



Item No. 13

Meeting Date Wednesday 13th June 2018

Glasgow City Integration Joint Board Finance and Audit Committee

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HSCP PERFORMANCE REPORT Q4

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 4 of 2017/18.
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Background/Engagement:	The IJB Finance and Audit Committee have previously agreed that a Performance report would be produced and presented to them on a quarterly basis, with specific service areas focused upon at each meeting.
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Recommendations:	The IJB Finance and Audit Committee is asked to: a) note the attached performance report; and b) review and discuss performance with the Strategic Lead for Primary Care.
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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:

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

1. Purpose

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 4 2017/18.

2. Background

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

3. Reporting Format

3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against. The vast majority of these relate to Unscheduled Care. These will be revised for Q1 of 2018/19 to reflect the suite of indicators identified by the Ministerial Strategic Group for Health and Community Care with Care (MSG Indicators), for which a plan with trajectories was recently prepared.

3.2 Within the report, 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:

- Local Health and Social Work Indicators (chosen locally by the Partnership)
- National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
- NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
- Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods and highlights those indicators which have changed status, for each care group. 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.
- 4.2 The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement; as well as for those indicators which have changed their RAG status in a positive direction. Following on from a recommendation from audit, we have also sought explanations for when performance has varied by more than 10% since the last report.

Exceptions

- 4.3 At Q4, 46 indicators were GREEN (42.2%); 42 RED (38.5%); 4 AMBER (3.7%); and 17 (15.6%) GREY. The indicators which are RED are summarised in the table below with those which have been RED for two or more successive quarters are marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People	Page No.
5. % service users leaving service following reablement with no further home care support.	24
10. Total number of Older People Mental Health patients delayed	29
12. Intermediate Care: Average Length of stay	31
13. Intermediate Care: % of users transferred home.	32
Primary Care	
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	41
3iii. Flu Immunisation Rates (pregnant women – not in clinical risk group).	41
4. Shingles Immunisation Rates (aged 70 and aged 76)	43
5i. AHP Waiting Times – MSK Physio	44
Unscheduled Care	
3. A&E Waits Less Than 4 Hours (%)	47
10. Total number of adults and older people delayed	54
Children's Services	
1. Uptake of Ready to Learn Assessment within the eligible time limits (27 to 33 months)	62
4. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.	65
5. % looked after & accommodated children under 5 who have had a Permanency Review	66
7. % young people receiving an aftercare service who are known to be in employment, education or training.	69

Adult Mental Health	
2. Average Length of Stay in Short Stay Adult Mental Health Beds (Leverndale & Gartnavel)	<u>75</u>
4. Total number of Adult Mental Health patients delayed	<u>77</u>
Sexual Health (Sandyford)	
1. Average waiting times for access to Long-Acting Reversible Contraception appointments (IUD & Implants)	<u>78</u>
2. Average waiting times for access to Urgent Care appointments.	<u>79</u>
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics	<u>80</u>
5. Waiting times for access to Gender Identity service for young people and for adults	<u>82</u>
Homelessness	
1. % of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	<u>86</u>
2. % of decision letters issued within 28 days of initial presentation: Temporary accommodation.	<u>87</u>
3. % of live homeless applications over 6 months duration at end of the quarter.	<u>88</u>
4. Number of new resettlement plans completed - total to end of quarter (citywide)	<u>89</u>
6. Number of individual households not accommodated in last month of quarter.	<u>91</u>
Criminal Justice	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	<u>92</u>
2. % of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	<u>93</u>
4. % of Unpaid Work (UPW) requirements completed within timescale.	<u>95</u>
5. % of Criminal Justice Social Work Reports submitted to court	<u>96</u>
Health Improvement	
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	<u>99</u>
6. Exclusive Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones	<u>103</u>
Human Resources	
1. NHS Sickness absence rate	<u>105</u>
2. Social Work Sickness Absence Rate	<u>107</u>
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	<u>110</u>
4. % NHS staff with standard induction completed within deadline.	<u>111</u>
5. % NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the agreed deadline.	<u>112</u>
Business Processes	
3. % of SW Complaints responded to within timescales (Stage 1).	<u>115</u>
4. % of SW Complaints responded to within timescale (Stage 2)	<u>116</u>
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	<u>118</u>

Changes in RAG Status

- 4.4 There has been a change in RAG status for 12 indicators since the last report. Of these, performance improved for 2 and declined for 10, as highlighted below.

i. Performance Improved

A) RED TO AMBER
<i>Adult Mental Health</i>
1. Psychological Therapies: % started treatment within 18 weeks of referral (NW only)
B) AMBER TO GREEN
<i>Business Processes</i>
5. % FOI requests responded to within 20 working days.

ii. Performance Declined

A) GREEN TO AMBER
<i>Older People</i>
1. Home Care: % of older people (65+) reviewed in the last 12 months.
4. Percentage of service users who receive a reablement service following referral for a home care service (Hospital Discharge)
B) GREEN TO RED
<i>Older People</i>
12. Intermediate Care : Average length of stay (Days)
13. Percentage of intermediate care users transferred home compared to those transferred to a residential or nursing home
<i>Children's Services</i>
4. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services
<i>Homelessness</i>
6. Number of individual households not accommodated in last month of quarter.
<i>Criminal Justice</i>
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court
<i>Business Processes</i>
3. % of SW Complaints responded to within timescales (Stage 1)
C) AMBER TO RED
<i>Older People</i>
5. Percentage of service users leaving the service following reablement period with no further home care support.
<i>Homelessness</i>
4. Number of new resettlement plans completed - total to end of quarter (citywide)

5. Recommendations

- 5.1 The IJB Finance and Audit Committee is asked to:
- a) note the attached performance report; and
 - b) review and discuss performance with the Strategic Leads for Primary Care.



CORPORATE PERFORMANCE REPORT

(Finance and Audit Committee)

**QUARTER 4
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	
	RED	Performance misses target by 5% or more	▲	Improving
	AMBER	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	GREEN	Performance is within 2.49% of target	▼	Worsening
	GREY	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons









2a. Summary

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

CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q4
										
Older People (No. and %)	1 4.8%	1 4.8%	15 71.4%	4 19%	4 19%	2 9.6%	11 52.4%	4 19%	<p><u>Green ⇌ Amber</u> 1. Home Care: % of older people (65+) reviewed in the last 12 months.</p> <p>4. Percentage of service users who receive a reablement service following referral for a home care service (Hospital Discharge)</p> <p><u>Green ⇌ Red</u> 12. Intermediate Care : Average length of stay (Days)</p> <p>13. Percentage of intermediate care users transferred home compared to those transferred to a residential or nursing home</p>	










CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q4
										
									Amber ⇌ Red 5. Percentage of service users leaving the service following reablement period with no further home care support.	
Primary Care (No. and %)	4 44%	1 11%	4 44%		4 44%	1 11%	4 44%		No changes in status for either existing or new indicators.	
Unscheduled Care (No. and %)	2 13%			13 87%	2 13%			13 87%	No changes in status for either existing or new indicators.	Indicator 1. A&E attendances rate now replaced with MSG data. Data is now a combined figure of the city's 2 A&E units. Indicator 3. A&E waits within 4 hours (%). Data source is now MSG.
Carers (No. and %)			3 100%				3 100%		No changes in status for existing indicators.	
Children's Services (No. and %)	3 30%		7 70%		4 40%		6 60%		Green ⇌ Red 4. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	













CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q4
										
Adult Mental Health (No. and %)	8 66.7%		4 33.3%		7 58.4%	1 8.3%	8 33.3%		Red ⇌ Amber 1. Psychological Therapies: % started treatment within 18 weeks of referral (NW only)	Transfer to TrakCare so new calculation methods used for adult mental health bed occupancy and length of stay so no direct comparisons can be made to Q3
Sandyford Sexual Health (No. and %)	5 83.3		1 16.7%		5 83.3		1 16.7%		No changes in status for existing indicators.	
Alcohol & Drugs (No. and %)			3 100%				3 100%		No changes in status for existing indicators.	
Homelessness (No. and %)	3 50%	1 17%	2 33%		5 83%		1 17%		Green ⇌ Red 6. Number of individual households not accommodated in last month of quarter. Amber ⇌ Red 4. Number of new resettlement plans completed - total to end of quarter (citywide)	
Criminal Justice (No. and %)	3 50%		3 50%		4 67%		2 33%		Green ⇌ Red 5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.	
Health Improvement (No. and %)	2 33%		4 67%		2 33.4%		4 66.6%			

















CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q4
										
Human Resources (No. and %)	5 100%				5 100%				No changes in status for existing indicators.	
Business Processes (No. and %)	3 43%	1 14%	3 43%		4 57%		3 43%		<u>Green ⇌ Red</u> 3. % of SW Complaints responded to within timescales (Stage 1) <u>Amber ⇌ Green</u> 5. % FOI requests responded to within 20 working days.	
TOTAL (No. and %)	39 35.8%	4 3.7%	49 45.0%	17 15.6%	42 38.5%	4 3.7%	46 42.2%	17 15.6%	12 changes in status	









2b. Performance at a Glance










The table below presents a summary of performance at a city wide level for the performance measures contained within the body of this Combined Performance Report. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Older People				
1. Home Care: % of older people (65+) reviewed in the last 12 months.	85%	Q4	82% 	▼
2. Number of community service led Anticipatory Care Plans in Place.	720 for 2017/18	Q4	824 	▲
3. Number of people in supported living services.	650 by year end	Q4	734 	▼
4. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 13b	72.8% (Hosp)  78.2% (Comm) 	► Hospital ▼ Community
5. Percentage of service users leaving the service following reablement period with no further home care support.	>40%	Cordia Period 13b	37.9% 	▼
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - % over one year.	0%	Q4	0% 	►
7. Continence Service – Waiting Times	100% seen within 12 weeks	Q4	97.5% 	►
8. Day Care – Review Rates	95%	Q4	97% 	►












Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
9.i Referrals to Telecare: Basic	2,248	Q4	771 	▲
9.ii Referrals to Telecare: Advanced	304	Q4	309 	▼
10. Total number of Older People Mental Health patients delayed	0	Apr 18	13 	▲
11. Intermediate Care: Percentage Occupancy.	90%	Mar 18	87% 	▼
12. Intermediate Care: Average Length of stay (Days).	<30	Mar 18	40 days 	▼
13. Intermediate Care: Percentage of users transferred home.	>30%	Mar 18	21% 	▼
14. Provided Residential Care – Occupancy Rates	95%	Q4	96% 	▶
15. Provided Residential Care – Review Rates	95%	Q4	95% 	▼
16. % of last 6 months of life spent at home or in a community setting	TBC	Q3	88% 	▲
17. Falls rate per 1,000 population aged 65+	TBC	Q3	6.8 	▲
18. Total number of patients who have been diagnosed with dementia in a given month	TBC	Jan-Mar 18	144 	▼
19. Percentage of patients who have their first contact with a Dementia Linkworker who have waited no longer than 12 weeks	TBC	Jan-Mar 18	15.4% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q4	 79.55%	▲
2. Prescribing Costs: Annualised cost per weighted list size.	At/Below NHSGGC average	Mar 18	 All areas below average	NE ▲ NW ▲ South ▲
3i. Flu Immunisation Rates (over 65s).	75%	Q4	72.2% (NE)  72.2%(NW)  73.1% (S) 	▲ All areas
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Q4	45.9% (NE)  43.9% (NW)  45.7% (S) 	▲ All areas
3iii. Flu Immunisation Rates (pregnant women – not in clinical risk group).	75%	Q4	47.2% (NE)  55.9% (NW)  53.6% (S) 	▲ All areas
4. Shingles Immunisation Rates (aged 70 and aged 76)	60%	Sep 16-Aug 17	36.1% (NE)  34.7% (NW)  33.6% (S) 	▲ All areas
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Mar 18	44% 	▲
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Mar 18	97.9% 	▲










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Mar 18	100% 	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations	Target TBC	Apr 17 – Mar 18	205,642 	▼
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	Oct 17	571 	▼
3. A&E Waits Less Than 4 Hours (%)	95%	Mar 18	85.9% 	▲
4i. Emergency Admissions – Numbers and Rates/1000 population by month (Aged 65+).	Target TBC	Q4	27,472/329 (17/18) 	▲
4ii. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	Target TBC	Q4	17,661/449 (17/18) 	▲
5. Rate of emergency admissions per 100,000 population for adults.	Target TBC	Q3	2,961 	▲
6. Rate of readmission to hospital within 28 days of discharge per 1,000 admissions.	Target TBC	Q3	74 	▲












Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
7i. Emergency Acute Bed Days for Older People (Numbers and Rate per 1000 population) (65+).	Target TBC	Nov 17	27,016 324 	▲
7ii. Emergency Acute Bed Days for Older People (Numbers and Rate per 1000 population) (75+).	Target TBC	Aug 17	19,219/488 	▲
8. Rate of emergency bed day per 100,000 population for adults.	Target TBC	Q3	28,232 	▲
9. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Target TBC	Q3	22% 	▲
10. Total number of adults and older people delayed	20	3 Apr 18	39 	▲
11. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	Target TBC	2017/18	10,982 	▲
12. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	Target TBC	2017/18	2098 	▲
13. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	Target TBC	Q3	80 	▲
Carers				
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	Q4	494 (Q4) 1,942 (annual) 	▲











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Carer Referrals: Source of Carer Self-Referral	Primary/Comm 550 Acute 110	Q4	Primary/Comm 774 Acute 119	▲
3. Qualitative Evaluation Question: Improved your ability to support the person that you care for	65%	Q4	82% 	▼
Children's Services				
1. Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits (27 to 33 months)	95%	Mar 18	90% 	▲
2. Percentage of HPIs allocated by Health Visitors within 24 weeks.	95%	Mar 18	NE - 93%  NW - 96%  S - 96% 	NE▼ NW▼ S▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 for year across city	Q4	1,757 	▲
4. Access to CAMHS services - % seen with 18 weeks	100%	Mar 18	93.6% 	▼
5. % looked after and accommodated children (under 5) who have had a Permanency Review (when looked after for 6 months or more).	90%	Q4	80% 	▼
6. Percentage of new SCRA reports submitted within 20 days/on time.	60%	Q4	61% 	▼



Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
7. Percentage of young people receiving an aftercare service who are known to be in employment, education or training.	75%	Q4	67% 	▼
8. Number of high cost placements	Reduction of 30 in 2017/18	31 Mar 2018	67 	▲
9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q3	93.5% 	▼
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q3	95.6% 	▼
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.	90%	Mar 18	NE 88.3%  NW 87.1%  S 96.5% 	NW and South ▲ NE ▼
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Apr 18	Stob (26.5)  Lev (29.4)  Park (14)  Gart (29.5) 	Stobhill ▲ Leverndale ▲ Parkhead ▼ Gartnavel ▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. % Bed Occupancy (Short Stay Adult Mental Health Beds)			Stob (93) Lev (95.3) Park (97) Gart (97.2)	
4. Total number of Adult Mental Health patients delayed	0	2 Apr 18	21 	▼
Sandyford (Sexual Health)				
1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.	10 Working Days	3	23 (IUD) 15(Implants)	IUD ▲ Implants ►
2. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q4	4	►
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).	20 working days	Q4	26	▼
4. Proportion of male attendances at all Sandyford services who are MSM (Men Who Have Sex with Men).	10%	Q4	42%	►
5. Waiting times for access to Gender Identity service for young people and for adult	18 Weeks	Q4	31.8(under 17) 37.6 (over 17) Both	under 17 ▼ over 17 ▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q3	96% 	►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. The percentage of Parental Assessments completed within 30 days of referral.	75%	Q4	81% 	▶
3. The percentage of Service Users with an initiated recovery plan following assessment	70%	Q4	73% 	▲
Homelessness				
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	95%	Q4	86% 	▲
2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation.	80%	Q4	73% 	▲
3. Percentage of live homeless applications over 6 months duration at end of the quarter.	<40%	Q4	48% 	▼
4. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,200 (800 per quarter)	Q4	711 	▼
5. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q4	84 	▲
6. Number of individual households not accommodated in last month of quarter.	< 150	Q4	186 	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q4	67% 	▶

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q4	80% 	▲
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q4	78% 	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q4	60% 	▼
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q4	73% 	▼
6. Throughcare order licences: Percentage of Post sentence interviews held within one day of release from prison.	90%	Q4	93% 	▼
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5066	Q4	6470 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1041 to Q3	Q4 17/18	1240 	▲
3. Women smoking in pregnancy – general population	13% for 17/18	Q3 17/18	12.8% 	▲
4. Women smoking in pregnancy – most deprived quintile.	19% for 17/18	Q3 17/18	18.5% 	▲
5. Breastfeeding at 6-8 weeks (Exclusive).	Variable by locality	Q2 17/18	27.5% 	▲
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive).	21.6%	Q2 17/18	19.8% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Mar 18	5.42% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q4	3.3 ADL 	▼
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Jan 18	72% 	▲
4. % NHS staff with standard induction completed within deadline.	100%	Mar 18	75% 	▲
5. Percentage NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the agreed deadline.	100%	Mar 18	75% 	▲
Business Processes				
1. Percentage of NHS Complaints responded to within timescale (Stage 1)	70%	Q2	96.6% 	▼
2. Percentage of NHS Complaints responded to within timescale (Stage 2)	70%	Q2	60% 	▼
3. % of SW Complaints responded to within timescales (Stage 1).	70%	Q3	55% 	▼
4. % of SW Complaints responded to within timescale (Stage 2)	70%	Q3	56% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q3	98% 	▲

6. Percentage of Social Work Data Protection Subject Access Requests completed within required timescale	100%	Q3	65% 	▼
7. % of elected member enquiries handled within 10 working days.	80%	Q3	94% 	▲

1. OLDER PEOPLE

Proactive Care and Support at Home

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

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
85%	North East	92% (G)	92% (G)	93% (G)	92% (G)	92% (G)	92% (G)
85%	North West	81% (A)	85% (G)	83% (G)	85% (G)	84% (G)	81% (A)
85%	South	84% (G)	83% (G)	81% (A)	79% (R)	77% (R)	75% (R)
85%	Glasgow	85% (G)	86% (G)	85% (G)	85% (G)	84% (G)	82% (A)
Performance Trend							
Performance at city level fell from GREEN to AMBER during Q4 for the first time in several years. Only North East continued to meet target (GREEN). North West fell from GREEN to AMBER while South remained RED rated for the third consecutive quarter.							
Actions to Improve Performance							
Quarter four performance highlighted and discussed at Cordia Operations Meetings. Cordia to examine this 2% decline in performance city wide and highlight actions to improve.							
Timeline for Improvement							
Continued monitoring via Cordia Operations Meetings.							

Indicator	2. Number of Community Services led Anticipatory Care Plans (ACPs) in Place
Purpose	To monitor the extent to which services are introducing and rolling out the new community service led anticipatory care plans. It should be noted that these are separate from GP led anticipatory care plans which have been in place for longer but are not included here due to a lack of available information on their numbers.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	16/17 Total	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	Year to date
NE	N/A	136	69	65	62	81	277
NW	N/A	180	67	60	62	78	267
South	N/A	161	70	51	58	98	277
Citywide	N/A	7	3	0	0	0	3
Glasgow	720	484 (G)	209	176	182	257	824 (G)

Performance Trend

This measure is no longer fit for purpose as there can be no guarantee to an ACP being in place. The new national document "My ACP" was introduced in June 2017 but with little public awareness so its profile is low. The ACP is over 30 pages long and is intended to be owned by the person (or their advocate/PoA) who has a responsibility to keep it up to date and modify the content as appropriate.

Many care providers might be involved in contributing toward the plan. The key section in terms of sharing content is the summary section, comprising 4 pages toward the back of the plan. The intention is that this summary is copied and sent to the person's GP in order to inform an eKIS. Further discussion is ongoing at national level regarding who can enter an eKIS since there is potential for GPs to be overwhelmed if they remain the only professional group able to access eKIS and create/modify a summary record. The measure therefore needs to be changed to reflect all of the above. In the meantime:

- HSCP staff will record the number of people that have been introduced to the concept of Anticipatory Care Planning, targeting a minimum of 1000 people in 2018/19.
- The measure will also capture those people who have agreed to developing a personal plan (ACP) and been provided with either the hard copy or information about the App.
- Data will also be provided for the number of people who have refused to have an ACP.
- A record will be available to reflect where HSCP have asked the person to share the summary section with their GP or have asked their permission to copy and share that section.

Indicator	3. Number of people in supported living services
Purpose	To monitor the number of people receiving supporting living packages. These are expected to increase over the course of the year in line with the longer term accommodation based strategy. This strategy seeks to shift the balance of care by enabling greater numbers of older people to be supported at home and reduce the numbers going into residential or nursing care.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
North East	N/A	167	172	222	216
North West	N/A	190	195	263	236
South	N/A	221	232	288	282
Glasgow	650 by year end	576 (R)	599 (R)	773 (G)	734 (G)
Performance Trend					
<p>More accurate information systems were introduced at Q1 so figures are only available for 2017/18. Although above target (GREEN) the number of people in supported living services fell slightly between Quarters 3 and 4 by 5%.</p> <p>A combination of more accurate recording of supported living for older people with continued care management focus on this service model as a viable alternative for older people has resulted in a continued increase of usage. It is hoped that this upwards trend will be continued in 2018/19 by the development of further 'clustered supported living' options for older people, thus offering individuals with high levels of frailty the opportunity to sustain individual tenancies through benefiting from shared support delivered across a close cluster of tenancies.</p>					

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

Locality	Referral Source	Target	16/17	17/18	17/18	17/18	17/18			
			Q4	Q1	Q2	Q3	Q4			
			Per 13b	Per 4	Per 7	Per 10	Per 11	Per 12	Per 13a	Per 13b
City-wide	Hospital Discharges	75%	73.4% (G)	75.4% (G)	73.1% (A)	77.0% (G)	70.3% (R)	76.3% (G)	76.2% (G)	72.8% (A)
	Community Referrals	75%	76.5% (G)	76.5% (G)	83.2% (G)	81.3% (G)	62.4% (R)	75.5% (G)	74.8% (G)	78.2% (G)
Performance Trend										
Performance is reported for both hospital discharges and community referrals. Following a decline in performance during period 11 (which corresponds to the Festive period) performance improved during periods 12,13a and 13b for both hospital discharge and community referrals. At the end of Q4, hospital discharge referrals slipped from GREEN to AMBER.										

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

		16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	2017/18 Q4		
Locality	Target	Per. 13b	Per 4	Per 7	Per 11	Per 12	Per 13a	Per 13b
North East	>40%	37% (R)	41% (G)	34.4% (R)	42.5% (G)	33.8% (R)	47.0% (G)	32.5% (R)
North West	>40%	33% (R)	36% (R)	37.0% (R)	39.1% (G)	37.3% (R)	41.0% (G)	45.7% (G)
South	>40%	39% (A)	36% (R)	33.3% (R)	35.8% (R)	37.5% (R)	37.0% (R)	35.9% (R)
Citywide	>40%	36% (R)	37% (R)	34.9% (R)	38.6% (A)	36.2% (R)	41.1% (G)	37.9% (R)
Performance Trend								
Performance varies across locality and over time. At the city-wide level performance slipped slightly between the end of Quarter 3 (Period 11, AMBER) and the end of Quarter 4 (Period 13b, RED).								
Actions to Improve Performance								
The 40% target continues to be challenging to achieve on a consistent basis but remains. Monthly monitoring of the city wide reablement performance continues in conjunction with Cordia and operational areas.								
Timeline for Improvement								
The expectation continues to be that the target will be achieved going forward on a consistent basis.								
Click to return to summary page								

Target/Ref	6. Open occupational therapy (OT) activities at assessment stage assigned to worker or team: % over one year
Purpose	To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that there are no outstanding activities over 12 months.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
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)	1% (A)	0% (G)	0% (G)	0% (G)
0%	South	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	Glasgow	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)

Performance Trend

The target continued to be met across all localities during Q4. At the end of Q4 there were 1,305 open OT assessment activities; 4 of these (1 in NE, 2 in NW, and 1 in South) had been open for more than 12 months. The figure shown above has been rounded to zero and performance is classified as GREEN given that a 2.5% variance is permitted.

Target/Ref	7. Contenance Service – Waiting Times
Purpose	To monitor waiting times performance for Contenance 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
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	% Seen Within 12 Weeks				
	Q4 17/18				
100%	97.5% (G)				
Performance Trend					
New collection and reporting methods introduced so only Q4 figures included here. Previously maximum wait was provided only.					

Target/Ref	8. Day Care (provided) - Review Rates
Purpose	To monitor the extent to which reviews for day care service users are being undertaken within the target 6 month period. This indicator reports on review rates for service users in receipt of day care provided by our own local authority run units.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 4
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17		2017/18			
Target	Q2 - Q3	Q4	Q1	Q2	Q3	Q4
95%	96% (G)	95% (G)	90% (R)	89% (R)	97% (G)	97% (G)
Performance Trend						
Performance was maintained above target (GREEN) during Q4.						

Target/Ref	9. Referrals to Telecare
Purpose	To monitor the number of Telecare referrals received on a quarterly basis for the Basic and Advanced Telecare Services. Expanding the uptake of Telecare is a central aim of the national Technology Enabled Care (TEC) Programme.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 2
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Telecare Referrals	Agreed Scottish Govt Target	2016/17 Total	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	2017/18 Total
Basic	2,248 (annual)	2,581 (G)	617 (G)	669 (G)	714 (G)	771 (G)	2,771 (G)
Advanced	304 (annual)	835 (G)	271 (G)	278 (G)	364 (G)	309 (G)	1,222 (G)
Performance Trend							
The number of referrals to both the Basic and Advanced Telecare Services exceeded the 2017/18 annual target. Generally Quarter 3 had a higher level of referrals relative to other periods. Referrals for existing housing support service users to Glasgow's service contributed in part to this.							

Care at Times of Transition

Indicator	10. Total number of Older People Mental Health patients delayed (including AWI patients).
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to first Monday in the month when 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.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18
Over 65s Target = 0	NE	5 (R)	2 (R)	4 (R)	3 (R)	2 (R)	2 (R)	1 (R)
	NW	14 (R)	5 (R)	2 (R)	0 (G)	1 (R)	2 (R)	2 (R)
	South	4 (R)	12 (R)	8 (R)	1 (R)	4 (R)	8 (R)	10 (R)
	City	23 (R)	19 (R)	14 (R)	4 (R)	7 (R)	12 (R)	13 (R)

Performance Trend

Numbers vary across localities and over time and have remained RED. Overall delays have risen over the last two months of the year. South has had the highest number of delays over this period.

Actions to Improve Performance

Our performance in this area remains a concern and revised improvement plans are being developed and implemented as part of the HSCP's older people transformation programme. There is a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. While this is a complex client group there has been significant progress towards meeting this target and work will continue to ensure the downward trajectory continues.

Timeline for Improvement

Further improvements towards meeting the target are anticipated by the end of Q1 in 2018/19.

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Indicator	11. Intermediate Care : Percentage Occupancy
Purpose	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Dec 17	Jan 18	Feb 18	Mar 18
North East	90%	94% (G)	74% (R)	95% (G)	92% (G)	89% (G)	87% (G)
North West	90%	75% (R)	89% (G)	88% (G)	92% (G)	96% (G)	92% (G)
South	90%	94% (G)	83% (R)	96% (G)	94% (G)	94% (G)	86% (A)
Glasgow	90%	88% (G)	82% (R)	89% (G)	93% (G)	84% (R)	87% (G)
Performance Trend							
Variations across localities and over time. Status moved from RED to GREEN between Q3 and Q4.							

