



# Item No. 13

Meeting Date

Wednesday 6<sup>th</sup> December 2017

## Glasgow City Integration Joint Board Finance and Audit Committee

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### HSCP PERFORMANCE REPORT Q2

<b>Purpose of Report:</b>	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2017/18.
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<b>Background/Engagement:</b>	The Finance and Audit Committee have previously agreed that a Performance report would be produced and presented to them on a quarterly basis, with specific service areas focused upon at each meeting.
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<b>Recommendations:</b>	The Finance and Audit Committee is asked to:  a) note the attached performance report; and  b) review and discuss performance with the strategic leads for Homelessness and Human Resources.
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### Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.
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## Implications for Health and Social Care Partnership:

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

## **1. Purpose**

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 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 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 Homelessness and Human Resources have been invited to attend.
- 2.3 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 been published and is available on the Partnership website, covering the period 2016/17.
- 2.4 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 over the last two reporting periods; and highlights those indicators which have changed status, along with any changes in the indicators themselves, since the last report. 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.

- 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, and for those where there has been significant variance at a city wide level since the last report.
- 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 previous HEAT targets/standards from 2015/16).
  - Health Board/Council Indicators (specified by parent organisations)
  - Local Health and Social Work Indicators (specified locally by the Partnership)

#### **4. Recommendations**

- 4.1 The Finance and Audit Committee is asked to:
- a) note the attached performance report; and
  - b) review and discuss performance with the strategic leads for Homelessness and Human Resources.



# **CORPORATE PERFORMANCE REPORT**

**(IJB FINANCE & AUDIT COMMITTEE)**

**QUARTER 2  
2017/18**





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## PERFORMANCE SUMMARY









### 1. Key to the Report









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









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









## 2a. Summary









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

CARE GROUPS/AREAS	Quarter 1 RAG Rating				Quarter 2 RAG Rating				Changes in Status Q1 → Q2	New or Withdrawn Indicator at Q2
										
Older People (No. and %)	<b>6</b> 26%		<b>12</b> 56.6%	<b>4</b> 17.4%	<b>7</b> 31.8%	<b>2</b> 9.1%	<b>9</b> 40.9%	<b>4</b> 18.2%	<u><b>Green → Amber</b></u> 12. Intermediate Care: % Occupancy 15. Provided residential care : % Occupancy  <u><b>Green → Red</b></u> 13. Intermediate Care: Average Length of Stay	No new or withdrawn indicators
Primary Care (No. and %)	<b>4</b> 50%	<b>1</b> 12.5	<b>2</b> 25%	<b>1</b> 12.5%	<b>5</b> 62.5%	<b>1</b> 12.5%	<b>2</b> 25%		<u><b>Grey to Red</b></u> 4. Shingles Immunisations	No new or withdrawn indicators

CARE GROUPS/AREAS	Quarter 1 RAG Rating				Quarter 2 RAG Rating				Changes in Status Q1 ⇒ Q2	New or Withdrawn Indicator at Q2
										
Unscheduled Care (No. and %)	<b>2</b> 14.2%	<b>1</b> 7.2%		<b>11</b> 78.6%	<b>1</b> 7.1%	<b>1</b> 7.1%	<b>1</b> 7.1%	<b>11</b> 78.6%	<u>Red ⇒ Amber</u> 3. A&E Waits Less Than 4 Hours (%) - GRI  <u>Amber ⇒ Green</u> 3. A&E Waits Less Than 4 Hours (%) - QEUE	No new or withdrawn indicators
Carers (No. and %)	<b>1</b> 33.3%		<b>2</b> 66.7%				<b>3</b> 100%		<u>Red ⇒ Green</u> 2. Carer Referrals: Source of Carer Self-Referral	No new or withdrawn indicators.
Children's Services (No. and %)	<b>3</b> 27.3%		<b>6</b> 54.5%	<b>2</b> 18.2%	<b>3</b> 27.3%		<b>6</b> 54.5%	<b>2</b> 18.2%	No changes in status for existing indicators.	No new or withdrawn indicators.










CARE GROUPS/AREAS	Quarter 1 RAG Rating				Quarter 2 RAG Rating				Changes in Status Q1 ⇒ Q2	New or Withdrawn Indicator at Q2
										
Adult Mental Health (No. and %)	<b>5</b> 50%	<b>2</b> 20%	<b>3</b> 30%		<b>6</b> 60%		<b>4</b> 40%		<u><b>Amber ⇒ Green</b></u> 1. Psychological Therapies: % started treatment within 18 weeks of referral 3. % Bed Occupancy (Short Stay Adult Mental Health Beds)  <u><b>Green ⇒ Red</b></u> 2. Average Length of Stay (Short Stay Adult Mental Health Beds)	No new or withdrawn indicators.
Sandyford Sexual Health (No. and %)	<b>3</b> 60%		<b>2</b> 40%		<b>4</b> 80%		<b>1</b> 20%		<u><b>Green ⇒ Red</b></u> 2. Average Waiting times for access to Urgent Care appointments.	No new or withdrawn indicators.
Alcohol & Drugs (No. and %)			<b>3</b> 100%				<b>3</b> 100%		No changes in status for existing indicators.	No new or withdrawn indicators.













CARE GROUPS/AREAS	Quarter 1 RAG Rating				Quarter 2 RAG Rating				Changes in Status Q1 ⇒ Q2	New or Withdrawn Indicator at Q2
										
Homelessness (No. and %)	<b>3</b> 50%	<b>1</b> 17%	<b>2</b> 33%		<b>3</b> 50%	<b>1</b> 17%	<b>2</b> 33%		<u><b>Green ⇒ Red</b></u> 2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation 4. Number of new resettlement plans completed - total to end of quarter (citywide)  <u><b>Red ⇒ Green</b></u> 5. Number of households reassessed as homeless or potentially homeless within 12 months 6. Number of individual households not accommodated over last month of quarter.	No new or withdrawn indicators.
Criminal Justice (No. and %)	<b>2</b> 33%		<b>4</b> 67%		<b>2</b> 33%		<b>4</b> 67%		No changes in status for existing indicators.	No new or withdrawn indicators.












CARE GROUPS/AREAS	Quarter 1 RAG Rating				Quarter 2 RAG Rating				Changes in Status Q1 ⇒ Q2	New or Withdrawn Indicator at Q2
										
Health Improvement (No. and %)	<b>3</b> 50%		<b>1</b> 17%	<b>2</b> 33%	<b>2</b> 33%	<b>1</b> 17%	<b>3</b> 50%		<b>Red ⇒ Green</b> 1. Alcohol brief intervention delivery <b>Grey ⇒ Amber</b> 3. Women smoking in pregnancy – General Population <b>Grey ⇒ Green</b> 4. Women smoking in pregnancy – most deprived quintile	No new or withdrawn indicators.
Human Resources (No. and %)	<b>5</b> 100%				<b>5</b> 100%				No changes in status for existing indicators.	No new or withdrawn indicators.
Business Processes (No. and %)			<b>4</b> 100%		<b>4</b> 57.1%		<b>3</b> 42.9%		No changes in status for existing indicators.	1. NHS Complaints responded to within timescales (Stage 1) 5. % Freedom of Information (FOI) requests responded to within 20 working days. 6. % of Data Protection Subject Access Requests completed within required timescale NB. 2 SW complaints indicators remain but have also been amended
<b>TOTAL</b> (No. and %)	<b>37</b> 35.9%	<b>5</b> 4.9%	<b>41</b> 39.8%	<b>20</b> 19.4%	<b>42</b> 39.6%	<b>6</b> 5.7%	<b>41</b> 38.7%	<b>17</b> 16%	18 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
<b>Older People</b>				
1. Home Care: % of older people (65+) reviewed in the last 12 months.	85%	Q2	85% 	►
2. Number of community service led Anticipatory Care Plans in Place.	720 for 2017/18	Q2	385 	▲
3. Number of people in supported living services.	650 by year end	Q2	599 	▲
4. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 7	73.1% (Hosp)  83.2% (Comm) 	▼ Hospital ▲ Community
5. Percentage of service users leaving the service following reablement period with no further home care support.	>40%	Cordia Period 4	34.9% 	▼
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - % over one year.	0%	Q2	0% 	►
7i. AHP Waiting Times – MSK Physio.	90% within 4 weeks	Sep 17	52% 	▲
7ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Sep 17	98.7% 	▲









Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
7iii. AHP Waiting Times – Dietetics.	100% within 4 weeks	Sep 17	100% 	►
8. Continence Service – Waiting Times	Max. Wait 12 weeks	Q2	9 	▼
9. Day Care – Review Rates	95%	Q2	89% 	▼
10.i Referrals to Telecare: Basic	2,248	Q2	669 	▲
10.ii Referrals to Telecare: Advanced	304	Q2	278 	▲
11. Total number of Older People Mental Health patients breaching the 72 hour discharge target (including AWI patients).	0	2 Oct 17	17 	▲
12. Intermediate Care: Percentage Occupancy.	90%	Sep 17	86% 	▼
13. Intermediate Care: Average Length of stay (Days).	<30	Sep 17	33 days 	▼
14. Intermediate Care: Percentage of users transferred home.	>30%	Sep 17	20% 	▼
15. Provided Residential Care – Occupancy Rates	95%	Q2	92% 	▼
16. Provided Residential Care – Review Rates	95%	Q2	98% 	▲
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	7.8 	▲
19. Total number of patients who have been diagnosed with dementia in a given month	TBC	Q4	246 	▼
20. Percentage of patients who have their first contact with a Dementia Linkworker who have waited no longer than 12 weeks	TBC	Q4	53.5% 	▲
<b>Primary Care</b>				
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 76)	60%	Sep 16-Aug 17	40.2% (NE) 39.9% (NW) 41.5% (S) All areas 	▲










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Unscheduled Care</b>				
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	Oct 16 - Sept 17	2,702 	▼
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	May 17	88 	▲
3. A&E Waits Less Than 4 Hours (%)	95%	Sep 17	91.6% (GRI)  95.6% (QEH) 	▲ (GRI) ▲ (QEH)
4i. Emergency Admissions – Numbers and Rates/1000 population by month (Aged 65+).	Target TBC	Aug 17	11,032/132 (Year to Date) 	▼
4ii. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	Target TBC	Aug 17	7,116/181 (Year to Date) 	▼
5. Rate of emergency admissions per 100,000 population for adults.	Target TBC	Q4	14,305 (16/17) 	▲
6. Readmission to hospital within 28 days	Target TBC	Q4	101 (16/17) 	▲










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
7i. Emergency Acute Bed Days for Older People (Rate per 1000 population) (65+).	Target TBC	Aug 17	130,071 (Year to Date) 	▼
7ii. Emergency Acute Bed Days for Older People (Rate per 1000 population) (75+).	Target TBC	Aug 17	93,841 (Year to Date) 	►
8. Rate of emergency bed day per 100,000 population for adults.	Target TBC	Q4	141,594 (16/17) 	▲
9. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Target TBC	Q4	25% 	▲
10. Adults and older people breaching the 72 hour discharge target. (excluding Learning Disability and Mental Health patients).	20	2 Oct 17	40 	▲
11. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	Target TBC	Aug 17	4,254 (Year to Date) 	▼
12. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	Target TBC	Aug 17	959 (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	84 	▲











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Carers</b>				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,650 per annum	Q2	454 	▼
2. Carers Referrals – Source of Carer Self-Referral	550 (P Care) 110 (Acute) per annum	Q2	174 (P care)  33 (Acute) 	▲
3. Qualitative Evaluation Question: Improved your ability to support the person that you care for	65%	Q2	80% 	►
<b>Children's Services</b>				
1. Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits (27 to 33 months)	95%	Sep 17	NE- 90%  NW- 79%  S - 84% 	NE▲ NW▼ S▼
2. Percentage of HPis allocated by Health Visitors within 24 weeks.	95%	Jul 17	NE - 99%  NW - 93%  S - 95% 	NE▲ NW▼ S►












Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Number of children being supported by Early Years Support Teams	TBC	Q2	35 	N/A
4. Number of referrals being made to Healthier, Wealthier Children Service	1533 for year across city	Q2	875 (Year to date) 	►
5. Access to CAMHS services - Longest wait (weeks).	<18 weeks	Aug 17	99.6% 	►
6. % looked after and accommodated children (under 5) who have had a permanency review (when looked after for 6 months or more).	90%	Q2	79% 	▲
7. Percentage of new SCRA reports submitted within 20 days/on time.	60%	Q2	64% 	▼
8. Percentage of young people receiving an aftercare service who are known to be in employment, education or training.	75%	Q2	70% 	▲
9. Number of high cost placements	TBC	1 Sept 17	94 	▲
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q1	94.4% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q1	95.3% 	▼
<b>Adult Mental Health</b>				
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.	90%	Sep 17	All areas   NE 90.1%, NE 89.9%, South 93.4%	NE and NW ▲ South ▼
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Aug 17	Stob (29.9)  Gart (20.6)   Lev (37.9)  Park (52.6) 	Parkhead Gartnavel ▲ Stobhill Leverndale ▼
3. % Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	Aug 17	Stob (96.3%)  Gart (96.5%)   Lev (100.2%)  Park(103.4%) 	All areas ▲
4. Total number of Adult Mental Health patients breaching the 72 hour discharge target	0	2 Oct 17	7 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Sandyford (Sexual Health)</b>				
1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.	10 Working Days	Q2	22 (IUD)  14 Implants 	IUD ▲ Implants ▲
2. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q2	4 	▼
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).	20 working days	Q2	23 	▲
4. Proportion of male attendances at all Sandyford services who are MSM (Men Who Have Sex with Men).	10%	Q2	41% 	▲
5. Waiting times for access to Gender Identity service for young people and for adults	18 Weeks	Q2	23.8 (under 17) 30.8 (over 17) Both 	under 17 ▲ over 17 ▼
<b>Alcohol and Drugs</b>				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q1	98% 	▲
2. The percentage of Parental Assessments completed within 30 days of referral.	75%	Q2	80% 	▲
3. The percentage of Service Users with an initiated recovery plan following assessment	70%	Q2	71% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Homelessness</b>				
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	95%	Q2	92% 	▲
2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation.	80%	Q2	75% 	▼
3. Percentage of live homeless applications over 6 months duration at end of the quarter.	<40%	Q2	44% 	▲
4. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,200	Q2	743 	▼
5. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q2	117 	▲
6. Number of individual households not accommodated in last month of quarter.	< 150	Q2	129 	▲
<b>Criminal Justice</b>				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q2	66% 	▼
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q2	84% 	▼
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q2	78% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q2	64% 	▲
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q2	80% 	▶
6. Throughcare order licences: Percentage of Post sentence interviews held within one day of release from prison.	90%	Q2	94% 	▼
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI).	5,066 to Q4	Q2	2495 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	347 to Q1	Q1 17/18	273 	▲
3. Women smoking in pregnancy – general population	13% for 17/18	Q1 17/18	13.5% 	▼
4. Women smoking in pregnancy – most deprived quintile.	19% for 17/18	Q1 17/18	19.3% 	▲
5. Breastfeeding at 6-8 weeks (Exclusive).	Variable by locality	Q1 17/18	26.8% 	▲
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive).	18.2%	Q1 17/18	19% 	▶
<b>Human Resources</b>				
1. NHS Sickness absence rate (%)	<4%	Sept 17	5.12% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.58 ADL (ave days lost) per employee	Q2	2.6 	►
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Sept 17	59.9% 	▲
4. % NHS staff with standard induction completed within deadline.	100%	Sept 17	60% 	►
5. Percentage NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the agreed deadline.	100%	Sept 17	75% 	▲
<b>Business Processes</b>				
1. Percentage of NHS Complaints responded to within timescale (Stage 1) – <b>new indicator</b>	70%	Q1	100% 	N/A
2. Percentage of NHS Complaints responded to within timescale (Stage 2) – <b>new indicator</b>	70%	Q1	76% 	N/A
3. Percentage of Social Work Complaints responded to within timescale – <b>new indicator</b>	70%	Q1	54% 	N/A
4. Percentage of Social Work Complaints responded to within timescale – by Stage– <b>new indicator</b>	70%	Q1	Stage 1 61% Stage 2 21% Both 	N/A
4. Percentage of Freedom of Information (FOI) requests completed within required timescale – <b>new indicator</b>	100%	Q1	94% 	N/A
5. Percentage of Data Protection Subject Access Requests completed within required timescale – <b>new indicator</b>	100%	Q1	89% 	N/A
6. % of elected member enquiries handled within 10 working days.	80%	Q2	92% 	▲

