



Item No. 11

Meeting Date Wednesday 6th September 2017

Glasgow City Integration Joint Board Finance and Audit Committee

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

HSCP PERFORMANCE REPORT – Q1

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 2017/18.
Recommendations:	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.
Relevance to Integration Joint Board Strategic Plan:	
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.	
Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
Personnel:	None

Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.
Provider Organisations:	None
Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
Financial:	None
Legal:	The Integration Joint Board is required by statute to produce an Annual Performance Report within four months of the end of each financial year and to have routine performance management arrangements in place.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board

1. Purpose

- 1.1 The purpose of this report is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 2017/18.

2. Background

- 2.1 The first full Joint Performance report for 2016/17 was presented to the Finance and Audit Committee on the 12 September 2016. It was agreed that

this would be produced on a quarterly basis going forward and the latest performance report is now attached. A subset of this report is reported to the Integration Joint Board, which focuses on the indicators of a more strategic nature and those which are more frequently updated

- 2.2 As we were moving into the new financial year, services were given the opportunity to review their set of indicators to ensure ongoing relevance. This has led to some revisions which are documented in the summary section of the attached report.
- 2.3 The Finance and Audit Committee have indicated that they wish to focus upon a number of specific service areas at each meeting, in order to enable a more detailed scrutiny of performance. A reporting schedule has, therefore, been drawn up, and Strategic leads from Health Improvement and Children's Services have been invited to this meeting
- 2.4 It should also be noted that in addition to these quarterly performance reports, an Annual Performance Report - as required by the Public Bodies (Joint Working) (Scotland) Act 2014 – has now been published and is available on the Partnership website.
- 2.5 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 In the performance summary section of the attached report, a summary table is provided which for each care group, 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. A second table then lists all of the indicators and provides their current city wide RAG status and their direction of travel since the last reporting period.
- 3.2 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

- 3.3 In the main body of the report, detailed performance information for each indicator is then provided. For those indicators which are AMBER or RED at a city level, a more detailed analysis including locality information and status; performance trends; improvement actions; and timelines for improvement are provided. Narrative is also provided for those indicators which have changed their RAG status in a positive direction, noting steps which have resulted in this improved performance.
- 3.4 For all indicators, their purpose is described, along with an indication of which National Integration Outcome they most closely impact upon, and whether they have been defined at a local, corporate, or national level as outlined below:
- 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 Standards/Indicators (specified nationally which replaced the HEAT targets/standards from 2015/16).
 - Health Board/Council Indicators (specified by the parent organisations in respect to services which have been devolved to the Partnership)
 - Local Health and Social Work Indicators (specified locally by the Partnership)

4. Recommendations

- 4.1 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

(IJB FINANCE & AUDIT COMMITTEE)

**QUARTER 1
2017/18**

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PERFORMANCE SUMMARY

1. Key to the Report









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









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









2a. Summary









The table below 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 Q4 →Q1	New or Withdrawn Indicator at Q1
										
Older People (No. and %)	4 20%		16 80%		6 26%		13 56.6%	4 17.4%	<p>Green → Red 9. Day Care (provided) - Review Rates 14. Percentage of intermediate care users transferred home</p> <p>Amber → Green 12. Intermediate Care: Occupancy</p>	<p>Indicators withdrawn at Q1 -Deaths in Acute Hospitals (65+ & 75+)</p> <p>New indicators at Q1 11. Total number of Older People Mental Health patients breaching the 72 hour discharge target (including AWI patients). 17. Proportion of last 6 months of life spent at home or in a community setting 18. Falls rate per 1,000 population aged 65+ 19. Total number of patients who have been diagnosed with dementia in a given month 20. Percentage of patients who have their first contact with a Dementia Linkworker who have waited no longer than 12 weeks</p>

CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status Q4 →Q1	New or Withdrawn Indicator at Q1
										
Primary Care (No. and %)	4 36%	1 9%	3 27.5%	2 27.5%	4 50%	1 12.5	2 25%	1 12.5%	No changes in status.	Indicators withdrawn at Q1 -Nos. with diagnosis of dementia on GP practice dementia registers -Antibiotic prescribing (moved to Appendix as updated annually).
Unscheduled Care (No. and %)	4 36%			7 64%	2 14.2%	1 7.2		11 78.6%	No changes in status for existing indicators.	Indicators withdrawn at Q1 -Delayed discharge indicators have been merged and reduced in number. New indicators at Q1 3. A&E Waits Less Than 4 Hours (%) – 2 hospitals 5. Rate of emergency admissions per 100,000 population for adults 6. Readmission to hospital within 28 days 8. Rate of emergency bed day per 100,000 population for adults. 9. % of health and care resource spent on hospital stays where the patient was admitted in an emergency










CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status Q4 →Q1	New or Withdrawn Indicator at Q1
										
Carers (No. and %)			2 67%	1 33%	1 33.3%	1 33.3%	1 33.3%		New target introduced for Source of referral.	Indicators withdrawn at Q1 -Number of Carers who have completed an Assessment New indicators at Q1 - Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Children's Services (No. and %)	3 27%	1 9%	7 64%		3 27.3%		6 54.5%	2 18.2%	No changes in status for existing indicators.	Indicators withdrawn at Q1 -% of children looked after at home with family/friends with a primary worker -% of children looked after away from home with a primary worker -No. 0-2 year olds and 3-5 registered with a dentist which have been added to appendix and will be reported annually: New indicators at Q1 1. Uptake of the Ready to Learn Assessment within time limits 3. No. of children being supported by Early Years Support Teams 4. Number of referrals being made to Healthier, Wealthier Children Service 9. No. of high cost placements














CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status Q4 →Q1	New or Withdrawn Indicator at Q1
										
Adult Mental Health (No. and %)				2 100%	5 45.4%	1 9.1%	3 27.3%	2 18.2%	No changes in status for existing indicators.	New indicators at Q1 2. Average Length of Stay in Short Stay Adult Mental Health Beds) (for 4 hospitals) 4. % Bed Occupancy in Short Stay Adult Mental Health Beds (for 4 hospitals) 5. Total number of Adult Mental Health patients breaching the 72 hour discharge target
Sandyford Sexual Health (No. and %)	4 67%		2 33%		4 67%		2 33%		No changes in status.	
Alcohol & Drugs (No. and %)	1 33%		2 67%				3 100%		Red → Green 3.The percentage of Service Users with an initiated recovery plan following assessment	New indicators at Q1 2 new indicators added to appendix and will be reported upon annually: -no. of needles/injecting equipment dispensed -no. naloxone kits dispensed
Homelessness (No. and %)	5 83%	1 17%			3 50%	1 17%	2 33%		Red → Green 2. % decision letters issued within 28 days: Temp.accommodation. 4. No. new resettlement plans completed	New targets introduced Indicator withdrawn Provision of settled accommodation made available by social sector landlords. New indicator at Q1 Number of new resettlement plans completed (citywide)











CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status Q4 →Q1	New or Withdrawn Indicator at Q1
										
Criminal Justice (No. and %)	3 75%		1 25%		2 33%		4 67%		Red → Green 3.Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale	New indicators at Q1: 5.% of Criminal Justice Social Work Reports submitted to court by the due date. 6.Throughcare order licences: % of Post sentence interviews held within one day of release from prison.
Health Improvement (No. and %)	2 33%		2 33%	2 33%	3 33%		1 33%	2 33%	Green → Red 1. Alcohol brief intervention delivery (ABI)	
Human Resources (No. and %)	5 100%				5 100%				No changes in status.	
Business Processes (No. and %)			4 100%				4 100%		No changes in status.	New indicators to be introduced in Q2.
TOTAL (No. and %)	35 38.5%	3 3.3%	39 42.8%	14 15.4%	38 35.8%	5 4.7%	40 37.7%	23 21.7%	8 changes in status	









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
Older People				
1. Home Care: % older people (65+) reviewed in the last 12 months.	85%	Q1	85% 	▼
2. Number of community service led Anticipatory Care Plans in Place.	720 for 2017/18	Q4	209 	▲
3. Number of people in supported living services.	650 by year end	Q1	576 	N/A
4. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia P4	75.4% (Hosp)  76.5% (Comm) 	▲ Hospital ▼ Community
5. Percentage of service users leaving the service following reablement period with no further home care support.	>40%	Cordia P4	37% 	▲
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - % over one year.	0%	Q1	0% 	▶
7i. AHP Waiting Times – MSK Physio.	90% within 4 weeks	Jun 17	42% 	▼
7ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Jun 17	97.8% 	▼










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
7iii. AHP Waiting Times – Dietetics.	100% within 4 weeks	Jun 17	100% 	▶
8. Continence Service – Waiting Times	Max. Wait 12 weeks	Q1	5.5 (N)  8.4 (S) 	N ▼ S ▲
9. Day Care – Review Rates	95%	Q1	90% 	▼
10.i Referrals to Telecare: Basic	2,248	Q1	617 	▲
10.ii Referrals to Telecare: Advanced	304	Q1	521 	▲
11. Total number of Older People Mental Health patients breaching the 72 hour discharge target (including AWI patients).	0	5 Jun 17	20 	▼
12. Intermediate Care: Percentage Occupancy.	90%	Jun 17	87% 	▲
13. Intermediate Care: Average Length of stay (Days).	<30	Jun 17	30.5 	▲
14. Intermediate Care: Percentage of users transferred home.	>30%	Jun 17	24% 	▼
15. Provided Residential Care – Occupancy Rates	95%	Q1	96% 	▲
16. Provided Residential Care – Review Rates	95%	Q1	97% 	▲
17. % of last 6 months of life spent at home or in a community setting	TBC	Q4	87 	▶

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
18. Falls rate per 1,000 population aged 65+	TBC	Q4	7.2 	▲
19. Total number of patients who have been diagnosed with dementia in a given month	TBC	Q4	68 	▲
20. Percentage of patients who have their first contact with a Dementia Linkworker who have waited no longer than 12 weeks	TBC	Q4	100% 	▶
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q1	 79.27%	▲
2. Prescribing Costs: Annualised cost per weighted list size.	At/Below NHSGGC average	Jun 17	 All areas below average	NE & NW ▲ South ▼
3i. Flu Immunisation Rates (over 65s).	75%	Week 13 2017	All areas 	▶
3ii. Flu Immunisation Rates (under 65s in at risk groups).	75%	Week 13 2017	All areas 	▶
3iii. Flu Immunisation Rates (pregnant women in at risk groups).	75%	Week 13 2017	All areas 	▶
3iv. Flu Immunisation Rates pregnant women (non-risk groups).	75%	Week 13 2017	All areas 	▶
3v. Flu Immunisation Rates (pre-school children).	65%	Week 13 2017	All areas 	▶
4. Shingles Immunisation Rates (aged 70 and aged 78)	Targets TBC	Sep 16-Mar 17	37% (NE) 32.5% (NW) 36.8% (S)	N/A








Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population.	Target TBC	Jul 16-Jun 17	2329 	▼
2. New Accident and Emergency (A&E) Attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations with a source of referral of a GP - crude rate per 100,000 population.	Target TBC	Mar 17	92 	▼
3. A&E Waits Less Than 4 Hours (%)	95%	Jun 17	87.1 (GRI)  90.8 (QEH) 	▲ (GRI) ▲ (QEH)
4i. Emergency Admissions – Numbers and Rates/1000 population by month (Aged 65+).	Target TBC	Jun 17	6610/79 (Year to Date) 	▲
4ii. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	Target TBC	Jun 17	4211/36 (Year to Date) 	▲
5. Rate of emergency admissions per 100,000 population for adults.	Target TBC	Q4	14,039 (16/17) 	▲
6. Readmission to hospital within 28 days	Target TBC	Q4	97 (16/17) 	▲
7i. Emergency Acute Bed Days for Older People (Rate per 1000 population) (65+).	Target TBC	Jun 17	78,207 (Year to Date)	▲











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
				
7ii. Emergency Acute Bed Days for Older People (Rate per 1000 population) (75+).	Target TBC	Jun 17	55,949 (Year to Date) 	▲
8. Rate of emergency bed day per 100,000 population for adults.	Target TBC	Q4	135,584 (16/17) 	▲
9. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Target TBC	Q4	23% 	▲
10. Adults and older people breaching the 72 hour discharge target. (excluding Learning Disability and Mental Health patients).	20	5 Jun 17	45 	▲
11. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	Target TBC	Jun 17	2,423 (Year to Date) 	▲
12. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	Target TBC	Jun 17	545 (Year to Date) 	▲
13. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	Target TBC	Q4	464 	▲
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	2,100 per annum	Q1	509 	▼










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Carers Referrals – Source of Carer Self-Referral	550 (P Care) 110 (Acute) Per Annum	Q1	104 (P care)  25 (Acute) 	►
3. Qualitative Evaluation Question: Improved your ability to support the person that you care for	65%	Q1	81% 	▼
Children's Services				
1. Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits (27 to 33 months)	95%	Jun 17	NE- 85%  NW- 80%  S - 85% 	NE▲ NW▼ S▼
2. Percentage of HPIs allocated by Health Visitors within 24 weeks.	95%	May 17	 All areas NE - 96%, NW - 94% S - 94%	All areas ▼
3. Number of children being supported by Early Years Support Teams	TBC	Q1	32 	N/A
4. Number of referrals being made to Healthier, Wealthier Children Service	1533 for year across city	Q1	438 	N/A







Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5. Access to CAMHS services - Longest wait (weeks).	<18 weeks	May 17	99.8% 	▼
6. % looked after and accommodated children (under 5) who have had a permanency review (when looked after for 6 months or more).	90%	Q1	78% 	▲
7. Percentage of new SCRA reports submitted within 20 days/on time.	60%	Q1	66% 	▼
8. Percentage of young people receiving an aftercare service who are known to be in employment, education or training.	75%	Q1	65% 	▲
9. Number of high cost placements	TBC	12 July 17	104 	▲
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q4	93.8% 	▲
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q3	96.4% 	▲
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.	90%	Jul 16 – Sep 16		N/A
2. Primary Care Mental Health Teams – referral to 1 st assessment – percentage within 28 days.	90%	Mar 16		N/A