Indicator	12. Intermediate Care : Average length of stay (Days)
Purpose	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Dec 17	Jan 18	Feb 18	Mar 18
Glasgow	<30	41 (R)	33 (R)	31 (A)	38 (R)	30 (G)	40 (R)
North East	<30	36 (R)	36 (R)	31 (A)	35 (R)	33 (R)	45 (R)
North West	<30	38 (R)	32 (R)	30 (G)	32 (R)	35 (R)	38 (R)
South	<30	44 (R)	31 (A)	30 (G)	35 (R)	33 (R)	40 (R)
Performance Trend							
Average lengths of stay vary over time and between localities. Waiting times at a city level have, however, increased during March and are above target in all areas.							
Actions to Improve Performance							
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.							
Performance is associated with the complexity of residents admitted to the units, which is determined according to those patients being discharged from acute hospital settings. As a result of these dynamics a 10% increase was evident in quarter 4.							
Timeline for Improvement							
Good progress has been made towards our target with NW and South moving from red to green in December. Further sustainable improvements will be sought from early 2018/19.							
Click to return to summary page							

Indicator	13. Percentage of intermediate care users transferred home compared to those transferred to a residential or nursing home.
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

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

Performance Trend

Variations across localities and over time. Performance GREEN in the North West and South in March, and RED in the North East. Variations between periods at a citywide level can be explained largely by the fact that the numbers are relatively small, so that the effects of changes in these numbers can appear magnified in percentage terms.

Actions to Improve Performance

It has been noted that performance in NE of the city has fallen significantly (12% reduction) while in the same period performance in the other two areas has improved. Further scrutiny will be undertaken in respect of this area of performance.

Timeline for Improvement

Ongoing. Further improvements are expected into 2018/19

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Hospitals and Care Homes

Target/Ref	14. Provided Residential Care Homes – Occupancy Rates
Purpose	To monitor occupancy rates within our own local authority run residential care homes (provided).
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17		2017/18			
Target	Q2-Q3	Q4	Q1	Q2	Q3	Q4
95%	100% (G)	94% (G)	96% (G)	92% (A)	97% (G)	96% (G)
Performance Trend						
Performance was maintained at Q4.						

Target/Ref	15. Residential Care (Provided) – Review Rates
Purpose	To monitor the extent to which reviews for care home residents are being undertaken within the target 6 month period. This indicator reports on the review of residents in our own local authority residential care homes by care home staff.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 4
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17		2017/18			
Target	Q2 - Q3	Q4	Q1	Q2	Q3	Q4
95%	97% (G)	94% (G)	97% (G)	98% (G)	98% (G)	95% (G)
Performance Trend						
Provided Residential Review rates met the 95% target (GREEN) at Quarter 4.						

Target/Ref	16. Proportion of last 6 months of life spent at home or in a community setting
Purpose	This indicator measures the percentage of time spent by people in the last 6 months of life at home or in a community setting. It is derived by linking recorded deaths data with acute hospital bed day data to calculate the percentage of time spent outside acute hospitals in the 6 months at the end of people's lives. Accidental deaths are excluded.
Type of Indicator	National Integration Indicator (number 15)
Integration Outcome	Outcome 3
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	14/15	15/16	Target	16/17 (%)					17/18 (%)		
				Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3
Glasgow City	84%	85%	TBC	85%	86%	86%	86%	86%	87%	87%	88%
Scotland	86	87	N/A	N/A	N/A	N/A	N/A	87%	N/A	N/A	N/A

Performance Trend

National Integration Indicator. Performance has been increasing slightly over the last three years (2014-2017). Proportions remained slightly below the Scottish average, though the gap narrowed to only 1% for 16/17. In 2017/18 there were increases in Q1 (87%) (maintained into Q2) and Q3 (88%). Target to be confirmed.

Target/Ref	17. Falls rate per 1,000 population aged 65+
Purpose	Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. Well-organised services, delivering recommended and evidence based practices can prevent many falls and fractures in older people in the community setting and prevent repeat falls. This indicator is based upon data gathered by Information Services Division (ISD) on the number of patients aged 65 plus who are discharged from hospital with an emergency admission code related to falls
Type of Indicator	National Integration Indicator (number 16)
Integration Outcome	Outcome 7
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	14/15	15/16	Target	16/17					17/18		
				Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3
Glasgow City	27	29	TBC	7.6	7.4	8.0	7.8	31	7.4	7.8	6.8
Scotland	21	21	N/A	N/A	N/A	N/A	N/A	22	N/A	N/A	N/A

Performance Trend
National Integration Indicator. There has been an increase over the last three years (2014-2017) as shown. During the first 3 quarters of 2017/18, however, the falls rate for Glasgow reduced which is positive, although data for quarter 4 is awaited to determine if this is a trend. Target for 2018/19 is yet to be confirmed.

Target/Ref	18. Total number of patients who have been diagnosed with dementia in a given quarter
Purpose	To monitor the numbers of people being diagnosed with dementia. This gives an indication of whether dementia is being effectively diagnosed in order to enable appropriate interventions to be delivered.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 4
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2017				2018			
Locality	Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Glasgow	TBC	246	167	162	176	144			
North East	TBC	44	26	29	41	37			
North West	TBC	104	64	56	59	48			
South	TBC	98	77	77	76	59			

Performance Trend
New indicator. Targets to be confirmed. Variations across areas and over time.

Target/Ref	19. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks.
Purpose	To monitor the waiting times for people who have been diagnosed with dementia to be seen by a Post Diagnostic Support Linkworker. This gives an indication of whether interventions are being delivered in a timeous manner.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2017				2018			
Locality	Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Glasgow	TBC	49.1%	46.4%	17.4%	12.5%	15.4%			
North East	TBC	16.7%	N/A	N/A	N/A	N/A			
North West	TBC	54.8%	30.8%	N/A	N/A	N/A			
South	TBC	50%	81.8%	20%	20%	26.7%			

Performance Trend
This indicator has only recently been introduced. Targets to be confirmed. Variations across areas and over time

PRIMARY CARE

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

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	TARGET	Jan 16- Mar 16	Jan 17- Mar 17	Apr 17- Jun17	Jul 17 – Sep 17	Oct 17- Dec 17	Jan 18- Mar 18
City	78%			79.27% (G)	79.17% (G)	79.44% (G)	79.55% (G)
NE	78%	79.81% (G)	80.18% (G)	79.91% (G)	79.86% (G)	80.2% (G)	80.09% (G)
NW	78%	78.35% (G)	78.7% (G)	78.54% (G)	78.44% (G)	78.7% (G)	78.72% (G)
S	78%	79.0% (G)	79.41% (G)	79.32% (G)	79.17% (G)	79.39% (G)	79.48% (G)
NHSGGC	78%	78.86%	79.22%	78.68%	78.6%	79.23%	79.24%
Performance Trend							
All areas remain GREEN with compliance increasing slightly over the last quarter. City wide information has only been made available in 17/18. No updates available yet for Q4.							

Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the total practice populations after they have been adjusted for demographic factors. All patients on a practice list are included even if they have not received any prescriptions. This indicator does not provide information on the external factors that affect prescribing such as new drugs, guidelines or national drug shortages.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	Target	Mar 16	Mar 17	Dec 17	Jan 18	Feb 18	Mar 18
NE	Below NHSGGC average	£163.79 (G)	£163.27 (G)	£159.39 (G)	£159.05 (G)	£158.16 (G)	£157.33 (G)
NW	Below NHSGGC average	£156.55 (G)	£156.47 (G)	£158.55 (G)	£159.75 (G)	£159.78 (G)	£160.06 (G)
S	Below NHSGGC average	£164.48 (G)	£168.44 (G)	£167.89 (G)	£168.16 (G)	£167.64 (G)	£167.17 (G)
City	Below NHSGGC average	£161.72 (G)	£162.93 (G)	£162.24 (G)	£162.52 (G)	£162.06 (G)	£161.71 (G)
NHS GGC		£174.97	£178.45	£178.61	£179.09	£178.67	£178.32

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

Area	Target 75%			Target 65%
	Over 65s	Under 65s in clinical risk groups (exc. healthy pregnant women and carers)	Pregnant (not in a clinical risk group)	Pre-school 2-5 years old
NE	72.2% (A)	45.9% (R)	47.2% (R)	N/A
NW	72.2% (A)	43.9% (R)	55.9% (R)	N/A
South	73.1% (A)	45.7% (R)	53.6% (R)	N/A
NHSGGC	73.9%	45.6%	54.2%	N/A
Scotland	73.6%	44.8%	48.1%	N/A
Performance Trend				
The data shown relates to Q4. Performance below target and RED for all categories with the exception of over 65s which is AMBER, although the targets relate to Q3 and Q4 combined. Please note, due to national data quality issues uptake for Pre-school 2-5 years old by GP practice and NHS Board is currently not available.				
Actions to Improve Performance				
The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the flu vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:				
<ul style="list-style-type: none"> - An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes. - 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) - A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely. 				

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

Timeline for Improvement

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

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Indicator	4. Shingles Immunisation Rates
Purpose	To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract and are for persons aged 70 and 76.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 1
HSCP Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

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

Performance Trend

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

Actions to Improve Performance

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

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

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

Narrative required

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

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Target/Ref	5. AHP Waiting Times
Purpose	To monitor the waiting times performance in relation to AHP services. These services are hosted across NHSGGC with Renfrewshire having managerial responsibility for Podiatry; West Dunbartonshire for MSK Physio; and Acute for Dietetics.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Service	Target	Apr 16	Apr 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	46% (R)	44% (R)	41% (R)	41% (R)	46.5% (R)	44% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.3% (G)	98.1% (G)	93.6% (G)	97.9% (G)	99% (G)	97.9% (G)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	99.7% (G)	100% (G)	100% (G)	100% (G)

Performance Trend

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

Actions to Improve Performance

These services are managed by other HSCPs on behalf of Glasgow City HSCP, and we have a process to raise any performance issues with the host HSCP. MSK physio is provided by West Dunbartonshire and we are in discussions with them. Physiotherapy waiting times have dropped from a maximum wait of 30 weeks at April 2017 down to 20 weeks at the end of March 2018. During March 2018 the average wait for an appointment was 57 days. As well as on going work looking at maximum utilisation of all appointments and targeting those waiting the longest, some additional funding has been secured to reduce the number of patients waiting for an appointment.

Timeline for Improvement

It is expected that waiting times will improve on the current position in the months ahead.

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

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UNSCHEDULED CARE

A&E Activity

Indicator	1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations
Purpose	To monitor attendance at Accident and Emergency units. Partners are working together to reduce these over time and shift the balance of care towards the community.
Type of Indicator	Ministerial Steering Group (MSG) indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	Target	2015/16		2016/17		2017/18	
		Number	Monthly average	Number	Monthly average	Number	Monthly average
Glasgow	TBC	201,573	16,798	201,768	16,814	205,642	17,136
Performance Trend							
New indicator being reported from Q4.							
<p>The previous indicator has been replaced at Q4 by a new indicator on A&E attendances as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.</p> <p>Existing unscheduled care indicators will be reviewed for 2018/19 and targets set based upon the Unscheduled Care Plan and the recent submission to the Ministerial Strategic Group for Health and Community Care.</p> <p>The number of attendances rose slightly between 2015/16 and 2016/17 with monthly averages of 16,798 and 16,814 respectively. This has continued in 2017/18 with a further increase shown.</p>							

Indicator	2. New and Unplanned Return Attendances at Accident and Emergency (A&E) Departments with a source of referral of a GP
Purpose	To monitor attendance at Accident and Emergency units where the patients have been directly referred by a GP. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	16/17	April	Aug	Sep	Oct	Year to date
Glasgow	TBC	5752	421	315	454	571	3131
North East	TBC	2033	152	132	145	195	1062
North West	TBC	1620	160	132	166	197	1053
South	TBC	2099	109	151	143	179	1012

Performance Trend

While there has been considerable variation between localities this year and numbers have been gradually increasing in recent two months, the variation between localities is narrowing.

Since mid-2016, Acute Assessment Units have been established within acute services. GPs are increasingly using these areas to refer patients who require to be assessed rather than referring to Emergency Departments. This has resulted in a shift from around 12% of referrals to ED from a GP to now around 6%. The corresponding increase in Assessment Units reflects the change in referral numbers from GPs. The resultant change now means that GP referrals to ED are relatively low, so therefore any change that may occur could represent a significant percentage change month by month.

This indicator will be replaced for 2018/19 by a new indicator on A&E attendances as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.

Target/Ref	3. A&E Waits Less Than 4 Hours (%)
Purpose	To monitor waiting times at the main A&E units in Glasgow City. This will relate to all patients who attend these units, irrespective of their home location.
Type of Indicator	NHS LDP (Local Development Plan) Standard/ Ministerial Steering Group (MSG) indicator
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Mar 16	Mar 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Glasgow	95%	89.5% (R)	89.5% (R)	92.7% (G)	92.2% (A)	81.8% (R)	84.8% (R)	88.0% (R)	85.9% (R)

Performance Trend
New indicator. Performance decreased during the winter period.
Actions to Improve Performance
Both A&E hospitals have plans in place to deliver the target as part of the Board wide unscheduled care programme supported by resources from the Scottish Government. A Board-wide unscheduled care improvement programme is now in place designed to improve performance across GG&C.
Timeline for Improvement
Achievement of the 4 hour target is an indication of the pressure in the acute hospital system. All hospitals in GG&C have struggled to achieve this target this year.
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Emergency Admissions

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

Indicator	Target	14/15	15/16	16/17	17/18			
i. 65+ Numbers	TBC	26,237	27,891	28,557	27,472			
ii. 65+ Rates/ 1000 pop	TBC	315	334	342	329			
i. 75+ Numbers	TBC	16,530	17,844	18,123	17,661			
ii. 75+ Rates/ 1000 pop	TBC	416	450	460	449			
Performance Trend								
<p>Numbers for 65+ and 75+ have been increasing slightly over the last two years. However, the monthly averages for both age groups are slightly below 16/17 monthly averages for the period up until February 2018.</p> <p>This indicator will be replaced for 2018/19 by a new indicator on emergency admissions as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.</p>								

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

Area	14/15	15/16	16/17					17/18		
			Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3
Glasgow City	13,669	14,785	3,851	3,710	3,561	3,200	14,321	3,223	3,257	2,961
Scotland	12,083	12,342	N/A	N/A	N/A	N/A	12,294	N/A	N/A	N/A

Performance Trend

National integration indicator. Numbers fell slightly over 2016/17 but remained above the Scottish average. Numbers for 17/18 have been below those for the equivalent period in 2016/17.

This indicator will be replaced for 2018/19 by a new indicator on emergency admissions as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.

