

Area	Target	Apr-16	Apr-17	Apr-18	Apr-19	Apr-20	Jun-20	Jul-20	Aug-20	Sep-20
Glasgow HSCP	100%	100% (G)	100% (G)	92.9% (R)	84.7% (R)	40.8% (R)	29.5% (R)	26.2% (R)	37.9% (R)	45.4% (R)
North East	100%				88.4% (R)	41.2% (R)	30.7% (R)	24.2% (R)	34.9% (R)	42.8% (R)
North West	100%				78.1% (R)	37.6% (R)	26.5% (R)	24.6% (R)	37.2% (R)	46.4% (R)
South	100%				87.3% (R)	43.2% (R)	31.8% (R)	29.6% (R)	41.5% (R)	47% (R)

Variations exist across localities and over time. Performance remains RED across the city but has improved at a city level and in all areas in the last quarter

Issues Affecting Performance

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 which are assessed as essential. Attend Anywhere and telephone contact is being offered for all other children and young people. It is acknowledged however that for some patients Attend Anywhere does not meet the needs of the child/young person and/ or fit with the family circumstances and this is likely to contribute 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. Further there are challenges with recruitment and resourcing teams in order to meet current demands.

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 resources have now been realigned with locality teams which will further support locality based ways of working, reduce internal waits, optimise capacity within teams and ensure a seamless patient journey.

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.

Recruitment for a number of fixed term posts is now underway, and this will provide additional capacity to all teams for a period of 12 months to facilitate further reductions in the size of the waiting list.

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 CAMHS service 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 next year. The learning from the service response over the course of the pandemic will also be analysed and will contribute to ongoing efforts to make sustainable improvements to service delivery.

Timescales for Improvement

Review of the waiting list is continuing, and is likely to take until the end of 2020. Given the magnitude of this work, capacity from within the wider HSCP has been identified to support this work.

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.

A programme of work to be undertaken with referrers will be developed over 2020 for implementation throughout 2021.

Systems are already in place to collate learning from during the pandemic which will be used to inform further service developments on an ongoing basis.

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	
							% with review	Number <u>without</u> a Permanency Review
90%	City	76% (R)	80% (R)	75% (R)	68% (R)	66% (R)	58% (R)	48*
90%	North East	81% (R)	94% (G)	85% (R)	68% (R)	69% (R)	57% (R)	19
90%	North West	57% (R)	88% (R)	68% (R)	65% (R)	65% (R)	52% (R)	12
90%	South	83% (R)	61% (R)	70% (R)	71% (R)	64% (R)	61% (R)	16

Performance Trend

**One child is allocated to a Hospital Team*

Performance at city level remained RED at Q2 with performance in all localities (RED) declining further since Q1.

At the end of Q2 a total of 48 children (of 114 children under 5 looked after for 6 months or more) have not yet had a permanency review.

Issues Affecting Performance

There has been a significant increase in referrals for a children's social work service since the early autumn, coinciding with schools returning, increased economic uncertainty, and social stress contributing to increased family difficulties. The complexity of the current situation has necessitated prioritisation of staff resource to respond to these matters, often on an emergency basis, and recovery plans have been affected by the resurgence of the virus which is making 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 on 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 have been asked to prioritise and progress permanence work again, and the increased availability of administrative support will 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.

An exercise is underway to determine the extent of errors relating to recording of permanence reviews, and to rectify these gaps. An exercise is also underway to reduce the backlog of children with overdue reviews.

Timescales for Improvement

Ongoing work is being progressed to undertake reviews, and additional capacity is being 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. The Glasgow Parenting Assessment has also been signed off through the social work governance process, and an implementation plan is being developed; this framework will support social workers in making permanency decisions for children and young people.

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

Target	Age Group	Oct 18 - Dec 18	Jan 19- Mar 19	Jul 19- Sep 19	Oct 19- Dec 19	Jan 20- Mar 20	Apr 20- Jun 20	Jul 20- Sep 20
100%	Under 5s	97.14% (A)	83.33% (R)	23.1% (R)	100% (G)	100% (G)	100% (G)	73.33% (R)
100%	Aged 5-18	100% (G)	79.4% (R)	92.3% (R)	92.7% (R)	92.9% (R)	100% (G)	92.86% (R)

Performance Trend

Percentages can fluctuate due to the small numbers involved. Performance has moved to RED for both age groups in the last quarter.

Issues Affecting Performance

During the pandemic it was recognised that the LAC Health/Vulnerability Service had a corporate parenting responsibility to continue to provide a service and to assess and respond to the health needs of this group given their greater risk of poorer health outcomes. Referrals for Initial Comprehensive Health Assessments were treated as a priority during the initial response to COVID-19 with staff quickly adapting to new and different methods of working to complete assessments using a combination of virtual and telephone consultations instead of face to face consultations.

The data presented above represents six children who were not seen within the 28 day target timescale. All of these children had met the criteria to be assessed by paediatricians, and these were delayed due to staff shortages as a result of one member of staff being on bereavement leave, another being deployed to support the response to COVID, and this meant that there was only one member of staff available, who works on a part-time basis. Two children were appointed and seen at 29 days, therefore falling out with the target timescale by one day.

The transfer of Specialist Children's Service has enabled the service to begin the coordination and alignment of performance in relation to Initial Comprehensive Assessments. Significant work is under way to audit the referral pathway and to audit the performance data and performance reporting. The significant reduction in looked after and accommodated children (at 898) along with the significant reduction in weekly/month

admissions indicates that the performance at 28 days needs a thorough review to ensure that the report from the Health Team is aligned to the HSCP performance. Moreover, the process of medicals following admissions into care requires a further review.

Actions to Improve Performance

Staff were aware that the timescale for health appointments were not being met for some children, and therefore sought support from colleagues in Renfrewshire to undertake these assessments. However, annual leave impacted on availability over the summer months, which was further impacted by timetabling, as these clinics are only held on specific days of the week.

All referrals received are discussed in a structured meeting each week, and there is now more robust communication and liaison with Business Support Managers to ensure that all appointments meet the timeframes, and can be accommodated within paediatricians' diaries.

Timescales for Improvement

Figures have improved in September and October, and there is additional paediatrician support as a result of one paediatrician returning from bereavement leave, and another who has now been deployed back into the looked after team.

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Indicator	7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.
Purpose	To monitor the proportion of <u>new</u> (as opposed to review) reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted by the due date specified (by SCRA). This indicator was revised during Q1 & 2 18/19. Prior to this, the target for completion was within 20 working days of request being received.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Qs 1-4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
60%	Glasgow	67% (G)	61% (G)	Not available	36% (R)	40% (R)	41% (R)	45% (R)	32% (R)
60%	North East	74% (G)	82% (G)		32% (R)	33% (R)	57% (R)	49% (R)	52% (R)
60%	North West	57% (R)	50% (R)		43% (R)	51% (R)	33% (R)	42% (R)	22% (R)
60%	South	65% (G)	44% (R)		36% (R)	41% (R)	21% (R)	45% (R)	24% (R)
Performance Trend									
All areas remained below target (RED) during the period July/August although performance in North East (50%) is significantly higher than North West and South (20%).									
Issues Affecting Performance									
A recent exercise to investigate the recording of reviews has highlighted that there is a recording issue, which renders the figures presented above inaccurate. The data above reflects the insertion of the date of completion of the report into an eform in Carefirst. The recent exercise revealed that in 68 out of 128 cases, this date had not been completed so this measure is not accurately reflecting the number of late reports.									
Actions to Improve Performance									
Given the above, there are efforts to improve the recording of completion dates on eforms, and it is anticipated that this will have a positive impact on the performance data, and will also raise awareness of the importance of completing reports within the allocated timeframe.									
Timescales for Improvement									
Improvement in the accuracy of the performance data is anticipated in future periods.									
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Indicator	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4*	19/20 Q3*	19/20 Q4*	20/21 Q1*	20/21 Q2*
75%	Glasgow	61% (R)	67% (R)	74% (G)	71% (R)	68% (R)	65% (R)	76% (G)
75%	North East	65% (R)	77% (G)	83% (G)	71% (R)	63% (R)	62% (R)	82% (G)
75%	North West	49% (R)	50% (R)	63% (R)	76% (G)	71% (R)	72% (A)	77% (G)
75%	South	68% (R)	73% (A)	75% (G)	69% (R)	73% (A)	67% (R)	69% (R)

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

Performance increased significantly during Q2 with the city and North East locality moving from RED to GREEN while North West moved from AMBER to GREEN. Performance in South remained RED.

During Q2 there was a significant reduction in the city-wide proportion of *non-recording* which dropped from 19% (Q1) to 4% (Q2). In the localities the proportion of non-recording fell from 31% to 3% in North East, from 6% to zero in North West and from 11% to 7% in the South locality.