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Jun 17	Stob (27.1) Gart (28.5) Lev (33.9) Park (56.7)	All areas ▼
4. % Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	Jun 17	Stob (96.7) Gart (98.2) Lev (100.5) Park (106)	All areas ▲
5. Total number of Adult Mental Health patients breaching the 72 hour discharge target	0	5 Jun 17	3 	▲
Sandyford (Sexual Health)				
1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.	10 Working Days	Q1	24 (IUD) 17 Implants	IUD ▼ Implants▼
2. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q1	2 	▶
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).	20 working days	Q1	24	▼
4. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17.	Variable across ages	Q1	All ages 37% (13-15)F 2.5% (13-15)M	13-15▲ M&F

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
			34% (16-17)F 3.2%(16-17)M	16-17▼ M&F
5. Proportion of male attendances at all Sandyford services who are MSM (Men Who Have Sex with Men).	10%	Q1	42 	▲
6. Waiting times for access to Gender Identity service for young people and for adults	18 Weeks	Q1	26.3 (< 17) 26.3 (over 17) 	under 17▲ over 17▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q4	97% 	▲
2. The percentage of Parental Assessments completed within 30 days of referral.	75%	Q1	77% 	▶
3. The percentage of Service Users with an initiated recovery plan following assessment	70%	Q1	70% 	▲
Homelessness				
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	95%	Q1	91% 	▶
2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation.	80%	Q1	87.5% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage of live homeless applications over 6 months duration at end of the quarter.	<40%	Q1	43% 	▲
4. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,200	Q1	796 	▲
5. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q1	136 	▶
6. Number of individual households not accommodated in last month of quarter.	< 150	Q1	164 	▲
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q1	68% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q1	98% 	▲
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q1	83% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q1	62% 	▼
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q1	81% 	N/A
6. Throughcare order licences: Percentage of Post sentence interviews held within one day of release from prison.	90%	Q1	96% 	N/A
Health Improvement				

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
1. Alcohol Brief Intervention delivery (ABI).	5,066 to Q4	Q1	794 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	696 to Q2	Q3 16/17	811 	▲
3. Women smoking in pregnancy – general population	13% for 17/18	Q4 16/17	13.4% 	▼
4. Women smoking in pregnancy – most deprived quintile.	19% for 17/18	Q4 16/17	19.7% 	▼
5. Breastfeeding at 6-8 weeks (Exclusive).	Variable by locality	Q4 16/17	26.5% 	▼
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive).	18.2%	Q4 16/17	19% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Jun 17	6.11% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.64 ADL (ave days lost) per employee to Q1	Q1	2.6 	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Jun 17	52.7% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
4. Percentage NHS staff with standard induction training completed within the agreed deadline.	100%	Mar 17	60% 	▲
5. Percentage NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the agreed deadline.	100%	Jun 17	31% 	▼
Business Processes				
1. Percentage of NHS Complaints responded to within 20 working days.	70%	Q4	95.5% 	▼
2. Percentage of Social Work complaints handled within 15 working days (local deadline)	65%	Q4	64% 	▲
3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline)	85%	Q4	82% 	▲
4. Percentage of elected member enquiries handled within 10 working days.	80%	Q1	90% 	▼






1. OLDER PEOPLE

Proactive Care and Support at Home


Indicator	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months
Purpose	To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. The calculation is based on service users in receipt of a home care service for more than a year, and who have had a review activity completed within the last 12 months. It should be noted that this function now lies with Cordia.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 4
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
85%	North East	90% 	91% 	91% 	92% 	92% 	93%
85%	North West	79% 	79% 	77% 	81% 	85% 	83%
85%	South	82% 	80% 	84% 	84% 	83% 	81%
85%	Glasgow	83% 	83% 	84% 	85% 	86% 	85%
Performance Trend							
Performance overall at the city level has been within target for the past 21 months. There are notable variations within the city however with North East consistently meeting target each quarter. At Q1 there was a small dip in performance in the South of the city (AMBER).							

Indicator	2. Number of Community Services led Anticipatory Care Plans (ACPs) in Place
Purpose	To monitor the extent to which services are introducing and rolling out the new community service led anticipatory care plans. It should be noted that these are separate from GP led anticipatory care plans which have been in place for longer but are not included here due to a lack of available information on their numbers.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	
NE	N/A	34	34	79	136	69	
NW	N/A	17	23	90	180	67	
South	N/A	10	10	93	161	70	
Citywide	N/A	0	0	7	7	3	
Glasgow	720	61 	67 	269 	484 	209 	
Performance Trend							
Performance in quarter 1 in excess of what would be expected on a pro-rata basis based upon the annual target of 720.							





























Indicator	3. Number of people in supported living services
Purpose	To monitor the number of people receiving supporting 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.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
North East	N/A	167			
North West	N/A	190			
South	N/A	221			
Glasgow	650 by year end	576 			
Performance Trend					
New more accurate information systems introduced so figures only shown for Q1 of 2017/18. New adjusted target introduced for 2017/18.					
Actions to Improve Performance					
Action has been taken to optimise opportunities for older individuals to access supported living services, which is involving a variety of stakeholders across several workstreams. For example, an internal working group has been formed to monitor and support the development of supported living services across the city. A strategic redesign of housing support services to align with older people's supported living needs profile and eligibility criteria is also underway. In addition, we are evaluating ICF funded projects with a view to continued support of the supported living services for older people.					
Timeline for Improvement					
Ongoing. It is anticipated that the actions being taken will lead to the achievement of the target for 2017/18 by year end.					

























Indicator	4. Percentage of service users who receive a reablement service following referral for home care.
Purpose	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. 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.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Referral Source	Target	16/17	16/17		17/18			
			Q1	Q4	Q1	Per 1&2	Per 3	Per 4	
City-wide	Hospital Discharges	75%	82.7% 	79.3% 	74.3% 	73.4% 	75.6% 	75.0% 	75.4%
	Community Referrals	75%	79.2% 	80.8% 	85.6% 	76.5% 	82.5% 	77.4% 	76.5%
Performance Trend									
Performance above target so far for both hospital discharges and community referrals in 2017/18.									






















Indicator	5. Percentage of service users leaving the service following reablement period with no further home care support
Purpose	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. 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.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

		2016/17 Q1	Q4				Q1		
Locality	Target	Per. 1&2	Per. 12	Per. 13a	Per. 13b	Per 1&2	Per 3	Per 4	
North East	>40%	39% 	29% 	47% 	37% 	39% 	38% 	41% 	
North West	>40%	46% 	38% 	36% 	33% 	47% 	32% 	36% 	
South	>40%	25% 	32% 	27% 	39% 	29.5% 	30% 	36% 	
Citywide	>40%	37% 	33% 	35% 	36% 	38% 	33% 	37% 	
Performance Trend									
Performance varies across locality and over time. At the end of the quarter only North East (GREEN) met the target.									
Actions to Improve Performance									
The 40% target proved difficult to achieve during 2016/17, but remains for 2017/18. Discussions continue with Cordia to ensure improvements are achieved and that a robust plan is in place to support this.									
Timeline for Improvement									
The expectation is that the target will be achieved in 2017/18.									

Target/Ref	6. Open occupational therapy (OT) activities at assessment stage assigned to worker or team: % over one year
Purpose	To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that there are no outstanding activities over 12 months.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	
0%	North East	0% 	0% 	0% 	0% 	0% 	0% 	
0%	North West	0% 	0% 	0% 	0% 	0% 	1% 	
0%	South	1% 	0% 	0% 	0% 	0% 	0% 	
0%	Glasgow	1% 	0% 	0% 	0% 	0% 	0% 	
Performance Trend								
The target was met across all localities during 2016/17. At Q1, 4 (of 1,373) service users had waited more than 12 months for an assessment; 1 in NE and 3 in NW. The figure shown above has been rounded to zero and performance is classified as GREEN given that a 2.5% variance is permitted.								

Target/Ref	7. AHP Waiting Times
Purpose	To monitor the waiting times performance in relation to AHP services. These services are hosted across NHSGGC with Renfrewshire having managerial responsibility for Podiatry; West Dunbartonshire for MSK Physio; and Acute for Dietetics.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Service	Target	16/17 Apr	16/17 Jan	16/17 Feb	16/17 Mar	17/18 Apr	17/18 May	17/18 Jun
MSK Physio	90% seen within 4 weeks	45% 	44% 	49% 	49% 	48% 	47% 	42% 
Podiatry	90% seen within 4 weeks	91.9% 	99% 	98% 	97.8% 	98.1% 	98.5% 	97.8% 
Dietetics	100% within 12 weeks	100% 	100% 	100% 	100% 	100% 	100% 	100% 

Performance Trend

- MSK physio target not being met but all patients requiring an urgent MSK appointment are seen within the target timescales.
- Target being consistently met by podiatry.
- Target being met consistently by dietetics. 1 person (out of 554) was actually waiting for more than 12 weeks in March and April, but the figure shown above has been rounded up to 100% and performance is classified as GREEN given that a 2.5% variance is permitted.







Actions to Improve Performance

As these are managed elsewhere, the HSCP raises any performance issues with the host organisation and MSK physio services have been discussed with West Dunbartonshire HSCP.




Timeline for Improvement

To be agreed with West Dunbartonshire HSCP.





Target/Ref	8. Continence Service – Waiting Times
Purpose	To monitor waiting times performance for Continence Services. This service is hosted by Glasgow. The service is reported by North and South areas. The North area includes North East and North West Glasgow, and East and West Dunbartonshire. The South area includes Glasgow South, Inverclyde, East Renfrewshire and Renfrewshire
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Target	Actual Wait in Weeks							
	Q3 16/17		Q4 16/17		Q1 17/18			
	North	South	North	South	North	South		
Maximum Wait 12 weeks	8.2 	6.5 	5.1 	9.5 	5.5 	8.4 		
Performance Trend								
Maximum waiting times across all clinics shown above. Waiting time targets are being met for both the North and South areas as defined above.								

Target/Ref	9. Day Care (provided) - Review Rates
Purpose	To monitor the extent to which reviews for day care service users are being undertaken within the target 6 month period. This indicator reports on review rates for service users in receipt of day care provided by our own local authority run units.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

	2016/17		2017/18	
Target	Q2 - Q3	Q4	Q1	
95%	96% 	95% 	90% 	
Performance Trend				
Performance was slightly outwith the target range (RED) at Quarter 1 having previously met the target.				
Actions to Improve Performance				
This has been discussed with managers in accountability meetings and we would expect to see improved performance going forward.				
Timeline for Improvement				
Improvements are expected by Quarter 2.				

Target/Ref	10. Referrals to Telecare
Purpose	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.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 2
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Telecare Referrals	Agreed Scottish Govt Target	2016/17 Total (Apr – Mar)	17/18 Q1	
Basic	2,248 (annual)	2,581 	617 	
Advanced	304 (annual)	835 	521 	

Performance Trend

























This indicator was reported for the first time at Q3. The number of referrals to both the Basic and Advanced Telecare Services exceed what may be expected on a pro-rate basis at Q1.

Care at Times of Transition

























Indicator	11. Total number of Older People Mental Health patients breaching the 72 hour discharge target (including AWI patients).
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken. 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.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (South)

TARGET	AREA	4 Apr 16	9 Jan 17	6 Feb 17	6 Mar 17	3 Apr 17	2 May 17	5 Jun 17
Over 65s Target = 0	NE	5 	4 	3 	2 	2 	1 	2
	NW	14 	4 	7 	5 	5 	6 	6
	South	4 	8 	7 	10 	12 	11 	12
	City	23 	16 	17 	17 	19 	18 	20
Performance Trend								
Numbers vary across localities and over time and have remained RED. Over the last 6 months, South has had the highest number of delays and North East the lowest.								
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 HSCPs transformation and financial efficiency programmes.								
Timeline for Improvement								
Improvements are anticipated by the end of Quarter 2.								

Indicator	12. Intermediate Care : Percentage Occupancy
Purpose	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Apr 2016	Feb 17	Mar 17	Apr 17	May 17	Jun 17
North East	90%	94% 	89% 	94% 	74% 	78% 	84% 
North West	90%	75% 	86% 	91% 	89% 	96% 	92% 
South	90%	94% 	77% 	81% 	83% 	83% 	85% 
Glasgow	90%	88% 	83% 	88% 	82% 	86% 	87% 
Performance Trend							
Variations across areas and over time. In June, performance at a city level and in the North West GREEN, with the South AMBER and North East RED.							

Indicator	13. Intermediate Care : Average length of stay (Days)
Purpose	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Apr 2016	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Glasgow	<30	41 	31 	35 	33 	30.1 	30.5 
North East	<30	36 	28 	27 	36 	28 	33 
North West	<30	38 	26 	30 	32 	33 	32 
South	<30	44 	38 	45 	31 	29 	27 
Performance Trend							
Average lengths of stay vary over time and between localities. Performance moved to GREEN at a city level and for the South in June with the North East and North West RED.							
Actions to Improve Performance							
It is important that we have a throughput of patients/service users to support our discharge programme, and the HSCP continues to exert a robust management process in each locality to ensure we utilise our capacity to best effect and in the interests of patients and their families. The recent changes to complex care - the introduction of Intermediate Care Complex & Palliative Care (ICCP) - have provided alternative options for managing more frail individuals either in the community or in other care home placements, following a process of assessment. The new intermediate care contract that came into effect in April 2017 also allows the HSCP to have more flexible use of the beds to focus on assessment and rehabilitation.							