Target/Ref	6. Rate of readmission to hospital within 28 days of discharge per 1,000 admissions.
Purpose	Based on Acute hospital (SMR01) activity data, this rate is calculated from number of re-admissions to an acute hospital within 28 days of discharge per 1,000 admissions.
Type of Indicator	National Integration Indicator (number 14)
Integration Outcome	Outcome 3
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	14/15	15/16	16/17					17/18		
			Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3
Glasgow City	91	97	103	107	102	92	101	97	98	74
Scotland	96	97	N/A	N/A	N/A	N/A	100	N/A	N/A	N/A

Performance Trend
<p>National integration indicator. Rate increased in 2016/17 and was slightly above the Scottish average. The first 3 quarters of 2017/18 show a reduction, however, in comparison to the 2016/17 figures.</p> <p>This indicator will be replaced for 2018/19 by a new indicator as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.</p>

Indicator	7. Emergency Acute Bed Days for Older People (Aged 65+ and 75+)
Purpose	To monitor the extent to which older people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	Target	2014/15	2015/16	2016/17	Dec 17	Jan 18	Feb 18	Year to date
i. 65+ Numbers	TBC	325,545	304,322	323,126	28,448	31,982	27,016	293,496
ii. 65+ Rates/1000 pop	TBC	3913	3643	3870	341	383	324	3515
i. 75+ Numbers	TBC	235,488	223,070	235,835	20,318	22,706	19,219	211,176
ii. 75+ Rates/1000 pop	TBC	5930	5619	5990	516	577	488	5,364
Performance Trend								
<p>Having been on a downward trend since 2010/11, there was an increase in 2016/17 for those aged 65+ and 75+. Monthly averages in 2017/18 are slightly below the 16/17 monthly averages for both age categories so far.</p> <p>This indicator will be replaced for 2018/19 by a new indicator on emergency bed day as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.</p>								

Target/Ref	8. Rate of emergency bed day per 100,000 population for adults.
Purpose	To monitor the extent to which adults are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community
Type of Indicator	National Integration Indicator (number 13)
Integration Outcome	Outcome 3
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	14/15	15/16	16/17					17/18		
			Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3
Glasgow City	149,601	141,890	36,765	36,040	35,617	34,397	142,819	33,981	32,932	28,232
Scotland	127,959	127,725	N/A	N/A	N/A	N/A	125,634	N/A	N/A	N/A

Performance Trend

National integration indicator. Numbers have reduced over the last year but remain above the Scottish average. The first 3 quarters of 2017/18 show a reduction in comparison with the same quarters of 2016/17.

This indicator will be replaced for 2018/19 by a new indicator as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored

Target/Ref	9. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
Purpose	To monitor the costs associated with emergency care. The aim is to reduce this over time in line with emergency admissions.
Type of Indicator	National Integration Indicator (number 20)
Integration Outcome	Outcome 9
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	14/15	15/16	16/17					17/18		
			Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3
Glasgow City	23%	25%	28%	27%	27%	26%	27%	26%	25%	22%
Scotland	24%	25%	N/A	N/A	N/A	N/A	25%	N/A	N/A	N/A

Performance Trend

National integration indicator. Percentage increased over the last two years and for 2016/17 was above the Scottish figure. The percentages fell during the first 3 quarters of 2017/18, however, in comparison to last year.

This indicator will be replaced for 2018/19 by a new indicator as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.

Delayed Discharges

Indicator	10. Total number of adults and older people delayed
Purpose	To monitor the extent to which adults and older people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken and are for a number of patient categories. The target for 2017/18 is to have a maximum of 20 delays at any given time during the year across these categories
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

3 April 2017

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

4 Dec 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	1	1	2	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	13	7	17	37	N/A
Under 65s (Excluding Mental Health and Learning Disability)	2	3	6	20	N/A
Total				59 (R)	20

3 Jan 2018

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	0	0	0	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	2	4	6	12	N/A
Under 65s (Excluding Mental Health and Learning Disability)	2	7	2	11	N/A
Total				23 (R)	20

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5 Feb 2018

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	0	3	3	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	9	14	14	37	N/A
Under 65s (Excluding Mental Health and Learning Disability)	1	3	2	6	N/A
Total				46 (R)	20

5 Mar 2018

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	1	2	3	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	12	9	7	28	N/A
Under 65s (Excluding Mental Health and Learning Disability)	4	3	5	12	N/A
Total				43 (R)	20

3 Apr 2018

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	1	2	2	5	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	6	9	10	25	N/A
Under 65s (Excluding Mental Health and Learning Disability)	5	3	1	90	N/A
Total				39 (R)	20

Performance Trend

Numbers vary across localities and over time and have fallen slightly over the last two months.

Actions to Improve Performance

An improvement programme has been agreed backed up by a weekly operational meeting to review all delays and agree actions. Numbers have fluctuated throughout the year reflecting pressure in the system. Action is being taken to reduce these figures including purchasing additional intermediate and other capacity over the winter period. The length of delays in hospital continues to be managed effectively.

Timescale for Improvement

Sustainable improvements will be sought for 2018/19. Performance is constantly monitored to ensure performance is maintained as close as possible to the target.

Bed Days lost to Delayed Discharge

Indicator	11. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes those occupied by older people who are classified as AWI under the requirements of the Adults with Incapacity Act 2000.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	14/15 Total	15/16 Total	16/17 Total	Target	Jan 18	Feb 18	Mar 18	17/18 Total
HSCP	38,152	21,288	15,557	TBC	1022	1088	974	10,982
NE	8048	5777	4058	N/A	304	296	298	3002
NW	15,884	8034	6406	N/A	315	247	257	3372
S	14,220	7477	5093	N/A	403	465	419	4608
Performance Trend								
<p>For the city as a whole, there has been a significant reduction over the last two years, contributed to by the reclassification of the AWI beds in 2016/17 (see indicator 12 below). During 2017/18, they have continued to fall and at year end, were 29% below the total for 2016/17.</p> <p>This indicator will be replaced for 2018/19 by a new indicator on bed days due to delays as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.</p>								

Indicator	12. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by older people who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. This indicator is a subset of indicator 11 above.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	14/15 Total	15/16 Total	16/17 Total	Target	Jan 18	Feb 18	Mar 18	17/18 Total
HSCP	8987	10,715	6050	TBC	164	235	160	2098
NE	1971	3590	1647	N/A	3	13	46	336
NW	3806	3558	2995	N/A	76	47	49	816
S	3210	3910	1408	N/A	85	175	65	946
Performance Trend								
<p>Variations across localities and over time. There was a significant reduction in 2016/17 contributed to by the reclassification of AWI beds which the HSCP commission in community settings in line with national guidance, which meant they were no longer included. Further reductions are occurring in 2017/18 with the year-end total 65% below the 2016/17 total.</p> <p>This indicator will be replaced for 2018/19 by a new indicator on bed days due to delays as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.</p> <p>The numbers can vary significantly month to month because of the small numbers of cases involved. This can be illustrated by the increase in bed days in the South between October and November 2017 where although the number of bed days lost more than doubled the actual patient numbers only increased by 4 over the same period.</p>								

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

Area	14/15	15/16	Target	16/17					17/18		
				Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3
Glasgow City	1,031	627	TBC	172	103	103	86	464	84	83	80
Scotland	1,044	915	N/A	N/A	N/A	N/A	N/A	842	N/A	N/A	N/A

Performance Trend

Numbers have fallen over the last two years and remain below the Scottish average. Numbers also continuing to fall this year, with the Q1, Q2 and Q3 figures significantly below those for the equivalent periods last year.

This indicator will be replaced for 2018/19 by a new indicator on bed days due to delays as part of the suite of MSG indicators. The HSCP has set a trajectory for 2018/19 against which performance will be monitored.

CARERS SERVICES

Indicator	1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Purpose	To monitor the number of carers being identified and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	2017/18 Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	2017/18 Total
North East	550 (138 per Q)	112 (R)	150 (G)	167 (G)	177 (G)	606 (G)
North West	550 (138 per Q)	205 (G)	140 (G)	127 (R)	148 (G)	620 (G)
South	550 (138 per Q)	192 (G)	164 (G)	191 (G)	169 (G)	716 (G)
Glasgow	1,650 (413 per Quarter)	509 (G)	454 (G)	485 (G)	494 (G)	1,942 (G)

Performance Trend

The quarterly target of 138 was met across each of the localities (GREEN) at Q4. In addition the annual target was also exceeded in each locality and city-wide (GREEN) at year-end.

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

Source	17/18 Annual Target	Q3 17/18				Q4 17/18				Annual Total 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)	77	57	105	239 (G)	46	115	96	257 (G)	774 (G)
Acute	110 (28 per Q)	25	4	4	33 (G)	13	11	4	28 (G)	119 (G)
Social Work	n/a	103	117	63	283	70	175	59	304	1,041
Education Services	n/a	2	6	10	18	6	14	6	26	62
CIL	n/a	11	5	8	24	35	28	23	86	139
Other	n/a	83	199	146	428	26	133	20	179	1,066
Performance Trend										
The volume of referrals received from both Primary/Community Care, and the Acute sector met the pro-rata quarterly targets at Q4 (GREEN) and exceeded the annual targets with 774 referrals from Primary/Community Care and 119 from Acute during 2017/18.										

Indicator	3. Carers Qualitative Evaluation Question: Improved your ability to support the person that you care for
Purpose	To measure carer's perception of whether Carer Support and services have improved their ability to continue in their caring role as per national carer's outcomes framework.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 6
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

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

Performance Trend
The 65% target continued to be exceeded across all three localities at Q4 (GREEN).

CHILDREN'S SERVICES

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

TARGET	AREA	Apr 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	
95%	Glasgow	87% (R)	86% (R)	89% (R)	90% (R)	90% (R)	90% (R)	
	NE	87% (R)	90% (A)	88% (R)	91% (R)	88% (R)	92% (R)	
	NW	79% (R)	78% (R)	79% (R)	80% (R)	89% (R)	87% (R)	
	S	87% (R)	89% (R)	86% (R)	89% (R)	87% (R)	89% (R)	
Performance Trend								
There have been improvements in uptake since March 2017 but performance at a city wide level remains RED. Variations across areas and over time.								
Actions to Improve Performance								
There has been a consistent improvement since March 2017 as a result of action by health visiting teams. Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action. We continue to review activity and further interrogate caseloads to establish clearer reason for failing to meet this target.								
Timeline for Improvement								
Further improvements will be achieved by the next report.								
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Indicator	2. % of HPIs (Health Plan Indicator) allocated by Health Visitor by 24 weeks
Purpose	To monitor the extent to which Health Visitors are allocating Health Plan Indicators to clients on time. The Health Plan Indicator (HPI) is a tool for recording an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing. Children allocated as 'core' remain on the universal child health pathway; those allocated as 'additional' receive additional input from the health visiting team and (if deemed necessary by the health visitor) multi-agency input. This classification may be subject to change as the child gets older.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Mar 16	Mar 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
95%	NE	95% (G)	99% (G)	100% (G)	100% (G)	94% (G)	79% (R)	93% (G)
	NW	93% (G)	98% (G)	97% (G)	100% (G)	96% (G)	95% (G)	96% (G)
	S	96% (G)	98% (G)	97% (G)	98% (G)	96% (G)	88% (G)	96% (G)
Performance Trend								
<p>Substantial improvement in performance during 2017/18. 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. There will often be variations in performance because of the new families moving into a locality and our ability to engage with families who may be more vulnerable. In respect to the North East, for example where there was a dip in performance in February, there are four reasons for the variation</p> <ul style="list-style-type: none"> • Children transferring in to the area older than 24 weeks. The assessment is complete and HPI allocated, however this is out with the performance target timeline • Children out of the country visiting family when the assessment is due • Children who have left the country and GP has not removed from practice list. • Children in Hospital 								

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

AREA	2016/17 Total	2017/18 Target	Actual				17/18 Total
			2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	
NE	344	344	73	91	124	221	509 (G)
NW	576	576	165	145	146	131	587 (G)
S	613	613	184	180	145	152	661 (G)
City	1,533	1,533	422	416	415	504	1,757 (G)

Performance Trend
All areas above target for 2017/18. The North East has introduced a new pathfinder initiative at the Dental Health Support Workers visit that has been successful in increasing the referral rate.

Indicator	4. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
Purpose	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and ensure all children are seen within 18 weeks.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Integration Outcome	Outcome 9
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

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

Performance Trend

Variations exist across localities and over time but performance remained GREEN over most of the period shown before dipping in the last quarter.

Actions to Improve Performance

It is recognised that the dip in percentage of children seen within 18 weeks has arisen due to a number of factors, including significant workforce issues and recent changes implemented to increase the level of accepted referrals, which has in turn created increased demand.

A number of approaches are being undertaken to address the recent dip in percentage of children seen within 18 weeks. This includes temporarily extending our core hours of business to include early evenings and weekend work and the introduction of a Quality Improvement Programme. The Quality Improvement Programme is focusing on four distinct work streams: 1. Review of overall service provision, leadership and culture, 2. Service Improvements, 3. Training and support, 4. Supervision and Leadership, and is being led by the CAMHS SMT members.

Timeline for Improvement

The CAMHS Glasgow City Quality Improvement Programme has been underway since April 2018. The temporary changes to core working hours have been in place since January 2018. It is anticipated that improvements will take effect over the summer.

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

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	
						% with review	Number <u>without</u> a Permanency Review
90%	North East	81% (R)	83% (R)	85% (R)	96% (G)	94% (G)	3
90%	North West	57% (R)	60% (R)	79% (R)	85% (R)	88% (R)	4
90%	South	83% (R)	85% (R)	74% (R)	71% (R)	61% (R)	16
90%	City	76% (R)	78% (R)	79% (R)	83% (R)	80% (R)	26

Performance Trend

City wide performance dropped slightly during Q4. This slippage in performance was mainly due to a fall in South of 10 percentage points between Q3 and Q4. In contrast performance in North East exceeded target for the second quarter (GREEN) and North West were within the target range (GREEN). At Q4 26 children (of 131 children under 5 looked after for 6 months or more) had not yet had a permanency review (this figure includes 3 children allocated to hospital teams who have not yet had a review).

Actions to Improve Performance

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 have ensured this area of work remains under constant scrutiny by senior managers and corrective action, wherever necessary, has seen an improvement. We have reviewed the individual reasons for reviews not taking place timeously and we intend to schedule reviews where this is practicably possible. It should be recognised the percentages shown can fluctuate as a result of the relatively small numbers of children in this category.