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

Mar 15	Mar 16	Mar 17	Mar 18	Mar 19	2019/20 Target	20/21 Target	Sept 19	Dec 19	Mar 20	Jun 20	Sept 20
120	126	111	67	51	31 (reduction of 20 between year-end 18/19 & 19/20)	40	46 (R)	47 (R)	46 (R)	42 (R)	45 (R)
Performance Trend											
The target was revised to 40 for 20/21. The number of placements increased by 3 over the last quarter and remained RED.											
Issues Affecting Performance											
As at the end of Quarter 2, there were 40 young people in out of authority placements, including children impacted by disability. This excludes young people who have moved on but are still getting a low level of outreach support from their former placement provider, and also excludes children in secure care. On the basis of ongoing assessment and planning for the young people in OOA placements, it is anticipated that a further 5 young people will move on over the course of this financial year, and three young people currently in secure care will likely require an OOA placement.											
Actions to Improve Performance											
Ongoing robust review of young people's circumstances (supported by the Independent Review Team) will help to progress plans to move young people on, thereby increasing placement availability, and ultimately supporting young people to move back into the City, to be supported in their local communities. Throughput of placements and movement of young people into suitable aftercare placements is still being impacted by the whole system response to the pandemic, particularly the closure of RSLs, which is still affecting availability of suitable placements for young people.											

Timescales for Improvement
Ongoing planning and assessment of young people's circumstances suggests that the target of 40 out of authority placements is likely to be reached this financial year, but increasing rates of COVID-19, and the effects on partner organisations and their workforce may affect the availability of suitable, local placements. Back to Summary

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

						2020/21			
AREA	TARGET	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	Q1	Q2	Q3	Q4
HSCP	95%	93.8% (G)	93.7% (G)	92.41% (A)	93.2% (G)	94.24% (G)			
North East	95%	95.8% (G)	95.36% (G)	92.87% (G)	91.5% (A)	94.13% (G)			
North West	95%	93.6% (G)	93.54% (G)	93.66% (G)	93.3% (G)	94.86% (G)			
South	95%	92.6% (G)	92.70% (G)	91.21% (A)	94.4% (G)	93.86% (G)			
Performance Trend									
Performance remained GREEN at a city level in the last quarter. North East moved from AMBER to GREEN, while the North West and South remained GREEN. This indicator is reported in arrears.									
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Indicator	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	2020/21							
		16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	Q1	Q2	Q3	Q4
HSCP	95%	96.4% (G)	95.86% (G)	95.85% (G)	96.35% (G)	96.52% (G)			
North East	95%	96.6% (G)	96.90% (G)	97.54% (G)	97.64% (G)	98.46% (G)			
North West	95%	95% (G)	95.03% (G)	94.53% (G)	95.07% (G)	94.36% (G)			
South	95%	97.3% (G)	95.63% (G)	95.54% (G)	96.03% (G)	96.69% (G)			
Performance Trend									
Performance remains GREEN across the city with a small increase at a city level in the last quarter. This indicator is reported in arrears.									
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Other Annually Reported Indicators - See Appendix 1, Section 3

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

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral
Purpose	To monitor the waiting times for people accessing 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 have been seen in that quarter.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral									
	HSCP Target	Apr 17	Apr 18	Apr 19	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
NE	90%	87.1% (A)	87% (A)	75.3% (R)	100% (G)	46.2% (R)	65.5% (R)	57.8% (R)	35.6% (R)	52.1% (R)
NW	90%	81.7% (R)	83.1% (R)	83.8% (R)	81.8% (R)	66.7% (R)	49.1% (R)	58% (R)	72.1% (R)	83.1% (R)
S	90%	96.5% (G)	94.7% (G)	96.1% (G)	66.7% (R)	16.7% (R)	77.1% (R)	69.2% (R)	83.6% (R)	93.4% (G)

Performance Trend

Performance remains RED in the North East and has fluctuated since the start of the pandemic. The North West has improved over the last quarter but remains RED while the South has moved from RED to GREEN.

Issues Affecting Performance

The outbreak of Covid-19 has impacted on the performance of delivering PTs through Q2 Jul-Sep 20. As services begin remobilising, long waits, which accrued in Q1 as capacity was diverted and prioritised, are being to be addressed resulting in a higher proportion of people starting their treatment over the Standard.

Staff have adjusted to working arrangements requiring hardware to continue to deliver services.

Clinical, social and personal reasons prevent some people from engaging in remote consultations choosing to wait longer for a face-to-face approach.

Group-based interventions, face-to-face interactions and alternative IT based interventions require infrastructure to support delivery.

The capacity to deliver PTs is affected by long term leave and the recruitment to staff vacancies.

Actions to Improve Performance

PT activity is monitored across the services, and teams report the factors that impact on performance and the actions undertaken to mitigate these influencing issues. This validated information is shared on a monthly basis across the HSCP.

Telephone contact with patients, who are waiting for their treatment to start, continues on a regular basis providing support and information of whom to contact should their condition deteriorate.

Services have commenced the delivery of PT treatments, however a number of limiting factors are being experienced including social distancing face-to-face and group-based interventions, building capacity and IT equipment orders. Web-based alternative options such as Anytime Anywhere are being used to commence PT treatments with patients where it is possible.

Recruitment processes are continuing, and this will assist with re-establishing capacity and, where possible, provide some flexibility of the resources, to support deliver of PTs across locality and care group boundaries.

The Board wide PT Group team, to support the delivery of groups across the services has been recruited to.

Timescales for Improvement

The impact of the “second wave” of Covid-19 on the remobilising services will become clearer over the next few quarters. The number of people starting a PT is moving towards previous levels; however, of those people waiting for a psychological therapy, the proportion of people waiting longer will continue to impact on the Standard return over the remainder of the year.

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Target/Ref	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
Purpose	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
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Mar 18	Mar 19	Mar 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
28 days	Stobhill	20.7 (G)	28.3 (G)	22.9 (G)	47.3 (R)	28.8 (G)	37.3 (R)	34.1 (R)	32.1 (R)
28 days	Leverndale	22.9 (G)	34.1 (R)	23.1 (G)	21.9 (G)	23.1 (G)	22.5 (G)	26.9 (G)	22 (G)
28 days	Gartnavel	24.4 (G)	35.9 (R)	27.4 (G)	34.5 (R)	39.4 (R)	27.4 (G)	29.3 (A)	30.8 (R)

Performance Trend

Performance fluctuating over time and between hospitals. Leverndale remains GREEN with Gartnavel and Stobhill both RED in September.

Issues Affecting Performance

The ongoing Covid-19 pandemic continues to have a significant impact and changes for MH services. Services continue to respond flexibly to fluctuations in:

1. Staff absence rates.
2. Pressure on capacity on larger MH bed sites, principally in short-stay beds.
3. Numbers of COVID- positive patients

Actions to Improve Performance

Changes maintained safe and effective care, sustainably deployed clinical staff, and minimised pressures on other services, especially including Emergency Departments, Scottish Ambulance Service and Police Scotland. The changes continue to be required. 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 12-18 months:

1. Consolidation of all unscheduled assessments and admissions on to two sites continues, at Leverndale and Stobhill Hospitals.
2. Medical on call rotas for trainees and consultants. Further consideration of the impact on on-call rotas...
3. Specified "trigger threshold" also being reviewed.
4. Evolving in-patient admissions testing and isolation for COVID and personal protective equipment and staffing guidelines continue to be updated and applied.
5. All areas continue to report increasing new admissions and an increasing acuity of person admitted (increased specialisation and observations).
6. All Hospital sites maintaining access to isolating any future admissions who test positive.

