



**Item No. 10**

**Meeting Date Wednesday 5<sup>th</sup> September 2018**

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

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**HSCP PERFORMANCE REPORT Q1**

<b>Purpose of Report:</b>	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2017/18.
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<b>Background/Engagement:</b>	The IJB Finance and Audit 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.
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<b>Recommendations:</b>	The IJB Finance and Audit Committee is asked to:  a) note the attached performance report; and b) review and discuss performance with the Strategic Leads for Health Improvement and 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.
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**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.
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<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>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 1 2018/19.

## 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 and highlights those indicators which have changed status, for each care group. It also documents changes made to the suite of performance indicators since the Q4 report, following the request made to service leads to review these as we moved into 2018/19. The 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.
- 4.2 The attached report provides details of performance for all indicators at city and locality levels (where relevant), 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. Following on from a recommendation from audit, we have also sought explanations for when performance has varied by more than 10% since the last report.

### **Exceptions**

4.3 At Q1, 49 (50%) indicators were GREEN; 38 RED (38.8%); 4 AMBER (4.1%); and 7 (6.1%) GREY. The indicators which are RED are summarised in the table below with those which have been RED for two or more successive quarters are 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>Older People</b>	<b>Page</b>
<b>5. % service users leaving service following reablement with no further home care support.</b>	<a href="#">30</a>
<b>10. Total number of Older People Mental Health patients delayed</b>	<a href="#">35</a>
<b>13. Intermediate Care: % of users transferred home.</b>	<a href="#">38</a>
17. Falls rate per 1,000 population aged 65+	<a href="#">43</a>
<b>Primary Care</b>	
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	<a href="#">47</a>
3iii. Flu Immunisation Rates (pregnant women – not in clinical risk group).	<a href="#">47</a>
4. Shingles Immunisation Rates (aged 70 and aged 76)	<a href="#">49</a>
<b>5i. AHP Waiting Times – MSK Physio</b>	<a href="#">50</a>
<b>Unscheduled Care</b>	
<b>3. A&amp;E Waits Less Than 4 Hours (%)</b>	<a href="#">53</a>
<b>6. Total number of adults and older people delayed</b>	<a href="#">56</a>
<b>7. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).</b>	<a href="#">57</a>
<b>8. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).</b>	<a href="#">58</a>
<b>Children's Services</b>	
4. Access to CAMHS services - % seen with 18 weeks	<a href="#">64</a>
<b>5. % looked after &amp; accommodated children under 5 who have had a Permanency Review</b>	<a href="#">66</a>
<b>8. % young people receiving an aftercare service who are known to be in employment, education or training.</b>	<a href="#">70</a>
<b>Adult Mental Health</b>	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.(North East)	<a href="#">75</a>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)	<a href="#">76</a>
<b>4. Total number of Adult Mental Health patients delayed</b>	<a href="#">78</a>

<b><i>Sexual Health (Sandyford)</i></b>	
1. Average waiting times for access to Long-Acting Reversible Contraception appointments (IUD)	79
1. Average waiting times for access to Long-Acting Reversible Contraception appointments (IUD)	79
2. Average waiting times for access to Urgent Care appointments.	81
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics	82
5. Waiting times for access to Gender Identity service for young people and for adults	84
<b><i>Homelessness</i></b>	
1. % of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	88
2. % of live homeless applications over 6 months duration at end of the quarter.	89
3. Number of new resettlement plans completed - total to end of quarter (citywide)	90
<b><i>Criminal Justice</i></b>	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	93
3. Percentage of CPO 3 month Reviews held within timescale.	95
4. % of Unpaid Work (UPW) requirements completed within timescale.	96
<b><i>Health Improvement</i></b>	
6. Exclusive Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones	104
<b><i>Human Resources</i></b>	
1. NHS Sickness absence rate	106
2. Social Work Sickness Absence Rate	108
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	111
4. % NHS staff with standard induction completed within deadline.	112
5. % NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the agreed deadline.	113
<b><i>Business Processes</i></b>	
3. % of SW Complaints responded to within timescales (Stage 1).	117
4. % of SW Complaints responded to within timescale (Stage 2)	118
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	120

### ***Changes in RAG Status***

- 4.4 There has been a change in RAG status for 11 indicators since the last report. Of these, performance improved for 7 and declined for 4, as highlighted below.

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

<b>A) RED TO GREEN</b>
<b><i>Older People</i></b>
12. Intermediate Care : Average length of stay (Days)
<b><i>Adult Mental Health</i></b>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel)
<b><i>Criminal Justice</i></b>
2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
<b><i>Health Improvement</i></b>
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
<b>B) AMBER TO GREEN</b>
<b><i>Older People</i></b>
4. Percentage of service users who receive a reablement service following referral for a home care service (Hospital Discharge)
<b><i>Adult Mental Health</i></b>
1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (North West)

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

<b>B) GREEN TO RED</b>
<b><i>Adult Mental Health</i></b>
1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (North East)
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)
<b><i>Criminal Justice</i></b>
3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale.
<b>C) AMBER TO RED</b>
<b><i>Children's Services</i></b>
4. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks

## **5. Recommendations**

5.1 The IJB Finance and Audit Committee is asked to:

- a) note the attached performance report; and
- b) review and discuss performance with the Strategic Leads for Health Improvement and Children's Services.



# **CORPORATE PERFORMANCE REPORT**

**(Finance and Audit Committee)**

**QUARTER 1  
2018/19**

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## 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.	N/A	This is shown when no comparable data is available to make trend comparisons

## 2a. Summary

The table below presents a summary of performance of the measures contained within the body of this Combined Performance Report. It reports changes in RAG rating between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available.

CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q1
										
Older People (No. and %)	<b>4</b> 19%	<b>2</b> 9.6%	<b>11</b> 52.4%	<b>4</b> 19%	<b>4</b> 20%	<b>1</b> 5%	<b>12</b> 60%	<b>3</b> 15%	<p><b>Amber ⇨ Green</b> 4. Percentage of service users who receive a reablement service following referral for a home care service (Hospital Discharge)</p> <p><b>Red ⇨ Green</b> 12. Intermediate Care : Average length of stay</p>	
Primary Care (No. and %)	<b>4</b> 44%	<b>1</b> 11%	<b>4</b> 44%		<b>4</b> 44%	<b>1</b> 11%	<b>4</b> 44%		No changes in status for either existing or new indicator.	<p><b>Indicator Added</b> 2. Annualised cost per treated patient</p> <p><b>Indicator Removed</b> 2. Annualised cost per weighted list size.</p>
Unscheduled Care (No. and %)	<b>2</b> 13%			<b>13</b> 87%	<b>4</b> 57.1%			<b>3</b> 42.9%		<p><b>Indicators Added</b> 3. Number of emergency admissions (all ages) 4. Number of Unscheduled Hospital Bed Days (acute specialities and all Ages)</p>

										<p><b>Indicators Removed</b></p> <ul style="list-style-type: none"> <li>-New Accident and Emergency (A&amp;E) Attendances for NHS Greater Glasgow and Clyde (NHSGG&amp;C) locations with a source of referral of a GP</li> <li>-Emergency Admissions – Numbers and Rates/1000 population by month (Aged 65+ and 75+).</li> <li>- Emergency Acute Bed Days for Older People (Numbers and Rate per 1000 population) (Aged 65+ and 75+).</li> </ul> <p><b>Indicators Moved to Appendix</b></p> <ul style="list-style-type: none"> <li>- Rate of emergency admissions per 100,000 population (adults)</li> <li>- Rate of emergency bed day per 100,000 pop. for adults</li> <li>- Rate of readmission to hospital within 28 days of discharge per 1,000 admissions</li> <li>- Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 pop.</li> <li>- % of health and care resource spent on hospital stays where the patient was admitted in an emergency</li> </ul>
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Carers (No. and %)			<b>3</b> 100%				<b>2</b> 100%		No changes in status	<b>Indicators Removed</b> Carers Referrals – Source of Carer Self-Referral
Children's Services (No. and %)	<b>3</b> 30%	<b>1</b> 10%	<b>6</b> 60%		<b>3</b> 25%	<b>2</b> 16.7%	<b>7</b> 58.3%		<b>Amber ⇌ Red</b> 4. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	<b>Indicator Added</b> 6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
Adult Mental Health (No. and %)	<b>2</b> 20%	<b>1</b> 10%	<b>7</b> 70%		<b>3</b> 30%		<b>7</b> 70%		<b>Red ⇌ Green</b> 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel)  <b>Amber ⇌ Green</b> 1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (North West)  <b>Green ⇌ Red</b> 1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (North East) 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)	












Sandyford Sexual Health (No. and %)	<b>5</b> 83.3		<b>1</b> 16.7%		<b>5</b> 83.3		<b>1</b> 16.7%		No changes in status for existing indicators.	
Alcohol & Drugs (No. and %)			<b>3</b> 100%				<b>3</b> 100%		No changes in status for existing indicators.	
Homelessness (No. and %)	<b>5</b> 83%		<b>1</b> 17%		<b>3</b> 60%		<b>1</b> 20%	<b>1</b> 20%		<p><b><u>Indicator Added</u></b> 5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.</p> <p><b><u>Indicators Removed</u></b> - Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation - Number of individual households not accommodated over last month of quarter</p>
Criminal Justice (No. and %)	<b>4</b> 66%		<b>2</b> 33%		<b>3</b> 50%		<b>3</b> 50%		<p><b><u>Red ⇨ Green</u></b> 2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days</p> <p>5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.</p>	

									<b>Green → Red</b> 3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale.	
Health Improvement (No. and %)	<b>2</b> 33.4%		<b>4</b> 66.6%		<b>1</b> 16.7%		<b>5</b> 83.3%		<b>Red → Green</b> 2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	
Human Resources (No. and %)	<b>5</b> 100%				<b>5</b> 100%				No changes in status for existing indicators.	
Business Processes (No. and %)	<b>4</b> 57%		<b>3</b> 43%		<b>3</b> 43%		<b>4</b> 57%		No changes in status	
<b>TOTAL</b> (No. and %)	<b>40</b> 37.4%	<b>5</b> 4.7%	<b>45</b> 42%	<b>17</b> 15.9%	<b>38</b> 38.8%	<b>4</b> 4.1%	<b>49</b> 50%	<b>7</b> 7.1%	<b>11 changes in status</b>	<b>5 added/12 removed</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. 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
<b>Older People</b>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q1	81% 	▼
2. Number of community service led Anticipatory Care Plans in Place.	900 for 2018/19	Q1	280 	▲
3. Number of people in supported living services.	830 by the end of 2018/19 (24 per quarter increase)	Q1	765 	▲
4. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 4	77.9% (Hosp)  77.6% (Comm) 	▲ Hospital ▼ Community
5. Percentage of service users leaving the service following reablement period with no further home care support.	>40%	Cordia Period 4	29.6% 	▼
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q1	0% 	▶
7. Continence Service – Waiting Times	100% seen within 12 weeks	Q4	97.5% 	▶
8. Day Care (provided) – Review Rates	95%	Q1	100% 	▲
9.i Referrals to Telecare: Basic	2,248 per annum	Q1	746 	▼














Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
9.ii Referrals to Telecare: Advanced	304 per annum	Q1	344 	▲
10. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	May 18	11 	▶
11. Intermediate Care: Percentage Occupancy.	90%	Jun 18	93% 	▲
12. Intermediate Care: Average Length of stay (Days).	<30	Jun 18	28 days 	▲
13. Intermediate Care: Percentage of users transferred home.	>30%	Jun 18	22% 	▲
14. Provided Residential Care – Occupancy Rates	95%	Q1	95% 	▼
15. Provided Residential Care – Review Rates	95%	Q1	98% 	▲
16. Percentage of Last 6 months of life spent in the community	86.8% by end 18/19	2017/18	87.1% 	▲
17. Percentage of the Population Unsupported at Home	100% by end 18/19	2016/17	98% 	▶
18. Falls rate per 1,000 population aged 65+	TBC	Q3 17/18	7.9 	▼
19. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker.	100%	Apr-Jun 18	10% 	▲











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Primary Care</b>				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q4	 79.45%	▲
2. Prescribing Costs: Annualised cost per treated patient.	At/Below NHSGGC average	Mar 18	 All areas below average	▼
3i. Flu Immunisation Rates (over 65s).	75%	Q4	72.2% (NE)  72.2%(NW)  73.1% (S) 	▲ All areas
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Q4	45.9% (NE)  43.9% (NW)  45.7% (S) 	▲ All areas
3iii. Flu Immunisation Rates (pregnant women – not in clinical risk group).	75%	Q4	47.2% (NE)  55.9% (NW)  53.6% (S) 	▲ All areas
4. Shingles Immunisation Rates (aged 70 and aged 76)	60%	Sep 17-Mar 17	36.1% (NE)  34.7% (NW)  33.6% (S) 	▲ All areas
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Jun 18	42% 	▼
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Jun 18	95.6% 	▼











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Jun 18	100% 	▶
<b>Unscheduled Care</b>				
1. New Accident and Emergency (A&E) attendances (All ages)	197,542 for 18/19	2017/18	205,642 	▼
2. A&E Waits Less Than 4 Hours (%)	95%	Apr 18	87.2% 	▲
3. Number of emergency admissions (All ages)	75,750 for 18/19	2017/18	69,697 	▲
4. Number of Unscheduled Hospital Bed Days (All ages)	454,378 for 18/19	2017/18	505,165 	▲
5. Total number of Acute Delays	20	May 18	64 (exc AWI) 15 (AWI) 	▼
6. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	10,000 for 18/19	2017/18	10,982 	▲
7. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 18/19	2017/18	2098 	▲











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<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	1,650 per annum/413 per quarter	Q1	515 	▲
2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?	65%	Q1	84% 	▲
<b>Children's Services</b>				
1. Uptake of the Ready to Learn Assessments	95%	Jun 18	92% 	▲
2. Percentage of HPis allocated by Health Visitors by 24 weeks.	95%	Apr 18	NE - 96%  NW - 94%  S - 96% 	NE ▲ NW ▼ S ▲
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 for year across city	Q1	571 	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Apr 18	92.9% 	▼
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.	90%	Q1	78% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	100%	Apr 18 – Jun 18	97.37% (<5s)  100% (5-18) 	N/A
7. Percentage of new SCRA reports submitted within 20 days.	60%	Q4	61% 	▼
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q1	68% 	▲
9. Number of high cost placements	Reduction of 20 in 2018/19 to 47	Q1	61 	▼
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q4	93.9% 	▲
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q4	96.0% 	▲
<b>Adult Mental Health</b>				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 18	NE 83.1%  NW 93.8%  South 96.5% 	NW ▲ NE & South ▼
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	May 18	Stob 31.7  Lev 24.7  Gart 28.2 	Stobhill ▼ Leverndale ▲ Gartnaveil ▲





Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	Apr 18	Stob 84.8% Gart 93.1% Lev 95.5%	All areas ▼
4. Total number of Adult Mental Health delays	0	May 18	14 (exc AWI) 5 (AWI) 	▲
<b>Sandyford (Sexual Health)</b>				
1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.	10 Working Days	Q1	26 (IUD) 17(Implants)	IUD ▼ Implants ▼
2. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q1	4	▼
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).	20 working days	Q1	28	▼
4. Proportion of male attendances at all Sandyford services who are Gay or Bisexual.	10%	Q1	42%	▶
5. Waiting times for access to Gender Identity service for young people and for adults	18 Weeks	Q1	31.8(under 17) 37.6 (over 17) Both	under 17 ▼ over 17▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Alcohol and Drugs</b>				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q4	92% 	▼
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q1	83% 	▲
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q1	73% 	▶
<b>Homelessness</b>				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q1	89% 	▲
2. Percentage of live homeless applications over 6 months duration at the end of the quarter.	<40%	Q1	46% 	▲
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 4,000 (1,000 per quarter)	Q1	782 	▼
4. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q4	84 	▲
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made	100%	Q4	65.5% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Criminal Justice</b>				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q1	72% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q1	91% 	▲
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q4	64% 	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q1	63% 	▲
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q1	80% 	▲
6. Throughcare order licences: Percentage of Post sentence interviews held within one day of release from prison.	90%	Q1	93% 	▶
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI).	1,266 (to Q1)	Q1	1,279 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1,388 per annum	Annual Total 17/18	1,398 	▲
3. Women smoking in pregnancy (general population)	13%	Q1 18/19	11.3% 	▲
4. Women smoking in pregnancy (most deprived quintile).	19%	Q1 18/19	16.7% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5. Exclusive Breastfeeding at 6-8 weeks (general population)	24.0% (HSCP)	Q2 17/18	27.5% 	▲
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	21.6% (HSCP)	Q2 17/18	19.8% 	▲
<b>Human Resources</b>				
1. NHS Sickness absence rate (%)	<4%	Mar 18	5.90% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q4	3.3 ADL 	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Jan 18	72% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Jun 18	29% 	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Jun 18	83% 	▲
<b>Business Processes</b>				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q1	97% 	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q1	74% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q4	61% 	▲



Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q4	29% 	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q4	99% 	▲
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale	100%	Q4	75% 	▲
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q1	91% 	▼

# 1. OLDER PEOPLE

## *Proactive Care and Support at Home*

<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. It should be noted that this function now lies with Cordia.
<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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
85%	North East	92% (G)	93% (G)	92% (G)	92% (G)	92% (G)	91% (G)
85%	North West	85% (G)	83% (G)	85% (G)	84% (G)	81% (A)	80% (R)
85%	South	83% (G)	81% (A)	79% (R)	77% (R)	75% (R)	76% (R)
85%	Glasgow	86% (G)	85% (G)	85% (G)	84% (G)	82% (A)	81% (A)
<b>Performance Trend</b>							
At Q1 performance at city level remained AMBER for the second quarter running. Only North East continued to meet target (GREEN). North West fell from AMBER to RED while South remained RED rated for the fourth consecutive quarter.							
<b>Actions to Improve Performance</b>							
Discussions continue with Cordia to examine this decline in performance in North East and South to agree actions to bring performance back into line with the targets.							
<b>Timeline for Improvement</b>							
An improvement is expected in the next quarter.							
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<b>Indicator</b>	2. Number of Community Services led Anticipatory Care Plans (ACPs) in Place
<b>Purpose</b>	To monitor the extent to which services are introducing and rolling out community service led anticipatory care plans.
<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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Locality</b>	<b>Target (18/19)</b>	<b>16/17 Total</b>	<b>17/18 Total</b>	<b>18/19 Q1</b>			
Glasgow	<b>900</b>	<b>484 (G)</b>	<b>824 (G)</b>	<b>280 (G)</b>			
<b>Performance Trend</b>							
<p>The figures shown above relate to the old community services led anticipatory care plans which were introduced by the HSCP. The new national document 'My ACP' was introduced in June 2017 and partnerships across NHSGGC have agreed to introduce this new model. Plans for implementation are being drawn up and it is anticipated that information on the new model will be available from Q3 and this will be included in future performance reports.</p>							

<b>Indicator</b>	3. 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 and reduce the numbers going into residential or nursing care.
<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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
North East	N/A	167	172	222	216	227	
North West	N/A	190	195	263	236	273	
South	N/A	221	232	288	282	265	
Glasgow	<b>830 by end of 2018/19</b>	<b>576 (R)</b>	<b>599 (R)</b>	<b>773 (G)</b>	<b>734 (G)</b>	<b>765 (G)</b>	

#### Performance Trend

More accurate information systems were introduced in April 2017 so figures are only available from 2017/18.

A combination of more accurate recording of supported living for older people with continued care management focus on this service model as a viable alternative for older people has resulted in a continued increase of usage. It is hoped that this upwards trend will be continued in 2018/19 by the development of further 'clustered supported living' options for older people, thus offering individuals with high levels of frailty the opportunity to sustain individual tenancies through benefiting from shared support delivered across a close cluster of tenancies.

An increase of 96 on the 2017/18 Q4 figure of 734 is sought, equating to approximately 24 per quarter. This has been achieved in Q1 with an increase of 31 over the last three months.

<b>Indicator</b>	4. 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. It should be noted, however, that this function now lies with Cordia. Information is reported for 4 weekly financial periods by Cordia which has been mapped below to the HSCP quarterly reporting cycle.
<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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Referral Source	Target	16/17	17/18	17/18	17/18	17/18	18/19		
		Q4	Q1	Q2	Q3	Q4	Per 1 & 2	Per 3	Per 4
Hospital Discharges	75%	73.4% (G)	75.4% (G)	73.1% (A)	77.0% (G)	72.8% (A)	64.1% (R)	69.4% (R)	77.9% (G)
Community Referrals	75%	76.5% (G)	76.5% (G)	83.2% (G)	81.3% (G)	78.2% (G)	73.8% (G)	75.5% (G)	77.6% (G)
<b>Performance Trend</b>									
Performance is reported for both hospital discharges and community referrals. During Periods 1 to 3 Community Referrals remained within the target range (GREEN), while Hospital Discharge referrals slipped from AMBER to RED. The most recent figures, which relate to Period 4, show performance as moving from AMBER to GREEN (hospital discharge) and remaining GREEN for community referrals.									

<b>Indicator</b>	5. 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. It should be noted, however, that this function now lies with Cordia. Information reported for 4 weekly financial periods by Cordia been mapped below to the HSCP quarterly reporting cycle.
<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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1		
Locality	Target	Per. 13b	Per 4	Per 7	Per 11	Per 13b	Per 1 & 2	Per 3	Per 4
North East	>40%	37% (R)	41% (G)	34.4% (R)	42.5% (G)	32.5% (R)	33.9% (R)	27.1% (R)	34.8% (R)
North West	>40%	33% (R)	36% (R)	37.0% (R)	39.1% (G)	45.7% (G)	38.2% (A)	34.9% (R)	41.1% (G)
South	>40%	39% (A)	36% (R)	33.3% (R)	35.8% (R)	35.9% (R)	35.6% (R)	38.5% (A)	18.7% (R)
Citywide	>40%	36% (R)	37% (R)	34.9% (R)	38.6% (A)	37.9% (R)	36.0% (R)	34.3% (R)	29.6% (R)
<b>Performance Trend</b>									
Performance varies across locality and over time. At the city-wide level performance slipped significantly between the end of Quarter 4 (Period 13b, 37.9%) and the end of Quarter 1 (Period 4, 29.6%).									
<b>Actions to Improve Performance</b>									
The 40% target continues to be challenging to achieve on a consistent basis but remains the target for 2018/19. Monthly monitoring of the city wide reablement performance continues in conjunction with Cordia and operational areas. While there has been an improvement in performance in North East and North West (who are now on target) South's performance has deteriorated.									
<b>Timeline for Improvement</b>									
It is expected that the target will be achieved on a consistent basis across the city by the next quarter.									
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<b>Target/Ref</b>	6. 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	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	
0%	North West	0% (G)	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)	
0%	South	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	
0%	Glasgow	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	
<b>Performance Trend</b>								
The target continued to be met across all localities during Q1. At the end of Q1 there were 1,301 open OT assessment activities: 3 of these (1 in NE, 1 in NW, and 1 Other) had been open for more than 12 months. The figure shown above has been rounded to zero and performance is classified as GREEN given that a 2.5% variance is permitted.								

<b>Target/Ref</b>	7. 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	% Seen Within 12 Weeks				
	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
100%	97.5% (G)	100% (G)			
<b>Performance Trend</b>					
New collection and reporting methods introduced so only Q4 figures included here. Previously maximum wait was provided only.					



<b>Target/Ref</b>	8. 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>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18	2018/19			
Target	Q4	Q4	Q1	Q2	Q3	Q4
95%	95% (G)	97% (G)	100% (G)			
<b>Performance Trend</b>						
Performance was maintained above target (GREEN) during Q1.						

<b>Target/Ref</b>	9. Referrals to Telecare
<b>Purpose</b>	To monitor the number of Telecare referrals received on a quarterly basis for the Basic and Advanced 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 Scottish Govt Target	<b>16/17 Total</b>	17/18 Q3	17/18 Q4	<b>17/18 Total</b>	18/19 Q1	18/19 Q2
Basic	2,248 (annual)	<b>2,581 (G)</b>	<b>714 (G)</b>	<b>771 (G)</b>	<b>2,771 (G)</b>	<b>746 (G)</b>	
Advanced	304 (annual)	<b>835 (G)</b>	<b>364 (G)</b>	<b>309 (G)</b>	<b>1,222 (G)</b>	<b>344 (G)</b>	
<b>Performance Trend</b>							
Targets have not yet been revised for 2018/19. However assuming the targets remain the same, the number of referrals to both the Basic and Advanced Telecare Services exceeded the pro rata target for Quarter 1.							

<b>Indicator</b>	10. 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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
0	NE	0 (G)	0 (G)	2 (R)	1 (R)	5 (R)	3 (R)	5 (R)
	NW	7 (R)	1 (R)	2 (R)	2 (R)	4 (R)	1 (R)	2 (R)
	South	4 (R)	10 (R)	7 (R)	8 (R)	7 (R)	7 (R)	10 (R)
	City	11 (R)	11 (R)	11 (R)	11 (R)	16 (R)	11 (R)	17 (R)

#### Performance Trend

Numbers vary across localities and over time and have remained RED. South has had the highest number of delays over the period since January 2018.

#### Actions to Improve Performance

Our performance in this area remains a concern and revised improvement plans are being developed and implemented as part of the HSCP's older people transformation programme. There is a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. Work will continue to ensure reductions going forward.

#### Timeline for Improvement

Improvements towards meeting the target are anticipated by the end of Q2 in 2018/19.

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<b>Indicator</b>	11. 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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
North East	90%	94% (G)	74% (R)	95% (G)	92% (G)	89% (G)	87% (G)	89% (G)	90% (G)	93% (G)
North West	90%	75% (R)	89% (G)	88% (G)	92% (G)	96% (G)	92% (G)	94% (G)	93% (G)	92% (G)
South	90%	94% (G)	83% (R)	96% (G)	94% (G)	94% (G)	86% (A)	92% (G)	91% (G)	94% (G)
<b>Glasgow</b>	<b>90%</b>	88% (G)	82% (R)	89% (G)	93% (G)	84% (R)	87% (G)	92% (G)	91% (G)	93% (G)
<b>Performance Trend</b>										
Performance improved across all localities and city-wide between year-end (March) and Quarter 1.										

<b>Indicator</b>	12. 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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
<b>Glasgow</b>	<30	41 (R)	33 (R)	31 (A)	38 (R)	30 (G)	40 (R)	34 (R)	32 (R)	28 (G)
North East	<30	36 (R)	36 (R)	31 (A)	35 (R)	33 (R)	45 (R)	30 (G)	36 (R)	28 (G)
North West	<30	38 (R)	32 (R)	30 (G)	32 (R)	35 (R)	38 (R)	41 (R)	35 (R)	28 (G)
South	<30	44 (R)	31 (A)	30 (G)	35 (R)	33 (R)	40 (R)	30 (G)	32 (R)	27 (G)

#### Performance Trend

Average lengths of stay vary over time and between localities. In June all localities met target for the first time moving from RED to GREEN between March and June. The target is now being achieved across the city for the first time and is a testament to the scrutiny system now in operation. It is expected this improved performance will continue throughout the year

Indicator	13. Percentage of intermediate care users transferred home
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality		Targets	Apr 16	Apr 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
Glasgow	Home	30%	21% (R)	25% (R)	34% (G)	24% (R)	26% (R)	21% (R)	34% (G)	23% (R)	22% (R)
	Res/Nursing	N/A	52%	62%	43%	60%	55%	66%	45%	61%	57%
	Readmissions	N/A	25%	10%	15%	9%	6%	12%	12%	12%	16%
	Deceased	N/A	2%	1%	8%	7%	3%	1%	5%	4%	5%
NE	Home	30%	22% (R)	30% (G)	38% (G)	33% (G)	28% (A)	16% (R)	33% (G)	25% (R)	13% (R)
	Res/Nursing	N/A	39%	59%	43%	52%	62%	43%	50%	50%	58%
	Readmissions	N/A	33%	7%	10%	25%	10%	15%	16%	25%	25%
	Deceased	N/A	6%	0%	10%	2%	1%	8%	0%	0%	4%
NW	Home	30%	21% (R)	22% (R)	32% (G)	21% (R)	25% (R)	34% (G)	27% (R)	33% (G)	31% (G)
	Res/Nursing	N/A	57%	57%	48%	52%	62%	43%	57%	59%	53%
	Readmissions	N/A	21%	17%	16%	25%	10%	15%	11%	7%	11%
	Deceased	N/A	0%	4%	4%	2%	1%	8%	4%	0%	4%
South	Home	30%	21% (R)	22% (R)	32% (G)	21% (R)	25% (R)	34% (G)	39% (G)	13% (R)	22% (R)
	Res/Nursing	N/A	58%	70%	39%	52%	62%	43%	33%	70%	59%
	Readmissions	N/A	21%	7%	18%	25%	10%	15%	9%	6%	11%
	Deceased	N/A	0%	0%	11%	2%	1%	8%	9%	10%	7%

#### Performance Trend

Variations across localities and over time. Performance was RED in the North East, South and city-wide in the last 2 months of the quarter; over the same period performance in North West was GREEN. Variations between periods at a citywide level can be explained largely by the fact that the numbers are relatively small, so that the effects of changes in these numbers can appear magnified in percentage terms.

#### Actions to Improve Performance

Performance in the North East continues to be a concern and remains RED although performance improved in the last quarter. North West remains GREEN. Further scrutiny will be undertaken in respect of this area of performance.

#### Timeline for Improvement

Ongoing. Further improvements are expected into 2018/19

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<b>Target/Ref</b>	14. 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>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18				2018/19	
Target	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	94% (G)	96% (G)	92% (A)	97% (G)	96% (G)	95% (G)	
<b>Performance Trend</b>							
Performance continued to meet target at Q1 (GREEN).							

<b>Target/Ref</b>	15. 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>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18				2018/19	
Target	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	94% (G)	97% (G)	98% (G)	98% (G)	95% (G)	98% (G)	
<b>Performance Trend</b>							
Provided Residential Review rates exceeded the 95% target (GREEN) at Quarter 1.							



<b>Indicator</b>	16. % of Last 6 months of life spent in the Community
<b>Purpose</b>	Partners are working together to shift the balance of care, enabling people to spend a longer period of time prior to their death, being supported if required, within community settings. This indicator measures progress towards this aim.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) indicator 5
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

2018/19 Target	15/16	16/17	17/18	18/19			
				Q1	Q2	Q3	Q4
<b>86.8%</b>	84.8%	85.6%	87.1%				
<b>Performance Trend</b>							
<p>This is a new indicator which is part of the suite of MSG indicators.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon an increase of 2% from the 2015/16 baseline of 84.8. Performance will be monitored against this going forward as 18/19 data becomes available. At moment no RAG classification provided.</p>							

<b>Indicator</b>	17. Percentage of the Population Unsupported at Home
<b>Purpose</b>	Partners are working together to shift the balance of care, enabling more of the population to live unsupported at home. This indicator measures progress towards this aim.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) indicator 6
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

2018/19 Target	15/16	16/17	17/18	18/19			
				Q1	Q2	Q3	Q4
86.8%	98%	98%					
<b>Performance Trend</b>							
This is a new indicator which is part of the suite of MSG indicators.							
The HSCP has set a trajectory for 2018/19 which is based upon an increase of 2% from the 2015/16 baseline of 84.8. Performance will be monitored against this going forward as 18/19 data becomes available. At the moment no RAG classification has been provided as the target relates to 2018/19 and there is a time lag in the production of the data.							

<b>Target/Ref</b>	18. 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	14/15	15/16	16/17	17/18				18/19		
					Q1	Q2	Q3	Q4	Q1	Q2	Q3
Glasgow City	6.75 per quarter (18/19)	27	29	31	7.4	7.8	7.9				
Scotland		21	21	22	N/A	N/A	N/A				

#### Performance Trend

National Integration Indicator. There has been an increase over the last three years (2014-2017) as shown. A new target has been set for 2018/19, which is to get back to the 2014/15 levels (27 for the year or 6.75 per quarter). At the moment no RAG classification has been provided as the target relates to 2018/19 and there is a time lag in the production of the data.

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<b>Target/Ref</b>	19. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker.
<b>Purpose</b>	To monitor the waiting times for people who have been diagnosed with dementia to be seen by a Post Diagnostic Support Linkworker. This gives an indication of whether interventions are being delivered in a timeous manner.
<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)

		2017				2018			
Locality	Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Glasgow	100%	49.1% (R)	46.4% (R)	17.4% (R)	12.1% (R)	18.5% (R)	10.0% (R)		
North East	100%	16.7% (R)	0 (R)	0 (R)	0 (R)	0 (R)	10.2% (R)		
North West	100%	54.8% (R)	30.8% (R)	14.3% (R)	N/A (R)	16.7% (R)	8.5% (R)		
South	100%	50% (R)	81.8% (R)	20% (R)	19% (R)	26.7% (R)	11.5% (R)		

<b>Performance Trend</b>
Variations across areas and over time but performance remains significantly below target. It should be noted that some patients may be referred to a link worker but choose not to take this up. At the moment these are counted in the above figures and will be adversely affecting the percentages shown.
<b>Actions to Improve Performance</b>
The HSCP is working closely with the provider Alzheimers Scotland and have jointly agreed an action plan which it is believed will lead to improved performance. This includes training to improve recording practices; additional recruitment; and the testing of new group work models which have been implemented in North Lanarkshire.
<b>Timeline for Improvement</b>
It is anticipated that performance will improve going forward in 2018/19 as the above action plan is implemented, though performance may remain below the challenging target which has been set.

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

1. Total number of patients who have been diagnosed with dementia

## PRIMARY CARE

The performance indicators in this section relate to an infrastructure and delivery method which will change over the next three years as we implement the requirements of the new GP contract. Our proposals for how we implement the new contract will be outlined in the forthcoming Primary Care Improvement Plan (PCIP) which will be ready by July 2018. This plan will include details of how we will implement the 6 nationally agreed priorities and address a number of Glasgow specific issues. The current Primary Care performance measures will therefore need to be reviewed and revised to take account of the PCIP.

<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 Lead</b>	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	TARGET	Jan 16- Mar 16	Jan 17- Mar 17	Apr 17- Jun17	Jul 17 – Sep 17	Oct 17- Dec 17	Jan 18- Mar 18
City	78%			79.27% (G)	79.17% (G)	79.44% (G)	79.45% (G)
NE	78%	79.81% (G)	80.18% (G)	79.91% (G)	79.86% (G)	80.20% (G)	80.09% (G)
NW	78%	78.35% (G)	78.7% (G)	78.54% (G)	78.44% (G)	78.70% (G)	78.72% (G)
S	78%	79.0% (G)	79.41% (G)	79.32% (G)	79.17% (G)	79.39% (G)	79.48% (G)
NHSGGC	78%	78.86%	79.22%	78.68%	78.60%	79.23%	79.24%
<b>Performance Trend</b>							
All areas remain GREEN with compliance increasing slightly over the last quarter. City wide information has only recently been made available. No updates available yet for Q4.							

<b>Indicator</b>	2. Prescribing Costs: Annualised cost per treated patient
<b>Purpose</b>	To monitor prescribing costs. This divides the total prescribing costs by the total number of distinct patients that have received a prescription in the stated time period. 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 Lead</b>	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	Target	Mar 16	Mar 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
NE	Cost below (or the same as) the GGC average.	266.38 (G)	271.99 (G)	275.19 (G)	274.79 (G)	275.19 (G)	273.79 (G)	273.80 (G)
NW		224.66 (G)	231.30 (G)	234.00 (G)	233.26 (G)	233.71 (G)	233.69 (G)	234.25 (G)
S		231.96 (G)	239.75 (G)	242.49 (G)	242.54 (G)	243.22 (G)	242.75 (G)	243.02 (G)
City		239.53 (G)	276.32 (G)	249.21 (G)	248.86 (G)	249.37 (G)	248.80 (G)	249.09 (G)
NHS GGC		240.58	249.45	253.78	253.6	254.27	254.00	254.03
<b>Performance Trend</b>								
Variations across sectors and over time. Initiatives to ensure cost minimisation are ongoing.								

<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; 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.
<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>	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Area	Target 75%			Target 65%
	Over 65s	Under 65s in clinical risk groups (exc. healthy pregnant women and carers)	Pregnant (not in a clinical risk group)	Pre-school 2-5 years old
NE	72.2% (A)	45.9% (R)	47.2% (R)	N/A
NW	72.2% (A)	43.9% (R)	55.9% (R)	N/A
South	73.1% (A)	45.7% (R)	53.6% (R)	N/A
<b>NHSGGC</b>	73.9%	45.6%	54.2%	N/A
<b>Scotland</b>	73.6%	44.8%	48.1%	N/A
<b>Performance Trend</b>				
The data shown relates to Q4 and will be the last report until the 18/19 programme. Performance below target and RED for all categories with the exception of over 65s which is AMBER, although the targets relate to Q3 and Q4 combined. Please note, due to national data quality issues uptake for Pre-school 2-5 years old by GP practice and NHS Board is currently not available.				
<b>Actions to Improve Performance</b>				
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. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:				
<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>- Flu vaccination uptake data covering the risk groups shown above is communicated to GP practices and clinical directors 2-3 times per flu season (November, January and</li> </ul>				

March)

- A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.

Furthermore, Pharmacy Public Health secured short-term funding for 2017/18 to invite GP practices in the bottom 25th percentile flu vaccination uptake amongst patients <65 and in an at risk group, to complete a self-audit. Individualised feedback reports are being produced and shared with each practice who in turn are encouraged to share findings with staff and partners, with a view to gaining support to increase uptake.

#### **Timeline for Improvement**

It is hoped that improvements will be achieved in the 2018/19 immunisation programme.

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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 and 76.
<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>	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Area	Target	Aged 70	Aged 76	Total
NE	60%	<b>38.8%</b> (R)	<b>31.5%</b> (R)	<b>36.1%</b> (R)
NW	60%	<b>37.2%</b> (R)	<b>30.4%</b> (R)	<b>34.7%</b> (R)
South	60%	<b>35.9%</b> (R)	<b>29.6%</b> (R)	<b>33.6%</b> (R)
<b>NHSGGC</b>	60%	<b>38.0%</b>	<b>31.5%</b>	<b>35.6%</b>
<b>Scotland</b>	TBC	40.5%	35.5%	38.7%

#### **Performance Trend**

The data shown relates to the cumulative immunisation rates between 1 September 2017 and 31 March 2018. Variations across localities and between the different age groups.

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

The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the shingles vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:

- An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes.
- Shingles vaccination uptake is fed back to GP practices and clinical directors quarterly
- A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.

In addition to the above and specific to the shingles vaccination programme, Health Protection Scotland have produced a national screening tool to support practitioners with the identification of patients who may be contra-indicated for shingles vaccine.

#### **Narrative required**

It is hoped that improvements will be achieved, with the impact evident in future performance reports as the reporting year progresses.

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<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
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Service	Target	Apr 16	Apr 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	41% (R)	46.5% (R)	44% (R)	44% (R)	46% (R)	42% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	97.9% (G)	99% (G)	97.9% (G)	98.5% (G)	97.9% (G)	95.6% (G)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)

#### Performance Trend

- MSK physio target consistently not being met but all patients requiring an urgent MSK appointment are seen within the target timescales.
- Target being consistently met by podiatry and dietetics.

#### Actions to Improve Performance

These services are managed by other HSCPs on behalf of Glasgow City HSCP and we have a process to raise any performance issues with the host HSCP through our Primary Care Strategy Group (PCSG). MSK physio is provided by West Dunbartonshire and the manager of the Service attended the recent PCSG to present the annual report and to advise on the work to improve waiting times.

Despite an increase in the referrals during Q1 (from 3270 in April to 3346 in June 2018) the maximum time a patient is waiting for a routine appointment across the whole service has dropped from 20 weeks in April 2018 to 17 weeks in June 2018. (In May 2017 the longest wait was 31 weeks). Furthermore the number of patients waiting for more than 4 weeks in Glasgow have decreased from 5739 in April 2018 to 4910 by the end of June 2018. All urgent appointments are seen within the 4 weeks' timescale.

This target remains a challenge across the whole of Scotland. Analysis of the national report from March 2018 shows services range from 23.1% to 92.1% in relation to this indicator. The average for Scotland was 48.4%, with NHSGGC at 46.5% seen within 4 weeks. As well as on going work looking at maximum utilisation of all appointments and targeting those waiting the longest, some additional funding has been secured to reduce the number of patients waiting for an appointment.

<b>Timeline for Improvement</b>
It is expected that waiting times will improve on the current position in the months ahead.
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**Other Annually Reported Indicators - See Appendix 1, Section 2**

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

## UNSCHEDULED CARE

<b>Indicator</b>	1. New Accident and Emergency (A&E) attendances (All ages)
<b>Purpose</b>	To monitor attendance at Accident and Emergency units. 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). 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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2018/19 Target	15/16		16/17		17/18	
		Number	Monthly average	Number	Monthly average	Number	Monthly average
<b>Glasgow</b>	<b>197,542</b>	201,573	16,798	201,768	16,814	205,642	17,136
<b>Performance Trend</b>							
<p>The indicator has remained similar but the previous data source has been replaced by a new source provided in relation to the suite of MSG indicators which provides a combined figure for the city. The number of attendances have risen over the last three years.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a 2% reduction on the 2015/16 baseline and performance will be monitored against this going forward as 18/19 data becomes available. At moment no RAG classification provided.</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/ Ministerial Strategic Group (MSG) 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	Mar 16	Mar 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
GRI	95%	82.7% (R)	86.3% (R)	77% (R)	85.3% (R)	81.2% (R)	83.1% (R)	88.5% (R)	92.2% (A)
QEUH	95%	85.1% (R)	81.8% (R)	84.8% (R)	88.0% (R)	85.9% (R)	87.2% (R)	88.8% (R)	89.9% (R)

<b>Performance Trend</b>
Performance varies over time.
<b>Actions to Improve Performance</b>
Both A&E hospitals have plans in place to deliver the target as part of the Board wide unscheduled care programme supported by resources from the Scottish Government. A Board-wide unscheduled care improvement programme is now in place designed to improve performance across GG&C. Performance has improved on the last quarter but continues to be a challenge.
<b>Timeline for Improvement</b>
Achievement of the 4 hour target is an indication of the pressure in the acute hospital system. All hospitals in GG&C continue to struggle to achieve this target.
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<b>Indicator</b>	3. Number of Emergency Admissions (All Ages).
<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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	2018/19 Target	15/16	16/17	17/18	18/19			
					Q1	Q2	Q3	Q4
Total	<b>75,750</b>	77,296	75,646	69,729				
Monthly average	<b>6312</b>	6441	6304	5808				
<b>Performance Trend</b>								
<p>The previous indicator has been replaced by the above indicator which is part of the suite of MSG indicators. The number of admissions have been falling over the last three years.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a 2% reduction on the 2015/16 baseline and performance will be monitored against this going forward as 18/19 data becomes available. At moment no RAG classification provided.</p>								

<b>Indicator</b>	4. Number of Unscheduled Hospital Bed Days (All Ages)
<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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	2018/19 Target	15/16	16/17	17/18	18/19			
					Q1	Q2	Q3	Q4
Total	<b>454,285</b>	504,761	525,152	505,165				
Monthly average	<b>37,857</b>	42,063	43,763	42,097				
<b>Performance Trend</b>								
<p>The previous indicator has been replaced by the above indicator which is part of the suite of MSG indicators.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a 10% reduction on the 2015/16 baseline and performance will be monitored against this going forward as 18/19 data becomes available. At moment no RAG classification provided.</p>								

<b>Indicator</b>	5. 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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	Target	Apr 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
North East		10	12	10	23	26	20
North West		6	9	9	15	15	15
South		14	9	17	12	23	17
<b>Sub-Total (Included Codes)</b>		<b>30</b>	<b>30</b>	<b>36</b>	<b>50</b>	<b>64</b>	<b>52</b>
North East		2	0	1	2	2	3
North West		5	1	4	4	9	7
South		4	8	2	4	4	7
<b>Sub-Total (Complex Codes)</b>		<b>11</b>	<b>9</b>	<b>7</b>	<b>10</b>	<b>15</b>	<b>17</b>
<b>All Delays</b>	<b>20</b>	<b>41</b> <b>(R)</b>	<b>39</b> <b>(R)</b>	<b>43</b> <b>(R)</b>	<b>60</b> <b>(R)</b>	<b>79</b> <b>(R)</b>	<b>69</b> <b>(R)</b>

#### Performance Trend

Numbers vary across localities and over time and have risen over the last three months, though fell in June.

#### Actions to Improve Performance

The weekly operational meeting continues to manage delays involving HSCP operational & commissioning leads, Acute Operational Managers and discharge management representation to ensure all actions to improve performance are progressed. While there has been an increase in overall delays, the majority extend to a few days with longer delays relating to complex care placement, capacity assessment, health equipment delays and house cleans. Implementation of Home is Best (dedicated SW hospital team) will assist to ensure a focus on responding to early referrals and effective partnership working with Acute. The level of complex discharge needs and requirement for intermediate care capacity has however presented a challenge and has impacted on the number of delays. An Intermediate Care (IC) Improvement plan has been developed to ensure best use of IC beds and effective flow and service user outcomes. The focus on IC performance has already impacted on reducing IC length of stay.

#### Timescale for Improvement

Sustainable improvements will be sought going forward. Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and target date for Home is Best implementation is Oct 2018.

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<b>Indicator</b>	6. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)
<b>Purpose</b>	To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes those occupied by older people who are classified as AWI under the requirements of the Adults with Incapacity Act 2000. 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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Apr 18	May 18	Jun 18	Year to Date
<b>HSCP</b>	<b>21,288</b>	<b>15,557</b>	<b>10,982</b>	<b>10,000</b>	<b>1226 (R)</b>	<b>1552 (R)</b>		<b>2778 (R)</b>
<b>NE</b>	5777	4058	3002	N/A	398	587		985
<b>NW</b>	8034	6406	3372	N/A	380	451		831
<b>S</b>	7477	5093	4608	N/A	448	514		962
<b>Performance Trend</b>								
<p>For the city as a whole, there has been a significant reduction over the last two years, contributed to by the reclassification of the AWI beds in 2016/17 (see indicator 8 below).</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 10,000 bed days for the year (monthly average of 833).</p> <p>During 2018/19, they have increased so far, with a monthly average of 1389 (compared with an average of 915 for 17/18).</p>								
<b>Actions to Improve Performance</b>								
Acute bed days lost is a function of delays themselves and so an increase in delays recently (see indicator 6 trends) has resulted in an increase in bed days lost. The actions described at indicator 6 above to reduce delays will have an impact on bed days lost								
<b>Timescale for Improvement</b>								
An improved performance is expected later in the year as a result of the actions highlighted at indicator 6 above								
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<b>Indicator</b>	7. 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/ Ministerial Strategic Group (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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Apr 18	May 18	Jun 18	Year to Date
<b>HSCP</b>	<b>10,715</b>	<b>6050</b>	<b>2098</b>	<b>1910</b>	<b>269 (R)</b>	<b>397 (R)</b>		<b>666 (R)</b>
<b>NE</b>	3590	1647	336	N/A	81	95		176
<b>NW</b>	3558	2995	816	N/A	82	197		279
<b>S</b>	3910	1408	946	N/A	106	105		211
<b>Performance Trend</b>								
<p>For the city as a whole, there has been a significant reduction over the last three years, contributed to by the reclassification of the AWI beds in 2016/17 which the HSCP commission in community settings in line with national guidance, which meant they were no longer included.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 1910 bed days for the year (monthly average of 159).</p> <p>During 2018/19, they have increased so far, with a monthly average of 333.</p>								
<b>Actions to Improve Performance</b>								
The actions described at indicator 6 above to reduce delays will have an impact on bed days lost								
<b>Timescale for Improvement</b>								
An improved performance is expected later in the year as a result of the actions highlighted at indicator 6 above								
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## CARERS SERVICES

<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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	17/18 Total	18/19 Q1	18/19 Q2
North East	550 (138 per Q)	112 (R)	150 (G)	167 (G)	177 (G)	606 (G)	181 (G)	
North West	550 (138 per Q)	205 (G)	140 (G)	127 (R)	148 (G)	620 (G)	187 (G)	
South	550 (138 per Q)	192 (G)	164 (G)	191 (G)	169 (G)	716 (G)	147 (G)	
Glasgow	1,650 (413 per Q)	509 (G)	454 (G)	485 (G)	494 (G)	1,942 (G)	515 (G)	

### Performance Trend

The quarterly target of 138 continued to be exceeded across all localities (GREEN) at Q1.

<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 Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Locality</b>	<b>Target</b>	<b>17/18 Q1</b>	<b>17/18 Q2</b>	<b>17/18 Q3</b>	<b>17/18 Q4</b>	<b>18/19 Q1</b>	<b>18/19 Q2</b>
North East	65%	88% (G)	80% (G)	87% (G)	74% (G)	84% (G)	
North West	65%	87% (G)	73% (G)	95% (G)	86% (G)	73% (G)	
South	65%	75% (G)	81% (G)	93% (G)	86% (G)	96% (G)	
Glasgow	65%	81% (G)	80% (G)	91% (G)	82% (G)	84% (G)	

<b>Performance Trend</b>
The 65% target continued to be exceeded across all three localities at Q1 (GREEN).

## 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 Leads</b>	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Apr 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
95%	Glasgow	87% (R)	90% (A)	90% (A)	90% (A)	90% (A)	92% (A)	92% (A)
	NE	87% (R)	91% (A)	88% (R)	92% (A)	88% (R)	94% (G)	94% (G)
	NW	79% (R)	80% (R)	89% (R)	87% (R)	87% (R)	91% (A)	86% (R)
	S	87% (R)	89% (R)	87% (R)	89% (R)	89% (R)	88% (R)	88% (R)
<b>Performance Trend</b>								
Performance has fluctuated over time and between localities. North East has moved to GREEN in the last quarter with the city remaining AMBER. North West and South RED in June.								
<b>Actions to Improve Performance</b>								
<p>There has been a consistent improvement since March 2017 as a result of action by health visiting teams. Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action. We continue to review activity and further interrogate caseloads to establish clearer reason for failing to meet this target.</p> <p>We continue to implement the Healthy Children programme including</p> <ul style="list-style-type: none"> <li>• Recruitment of additional health visitors</li> <li>• The new universal child health pathway</li> <li>• Further implementation of Family Nurse Partnership</li> </ul>								
<b>Timeline for Improvement</b>								
Further improvements will be achieved by the end of Q3								

<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 Leads</b>	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Mar 16	Mar 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
95%	NE	95% (G)	99% (G)	79% (R)	93% (G)	96% (G)		
	NW	93% (G)	98% (G)	95% (G)	96% (G)	94% (G)		
	S	96% (G)	98% (G)	88% (G)	96% (G)	97% (G)		
<b>Performance Trend</b>								
Variations across areas and over time with all areas now meeting the target. Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action.								

<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 Leads</b>	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

AREA	Annual Target	2016/17 Total	2017/18 Total	2018/19 Q1
NE	344	344	509 (G)	261 (G)
NW	576	576	587 (G)	167 (G)
S	613	613	661 (G)	143 (R)
City	1,533	1,533	1,757 (G)	571 (G)

#### Performance Trend

The quarterly pro-rata target for referrals was met in the North East and North West and at city level (GREEN). South (RED) were slightly outwith the quarterly target range.

The North East has introduced a new pathfinder initiative at the Dental Health Support Workers visit that has been successful in increasing the referral rate.

<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 Leads</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	Apr-16	Apr-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
North Glasgow	100%	100% (G)	100% (G)	99.6% (G)	98.3% (G)	98.1% (G)	98.3% (R)	99.6% (G)
South Glasgow	100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	99.4% (G)
East Glasgow	100%	100% (G)	100% (G)	97.1% (A)	97.1% (A)	97.6% (G)	93.4% (R)	91.2% (R)
West Glasgow	100%	100% (G)	100% (G)	97.9% (G)	92% (R)	89.2% (R)	84.6% (R)	84.2% (R)
<b>Glasgow HSCP</b>	100%	100% (G)	100% (G)	98.5% (G)	96.6% (A)	96% (A)	93.6% (R)	92.9% (R)

#### Performance Trend

Variations exist across localities and over time. Performance has moved to RED for East and West Glasgow and the city over the last two months.

#### Actions to Improve Performance

The drop in percentage of children seen within 18 weeks in East and West Glasgow arose due to a number of factors, including significant workforce issues and changes implemented to increase the level of accepted referrals, which in turn created increased demand.

A number of approaches have been undertaken to address this, including temporarily extending our core hours of business to include early evenings and weekend work and the introduction of a Quality Improvement Programme. The Quality Improvement Programme is focusing on four distinct work streams: 1. Review of overall service provision, leadership and culture, 2. Service Improvements, 3. Training and support, 4. Supervision and Leadership, and is being led by the CAMHS SMT members.

The Quality Improvement Programme will launch its main initiative on 1<sup>st</sup> October, which will involve working towards a full booking system and the introduction of a Central Choice Team.

Further, as part of wider Scottish Governments plans, we have been working on the reduction of rejected referrals. Over the last six months, GGC have reduced their rejected referrals from 35% to 19%, which is now under the UK and Scottish averages. As noted, this



has had an additional effect on RTT performance. The Quality Improvement Programme will ensure that all appropriate children and young people will be accepted to Choice, which will further reduce the rejected referral rate to less than 10%, whilst improving the RTT as above.

#### **Timeline for Improvement**

The CAMHS Glasgow City Quality Improvement Programme has been underway since April 2018. The temporary changes to core working hours have been in place since January 2018. Based on more recent (unconfirmed) figures, we anticipate month on month improvements. We forecast that by the end of December 2018, there will be a significant decrease in the longest waiting time and number of children waiting, with CAMHS meeting the RTT by then.

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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 Leads</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	
						% with review	Number <i>without</i> a Permanency Review
90%	North East	81% (R)	85% (R)	96% (G)	94% (G)	98% (G)	1
90%	North West	57% (R)	79% (R)	85% (R)	88% (R)	78% (R)	6
90%	South	83% (R)	74% (R)	71% (R)	61% (R)	58% (R)	18
90%	City	76% (R)	79% (R)	83% (R)	80% (R)	78% (R)	28

#### Performance Trend

City wide performance dropped slightly between Q4 and Q1. This slippage in performance was due mainly to a fall in North West of 10 percentage points between Q4 and Q1. Performance in South declined by a further 3 percentage points during Q1 (RED) while performance in North East exceeded target for the third consecutive quarter (GREEN).

At Q1 a total of 28 children (of 127 children under 5 looked after for 6 months or more) had not yet had a permanency review (this figure includes 3 children allocated to hospital teams who have not yet had a review).

#### Actions to Improve Performance

We continue to treat this area of work as a priority. The Permanence Forums, for example, have been reviewing the outstanding work and seeking to establish timescales for completion. Local reviews have confirmed key areas which will require a sharp focus, specifically in relation to improving data recording and reducing cancelled and deferred meetings that have occurred as a consequence of outstanding parenting assessments and absent parents. Local arrangements and targeted approaches have ensured this area of work remains under constant scrutiny by senior managers and corrective action, wherever necessary, has seen an improvement. We have reviewed the individual reasons for reviews not taking place timeously and we intend to schedule reviews where this is practicably possible. It should be recognised the percentages shown can fluctuate as a result of the relatively small numbers of children in this category.

Differences in performance across localities are a consequence of differences in the availability of resources, which is being considered by the Core Leadership Team. Furthermore, we have been piloting Family Group Decision Making (FGDM) in the North East which has enabled a stronger focus on engaging with families at an early stage. FGDM is a test of change within our overarching Transformation Programme and will be implemented city wide on a phased basis.

Staff turnover has presented us with challenges in delivering on this performance target with vacancies in both the North West and South for Service managers, team leaders and a number of qualified social workers. While this remains an area that is prioritised, cases have required to be reallocated to progress plans. The newly allocated workers are required to develop knowledge of the background and history of the families they are working with, in order to progress the permanence activity.

#### **Timeline for Improvement**

It is anticipated that further improvements in performance will continue to be evident as we deliver on our Transformation Programme and recruit additional staff.

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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.
<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>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Age Group	Apr 18 -Jun 18							
100%	Under 5s	97.37% (A)							
100%	Aged 5-18	100% (G)							
<b>Performance Trend</b>									
This is a new indicator for 2018/19.									
<b>Actions to Improve Performance</b>									
This is a new indicator and performance is good for children aged 5 to 18 years. There is a slight dip for under-fives, although the percentage of assessments completed within the target is only slightly outwith the threshold for green. Discussions will take place between our health visiting services and Specialist Children's Services to identify the most effective ways of ensuring that all children under 5 receive their assessment within the target timescale.									
<b>Timeline for Improvement</b>									
We would anticipate improvements by the end of Q4.									

<b>Indicator</b>	7. Percentage of <u>new</u> SCRA (Scottish Children's Reporter Administration) reports submitted within 20 days.
<b>Purpose</b>	To monitor the proportion of new reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted within the 20 day deadline.
<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>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
60%	North East	80% (G)	47% (R)	74% (G)	67% (G)	52% (R)	80% (G)	82% (G)	
60%	North West	69% (G)	38% (R)	57% (R)	46% (R)	75% (G)	61% (G)	50% (R)	
60%	South	81% (G)	50% (R)	65% (G)	81% (G)	59% (G)	52% (R)	44% (R)	
60%	<b>Glasgow</b>	74% (G)	45% (R)	67% (G)	66% (G)	64% (G)	65% (G)	61% (G)	
<b>Performance Trend</b>									
Q1 data for this indicator is not currently available. A new SCRA assessment form is being piloted in the South of the city. A revised reporting process is under development and it is anticipated that accurate figures will be produced later in the year.									

<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 Leads</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
75%	North East	56% (R)	65% (R)	72% (A)	76% (G)	71% (R)	77% (G)	73% (A)
75%	North West	52% (R)	49% (R)	54% (R)	67% (R)	66% (R)	50% (R)	62% (R)
75%	South	66% (R)	68% (R)	67% (R)	67% (R)	68% (R)	73% (A)	68% (R)
75%	<b>Glasgow</b>	58% (R)	61% (R)	65% (R)	70% (R)	69% (R)	67% (R)	68% (R)

**Performance Trend**

Performance at city level increased slightly between year-end and Q1. Although still RED, there was a significant increase in performance in the North West, rising from 50% to 62%. Performance slipped slightly from GREEN to AMBER in North East and from AMBER to RED in South during the quarter.

It should be noted that at Q1, the proportion of young care leavers without a destination recorded was NE 16%, NW 2%, and South 7%, giving an overall Glasgow City figure of 10%. It should also be noted that Scottish Government statistics (<https://www.gov.scot/Publications/2018/03/6242/downloads>) show that the city has performed better than the national average. Nationally, at 31 July 2017, 47% of those receiving aftercare for whom current activity was known were in education, training or employment; compared to 61% for Glasgow. Performance in Glasgow has also improved over time, with this rising from 51% in 2011/12.

**Notes on data**

- 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.
- These figures exclude care leavers who have a barrier to employment (for example, pregnancy, mental/physical health problems).

**Actions to Improve Performance**

We recognise this as ongoing challenge and as a consequence we have recently appointed an experienced service manager to the intensive services' post. This post will

focus on improving performance and will include responsibility for the central leaving care team, which will strengthen the relationship with the centrally based employability resource and will support locality based services to support more young people to achieve positive destinations.

In the medium to longer term we expect to see improvements in the numbers of young people moving into positive destinations as this is a key objective of our “Transformation Programme” for children’s services and our Corporate Parenting Action Plan. We are also looking at how resources are deployed across the City to ensure that we address variations between localities.

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**Timeline for Improvement**

Localities continue to focus on the 75% target and remain confident that this is achievable.

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<b>Indicator</b>	9. Number of high cost placements
<b>Purpose</b>	To monitor the number of high cost placements. These include residential schools, secure units and specialist purchased resources. Reducing high cost placements is an objective for our Children's Transformation 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 3 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

As at Mar 15	As at Mar 16	As at Mar 17	As at 12 July 17	As at 1 Sept 17	As at 22 Dec 17	As at 31 Mar 18	As at end June 18	2018/19 Target
120	126	111	104	94	76 (G)	67 (G)	61 (G)	47 (reduction of 20 between year-end 17/18 & 18/19)

**Performance Trend**

The number of high cost placements has continued to fall during Q1. There is a target to reduce the numbers by 20 over the course of 2018/19. This equates to a target reduction of 5 per quarter. There has been a reduction of 6 in Q1, so performance has been classified as GREEN.

The reduction of young people in high cost placements during the last year has been achieved primarily through a rigorous focus on risk assessment, care planning and improved identification of responses to young people who are referred to the service. There are fewer young people becoming looked after by the Council and this may, in part be a result of a stronger focus on supporting families, such as through family group decision making, and early intervention and prevention work by the wide range of agencies working in the city.

This is a medium term plan to reduce placements over the next 2 to 3 years. Looking ahead, we are developing a number of improvement projects that will facilitate a further reduction in placements, including increasing investment in prevention; early intervention and family support services; intensive outreach; improving support for families with children who are on the "edge of care"; and further improving our assessment, care planning and placement processes.



<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>	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18			
		Q4	Q4	Q1	Q2	Q3	Q4
<b>HSCP</b>	95%	94.6% (G)	93.8% (G)	94.4% (G)	94.6% (G)	93.5% (G)	93.9% (G)
North East	95%	N/A	95.8% (G)	N/A	N/A	N/A	N/A
North West	95%	N/A	93.6% (G)	N/A	N/A	N/A	N/A
South	95%	N/A	92.6% (G)	N/A	N/A	N/A	N/A
<b>Performance Trend</b>							
Performance remains GREEN. There has been a small increase between Q3 and Q4.							

<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>	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18			
		Q4	Q4	Q1	Q2	Q3	Q4
HSCP	95%	95.9% (G)	96.4% (G)	95.3% (G)	96.5% (G)	95.6% (G)	96.0% (G)
North East	95%	N/A	96.6% (G)	N/A	N/A	N/A	N/A
North West	95%	N/A	95% (G)	N/A	N/A	N/A	N/A
South	95%	N/A	97.3% (G)	N/A	N/A	N/A	N/A
<b>Performance Trend</b>							
Performance remains GREEN. There has been a small increase in performance between between Q3 and Q4.							

#### Other Annually Reported Indicators

- 6.% of 0-2 year olds registered with a dentist
- 7. % of 3-5 year olds registered with a dentist
- 8. % of P1 children with no obvious decay experience
- 9. % of P7 children with no obvious decay experience
- 10. Number of families being discussed at Early Years Joint Support Teams

## ADULT MENTAL HEALTH

<b>Target/Ref</b>	1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral
<b>Purpose</b>	To monitor waiting times for people accessing a psychological therapy treatment, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people and to people who have been seen.
<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	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
NE	90%	87.1% (A)	82.6% (R)	93.1% (G)	88.3% (G)	87% (A)	84.5% (R)	83.1% (R)
NW	90%	81.7% (R)	79.1% (R)	81.3% (R)	87.1% (A)	83.1% (R)	94.1% (G)	93.8% (G)
S	90%	96.5% (G)	97.3% (G)	98% (G)	96.5% (G)	94.7% (G)	92.2% (G)	95.5% (G)

### Performance Trend

Performance information now available again after the transfer over from PIMS to EMISWeb. Performance remains at GREEN in the South, has moved to GREEN in the North West and has moved to RED in the North East over the last two months.

### Actions to Improve Performance

The Primary Care Mental Health (PCMH) teams are relatively small in workforce but large in the volume of provided psychological therapy treatments to patients. As a result, a few clinical and admin vacancies, long term leave and retirals produces a significant impact on performance. Re-recruitment is a lengthy process and these factors are impacting on the PCMH and the Community Mental Health teams that provide a more specialist range of psychological interventions.

There remains a focus on addressing the recruitment to existing vacancies across all three localities. It is likely that there will be an impact on performance, however teams are mindful of the issues and are working to provide a short term response to provide a service within the target timeframes.

### Timeline for Improvement

Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place then performance will improve.

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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	Feb 18	Mar 18	Apr 18	May 18			
28 days	Stobhill	28.1 (G)	20.7 (G)	26.5 (G)	31.7 (R)			
28 days	Leverndale	22.9 (G)	28.1 (G)	29.4 (R)	24.7 (G)			
28 days	Gartnavel	24.4 (G)	32.2 (R)	29.5 (R)	28.2 (G)			

**Performance Trend**

No trend information before Feb 2018 shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used. Under TrakCare, patients transferred from mental health wards to Emergency Department/Acute wards, and back to mental health wards from Emergency Department/Acute wards, are recorded on TrakCare as discharges and admissions. This may result in shorter average lengths of stay. Performance has improved over the last two months and is now GREEN.

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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	Feb 18	Mar 18	Apr 18	May 18			
<95%	Stobhill	91.5% (G)	95.6% (G)	93% (G)	84.8% (G)			
<95%	Leverndale	94.2% (G)	96.8% (G)	95.3% (G)	93.1% (G)			
<95%	Gartnavel	91.6% (G)	92.7% (G)	97.2% (G)	95.5% (G)			
<b>Performance Trend</b>								
No trend information shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used. Under TrakCare, patients transferred from mental health wards to Emergency Department/Acute wards, and back to mental health wards from Emergency Department/Acute wards, are recorded on TrakCare as discharges and admissions. This may affect the occupancy figures.								

<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	Feb 18	Mar 18	Apr 18	May 18	Jun 18
North East		2	4	5	3	4	3
North West		1	6	9	8	5	3
South		1	9	8	7	5	7
<b>Sub-Total (Included Codes)</b>		<b>4 (R)</b>	<b>19 (R)</b>	<b>22 (R)</b>	<b>18 (R)</b>	<b>14 (R)</b>	<b>13 (R)</b>
North East		0	4	3	3	2	2
North West		3	2	3	4	3	4
South		0	0	0	0	0	0
<b>Sub-Total (Complex Codes)</b>		<b>3 (R)</b>	<b>6 (R)</b>	<b>6 (R)</b>	<b>7 (R)</b>	<b>5 (R)</b>	<b>6 (R)</b>
<b>All Delays</b>	<b>0</b>	<b>7 (R)</b>	<b>25 (R)</b>	<b>28 (R)</b>	<b>25 (R)</b>	<b>19 (R)</b>	<b>19 (R)</b>

<b>Performance Trend</b>
Numbers vary across localities and over time.
<b>Actions to Improve Performance</b>
Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. Additional fortnightly meetings have been in place since mid Q1 and this is now beginning to show some improvement in performance. A system has been put in place to discuss lessons learned and improvements that can be made in the process for moving patients on from hospital based care.
<b>Timeline for Improvement</b>
This continues to be an on-going area of focus during 2018/2019.
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## SANDYFORD (SEXUAL HEALTH)

<b>Indicator</b>	1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.
<b>Purpose</b>	To monitor waiting times for access to a first appointment for vLARC
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<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	AREA	Apr - Jun 16	Apr 17 - Jun 17	Jul 17 - Sep 17	Oct 17- Dec 17	Jan 18 - Mar 18	Apr 18 – Jun 18
<b>Intrauterine Devices (IUD)</b>							
10 working days	NE	21 (R)	24 (R)	20 (R)	23 (R)	21 (R)	27 (R)
	NW	20 (R)	21 (R)	21 (R)	24 (R)	22 (R)	26 (R)
	S	22 (R)	32 (R)	28 (R)	28 (R)	25 (R)	28 (R)
	HSCP	21 (R)	24 (R)	22 (R)	24 (R)	23 (R)	26 (R)
	GGC	19	21	21	21	21	25
<b>Implants</b>							
10 working days	NE	26 (R)	13 (R)	8 (G)	10 (G)	11 (R)	16 (R)
	NW	25 (R)	18 (R)	17 (R)	18 (R)	18 (R)	16 (R)
	S	24 (R)	25 (R)	18 (R)	18 (R)	16 (R)	20 (R)
	HSCP	25 (R)	17 (R)	14 (R)	15 (R)	15 (R)	17 (R)
	GGC	23	16	14	14	13	16
<b>Performance Trend</b>							
Target not met and there was a small increase in waiting times across most localities. These have been contributed to by staffing issues as a result of staff retirements and vacancies, with other services being prioritised over vLARC on occasions.							
<b>Actions to Improve Performance</b>							
The Sexual Health Service Review has made recommendations on how to make long acting contraception more easily available to those who need it, which should address these waiting times. The recommendations include vLARC being available at all locations where there is a Sandyford service, and engagement with primary care partners to investigate and develop express provision of repeat routine contraception. Staff training is needed to enable vLARC provision at all sites, and partnership working required with primary care. A proposal will be drawn up to consider enhancing capacity to reduce the waiting times.							

**Timeline for Improvement**

Work is ongoing in 2018 to implement some of the recommendations from the review including staff training and primary care engagement. A full Service Review Implementation Plan will be presented to the IJB in December and it is hoped that improvements will be seen from early 2019

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<b>Indicator</b>	2. Average 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.
<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 Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

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

<b>Performance Trend</b>
Target not met and all areas RED over the last 4 quarters. At Q1 waiting times increased with the exception of North West.
<b>Actions to Improve Performance</b>
Clinic Prioritisation protocol is in place to address the known/predictable reduction in staffing levels over peak holiday times. The Sexual Health Service Review has also made recommendations to increase the availability of urgent care at a few larger, more specialist (level 2) sites across GGC, which should have a positive impact on waiting times and accessibility.
It is now recognised, however, that this indicator reflects capacity and not provision, and that this data records what is available on the day as scheduled Urgent Care rather than actual delivery of emergency urgent care. Provision is assessed daily and the service responds to demand from people presenting with urgent symptoms positively and promptly. A review of this indicator is, therefore, planned.
<b>Timeline for Improvement</b>
Work is ongoing in 2018 to implement some of the recommendations from the review. Agreement needs to be reached with all 6 HSCPs in Greater Glasgow and Clyde as to the locations of the level 2 services, but urgent care could start to be provided at existing sites from the Autumn of 2018 and it is hoped improvements will be seen thereafter. The actual indicator used to measure performance will, however, be reviewed as indicated above.
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<b>Indicator</b>	3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).
<b>Purpose</b>	To monitor waiting times for access to Routine 20s appointments.
<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 Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Apr 17-Jun 17	Jul 17 - Sep 17	Oct 17-Dec 17	Jan 18-Mar 18	Apr 18 - Jun 18
20 working days	NE	19 (G)	20 (G)	17 (G)	22 (R)	23 (R)	23 (R)
	NW	12 (G)	17 (G)	19 (G)	22 (R)	19 (R)	19 (G)
	S	24 (R)	25 (R)	24 (R)	27 (R)	26 (R)	28 (R)
	HSCP	23 (R)	24 (R)	23 (R)	25 (R)	26 (R)	28 (R)
	GGC	22	24	23	25	26	27

#### Performance Trend

Target not met in all areas. Slight increase in the South and with no change in the other two localities over the last quarter.

#### Actions to Improve Performance

Staffing issues continue across the service resulting in some specialist scheduled care being prioritised, over services such as routine (non-urgent) care. The Sexual Health Service Review has made recommendations to increase the availability of routine care at sites across GGC, which should have a positive impact on waiting times and accessibility.

#### Timeline for Improvement

Work is ongoing in 2018 to implement some of the recommendations from the review and a full Service Review Implementation Plan will be presented to the IJB in December, after which it is hoped improvements will be seen. Agreement needs to be reached with all 6 HSCPs in Greater Glasgow and Clyde as to the locations of the level 2 services.

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<b>Indicator</b>	4. Proportion of male attendances at all Sandyford services who are Gay or Bisexual.
<b>Purpose</b>	An aim is to improve access across all Sandyford services for MSM and this indicator monitors attendance and whether this is being achieved.
<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 Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Apr 17-Jun 17	Jul 17 - Sep 17	Oct 17-Dec 17	Jan 18 - Mar 18	Apr 18 - Jun 18
<b>10%</b>	NE	18% (G)	20% (G)	23% (G)	24% (G)	23% (G)	23% (G)
	NW	35% (G)	46% (G)	52% (G)	54% (G)	54% (G)	53% (G)
	S	16% (G)	26% (G)	29% (G)	31% (G)	25% (G)	26% (G)
	HSCP	31% (G)	35% (G)	41% (G)	42% (G)	42% (G)	42% (G)
	GGC	28%	39%	44%	46%	46%	45%
<b>Performance Trend</b>							
Targets met and exceeded across all localities. Increase in proportion of MSM attending during 2017/18 partly due to the launch of the 'S.T.Aye' campaign across social media and digital platforms, as well as posters and printed materials.							

<b>Indicator</b>	5. Waiting times for access to Gender Identity service for young people and for adults.
<b>Purpose</b>	To monitor waiting times for access to first appointment at Gender Identity services for young people aged under 17, and for adults aged 17 and older. Clinic is provided at Sandyford Central (West Glasgow) so no locality specific information shown.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<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	AREA	Apr 16– Jun 16	Apr 17 – Jun 17	Jul 17 - Sep 17	Oct 17- Dec 17	Jan 18- Mar 18	Apr 18 – Jun 18
<b>Under 17 Years</b>							
18 weeks	<b>GG&amp;C</b>	<b>N/A</b>	<b>26.3 (R)</b>	<b>23.8 (R)</b>	<b>26.1 (R)</b>	<b>31.8 (R)</b>	<b>36.2 (R)</b>
<b>17 years and over</b>							
18 weeks	<b>GG&amp;C</b>	<b>N/A</b>	<b>26.3 (R)</b>	<b>30.8 (R)</b>	<b>29 (R)</b>	<b>37.6 (R)</b>	<b>37.4 (R)</b>

### Performance Trend

Waiting times targets continue to be exceeded and have increased in the last quarter, particularly for the under 17s. This has been due to the continued impact of long-term sickness absence amongst medical staff. The increased demand for transgender people requiring surgery has increased the demand upon Sandyford for 2<sup>nd</sup> opinion and further assessment appointments. This has had an impact on the service's availability of initial assessment clinics, leading to this increase in waiting times.

### Actions to Improve Performance

Additional clinics on Saturdays will continue specifically targeting initial assessment appointments. From May 2018, medical staffing has been increased (by 0.4wte) in the Young People's service. Improvements to the Adult drop-in service have also been introduced since May 2018.

### Timeline for Improvement

Staff resignation and long-term sickness absence will have significant impact on this already underfunded, pressurised service going forward. This will be pursued nationally.

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

11. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17

## 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) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
90%	North East	97% (G)	98% (G)	99% (G)	98% (G)	96% (G)	95% (G)
90%	North West	99% (G)	98% (G)	98% (G)	97% (G)	98% (G)	99% (G)
90%	South	90% (G)	99% (G)	98% (G)	98% (G)	96% (G)	88% (G)
90%	Glasgow	94% (G)	97% (G)	98% (G)	98% (G)	96% (G)	92% (G)

### Performance Trend

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

At Q4 all localities either exceeded (NE, NW) the referral to treatment target or were within the target range (South) (GREEN).

<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) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
75%	North East	74% (G)	74% (G)	78.5% (G)	77% (G)	78% (G)	82% (G)
75%	North West	86% (G)	77% (G)	84% (G)	76% (G)	72% (A)	73% (A)
75%	South	75% (G)	79% (G)	82% (G)	89% (G)	91% (G)	90% (G)
75%	Glasgow	77% (G)	77% (G)	80% (G)	81% (G)	81% (G)	83% (G)
<b>Performance Trend</b>							
All localities continued to be within the target range at Q1.							

<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) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
70%	North East	67% (A)	71% (G)	71% (G)	72% (G)	75% (G)	74% (G)
70%	North West	64% (R)	70.5% (G)	72% (G)	72% (G)	74% (G)	74% (G)
70%	South	73% (G)	75.5% (G)	73% (G)	75% (G)	76% (G)	75% (G)
70%	Glasgow	65% (R)	70% (G)	71% (G)	71% (G)	73% (G)	73% (G)
<b>Performance Trend</b>							
All localities continued to exceed the 70% target at Q1 (GREEN).							

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

12. Number of needles/ injecting equipment/foil dispensed

13. Number of naxolone kits dispensed

## 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 Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
95%	North East	90% (R)	93% (G)	91% (A)	75% (R)	83% (R)	90% (R)
	North West	94% (G)	94% (G)	89% (R)	93% (G)	94% (G)	95% (G)
	South	83% (R)	81% (R)	88% (R)	43% (R)	77% (R)	74% (R)
	Asylum & Refugee Team (ARST)	99% (G)	98% (G)	100% (G)	98% (G)	100% (G)	99% (G)
	City-wide	91% (A)	91% (A)	92% (A)	75% (R)	86% (R)	89% (R)
<b>Performance Trend</b>							
Although city-wide performance remained RED at Q1, performance improved by a further 3 percentage points over the last quarter. ARST and North West Community Homelessness Team met target (GREEN). Performance in North East and South remained outwith the target range (RED).							
<b>Actions to Improve Performance</b>							
Overall in Q1, there were more unintentional decisions made across the service, however the number of decisions made outwith the timescale remained similar to Q4 2017/18. The length of time to complete initial decisions on homeless applications remains an important indicator, particularly in relation to the development of a rapid rehousing approach. New management arrangements were implemented for Homelessness Services in June 2018, along with a new performance framework for ARST and the three Community Homeless Teams. Progress against this indicator will be discussed at four weekly team performance meetings, along with action to be taken to ensure that improvements are achieved and sustained through 2018/19.							
<b>Timeline for Improvement</b>							
Improvement in performance against this target is expected for NE CHT in Q2 2018/19, and for South CHT in Q3/Q4. <a href="#">Back to Summary</a>							



<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 Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
<b>&lt;20%</b> (16/17)	North East	38% (R)	48% (R)	41% (R)	38% (G)	41% (G)	44% (R)	50% (R)	48% (R)
	North West	40% (R)	46% (R)	42% (R)	36% (G)	39% (G)	41% (G)	41% (G)	40% (R)
	South	44% (R)	53% (R)	48% (R)	47% (R)	45% (R)	46% (R)	51% (R)	47% (R)
<b>&lt;40%</b> (17/18 & 18/19)	Asylum & Refugee Team (ARST)	42% (R)	63% (R)	57% (R)	56% (R)	53% (R)	50% (R)	51% (R)	46% (R)
	City-wide	44% (R)	50% (R)	45% (R)	43% (R)	44% (R)	45% (R)	48% (R)	46% (R)
<b>Performance Trend</b>									
All localities and teams were above the 40% upper threshold for this indicator (RED).									
<b>Actions to Improve Performance</b>									
Citywide, the number and percentage of live homeless applications over six months has reduced. The service remains committed to a reduction in the number and proportion of longer term cases. This indicator is included in the revised casework performance management framework, and progress against this indicator will be addressed at casework performance meetings, along with greater scrutiny over timescales for completion of elements within the end to end process.									
<b>Timeline for Improvement</b>									
Performance against this target is expected to improve over the medium to longer term.									
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<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 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	17/18 Total	18/19 Q1
<b>17/18 target</b> 3,200 per annum (800 per quarter)	City-wide figure only							
<b>18/19 target</b> 4,000 per annum (1,000 per quarter)		<b>729 (R)</b>	<b>796 (G)</b>	<b>743 (R)</b>	<b>766 (A)</b>	<b>711 (R)</b>	<b>3,016 (R)</b>	<b>782 (R)</b>

#### Performance Trend

#### Annual target increased from 3,200 to 4,000 for 2018/19.

The number of new resettlement plans completed during Q1 (782, RED) did not meet our revised target of 1,000 per quarter.

#### Actions to Improve Performance

The resettlement plan target for 2018/19 has been reviewed and increased to 4,000 for the year. Whilst the number achieved in Q1 has not met the new average target of 1,000 per quarter, it is anticipated this will improve as the year progresses, with improvements being made to various aspects of practice and processes around plan provision and procurement of lets. Additional resources continue to be provided to assist South and NE Community Homeless Teams to improve their delivery of resettlement plans, although both teams are currently below their individual targets. Provision of resettlement plans remains a very high priority for the service, and will be monitored through the new casework performance arrangements.

#### Timeline for Improvement

The ongoing emphasis on provision of resettlement plans is expected to deliver improvement over Q3/Q4 2018/19.

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<b>Target/Ref</b>	4. 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 4 (See Appendix 3)
<b>HSCP Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

<b>Target</b>	<b>Locality</b>	<b>14/15 Full Year Total</b>	<b>15/16 Full Year Total</b>	<b>16/17 Full Year Total</b>	<b>17/18 Q1</b>	<b>17/18 Q2</b>	<b>17/18 Q3</b>	<b>17/18 Q4</b>	<b>17/18 Full Year Total</b>
<300 per annum (16/17) <480 per annum (17/18 & 18/19) (<120 per Q)	City-wide figure only	<b>633 (R)</b>	<b>395 (R)</b>	<b>493 (R)</b>	<b>136 (R)</b>	<b>117 (G)</b>	<b>107 (G)</b>	<b>84 (G)</b>	<b>444 (G)</b>
<b>Performance Trend</b>									
Performance has been improving over the last 12 months and the quarterly target has been met across all quarters. Timelag in availability of data from Scottish Government means that there are no Q1 figures included above.									

<b>Target/Ref</b>	5. 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 Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	2016/17	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
100%	City-wide figure only	60.9%	67.6%	72.1%	73.6%	65.5%		
<b>Performance Trend</b>								
This is a new indicator introduced for 2018/19. The target shown relates to 2018/19 but there is a timelag in availability of data from Scottish Government which means that no 18/19 data is available yet, so no RAG classification has been provided.								

## 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 Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
80%	North East	63% (R)	63% (R)	67% (R)	68% (R)	58% (R)	82% (G)
80%	North West	70% (R)	67% (R)	65%(R)	65% (R)	76% (R)	71% (R)
80%	South	63% (R)	75% (R)	67%(R)	66% (R)	65% (R)	62% (R)
80%	Glasgow	65% (R)	68% (R)	66%(R)	67% (R)	67% (R)	72% (R)
<b>Performance Trend</b>							
At Q1 North East (GREEN) exceeded the target for this indicator, while performance for the other localities and city-wide remained below target and RED.							
<b>Actions to Improve Performance</b>							
We continue to improve signposting via court liaison meetings, and a recent pilot commenced in June 2018 by the Fast Track Team to provide a presence in court at Glasgow Sheriff Court.							
<b>Timeline for Improvement</b>							
We continue to place an emphasis on this indicator and it is hoped that improvements will be seen by Q4. However, Level 1 orders are imposed by the courts without prior social work involvement so there is no pre-sentence opportunity to provide reporting instructions to attend fast track and we are dependent on courts signposting to Fast Track team. Level 2 orders require submission of a report from social work and therefore we can provide pre-sentence reporting instructions to the offender to ensure immediacy of attendance at Fast Track and consequently placement.							
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<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 Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
85%	North East	88% (G)	98% (G)	86% (G)	68% (R)	79% (R)	92% (G)
85%	North West	98% (G)	90% (G)	73% (R)	65% (R)	75% (R)	87% (G)
85%	South	100% (G)	100% (G)	94% (G)	66% (R)	84% (G)	94% (G)
85%	City	97% (G)	98% (G)	84% (G)	67% (R)	80% (R)	91% (G)
<b>Performance Trend</b>							
There were significant increases in performance across all localities and city-wide at Q1 with performance in the North East, North West and city-wide moving from RED to GREEN during this period. It is believed that this is as a result of increased scrutiny at performance meetings once performance fell below target							

<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 Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
75%	North East	64% (R)	78% (G)	85% (G)	82% (G)	77% (G)	61% (R)
75%	North West	75% (G)	87% (G)	79% (G)	87% (G)	77% (G)	58% (R)
75%	South	72% (A)	84% (G)	74% (G)	76% (G)	80% (G)	73% (A)
75%	Glasgow	71% (R)	83% (G)	78% (G)	82% (G)	78% (G)	64% (R)
<b>Performance Trend</b>							
There was a significant decline in performance during Q1 across all localities with North East, North West and the city-wide figure moving from GREEN to RED, while South slipped from GREEN to AMBER over the same period.							
<b>Actions to Improve Performance</b>							
A report is now circulated to service managers every month to in order to alert when reviews are due. However, a major factor in the decline in performance between Q4 and Q1 is likely to have been staff absences.							
<b>Timeline for Improvement</b>							
An increase in Q2 is expected from these actions and from reduced absence levels.							
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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 Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
70%	North East	58% (R)	61% (R)	58% (R)	64% (R)	57% (R)	56% (R)
70%	North West	61% (R)	58% (R)	58% (R)	64% (R)	63% (R)	63% (R)
70%	South	75% (G)	68% (A)	75% (G)	72% (G)	60% (R)	69% (G)
70%	Glasgow	65% (R)	62% (R)	64% (R)	66% (R)	60% (R)	63% (R)

#### Performance Trend

In the South locality performance moved from RED to GREEN (60% to 69%) during Q1. Performance in the other localities and city-wide remained RED.

#### Actions to Improve Performance

There are a number of orders waiting for breach or review outcomes via court processes. There are also a number of orders/UPW requirements that have exceeded their end date. A report is now circulated monthly to service managers to ensure timeous closure and improvements in recording.

#### Timeline for Improvement

The 'breach/review' outcomes continue to impact on achieving the target but we will continue to monitor this closely.

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<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 Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
80%	North East	84% (G)	83% (G)	84% (G)	78% (A)	83% (G)
80%	North West	80% (G)	82% (G)	82% (G)	74% (R)	81% (G)
80%	South	77% (A)	76% (R)	76% (R)	69% (R)	78% (A)
80%	Glasgow	81% (G)	80% (G)	80% (G)	73% (R)	80% (G)
<b>Performance Trend</b>						
At Q1 there was significant improvement in performance across all localities with city-wide performance moving from RED to GREEN as a result. Performance moved to GREEN in North East and North West, and to AMBER in South.						

<b>Indicator</b>	6. Throughcare Order Licences: Percentage of post sentence interviews held within one day of release from prison.
<b>Purpose</b>	It is important that post sentence interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release.
<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 Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
90%	North East	100% (G)	93% (G)	100% (G)	100% (G)	100% (G)
90%	North West	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
90%	South	89% (G)	90% (G)	100% (G)	80% (R)	80% (R)
90%	Glasgow	96% (G)	94% (G)	100% (G)	93% (G)	93% (G)
<b>Performance Trend</b>						
During Quarter 1 performance in South (RED) remained 20 percentage points lower than performance in the North of the city (GREEN).						

## 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	2015/16 End of Year Status	2016/17 End of Year Status	2017/18 End of Year Status	Target 2018/19 (to Q1)	Actual 2018/19 (to Q1)
North East	(G)	1,156 (R)	1,312 (R)	327	358 (G)
North West	(G)	1,399 (R)	1790 (G)	317	275 (R)
South	(R)	739 (R)	674 (R)	369	232 (R)
City Wide (Non sector specific wider settings delivery)		4,106	2694		414
<b>Glasgow City HSCP</b>	(G)	7,400 (G)	6,470 (G)	1,266	1,279 (G)
<b>Performance Trend</b>					
At Q1 the target was met at a city wide level and in the North East of the city.					

<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

<b>Area</b>	<b>Target 16/17</b>	<b>Actual 16/17</b>	<b>Target 17/18</b>	<b>Actual Apr 17 – Mar 18</b>
North East	523	489 (R)	523	498 (A)
North West	407	346 (R)	407	431 (G)
South	458	415 (R)	458	469 (G)
<b>Glasgow</b>	<b>1,388</b>	<b>1,250(R)</b>	<b>1388</b>	<b>1,398 (G)</b>

#### **Performance Trend**

At year-end we exceeded the annual target in respect of smoking quits at 3 months.

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

A city wide review of the community cessation model identified a number of improvement actions which are continuing to be implemented. A new City Tobacco Group has been set up to develop a consistent, evidence based and cost effective approach for the delivery and development of tobacco work. The group has developed an action plan with clear priority areas to ensure consistency of delivery & monitor performance across the city.

#### **Timeline for Improvement**

Substantial efforts were made to increase numbers accessing community cessation groups. These include the development of "golden ticket" invites which have been sent to clients in some areas in order to encourage re-engagement with the service, and also targeted Facebook campaigns. Additional targeting of pharmacies and GP practices in our most deprived areas such as Bridgeton, Maryhill & Govan has also taken place in order to build relationships and increase referrals to the community service. 17/18 targets have not been met, but it is hoped these initiatives will have an impact in 2018/19.

<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 a new indicator and is recorded at their first ante-natal appointment with a midwife, who record smoking status on the Pregnancy and Newborn Blood Screen (PNBS) Programme information system.
<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

TARGET	LOCALITY	Apr 15- Mar 16	Apr 16- Mar 17	July 16- Jun 17	Jan 17- Dec 17	Apr 17 – Mar 18	Jul 17 – Jun 18
13% (New for 17/18)	NE	16.5%	15.4%	15.6% (R)	14.9% (R)	13.9% (R)	13.4% (A)
13% (New for 17/18)	NW	12.5%	12.1%	11.7% (G)	10.4% (G)	9.4% (G)	8.7% (G)
13% (New for 17/18)	S	12.7%	12.7%	13.2% (G)	13.1% (G)	12.6% (G)	11.8% (G)
13% (New for 17/18)	<b>HSCP</b>	<b>13.7%</b>	<b>13.4%</b>	13.5% (A)	12.8% (G)	12.1% (G)	11.3% (G)
<b>Performance Trend</b>							
New target for 2017/18 agreed as 13%. Performance at a city level has remained GREEN and continued to improve during the last 2 reporting periods. In the period July 17 to June 18 all localities were within the target range for the first time; North East moved from RED to AMBER with the other two localities remaining GREEN.							

<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 a new indicator and is recorded at their first ante-natal appointment with a midwife, who record smoking status on the Pregnancy and Newborn Blood Screen (PNBS) Programme information system.
<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

TARGET	LOCALITY	Apr 15- Mar 16	Apr 16 - Mar 17	Jul 16- Jun 17	Jan 17- Dec 17	Apr 17 – Mar 18	Jul 17 – Jun 18
19%	NE	20.3%	18.6%	18.9% (G)	18.3% (G)	17.2% (G)	16.3% (G)
19%	NW	21.9%	20.6%	19.2% (G)	17.2% (G)	15.0% (G)	14.8% (G)
19%	S	20.2%	20.3%	19.8% (A)	20% (R)	19.4% (G)	18.8% (G)
19%	<b>HSCP</b>	<b>20.7%</b>	<b>19.7%</b>	19.3% (G)	18.5% (G)	17.3% (G)	16.7% (G)
<b>Performance Trend</b>							
Target for 2017/18 agreed as 19%. Performance GREEN at a city wide level and in all localities for the last 2 reporting periods.							

<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

TARGET	AREA	Apr 15 - Mar 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 – Sep 17
15.6%	NE	17.1% (G)	18.8% (G)	18.5% (G)	19.3% (G)	20.1% (G)
30.8%	NW	32.8% (G)	33.1% (G)	33.1% (G)	33% (G)	34.3% (G)
26.2%	S	25.8% (G)	28.2% (G)	27.4% (G)	26.3% (G)	28.1% (G)
<b>24.0%</b>	<b>HSCP</b>	<b>25.3%</b> (G)	<b>27%</b> (G)	<b>26.5%</b> (G)	<b>26.2%</b> (G)	<b>27.5%</b> (G)
<b>Performance Trend</b>						
Variations exist across areas with differential targets in place. All areas meeting their targets over the period shown above. Glasgow City and Greater Glasgow and Clyde have seen an upward trend recently in overall breastfeeding rates which are not being mirrored in other parts of Scotland.						

<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

TARGET	AREA	Apr 15 - Mar 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 – Sep 17
19.5%	NE	15.0% (R)	16.3% (R)	17.9% (R)	17.4% (R)	18.4% (R)
23.9%	NW	21.2% (R)	18.3% (R)	19.7% (R)	20% (R)	21.1% (R)
22.8%	S	18.1% (R)	21% (A)	19.7% (R)	18.3% (R)	20.5% (R)
21.6%	<b>HSCP</b>	18.2% (R)	18.4% (R)	19.0% (R)	18.4% (R)	19.8% (R)

#### Performance Trend

Performance remains RED for the HSCP and all areas. Glasgow City and Greater Glasgow and Clyde have, however, seen an upward trend in overall breastfeeding rates recently, which are not being mirrored in other parts of Scotland.

#### Actions to Improve Performance

- UNICEF UK Baby friendly Standards: All 3 sectors in Glasgow City accredited as UNICEF Baby Friendly in 2011 and reaccruited in 2016. Ongoing mechanisms in place re-audit and monitoring processes, Annual report and associated action plans submitted to UNICEF to evidence compliance. Glasgow City, working toward the UNICEF Achieving Sustainability (Gold award) over the next 12 months and required managers training commenced.
- Support to Breastfeeding mothers: Currently 9 Breastfeeding support Groups in Glasgow City. The Baby Cafe (in conjunction with NCT) is a peer support model In North East Glasgow, Breastfeeding Network (BFN) funded to recruit and train local volunteers and to support local Breastfeeding groups. BFN and NCT peers supporters also provide support via maternity and neonatal units providing a bridge of support from hospital to community for mothers.
- Breastfeeding Public Acceptability: Work to challenge negative attitudes to breastfeeding and to normalise it in our communities. Includes Breastfeeding Friendly Nursery & Breastfeeding Welcome award: As of Dec 17 88% of nurseries in Glasgow city have received training and 84 % have the full award.
- Breastfeeding Welcome award: Training offered to wider partners such as Glasgow



Life as well as local venues and key partners. Training provided to NC, HNC and HND students undertaking Childcare courses. In 2017, 868 members of staff from a range of partner organisations have received training as part of the Breastfeeding Welcome Award and Breastfeeding Friendly Nursery programmes

- Health and Social Care Centres: All Glasgow City Health Centre admin, clerical and caretaking staff have received breastfeeding awareness training. In order to provide updates for staff. A Learnpro module for staff updates being developed.
- Antenatal and work with vulnerable groups: In NE Glasgow, Health Improvement has input into breastfeeding workshops and facilitates Cafe Stork which provides a range of services including BF workshops. NW Glasgow funds and inputs into 3D Drumchapel to provide a range of perinatal services. In South - input into Tummy Tots a group in Gorbals targeting expectant parents and new families and work with Home Start re antenatal sessions aimed at dads (and mums)planned. Close working links established with the new Family Nurse Partnership team based in the locality.

#### **Timeline for Improvement**

As before, gradual improvement expected but anticipate may not achieve in the next year.

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

14. Deaths for which the underlying cause was classified as 'suicide + undetermined intent' (rate per 100,000 population).
15. Number of drug related deaths (crude rate per 100,000 population).
16. Number of alcohol related deaths (per 100,000 population)

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

17. Percentage of those invited who undertake bowel screening
18. Percentage of women invited who attend for breast screening.
19. 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>	Sybil Canavan, Head of People and Change

HSCP	Target	Mar -16	Mar -17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
HSCP Central	4%	5.5% (R)	7.24% (R)	7.78% (R)	6.01% (R)	6.27% (R)	4.01% (G)	6.36% (R)	9.38% (R)
North East	4%	5.8% (R)	6.51% (R)	8% (R)	6.34% (R)	5.99% (R)	5.15% (R)	6.16% (R)	6.03% (R)
North West	4%	6.0% (R)	6.45% (R)	7.9% (R)	5.53% (R)	5.23% (R)	4.45% (R)	5.88% (R)	5.77% (R)
South	4%	7.8% (R)	6.26% (R)	8.28% (R)	7.18% (R)	5.59% (R)	5.60% (R)	5.60% (R)	6.34% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	3.21% (G)	2.43% (G)	1.41% (G)	1.6% (G)	1.83% (G)	1.16% (G)
<b>Glasgow City</b>	<b>4%</b>	<b>6.3% (R)</b>	<b>6.19% (R)</b>	<b>7.77% (R)</b>	<b>6.08% (R)</b>	<b>5.42% (R)</b>	<b>4.81% (R)</b>	<b>5.69% (R)</b>	<b>5.90% (R)</b>

### Performance Trend

Variations across areas and over time. Having peaked in January, performance improved significantly at the start of the quarter (April, 4.81%) before rising again at the end (June, 5.90%). This presents an improved picture on the same period last year.

### Actions to Improve Performance

The absence levels for the HSCP have historically remained above the national target. The current action plan to support managers in reducing absence include the following:-

- The primary reasons for recent absence remain mental health related, musculoskeletal and respiratory issues. People and Change Managers maintain an overview of attendance for each locality, looking at 'hotspots'; monitoring trends and patterns; and providing reports to Locality Management Team meetings, highlighting where management actions are required. The Head of People & Change also reviews the absence statistics and reports to the HSCP Senior Management Team and H R performance meeting and the health board.
- People and Change Managers continue to engage with senior management teams to shift the focus onto 'promotion of attendance'. This is achieved by reviewing reasons for

absence; identifying patterns and trends through workforce information; and encouraging managers to anticipate peaks and the early interventions which could be applied. Additional support is available from the HR Support Unit and Specialist Services including Occupational Health, and Health & Safety which are promoted to line managers and staff.

#### **Timeline for Improvement**

All areas have been asked to confirm a trajectory to reduce absence to attain the 4% target. Discussions are in place across all care groups and localities to confirm this detail for the coming year.

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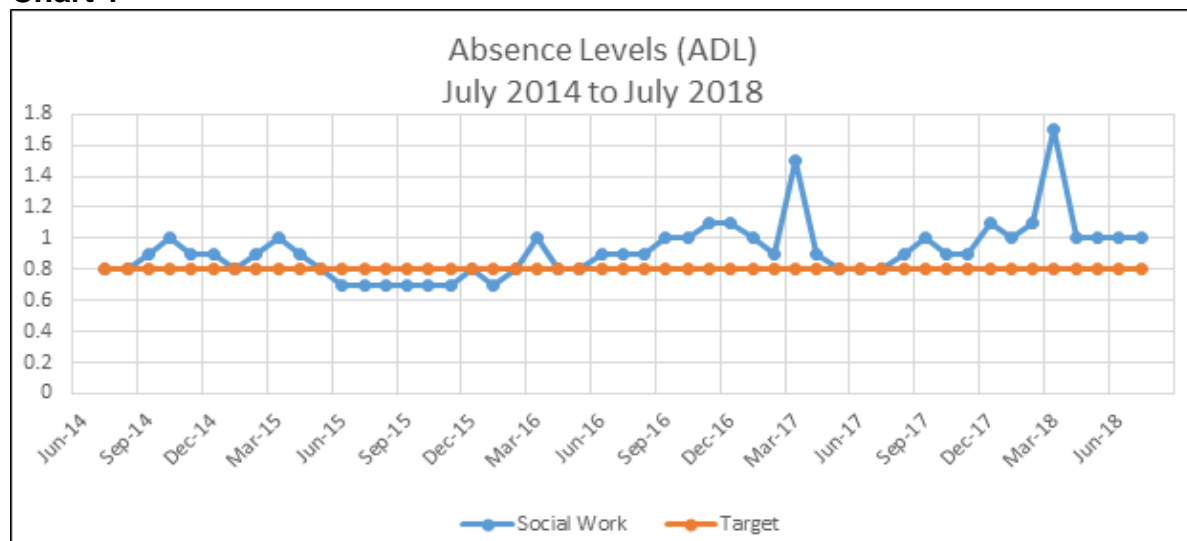
<b>Indicator</b>	2. Social Work Sickness Absence Rate (Average Days Lost)
<b>Purpose</b>	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
<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, Head of Corporate Services

Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure.

	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
<b>Average Days Lost (ADL)</b>	<b>Target 2.64</b>	<b>Target 2.53</b>	<b>Target 2.45</b>	<b>Target 2.58</b>	<b>Target 2.64</b>	<b>Target 2.53</b>	<b>Target 2.45</b>
<b>North East</b>	2.6 (G)	3.4 (R)	1.9 (G)	2.9 (R)	4.0 (R)	4.9 (R)	5.3 (R)
<b>North West</b>	3.5 (R)	2.8 (R)	3.2 (R)	2.8 (R)	2.0 (G)	3.3 (R)	3.2 (R)
<b>South</b>	4.0 (R)	3.9 (R)	2.6 (R)	2.8 (R)	3.1 (R)	3.9 (R)	4.5 (R)
<b>Glasgow City</b>	3.3 (R)	2.7 (R)	2.6 (R)	2.6 (R)	3.2 (R)	3.3 (R)	3.8 (R)

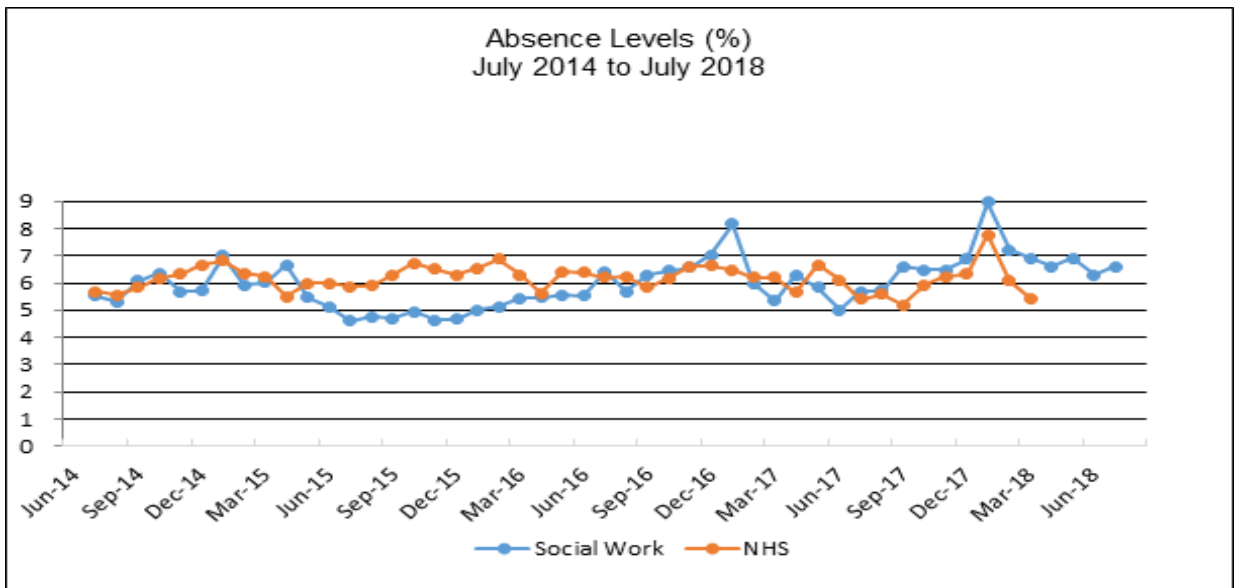
Below shows the Social Work trend using the average days lost calculator.

**Chart 1**



Below shows percentage absence trends for both Social Work and Health.

**Chart 2**



**Chart 1** highlights a more accurate trend for social work as absence rates are measured on average days lost (ADL) per employee and does not take annual leave into account.

**Chart 2** does not give an accurate account of sickness absence for Social Work as it also takes into account annual leave. As annual leave increases at year end, this skews the levels for sickness absence around this period.

**Performance Trend**

Quarter 1 sees a reduction in average days lost at 3.11 days per employee, down from 3.3 days in the previous quarter (Quarter 4). Average days lost have increased in comparison to Quarter 1 last year which was reported at 2.6 average days per employee.

Early analysis shows that an increase in psychological absence is main reason for the overall rise in average days lost in Quarter 1 this year, when compared to the year before.

Whilst the number of musculoskeletal absences remain high, employees are being supported back to work at an earlier stage, reflected in a reduced long term percentage rate for musculoskeletal absence.

**Actions to Improve Performance**

Further analysis will be carried out on reasons for absence, with a particular focus on stress and other psychological absences, and a review of existing absence management strategies will be undertaken over the next quarter to identify scope for improvement.

HR issue performance reports to the Senior Management Team, 4 weekly. These reports will be reviewed and developed in the next quarter to enable senior managers to take more targeted action to help tackle absence in their service area.

**Timeline for Improvement**

As stated above

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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%.
<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>	Sybil Canavan, Head of People and Change

TARGET	AREA	Apr 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 17
80%	HSCP Central	46% (R)	35.2% (R)	35.6% (R)	44.8% (R)	48.9% (R)	54.5% (R)	64% (R)
80%	North East	59.9% (R)	68.1% (R)	67.9% (R)	72.5% (R)	70.7% (R)	70.9% (R)	75% (R)
80%	North West	52.68% (R)	54.6% (R)	54.9% (R)	60.7% (R)	75.8% (R)	65.1% (R)	69% (R)
80%	South	54.15% (R)	55.8% (R)	57.9% (R)	63.9% (R)	68.9% (R)	72.8% (R)	73% (R)
80%	Mental Health Central	40.15% (R)	53.4% (R)	59.8% (R)	52% (R)	54.6% (R)	54.6% (R)	61% (R)
80%	Glasgow City	55.16% (R)	59.35% (R)	59.9% (R)	65% (R)	67.7% (R)	70.9% (R)	72% (R)

Performance remains RED across all areas but has been increasing over the period shown in all areas, increasing by 17% since the start of the year city wide.

#### Actions to Improve Performance

eKSF was replaced on 1 April 2018, with a new platform on TURAS . No further updates are available for quarter 4, given that no information could be uploaded to the system after 31 Jan 2018.

Communication is already in place to ensure all staff register and begin activity on the new system TURAS and the central KSF team within NHS Greater Glasgow and Clyde continue to provide updates on the roll out of access to the system. It is envisaged that reports on use will be available in the later part of the summer.

#### Timeline for Improvement

The HSCP has seen a steady improvement in figures over the calendar year, closing on a significantly improved position of 72% completion. Planning is already underway to have a robust process in place for the new system to ensure the HSCP starts the revised arrangements with a positive response.

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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>	Sybil Canavan, Head of People and Change

TARGET	AREA	Mar 16	Mar 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
100%	Glasgow City HSCP Central	0% (R)	N/A	100% (G)	N/A	100% (G)	0% (R)	0% (R)
100%	Glasgow City North East	33% (R)	75% (R)	75% (R)	75% (R)	67% (R)	75% (R)	50% (R)
100%	Glasgow City North West	33% (R)	50% (R)	50% (R)	100% (G)	56% (R)	0% (R)	0% (R)
100%	Glasgow City South	0% (R)	0% (R)	67% (R)	0% (R)	100% (G)	67% (R)	50% (R)
100%	Mental Health Central	N/A	N/A	N/A	N/A	100% (G)	N/A	N/A
100%	<b>Glasgow City HSCP Total</b>	<b>29% (R)</b>	<b>57% (R)</b>	<b>70% (R)</b>	<b>75% (R)</b>	<b>71% (R)</b>	<b>56% (R)</b>	<b>29% (R)</b>

**Performance Trend**

Performance fluctuates across areas and over time and remains RED overall and has decreased over the last two months.

**Actions to Improve Performance**

Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. Current 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 NHS GG & C.

Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP, numbering 31 individuals. Small numbers of non-completion continue to have a significant impact on performance, for example South Locality shows a nil return for March where the outstanding activity relates to one individual.

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.

**Timeline for Improvement**

This detail is provided on a monthly basis to local management teams for review. Local follow up by the H R team is in place to ensure induction is in place and undertaken.

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<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>	Sybil Canavan, Head of HR

TARGET	AREA	Mar 16	Mar 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
100%	HSCP Central	100% (G)	N/A	N/A	N/A	N/A	N/A	N/A
100%	North East	8% (R)	33% (R)	50% (R)	33% (R)	100% (G)	N/A	100% (G)
100%	North West	60% (R)	100% (G)	0% (R)	40% (R)	33% (R)	0% (R)	67% (R)
100%	South	0% (R)	50% (R)	50% (R)	100% (G)	50% (R)	0% (R)	100% (G)
100%	Mental Health Central	N/A	50% (R)	N/A	N/A	N/A	80% (R)	N/A
100%	<b>Glasgow City HSCP Total</b>	<b>27% (R)</b>	<b>50% (R)</b>	<b>40% (R)</b>	<b>44% (R)</b>	<b>50% (R)</b>	<b>57% (R)</b>	<b>83% (R)</b>

#### Performance Trend

Performance fluctuates across areas and over time but remains RED overall. Performance has improved in the last quarter.

#### Actions to Improve Performance

Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that 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.

Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. Current 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 NHS GG & C.

Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. Small numbers of non-completion continue to have a significant impact on performance and a continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.

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

### **Timeline for Improvement**

This detail is provided on a monthly basis to local management teams for review. There is continuing overview of progress against the target at a local level to ensure improvement in compliance. Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. A continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.

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

20. 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 Q1	17/18 Q3	17/18 Q4	18/19 Q1
HSCP	70%	100% (G)	99% (G)	96.6% (G)	97 (G)
NE	70%	100% (G)	94.1% (G)	97.3% (G)	92.3% (G)
NW	70%	100% (G)	92.9% (G)	87.5% (G)	93.3% (G)
South	70%	100% (G)	100% (G)	80% (G)	100% (G)
Corporate (exc prisons)	70%	nil	nil	nil	nil
Prisons	70%	100% (G)	99.6% (G)	98.7% (G)	98.2% (G)

### Performance Trend

HSCP and all localities remained GREEN in the last reporting period. The majority of complaints (85% in Q1) relate to prisons.

