



## Item No. 8

Meeting Date: Wednesday 9<sup>th</sup> June 2021

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

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#### HSCP Performance Report Q4 2020/21

<b>Purpose of Report:</b>	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 4 of 2020/21.
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<b>Background/Engagement:</b>	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them on a quarterly basis, with specific service areas focused upon at each meeting, which would be attended by the relevant Service Leads.
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<b>Recommendations:</b>	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none"><li>a) note the attached performance report;</li><li>b) consider the exceptions highlighted in section 4.3;</li><li>c) review and discuss performance with the Strategic Lead for Homelessness and Criminal Justice in relation to these areas.</li></ul>
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#### Relevance to Integration Joint Board Strategic Plan:

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

## Implications for Health and Social Care Partnership:

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

## **1. Purpose**

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 4 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 4.

## 4. Summary

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

### ***Exceptions***

- 4.3 At Q4, 53 indicators were GREEN (45.3%); 57 RED (48.7%); 5 AMBER (4.3%); and 2 (1.7%); GREY. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

<b><i>Older People</i></b>	<b>Page</b>
<b>1. Home Care: Percentage of older people (65+) reviewed in the last 12 months</b>	26
<b>8. Intermediate Care : Percentage Occupancy</b>	34
<b>9. Intermediate Care : Average Length of stay (Days)</b>	35
<b>10. Percentage of intermediate care users transferred home</b>	36
<b>11. Number of Anticipatory Care Plan (ACP) <u>Conversations</u> and <u>Summaries</u> Completed and Shared with the patient's GP</b>	38
<b>12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year</b>	40
<b>13. Continence Service – Waiting Times (North, South, Physio)</b>	41
<b>14. Referrals to Telecare: <u>Basic</u> and <u>Advanced</u></b>	42
<b>15. Total number of Older People Mental Health patients delayed</b>	44
<b><i>Unscheduled Care</i></b>	
<b>2. A&amp;E Waits Less Than 4 Hours (%) (<u>QEUH</u>)</b>	48
<b>7. Total Number of Acute Delays</b>	53
<b>8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+)</b>	54
<b>9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+)</b>	55

<b>Primary Care</b>	
3. Flu Immunisation Rates ( <u>Pregnant – in risk group/not in risk group and Primary School Children</u> )	60
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<b>Children's Services</b>	
1. Uptake of the Ready to Learn Assessments ( <u>North West</u> ) (North East and South)	65
4. Access to CAMHS services - % seen with 18 weeks	69
5. % looked after & accommodated children under 5 who have had a Permanency Review	71
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	74
<b>Adult Mental Health</b>	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (NE)	79
2. Average Length of Stay (Short Stay Adult Mental Health Beds) ( <u>Stobhill and Gartnavel</u> )	81
4. Total number of Adult Mental Health delays	85
<b>Sexual Health (Sandyford)</b>	
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	87
3 Number of vLARC Implant appointments offered	89
6-9. Number of individual young people attending all Sandyford services - aged <u>13-15</u> and <u>16-17</u> for <u>males</u> and <u>females</u>	92
<b>Alcohol and Drugs</b>	
2. Percentage of Parental Assessments completed within 30 days of referral	94
<b>Homelessness</b>	
2. % of live homeless applications over 6 months' duration at end of the quarter	99
3. Number of new resettlement plans completed - total to end of quarter (citywide)	101
4. Average number of weeks from application to settled accommodation	102
7. Number of new Housing First tenancies created	105
9. Number of Temporary Furnished Flats	108
<b>Criminal Justice</b>	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	110
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	114
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	116
6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison	118
<b>Health Improvement</b>	
1. Alcohol brief intervention delivery (ABI)	120
<b>Human Resources</b>	
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
<b>Business Processes</b>	
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	142
7. Percentage of elected member enquiries handled within 10 working days	144

### **Changes in RAG Status**

- 4.4 There has been a change in RAG status for 14 indicators since the last report. Of these, performance improved for 7 and declined for 7.

#### ***i. Performance Improved***

<b>A) RED TO GREEN</b>
<b>Older People</b>
5. Provided Residential Care – Occupancy Rates
<b>Carers</b>
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement
<b>Adult Mental Health</b>
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral (South)
<b>Sexual Health</b>
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions
<b>Homelessness</b>
8. Number of Households in Bed & Breakfast Accommodation
<b>Health Improvement</b>
5. Exclusive Breastfeeding at 6-8 weeks (general population)
<b>C) GREY TO GREEN</b>
<b>Older People</b>
6. Provided Residential Care – Review Rates

#### ***ii. Performance Declined***

<b>A) GREEN TO RED</b>
<b>Adult Mental Health</b>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel)
<b>Alcohol and Drugs</b>
2. Percentage of Parental Assessments completed within 30 days of referral.
<b>Criminal Justice</b>
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
<b>GREEN to AMBER</b>
<b>Children's Services</b>
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days

<b>C) AMBER TO RED</b>
<b><i>Children's Services</i></b>
1. Uptake of the Ready to Learn Assessments (North East and South)
<b><i>Health Improvement</i></b>
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).

## 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;
- c) review and discuss performance with the Strategic Leads for Homelessness and Criminal Justice in relation to these areas.



# **CORPORATE PERFORMANCE REPORT**

**QUARTER 4  
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	
	<b>RED</b>	Performance misses target by 5% or more	▲	Improving
	<b>AMBER</b>	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	<b>GREEN</b>	Performance is within 2.49% of target	▼	Worsening
	<b>GREY</b>	No current target and/or performance information to classify performance against.	<b>N/A</b>	This is shown when no comparable data is available to make trend comparisons

## 2a. Summary












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











CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Older People	14 (66.7%)		4 (19%)	3 (14.3%)	13 (61.9%)		6 (28.6%)	2 (9.5%)
Unscheduled Care	5 (50%)		5 (50%)		4 (40%)	1 (10%)	5 (50%)	
Carers	1 (50%)		1 (50%)				2 (100%)	
Primary Care	4 (36.4%)	2 (18.2%)	5 (45.4%)		5 (45.4%)	2 (18.2%)	4 (36.4%)	
Children's Services	4 (25%)	2 (12.5%)	10 (62.5%)		6 (37.5%)	1 (6.2%)	9 (56.3%)	
Adult Mental Health	4 (40%)	1 (10%)	5 (50%)		4 (40%)	1 (10%)	5 (50%)	
Sandyford Sexual Health	5 (50%)		5 (50%)		6 (60%)		4 (40%)	
Alcohol & Drugs	3 (100%)				1 (33.3%)		2 (66.7%)	
Homelessness	6 (66.7%)		3 (33.3%)		5 (55.6%)		4 (44.4%)	









Criminal Justice	3 (50%)		3 (50%)		4 (66.7%)		2 (33.3%)	
Health Improvement	2 (28.6%)	1 (14.3%)	4 (57.1%)		2 (28.6%)		5 (71.4%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	2 (28.6%)		5 (71.4%)		2 (28.6%)		5 (71.4%)	
<b>TOTAL</b> No. and (%)	<b>58</b> <b>(49.6%)</b>	<b>6</b> <b>(5.1%)</b>	<b>50</b> <b>(42.7%)</b>	<b>3</b> <b>(2.6%)</b>	<b>57</b> <b>(48.7%)</b>	<b>5</b> <b>(4.3%)</b>	<b>53</b> <b>(45.3%)</b>	<b>2</b> <b>(1.7%)</b>







## 2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>Older People</b>				
<b><i>Home Care, Day Care and Residential Services</i></b>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q4	73% 	▲
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Q4 Period 13 (Mar)	70.9% (Hosp)  81.5% (Comm) 	Hosp ▼ Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Q4 Period 13 (Mar)	37.2% 	▼
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%	Q4	93% 	▲  to 
6. Provided Residential Care – Review Rates	95%	Q4 20/21	100% 	 to 

















Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>ii. Commissioned Services</b>				
7. Number of people in Supported Living Services. (Target under review)	Target under review	Q4	813 	▲
8. Intermediate Care: Percentage Occupancy.	90%	Mar 21	52% 	▲
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Mar 21	47 days 	▲
10. Intermediate Care: Percentage of users transferred home.	>30%	Mar 21	25% 	▲
<b>iii. HSCP Community Services</b>				
11. Number of community service led Anticipatory Care Plans in Place	Conversations 800 p.a. Summaries 200 p.a.	20/21	Conversations 227  Summaries 58 	▼
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q4	8% 	▼
13. Continence Service – Waiting Times (reported in arrears)	100% within 12 weeks	Dec 20	Nursing (N) 65%  Nursing (S) 62%  Physio 18% 	Nursing (N) ▼ Nursing (S) ▲ Physio ▲









Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
14.i Referrals to Telecare: Standard	2,750 per annum	20/21 Total	2326 	▼
14.ii Referrals to Telecare: Enhanced	1500 per annum	20/21 Total	444 	▼
15. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Mar 21	9 	►
16. Falls rate per 1,000 population aged 65+ (reported in arrears)	6.75 per quarter (27 total)	Q3	18.5 	▲
<b>Unscheduled Care</b>				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	153,791 (12,816/month)	Apr 20-Feb 2021	103,140 (9376 per month) 	▲
2. A&E Waits Less Than 4 Hours (%)	95%	Mar 21	GRI – 91.8%  QEUH – 87.9% 	Both ▲
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 (5552/month)	Apr-Jan 2021	49,770 (4524 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-Jan 2021	383,806 (34,891 per month) 	▼
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)	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)	Apr-Dec 2020	122,457 (13,606 per month) 	▲
7. Total number of Acute Delays	0	Mar 21	103 (Total) 52 (Non-AWI) 51 (AWI) 	Total▼ Non-AWI ▼ AWI ▼
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly average 3776)	Apr 20-Feb 2021	45,112 (4101 per month) 	▼
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 (Monthly average 159)	20/21	11,163 	▼
<b>Carers</b>				

























Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1900 per annum	20/21 Total	1928 	▲ to  to
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%	Q4	90% 	▲
<b>Primary Care</b>				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears).	78%	Q3	 76.67%	▼
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Dec 20	 £150.76	▲
3i. Flu Immunisation Rates (over 65s)	75%	Oct 20 – Mar 21	72%	▶
3ii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 20 – Mar 21	39%	▲
3ii. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 20 – Mar 21	54%	▶
3iv. Flu Immunisation Rates (Pre-school - 2-5 year olds).	65%	Oct 20 – Mar 21	61%	▲
3v. Flu Immunisation Rates (Primary School Children)	75%	Oct 20 – Mar 21	65%	▶
4. Shingles Immunisation Rates (aged 70) (Recent data not available due to Covid)	60%	Sep 19 – Jun 20	34.8% 	▲
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Mar 21	87% 	▼












Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Mar 21	58.7% 	▲
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Mar 21	100% 	▶
<b>Children's Services</b>				
1. Uptake of the Ready to Learn Assessments	95%	Mar 21	NE - 84%  NW - 80%  S - 88% 	NE  to  S  to  All ▼
2. Percentage of HPis allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Jan 21	NE - 94%  NW - 95%  S - 95% 	All ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	20/21 Total	3123 	▼
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Mar 21	60.81% 	▲
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%	Q4	55% 	▼
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q4	100%(<5s) 	%(<5s) ▶ (5-18)▼















Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
			96.15% (5-18) 	 to 
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date ( <i>revised indicator</i> )	60%	Q4	49% 	▲
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q4	80% 	▲
9. Number of out of authority placements	40 by end of 20/21	Q3	34 	▲
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Mar 21	95.15% 	▲
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q3	96.15% 	▼
<b>Adult Mental Health</b>				

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Mar 21	NE 53.6% NW 92.1% South 91.4%	NE&NW ▼ S ▲ S  to
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (reported in arrears)	28 Days	Feb 21	Stob 34.1 Lev 28.5 Gart 32.2	All ▲ Gart  to
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (reported in arrears)	95%	Feb 21	Stob 99.4% Gart 87.8% Lev 93.3%	Stob ▼ Gart & Lev ▲
4. Total number of Adult Mental Health delays	0	Mar 21	25 Total 16 (Non-AWI) 9 (AWI) 	Total ▼ Non-AWI ► AWI ▼
<b>Sandyford (Sexual Health)</b>				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.	1888 per quarter	Q4	1839 	▲
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions.	1309 per quarter	Q4	1488 	▲









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	Q4	2278 	▲
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.	1148 per quarter	Q4	1148 	 to 
5. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q4	1 	►
6&7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	21 (13-15)	Q4	5 (13-15) 	▲
	58 (16-17)		11 (16-17) 	▼
8 & 9. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	146 (13-15)	Q4	27 (13-15) 	▲
	339 (16-17)		37 (16-17) 	▲
10. Waiting times for access to TOPAR appointments	5 working days	Q4	0 	►
<b>Alcohol and Drugs</b>				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q3	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%	Q4	57% 	▲  to 
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q4	74% 	▼
<b>Homelessness</b>				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q4	99% 	▲
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.	<40%	Q4	44% 	▲
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 5,000/1250 per quarter	20/21 Total	3961 	▲
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q4	45 weeks 	▼
5. Number of households reassessed as homeless or potentially homeless within 12 months. (reported in arrears)	<480 per annum	20/21 Total	420 	▼
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q4	100% 	►
7. Number of new Housing First tenancies created.	240 by end 20/21	Q4	196 	▲

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	Q4	344 	▲ to 
9. Number of Temporary Furnished Flats	1850 by end of 20/21	Q4	2,384 	▲
<b>Criminal Justice</b>				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q4	76% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q4	85% 	▼
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q4	87% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q4	65% 	▼ to 
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q4	76% 	▲
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q4	81% 	►
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI).	5006 (annual) 3779 (To Q3)	20/21 Total	4269 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	884 to Q3	Q3 20/21	903 	▲
3. Women smoking in pregnancy (general population)	12%	Q4	8.2% 	▲
4. Women smoking in pregnancy (most deprived quintile).	17%	Q4	12.4% 	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	32.2% by end of 20/21	Jul-Sep 2020	30.8% 	▼  to 
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	23.4% by end of 20/21	Jul-Sep 2020	22.5% 	▲  to 
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.9% by end of 20/21	Jul-Sep 2020	25.3% 	▼
<b>Human Resources</b>				
1. NHS Sickness absence rate (%)	<4%	Mar 21	5.16% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8/period	Q4 P13 (4-week period)	2.1 ADL 	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework) (KSF).	80%	Mar 21	25.7% 	▼
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Mar 21	58% 	▲



Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Mar 21	62% 	▲
<b>Business Processes</b>				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q3	95.2% 	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	75% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q3	100% 	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	84% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported in arrears)	100%	Q3	100% 	▲
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q3	19% 	▼
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q4	73% 	▼

# 1. OLDER PEOPLE

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

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
85%	City	86% (G)	82% (A)	85% (G)	79% (R)	70% (R)	64% (R)	63% (R)	73% (R)
85%	North East	92% (G)	92% (G)	92% (G)	85% (G)	73% (R)	66% (R)	65% (R)	80% (R)
85%	North West	85% (G)	81% (A)	89% (G)	77% (R)	68% (R)	60% (R)	65% (R)	77% (R)
85%	South	83% (G)	75% (R)	78% (R)	77% (R)	70% (R)	66% (R)	61% (R)	66% (R)

### Performance Trend

Although performance in relation to Home Care reviews remained RED at Q4 performance improved across all localities where increases of 5, 12 and 15 percentage points were seen in South, North West and North East respectively.

### Issues Affecting Performance

As we continue to move into recovery and toward a full complement of staff, thanks to a successful recruitment drive; assessments and reviews are continuing to move closer to target – these two factors in a Covid environment are responsible for not reaching targets in previous quarters.

We continue to review our recovery arrangements and prioritise reviews to service users at risk. There have been more individuals who have had complications to conditions or developed multiple conditions due to lockdown and Covid (this includes more under 65's which increases pressure on capacity and delivery). The time taken to train new staff and have them up to speed is still affecting the performance and sustainability of this KPI, however new additions to our team have increased capacity and allowed for the 10% increase since last quarter.

<b>Actions to Improve Performance</b>
<p>Social care workers continuing 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. Regular daily locality and team meetings have been implemented which have facilitated support and prioritising individuals and caseloads, which follow the screen and apply guidelines and disseminate this process to teams. Quality Improvement is a focus with consideration given to Adult Support and Protection.</p>
<b>Timescales for Improvement</b>
<p>Monitoring capacity to fully recover on a weekly basis. It is expected within the next quarter report that there will be a continued upward trend on the 10% increase and improvement within the service.</p> <p><a href="#">Back to Summary</a></p>

<b>Indicator</b>	2. Percentage of service users who receive a reablement service following referral for a home care service
<b>Purpose</b>	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. Information is reported by calendar monthly financial periods.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Assistant Chief Officer, Operational Care Services

Referral Source	Target	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Quarter 4		
		Per 13b	Per 13b	Per 13b	Per 13	Per 4 (Jun)	Per 7 (Sep)	Per 10 (Dec)	Per 11 (Jan)	Per 12 (Feb)	Per 13 (Mar)
Hospital Discharges	70%	73.4% (G)	72.8% (A)	75.8% (G)	68.9% (G)	77.3% (G)	71.3% (G)	70.3% (G)	75.8% (G)	76.5% (G)	70.9% (G)
Community Referrals	70%	76.5% (G)	78.2% (G)	74.8% (G)	75.5% (G)	69.5% (G)	77.9% (G)	78.5% (G)	72.7% (G)	76.0% (G)	81.5% (G)
<b>Performance Trend</b>											
Performance GREEN for both hospital discharges and community referrals at Period 13.											
Note: New target introduced in 19/20 having previously been 75%.											
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<b>Indicator</b>	3. Percentage of service users leaving the service following Reablement period with no further home care support.
<b>Purpose</b>	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. Information is reported by calendar monthly financial period.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Assistant Chief Officer, Operational Care Services

		17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Quarter 4		
Locality	Target	Per 13b	Per 13b	Per 13	Per 4 (Jun)	Per 7 (Sep)	Per 10 (Dec)	Per 11 (Jan)	Per 12 (Feb)	Per 13 (Mar)
Citywide	>35%	37.9% (R)	35.7% (R)	36.4% (G)	36.4% (G)	31.5% (R)	43.0% (G)	42.9% (G)	41.4% (G)	37.2% (G)
North East	>35%	32.5% (R)	34.3% (R)	45.6% (G)	27.3% (R)	26.2% (R)	49.2% (G)	48.8% (G)	40.0% (G)	26.3% (R)
North West	>35%	45.7% (G)	42.7% (G)	37.3% (G)	39.0% (G)	37.9% (G)	40.5% (G)	50.0% (G)	47.4% (G)	52.4% (G)
South	>35%	35.9% (R)	31.7% (R)	30.7% (R)	39.7% (G)	27.7% (R)	41.2% (G)	33.3% (A)	37.7% (G)	28.9% (R)

#### Performance Trend

Performance varies across locality and over time. Overall city performance was maintained between December and March with the city and North West continuing to exceed target (GREEN). During March performance fell below target in North East and South with the RAG rating moving from GREEN to RED.