7. All Hospital continue to maintain the ability to increase and/or reintroduce cohorting if infection rates increase. 8. Maintaining and evolving existing arrangements is maintaining the pressure on all services and staff.
Timescales for Improvement
Remobilisation will continue through to March 2020, and contingency arrangements are also being reviewed to consider potential on-going impact into 2021-2022. System wide support mechanisms also being reviewed across sites and specialty's with wider mental health "family" Back to Summary

Target/Ref	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
Purpose	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%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Mar 18	Mar 19	Mar 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
<95%	Stobhill	95.6% (G)	100.8% (R)	93.2% (G)	64.3% (G)	75.7% (G)	93.4% (G)	94.2% (G)	94.8% (G)
<95%	Leverndale	96.8% (G)	102.2% (R)	85.8% (G)	74.6% (G)	77.0% (G)	82.8% (G)	94.1% (G)	90.6% (G)
<95%	Gartnavel	92.7% (G)	98.4% (A)	90.6% (G)	70.9% (G)	85.5% (G)	94% (G)	95.8% (G)	96.3% (G)
Performance Trend									
Performance fluctuating over time and between hospitals. All hospitals moved to GREEN in March at the start of the pandemic and have remained so although occupancy has been increasing. Back to Summary									

Indicator	4. Total number of Adult Mental Health Delays
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services)

	Target	Apr 17	Apr 18	Apr 19	Apr 20	Jun 20	Jul 20	Aug 20
North East		2	3	3	5	3	2	4
North West		1	8	3	8	6	6	9
South		1	7	6	2	6	8	5
City					1	1	1	1
Sub-Total (Included Codes)		4	18	12	16	16	17	19
North East		0	3	1	0	0	0	1
North West		3	4	0	2	4	2	1
South		0	0	1	1	0	1	1
Sub-Total (Complex Codes)		3	7	2	3	4	3	3
North East Total		2	6	4	5	3	2	5
North West Total		4	12	3	10	10	8	10
South Total		1	7	7	3	6	9	6
City					1	1	1	1
All Delays	0	7 (R)	25 (R)	14 (R)	19 (R)	20 (R)	20 (R)	22 (R)

Performance Trend
Numbers vary across localities and over time. Numbers remained similar.
Issues Affecting Performance
Admission routes and discharge relationships continued to be disrupted due to significant staff absence rates, COVID- positive patients in some areas and staff re-deploying to ward areas to maintain safe and effective treatment.
Actions to Improve Performance
A number of measures are now in place to assist in improving performance including:

- Establishment of the MHAUs to divert individuals from A&E
- Establishment of the out of hours compassionate distress hubs
- Discharge Co-ordination Teams set up in each locality and these teams now include both health and social care staff to start the discharge process as early as possible with links to appropriate housing providers

Reporting is now in place for these new initiatives to monitor progress moving forward

Timescales for Improvement

Arrangements continually being reviewed operationally during remobilisation to March 2021.

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Other Annually Reported Indicators - See Appendix 1, Section 3

13. Deaths from Suicide

SANDYFORD (SEXUAL HEALTH)

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

IUD – number of appointments

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20
-	NE	317	377	283	267	0	273
	NW	709	874	755	987	299	723
	S	145	72	111	101	0	0
	HSCP	1171	1323	1149	1355	299	996
1888 per quarter	GGC	1795 (A)	1927 (G)	1650 (R)	1870 (G)	299 (R)	1311 (R)

IUD – number of insertions

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20
-	NE	209	253	201	182	0	186
	NW	607	748	684	757	305	709
	S	105	57	79	60	0	0
	HSCP	921	1058	964	999	305	895
1309/ quarter	GGC	1339 (G)	1488 (G)	1310 (G)	1322 (G)	310 (R)	1124 (R)

Performance Trend

Performance below target both for appointments and insertions but performance has increased in quarter 2.

Issues Affecting Performance

All LARC procedures (except emergency criteria) were stopped during lockdown. From June, priority and urgent LARC provision was restarted in 2 locations, and in one further location from August. Performance is still below target as services are not at full capacity.

Actions to Improve Performance

The Recovery Plan indicates a further extension of this over the coming months, if pandemic circumstances allow. Activity not likely to resume to pre-COVID levels until full recovery of services is achieved.

Timescales for Improvement
With the full recovery of services, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to increase in 2021 Back to Summary

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

Implants – number of appointments

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20
-	NE	483	551	495	454	0	372
	NW	690	762	583	665	156	728
	S	314	150	91	83	0	0
	HSCP	1487	1463	1169	1202	156	1100
2431 per quarter	GGC	2182 (R)	2100 (R)	1655 (R)	1691 (R)	156 (R)	1586 (R)

Implants – number of insertions

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20
-	NE	219	295	206	228	0	204
	NW	364	412	336	334	148	545
	S	161	93	59	55	0	0
	HSCP	744	800	601	617	148	750
1888 per quarter	GGC	1080 (R)	1124 (A)	874 (R)	865 (R)	148 (R)	1034 (R)

Performance Trend

Performance below target both for appointments and insertions but performance has increased in quarter 2.

Issues Affecting Performance

All LARC procedures (except emergency criteria) were stopped during lockdown. From June, priority and urgent LARC provision was restarted in 2 locations, and in one further location from August. Performance is still below target as services are not at full capacity.

Actions to Improve Performance

The Recovery Plan indicates a further extension of this over the coming months, if pandemic circumstances allow. Activity not likely to resume to pre-COVID levels until full recovery of services is achieved.

Timescales for Improvement
With the full recovery of services, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to increase in 2021
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Indicator	5. Average Waiting times for access to Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations.
Type of Indicator	National Indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr 16- Jun 16	Apr 17- Jun 17	Apr 18- Jun 18	Oct- Dec 19	Jan- Mar 20	Apr- Jun 20	Jul- Sep 20
2 working days	NE	3 (R)	3 (R)	5 (R)	9 (R)	9 (R)	NA	2 (G)
	NW	2 (G)	2 (G)	4 (R)	5 (R)	4 (R)	3 (R)	3 (R)
	S	4 (R)	4 (R)	7 (R)	8 (R)	7 (R)	NA	NA
	HSCP	2 (G)	2 (G)	5 (R)	5 (R)	5 (R)	3 (R)	3 (R)
	GGC	3	2	5	6	5	3	3

Performance Trend
Performance remains above target and RED at city level but has been improving and was GREEN in the North East in Q2.
Issues Affecting Performance
Urgent Care services criteria has been completely revised during COVID, and has only been provided at Sandyford Central (and Paisley – part) during this quarter. Patients receive call-backs rather than first presentation face-to-face, and this has skewed the performance / waiting times data. Suspension of other routine services allowed Urgent care to be prioritised and, therefore, performance has improved.
Actions to Improve Performance
Urgent Care services criteria was completely revised during lockdown, and was only provided in 2 locations during the previous quarter. This was extended to one further location in the most recent quarter. Suspension of other routine services allowed Urgent care to be prioritised and, therefore, performance has improved. The Operational Recovery plan sets out plans to extend Urgent care provision to further sites as Buildings / estate recovery allows.
Timescales for Improvement
With the full recovery of services, the implementation of the proposed new service model can go ahead, therefore the provision of Urgent care is set to increase in 2021 Back to Summary

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

Male

TARGET	AGE	AREA	Oct-Dec 18	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20
21	13-15	GC HSCP	4 (R)	4 (R)	5 (R)	6 (R)	2 (R)	7 (R)
40		GGC	15 (R)	17 (R)	13 (R)	13 (R)	3 (R)	12 (R)
58	16-17	GC HSCP	38 (R)	30 (R)	20 (R)	16 (R)	3 (R)	18 (R)
110		GGC	57 (R)	58 (R)	48 (R)	38 (R)	4 (R)	29 (R)

Female

TARGET	AGE	AREA	Oct – Dec 18	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20
146	13-15	GC HSCP	96 (R)	94 (R)	69 (R)	71 (R)	21 (R)	36 (R)
292		GGC	193 (R)	183 (R)	161 (R)	145 (R)	37 (R)	87 (R)
339	16-17	GC HSCP	215 (R)	246 (R)	190 (R)	192 (R)	69 (R)	136 (R)
670		GGC	415 (R)	472 (R)	358 (R)	384 (R)	132 (R)	246 (R)

Performance Trend

Performance remain below target for males and females, all ages but did increase over Q2.

Issues Affecting Performance

All Young people clinics were suspended during lockdown. From June, some services for young people have been resumed and therefore numbers have started to rise again.

Actions to Improve Performance
As recovery continues, and as pandemic circumstances allow, more YP clinics will be provided over the coming months.
Timescales for Improvement
With the implementation of the proposed new service model, the numbers of Young people attending are expected to rise to pre-2012 levels.
Back to Summary

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

TARGET	Oct-Dec 18	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20
5 working days	5 (G)	6 (R)	5 (G)	6 (R)	2 (G)	2 (G)
Performance Trend						
Performance remained GREEN in the last quarter.						
Back to Summary						

ALCOHOL AND DRUGS

Indicator	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1
90%	Glasgow	97% (G)	92% (G)	98% (G)	98% (G)	98% (G)	98% (G)
90%	North East	98% (G)	95% (G)	100% (G)	99% (G)	98% (G)	94% (G)
90%	North West	98% (G)	99% (G)	98% (G)	100% (G)	100% (G)	100% (G)
90%	South	99% (G)	88% (G)	88% (G)	93% (G)	90% (G)	96% (G)
Performance Trend							
This indicator is reported one quarter in arrears. At Q1 all localities exceeded the referral to treatment time target (GREEN). Back to Summary							

Indicator	2. Percentage of Parental Assessments completed within 30 days of referral.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
75%	Glasgow	77% (G)	81% (G)	79% (G)	71% (R)	77% (G)	80% (G)	67% (R)
75%	North East	74% (G)	78% (G)	83% (G)	81% (G)	88% (G)	86% (G)	62% (R)
75%	North West	86% (G)	72% (A)	86% (G)	60% (R)	33% (R)	59% (R)	75% (G)
75%	South	75% (G)	91% (G)	70% (R)	65% (R)	61% (R)	80% (G)	67% (R)

Performance Trend

Performance at city-level, North East and South fell from GREEN to RED during Q2. Performance in North West moved from RED to GREEN. It is of note that over the past 2 years there has been a significant downward trend in the number of Parental Assessment forms completed on careFirst particularly in the North West and South of the city – numbers are shown below. The small number of assessments completed increases the likelihood of significant fluctuation between quarters.

