



Item No. 10

Meeting Date: Wednesday 21st October 2020

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

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HSCP PERFORMANCE REPORT Q1/2 2020/21

Purpose of Report:

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1/2 of 2020/21.

Background/Engagement:

The IJB Finance, Audit and Scrutiny Committee have previously agreed that a quarterly Performance report would be produced, with specific service areas focused upon at each of their meetings, at which performance would be presented upon by the relevant Service Leads. As the Committee meets 6 times a year, there were occasions when the same quarterly report was used twice, and the data being considered was out of date. As a result, it has also been recently agreed that interim reports would be produced if required, in between quarters specifically for the service areas being focused upon at these meetings. This was to avoid the data being presented upon by the Service Leads being out of date and being a duplication of what had been contained in previous reports.

Recommendations:

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

- a) note the attached performance report;
- b) consider the exceptions highlighted in section 4.4; and

	c) review and discuss performance with the Strategic Leads for i) Primary Care and ii) Children's Services.
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Relevance to Integration Joint Board Strategic Plan:

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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
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Personnel:	None
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Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.
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Provider Organisations:	None
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Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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Fairer Scotland Compliance:	N/A
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Financial:	None
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Legal:	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.
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Risk Implications:	None
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Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.
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Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.
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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 1/2 of 2020/21.

2. Background

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

3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.

- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below:

- Local Health and Social Work Indicators (chosen locally by the Partnership).
- 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).
- NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
- Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods 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.
- 4.3 Performance for some KPIs have been affected by the response to Covid and explanations are provided in the report.

Exceptions

- 4.4 11 indicators are GREEN (42.3%); 14 RED (53.9%); and 1 AMBER (3.8%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

<i>Primary Care</i>	Page
3. Flu Immunisation Rates (<i>Under 65s; Pregnant – in risk groups & not at risk groups; 2-5 year olds</i>)	15
4. Shingles Immunisation Rates	17
5i. AHP Waiting Times – MSK Physio	18
5ii. AHP Waiting Times – Podiatry	18
<i>Children's Services</i>	
1. Uptake of the Ready to Learn Assessments	20
4. Access to CAMHS services – percentage seen with 18 weeks	24
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.	26
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>)	29
9. Number of out of authority placements	32

Changes in RAG Status

4.5 There has been a change in RAG status for 1 indicator since the last reportable period, with both improving, as shown below.

i. Performance Improved

A) RED TO GREEN
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.

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 4.4; and
- c) review and discuss performance with the Strategic Leads for i) Primary Care and ii) Children's Services, in relation to these areas.



CORPORATE PERFORMANCE REPORT

**QUARTER 1/2
2020/21**





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1. PERFORMANCE SUMMARY









1. Key to the Report

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

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









2a. Summary













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










CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Primary Care	7 (63.6%)	1 (9.1%)	3 (27.3%)		7 (63.6%)	1 (9.1%)	3 (27.3%)	
Children's Services	8 (53.3%)		7 (46.7%)		7 (46.7%)		8 (53.3%)	
TOTAL No. and (%)	15 (57.7%)	1 (3.8%)	10 (38.5%)		14 (53.9%)	1 (3.8%)	11 (42.3%)	

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
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears).	78%	Q1 20/21	 77.04%	▼
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Jun 20	 £151.97	▲
3i. Flu Immunisation Rates (over 65s)	75%	Oct 19 – Mar 20	72.2% 	▲
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Oct 19 – Mar 20	42.1% 	▲
3iii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 19 – Mar 20	47.7% 	▲
3iv. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 19 – Mar 20	58.2% 	▲
3v. Flu Immunisation Rates (Pre-school - 2-5 year olds).	65%	Oct 19 – Mar 20	50.5% 	▲
4. Shingles Immunisation Rates (aged 70)	60%	Sep 19 – Jun 20	34.8% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Aug 20	27% 	▲
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Aug 20	44.4% 	▲
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Aug 20	100% 	▲
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Aug 20	NE - 77%  NW - 78%  S - 74% 	All ▲
2. Percentage of HPIs allocated by Health Visitors by 24 weeks.	95%	Jun 20	NE - 96%  NW - 99%  S - 97% 	All ▲
3. Number of referrals being made to Healthier, Wealthier Children Service	383 per quarter across city	Q1	678 	▶
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Aug 20	37.9% 	▲
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%	Figure as at 20 September	59% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28	100%	Aug 20	100%(<5s)  100% (5-18) 	<5s & 5-18 ►
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>)	60%	July and August 2020	30% 	▼
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Figure as at 18 September 2020	75% 	▲  to 
9. Number of out of authority placements	40 by end of 20/21	Figure as at 28 August 2020	45 	▼
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q1	94.24% 	▲
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q1	96.52% 	▲

