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Item No. 7

Meeting Date

Wednesday 8th February 2023

**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 Q2/3 2022/23

Purpose of Report:

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2/3 of 2022/23 (for Health Improvement only).

Background/Engagement:

The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant Service Leads in attendance.

Full performance reports are produced quarterly. When the IJB Finance, Audit and Scrutiny Committee meeting dates fall before updated quarterly reports are available, it was agreed that interim performance reports would be produced covering part of the latest quarter for those Service Areas being presented upon. This interim report covers Health Improvement and includes some data from Quarter 3 where available.

Governance Route:

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team
- Council Corporate Management Team
- Health Board Corporate Management Team
- Council Committee

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	Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report; b) consider the exceptions highlighted in section 4.3; and c) review and discuss performance with the Strategic Lead for Health Improvement.
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Relevance to Integration Joint Board Strategic Plan:
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within 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 focused.
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Personnel:	None.
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Carers:	None.
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Provider Organisations:	None.
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Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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Fairer Scotland Compliance:	N/A
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Financial:	None.
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Legal:	None.
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Economic Impact:	None.
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Sustainability:	None.
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Sustainable Procurement and Article 19:	None.
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Risk Implications:	None.
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Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.

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 2/3 2022/23 (for Health Improvement only).

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 Health and Wellbeing Outcome (Appendix 2) and HSCP Strategic Priority (Appendix 3) 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).

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v. Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.

3.3 Along with the indicators within the main body of the report, other local indicators are included in Appendix 1. These are a mix of indicators which include those locally delivered but which are only annually/biennially reported; others which are delivered by external organisations; as well as population statistics which we seek to influence but which we do not have sole control over.

4. Summary

4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.

4.2 The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement; as well as for those indicators which have changed their RAG status in a positive direction.

Exceptions

4.3 At the time of producing this report, 4 indicators were GREEN (57.1%); 2 RED (28.6%); and 1 AMBER (14.3%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

<i>Health Improvement</i>	
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	12
5. Exclusive Breastfeeding at 6-8 weeks (general population)	15

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Changes in RAG Status

- 4.4 There has been a change in RAG status for **3** indicators since the last period for which they were reported. Of these, performance improved for **2** and declined for **1**.

i. Performance Improved

B) RED TO AMBER
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
C) AMBER TO GREEN
4. Women smoking in pregnancy (most deprived quintile)

ii. Performance Declined

A) GREEN TO RED
2. Smoking Quit Rates at 3 months (40% most deprived areas).

5. Recommendations

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

- a) note the attached performance report;
- b) consider the exceptions highlighted in section 4.3; and
- c) review and discuss performance with the Strategic Lead for Health Improvement.

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CORPORATE PERFORMANCE REPORT

**QUARTER 2/3
2022/23**

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1. PERFORMANCE SUMMARY









1. Key to the Report

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

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

2a. Summary














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

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Health Improvement	2 (28.6%)	1 (14.3%)	4 (57.1%)		2 (28.6%)	1 (14.3%)	4 (57.1%)	

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2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5066 (annual)	Q2	4408 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 (annual)	Q1	248 	▼  to 
3. Women smoking in pregnancy (general population)	11%	Q3*	8.2% 	▲
4. Women smoking in pregnancy (most deprived quintile)	15.5%	Q3*	13.6% 	▲  to 
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% (by end of 22/23)	Q1	29.4% 	▲
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% (by end of 22/23)	Q1	23.3% 	▲  to 
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30% (by end of 22/23)	Q1	23.5% 	▲

*Provisional

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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	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22 Total	2022/23				
						Q1	Q2	Q3	Q4	Total
City	5066	1267	4394 (R)	4269 (R)	7749 (G)	1822 (G)	2586 (G)			4408 (G)
NE	1636	409	1070 (R)	254 (R)	351 (R)	0	0			
NW	1585	397	934 (R)	165 (R)	221 (R)	0	0			
S	1845	461	651 (R)	72 (R)	93 (R)	0	0			
City Wide (Non sector specific)			1739	3778	7084	1822	2586			

Performance Trend
Performance remains GREEN. Note: City wide services are delivered in localities but are recorded at a city-wide level.
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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	Annual Target	19/20 Total	20/21 Total	21/22 Total	22/23 Target Year to Date	2022/23 Cumulative Totals			
						Q1	Q2	Q3	Q4
City	1217	1389 (G)	1280 (G)	1260 (G)	300	248 (R)			
NE	478	516 (G)	459 (A)	452 (R)	118	70 (R)			
NW	385	422 (G)	442 (G)	411 (G)	95	61 (R)			
S	352	451 (G)	379 (G)	456 (G)	87	117 (G)			