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

indicator as it is a process measurement and does not reflect the outcomes achieved for children.

Timeline for Improvement

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

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Indicator	6. Percentage of <u>new</u> SCRA (Scottish Children's Reporter Administration) reports submitted within 20 days.
Purpose	To monitor the proportion of new reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted within the 20 day deadline.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 7
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
60%	North East	73% (G)	80% (G)	47% (R)	74% (G)	67% (G)	52% (R)	80% (G)	82% (G)
60%	North West	53% (R)	69% (G)	38% (R)	57% (R)	46% (R)	75% (G)	61% (G)	50% (R)
60%	South	82% (G)	81% (G)	50% (R)	65% (G)	81% (G)	59% (G)	52% (R)	44% (R)
60%	Glasgow	66% (G)	74% (G)	45% (R)	67% (G)	66% (G)	64% (G)	65% (G)	61% (G)
Performance Trend									
Between Q3 and Q4 there was a small decline in the overall city-wide figure which remained GREEN. At locality level only North East continued to meet the target and remained GREEN. North West moved from GREEN to RED during the quarter while South's performance remained RED									

Indicator	7. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
75%	North East	49% (R)	56% (R)	65% (R)	72% (A)	76% (G)	71% (R)	77% (G)
75%	North West	54% (R)	52% (R)	49% (R)	54% (R)	67% (R)	66% (R)	50% (R)
75%	South	67% (R)	66% (R)	68% (R)	67% (R)	67% (R)	68% (R)	73% (A)
75%	Glasgow	57% (R)	58% (R)	61% (R)	65% (R)	70% (R)	69% (R)	67% (R)

Performance Trend

Performance at city level fell slightly between Q3 and Q4 however there were significant changes in performance across localities with North East exceeding target (GREEN) at Q4 and South (AMBER) being within the target range. In contrast, performance in North West fell significantly between Q3 and Q4 (66% to 50%, RED).

Slippage during 2016/17 and the first quarter of 17/18 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. At Q4 the proportion of young care leavers without a destination recorded was NE 12%, NW 7%, and South 2% giving an overall Glasgow City figure of 8%.

Actions to Improve Performance

We recognise this as ongoing challenge and as a consequence we have recently appointed an experienced service manager to the intensive services' post. This post will focus on improving performance. The role will include responsibility for the central leaving care team, which will strengthen the relationship with the centrally based employability resource and will support locality based services to support more young people to achieve positive destinations.

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. We are also looking at how resources are deployed across the City to ensure that we address variations between localities.

Timeline for Improvement

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

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Indicator	8. Number of high cost placements
Purpose	To monitor the number of high cost placements. These include residential schools, secure units and specialist purchased resources. Reducing high cost placements is an objective for our Children's Transformation Programme
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 2
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

As at Mar 15	As at Mar 16	As at Mar 17	As at 12 July 17	As at 1 Sept 17	As at 22 Dec 17	As at 31 Mar 18	17/18 Target
120	126	111	104	94	76 (G)	67 (G)	Reduction of 30 in 2017/18

Performance Trend

The number of high cost placements continued to fall during Q4; at the end of March 2018 the number of placements reduced by 44 from 111 to 67 – a decrease of 40% over the past 12 months. The reduction of 44 placements exceeded the target figure of 30 fewer placements by the end of 2017/18 (GREEN).

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

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

Indicator	9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

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

Indicator	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

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

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
- Number of families being discussed at Early Years Joint Support Teams

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral
Purpose	To monitor waiting times for people accessing a psychological therapy treatment, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people and to people who have been seen. .
Type of Indicator	NHS LDP (Local Development Plan) Standard
Integration Outcome	Outcome 9
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral							Status
	HSCP Target	Apr 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	
NE	90%	87.1% (A)	87.9% (A)	91.4% (G)	82.6% (R)	93.1% (G)	88.3% (G)	GREEN
NW	90%	81.7% (R)	81.2% (R)	66.0% (R)	79.1% (R)	81.3% (R)	87.1% (A)	RED
S	90%	96.5% (G)	97% (G)	95.2% (G)	97.3% (G)	98% (G)	96.5% (G)	GREEN
Performance Trend								
Performance information now available again after the transfer over from PIMS to EMISWeb. Performance GREEN in North East and South in March. Performance has moved from RED to AMBER in the North West between February and March.								
Actions to Improve Performance								
<p>The Primary Care Mental Health (PCMH) teams are relatively small in workforce but large in the volume of provided psychological therapy treatments to patients. As a result, a few clinical and admin vacancies, long term leave and retirals produces a significant impact on performance. Re-recruitment is a lengthy process and these factors are also impacting on the community mental health teams that provide a more specialist range of psychological interventions.</p> <p>There has been a recent focus to address the recruitment to existing vacancies across all three localities. It is likely that there will be an impact on performance, however teams are mindful of the issues and are working to provide a short term response to provide a service within the target timeframes.</p>								
Timeline for Improvement								
It is likely that performance will be impacted on by the recruitment issues over the next quarter. When recruitment to posts is possible and staff are in place then performance will improve.								

Target/Ref	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
Purpose	To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Feb 18	Mar 18	Apr 18				
28 days	Stobhill	28.1 (G)	20.7 (G)	26.5 (G)				
28 days	Leverndale	22.9 (G)	28.1 (G)	29.4 (R)				
28 days	Parkhead	43.8 (R)	14 (G)					
28 days	Gartnavel	24.4 (G)	32.2 (R)	29.5 (R)				

Performance Trend

No trend information shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used. Under TrakCare, patients transferred from mental health wards to Emergency Department/Acute wards, and back to mental health wards from Emergency Department/Acute wards, are recorded on TrakCare as discharges and admissions. This may result in shorter average lengths of stay.

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Target/Ref	3. % Bed Occupancy (Short Stay Adult Mental Health Beds)
Purpose	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Feb 18	Mar 18	Apr 18				
<95%	Stobhill	91.5% (G)	95.6% (G)	93% (G)				
<95%	Leverndale	94.2% (G)	96.8% (G)	95.3% (G)				
<95%	Parkhead	97.8% (A)	97% (G)					
<95%	Gartnavel	91.6% (G)	92.7% (G)	97.2% (G)				

Performance Trend

No trend information shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used. Under TrakCare, patients transferred from mental health wards to Emergency Department/Acute wards, and back to mental health wards from Emergency Department/Acute wards, are recorded on TrakCare as discharges and admissions. This may affect the occupancy figures.

Indicator	4. Total number of Adult Mental Health being delayed
Purpose	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken. These relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the older people's section of this report.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	18 Apr 16	3 Apr 17	4 Dec 17	2 Jan 18	5 Feb 18	5 Mar 18	2 Apr 18
Under 65s Target = 0	NE	3 (R)	2 (R)	7 (R)	6 (R)	9 (R)	8 (R)	6 (R)
	NW	5 (R)	6 (R)	9 (R)	9 (R)	7 (R)	12 (R)	9 (R)
	South	9 (R)	4 (R)	3 (R)	6 (R)	10 (R)	7 (R)	6 (R)
	City	17 (R)	12 (R)	19 (R)	21 (R)	26 (R)	27 (R)	21 (R)

Performance Trend

Numbers vary across localities and over time.

Actions to Improve Performance

Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. The recent increase in quarterly trend reflects such increases and pressure on services and resources. Recent performance towards the stretch target of zero has seen a major increase in management action for adult mental health delayed discharges. Additional fortnightly meetings to further review and prioritise delayed discharges have been set up.

Timeline for Improvement

This will be an on-going area of focus during 2018/2019

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SANDYFORD (SEXUAL HEALTH)

Indicator	1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.
Purpose	To monitor waiting times for access to a first appointment for vLARC
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 5
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) 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	Oct 17- Dec 17	Jan 18 - Mar 18
Intrauterine Devices (IUD)							
10 working days	NE	21 (R)	23 (R)	24 (R)	20 (R)	23 (R)	21 (R)
	NW	20 (R)	21 (R)	21 (R)	21 (R)	24 (R)	22 (R)
	S	22 (R)	28 (R)	32 (R)	28 (R)	28 (R)	25 (R)
	HSCP	21 (R)	22 (R)	24 (R)	22 (R)	24 (R)	23 (R)
	GGC	19	17	21	21	21	21
Implants							
10 working days	NE	26 (R)	10 (G)	13 (R)	8 (G)	10 (G)	11 (R)
	NW	25 (R)	17 (R)	18 (R)	17 (R)	18 (R)	18 (R)
	S	24 (R)	21 (R)	25 (R)	18 (R)	18 (R)	16 (R)
	HSCP	25 (R)	15 (R)	17 (R)	14 (R)	15 (R)	15 (R)
	GGC	23	14	16	14	14	13
Performance Trend							
Target not met but there was a small reduction over the last quarter in all areas.							
Actions to Improve Performance							
<p>The Sexual Health Service Review has made recommendations on how to make long acting contraception more easily available to those who need it, which should address these waiting times. The recommendations include vLARC being available at all locations where there is a Sandyford service, and engagement with primary care partners to investigate and develop express provision of repeat routine contraception. Staff training is needed to enable vLARC provision at all sites, and partnership working required with primary care.</p> <p>In the meantime, additional clinics are being run on some Saturdays</p>							
Timeline for Improvement							
A Service Review Implementation Plan will be drawn up in 2018 with timescales for implementation of the recommendations. Performance improvement here is likely to be slower as staff training and primary care engagement will happen throughout 2018. Improvements should be seen early 2019.							
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Indicator	2. Average Waiting times for access to Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 5
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) 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	Oct 17- Dec 17	Jan 18 - Mar 18
2 working days	NE	3 (R)	2 (G)	3 (R)	4 (R)	4 (R)	4 (R)
	NW	2 (G)	2 (G)	2 (G)	3 (R)	4 (R)	4 (R)
	S	4 (R)	3 (R)	4 (R)	4 (R)	5 (R)	4 (R)
	HSCP	2 (G)	2 (G)	2 (G)	4 (R)	4 (R)	4 (R)
	GGC	3	2	2	4	4	4

Performance Trend
Target not met and all areas RED over the last two quarters in all areas.
Actions to Improve Performance
Clinic Prioritisation protocol is in place to address the known/predictable reduction in staffing levels over peak holiday times. The Sexual Health Service Review has made recommendations to increase the availability of urgent care at a few larger, more specialist (level 2) sites across GGC, which should have a positive impact on waiting times and accessibility.
Timeline for Improvement
A Service Review Implementation Plan will be drawn up in 2018 with timescales for implementation of the recommendations. Agreement needs to be reached with all 6 HSCPs in Greater Glasgow and Clyde as to the locations of the level 2 services, but urgent care could start to be provided at our existing sites in the autumn of 2018.
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Indicator	3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).
Purpose	To monitor waiting times for access to Routine 20s appointments.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 5
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) 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	Oct 17-Dec 17	Jan 18-Mar 18
20 working days	NE	19 (G)	20 (G)	20 (G)	17 (G)	22 (R)	23 (R)
	NW	12 (G)	18 (G)	17 (G)	19 (G)	22 (R)	19 (R)
	S	24 (R)	24 (R)	25 (R)	24 (R)	27 (R)	26 (R)
	HSCP	23 (R)	22 (R)	24 (R)	23 (R)	25 (R)	26 (R)
	GGC	22	21	24	23	25	26

Performance Trend
Target not met in all areas. Slight increase in the North East and with reductions in the other two localities over the last quarter.
Actions to Improve Performance
Staffing issues continue across the service resulting in some specialist scheduled care being prioritised, over services such as Routine (non-urgent) care. The Sexual Health Service Review has made recommendations to increase the availability of routine care at sites across GGC, which should have a positive impact on waiting times and accessibility.
Timeline for Improvement
A Service Review Implementation Plan will be drawn up in 2018 with timescales for implementation of the recommendations. Agreement needs to be reached with all 6 HSCPs in Greater Glasgow and Clyde as to the locations of the level 2 services, but urgent care could start to be provided at our existing sites in the autumn of 2018.
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Indicator	4. Proportion of male attendances at all Sandyford services who are MSM (Men Who Have Sex with Men).
Purpose	An aim is to improve access across all Sandyford services for MSM and this indicator monitors attendance and whether this is being achieved.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 5
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) 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	Oct 17-Dec 17	Jan 18 - Mar 18
10%	NE	18% (G)	21% (G)	20% (G)	23% (G)	24% (G)	23% (G)
	NW	35% (G)	41% (G)	46% (G)	52% (G)	54% (G)	54% (G)
	S	16% (G)	19% (G)	26% (G)	29% (G)	31% (G)	25% (G)
	HSCP	31% (G)	31% (G)	35% (G)	41% (G)	42% (G)	42% (G)
	GGC	28%	35%	39%	44%	46%	46%
Performance Trend							
Targets met and exceeded across all localities. Increase in proportion of MSM attending during 2017/18 partly due to the launch of the 'S.T.Aye' campaign across social media and digital platforms, as well as posters and printed materials.							

Indicator	5. Waiting times for access to Gender Identity service for young people and for adults
Purpose	To monitor waiting times for access to first appointment at Gender Identity services for young people aged under 17, and for adults aged 17 and older. Clinic is provided at Sandyford Central (West Glasgow) so no locality specific information shown.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 5
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) 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	Oct 17- Dec 17	Jan 18 - Mar 18
Under 17 Years							
18 weeks	GG&C	N/A	25.7 (R)	26.3 (R)	23.8 (R)	26.1 (R)	31.8 (R)
17 years and over							
18 weeks	GG&C	N/A	29.4 (R)	26.3 (R)	30.8 (R)	29 (R)	37.6 (R)

Performance Trend
Waiting times targets continue to be exceeded and have increased in the last quarter.
Actions to Improve Performance
<p>Waiting times increased from Q3 to Q4 for the under 17s service due to sickness absence in the medical staffing.</p> <p>The increase in waiting times from Q3 to Q4 for the over 17s service may be explained by a slight increase in referrals and by staff absence in December/January.</p> <p>Additional clinics on Saturdays have been arranged through the months of April, May and June 2018 for both the Adult and Young People services. These will specifically target initial assessment appointments.</p> <p>From May 2018 medical staff has been increased (by 0.4 wte) in the Young People service and from September 2018 an additional 0.3 wte medical staff will be in post for the Adult service.</p> <p>Improvements to the Adult drop-in service have also been introduced since May 2018.</p>
Timeline for Improvement
With the introduction of additional staffing and waiting list clinics over the next few months there should be some improvement by Autumn 2018. However, this improvement is likely to be limited given that the service remains underfunded for the level of demand placed on it.