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PRIMARY CARE

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

AREA	TARGET	Jan 16- Mar 16	Jan 17- Mar 17	Jan 18- Mar 18	Jan 19- Mar 19	Jan 20- Mar 20	Apr 20- Jun 20
City	78%			79.45% (G)	78.0% (G)	77.49% (G)	77.04% (G)
NE	78%	79.81% (G)	80.18% (G)	80.09% (G)	78.64% (G)	78.20% (G)	77.73% (G)
NW	78%	78.35% (G)	78.7% (G)	78.72% (G)	77.19% (G)	76.61% (G)	76.16% (G)
S	78%	79.0% (G)	79.41% (G)	79.48% (G)	78.12% (G)	77.57% (G)	77.13% (G)
NHSGGC	78%	78.86%	79.22%	79.24%	77.97%	77.50%	76.75%
Performance Trend							
All areas remain GREEN. Compliance decreased very slightly at a city level and across all areas in quarter 1, as it did at NHSGGC level. This is reported one quarter in arrears.							
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Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

AREA	Target	Mar 16	Mar 17	Mar 18	Mar 19	Mar 20	Apr 20	May 20	Jun 20
City	Cost below (or the same as) the GGC average.	£161.72 (G)	£162.93 (G)	£161.63 (G)	£155.57 (G)	£153.46 (G)	£153.97 (G)	£152.13 (G)	£151.97 (G)
NE		£163.79 (G)	£163.27 (G)	£157.21 (G)	£150.84 (G)	£148.55 (G)	£150.66 (G)	£148.28 (G)	£148.23 (G)
NW		£156.55 (G)	£156.47 (G)	£159.99 (G)	£154.53 (G)	£151.63 (G)	£151.82 (G)	£150.20 (G)	£149.23 (G)
S		£164.98 (G)	£168.44 (G)	£167.12 (G)	£160.80 (G)	£159.54 (G)	£159.49 (G)	£157.99 (G)	£157.85 (G)
NHS GGC		£174.99	£178.44	£178.32	£173.72	£171.58	£174.91	£170.21	£169.97
Performance Trend									
<p>Variations across sectors and over time with an increase in all areas in the last quarter. Initiatives to ensure cost minimisation are ongoing. This is reported one quarter in arrears.</p> <p>Back to Summary</p>									

Indicator	3. Flu Immunisation Rates
Purpose	To monitor the numbers of people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data vaccine uptake estimates are taken from Health Protection Scotland and is based on automated extracts from all Scottish GP practices. Immunisation rates are shown for various groups; over 65s; under 65s in at risk groups; pregnant women (in at risk groups and generally); and pre-school children. The data will be reported for Q3 and Q4 each year when the programme is delivered.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Over 65s	Under 65s in clinical risk groups (exc. healthy pregnant women and carers)	Pregnant (not in a clinical risk group)	Pregnant (in a clinical risk group)	Pre-school 2-5 years old
Target	75%	75%	75%	75%	65%
City	72.2% (A)	42.1% (R)	47.7% (R)	58.2% (R)	50.5% (R)
NHSGGC	74.2%	42.6%	48.2%	57.5%	56.4%

Performance Trend

These figures relate to the period of the seasonal flu vaccination programme which runs 1 October – 31 March. All age groups below target and RED with the exception of over 65s.

Issues Affecting Performance

Relates to willingness/ability of people to take up the vaccine.