# 1. OLDER PEOPLE

## *Proactive Care and Support at Home*

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

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
85%	North East	91% (G)	91% (G)	92% (G)	92% (G)	93% (G)	92% (G)
85%	North West	79% (R)	77% (R)	81% (A)	85% (G)	83% (G)	85% (G)
85%	South	80% (R)	84% (G)	84% (G)	83% (G)	81% (A)	79% (R)
85%	Glasgow	83% (G)	84% (G)	85% (G)	86% (G)	85% (G)	85% (G)
<b>Performance Trend</b>							
Performance overall at the city level has been within target for the past 18 months. For the past three quarters all localities have consistently met the target with the exception of South where performance dipped from AMBER to RED between Q1 and Q2.							

<b>Indicator</b>	2. Number of Community Services led Anticipatory Care Plans (ACPs) in Place
<b>Purpose</b>	To monitor the extent to which services are introducing and rolling out 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.
<b>National/ Corporate/ Local</b>	Health Board Indicator
<b>Integration Outcome</b>	Outcome 2
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Locality	Target	16/17 Total	17/18 Q1	17/18 Q2	Year to date		
NE	N/A	136	69	65	134		
NW	N/A	180	67	60	127		
South	N/A	161	70	51	121		
Citywide	N/A	7	3	0	3		
Glasgow	<b>720</b>	<b>484 (G)</b>	<b>209</b>	<b>176</b>	<b>385 (G)</b>		
<b>Performance Trend</b>							
<p>This target will be reviewed for 2018/19 as new national guidance on ACPs was introduced in June 2017, and we are in the process of migrating our approach over towards the national approach. In future the emphasis will be inviting people to participate in developing an ACP which will then be a live document updated as appropriate according to people's changing needs and circumstances. Recording arrangements for the new form of ACPs is still being discussed. Meantime we continue to migrate to the new national approach for new patients / service users. The numbers reported here relate to those completed using the Glasgow approach, and performance to quarter 2 shows we are more than half way to achieving the annual target of 720 which is an increase on the 2016/17 target of 360.</p>							

<b>Indicator</b>	3. Number of people in supported living services
<b>Purpose</b>	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.
<b>National/ Corporate/ Local</b>	Local HSCP Indicator
<b>Integration Outcome</b>	Outcome 2
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
North East	N/A	167	172		
North West	N/A	190	195		
South	N/A	221	232		
Glasgow	650 by year end	<b>576 (R)</b>	<b>599 (R)</b>		
<b>Performance Trend</b>					
More accurate information systems were introduced at Q1 so figures are only available for Quarters 1 and 2. There was an increase in the number of people receiving supported living services between Q1 and Q2.					
<b>Actions to Improve Performance</b>					
The Older People Supported Living internal working group continues to monitor and support the development of supported living services across the city. This has resulted in a small but sustained increase in numbers over the period. This work will continue for the remainder of the year.					
<b>Timeline for Improvement</b>					
The current level of performance improvement is anticipated to continue over the remaining periods of 17/18 and should deliver the performance target identified.					

<b>Indicator</b>	4. Percentage of service users who receive a reablement service following referral for home care.
<b>Purpose</b>	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. It should be noted, however, that this function now lies with Cordia. Information is reported for 4 weekly financial periods by Cordia which has been mapped below to the HSCP quarterly reporting cycle.
<b>National/ Corporate/ Local</b>	Local HSCP Indicator
<b>Integration Outcome</b>	Outcome 2
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

			16/17 Q4	17/18 Q1			17/18 Q		
Locality	Referral Source	Target	Per 13b	Per 1&2	Per 3	Per 4	Per 5	Per 6	Per 7
City-wide	Hospital Discharges	75%	73.4% (G)	75.6% (G)	75.0% (G)	75.4% (G)	67.5% (R)	75.4% (G)	73.1% (A)
	Community Referrals	75%	76.5% (G)	82.5% (G)	77.4% (G)	76.5% (G)	71.3% (A)	79.7% (G)	83.2% (G)
<b>Performance Trend</b>									
Performance fell at Period 5 for both hospital discharges (RED) and community referrals (AMBER). However by Period 6 and 7 performance had improved across both areas.									

<b>Indicator</b>	5. Percentage of service users leaving the service following reablement period with no further home care support
<b>Purpose</b>	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. It should be noted, however, that this function now lies with Cordia. Information reported for 4 weekly financial periods by Cordia been mapped below to the HSCP quarterly reporting cycle.
<b>National/ Corporate/ Local</b>	Local HSCP Indicator
<b>Integration Outcome</b>	Outcome 2
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

		2016/17 Q4	2017/18 Q1			2017/18 Q2		
Locality	Target	Per. 13b	Per 1/2	Per 3	Per 4	Per 5	Per 6	Per 7
North East	>40%	37% (R)	39% (A)	38% (R)	41% (G)	49.1% (G)	50.8% (G)	34.4% (R)
North West	>40%	33% (R)	47% (G)	32% (R)	36% (R)	39.7% (G)	38.3% (A)	37.0% (R)
South	>40%	39% (A)	29.5% (R)	30% (R)	36% (R)	37.1% (R)	27.0% (R)	33.3% (R)
Citywide	>40%	36% (R)	38% (R)	33% (R)	37% (R)	41.4% (G)	38.0% (R)	34.9% (R)
<b>Performance Trend</b>								
Performance varies across locality and over time. Performance slipped between the start of Quarter 2 (Period 5) where NE and NW were above target (GREEN) and the end of the quarter (Period 7) where all localities were outwith the target range (RED).								
<b>Actions to Improve Performance</b>								
The 40% target continues to be challenging to achieve on a consistent basis but remains for 2017/18. Monthly monitoring of the city wide reablement performance continues in conjunction with Cordia and operational areas.								
<b>Timeline for Improvement</b>								
The expectation continues to be that the target will be achieved in 2017/18.								

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

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North West	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	0% (G)
0%	South	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	Glasgow	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
<b>Performance Trend</b>								
At the end of Q2 there were 1,407 open OT assessment activities; none of these activities had been open for more than 12 months.								

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

Service	Target	Apr 16	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	47% (R)	42% (R)	44% (R)	53% (R)	52% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	97.8% (G)	96.8% (G)	98.5% (G)	98.7% (G)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
<b>Performance Trend</b>								
<ul style="list-style-type: none"> <li>MSK physio target not being met but all patients requiring an urgent MSK appointment are seen within the target timescales.</li> <li>Target being consistently met by podiatry.</li> <li>Target being met consistently by dietetics.</li> </ul>								
<b>Actions to Improve Performance</b>								
<p>These services are managed by other HSCPs on behalf of Glasgow City HSCP, and we have a process to raise any performance issues with the host HSCP. The performance of the MSK physio service has been a concern for some time as illustrated by the waiting time data above, and waiting times have increased in recent months. We are in direct discussion with West Dunbartonshire HSCP who manage this service to seek improvements.</p>								
<b>Timeline for Improvement</b>								
It is expected that waiting times will improve on the current position in the months ahead.								

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

Target	Maximum Wait in Weeks			
	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18
Maximum Wait 12 weeks	6.25 (G)	5.4 (G)	7 (G)	9 (G)
<b>Performance Trend</b>				
Maximum waiting times across all clinics shown above. Waiting time targets continue to be met.				

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

	2016/17		2017/18	
Target	Q2 - Q3	Q4	Q1	Q2
95%	96% (G)	95% (G)	90% (R)	89% (R)
<b>Performance Trend</b>				
Performance was outwith the target range (RED) in both Quarter 1 and 2.				
<b>Actions to Improve Performance</b>				
This has been discussed with managers in accountability meetings and we would expect to see improved performance going forward.				
<b>Timeline for Improvement</b>				
Improvements are expected by Quarter 3.				

<b>Target/Ref</b>	10. Referrals to Telecare
<b>Purpose</b>	To monitor the number of Telecare referrals received on a quarterly basis for the Basic and Advanced Telecare Services. Expanding the uptake of Telecare is a central aim of the national Technology Enabled Care (TEC) Programme.
<b>National/ Corporate/ Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 2
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Telecare Referrals	Agreed Scottish Govt Target	2016/17 Total (Apr – Mar)	17/18 Q1	17/18 Q2	17/18 Mid-year Total
Basic	2,248 (annual)	2,581 (G)	617 (G)	669 (G)	1,286 (G)
Advanced	304 (annual)	835 (G)	271 (G)	278 (G)	549 (G)
<b>Performance Trend</b>					
Please note revised figure of 271 in respect of Advanced Telecare at Q1; this was reported previously in error as 521.					
The number of referrals to both the Basic and Advanced Telecare Services exceed what may be expected on a pro-rata basis at the mid-year point.					

### Care at Times of Transition

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

TARGET	AREA	4 Apr 16	3 Apr 17	5 Jun 17	3 Jul 17	7 Aug 17	4 Sep 17	2 Oct 17
Over 65s  Target = 0	NE	5 (R)	2 (R)	2 (R)	7 (R)	8 (R)	3 (R)	1 (R)
	NW	14 (R)	5 (R)	6 (R)	7 (R)	7 (R)	8 (R)	5 (R)
	South	4 (R)	12 (R)	12 (R)	12 (R)	7 (R)	8 (R)	11 (R)
	City	23 (R)	19 (R)	20 (R)	26 (R)	22 (R)	19 (R)	17 (R)
<b>Performance Trend</b>								
Numbers vary across localities and over time and have remained RED. Overall delays have reduced over the last 3 months. South has had the highest number of delays and North East the lowest over the period shown.								
<b>Actions to Improve Performance</b>								
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. There is a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. While this is a complex client group there has been significant progress towards meeting this target since July and work will continue to ensure the downward trajectory continues.								
<b>Timeline for Improvement</b>								
Further improvements towards meeting the target are anticipated by the end of Quarter 3.								

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

Locality	Target	Apr 2016	Apr 17	Jun 17	Jul 17	Aug 17	Sep 17
Glasgow	90%	88% (G)	82% (R)	87% (G)	82% (R)	90% (G)	86% (A)
North East	90%	94% (G)	74% (R)	84% (R)	90% (G)	85% (A)	90% (G)
North West	90%	75% (R)	89% (G)	92% (G)	73% (R)	94% (G)	79% (R)
South	90%	94% (G)	83% (R)	85% (A)	84% (R)	92% (G)	90% (G)
<b>Performance Trend</b>							
Variations across areas and over time. Performance reduced slightly in Quarter 2 and is AMBER at a city level in September as a result of North West moving to RED.							
<b>Actions to Improve Performance</b>							
An agreed improvement programme is underway looking at a range of factors that influence occupancy such as weekend admissions, turnover of room by provider and any delays in transfer from acute to intermediate care.							
<b>Timeline for Improvement</b>							
Although further scrutiny will be immediately established, sustainable improvements would be sought from March 2018. More recent operational data suggests improved performance which should be reflected in the next quarterly report.							

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

Locality	Target	Apr 2016	Apr 17	Jun 17	Jul 17	Aug 17	Sep 17
<b>Glasgow</b>	<30	41 (R)	33 (R)	30.5 (G)	36 (R)	36 (R)	33 (R)
North East	<30	36 (R)	36 (R)	33 (R)	41 (R)	33 (R)	30 (G)
North West	<30	38 (R)	32 (R)	32 (R)	31 (A)	32 (R)	40 (R)
South	<30	44 (R)	31 (A)	27 (G)	36 (R)	34 (R)	34 (R)
<b>Performance Trend</b>							
Average lengths of stay vary over time and between localities. Performance moved to RED at a city level in September, with the target being met in the North East and exceeded in the other localities.							
<b>Actions to Improve Performance</b>							
A revised scrutiny system has been established within intermediate care at individual patient level. This is part of an overall improvement programme to increase efficiency of use of intermediate care and to remove delays in the system. There is a longer term programme of activity to enable review directly into Carefirst which will provide more operational scrutiny.							
<b>Timeline for Improvement</b>							
Although further scrutiny will be immediately established, sustainable improvements would be sought from March 2018.							

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

Locality		Targets	Apr 16	Apr 17	Jun 17	Jul 17	Aug 17	Sep 17
Glasgow	<b>Home</b>	30%	21% (R)	25% (R)	24% (R)	35% (G)	24% (R)	20% (R)
	Res/Nursing	N/A	52%	62%	54%	48%	55%	57%
	Readmissions	N/A	25%	10%	19%	17%	20%	21%
	Deceased	N/A	2%	1%	3%	0%	2%	3%
NE	<b>Home</b>	30%	22% (R)	30% (G)	29% (G)	22% (R)	27% (R)	11% (R)
	Res/Nursing	N/A	39%	59%	59%	44%	50%	63%
	Readmissions	N/A	33%	7%	12%	33%	23%	26%
	Deceased	N/A	6%	0%	0%North West	0%	0%	0%
NW	<b>Home</b>	30%	21% (R)	22% (R)	13% (R)	35% (G)	24% (R)	21% (R)
	Res/Nursing	N/A	57%	57%	54%	52%	60%	58%
	Readmissions	N/A	21%	17%	25%	13%	16%	17%
	Deceased	N/A	0%	4%	8%	0%	0%	4%
South	<b>Home</b>	30%	21% (R)	22% (R)	30% (G)	46% (G)	20% (R)	28% (A)
	Res/Nursing	N/A	58%	70%	52%	46%	53%	48%
	Readmissions	N/A	21%	7%	19%	8%	20%	20%
	Deceased	N/A	0%	0%	0%	0%	7%	4%

<b>Performance Trend</b>
Variations across localities and over time. The city, North East and North West all RED in September with the South AMBER.
<b>Actions to Improve Performance</b>
A number of actions are underway including the implementation of the Home is Best model as well as an overall service improvement programme which will aim to maintain and increase the level of patients returning home.
<b>Timeline for Improvement</b>
Although further scrutiny will be immediately established, sustainable improvements would be sought from March 2018. More recent operational data suggests improved performance which should be reflected in the next quarterly report.