2018/19 Q1 – 457, Q2 – 432, Q3 – 507, Q4 – 210
2019/20 Q1 – 201, Q2 – 69, Q3 – 49, Q4 – 71 (see below).

Locality	19/20 Q4	20/21 Q1	20/21 Q2
City	71	95	33
NE	49	71	21
NW	6	17	4
South	13	5	6
Other	3	2	2

Issues Affecting Performance

Covid recovery planning has impacted on assessments being completed with 21 days this quarter due to the need to liaise with Children's Services and Education, and undertake home visits. High risk service users are prioritised for face to face contacts, this includes service users where concerns exist around parental capacity. A new parental assessment has been devised but has not yet been added to Carefirst. Staff have been completing the new assessments but have not recorded these in the IPSU eform which is on CareFirst, which generates the above figures.

Actions to Improve Performance
Team Leaders are now aware that existing IPSU eforms on Carefirst should be completed until the new assessment is added to Carefirst. Briefings will be delivered to staff in February 2020, as part of the implementation of new assessments. Briefings will include the need to complete parental assessments timeously. Audit activity will be undertaken to analyse the numbers of parental assessments being completed for service users with caring responsibilities for, or contact with, children.
Timescales for Improvement
Improvements should be seen in the next quarters Back to Summary

Indicator	3. Percentage of Service Users with an initiated recovery plan following assessment.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
70%	Glasgow	65% (R)	73% (G)	77% (G)	80% (G)	82% (G)	83% (G)	82% (G)
70%	North East	67% (A)	75% (G)	77% (G)	91% (G)	84% (G)	86% (G)	83% (G)
70%	North West	64% (R)	74% (G)	81% (G)	89% (G)	87% (G)	89% (G)	88% (G)
70%	South	73% (G)	76% (G)	78% (G)	86% (G)	79% (G)	79% (G)	78% (G)
Performance Trend								
All localities exceeded target (GREEN) at Q2.								
Back to Summary								

Other Annually Reported Indicators - See Appendix 1, Section 2

9. Number of needles/ injecting equipment/foil dispensed
10. Number of naxolone kits dispensed
11. Number of drug related deaths
12. Number of alcohol related deaths

HOMELESSNESS

Indicator	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
95%	City-wide	91% (A)	86% (R)	89% (R)	94% (G)	97% (G)	99% (G)	99% (G)
	North East	90% (R)	83% (R)	88% (R)	86% (R)	96% (G)	99% (G)	100% (G)
	North West	94% (G)	94% (G)	86% (R)	97% (G)	97% (G)	98% (G)	98% (G)
	South	83% (R)	77% (R)	83% (R)	94% (G)	97% (G)	100% (G)	100% (G)
	Asylum & Refugee Team (ARST)	99% (G)	100% (G)	99% (G)	100% (G)	98% (G)	98% (G)	100% (G)
Performance Trend								
Performance was maintained during Q2 with all localities and teams remaining above target (GREEN).								
Back to Summary								

Indicator	2. Percentage of live homeless applications over 6 months duration at the end of the quarter.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
<20% (16/17) <40% (17/18 to 20/21)	City-wide	45% (R)	48% (R)	44% (R)	42% (R)	43% (R)	43% (R)	50% (R)	55% (R)
	North East	41% (R)	50% (R)	44% (R)	44% (R)	43% (R)	45% (R)	47% (R)	50% (R)
	North West	42% (R)	41% (G)	40% (G)	41% (G)	39% (G)	41% (G)	46% (R)	49% (R)
	South	48% (R)	51% (R)	47% (R)	44% (R)	45% (R)	44% (R)	47% (R)	51% (R)
	Asylum & Refugee Team (ARST)	57% (R)	51% (R)	37% (G)	33% (G)	35% (G)	38% (G)	64% (R)	90% (R)
Performance Trend									
Performance was below target (RED) across all teams at Q2									
Issues Affecting Performance									
As a consequence of the social distancing measures in place as a result of the public health emergency, letting activity ceased across the RSL sector from mid-March and restarted incrementally within the sector from late July. The inability to resettle homeless households into settled lets, due to the ceasing of letting activity, has resulted in a significant increase in number of live homeless cases over 6 months.									
Actions to Improve Performance									
Letting has now recommenced and the Council has written to RSL partners to ask that they increase the number of lets they make available for homeless households via the Section 5 process. All outstanding Section 5 referrals have been reviewed to ensure that the information recorded is still accurate which will minimise any move on delays. A Senior Community Homelessness Worker within each of the CHT has been identified to oversee performance.									

Timescales for Improvement
Due to the significant impact the months of no letting has had, it is likely to be late Q4 - early Q1 2021/22, before any significant performance improvement is seen. Back to Summary

Target/Ref	3. Number of new resettlement plans completed - total to end of quarter (citywide).
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Total	18/19 Total	19/20 Q3	19/20 Q4	19/20 Total	20/21 Q1	20/21 Q2
Revised for 20/21 5,000 per annum (1,250 per quarter)	City-wide figure only	3,016 (R)	3,593 (R)	1,020 (G)	1,009 (G)	3,774 (R)	829 (R)	800 (R)

Performance Trend
The annual target was revised from 4,000 to 5,000 for 2020/21. The quarterly target for the number of new resettlement plans completed during Quarter 2 was not met (RED).
Issues Affecting Performance
With the ceasing of letting activity by the City's RSL partners for over 4 months there was a need to review over 2000 outstanding resettlement plans to ensure the information recorded within the plan is still accurate and will allow for quicker move. Reviewing the already completed resettlement plans has had an impact on the number of new plans completed. The Service did manage to complete 800 new resettlement plans throughout Q2 and as at 5 th October 2020, we had 3007 completed resettlement plans for homeless households awaiting an offer of settled accommodation.
Actions to Improve Performance
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.

Timescales for Improvement
It is anticipated that we will not meet the revised target of 1250 new resettlement plans per quarter until Q1 2021/22. Back to Summary

Indicator	4. Average number of weeks from assessment decision to settled accommodation.
Purpose	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 application to resettlement.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	20/21 Q1	20/21 Q2
26 weeks	City-wide	42 weeks (R)	42 weeks (R)
Performance Trend			
Performance remains above target			
Issues Affecting Performance			
With the understandable ceasing of mainstream letting activity on the part of the City's RSL partners for over four months, there has been an increase in case durations. Within this quarter we secured permanent settled accommodation for 716 households. Within this total we had 168 households (23%) which were over one year old, which has had an impact on the overall average figure.			
Actions to Improve Performance			
The Council has written to all RSL partners requesting an increase in the number of lets to homelessness households of between 80 and 90% over the next six months to speed up the resettlement process and relieve pressure on temporary accommodation. The Council is also working with the Wheatley Group and a number of Community Based Housing Associations on a pilot to match homeless households to void properties. This should reduce offer refusals and speed up the allocation of void properties to homeless households.			
Timescales for Improvement			
We are likely to see performance improvements in late Q4 -early Q1 2021/22. Back to Summary			

Target/Ref	5. Number of households reassessed as homeless or potentially homeless within 12 months.
Purpose	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	15/16 Full Year Total	16/17 Full Year Total	17/18 Full Year Total	18/19 Full Year Total	19/20 Q3	19/20 Q4	19/20 Full Year Total	20/21 Q1
<480 per annum (<120 per Q)	395 (R)	493 (R)	444 (G)	400 (G)	107 (G)	107 (G)	437 (G)	108 (G)
Performance Trend								
These figures are provided via a Scottish Government report and are reported one quarter in arrears. At Q1 we met our quarterly target (GREEN) remaining below the figure of 120 households. Awaiting Scottish Government report for Q2 figure. Back to Summary								

Target/Ref	6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
100%	City-wide figure only	60.9%	65.5% (R)	61% (R)	76% (R)	71% (R)	65% (R)	99% (G)	99% (G)
Performance Trend									
Performance remained GREEN for the second quarter.									
Back to Summary									