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

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ALCOHOL AND DRUGS

Indicator	1. % of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Integration Outcome	Outcome 7
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

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

Indicator	2. The percentage of Parental Assessments completed within 30 days of referral.
Purpose	An <i>Impact of Parental Substance Use</i> (IPSU) Assessment should be completed within 30 days of referral. This indicator monitors the percentage of assessments completed within this timeframe.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 7
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
75%	North East	80% (G)	74% (G)	74% (G)	78.5% (G)	77% (G)	78% (G)
75%	North West	78% (G)	86% (G)	77% (G)	84% (G)	76% (G)	72% (A)
75%	South	68% (R)	75% (G)	79% (G)	82% (G)	89% (G)	91% (G)
75%	Glasgow	71% (R)	77% (G)	77% (G)	80% (G)	81% (G)	81% (G)
Performance Trend							
All localities continued to be within the target range at Q4; North East and South remained GREEN while performance in North West slipped from GREEN to AMBER.							

Indicator	3. The percentage of Service Users with an initiated recovery plan following assessment
Purpose	Following assessment, all Alcohol and Drugs service users should have a recovery plan put place. This indicator aims to ensure that we maximise the proportion who have an initiated recovery plan.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 7
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
70%	North East	82% (G)	67% (A)	71% (G)	71% (G)	72% (G)	75% (G)
70%	North West	83% (G)	64% (R)	70.5% (G)	72% (G)	72% (G)	74% (G)
70%	South	85% (G)	73% (G)	75.5% (G)	73% (G)	75% (G)	76% (G)
70%	Glasgow	82% (G)	65% (R)	70% (G)	71% (G)	71% (G)	73% (G)
Performance Trend							
All localities continued to exceed the 70% target at Q4 (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.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
95%	North East		90% (R)	93% (G)	91% (A)	75% (R)	83% (R)
	North West		94% (G)	94% (G)	89% (R)	93% (G)	94% (G)
	South		83% (R)	81% (R)	88% (R)	43% (R)	77% (R)
	Asylum & Refugee Team (ARST)		99% (G)	98% (G)	100% (G)	98% (G)	100% (G)
	City-wide	88.5% (R)	91% (A)	91% (A)	92% (A)	75% (R)	86% (R)

Performance Trend

Although city-wide performance remained RED, performance improved by 11 percentage points between Quarter 3 and 4. The Asylum and Refugee Team and the North West locality continued to meet target (GREEN). Performance in North East and South remained outwith the target range (RED) however both teams, particularly South, showed significant improvement in performance during Q4.

Actions to Improve Performance

South and NE Community Homeless Teams have both improved their performance against the indicator, however further work is required to establish and maintain improvements in the longer term, and to sustain performance which meets the target. Teams continue to address this area as a priority through caseload monitoring and supervision and to ensure that continued investigation letters are issues where decisions cannot be concluded within the timescale. Weekly monitoring of decision timescales is ongoing.

Timeline for Improvement

Further improvement in performance against this target is expected in Q1 2018/2019

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Indicator	2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation
Purpose	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
95% (16/17)	North East		80% (R)	100% (G)	71% (R)	73% (R)	67% (R)
	North West		80% (R)	83% (G)	94% (G)	81% (G)	100% (G)
80% (17/18)	South		74% (R)	75% (R)	44% (R)	0% (R)	52% (R)
	ARST		n/a	100% (G)	n/a	n/a	100% (G)
	City-wide figure only	52% (R)	76% (R)	87.5% (G)	75% (R)	50% (R)	73% (R)

Performance Trend

The target for this indicator reduced from 95% to 80% at Q1. Although remaining outwith the target range, city-wide performance improved significantly with an increase of 23 percentage points between Q3 and Q4. Considerable variation remains between localities with North West and the ARST team exceeding target (GREEN) and North East and South remaining RED.

Actions to Improve Performance

There were 48 decisions in this category citywide, of which 13 (27%) were made outwith the target timescale. Of the 48 decisions, 21 related to South CHT, 10 of which were outwith timescale. Weekly monitoring of performance in relation to decisions continues on an ongoing basis, and teams are aware of the need to work towards a sustained improvement in this target.

Timeline for Improvement

An improvement in performance against this target is expected in Q1 2018/19

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

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Target amended for 2017/18	North East	38% (R)	48% (R)	41% (R)	38% (G)	41% (G)	44% (R)	50% (R)
	North West	40% (R)	46% (R)	42% (R)	36% (G)	39% (G)	41% (G)	41% (G)
	South	44% (R)	53% (R)	48% (R)	47% (R)	45% (R)	46% (R)	51% (R)
	<20% (16/17)	42% (R)	63% (R)	57% (R)	56% (R)	53% (R)	50% (R)	51% (R)
	<40% (17/18)	44% (R)	50% (R)	45% (R)	43% (R)	44% (R)	45% (R)	48% (R)
Performance Trend								
The target for this indicator was amended from <20% to <40% for 2017/18. NW (GREEN) was within the target range at Q4. Performance in the other localities, the ARST team and city-wide was outwith this range (RED).								
Actions to Improve Performance								
Whilst overall live caseloads have reduced for NEW, South and ARST Teams over Q4, there has been an increase in the percentage of live cases over 6 months duration. Teams are addressing this issue through caseload monitoring and supervision, and discussions are ongoing regarding potential reviews of process around provision of resettlement plans and approaches to working with longer term more complex cases.								
Timeline for Improvement								
Performance against this target is expected to improve over the medium to longer term.								
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Target/Ref	4. Number of new resettlement plans completed - total to end of quarter (citywide)
Purpose	To measure progress towards sustained provision of increased numbers of resettlement plans, which outline housing needs for individual households and form the basis of requests for settled accommodation through the Section 5 process, based on the weekly count of new plans agreed by Housing Access Team.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	2017/18 Annual Total
3,200 per annum (800 per quarter)	City-wide figure only	729 (R)	796 (G)	743 (R)	766 (A)	711 (R)	3,016 (R)
Performance Trend							
The number of new resettlement plans completed fell between Q3 (AMBER) and Q4 (RED). Although we did not meet our annual target we were just outside the target range, narrowly missing an AMBER rating.							
Actions to Improve Performance							
Teams have worked hard to deliver the 3,016 new resettlement plans achieved over 2017/18, assisted by the continued provision of additional resources to South and NE Community Homeless Teams. Work will be progressed through 2018/19 to identify areas where the process around provision of resettlement plans can be improved and teams assisted in ensuring that plans are taken forward at the earliest possible stage in the application process. Teams continue to be requested to prioritise this area of work, and weekly reporting of team performance against this indicator in ongoing.							
Timeline for Improvement							
The target will be reviewed for 2018/19 and it is anticipated that improved resettlement plan numbers will be achieved for the forthcoming Q1							
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Target/Ref	5. Number of households reassessed as homeless or potentially homeless within 12 months
Purpose	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 4
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	15/16 Full Year Total	16/17 Full Year Total	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	17/18 Full Year Total
Target revised for 17/18 <300 per annum (16/17) <480 per annum (17/18) (<120 per Q)	City-wide figure only	395 (R)	493 (R)	136 (R)	117 (G)	107 (G)	84 (G)	444 (G)

Performance Trend

There was a further decrease in the number of repeat cases from Q3 to Q4, with the total being within target (GREEN) during the past three quarters. The number of repeat referrals is the lowest per quarter since Q1 2015/16.

Over Q4 the service also reported an increase in close cases and sustained reductions in the percentage of cases closed to lost contact suggesting that there has been an improvement in practice around case closure. However, this will need to be monitored on an ongoing basis. A spot check of 50 repeat cases over Q4 has highlighted issues of multiple repeat applications by some households, often with contributory factors including addictions, offending, and/or mental health issues. Ongoing work around complex cases and new approaches to resettlement may assist in reducing repeat applications.

Target/Ref	6. Number of individual households not accommodated over last month of quarter.
Purpose	This indicator provides information on the number of households recorded in the last month of the quarter which were not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfil their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 7
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
< 150	City-wide figure only	225 June 2016 (R)	217 Sept 2016 (R)	91 Dec 2016 (G)	209 Mar 2017 (R)	164 June 2017 (R)	129 Sept 2017 (G)	103 Dec 2017 (G)	186 March 2018 (R)

Performance Trend

The Q4 figure given above is provisional.

At the end of Q4 performance declined moving from GREEN to RED with numbers increasing by 80% between December 2017 and March 2018.

Actions to Improve Performance

The HSCP acknowledges that the statutory duty to accommodate is still not being met in all cases. Turnover in temporary/emergency tenancies over February and March 2018 was the lowest recorded in March 2018 as not having received an offer of accommodation one or more times. Homeless applications were higher in March than in January/February 2018. Of the 186 households recorded, 95 had made a new homeless application during March 18. All teams have been requested to ensure that the Temporary Accommodation team is notified immediately of and temporary/emergency tenancies which are ending. Work is ongoing to increase the number of temporary furnished flats sourced from the private rented sector through a contract with an external provider through Homelessness Commissioning Services.

Timeline for Improvement

It is anticipated that improved turnover in temporary and emergency tenancies will be achieved in Q1 2018/19.

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CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) work placements commenced within 7 days of sentence.
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
80%	North East	63% (R)	63% (R)	63% (R)	67% (R)	68% (R)	58% (R)
80%	North West	58% (R)	70% (R)	67% (R)	65%(R)	65% (R)	76% (R)
80%	South	69% (R)	63% (R)	75% (R)	67%(R)	66% (R)	65% (R)
80%	Glasgow	64% (R)	65% (R)	68% (R)	66%(R)	67% (R)	67% (R)
Performance Trend							
At Q4 all localities remain RED although there was considerable variation between localities.							
Actions to Improve Performance							
No change since last quarter and all teams still performing under target at 67%. Of the remaining 33%, 59% of these were level 1 orders and 42% level 2 orders. This could suggest that the absence of a pre-sentence report contributes to this under performance. Performance reports are circulated to Team Leaders and Service Managers every fortnight to assist in capturing missing data required to improve performance.							
Timeline for Improvement							
Ongoing emphasis, should see an improved performance in the next quarter. This indicator continues to be included in fortnightly performance reports provided to Locality Teams, and monitored at the Criminal Justice Core Leadership Meeting.							
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Indicator	2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
Purpose	To monitor the extent to which CPO case management plans are being developed within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
85%	North East	78% (R)	88% (G)	98% (G)	86% (G)	68% (R)	79% (R)
85%	North West	81% (A)	98% (G)	90% (G)	73% (R)	65% (R)	75% (R)
85%	South	71% (R)	100% (G)	100% (G)	94% (G)	66% (R)	84% (G)
85%	City	76% (R)	97% (G)	98% (G)	84% (G)	67% (R)	80% (R)

Performance Trend

There were significant increases in performance across all localities and city-wide at Q4 however only the South locality moved from RED to GREEN.

Actions to Improve Performance

Increase since last quarter and this is likely to continue to improve due to retrospective recording from each of the teams. Fortnightly performance reports also assist teams in capturing this and a monthly LSCMI report also includes this.

Timeline for Improvement

As above it is expected that 85% will be achieved in next quarter.

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Indicator	3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale.
Purpose	To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 4
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
75%	North East	56% (R)	64% (R)	78% (G)	85% (G)	82% (G)	77% (G)
75%	North West	78% (G)	75% (G)	87% (G)	79% (G)	87% (G)	77% (G)
75%	South	72% (A)	72% (A)	84% (G)	74% (G)	76% (G)	80% (G)
75%	Glasgow	69% (R)	71% (R)	83% (G)	78% (G)	82% (G)	78% (G)
Performance Trend							
At Q4 all localities continued to meet or exceed the 75% target for this indicator (GREEN).							

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

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

Performance Trend

At Q4 performance slipped across all localities and city-wide. South moved from GREEN to RED with the other localities remaining RED.

Actions to Improve Performance

There is a decrease of 6% since last quarter and below target by 10%. The number of Orders that are awaiting an outcome for breach or review continues to impact in achieving this standard. Of the 40% outwith the target 9% of Orders were completed but outwith timescale but the remaining 31% are unable to be completed as these Orders are awaiting a breach or review outcome from Court. Team Leaders receive a report fortnightly to assist with these and admin staff also receive a report to assist with recording outcomes.

Timeline for Improvement

This is a newer indicator with a stretch target. Close monitoring and recording will continue.

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Indicator	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
Purpose	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
80%	North East	84% (G)	83% (G)	84% (G)	78% (A)
80%	North West	80% (G)	82% (G)	82% (G)	74% (R)
80%	South	77% (A)	76% (R)	76% (R)	69% (R)
80%	Glasgow	81% (G)	80% (G)	80% (G)	73% (R)
Performance Trend					
At Q4 there was a decline in performance across all localities with city-wide performance moving from GREEN to RED. North West also moved from GREEN to RED while South remained RED. Only North East was within the target range (AMBER).					
Actions to Improve Performance					
The decrease in Court Reports submitted suggested that there has been an increase in the number of letters sent to Court. The inclement weather may have impacted on this. Fortnightly performance reports are broken down by worker name and team which assist in identifying individual performance.					
Timeline for Improvement					
Closer scrutiny of individual performance now in place to assist in improving performance for the next quarter.					
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Indicator	6. Throughcare Order Licences: Percentage of post sentence interviews held within one day of release from prison.
Purpose	It is important that post sentence interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
90%	North East	100% (G)	93% (G)	100% (G)	100% (G)
90%	North West	100% (G)	100% (G)	100% (G)	100% (G)
90%	South	89% (G)	90% (G)	100% (G)	80% (R)
90%	Glasgow	96% (G)	94% (G)	100% (G)	93% (G)
Performance Trend					
During Quarter 4 there was a 20 percentage point decline in performance in the South of the city from GREEN to RED in relation to this indicator.					