## Hospitals and Care Homes

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

	2016/17		2017/18	
Target	Q2-Q3	Q4	Q1	Q2
95%	100% (G)	94% (G)	96% (G)	92% (G)
<b>Performance Trend</b>				
The occupancy rate fell slightly in the last quarter but remains within the target range.				

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

	<b>2016/17</b>		<b>2017/18</b>	
Target	<b>Q2 - Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>
95%	<b>97% (G)</b>	<b>94% (G)</b>	<b>97% (G)</b>	<b>98% (G)</b>
<b>Performance Trend</b>				
Review rates remain GREEN at quarter 2.				

<b>Target/Ref</b>	17. Proportion of last 6 months of life spent at home or in a community setting
<b>Purpose</b>	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.
<b>National/Corporate/Local</b>	National Integration Indicator 15
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Area	14/15	15/16	Target	16/17					17/18	
				Q1	Q2	Q3	Q4	Total	Q1	Q2
Glasgow City	84	85	TBC	85	86	86	87	86		
Scotland	86	87	N/A	N/A	N/A	N/A	N/A	87		

<b>Performance Trend</b>
National integration indicator. Performance has been increasing slightly over the last three years Proportions remain slightly below the Scottish average, though the gap has narrowed to only 1% this year. Target to be confirmed.

<b>Target/Ref</b>	18. Falls rate per 1,000 population aged 65+
<b>Purpose</b>	Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. Well-organised services, delivering recommended and evidence based practices can prevent 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
<b>National/Corporate/Local</b>	National Integration Indicator 16
<b>Integration Outcome</b>	Outcome 7
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Area	14/15	15/16	Target	16/17					17/18	
				Q1	Q2	Q3	Q4	Total	Q1	Q2
Glasgow City	27	29	TBC	7.6	7.4	8.0	7.8	31		
Scotland	21	21	N/A	N/A	N/A	N/A	N/A	22		

<b>Performance Trend</b>
National integration indicator. There has been a slight increase in the number of falls during the last year, both locally and at a national level. Target to be confirmed.

<b>Target/Ref</b>	19. Total number of patients who have been diagnosed with dementia in a given month
<b>Purpose</b>	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.
<b>National/ Corporate/ Local</b>	HSCP Local Indicator. Also reportable nationally.
<b>Integration Outcome</b>	Outcome 4
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

		<b>2016/17</b>		<b>2017/18</b>			
<b>Locality</b>	<b>Target</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Glasgow	<b>TBC</b>	<b>331</b>	<b>246</b>				
North East	<b>TBC</b>	82	43				
North West	<b>TBC</b>	115	103				
South	<b>TBC</b>	134	100				

<b>Performance Trend</b>
New indicator and there is a timelag in the production of data. Targets to be confirmed. The difference between Q1 and Q2 performance can be explained by the gap in Team Lead post in NE, and the small drop in numbers in NW and South are likely to be simply natural variation.

<b>Target/Ref</b>	20. Percentage of patients who have their first contact with a Dementia Linkworker who have waited no longer than 12 weeks.
<b>Purpose</b>	To monitor the waiting times for people who have been diagnosed with dementia to be seen by a Post Diagnostic Support Linkworker. This gives an indication of whether interventions are being delivered in a timely manner.
<b>National/Corporate/Local</b>	HSCP Local Indicator.
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

		2016/17		2017/18			
Locality	Target	Q3	Q4	Q1	Q2	Q3	Q4
Glasgow	<b>TBC</b>	<b>47.5%</b>	<b>53.5%</b>				
North East	<b>TBC</b>	100%	100%				
North West	<b>TBC</b>	37.2%	56%				
South	<b>TBC</b>	64.3%	50%				

<b>Performance Trend</b>
This is a new indicator and there is a time lag in the production of data so it is too early to draw conclusions about performance over only two quarters. Targets to be confirmed.

## PRIMARY CARE

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

AREA	TARGET	Jan 16- Mar 16	Apr 16- Jun16	Jul 16- Sep 16	Oct 16- Dec 16	Jan 17- Mar 17	Apr 17- Jun17
City	78%						79.27% (G)
NE	78%	79.81% (G)	79.68% (G)	79.7% (G)	80.44% (G)	80.18% (G)	79.91% (G)
NW	78%	78.35% (G)	77.97% (G)	78.07% (G)	78.86% (G)	78.7% (G)	78.54% (G)
S	78%	79.0% (G)	78.74% (G)	78.70% (G)	79.61% (G)	79.41% (G)	79.32% (G)
NHSGGC	78%	78.86%	78.57%	78.65%	79.4%	79.22%	79.91%
<b>Performance Trend</b>							
All areas remain GREEN. Compliance slightly increased across all areas over the period shown. City wide information has only recently been made available. No updates available yet for Q2.							

<b>Indicator</b>	2. Prescribing Costs: Annualised cost per weighted list size
<b>Purpose</b>	To monitor prescribing costs. This divides the total prescribing costs by the 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.
<b>National/Corporate/Local</b>	Health Board Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Richard Groden, Clinical Director Jackie Kerr, Head of Strategy and Operations (Adult Services)

AREA	Target	Mar 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
NE	Below NHSGGC average	£163.79 (G)	£163.77 (G)	£163.35 (G)	£163.27 (G)	£161.94 (G)	£162.22 (G)	£161.88 (G)
NW	Below NHSGGC average	£156.55 (G)	£157.22 (G)	£156.66 (G)	£156.47 (G)	£155.34 (G)	£156.44 (G)	£156.47 (G)
S	Below NHSGGC average	£164.48 (G)	£168.88 (G)	£168.33 (G)	£168.44 (G)	£167.41 (G)	£168.02 (G)	£167.96 (G)
City	Below NHSGGC average	£161.72 (G)	£163.50 (G)	£162.98 (G)	£162.93 (G)	£161.77 (G)	£162.43 (G)	£162.31 (G)
<b>NHS GGC</b>		£174.97	£178.57	£178.23	£178.45	£177.30	£178.10	£177.96
<b>Performance Trend</b>								
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. No updates available yet for Q2.								

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

Area	Target 75%				Target 65%
	Over 65s	Under 65s in clinical risk groups	Pregnant (not in a clinical risk group)	Pregnant (in a clinical risk group)	Pre-school 2-5 years old
NE	71% (A)	46.0% (R)	51.5% (R)	57.6% (R)	52.8% (R)
NW	71.2% (A)	44.9% (R)	56.7% (R)	64.8% (R)	56.1% (R)
South	72.9% (A)	46.7% (R)	56.1% (R)	65.1% (R)	52.6% (R)
<b>NHSGGC</b>	72.9%	46.1%	56.2%	63.5%	56%
<b>Scotland</b>	72.8%	44.9%	49.3%	58%	54.3%
<b>Performance Trend</b>					
The data shown relates to Week 13 of 2017 and will not be updated now until after the new programme restarts (October 2017). Performance below target across all categories and RED for all with the exception of over 65s.					
<b>Actions to Improve Performance</b>					
<p>The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the flu vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:</p> <ul style="list-style-type: none"> <li>- An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes.</li> <li>- Flu vaccination uptake data covering the risk groups shown above is communicated to GP practices and clinical directors 2-3 times per flu season (November, January and March)</li> </ul>					

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

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

#### **Timeline for Improvement**

It is hoped that improvements will be achieved in the 2017/18 immunisation programme, with the impact evident once the full results are available after the end of Quarter 4.

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

Area	Target	Aged 70	Aged 76	Total
NE	60%	45% (R)	34.1% (R)	40.2% (R)
NW	60%	40.9% (R)	38.5% (R)	39.9% (R)
South	60%	45.1% (R)	36.8% (R)	41.5% (R)
NHSGGC	60%	45% (R)	37.5% (R)	41.8% (R)
Scotland	TBC	46.5%	39.8%	43.7%

#### Performance Trend

The data shown relates to the cumulative immunisation rates between 1 September 2016 and 31 August 2017. Variations across localities and between the different age groups. North West the lowest in both age groups.

#### Actions to Improve Performance

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

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

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

<b>Narrative required</b>
It is hoped that improvements will be achieved in the 2017/18 immunisation programme, with the impact evident in future performance reports.

**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

<b>Indicator</b>	1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population
<b>Purpose</b>	To monitor attendance at Accident and Emergency units. Partners are working together to reduce these over time and shift the balance of care towards the community. 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.
<b>National/Corporate/Local</b>	Health Board Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Locality	Target	Apr 15 - Mar 16	Apr 16- Mar 17	Jul 16 - Jun 17	Aug 16 - Jul 17	Sep 16 – Aug 17	Oct 16- Sep 17
<b>Glasgow</b>	<b>TBC</b>	<b>2284</b>	<b>2307</b>	<b>2329</b>	<b>2337</b>	<b>2338</b>	<b>2353</b>
North East	TBC	2632	2709	2708	2709	2699	2702
North West	TBC	1992	2044	2106	2119	2132	2159
South	TBC	2265	2217	2222	2231	2231	2244
<b>Performance Trend</b>							
Variations across areas and over time. Slight increase at a city wide level and in the North West and South so far in 2017/18, with the North West decreasing slightly. North East consistently highest and North West consistently lowest over the period shown. All outstanding unscheduled care targets will be determined through the process of developing the Unscheduled Care Commissioning Plan.							

<b>Indicator</b>	2. New and Unplanned Return Attendances at Accident and Emergency (A&E) Departments with a source of referral of a GP
<b>Purpose</b>	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.
<b>National/ Corporate/ Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

<b>Locality</b>	<b>Target</b>	<b>16/17</b>	<b>April</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Year to date</b>
<b>Glasgow</b>	<b>TBC</b>	<b>5752</b>	<b>421</b>	<b>324</b>	<b>315</b>	<b>454</b>	<b>2560</b>
North East	TBC	2033	152	125	132	145	867
North West	TBC	1620	160	100	132	166	856
South	TBC	2099	109	99	151	143	837
<b>Performance Trend</b>							
Variations across areas and over time. All outstanding unscheduled care targets will be determined through the process of developing the Unscheduled Care Commissioning Plan.							

<b>Target/Ref</b>	3. A&E Waits Less Than 4 Hours (%)
<b>Purpose</b>	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.
<b>National/ Corporate/ Local</b>	NHS LDP Standard
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Locality	Target	Mar 16	Mar 17	May 17	Jun 17	July 17	Aug 17	Sep 17
Glasgow Royal Infirmary (GRI)	95%	82.8% (R)	86.3% (R)	84.5% (R)	87.1% (R)	92.6% (G)	94.8% (G)	91.6% (A)
Queen Elizabeth University Hospital (QEU)	95%	85.1% (R)	81.9% (R)	84.3% (R)	90.8% (A)	92.2% (A)	92.1% (A)	95.6% (G)

<b>Performance Trend</b>
New indicator. Performance fluctuates over time and is below target in September at the GRI, with the QEU meeting the target. Performance has improved, however in both hospitals during 2017/18.
<b>Actions to Improve Performance</b>
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. A Board-wide unscheduled care improvement programme is now in place designed to improve performance across GG&C.
<b>Timeline for Improvement</b>
Timeline for delivery is to be confirmed.

## Emergency Admissions

<b>Indicator</b>	4. Emergency Admissions (Aged 65+ and 75+) – Numbers and Rates per 1000 population.
<b>Purpose</b>	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.
<b>National/Corporate/Local</b>	HSCP Local Indicator.
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Indicator	Target	14/15	15/16	16/17	Jul 17	Aug 17	Sep 17	Year to date
i. 65+ Numbers	TBC	26,237	27,891	28,557	2163	2259	2240	13,272
ii. 65+ Rates/ 1000 pop	TBC	315	334	342	26	27	27	159
i. 75+ Numbers	TBC	16,530	17,844	18,123	1415	1490	1444	8560
ii. 75+ Rates/ 1000 pop	TBC	416	450	460	30	38	37	217
<b>Performance Trend</b>								
Numbers for 65+ and 75+ have been increasing slightly over the last two years. Year to date monthly averages for both age groups slightly below 16/17 monthly averages so far. All outstanding unscheduled care targets will be determined through the process of developing the Unscheduled Care Commissioning Plan.								

<b>Target/Ref</b>	5. Rate of emergency admissions per 100,000 population for adults.
<b>Purpose</b>	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
<b>National/Corporate/Local</b>	National Integration Indicator 12
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Area	14/15	15/16	Target	16/17					17/18	
				Q1	Q2	Q3	Q4	Total	Q1	Q2
Glasgow City	13,669	14,785	TBC	3852	3701	3557	3195	14,305		
Scotland	12,083	12,342	N/A	N/A	N/A	N/A	N/A	12,265		

<b>Performance Trend</b>
National integration indicator. Numbers fallen slightly over 2016/17 but remain above the Scottish average. Target to be confirmed.

<b>Target/Ref</b>	6. Readmission to hospital within 28 days
<b>Purpose</b>	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.
<b>National/ Corporate/ Local</b>	National Integration Indicator 14
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Area	14/15	15/16	Target	16/17					17/18	
				Q1	Q2	Q3	Q4	Total	Q1	Q2
Glasgow City	91	97	TBC	103	107	101	92	101		
Scotland	96	96	N/A	N/A	N/A	N/A	N/A	99		

#### Performance Trend

National integration indicator. Rate increased for 2016/17 and remained slightly above the Scottish average. Target to be confirmed.

<b>Indicator</b>	7. Emergency Acute Bed Days for Older People (Aged 65+ and 75+)
<b>Purpose</b>	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.
<b>National/ Corporate/ Local</b>	HSCP Local Indicator.
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Indicator	Target	2014/15	2015/16	2016/17	Jul 17	Aug 17	Sep 17	Year to date
<b>i. 65+ Numbers</b>	TBC	325,545	304,322	323,126	26,113	25,751	24,173	154,244
<b>ii. 65+ Rates/1000 pop</b>	TBC	3913	3643	3870	313	308	289	1,847
<b>i. 75+ Numbers</b>	TBC	235,488	223,070	235,835	18,851	19,041	17,847	111,688
<b>ii. 75+ Rates/1000 pop</b>	TBC	5930	5619	5990	479	484	453	2,837
<b>Performance Trend</b>								
Having been on a downward trend since 2010/11, there was an increase last year both for those aged 65+ and 75+. Year to date monthly averages slightly below 16/17 monthly averages for both age categories so far. All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.								