Indicator	14. Percentage of intermediate care users transferred home compared to those transferred to a residential or nursing home.
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality		Targets	Apr 16	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Glasgow	Home	30%	21%	32%	29%	25%	25%	24%
	Res/Nursing	N/A	52%	45%	55%	62%	60%	54%
	Readmissions	N/A	25%	22%	13%	10%	12%	19%
	Deceased	N/A	2%	4%	2%	1%	3%	3%
NE	Home	30%	22%	33%	38%	30%	30%	29%
	Res/Nursing	N/A	39%	40%	52%	59%	60%	59%
	Readmissions	N/A	33%	24%	10%	7%	10%	12%
	Deceased	N/A	6%	4%	0%	0%	0%	0%
NW	Home	30%	21%	40%	26%	22%	13%	13%
	Res/Nursing	N/A	57%	42%	55%	57%	74%	54%
	Readmissions	N/A	21%	13%	13%	17%	13%	25%
	Deceased	N/A	0%	4%	6%	4%	0%	8%
South	Home	30%	21%	23%	27%	22%	30%	30%
	Res/Nursing	N/A	58%	55%	57%	70%	50%	52%
	Readmissions	N/A	21%	18%	17%	7%	13%	19%
	Deceased	N/A	0%	5%	0%	0%	7%	0%




Performance Trend
Variations across localities and over time with the North East and South GREEN in the last reporting period and the North West RED. The city overall has moved from GREEN to RED in the last quarter.
Actions to Improve Performance
We are achieving the target in two localities and although performance in the North West has dipped this year, actions are being taken to improve performance.
Timeline for Improvement
It is expected that the target will be achieved in the North West in the latter half of the year.

Hospitals and Care Homes

Target/Ref	15. Provided Residential Care Homes – Occupancy Rates
Purpose	To monitor occupancy rates within our own local authority run residential care homes (provided).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

	2016/17		2017/18	
Target	Q2-Q3	Q4	Q1	
95%	100% 	94% 	96% 	
Performance Trend				
Occupancy rates declined slightly in the last two quarters but remain GREEN.				

Target/Ref	16. Residential Care (Provided) – Review Rates
Purpose	To monitor the extent to which reviews for care home residents are being undertaken within the target 6 month period. This indicator reports on the review of residents in our own local authority residential care homes by care home staff.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

	2016/17		2017/18	
Target	Q2 - Q3	Q4	Q1	
95%	97% 	94% 	97% 	
Performance Trend				
Review rates remain GREEN at quarter 1.				

Target/Ref	17. Proportion of last 6 months of life spent at home or in a community setting
Purpose	This indicator measures the percentage of time spent by people in the last 6 months of life at home or in a community setting. It is derived by linking recorded deaths data with acute hospital bed day data to calculate the percentage of time spent outside acute hospitals in the 6 months at the end of people's lives. Accidental deaths are excluded.
National/Corporate/Local	National Integration Indicator 15
Integration Outcome	Outcome 3
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	15/16	16/17				Whole Year
		Whole Year	Q1	Q2	Q3	Q4	
Glasgow City	87%	85	86	86	87	87	86
Scotland	N/A	87	N/A	N/A	N/A	N/A	88

Performance Trend
New indicator. Performance has increased slightly over 2016/17 and for the year as a whole rose from 85% in 2015/16 to 86%, having previously risen from 84% in 2014/15. Proportions remain slightly below the Scottish average, which has also risen by 2% over the last two years.

Target/Ref	18. Falls rate per 1,000 population aged 65+
Purpose	Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. Well-organised services, delivering recommended and evidence based practices can prevent many falls and fractures in older people in the community setting and prevent 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
National/Corporate/Local	National Integration Indicator
Integration Outcome	Outcome 7
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

		15/16	16/17				
Locality	Target	Whole Year	Q1	Q2	Q3	Q4	Whole Year
Glasgow City	TBC	29	7.6	7.4	8.0	7.2	30
Scotland	N/A	21	N/A	N/A	N/A	N/A	21

Performance Trend
New indicator. There has been a slight increase in the number of falls during the last year, rising from 29 in 2015/16 to 30, having previously risen from 27 in 2014/15.

Target/Ref	19. Total number of patients who have been diagnosed with dementia in a given month
Purpose	To monitor the numbers of people being diagnosed with dementia. This gives an indication of whether dementia is being effectively diagnosed in order to enable appropriate interventions to be delivered.
National/Corporate/Local	HSCP Local Indicator. Also reportable nationally.
Integration Outcome	Outcome 4
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
Glasgow	TBC	111	129	85	100	67	68
North East	TBC	35	33	14	17	33	12
North West	TBC	44	37	28	31	20	29
South	TBC	32	59	43	52	67	27

Performance Trend
New indicator. Targets to be confirmed.

Target/Ref	20. Percentage of patients who have their first contact with a Dementia Linkworker who have waited no longer than 12 weeks.
Purpose	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.
National/ Corporate/ Local	HSCP Local Indicator.
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
North East	TBC	100%	100%	100%	100%	100%	100%
North West	TBC	91.7%	30%	37.5%	50%	58.3%	50%
South	TBC	33.3%	100%	83.3%	20%	44.4%	100%

Performance Trend
New indicator. Targets to be confirmed.

Other Potential New Indicators Being Considered

- PDS plans

PRIMARY CARE

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

AREA	TARGET	Jan 16- Mar 16	Apr 16- Jun16	Jul 16- Sep 16	Oct 16- Dec 16	Jan 17- Mar 17	Apr 16- Jun16
NE	78%	79.81% 	79.68% 	79.7% 	80.44% 	80.18% 	79.91%
NW	78%	78.35% 	77.97% 	78.07% 	78.86% 	78.7% 	78.54%
S	78%	79.0% 	78.74% 	78.70% 	79.61% 	79.41% 	79.32%
City	78%						79.27%
NHSGGC	78%	78.86%	78.57%	78.65%	79.4%	79.22%	79.91%
Performance Trend							
All areas remain GREEN. Compliance slightly increased across the city over the last 12 months.							
















Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the total practice populations after they have been adjusted for demographic factors. All patients on a practice list are included even if they have not received any prescriptions. This indicator does not provide information on the external factors that affect prescribing such as new drugs, guidelines or national drug shortages.
National/Corporate/Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

AREA	Target	Mar 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
NE	Below NHSGGC average	£163.79 	£163.77 	£163.35 	£163.27 	£161.94 	£162.22 	£161.88
NW	Below NHSGGC average	£156.55 	£157.22 	£156.66 	£156.47 	£155.34 	£156.44 	£156.47
S	Below NHSGGC average	£164.48 	£168.88 	£168.33 	£168.44 	£167.41 	£168.02 	£167.96
City	Below NHSGGC average	£161.72 	£163.50 	£162.98 	£162.93 	£161.77 	£162.43 	£162.31
NHS GGC		£174.97	£178.57	£178.23	£178.45	£177.30	£178.10	£177.96

Performance Trend

All areas GREEN with variations across sectors and initiatives to ensure cost minimisation are ongoing. Slight decreases over the course of the last year in the North East and North West, with an increase in the South.

Indicator	3. Flu Immunisation Rates
Purpose	To monitor the numbers of people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data vaccine uptake estimates are taken from Health Protection Scotland and is based on automated extracts from all Scottish GP practices. Immunisation rates are shown for various groups; over 65s; under 65s in at risk groups; pregnant women (in at risk groups and generally); and pre-school children. The data will be reported for Q3 and Q4 each year when the programme is delivered.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

Area	Target	Over 65s	Under 65s in clinical risk groups	Pregnant (not in a clinical risk group)	Pregnant (in a clinical risk group)	Target	Pre-school
NE	75%	71% 	46.0% 	51.5% 	57.6% 	65%	52.8% 
NW	75%	71.2% 	44.9% 	56.7% 	64.8% 	65%	56.1% 
South	75%	72.9% 	46.7% 	56.1% 	65.1% 	65%	52.6% 
NHSGGC	N/A	72.9%	46.1%	56.2%	63.5%	N/A	56%
Scotland	N/A	72.8%	44.9%	49.3%	58%	N/A	54.3%
Performance Trend							
The data shown relates to Week 13 of 2017 and will not be updated now until the programme restarts in October. Performance below target across all categories and RED for all with the exception of over 65s.							

Indicator	4. Shingles Immunisation Rates
Purpose	To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract and are for persons aged 70 and 78.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Richard Groden, Clinical Director Jackie Kerr, Head of Operations (North West)

Area	Target	Aged 70	Aged 78	Total
NE	60%	41.3%	31.5%	37%
NW	60%	33.9%	30.6%	32.5%
South	60%	39.9%	32.7%	36.8%
NHSGGC	60%	39.2%	31.4%	35.9%
Scotland	TBC	42%	34.6%	38.9%
Performance Trend				
The data shown relates to the cumulative immunisation rates between 1 September 2016 and 30 March 2017. Performance has not been classified yet, as the target relates to the annual programme year which runs to the end of August. Variations across localities and between the different age groups. North West the lowest in both age groups.				

Other Annual Indicators - See Appendix 1, Section 2

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

UNSCHEDULED CARE

A&E Activity















Indicator	1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population
Purpose	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. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Apr 15 - Mar 16	Mar 16- Feb 17	Apr 16- Mar 17	May 16- Apr 17	Jun 16- May 17	Jul 16 – Jun 17
North East	TBC	2632	2724	2709	2711	2711	2708
North West	TBC	1992	2028	2044	2064	2082	2106
South	TBC	2265	2222	2217	2222	2226	2222
Glasgow	TBC	2284	2308	2307	2316	2323	2329
Performance Trend							
Variations across areas and over time with North East generally highest and North West lowest. Slight increase at a city wide level and in the North East and North West over the period shown, with South decreasing slightly. All outstanding unscheduled care targets will be determined through the process of developing the Unscheduled Care Commissioning Plan.							

Indicator	2. New Accident and Emergency (A&E) Attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations with a source of referral of a GP - crude rate per 100,000 population
Purpose	To monitor attendance at Accident and Emergency units where the patients have been directly referred by a GP. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Mar-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
North East	TBC	124	119	103	99	80	107
North West	TBC	83	85	74	65	69	77
South	TBC	94	100	79	71	78	94
Glasgow	TBC	100	101	85	77	76	92
Performance Trend							
Variations across areas and over time with North East generally highest and North West lowest. Reduction overall across the city in the period shown. All outstanding unscheduled care targets will be determined through the process of developing the Unscheduled Care Commissioning Plan.							

Target/Ref	3. A&E Waits Less Than 4 Hours (%)
Purpose	To monitor waiting times at the main AE units in Glasgow City. This will related to all patients who attend these units, irrespective of their home location.
National/ Corporate/ Local	NHS LDP Standard
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Mar 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Glasgow Royal Infirmary	95%	82.8% 	87.2% 	86.6% 	86.3% 	83.2% 	84.5% 	87.1% 
Queen Elizabeth University Hospital	95%	85.1% 	78.9% 	81.8% 	81.9% 	79.6% 	84.3% 	90.8% 

Performance Trend
New indicator. Performance consistently below target over the period shown in both hospitals.
Actions to Improve Performance
Both 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.
Timeline for Improvement
Timeline for delivery is to be confirmed.

Emergency Admissions

Indicator	4. Emergency Admissions (Aged 65+ and 75+) – Numbers and Rates per 1000 population.
Purpose	To monitor the extent to which older people are being admitted to hospital in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas.
National/ Corporate/ Local	HSCP Local Indicator.
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Indicator	Target	15/16	16/17	Apr 17	May 17	Jun 17	Year to date
i. 65+ Numbers	TBC	27,891	28,557	2108	2289	2213	6610
ii. 65+ Rates/1000 pop	TBC	334	342	25	27	27	79
i. 75+ Numbers	TBC	17,844	18,123	1365	1430	1416	4211
ii. 75+ Rates/1000 pop	TBC	450	460	35	36	36	107

Performance Trend

Numbers for 65+ increased over the last two years (from 26,237 in 14/15), having fallen in the two previous years (5% fall in 2013/14, followed by a 0.8% reduction in 2014/15). All outstanding unscheduled care targets will be determined through the process of developing the Unscheduled Care Commissioning Plan.

Target/Ref	5. Rate of emergency admissions per 100,000 population for adults.
Purpose	To monitor the extent to which adults are being admitted to hospital in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas
National/ Corporate/ Local	National Integration Indicator 12
Integration Outcome	Outcome 3
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	15/16	16/17				Whole Year
		Whole Year	Q1	Q2	Q3	Q4	
Glasgow City	TBC	14,733	3,839	3,692	3,540	2,968	14,039
Scotland	N/A	12,138	N/A	N/A	N/A	N/A	12,037

Performance Trend
New indicator. Numbers fallen over the last year but remain above the Scottish average.

Target/Ref	6. Readmission to hospital within 28 days
Purpose	Based on Acute hospital (SMR01) activity data, this rate is calculated from number of re-admissions to an acute hospital within 28 days of discharge per 1,000 admissions.
National/Corporate/Local	National Integration Indicator 14
Integration Outcome	Outcome 3
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

		15/16	16/17				
Locality	Target	Whole Year	Q1	Q2	Q3	Q4	Whole Year
Glasgow City	TBC	97	103	107	101	76	97
Scotland	N/A	96	N/A	N/A	N/A	N/A	95

Performance Trend
New indicator. Rate have remained similar over the last year and slightly above the Scottish average.

Indicator	7. Emergency Acute Bed Days for Older People (Aged 65+ and 75+)
Purpose	To monitor the extent to which older 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.
National/ Corporate/ Local	HSCP Local Indicator.
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Indicator	Target	2015/16	2016/17	Apr 17	May 17	Jun 17	Year to date
65+ Numbers	TBC	304,322	323,126	26,039	27,273	24,895	78,207
65+ Monthly Average	TBC	25,360	26,927	312	327	298	937
75+ Numbers	TBC	223,070	235,835	19,054	19,309	17,586	55,949
75+ Monthly Average	TBC	18,589	19,653	484	490	447	1421
Performance Trend							
The total numbers have been on a downward trend since 2010/11. However, there was an increase last year both for those aged 65+ and 75+, and at year end, the total numbers were close to the 2014/15 rates (In 2014/15 were 325,545 for 65+ and 235,488 for 75+). All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.							

Target/Ref	8. Rate of emergency bed day per 100,000 population for adults.
Purpose	To monitor the extent to which adults 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
National/ Corporate/ Local	National Integration Indicator 13
Integration Outcome	Outcome 3
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

		15/16	16/17				
Locality	Target	Whole Year	Q1	Q2	Q3	Q4	Whole Year
Glasgow City	TBC	138,401	36,265	35,385	34,510	29,425	135,584
Scotland	N/A	122,713	N/A	N/A	N/A	N/A	119,649

Performance Trend
New indicator. Numbers have reduced over the last year but remain above the Scottish average.