Note: New target introduced in 19/20 having previously been 40%.

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

	2016/17	2017/18	2018/19	2019/20				20/21
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1 – Q4
95%	95% (G)	97% (G)	97% (G)	96% (G)	98% (G)	97% (G)	100% (G)	N/A
<b>Performance Trend</b>								
<p>Day Care Centres have been closed since the middle of March 2020 as a result of the COVID-19 outbreak and so no data is available for 2020/21 Quarters 1 to 4.</p> <p>While Day Care Centres remain closed, weekly calls are being made to service users by Day Care Managers with any issues being reported to Service Managers.</p> <p><a href="#">Back to Summary</a></p>								

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

	17/18	18/19	2019/20				2020/21			
Target	Q4	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
95%	96% (G)	95% (G)	96% (G)	94% (G)	90% (R)	91% (A)	91% (A)	95% (G)	85% (R)	93% (G)
<b>Performance Trend</b>										
<p>As anticipated, there was significant improvement in the residential occupancy rate between Q3 and Q4 with the RAG status moving from RED to GREEN during this period.</p> <p>Glasgow HSCP has been working jointly with other HSCPs in NHSGGC to support care homes to respond to the pandemic. A range of actions have been taken and these were <a href="#">reported</a> to the IJB in June by the Chief Officer.</p> <p><a href="#">Back to Summary</a></p>										

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

	16/17	17/18	18/19	2019/20				2020/21	
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1-Q3	Q4
95%	94% (G)	95% (G)	96% (G)	97% (G)	95% (G)	95% (G)	96% (G)	N/A	100% (G)
<b>Performance Trend</b>									
<p>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 to 3 because of the ongoing COVID-19 pandemic. Review data is not available for this period.</p> <p>At the end of Q4 however all residents in our care homes had had a review within the past 6 months. 82% of these reviews were in-house reviews carried out by care home staff while the other 18% had received a statutory review led by a social worker.</p> <p>Plans are in place for all residents within our care homes who have not yet had a statutory review from a social worker to have one over the next twelve weeks.</p> <p><a href="#">Back to Summary</a></p>									



## ii. Commissioned Services

<b>Indicator</b>	7. Number of people in supported living services.
<b>Purpose</b>	To monitor the number of people receiving supported living packages. These are expected to increase over the course of the year in line with the longer-term accommodation-based strategy. This strategy seeks to shift the balance of care by enabling greater numbers of older people to be supported at home for longer.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) Frances McMeeking Assistant Chief Officer, Operational Care Services

Locality	Target	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
City	<i>Was 920 but under review for 2020/21.</i>	734 (G)	842 (G)	798	789	769	809	759	813
North East	N/A	216	250	249	250	235	255	230	249
North West	N/A	236	275	262	255	265	275	255	278
South	N/A	282	317	287	284	269	279	274	286
<b>Performance Trend</b>									
<p>Numbers increased overall by 54 during Quarter 4 following a significant drop during the previous quarter. This increase is believed to be mainly due to a recent increase in the number of Service Users receiving Self-Directed Support (SDS) services.</p> <p>Work is underway to review this indicator and its 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 has been assigned pending this review.</p> <p><a href="#">Back to Summary</a></p>									

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

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	Mar 20	Apr 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Glasgow	90%	88% (G)	82% (R)	92% (G)	92% (G)	73% (R)	57% (R)	31% (R)	38% (R)	44% (R)	44% (R)	52% (R)
North East	90%	94% (G)	74% (R)	89% (G)	92% (G)	64% (R)	62% (R)	29% (R)	42% (R)	46% (R)	57% (R)	61% (R)
North West	90%	75% (R)	89% (G)	94% (G)	92% (G)	84% (R)	65% (R)	48% (R)	52% (R)	52% (R)	37% (R)	46% (R)
South	90%	94% (G)	83% (R)	92% (G)	92% (G)	71% (R)	44% (R)	13% (R)	16% (R)	33% (R)	39% (R)	50% (R)

<b>Performance Trend</b>
Performance has improved at a city level and in the North East and South in the last quarter but remains RED in all localities. Performance has declined in the last quarter in the North West
<b>Issues Affecting Performance</b>
Occupancy levels have dropped due to the impact of Covid on the care home sector
<b>Actions to Improve Performance</b>
<p>Referrals for admissions to IC have gradually increased in recent months.</p> <p>Due to the success of the Discharge to Assess policy the HSCP has been able to support a wide range of discharge options. The focus of intermediate care continues to be on rehabilitation and returning services user home (see indicator 10). A review of intermediate care capacity has been completed taking into account the drop in occupancy levels.</p> <p>It is anticipated that occupancy levels will increase as Covid prevalence rates reduce.</p>
<b>Timescales for Improvement</b>
June 2021- dependant on the ongoing reduction in Covid prevalence rates in Glasgow.
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<b>Indicator</b>	9. Intermediate Care: Average length of stay (Days)
<b>Purpose</b>	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	Mar 20	Apr 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
<b>Glasgow</b>	<28	44 (R)	31 (R)	30 (R)	31 (R)	31 (R)	33 (R)	49 (R)	48 (R)	47 (R)	39 (R)	47 (R)
North East	<28	41 (R)	33 (R)	34 (R)	29 (A)	27 (G)	28 (G)	48 (R)	45 (R)	68 (R)	43 (R)	58 (R)
North West	<28	36 (R)	36 (R)	30 (R)	36 (R)	36 (R)	45 (R)	52 (R)	65 (R)	59 (R)	50 (R)	57 (R)
South	<28	38 (R)	32 (R)	41 (R)	42 (R)	30 (R)	21 (G)	45 (R)	29 (A)	29 (A)	26 (G)	35 (R)

<b>Performance Trend</b>
At a city level, performance slightly improved in the last quarter. Across localities, the North West improved while the others got worse. All remain RED.
<b>Issues Affecting Performance</b>
COVID-19 restrictions continue to have an impact on average length of stay which is above target. Factors that have contributed to this include infection control requirements, the level of frailty among service users, and discharge plans that have been affected by the impact of Covid on other services.
<b>Actions to Improve Performance</b>
A recovery plan for intermediate care has been developed with a focus on increasing home discharge options (see indicator 10) and joint multi-disciplinary/agency efforts to support individuals with complex needs to return home.
<b>Timescales for Improvement</b>
June 2021- dependant on the ongoing reduction in Covid prevalence across Glasgow.
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<b>Indicator</b>	10. Percentage of intermediate care users transferred home
<b>Purpose</b>	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality		Target	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Glasgow	Home	30%	21% (R)	25% (R)	34% (G)	25% (R)	11% (R)	17% (R)	15% (R)	10% (R)	8% (R)	25% (R)
	Res/Nursing	N/A	52%	62%	45%	53%	54%	62%	60%	68%	65%	50%
	Readmissions	N/A	25%	10%	12%	18%	19%	21%	18%	13%	22%	22%
	Deceased	N/A	2%	1%	5%	3%	17%	0%	8%	10%	5%	3%
NE	Home	30%	22% (R)	30% (G)	33% (G)	25% (R)	23% (R)	20% (R)	20% (R)	29% (G)	25% (R)	10% (R)
	Res/Nursing	N/A	39%	59%	50%	45%	46%	40%	47%	71%	63%	50%
	Readmissions	N/A	33%	7%	16%	30%	8%	40%	20%	0%	13%	40%
	Deceased	N/A	6%	0%	0%	0%	23%	0%	13%	0%	0%	0%
NW	Home	30%	21% (R)	22% (R)	27% (R)	27% (R)	9% (R)	15% (R)	14% (R)	0% (R)	0% (R)	25% (R)
	Res/Nursing	N/A	57%	57%	57%	59%	32%	69%	57%	60%	47%	50%
	Readmissions	N/A	21%	17%	11%	9%	41%	15%	29%	20%	40%	25%
	Deceased	N/A	0%	4%	4%	5%	18%	0%	0%	20%	13%	0%
South	Home	30%	21% (R)	22% (R)	39% (G)	22% (R)	5% (R)	17% (R)	9% (R)	7% (R)	7% (R)	36% (G)
	Res/Nursing	N/A	58%	70%	33%	56%	84%	83%	82%	71%	86%	50%
	Readmissions	N/A	21%	7%	9%	17%	0%	0%	0%	14%	7%	7%
	Deceased	N/A	0%	0%	9%	6%	11%	0%	9%	7%	0%	7%

<b>Performance Trend</b>
Performance improved at a city level in the last quarter but remains RED. South moved to GREEN. The variation across localities is in the main due to the level of frailty among service users.
<b>Issues Affecting Performance</b>
COVID-19 restrictions continue to have an impact on the % of individuals returning home. Similar to factors that affect length of stay the factors that affect the numbers discharged home include Covid infection control requirements, the frailty of individual service users, and the impact of Covid on other services involved in discharges.
<b>Actions to Improve Performance</b>
A recovery plan for intermediate care is in the process of being implemented with a focus on increasing home discharge options.

<b>Timescales for Improvement</b>
June 2021- dependant on the ongoing reduction in Covid prevalence across Glasgow. <a href="#">Back to Summary</a>

### iii. HSCP Community Services

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

<b>Indicator</b>	<b>Total (19/20)</b>	<b>Target (20/21)</b>	<b>Actual 20/21</b>			
Number of ACP conversation held	<b>530 (R)</b>	<b>800p.a. (TBC)</b>	<b>227 (R)</b>			
Number of summaries completed and shared with GPs	<b>130 (R)</b>	<b>200 p.a. (TBC)</b>	<b>58 (R)</b>			
<b>Performance Trend</b>						
This indicator relates to the number of summary versions ACPs shared with GPs, and the number of conversations that have been held with patients to raise awareness of the benefits of ACPs. Performance has been below target for most 2020/21.						
<b>Issues Affecting Performance</b>						
<p>The continued pressures on services during the pandemic have limited staff capacity to engage with people on ACPs and future care planning. There has also been a negative perception of what an ACP is that has affected patients' willingness to engage in this process.</p> <p>Little data has been collected recently on the number of conversations held as District Nursing teams were focused on essential work only during the pandemic and recording of ACP conversations was paused. Data recording of both ACP conversations and completed summaries is being reviewed and revised targets set for 2021/22.</p>						
<b>Actions to Improve Performance</b>						
<p>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.</p> <p>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. Online training resources have been created for all staff.</p>						

<b>Timescales for Improvement</b>
<p>The MacMillan ACP Programme developments are well underway and will be ongoing for the next 15 months. The re-engagement with staff from Older People &amp; Primary Care Teams will tie in with service recovery plans.</p> <p><a href="#">Back to Summary</a></p>

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

Target	Locality	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
0%	City	0% (G)	0% (G)	1% (A)	1% (A)	2% (A)	6% (R)	5% (R)	8% (R)
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)
0%	North West	0% (G)	1% (GA)	2% (A)	0% (G)	0% (G)	5% (R)	4% (R)	3% (A)
0%	South	0% (G)	0% (G)	1% (A)	1% (A)	4% (R)	10% (R)	7% (R)	11% (R)

#### Performance Trend

At Q4, overall city performance remained RED. North East remained AMBER while performance in North West improved moving from RED to AMBER. South remained RED with performance falling further during the quarter.

At the end of March there were 1,354 open OT assessment activities assigned to workers and teams: 104 (8%) of these had been open for more than 12 months; 91 were open to South, 9 to North West and 3 to North East and 1 to "other". Of the 104 activities open for more than 12 months 99 are assigned to workers while 5 are assigned to teams (all assigned to South teams).

#### Issues Affecting Performance

The pandemic has impacted on performance as during lockdown when only essential and critical work was undertaken.

#### Actions to Improve Performance

Improvement actions to address this include staff working overtime, effective screening to ensure timely allocation of cases to teams or workers as appropriate and more robust planning of staffing levels. A review of allocations and the waiting list is underway in South

#### Timescales for Improvement

Improvements are expected by June 2021

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<b>Target/Ref</b>	13. Continence Service – Waiting Times.
<b>Purpose</b>	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
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Area	Apr 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
100% seen within 12 weeks	Nursing - North	80% (R)	88% (R)	93.9% (R)	96.5% (R)	96.8% (R)	94% (R)	96% (A)	65% (R)
	Nursing - South	52% (R)	40% (R)	58% (R)	52.8% (R)	50.8% (R)	64% (R)	54% (R)	62% (R)
	Physio (citywide)	50% (R)	36% (R)	7% (R)	10% (R)	16% (R)	71% (R)	78% (R)	18% (R)
<b>Performance Trend</b>									
Performance has been red for most of the year and reflects the move away from face to face assessments towards telephone and Attend Anywhere assessments. While the indicator is about face to face consultations it should be noted that patients are contacted by telephone and letter following a referral for advice or assessment.									
<b>Issues Affecting Performance</b>									
Covid restrictions continue to impact on the number of face to face consultations with patients which have been replaced with telephone, Attend Anywhere and where necessary, domiciliary visits. Some clinic appointments are undertaken where concerns are raised about a patient's condition. Access to bookable clinical rooms remains an issue and is being addressed in recovery plans for health centres and clinics.									
<b>Actions to Improve Performance</b>									
It is anticipated that the number of patients seen face to face within 12 weeks of referral will increase once clinics re-open. Where face to face appointments are not an option, telephone consultations and Attend Anywhere appointments are offered. SPHERE staff have new laptops to allow them to operate agilely with MS Teams and Attend Anywhere. A prioritisation process is applied to ensure patients on the waiting list are seen within appropriate timescales.									
<b>Timescales for Improvement</b>									
It is planned to increase face to face consultations from April 2021. Improvements in waiting times are expected by May 2021									
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<b>Target/Ref</b>	14. Referrals to Telecare
<b>Purpose</b>	To monitor the number of Telecare referrals received on a quarterly basis for the Standard and Enhanced Telecare Services. Expanding the uptake of Telecare is a central aim of the national Technology Enabled Care (TEC) Programme.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Telecare Referrals	Agreed Scot Govt. Annual Targets		16/17	17/18	18/19	19/20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	2020/21 Year End Total
	16/17 to 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)	680 (G)	637 (R)	2,326 (R)
Enhanced	304	1,500* 375 per Q	835 (G)	1,222 (G)	1,337 (G)	1,565 (G)	41 (R)	163 (R)	121 (R)	119 (R)	444 (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 lockdown last year the capacity for installing telecare has been restricted mainly due to the supply of Standard Telecare equipment with the provision of Enhanced Telecare suspended from April 2020. A protocol is in place 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 Q4 the number of Standard telecare referrals (637) fell by 6% in comparison to the previous quarter (680) with the status moving from GREEN to RED. The number of Enhanced referrals during Q4 (119) remained similar to those of Q3 (RED). The suspension of Enhanced Telecare is still in place and no further review of the exceptions protocol is planned while tiered level restrictions continue to be in place.

The reduction in both the Standard and Enhanced referral figures across the year impacted the annual figures which for the first time both failed to meet the annual targets (RED).

#### Issues Affecting Performance

The risks associated with COVID continue to constrain the provision of telecare. The capacity of the HSCP's Telecare responder agencies and installation services increased over Quarter 2 as staff absence levels improved. However the reintroduction of lockdown restrictions this year and the associated rise in risk levels have constrained any further capacity to increase equipment provided beyond emergency protocols.

<b>Actions to Improve Performance</b>
A review of the referral management system is planned to determine safe options available to restart the supply of enhanced telecare and minimise risks of cross infection.
<b>Timescales for Improvement</b>
The timescales for the introduction of the revised referral management process will be driven by the HSCP's wider recovery plans. <a href="#">Back to Summary</a>

<b>Indicator</b>	15. Total number of Older People Mental Health patients delayed (Excluding AWI)
<b>Purpose</b>	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
0	City	11 (R)	11 (R)	16 (R)	9 (R)	7 (R)	14 (R)	9 (R)	12 (R)	7 (R)	9 (R)
	NE	0 (G)	0 (G)	5 (R)	4 (R)	4 (R)	2 (R)	4 (R)	3 (R)	2 (R)	3 (R)
	NW	7 (R)	1 (R)	4 (R)	2 (R)	1 (R)	6 (R)	1 (R)	0 (G)	0 (G)	3 (R)
	South	4 (R)	10 (R)	7 (R)	3 (R)	2 (R)	6 (R)	4 (R)	9 (R)	5 (R)	3 (R)
	Area wide team										
<b>Performance Trend</b>											
Numbers vary across localities and over time. Numbers at a city level remain RED.											
<b>Issues Affecting Performance</b>											
There continues to be a regular and robust scrutiny of all delays at an operational level. Discharges continue to be affected by Covid outbreaks in OPMH wards although numbers are dropping. We continue to experience challenges with discharging patients with complex needs and Covid continues to have an impact on our ability to discharge to care homes.											
<b>Actions to Improve Performance</b>											
There is a new discharge pathway that supports 72-hour discharge that 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.											