Indicator	7. Number of new Housing First tenancies created.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	20/21 Q1	20/21 Q2
600 over 5 years from 2019/20. Target by end of 20/21 is to reach 240 from baseline of 117 as at 31 st March 2020	City-wide	117 (R)	133 (R)
Performance Trend			
New indicator. Performance in this measure has increased between Q1 and Q2.			
Issues Affecting Performance			
The understandable ceasing of mainstream letting activity on the part of the City's RSLs for four months has impacted on the number of lets to homeless households being supported into mainstream tenancies through Housing First.			
Actions to Improve Performance			
The Housing First Assessment Team are now based in the City Centre Hotels to assist in the engagement with homeless households who would benefit from Housing First support and accommodation. The Wheatley Group have agreed a target of 100 tenancies for Housing First service users by the end of Q4 2020. The service is also actively working with the Community Based RSL partners and have an online webinar event arranged for the end of November 2020 to continue to improve Housing First pathways. Recruitment for three new HF Social Care Workers has recently been concluded to add capacity within the team (start dates end of November 2020).			
Timescales for Improvement			
This target of an additional 120 Housing First tenancies will be met by end of Q4 2021.			
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Indicator	8. Number of Households in Bed & Breakfast Accommodation
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	20/21 Q1	20/21 Q2
Reduce by 50% from initial baseline of 341 to 170 over 5 years from end of 19/20. Target for end 20/21 is now 350 units	City-wide	496 (R)	567 (R)
Performance Trend			
New indicator. Number of homeless households accommodated within B+B type accommodation increased between Quarter 1 and Quarter 2.			
Issues Affecting Performance			
The understandable ceasing of mainstream letting activity on the part of the City's RSLs for four months has resulted in a significant increase in the use of B&B accommodation for single homeless household applicants.			
Actions to Improve Performance			
The resumption of letting activity on the part of RSL partners will allow for reduction in use over Q3. The HSCP has also agreed to extend the use of the Private Sector Leasing Scheme to increase the number of PRS TFFs by 300 units over the next twelve months (Oct 20 – Sept 21). A Team Leader within the Homelessness Service has also been designated to coordinate the move on plans for homeless households resident within the City Centre Hotels.			
Timescales for Improvement			
The service will see a continuous reduction in the number of households accommodated in B&B type accommodation from Q3 2020 onwards. Back to Summary			

Indicator	9. Number of Temporary Furnished Flats
Purpose	The RRTP sets out an objective to reduce the number of Temporary Furnished Flats 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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	20/21 Q1	20/21 Q2
Reduce supply by 1000 from initial baseline of 2156 over 5 years from end of 19/20. Target for end of Q4 2020/2021 is 1850	City-wide	2,426 (R)	2,529 (R)
Performance Trend			
New indicator. Number of temporary furnished flats increased between Quarter 1 and Quarter 2.			
Issues Affecting Performance			
As a consequence of the public health emergency and the understandable ceasing of letting activity on the part of RSLs, the Council 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.			
Actions to Improve Performance			
As mainstream letting activity has returned on the part of RSL partners, the Council has worked to return void properties being used as temporary furnished flats. We are also working with RSLs to convert a number of the 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 see a continuous reduction in the number of TFFs from Q4 2020. Back to Summary			

CRIMINAL JUSTICE

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
80%	Glasgow	65% (R)	67% (R)	66% (R)	75% (R)	76% (R)	19% (R)	70% (R)
80%	North East	63% (R)	58% (R)	64% (R)	79% (G)	82% (G)	22% (R)	72% (R)
80%	North West	70% (R)	76% (R)	69% (R)	73% (R)	70% (R)	22% (R)	62% (R)
80%	South	63% (R)	65% (R)	64% (R)	73% (R)	75% (R)	17% (R)	74% (R)

Performance Trend

Although the 80% target was not met, performance improved significantly across all localities during Q2 and is now similar to pre-COVID levels.

Following on from the significant reduction in the number of CPOs made during Q1 (37 Orders) numbers have increased significantly with 337 Orders made during Quarter 2. For comparison 502 Orders were made during Q4 and 578 made during Q3.

Issues Affecting Performance

Throughout lockdown all UPW provisions within the city were unavailable and it is only since moving into phase 3 of the easing of restrictions that placements started to become available, initially, in very limited numbers. Court activity is also beginning to increase with more CPOs being imposed and numbers expected to rise over the coming months.

Actions to Improve Performance

Justice SW continues to liaise with the Courts / Clerks in relation to ensuring that all clients are directed to Fast Track post sentence. Recovery planning is underway with UPW providers to increase capacity in the system to ensure placements can be offered within timescales. Teams are continuing to proactively contact clients who may not present to fast track. Many Personal placements have reopened across the city. Provided placements continue to increase capacity in line with restrictions, social distancing and PPE requirements. Extra funding has been secured to increase squad numbers in provided placements with the aim of returning to and enhancing pre covid capacity. There has been significant focus nationally on maximising the use of 'other activity' (up to 30hrs

of UPW) and a number of online support programmes etc have been put in place. Nationally there is a focus on the level of outstanding UPW hours and how this will be managed going forward.

Timescales for Improvement

Improvements are anticipated through quarter 3 and into quarter 4.

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Indicator	2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
Purpose	To monitor the extent to which CPO case management plans are being developed within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
85%	City	97% (G)	80% (R)	76% (R)	72% (R)	85% (G)	71% (R)	80% (R)
85%	North East	88% (G)	79% (R)	76% (R)	75% (R)	79% (R)	67% (R)	80% (R)
85%	North West	98% (G)	75% (R)	84% (G)	71% (R)	87% (G)	75% (R)	82% (A)
85%	South	100% (G)	84% (G)	73% (R)	71% (R)	87% (G)	67% (R)	78% (R)

Performance Trend

Although the 85% target was not met there was significant progress made across all localities with North West moving from RED to AMBER during the quarter.

Issues Affecting Performance

The significant reduction in numbers of CPOs imposed is likely to have impacted on performance reporting in this area during the Covid crisis due to low numbers impacting significantly on percentage rates.

Actions to Improve Performance

As part of Justice Services recovery planning, regular performance meetings / reporting have now resumed and should result in improved performance moving into Q3.

Timescales for Improvement

Improvements anticipated in Q3.

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Indicator	3. Percentage of Community Payback Order (CPO) 3-month Reviews held within timescale.
Purpose	To monitor the proportion CPO reviews held within the 3-month standard. CPOs should be reviewed at regular intervals and revised where necessary.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
75%	Glasgow	71% (R)	78% (G)	72% (A)	76% (G)	87% (G)	86% (G)	83% (G)
75%	North East	64% (R)	77% (G)	79% (G)	82% (G)	79% (G)	72% (A)	67% (R)
75%	North West	75% (G)	77% (G)	72% (A)	90% (G)	90% (G)	91% (G)	85% (G)
75%	South	72% (A)	80% (G)	66% (R)	63% (R)	91% (G)	92% (G)	100% (G)

Performance Trend

Telephone reviews have been held during the current COVID-19 emergency.

During Q2 the city, North West and South remained GREEN while performance in North East fell moving from AMBER to RED.

The resumption of the performance meeting should continue to see that this target is met.

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Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
70%	Glasgow	65% (R)	60% (R)	64% (R)	71% (G)	66% (R)	63% (R)	73% (G)
70%	North East	58% (R)	57% (R)	59% (R)	75% (G)	61% (R)	70% (G)	78% (G)
70%	North West	61% (R)	63% (R)	70% (G)	68% (A)	67% (A)	59% (R)	69% (G)
70%	South	75% (G)	60% (R)	62% (R)	71% (G)	73% (G)	64% (R)	73% (G)
Performance Trend								
Performance improved significantly in all localities during Q2 with the city, North West and South moving from RED to GREEN. North East (GREEN) continued to meet target during Q2. If breaches are excluded the figures are: NE 90%, NW 79% and South 88% (City 85%). New Covid legislation extended timescales by 12 months. Back to Summary								

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

Target	Locality	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
80%	Glasgow	73% (R)	81% (G)	78% (A)	77% (A)	70% (R)	85% (G)
80%	North East	78% (A)	83% (G)	82% (G)	77% (A)	64% (R)	90% (G)
80%	North West	74% (R)	87% (G)	77% (A)	75% (R)	72% (R)	83% (G)
80%	South	69% (R)	77% (A)	76% (R)	79% (G)	71% (R)	82% (G)
Performance Trend							
During Q2 performance increased significantly with all localities and the city overall moving from RED to GREEN.							
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Indicator	6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison.
Purpose	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 excludes Extended Sentence Licenses.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
90%	Glasgow	93% (G)	90% (G)	95% (G)	92% (G)	100% (G)	95% (G)	97% (G)
90%	North East	100% (G)	86% (A)	100% (G)	100% (G)	100% (G)	100% (G)	92% (G)
90%	North West	100% (G)	100% (G)	100% (G)	89% (G)	100% (G)	80% (R)	100% (G)
90%	South	80% (R)	100% (G)	86% (A)	89% (G)	100% (G)	100% (G)	100% (G)
Performance Trend								
At Q2 the target was exceeded in all localities (GREEN). Performance in North West improved between Q1 and 2 moving from RED to GREEN.								
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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 2)
Strategic Priority	Priority 1 (See Appendix 3)
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)	1266	115 (R)	315 (R)		430 (R)
North East	1,156 (R)	1,312 (R)	1360 (R)	1070 (R)	409	14 (R)	13 (R)		27 (R)
North West	1,399 (R)	1790 (G)	1277 (R)	934 (R)	396	21 (R)	63 (R)		84 (R)
South	739 (R)	674 (R)	1035 (R)	651 (R)	461	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 2)
Strategic Priority	Priority 1 (See Appendix 3)
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. Back to Summary