Target/Ref	9. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
Purpose	To monitor the costs associated with emergency care. The aim is to reduce this over time in line with emergency admissions.
National/ Corporate/ Local	National Integration Indicator 20
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

		15/16	16/17				
Locality	Target	Whole Year	Q1	Q2	Q3	Q4	Whole Year
Glasgow City	TBC	23%	25%	24%	24%	20%	23%
Scotland	N/A	23%	N/A	N/A	N/A	N/A	23%

Performance Trend
New indicator. Percentage has remained similar over the last year and at the same level as Scotland overall.

Delayed Discharges

Indicator	10. Total number of adults and older people breaching the 72 hour discharge target
Purpose	To monitor the extent to which adults and older people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken and are for a number of patient categories. The target for 2017/18 is to have a maximum of 20 delays over 72 hours at any given time during the year across these categories
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

3 April 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	2	0	2	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	12	7	5	24	N/A
Under 65s (Excluding Mental Health)	6	9	4	19	N/A
Total				45	20

2 May 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	3	1	4	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	2	10	16	28	N/A
Under 65s (Excluding Mental Health)	4	5	4	13	N/A
Total				45	20

5 June 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	1	1	1	3	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	7	4	8	19	N/A
Under 65s (Excluding Mental Health)	3	4	4	11	N/A
Total				33	20

Performance Trend
New target introduced. Numbers vary across localities and over time. The total number of delays fell between May and June but remained above target.
Actions to Improve Performance
Action plans are in place together with robust performance management arrangements to deliver this ambitious target on an ongoing basis.

Bed Days lost to Delayed Discharge

Indicator	11. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)
Purpose	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.
National/ Corporate/ Local	Health Board
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

AREA	13/14 Total	14/15 Total	15/16 Total	16/17 Total	Apr 17	May 17	Jun 17	Year to Date
HSCP	39,929	38,152	21,288	15,557	738	860	825	2423
NE	9203	8048	5777	4058	183	224	248	655
NW	13,000	15,884	8034	6406	271	313	269	853
S	17,726	14,220	7477	5093	284	323	308	915
Performance Trend								
<p>For the city as a whole, there was a significant reduction in 2015/16. During 2016/17, this continued, with a further reduction of 26% over the course of the year, which was contributed to by the reclassification of AWI beds (see indicator 7 below). Variations across localities though all experienced reductions in 2016/17.</p> <p>All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.</p>								

Indicator	12. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by older people who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. This indicator is a subset of indicator 11 above.
National/ Corporate/ Local	Health Board Local Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

AREA	13/14 Total	14/15 Total	15/16 Total	16/17 Target	Apr 17	May 17	Jun 17	16/17
HSCP	8936	8987	10,715	6050	138	218	189	545
NE	2235	1971	3590	1647	8	31	48	87
NW	3528	3806	3558	2995	87	118	68	273
S	3173	3210	3910	1408	43	69	73	185

Performance Trend

The total for 2016/17 has fallen by 43% since 2015/16. This has been contributed to by the fact that the AWI beds which the HSCP commission in community settings at Darnley and Quayside were reclassified in line with national guidance and are no longer included. Variations across localities, though all experienced reductions in 2016/17.

All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.









Target/Ref	13. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population
Purpose	The number of bed days due to delay discharge that have been recorded for people aged 75+ resident within the Local Authority area, per 1,000 population in the area. The aim is that these are reduced.
National/ Corporate/ Local	National Integration Indicator 19
Integration Outcome	Outcome 3
HSCP Lead	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

		15/16	16/17				
Locality	Target	Whole Year	Q1	Q2	Q3	Q4	Whole Year
Glasgow City	TBC	627	172	103	103	86	464
Scotland	N/A	915	N/A	N/A	N/A	N/A	842

Performance Trend
New indicator. Numbers have fallen over the last year and remain below the Scottish average.

CARERS SERVICES

Indicator	1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Purpose	To monitor the number of carers being identified and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	2017/18 Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	Year to date
North East	700	112 				112 
North West	700	205 				205 
South	700	192 				192 
Glasgow	2,100 (525 per Quarter)	509 				509 

Performance Trend

North West and South locality (GREEN) met the quarterly target of 175 assessments completed during Q1 with the other localities in the city below target.

Actions to Improve Performance



This is being addressed. Carers Information Strategy funding now in place to support 1 Carers Information worker in each locality, who raise awareness of carer supports across the city to social work, primary care and wider stakeholders, previously there was only one city wide post. Partnership working with Education is also progressing and an additional 2 Young Carers Education workers have been employed to increase awareness in schools. NE sector have been uniquely affected by previous tendering process and work is in hand to address this issue.

Previous stats are likely to be higher than current, based on the fact that historically services counted every carers support plan completed as a new piece of work. In order to comply with Scottish Government the definition has changed to record new carers only.





Timeline for Improvement

Improvements are expected by Q2/3 once new staff have been recruited, settled in posts and locality issues can be addressed.

Indicator	2. Carer Referrals: Source of Carer Self-Referral
Purpose	Monitoring the source of carer referrals will enable the HSCP to track where carers are accessing support and whether the Carers (Scotland) Act 2016 is having an impact on the number of carers accessing anticipatory support. The strategic aim is to increase the volume of referrals from the Primary Care, Acute sectors and reduce those being received at point of crisis. Annual targets have been set for 2017/18; the targets are based on an increase of 10% on the volume received in 2016/17.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Source	17/18 Annual Target	Q1 17/18			
		North East Number of referrals	South Number of referrals	North West Number of referrals	City Total
Primary/ Community Care	550 (138 per Q)	21	30	53	104 
Acute	110 (28 per Q)	8	13	4	25 
Social Work	n/a	84	65	103	252
Education Services	n/a	5	4	2	11
CIL	n/a	6	1	2	9
Other	n/a	55	99	80	234
Locality Total	n/a	179	212	244	635
Performance Trend					
New annual targets have been introduced for the volume of referrals received from Primary Care and Acute and performance is below what would be expected on a pro-rata basis for the first quarter.					
Actions to Improve Performance					
This is being addressed through raising awareness of adult carers and young carers in Primary Care and Acute. Carers Information Strategy funding now in place to support one Carers Information worker in each locality, who raise awareness of carer supports across the city to social primary care, and acute, previously there was only one city wide post. Partnership working with Education is also progressing and an additional 2 Young Carers Education workers have been employed to increase awareness in schools.					
Timeline for Improvement					
It would be expected that number will increase in Q2/3 once new staff have been recruited, are raising awareness of the needs of carers and encouraging professionals to make referrals. Acute services are developing work to improve carer referral rates, work is ongoing within schools to increase referrals. However, the workers can raise awareness of the needs of carers, but increasing this number is reliant on professionals actually making referrals or signposting carers for support.					













Indicator	3. Carers Qualitative Evaluation Question: Improved your ability to support the person that you care for
Purpose	To measure carer's perception of whether Carer Support and services have improved their ability to continue in their caring role as per national carer's outcomes framework.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	17/18 Q1
North East	65%	88% 
North West	65%	87% 
South	65%	75% 
Glasgow	65%	81% 






















Performance Trend
Target being met across all three localities at Q1 (GREEN).

CHILDREN'S SERVICES

Indicator	1. Uptake of the Ready to Learn Assessment (27 to 30 month assessment)
Purpose	To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme. Invitations are issued to all children when they are approximately 27 months old. The focus is on each child's language, speech and emotional development as part of their preparation for nursery and then school. The figures shown below relate to those completed between 27 and 33 months.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

TARGET	AREA	Mar-17	Apr 17	May 17	Jun 17			
95%	NE	87% 	84% 	88% 	90% 			
	NW	76% 	78% 	81% 	80% 			
	S	83% 	85% 	88% 	85% 			
Performance Trend								
<p>Performance reporting from EMISWEB is still relatively new and consequently there have been variations in the algorithms used to calculate the cut off point for completion of the assessment. Advice was sought from Public Health and the Information Services Division of the Scottish Government (ISD) and as a consequence the reporting criteria have been adjusted to when a child is between 27 and 33 months (previously was 32 months). There have been improvements in uptake since March 2017 but there are variations across areas. North East moved to AMBER in the last reporting period with the other localities remaining RED. Indications from the reports for July and August are that there have been improvements across all localities. There are indications that families moving into and out of an area are not always able to be identified quickly enough for the assessment to be completed within the timescales.</p>								
Actions to Improve Performance								
<p>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.</p>								
Timeline for Improvement								
Further improvements will be achieved by the next report.								





Indicator	2. % of HPis (Health Plan Indicator) allocated by Health Visitor by 24 weeks
Purpose	To monitor the extent to which Health Visitors are allocating Health Plan Indicators to clients on time. The Health Plan Indicator (HPI) is a tool for recording an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing. Children allocated as 'core' remain on the universal child health pathway; those allocated as 'additional' receive additional input from the health visiting team and (if deemed necessary by the health visitor) multi-agency input. This classification may be subject to change as the child gets older.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

TARGET	AREA	Apr 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17
95%	NE	83% 	96% 	93% 	100% 	99% 	98% 	96% 
	NW	80% 	94% 	96% 	99% 	99% 	98% 	94% 
	S	82% 	92% 	96% 	99% 	98% 	100% 	94% 
Performance Trend								
Variations across areas and over time and all areas continuing to meet 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.								

Indicator	3. Number of children being supported as a result of multi-agency discussions by Early Years Support Teams
Purpose	To monitor the number of children being supported by Early Year Support Teams (EYJSTs). The nine EYJSTs provide children and their families with help and support at an early stage. The EYJSTs are aligned to the Thriving Places neighbourhoods. Cases presented to an EYJST are generally those families considered to be “Just Coping” and appropriate support is identified. Referrals are made in response to a comprehensive assessment. The referrals can come from any agency. The EYJST approach encapsulates good practice in multi-agency working to secure positive outcomes for children by increasing the self-efficacy and resilience of families.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 5
HSCP Lead	Mike Burns, Head of Strategy (Children’s Services) Ann-Marie Rafferty, Head of Operations (North East)

2016/17 (Total)	2017/18 Q1	17/18 Target
219	32	TBC
Performance Trend		
219 families supported during 2016/17. Target to be confirmed for 2017/18.		

Indicator	4. Number of referrals being made to Healthier, Wealthier Children Service.
Purpose	To monitor the extent to which referrals are made to the Healthier, Wealthier Children Programme. Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 5
HSCP Leads	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Inequality.

AREA	2016/17 Total	2017/18 Target	Actual				Year to date
			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	
NE	344	344	81				81 
NW	576	576	163				163 
S	613	613	194				194 
City	1533	1533	438				438 

Performance Trend

Variations exist across localities. All areas GREEN with the exception of the North East which is AMBER.

Indicator	5. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
Purpose	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and ensure all children are seen within 18 weeks.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen McLeod, Head of Specialist Children's Services

Area	Target	Apr-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
North Glasgow	100%	100% 	99.4% 	100% 	100% 	100% 	99.4% 	
South Glasgow	100%	100% 	100% 	100% 	100% 	100% 	100% 	
East Glasgow	100%	100% 	100% 	99.5% 	100% 	100% 	100% 	
West Glasgow	100%	100% 	100% 	100% 	100% 	100% 	100% 	
Glasgow HSCP	100%	100% 	99.8% 	99.8% 	100% 	100% 	99.8% 	
Performance Trend								
Variations exist across localities and over time with performance remaining GREEN over the period shown. All Glasgow CAMHS teams have a median wait of first choice appointment of 5 weeks and 90% begin treatment by 12 weeks.								

Indicator	6. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review
Purpose	To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. The number of children under 5 (looked after for 6 months or more) who have <i>not</i> had a permanency review has been added to the table below.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 7
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	
							% with review	Number without a Permanency Review
90%	North East	84% 	76% 	69% 	66% 	81% 	83% 	11
90%	North West	80% 	85% 	79% 	72% 	57% 	60% 	16
90%	South	75% 	77% 	91% 	88% 	83% 	85% 	8
90%	City	80% 	79% 	78% 	75% 	76% 	78% 	36

Performance Trend

City-wide performance has shown a gradual improvement over the last 2 quarters. Between year end and Q1 17/18 there was a small increase in performance across all localities. At Q1 36 children (of 166 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Actions to Improve Performance

























Local reviews have confirmed key areas which will require a sharp focus specifically in relation to improving data recording and reducing cancelled meetings and deferred meetings that have occurred as a consequence of outstanding parenting assessments and absent parents. Local arrangements and targeted approaches will ensure this area of work remains under constant scrutiny by senior managers and corrective action, wherever necessary, will see an improvement in the coming months.

It should be recognised the percentages shown can fluctuate as a result of the relatively small numbers of children in this category.

Timeline for Improvement

It is anticipated that further improvements in performance will be evident by the end of the next quarter.

Indicator	7. Percentage of <u>new</u> SCRA (Scottish Children's Reporter Administration) reports submitted within 20 days.
Purpose	To monitor the proportion of new reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted within the 20 day deadline.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 7
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
60%	North East	60% 	73% 	80% 	47% 	74% 	67% 
60%	North West	64% 	53% 	69% 	38% 	57% 	46% 
60%	South	68% 	82% 	81% 	50% 	65% 	81% 
60%	Glasgow	64% 	66% 	74% 	45% 	67% 	66% 

























Performance Trend

At Q1 the North West locality remained outwith the target range (RED) with significantly lower performance than both North East (67%, GREEN) and South (81%, GREEN)

The data above is generated on the basis that, if the e-form is not finished and saved, then the system indicates that the report has not been sent. This is a data quality problem (rather than reflecting the actual dates on which the reports were sent to SCRA) and there is a plan in place to address this under recording. However, there has been a substantial improvement in performance in since the last report as a result of action to improve the way this target is recorded on the system.