Looking forward (2020/21), given the expected increase in the number of people who will require to be vaccinated and the constraints imposed as a result of social distancing measures, the following issues are likely to affect delivery:

- Sufficient staffing being available between September and October to deliver the programme
- Availability of accommodation (probably evenings and weekends)
- Sufficient doses of vaccine to ensure full coverage of the target groups

Actions to Improve Performance

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

The responsibility for delivery of flu vaccinations is moving away from general practice to the NHS Health Board through the Vaccination Transformation Programme. This programme is midway through its implementation and flu immunisations for children now sit with the HSCPs. The timescale for the transfer from general practice of the adult flu vaccination programme has been delayed until March 2022; however, given the expected increase in the uptake of flu vaccinations this year, the expansion of the programme by over 80,000 people in Glasgow who are aged 55 to 65 years and the constraints placed on delivery as a result of social distancing requirements, the Health Board, HSCPs and GP practices will need to work collaboratively to ensure that the programme can be delivered successfully.

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

Timescales for Improvement

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

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

Area	Target	Aged 70
Glasgow City	60%	34.80% (R)
NE	60%	32.77% (R)
NW	60%	37.84% (R)
South	60%	34.12% (R)
Performance Trend		
The data shown relates to the cumulative immunisation rates between 1 September 2019 and end of June 2020. The target relates to the whole year between 1 September 2019 and 31 August 2020 and performance is marked as RED as it is below what would be expected on a pre-rata basis.		
Issues Affecting Performance		
The routine shingles programme has been suspended temporarily in line with the current COVID-19 advice for adults aged 70 and over. However, if a patient is well and presents for any other scheduled appointment, they can be opportunistically vaccinated.		
Actions to Improve Performance		
The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the shingles vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include: <ul style="list-style-type: none"> - An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes. - Shingles vaccination uptake is fed back to GP practices and clinical directors quarterly - A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely. 		
Timescales for Improvement		
This will depend on implementation of recovery plan for primary care.		
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Target/Ref	5. AHP Waiting Times
Purpose	To monitor the waiting times performance in relation to AHP services. These services are hosted across NHSGGC with Renfrewshire having managerial responsibility for Podiatry; West Dunbartonshire for MSK Physio; and Acute for Dietetics.
Type of Indicator	Local HSCP indicator for
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Service	Target	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	May 20	Jun 20	Jul 20	Aug 20
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	37% (R)	8% (R)	4% (R)	7% (R)	14% (R)	27% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	93.2% (G)	1.6% (R)	3.4% (R)	5.5% (R)	26.3% (R)	44.4% (R)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	94.4% (R)	98.5% (G)	100% (G)	100% (G)

Performance Trend

MSK Physio

Performance below target. This declined significantly at the start of the pandemic, but has been improving as the service remobilisation plans are being implemented in July and August.

Podiatry

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

Dietetics

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

Issues Affecting Performance

MSK Physio

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

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

Podiatry

NHSGG&C Podiatry suspended all of its activity except for Foot Protection and infected lesions on 23 March 2020. Referrals were not accepted for anything other than these conditions, and the service took back shared care dressings from District Nurses etc to allow them to be utilised across the wider system. All urgent referrals were seen within the 2 day response period. The referral performance above relates to 'non-urgent' self referrals.

The first phase of the recovery plan is addressing waiting times by triaging all new self referrals by telephone. Current data indicate that only around 20% of these patients are being given a face to face appointment. Since this is a new 'appointment type' on TrakCare it may be a few months before we can report from the dashboard the 4 week compliance figures for Telephone appointments. Initial indications are that 100% of these are being seen within the timeframe but we don't have verified detailed data as yet – only anecdotal.

Actions to Improve Performance

MSK Physio

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

Podiatry

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

Timescales for Improvement

MSK Physio

Timescale will depend on implementation of recovery plans.