Performance Trend
This indicator is reported in arrears. Performance is meeting target in the South but below target in the other localities and city wide for Q1.
Issues Affecting Performance
This is lower than expected due to a number of reasons including issues with Pharmacy (capacity and stock mainly) and the long-term unavailability of varenicline, a popular product with many service users.
Actions to Improve Performance
Ongoing discussions with the Public Health Pharmacy team to address issues. Community staff will continue to work closely with Community Pharmacy staff.
Timescales for Improvement
Improvements will be monitored by the Tobacco PIG and City Tobacco Group on an ongoing basis.
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Indicator	3. Women smoking in pregnancy (general population).
Purpose	To monitor the extent to which women are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3*
City	11% New target	10.0% (G)	8.2% (G)	9.7% (G)	10.6% (G)	9.3% (G)	9.5% (G)	7.9% (G)	9.9% (G)	8.2%* (G)
North East		13.2	10.6	12.9	11.6	12.0	12.1	10.5	11.7	9.0
North West		8.4	6.3	7.0	9.4	8.5	8.3	6.4	9.7	7.1
South		9.1	7.9	9.5	10.7	8	8.6	6.8	8.8	8.5

*provisional figures

Performance Trend
Target for 2022/23 reduced by 1% from 12% (2021/22) in line with the aim of reducing to 5% by 2030.
Performance at both city (GREEN) and locality level improved during Q3. Figures for Q3 remain provisional at this stage.
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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	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3*
City	15.5% New target	15.4% (G)	12.4% (G)	14.8% (G)	15.3% (G)	14.5% (G)	15.9% (G)	12.1% (G)	16% (A)	13.6%* (G)
North East		18.3	14.0	16.1	15.4	16.8	16.7	15.8	14.5	13.1
North West		13.5	10.9	12.9	14.3	14.5	15.3	8.2	17.4	15.0
South		14.2	11.9	14.9	15.9	12.1	15.5	11.3	16.5	13.0

*Provisional figures

Performance Trend
Target for 2022/23 reduced by 1.5% from 17% in line with aim to reduce the gap with general population.
Performance at both city and locality level improved during Q3 with the city-wide figure moving from AMBER to GREEN against the lower 22/23 target (15%). Figures for Q3 remain provisional at this stage.
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Indicator	5. Exclusive Breast feeding 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

Locality	Target	2020/21				2021/22				22/23
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	33% (end 22/23)	30.4 (R)	31.5 (G)	29.6 (R)	30.2 (A)	30 (R)	28.3 (R)	28.3 (R)	28 (R)	29.4 (R)
North East		24.6	22.5	21.3	23.6	22.1	17.9	17.2	22	24.3
North West		35.8	37.7	38.3	37.1	34.3	33.5	33.8	30.9	33.9
South		31	33.4	29.5	29.7	32.5	31.9	32.2	30.4	29.9

Performance Trend

Data is reported in arrears.
Performance remained RED at a city level although increasing in the last quarter at a city level and in North East and North West (while decreasing slightly in South).

Issues Affecting Performance

The capacity within the board Infant Feeding Team continues to be reduced due long term staff sickness. In spite of staff shortages, the team continued to prioritize clinic appointments offering on average 10-12 appointments per week to mothers and babies experiencing feeding issues.

Three face-to-face breastfeeding groups are currently running on a weekly basis in North East Glasgow, with a further group starting in January 2023. Around 2 – 5 mums attend these groups every week. In South Glasgow there is one group with approx. 7-10 mums attending weekly. Remobilisation of the remaining breastfeeding groups has been delayed due to the staffing issues faced by Health Visiting (HV) teams in particular in South and North West Glasgow.

Online support groups as well as 1-1 and Attend Anywhere appointments continue to be offered, uptake continues to be variable via these platforms.
HV teams continue to support mothers and also contribute to UNICEF processes as far as capacity allows. Completion of planned audits have been challenging across the city due to staffing pressures and resulting staff capacity.

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Actions to Improve Performance

The blended approach for the Breastfeeding Problem-Solving Clinics continues. Appointments are offered at the West Maternity Care Centre a second face-to-face clinic has now resumed. Clinic appointments will continue to be delivered as part of a blended approach to care including use of Attend Anywhere. Joint call/contact with mums via Attend Anywhere whilst the Health Visitor is carrying out her home visit continues and shows greater satisfaction for the patient.

In spite of staffing shortages, the team managed to deliver a full programme of infant feeding training and updates to HV and Family Nurse teams across the last 12 months.

In order to ensure a consistent approach to post training mentoring, a session is planned in February 2023 in partnership with GCU for Practice Supervisors and Breastfeeding mentors in relation to their role mentoring the breastfeeding skills and knowledge of Post registration students and HV staff. This will also provide an overview of the new National Infant feeding workbook.