HEALTH IMPROVEMENT

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

Locality	2015/16 End of Year Status	2016/17 End of Year Status	Target 2017/18 (to Q4)	Actual 2017/18 (to Q4)
North East	(G)	1,156 (R)	1,636	1,312 (R)
North West	(G)	1,399 (R)	1,584	1790 (G)
South	(R)	739 (R)	1,846	674 (R)
City Wide (Non sector specific wider settings delivery)		4,106	No target	2694
Glasgow City HSCP	(G)	7,400 (G)	5066	6470 (G)
Performance Trend				
Target met at year end of 2017/18 at a city wide level.				

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

Area	Target 16/17	Actual 16/17	Target 16/17	Actual 17/18
North East	523	489 (R)	523	447 (R)
North West	407	346 (R)	407	386 (A)
South	458	415 (R)	458	407 (R)
Glasgow	1,388	1,250(R)	1388	1240 (R)

Performance Trend

While below target overall, the city community cessation services are showing an overall increase in number of people quitting at 12 weeks. In 2017/18 there were 319 12 week quits (full year) compared to 234 quits for 2016/17.

Actions to Improve Performance

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

Timeline for Improvement

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

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

TARGET	AREA	Apr 15- Mar 16	Apr 16- Mar 17	July 16 – Jun 17	Oct 16 – Sep 17	Jan 17- Dec 17
13% (New for 17/18)	NE	16.5%	15.4%	15.6% (R)	14.5% (R)	14.9% (R)
13% (New for 17/18)	NW	12.5%	12.1%	11.7% (G)	11.1% (G)	10.4% (G)
13% (New for 17/18)	S	12.7%	12.7%	13.2% (G)	13.0% (G)	13.1% (G)
13% (New for 17/18)	HSCP	13.7%	13.4%	13.5% (A)	12.9% (G)	12.8% (G)
Performance Trend						
New target for 2017/18 agreed as 13%. Performance at a city level has moved from AMBER to GREEN and remained there in the last reported period. North East RED with the other two areas GREEN.						

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

TARGET	AREA	Apr 15- Mar 16	Apr 16 - Mar 17	July 16 - Jun 17	Oct 16 - Sep 17	Jan 17- Dec 17
19%	NE	20.3%	18.6%	18.9% (G)	18.2% (G)	18.3% (G)
19%	NW	21.9%	20.6%	19.2% (G)	18.3% (G)	17.2% (G)
19%	S	20.2%	20.3%	19.8% (A)	19.6% (A)	20% (R)
19%	HSCP	20.7%	19.7%	19.3% (G)	18.7% (G)	18.5% (G)
Performance Trend						
Target for 2017/18 agreed as 19%. Performance GREEN at a city wide level and in the North East and North West, with South RED in the last quarter.						

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

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

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).
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

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

Performance Trend

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

Actions to Improve Performance

- UNICEF UK Baby friendly Standards: All 3 sectors in Glasgow City accredited as UNICEF Baby Friendly in 2011 and reaccredited in 2016. Ongoing mechanisms in place re-audit and monitoring processes, Annual report and associated action plans submitted to UNICEF to evidence compliance. Glasgow City, working toward the UNICEF Achieving Sustainability (Gold award) over the next 12 months and required managers training commenced.
- Support to Breastfeeding mothers: Currently 9 Breastfeeding support Groups in Glasgow City. The Baby Cafe (in conjunction with NCT) is a peer support model In North East Glasgow, Breastfeeding Network (BFN) funded to recruit and train local volunteers and to support local Breastfeeding groups. BFN and NCT peers supporters also provide support via maternity and neonatal units providing a bridge of support from hospital to community for mothers.
- Breastfeeding Public Acceptability: Work to challenge negative attitudes to breastfeeding and to normalise it in our communities. Includes Breastfeeding Friendly Nursery & Breastfeeding Welcome award: As of Dec 17 88% of nurseries in Glasgow city have received training and 84 % have the full award.
- Breastfeeding Welcome award: Training offered to wider partners such as Glasgow Life as well as local venues and key partners. Training provided to NC, HNC and HND students undertaking Childcare courses. In 2017, 868 members of staff from a range of partner organisations have received training as part of the Breastfeeding

Welcome Award and Breastfeeding Friendly Nursery programmes

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

Timeline for Improvement

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

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HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Integration Outcome	Outcome 1
HSCP Lead	Sybil Canavan, Head of People and Change

HSCP	Target	Mar-16	Mar-17	Dec-17	Jan-18	Feb-18	Mar-18
HSCP Central	4%	5.5% (R)	7.24% (R)	5.37% (R)	7.78% (R)	6.01% (R)	6.27% (R)
North East	4%	5.8% (R)	6.51% (R)	6.48% (R)	8% (R)	6.34% (R)	5.99% (R)
North West	4%	6.0% (R)	6.45% (R)	6.5% (R)	7.9% (R)	5.53% (R)	5.23% (R)
South	4%	7.8% (R)	6.26% (R)	7.08% (R)	8.28% (R)	7.18% (R)	5.59% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	N/A	3.21% (G)	2.43% (G)	1.41% (G)
Glasgow City	4%	6.3% (R)	6.19% (R)	6.33% (R)	7.77% (R)	6.08% (R)	5.42% (R)

Performance Trend

Variations across areas and over time. Having peaked in January, there has been a reduction in the period since but remains above target.

Actions to Improve Performance

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

- The primary reasons for recent absence remain mental health related, musculoskeletal and respiratory issues. People and Change Managers maintain an overview of attendance for each locality, looking at 'hotspots'; monitoring trends and patterns; and providing reports to Locality Management Team meetings, highlighting where management actions are required. The Head of People & Change also reviews the absence statistics and reports to the HSCP Senior Management Team.
- People and Change Managers continue to engage with senior management teams to shift the focus onto 'promotion of attendance'. This is achieved by reviewing reasons for absence; identifying patterns and trends through workforce information; and encouraging managers to anticipate peaks and the early interventions which could be applied. Additional support is available from the HR Support Unit and Specialist Services including Occupational Health, and Health & Safety which are promoted to line managers and staff.
- Individual case activity continues through the use of Case Management discussions, training

for managers as required and targeted activity, specifically within Mental Health inpatient services and Addictions services.

- As part of the continued focus on improving attendance and reducing absence, all NHS GG & C areas have been asked to create a confirmed trajectory of reduced absence, with targets set across all service areas. These will be discussed within appropriate management groups and reports provided on compliance as the year progresses.

Timeline for Improvement

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

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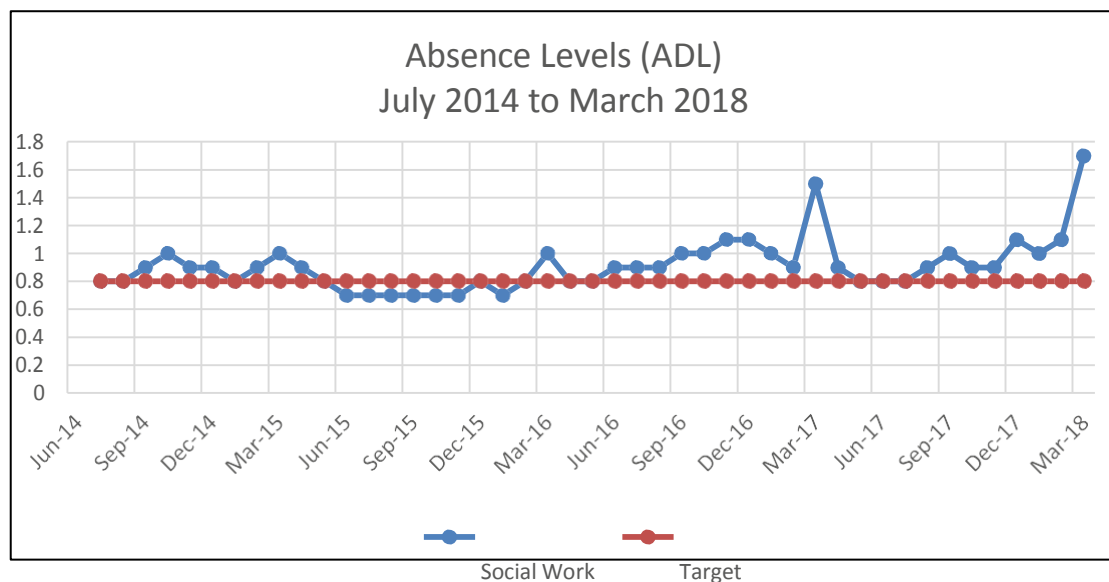
Indicator	2. Social Work Sickness Absence Rate
Purpose	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
Type of Indicator	Local HSCP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

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

	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Average Days Lost (ADL)	Target 2.58	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64	Target 2.53
North East	3.3 (R)	2.6 (G)	3.4 (R)	1.9 (G)	2.9 (R)	4.0 (R)	4.9 (R)
North West	2.2 (G)	3.5 (R)	2.8 (R)	3.2 (R)	2.8 (R)	2.0 (G)	3.3 (R)
South	3.1 (R)	4.0 (R)	3.9 (R)	2.6 (R)	2.8 (R)	3.1 (R)	3.9 (R)
Glasgow City	2.8 (R)	3.3 (R)	2.7 (R)	2.6 (R)	2.6 (R)	3.2 (R)	3.3 (R)

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

Chart 1



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

Chart 2

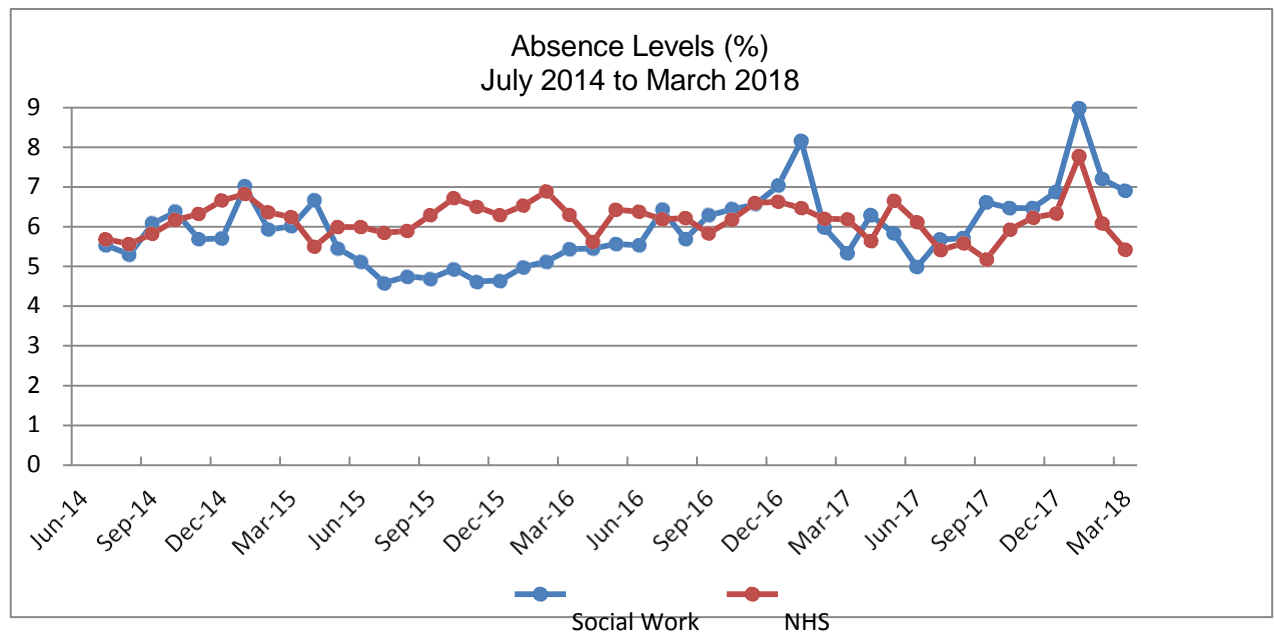


Chart 1 highlights a more accurate trend for social work as absence rates are measured on average days lost (ADL) per employee and does not take annual leave into account.

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

Performance Trend
The beginning of the quarter continued to demonstrate an upward trend, however, almost half way through the quarter, a reverse downward trend could be shown.
Actions to Improve Performance
The days lost trend due to respiratory type illness has continued with a 35% increase compared to the same quarter last year. However, respiratory figures may be reflecting the extended winter weather situation this year, which has had a health impact on a wider scale
Throughout 2017/18 there has been a positive reduction in days lost due to back pain compared to 2016/17, with earlier physiotherapy referrals being made for employees to aid rehabilitation.
HR resources are focussed to the largest staff group of Older People Residential and Children’s Services (which includes Children’s Residential and Families for Children) due to the costs of agency and overtime cover as a result of staff absences. Work is ongoing to equip managers with the skills to confidently manage staff attendance in line with Council Policy.
Our overall contributor to Social Work’s absence figures is long term absence. HR support and coach managers in developing flexible return to work plans to encourage and support earlier return to work timescales, with the support of Occupational Health for employees with more long standing health conditions.

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 to try and achieve overall levels below quarterly targets set.

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

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

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

Actions to Improve Performance

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

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

Timeline for Improvement

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

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Indicator	4. Percentage of NHS staff with standard induction training completed within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 8
HSCP Lead	Sybil Canavan, Head of People and Change

TARGET	AREA	Mar 16	Mar 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
100%	Glasgow City HSCP Central	0% (R)	N/A	N/A	33% (R)	N/A	100% (G)	N/A
100%	Glasgow City North East	33% (R)	75% (R)	67% (R)	36% (R)	100% (G)	75% (R)	75% (R)
100%	Glasgow City North West	33% (R)	50% (R)	100% (G)	33% (R)	100% (G)	50% (R)	100% (G)
100%	Glasgow City South	0% (R)	0% (R)	100% (G)	50% (R)	38% (R)	67% (R)	0% (R)
100%	Mental Health Central	N/A	N/A	0% (R)	N/A	N/A	N/A	N/A
100%	Glasgow City HSCP Total	29% (R)	57% (R)	71% (R)	36% (R)	62% (R)	70% (R)	75% (R)

Performance Trend

Performance fluctuates across areas and over time and remains RED overall although it increased over the last quarter.