<b>Target/Ref</b>	8. Rate of emergency bed day per 100,000 population for adults.
<b>Purpose</b>	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
<b>National/ Corporate/ Local</b>	National Integration Indicator 13
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Area	14/15	15/16	16/17					17/18	
			Q1	Q2	Q3	Q4	Total	Q1	Q2
Glasgow City	149,601	141,890	36,665	35,802	35,260	33,867	141,594		
Scotland	127,959	127,725	N/A	N/A	N/A	N/A	124,663		

<b>Performance Trend</b>
National integration indicator. Numbers have reduced over the last year but remain above the Scottish average. Target to be confirmed.

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

Area	14/15	15/16	Target	16/17					17/18	
				Q1	Q2	Q3	Q4	Total	Q1	Q2
Glasgow City	23%	25%	TBC	28%	27%	27%	25%	27%		
Scotland	24%	25%	N/A	N/A	N/A	N/A	N/A	25%		

<b>Performance Trend</b>
National integration indicator. Percentage has increased over the last year and is above the Scottish figure.

### Delayed Discharges

<b>Indicator</b>	10. Total number of adults and older people breaching the 72 hour discharge target
<b>Purpose</b>	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
<b>National/ Corporate/ Local</b>	Local HSCP Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

#### 3 April 2017

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

#### 5 June 2017

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

#### 3 July 2017

<b>CATEGORY</b>	<b>NE</b>	<b>NW</b>	<b>S</b>	<b>Total</b>	<b>Target</b>
<b>Over 65s classed as Adults with Incapacity (AWI)</b> (Excluding Learning Disability and Mental Health)	0	4	3	7	N/A
<b>Over 65s</b> (Excluding AWI, Learning Disability and Mental Health)	4	6	6	16	N/A
<b>Under 65s</b> (Excluding Mental Health)	5	9	6	20	N/A
<b>Total</b>				43 (R)	20

## 7 Aug 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	4	2	6	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	1	9	6	16	N/A
Under 65s (Excluding Mental Health)	8	12	4	24	N/A
<b>Total</b>				<b>46 (R)</b>	<b>20</b>

## 4 Sep 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)	7	7	9	23	N/A
Under 65s (Excluding Mental Health)	6	13	6	25	N/A
<b>Total</b>				<b>50 (R)</b>	<b>20</b>

## 2 Oct 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	0	2	2	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	2	5	5	12	N/A
Under 65s (Excluding Mental Health)	9	12	5	26	N/A
<b>Total</b>				<b>40 (R)</b>	<b>20</b>

### Performance Trend

Numbers vary across localities and over time. The total number of delays have risen from the last reported figure in June.

### Actions to Improve Performance

An improvement programme has been commissioned through the Older People's Core Leadership to provide further scrutiny to these delays. This is in addition to the weekly operational meeting and locality scrutiny throughout the week

June reflected the lowest point during the last two quarters, with numbers increasing since, hence the variance of more than 10% between June 2017 and October 2017. However, October did represent a reduced level following significant scrutiny and the improvement programme, along with additional scrutiny will aim to continue this reduction.

### Timescale for Improvement

Further scrutiny will be immediately established as described above and sustainable improvements will be sought from March 2018. Performance is constantly monitored to ensure performance is maintained as close as possible to the target.

### ***Bed Days lost to Delayed Discharge***

<b>Indicator</b>	11. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)
<b>Purpose</b>	To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes those occupied by older people who are classified as AWI under the requirements of the Adults with Incapacity Act 2000.
<b>National/ Corporate/ Local</b>	Health Board
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

<b>AREA</b>	<b>14/15 Total</b>	<b>15/16 Total</b>	<b>16/17 Total</b>	<b>Target</b>	<b>Jul 17</b>	<b>Aug 17</b>	<b>Sep 17</b>	<b>Year to Date</b>
<b>HSCP</b>	<b>38,152</b>	<b>21,288</b>	<b>15,557</b>	<b>TBC</b>	<b>930</b>	<b>901</b>	<b>979</b>	<b>5233</b>
<b>NE</b>	8048	5777	4058	N/A	182	235	289	1361
<b>NW</b>	15,884	8034	6406	N/A	403	336	299	1891
<b>S</b>	14,220	7477	5093	N/A	345	330	391	1981
<b>Performance Trend</b>								
<p>For the city as a whole, there was a significant reduction in 2015/16. During 2016/17, this continued in all localities, with a further reduction of 26% over the course of the year, which was contributed to by the reclassification of AWI beds (see indicator 12 below). 2017/18 monthly average also below 16/17 monthly average so far.</p> <p>All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.</p>								

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

AREA	14/15 Total	15/16 Total	16/17 Total	Target	Jul 17	Aug 17	Sep 17	16/17
<b>HSCP</b>	<b>8987</b>	<b>10,715</b>	<b>6050</b>	<b>TBC</b>	<b>282</b>	<b>132</b>	<b>135</b>	<b>1094</b>
<b>NE</b>	1971	3590	1647	N/A	58	25	42	212
<b>NW</b>	3806	3558	2995	N/A	139	41	43	496
<b>S</b>	3210	3910	1408	N/A	85	66	50	386
<b>Performance Trend</b>								
<p>Variations across localities, though all experienced reductions in 2016/17. The total for 2016/17 fell 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. Further reductions are occurring in 2017/18 with monthly average below 16/17 monthly average so far.</p> <p>All outstanding unscheduled care targets will be determined as part of the process of developing the Unscheduled Care Commissioning Plan.</p>								

<b>Target/Ref</b>	13. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population
<b>Purpose</b>	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.
<b>National/Corporate/Local</b>	National Integration Indicator 19
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Area	14/15	15/16	Target	16/17					17/18	
				Q1	Q2	Q3	Q4	Total	Q1	Q2
Glasgow City	1031	627	TBC	172	103	103	86	464	84	
Scotland	1044	915	N/A	N/A	N/A	N/A	N/A	842		

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

## CARERS SERVICES

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

Locality	2017/18 Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	Mid-Year Total
North East	550 (138 per Q)	112 (R)	150 (G)			262 (A)
North West	550 (138 per Q)	205 (G)	140 (G)			345 (G)
South	550 (138 per Q)	192 (G)	164 (G)			356 (G)
Glasgow	1,650 (413 per Quarter)	509 (G)	454 (G)			963 (G)

### Performance Trend

The revised quarterly target (138) was met by all localities (GREEN) at Q2, although there was a decrease in volume of 10.8% between Q1 and Q2.

The citywide performance has been affected by services reviewing what is defined as a returning carer and a new carer, in order to comply with Scottish Government carer census guidance. A carer that comes back for support within a 5 year period is now a returning carer. This has led to more consistent reporting of data citywide. Figures from previous years contained both new and returning carers and as they are not directly comparable, have been removed from this report.

Numbers of young carers are also down as the family based approach aims to alleviate the need for a Young Carer Statement (YCS) to be provided. The reporting framework will be adapted going forward to record the numbers of young carers where a family based approach alleviated the caring role and no YCS was required.

<b>Indicator</b>	2. Carer Referrals: Source of Carer Self-Referral
<b>Purpose</b>	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.
<b>National/Corporate/Local</b>	Local HSCP Indicator
<b>Integration Outcome</b>	Outcome 6
<b>HSCP Leads</b>	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

Source	17/18 Annual Target	Q1 17/18				Q2 17/18			
		NE No. of refs	South No. of refs	NW No. of refs	City Total	NE No. of refs	South No. of refs	NW No. of refs	City Total
Primary/ Community Care	550 (138 per Q)	21	30	53	104 (R)	61	49	64	174 (G)
Acute	110 (28 per Q)	8	13	4	25 (R)	9	15	9	33 (G)
Social Work	n/a	84	65	103	252	78	79	45	202
Education Services	n/a	5	4	2	11	1	6	0	7
CIL	n/a	6	1	2	9	6	9	5	20
Other	n/a	55	99	80	234	57	78	90	225
<b>Performance Trend</b>									
<p>The volume of referrals received from both Primary Care and Acute met the pro-rata quarterly targets at Q2 (GREEN).</p> <p>In terms of primary care, there has been an increase in requests from GPs for carer booklets and presentations which could be attributed to the wider integration agenda and preparation for moving to GP clusters, which may have had a positive impact on the numbers of referrals.</p> <p>A number of factors may be leading to increased acute referrals; our involvement in 'tests of change' areas within acute to improve identification of carers; an increase in the carer information strategy worker posts - from 1 to 3 - and the broadening of their remit beyond a community focus; and work to develop referrals from rehabilitation, reablement, and intermediate care as part of an acute referral pathway.</p>									

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

<b>Locality</b>	<b>Target</b>	<b>17/18 Q1</b>	<b>17/18 Q2</b>
North East	65%	88% (G)	80% (G)
North West	65%	87% (G)	73% (G)
South	65%	75% (G)	81% (G)
Glasgow	65%	81% (G)	80% (G)

<b>Performance Trend</b>
Target being met across all three localities at Q2 (GREEN).

## CHILDREN'S SERVICES

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

TARGET	AREA	Mar-17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
95%	Glasgow	82% (R)	83% (R)	86% (R)	85% (R)	84% (R)	84% (R)	84% (R)
	NE	87% (R)	84% (R)	89% (R)	91% (A)	91% (A)	92% (G)	90% (A)
	NW	76% (R)	78% (R)	80% (R)	80% (R)	77% (R)	74% (R)	79% (R)
	S	83% (R)	86% (R)	88% (R)	86% (R)	86% (R)	85% (R)	84% (R)
<b>Performance Trend</b>								
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 area with North East AMBER and the other areas RED.								
<b>Actions to Improve Performance</b>								
Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action. We will review activity and further interrogate caseloads to establish clearer reason for failing to meet this target.								
<b>Timeline for Improvement</b>								
Further improvements will be achieved by the next report.								

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

TARGET	AREA	Apr 16	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17
95%	NE	82% (R)	91% (A)	98% (G)	99% (G)	100% (G)	98% (G)	99% (G)
	NW	80% (R)	91% (A)	95% (G)	95% (G)	96% (G)	96% (G)	93% (G)
	S	82% (R)	95% (G)	96% (G)	98% (G)	98% (G)	96% (G)	95% (G)
<b>Performance Trend</b>								
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.								

<b>Indicator</b>	3. Number of children being supported as a result of multi-agency discussions by Early Years Support Teams
<b>Purpose</b>	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.
<b>National/Corporate/Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 5
<b>HSCP Lead</b>	Mike Burns, Head of Strategy and Operations (Children’s Services)

<b>2016/17 (Total)</b>	<b>2017/18 Q1</b>	<b>2017/18 Q2</b>	<b>17/18 Target</b>
<b>219</b>	<b>32</b>	<b>35</b>	<b>TBC</b>
<b>Performance Trend</b>			
219 families supported during 2016/17. Target to be confirmed for 2017/18.			

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

			Actual				Year to date
AREA	2016/17 Total	2017/18 Target	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	
City	1533	1533	438	437			875 (G)
NE	344	344	81	91			172 (G)
NW	576	576	163	181			344 (G)
S	613	613	194	165			359 (G)

#### Performance Trend

Variations exist across localities. All areas GREEN.

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

Area	Target	Apr -16	Apr -17	May -17	Jun -17	Jul -17	Aug -17	Sep -17
North Glasgow	100%	100% (G)	100% (G)	99.4% (G)	100% (G)	99.3% (G)	100% (G)	
South Glasgow	100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	
East Glasgow	100%	100% (G)	100% (G)	100% (G)	100% (G)	98.2% (G)	98.9% (G)	
West Glasgow	100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	
<b>Glasgow HSCP</b>	100%	100% (G)	100% (G)	99.8% (G)	100% (G)	99.2% (G)	99.6% (G)	
<b>Performance Trend</b>								
Variations exist across localities and over time but performance remained 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.								

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

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	
							% with review	Number <u>without</u> a Permanency Review
90%	North East	76% (R)	69% (R)	66% (R)	81% (R)	83% (R)	85% (R)	8
90%	North West	85% (R)	79% (R)	72% (R)	57% (R)	60% (R)	79% (R)	6
90%	South	77% (R)	91% (G)	88% (A)	83% (R)	85% (R)	74% (R)	11
90%	City	79% (R)	78% (R)	75% (R)	76% (R)	78% (R)	79% (R)	26
<b>Performance Trend</b>								
City-wide performance has shown gradual improvement over the past 12 months. Although at Q2 all localities remained outwith the target range (RED) there was a significant slip in performance in South and a significant increase in performance in North West between Q1 and Q2. At Q2 26 children (of 125 children under 5 looked after for 6 months or more) had not yet had a permanency review.								
<b>Actions to Improve Performance</b>								
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. We have reviewed the individual reasons for reviews not taking place timeously and we intend to schedule reviews where this is practicably possible.								
It should be recognised the percentages shown can fluctuate as a result of the relatively small numbers of children in this category.								
<b>Timeline for Improvement</b>								
It is anticipated that further improvements in performance will continue to be evident by the end of the next quarter.								

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

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
60%	North East	73% (G)	80% (G)	47% (R)	74% (G)	67% (G)	52% (R)
60%	North West	53% (R)	69% (G)	38% (R)	57% (R)	46% (R)	75% (G)
60%	South	82% (G)	81% (G)	50% (R)	65% (G)	81% (G)	59% (G)
60%	<b>Glasgow</b>	66% (G)	74% (G)	45% (R)	67% (G)	66% (G)	64% (G)

#### Performance Trend

Between Q1 and Q2 there was little change in the overall city figure which remained GREEN. However there were significant changes across all 3 localities over the same reporting period. Performance fell significantly in both North East (RED, drop of 15 percentage points) and South (GREEN, drop of 22 percentage points). In contrast, performance in North West jumped by 29 percentage points to 75% (GREEN) over the last quarter.

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 during 2017/18 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.

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

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% (R)	61% (R)	49% (R)	56% (R)	65% (R)	72% (A)	76% (G)
75%	North West	64% (R)	66% (R)	54% (R)	52% (R)	49% (R)	54% (R)	67% (R)
75%	South	75% (G)	71% (R)	67% (R)	66% (R)	68% (R)	67% (R)	67% (R)
75%	<b>Glasgow</b>	67% (R)	67% (R)	57% (R)	58% (R)	61% (R)	65% (R)	70% (R)

#### Performance Trend

City-wide performance (70%) improved significantly during Q2. North East exceeded target at Q2 (GREEN) and although North West is still below target (RED) performance was significantly higher than previous quarters (Q1 54%, Q2 67%).