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 2)
Strategic Priority	Priority 1 (See Appendix 3)
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 2)
Strategic Priority	Priority 1 (See Appendix 3)
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									
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.									
Back to Summary									

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 2)
Strategic Priority	Priority 1 (See Appendix 3)
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								
-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 2)
Strategic Priority	Priority 1 (See Appendix 3)
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								
- 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								
Back to Summary								

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 2)
Strategic Priority	Priority 1 (See Appendix 3)
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								
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.								
Back to Summary								

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

14. Percentage of those invited who undertake bowel screening
15. Percentage of women invited who attend for breast screening.
16. Percentage of women invited who attend for cervical screening

HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate (%)
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

Section	Target	Mar 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020
Adult Services	4%	6.7% (R)	6.3% (R)	6.8% (R)	6.65% (R)	6.78% (R)	6.91% (R)
Children's Services	4%	5.6% (R)	4.7% (R)	4.2% (R)	4.0% (R)	3.4% (G)	3.4% (G)
Clinical Director	4%	7.3% (R)	2.3% (G)	2.0% (G)	0.2% (G)	1.0% (G)	1.0% (G)
Health Improvement	4%	3.9% (G)	1.1% (G)	1.8% (G)	1.5% (G)	2.2% (G)	2.2% (G)
Older People	4%	7.4% (R)	6.2% (R)	5.8% (R)	5.0% (R)	6.0% (R)	6.0% (R)
Resources	4%	4.8% (R)	2.4% (G)	2.1% (G)	3.2% (G)	2.3% (G)	2.3% (G)
Public Protection and Complex Care	4%	8.1% (R)	8.5% (R)	5.3% (R)	6.5% (R)	8.9% (R)	8.9% (R)
Grand Total	4%	6.37% (R)	5.57% (R)	5.55% (R)	5.4% (R)	5.61% (R)	6.07% (R)

Performance Trend
Variations across areas and over time but performance remains above target across the HSCP and there has been an increase over the last couple of months. Prior to this, we had seen the longest sustained improvement under 6% since the inception of the HSCP.
Issues Affecting Performance
Issues surrounding COVID19 - Special leave this year has been unprecedented, peaking at 13% for a month when normally this leave sits around 1% of all leave. COVID related absences have also risen again over the last two months. Compounding these issues is the backlog of annual leave - meaning that service managers are now dealing with the sickness levels, the management of special leave and ensuring all staff receive their statutory breaks.
Actions to Improve Performance
Ensure that all assistance and guidance is made available to managers, including the ability to pay staff for leave - if the services are struggling to meet statutory commitments.

Timescales for Improvement
Ongoing - subject to agreed review periods Back to Summary

Indicator	2.Social Work Sickness Absence Rate (Average Days Lost)
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	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.

	19/20							20/21						
	P7	P8	P9	P10	P11	P12	P13*	P1**	P2	P3	P4	P5	P6	P7
ADL Target (10.2 per year/0.2 per week)	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.4	0.8	0.8	0.8	0.8	0.8	0.8
Glasgow	1.2 (R)	1.2 (R)	1.3 (R)	1.4 (R)	1.5 (R)	1.3 (R)	2.1 (R)	0.4 (G)	1.2 (R)	1.2 (R)	1.1 (R)	1.0 (R)	1.1 (R)	1.1 (R)
Resources	1.0 (R)	1.0 (R)	1.0 (R)	1.2 (R)	0.9 (R)	0.9 (R)	2.1 (R)	0.3 (G)	0.7 (G)	0.8 (G)	0.6 (G)	0.7 (G)	0.8 (G)	0.9 (R)
Adult Services	0.8 (G)	1.0 (R)	1.1 (R)	1.2 (R)	1.2 (R)	1.1 (R)	1.5 (R)	0.4 (G)	1.2 (R)	1.0 (R)	0.7 (G)	0.6 (G)	0.7 (G)	0.5 (G)
Public Protection & Complex Care	0.6 (G)	0.7 (G)	0.7 (G)	0.9 (R)	0.9 (R)	0.8 (G)	1.8 (R)	0.1 (G)	0.3 (G)	0.3 (G)	0.4 (G)	0.5 (G)	0.4 (G)	0.5 (G)
Children's Services	1.0 (R)	1.0 (R)	1.1 (R)	1.2 (R)	1.1 (R)	1.1 (R)	1.1 (R)	0.3 (G)	0.7 (G)	0.8 (G)	0.8 (G)	0.7 (G)	0.7 (G)	0.7 (G)
Older People's Services	1.0 (R)	0.6 (G)	0.5 (G)	0.5 (G)	0.7 (G)	0.7 (G)	1.8 (R)	0.5 (R)	0.5 (G)	0.8 (G)	0.8 (G)	0.8 (G)	1.2 (R)	0.8 (G)
Care Services	1.5 (R)	1.4 (R)	1.5 (R)	1.7 (R)	1.9 (R)	1.7 (R)	1.3 (R)	0.5 (R)	1.6 (R)	1.6 (R)	1.4 (R)	1.3 (R)	1.4 (R)	1.4 (R)

* Period 13 is 6, rather than 4, weeks long.

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

Performance Trend
The overall ADL figure in comparison to the same period last year shows a slight improvement of 1.1 ADL. All care groups (with the exception of Resources and Care Services) are all reporting performance either on or below the ADL target for Period 7.
Issues Affecting Performance
Unprecedented times of Covid-19 has been challenging for a lot of our care groups which may continue to impact on absence performance.

Actions to Improve Performance
Priority care groups of Care Services and Older People Services, together with other areas showing a consistent upwardly trend in absence, will be the focus for HR support to managers.
Timescales for Improvement
Action Plans developed to try and achieve the desired improvement may take until the remaining part of 2020/21 to demonstrate any positive shift in absence trends.
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Indicator	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).
Purpose	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

TARGET	AREA	Jul 18	Mar 19	Mar 20	Apr 20	Jul 20	Aug 20	Sep 20
80%	Glasgow City	45.79% (R)	24.41% (R)	41% (R)	40.6% (R)	35.5% (R)	33.7% (R)	34% (R)
80%	HSCP Central		8.9% (R)	32.8% (R)	32.8% (R)	38.4% (R)	37% (R)	35.5% (R)
80%	North East		36.66% (R)	45.8% (R)	42.3% (R)	38.2% (R)	37.1% (R)	38.3% (R)
80%	North West		21.26% (R)	36.6% (R)	36.6% (R)	30.8% (R)	29.3% (R)	29.7% (R)
80%	South		14.76% (R)	35.4% (R)	37.3% (R)	38.2% (R)	34% (R)	34% (R)
80%	Mental Health Central		8.9% (R)	31.3% (R)	28.4% (R)	25% (R)	29.4% (R)	30.3% (R)

Performance Trend

Performance remains RED across all areas. The NHSGGC figure for September 2020 was 48%, and Partnership average was 38%, therefore we were 14% points below the board wide average and 4% points below the Partnership average.

Issues Affecting Performance

We need to be mindful that this is a difficult time for staff across our services and consider how we best offer support and support mechanisms. It is important that we don't make completion of KSF a "tick box" activity but look to how we can make it an integral part of the support mechanisms for staff.