Actions to Improve Performance

Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. Current work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHS GG & C.

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

Prospective information is available for inductees who should have their process completed and activity is in place to engage with local managers to ensure this work is completed timeously

Timeline for Improvement

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

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

TARGET	AREA	Mar 16	Mar 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
100%	HSCP Central	100% (G)	N/A	100% (G)	N/A	N/A	100% (G)	N/A
100%	North East	8% (R)	33% (R)	40% (R)	33% (R)	100% (G)	33% (R)	33% (R)
100%	North West	60% (R)	100% (G)	100% (G)	0% (R)	100% (G)	50% (R)	100% (G)
100%	South	0% (R)	50% (R)	0% (R)	0% (R)	38% (R)	67% (R)	0% (R)
100%	Mental Health Central	N/A	50% (R)	N/A	N/A	N/A	N/A	N/A
100%	Glasgow City HSCP Total	27% (R)	50% (R)	50% (R)	11% (R)	62% (R)	70% (R)	75% (R)

Performance Trend

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

Actions to Improve Performance

Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. Current work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHS GG & C.

Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP, numbering 31 individuals. Small numbers of non-completion continue to have a significant impact on performance.

Prospective information is available for inductees who should have their process completed and activity is in place to engage with local managers to ensure this work is completed timeously

Timeline for Improvement

This detail is provided on a monthly basis to local management teams for review. There is continuing overview of progress against the target at a local level to ensure improvement in compliance.

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BUSINESS PROCESSES

Indicator	1. NHS Complaints responded to within timescales (Stage 1) (%).
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 5 days normally for stage 1 or 10 days if extension given). New indicator introduced following new complaints procedures for both social work and health coming into effect on the 1 st of April 2017.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Locality	TARGET	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
HSCP	70%	100% (G)	99.1% (G)	99% (G)	96.6% (G)
NE	70%	100% (G)	91.6% (G)	94.1% (G)	97.3% (G)
NW	70%	100% (G)	93.75% (G)	92.9% (G)	87.5% (G)
South	70%	100% (G)	nil	100% (G)	80% (G)
Corporate (exc prisons)	70%	nil	nil	nil	nil
Prisons	70%	100% (G)	99.7% (G)	99.6% (G)	98.7% (G)

Performance Trend

HSCP and all localities remained GREEN in the last reporting period. The majority (89%) of complaints relate to prisons.

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

Locality	TARGET	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
HSCP	70%	76% (G)	66% (A)	61% (R)	60% (R)
NE	70%	100% (G)	100% (G)	71% (G)	40% (R)
NW	70%	80% (G)	63% (R)	50% (R)	64% (R)
South	70%	50% (R)	40% (R)	0% (R)	100% (G)
Corporate (exc prisons)	70%	nil	nil	nil	100% (G)
Prisons	70%	74% (G)	65.7% (R)	62.2% (R)	59% (R)

Performance Trend

Variations across localities and over time. The HSCP remained RED in the last period. New categorisations so no trend information shown before 17/18.

Actions to Improve Performance

Number of stage 2 complaints in localities are low, and prison stage 2 complaints drive the overall HSCP performance for this indicator. Changes to the complaints process introduced in April and further changes specifically in prison healthcare from January 2018 have gradually separated out the more complex complaints and reduced number of complaints overall. The numbers of complaints dealt with at stage 2 that exceed allowed time have in fact fallen from 53 in quarter 3 to only 39 in quarter 4, therefore far fewer customers have been negatively impacted. The proportion exceeding timescales has however risen between those quarters due to the cases being drawn from a smaller pool overall and stage 2 complaints being restricted to the most complex. This apparent performance dip is therefore, to a degree, a statistical anomaly. Although meeting a 20 working day timescale can be demanding for the more complex cases, the target remains that 70% should be cleared within timescale and work is ongoing to identify the best method of expediting such complex investigations and reach the required target.

The widely varying performance within and between localities when measured as proportions also stems from the very small numbers of stage 2 investigations that occur in localities. Performance is best judged for the three localities across the year, as quarterly figures will continue to vary widely based small numbers of cases in any given quarter.

Timeline for Improvement

An upward correction is anticipated in 2018-19 and figures for that period should also be more reliably stable as new processes will be fully bedded in.

Indicator	3. Social Work Stage 1 Complaints responded to within timescale (%)
Purpose	To monitor performance in relation to the agreed SWS target time for responding to complaints at Stage 1 (target is 5 days or 15 days if extension applied). This indicator is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

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

Performance Trend

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

There was significant slippage in this indicator between Q2 and Q3 with city-wide performance moving from GREEN to RED. Both North East and North West however exceeded target (GREEN) at Q3 while the South and Centre team performance was below target (RED) falling by 19 and 21 percentage points respectively from the position at Q2.

Actions to Improve Performance

A close analysis of the South team's performance reveals that a significant number of complaints exceeded the timescales by just one day. Ten of the thirty five complaints responded to by the South team were just out with the deadline. Had an extension been applied in some of those cases, the South team's performance would be rated green instead of red.

Extensions should be used if the complaint investigator is unable to meet the deadline and requires more time to respond to the complaint. This issue will be raised with the Head of Service.

A small number of complaints were received from young people living in children's residential units in Quarter 3. A meeting to discuss the complaint with the young people was arranged out with timescales, no extension letter was issued and the requested formal response was not issued until after the deadline. A discussion will be had with the Head of Service regarding how to better manage these complaints.

Timeline for Improvement

Further improvements expected in Quarter 4 / Quarter 1.

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Indicator	4. Social Work Stage 2 Complaints responded to within timescale (%)
Purpose	To monitor performance in relation to the agreed SWS target time for responding to complaints at stage 2 (target is 20 days). This indicator is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3	
		No.	%	No.	%	No.	%
70%	Glasgow	29	21% (R)	30	37% (R)	32	56% (R)
Performance Trend							
This indicator is reported one quarter in arrears . Although the 70% target was not met at Quarter 3 (RED), performance improved significantly with an increase of 19 percentage points above the Q2 figure.							
Actions to Improve Performance							
Stage 2 complaints are not broken down by locality as all stage 2 complaints are executed by a small central complaints (rights and enquiries) team. Despite ongoing resource pressures on that team, involving issues of staff absence and vacancy, some improvement was achieved in the third quarter.							
Timeline for Improvement							
Steps are being taken to reduce workload pressures within the central complaints team therefore further improvement is expected.							
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Indicator	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
Purpose	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.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3	
		No. received	%	No. received	%	No. received	%
100%	Glasgow	69	94% (R)	88	97% (A)	66	98% (G)
Performance Trend							
This indicator is reported one quarter in arrears .							
FOIs are meeting reasonable compliance standards. Performance improved between Q2 and Q3; performance moved from AMBER to GREEN.							

Indicator	6. Percentage of Social Work Data Protection Subject Access Requests completed within required timescale.
Purpose	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.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3	
		No. received	%	No. received	%	No. received	%
100%	Glasgow	47	89% (R)	43	81% (R)	31	65% (R)

Performance Trend

This indicator is reported **one quarter in arrears**. Performance slipped further between Q2 and Q3. Performance fell by 16 percentage points during the quarter.

Actions to Improve Performance

Subject Access Requests (SARs) are complex and meeting timescales are challenging throughout the business. The drop in performance in this quarter is due to resource pressures within the Rights & Enquiries team (a vacancy and staff absence) resulting in poor performance with SARs involving archived cases.

Timeline for Improvement

We are moving to centralise and improve processes from May onwards, reflecting GDPR (General Data Protection Regulation) requirements. The Rights & Enquiries team will receive additional staffing to support the centralisation of the process which should help achieve target.

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

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	
							no.	%
80%	North East	98% (G)	100% (G)	100% (G)	99% (G)	98% (G)	95	100% (G)
80%	North West	94% (G)	95% (G)	90% (G)	91% (G)	79% (G)	71	93% (G)
80%	South	84% (G)	95% (G)	96% (G)	98% (G)	90% (G)	109	94% (G)
80%	Centre	88% (G)	83% (G)	72% (R)	82% (G)	77% (A)	88	86% (G)
80%	Glasgow	91% (G)	92% (G)	90% (G)	92% (G)	84% (G)	363	94% (G)
Performance Trend								
All localities exceeded target (GREEN) at Q4.								

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 Indicators	2015/16 Survey GCHSCP	2015/16 Survey Scotland	2017/18 Survey GCHSCP	2017/18 Survey Scotland
1. % of adults able to look after their health very well or quite well (Outcome 1)	91%	94%	90%	93%
2. % of adults supported at home who agreed that they are supported to live as independently as possible (Outcome 2)	84%	84%	82%	81%
3. % of adults supported at home who agreed they had a say in how their help, care or support was provided (Outcome 3)	81%	79%	80%	76%
4. % of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (Outcome 3)	72%	75%	77%	74%
5. % of adults receiving any care or support who rate it as excellent or good (Outcome 3)	82%	81%	79%	80%

6. % of people with positive experience of the care provided by their GP practice (Outcome 3)	88%	87%	86%	83%
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%	84%	80%	80%
8. % of carers who feel supported to continue in their caring role (Outcome 6)	40%	41%	38%	37%
9. % of adults supported at home who agreed they felt safe (Outcome 7)	86%	84%	85%	83%

Operational Indicators

11. Premature mortality rate (Per 100,000 population) (Outcome 1)	2014	2015	2016	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	
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (developmental) (Outcome 9)	2014/15	2015/16	2016/17	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%	
18. Percentage of adults with intensive care needs receiving care at home	2014/15	2015/16	2016/17	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
Primary Care								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	15/16	78% (R)	73% (R)	77% (R)	83% (R)	Performance below target and there has been a slight reduction since the last survey for the city overall (was 80%). Glasgow is above the Scottish average however in 2015/16 (78%).
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	84%	15/16	84% (R)	82% (R)	88% (R)	83% (R)	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.	Local HSCP indicator Outcome 1	70%	16-17	72.2% (G)	75% (G)	75.6% (G)	80.2% (G)	Figures relate to 2016-17. All areas meeting 'essential' target of 70%. (Desirable target of 85%). Data last updated October 2017 and available annually.
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 17		56.8% (G)	62.7% (G)	49% (G)	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
Children's Services								
5.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	As at 30 Sep 17	51.78 (R)	56.76 (G)	50.09 (R)	49.31 (R)	Locality figures extracted locally. Indicator will now only be produced annually after national publication in December. Slight reduction in the last year in North West (from 50.73) and South (from 51.01) with North East increasing slightly (from 56.59)
6. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	As at 30 Sep 17	92.15 (G)	89.61 (G)	92.33 (G)	94.01 (G)	Locality figures extracted locally. Indicator will now only be produced annually after national publication in December. Reductions across all localities in the last year when figures were 94.84 (City); 90.72 (NE); 96.92 (NW); 96.9 (S)
7. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2016	64.1% (G)				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	Local HSCP indicator Outcome 1	60%	2017	69.1% (G)				Produced 2 yearly. Last one Oct 17. Performance was 60.6% in 2013 and 70.2% in 2015, so there has been a slight reduction since the last period after a previous increase. Below Health Board average of 73.1% which rose from 72.6%.
9. Looked After Children & Young People who received a Comprehensive Health Assessment	Local HSCP indicator Outcome 1	TBC	July 2017	44%				Assessments were offered to 1420 children and young people between October 2016 and July 2017. 56% were declined/cancelled or were DNAs (Did Not Attend)

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10. Number of families being discussed at Early Years Joint Support Teams	Local HSCP indicator Outcome 5	Maintain/ Increase Numbers each Year	2016/ 17	219				219 families were discussed at EYJSTs during 2016/17. The aim is to increase or maintain these during 2017/18. Figures at Q3 indicate that 117 families had been discussed to date (32 Q1; 35 Q2; 50 Q3).
Sandyford (Sexual Health)								
10. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17	Local HSCP indicator Outcome 1	13-15 (F) 58%	Mar 2017	37% (R)				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%		2.5% (R)				
		15-17 (F) 64%		34% (R)				
		15-17 (M) 10%		3.2% (R)				
Alcohol and Drugs								
11. Number of needles/ injecting equipment/foil dispensed	Local HSCP indicator Outcome 7	1,093,228 (for 17/18)	16/17	1,041,070				Target for 2017/18 is 5% increase on actual performance in 2016/17. Will be updated at year end annually.
12. Number of naxolone kits dispensed	Local HSCP indicator Outcome 7	1500 (for 17/18)	16/17	1368				Target for 2017/18 been based upon actual performance in 2016/17. Will be updated at year end annually.
Others								
13. Deaths for which the	Local HSCP	N/A	2015	9.2				Rates have reduced for the HSCP as a

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
underlying cause was classified as 'suicide + undetermined intent' (rate per 100,000 population).	indicator Outcome 7							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).	Local HSCP indicator Outcome 1	N/A	2016	170				Rates fluctuate but have increased for the HSCP as a whole from 114 in 2014 and 157 in 2015.
15. Number of alcohol related deaths (per 100,000 population)	Local HSCP indicator Outcome 1	N/A	2016	42.6	46.6	31.5	50	Rates reduced from 50.7 in 2011 to 38.6 in 2015, but have increased slightly in 2016 as shown. Glasgow above the Health Board average which was 37.1 in 2016, also rising from 34.1 in 2015. Variations across areas. Rates in 2016 were 46.6 (NE), 31.5 (NW) and 50 (South). The equivalent rates in 2015 were 43.6 (NE), 36.3 (NW) and 36.8 (South).
16. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2015/ 17	N/A	42.2% (R)	44.3% (R)	44.0% (R)	For 2014/16 was 45.8% (NE); 47.7% (NW); and 47.6% (South) so all areas have reduced and remain below target and RED. HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Last produced Dec 2017.
17. Percentage of women invited who attend for	Local HSCP indicator	70%	2013- 15	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);

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
breast screening.	Outcome 1		round					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.
18. Percentage of women invited who attend for cervical screening	Local HSCP indicator Outcome 1	80%	Aug 2017	68.4% (R)	70.5% (R)	63.8% (R)	71.3% (R)	Performance RED in all areas. Variations across localities with North West lowest. All areas have increased since last time (NE – from 68.9); (NW from 59.2%); (South – from 70.8). HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. Last produced Dec 2017.