Slippage during 2016/17 was found to be 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. As this issue has been addressed performance has improved. There was further improvement in recording during Q2: the percentage of young people without a destination recorded at Q2 is NE 5%, NW 2%, and South 12% giving an overall Glasgow City figure of 6%.

#### 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.

<b>Indicator</b>	9. Number of high cost placements
<b>Purpose</b>	To monitor the number of high cost placements. These include residential schools, secure units and specialist purchased resources. Reducing high cost placements is an objective for our Children's Transformation Programme
<b>National/ Corporate/ Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 2
<b>HSCP Lead</b>	Mike Burns, Head of Strategy and Operations (Children's Services)

<b>As at Mar 15</b>	<b>As at Mar 16</b>	<b>As at Mar 17</b>	<b>As at 12 July 17</b>	<b>As at 1 Sept 17</b>	<b>17/18 Target</b>
<b>120</b>	<b>126</b>	<b>111</b>	<b>104</b>	<b>94</b>	<b>TBC</b>
<b>Performance Trend</b>					
New indicator. Numbers of high cost placements have been reducing over the period shown. Recent figures for September show that there are fewer than 100 children in these placements.					
<b>Actions to Improve Performance</b>					
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.					
<b>Timeline for Improvement</b>					
This is a medium term plan to reduce placements over the next 2 to 3 years.					

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

		15/16	16/17				17/18	
AREA	TARGET	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>HSCP</b>	95%	94.6% (G)	94.4% (G)	94.3% (G)	93.4% (G)	93.8% (G)	94.4% (G)	
North East	95%	N/A	N/A	N/A	N/A	95.8% (G)	N/A	
North West	95%	N/A	N/A	N/A	N/A	93.6% (G)	N/A	
South	95%	N/A	N/A	N/A	N/A	92.6% (G)	N/A	
<b>Performance Trend</b>								
Performance remains GREEN and there has been a slight increase in the last quarter.								

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

		15/16	16/17				17/18	
AREA	TARGET	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>HSCP</b>	95%	95.9% (G)	96.2% (G)	96.5% (G)	94.9% (G)	96.4% (G)	95.3% (G)	
North East	95%	N/A	N/A	N/A	N/A	96.6% (G)	N/A	
North West	95%	N/A	N/A	N/A	N/A	95% (G)	N/A	
South	95%	N/A	N/A	N/A	N/A	97.3% (G)	N/A	
<b>Performance Trend</b>								
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

## ADULT MENTAL HEALTH

<b>Target/Ref</b>	1. Psychological Therapies: % of people who started treatment within 18 weeks of referral
<b>Purpose</b>	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.
<b>National/Corporate/Local</b>	NHS LDP Standard/Health Board Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Jackie Kerr, Head of Strategy and Operations (Adult Services) David Walker, Head of Change

Locality	% of People who started treatment within 18 weeks of referral							
	HSCP Target	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Status
NE	90%	80.2% (R)	77% (R)	84.4% (R)	86.9% (A)	88.7% (G)	90.1% (G)	GREEN
NW	90%	81% (R)	79.3% (R)	85.9% (A)	93.6% (G)	93.5% (G)	89.9% (G)	GREEN
S	90%	95.7% (G)	94.1% (G)	97.6% (G)	98.6% (G)	95.1% (G)	93.4% (G)	GREEN
<b>Performance Trend</b>								
Performance information now available again after the transfer over from PIMS to EMISWeb. Performance GREEN in all areas over the last two months.								

<b>Target/Ref</b>	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required
<b>National/Corporate/Local</b>	Local Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Jackie Kerr, Head of Strategy and Operations (Adult Services) David Walker, Head of Change

TARGET	AREA	Mar 17	Apr 17	Jun 17	Jul 17	Aug 17	12 mth average
28 days	Stobhill	31.3 (R)	31.5 (R)	26.6 (G)	25.4 (G)	29.9 (R)	30.6 (R)
28 days	Leverndale	31.6 (R)	37.6 (R)	33.9 (R)	33.2 (R)	37.9 (R)	33.1 (R)
28 days	Parkhead	46.2 (R)	43.0 (R)	56.7 (R)	51.0 (R)	52.6 (R)	42.5 (R)
28 days	Gartnavel	26.7 (G)	33.2 (R)	28.5 (G)	33.3 (G)	20.6 (G)	28.5 (G)
<b>Performance Trend</b>							
Lengths of stay consistently higher than target with the exception of Gartnavel.							
<b>Actions to Improve Performance</b>							
The situation regarding performance is ongoing as 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.							
<b>Timeline for Improvement</b>							
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							

<b>Target/Ref</b>	3. % Bed Occupancy (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
<b>National/ Corporate/ Local</b>	Local Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Jackie Kerr, Head of Strategy and Operations (Adult Services) David Walker, Head of Change

TARGET	AREA	Mar 17	Apr 17	Jun 17	Jul 17	Aug 17	12 mth average
<95%	Stobhill	100.9% (R)	103.0% (R)	96.7% (G)	92.2% (G)	96.3% (G)	100.8% (R)
<95%	Leverndale	102.0% (R)	102.6% (R)	100.5% (R)	98.1% (A)	100.2% (R)	101.6% (R)
<95%	Parkhead	105.4% (R)	104.8% (R)	106.0% (R)	104.3% (R)	103.4% (R)	106.4% (R)
<95%	Gartnavel	96.1% (G)	101.5% (R)	98.2% (A)	98.5% (A)	96.5% (G)	98.4% (A)
<b>Performance Trend</b>							
Occupancy rates vary across areas and over time. Gartnavel AMBER in the last reporting period while the others were all RED.							
<b>Actions to Improve Performance</b>							
% 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.							
<b>Timeline for Improvement</b>							
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.							

<b>Indicator</b>	4. Total number of Adult Mental Health patients breaching the 72 hour discharge target
<b>Purpose</b>	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the 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.
<b>National/ Corporate/ Local</b>	Local HSCP Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Leads</b>	Jackie Kerr, Head of Strategy and Operations (Adult Services) David Walker, Head of Change

TARGET	AREA	18 Apr 16	3 Apr 17	5 Jun 17	3 Jul 17	7 Aug 17	9 Sep 17	2 Oct 17
<b>Under 65s</b>  <b>Target = 0</b>	NE	3 (R)	2 (R)	0 (G)	3 (R)	0 (G)	0 (G)	0 (G)
	NW	5 (R)	6 (R)	0 (G)	3 (R)	2 (R)	2 (R)	4 (R)
	South	9 (R)	4 (R)	3 (R)	0 (G)	0 (G)	1 (R)	3 (R)
	City	17 (R)	12 (R)	3 (R)	6 (R)	2 (R)	3 (R)	7 (R)
<b>Performance Trend</b>								
Numbers vary across localities and over time and after reducing in August and September, they increased in October.								
<b>Actions to Improve Performance</b>								
The upward trend in adult mental health delayed discharges continues to see an overall downward trend but varies from month to month. 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.								
<b>Timeline for Improvement</b>								
This is an on-going area of focus during 2017/18.								

## SANDYFORD (SEXUAL HEALTH)

<b>Indicator</b>	1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.
<b>Purpose</b>	To monitor waiting times for access to a first appointment for vLARC
<b>National/ Corporate/ Local</b>	Local
<b>Integration Outcome</b>	Outcome 5
<b>HSCP Leads</b>	Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr – Jun 16	Jan 17 – Mar 17	Apr 17 – Jun 17	Jul 17 - Sep 17
<b>Intrauterine Devices (IUD)</b>					
10 working days	NE	21 (R)	23 (R)	24 (R)	20 (R)
	NW	20 (R)	21 (R)	21 (R)	21 (R)
	S	22 (R)	28 (R)	32 (R)	28 (R)
	<b>HSCP</b>	21 (R)	22 (R)	24 (R)	22 (R)
	GGC	19	17	21	21
<b>Implants</b>					
10 working days	NE	26 (R)	10 (G)	13 (R)	8 (G)
	NW	25 (R)	17 (R)	18 (R)	17 (R)
	S	24 (R)	21 (R)	25 (R)	18 (R)
	<b>HSCP</b>	25 (R)	15 (R)	17 (R)	14 (R)
	GGC	23	14	16	14
<b>Performance Trend</b>					
Target not met. However, waiting times have gone down between quarters 1 and 2, partly due to a number of additional clinics run on some Saturdays to address this.					
<b>Actions to Improve Performance</b>					
Staffing issues across the service has meant that Urgent Care and some scheduled care (e.g. TOPAR) has been prioritised over services such as vLARC. However, recruitment is underway, and a locum Sexual and Reproductive Health (SRH) Consultant has been appointed recently.					
The Sexual Health Service Review will also include recommendations on how to make long acting contraception more easily available to those who need it, which should address these waiting times.					
<b>Timeline for Improvement</b>					
Continue to monitor.					

<b>Indicator</b>	2. Average Waiting times for access to Urgent Care appointments.
<b>Purpose</b>	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations.
<b>National/ Corporate/ Local</b>	Local
<b>Integration Outcome</b>	Outcome 5
<b>HSCP Leads</b>	Rhoda Macleod, Head of Adult Services (Sexual Health)

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

<b>Performance Trend</b>
Target not met. Waiting times increased between quarters 1 and 2, this is mainly due to periods of low staffing over the summer and holiday months.
<b>Actions to Improve Performance</b>
<p>Clinic Prioritisation protocol has now been agreed 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 periods.</p> <p>The Service Review will also bring forward recommendations to increase the availability of urgent care at a few larger, more specialist sites across GGC, which should have a positive impact on waiting times and accessibility.</p>
<b>Timeline for Improvement</b>
March 2018 (recommendations to IJB)

<b>Indicator</b>	3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).
<b>Purpose</b>	To monitor waiting times for access to Routine 20s appointments.
<b>National/Corporate/Local</b>	Local
<b>Integration Outcome</b>	Outcome 5
<b>HSCP Leads</b>	Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Jan 17-Mar 17	Apr 17-Jun 17	Jul 17-Sep 17
20 working days	NE	19 (G)	20 (G)	20 (G)	17 (G)
	NW	12 (G)	18 (G)	17 (G)	19 (G)
	S	24 (R)	24 (R)	25 (R)	24 (R)
	HSCP	23 (R)	22 (R)	24 (R)	23 (R)
	GGC	22	21	24	23

<b>Performance Trend</b>
Target met across North East and North West but not in South, HSCP or NHSGGC as a whole and waiting times are increasing.
<b>Actions to Improve Performance</b>
Staffing issues across the service has meant that Urgent Care and some scheduled care (e.g. TOPAR) has been prioritised over services such as Routine (non-urgent) care.  We will further investigate activity and have looked at proposals for additional clinics to address long waiting times, although this required resource and clinical space. Recruitment also underway to address staff shortages, and a locum Sexual and Reproductive Health (SRH) Consultant has been appointed recently.
<b>Timeline for Improvement</b>
Continue to monitor over next 3 months

<b>Indicator</b>	4. Proportion of male attendances at all Sandyford services who are MSM (Men Who Have Sex with Men).
<b>Purpose</b>	An aim is to improve access across all Sandyford services for MSM and this indicator monitors attendance and whether this is being achieved.
<b>National/ Corporate/ Local</b>	Local
<b>Integration Outcome</b>	Outcome 5
<b>HSCP Leads</b>	Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Jan 17-Mar 17	Apr 17-Jun 17	Jul 17 - Sep 17
10%	NE	18% (G)	21% (G)	20% (G)	23% (G)
	NW	35% (G)	41% (G)	46% (G)	52% (G)
	S	16% (G)	19% (G)	26% (G)	29% (G)
	HSCP	31% (G)	31% (G)	35% (G)	41% (G)
	GGC	28%	35%	39%	44%
<b>Performance Trend</b>					
Targets met and exceeded across all localities. Increase in proportion of MSM attending between quarters partly due to the launch of the 'S.T.Aye' campaign across social media and digital platforms, as well as posters and printed materials.					

<b>Indicator</b>	5. Waiting times for access to Gender Identity service for young people and for adults
<b>Purpose</b>	To monitor waiting times for access to first appointment at Gender Identity services for young people aged under 17, and for adults aged 17 and older. Clinic is provided at Sandyford Central (West Glasgow) so no locality specific information shown.
<b>National/ Corporate/ Local</b>	Local
<b>Integration Outcome</b>	Outcome 5
<b>HSCP Leads</b>	Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr 16– Jun 16	Jan 17 – Mar 17	Apr 17 – Jun 17	Jul 17 - Sep 17
<b>Under 17 Years</b>					
18 weeks	GG&C	N/A	25.7 (R)	26.3 (R)	23.8 (R)
<b>17 years and over</b>					
18 weeks	GG&C	N/A	29.4 (R)	26.3 (R)	30.8 (R)

#### Performance Trend

Long term sickness absence in the Adult Gender team has had an impact on waiting times. Recruitment of another gender clinician has been unsuccessful to date.

#### Actions to Improve Performance

Service continues to review staffing levels to ensure correct resource is available.

#### Timeline for Improvement

Service Review will conclude by March 2018 with a set of recommendations to be implemented throughout 2018. Improvements expected to be seen by March 2019.

#### Other Annual Indicators - See Appendix 1, Section 2

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

## ALCOHOL AND DRUGS

<b>Indicator</b>	1. % of clients commencing alcohol or drug treatment within 3 weeks of referral.
<b>Purpose</b>	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred.
<b>National/ Corporate/ Local</b>	NHS LDP Standard/Health Board Indicator
<b>Integration Outcome</b>	Outcome 7
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1
90%	North East	92% (G)	97% (G)	96% (G)	97% (G)	98% (G)	99% (G)
90%	North West	100% (G)	100% (G)	98% (G)	99% (G)	98% (G)	98% (G)
90%	South	93% (G)	83% (R)	73% (R)	90% (G)	99% (G)	98% (G)
90%	Glasgow	97% (G)	92% (G)	89% (G)	94% (G)	97% (G)	98% (G)
<b>Performance Trend</b>							
This indicator is reported one quarter in arrears. At Q1 all localities exceeded the referral to treatment target (GREEN).							

<b>Indicator</b>	2. The percentage of Parental Assessments completed within 30 days of referral.
<b>Purpose</b>	An <i>Impact of Parental Substance Use</i> (IPSU) Assessment should be completed within 30 days of referral. This indicator monitors the percentage of assessments completed within this timeframe.
<b>National/Corporate/Local</b>	Local HSCP Indicator
<b>Integration Outcome</b>	Outcome 7
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
75%	North East	77% (G)	80% (G)	74% (G)	74% (G)	78.5% (G)
75%	North West	87% (G)	78% (G)	86% (G)	77% (G)	84% (G)
75%	South	84% (G)	68% (R)	75% (G)	79% (G)	82% (G)
75%	Glasgow	80% (G)	71% (R)	77% (G)	77% (G)	80% (G)
<b>Performance Trend</b>						
There was an increase in performance across all localities at Q2; all localities exceeded target at Q2 (GREEN).						