A review of the frenotomy pathway/service in GGC is underway to enable improved provision of access to the service/improved referral pathways to families in GGC

The telephone breastfeeding peer support pilot in Glasgow City continues to offer support to both Antenatal and Postnatal families. To increase staff engagement, Further awareness sessions were held for staff in June and October 2022. Improved links with third sector organisations and ethnic minority communities have also been established. This has resulted in increased recruitment of families to the service with 88 new referrals being received between 1st April and 30th September 22, with an increased proportion of these referrals being from minority backgrounds (from 14% last year to over 27% in Q1&Q2 this year). Success has also been seen in the recruitment of volunteers from Black and minority ethnic communities with 50% of the trainees in the current Helpers course being from BAME communities. An online Muslim Mum's Breastfeeding group which runs monthly is also being tested as part of the telephone support service.

Funding has been agreed by Health Improvement for ongoing provision of the telephone peer support service from April 2023- March 2024. In addition, a proposal has been drawn up for the provision of a citywide breastfeeding peer support service to be delivered alongside the telephone peer support service. This service would encompass volunteer recruitment and training courses to enable the provision of peer supporters for breastfeeding groups throughout the city. A decision on this will be made in the coming weeks.

Face-to-face antenatal classes via Midwifery Services have now recommenced.

Breastfeeding support on postnatal wards across GGC (QEUH, PRM, RAH), is ongoing. This is provided by NCT, with input from The Breastfeeding Network alongside them at the PRM from the end of August 22. Since this service was recommenced. Over 400 women have had contact from a peer supporter in the postnatal wards in Glasgow. Breastfeeding peer supporters have also now recommence support within neonatal units in the city alongside the 2 paid neonatal peer staff. The work in maternity and neonatal as well as NCT BF group in South Glasgow is currently funded by Scottish Government and at present, this is only until March 2023.

Glasgow City are preparing for their first 3 yearly UNICEF Gold revalidation in March 2023, the first time that all three localities will be submitting as a city. Work is underway by the SLWG in preparation for this, gathering evidence for the portfolio as well as writing the report and preparing the presentation. WHO Code audits have recommenced across the city for the first time since pre-pandemic. There is work underway to redesign the availability of infant feeding

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information within GP practices. The system of a 'box' of information will be made more current for public use and exploring use of posters with link tree to localised information.

The ongoing transition of public acceptability work in GGC to the National Breastfeeding Friendly Scotland (BFS) scheme continues. The rollout of the BFS scheme to wider organisations and businesses to support normalising breastfeeding is ongoing. Training of C&F admin staff and health centre reception staff has been remobilised and training has been delivered to Social Work Admin Managers.

Glasgow City will also support the pilot roll out of the National Breastfeeding Early Years Pilot this year.

Timescales for Improvement

Face-to-face groups restarted in some areas and further groups to follow in Q4. Telephone support pilot will continue until end March 2024. Peer support course to be completed in Q4.

UNICEF Gold Award revalidation 21st March 2023, portfolio of evidence deadline two weeks in advance (7th March 2023).

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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

Locality	Target	2020/21				2021/22				2022/23
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	24.4% (end 22/23)	22.4 (A)	21.8 (R)	21.9 (R)	21.2 (R)	20.7 (R)	20.9 (R)	20.1 (R)	20.6 (R)	23.3 (A)
North East		21.6	19.6	18.5	20.1	19.0	17.2	17.1	21.2	25.7
North West		25.8	20.8	24.6	25.3	22.2	19.5	20.9	23.3	21.5
South		20.5	25.3	23.4	19.1	21.5	25.6	22.9	17.7	22.3

Performance Trend

Data is reported in arrears.

Performance at City level moved from RED to AMBER in the last quarter with a significant increase at City level; the result of significant increases in North East and South. In North West there was a decrease in performance.

Issues Affecting Performance

As per KPI 5 above.

Actions to Improve Performance

See KPI 5 above.

A pilot programme with young parents will commence in February 2023. FNP clients will be invited to 2x antenatal "Feeding your Baby" workshops to test whether this has any effect on breastfeeding rates among young mums. This will be supported by FNP and HI staff.

The 4 face-to-face breastfeeding groups currently running in Glasgow city are all in SIMD 1 areas in order to increase ease of access for families from these areas which have lower breastfeeding rates. If funding for breastfeeding peer support (as described above) is received, more groups targeting SIMD 1 & 2 areas and young parents will be able to be supported.

48.9% of families supported by our citywide telephone support service live in SIMD 1 and 2 areas. In addition, almost a quarter of Breastfeeding Network volunteers in Glasgow live in areas in the most 20% deprived datazones (SIMD 1). For the coming year, as well as increasing uptake and volunteer training by BME families, which we have focussed on over the past year, we have also specified that we would like to increase uptake/training by young parents and those living in SIMD 1 & 2.

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Timescales for Improvement

FNP antenatal pilot programme in NE Glasgow will run until end March 2024.

Telephone peer support service is funded until end March 2024.

Face-to-face groups restarted in some areas and further groups to follow in Q4. Further funding will allow more groups in targeted areas to be supported in 23/24.

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

AREA	2017/18 Drop Off Rates	2022/23 Target	20/21			21/22				22/23
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
HSCP	32.3%	30.0%	24.0 (G)	25.5 (G)	26.7 (G)	25.7 (G)	24 (G)	23.5 (G)	29.0 (G)	23.5 (G)
NE	39.9%	37.1%	29.3	27.0	31.8	31.8	30.8	30.7	37.7	28.0
NW	27.2%	25.2%	20.2	24.6	21.3	21.2	20.1	21.2	20.1	19.2
S	31.3%	29.1%	23.5	25.3	27.7	26.1	23.2	21.4	29.9	24.0

Performance Trend

Data is reported in arrears. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2022/23 and is GREEN with drop-off rates decreasing in all localities between Q4 21/22 and Q1 22/23.

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APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on ‘Other Indicators’. These are a mix of indicators which include those locally delivered but which are only annually/biennially reported; others which are delivered by external organisations; as well as population statistics which we seek to influence but which we do not have sole control over.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Local HSCP Services								
1. % able to make an appointment with a doctor three or more working days in advance.	Local HSCP Indicator Outcome 9	N/A	21/22	57%	N/A	N/A	N/A	Performance above the Scottish average (48%). This has reduced from the 2019/20 figure of 72% (from 21/22 Health & Care Experience Survey).
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	N/A	21/22	85%	N/A	N/A	N/A	Performance the same as the Scottish average. This compares to 92% in 2019/20 (from 21/22 Health & Care Experience Survey).
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 22		100% (G)	96.08% (G)	98% (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 2021 were 100% (NE); 98.4% (NW); 100% (S). Next update due for Jan-Mar 2023 in June 2023.
Externally Delivered Services								
4. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Sep 22	35% (R)	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. % has stayed the same in the last quarter

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
5. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Sep 22	62.9% (R)	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Improved in the last quarter (was 53.4% in Jun)
6. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% seen within 12 weeks	Sep 22	93.7% (R)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Reduced from 95.3% at end of Q1.
7. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2019/21	54.7% (R)	54% (R)	55.2% (R)	54.7% (R)	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. Annual NHSGGC screening report last produced Feb 2022. Increase at city level since 18/20 when was 53.4% and in all localities (NE 52.8%; NW 54.2%; S 53.4%).
8. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	19/20	72% (G) (Scotland)				HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but has role in encouraging uptake. Only Scotland information available in new Annual NHSGGC screening report (Feb 2022).
9. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2020/21	58.6% (R)	61.1% (R)	52.1% (R)	63.2% (R)	HSCP not directly responsible, as delivered by the Health Board’s Public Protection unit, but has role in encouraging uptake. Annual NHSGGC screening report last produced Feb 2022. Increase at city level since 19/20 when was 57.4% and in NE (58.9%) and S (60.6%). NW declined (53.1%).

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	19/20	74.8% (G)	73.1% (G)	76.4% (G)	75% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). From annual national screening report last produced April 2022. Previous figures were 75.7 (City); 75.1 (NE); 74.8 (NW); 76.8 (S).
Population Statistics								
11. % of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 22	22.98% (R)	24.1% (R)	23.45% (R)	21.75% (R)	Provisional figures shown for Mar 22. Updated figures for Sep 21 (also provisional) are 25.32% (City); and for localities 28.1% (NE); 24.51% (NW); 23.73% (S).
12. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 22	77.16% (R)	79.4% (R)	77.78% (R)	74.96% (R)	Provisional figures shown for Mar 22. Updated figures for Sep 21 (also provisional) are 81.48% (City); and for localities 83.9% (NE); 81.55% (NW); 79.52% (S).
13. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2020	60.1% (G)				Performance has declined from 62.8% in 2018. Below the Health Board average of 68.7% which increased from 67.1%. Produced 2 yearly by Public Health Scotland (last one Oct 20).
14. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	72.8% (G)				Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017. Produced 2 yearly by Public Health Scotland but Covid-19 has delayed latest update which was due Oct 21.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
15. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2021	311				Figures published annually by NRS. Last updated July 2022. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018); 279 (2019); and 291 (2020).
16. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2021	188				Figures published annually by ISD. Last updated August 2022. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018); 143 (2019); 163 (2020).
17. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2021	106				Figures published annually by ISD. Last updated July 2022. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018); 106 (2019); 104 (2020).

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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