Item No. 12

Meeting Date: **Wednesday 18th October 2017**

Glasgow City
Integration Joint Board
Finance and Audit Committee

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HSCP PERFORMANCE REPORT Q1 2017-18

Purpose of Report:	To present the Adult Services sections of 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 lead for Adult Services. Please note that due to timing of meetings, there have been no changes to the report which has already been presented to the IJB Finance and Audit Committee on the 6 September. As a result, only the Adult Mental Health, Sandyford (Sexual Health) and Alcohol and Drugs sections have been included, to avoid duplication.

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 Adult Services sections of the 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 IJB Finance and Audit Committee on 12 September. It was agreed that this would be produced on a quarterly basis going forward. 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 the Adult Services Strategic lead has 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 lead for Adult Services.

CORPORATE PERFORMANCE REPORT

(IJB FINANCE & AUDIT COMMITTEE)

QUARTER 1
2017/18

(ADULT SERVICES)

CONTENTS

PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

The table below 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
										
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

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
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 1st assessment – percentage within 28 days.	90%	Mar 16		**N/A**
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	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
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 34% (16-17)F 3.2%(16-17)M	13-15▲ M&F 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 ▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
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%	▲

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 1st 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**	**1617 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 *Impact of Parental Substance Use* (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).				