It must be emphasised that SCRA has advised that there are no significant problems with the submission of reports by social workers. Furthermore, this target may change in the future as the Children's Hearing System is developing a new performance reporting framework which is intended to provide a more accurate picture of the quality of the service provided for children.

Indicator	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
75%	North East	64% 	61% 	49% 	56% 	65% 	72% 	
75%	North West	64% 	66% 	54% 	52% 	49% 	54% 	
75%	South	75% 	71% 	67% 	66% 	68% 	67% 	
75%	Glasgow	67% 	67% 	57% 	58% 	61% 	65% 	

Performance Trend

City-wide performance has shown improvement over the last 3 quarters. Between year end and Q1 there were significant increases in improvement in North East (AMBER) and North West (RED) although performance in North West (54%) still remains lower than the other localities (NE 72%, South 67%).

Slippage at Q2 and 3 last year was linked to a change in recording practice which increased the overall number of care leavers recorded. Fewer of these young people had their employability recorded and as a result we saw a reduction in the proportion in positive destinations. At Q1 the percentage of young people who have not had their destination recorded is NE 6%, NW 18%, South 14% giving an overall Glasgow City figure of 12%. These percentages need to continue to improve across all localities to allow us to report accurately on the proportion of young people in positive destinations.

Actions to Improve Performance

Work has been undertaken to review all the young people known to Leaving Care Services. Many of the young people are living outwith Glasgow and owing to the complexities of their circumstances often fail to engage with services.

There is some evidence also that care leavers are undertaking positive activities but that this is not being recorded on careFirst 6 (the Social work information system). Work is underway to address this and to ensure arrangements are in place to more accurately record the reasons why some young people are unable to engage with employability and training (such as pregnancy, mental/physical health problems and custody).

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.











Timeline for Improvement

Localities continue to focus on the 75% target and remain confident that this is achievable and we would expect to see a continuation in performance each quarter.

Indicator	9. Number of high cost placements
Purpose	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
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 2
HSCP Lead	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

As at Mar 15	As at Mar 16	As at Mar 17	As at 12 July 17	17/18 Target
120	126	111	104	TBC
Performance Trend				
New indicator. Numbers of high cost placements have been reducing over the period shown. Recent figures for August show that there are fewer than 100 children in these placements.				
Actions to Improve Performance				
We are developing a number of improvement projects which will facilitate the 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 improving our assessment, care planning and placement processes.				
Timeline for Improvement				
This is a medium term plan to reduce placements over the next 2 to 3 years.				

Indicator	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	2015/16			2016/17			
		Q2	Q3	Q4	Q1	Q2	Q3	Q4
95%	HSCP	94.9% 	94.8% 	94.6% 	94.4% 	94.3% 	93.4% 	93.8% 
95%	North East	N/A	N/A	N/A	N/A	N/A	N/A	95.8% 
95%	North West	N/A	N/A	N/A	N/A	N/A	N/A	93.6% 
95%	South	N/A	N/A	N/A	N/A	N/A	N/A	92.6% 
Performance Trend								
Performance remains GREEN and there has been a slight increase in the last quarter. Locality data available for the last quarter.								

Indicator	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	2015/16			2016/17			
		Q2	Q3	Q4	Q1	Q2	Q3	Q4
95%	HSCP	97% 	96.3% 	95.9% 	96.2% 	96.5% 	94.9% 	96.4%
95%	North East	N/A	N/A	N/A	N/A	N/A	N/A	96.6%
95%	North West	N/A	N/A	N/A	N/A	N/A	N/A	95%
95%	South	N/A	N/A	N/A	N/A	N/A	N/A	97.3%
Performance Trend								
Performance remains GREEN and there has been an increase in the last quarter. Locality data available for the last quarter.								

Other Annual Indicators - See Appendix 1, Section 2













- % of 0-2 year olds registered with a dentist
- % of 3-5 year olds registered with a dentist
- % of P1 children with no obvious decay experience
- % of P7 children with no obvious decay experience
- Looked After Children & Young People who received a Comprehensive Health Assessment

Other Potential New Indicators Being Considered







- Number of children and young people being cared for at home
- Kinship carer assessments
- Routine Sensitive Enquiry - % recorded at 3 month assessments

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies: % of people who started treatment within 18 weeks of referral
Purpose	To monitor waiting times for people accessing psychological therapy services, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people.
National/Corporate/Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 9
HSCP Lead	David Walker, Head of Operations (South)

	% of People who started treatment within 18 weeks of referral					
	Apr 15 - Jun 15	Jul 15 - Sep 15	Oct 15 - Dec 15			Status
NE	94.5% 	91.2% 	78.5% 			N/A
NW	82.7% 	73.1% 	83.4% 			N/A
S	96.3% 	97.4% 	95.7% 			N/A
HSCP Actual	91.7% 	87.4% 	87.3% 			N/A
HSCP Target	90%	90%	90%			90%
Performance Trend						
Performance has only been included up until the end of 2015 as a result of the IT system migrating from PIMS to EMISWeb. EMISweb reports are in development and will be available during 2017/18.						

Target/Ref	2. Primary Care Mental Health Teams – referral to 1 st assessment – percentage within 28 days
Purpose	To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for patients to be assessed within 28 days of referral.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	Nov 15	Dec 15			
90%	NE	77% 	81% 			
90%	NW	61% 	63% 			
90%	S	97% 	98% 			
Performance Trend						
Performance has only been included up until the end of 2015 as a result of the IT system migrating from PIMS to EMISWeb. EMISweb reports are in development and will be available during 2017/18.						

Target/Ref	3. Average Length of Stay (Short Stay Adult Mental Health Beds)
Purpose	To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required
National/ Corporate/ Local	Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	Feb 17	Mar 17	Apr 17	May 17	Jun 17	12 mth average
28 days	Stobhill	38.0 	31.3 	31.5 	26.0 	27.1 	32
28 days	Leverndale	29.6 	31.6 	37.6 	31.3 	33.9 	32.9
28 days	Parkhead	27.9 	46.2 	43.0 	42.5 	56.7 	41.4
28 days	Gartnavel	27.7 	26.7 	33.2 	26.1 	28.5 	29
Performance Trend							
New indicator. Occupancy rates consistently higher than target.							
Actions to Improve Performance							
Average length of stay has been above 28 days on average for a long period. As part of the developing 5 year vision a need for further systematic service flow has been identified. 28 days is the initial target. It is anticipated the average length of stay will ebb and flow month to month but remain above the target until new temporary accommodation improves the relative isolation of North East adult acute beds across two sites. The first stage in improving performance will be to arrest the upward trend in average length of stay for the rolling 12 month average.							
Timeline for Improvement							
The relative isolation between the two NE adult acute beds on two sites will be resolved in the last quarter of 2017/18. The developing 5 year vision will include targeting average length of stay through to 2019/20.							

Target/Ref	4. % Bed Occupancy (Short Stay Adult Mental Health Beds)
Purpose	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
National/ Corporate/ Local	Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	Feb 17	Mar 17	Apr 17	May 17	Jun 17	12 mth average
<95%	Stobhill	101.8% 	100.9% 	103.0% 	103.3% 	96.7% 	103.2%
<95%	Leverndale	98.4% 	102.0% 	102.6% 	101.0% 	100.5% 	102.6%
<95%	Parkhead	101.9% 	105.4% 	104.8% 	107.1% 	106.0% 	106.8%
<95%	Gartnavel	95.7% 	96.1% 	101.5% 	98.4% 	98.2% 	99.2%

Performance Trend

New indicator. Occupancy rates consistently higher than target.





























Actions to Improve Performance

% occupancy has been above 100% and growing in recent months. As part of the developing 5 year vision, a need for further systematic service flow has been identified. 95% occupancy is the initial target. It is anticipated the occupancy levels will ebb and flow month to month but remain above the target until new temporary accommodation improves the relative isolation of North East adult acute beds across two sites. The first stage in improving performance will be to arrest the upward trend in occupancy for the rolling 12 month average.

Timeline for Improvement

The relative isolation between the two NE adult acute beds on two sites will be resolved in the last quarter of 2017/18. The developing 5 year vision will include targeting % occupancy through to 2019/20.

Indicator	5. Total number of Adult Mental Health patients breaching the 72 hour discharge target
Purpose	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken. These 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.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	David Walker, Head of Operations (South)
HSCP Leads	David Walker, Head of Operations (South)

















TARGET	AREA	18 Apr 16	4 Jan 17	6 Feb 17	6 Mar 17	3 Apr 17	2 May 17	5 Jun 17
Under 65s Target = 0	NE	3 	5 	3 	2 	2 	2 	0 
	NW	5 	5 	4 	4 	6 	3 	0 
	South	9 	5 	7 	7 	4 	1 	3 
	City	17 	15 	14 	13 	12 	6 	3 
Performance Trend								
Numbers vary across localities and over time and have reduced over the last quarter but remain above target.								
Actions to Improve Performance								
The upward trend in adult mental health delayed discharges has been arrested. Recent performance towards the stretch target of zero has seen a major reduction in adult mental health delayed discharges. Prioritising delayed discharges in allocation meetings continues.								
Timeline for Improvement								
This is an on-going area of focus during 2017/18.								

SANDYFORD (SEXUAL HEALTH)

Indicator	1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.
Purpose	To monitor waiting times for access to a first appointment for vLARC
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Oct – Dec 16	Jan – Mar 17	Apr – Jun 17
Intrauterine Devices (IUD)					
10 working days	NE	21 	18 	23 	24
	NW	20 	20 	21 	21
	S	22 	26 	28 	32
	HSCP	21 	21 	22 	24
	GGC	19	18	17	21
Implants					
10 working days	NE	26 	14 	10 	13
	NW	25 	21 	17 	18
	S	24 	23 	21 	25
	HSCP	25 	19 	15 	17
	GGC	23	18	14	16
Performance Trend					
Target not met and waiting times are increasing across all areas and NHSGGC. Staffing issues across the service has meant that Urgent Care and some scheduled care (eg TOPAR) has been prioritised over services such as vLARC.					
Actions to Improve Performance					
Recruitment underway, locum Sexual and Reproductive Health (SRH) Consultant has been appointed recently. Proposals to look at additional clinics to address long waiting times, however this required resource and clinical space.					
Timeline for Improvement					
Continue to monitor over next 3 months					

Indicator	2. Average Waiting times for access to Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Oct – Dec 16	Jan – Mar 17	Apr – Jun 17
2 working days	NE	3 	2 	2 	3 
	NW	2 	2 	2 	2 
	S	4 	3 	3 	4 
	HSCP	2 	2 	2 	2 
	GGC	3	2	2	2













Performance Trend
Target met across North West and the HSCP as a whole as well as NHSGGC, but not met in South or the North East
Actions to Improve Performance
Further investigate activity in the South and North East clinics. Clinic Prioritisation protocol is being developed to address the known/predictable reduction in staffing levels over peak holiday times and this will begin to address the increase in waiting times during these times.
Timeline for Improvement
December 2017

Indicator	3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).
Purpose	To monitor waiting times for access to Routine 20s appointments.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Oct – Dec 16	Jan – Mar 17	Apr – Jun 17
20 working days	NE	19 	18 	20 	20
	NW	12 	16 	18 	17
	S	24 	23 	24 	25
	HSCP	23 	22 	22 	24
	GGC	22	21	21	24

















Performance Trend
Target met across North East and North West but not in South, HSCP or NHSGGC as a whole and waiting times are increasing. Staffing issues across the service has meant that Urgent Care and some scheduled care (eg TOPAR) has been prioritised over services such as Routine (non-urgent) care.
Actions to Improve Performance
Further investigate activity. Recruitment underway, locum Sexual and Reproductive Health (SRH) Consultant has been appointed recently. Proposals to look at additional clinics to address long waiting times; however this required resource and clinical space.
Timeline for Improvement
Continue to monitor over next 3 months

Indicator	4. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17.
Purpose	An aim is to improve access across all Sandyford services for young people aged 13-15 and aged 16-17 and this indicator monitors attendance and whether this is being achieved.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod







TARGET	AGE	Apr – Jun 16	Oct – Dec 16	Jan – Mar 17	Apr – Jun 17
58%	13-15 female	25% 	33% 	37% 	
5%	13-15 male	1% 	2% 	2.5% 	
64%	16-17 female	32% 	45% 	34% 	
10%	16-17 male	4.5% 	3.44% 	3.2% 	

Performance Trend
These figures are for the HSCP as a whole. Targets not being met across all categories. Data has not been updated since the last report and work is underway to resolve this.
Actions to Improve Performance
Young People services are included in the Sandyford Service review which will include looking at service times and locations.
Timeline for Improvement
Service Review will conclude in the Autumn with a set of recommendations to be implemented thereafter. Improvements expected to be seen by January 2018.

Indicator	5. Proportion of male attendances at all Sandyford services who are MSM (Men Who Have Sex with Men).
Purpose	An aim is to improve access across all Sandyford services for MSM and this indicator monitors attendance and whether this is being achieved.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Oct – Dec 16	Jan – Mar 17	Apr – Jun 17
10%	NE	18% 	21% 	21% 	23% 
	NW	35% 	40% 	41% 	46% 
	S	16% 	20% 	19% 	25% 
	HSCP	31% 	37% 	37% 	42% 
	GGC	28%	34%	35%	40%
Performance Trend					
Targets met and exceeded across all localities.					

Indicator	6. Waiting times for access to Gender Identity service for young people and for adults
Purpose	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.
National/ Corporate/ Local	Local
Integration Outcome	Outcome 5
HSCP Leads	Rhoda Macleod

TARGET	AREA	Apr – Jun 16	Oct – Dec 16	Jan – Mar 17	Apr – Jun 17
Under 17 Years					
18 weeks	GG&C	N/A	26.4 	25.7 	26.3 
17 years and over					
18 weeks	GG&C	N/A	35 	29.4 	26.3 

















Performance Trend
Targets not being met for either age group, although performance has been improving for both over the course of the last year.
Actions to Improve Performance
Service continues to review staffing levels to ensure correct resource is available.
Timeline for Improvement
Service Review will conclude in the Autumn with a set of recommendations to be implemented throughout 2018. Improvements expected to be seen by March 2018.