<b>Indicator</b>	3. The percentage of Service Users with an initiated recovery plan following assessment
<b>Purpose</b>	Following assessment, all Alcohol and Drugs service users should have a recovery plan put place. This indicator aims to ensure that we maximise the proportion who have an initiated recovery plan.
<b>National/ Corporate/ Local</b>	Local HSCP Indicator
<b>Integration Outcome</b>	Outcome 7
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
70%	North East	82% (G)	67% (A)	71% (G)	71% (G)
70%	North West	83% (G)	64% (R)	70.5% (G)	72% (G)
70%	South	85% (G)	73% (G)	75.5% (G)	73% (G)
70%	Glasgow	82% (G)	65% (R)	70% (G)	71% (G)
<b>Performance Trend</b>					
All localities exceeded the 70% target at Q2 (GREEN).					

#### Other Annual Indicators - See Appendix 1, Section 2

- Number of needles/ injecting equipment/foil dispensed
- Number of naxolone kits dispensed

## 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	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
95%	North East				90% (R)	93% (G)	91% (A)
	North West				94% (G)	94% (G)	89% (R)
	South				83% (R)	81% (R)	88% (R)
	Asylum & Refugee Team (ARST)				99% (G)	98% (G)	100% (G)
	City-wide	70% (R)	78% (R)	88.5% (R)	91% (A)	91% (A)	92% (A)
<b>Performance Trend</b>							
Locality breakdown provided from year end 16/17. City-wide performance was maintained during Q2 (AMBER). The Asylum and Refugee Team met target (GREEN), North East and North West slipped from GREEN to AMBER and RED respectively. South's performance improved during the quarter although they remained outwith the target range (RED).							
<b>Actions to Improve Performance</b>							
Overall, improved performance has been sustained, although there has been some variance across teams. North West CHT has reviewed their process to ensure a continued focus on improvement, with cases awaiting a decision now tracked from day 14 after application in order to improve performance for Q3 (previously 21 days).							
<b>Timeline for Improvement</b>							
It is anticipated that weekly and monthly reporting on performance will help to maintain and improve performance against this indicator city wide in the short to medium term.							

<b>Indicator</b>	2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation
<b>Purpose</b>	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.
<b>National/ Corporate/ Local</b>	SW Corporate Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
<b>95%</b> (16/17)  <b>80%</b> (17/18)	North East				80% (R)	100% (G)	71% (R)
	North West				80% (R)	83% (G)	94% (G)
	South				74% (R)	75% (R)	44% (R)
	ARST				n/a	100% (G)	n/a
	City-wide figure only	57% (R)	50% (R)	52% (R)	76% (R)	87.5% (G)	75% (R)
<b>Performance Trend</b>							
The target for this indicator reduced from 95% to 80% at Q1 2017/18. Locality breakdown provided from year end 16/17. Performance slipped significantly in NE, South and city-wide (RED) during Q2. In contrast performance improved significantly in NW (GREEN) over the same period.							
<b>Actions to Improve Performance</b>							
In Q1 2017-18 there were 32 decisions in this category city wide, of which 28 were completed within the 28 day timescale (87.5%). In Q2, there were 40 decisions in total, of which 30 (75%) were within timescale, representing a variation of over 10% across the quarters. Whilst there were more decisions outwith timescale in Q2 (10) compared to Q1 (4) the numbers are relatively small. It is acknowledged that cases in this category can often be complex, and may need more time to ensure that the outcome is appropriate, however, teams remain aware of the importance of working to good practice guidelines and ensuring that robust systems are in place to monitor progress on decisions for all cases.							
<b>Timeline for Improvement</b>							
Teams will continue to report on a weekly and monthly basis to assist ongoing monitoring and improve performance against this indicator in the short to medium term.							

<b>Indicator</b>	3. Percentage of live homeless applications over 6 months duration at end of quarter
<b>Purpose</b>	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
<b>National/ Corporate/ Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
<b>Target amended for 2017/18</b>  <20% (16/17)  <40% (17/18)	North East	-	-	38% (R)	48% (R)	41% (R)	38% (G)	41% (G)
	North West	-	-	40% (R)	46% (R)	42% (R)	36% (G)	39% (G)
	South	-	-	44% (R)	53% (R)	48% (R)	47% (R)	45% (R)
	Asylum & Refugee Team (ARST)	-	-	42% (R)	63% (R)	57% (R)	56% (R)	53% (R)
	City-wide	44% (R)	47% (R)	44% (R)	50% (R)	45% (R)	43% (R)	44% (R)
<b>Performance Trend</b>								
The target for this indicator was amended from <20% to <40% for 2017/18. NE (AMBER) and NW (GREEN) were within the target range at Q2. Performance in South, the ARST team and city-wide remains RED.								
<b>Actions to Improve Performance</b>								
Overall, performance against the revised target has been sustained in Q2, but there remains some variance across teams. Teams need to continue to balance work across all cases, ensuring that new applications are progressed as quickly as possible to a resettlement plan, as well as dealing with longer term cases. This target is monitored on a monthly basis, however, consideration is being given to introduction of a further weekly target to increase focus on more challenging cases.								
<b>Timeline for Improvement</b>								
Performance against this target is expected to improve over the medium to longer term.								

<b>Target/Ref</b>	4. Number of new resettlement plans completed - total to end of quarter (citywide)
<b>Purpose</b>	To measure progress towards sustained provision of increased numbers of resettlement plans, which outline housing needs for individual households and form the basis of requests for settled accommodation through the Section 5 process, based on the weekly count of new plans agreed by Housing Access Team.
<b>National/Corporate/Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
3,200 per annum (800 per quarter)	City-wide figure only	729 (R)	796 (G)	743 (R)	
<b>Performance Trend</b>					
We were outwith the target range of 800 new resettlement plans completed during Q2 (RED).					
<b>Actions to Improve Performance</b>					
Resettlement plan numbers are reported on a weekly basis to Senior Management, and are recorded on a monthly basis by each team. It has been agreed that additional temporary casework resources will be made available to teams from the start of Q3 to focus mainly on provision of additional resettlement plans. Teams will be given increased targets, and will be required to report on the work allocated to, and achieved by, their temporary resource, at a monthly meeting chaired by the NE Addictions and Homelessness Services Manager.					
<b>Timeline for Improvement</b>					
It is anticipated that improved resettlement plan numbers will be achieved into Q4 2017-18.					

<b>Target/Ref</b>	5. Number of households reassessed as homeless or potentially homeless within 12 months
<b>Purpose</b>	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
<b>National/Corporate/Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 4
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	14/15 Full Year Total	15/16 Full Year Total	16/17 Full Year Total	17/18 Q1	17/18 Q2
<b>Target revised for 17/18</b> <300 per annum (16/17) <480 per annum (17/18) (<120 per Q)	City-wide figure only	633 (R)	395 (R)	493 (R)	136 (R)	117 (G)
<b>Performance Trend</b>						
<p>The target for this indicator was amended from &lt;300 to &lt;480 per annum for 2017/18. The number of repeat cases recorded fell between Q1 and Q2 (GREEN). The total recorded at the mid-year point (Q1 and Q2, 253) is just slightly greater than the half year upper limit of 240.</p> <p>It is noted that the decrease in the number of repeat cases from Q1 to Q2 represents a variation of over 10%, however, this difference represents a small number of cases (19) compared to the total number of applications received each quarter (over 1,300). In general, the number of repeat cases each quarter continues to fluctuate. Processes have been put in place to ensure that case closures are signed off by a Senior Community Homeless Worker to help prevent repeat presentations where possible.</p>						

<b>Target/Ref</b>	6. Number of individual households not accommodated over last month of quarter.
<b>Purpose</b>	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.
<b>National/Corporate/Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 7
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
< 150	City-wide figure only	<b>225</b> June 2016 (R)	<b>217</b> Sept 2016 (R)	<b>91</b> Dec 2016 (G)	<b>209</b> Mar 2017 (R)	<b>164</b> June 2017 (R)	<b>129</b> Sept 2017 (G)
<b>Performance Trend</b>							
<p>The city-wide target was met (GREEN) at the end of Q2.</p> <p>It is noted that there has been a reduction in the number of households not accommodated in September 2017 compared to the number recorded for June 2017, representing a variation of over 10%. Whilst this reduction is positive, it remains the position that the statutory duty to accommodate is not being met. Overall, performance against this target fluctuates, and work continues to try to alleviate the situation on an ongoing basis. The Out of Hours Pilot will commence in Q3, providing an alternative approach to the current Hamish Allan Centre based service, initially on two days a week, linking homelessness staff with voluntary sector provision.</p>							

## CRIMINAL JUSTICE

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

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
80%	North East	62% (R)	61% (R)	63% (R)	63% (R)	63% (R)	67% (R)
80%	North West	73% (R)	76% (R)	58% (R)	70% (R)	67% (R)	65%(R)
80%	South	64% (R)	65% (R)	69% (R)	63% (R)	75% (R)	67%(R)
80%	Glasgow	70% (R)	67% (R)	64% (R)	65% (R)	68% (R)	66%(R)
<b>Performance Trend</b>							
All localities remain RED with little variation between localities at Q2.							
<b>Actions to Improve Performance</b>							
<p>The dip in performance on this indicator is disappointing given the level of emphasis it has received within the service by managers and staff. It remains the case as previously reported that 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. Hence the offender is less likely to attend promptly enough to achieve the indicator. Improved performance still relies on an ability to:-</p> <ul style="list-style-type: none"> <li>Continue to improve business processes</li> <li>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</li> </ul>							
<b>Timeline for Improvement</b>							
Ongoing emphasis, should see an improved performance in the next quarter.							
The similarity between the performance across the three areas highlights that this is a city wide and not a locality focused issue. This indicator continues to be included in fortnightly performance reports provided to Locality Teams, and monitored at the Criminal Justice core leadership meeting.							

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

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
85%	North East	65% (R)	81% (A)	78% (R)	88% (G)	98% (G)	86% (G)
85%	North West	77% (R)	80% (R)	81% (A)	98% (G)	90% (G)	73% (R)
85%	South	100% (G)	100% (G)	71% (R)	100% (G)	100% (G)	94% (G)
85%	City	84% (G)	89% (G)	76% (R)	97% (G)	98% (G)	84% (G)
<b>Performance Trend</b>							
Although city-wide performance remained GREEN at Q2 there was a significant slip in performance across all localities; North West moved from GREEN to RED.							
<b>Actions to Improve Performance</b>							
Performance has improved through monitoring and vigilance. Improved performance requires to be maintained through regular monitoring of performance data.  Although all areas have dipped in performance on this indicator the city wide performance has been effected significantly by the North West drop. This has been addressed locally and was due to a specific staffing issue, which has been resolved.							

<b>Indicator</b>	3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale.
<b>Purpose</b>	To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.
<b>National/ Corporate/ Local</b>	Criminal justice national standard
<b>Integration Outcome</b>	Outcome 4
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice) Sheena Morrison

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
75%	North East	53% (R)	59% (R)	56% (R)	64% (R)	78% (G)	85% (G)
75%	North West	65% (R)	80% (G)	78% (G)	75% (G)	87% (G)	79% (G)
75%	South	67% (R)	79% (G)	72% (A)	72% (A)	84% (G)	74% (G)
75%	Glasgow	62% (R)	72% (A)	69% (R)	71% (R)	83% (G)	78% (G)
<b>Performance Trend</b>							
Although the city-wide figure decreased at Q2, all localities either exceeded target (NE and NW, GREEN) or were within the target range (South, GREEN).							
<b>Actions to Improve Performance</b>							
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 and maintaining performance at these levels.							

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

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
70%	North East	46% (R)	57% (R)	66% (R)	58% (R)	61% (R)	58% (R)
70%	North West	54% (R)	62% (R)	64% (R)	61% (R)	58% (R)	58% (R)
70%	South	66% (R)	69% (G)	66% (R)	75% (G)	68% (A)	75% (G)
70%	Glasgow	54% (R)	63% (R)	65% (R)	65% (R)	62% (R)	64% (R)
<b>Performance Trend</b>							
At Q2 only the South locality met and exceeded the 70% (GREEN); performance remains below target in the other localities and the city as a whole (RED).							
<b>Actions to Improve Performance</b>							
<p>Significant work on streamlining processes and recording has been undertaken in terms of unpaid work placements. This is a critical area of service delivery and performance in this aspect of work continues to receive significant focus by the Service Managers and their staff.</p> <p>The Criminal Justice Commissioning Framework will place a high priority on the completion of orders, as will the planned service review with Community Safety Glasgow who provide the bulk of the unpaid work placements.</p> <p>Successful and prompt completion also requires significant commitment from the individual offenders.</p>							
<b>Timeline for Improvement</b>							
This is a newer indicator with a stretch target. Overall the city performance has improved. The slight dip in the performance in NE is being scrutinised. Further improvement is expected by Q3 of 2017/18.							

<b>Indicator</b>	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
<b>Purpose</b>	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
<b>National/ Corporate/ Local</b>	Criminal justice statutory return HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice) Sheena Morrison

Target	Locality	17/18 Q1	17/18 Q2	17/18 Q3
80%	North East	84% (G)	83% (G)	
80%	North West	80% (G)	82% (G)	
80%	South	77% (A)	76% (R)	
80%	Glasgow	81% (G)	80% (G)	
<b>Performance Trend</b>				
This indicator was reported for the first time at Q1 17/18. NE, NW and the city as a whole met target (GREEN) at Q2. South (RED) were slightly outwith the target range.				
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.				

<b>Indicator</b>	6. Throughcare Order Licences: Percentage of post sentence interviews held within one day of release from prison.
<b>Purpose</b>	It is important that post sentence interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release.
<b>National/Corporate/Local</b>	Criminal Justice Throughcare National standard HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 9
<b>HSCP Lead</b>	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice) Sheena Morrison

<b>Target</b>	<b>Locality</b>	<b>17/18 Q1</b>	<b>17/18 Q2</b>	<b>17/18 Q3</b>
90%	North East	100% (G)	93% (G)	
90%	North West	100% (G)	100% (G)	
90%	South	89% (G)	90% (G)	
90%	Glasgow	96% (G)	94% (G)	
<b>Performance Trend</b>				
All localities and the city as a whole met or exceeded the 90% target (GREEN) at Q2.  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.				