Podiatry

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

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1. CHILDREN'S SERVICES

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

TARGET	AREA	Apr 17	Apr 18	Apr 19	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
95%	NE	87% (R)	88% (R)	90% (A)	92% (G)	89% (R)	85% (R)	49% (R)	46% (R)	66% (R)	77% (R)
	NW	79% (R)	87% (R)	95% (G)	92% (G)	88% (R)	83% (R)	74% (R)	54% (R)	61% (R)	78% (R)
	S	87% (R)	89% (R)	91% (A)	93% (G)	91% (A)	82% (R)	75% (R)	65% (R)	67% (R)	74% (R)

Performance Trend

Performance has fluctuated over time and between localities. Performance in all localities declined and moved to RED at the start of the pandemic. While this remains the case, all areas have seen improved performance in July and August.

Issues Affecting Performance

The number of Ready to Learn Assessments carried out was significantly affected by the impact of the COVID-19 pandemic, initially guidance was that these visits were cancelled unless families were considered vulnerable. As the pandemic progressed and the visits were re-instated some families declined these assessments to avoid risk of transmission (as these assessments are completed in the family home) and there was a proportion of families who returned to their country of origin to stay with family during the period of the pandemic. Work is now being undertaken to follow up on children, where appropriate, who missed their 'Ready to Learn Assessment' within the 27 – 30 month timescale. However these are being recorded as 'unscheduled' checks, as they are out with the appropriate timeframes for 27 – 30 month check. There has been improvement in all localities

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. Senior leadership is continuing to work with service managers to improve performance.

Timescales for Improvement

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

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

TARGET	AREA	Apr 17	Apr 18	Apr 19	Dec 19	Mar 20	Apr 20	May 20	Jun 20		
95%	NE	95% (G)	99% (G)	93% (G)	98% (G)	98% (G)	97% (G)	94% (G)	96% (G)		
	NW	93% (G)	98% (G)	96% (G)	99% (G)	95% (G)	96% (G)	94% (G)	99% (G)		
	S	96% (G)	98% (G)	96% (G)	99% (G)	96% (G)	98% (G)	95% (G)	97% (G)		
Performance Trend											
Performance remains GREEN. This data is reported in arrears.											

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

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

Performance Trend
Targets being met. No update available yet for period since Q1.
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Indicator	4. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
Purpose	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and ensure all children are seen within 18 weeks.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	Apr-16	Apr-17	Apr-18	Apr-19	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Glasgow HSCP	100%	100% (G)	100% (G)	92.9% (R)	84.7% (R)	40.8% (R)	38.5% (R)	29.5% (R)	26.2% (R)	37.9% (R)
North East	100%				88.4% (R)	41.2% (R)	38% (R)	30.7% (R)	24.2% (R)	34.9% (R)
North West	100%				78.1% (R)	37.6% (R)	36.9% (R)	26.5% (R)	24.6% (R)	37.2% (R)
South	100%				87.3% (R)	43.2% (R)	40.4% (R)	31.8% (R)	29.6% (R)	41.5% (R)

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

Issues Affecting Performance

The restrictions associated with the pandemic response are continuing to have an impact on the number of face to face appointments that can be offered. As a result, these appointments are limited to only those appointments which are assessed as essential. Attend Anywhere and telephone contact is being offered for all other children and young people. It is acknowledged however that for some patients Attend Anywhere does not meet the needs of the child/young person and/ or fit with the family circumstances and this is likely to contribute to those children / young people experiencing a longer wait for an appointment than would ordinarily be the case. In these circumstances parents and carers have been advised that they can get in touch at any time if they feel there is a deterioration requiring an urgent appointment. Further there are challenges with recruitment and resourcing teams in order to meet current demands.

Actions to Improve Performance

Comprehensive review / validation of the current waiting list to ensure up to date information is available in relation to those who have had lengthy waits, to establish any reduction or escalation of difficulties and/or any additional supports that may be beneficial. Realigning city wide CAMHS resources within locality teams to further support locality based ways of working, reduce internal waits, optimise capacity within teams and to ensure a seamless patient journey.

Ensuring CAMHS teams are embedded within Children's Services within 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.

Undertake work with referrers to improve the quality of information contained within referrals and to ensure the right children and young people are 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. Attendance 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. Continuing to explore different means of service delivery given the restrictions that are likely to remain in place into next year. Also intend to capturing learning from this that can contribute to sustainable improvements to service delivery.

Timescales for Improvement

Review of the waiting list has already commenced and will be ongoing throughout the remainder of 2020. Given the magnitude of this work, capacity from within the wider HSCP has been identified to support this work. Realignment of CAMHS citywide resources scheduled to be complete by the end of October 2020. Links are already being established with colleagues and partners within localities and this work will continue on an ongoing basis. For example, service managers are now attending the JST-ISG and Locality Planning Meetings. A programme of work to be undertaken with referrers will be developed over 2020 for implementation throughout 2021. Systems are already in place to collate learning from during the pandemic which will be used to inform further service developments on an ongoing basis.

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

Target	Locality	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20 Sept 2020	
							% with review	Number <u>without</u> a Permanency Review
90%	City	80% (R)	75% (R)	70% (R)	68% (R)	66% (R)	59% (R)	47*
90%	North East	94% (G)	85% (R)	71% (R)	68% (R)	69% (R)	57% (R)	20
90%	North West	88% (R)	68% (R)	80% (R)	65% (R)	65% (R)	52% (R)	12
90%	South	61% (R)	70% (R)	59% (R)	71% (R)	64% (R)	64% (R)	14

Performance Trend

*The city figures include hospital teams as well as localities.

Performance at city level remained RED at 20 September with all localities remaining below target (RED); all localities except South show slippage since the end of Q1.

On the 20th September a total of 47 children (of 115 children under 5 looked after for 6 months or more) had not yet had a permanency review. This represents an increase since the end of Quarter 1 (June) when these numbers were 35 and 104 respectively.

Issues Affecting Performance

The capacity to undertake Permanency Reviews continues to be affected by the service response to the pandemic, which has caused a backlog of reviews as a result of barriers to arranging physical meetings; issues with accessing digital platforms, and lack of admin support.

Actions to Improve Performance

Additional administrative staff are currently being recruited to assist with taking minutes at looked after children's reviews, including reviews with a focus on Permanency Planning. There is also an additional focus on recording because a recent audit has suggested that some Permanency Reviews are not being recorded as complete on the social work system, even though they have been carried out.

Timescales for Improvement

Service Managers have been alerted to some of the challenges in relation to recording, and are working to improve this, as well as progress with the backlog of Reviews which accumulated over the course of the pandemic. The Review Team is also working with locality teams to progress reviews, and to provide an element of independent scrutiny of Children's Plans.

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

Target	Age Group	Jan 19- Mar 19	Jul 19- Sep 19	Oct 19- Dec 19	Jan 20- Mar 20	Apr 20- Jun 20	Jul 20	Aug 20
100%	Under 5s	83.33% (R)	23.1% (R)	100% (G)	100% (G)	100% (G)	55.6% (R)	100% (G)
100%	Aged 5- 18	79.4% (R)	92.3% (R)	92.7% (R)	92.9% (R)	100% (G)	77.8% (R)	100% (G)

Performance Trend

Percentages can fluctuate due to the small numbers involved. Performance dipped in July but has moved back to GREEN for both age groups in August.

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

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q 1-4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	Jul & Aug
60%	Glasgow	67% (G)	61% (G)	Not available	34% (R)	36% (R)	40% (R)	41% (R)	45% (R)	30% (R)
60%	North East	74% (G)	82% (G)		43% (R)	32% (R)	33% (R)	57% (R)	49% (R)	50% (R)
60%	North West	57% (R)	50% (R)		43% (R)	43% (R)	51% (R)	33% (R)	42% (R)	30% (R)
60%	South	65% (G)	44% (R)		24% (R)	36% (R)	41% (R)	21% (R)	45% (R)	20% (R)

Performance Trend

A new SCRA assessment form was rolled out across the city in 2018/19 and we were unable to report performance during that year.

Two new sets of data are presented here – Q1 (Apr-June) and the figure for July & August. All localities were below target (RED) at Q1 and, with the exception of North East, performance fell further during July/August.