Actions to Improve Performance

We have therefore suggested a 4-point plan 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 Back to Summary

Indicator	4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

TARGET	AREA	Mar 17	Mar 18	Mar 19	Mar 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
100%	Glasgow City HSCP Total	57% (R)	75% (R)	45% (R)	20% (R)	67% (R)	67% (R)	67% (R)	67% (R)	67% (R)
Performance Trend										
Performance fluctuates across areas and over time as numbers involved are small. Performance remained similar in the last quarter and remains RED at a city level.										
Issues Affecting Performance										
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. Excluding March 20 there has been a steady improvement in respect of induction since January 20. Work continues to improve induction being undertaken and recorded.										
Actions to Improve Performance										
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. The performance is being monitored on a monthly basis to seek an urgent improvement. Actions have been identified to address outstanding activity from the last quarter and also previous months.										
Timescales for Improvement										
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. Back to Summary										

Indicator	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
Purpose	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

TARGET	AREA	Mar 17	Mar 18	Mar 19	Mar 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
100%	Glasgow City HSCP Total	50% (R)	44% (R)	75% (R)	50% (R)	67% (R)	50% (R)	50% (R)	50% (R)	9% (R)
Performance Trend										
Performance fluctuates across areas and over time as numbers involved are small and have reduced in September. Remains RED at a city level.										
Issues Affecting Performance										
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.										
Actions to Improve Performance										
-Monthly named data is provided to all service areas via the local HR Managers and Senior Learning and Education Advisors in an attempt to prevent breaches of induction targets. -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&C. -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.										
Timescales for Improvement										
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. 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.										
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Other Annually Reported Indicators - See Appendix 1, Section 2

17. I-Matters Completion

BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
Purpose	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 st of April 2017.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	TARGET	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	
HSCP	70%	96.6% (G)	96.2% (G)	91.2% (G)	92.4% (G)	96% (G)	98.5% (G)	
NE	70%	97.3% (G)	87.5% (G)	86.2% (G)	88.2% (G)	80% (G)	100% (G)	
NW	70%	87.5% (G)	90.6% (G)	80% (G)	69.6% (G)	70.6% (G)	85.7% (G)	
South	70%	80% (G)	0% (R)	75% (G)	50% (R)	66.7% (A)	86% (G)	
Prisons	70%	98.7% (G)	100% (G)	99.5% (G)	95% (G)	100% (G)	100% (G)	

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP remained GREEN with slight improvement at a city level over the last quarter. The majority of complaints relate to prisons.

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

Locality	TARGET	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	
HSCP	70%	60% (R)	70% (G)	62% (R)	73% (G)	80% (G)	59% (R)	
NE	70%	40% (R)	50% (R)	67% (A)	100% (G)	89% (G)	33% (R)	
NW	70%	64% (R)	73% (G)	80% (G)	56% (R)	70% (G)	40% (R)	
South	70%	100% (G)	100% (G)	83% (G)	89% (G)	57% (R)	50% (R)	
Prisons	70%	59% (R)	67.6% (A)	56.7% (R)	72% (G)	80.3% (G)	63.1% (R)	

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP as a whole moved from GREEN to RED as we entered the period of the pandemic, with performance in all areas declining.

Issues Affecting Performance

The poor performance in quarter 1 reflects the impact Covid-19 has had on both services and the handling of more complex complaints. For example, HMP Low Moss had 7 nursing staff shielding. A large number of complaints closed outwith target at Low Moss were separate but related complaints from a single patient, requiring cross-correlation across a wide range of professional groups. Also, unlike the Social Care complaints within GCHSCP, NHS complaints are dealt with by managers at stage 2, not by a specialist complaints team. Those managers clearly had other, higher, priorities than investigating complaints during the period Apr-Jun 2020, due to the impact of the pandemic.

Actions to Improve Performance

Early indications are that performance began to improve in Q2 of 2020/21 as working arrangements began to adjust to new circumstances.

Timescales for Improvement

There will continue to be an impact of Covid-19, for the reasons stated above, but some incremental improvement is anticipated in Q2. Further impacts may however be anticipated if Covid-19 pressures increase over the winter months.

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Indicator	3. Percentage of Social Work Stage 1 Complaints responded to within timescale.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q3		19/20 Q4		20/21 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	North East	31	71% (G)	14	93% (G)	27	70% (G)	29	79% (G)	6	67% (A)
70%	North West	22	52% (R)	19	79% (G)	19	58% (R)	25	32% (R)	1	100% (G)
70%	South	33	61% (R)	36	58% (R)	30	63% (R)	30	53% (R)	6	50% (R)
70%	Homelessness	n/a	n/a	12	42% (R)	19	58% (R)	8	50% (R)	4	50% (R)
70%	Centre	9	43% (R)	11	64% (R)	11	63% (R)	11	73% (G)	6	100% (G)
70%	City	95	61% (R)	92	67% (A)	106	63% (R)	103	57% (R)	23	70% (G)

Performance Trend

This indicator is reported **one quarter in arrears**.

There was a very significant fall in the number of Complaints received during Q1 (23).

During Q1 performance improved in the City and North West locality both moving from RED to GREEN and in the Centre team which remained GREEN. In North East performance fell from GREEN to AMBER while the South locality and the Homelessness Team remained RED.

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Indicator	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q3		19/20 Q4		20/21 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	Glasgow	37	29% (R)	41	46% (R)	54	50% (R)	59	51% (R)	39	59% (R)
Performance Trend											
This indicator is reported one quarter in arrears .											
Although there was some improvement, performance continued to remain below target (RED) at Q1.											
Issues Affecting Performance											
An experienced senior officer left the team in early March 2020 and is yet to be replaced, with the recruitment process being delayed due to Covid-19. Covid-19 directly impacted complaints handling during March and April 2020, as remote working could not immediately be implemented for any of the team members apart from the Principal Officer and Business Development manager until late April. This also interrupted the ongoing development of new staff who joined the team at the end of 2019 / early 2020 and were still developing in their roles at the point lockdown measures were introduced.											
Actions to Improve Performance											
Recruitment of a replacement for the S.O has been approved however will not proceed until Q3 2020/21 due to Covid-19 restrictions. New staff are now developing well in their roles. All team members have been capable of remote working since late-April 2020.											
Timescales for Improvement											
Performance should improve in the third quarter of 2020/21 subject to successful recruitment and ongoing viability of remote technology.											
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Indicator	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q3		19/20 Q4		20/21 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	94	99% (G)	86	100% (G)	72	97% (A)	92	96% (A)	61	95% (R)

Performance Trend

This indicator is reported **one quarter in arrears**.

Performance fell narrowly outwith the target range during Q1 (RED).

Issues Affecting Performance

As above, an experienced senior officer left the team in early March 2020 and is yet to be replaced, with the recruitment process being delayed due to Covid-19. Covid-19 directly impacted FOI handling during May, as the legislation that had altered FOI timescales to take into account difficulties arising from the pandemic was reversed, and FOI timescales therefore reverted to standard and immediately placed a small number out of time. Capacity for handling FOIs was also impacted during March and April 2020, as remote working could not immediately be implemented for any of the team members apart from the Principal Officer and Business Development manager until late April.

Actions to Improve Performance

All senior officers are now able to work remotely and one senior officer has been given primary responsibility for FOI requests to ensure that the small backlog can be cleared quickly.

Timescales for Improvement

Performance should be at or close to 100% from Q2 onwards.

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Indicator	6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale.
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q3		19/20 Q4		20/21 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	58	75% (R)	93	69% (R)	144	68% (R)	146	58% (R)	50	18% (R)
Performance Trend											
This indicator is reported one quarter in arrears .											
Performance declined further between Q4 and Q1 due to factors set out below.											
Issues Affecting Performance											
An experienced senior officer left the team in early March 2020 and is yet to be replaced. New staff who joined the team at the end of 2019 / early 2020 were still developing in their roles. Covid-19 directly impacted SAR handling throughout Q2 2020 in two ways: (a) Remote working could not immediately be implemented for any of the team members apart from the Principal Officer and Business Development manager (b) the City Archives closed on 20 th March 2020 and have not reopened. This means there is no access to historic records (which are the majority of SARs received) for any requests received after that date as well as those from February / March that were pending processing or on hold for clarification or proof of identity prior to 20/03/20 but later activated and now overdue.											
Actions to Improve Performance											
Recruitment of a replacement for the S.O has been approved and should proceed during Q3 2020/21. New staff are now assuming a greater role. All team members have been capable of remote working since mid-April 2020. SARs that do not involved input from Records Management will be prioritised.											
Timescales for Improvement											
Performance will not improve for a considerable time after the re-opening of the City Archives, and the resumption of delivery of records for which no definite date has yet been set. There will at that time be a backlog of SARs to clear, impacting performance until at least the end of Q2 2021/22.											
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Indicator	7. Percentage of elected member enquiries handled within 10 working days.
Purpose	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	
								no.	%
80%	Glasgow	92% (G)	94% (G)	88% (G)	85% (G)	73% (R)	77% (A)	272	77% (A)
80%	North East	100% (G)	100% (G)	99% (G)	95% (G)	85% (G)	95% (G)	42	90% (G)
80%	North West	95% (G)	93% (G)	91% (G)	79% (G)	80% (G)	70% (R)	55	67% (R)
80%	South	95% (G)	94% (G)	93% (G)	84% (G)	81% (G)	67% (R)	64	69% (R)
80%	Centre	83% (G)	86% (G)	73% (R)	82% (G)	71% (R)	70% (R)	61	67% (R)
80%	Care Services (prev. Cordia LLP)				86% (G)	27% (R)	85% (G)	50	98% (G)

Performance Trend

At Q2 performance at city level remained AMBER. North East and Care Services maintained their GREEN RAG-rated status, while North West, South and Centre remained RED.
Performance was maintained during Q2 despite the number of enquiries received (272) being approximately twice the number received during Quarter 1 (143).