## HEALTH IMPROVEMENT

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

Locality	2015/16 End of Year Status	2016/17 End of Year Status	Target 2017/18 (to Q2)	Actual 2017/18 (to Q2)
North East	(G)	1156 (R)	654	612 (R)
North West	(G)	1399 (R)	634	1145 (G)
South	(R)	739 (R)	738	360 (R)
City Wide (Non sector specific wider settings delivery)		4106	No target	378
<b>Glasgow City HSCP</b>	(G)	7400 (G)	2026	2495 (G)
<b>Performance Trend</b>				
Target met at year end for 2016/17. Performance for first half of 2017/18 shown and target is being exceeded, although there are variations across areas.				

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

Area	Target Apr 16 – Mar 17	Actual Apr 16 – Mar 17	Target Apr 17 – Jun 17	Actual Apr 17 – Jun 17
North East	523	489 (R)	131	100 (R)
North West	407	346 (R)	102	76 (R)
South	458	415 (R)	115	97 (R)
<b>Glasgow</b>	<b>1388</b>	<b>1250 (R)</b>	<b>347</b>	<b>273 (R)</b>
<b>Performance Trend</b>				
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.				
<b>Actions to Improve Performance</b>				
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.				
<b>Timeline for Improvement</b>				
It is anticipated that improvements will be made during Quarter 4 2017/18. Due to the nature of the target, this will only become visible in later reports.				

<b>Indicator</b>	3. Women smoking in pregnancy – General Population
<b>Purpose</b>	To monitor the extent to which women are smoking in pregnancy. This is a new indicator and is recorded at their first ante-natal appointment with a midwife, who record smoking status on the Pregnancy and Newborn Blood Screen (PNBS) Programme information system.
<b>National/ Corporate/ Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 1
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Inequalities

TARGET	AREA	Apr 15- Mar 16	Oct 15 – Sep 16	Jan 16 – Dec 16	Apr 16- Mar 17	July 16 – Jun 17
13% (New for 17/18)	NE	16.5%	16.0%	15.8%	15.4%	15.6% (R)
13% (New for 17/18)	NW	12.5%	12.7%	12.4%	12.1%	11.7% (G)
13% (New for 17/18)	S	12.7%	13.4%	13.3%	12.7%	13.2% (G)
13% (New for 17/18)	<b>HSCP</b>	<b>13.7%</b>	<b>13.9%</b>	<b>13.8%</b>	<b>13.4%</b>	<b>13.5% (A)</b>
<b>Performance Trend</b>						
New target for 2017/18 agreed as 13%. Performance at a city level AMBER with North West and South GREEN and North East RED.						
<b>Actions to Improve Performance</b>						
This target reflects the wider community and young people prevention programmes as the rates above are taken from pregnancy booking appointments and half of all pregnancies are unplanned. A wide range of community cessation activity is captured in the general cessation target and there is a prevention strategy for tobacco which includes the provision of a new multiple risk programme with secondary schools (supporting early smoking cessation), there is also a continuing programme of smoke free homes activity which supports quitting between pregnancies.						
<b>Timeline for Improvement</b>						
We anticipate a continued gradual improvement to target by the end of the financial year.						

<b>Indicator</b>	4. Women smoking in pregnancy – most deprived quintile
<b>Purpose</b>	To monitor the extent to which women are smoking in pregnancy within the most deprived quintile of the population. This is a new indicator and is recorded at their first ante-natal appointment with a midwife, who record smoking status on the Pregnancy and Newborn Blood Screen (PNBS) Programme information system.
<b>National/ Corporate/ Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 5
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Inequalities

<b>TARGET</b>	<b>AREA</b>	<b>Apr 15- Mar 16</b>	<b>Oct 15 – Sep 16</b>	<b>Jan 16 – Dec 16</b>	<b>Apr 16- Mar 17</b>	<b>July 16 – Jun 17</b>
19%	NE	20.3%	19.7%	19.6%	18.6%	18.9% (G)
19%	NW	21.9%	21.8%	21.4%	20.6%	19.2% (G)
19%	S	20.2%	21.1%	21.9%	20.3%	19.8% (A)
19%	<b>HSCP</b>	<b>20.7%</b>	<b>20.8%</b>	<b>20.7%</b>	<b>19.7%</b>	19.3% (G)
<b>Performance Trend</b>						
Target for 2017/18 agreed as 19%. Performance GREEN at a city wide level and in the North East and North West, with South AMBER.						

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

<b>TARGET</b>	<b>AREA</b>	<b>Apr 15 - Mar 16</b>	<b>Jul 15 - Jun 16</b>	<b>Jan 16- Dec 16</b>	<b>Apr 16 - Mar 17</b>	<b>Jul 16 - Jun 17</b>
15.6%	NE	17.1% (G)	18.1% (G)	18.5% (G)	18.5% (G)	20.1% (G)
30.8%	NW	32.8% (G)	33.6% (G)	33.1% (G)	32.7% (G)	33.5% (G)
26.2%	S	25.8% (G)	27.8% (G)	27.4% (G)	27.2% (G)	26.8% (G)
<b>24.0%</b>	<b>HSCP</b>	25.3% (G)	26.7% (G)	26.5% (G)	26.3% (G)	26.8% (G)
<b>Performance Trend</b>						
Variations exist across areas with differential targets in place. All areas meeting their targets over the period shown above. Glasgow City and Greater Glasgow and Clyde have seen an upward trend recently in overall breastfeeding rates which are not being mirrored in other parts of Scotland, 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 Inequalities

TARGET	AREA	Apr 15 - Mar 16	Jul 15 - Jun 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17
19.5%	NE	15.0% (R)	15.9% (R)	16.3% (R)	17.9% (R)	17.9% (R)
23.9%	NW	21.2% (R)	20.9% (R)	18.3% (R)	19.7% (R)	19.7% (R)
22.8%	S	18.1% (R)	19.8% (R)	21% (A)	19.7% (R)	19.7% (R)
21.6%	HSCP	18.2% (R)	18.2% (R)	18.4% (R)	19.0% (R)	19.0% (R)
<b>Performance Trend</b>						
Performance remains RED for the HSCP and all areas. Glasgow City and Greater Glasgow and Clyde have, however, seen an upward trend in overall breastfeeding rates recently, which are not being mirrored in other parts of Scotland.						
<b>Actions to Improve Performance</b>						
The best practices to promote breastfeeding are supported through the implementation of the UNICEF Baby Friendly standard's, Glasgow HSCP was reassessed on the new standards and successfully reaccredited in 2016/17. Health Visiting and Health Improvement staff continue to support mothers to breastfeed and eight Breastfeeding support groups are delivered weekly (delivery focussed on SIMD 1 and 2). Although below target there is continued improvement while other parts of Scotland and GGC are experiencing a decline in breastfeeding rates.						
<b>Timeline for Improvement</b>						
Continual gradual improvement expected but anticipate not achieving target in year.						

## HUMAN RESOURCES

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

HSCP	Target	Mar-16	Mar-17	Jun-17	Jul-17	Aug-17	Sep-17
HSCP Central	4%	5.5% (R)	7.24% (R)	8.29% (R)	5.69% (R)	5.54% (R)	3.95% (G)
North East	4%	5.8% (R)	6.51% (R)	5.56% (R)	4.94% (R)	5.21% (R)	5.11% (R)
North West	4%	6.0% (R)	6.45% (R)	6.99% (R)	6.22% (R)	6.65% (R)	6.09% (R)
South	4%	7.8% (R)	6.26% (R)	6.33% (R)	6.1% (R)	5.93% (R)	5.14% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	2.48 (G)	1.34% (G)	1.22% (G)	1.22% (G)
Glasgow City	4%	6.3% (R)	6.19% (R)	6.11% (R)	5.41 (R)	5.58% (R)	5.12% (R)
<b>Performance Trend</b>							
Variations across areas and over time but there has been an improvement in performance across the board in the last quarter. Performance remains RED across all areas with exception of mental health and HSCP central							
<b>Actions to Improve Performance</b>							
<p>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:-</p> <ul style="list-style-type: none"> <li>• People &amp; 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.</li> <li>• Through engagement with senior managers at locality SMTs, People &amp; 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.</li> <li>• Historically, inpatient service areas have areas of high absence and all HSCTs 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</li> </ul>							

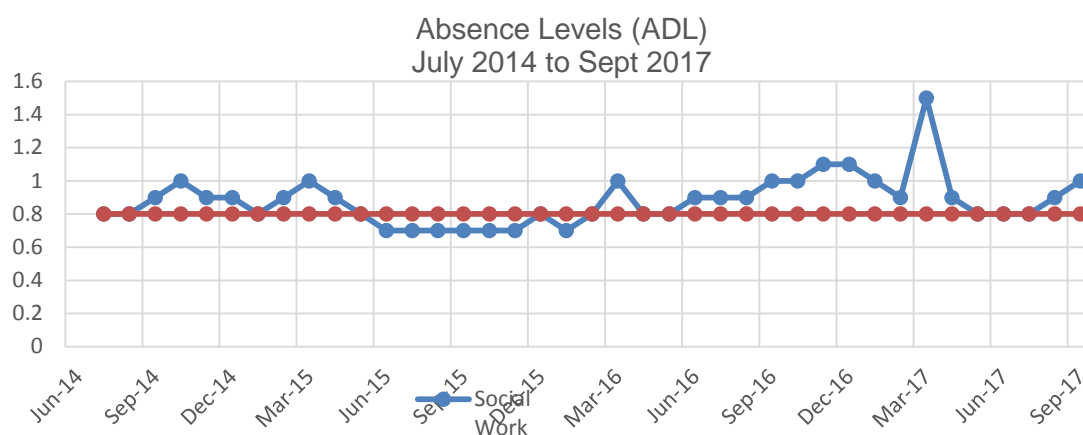
<p>training primarily aimed at in patient service areas. Further discussion is planned with Heads of Service collectively to review existing practice, return to work arrangements for staff, a focus on health promotion and scoping of reasonable adjustment arrangements for those returning to work after long periods of absence.</p>
<p><b>Timeline for Improvement</b></p>
<p>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</p>

<b>Indicator</b>	2. Social Work Sickness Absence Rate
<b>Purpose</b>	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
<b>National/Corporate/Local</b>	HSCP Local Indicator
<b>Integration Outcome</b>	Outcome 1
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate Services

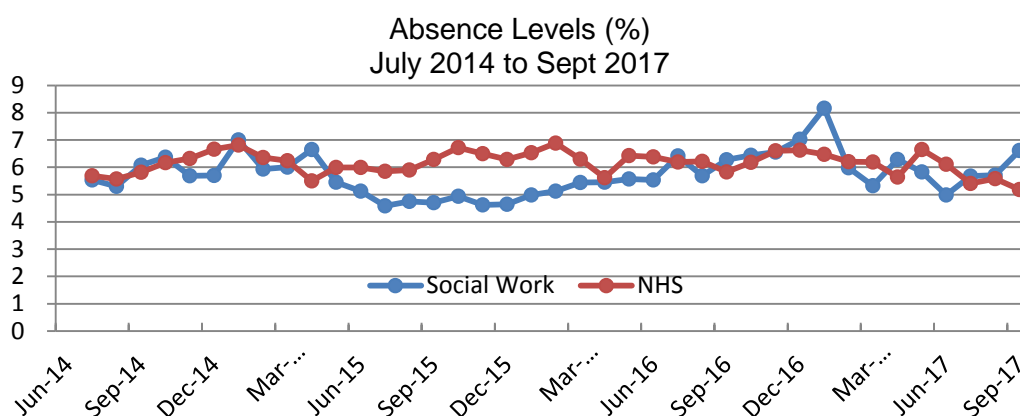
Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure as this reflects a more accurate position.

	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
<b>Average Days Lost (ADL)</b>	<b>Target 2.53</b>	<b>Target 2.45</b>	<b>Target 2.58</b>	<b>Target 2.64</b>	<b>Target 2.53</b>	<b>Target 2.45</b>	<b>Target 2.58</b>
<b>North East</b>	3.1 (R)	3.7 (R)	3.3 (R)	2.6 (G)	3.4 (R)	1.9 (G)	2.9 (R)
<b>North West</b>	2.7 (R)	2.2 (G)	2.2 (G)	3.5 (R)	2.8 (R)	3.2 (R)	2.8 (R)
<b>South</b>	3.2 (R)	2.4 (G)	3.1 (R)	4.0 (R)	3.9 (R)	2.6 (R)	2.8 (R)
<b>Glasgow City</b>	2.6 (R)	2.5 (R)	2.8 (R)	3.3 (R)	2.7 (R)	2.6 (R)	2.6 (R)

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

Following a decrease thru last year Q4 into this year Q1 the trend is increasing through Q2

### Actions to Improve Performance

Whilst there has been a positive reduction in the total days lost due to back pain in 2017/18 compared to the same period last year, the occupational health category for Musculoskeletal reasons remains consistently high and therefore, the Service are looking at piloting a Musculoskeletal Programme in conjunction with Occupational Health. This will incorporate support interventions for employees and detailed advice and recommendations for managers that will help formulate more specific and realistic action plans.

Absence performance within Residential Services for both Children's Services and Older People is steadily on the increase. New local approaches, review of current processes and HR support to managers within these service areas will continue, to work towards reversing the current absence trend for these staff groups.

Employees with consistently high absence levels will continue to be monitored across the service, with more robust measures implemented to address concerns.

### Timeline for Improvement

Monitoring of levels continues on a 4 weekly basis. It is expected that an increase will continue into Q3 as is normal for that time of year. It is expected however that levels remain below last year level with a decrease expect in Q4.

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

TARGET	AREA	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	
80%	HSCP Central	46% (R)	46.15% (R)	41.76% (R)	36.2% (R)	35.2% (R)	35.6% (R)	
80%	North East	59.9% (R)	59.69% (R)	57.01% (R)	66.8% (R)	68.1% (R)	67.9% (R)	
80%	North West	52.68% (R)	52.7% (R)	52.13% (R)	53.1% (R)	54.6% (R)	54.9% (R)	
80%	South	54.15% (R)	54.1% (R)	51.73% (R)	58.6% (R)	55.8% (R)	57.9% (R)	
80%	Mental Health Central	40.15% (R)	36.96% (R)	27.05% (R)	54.2% (R)	53.4% (R)	59.8% (R)	
80%	Glasgow City	55.16% (R)	54.97% (R)	52.7% (R)	56.3% (R)	59.35% (R)	59.9% (R)	

#### Performance Trend

Performance remains RED but has increased over the last quarter in all areas except HSCP central.