<b>Timescales for Improvement</b>
Numbers are low and have reduced recently. It is unlikely we will ever reach zero but delays in single figures can be expected. <a href="#">Back to Summary</a>

<b>Target/Ref</b>	16. Falls rate per 1,000 population aged 65+
<b>Purpose</b>	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
<b>Type of Indicator</b>	National Integration Indicator (number 16)
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7(See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Target	15/16	16/17	17/18	18/19	19/20	20/21 (to Q3)
Glasgow City	27 total 6.75/ quarter (18/19 and 19/20)	28.9	31.1	30.7	30.5 (R)	27.4 (G)	18.5 (G)
Scotland	N/A	21.1	21.4	22.2	22.5	22.7	N/A

\*Provisional

<b>Performance Trend</b>
This is a national integration indicator and performance is GREEN and improved since 2018/19.
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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

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

	2015/16	2016/17	2017/18	2018/19	2019/20 Actual	20/21 Target	Apr 20- Feb 21
Glasgow	153,791	155,029	156,783	162,600	159,916 (A)	153,791 (Total)	103,140 (G)
	12,816	12,919	13,065	13,542	13,326 (A)	12,816 (Monthly)	9376 (G)
<b>Performance Trend</b>							
<p>The figures for April to February are below target and GREEN. The numbers of attendances have been comparatively low when compared with corresponding months in previous years since the start of the pandemic.</p> <p>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.</p> <p><a href="#">Back to Summary</a></p>							

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

Locality	Target	Mar 16	Mar 17	Mar 18	Apr 19	Apr 20	Dec 20	Jan 21	Feb 21	Mar 21
GRI	95%	82.7% (R)	86.3% (R)	81.2% (R)	79.6% (R)	91.4% (A)	88.5% (R)	86.6% (R)	88.3% (R)	91.8% (A)
QEUH	95%	85.1% (R)	81.8% (R)	85.9% (R)	75.5% (R)	90.7% (A)	81% (R)	79.3% (R)	74.6% (R)	87.9% (R)

<b>Performance Trend</b>
After improving at the start of the pandemic up until August, performance moved back to RED at both hospitals though improved in the last quarter, moving to AMBER at QEUH.
<b>Issues Affecting Performance</b>
There was a marked improvement in performance over the summer months but this has dropped off because of a rise in the number of attendances. A national redesign of urgent care was implemented late last year and improvements in performance and attendances occurred in Q4.
<b>Actions to Improve Performance</b>
Implementation and bedding in of the national urgent care redesign.
<b>Timescales for Improvement</b>
Apr-Jun 2021 <a href="#">Back to Summary</a>



<b>Indicator</b>	3. Number of Emergency Admissions (18+)
<b>Purpose</b>	To monitor the extent to which people are being admitted to hospitals in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. This includes all inpatient and day care admissions but excludes people admitted to obstetrics and psychiatric hospitals and those admitted as geriatric long stay patients. Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 1`
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>19/20</b>	<b>20/21 Target</b>	<b>Apr 20 – Feb 21</b>
Total	70,133	69,656	62,725	63,898	63,324 (G)	66,624	49,770* (G)
Monthly average	5844	5804	5227	5325	5277 (G)	5552	4524* (G)

\*Provisional

#### **Performance Trend**

The figures for April to February are below target and GREEN although these figures are provisional at this stage given the time lag in data becoming available. The numbers of emergency admissions have been comparatively low when compared with corresponding months in previous years but they have been increasing steadily since May.

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

Indicator	15/16	16/17	17/18	18/19	19/20	20/21 Target	Apr 20 – Feb 21
Total	493,371	515,275	506,792	496,071	497,641 (R)	453,866	383,806* (G)
Monthly average	41,114	42,939	42,232	41,339	41,470 (R)	37,822	34,891* (G)
*Provisional <b>Performance Trend</b> <p>The figures for April to February are below target and GREEN although these figures are provisional at this stage given the time lag in data becoming available. The numbers of unscheduled hospital bed days (acute) have been comparatively low when compared with corresponding months in previous years but they have been increasing steadily since April.</p> <p>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.</p> <p><a href="#">Back to Summary</a></p>							

<b>Indicator</b>	5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
<b>Purpose</b>	To monitor the extent to which people are occupying geriatric long stay beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

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

\*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. No complete data yet available for 2020/21.

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

Indicator	15/16	16/17	17/18	18/19	19/20	20/21 Target	Apr – Dec 2020
Total	190,791	187,654	182,524	180,888	189,139 (A)	181,371	122,453* (G)
Monthly average	15,899	15,638	15,210	15,074	15,762 (A)	15,114	13,606* (G)

\*Provisional

#### Performance Trend

Performance is classified as GREEN although these figures are provisional at this stage given the time lag in data becoming available.

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.

<b>Indicator</b>	7. Total number of Acute Delays
<b>Purpose</b>	To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	Apr 17	Apr 18	Apr 19	Mar 20	Apr 20	Dec 20	Jan 20	Feb 20	Mar 20
North East	10	23	14	16	10	9	16	20	19
North West	6	15	13	12	8	17	8	11	12
South	14	12	12	9	1	17	17	21	21
HA Team									
<b>Sub-Total (Included Codes)</b>	<b>30</b>	<b>50</b>	<b>39</b>	<b>37</b>	<b>19</b>	<b>43</b>	<b>41</b>	<b>52</b>	<b>52</b>
North East	2	2	6	12	16	22	24	26	28
North West	5	4	4	11	9	10	8	14	13
South	4	4	4	17	11	11	8	6	10
<b>Sub-Total (Complex Codes)</b>	<b>11</b>	<b>10</b>	<b>14</b>	<b>40</b>	<b>36</b>	<b>43</b>	<b>40</b>	<b>46</b>	<b>51</b>
<b>All Delays</b>	<b>41 (R)</b>	<b>60 (R)</b>	<b>53 (R)</b>	<b>77 (R)</b>	<b>55 (R)</b>	<b>86 (R)</b>	<b>81 (R)</b>	<b>98 (R)</b>	<b>103 (R)</b>

#### Performance Trend

Total numbers delayed have increased since December.

#### Issues Affecting Performance

Delays have been on the increase recently for both included codes numbers and complex codes. AWI delays account for approximately half of the total delays.

#### Actions to Improve Performance

The GG&C wide discharge to assess policy has been introduced to speed up the discharge process, and focus specifically on improving 11B delays (completion of social work assessments) and 27A delays (awaiting intermediate care placement). 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 will continue to fluctuate for the next few months and improvements will be seen in 11B and 27A delays.

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

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>19/20</b>	<b>2020/21 Target</b>	<b>2020/21 Actual (To Feb)</b>
Total	41,582	38,870	29,897	38,656	<b>45,318 (R)</b>	<b>39,919</b>	<b>45,112 (R)</b>
Monthly Average	3488	3239	2491	3238	<b>3776 (R)</b>	<b>3327</b>	<b>4101 (R)</b>

<b>Performance Trend</b>
<p>Performance for 2020/21 is classified as RED to January.</p> <p>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.</p>
<b>Issues Affecting Performance</b>
<p>Bed days lost to delays have continued to increase in recent months as have all delays (see indicator above).</p>
<b>Actions to Improve Performance</b>
<p>The GG&amp;C wide discharge to assess policy has been introduced to speed up the discharge process, particularly 11B and 27A delays. A solution to AWI delays is still under discussion in the light of the decisions by the EHRC.</p>
<b>Timescales for Improvement</b>
<p>It is expected that bed days lost will fluctuate over the remainder of the year as delays increase and improvements seen bed days lost in 11B and 27A delays</p> <p><a href="#">Back to Summary</a></p>

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

AREA	15/16	16/17	17/18	18/19	19/20	2020/21 Target	Jan 21	Feb 21	Mar 21	20/21 Actual
HSCP	10,715	6050	2098	3781	6571 (R)	1910 (159/month)	1052 (R)	930 (R)	1177 (R)	11,163 (R)
NE	3590	1647	336	686	2460		558	522	582	4881
NW	3558	2995	816	1168	2356		205	260	316	2397
S	3910	1408	946	1927	1755		289	148	279	3885

#### Performance Trend

Performance for 2020/21 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 all of which have now been closed. This continues to be the case, although other improvement such as implementation of Discharge to Assess are expected to have an impact.

#### Actions to Improve Performance

A whole-system peer review of medical and professional decision-making in relation to incapacity has been agreed and will take place later this year. 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 whole.

#### Timescales for Improvement

No immediate improvement is envisaged in AWI delays in the short term.

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#### Other Indicators for Ongoing Review - See Appendix 1, Sections 1-2

1. Ministerial Strategic Group Indicators
2. National Integration Indicators

## CARERS

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

Locality	Target	17/18 Total	18/19 Total	19/20 Q4	19/20 Total	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	20/21 Year End Total
<b>Glasgow</b>	1900 (475 per Q)	1,942 (G)	1,984 (G)	518 (G)	1,932 (G)	364 (R)	488 (G)	443 (R)	633 (G)	1928 (G)
North East	634 (159 per Q)	606 (G)	709 (G)	198 (G)	740 (G)	122 (R)	155 (A)	156 (G)	171 (G)	604 (A)
North West	634 (159 per Q)	620 (G)	502 (R)	121 (R)	411 (R)	47 (R)	112 (R)	123 (R)	163 (G)	445 (R)
South	634 (159 per Q)	716 (G)	783 (G)	199 (G)	781 (G)	195 (G)	221 (G)	164 (G)	299 (G)	879 (G)

### Performance Trend

The use of Carers Support Plans and Young Carer Statements resumed from Quarter 2 following a suspension during Q1 due the impact of the pandemic on carer services. However carers initially registered during Q1 and who subsequently had Plans developed later in the year have had these retrospectively attributed to Q1 based on the date of their first contact.

During Q4 all of the localities exceeded the quarterly target with the city and North West moving from RED to GREEN.



<b>Indicator</b>	2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 6 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
<b>Glasgow</b>	70%	82% (G)	85% (G)	87% (G)	n/a	87% (G)	89% (G)	90% (G)
North East	70%	74% (G)	86% (G)	86% (G)	n/a	88% (G)	88% (G)	87% (G)
North West	70%	86% (G)	90% (G)	91% (G)	n/a	69% (G)	96% (G)	100% (G)
South	70%	86% (G)	81% (G)	83% (G)	n/a	92% (G)	84% (G)	84% (G)

<b>Performance Trend</b>
<p>The Carers Evaluation Questionnaire was not carried out during Q1 because of the ongoing COVID-19 health emergency. The survey was resumed during Q2.</p> <p>At Q4 all localities continued to exceed the 70% target (GREEN).</p> <p><a href="#">Back to Summary</a></p>

## PRIMARY CARE

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

AREA	TARGET	Jan 16-Mar 16	Jan 17-Mar 17	Jan 18-Mar 18	Jan 19-Mar 19	Jan 20-Mar 20	Jul 20-Sep 20	Oct 20-Dec 20
City	78%			79.45% (G)	78.0% (G)	77.49% (G)	77.03% (G)	76.67% (G)
NE	78%	79.81% (G)	80.18% (G)	80.09% (G)	78.64% (G)	78.20% (G)	77.76% (G)	77.75% (G)
NW	78%	78.35% (G)	78.7% (G)	78.72% (G)	77.19% (G)	76.61% (G)	76.20% (G)	76.17% (G)
S	78%	79.0% (G)	79.41% (G)	79.48% (G)	78.12% (G)	77.57% (G)	77.08% (G)	76.91% (G)
<b>NHSGGC</b>	78%	<b>78.86%</b>	<b>79.22%</b>	<b>79.24%</b>	<b>77.97%</b>	<b>77.50%</b>	<b>77.06%</b>	<b>76.98%</b>
<b>Performance Trend</b>								
Although slightly under target and there has been a reduction in the last quarter in all localities, they all remain GREEN. This is reported one quarter in arrears.								
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<b>Indicator</b>	2. Prescribing Costs: Annualised cost per weighted list size
<b>Purpose</b>	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

AREA	Target	Mar 16	Mar 17	Mar 18	Mar 19	Mar 20	Oct 20	Nov 20	Dec 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)	£150.37 (G)	£150.31 (G)	£150.76 (G)
NE		£163.79 (G)	£163.27 (G)	£157.21 (G)	£150.84 (G)	£148.55 (G)	£147.10 (G)	£146.99 (G)	£147.45 (G)
NW		£156.55 (G)	£156.47 (G)	£159.99 (G)	£154.53 (G)	£151.63 (G)	£147.99 (G)	£148.03 (G)	£148.59 (G)
S		£164.98 (G)	£168.44 (G)	£167.12 (G)	£160.80 (G)	£159.54 (G)	£156.12 (G)	£156.01 (G)	£156.36 (G)
NHS GGC		£174.99	£178.44	£178.32	£173.72	£171.58	£168.34	£168.28	£168.73
Performance Trend									
Variations across sectors and over time with a slight increase in all areas in the last quarter. This is reported one quarter in arrears.									
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<b>Indicator</b>	3. Flu Immunisation Rates
<b>Purpose</b>	To monitor the numbers of people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data vaccine uptake estimates are taken from Health Protection Scotland and is based on automated extracts from all Scottish GP practices. Immunisation rates are shown for various groups. The data will be reported for Q3 and Q4 each year when the programme is delivered.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Over 65s	Pregnant (no risks)	Pregnant with risk factors	Pre-school 2-5 years old	Primary School Children	Under 65s with risk factors	Unpaid and Young Carers
<b>Target</b>	<b>75%</b>	<b>75%</b>	<b>75%</b>	<b>65%</b>	<b>75%</b>	<b>No target</b>	<b>No target</b>
Glasgow City	72% (A)	39% (R)	54% (R)	61% (A)	65% (R)	49%	57%
Health Board	80%	47.2%	55.5%	62.5%	75%	53.2%	61.8%
<b>Performance Trend</b>							
The seasonal flu vaccination programme runs from 1 October to 31 March each year. These figures now relate to the entire period. All areas are below target.							
<b>Issues Affecting Performance</b>							
Primarily relates to ability/willingness of people to take the vaccination and our capacity to provide enough staff who are able to deliver the vaccine.							
<b>Actions to Improve Performance</b>							
<p>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.</p> <p>The Vaccination Transformation Programme is a national programme led by the Scottish Government (SG) to coordinate the migration of vaccination delivery out of GP practices and use alternate vaccination delivery models across Scotland. This had only been partially progressed by late 2019 but has since accelerated in light of COVID. By late 2020, Scotland had a mixed delivery model for influenza vaccination which varies considerably by NHS Board.</p> <p>The programme is midway through its implementation and flu immunisations for children now sit with the HSCPs, whilst Maternity Services is responsible for vaccinations for pregnant women. The timescale for the transfer from general practice of the adult flu vaccination programme has been delayed until October 2021; however, given the</p>							

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

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

Programme specific comments:

### **Pregnant Women**

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

### **Primary School Children**

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

### **Pre-school**

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

### **Timescales for Improvement**

We will use our experiences from 2020/21 of the flu and COVID 19 vaccination programmes to design our approaches for 2021/22.

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<b>Indicator</b>	4. Shingles Immunisation Rates
<b>Purpose</b>	To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract and are for persons aged 70.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Target	Aged 70
<b>Glasgow City</b>	<b>60%</b>	<b>34.80% (R)</b>
NE	60%	32.77% (R)
NW	60%	37.84% (R)
South	60%	34.12% (R)
<b>Performance Trend</b>		
<p>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.</p> <p>No updates available for this report as the data is provided by Public Health Scotland and their team is heavily involved in Covid response. Going forward, and once the PHS newly recruited staff have settled in, they hope to return to a more regular pattern of reporting.</p>		
<b>Issues Affecting Performance</b>		
<p>The routine <b>shingles</b> 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.</p>		
<b>Actions to Improve Performance</b>		
<p>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:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- Shingles vaccination uptake is fed back to GP practices and clinical directors quarterly</li> <li>- A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.</li> </ul>		
<b>Timescales for Improvement</b>		
<p>This will depend on implementation of recovery plan for primary care.</p> <p><a href="#">Back to Summary</a></p>		

<b>Target/Ref</b>	5. AHP Waiting Times
<b>Purpose</b>	To monitor the waiting times performance in relation to AHP services. These services are hosted across NHSGGC with Renfrewshire having managerial responsibility for Podiatry; West Dunbartonshire for MSK Physio; and Acute for Dietetics.
<b>Type of Indicator</b>	Local HSCP indicator for
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Service	Target	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	Dec 20	Jan 21	Feb 21	Mar 21
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	37% (R)	8% (R)	92% (G)	91% (G)	88% (G)	87% (G)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	93.2% (G)	1.6% (R)	40.4 (R)	48.4% (R)	51.7% (R)	58.7% (R)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)

## Performance Trend

### **MSK Physio**

Within GG&C all patients requiring an urgent appointment were seen within 4 weeks (predominately by Virtual Patient Management in the first instance). We are continuing with VPM but remobilising face to face provision based on clinical decision making/clinical need. Due to the ongoing infection control and social distancing requirements face to face capacity in Physiotherapy sites across GGC is around 30% of normal service provision. In Q3 we commenced utilisation of Louisa Jordan to increase our F2F provision (1006 patients were seen at LJ in December from all areas of GGC. The % patients seen within 4 week waiting time target is much higher than it was prior to the pandemic (due to lower referral rates and remobilisation of services). In December GGC achieved the Scottish Government waiting times target for AHP MSK services of seeing 90% of patients within 4 weeks.