Issues Affecting Performance

The Members Liaison Unit (MLU) section was closed at the end of Q4 and the start of Q1 as a result of the COVID-19 emergency so enquiries which were logged pre-lockdown were not responded to until staff returned to the office several weeks later and this has impacted on performance across both Q4 and Q1. MLU section are still working with reduced staff numbers. There was a corporate decision to deal only with emergency and COVID-19 related enquiries via a process set up by the Chief Executive's Department.

Actions to Improve Performance

Social Work MLU inbox will be monitored daily.

Timescales for Improvement

MLU section are still working at a reduced staff level due to current Government Guidelines. It is anticipated that this will continue to impact on performance over the coming quarters.

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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 Actual	19/20 Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.0%	86.7%	87.3%	87.6%	88.3% (G)	87.8%
	Scotland	87.0%	87.3%	88.0%	88.1%	89.4%	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)**	Glasgow	94.5%	94.7%	94.7%	94.8%	N/A	95.4%
	Scotland	95.7%	95.8%	95.9%	96.0%	N/A	N/A

*Provisional Figures shown for MSG5

**Awaiting 19/20 figures

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).

i. Scottish Health and Care Experience Survey

Provisional results from the latest [Health and Care Experience Survey \(2020\)](#) which was conducted between September and December 2019 are shown below. Where comparable results are available from the previous survey (2018), these are shown in brackets. Please note that these figures may be updated once finalised.

National Integration Indicator	Outcome	Glasgow	Scotland
1. Percentage of adults able to look after their health very well or quite well (2018 data shown as 2020 results still awaited)	1	90	93
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	70	70
3. Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	3	65	63
4. Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	65	62
5. Percentage of adults receiving any care or support who rate it as excellent or good	3	69	69
6. Percentage of people with positive experience of the care provided by their GP practice	3	83 (86)	79
7. Percentage of adults supported at home who agree that their services/support had impact on improving/maintaining their quality of life.	4	66	67
8. Percentage carers who feel supported to continue in their caring role.	6	36 (38)	34
9. Percentage of adults supported at home who agreed they felt safe	7	73	73

i. Operational Performance Indicators

Indicator No. /Outcome	11. Premature mortality rate per 100,000 persons: by calendar year						
Outcome 9	2015	2016	2017	2018	2019	Direction of Travel	
						2015 to 2019	2018-19
Glasgow City	634	617	614	625	607	▲	▲
Scotland	441	440	425	432	426		

Indicator No. /Outcome	12. Rate of emergency admissions per 100,000 population for adults						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 19/20
Glasgow City	14,816	14,363	12,910	13,089	12,725	▲	▲
Scotland	12,295	12,229	12,210	12,275	12,388		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	2348			

Indicator No. /Outcome	13. Rate of emergency bed days per 100,000 population for adults						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 2019
Glasgow City	145,113	146,841	140,255	138,539	133,737	▲	▲
Scotland	128,541	126,891	123,383	120,177	116,297		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	21,479			

Indicator No. /Outcome	14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 19/20
Glasgow City	98	102	96	98	96	▲	▲
Scotland	98	101	103	103	103		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	101			

Indicator No. /Outcome	15. Proportion of last 6 months of life spent at home or in a community setting						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 19/20
Glasgow City	86	87	87	88	88.3	▲	▲
Scotland	87	87	88	88	88.7		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	90.8			

Indicator No. /Outcome	16. Falls rate per 1,000 population aged 65+						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 19/20
Glasgow City	28.9	31.1	30.7	30.5	27.4	▲	▲
Scotland	21.1	21.4	22.2	22.5	22.7		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	5			

Indicator No. /Outcome	17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 19/20	18/19 to 19/20
Glasgow City	81%	86%	90%	86%	90.7%	▲	▲
Scotland	83%	84%	85%	82%	81.8%		

Indicator No. /Outcome	18. Percentage of adults with intensive care needs receiving care at home					
Outcome 9	2015	2016	2017	2018	Direction of Travel	
					2015-2018	2017-2018
Glasgow City	56%	55%	57%	58.3%	▲	▲
Scotland	61%	62%	61%	62.1%		

Indicator No. /Outcome	19. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 19/20	18/19 to 19/20
Glasgow City	627	464	324	458	548	▲	▼
Scotland	915	841	762	793	774		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	119			

Indicator No. /Outcome	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 19/20	18/19 to 19/20
Glasgow City	24%	25%	25%	25%	24.8%	▼	▲
Scotland	23%	23%	24%	24%	23.4%		

The indicators below are currently under development by NHS Scotland Information Services Division (ISD).

Indicator No.	Outcome
10. % of staff who say they would recommend their workplace as a good place to work	8
21. % of people admitted to hospital from home during the year, who are discharged to a care home	2
22.% of people who are discharged from hospital within 72 hours of being ready	9
23. Expenditure on end of life care, cost in last 6 months of life	9

3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Primary Care								
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%	17/18	94% (G)				Performance above target and the Scottish average (93%). This has increased from the 2016/17 figure of 84%. From 17/18 Health & Care Experience Survey. Awaiting 19/20 results
3. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	18/19	76% (G)	75.1% (G)	75.1% (G)	77.4% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). Annual NHSGGC screening report last produced Jan 2020.
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 19	79.7% (G)	78.6% (G)	80.4% (G)	80% (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 2019 were 81.8% (NE); 86.3% (NW); 84% (S), Next update for Jan-Mar 2021

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Children's Services								
5.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	As at Mar 20	51.3% (R)	57.1% (G)	48.8% (R)	48.6% (R)	Provisional data now produced twice yearly locally and data shown relates to Mar 2020 (ISD national report produced annually). Equivalent figures (also provisional) for Sep 19 were 52.7% (City); 58% (NE); 50.5% (NW); 50.1% (S). Next update due Jan 2021.
6. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	As at Mar 20	90.5% (G)	89.4% (G)	91.3% (G)	90.8% (G)	Provisional data now produced twice yearly locally and data shown relates to Mar 2020 (ISD national report produced annually). Equivalent figures (also provisional) for Sep 19 were 90.9% (City); 89.6% (NE); 92.2% (NW); 90.9% (S). Next update due Jan 2021.
7. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2020	60.1% (G)				Performance has declined from 62.8% in 2018. Below the Health Board average of 68.7% which increased from 67.1%. Produced 2 yearly (last one Oct 20).
8. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	72.8% (G)				Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017. Produced 2 yearly (last one Oct 19).

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Alcohol and Drugs								
9. Number of needles/ injecting equipment/foil dispensed	Local HSCP indicator Outcome 7	1,093,228 (for 17/18)	17/18	1,089,750 (G)				Slightly below target but classified as GREEN. More up to date data has been requested. It should be available at end of each financial year.
10. Number of naloxone kits dispensed	Local HSCP indicator Outcome 7	1680	18/19	3056 (G)				Above target and GREEN. Risen from 1980 for 17/18. New target set for 19/20 of 3750. More up to date data has been requested. Data should be available at end of each financial year.
Others								
11. Number of drug related deaths (crude rate per 100,000 population).	Local HSCP indicator Outcome 1	N/A	2018	45.1				Figures published annually by ISD. Rates have increased for the HSCP as a whole from 27.6 in 2016 and 31.2 in 2017. Last updated July 2019. Next due 15 December 2020.
12. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2019	143				Figures published annually by ISD. Reduced at city level in the last two years (186 in 2017 and 146 in 2018). Last updated December 2020 as was delayed from normal publication date. Next due June 2021.
13. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2019	106 (72 M) (34 F)				Figures published annually by ISD. Numbers increased in last two years (88 in 2017 and 99 in 2018). Last updated November 2020 as was delayed from normal publication date. Next due June 2021.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
14. Percentage of those invited who undertake bowel screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	60%	2017/19	51.6% (R)	50.6% (R)	52.6% (R)	51.5% (R)	Standardised uptake rates shown. HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Jan 2020.
15. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	15/16-17/18	N/A	65.8% (R) NHSGGC			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 (Jan 2020).
16. Percentage of women invited who attend for cervical screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	80%	2018/19	67.6% (R)	69.2% (R)	63% (R)	70.8% (R)	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 Jan 2020.
Human Resources								
17. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2019	62% (G) Employment Engagement Index 77				Figures shown are for the annual survey undertaken in the Summer of 2019. Corresponding figure for 2018 was 56%. Not undertaken in 2020 due to Covid-19.

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

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.