#### 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. The Chief officer has reminded all managers and staff of the importance of concluding PDP and KSF processes appropriately. Ongoing work includes:-

- Refreshed trajectories for each area to show the number of KSF processes to be completed to reach the required target of 80%, reviewed on a monthly basis
- 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
- Forward planning to understand the required activity across each service area is in place.
- In light of implementation of the new system TURAS in April 2018, continued focus on completion of as many outstanding reviews is underway via local SMT discussions

#### Timeline for Improvement

The HSCP has seen a gradual improvement in figures over the last number of months. Historically, January to March has been our time of significant improvement and this will be a challenge for the HSCP in light of the implementation of TURAS. However, planning is already underway to have a robust process in place for the new system to ensure the HSCP starts the revised arrangements with a positive response.

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

TARGET	AREA	Mar 16	Mar 17	Apr 17	Jun 17	Jul 17	Aug 17	Sep 17
100%	Glasgow City HSCP Central	0% (R)	N/A	100% (G)	N/A	75% (R)	40% (R)	0% (R)
100%	Glasgow City North East	33% (R)	75% (R)	83% (R)	67% (R)	60% (R)	67% (R)	0% (R)
100%	Glasgow City North West	33% (R)	50% (R)	100% (G)	100% (G)	75% (R)	67% (G)	100% (G)
100%	Glasgow City South	0% (R)	0% (R)	71% (R)	N/A	67% (R)	100% (G)	100% (G)
100%	Mental Health Central	N/A	N/A	100% (G)	0% (R)	N/A	100% (G)	N/A
100%	<b>Glasgow City HSCP Total</b>	<b>29% (R)</b>	<b>57% (R)</b>	<b>84% (R)</b>	<b>60% (R)</b>	<b>70% (R)</b>	<b>62% (R)</b>	<b>60% (R)</b>
<b>Performance Trend</b>								
Performance fluctuates across areas and over time but remains RED overall.								
<b>Actions to Improve Performance</b>								
Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. Current work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHS GG & C. Further detail on any revised arrangements will be brought to the HSCP SMT in due course								
<b>Timeline for Improvement</b>								
This detail is provided on a monthly basis to local management teams for review. Focus on this activity to ensure improvement continues.								

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

TARGET	AREA	Mar 16	Mar 17	Apr 17	Jun 17	Jul 17	Aug 17	Sep 17
100%	HSCP Central	100% (G)	N/A	N/A	N/A	N/A	50% (R)	N/A
100%	North East	8% (R)	33% (R)	50% (R)	27% (R)	50% (R)	100% (G)	67% (R)
100%	North West	60% (R)	100% (G)	N/A	N/A	0% (R)	N/A	N/A
100%	South	0% (R)	50% (R)	0% (R)	50% (R)	100% (G)	N/A	100% (G)
100%	Mental Health Central	N/A	50% (R)	N/A	N/A	N/A	N/A	N/A
100%	<b>Glasgow City HSCP Total</b>	27% (R)	50% (R)	33% (R)	31% (R)	50% (R)	67% (R)	75% (R)

#### Performance Trend

Performance fluctuates across areas and over time but remains RED overall

#### 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.
- Variance in the completion rates can be significant based on the fluctuation in new starts that may take up role within the HSCP in certain months. Relatively small numbers of staff failing to complete induction can significantly influence the percentage completion per locality area. Numbers of staff completing this process can be provided as required.

#### 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

<b>Indicator</b>	1. NHS Complaints responded to within timescales (Stage 1) (%).
<b>Purpose</b>	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 5 days normally for stage 1 or 10 days if extension given).
<b>National/ Corporate/ Local</b>	Health Board Indicator
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	TARGET	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
<b>HSCP</b>	70%	100% (G)			
NE	70%	100% (G)			
NW	70%	100% (G)			
South	70%	100% (G)			
Corporate (exc prisons)	70%	N/A			
Prisons	70%	100% (G)			

### Performance Trend

HSCP and all localities GREEN in the last reporting period. New indicator introduced following new complaints procedures for both social work and health coming into effect on the 1<sup>st</sup> of April this year.

<b>Indicator</b>	2. NHS Complaints responded to within 20 working days (Stage 2) (%).
<b>Purpose</b>	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days for stage 2).
<b>National/ Corporate/ Local</b>	Health Board Indicator
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

<b>Locality</b>	<b>TARGET</b>	<b>17/18 Q1</b>			
<b>HSCP</b>	70%	<b>76% (G)</b>			
NE	70%	<b>100% (G)</b>			
NW	70%	<b>80% (G)</b>			
South	70%	<b>50% (R)</b>			
Corporate (exc prisons)	70%	<b>N/A</b>			
Prisons	70%	<b>74% (G)</b>			

### Performance Trend

Variations across localities with the HSCP overall GREEN. South the only area RED but this related to only 2 cases. New categorisations so no trend information shown.

<b>Indicator</b>	3. SW Complaints responded to within timescales (Stage 1) (%).
<b>Purpose</b>	To monitor performance in relation to the agreed SWS target time for responding to complaints at Stage 1 (target is 5 days or 15 days if extension applied).
<b>National/Corporate/Local</b>	National Indicator
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1	
		No.	%
70%	North East	23	65% (R)
70%	North West	31	52% (R)
70%	South	36	64% (R)
70%	Centre	12	67% (R)
70%	Glasgow	102	61% (R)
<b>Performance Trend</b>			
Performance did not meet target in either the localities or Centre teams at Q1.			
<b>Actions to Improve Performance</b>			
A new procedure was adopted in April 2017 and results for the first quarter are clearly disappointing in terms of timescales. Analysis of individual cases suggests that targets would have been met in all areas had teams planned for responses exceeding 5 working days by using the available extension to 15 working days for relevant cases. This requires only that a service manager agree an extension and that the complainer is notified of that fact where the complaint meets certain criteria. As managers become more familiar with the new process it is anticipated that the extension will be used as appropriate.			
<b>Timeline for Improvement</b>			
Improvement is expected in quarters 3 and 4.			

<b>Indicator</b>	4. SW Complaints responded to within 20 working days (Stage 2) (%).
<b>Purpose</b>	To monitor performance in relation to the agreed SWS target time for responding to complaints at stage 2 (target is 20 days).
<b>National/Corporate/Local</b>	National Indicator
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		
		Stage of Complaint	No.	%
70%	Glasgow	Stage 2	29	21% (R)
<b>Performance Trend</b>				
The target was clearly not met for this new indicator, which replaces the previous 28 days statutory deadline.				
<b>Actions to Improve Performance</b>				
Stage 2 complaints are not broken down by locality as all stage 2 complaints are executed by the central complaints (rights and enquiries) team. The poor performance is indicative of resource pressures on the central team that deals with these complaints and issues of staff absence and vacancy. These issues are being addressed but as figures are cumulative across the year, performance improvement will be slow given the very poor first quarter.				
<b>Timeline for Improvement</b>				
Improvement is expected in quarters 3 and 4.				

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

Target	Locality	17/18 Q1	
		No. received	%
100%	Glasgow	69	94% (R)
<b>Performance Trend</b>			
This indicator is being included for the first time; it is reported one quarter in arrears. Performance was slightly outwith the target range at Q1 (RED).			
<b>Actions to Improve Performance</b>			
Performance is in line with that achieved in 2016-17 and would have met previous performance targets. However a new target of 100% compliance has been adopted on advice from GCC Legal services as this is a statutory requirement subject to regulatory action			
<b>Timeline for Improvement</b>			
It is unlikely that 100% compliance is achievable, but the team will continue to manage requests to achieve performance as close to that as possible and to ensure that any requests exceeding the statutory deadline are managed to swift conclusion, to minimise any potential reputational risk.			

<b>Indicator</b>	6. Percentage of Social Work Data Protection Subject Access Requests completed within required timescale
<b>Purpose</b>	This indicator monitors social work performance in relation to the timescale for the completion of Data Protection Subject Access Requests; it is reported one quarter in arrears.
<b>National/Corporate/Local</b>	National Indicator
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1	
		No. received	%
100%	Glasgow	47	89% (R)
<b>Performance Trend</b>			
This indicator is being included for the first time; it is reported one quarter in arrears. Performance was outwith the target range at Q1 (RED).			
<b>Actions to Improve Performance</b>			
Performance is in line with that achieved in 2016-17 and would have met previous performance targets. However a new target of 100% compliance has been adopted on advice from GCC Legal services, which is particularly important in preparation for new data protection legislation to come into force in May 2018. Teams will need to focus on the fulfilment of subject access requests within existing legal timescales in preparation for even more stringent timescales from that date. New subject access procedures are being prepared across GCC and staff briefing and training on the issue of subject access requests will follow early in 2018			
<b>Timeline for Improvement</b>			
Given the resource issues impacting on the central team, performance is likely to continue at around the 90% level until changes to process are introduced in 2018 in preparation for new legislation.			

<b>Indicator</b>	7. Percentage of elected member enquiries handled within 10 working days.
<b>Purpose</b>	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
<b>National/Corporate/Local</b>	Council Corporate Indicator.
<b>Integration Outcome</b>	Outcome 3
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	
							no.	%
80%	North East	100% (G)	100% (G)	98% (G)	100% (G)	100% (G)	99	99% (G)
80%	North West	98% (G)	96% (G)	94% (G)	95% (G)	90% (G)	98	91% (G)
80%	South	86% (G)	74% (R)	84% (G)	95% (G)	96% (G)	80	98% (G)
80%	Centre	98% (G)	89% (G)	88% (G)	83% (G)	72% (R)	92	82% (G)
80%	Glasgow	94% (G)	88% (G)	91% (G)	92% (G)	90% (G)	369	92% (G)
<b>Performance Trend</b>								
The target was exceeded at Q2 across all localities and city-wide (GREEN). 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

<b>11. Premature mortality rate (Per 100,000 population) (Outcome 1)</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	This is based on the European age-standardised mortality rate per 100,000 for people aged under 75.
Glasgow	612	634	617	
Scotland	423	441	440	
<b>17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (developmental) (Outcome 9)</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	The Care Inspectorate have advised that this is a developmental indicator and is based on reviews across care groups.
Glasgow City	81%	81%	86%	
Scotland	81%	83%	84%	
<b>18. Percentage of adults with intensive care needs receiving care at home</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	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%	55%	
Scotland	61%	62%	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	Comments
<b>Primary Care</b>								
1. % able to make an appointment with a doctor three or more working days in advance	HSCP Local Indicator Outcome 9	90%	15/16	<b>78% (R)</b>	<b>73% (R)</b>	<b>77% (R)</b>	<b>83% (R)</b>	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	<b>84% (R)</b>	<b>82% (R)</b>	<b>88% (R)</b>	<b>83% (R)</b>	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) - % men who take up invitation by age 66 and 3 months.	HSCP Local indicator. Outcome 1	70%	Mar 2016	<b>75.7% (G)</b>	<b>74.5% (G)</b>	<b>74.7% (G)</b>	<b>77.5% (G)</b>	Figures relate to year ending March 2016. Boards given implementation period and only expected to meet the target from the year ending March 2017, but all areas already meeting target. 70% target is essential with 85% desirable.
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	HSCP Local Indicator. Outcome 9	50%	Jan-Mar 17		<b>56.8% (G)</b>	<b>62.7% (G)</b>	<b>49% (G)</b>	New indicator. Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Children's Services</b>								
5.% of 0-2 year olds registered with a dentist	HSCP Local indicator. Outcome 1	55%	Sep 16	<b>52.58 (A)</b>	<b>56.59 (G)</b>	<b>50.73 (R)</b>	<b>51.01 (R)</b>	Locality figures extracted locally. Indicator will now only be produced annually after national publication in December.
6. % of 3-5 year olds registered with a dentist	HSCP Local indicator. Outcome 1	90%	Sep 16	<b>94.84 (G)</b>	<b>90.72 (G)</b>	<b>96.92 (G)</b>	<b>96.9 (G)</b>	Locality figures extracted locally. Indicator will now only be produced annually after national publication in December.
7. % of P1 children with no obvious decay experience	HSCP Local indicator. Outcome 1	60%	2016	<b>64.1% (G)</b>				Performance has improved from 56.5% in 2012. Below the Health Board average of 65.3%.Produced 2 yearly. Last one Oct 16.
8. % of P7 children with no obvious decay experience	HSCP Local indicator. Outcome 1	60%	2015	<b>70.2% (G)</b>				Performance improved from 60.6% in 2013. Below Health Board average of 72.6%. Produced 2 yearly. Last one Oct 15.
9. Looked After Children & Young People who received a Comprehensive Health Assessment	HSCP Local Indicator. Outcome 1	TBC	July 2017	<b>44%</b>				Assessments were offered to 1420 children and young people between October 2016 and July 2017. 56% were declined/cancelled or were DNAs (Did Not Attends)

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Sandyford (Sexual Health)</b>								
10. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17	HSCP Local Indicator. Outcome 1	13-15 (F) 58%	Mar 2017	<b>37% (R)</b>				Targets are based upon estimates of the numbers of young people in the city who are sexually active. Annual targets have been set which will be included on an annual basis after cumulative figures for each financial year are known.
		13-15 (M) 5%		<b>2.5% (R)</b>				
		15-17 (F) 64%		<b>34% (R)</b>				
		15-17 (M) 10%		<b>3.2% (R)</b>				
<b>Alcohol and Drugs</b>								
11. Number of needles/ injecting equipment/foil dispensed	HSCP Local Indicator. Outcome 7	1,093,228 (for 17/18)	16/17	1,041,070				Target for 2017/18 is 5% increase on actual performance in 2016/17.
12. Number of naxolone kits dispensed	HSCP Local Indicator. Outcome 7	1500 (for 17/18)	16/17	1368				Target for 2017/18 been based upon actual performance in 2016/17.
<b>Others</b>								
13. 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	<b>9.2</b>				Rates have reduced for the HSCP as a whole, from 11.8 in 2014 and 13.2 in 2011. Glasgow below the Health Board average of 10.1 in 2015.
14. Number of drug related deaths (crude rate per 100,000 population).	HSCP Local indicator. Outcome 1	N/A	2016	<b>170</b>				Rates fluctuate but have increased for the HSCP as a whole from 114 in 2014 and 157 in 2015.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
15. 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.
16. Percentage of those invited who undertake bowel screening	HSCP Local indicator. Outcome 1	60%	2014/ 16	N/A	45.8% (R)	47.7% (R)	47.6% (R)	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. Last produced Dec 2016.
17. Percentage of women invited who attend for breast screening.	HSCP Local Indicator. Outcome 1	70%	2013- 16 round	N/A	61.9% (R)	62.5% (R)	62.9% (R)	Uptake has reduced slightly from 2009-13 round when rates were 68.5% (NE); 71.5% (NW); and 62.7% (South). Small variations across areas but all RED and below Board average (67.9%). HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but has role in promoting awareness and encouraging uptake. Last produced Dec 2016.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
18. Percentage of women invited who attend for cervical screening	HSCP Local Indicator. Outcome 1	80%	2015/ 16	N/A	68.9% (R)	59.2% (R)	70.8% (R)	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. Last produced Dec 2016.