### **Podiatry**

Performance below target since onset of pandemic but increasing. Referral numbers remain 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. As with the other AHPs, during the peak of the pandemic referral numbers fell but have been gradually increasing again. Some patients are now being seen face to face based on clinical need and risk assessments prior to the visit or appointment. Other continue to be seen using the NHS 'Near Me' system or by telephone

<b>Issues Affecting Performance</b>
<p><b>Podiatry</b></p> <p>NHSGG&amp;C Podiatry suspended all of its activity except for Foot Protection and infected lesions on 23 March 2020. Referrals were not accepted for anything other than these conditions, and the service took back shared care dressings from District Nurses etc to allow them to be utilised across the wider system. All urgent referrals were seen within the 2 day response period. The referral performance above relates to 'non-urgent' self-referrals.</p> <p>The first phase of the recovery plan is addressing waiting times by triaging all new self-referrals by telephone. Current data indicate that only around 20% of these patients are being given a face to face appointment. The service was reduced again at the beginning on January 2021 and suspended all new telephone review in preparation for supporting the COVID Vaccination process and in an anticipation of an increase in sickness absence.</p> <p>There is a waiting list of patients who have been triaged via telephone as requiring non urgent Podiatry care and will be appointed in line with the Boards guidance on accommodation and ongoing infection control measures.</p>
<b>Actions to Improve Performance</b>
<p><b>Podiatry</b></p> <p>To further assist recovery during 2020, Podiatry 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 was in operation from 2 November to 31 December 2020. The service did not operate from the Louisa Jordan after December because of the refocusing of their work to support the vaccination programme and that any contact there would have increased pressures in partnerships further downstream where there would be a lack of available accommodation to provide the service.</p> <p>The anticipated demand for mobilisation to mass vaccination clinics did not materialise and service involvement in the vaccination programme is via care homes and housebound vaccination teams within Partnerships. This has allowed the service to increase telephone triage of new patients appointments from late February 2021 and will result in continued improvement in performance</p> <p>Full details for each of the recovery phases can be found in the Podiatry Recovery plan.</p>
<b>Timescales for Improvement</b>
<p><b>Podiatry</b></p> <p>It is anticipated that service recovery in terms of face to face will increase from end of June 2021 and in line with The Boards strategic planning. Full details in Podiatry Recovery plan. This will be contingent on access to clinical premises and the completion of the COVID 19 vaccination programme.</p> <p><a href="#">Back to Summary</a></p>

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

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



## CHILDREN'S SERVICES

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

TARGET	AREA	Apr 17	Apr 18	Apr 19	Feb 20	Apr 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
95%	NE	87% (R)	88% (R)	90% (A)	92% (G)	85% (R)	91% (A)	91% (A)	88% (R)	91% (A)	84% (R)
	NW	79% (R)	87% (R)	95% (G)	92% (G)	83% (R)	86% (R)	85% (R)	83% (R)	84% (R)	80% (R)
	S	87% (R)	89% (R)	91% (A)	93% (G)	82% (R)	87% (R)	91% (A)	92% (G)	92% (G)	88% (R)

### Performance Trend

Performance in all localities declined in the last quarter and are now all RED.

### Issues Affecting Performance

The number of Ready to Learn Assessments carried out was significantly affected by the impact of the COVID-19 pandemic, initial guidance was that these visits were cancelled unless families were considered vulnerable. As the pandemic progressed and the visits were re-instated some families declined these assessments to avoid risk of transmission (as these assessments are completed in the family home). If families are seen after the 27-30 month timescale, while they still have an assessment it will be recorded as "unscheduled" rather than 27-30 months and therefore not included in these figures. In this second lockdown there are still families who have returned to their countries of origin and therefore unable to be assessed

### Actions to Improve Performance

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

### Timescales for Improvement

Ongoing work is progressing to assess children who missed their 27 – 30 month assessment.

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

TARGET	AREA	Apr 17	Apr 18	Apr 19	Apr 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
95%	NE	95% (G)	99% (G)	93% (G)	97% (G)	97% (G)	99% (G)	98% (G)	98% (G)	94% (G)	
	NW	93% (G)	98% (G)	96% (G)	96% (G)	96% (G)	99% (G)	96% (G)	96% (G)	95% (G)	
	S	96% (G)	98% (G)	96% (G)	98% (G)	98% (G)	98% (G)	100% (G)	98% (G)	95% (G)	
<b>Performance Trend</b>											
Variations across areas and over time. All areas remain GREEN. There is a time lag in the availability of this data.											

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

AREA	Annual Target	Quarterly Target	16/17 Total	17/18 Total	18/19 Total	19/20 Total	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	20/21 Total
City	1,533	383	1,533	1,757 (G)	2,590 (G)	2,515 (G)	678 (G)	749 (G)	869 (G)	827 (G)	3123 (G)
NE	344	86	344	509 (G)	1,078 (G)	764 (G)	138 (G)	205 (G)	218 (G)	210 (G)	771 (G)
NW	576	144	576	587 (G)	830 (G)	918 (G)	196 (G)	189 (G)	214 (G)	213 (G)	812 (G)
S	613	153	613	661 (G)	682 (G)	833 (G)	344 (G)	355 (G)	437 (G)	404 (G)	1540 (G)

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

Area	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<b>Glasgow HSCP</b>	<b>100%</b>	<b>26.2% (R)</b>	<b>37.9% (R)</b>	<b>45.4% (R)</b>	<b>51.33% (R)</b>	<b>58.30% (R)</b>	<b>54.64% (R)</b>	<b>59.24 % (R)</b>	<b>61.96% (R)</b>	<b>60.81% (R)</b>
North East	100%	24.2% (R)	34.9% (R)	42.8% (R)	48.86% (R)	50.60% (R)	51.56% (R)	50.0% (R)	67.35% (R)	57.58% (R)
North West	100%	24.6% (R)	37.2% (R)	46.4% (R)	52.5% (R)	76.56% (R)	62.79% (R)	60.42 % (R)	64.91% (R)	62.24% (R)
South	100%	29.6% (R)	41.5% (R)	47% (R)	52.62% (R)	53.57% (R)	52.87% (R)	66.29 % (R)	56.41% (R)	61.47% (R)
<p>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</p>										
<b>Issues Affecting Performance</b>										
<p>The restrictions associated with the pandemic response are continuing to have an impact on the number of face to face appointments that can be offered. As a result, these appointments are limited to only those appointments which are assessed as essential. Near Me/Attend Anywhere and telephone contact is being offered for all other children and young people. It is acknowledged however that for some patients Near Me/Attend Anywhere does not meet the needs of the child/young person and/ or fit with the family circumstances 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. Most teams are experiencing particular demands on the duty system and increased numbers of emergency presentations, both of which can reduce the ability of teams to allocate children with the longest waits. Further there are challenges with recruitment and resourcing teams to meet current demands.</p>										
<b>Actions to Improve Performance</b>										
<p>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.</p> <p>City wide CAMHS Waiting List Initiative resources were realigned with locality teams, and staffing has now mainly been appointed. These fixed term posts will further locality based support are helping to reduce internal waits, optimise capacity within teams, ensure a seamless patient journey, and facilitate further reductions in the size of the waiting list.</p>										

Work is ongoing to ensure CAMHS teams are embedded within Children's Services in localities by improving connections, alignment and collaboration with other services within the HSCP, in Education and across the third sector, with the aim of ensuring children, young people and their families are able to access the right kind of support, within their local area, at the point of need. It is anticipated that the SG funded Tier 1&2 services recently commissioned by Education will begin to have an impact this year.

Work is being undertaken with referrers to improve the quality of information contained in referral forms to ensure the right children and young people are being referred at the right time. This work will also aim to increase understanding of what CAMHS is able to offer, to facilitate thinking about how to best offer this, and to improve knowledge and understanding of what else is available within the wider locality that may better meet the needs of children and young people.

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

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

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

Brief Interventions work continues citywide.

#### **Timescales for Improvement**

The Waiting List Initiative is continuing, and is likely to take until well into 2021 for Glasgow City. Given the magnitude of this work, capacity from within the wider HSCP has been identified to support.

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

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

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	
									% with review	Number <u>without</u> a Permanency Review
<b>90%</b>	<b>City</b>	<b>76% (R)</b>	<b>80% (R)</b>	<b>75% (R)</b>	<b>68% (R)</b>	<b>66% (R)</b>	<b>58% (R)</b>	<b>59% (R)</b>	<b>55% (R)</b>	<b>48*</b>
90%	North East	<b>81% (R)</b>	<b>94% (G)</b>	<b>85% (R)</b>	<b>68% (R)</b>	<b>69% (R)</b>	<b>57% (R)</b>	<b>59% (R)</b>	<b>51% (R)</b>	21
90%	North West	<b>57% (R)</b>	<b>88% (R)</b>	<b>68% (R)</b>	<b>65% (R)</b>	<b>65% (R)</b>	<b>52% (R)</b>	<b>52% (R)</b>	<b>53% (R)</b>	9
90%	South	<b>83% (R)</b>	<b>61% (R)</b>	<b>70% (R)</b>	<b>71% (R)</b>	<b>64% (R)</b>	<b>61% (R)</b>	<b>62% (R)</b>	<b>59% (R)</b>	15

\*3 children are assigned to other Teams.

#### Performance Trend

Performance at city and locality level remained RED at Q4.

At the end of Q4 a total of 48 children (of 106 children under 5 looked after for 6 months or more) had not yet had a permanency review.

#### Issues Affecting Performance

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

In addition, the Family Assessment and Contact Service (FACS) and the Glasgow Infant and Family Team (GIFT) only resumed face to face contact and support in September so this has

had a knock-on effect in relation to concluding the permanence outcomes for a significant number of the children under the age of 4.

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

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

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 continues to be provided by the Independent Review Team.

In addition, a plan has been developed through the Carefirst implementation group for leads to develop a permanency recovery plan, with a focus on how to revive permanency workshops to support this process. 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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<b>Indicator</b>	6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
<b>Purpose</b>	To monitor the proportion of looked after children who are receiving health assessments timeously as part of our corporate parenting duty for care experienced children and young people. These relate to all Looked After Children residing within Glasgow city with the exception of those under 5s who are being Looked After at Home who are assessed by Health Visitors as part of the Health Visiting Universal Pathway. It also excludes children from other Council areas who may be receiving a service from the Glasgow Vulnerability Team.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Age Group	Jan 19-Mar 19	Jul 19-Sep 19	Oct 19-Dec 19	Jan 20-Mar 20	Jul 20-Sep 20	Oct 20-Dec 20	Jan 21-Mar 21
100%	Under 5s	83.33% (R)	23.1% (R)	100% (G)	100% (G)	73.33% (R)	100% (G)	100% (G)
100%	Aged 5-18	79.4% (R)	92.3% (R)	92.7% (R)	92.9% (R)	92.86% (R)	100% (G)	96.15% (A)
<b>Performance Trend</b>								
Percentages can fluctuate due to the small numbers involved. Performance has moved from GREEN to AMBER for over 5s in the last quarter, but this only involves one child out of a total of 25.								
<b>Issues Affecting Performance</b>								
Due to the nature of the issues affecting this child and an ongoing Police investigation, HSCP staff were advised not to conduct a health assessment at this time as this was not regarded as in the best interest of the child.								
<b>Actions to Improve Performance</b>								
There is a need to review the performance measure, as there is currently no method to record exceptional circumstances where a health assessment is deemed to be not in the best interest of the child, which potentially skews the figures.								
<b>Timescales for Improvement</b>								
All KPIs are currently under review, and this issue will be considered as part of this.								
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<b>Indicator</b>	7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.
<b>Purpose</b>	To monitor the proportion of <u>new</u> (as opposed to review) reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted by the due date specified (by SCRA). This indicator was revised during Q1 & 2 18/19. Prior to this, the target for completion was within 20 working days of request being received.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Qs 1-4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	2021 Q4
60%	City	67% (G)	61% (G)	Not available	40% (R)	41% (R)	45% (R)	32% (R)	42% (R)	49% (R)
60%	North East	74% (G)	82% (G)		33% (R)	57% (R)	49% (R)	52% (R)	41% (R)	49% (R)
60%	North West	57% (R)	50% (R)		51% (R)	33% (R)	42% (R)	22% (R)	23% (R)	41% (R)
60%	South	65% (G)	44% (R)		41% (R)	21% (R)	45% (R)	24% (R)	53% (R)	58% (A)
Performance Trend										
Although the city, NE and NW remained below target (RED) at Q4, performance improved in each locality, particularly in North West which improved by 18 percentage points and in South which moved from RED to AMBER during the reporting period.										
Issues Affecting Performance										
The recording of reviews requires the insertion of the date of completion of the report into an e-form in careFirst. Analysis has shown that there are recording issues and this date is not always entered into careFirst. While some reports are not being completed on time, others may be being completed within timescales but are not being recorded as meeting this target as the date of completion has not been entered onto Carefirst.										
Actions to Improve Performance										
There are ongoing efforts to improve the recording of completion dates on eforms and the numbers where this was not entered fell from 32 to 10 between quarter 3 and 4. It is anticipated that this will continue to 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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<b>Indicator</b>	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
<b>Purpose</b>	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4*	19/20 Q4*	20/21 Q1*	20/21 Q2*	20/21 Q3*	20/21 Q4*
75%	City	61% (R)	67% (R)	74% (G)	68% (R)	65% (R)	76% (G)	77% (G)	80% (G)
75%	North East	65% (R)	77% (G)	83% (G)	63% (R)	62% (R)	82% (G)	80% (G)	84% (G)
75%	North West	49% (R)	50% (R)	63% (R)	71% (R)	72% (A)	77% (G)	81% (G)	82% (G)
75%	South	68% (R)	73% (A)	75% (G)	73% (A)	67% (R)	69% (R)	78% (G)	80% (G)

**Notes**

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

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

**Performance Trend**

All localities remained GREEN and performance improved further during the reporting period.

There was further improvement during Q4 in reduction of *non-recording* which fell from 3% during Q3 to 1% in Q4. This equates to a total of 8 young people in the city - North East and South both had one young person without their status recorded while in North West all young people had their status recorded. The other 6 were young people whose team is "not indicated" (i.e. those without a primary relationship to a worker or team). The number of "non indicated" young people fell significantly from 52 (Q3) to the 6 young people mentioned above.

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

Mar 15	Mar 16	Mar 17	Mar 18	Mar 19	19/20 Target	20/21 Target	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21
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)	40 (G)	34 (G)

#### Performance Trend

**The target was revised to 40 for 20/21.**

The revised target was met at the end of December (GREEN) with the number dropping by a further 6 by year end (Q4).

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

						2020/21			
AREA	TARGET	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	Q1	Q2	Q3	Q4
<b>HSCP</b>	95%	93.8% (G)	93.7% (G)	92.41% (A)	93.2% (G)	94.24% (G)	94.37% (G)	95.15% (G)	
North East	95%	95.8% (G)	95.36% (G)	92.87% (G)	91.5% (A)	94.13% (G)	94.98% (G)	94.56% (G)	
North West	95%	93.6% (G)	93.54% (G)	93.66% (G)	93.3% (G)	94.86% (G)	94.34% (G)	95.2% (G)	
South	95%	92.6% (G)	92.70% (G)	91.21% (A)	94.4% (G)	93.86% (G)	93.92% (G)	95.56% (G)	
<b>Performance Trend</b>									
Performance slightly increased and remained GREEN at a city level and in the North West and South. North East slightly declined. This indicator is reported in arrears.									
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<b>Indicator</b>	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
<b>Purpose</b>	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

						2020/21			
AREA	TARGET	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	Q1	Q2	Q3	Q4
<b>HSCP</b>	95%	96.4% (G)	95.86% (G)	95.85% (G)	96.35% (G)	96.52% (G)	97.25% (G)	96.15% (G)	
North East	95%	96.6% (G)	96.90% (G)	97.54% (G)	97.64% (G)	98.46% (G)	98.07% (G)	96.97% (G)	
North West	95%	95% (G)	95.03% (G)	94.53% (G)	95.07% (G)	94.36% (G)	96.66% (G)	96.24% (G)	
South	95%	97.3% (G)	95.63% (G)	95.54% (G)	96.03% (G)	96.69% (G)	97.08% (G)	95.4% (G)	
<b>Performance Trend</b>									
Performance remains GREEN across the city although there has been a small decrease 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

<b>Target/Ref</b>	1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral
<b>Purpose</b>	To monitor the waiting times for people who started a PT treatment. The NHS LDP Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This indicator relates to all adults and older people and to people who started a PT in that quarter.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral									
	HSCP Target	Apr 17	Apr 18	Apr 19	Apr 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
NE	90%	87.1% (A)	87% (A)	75.3% (R)	100% (G)	75.4% (R)	74.2% (R)	70.6% (R)	60.9% (R)	53.6% (R)
NW	90%	81.7% (R)	83.1% (R)	83.8% (R)	81.8% (R)	87.1% (A)	95.2% (G)	96.5% (G)	87.7% (A)	92.1% (G)
S	90%	96.5% (G)	94.7% (G)	96.1% (G)	66.7% (R)	81.5% (R)	58.7% (R)	90.4% (G)	91.1% (G)	91.4% (G)

### Performance Trend

The overall % starting a PT within 18 weeks is circa 73% for all the services managed by Glasgow City HSCP and the overall number starting a PT is less than pre Covid levels.

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

The North West has 5 people still waiting over 18 weeks who are yet to start a PT. The South has 76 people still waiting over 18 weeks who are yet to start a PT, which is an identified pressure over the coming quarters. Similarly, the North East has 64 people still waiting over 18 weeks who are yet to start a PT, which is also an identified pressure over the coming quarters.

There are 11 people waiting over 52 weeks in the teams serving the 3 localities in Glasgow City and 14 people waiting over 52 weeks in the Glasgow City Hosted services that cover the whole of NHS GGC.

### Issues Affecting Performance

The effect of the outbreak of Covid-19 continues to have multiple impacts on the overall performance of delivering PTs through Q4 Jan–Mar 21.

Covid-19 created a large cohort of people waiting to start a PT. There is a higher proportion of people starting their treatment beyond the Standard timeframe.

Social distancing measures result in reduced consulting space which is prioritised primarily for urgent clinical need.

There is a Board wide focus on addressing the longest waits of over 52 weeks

Alternative IT based interventions require infrastructure and hardware, for both healthcare staff and patients.

Some people are waiting longer due to clinical, social and personal reasons which prevent them engaging in remote consultations (so are waiting for a face-to-face approach).

The capacity to deliver PTs is affected by staff vacancies and annual leave built up during Covid. Recruitment to some posts has resulted in no applicants

There is are bulges of demand across the full range of wait of waiting times that will require mitigation to prevent an adverse impact on the waiting time standard.

### **Actions to Improve Performance**

Teams with people waiting over 52 weeks are now scheduling treatment to start by the end of June 21.

Digital alternatives to face-to-face approaches (i.e. Anytime Anywhere or Near Me) are being increased.

Staff and patients training and support to adjust to a range of home- and social distanced work-based arrangements requiring IT and telecoms equipment to continue to deliver services.

Teams are seeing if they can use accommodation in GP facilities and other community settings.

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

The Board wide PT Group team has been implemented and commenced delivering digital-based group interventions with the CMHTs

4 x Peripatetic Band 7 therapists are targeting people with long waits (currently South and North East)

Access to cCBT for people with Long Term Conditions being delivered

The Scottish Government Internet Enabled CBT initiative targeting the North East.

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

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

### **Timescales for Improvement**

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

People waiting over 52 weeks will be reviewed after June 21

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

TARGET	AREA	Mar 18	Mar 19	Mar 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
28 days	Stobhill	20.7 (G)	28.3 (G)	22.9 (G)	39.4 (R)	31.3 (R)	41.7 (R)	34.1 (R)	
28 days	Leverndale	22.9 (G)	34.1 (R)	23.1 (G)	27.8 (G)	22.4 (G)	27.8 (G)	28.5 (G)	
28 days	Gartnavel	24.4 (G)	35.9 (R)	27.4 (G)	34.5 (R)	28 (G)	41.5 (R)	32.2 (R)	
<b>Performance Trend</b>									
Performance fluctuating over time and between hospitals within Glasgow City managed hospital services and as part of the collective NHS GG&C inpatient service. Overall average length of stay has returned to pre-Covid levels, above target at circa 33 days on average across NHS GG&C. Discharges have collectively not recovered to pre-covid levels. This indicates discharges of everybody who could go home during the pandemic and that people admitted since have increased acuity and along with the number of people who have lengths of stay over 6 months increasing.									
<b>Issues Affecting Performance</b>									
<p>The ongoing Covid-19 pandemic continues to have a significant impact on the pattern of MH services responses. Services continue to respond flexibly to fluctuations in:</p> <ol style="list-style-type: none"> <li>1. Wards being closed to new admissions due to COVID during the quarter on MH bed sites reduces patient movement.</li> <li>2. Numbers of COVID- positive patients</li> <li>3. Staff absence rates</li> </ol>									
<b>Actions to Improve Performance</b>									
<p>Operational responses continue to maintain safe and effective care. Further evolution of contingency and scenario planning is on-going. This includes consideration of the impact of fluctuations in activity for a up to a further 12 months:</p> <ol style="list-style-type: none"> <li>1. Consolidation of all unscheduled assessments and admissions and single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners.</li> <li>2. Direct access during day time being established for Primary Care scheduled by end of March</li> </ol>									

3. In-patient admissions testing and isolation for COVID and personal protective equipment and staffing guidelines continually reviewed updated and applied.
4. Collectively admissions are below pre-covid levels. All hospitals report an increasing acuity of person admitted (increased numbers of enhanced observations).
5. Maintaining and evolving existing arrangements is continuing the pressure on staff.

#### **Timescales for Improvement**

Learning about the longer term impact of the COVID-19 pandemic on the ability of services to manage use of beds is on-going. Remobilisation will continue through to March 2022, and operational contingency arrangements continue to be reviewed. System wide support mechanisms also being reviewed across sites and specialty's with wider mental health "family". Numbers of wards closed to admissions due to COVID during January and February had an adverse upward pressure on average lengths of stay for those months. On-going pressure on staff will require a support for staff to decompress in the coming months.

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

TARGET	AREA	Mar 18	Mar 19	Mar 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
<95%	Stobhill	95.6% (G)	100.8% (R)	93.2% (G)	98.9% (A)	99.7% (A)	92.9% (G)	95.6% (G)	99.4% (A)
<95%	Leverndale	96.8% (G)	102.2% (R)	85.8% (G)	85.6% (G)	94% (G)	82.2% (G)	84.6% (G)	87.8% (G)
<95%	Gartnavel	92.7% (G)	98.4% (A)	90.6% (G)	98.5% (A)	97.7% (A)	89.2% (G)	86.9% (G)	93.3% (G)

#### Performance Trend

Performance fluctuating over time and between hospitals. Stobhill moved to AMBER while the others remained GREEN since December. Average occupancy for all hospitals was at circa 94%. This translates on average to less than 15 beds available or the equivalent of one bed available on each adult acute ward. Normal variation highlights that although on average occupancy has not returned to pre-covid levels, the expected range of occupancy is between 100% at the higher level and below 90% at the lower level.

#### Issues Affecting Performance

The ongoing Covid-19 pandemic continues to have a significant impact on the pattern of MH services responses. Inpatient services continue to respond flexibly to fluctuations in:

1. Wards being closed to new admissions due to COVID during the quarter on MH bed sites reduces patient movement. Latterly in March 2021 this has reduced.
2. Responding to the need for isolating people to prevent COVID- infections
3. Staff vacancies and absence rates

#### Actions to Improve Performance

Operational responses continue to maintain safe and effective care. Further evolution of contingency and scenario planning is on-going. This includes consideration of the impact of expected fluctuations in activity to March 2022:

1. Focus on people who have longer lengths of stay.
2. On-going work by Discharge Co-ordination Teams and the impact of control measures restricting patient movement
3. Collectively admissions are below pre-covid levels. All hospitals report an increasing acuity of person admitted (increased numbers of enhanced observations), which will impact t on length of stay.
4. Maintaining and evolving existing arrangements is continuing the pressure on staff.

**Timescales for Improvement**

Understanding the longer term impact of the COVID-19 pandemic on length of stay is ongoing to March 2022. Operational contingency arrangements and the impact on bed use continues to be reviewed. System wide support mechanisms also being reviewed across sites and specialty's with all services. Numbers of wards closed to admissions due to COVID during January and February had an adverse impact on discharges as well as on admissions.

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<b>Indicator</b>	4. Total number of Adult Mental Health Delays
<b>Purpose</b>	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the Older People's section of this report and Acute patients are in the Unscheduled Care sections. Source of data is the monthly Health Board Census figures.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

	Target	Apr 17	Apr 18	Apr 19	Apr 20	Jan 21	Feb 21	Mar 21
North East		2	3	3	5	8	7	6
North West		1	8	3	8	4	5	5
South		1	7	6	2	1	2	4
City/LD					1	1	2	1
<b>Sub-Total (Included Codes)</b>		<b>4</b>	<b>18</b>	<b>12</b>	<b>16</b>	<b>14</b>	<b>16</b>	<b>16</b>
North East		0	3	1	0	1	2	2
North West		3	4	0	2	4	5	6
South		0	0	1	1	0	0	0
City/LD						1	1	1
<b>Sub-Total (Complex Codes)</b>		<b>3</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>9</b>
<b>North East Total</b>		<b>2</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>9</b>	<b>9</b>	<b>8</b>
<b>North West Total</b>		<b>4</b>	<b>12</b>	<b>3</b>	<b>10</b>	<b>8</b>	<b>10</b>	<b>11</b>
<b>South Total</b>		<b>1</b>	<b>7</b>	<b>7</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>4</b>
City/LD					1	2	3	2
<b>All Delays</b>	<b>0</b>	<b>7 (R)</b>	<b>25 (R)</b>	<b>14 (R)</b>	<b>19 (R)</b>	<b>20 (R)</b>	<b>24 (R)</b>	<b>25 (R)</b>

<b>Performance Trend</b>
Numbers vary across localities and over time. Delays have increased since December.
<b>Issues Affecting Performance</b>
Admission routes and discharge relationships continued to be disrupted due to significant COVID related issues, COVID- positive patients in some areas and staff re-deploying to ward areas to maintain safe and effective treatment and wards closing to admissions and patient movement as a result of infection prevention and control measures.

<b>Actions to Improve Performance</b>
<p>A number of measures are now in place to assist in improving performance including:</p> <ul style="list-style-type: none"> <li>• Establishment of the MHAUs to divert individuals from A&amp;E</li> <li>• Establishment of the out of hours compassionate distress hubs</li> <li>• Maturing the Discharge Co-ordination Teams set up in each locality although discharge processes have as been outlined affected by infection prevention and control measures restricting patient movement and the links to appropriate housing providers</li> </ul>
<b>Timescales for Improvement</b>
<p>Arrangements continually being reviewed operationally during remobilisation. This will continue to be an area of on-going work to March 2022. Regular review continues on progressing creating community solutions for people to move to, as well as the demand from vulnerable people entering care from the community. The numbers of people affected by delays in moving to the community is projected to stay within the historical range of single figures to thirty people, whilst COVID impacts on services and communities.</p> <p><a href="#">Back to Summary</a></p>

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

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

## SANDYFORD (SEXUAL HEALTH)

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

### IUD – number of appointments

TARGET	AREA	Jan-Mar 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21
-	NE	377	267	0	273	388	475
	NW	874	987	299	723	987	1022
	S	72	101	0	0	0	0
	<b>HSCP</b>	<b>1323</b>	<b>1355</b>	<b>299</b>	<b>996</b>	<b>1375</b>	<b>1497</b>
<b>1888/ quarter</b>	<b>GGC</b>	<b>1927 (G)</b>	<b>1870 (G)</b>	<b>299 (R)</b>	<b>1311 (R)</b>	<b>1723 (R)</b>	<b>1839 (A)</b>

### IUD – number of insertions

TARGET	AREA	Jan-Mar 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21
-	NE	253	182	0	186	273	352
	NW	748	757	305	709	861	844
	S	57	60	0	0	0	0
	<b>HSCP</b>	<b>1058</b>	<b>999</b>	<b>305</b>	<b>895</b>	<b>1135</b>	<b>1196</b>
<b>1309/ quarter</b>	<b>GGC</b>	<b>1488 (G)</b>	<b>1322 (G)</b>	<b>310 (R)</b>	<b>1124 (R)</b>	<b>1413 (G)</b>	<b>1488 (G)</b>

### Performance Trend

Target reached for number of insertions

### Issues Affecting Performance

All LARC procedures (except priority criteria) were stopped in March during the first lockdown. From June, priority and urgent LARC provision was restarted in 2 locations, and in one further location from August. Performance has improved over the last quarter, however is still below target as services are not open in all locations.

### Actions to Improve Performance

Despite resuming LARC services during the Covid recovery period, the service is currently restricted to only 3 sites so does not have the physical capacity to reach target. However increased capacity in existing sites means number of insertion target has been achieved. 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 – currently restricted by access to other sites limited.

<b>Timeline for Improvement</b>
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 gradually increase during 2021



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

#### Implants – number of appointments

TARGET	AREA	Jan-Mar 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21
-	NE	551	454	0	372	571	654
	NW	762	665	156	728	806	896
	S	150	83	0	0	0	0
	<b>HSCP</b>	<b>1463</b>	<b>1202</b>	<b>156</b>	<b>1100</b>	1377	1550
<b>2431/ quarter</b>	<b>GGC</b>	<b>2100 (R)</b>	<b>1691 (R)</b>	<b>156 (R)</b>	<b>1586 (R)</b>	<b>2028 (R)</b>	<b>2278 (R)</b>

#### Implants – number of insertions

TARGET	AREA	Jan-Mar 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21
-	NE	295	228	0	204	289	326
	NW	412	334	148	545	403	484
	S	93	55	0	0	0	0
	<b>HSCP</b>	<b>800</b>	<b>617</b>	<b>148</b>	<b>750</b>	693	811
<b>1148/ quarter</b>	<b>GGC</b>	<b>1124 (A)</b>	<b>865 (R)</b>	<b>148 (R)</b>	<b>1034 (R)</b>	<b>1017 (R)</b>	<b>1148 (G)</b>

#### Performance Trend

Target reached for number of insertions

#### Issues Affecting Performance

All LARC procedures (except priority criteria) were stopped in March during the first lockdown. From June, priority and urgent LARC provision was restarted in 2 locations, and in one further location from August. Performance has improved over the last quarter, however is still below target as services are not open in all locations.

#### Actions to Improve Performance

Despite resuming LARC services during the Covid recovery period, the service is currently restricted to only 3 sites so does not have the physical capacity to reach target. However increased capacity in existing sites means number of insertion target has been achieved. 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 – currently restricted by access to other sites limited.

<b>Timescales for Improvement</b>
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 gradually increase during 2021 <a href="#">Back to Summary</a>

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

TARGET	AREA	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21		
2 working days	NE	5 (R)	NA	1 (G)	1 (G)	3 (R)		
	NW	2 (G)	1 (G)	1 (G)	1 (G)	1 (G)		
	S	5 (R)	NA	NA	NA	NA		
	HSCP	3 (R)	1 (G)	1 (G)	1 (G)	1 (G)		
	GGC	3	1	1	1	1		

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

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

#### Male

TARGET	AGE	AREA	Jan-Mar 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21
21	13-15	GC HSCP	4 (R)	6 (R)	2 (R)	7 (R)	4 (R)	5 (R)
40		GGC	17 (R)	13 (R)	3 (R)	12 (R)	14 (R)	11 (R)
58	16-17	GC HSCP	30 (R)	16 (R)	3 (R)	18 (R)	16 (R)	27 (R)
110		GGC	58 (R)	38 (R)	4 (R)	29 (R)	30 (R)	37 (R)

#### Female

TARGET	AGE	AREA	Jan-Mar 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21
146	13-15	GC HSCP	94 (R)	71 (R)	21 (R)	36 (R)	40 (R)	43 (R)
292		GGC	183 (R)	145 (R)	37 (R)	87 (R)	95 (R)	87 (R)
339	16-17	GC HSCP	246 (R)	192 (R)	69 (R)	136 (R)	149 (R)	137 (R)
670		GGC	472 (R)	384 (R)	132 (R)	246 (R)	280 (R)	256 (R)

#### Performance Trend

Performance has increased in the HSCP area for young males, young females and older teenage males.

#### Issues Affecting Performance

The service is currently restricted to only 3 sites. The service aims to have YP service in a total of 9 sites across GGC so currently there is not physical service capacity to reach target.

#### Actions to Improve Performance

As recovery continues, and as pandemic circumstances allow, more YP clinics will be provided over the coming months in increasing number of locations. Plans are being made to increase to 1/2 new sites whilst awaiting approval to access other Sandyford sites.

#### 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](#)

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

TARGET	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20	Jan-Mar 21		
5 working days	5 (R)	0 (G)	0 (G)	0 (G)	0 (G)		
<b>Performance Trend</b>							
Performance remained GREEN in the last quarter. This measures time for the first appointment which is now a telemedicine-based model and has been operating recently on a same day call back basis.							
<a href="#">Back to Summary</a>							

## ALCOHOL AND DRUGS

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
90%	City	97% (G)	92% (G)	98% (G)	98% (G)	98% (G)	98% (G)	99% (G)	98% (G)
90%	North East	98% (G)	95% (G)	100% (G)	99% (G)	98% (G)	94% (G)	100% (G)	99% (G)
90%	North West	98% (G)	99% (G)	98% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
90%	South	99% (G)	88% (G)	88% (G)	93% (G)	90% (G)	96% (G)	99% (G)	99% (G)
<b>Performance Trend</b>									
<p><b>This indicator is reported one quarter in arrears.</b></p> <p>At Q3 all localities continued to exceed the referral to treatment time 3-week target (GREEN).</p> <p><a href="#">Back to Summary</a></p>									

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
75%	City	77% (G)	81% (G)	79% (G)	71% (R)	77% (G)	80% (G)	67% (R)	76% (G)	57% (R)
75%	North East	74% (G)	78% (G)	83% (G)	81% (G)	88% (G)	86% (G)	62% (R)	78% (G)	78% (G)
75%	North West	86% (G)	72% (A)	86% (G)	60% (R)	33% (R)	59% (R)	75% (G)	50% (R)	33% (R)
75%	South	75% (G)	91% (G)	70% (R)	65% (R)	61% (R)	80% (G)	67% (R)	90% (G)	0% (R)

#### Performance Trend

Performance at city-level, North West and South fell from GREEN to RED during Q4 with only North East continuing to meet target (GREEN).

As mentioned previously there has been a significant downward trend in the number of Parental Assessment forms completed on careFirst during the past 2 years – numbers completed from 2018-2021 are shown below. The small number of assessments currently completed increases the likelihood of significant fluctuation in performance between quarters.

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

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

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

#### Issues Affecting Performance

In North West the ability to undertake the assessments within the time frame was affected by inadequate levels of staff available to undertake assessments generally as well as specifically to this assessment. Changes to practice focussed staff on other parts of the service. Within the South, sickness absence and staff vacancies also contributed with caseloads not re-allocated as promptly as a result. The introduction of new e-forms also led some staff to delay completing parental until new forms were operational.

<b>Actions to Improve Performance</b>
North West ADRS SMT have changed the roles staff are undertaking and in the last 2 weeks have developed an assessment team for new patients which should improve compliance with completing assessments within time frames. Potential for changes to format of current recovery rota may also improve compliance. Within the South, staffing in the parents team has been expanded and staff have been reminded of the need to complete within timescales. An operational manager is also reviewing cases that need re-allocated to make sure priority cases are re-allocated promptly
<b>Timescales for Improvement</b>
This will hopefully show an improvement in the next quarter and going forward.  <a href="#">Back to Summary</a>



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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
70%	City	65% (R)	73% (G)	77% (G)	80% (G)	82% (G)	83% (G)	82% (G)	80% (G)	74% (G)
70%	North East	67% (A)	75% (G)	77% (G)	91% (G)	84% (G)	86% (G)	83% (G)	82% (G)	77% (G)
70%	North West	64% (R)	74% (G)	81% (G)	89% (G)	87% (G)	89% (G)	88% (G)	85% (G)	76% (G)
70%	South	73% (G)	76% (G)	78% (G)	86% (G)	79% (G)	79% (G)	78% (G)	77% (G)	73% (G)
<b>Performance Trend</b>										
Although there was some slippage in performance, all localities continued to exceed target (GREEN) at Q4.										
<a href="#">Back to Summary</a>										

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

- 9. Number of drug related deaths
- 10. Number of alcohol related deaths

## HOMELESSNESS

<b>Indicator</b>	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
<b>Purpose</b>	To monitor the proportion of homeless applications where a decision is made within the 28-day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled Accommodation in these cases.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & 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	20/21 Q3	20/21 Q4
95%	<b>City</b>	91% (A)	86% (R)	89% (R)	94% (G)	97% (G)	99% (G)	99% (G)	98% (G)	99% (G)
	North East	90% (R)	83% (R)	88% (R)	86% (R)	96% (G)	99% (G)	100% (G)	98% (G)	98% (G)
	North West	94% (G)	94% (G)	86% (R)	97% (G)	97% (G)	98% (G)	98% (G)	98% (G)	100% (G)
	South	83% (R)	77% (R)	83% (R)	94% (G)	97% (G)	100% (G)	100% (G)	99% (G)	100% (G)
	Asylum & Refugee Team (ARST)	99% (G)	100% (G)	99% (G)	100% (G)	98% (G)	98% (G)	100% (G)	99% (G)	100% (G)
<b>Performance Trend</b>										
Performance was maintained during Q4 with all localities and teams remaining above target (GREEN). A total of 1,524 decisions were made during Q4 of which 9 were out with timescale.										
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<b>Indicator</b>	2. Percentage of live homeless applications over 6 months duration at the end of the quarter.
<b>Purpose</b>	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & 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	20/21 Q3	20/21 Q4
<b>&lt;20%</b> (16/17)  <b>&lt;40%</b> (17/18 to 20/21)	<b>City</b>	<b>45%</b> (R)	<b>48%</b> (R)	<b>44%</b> (R)	<b>43%</b> (R)	<b>43%</b> (R)	<b>50%</b> (R)	<b>55%</b> (R)	<b>51%</b> (R)	<b>44%</b> (R)
	North East	<b>41%</b> (R)	<b>50%</b> (R)	<b>44%</b> (R)	<b>43%</b> (R)	<b>45%</b> (R)	<b>47%</b> (R)	<b>50%</b> (R)	<b>50%</b> (R)	<b>42%</b> (R)
	North West	<b>42%</b> (R)	<b>41%</b> (G)	<b>40%</b> (G)	<b>39%</b> (G)	<b>41%</b> (G)	<b>46%</b> (R)	<b>49%</b> (R)	<b>42%</b> (R)	<b>43%</b> (R)
	South	<b>48%</b> (R)	<b>51%</b> (R)	<b>47%</b> (R)	<b>45%</b> (R)	<b>44%</b> (R)	<b>47%</b> (R)	<b>51%</b> (R)	<b>48%</b> (R)	<b>45%</b> (R)
	Asylum & Refugee Team (ARST)	<b>57%</b> (R)	<b>51%</b> (R)	<b>37%</b> (G)	<b>35%</b> (G)	<b>38%</b> (G)	<b>64%</b> (R)	<b>90%</b> (R)	<b>73%</b> (R)	<b>45%</b> (R)

#### Performance Trend

Although performance remained below target (RED) at Q4, there was significant improvement in the city figure, the North East and the ARST Team.

In the North East the number of cases over 6 months dropped from 647 to 488 during Q4. During the same period the number of cases over 6 months in the Asylum and Refugee Team fell from 376 to 251 despite an increase in caseload to 554.

#### 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 mid-August.

The inability to resettle homeless households into settled lets, due to the ceasing of letting activity, continues to have an impact on the number of live homeless cases over 6 months.

#### Actions to Improve Performance

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.

The HSCP continued to see high numbers of settled lets being secured for homeless households through Q4 1036. This has resulted in a total settled let's figure for 2020/21 of 3188.

<b>Timescales for Improvement</b>
Significant improvements have been seen through Q4 2020/21 on the number of cases over 6 months. The continuing improvement in year on year letting activity is likely to see further reductions in the number of cases over six months in Q1 2021/22 and throughout the year. <a href="#">Back to Summary</a>

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

Target	17/18 Total	18/19 Total	19/20 Q3	19/20 Q4	19/20 Total	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	20/21 Total
<b>Revised for 20/21</b> 5,000 per annum (1,250 per quarter)	<b>3,016</b> (R)	<b>3,593</b> (R)	<b>1,020</b> (G)	<b>1,009</b> (G)	<b>3,774</b> (R)	<b>829</b> (R)	<b>800</b> (R)	<b>1,041</b> (R)	<b>1,291</b> (G)	<b>3,961</b> (R)

<b>Performance Trend</b>
<b>The annual target was revised from 4,000 to 5,000 for 2020/21.</b> The quarterly target was exceeded (GREEN) during Q4, the annual revised target of 5,000 resettlement plans was not met (RED) with the year-end total remaining 20% away from target.
<b>Issues Affecting Performance</b>
With the ceasing of letting activity by the City's RSL partners for over 5 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 on. Reviewing the already completed resettlement plans has had an impact on the number of new plans completed.  The service exceeded the quarterly target by completing 1291 resettlements throughout Q4.
<b>Actions to Improve Performance</b>
A Senior Community Homelessness Worker from each locality has been identified to lead and manage performance in this area, with weekly oversight by the Team Leader.
<b>Timescales for Improvement</b>
The service exceeded target in Q4 2020/21, and it is anticipated that the service will continue to meet the target of 1250 new resettlement plans per quarter through 2021/22.  <a href="#">Back to Summary</a>

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

Target	Locality	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
26 weeks	City-wide	42 weeks (R)	42 weeks (R)	41 weeks (R)	45 weeks (R)
<b>Performance Trend</b>					
During Q4 the average number of weeks increased to 45 remaining higher than the 26 weeks target (RED).					
<b>Issues Affecting Performance</b>					
With the understandable ceasing of mainstream letting activity on the part of the City's RSL partners for over five months, there has been an increase in case durations. Within this quarter we continued to see a significant number of settled lets to homeless households. The out turn figure for Q4 was 1036.					
<b>Actions to Improve Performance</b>					
<p>The HSCP continues to engage with RSL partners to request a continued increase in the number of lets to homelessness households over the recovery period to speed up the resettlement process and relieve pressure on temporary accommodation. The HSCP has completed its Local Letting Plans for 2021/22 in line with the pressures flowing from Covid-19 and have requested a letting target of 60% from RSL partners</p> <p>The HSCP continues to work with the Wheatley Group and a small number of Community Based Housing Associations on a pilot to match homeless households to void properties. This has increased the number of lets to homeless households and reduced the number of offer refusals, speeding up the resettlement timescales for homeless households.</p>					
<b>Timescales for Improvement</b>					
<p>As we continue to see an increase in the number of settled lets made to homeless households, we are likely to see performance improvements through Q1 2021/22.</p> <p><a href="#">Back to Summary</a></p>					

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

Target	15/16	16/17	17/18	18/19	19/20	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	20/21 Total
<480 per annum (<120 per Q)	395 (R)	493 (R)	444 (G)	400 (G)	437 (G)	108 (G)	94 (G)	95 (G)	123 (A)	420 (G)
<b>Performance Trend</b>										
At Q4 we moved slightly above target but the total for the year met the annual target.										
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<b>Target/Ref</b>	6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
<b>Purpose</b>	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	16/17	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
100%	60.9%	65.5% (R)	61% (R)	71% (R)	65% (R)	99% (G)	99% (G)	100% (G)	100% (G)
<b>Performance Trend</b>									
Performance remained on target (GREEN) for the fourth quarter of 20/21.									
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<b>Indicator</b>	7. Number of new Housing First tenancies created.
<b>Purpose</b>	The RRTP sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality		20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
600 over 5 years from 2019/20.	City-wide	Number created during quarter	0 (R)	19 (R)	25 (R)	33 (R)
Target by end of 20/21 is to reach 240 from baseline of 119 as at 31 <sup>st</sup> March 2020		Cumulative Total	119 (Baseline)	138 (R)	163 (R)	196 (R)
Performance Trend						
<p><b>New indicator.</b> Please note the figures for this indicator were amended at Q3. The data will now also be shown per quarter and cumulatively.</p> <p>At year end the target to reach 240 new Housing First tenancies was not met (RED). Over the year 77 new tenancies were created bringing the cumulative total to 196.</p>						
Issues Affecting Performance						
The understandable ceasing of mainstream letting activity on the part of the City's RSLs for five months has impacted on the number of lets to homeless households being supported into mainstream tenancies through Housing First.						
Actions to Improve Performance						
<p>The HSCP did not amend their Housing First target to reflect the impact of the covid pandemic. The HSCP will be developing a revised RRTP which will include revised Housing First targets.</p> <p>Three new Housing First Social Care Workers joined the team in Q4. The Team continue to provide an active outreach service to the City Centre Hotels to assist in the engagement with homeless households who would benefit from Housing First support and accommodation.</p> <p>A process of pre matching service users to void properties has been implemented with the Wheatley Group, this has improved timescales from assessment to tenancy match and move in.</p>						

The service continues to actively engage with Community Based RSL partners to increase the number of settled Housing First lets.

Developments also continue with the Homeless Health Service Team, with joint work on referral and engagement of vulnerable groups towards Housing First assessment and supported tenancies.

#### **Timescales for Improvement**

The service will review the Housing First targets as part of their revised RRTP. The HSCP will have their revised RRTP completed by Q2 2021/22, this will set out revised Housing First targets.

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

<b>Target</b>	<b>Locality</b>	<b>20/21 Q1</b>	<b>20/21 Q2</b>	<b>20/21 Q3</b>	<b>20/21 Q4</b>
Eradicate the use over 5 years from initial baseline of 341 (68 per year).  Target for end 20/21 is 350 units	<b>City-wide</b>	<b>496 (R)</b>	<b>573 (R)</b>	<b>439 (R)</b>	<b>344 (G)</b>
<b>Performance Trend</b>					
<b>New indicator</b>  At year end the target to have a maximum of 350 homeless households accommodated within B&B type accommodation was met (GREEN) with a decrease of 22% between Quarter 3 and Quarter 4.  <a href="#">Back to Summary</a>					

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

<b>Target</b>	<b>Locality</b>	<b>20/21 Q1</b>	<b>20/21 Q2</b>	<b>20/21 Q3</b>	<b>20/21 Q4</b>
Reduce supply by 1,000 from initial baseline of 2,156 over 5 years from end of 19/20.  Target for end of Q4 2020/21 is 1,850	City-wide	<b>2,424 (R)</b>	<b>2,569 (R)</b>	<b>2,612 (R)</b>	<b>2,384 (R)</b>
<b>Performance Trend</b>					
<b>New indicator</b> Although there was a decrease of 228 in the number of temporary furnished flats between Q3 and Q4 the year-end target of reducing the number to 1,850 was not met (RED).					
<b>Issues Affecting Performance</b>					
As a consequence of the public health emergency and the understandable ceasing of letting activity on the part of RSLs, the HSCP increased the number of TFFs. These additional TFFs were supplied by the RSL partners to help minimise the use of B&B type accommodation to accommodate homeless households.					
<b>Actions to Improve Performance</b>					
As mainstream letting activity has returned, the HSCP continues to work to return the additional void properties that were secured and being used as temporary furnished flats throughout the first lockdown period. The Service also continues to work with RSL partners 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.  The HSCP is currently developing a Temporary Accommodation Strategy. The core objective of the strategy will be to ensure sufficient supply of emergency accommodation to meet statutory duties.					

<b>Timescales for Improvement</b>
<p>The service will review this target in line with policy decisions and the medium-term economic implications of the public health emergency. The HSCP will have the temporary accommodation strategy completed by Q2 2021/22 this will set out revised targets for TFF provision.</p> <p><a href="#">Back to Summary</a></p>

## CRIMINAL JUSTICE

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
80%	City	65% (R)	67% (R)	66% (R)	76% (R)	19% (R)	70% (R)	73% (R)	76% (R)
80%	North East	63% (R)	58% (R)	64% (R)	82% (G)	22% (R)	72% (R)	73% (R)	81% (G)
80%	North West	70% (R)	76% (R)	69% (R)	70% (R)	22% (R)	62% (R)	69% (R)	71% (R)
80%	South	63% (R)	65% (R)	64% (R)	75% (R)	17% (R)	74% (R)	78% (A)	75% (R)

### Performance Trend

Although overall city performance remained RED, performance at Q4 was similar to pre-COVID levels following the significant drop during Q1 last year. Performance in North East exceeded target moving from RED to GREEN during the quarter while performance in South slipped from AMBER to RED.

During Q4 the number of orders made (257) fell to almost half the number made during Q3 (504).

### Issues Affecting Performance

COVID-19 has had a significant impact on our ability to deliver unpaid work and to start placements within 7 days of sentencing. This has been due to unpaid work placements being suspended.

This position improved as lockdown eased in late summer / autumn 2020, however service provision ran at reduced capacity for the remainder of the year to accommodate social distancing. Unpaid work was suspended again in January 2021 and is due to commence again on the 26 April 2021.

Although the courts started making orders again in Q3 and Q4 they no longer permitted social work staff to enter court rooms to reduce footfall in line with their COVID health and safety policies. This had a direct impact on justice social work's ability to identify those who had been made subject to a CPO / UPW order at the earliest convenience.

<p>Justice social work have had to rely on the clerks of court instructing the person to present at social work and our Fast Track Team upon leaving the court, which has not been happening.</p> <p>If a service user fails to attend their first appointment with justice social work, this has a direct impact on our ability to engage with them straightaway and commence their placement within 7 days of the court appearance.</p>
<p><b>Actions to Improve Performance</b></p>
<p>Justice social work continue to liaise with the courts and clerks to ensure that a consistent message is given to all service users that they must attend Fast Track immediately after sentence. This is vital now that we can no longer sit in court and speak with service users following their sentence. We have also requested clerks obtain an up to date telephone number for the service users so that we can contact them quickly should they fail to attend Fast Track.</p> <p>Recovery planning has been underway with unpaid work providers since summer 2020 to increase capacity in the system and ensure placements can be offered within timescales. Significant financial investment has been made in this area and when current restrictions are lifted there should be enough capacity in the system to offer placements to everyone on an unpaid work order. This financial commitment will continue into financial year 2021-22.</p> <p>Area team staff continue to proactively contact service users who do not present at Fast Track and having an up to date phone number assists them to do so. Area team processes have adapted to ensure they are making every effort to follow up missed appointment within the 7 days.</p>
<p><b>Timescales for Improvement</b></p>
<p>It is hard to predict when we will see an improvement in this performance trend as we have no indication from Glasgow Sheriff Court when justice social work staff will be allowed back into court rooms. It is hoped that as COVID restrictions ease in line with the Scottish Governments route map, this position will improve.</p> <p><a href="#">Back to Summary</a></p>

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
85%	City	97% (G)	80% (R)	76% (R)	85% (G)	71% (R)	80% (R)	86% (G)	85% (G)
85%	North East	88% (G)	79% (R)	76% (R)	79% (R)	67% (R)	80% (R)	79% (R)	80% (R)
85%	North West	98% (G)	75% (R)	84% (G)	87% (G)	75% (R)	82% (A)	91% (G)	87% (G)
85%	South	100% (G)	84% (G)	73% (R)	87% (G)	67% (R)	78% (R)	86% (G)	88% (G)
<b>Performance Trend</b>									
The target for Case Management Plans continued to be met at Q4 (GREEN) with the city, North West and South remaining GREEN. North East remained outside the target range (RED).									
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<b>Indicator</b>	3. Percentage of Community Payback Order (CPO) 3-month Reviews held within timescale.
<b>Purpose</b>	To monitor the proportion CPO reviews held within the 3-month standard. CPOs should be reviewed at regular intervals and revised where necessary.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
75%	City	71% (R)	78% (G)	72% (A)	87% (G)	86% (G)	83% (G)	84% (G)	87% (G)
75%	North East	64% (R)	77% (G)	79% (G)	79% (G)	72% (A)	67% (R)	74% (G)	88% (G)
75%	North West	75% (G)	77% (G)	72% (A)	90% (G)	91% (G)	85% (G)	97% (G)	92% (G)
75%	South	72% (A)	80% (G)	66% (R)	91% (G)	92% (G)	100% (G)	83% (G)	82% (G)

#### Performance Trend

Reviews have been held by telephone during the current COVID-19 emergency.

During Q4 the city and all localities continued to exceed target (GREEN).

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
70%	City	65% (R)	60% (R)	64% (R)	66% (R)	63% (R)	73% (G)	89% (G)	65% (R)
70%	North East	58% (R)	57% (R)	59% (R)	61% (R)	70% (G)	78% (G)	73% (G)	50% (R)
70%	North West	61% (R)	63% (R)	70% (G)	67% (A)	59% (R)	69% (G)	100% (G)	58% (R)
70%	South	75% (G)	60% (R)	62% (R)	73% (G)	64% (R)	73% (G)	100% (G)	83% (G)

#### Performance Trend

Performance fell significantly during Q4 with the city, North East and North West moving from GREEN to RED with falls of 24, 23 and 42 percentage points respectively. South continued to exceed target (GREEN) despite a fall of 17 percentage points between Quarters 3 and 4.

If breaches are excluded from the figures: NE 59%, NW 56% and South 95% (City 72%).

#### Issues Affecting Performance

COVID-19 has had a significant impact on our ability to complete unpaid work orders on time. This is due to unpaid work placements being suspended now on two occasions, firstly in March 2020 and again in January 2021. This has meant service users have been unable to attend work placements and work towards reducing their outstanding unpaid work hours.

This position improved as lockdown eased in August 2020, however made little impact on reducing hours as service provision ran at reduced capacity for the remainder of the year to accommodate social distancing. Unpaid work was suspended again in January 2021 and is due to commence again on the 26 April 2021.

<b>Actions to Improve Performance</b>
<p>Recovery planning has been underway with unpaid work providers since spring of 2020 to increase capacity and ensure placements can be provided safely and within timescales. Significant investment has been made in this area and when current restrictions are lifted there should be enough capacity in the system to offer placements to everyone subject to an unpaid work order. The financial commitment to support this recovery work will continue into financial year 2021-22.</p> <p>Justice social work are currently in dialog with Glasgow Sheriff Court regarding unpaid work orders that have expired, and a process is being put in place to arrange extensions to these orders.</p>
<b>Timescales for Improvement</b>
<p>Court business will resume to pre-COVID levels in June 2021. Once the court have processed existing requests for extensions on unpaid work orders that have expired, we should see a return to some normality within current caseloads. However, it is difficult to predict a timescale for this as we are at the behest of Scottish Courts and Tribunal Services in dealing with our requests to extend existing orders.</p> <p><a href="#">Back to Summary</a></p>

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

Target	Locality	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
80%	City	73% (R)	81% (G)	77% (A)	70% (R)	85% (G)	75% (R)	76% (R)
80%	North East	78% (A)	83% (G)	77% (A)	64% (R)	90% (G)	75% (R)	78% (A)
80%	North West	74% (R)	87% (G)	75% (R)	72% (R)	83% (G)	79% (G)	74% (R)
80%	South	69% (R)	77% (A)	79% (G)	71% (R)	82% (G)	71% (R)	75% (R)
<b>Performance Trend</b>								
During Q4 the overall city performance remained slightly below target (RED). North East improved slightly moving from RED to AMBER while performance in North West fell from GREEN to RED.								
<b>Issues Affecting Performance</b>								
<p>The number of CJSWRs have reduced as a direct result of COVID as courts suspended all non-urgent business during periods of lockdown. This had a positive impact on the number of CJSWRS submitted to court at Q2 as the numbers were minimal.</p> <p>Justice social work have met challenges in Q3 and Q4 in encouraging service users to attend office-based appointments due to the Stay at Home Government advice and haven't always been able to reach service users by phone to carry out an interview in that way.</p> <p>Access to those on remand has also been difficult during Q3 and Q4 as the remand hall in Barlinnie was closed on several occasions due to COVID outbreaks and prisoners isolating which meant staff could not interview service users for the purposes of CJSWR. These challenges have increased the number of incomplete CJSWRs and letters to court.</p>								
<b>Actions to Improve Performance</b>								
A number of the issues affecting performance in Q3 and Q4 are out with our control. We have been flexible with service users who have underlying health conditions or who are self-isolating and have been carrying out some CJSWR interviews by phone. However, not everyone has access to a phone and we have been unable to interview service users in their home.								

<b>Timescales for Improvement</b>
We would hope to see an improvement as COVID restrictions lift and service users gain confidence in attending appointments. <a href="#">Back to Summary</a>

<b>Indicator</b>	6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison
<b>Purpose</b>	It is important that post release interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release. The data shown below excludes Extended Sentence Licenses.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) 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	20/21 Q3	20/21 Q4
90%	City	93% (G)	95% (G)	92% (G)	100% (G)	95% (G)	97% (G)	81% (R)	81% (R)
90%	North East	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	92% (G)	85% (R)	80% (R)
90%	North West	100% (G)	100% (G)	89% (G)	100% (G)	80% (R)	100% (G)	78% (R)	83% (R)
90%	South	80% (R)	86% (A)	89% (G)	100% (G)	100% (G)	100% (G)	75% (R)	80% (R)
<b>Performance Trend</b>									
During Q4 performance continued to remain below target (RED).									
<b>Issues Affecting Performance</b>									
<p>There are a small number of prisoners released from custody each quarter. The percentage figures can be impacted by 2 or 3 service users not attending their pre-release interviews or staff not updating the Care First system timeously. However, it is noted that the percentage figures have remain below target in both Q3 and Q4, which goes against the consistent performance trend.</p> <p>We have not seen evidence that COVID has impacted on this performance figure. Nor have we seen evidence that service users are not being seen at point of release. The management of throughcare cases in Glasgow is robust and everyone is given an appointment to meet with a social worker their day of released.</p> <p>On occasion service users fail to attend their scheduled appointment which impacts on this figure. There is evidence that this non-attendance is dealt with immediately and swift action taken to locate and meet with the person.</p>									
<b>Actions to Improve Performance</b>									
Staff have been reminded to record timeously given the impact the small numbers have on the overall percentage rate. Team leaders have been asked to ensure tighter scrutiny over this performance area to ensure issues such as staff absence does not affect performance recording in the future.									

Team leaders will be invited to the next operational performance meeting to discuss this drop in performance to ensure every efforts is being made to maintain the high level of performance normally seen in throughcare.

#### **Timescales for Improvement**

We anticipated an improvement in this performance figure in Q4. Following the above actions we would hope to see an improvement in this for the next quarter.

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## HEALTH IMPROVEMENT

<b>Indicator</b>	1. Alcohol brief intervention delivery (ABI)
<b>Purpose</b>	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	16/17	17/18	18/19	19/20	Target 2020/21 (Q4/Annual)	20/21 Actual			
						Q2	Q3	Q4	Total to date
<b>Glasgow City HSCP</b>	<b>7,400 (G)</b>	<b>6,470 (G)</b>	<b>5055 (G)</b>	<b>4394 (R)</b>	<b>1267/5066</b>	<b>315 (R)</b>	<b>1954 (G)</b>	<b>1885 (G)</b>	<b>4269 (R)</b>
North East	<b>1,156 (R)</b>	<b>1,312 (R)</b>	<b>1360 (R)</b>	<b>1070 (R)</b>	409/1636	<b>13 (R)</b>	<b>120 (R)</b>	<b>107 (R)</b>	<b>254 (R)</b>
North West	<b>1,399 (R)</b>	<b>1790 (G)</b>	<b>1277 (R)</b>	<b>934 (R)</b>	397/1585	<b>63 (R)</b>	<b>46 (R)</b>	<b>35 (R)</b>	<b>165 (R)</b>
South	<b>739 (R)</b>	<b>674 (R)</b>	<b>1035 (R)</b>	<b>651 (R)</b>	461/1845	<b>23 (R)</b>	<b>25 (R)</b>	<b>16 (R)</b>	<b>72 (R)</b>
City Wide (Non sector specific wider settings delivery)	4,106	2694	1383	1739		216	1763	1727	3778
<b>Performance Trend</b>									
Performance moved to GREEN for Q3 and Q4 but remains RED at a city level against the below target and RED. Note: City wide services are delivered in localities but are recorded at a city-wide level.									
<b>Issues Affecting Performance</b>									
There has been a continuation of impact on delivery due to the ongoing effect of COVID restrictions. This has substantially impacted recorded delivery across all HSCP, Primary Care, and wider settings affecting face to face delivery.									



<b>Actions to Improve Performance</b>
We continue to work with partners both internal and external to maximise online approaches. We will support partners, both internal and external to include ABI as part of their remobilisation planning.
<b>Timescales for Improvement</b>
<p>We continue to look to improve performance where possible at this time. As we move forward and COVID restrictions are relaxed we will see re-establishment of face to face delivery. It is important to note however the timescale for this progress still remains unclear at this time. It is likely that delivery of ABIs to normal level will still be negatively impacted going forward into the next quarter.</p> <p><a href="#">Back to Summary</a></p>

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

Locality	16/17	17/18	18/19	19/20	Target 2020/21	20/21 – Cumulative Totals			
						Q1	Q2	Q3	Q4
<b>Glasgow City HSCP</b>	<b>1,250</b> <b>(R)</b>	<b>1,398</b> <b>(G)</b>	<b>1412</b> <b>(G)</b>	<b>1389</b> <b>(G)</b>	<b>884</b>	<b>257</b> <b>(R)</b>	<b>614</b> <b>(G)</b>	<b>903</b> <b>(G)</b>	
North East	<b>489</b> <b>(R)</b>	<b>498</b> <b>(A)</b>	<b>547</b> <b>(G)</b>	<b>516</b> <b>(G)</b>	<b>348</b>	<b>95</b> <b>(R)</b>	<b>228</b> <b>(A)</b>	<b>336</b> <b>(A)</b>	
North West	<b>346</b> <b>(R)</b>	<b>431</b> <b>(G)</b>	<b>427</b> <b>(G)</b>	<b>422</b> <b>(G)</b>	<b>280</b>	<b>83</b> <b>(R)</b>	<b>203</b> <b>(G)</b>	<b>298</b> <b>(G)</b>	
South	<b>415</b> <b>(R)</b>	<b>469</b> <b>(G)</b>	<b>438</b> <b>(G)</b>	<b>451</b> <b>(G)</b>	<b>256</b>	<b>79</b> <b>(R)</b>	<b>183</b> <b>(G)</b>	<b>269</b> <b>(G)</b>	

#### Performance Trend

Performance remained GREEN in the last quarter at a city level and in the North West and South. North East remained AMBER.

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

Locality	TARGET	Q1 18/19	Q1 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
<b>HSCP</b>	<b>12%</b>	<b>12.3% (G)</b>	<b>11.7% (G)</b>	<b>10.8% (G)</b>	<b>9.8% (G)</b>	<b>10.4% (G)</b>	<b>9.6% (G)</b>	<b>10.0% (G)</b>	<b>8.2% (G)</b>
NE	N/A	14.8%	15.1%	10.8%	10.1%	12.7%	11.1%	13.2%	10.6%
NW	N/A	10.3%	9.3%	10%	8.6%	7.8%	8.5%	8.4%	6.3%
S	N/A	12.1%	10.8%	11.3%	10.4%	10.8%	9.5%	9.1%	7.9%
<b>Performance Trend</b>									
Performance at a city level remains GREEN and rates decreased 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.									
<a href="#">Back to Summary</a>									

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

LOCALITY	TARGET	Q1 18/19	Q1 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
<b>HSCP</b>	<b>17%</b>	18.7% (G)	18.9% (R)	17.2% (G)	14.6% (G)	15.0% (G)	14.7% (G)	15.4% (G)	12.4% (G)
NE	N/A	19.6%	20.7%	14.2%	14.2%	15.2%	14.9%	18.3%	14.0%
NW	N/A	18.8%	16.4%	15.9%	13.7%	12.6%	15.1%	13.5%	10.9%
S	N/A	18.4%	18.7%	20.8%	15.7%	16.4%	14.2%	14.2%	11.9%
<b>Performance Trend</b>									
Performance at a city level remains GREEN and rates decreased 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.									
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<b>Indicator</b>	5. Exclusive Breastfeeding at 6-8 weeks (general population)
<b>Purpose</b>	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

AREA	Jan-Mar 17	Jan-Mar 18	Jan-Mar 19	Target (end 2020/21)	2019	2020		
					Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep
<b>HSCP</b>	<b>25.7%</b>	<b>28.1%</b>	<b>28%</b>	<b>32.2%</b>	<b>31.7% (G)</b>	<b>28.2% (R)</b>	<b>30.4% (R)</b>	<b>31.5% (G)</b>
NE	21.5%	22%	20.8%	<b>N/A</b>	<b>25.1%</b>	24.1%	24.6%	22.5%
NW	29.8%	32.5%	30.4%	<b>N/A</b>	<b>36.7%</b>	33.1%	35.8%	37.7%
S	25.6%	29.7%	31.8%	<b>N/A</b>	<b>33.2%</b>	27.6%	31%	33.4%
<b>Performance Trend</b>								
Performance moved to GREEN in last quarter 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 in arrears and no updated data is yet available.								

<b>Indicator</b>	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
<b>Purpose</b>	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

					2019	2020		
AREA	Jan-Mar 17	Jan-Mar 18	Jan-Mar 19	Target (end 2020/21)	Q4	Jan-Mar	Apr-Jun	Jul-Sep
<b>HSCP</b>	<b>19.9%</b>	<b>20.7%</b>	<b>21.2%</b>	<b>23.4%</b>	<b>24.8% (G)</b>	<b>18.9% (R)</b>	<b>22.4% (A)</b>	<b>21.8% (R)</b>
NE	19.1%	19.1%	18.2%	N/A	23.8%	21.4%	21.6%	19.6%
NW	21.2%	22.8%	18.4%	N/A	22.4%	20.1%	25.8%	20.8%
S	19.7%	21.1%	26.9%	N/A	27.7%	15.9%	20.5%	25.3%
<b>Performance Trend</b>								
Performance moved to RED 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 in arrears and no updated data is yet available.								
<b>Issues Affecting Performance</b>								
Impact of Covid 19 on Health Visiting services and breast feeding support groups within community settings.  Less referrals to the Breastfeeding Problem Solving clinics from Midwifery Services in the last year. Antenatal contacts from Midwifery Services have continued but Antenatal Classes did not. Mothers are currently signposted to the Solihull online pre-recorded classes.  At first visits staff have been reporting mothers needing increased support with Breastfeeding and that some mothers have been mix feeding for a period of time before their first contact.								
<b>Actions to Improve Performance</b>								
- 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.								

-Wider support such as text, attend anywhere and telephone support have also now been offered.

- In some cases staff are able to support mums back to exclusive feeding but staff will also be taking the approach as per our Unicef standards that where exclusive breastfeeding is not possible, any breastfeeding is of value and so is focusing on maintaining some Breastfeeding for as long as possible.

-Work is currently underway to recruit and train a cohort of mum2mum supporters and trained peer supporters with other languages to enable a 6 month pilot of a targeted telephone support service, with the aim of being able to increase support to mothers whose first language isn't English. This will be in addition to but working alongside the existing telephone support offered and will begin antenatally and continue up to 4 months post-natal as required. This work is being done in partnership with Midwifery Services, Health Visiting and the third sector (National Childbirth Trust and the Breastfeeding Network).

#### **Timescales for Improvement**

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

AREA	2017/18 Drop Off Rates	2020/21 Target	2020				2021	
			Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
<b>HSCP</b>	<b>32.3%</b>	<b>30.9%</b>	<b>22.7% (G)</b>	<b>25.7% (G)</b>	<b>24.0% (G)</b>			
NE	39.9%	38.2%	24.8%	27.2%	29.3%			
NW	27.2%	26%	19.7%	23.9%	20.2%			
S	31.3%	30%	23.8%	26.1%	23.5%			
<b>Performance Trend</b>								
New indicator this year. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2020/21 and is GREEN. Data is reported in arrears and no updated data is yet available.								
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### Other Annually/Biennially Reported Indicators - See Appendix 1, Section 3

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



## HUMAN RESOURCES

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

Section	Target	Mar 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 21
Adult Services	4%	6.7% (R)	6.14% (R)	6.48% (R)	6.5% (R)	5.41% (R)	5.32% (R)	5.16% (R)
Children's Services	4%	5.6% (R)	3.64% (G)	4.14% (A)	4.9% (R)	4.3% (R)	4.0% (G)	4.58% (R)
Clinical Director	4%	7.3% (R)	3.07% (G)	2.13% (G)	2.5% (G)	1.32% (G)	0% (G)	0% (G)
Health Improvement	4%	3.9% (G)	2.93% (G)	5.27% (R)	3.3% (G)	3.3% (G)	4.58% (R)	5.06% (R)
Older People	4%	7.4% (R)	5.41% (R)	6.40% (R)	6.0% (R)	6.13% (R)	5.82% (R)	6.14% (R)
Resources	4%	4.8% (R)	4.57% (R)	5.73% (R)	4.6% (R)	2.87% (G)	2.89% (G)	4.34% (R)
Public Protection and Complex Care	4%	8.1% (R)	8.64% (R)	9.34% (R)	7.9% (R)	3.91% (G)	3.38% (G)	5.37% (R)
<b>Grand Total</b>	<b>4%</b>	<b>6.37% (R)</b>	<b>5.59% (R)</b>	<b>5.99% (R)</b>	<b>5.79% (R)</b>	<b>5.03% (R)</b>	<b>4.87% (R)</b>	<b>5.1% (R)</b>

### Performance Trend

Variations across areas and over time but performance overall remains within target across the HSCP although there has been a slight increase at a city level in March 21.

### 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 significantly reduced over the last three months. During March there was a backlog of annual leave - meaning that service managers are 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. The HR COVID Team are supporting managers who have staff off with Long Term Covid related illness

<b>Timescales for Improvement</b>
Ongoing - subject to agreed review periods <a href="#">Back to Summary</a>

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

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

	Quarter 4 19/20		2020/2021													Quarter 4	
	P12	P13*	P1**	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13*		
ADL Target	0.8	1.2	0.4	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	1.2		
(10.2 per year/0.2 per week)																	
Glasgow	1.3	2.1	0.4	1.2	1.2	1.1	1.0	1.1	1.1	1.2	1.3	1.4	1.4	1.4	2.1		
	(R)	(R)	(G)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)		
Resource s	0.9	2.1	0.3	0.7	0.8	0.6	0.7	0.8	0.9	0.9	1.0	1.0	0.8	0.9	1.1		
	(R)	(R)	(G)	(G)	(G)	(G)	(G)	(G)	(R)	(R)	(R)	(R)	(G)	(R)	(G)		
Adult Services	1.1	1.5	0.4	1.2	1.0	0.7	0.6	0.7	0.5	0.6	0.8	0.6	0.7	0.9	1.5		
	(R)	(R)	(G)	(R)	(R)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(R)	(R)		
Public Protection & Complex Care	0.8	1.8	0.1	0.3	0.3	0.4	0.5	0.4	0.5	0.8	0.7	0.7	0.5	0.6	1.1		
	(G)	(R)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)		
Children's Services	1.1	1.1	0.3	0.7	0.8	0.8	0.7	0.7	0.7	0.9	0.9	1.0	0.9	0.9	1.5		
	(R)	(R)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(R)	(R)	(R)	(R)	(R)	(R)		
Older People's Services	0.7	1.8	0.5	0.5	0.8	0.8	0.8	1.2	0.8	0.9	1.1	1.1	0.8	0.9	1.5		
	(G)	(R)	(R)	(G)	(G)	(G)	(G)	(R)	(G)	(R)	(R)	(R)	(G)	(R)	(R)		
Care Services	1.7	1.3	0.5	1.6	1.6	1.4	1.3	1.4	1.4	1.6	1.8	1.8	2.0	1.9	2.8		
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)		

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

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

### Performance Trend

Quarter 4 covers Periods 12 & 13. The P13 ADL Glasgow figure remains the same as last year at 2.1 ADL.

Public Protection & Complex Care has consistently achieved below target each period. However, the concerning area remains within Care Services, which includes priority staff groups of Home Care and Older People Residential (Care Homes).

The annual figure of 15.9 ADL was higher than the target of 10.2 or less ADL for the year (RED). There was little change in comparison with the figure of 15.7 ADL for 2019/20.

<b>Issues Affecting Performance</b>
Unprecedented times of Covid-19 has been challenging for a lot of our care groups which may continue to impact on absence performance.
<b>Actions to Improve Performance</b>
Home Care and Older People Residential will continue to take the highest priority within staff groups and a review of action plans are being undertaken which will involve a review of local processes and HR support to managers.
<b>Timescales for Improvement</b>
Improvement timescales are likely to move forward into the new year of 2021/22 to try and demonstrate any positive shift in absence trends.
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<b>Indicator</b>	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).
<b>Purpose</b>	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%.

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 19	Mar 20	Apr 20	Dec 20	Jan 20	Feb 20	Mar 20
80%	Glasgow City	24.41% (R)	41% (R)	40.6% (R)	29.3% (R)	28.2% (R)	25.8% (R)	25.7% (R)
80%	HSCP Central	8.9% (R)	32.8% (R)	32.8% (R)	33% (R)	33% (R)	31% (R)	29.3% (R)
80%	North East	36.66% (R)	45.8% (R)	42.3% (R)	31.2% (R)	29.5% (R)	26.9% (R)	26.5% (R)
80%	North West	21.26% (R)	36.6% (R)	36.6% (R)	25% (R)	24.5% (R)	21.3% (R)	20.5% (R)
80%	South	14.76% (R)	35.4% (R)	37.3% (R)	30.5% (R)	29.4% (R)	27.5% (R)	28.7% (R)
80%	Mental Health Central	8.9% (R)	31.3% (R)	28.4% (R)	28.5% (R)	27.9% (R)	17.9% (R)	26.9% (R)

#### Performance Trend

Performance remains RED across all areas and has declined slightly over the last quarter. The NHSGGC figure for March 2021 was 41.2%, and Partnership was at 30.9% therefore we are 15% 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 provide support mechanisms to for both staff and reviewers. 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.

<b>Timescales for Improvement</b>
Improvements sought in future quarters
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<b>Indicator</b>	4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
<b>Purpose</b>	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate Services

TARGET	AREA	Mar 17	Mar 18	Mar 19	Mar 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
100%	Glasgow City HSCP Total	57% (R)	75% (R)	45% (R)	20% (R)	57% (R)	44% (R)	55% (R)	64% (R)	58% (R)
<b>Performance Trend</b>										
Performance fluctuates across areas and over time as numbers involved are small. Performance improved slightly between December and March at a city level but remains RED.										
<b>Issues Affecting Performance</b>										
Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that some individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers.  There has been a steady improvement in respect of induction since January 20 excluding March and a slight reduction in December 2020. However, work continues to improve induction being undertaken and recorded.										
<b>Actions to Improve Performance</b>										
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. Managers are encouraged to ensure all induction is complete and to sign off the online induction programme										
<b>Timescales for Improvement</b>										
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.  <a href="#">Back to Summary</a>										

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

TARGET	AREA	Mar 17	Mar 18	Mar 19	Mar 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
100%	Glasgow City HSCP Total	50% (R)	44% (R)	75% (R)	50% (R)	0% (R)	29% (R)	10% (R)	78% (R)	62% (R)
<b>Performance Trend</b>										
Performance fluctuates across areas and over time as numbers involved are small. Performance improved between December and March at a city level but remains RED.										
<b>Issues Affecting Performance</b>										
Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that some individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers.										
<b>Actions to Improve Performance</b>										
<p>-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.</p> <p>- Work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHSGG&amp;C.</p> <p>-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.</p>										
<b>Timescales for Improvement</b>										
<p>This detail is provided on a monthly basis to local management teams for review. There is continuing overview of progress against the target at a local level to ensure improvement in compliance. Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. A continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.</p> <p><a href="#">Back to Summary</a></p>										

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

##### 15. I-Matters Completion



## BUSINESS PROCESSES

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

Locality	TARGET	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
HSCP	70%	96.6% (G)	96.2% (G)	92.4% (G)	96% (G)	98.5% (G)	86.6% (G)	95.2% (G)
NE	70%	97.3% (G)	87.5% (G)	88.2% (G)	80% (G)	100% (G)	75% (G)	84.2% (G)
NW	70%	87.5% (G)	90.6% (G)	69.6% (G)	70.6% (G)	85.7% (G)	81.2% (G)	63.7% (R)
South	70%	80% (G)	0% (R)	50% (R)	66.7% (A)	86% (G)	72.7% (G)	85.7% (G)
Prisons	70%	98.7% (G)	100% (G)	95% (G)	100% (G)	100% (G)	87.4% (G)	100% (G)

### Performance Trend

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

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

Locality	TARGET	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
HSCP	70%	60% (R)	70% (G)	73% (G)	80% (G)	59% (R)	69% (G)	75% (G)
NE	70%	40% (R)	50% (R)	100% (G)	89% (G)	33% (R)	54% (R)	100% (G)
NW	70%	64% (R)	73% (G)	56% (R)	70% (G)	40% (R)	58% (R)	56% (R)
South	70%	100% (G)	100% (G)	89% (G)	57% (R)	50% (R)	94.1% (G)	78% (G)
Prisons	70%	59% (R)	67.6% (A)	72% (G)	80.3% (G)	63.1% (R)	67.2% (A)	77.9% (G)

#### Performance Trend

This indicator is reported **one quarter in arrears**. HSCP as a whole remained GREEN in the last period. Some variation however, with North West RED. The vast majority of complaints relate to prisons so these largely determine overall HSCP performance

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

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q4		20/21 Q1		20/21 Q2		20/21 Q3	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
70%	North East	31	71% (G)	14	93% (G)	29	79% (G)	6	67% (A)	8	75% (G)	8	100% (G)
70%	North West	22	52% (R)	19	79% (G)	25	32% (R)	1	100% (G)	14	50% (R)	7	43% (R)
70%	South	33	61% (R)	36	58% (R)	30	53% (R)	6	50% (R)	15	73% (G)	11	91% (G)
70%	Homelessness	n/a	n/a	12	42% (R)	8	50% (R)	4	50% (R)	10	90% (G)	12	58% (R)
70%	Centre	9	43% (R)	11	64% (R)	11	73% (G)	6	100% (G)	3	67% (A)	1	100% (G)
70%	<b>City</b>	<b>95</b>	<b>61% (R)</b>	<b>92</b>	<b>67% (A)</b>	<b>103</b>	<b>57% (R)</b>	<b>23</b>	<b>70% (G)</b>	<b>50</b>	<b>70% (G)</b>	<b>39</b>	<b>74% (G)</b>

#### Performance Trend

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

During Q3 the overall city performance continued to exceed target (GREEN). North West and the Homelessness team failed to meet target (RED).

Following the increase of Stage 1 complaints during Q2 (50) the number of complaints decreased by 22% during Q3. The central complaints team has contributed to reduced volumes by processing a greater proportion of Stage 1 complaints as Stage 2 complaints in order to reduce the burden on front-line services.

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

Target	17/18 Q4		18/19 Q4		19/20 Q4		20/21 Q1		20/21 Q2		20/21 Q3	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
70%	37	<b>29% (R)</b>	41	<b>46% (R)</b>	59	<b>51% (R)</b>	39	<b>59% (R)</b>	58	<b>76% (G)</b>	68	<b>84% (G)</b>
<b>Performance Trend</b>												
<p>This indicator is reported <b>one quarter in arrears</b>.</p> <p>Performance improved further during Q3 and continued to exceed target (GREEN) despite an increase in the number of complaints dealt with as stage 2 between Quarters 2 and 3.</p> <p><a href="#">Back to Summary</a></p>												

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

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q4		20/21 Q1		20/21 Q2		20/21 Q3	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
100%	City	94	99% (G)	86	100% (G)	92	96% (A)	61	95% (R)	80	99% (G)	75	100% (G)

#### Performance Trend

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

Performance in relation to FOIs continued to meet target (GREEN) during Q3.

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

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q4		20/21 Q1		20/21 Q2		20/21 Q3	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
100%	City	58	75% (R)	93	69% (R)	146	58% (R)	50	18% (R)	95	34% (R)	110	19% (R)

#### Performance Trend

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

Performance remained RED falling further between Quarters 2 and 3. The number of requests has continued to rise during Q2 and Q3 following a dip at Q1.

#### Issues Affecting Performance

Covid-19 has directly impacted SAR handling from March 2020 onwards. Remote working could not immediately be implemented for any senior officer on the central team. The worst initial impact was therefore in Quarter 1. However, City Archives closed on 20th March 2020 and have only recently, partially, reopened in 2021 for purposes of processing critical requests including social work SAR requests. Prior to that, only SARs for recent records were able to be processed by the central team in the first 3 quarters of 2020-21. Archived records, which constitute the majority of requests received were not accessible and could not be completed regardless of resources available. We are now beginning to receive records from Archives at a rate of around six every three to four weeks, however we are required – where possible – to prioritise older requests, some of which have now been outstanding for almost a year. In addition, the number of requests we are receiving is increasing as advocacy services that have not been operational are now resuming services, and are passing their own backlogs on to us. The 19% figure above therefore represents an acceptable performance by the central team in terms of clearing those SARs which it was possible to close, given the requirement to service the now-significant backlog, and in the context of an increasing number of requests.

#### Actions to Improve Performance

Discussions with Glasgow Life have resulted in some easing of restrictions on access to archived records from February 2021, and we are now receiving a small but steady input of case files. It is hoped that, as restrictions ease further, we will receive higher volumes of files. CFIT staff will continue to work through outstanding SARs as quickly as possible, however the team will remain reliant on Glasgow Life and will be directly impacted by the level of resource they are able to commit to locating and providing records.

### **Timescales for Improvement**

Performance will not improve for a considerable time, despite the archives supplying records to the HSCP team from February 2021. There is now a considerable backlog of requests to be cleared and new requests continue to be received at a high and increasing rate. It is anticipated that, whilst performance should slowly recover, it will be impacted until at least the end of 2021 and possibly beyond. With the requirement to clear the backlog, quarterly performance will continue to fail to meet target as higher priority must be given to cases that are already overdue.

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	
									no.	%
80%	City	92% (G)	94% (G)	88% (G)	73% (R)	77% (A)	77% (A)	76% (R)	315	73% (R)
80%	North East	100% (G)	100% (G)	99% (G)	85% (G)	95% (G)	90% (G)	91% (G)	56	93% (G)
80%	North West	95% (G)	93% (G)	91% (G)	80% (G)	70% (R)	67% (R)	84% (G)	63	63% (R)
80%	South	95% (G)	94% (G)	93% (G)	81% (G)	67% (R)	69% (R)	75% (R)	57	77% (A)
80%	Centre	83% (G)	86% (G)	73% (R)	71% (R)	70% (R)	67% (R)	52% (R)	119	64% (R)
80%	Care Services (prev. Cordia LLP)	n/a	n/a	n/a	27% (R)	85% (G)	98% (G)	97% (G)	20	90% (G)

#### Performance Trend

At Q4 performance at city level remained RED.

North East and Care Services maintained their GREEN RAG-rated status, while performance in South improved slightly moving from RED to AMBER. Performance in North West slipped moving from GREEN to RED. Centre remained below target and RED. The poor performance at City level was largely due to the poor performance in those parts of the HSCP with highest volumes of enquires and lowest performance – North West and Centre.

#### Issues Affecting Performance

The Members Liaison Unit (MLU) section was closed at the end of 2019/20 Q4 and the start of 2020/21 Q1 as a result of COVID-19. It operated with reduced numbers of staff for part of 2020 but was functioning normally by Q4 2020/21. At the outset of the pandemic it was decided that only emergency and COVID-19 related enquiries would be dealt with via a process set up by the Chief Executive's Department. These factors likely impacted on performance into 2020/21 Q2, taking into account backlogs of non-emergency enquiries. Performance shortfall in Q3 and Q4 of 2020/21 is however an issue specific to the HSCP.

Volumes of enquires dropped significantly in Quarter 1 of 2020/21 to 143 across the whole HSCP. However, these increased significantly in the next three quarters more than doubling by Q4 (Q2= 272, Q3 =279, Q4= 315). The increase was particularly significant for enquires directed to teams located at HSCP Centre Team, with a rise of 59% between Q3 (75) and Q4 (119).



Performance shortfall is therefore generally a product of rising volumes during a period when pressures on staffing and priorities continue due to the ongoing pandemic. This can be seen from the fact that those parts of HSCP services receiving the smallest number of enquiries (North East Locality and Care Services) have managed to recover performance and the next lowest volume (South locality) has improved to Amber status by Q4. Even centre-based teams have substantially improved performance between Q3 and Q4, despite rising volumes.

The only part of the HSCP that has failed to sustain improvement in Q4 is North-West locality. This is likely due to the specific impact of **[check with North West HOS]**

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

Social Work MLU inbox will be monitored daily and enquiries escalated to relevant teams as quickly as possible. Managers will be reminded of the need to prioritise these appropriately to meet timescales.

#### **Timescales for Improvement**

If volumes of enquiries stabilise as the effects of the Covid-19 crisis begin to subside (as one might reasonably anticipate) and the measures above are taken, then performance should improve by Q3 2021/22 to be in line with the usual performance achieved in all years prior to the pandemic.

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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%	87.5%	87.9% (G)	87.8%
	Scotland	87.0%	87.3%	88.0%	88.0%	88.5%	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)**	Glasgow	94.5%	94.7%	95%	94.9%	94.9% (G)	95.4%
	Scotland	95.7%	95.8%	96%	96.0%	96.2%	N/A

### 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.

<b>National Integration Indicator</b>	<b>Outcome</b>	<b>Glasgow</b>	<b>Scotland</b>
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**

<b>Indicator No. /Outcome</b>	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		

<b>Indicator No. /Outcome</b>	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	13,090	12,744	▲	▲
Scotland	12,295	12,229	12,210	12,278	12,417		

<b>20/21 Data</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Glasgow City	2,536	2,967*	2,632*	

\*Provisional

<b>Indicator No. /Outcome</b>	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	143,960	145,713	139,131	138,790	135,555	▲	▲
Scotland	127,563	125,948	122,388	119,991	118,055		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	25,293	28,848*	25,099*	

\*Provisional

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	97	▲	▲
Scotland	98	101	103	103	103		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	131	121*	89*	

\*Provisional

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	86.7	87.3	87.5	87.9	▲	▲
Scotland	87	87.3	88	88	88.4		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	90.6	89.8*	89.5*	

\*Provisional

<b>Indicator No. /Outcome</b>	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		

<b>20/21 Data</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Glasgow City	5.9	6.8*	5.8*	

\*Provisional

<b>Indicator No. /Outcome</b>	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	81.3%	86.3%	90%	86.3%	90.7%	▲	▲
Scotland	82.9%	83.8%	85.4%	82.2%	81.8%		

<b>Indicator No. /Outcome</b>	18. Percentage of adults with intensive care needs receiving care at home						
Outcome 9	2015	2016	2017	2018	2019	Direction of Travel	
						2015-2019	2018-2019
Glasgow City	55.5%	55.2%	56.6%	58.3%	59.1%	▲	▲
Scotland	61.2%	61.6%	60.7%	62.1%	63.1%		

<b>Indicator No. /Outcome</b>	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		

<b>20/21 Data</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Glasgow City	119	155*	169*	

\*Provisional

<b>Indicator No. /Outcome</b>	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	24.3%	25.4%	25.5%	25.5%	25.2%	▼	▲
Scotland	23.2%	23.4%	24.1%	24.1%	24%		

<b>20/21 Data</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Glasgow City	19.9	22.5*	19.9*	

\*Provisional

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
<b>Primary Care</b>								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	19/20	<b>72% (R)</b>				Performance below target but above the Scottish average (64%). This has reduced from the 2017/18 figure of 76%. From 19/20 Health & Care Experience Survey.
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	19/20	<b>92% (G)</b>				Performance above target and the same as the Scottish average (92%). This compares to 94% in 2017/18. From 19/20 Health & Care Experience Survey.
3. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	18/19	<b>76% (G)</b>	<b>75.1% (G)</b>	<b>75.1% (G)</b>	<b>77.4% (G)</b>	All areas meeting 'essential' target of 70%. (Desirable target of 85%). National screening report last produced March 2020 by Public Health Scotland (previously ISD). Request made for 2021 Health Board wide data to be broken down by Council area/Locality.



Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
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 due for Jan-Mar 2021.
<b>Children's Services</b>								
5.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar/ Sep 20	39.2% (R) (Sep 20)	43.8% (G) (Sep 20)	37.3% (R) (Sep 20)	36.9% (R) (Sep 20)	Provisional figures shown. Equivalent previous figures in March 20 (also provisional) were 52.5% (City); and for localities 57.7% (NE); 50.3% (NW); 50% (S). Published March 2021.
6. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar/ Sep 20	87.4% (G) (Sep 20)	88.1% (G) (Sep 20)	87.6% (G) (Sep 20)	86.7% (G) (Sep 20)	Provisional figures shown. Equivalent previous figures in March 20 (also provisional) were 91.5% (City); and for localities 91% (NE); 91.9% (NW); 91.5% (S). Published March 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 by Public Health Scotland (last one Oct 20).

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
8. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	<b>72.8% (G)</b>				Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017 Produced 2 yearly by Public Health Scotland (last one Oct 19).
<b>Others</b>								
9. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2019	<b>279</b>				Figures published annually by NRS. Last updated December 2020. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); and 280 (2018).
10. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2019	<b>143</b>				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.
11. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2019	<b>106</b> (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 July 2021.
12. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2018/ 20	<b>53.4% (R)</b>	<b>52.8% (R)</b>	<b>54.2% (R)</b>	<b>53.4% (R)</b>	HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Feb 2021. Increase at city level since 17/19 when was 51.6%.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
13. 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 (Feb 2021).
14. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2018/20	57.4% (R)	58.9% (R)	53.1% (R)	60.6% (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 Feb 2021. Decrease at city level since 17/19 when was 67.6%.
<b>Human Resources</b>								
15. 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

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

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

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

## APPENDIX 4 – APR LOCAL KPIs

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

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

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