ALCOHOL AND DRUGS













Indicator	1. % of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 7
HSCP Lead	David Walker, Head of Operations (South)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
90%	North East	92% 	97% 	96% 	97% 	98%
90%	North West	100% 	100% 	98% 	99% 	98%
90%	South	93% 	83% 	73% 	90% 	99%
90%	Glasgow	97% 	92% 	89% 	94% 	97%
Performance Trend						
This indicator is reported one quarter in arrears. At Q4 all localities exceeded the referral to treatment target.						

Indicator	2. The percentage of Parental Assessments completed within 30 days of referral.
Purpose	An <i>Impact of Parental Substance Use</i> (IPSU) Assessment should be completed within 30 days of referral. This indicator monitors the percentage of assessments completed within this timeframe.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 7
HSCP Lead	David Walker, Head of Operations (South)















Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
75%	North East	77% 	80% 	74% 	74% 
75%	North West	87% 	78% 	86% 	77% 
75%	South	84% 	68% 	75% 	79% 
75%	Glasgow	80% 	71% 	77% 	77% 
Performance Trend					
All localities were within the target range at Q1 (GREEN).					

Indicator	3. The percentage of Service Users with an initiated recovery plan following assessment
Purpose	Following assessment, all Alcohol and Drugs service users should have a recovery plan put place. This indicator aims to ensure that we maximise the proportion who have an initiated recovery plan.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 7
HSCP Lead	David Walker, Head of Operations (South)














Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1
70%	North East	82% 	67% 	71% 
70%	North West	83% 	64% 	70.5% 
70%	South	85% 	73% 	75.5% 
70%	Glasgow	82% 	65% 	70% 
Performance Trend				
Following the significant slip in performance at Q4, all localities either met or exceeded the 70% target at Q1 (GREEN).				

HOMELESSNESS

Indicator	1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation
Purpose	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled (Permanent) Accommodation in these cases.
National/ Corporate/ Local	SW Corporate Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
95%	North East					90% 	93% 
	North West					94% 	94% 
	South					83% 	81% 
	Asylum & Refugee Team (ARST)					99% 	98% 
	City-wide	77% 	70% 	78% 	88.5% 	91% 	91% 
Performance Trend							
Locality breakdown was provided from year end 16/17. The increase in city wide performance seen at year end was maintained into Q1 (AMBER). All localities met target (GREEN) at Q1 with the exception of South (RED).							
Actions to Improve Performance							
Weekly and monthly reporting on this indicator has helped to support and improve city wide performance, although there are still some differences in performance levels across individual teams.							
Timeline for Improvement							
Regular monitoring will continue to help ensure improvements are sustained and that, where performance still needs to be improved, this will be addressed in the short to medium term.							

Indicator	2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation
Purpose	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation.
National/Corporate/Local	SW Corporate Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
95% (16/17) 80% (17/18)	North East					80% 	100% 
	North West					80% 	83% 
	South					74% 	75% 
	ARST					n/a	100% 
	City-wide figure only	67% 	57% 	50% 	52% 	76% 	87.5% 

Performance Trend

The target for this indicator reduced from 95% to 80% at Q1 2017/18.

A locality breakdown was provided from year end 16/17. There was significant improvement in NE (GREEN) since year end. At Q1 the target was met city-wide and in each locality (GREEN) with the exception of South (RED) which remained slightly outwith the target range.

Actions to Improve Performance

The target has been adjusted to reflect that this indicator relates to a small number of decisions on complex cases, and teams may on occasion need more time to make the decision. Regular monitoring and discussions with teams at monthly meetings regarding process around these decisions has helped improve performance.



Timeline for Improvement

Weekly and monthly monitoring will continue on an ongoing basis to sustain and improve performance.





Indicator	3. Percentage of live homeless applications over 6 months duration at end of quarter
Purpose	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	
Target amended for 2017/18 <20% (16/17) <40% (17/18)	North East	-	-	38% 	48% 	41% 	38% 	
	North West	-	-	40% 	46% 	42% 	36% 	
	South	-	-	44% 	53% 	48% 	47% 	
	Asylum & Refugee Team (ARST)	-	-	42% 	63% 	57% 	56% 	
	City-wide	44% 	47% 	44% 	50% 	45% 	43% 	
Performance Trend								
<p>The target for this indicator was amended from <20% to <40% for 2017/18. The percentage of cases over 6 months city-wide and in each locality reduced in Q1; NE and NW met the new revised target (GREEN). Performance city wide remains RED.</p>								
Actions to Improve Performance								
<p>This target has been revised to take account of the different challenges across teams, as well as the overall city wide position. All teams remain under regular scrutiny in relation to this target, and to their performance in terms of progressing shorter term cases where there are no significant support needs.</p>								
Timeline for Improvement								
<p>Performance against this target is expected to continue to vary over the short to medium term as teams seek to balance provision of service across longer term cases and more recent presentations.</p>								







Target/Ref	4. Number of new resettlement plans completed - total to end of quarter (citywide)
Purpose	To measure progress towards sustained provision of increased numbers of resettlement plans, which outline housing needs for individual households and form the basis of requests for settled accommodation through the Section 5 process, based on the weekly count of new plans agreed by Housing Access Team.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	16/17 Q4	17/18 Q1
3,200 per annum (800 per quarter)	City-wide figure only	729 	796 
Performance Trend			
<p>This indicator is being reported for the first time at Q1. At Q1 we were within the target range of 800 new resettlement plans completed during the quarter.</p>			

Target/Ref	5. Number of households reassessed as homeless or potentially homeless within 12 months
Purpose	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	14/15 Full Year Total	15/16 Full Year Total	16/17 Full Year Total	17/18 Q1
Target revised for 17/18 <300 per annum (16/17) <480 per annum (17/18) (<120 per Q)	City-wide figure only	633 	395 	493 	136 
Performance Trend					
<p>The target for this indicator was amended from <300 to <480 per annum for 2017/18. The number of repeat cases recorded in Q1 remains in excess of the revised quarterly target (RED).</p>					
Actions to Improve Performance					
<p>This target has been revised to reflect increasing challenges upon the service in relation to repeat cases. Teams continue to be monitored in relation to their performance on lost contact cases, and there is a focus on frontline practice in relation to case closure and time taken to make decisions on applications. The pilot approach to complex case review in NW CHT is ongoing.</p>					
Timeline for Improvement					
Improvement against this target is expected in the medium to longer term.					

Target/Ref	6. Number of individual households not accommodated over last month of quarter.
Purpose	This indicator provides information on the number of households recorded in the last month of the quarter which were not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfil their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 7
HSCP Lead	Eric Steel, Head of Homelessness

























Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
< 150	City-wide figure only	351 Mar 2016 	225 June 2016 	217 Sept 2016 	91 Dec 2016 	209 Mar 2017 	164 June 2017 
Performance Trend							
At Q1 although the target was not met the number of households recorded reduced significantly, reflecting the improving trend over previous months.							
Actions to Improve Performance							
Teams monitor and record cases on a daily basis, and performance reports are provided on a weekly and monthly basis. The service continues to experience some challenges in relation to provision of temporary and emergency accommodation at point of need. Work is ongoing to ensure that use of available accommodation is maximised. Additional initiatives are being progressed, including provision of a city centre hub, implementation of a Housing First programme, and development of a pilot project offering an alternative approach to delivery of out of hours services.							
Timeline for Improvement							
The service continues to work with a range of partners to minimise the number of households seeking accommodation on a daily basis.							

CRIMINAL JUSTICE

























Indicator	1. Percentage of Community Payback Order (CPO) work placements commenced within 7 days of sentence.
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response.
National/ Corporate/ Local	Criminal justice national standard and statutory return
Integration Outcome	Outcome 9
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
80%	North East	59%	62%	61%	63%	63%	63%
80%	North West	63%	73%	76%	58%	70%	67%
80%	South	64%	64%	65%	69%	63%	75%
80%	Glasgow	64%	70%	67%	64%	65%	68%
Performance Trend							
All localities remain RED at Q1. Performance in the South of the city improved significantly between year end (63%) and Q1 (75%) and were just slightly outwith target at Q1.							
Actions to Improve Performance							
<p>The increase in level 1 orders which do not require a report has reduced the services ability to ensure that reporting instructions for the offender have been provided prior to court disposal. Improved performance relies on an ability to:-</p> <ul style="list-style-type: none"> • Continue to improve business processes • Scrutinise the increase in Level 1 orders i.e. service users who have not had a Criminal Justice Social Work (CJSW) report completed but are made subject of unpaid work 							
Timeline for Improvement							
This indicator continues to be included in fortnightly performance reports provided to Locality Teams, and monitored at the Criminal Justice core leadership meeting.							

























Indicator	2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
Purpose	To monitor the extent to which CPO case management plans are being developed within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
National/ Corporate/ Local	Criminal justice national standard
Integration Outcome	Outcome 9
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
85%	North East	91% 	65% 	81% 	78% 	88% 	98% 
85%	North West	92% 	77% 	80% 	81% 	98% 	90% 
85%	South	98% 	100% 	100% 	71% 	100% 	100% 
85%	City	94% 	84% 	89% 	76% 	97% 	98% 
Performance Trend							
The significant improvement in performance across all localities seen at year end was sustained into the first quarter of 17/18 (GREEN).							
Actions to Improve Performance							
Performance has improved through monitoring and vigilance. Improved performance requires to be maintained through regular monitoring of performance data.							





Indicator	3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale.
Purpose	To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.
National/ Corporate/ Local	Criminal justice national standard
Integration Outcome	Outcome 4
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
75%	North East	63% 	53% 	59% 	56% 	64% 	78% 
75%	North West	84% 	65% 	80% 	78% 	75% 	87% 
75%	South	79% 	67% 	79% 	72% 	72% 	84% 
75%	Glasgow	75% 	62% 	72% 	69% 	71% 	83% 
Performance Trend							
There was significant improvement in performance between year end and Q1; all localities exceeded the 75% target (GREEN) during the quarter.							
Actions to Improve Performance							
Performance has improved as a consequence of a re-focused emphasis and improvement will be maintained through the continued focus on the importance of this indicator.							

Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency.
National/ Corporate/ Local	Criminal justice statutory return
Integration Outcome	Outcome 4
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
70%	North East	58% 	46% 	57% 	66% 	58% 	61% 
70%	North West	56% 	54% 	62% 	64% 	61% 	58% 
70%	South	55% 	66% 	69% 	66% 	75% 	68% 
70%	Glasgow	54% 	54% 	63% 	65% 	65% 	62% 
Performance Trend							
At Q1 only the South locality was within the target range (AMBER); performance remains below target in the other localities and the city as a whole (RED).							
Actions to Improve Performance							
This is a newer indicator with a stretch target. Overall the city performance has dipped. Significant work on streamlining processes and recording has been undertaken in terms of unpaid work placements. This work will increase the capacity of relevant staff to manage placements and orders and consequently improve performance in this area.							
Timeline for Improvement							
Further improvement is expected by Q3 of 2017/18.							

Indicator	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
Purpose	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
National/ Corporate/ Local	Criminal justice statutory return HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance













Target	Locality	17/18 Q1
80%	North East	84% 
80%	North West	80% 
80%	South	77% 
80%	Glasgow	81% 
Performance Trend		
<p>This is a new indicator being reported for the first time at Q1 17/18. All localities met target (NE and NW [GREEN]) or were within the target range (South [AMBER]) at Q1.</p> <p>This indicator will be monitored and potentially the target increased. It is not possible to provide all court reports timeously as offenders will not always comply with arrangements.</p>		

Indicator	6. Throughcare Order Licences: Percentage of post sentence interviews held within one day of release from prison.
Purpose	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.
National/ Corporate/ Local	Criminal Justice Throughcare National standard HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	17/18 Q1
90%	North East	100% 
90%	North West	100% 
90%	South	89% 
90%	Glasgow	96% 
Performance Trend		
<p>This is a new indicator being reported for the first time at Q1 17/18. All localities exceeded the 90% target (GREEN) at Q1. This area of performance will continue to be monitored and the need for a higher target considered. The performance data is regularly overseen by the Criminal Justice Managers.</p>		

HEALTH IMPROVEMENT

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

Area	2015/16 End of Year Status	Actual 2016/17	Target 2017/18 (to Q1)	Actual 2017/18
North East Sector		1156 	409	158 
North West Sector		1399 	396	268 
South Sector		739 	461	110 
City Wide (Non sector specific wider settings delivery)		4106	No target	258
Glasgow City HSCP		7400 	1266	794 

Performance Trend

Target met at year end for 2016/17. Performance for first quarter of 2017/18 below target, contributed to by prisons being unable to submit their figures on time and by the on-going reduction in the numbers of interventions being recorded within primary care. The latter is as a result of the nationally driven changes to the primary care reporting regimes which have decoupled the recording of activity from payment.

The city wide figures include activity delivered in localities by partner agency staff but recorded on a city wide basis for contractual purposes, as well those centrally delivered eg by Sandyford.

Actions to Improve Performance

There is continuing dialogue with our colleagues within primary care to look at ways of increasing recording of ABI delivery. We are also working with the Health Board Practice Nurse Support & Development Team and Primary Care Support to look at refresher training and awareness raising sessions for primary care practice nurse staff later in 2017. This will raise the profile of the ABI LDP and importance of data recording within Primary Care.





There is also on-going development of delivery within new settings such as the Fire and Rescue Service. In addition, within Glasgow we have recently awarded a community ABI contract, which went live in July 2017 and was established to deliver enhanced levels of ABIs in community settings over the period to March 2019.

Additionally known missing data sources from the Q1 submission are actively being sought including some of the prisons data – which once available would provide a degree of uplift to the Q1 figures shown.

Timeline for Improvement

The specific work with Primary Care Practice Nurses will not start until November at the earliest. The period to the end of the Q2 reporting period will be utilised to actively seek missing data and identify further delivery options.

Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

Area	Target Apr 16 – Dec 16	Actual Apr 16 – Dec 16
North East	393	319 
North West	306	225 
South	345	267 
Glasgow	1044	811 
Performance Trend		
Performance below target. New target for 2016-17 is 51% higher than previous year, with NE, NW and South targets increasing by 38%, 62%, and 48% respectively.		
Actions to Improve Performance		
A city wide review of the community cessation model during 2015-16 identified a number of improvement actions which are continuing to be implemented. These include an enhanced city wide perspective to key work areas and a more consistent approach to service delivery. Community Tobacco teams have recently implemented an agreed model of good practice across the city and have also developed more targeted ways of closer working with GP practices and pharmacies in our most deprived communities.		
Timeline for Improvement		
It is anticipated that improvements will be made during Quarter 4 2016-17. Due to the nature of the target, this will only become visible in later reports.		

Indicator	3. Women smoking in pregnancy – General Population
Purpose	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.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Apr 15- Mar 16	July 15- Jun 16	Oct 15 – Sep 16	Jan 16 – Dec 16	Apr 16- Mar 17
13% (New for 17/18)	NE	16.5%	16.5%	16.0%	15.8%	15.4%
13% (New for 17/18)	NW	12.5%	13.0%	12.7%	12.4%	12.1%
13% (New for 17/18)	S	12.7%	13.1%	13.4%	13.3%	12.7%
13% (New for 17/18)	HSCP	13.7%	14.1%	13.9%	13.8%	13.4%
Performance Trend						
Performance has fluctuated over time and across localities. North East consistently the highest, with North West the lowest over the period shown. Target for 2017/18 agreed as 13% and will be reported upon in future reports.						





















Indicator	4. Women smoking in pregnancy – most deprived quintile
Purpose	To monitor the extent to which women are smoking in pregnancy within the most deprived quintile of the population. This is 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.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Apr 15- Mar 16	July 15- Jun 16	Oct 15 – Sep 16	Jan 16 – Dec 16	Apr 16- Mar 17	Status
19%	NE	20.3%	20.3%	19.7%	19.6%	18.6%	TBC
19%	NW	21.9%	22.9%	21.8%	21.4%	20.6%	TBC
19%	S	20.2%	21.4%	21.1%	21.9%	20.3%	TBC
19%	HSCP	20.7%	21.4%	20.8%	20.7%	19.7%	TBC
Performance Trend							
Performance has fluctuated over time and across localities. Target for 2017/18 agreed as 19% and will be reported upon in future reports.							

Indicator	5. Breastfeeding: 6-8 weeks (exclusive)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 -Sep 16	Jan 16- Dec 16	Apr 16 - Mar 17
15.6%	NE	17.1% 	18.1% 	19.1% 	18.8% 	18.5%
30.8%	NW	32.8% 	33.6% 	33.5% 	33.1% 	33.1%
26.2%	S	25.8% 	27.8% 	28.4% 	28.2% 	27.4%
24.0%	HSCP	25.3% 	26.7% 	27.2% 	27.0% 	26.5%
Performance Trend						
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, although there was a slight reduction in the last quarter.						

Indicator	6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive Breastfeeding)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16- Dec 16	Apr 16 - Mar 17
19.5%	NE	15.0% 	15.9% 	16.6% 	16.3% 	17.9% 
23.9%	NW	21.2% 	20.9% 	20.6% 	18.3% 	19.7% 
22.8%	S	18.1% 	19.8% 	20.6% 	21% 	19.7% 
21.6%	HSCP	18.2% 	18.2% 	19% 	18.4% 	19.0% 

Performance Trend

Variations exist across areas with differential targets in place which were increased for all areas for 2016/17. Performance RED for the HSCP and all area at Q4. 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

The best practices to promote breastfeeding are supported through the implementation of the UNICEF Baby Friendly standards, which organisations are assessed against in order to receive accreditation. These standards were updated in 2012 to ensure current best practice and organisations have embedded these new standards within their training programmes and reassessed against them. During 2016, each locality within Glasgow HSCP was reassessed on the new standards and successfully reaccredited with UNICEF Baby Friendly accreditation. Localities within HSCP can consider progression to the Unicef Gold Award by further embedding the standards within practice. In addition to UNICEF, Breastfeeding Public Acceptability programmes, Breastfeeding Welcome Award and Breastfeeding Friendly Nurseries are being implemented across Glasgow. This work aims to increase knowledge and acceptability of breastfeeding within communities across Glasgow with a focus on our local neighbourhood areas. Eight Breastfeeding support groups are delivered weekly with delivery focussed on SIMD 1 and 2.

Timeline for Improvement

The programmes of work delivered support the long term process of change to increase


































breastfeeding rates. Local work continues to respond to the findings of the ongoing quarterly audit process and the Board's annual training and development programme is in place. A cycle of reaccreditation and training updates are delivered on an ongoing basis. To maintain Breastfeeding Public acceptability programmes work to enable increased capacity of the delivery of these programmes such as manager training is being rolled out and online training is being considered as a method of updating staff. There are ongoing challenges with increased referrals to the specialist breastfeeding clinics.

Other Potential New Indicators Being Considered

- Lifelink service delivery
- Training Delivery
- Food – skills delivery, inequalities focused

HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 1
HSCP Lead	Sybil Canavan, Head of HR

HSCP	Mar-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
HSCP Central	5.5%	7.86% 	7.41% 	7.24% 	8.6% 	7.89% 	8.29% 
North East	5.8% 	6.91% 	7.24% 	6.51% 	5.32% 	6.64% 	5.56% 
North West	6.0% 	7.17% 	7.19% 	6.68% 	6.45% 	6.58% 	7.44% 
South	7.8% 	5.75% 	5.18% 	6.26% 	5.19% 	6.09% 	6.33% 
Mental Health Central	3.3% 	1.51% 	2.21% 	3.36% 	4.73% 	2.48% 	N/A
Glasgow City	6.3%	6.47%	6.20%	6.19%	5.64%	6.65%	6.11%
Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

Performance Trend

Variations across areas and over time. Performance remains RED across all areas with exception of mental health central which remains GREEN.

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:-

- People & Change Managers continue to support Senior Management Teams at locality level with provision of absence statistics, assisting in identifying patterns and trends to inform management actions and focused intervention where required.
- Through engagement with senior managers at locality SMTs, People & Change Managers continue to support local managers in accurate recording of absence on SSTs to correctly identify reasons for absence and to provide local reports as required. Detailed information is also provided on bank use within clinical service areas, ensuring there is an understanding of the rationale for and level of bank usage in place.

- Historically, inpatient service areas have areas of high absence and all HSCPs are being asked to provide a more focussed approach to absence management for these service areas. This has already been a focus for Glasgow City and currently we are running a schedule of training primarily aimed at in patient service areas. Further discussion is planned with Heads of Service collectively to review existing practice, return to work arrangements for staff, a focus on health promotion and scoping of reasonable adjustment arrangements for those returning to work after long periods of absence.

Timeline for Improvement

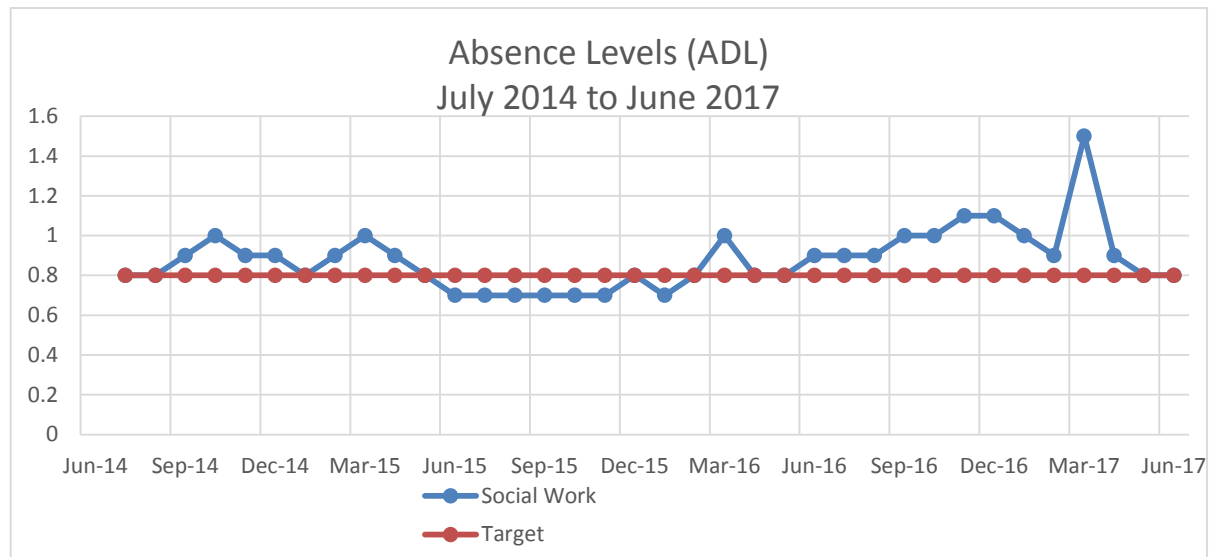
Focus continues on absence management across the HSCP with planned dialogue with the H R support unit to identify further specific resource to support absence management processes on an ongoing basis following completion of training processes currently underway.
Levels of absence are showing a downward trend, but further work in the short term will continue to focus on inpatient areas across the HSCP

Indicator	2. Social Work Sickness Absence Rate
Purpose	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.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Christina Heuston, Head of Corporate Services

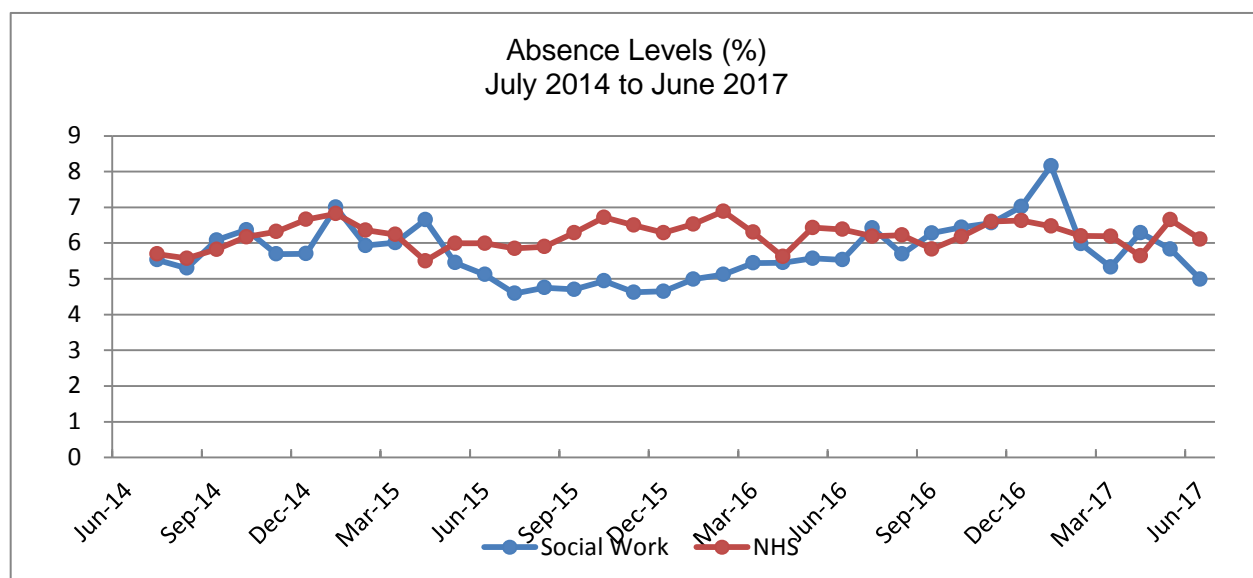
Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure as this reflects a more accurate position.

	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
Average Days Lost (ADL)	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64	Target 2.53	Target 2.45
North East	2.1	3.1	3.7	3.3	2.6	3.4	1.9
North West	2.6	2.7	2.2	2.2	3.5	2.8	3.2
South	2.3	3.2	2.4	3.1	4.0	3.9	2.6
Glasgow City	2.4	2.6	2.5	2.8	3.3	2.7	2.6

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



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



Performance Trend

Q1 confirms the downward trend in absence levels following a rising trend last year from Q1 to Q3. The downward trend is due to reduced long term and short term absence. Long term sickness days lost has reduced by 18%, with short term sickness days lost reducing further by 32% compared to Quarter 1 in 2016/17.

Actions to Improve Performance

HR Resources continue to focus on employees and areas of significantly high absence levels, reducing the duration of long term absences, supporting managers with early intervention and support plans to facilitate returns to work quickly and coaching managers to take action early in order to prevent unnecessary delays in the attendance management process.



















Discussions continue with the Council's Occupational Health Service to look at a joint approach in developing a Musculoskeletal Programme for identified employees, in order to impact positively on the number of days lost due to back pain and other musculoskeletal reasons.

Recommendations highlighted within the Corporate Attendance Management Audit Report resulted in work being done on the Wellbeing and Attendance pages of Connect, therefore, communications have been developed and will be circulated to managers on a regular basis. These communications will now signpost managers to a suite of information relating to wellbeing and attendance for both managers and employees, including training and video tutorials to help managers navigate to reports on My Portal much easier or to make referrals to Occupational Health.

Timeline for Improvement

Monitoring of levels continues and it is expected that current levels are generally maintained for the rest of the year albeit there will be an expected increase over winter.

Indicator	3. NHS staff with an e-KSF (%)
Purpose	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Sybil Canavan, Head of HR

TARGET	AREA	Apr 17	May 17	Jun 17				
80%	HSCP Central	46% 	46.15% 	41.76% 				
80%	North East	59.9% 	59.69% 	57.01% 				
80%	North West	52.68% 	52.7% 	52.13% 				
80%	South	54.15% 	54.1% 	51.73% 				
80%	Mental Health Central	40.15% 	36.96% 	27.05% 				
80%	Glasgow City	55.16% 	54.97% 	52.7% 				

Performance Trend

Performance remains RED across all areas and has reduced slightly over the period shown.