<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 Q1	17/18 Q3	17/18 Q4	18/19 Q1
HSCP	70%	76% (G)	61% (R)	60% (R)	74% (G)
NE	70%	100% (G)	71% (G)	40% (R)	62% (R)
NW	70%	80% (G)	50% (R)	64% (R)	56% (R)
South	70%	50% (R)	0% (R)	100% (G)	nil
Corporate (exc prisons)	70%	nil	nil	100% (G)	0% (R)
Prisons	70%	74% (G)	62.2% (R)	59% (R)	77.5% (G)

#### Performance Trend

Variations across localities and over time. The HSCP as a whole moved to GREEN in the last period. Number of stage 2 complaints in localities are low, and prison stage 2 complaints drive the overall HSCP performance for this indicator. New categorisations so no trend information shown before 17/18.

<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 Q1		17/18 Q2		17/18 Q3		17/18 Q4	
		No.	%	No.	%	No.	%	No.	%
70%	North East	23	65% (R)	43	81% (G)	27	74% (G)	31	71% (G)
70%	North West	31	52% (R)	29	69% (G)	15	73% (G)	22	52% (R)
70%	South	36	64% (R)	35	66% (A)	35	47% (R)	33	61% (R)
70%	Centre	12	67% (R)	15	47% (R)	20	26% (R)	9	43% (R)
70%	Glasgow	102	61% (R)	122	70% (G)	97	55% (R)	95	61% (R)

#### Performance Trend

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

Although city-wide performance remained RED there was some improvement between Q3 and Q4. North East met target for the third consecutive quarter.

#### Actions to Improve Performance

Although there was a slight improvement in performance there is still a general failure of teams to deal with certain complaints within 5 working days. There is a facility within social work processes to extend complaints handling at the first stage to 15 working days at the manager's discretion in appropriate circumstances. This is seldom applied. Of those complaints that were not answered within time, 80% were answered within the 15-day extension period and performance targets would have been readily exceeded had this been correctly applied. Senior managers simply need to communicate to their complaints-handling staff the requirement to apply extensions in relevant circumstances and formally notify both complainers and the central complaints team of that fact. Recorded performance would then immediately be within acceptable standards with no additional resource requirement.

#### Timeline for Improvement

If managers act upon this information with immediate effect then improvement should be seen in the last two quarters of 2018/19.

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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	Locality	17/18 Q1		17/18 Q2		17/18 Q3		17/18 Q4	
		No.	%	No.	%	No.	%	No.	%
70%	Glasgow	29	21% (R)	30	37% (R)	32	56% (R)	37	29% (R)
<b>Performance Trend</b>									
This indicator is reported <b>one quarter in arrears</b> . Performance in relation to this indicator slipped significantly between Q3 and Q4.									
<b>Actions to Improve Performance</b>									
Stage 2 complaints are not broken down by locality as all stage 2 complaints are executed by a small central complaints (rights and enquiries) team. These are complex and rising in numbers. Poor performance in stage 2 request handling is a product of staffing and capacity issues currently being addressed through a recruitment exercise. The team also deals with FOI and Subject Access Requests (indicators below). As this work is the most complex and time-consuming of the range of activities the team undertakes, it is most susceptible to capacity and staffing issues.									
<b>Timeline for Improvement</b>									
The team is expecting to recruit 2 new senior officers in August 2018 which is anticipated to lead to marked improvement in complaints handling in the third and fourth quarters of 2018/19.									
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<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 Q1		17/18 Q2		17/18 Q3		17/18 Q4	
		No.	%	No.	%	No.	%	No.	%
100%	Glasgow	69	94% (R)	88	97% (A)	66	98% (G)	94	99% (G)
<b>Performance Trend</b>									
<p>This indicator is reported <b>one quarter in arrears</b>.</p> <p>The team continued to achieve a high level of compliance with FOI timescales during Quarter 4, despite a marked rise (of 42%) in numbers of requests since quarter 3 and general capacity and staffing pressures on the team (which also deals with complaints as above).</p>									

<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 Q1		17/18 Q2		17/18 Q3		17/18 Q4	
		No.	%	No.	%	No.	%	No.	%
100%	Glasgow	47	89% (R)	43	81% (R)	31	65% (R)	58	75% (R)

**Performance Trend**

This indicator is reported **one quarter in arrears**.  
Performance improved by 10 percentage points between Quarters 3 and 4.

**Actions to Improve Performance**

As with FOI requests, volumes of subject access requests rose sharply (by 87%) from the 3<sup>rd</sup> to 4<sup>th</sup> Quarter of 2017/18 in advance of new legislation. That rise is continuing in 2018/19. Despite that some improvement was achieved.

**Timeline for Improvement**

The team is expecting to recruit 2 new senior officers in August 2018. This should allow consolidation of performance in the 80-90% range, though 100% compliance will be challenging. There is however likely to be an initial performance fall in quarters 1 and 2 of 2018/19 as numbers of requests have risen sharply following new legislation and the additional staffing resources are not yet in place.

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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 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	
							no.	%
80%	North East	100% (G)	100% (G)	99% (G)	98% (G)	100% (G)	103	99% (G)
80%	North West	95% (G)	90% (G)	91% (G)	79% (G)	93% (G)	77	92% (G)
80%	South	95% (G)	96% (G)	98% (G)	90% (G)	94% (G)	110	86% (G)
80%	Centre	83% (G)	72% (R)	82% (G)	77% (A)	86% (G)	88	85% (G)
80%	Glasgow	92% (G)	90% (G)	92% (G)	84% (G)	94% (G)	378	91% (G)
<b>Performance Trend</b>								
All localities exceeded target (GREEN) at Q1.								

## APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on the Core Suite of 23 National Integration Indicators. We then include other corporate/local indicators. The latter are a mix of indicators which services have identified as being important to monitor and review but have no specific target; and indicators for which data is only available on an annual/biennial basis so have not been included in the main body of the report.

### 1. 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 (2017/18)*

National Integration Indicator	Outcome	Glasgow	North East	North West	South	Scotland
1. Percentage of adults able to look after their health very well or quite well	1	90	87.6	89.8	89.7	93
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	82	77.9	82.7	84.7	81
3. Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	3	80	77.2	80.3	81.5	76
4. Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	77	76.6	76.1	79.8	74
5. Percentage of adults receiving any care or support who rate it as excellent or good	3	79	77.3	76.4	82.5	80

6. Percentage of people with positive experience of the care provided by their GP practice	3	86	83.3	88.3	85.6	83
7. Percentage of adults supported at home who agree that their services/support had impact on improving/maintaining their quality of life.	4	80	76.7	76.3	84.0	80
8. Percentage carers who feel supported to continue in their caring role.	6	38	37.8	39.7	37.3	37
9. Percentage of adults supported at home who agreed they felt safe	7	85	84.0	82.7	87.5	83

***i. Operational Performance Indicators***

<b>Indicator No. /Outcome</b>	11. Premature mortality rate per 100,000 persons: by calendar year	
Outcome 1	<b>2015</b>	<b>2016</b>
Glasgow City	634	617
Scotland	441	440

<b>Indicator No. /Outcome</b>	12. Rate of emergency admissions per 100,000 population for adults.			
Outcome 9	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>Direction of Travel 16/17 to 17/18</b>
Glasgow City	14,780	14,324	12,397	▲
Scotland	12,346	12,297	11,959	▲

<b>Indicator No. /Outcome</b>	13. Rate of emergency bed days per 100,000 population for adults.			
Outcome 9	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>Direction of Travel 16/17 to 17/18</b>
Glasgow City	142,275	143,391	127,766	▲
Scotland	127,965	126,302	115,518	▲

<b>Indicator No. /Outcome</b>	14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions.			
Outcome 4	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>Direction of Travel 16/17 to 17/18</b>
Glasgow City	97	101	90	▲
Scotland	97	100	97	▲

<b>Indicator No. /Outcome</b>	15. Proportion of last 6 months of life spent at home or in a community setting			
Outcome 9	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>Direction of Travel 16/17 to 17/18</b>
Glasgow City	85%	86%	87%	▲
Scotland	87%	87%	88%	▲

<b>Indicator No. /Outcome</b>	16. Falls rate per 1,000 population aged 65+			
Outcome 7	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>Direction of Travel 16/17 to 17/18</b>
Glasgow City	29	31	29	▲
Scotland	21	21	22	▼

<b>Indicator No. /Outcome</b>	17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections*			
Outcome 9	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>Direction of Travel 16/17 to 17/18</b>
Glasgow City	81%	86%	90%	▲
Scotland	83%	84%	85%	▲

<b>Indicator No. /Outcome</b>	18. Percentage of adults with intensive care needs receiving care at home	
Outcome 9	<b>2015/16</b>	<b>2016/17</b>
Glasgow City	55%	55%
Scotland	62%	61%

<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	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>Direction of Travel 16/17 to 17/18</b>
Glasgow City	627	464	321	▲
Scotland	915	842	772	▲

<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	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>Direction of Travel 16/17 to 17/18</b>
Glasgow City	25%	27%	24%	▲
Scotland	24%	25%	23%	▲

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

<b>Indicator No.</b>	<b>Outcome</b>
10. Percentage of staff who say they would recommend their workplace as a good place to work	8
21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home	2
22. Percentage 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

## 2. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Older People</b>								
1. Total number of patients who have been diagnosed with dementia	Local HSCP indicator Outcome 4	TBC	2017	<b>751</b>	<b>140</b>	<b>283</b>	<b>328</b>	Target to be confirmed. In 2018, referrals are: 76 (NE); 86 (NW); 114 (South)
<b>Primary Care</b>								
2. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	17/18	<b>76% (R)</b>				Performance below target but above the Scottish average (68%). This has reduced from the 2016/17 figure of 78%.
3. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	17/18	<b>94% (G)</b>				Performance above target and the Scottish average (93%). This has increased from the 2016/17 figure of 84%.
4. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	16-17	<b>72.2% (G)</b>	<b>75% (G)</b>	<b>75.6% (G)</b>	<b>80.2% (G)</b>	Figures relate to 2016-17. All areas meeting 'essential' target of 70%. (Desirable target of 85%). Data last updated October 2017.
5. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 17		<b>56.8% (G)</b>	<b>62.7% (G)</b>	<b>49% (G)</b>	New indicator. 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.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Children's Services</b>								
6.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	As at 30 Sep 17	<b>51.78 (R)</b>	<b>56.76 (G)</b>	<b>50.09 (R)</b>	<b>49.31 (R)</b>	Locality figures extracted locally. Indicator will now only be produced annually after national publication in December. Slight reduction in the last year in North West (from 50.73) and South (from 51.01) with North East increasing slightly (from 56.59)
7. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	As at 30 Sep 17	<b>92.15 (G)</b>	<b>89.61 (G)</b>	<b>92.33 (G)</b>	<b>94.01 (G)</b>	Locality figures extracted locally. Indicator will now only be produced annually after national publication in December. Reductions across all localities in the last year when figures were 94.84 (City); 90.72 (NE); 96.92 (NW); 96.9 (S)
8. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2016	<b>64.1% (G)</b>				Performance has improved from 56.5% in 2012. Below the Health Board average of 65.3%.Produced 2 yearly. Last one Oct 16.
9. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2017	<b>69.1% (G)</b>				Produced 2 yearly. Last one Oct 17. Performance was 60.6% in 2013 and 70.2% in 2015, so there has been a slight reduction since the last period after a previous increase. Below Health Board average of 73.1% which rose from 72.6%.
10. Number of families being discussed at Early Years Joint Support Teams	Local HSCP indicator Outcome 5	Maintain/ Increase Numbers each Year	2017/ 18	156				Reduction from 2016/17 when there were 219 families discussed at EYJSTs.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Sandyford (Sexual Health)</b>								
11. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17	Local HSCP indicator Outcome 1	13-15 (F) 58%	2017/ 18	<b>31% (R)</b>				Targets are based upon estimates of the numbers of young people in the city who are sexually active. Figures for 16/17 for 13-15 year olds were 37% (M) and 2.5% (F); and 34% (M) and 3.2% (F) for 15-17 year olds. So been a reduction for 13-15 year olds and an increase for 15-17 year olds.
		13-15 (M) 5%		<b>1% (R)</b>				
		15-17 (F) 64%		<b>38% (R)</b>				
		15-17 (M) 10%		<b>5% (R)</b>				
<b>Alcohol and Drugs</b>								
12. Number of needles/ injecting equipment/foil dispensed	Local HSCP indicator Outcome 7	1,093,228 (for 17/18)	16/17	1,041,070				Target for 2017/18 is 5% increase on actual performance in 2016/17. Will be updated at year end annually.
13. Number of naloxone kits dispensed	Local HSCP indicator Outcome 7	1500 (for 17/18)	16/17	1368				Target for 2017/18 been based upon actual performance in 2016/17. Will be updated at year end annually.
<b>Others</b>								
14. Deaths for which the underlying cause was classified as 'suicide + undetermined intent' (rate per 100,000 population).	Local HSCP indicator Outcome 7	N/A	2015	<b>9.2</b>				Rates have reduced for the HSCP as a whole, from 11.8 in 2014 and 13.2 in 2011. Glasgow below the Health Board average of 10.1 in 2015.
15. Number of drug related deaths (crude rate per 100,000 population).	Local HSCP indicator Outcome 1	N/A	2016	<b>170</b>				Rates fluctuate but have increased for the HSCP as a whole from 114 in 2014 and 157 in 2015.



Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
16. Number of alcohol related deaths (per 100,000 population)	Local HSCP indicator Outcome 1	N/A	2016	42.6	46.6	31.5	50	Rates reduced from 50.7 in 2011 to 38.6 in 2015, but have increased slightly in 2016 as shown. Glasgow above the Health Board average which was 37.1 in 2016, also rising from 34.1 in 2015. Variations across areas. Rates in 2016 were 46.6 (NE), 31.5 (NW) and 50 (South). The equivalent rates in 2015 were 43.6 (NE), 36.3 (NW) and 36.8 (South).
17. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2015/ 17	N/A	42.2% (R)	44.3% (R)	44.0% (R)	For 2014/16 was 45.8% (NE); 47.7% (NW); and 47.6% (South) so all areas have reduced and remain below target and RED. HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Last produced Dec 2017.
18. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	2013- 15 round	N/A	61.9% (R)	62.5% (R)	62.9% (R)	Uptake has reduced slightly from 2009-13 round when rates were 68.5% (NE); 71.5% (NW); and 62.7% (South). Small variations across areas but all RED and below Board average (67.9%). 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. Last produced Dec 2016.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
19. Percentage of women invited who attend for cervical screening	Local HSCP indicator Outcome 1	80%	Aug 2017	<b>68.4% (R)</b>	<b>70.5% (R)</b>	<b>63.8% (R)</b>	<b>71.3% (R)</b>	Performance RED in all areas. Variations across localities with North West lowest. All areas have increased since last time (NE – from 68.9); (NW from 59.2%); (South – from 70.8). HSCP not directly responsible, as delivered by the Health Board’s Public Protection unit, but has role in promoting awareness and encouraging uptake. Last produced Dec 2017.
<b>Human Resources</b>								
20. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8		2018	<b>56% (R)</b> (city wide services)	<b>55% (R)</b>	<b>60% (R)</b>	<b>58% (R)</b>	Figures shown are for the annual survey undertaken in the Summer of 2018. Corresponding figures for 2017 were 62% (NE); 68% (NW); 69% (S); and 52% (citywide)

## 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>	Early intervention, prevention 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