Issues Affecting Performance

There have been ongoing issues in the report allocation system, which is creating erroneous performance data, which means that the performance data reported above is inaccurate. The current agreement with SCRA is that the Children's Hearing date is mutually agreed, and this date is recorded on Carefirst. The Social Worker is expected to submit the report 10 days before the Hearing – this would be identified as a report that was submitted 'on time.' However, there are currently numerous Hearings recorded on the system that have not gone ahead, or have been cancelled due to the current restrictions. This means that reports were not required, and Children's Reporters have made decisions to continue orders in line with the powers afforded by Emergency Legislation.

Actions to Improve Performance

A data quality exercise will be carried out to remove these 'Hearings' from Carefirst in order that they are removed from the report generated for the purpose of performance reporting. This will be added as a matter of urgency to the data quality activity to try to

address this issue going forward, but this may take some time as children's services is still operating with reduced numbers of administrative support staff.

Timescales for Improvement

Ongoing improvements sought in future periods.

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Indicator	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4*	19/20 Q2*	19/20 Q3*	19/20 Q4*	20/21 Q1*	Figure as at 18 Sept
75%	Glasgow	61% (R)	67% (R)	74% (G)	74% (G)	71% (R)	68% (R)	65% (R)	75% (G)
75%	North East	65% (R)	77% (G)	83% (G)	76% (G)	71% (R)	63% (R)	62% (R)	81% (G)
75%	North West	49% (R)	50% (R)	63% (R)	79% (G)	76% (G)	71% (R)	72% (A)	77% (G)
75%	South	68% (R)	73% (A)	75% (G)	69% (R)	69% (R)	73% (A)	67% (R)	69% (R)

Notes

-The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017, this was 25% nationally and 50% for Glasgow.
 -From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems).

Performance Trend

The 75% target was met (GREEN) in September with performance in the city overall improving significantly since Quarter 1. North East moved from RED to GREEN and North West from AMBER to GREEN. South remained RED.

There was a significant reduction in the level of non-recording between Q1 and 18th September with the city-wide proportion falling from 19% to 4%; the biggest reduction was in NE where non-recording fell from 31% to 3% while in South the figure fell from 11% to 8%. All of North West's care leavers had their employability status recorded.

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

Mar 15	Mar 16	Mar 17	Mar 18	Mar 19	2020/21 Target	Jun 19	Sept 19	Dec 19	Mar 20	Jun 20	28 Aug
120	126	111	67	51	40 by year end	48 (R)	46 (R)	47 (R)	46 (R)	42 (R)	45 (R)
Performance Trend											
The number of placements increased by 3 between the end of June and 28 August and remains RED.											
Issues Affecting Performance											
<p>The service has continued to shift the balance of care, but the target in relation to the reduction in the number of out with authority placements was ambitious in 2019/20.</p> <p>A pattern of reducing the number of purchased placements has continued to occur in relation to purchased foster care, where the cost of 4 placements is equivalent to the cost of 1 out of authority placement. Progress in this area has continued to compensate for the slowdown in the reduction of out with authority placements.</p> <p>Essentially, the performance measure for this year will need to be more conservative and reflective of the complexity and needs of this cohort of our most vulnerable young people. Much of the progress around discharges for these young people relates to sourcing appropriate aftercare accommodation, and the availability of placements was significantly affected by impact of COVID-19. Nevertheless, the numbers are reducing, although this also needs to take account the number of young people in secure placements. This is an area in which children's services staff can exercise less control; particularly in relation to remand, which is determined by the Sherriff Court. There are currently 12 young people in secure and 7 placed on remand by Sheriffs. This in effect means that the shift in the balance of care is in relation to 34 young people; i.e. 46 less 12 in secure at the start of the year.</p>											
Actions to Improve Performance											
The placement prioritisation meeting, which is convened on a monthly basis, continues to scrutinise every care plan and ensure (where appropriate) that there are action plans and discharge dates in place. A further 2 young people are due for discharge.											

Timescales for Improvement

Ongoing improvement is expected, but has been affected by the impact of COVID-19, and the number of young people placed in secure care, and on remand, as dictated by the Sherriff Court.

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

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

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

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

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APPENDIX 2 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

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