Actions to Improve Performance

Senior Learning and Education Advisors continue to meet with Team Leaders to discuss local action plans with targets and timescales agreed to try and maintain an upward trajectory. This includes:-

- Identified trajectories for each area to show the number of KSF processes to be completed to reach the required target of 80%
- Identifying areas of concern, reviewing the manager's page on eKSF with the manager, and supporting them to identify any staff that do not have an outline assigned to them, and correcting this using the planning tool to assign review dates.
- Encouraging Team Leaders to discuss the action plan with their teams and engage with Service Managers / Senior Nurses /Heads of Service to support the initiative and monitor progress through regular one to one meetings. Locality Management and Operational Management teams have been advised of action plan in last quarter.
- People & Change Managers further support the roll out of the action plan by continuing to discuss KSF during update meetings with local managers to encourage ownership.
- Local managers have been asked to provide trajectories, by weekly activity, on an on-going basis to continue the work to improve the HSCP position

- Work is also underway to identify good practice in other service areas which can be transferred into/ shared across the HSCP.
- The HSCP has also been given further commitment from the central eKSF team to support work within areas identified as particular 'hot spots' and planning is underway regarding use of this resource effectively across the HSCP.

Timeline for Improvement

With the development of local trajectories providing the number of KSFs to be undertaken within each area and also the additional eKSF team support, it is anticipated that an improvement will be demonstrated in the next 3 months.

Indicator	4. Percentage of NHS staff with standard induction training completed within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Sybil Canavan, Head of HR

TARGET	AREA	Mar 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
100%	Glasgow City HSCP Central	0%	N/A	100%	N/A	100%	N/A	N/A
100%	Glasgow City North East	33%	80%	50%	75%	83%	36%	67%
100%	Glasgow City North West	33%	71%	100%	50%	100%	100%	100%
100%	Glasgow City South	0%	71%	50%	0%	71%	N/A	N/A
100%	Mental Health Central	N/A	N/A	N/A	N/A	100%	N/A	0%
100%	Glasgow City HSCP Total	29%	63%	56%	57%	84%	44%	60%

Performance Trend

Performance fluctuates across areas and over time.

Actions to Improve Performance

People & Change Managers and Senior Learning & Education Advisors continue to be proactive in attempts to prevent breaches of induction targets through provision of further support to managers encourage improvement in completion rates by undertaking the following:-

- Named data is provided to each locality/ service area to address breaches in compliance
- Identifying 'hotspots' where timescale breaches are likely to occur.
- Updating local managers on a monthly basis to review induction activity and agree required actions to ensure compliance with timescales.

Timeline for Improvement

This detail is provided on a monthly basis to local management teams for review. Focus on this activity to ensure improvement continues.

Indicator	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
Purpose	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Sybil Canavan, Head of HR

TARGET	AREA	Mar 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
100%	Glasgow City HSCP Central	100% 	50% 	N/A	N/A	N/A	N/A	N/A
100%	Glasgow City North East	8% 	0% 	50% 	33% 	50% 	50% 	27%
100%	Glasgow City North West	60% 	100% 	50% 	100% 	N/A	N/A	N/A
100%	Glasgow City South	0% 	50% 	N/A	50% 	0% 	33% 	50%
100%	Mental Health Central	N/A	50% 	20% 	50% 	N/A	0% 	N/A
100%	Glasgow City HSCP Total	27% 	58% 	33% 	50% 	33% 	33% 	31%

Performance Trend

Performance fluctuates across areas and over time.

Actions to Improve Performance

People & Change Managers are working collaboratively with Senior Learning & Education Advisors to support managers with the following:-


























- Provision of named data at a local level identifying who has still to complete the required process.
- Identifying 'hotspots' where timescale breaches are likely to occur.
- Updates on a monthly basis to review induction activity and agree required actions to improve compliance within timescales.
- Implementation of the process agreed to retrospectively ensure that all appropriately identified staff undertake the relevant learning to enable them to sign off the Healthcare Support Worker Code of Conduct, which will also capture staff who have not completed the induction programme.

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.

BUSINESS PROCESSES

Indicator	1. NHS Complaints responded to within 20 working days (%).
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days).
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development











































TARGET	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
70%	NE	86% 	43% 	83% 	90% 	70% 
70%	NW	83% 	86% 	60% 	87% 	75% 
70%	S	100% 	83% 	80% 	0% 	100% 
70%	Corp.	96% 	98% 	99% 	98% 	96% 
70%	HSCP	95.5% 	96.5% 	97.2% 	97.5% 	95.5% 

Performance Trend

HSCP and all localities GREEN in the last reporting period.

Please note that new complaints procedures for both social work and health came into effect on the 1st of April this year. Performance indicators, reflecting the revised timescales for handling complaints, are currently under development. It is anticipated that these will be reported in the next quarterly performance report (Q2).

Indicator	2. Percentage of Social Work complaints handled within 15 working days (local deadline)
Purpose	To monitor performance in relation to the locally agreed Social Work target time for responding to complaints. (15 days).
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
65%	North East	92% 	89% 	87% 	84% 	75% 	82% 	83% 
65%	North West	72% 	74% 	69% 	72% 	66% 	64% 	65% 
65%	South	63% 	54% 	48% 	62% 	47% 	40% 	44% 
65%	Homelessness	100% 	60% 	55% 	100% 	100% 	85% 	72% 
65%	Centre	76% 	78% 	75% 	78% 	62% 	62% 	58% 
65%	Glasgow	72% 	69% 	66% 	73% 	63% 	63% 	64% 

Performance Trend

At the last reporting period, the South locality (RED) and Centre (RED) were below target at Quarter 4 with the other localities and the city overall GREEN.

Please note that new complaints procedures for both social work and health came into effect on the 1st of April this year. Performance indicators, reflecting the revised timescales for handling complaints, are currently under development. It is anticipated that these will be reported in the next quarterly performance report (Q2).

Indicator	3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline)
Purpose	To monitor performance in relation to the statutory Social Work target time for responding to complaints (28 days).
National/Corporate/Local	Statutory Indicator and deadline
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
85%	North East	96% 	93% 	92% 	91% 	84% 	90% 	92%
85%	North West	87% 	91% 	86% 	90% 	96% 	84% 	86%
85%	South	90% 	83% 	77% 	84% 	80% 	73% 	74%
85%	Homelessness	80% 	80% 	73% 	100% 	100% 	95% 	96%
85%	Centre	91% 	85% 	85% 	83% 	78% 	72% 	67%
85%	Glasgow	90% 	87% 	84% 	88% 	83% 	81% 	82%

Performance Trend

The South locality (RED) and Centre (RED) were below target during Quarters 2, 3 and 4 with the other localities and homelessness GREEN. The city as a whole was within the target range at Q4 (GREEN).

Please note that new complaints procedures for both social work and health came into effect on the 1st of April this year. Performance indicators, reflecting the revised timescales for handling complaints, are currently under development. It is anticipated that these will be reported in the next quarterly performance report (Q2).

Indicator	4. Percentage of elected member enquiries handled within 10 working days.
Purpose	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
National/Corporate/Local	Council Corporate Indicator.
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	
							no.	%
80%	North East	97% 	100% 	100% 	98% 	100% 	77	100%
80%	North West	97% 	98% 	96% 	94% 	95% 	93	90%
80%	South	82% 	86% 	74% 	84% 	95% 	91	96%
80%	Centre	94% 	98% 	89% 	88% 	83% 	83	72%
80%	Glasgow	93% 	94% 	88% 	91% 	92% 	344	90%
Performance Trend								
The target was exceeded at Q1 across all localities and city-wide (GREEN) with the exception of the Centre team (RED). The number of enquiries received will also be reported from Q1 2017/18.								

APPENDIX 1 – OTHER INDICATORS UPDATED ANNUALLY/BIENIALLY

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).

The following tables provide the most recent data for the 9 outcomes measures and the 3 operational indicators which are reported on an annual basis. 7 of the operational indicators are reported quarterly, so have been incorporated into the main body of the report within the Older People's and Unscheduled Care sections. Details of the indicators under development are also provided below.

Outcomes Indicators

National Integration Indicator	2015/16 Survey	2013/14 Survey	Scotland
1. % of adults able to look after their health very well or quite well (Outcome 1)	91%	90%	94%
2. % of adults supported at home who agreed that they are supported to live as independently as possible (Outcome 2)	84%	85%	84%
3. % of adults supported at home who agreed they had a say in how their help, care or support was provided (Outcome 3)	81%	83%	79%
4. % of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (Outcome 3)	72%	80%	75%
5. % of adults receiving any care or support who rate it as excellent or good (Outcome 3)	82%	84%	81%
6. % of people with positive experience of the care provided by their GP practice (Outcome 3)	88%	89%	87%

7. % of adults supported at home who agree that their services/support had an impact on improving or maintaining their quality of life (Outcome 4)	84%	85%	84%
8. % of carers who feel supported to continue in their caring role (Outcome 6)	40%	48%	41%
9. % of adults supported at home who agreed they felt safe (Outcome 7)	86%	87%	84%

Operational Indicators

















11. Premature mortality rate (Per 100,000 population) (Outcome 1)	2014	2015	This is based on the European age-standardised mortality rate per 100,000 for people aged under 75.
Glasgow	612	634	
Scotland	423	441	
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (developmental) (Outcome 9)	2014/15	2015/16	The Care Inspectorate have advised that this is a developmental indicator and is based on reviews across care groups.
Glasgow City	81%	81%	
Scotland	81%	83%	
18. Percentage of adults with intensive care needs receiving care at home	2014/15	2015/16	This is based on the number of adults (18+) receiving personal care at home or direct payments for personal care, as % of the total number of adults needing care.
Glasgow City	55%	55%	
Scotland	61%	62%	


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










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

2. CORPORATE/LOCAL INDICATORS

There are a number of other indicators which services have identified as being important to monitor and review but which are only updated on an annual or biennial basis. These are summarised by care group below:

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	
Primary Care								
1. % able to make an appointment with a doctor three or more working days in advance	HSCP Local Indicator Outcome 9	90%	15/16	78% 	73% 	77% 	83% 	Performance below target and there has been a slight reduction since the last survey for the city overall (was 80%). Glasgow is above the Scottish average however in 2015/16 (78%).
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	84%	15/16	84% 	82% 	88% 	83% 	Performance below target and there has been a slight reduction since the last survey for the city overall (was 86%). Glasgow is the same as the Scottish average in 2015/16 (78%).
3. Abdominal Aortic Aneurysms Screening Rate (AAA) - Uptake rate	HSCP Local indicator. Outcome 1	N/A	To 31 March 2014	79% (4483/ 5677)	80.8% (1742/ 2157)	78.4% (1422/ 1814)	77.3% (1319/ 1706)	Variations across sectors. This is the first time this has been reported so no trend information is available.
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	HSCP Local Indicator. Outcome 9	TBC	Jan17 - Mar17	N/A	2.02	1.66	1.96	Target to be confirmed. Rates have fallen in the last year as desired from 2.27 (NE); 1.81 (NW); and 2.14 (South). Board average also fallen from 2.18 to 1.94.
Children's Services								
5. % of 0-2 year olds registered with a dentist	HSCP Local indicator. Outcome 1	55%	Sep 16	52.58 	56.59 	50.73 	51.01 	Locality figures extracted locally. Indicator will now only be produced annually.
6. % of 3-5 year olds registered with a dentist	HSCP Local indicator. Outcome 1	90%	Sep 16	94.84 	90.72 	96.92 	96.9 	Locality figures extracted locally. Indicator will now only be produced annually.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	
7. % of P1 children with no obvious decay experience	HSCP Local indicator. Outcome 1	60%	2016	64.1% 				Performance has improved from 56.5% in 2012. Below the Health Board average of 65.3%.
8. % of P7 children with no obvious decay experience	HSCP Local indicator. Outcome 1	60%	2015	70.2% 				Performance has improved from 60.6% in 2013. Below Health Board average of 72.6%.
9. Looked After Children & Young People who received a Comprehensive Health Assessment	HSCP Local Indicator. Outcome 1	TBC	July 2017	44%				Assessments were offered to 1420 children and young people between October 2016 and July 2017. 56% were declined/cancelled or were DNAs (Did Not Attend)
Alcohol and Drugs								
10. Number of needles/ injecting equipment/foil dispensed	HSCP Local Indicator. Outcome 7	1,093,228 (17/18)	16/17	1,093,228				
11. Number of naxolone kits dispensed	HSCP Local Indicator. Outcome 7	3000 (17/18)	16/17					
Others								
10. Deaths for which the underlying cause was classified as 'suicide + undetermined intent' (rate per 100,000 population).	HSCP Local indicator. Outcome 7	N/A	2015	9.2				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.
11. Number of drug related deaths (crude rate per 100,000 population).	HSCP Local indicator. Outcome 1	N/A	2015	25.9				Rates fluctuate but have increased for the HSCP as a whole from 19 in 2014 and 19.7 in 2011. Glasgow above the Health Board average of 19.2 in 2015.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	
12. Number of alcohol related deaths (per 100,000 population)	HSCP Local indicator. Outcome 1	N/A	2015	38.6	43.6	36.3	36.8	Rates have reduced from 39.6 in 2014 and 50.7 in 2011. North East has been consistently the highest. Glasgow above the Health Board average of 35 in 2014.
13. Percentage of those invited who undertake bowel screening	HSCP Local indicator. Outcome 1	60%	2014/ 16	N/A	45.8% 	47.7% 	47.6% 	For 2013/15 was 48.4% (NE); 47.1% (NW); and 49.4% (South) so only NW has seen an increase with the others reducing. Small variations but performance below target and RED across city and below the Health Board average (52.2%). HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake.
14. Percentage of women invited who attend for breast screening.	HSCP Local Indicator. Outcome 1	70%	2013- 16 round	N/A	61.9% 	62.5% 	62.9% 	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.
15. Percentage of women invited who attend for cervical screening	HSCP Local Indicator. Outcome 1	80%	2015/ 16	N/A	68.9% 	59.2% 	70.8% 	Performance RED in all areas and below Board average (71.1%). Variations across localities with North West lowest in 15/16. HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake.