



Item No. 14

Meeting Date **Wednesday 4th September 2019**

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

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HSCP PERFORMANCE REPORT QUARTER 1 2019/20

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2019/20.
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Background/Engagement:	The IJB Finance, Audit and Scrutiny 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 which would be attended by the relevant Service Leads.
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report; b) consider the exceptions highlighted in section 4.4; c) review and discuss performance with the Strategic Lead for Adult Mental Health, Sexual Health and Alcohol & Drugs.
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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.

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 performance management activity 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.
Fairer Scotland Compliance	N/A
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.

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1. Purpose

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 2019/20.

2. Background

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

3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below:
- Local Health and Social Work Indicators (chosen locally by the Partnership).
 - National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
 - NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
 - Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

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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.

4.3 *Review of Indicators/Targets*

Each service lead was asked to review their indicators and targets as we move into the new financial year (2019/20). These changes have been incorporated into this report and are highlighted in the summary tables at the start of the attached report.

Exceptions

4.4 At Q1, 43 indicators were GREEN (40.6%); 49 RED (46.2%); 8 AMBER (7.5%); and 6 (4.7%) GREY. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters 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.

<i>Older People</i>	Page
3. Number of people in supported living services.	31
9. Referrals to Telecare – Enhanced	37
10. Total number of Older People Mental Health patients delayed	38
12. Intermediate Care: Average Length of stay (Days).	40
16. Falls rate per 1,000 population aged 65+	44
17. % of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral	46
<i>Unscheduled Care</i>	
1. New Accident and Emergency (A&E) attendances (All ages)	47
2. A&E Waits Less Than 4 Hours (%) – Both Hospitals	48
7. Total Number of Acute Delays	53
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	55

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Carers	
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.	56
Primary Care	
3. Flu Immunisation Rates (various)	61
4. Shingles Immunisation Rates (aged 70 and aged 76)	63
5i. AHP Waiting Times – MSK Physio	64
Children's Services	
4. Access to CAMHS services - % seen with 18 weeks	69
5. % looked after & accommodated children under 5 who have had a Permanency Review	70
6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	70
7. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.	73
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	74
9. Number of high cost placements	76
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral - North East	79
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Gartnavel	80
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill	81
4. Total number of Adult Mental Health delays	82
Sexual Health (Sandyford)	
1. Average waiting times for access to Long-Acting Reversible Contraception appointments (IUD and Implants)	83
2. Average waiting times for access to Urgent Care appointments.	84
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics	85
5. Waiting times for access to Gender Identity service for young people and for adults (Under and Over 17s)	86
6. Waiting times for access to TOPAR appointments	88
Homelessness	
1. % of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	92
2. % of live homeless applications over 6 months duration at end of the quarter.	93
3. Number of new resettlement plans completed - total to end of quarter (citywide)	94
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	96
Criminal Justice	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	97
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	99

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4. % of Unpaid Work (UPW) requirements completed within timescale.	101
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.	102
Health Improvement	
4. Women smoking in pregnancy (most deprived quintile)	107
Human Resources	
1. NHS Sickness absence rate	111
2. Social Work Sickness Absence Rate	113
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework) (KSF).	115
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	116
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	117
Business Processes	
4. % of SW Complaints responded to within timescale (Stage 2)	122
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	124

Changes in RAG Status

4.5 There has been a change in RAG status for 19 indicators since the last report. Of these, performance improved for 10; and declined for 9.

i. Performance Improved

A) RED TO GREEN
Older People
5. % service users leaving reablement with no further home care support.
13. % intermediate care users transferred home
Children's Services
1c. Uptake of the Ready to Learn Assessments - South
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel
Business Processes
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
B) RED TO AMBER
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) Leverndale
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) Leverndale
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.
C) AMBER TO GREEN
Criminal Justice
3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale.
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale.

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ii. Performance Declined

A) GREEN TO RED
<i>Older People</i>
3. Supported Living
9. Referrals to Telecare (Advanced)
<i>Carers</i>
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
<i>Children's Services</i>
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
<i>Sexual Health Services</i>
6. Waiting times for access to TOPAR appointments
<i>Criminal Justice</i>
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court
<i>Health Improvement</i>
4. Women smoking in pregnancy (most deprived quintile)
B) GREEN TO AMBER
<i>Primary Care</i>
5. Podiatry Waiting Times
<i>Children's Services</i>
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months

5. Recommendations

5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:

- a) note the attached performance report;
- b) consider the exceptions highlighted in section 4.4;
- c) review and discuss performance with the Strategic Lead for Adult Mental Health, Sexual Health and Alcohol & Drugs.

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**CORPORATE PERFORMANCE
REPORT**
(IJB Finance, Audit and Scrutiny Committee)

**QUARTER 1
2019/20**

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1. 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

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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	Previous Period RAG Rating				This Period RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators/Targets
										
Older People (No. and %)	6	1	11	1	6	1	11	1	3. Supported Living (GREEN to RED) 5. % service users leaving reablement with no further home care support. (RED to GREEN) 9. Referrals to Telecare (Advanced) (GREEN to RED) 13. % intermediate care users transferred home (RED to GREEN)	2. Supported Living – New target to increase places by 75 to 920. 4. % Service users who receive a reablement service following referral for home care. New target of 70% (was 75%) 5. % Service users leaving reablement with no further home care support. New target of >35% (was >40%)

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										9. Referrals to Telecare New targets of 2750 Standard (was 2248) and 1500 Advanced (was 304).
Unscheduled Care (No. and %)	3			6	4		1	4	1. New Accident and Emergency (A&E) attendances (18+) (GREY to RED) 8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (GREY to GREEN)	1. New Accident and Emergency (A&E) attendances (18+) Indicator and target been adjusted to reflect new 19/20 MSG Plan. Now 18+ only 3. Number of Emergency Admissions (18+) Indicator and target been adjusted to reflect new 19/20 MSG Plan. Now 18+ only 4. Number of Unscheduled Hospital Bed Days - Acute (18+) Indicator and target been adjusted to reflect new 19/20 MSG Plan. Now 18+ only 5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)

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										<p>New Indicator in new 19/20 MSG Plan</p> <p>6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).</p> <p>New Indicator in new 9/20 MSG Plan</p> <p>8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).</p> <p>New Indicator in new 19/20 MSG Plan</p>
Carers (No. and %)			2		1		1		<p>1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement. (GREEN to RED).</p>	<p>1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement. Target been increased from 1650 to 1900</p> <p>2. Carers Qualitative Evaluation Question: Has the Carer’s Service improved your ability to support the person that you care for? Target increased from 65% to 70%</p>

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Primary Care (No. and %)	5	1	4		5	2	3		5. Podiatry Waiting Times (GREEN to AMBER)	
Children's Services (No. and %)	5	1	8	1	6	2	7		1c. Uptake of the Ready to Learn Assessments (RED to GREEN) South 7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date. (GREY to RED) 8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training. (GREEN to RED) 10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (GREEN to AMBER)	9. Number of high cost placements Target reduced by 20 to 31 by year end
Adult Mental Health (No. and %)	6	1	3		4	2	4		2. Average Length of Stay (Short Stay Adult Mental Health Beds) (RED to AMBER Leverndale) 3. Percentage Bed Occupancy (Short Stay	

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									Adult Mental Health Beds) (RED to AMBER-Leverndale) (RED to GREEN-Gartnavel)	
Sandyford Sexual Health (No. and %)	6		2		7		1		6. Waiting times for access to TOPAR appointments (GREEN to RED)	6. Waiting times for access to TOPAR appointments New Indicator
Alcohol & Drugs (No. and %)			3				3			
Homelessness (No. and %)	4		1		4		1			
Criminal Justice (No. and %)	3	1	2		4		2		3.Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale. (AMBER to GREEN)	
									5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court (GREEN to RED)	
Health Improvement (No. and %)			6	1	1		5	1	4.Women smoking in pregnancy (most deprived quintile) (GREEN to RED)	3.Women smoking in pregnancy (general population). Target changed from 13 to 12

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										<p>4. Women smoking in pregnancy (most deprived quintile) Target changed from 19% to 17%</p> <p>7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) New Indicator</p>
Human Resources (No. and %)	5				5					
Business Processes (No. and %)	4	1	2		2	1	4		<p>2. Percentage of NHS Stage 2 Complaints responded to within timescale. (AMBER to GREEN)</p> <p>3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (RED to AMBER)</p> <p>5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (RED to GREEN)</p>	
TOTAL (No. and %)	47 (44.3%)	6 (5.7%)	44 (41.5%)	9 (8.5%)	49 (46.2%)	8 (7.5%)	43 (40.6%)	6 (5.7%)	19	

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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: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q1	84% 	▼
2. Number of community service led Anticipatory Care Plans in Place.	TBC	Q1	53 	►
3. Number of people in supported living services.	920 by end of 2019/20	Q1	829 	▼
4. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Cordia Period 3	80.3% (Hosp)  73% (Comm) 	▲ Hospital ▼ Community
5. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Cordia Period 4	41.2% 	▲
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q1	0% 	►
7. Continence Service – Waiting Times	100% within 12 weeks	Q4	100% 	►
8. Day Care (provided) – Review Rates	95%	Q1	96% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
9.i Referrals to Telecare: Basic	2,750 per annum	Q1	690 	▶
9.ii Referrals to Telecare: Advanced	1500 per annum	Q1	305 	▶
10. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Jun 19	15 	▼
11. Intermediate Care: Percentage Occupancy.	90%	Jun 19	86% 	▶
12. Intermediate Care: Average Length of stay (Days).	<28	Jun 19	34 days 	▼
13. Intermediate Care: Percentage of users transferred home.	>30%	Jun 19	35% 	▲
14. Provided Residential Care – Occupancy Rates	95%	Q1	96% 	▲
15. Provided Residential Care – Review Rates	95%	Q1	97% 	▲
16. Falls rate per 1,000 population aged 65+	6.75 per quarter (27 for 2018/19)	Q3	22.4 	▲
17. % patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker.	100%	Q1	12.8% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+)	153,791 for 19/20 (12,816/month)	Apr - May 19	27,858 (13,929 per month) 	▼
2. A&E Waits Less Than 4 Hours (%)	95%	Jun 19	GRI – 83.5%  QEUH – 77% 	GRI ▲ QEUH ▲
3. Number of Emergency Admissions (18+)	66,624 for 19/20 (5552/month)	18/19	63,898 (5325 per month) 	▼
4. Number of Unscheduled Hospital Bed Days - Acute (18+)	453,866 for 19/20 (37,822/month)	18/19	490,483 (40,873 per month) 	▲
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	33,260 for 19/20 (2772 per month)	17/18	21,377 (1781 per month) 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).	181,371 for 19/20 (15,114 per month)	17/18	182,524 (15,210 per month) 	▲
7. Total number of Acute Delays	0	Jun 19	75 (inc AWI) 51 (exc AWI) 	▼
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).	39,919 for 19/20 (3327 per month)	Apr - May 19	6346 	▶
7. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 19/20 (159 per month)	Apr - May 19	485 (243 per month) 	▶
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1900 per annum/413 per quarter	Q1	410 	▼
2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?	70%	Q1	80% 	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q4	 78%	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Prescribing Costs: Annualised cost per weighted list size	At/Below NHSGGC average	Mar 19	 £155.57	▲
3i. Flu Immunisation Rates (over 65s).	75%	Oct 18 - Mar 19	71.6%(NE)  71.9%(NW)  72.9% (S) 	▶ All areas
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Oct 18 - Mar 19	42.9% (NE)  41.5% (NW)  43.7%(S) 	▶ All areas
3iii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 18 - Mar 19	45.1% (NE)  51.3% (NW)  50.0%(S) 	▶ All areas
3iv. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 18 - Mar 19	57.0% (NE)  64.7% (NW)  59.69%(S) 	▶ All areas
3v. Flu Immunisation Rates (Pre-school - 2-5 year olds).	75%	Oct 18 - Mar 19	46.1% (NE)  54.1% (NW)  46.7%(S) 	▶ All areas
4i. Shingles Immunisation Rates (aged 70)	60%	Sep 18-Mar 19	34% (NE)  26.4% (NW)  29.7%(S) 	▲ All areas












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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
4ii. Shingles Immunisation Rates (aged 76)	60%	Sep 18-Mar 19	33.2% (NE) 28.9% (NW) 32%(S)	► All areas
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Jun 19	39%	▼
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Jun 19	86.3%	▼
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Jun 19	99.7%	▼
Children’s Services				
1. Uptake of the Ready to Learn Assessments	95%	Jun 19	NE - 95% NW - 91% S - 94%	NE ▲ NW ▲ S ▲
2. Percentage of HPis allocated by Health Visitors by 24 weeks.	95%	Apr 19	NE - 97% NW - 96% S - 98%	NE▼ NW ► S ▲
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 across city	Q1	866	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Jun 19	81.2%	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review.	90%	Q1	75% 	▶
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28	100%	Q1	66.67% (<5s)  90.91% (5-18) 	<5s ▼ 5-18 ▶
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>)	60%	Q1	34% 	N/A
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q1	71% 	▼
9. Number of high cost placements	Reduction of 20 in 2019/20 to 31	Q1	48 	▼
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q4	92.41% 	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q4	95.85% 	▲
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 19	NE 75.5%  NW 88.8%  South 98.2% 	NE ▼ NW ▼ South ▲










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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	May 19	Stob 28.6 Lev 28.7 Gart 35.6	Stobhill ▼ Leverndale ▲ Gartnavel ▲
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	May 19	Stob 100.6% Gart 99% Lev 94.1%	Stobhill ▼ Leverndale ▼ Gartnavel ▼
4. Total number of Adult Mental Health delays	0	Jun 19	14 Total 11 (exc AWI) 	▼
Sandyford (Sexual Health)				
1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.	10 Working Days	Q1	33 (IUD) 33(Implants)	IUD ▼ Implants ▼
2. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q1	8	▼
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).	20 working days	Q1	35	▼
4. Proportion of male attendances at all Sandyford services who are Gay or Bisexual.	10%	Q1	44%	▲
5. Waiting times for access to Gender Identity service for young people and for adults	18 Weeks	Q1	46 (<17) 46 (>17)	under 17 ▼ over 17 ▲











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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
6. Waiting times for access to TOPAR appointments	5 working days	Q1	6 	▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q4	98% 	►
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q1	80% 	▲
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q1	78% 	▲
Homelessness				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q1	88% 	▼
2. Percentage of live homeless applications over 6 month duration at the end of the quarter.	<40%	Q1	42% 	▲
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 4,000 (1,000 per quarter)	Q1	848 	▼
4. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	18/19	400 	▲
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q4	61% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q1	70% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q1	79% 	▲
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q1	76% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q1	64% 	▶
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q1	73% 	▼
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q1	100% 	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	1266 (To Q1)	Q1	1362 	▶
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1128 per annum	18/19	1412 	▲
3. Women smoking in pregnancy (general population)	12%	Q1	11.7% 	▼
4. Women smoking in pregnancy (most deprived quintile).	17%	Q1	18.9% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5. Exclusive Breastfeeding at 6-8 weeks (general population)	31.4% by end of 19/20	2018	30.4% 	▲
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	22.4% by end of 19/20	2018	21.2% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Jan 19	5.85% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8 for P4.	P4 (4 week period)	1.1 ADL 	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Jun 19	34.3% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Jun 19	22% 	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Mar 19	60% 	▼
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q4	96.2% 	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q4	70% 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q4	67% 	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q4	46% 	▶
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q4	100% 	▲
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale	100%	Q4	69% 	▲
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q1	87% 	▼

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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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking Head of Care Services (HSCP)

Target	Locality	2016/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
85%	Glasgow	86% (G)	82% (A)	83% (G)	84% (G)	85% (G)	84% (G)
85%	North East	92% (G)	92% (G)	89% (G)	89% (G)	92% (G)	90% (G)
85%	North West	85% (G)	81% (A)	83% (G)	85% (G)	89% (G)	87% (G)
85%	South	83% (G)	75% (R)	78% (R)	79% (R)	78% (R)	77% (R)

Performance Trend

At Q1 North East, North West and the city continued to meet target (GREEN) while South remained below target (RED). South continue to be challenged by absence within the Social care worker staff compliment. We have seen 3 staff absent since the turn of the year which has had an impact on the review performance figures. Work is being done to distribute to other sector staff in order to improve the performance figures going forward. We have one vacancy in South which contributes to the deficit in reaching our target of 85%.

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Indicator	2. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP
Purpose	To monitor progress in the implementation of the new anticipatory care plans. New ACP booklets are patient held and remain with patients. It has been agreed that HSCP staff will share summary pages from these with GPs.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

					2019/20			
Locality	16/17 Total	17/18 Total	18/19 Total	Target (19/20)	Q1	Q2	Q3	Q4
Glasgow	484 (G)	824 (G)	989	TBC	53			
Performance Trend								
<p>A new national model 'My ACP' was launched in 2017 which is patient led. HSCPs in GGC have agreed a summary version that draws on the patient led ACP and with the patient's consent can be shared with the patient's GP. The roll out of the summary version has begun and will continue into 2019/20. This indicator relates to the number of completed summary versions that are shared with GPs. Data on this will be available later in 2019/20 and included in future performance reports. In the meantime, the figures shown for 2019/20 are an estimate of the number completed and shared in Q1. A target is being finalised for 2019/20.</p> <p>Back to Summary</p>								

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Indicator	3. Number of people in supported living services.
Purpose	To monitor the number of people receiving supported living packages. These are expected to increase over the course of the year in line with the longer term accommodation based strategy. This strategy seeks to shift the balance of care by enabling greater numbers of older people to be supported at home and reduce the numbers going into residential or nursing care.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
Glasgow	920 by end of 2019/20	734 (G)	765 (G)	766 (R)	845 (G)	842 (G)	829 (R)
North East	N/A	216	227	225	244	250	252
North West	N/A	236	273	256	283	275	276
South	N/A	282	265	285	318	317	301
Performance Trend							
During the last quarter of 2018/19 there was a slight drop in the number of people receiving a supported living service in the city. A new target to be achieved by the end of 2019/20 has been introduced. Numbers have reduced in Q1 of 2019/20 and are below target and RED against the new 2019/20 target.							
Actions to Improve Performance							
Numbers may fluctuate over the course of the year but it is anticipated that the projected increase will be met by year-end.							
Timeline for Improvement							
Improvements are expected by Quarter 2. A review of the indicator and target is also underway.							
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Indicator	4. Percentage of service users who receive a reablement service following referral for a home care service.
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. 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
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking Head of Care Services (HSCP)

		16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Quarter 1		
Referral Source	Target	Per 13b	Per 13b	Per 11	Per 13b	Per 1 + 2	Per 3	Per 4
Hospital Discharges	70%	73.4% (G)	72.8% (A)	65.0% (R)	75.8% (G)	69.3% (G)	80.3% (G)	
Community Referrals	70%	76.5% (G)	78.2% (G)	68.8% (R)	74.8% (G)	68.5% (G)	73.0% (G)	
Performance Trend								
New target introduced for 19/20 having previously been 75%. Awaiting Period 4 data. Performance has improved since Q4 for hospital discharges and declined slightly for community referrals. Both are GREEN in relation to the new target.								
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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
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking Head of Care Services (HSCP)

Locality	Target	16/17	17/18	18/19	18/19	18/19	19/20 Q1		
		Q4	Q4	Q2	Q3	Q4	Per 1+2	Per 3	Per 4
Citywide	>35%	36% (R)	37.9% (R)	38.2% (A)	40.8% (G)	35.7% (R)	41.3% (G)	38.4% (G)	41.2% (G)
North East	>35%	37% (R)	32.5% (R)	41.4% (G)	48.6% (G)	34.3% (R)	39.8% (G)	46.0% (G)	53.7% (G)
North West	>35%	33% (R)	45.7% (G)	37.0% (R)	35.1% (R)	42.7% (G)	43.9% (G)	42.2% (G)	42.9% (G)
South	>35%	39% (A)	35.9% (R)	36.2% (R)	39.7% (G)	31.7% (R)	40.1% (G)	32.7% (R)	31.3% (R)

Performance Trend

New target introduced for 19/20 having previously been 40%. Performance varies across locality and over time. Performance improved at a city wide level and in the North East and North West in the last period and all are currently GREEN. Performance declined very slightly in the South which remained RED.

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Target/Ref	6. Open occupational therapy (OT) activities at assessment stage assigned to a 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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
0%	City	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North West	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	0% (G)
0%	South	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
Performance Trend								
<p>The target was met across all localities (GREEN) in Q1.</p> <p>At the end of Q1 there were 1,587 open OT assessment activities: 3 of these (1 in NW, 1 in South and 1 "other") had been open for more than 12 months. The figure shown above has been rounded to zero and performance is classified as GREEN given that a 2.5% variance is permitted.</p> <p>Back to Summary</p>								

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Target/Ref	7. Continence Service – Waiting Times.
Purpose	To monitor waiting times performance for Continence Services. This service is hosted by Glasgow. The service is reported by North and South areas. The North area includes North East and North West Glasgow, and East and West Dunbartonshire. The South area includes Glasgow South, Inverclyde, East Renfrewshire and Renfrewshire
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	% Seen Within 12 Weeks				
	Q4 17/18	Dec 19	Jan 19	Feb 19	March 19
100%	97.5% (G)	100% (G)	100% (G)	100% (G)	100% (G)
Performance Trend					
New collection and reporting methods introduced in Q4 2017/18 so data shown only relates to the period since. Target continues to be met. Data awaited for Q1.					
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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
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18	2018/19			2019/20
Target	Q4	Q4	Q2	Q3	Q4	Q1
95%	95% (G)	97% (G)	98% (G)	93% (G)	97% (G)	96% (G)

Performance Trend

Performance in relation to review rates for Day Care service users was maintained as GREEN during Q1.

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Target/Ref	9. Referrals to Telecare
Purpose	To monitor the number of Telecare referrals received on a quarterly basis for the Standard and Enhanced 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
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Telecare Referrals	Agreed Scottish Govt. Annual Targets		16/17 Total	17/18 Total	18/19 Total	19/20 Q1
	16/17–18/19	19/20				
Standard	2,248	2,750 688 per Q	2,581 (G)	2,771 (G)	2,706 (G)	690 (G)
Enhanced	304	1,500 375 per Q	835 (G)	1,222 (G)	1,337 (G)	305 (R)

Performance Trend

In line with changes to referral and training, Basic and Advanced telecare services have been re-categorised as Standard and Enhanced respectively. Targets for both categories have been revised for 2019/20.

While the quarterly target for the number of referrals to Standard Telecare Services was met during Q1 (GREEN), the target for the number of referrals to Enhanced Telecare Services was not met (RED) during this reporting period.

Actions to Improve Performance

A new online referral form for both standard and enhanced telecare services is due to be launched by September 2019. This will provide service users, carers and practitioners with a more efficient referral process for Telecare services and we anticipate an increase in referrals following this innovation.

Timeline for Improvement

It is anticipated that improvements will be seen by the end of Q3

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Indicator	10. Total number of Older People Mental Health patients delayed (Excluding AWI)
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Apr 18	Mar 19	Apr 19	May 19	Jun 19
0	City	11 (R)	11 (R)	16 (R)	9 (R)	9 (R)	13 (R)	15 (R)
	NE	0 (G)	0 (G)	5 (R)	3 (R)	4 (R)	5 (R)	5 (R)
	NW	7 (R)	1 (R)	4 (R)	3 (R)	2 (R)	1 (R)	2 (R)
	South	4 (R)	10 (R)	7 (R)	3 (R)	3 (R)	6 (R)	8 (R)
Performance Trend								
Numbers vary across localities and over time and remain RED. Numbers increased between March and June in the South (+5) and North East (+2), while reducing in the North West (-2).								
Actions to Improve Performance								
Our performance continues to be a concern as the total number of delays has risen since the last report. There continues to be a regular and robust scrutiny process of all delays involving clinicians, hospital managers, bed managers and health and social work service managers. There is an ongoing challenge in sourcing suitable placements for patients in the local care home market. Work will continue to ensure the number of delays reduces. There is a new discharge pathway that supports 72 hour discharge which includes dedicated Social Work resource, improved MDT working and early referral to Social Work								
Timeline for Improvement								
Improvements towards meeting the target are anticipated this year.								
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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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Apr 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Glasgow	90%	88% (G)	82% (R)	92% (G)	88% (G)	89% (G)	86% (A)	92% (G)	92% (G)	86% (A)
North East	90%	94% (G)	74% (R)	89% (G)	88% (G)	91% (G)	93% (G)	92% (G)	90% (G)	90% (G)
North West	90%	75% (R)	89% (G)	94% (G)	81% (R)	89% (G)	84% (R)	92% (G)	93% (G)	77% (R)
South	90%	94% (G)	83% (R)	92% (G)	95% (G)	88% (G)	83% (R)	92% (G)	92% (G)	91% (G)
Performance Trend										
Performance has changed from GREEN to AMBER and is now at 86%. Performance in the North East and South remains GREEN while performance in North West has changed to RED.										
Actions to Improve Performance										
<p>The change in occupancy levels in June 2019 relates primarily the additional winter bed availability and one unit experiencing short term closure for new admissions due to a viral infection.</p> <p>The Intermediate Care Team and Hospital Social Work Team continue to ensure timeous and appropriate discharge to Intermediate Care.</p> <p>An audit has been commissioned to determine the needs profile of service users being admitted to Intermediate Care and Complex Care. The purpose of audit is to review/ redefine criteria in the context of Complex Care and Intermediate Care availability and inform future beds model planning.</p>										
Timeline for Improvement										
Improvements will be sought for the next quarter. The target date for audit completion is 3-6 months										
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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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Apr 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Glasgow	<28	44 (R)	31 (R)	30 (R)	35.8 (R)	34.7 (R)	33.3 (R)	31 (R)	37 (R)	34 (R)
North East	<28	41 (R)	33 (R)	34 (R)	40 (R)	31 (R)	37 (R)	29 (A)	32 (R)	30 (R)
North West	<28	36 (R)	36 (R)	30 (R)	34 (R)	35 (R)	29 (A)	36 (R)	37 (R)	39 (R)
South	<28	38 (R)	32 (R)	41 (R)	34 (R)	37 (R)	34 (R)	42 (R)	41 (R)	31 (R)

Performance Trend

Average lengths of stay vary over time and between localities. In the last quarter, average length of stay has increased in the North West and reduced in the other localities and at a city level.

Actions to Improve Performance

Length of stay is still above the target and has been for some time. This is a reflection of increased acuity and also issues such as individuals becoming unwell, availability of alternative accommodation, care home choices protocol and availability, and AWI considerations.

An Intermediate Care Improvement Plan has been developed to progress improvements and additional dedicated social work staff have been allocated to intermediate care units, which will support multi-disciplinary team decision making and discharge planning.

Timeline for Improvement

There is an ongoing focus on improvement and it is anticipated that length of stay will reduce in the next quarter.

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

Locality		Targets	Apr 16	Apr 17	Apr 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Glasgow	Home	30%	21% (R)	25% (R)	34% (G)	21% (R)	21% (R)	24% (R)	25% (R)	22% (R)	35% (G)
	Res/Nursing	N/A	52%	62%	45%	61%	63%	63%	53%	55%	47%
	Readmissions	N/A	25%	10%	12%	15%	10%	10%	18%	14%	15%
	Deceased	N/A	2%	1%	5%	3%	6%	3%	3%	9%	3%
NE	Home	30%	22% (R)	30% (G)	33% (G)	17% (R)	33% (G)	32% (G)	25% (R)	14% (R)	32% (G)
	Res/Nursing	N/A	39%	59%	50%	72%	39%	60%	45%	62%	47%
	Readmissions	N/A	33%	7%	16%	11%	22%	8%	30%	19%	16%
	Deceased	N/A	6%	0%	0%	0%	6%	0%	0%	5%	5%
NW	Home	30%	21% (R)	22% (R)	27% (R)	16% (R)	14% (R)	16% (R)	27% (R)	5% (R)	28% (R)
	Res/Nursing	N/A	57%	57%	57%	63%	72.5%	60%	59%	63%	59%
	Readmissions	N/A	21%	17%	11%	16%	10.5%	16%	9%	16%	14%
	Deceased	N/A	0%	4%	4%	5%	3%	8%	5%	16%	0%
South	Home	30%	21% (R)	22% (R)	39% (G)	28% (A)	21% (R)	22% (R)	22% (R)	38% (G)	50% (G)
	Res/Nursing	N/A	58%	70%	33%	52%	71%	72%	56%	45%	30%
	Readmissions	N/A	21%	7%	9%	16%	0%	6%	17%	10%	15%
	Deceased	N/A	0%	0%	9%	4%	8%	0%	6%	7%	5%

Performance Trend
Variations across localities and over time. Performance has moved from RED to GREEN at a city wide level in the last quarter. All localities GREEN except North West which improved and was only slightly below target in March.
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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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People’s Services)

	2016/17	2017/18	2018/19				2019/20
Target	Q4	Q4	Q1	Q2	Q3	Q4	Q1
95%	94% (G)	96% (G)	95% (G)	95% (G)	98% (G)	95% (G)	96% (G)
Performance Trend							
Performance exceeded the 95% target at Q1 (GREEN).							
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Target/Ref	15. Provided Residential Care – 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
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18	2018/19				2019/20
Target	Q4	Q4	Q1	Q2	Q3	Q4	Q1
95%	94% (G)	95% (G)	98% (G)	95% (G)	98% (G)	96% (G)	97% (G)
Performance Trend							
Provided Residential Review rates continued to meet and exceed the 95% target (GREEN) at Q1. Back to Summary							

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Target/Ref	16. 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 falls and fractures amongst older people in the community setting and prevent their repeat falls. This indicator is based upon data gathered by Information Services Division (ISD) on the number of patients aged 65 plus who are discharged from hospital with an emergency admission code related to falls
Type of Indicator	National Integration Indicator (number 16)
Health & Wellbeing Outcome	Outcome 7(See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Target	14/15	15/16	16/17	17/18	18/19			
						Q1	Q2	Q3	Q4
Glasgow City	6.75 per quarter (18/19 and 19/20)	26.8	28.9	31.1	30.7	7.3 (R)	7.6 (R)	7.5 (R)	
Scotland		20.2	20.6	20.8	21.6				

Performance Trend
National Integration Indicator. Target for 2018/19 is to get back to the 2014/15 levels (27 for the year or 6.75 per quarter). Performance in excess of the target for all quarters up to Q3, although if repeated in the last quarter, would represent a decrease since 17/18. Been agreed to retain this target for 2019/20 also.
Actions to Improve Performance
<p>Actions to improve performance include the following:</p> <ul style="list-style-type: none"> • Promotion of Level 1 assessment across all relevant staff groups and with other agencies • Re-establish links with SAS to increase use of the pathway for non-conveyance of uninjured fallers with rising numbers of referrals month on month • Develop pathway for Referral for Scottish Fire and Rescue to access Level 2 assessments and promote opportunity for shared learning • Monitor implementation and impact of Falls bundles within OAMH wards • Introduce of a frailty tool across HSCP with a specific focus on evidence based interventions for Frailty Syndromes such as Falls, Reduced Mobility, Delirium and adverse reactions to Medication • Improve data collection for falls to determine a realistic and meaningful baseline an accurate picture linking to micro strategy • Engage with Care Home leads to determine current practice within Care Homes in relation to the prevention of falls and fragility fractures and responses and after a fall interventions

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- Explore key learning from The Falls Integrated Response and Support Technology Project and consider options Glasgow

A new national falls strategy has been launched for consultation with a final strategy due later this year. This indicator and our falls prevention strategy might change as a result.

Timeline for Improvement

It is anticipated that improvements will be achieved during 2019/20. A revised work plan is being drafted to reflect the above priorities.

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Target/Ref	17. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker
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 ⁵⁴
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2	2019 Q3
City	100%	12.1% (R)	18.5% (R)	12.2% (R)	16.7% (R)	13.2% (R)	15.2% (R)	12.8% (R)	
North East	100%	N/A	0 (R)	13% (R)	16.7% (R)	9.1% (R)	20% (R)	9.1% (R)	
North West	100%	N/A	16.7% (R)	8.6% (R)	18.2% (R)	14.3% (R)	N/A	N/A	
South	100%	19% (R)	26.7% (R)	14.7% (R)	16.0% (R)	15.0% (R)	15.8% (R)	16.7% (R)	

Performance Trend
Variations across areas and over time with performance remaining well below target.
Actions to Improve Performance
The HSCP has a contract with Alzheimer's Scotland for the delivery of post diagnostic support. To date referrals have exceeded the levels set within the contract and this has resulted in waiting lists building up. The HSCP is working closely with Alzheimer's Scotland to improve performance. We have agreed an action plan to reduce waiting lists by the end of the year. There are concerns about the accuracy of the data being recorded for this KPI and a review is underway. New KPIs are also being considered for introduction in Q2.
Timeline for Improvement
It is anticipated that performance will improve in 2019/20 as the action plan is implemented.
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Other Indicators for Ongoing Review - See Appendix 1, Section 2

1. Total number of patients who have been diagnosed with dementia
2. Percentage of Last 6 months of life spent in the Community (MSG Indicator)
3. Percentage of the Population Unsupported at Home (Aged 65+) (MSG Indicator)

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UNSCHEDULED CARE

Indicator	1. New Accident and Emergency (A&E) attendances (18+)
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. It includes all new and unplanned attendances at emergency departments and Minor Injury Units (MIUs) but excludes AAU attendances . Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 3.
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2015/16	2016/17	2017/18	2018/19	19/20 Target	2019/20 To May		
Glasgow	153,791	155,029	156,783	162,600	153,791 (Total)	27,858 (R)		
	12,816	12,919	13,065	13,542	12,816 (Monthly)	13,929 (R)		
Performance Trend								
<p>A revised target is shown above that is based on the most recent MSG trajectories for 2019/20 reported to the IJB in May 2019. The revised trajectories focus on those aged 18+. The number of attendances have risen slightly over the last four years. This increase is consistent across GG&C as a whole. Year to date figures are above the average monthly attendances target.</p>								
Actions to Improve Performance								
<p>There is a Board wide unscheduled care improvement programme in place which includes a number of actions to manage more care on a planned basis. A&E attendances have been increasing both nationally and in GG&C. Work is underway to understand why this is case, and to differentiate between emergency and urgent care so patients get the right treatment at the right time. The HSCP continues to work closely with acute colleagues to reduce attendances, including repeat A&E attendances and is supporting acute clinicians in developing a policy of re-direction. Standardised rates per head of population indicate a lower use of A&E by Glasgow residents compared with other HSCPs in GG&C.</p>								
Timeline for Improvement								
<p>Trends are being monitored and reported regularly. An updated MSG trajectory for 2019/20 has been submitted to the Scottish Government (and reported to the IJB in May) and the monthly target above is based upon this.</p> <p>Back to Summary</p>								

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Target/Ref	2. 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. Source of data is monthly Health Board Unscheduled Care reports.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Mar 16	Mar 17	Mar 18	Feb 19	Mar 19	Apr 19	May 19	Jun 19
GRI	95%	82.7% (R)	86.3% (R)	81.2% (R)	82.4% (R)	81% (R)	79.6% (R)	79.5% (R)	83.5% (R)
QEUH	95%	85.1% (R)	81.8% (R)	85.9% (R)	79.7% (R)	83.2% (R)	75.5% (R)	79.9% (R)	77% (R)

Performance Trend

Performance remains below target. It has improved since March at the GRI while declined at the QEUH.

Actions to Improve Performance

The difficulties both A&E departments have had in meeting the 95% target is a reflection of the demand in the wider health and social care system, and emergency departments in particular.

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 continue to struggle to achieve this target. Consideration is being given to Board wide initiatives at all main acute sites to improve flow within emergency departments

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Indicator	3. Number of Emergency Admissions (18+)
Purpose	To monitor the extent to which people are being admitted to hospitals in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. This includes all inpatient and day care admissions but excludes people admitted to obstetrics and psychiatric hospitals and those admitted as geriatric long stay patients. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 1
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual
Total	70,133	69,656	62,725	63,898	66,624	N/A
Monthly average	5844	5804	5227	5325	5552	N/A
Performance Trend						
<p>A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon those aged 18+. Performance will be reported against this going forward once data becomes available. Performance is classified as GREEN for 2018/19 against the old target.</p> <p>Back to Summary</p>						

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Indicator	4. Number of Unscheduled Hospital Bed Days - Acute (18+)
Purpose	To monitor the extent to which people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual
Total	493,371	515,275	506,792	490,483	453,866	N/A
Monthly average	41,114	42,939	42,232	40,873	37,822	N/A
Performance Trend						
A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon those aged 18+. Performance will be reported against this going forward once data becomes available.						
Actions to Improve Performance						
Further work is in hand to better understand this trend and to inform strategies to achieve the new target. This target is another indicator of pressure in the acute system and increasing length of stay.						
Timeline for Improvement						
Trends are being monitored and reported regularly. An updated MSG trajectory for 2019/20 has been submitted to the Scottish Government (and reported to the IJB in May) and the monthly target above is based on this.						
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Indicator	5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
Purpose	To monitor the extent to which people are occupying geriatric long stay beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People’s Services)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual
Total	36,956	33,278	21,377	TBC	33,260	
Monthly average	3080	2773	1781	TBC	2772	

Performance Trend
A new indicator/target is shown above which has been included in the most recent MSG Plan (19/20) for the first time. Performance will be reported against this going forward once data becomes available. Data for 2018/19 incomplete at this stage.
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Indicator	6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).
Purpose	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People’s Services)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual
Total	190,791	187,654	182,524	TBC	181,371	
Monthly average	15,899	15,638	15,210	TBC	15,114	

Performance Trend
A new indicator/target is shown above which has been included in the most recent MSG Plan (19/20) for the first time. Performance will be reported against this going forward once data becomes available. Data for 2018/19 incomplete at this stage.
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Indicator	7. Total number of Acute Delays.
Purpose	To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	19/20 Target	Apr 17	Apr 18	Mar 19	Apr 19	May 19	Jun 19
North East		10	23	22	14	26	22
North West		6	15	7	13	19	12
South		14	12	10	12	24	17
HA Team				1			
Sub-Total (Included Codes)		30	50	40	39	69	51
North East		2	2	5	6	6	9
North West		5	4	6	4	4	9
South		4	4	8	4	4	6
Sub-Total (Complex Codes)		11	10	19	14	14	24
All Delays	0	41 (R)	60 (R)	59 (R)	53 (R)	83 (R)	75 (R)

Performance Trend

Numbers vary over time and have increased since March. Target has been reduced from 20 in 2018/19.

Actions to Improve Performance

The weekly operational meeting continue to manage delays involving HSCP operational & commissioning leads, Acute Operational Managers and discharge management representation to ensure all actions to improve performance are progressed. Some of these delays extended to a few days only with longer delays relating to complex care placement, capacity assessment, health equipment delays and house cleans. A full report on delays was made to the March IJB.

Timescale for Improvement

Sustainable improvements will be sought going forward. Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and the Home is Best Team has now been established which has resulted in a dedicated hospital social work team and management arrangements to ensure consistency of practice and process across all hospital sites and effective partnership working with acute colleagues.

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Indicator	8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
Purpose	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual
Total	41,582	38,870	29,897	38,656	39,919	6346 (G)
Monthly average	3488	3239	2491	3238	3327	3173 (G)

Performance Trend
A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon all delays, all reasons and for those aged 18+. Performance for first two months of the year are below target and GREEN.
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Indicator	9. 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 7 above. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	18/19 Total	19/20 Target	19/20 Actual (Apr-May)
HSCP	10,715	6050	2098	3781	1910 (159 per month)	485 (243 per month) (R)
NE	3590	1647	336	686		182
NW	3558	2995	816	1168		172
S	3910	1408	946	1927		131

Performance Trend

The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 1910 bed days for the year. The end of year figure has exceeded this target. This follows a significant reduction over the last three years, contributed to by the reclassification of the AWI beds in 2016/17 which the HSCP commission in community settings in line with national guidance, which meant they were no longer included.

Actions to Improve Performance

The rise in AWI continues to be a concern and a pressure on delays in the acute system. The HSCP is working closely with acute colleagues to reduce delays as much as possible, and the importance of considering 13ZAs AWI decision making continues to be a focus of practice discussions. A working group has been established to ensure best practice and the review of care management and legal actions required to support appropriate discharge. A report with recommendations is due soon.

Timescale for Improvement

An improved performance is expected later in the year as a result of the actions highlighted above.

The AWI working group has agreed a plan to improve the flow through the AWI beds including a focus on prevention and preparation to attempt to reduce the numbers of people categorised as AWI.

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CARERS

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 supported and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 6 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Total	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	18/19 Total	19/20 Q1
Glasgow	1900 (475 per Q)	1,942 (G)	515 (G)	511 (G)	448 (G)	510 (G)	1,984 (G)	410 (R)
North East	634 (159 per Q)	606 (G)	181 (G)	146 (G)	172 (G)	200 (G)	709 (G)	159 (G)
North West	634 (159 per Q)	620 (G)	187 (G)	124 (R)	91 (R)	100 (R)	502 (R)	50 (R)
South	634 (159 per Q)	716 (G)	147 (G)	241 (G)	185 (G)	210 (G)	783 (G)	201 (G)

Performance Trend
The targets have been adjusted upwards from 1650 (citywide) in 2018/19. The new quarterly target has been met in the North East and South but not in the South or citywide.
Actions to Improve Performance
<p>The Carer services have been subject to a tender which was completed in May 2019 and has resulted in a change of provider in West Carer centre. One consequence of this change is two NW services now have waiting lists. Meetings have taken place with all three NW services to identify why the performance reduced and urgent actions are in place to address this.</p> <p>A report format has been agreed with all managers for the Carers Operational Group to identify challenges in meeting the performance requirements. Managers are meeting more frequently in sectors to focus on this issue. A development session will take place late August with all carer service managers to review and resolve this issue.</p> <p>Some of the issues have been identified as data recording issues and will be quickly addressed. The third sector carer services will be implementing 'Charity Log' a new data recording system which will make their data easier to collate, more consistent and make delivering the service more efficient. This should be implemented as a matter of urgency and will ensure a more consistent citywide approach.</p>

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The SWS Carer Teams have been under pressure to resource wider duty developments reducing their ability to purely focus on care management, but that is also a citywide issue. Carefirst 6 e-forms will be updated imminently and training will provide an opportunity to all SWS managers and staff to ensure that all services are delivering the service consistently. While the focus of reporting has been on new carers, there is also a legal requirement to offer carers a review of their support plan and this additional workload for carers is now being included within performance reports. This was identified as a significant challenge for new management of West Carer Centre.

Recruitment is proving difficult for all carer services, particularly as new posts can only be advertised for 12 month contracts.

Timescale for Improvement

It would be anticipated that performance will improve in quarters 2 and 3 2019/20.

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Indicator	2. Carers Qualitative Evaluation Question: Has the Carer's Service 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
Health & Wellbeing Outcome	Outcome 6 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
Glasgow	70%	82% (G)	84% (G)	83% (G)	86% (G)	85% (G)	80% (G)
North East	70%	74% (G)	84% (G)	84% (G)	87% (G)	86% (G)	72% (G)
North West	70%	86% (G)	73% (G)	78% (G)	79% (G)	90% (G)	82% (G)
South	70%	86% (G)	96% (G)	87% (G)	92% (G)	81% (G)	83% (G)

Performance Trend

Target has been adjusted upwards from 65% to 70%. Performance remains GREEN across all localities and city wide against this new target.

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PRIMARY CARE

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

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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	John Nugent, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	TARGET	Jan 16- Mar 16	Jan 17- Mar 17	Jan 18- Mar 18	Jul 18- Sep 18	Oct 18- Dec 18	Jan 19- Mar 19
City	78%			79.45% (G)	78.12% (G)	78.16% (G)	78% (G)
NE	78%	79.81% (G)	80.18% (G)	80.09% (G)	78.76% (G)	78.85% (G)	78.64% (G)
NW	78%	78.35% (G)	78.7% (G)	78.72% (G)	77.34% (G)	77.34% (G)	77.19% (G)
S	78%	79.0% (G)	79.41% (G)	79.48% (G)	78.21% (G)	78.24% (G)	78.12% (G)
NHSGGC	78%	78.86%	79.22%	79.24%	78.08%	78.12%	77.97%
Performance Trend							
All areas remain GREEN. Compliance decreased slightly at a city level and across all areas in the last quarter. No updates available yet for Q1.							
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Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	John Nugent, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	Target	Mar 16	Mar 17	Mar 18	Dec 18	Jan 19	Feb 19	Mar 19
City	Cost below (or the same as) the GGC average.	£161.72 (G)	£162.93 (G)	£161.63 (G)	£156.45 (G)	£156.06 (G)	£156.27 (G)	£155.57 (G)
NE		£163.79 (G)	£163.27 (G)	£157.21 (G)	£151.39 (G)	£151.14 (G)	£151.42 (G)	£150.84 (G)
NW		£156.55 (G)	£156.47 (G)	£159.99 (G)	£155.57 (G)	£155.32 (G)	£155.26 (G)	£154.53 (G)
S		£164.98 (G)	£168.44 (G)	£167.12 (G)	£161.83 (G)	£161.18 (G)	£161.58 (G)	£160.80 (G)
NHS GGC		£174.99	£178.44	£178.32	£174.34	£174.04	£174.31	£173.72
Performance Trend								
<p>Variations across sectors and over time with a reduction across all areas continuing in the last quarter. Initiatives to ensure cost minimisation are ongoing. No updates available yet for Q1.</p> <p>Back to Summary</p>								

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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
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	John Nugent, 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)	Pregnant (in a clinical risk group)	Pre-school 2-5 years old
NE	71.6 (A)	42.9% (R)	45.1% (R)	57.0% (R)	46.1% (R)
NW	71.9% (A)	41.5% (R)	51.3% (R)	64.7% (R)	54.1% (R)
South	72.9% (A)	43.7% (R)	50.0% (R)	59.69 (R)	46.7% (R)
NHSGGC	73.8%	42.8% (R)	50.7% (R)	58.4% (R)	54.2% (R)
Performance Trend					
Performance below target and RED for all categories except Over 65s. These figures cover the period from 1 October to 31 March					
Actions to Improve Performance					
<p>The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the flu vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:</p> <ul style="list-style-type: none"> -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 (Nov, Jan and March) -A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely. <p>GP practices remain responsible for delivering the annual programme of seasonal flu vaccination until an alternative sustainable model is identified through the Vaccination Transformation Programme.</p>					

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Timeline for Improvement

It is hoped that improvements will be achieved in the next 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
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	John Nugent, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Area	Target	Aged 70	Aged 76
NE	60%	34.0% (R)	33.2% (R)
NW	60%	26.4% (R)	28.9% (R)
South	60%	29.7% (R)	32% (R)
NHSGGC	60%	31.3%	29.2%

Performance Trend

The data shown relates to the cumulative immunisation rates between 1 September 2018 and end March 2019. Variations across localities and between the different age groups. The target relates to the whole year between 1 September 2018 and 31 August 2019.

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 for
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	John Nugent, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Service	Target	Apr 16	Apr 17	Apr 18	Feb 19	Mar 19	Apr 19	May 19	Jun 19
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	38.5% (R)	41% (R)	37% (R)	37% (R)	39% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	94.0% (G)	94.1% (G)	93.2% (G)	88.2% (G)	86.3% (A)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	99.7% (G)	99.7% (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 consistently met by dietetics. Podiatry has moved to AMBER in the last reporting period.

Actions to Improve Performance

These services are managed by others on behalf of Glasgow City HSCP and we have a process to raise any performance issues with the host HSCP through our Primary Care Strategy Group (PCSG). MSK physio is provided by West Dunbartonshire, Podiatry by Renfrewshire and Dietetics by Acute.

Physio

Excluding referrals from the MSK Orthopaedics project, referrals to the service are up 6.3% in 18/19 compared to the previous year. There were 10,563 referrals from Glasgow City in Q4 which represents 53% of all referrals in NHSGG&C. The current average wait for a physiotherapy appointment is 32 days. The longest wait for a routine appointment is 13 weeks which is a reduction from January 2019 when the longest wait was 15 weeks. The rise in demand has resulted in a rise in the number of patients waiting over 4 weeks from 2,423 in January 2019 to 3,092 in March.

The MSK Physio services benefited from some extra capacity as a result of a project with Orthopaedics - which helped in the short term - but this has now finished.

This target remains a challenge across the whole of Scotland. Analysis of the national report from March 2018 shows services range from 23.1% to 92.1% in relation to this indicator. The average for Scotland was 48.4%, with NHSGGC at 46.5% seen within 4 weeks.

Improvement actions being undertaken since April 2019 are:

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1. Ongoing improvement work with Referral Management Centre (RMC) to maximise clinical capacity and manage waiting list
2. RMC converting vacant slots at 72 hours instead of at 48 hours to increase chance of slots getting utilised
3. Promote new GP referral guidance with GPs at locality/cluster meetings
4. Promote new self-management resource cards to support above.
5. Auditing new patients seen in May or June to measure how many patients unlikely to benefit are still attending the service
6. Service review by AHP Director – ongoing action plan has several workstreams all looking to improve efficiency
7. Exploring use of e-health within the service e.g. Attend Anywhere, Florence
8. Meeting planned on GGC being national test site for Web Based Access
9. Monitor impact of Advanced Practice Posts in Primary Care on demand into MSK

Podiatry

Performance for the quarter dipped during May and June. This correlates to the knock-on effect of an increase in referrals to more than 4,000 per month for April and May. The service has advised that after the summer period it is anticipated that it will be able to achieve the waiting times target 90%. The service is proactively managing capacity by reviewing and reducing the number of meetings and identifying non-productive time.

Timeline for Improvement

Given the reduction in capacity and increase in demand it is not possible to provide an estimated timescale for improvement.

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Other Annually Reported Indicators - See Appendix 1, Section 2

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

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CHILDREN'S SERVICES

Indicator	1. Uptake of the Ready to Learn Assessments
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
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Apr 17	Apr 18	Feb 19	Mar 19	Apr 19	May 19	Jun 19
95%	NE	87% (R)	88% (R)	89% (R)	93% (G)	90% (A)	92% (A)	95% (G)
	NW	79% (R)	87% (R)	90% (A)	90% (A)	95% (G)	91% (A)	91% (A)
	S	87% (R)	89% (R)	93% (G)	89% (R)	91% (A)	96% (G)	94% (G)

Performance Trend

Performance has fluctuated over time and between localities. North East remained GREEN between March and June; North West remained AMBER; and South moved from RED to GREEN.

Actions to Improve Performance

Improvements have been seen across all areas during the last 15 months. 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 also continue to review activity and further interrogate caseloads to establish clearer reasons for failing to meet this target across all localities. We are also continuing to implement the Healthy Children programme including the recruitment of additional health visitors; the new universal child health pathway; and the extension of the Family Nurse Partnership

Timeline for Improvement

The health visiting teams will make continue to strive to maintain this increased uptake across all areas.

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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
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Mar 16	Mar 17	Mar 18	Jan 19	Feb 19	Mar 19	Apr 19
95%	NE	95% (G)	99% (G)	93% (G)	98% (G)	99% (G)	98% (G)	97% (G)
	NW	93% (G)	98% (G)	96% (G)	96% (G)	98% (G)	99% (G)	96% (G)
	S	96% (G)	98% (G)	96% (G)	96% (G)	99% (G)	99% (G)	98% (G)
Performance Trend								
<p>Variations across areas and over time with all areas now meeting the target. Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action.</p> <p>Back to Summary</p>								

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Indicator	3. Number of referrals being made to the 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
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

AREA	Annual Target	Quarterly Target	2016/17 Total	2017/18 Total	2018/19 Total	2019/20 Q1		
City	1,533	383	1,533	1757 (G)	2590	866 (G)		
NE	344	86	344	509 (G)	1078	275 (G)		
NW	576	144	576	587 (G)	830	362 (G)		
S	613	153	613	661 (G)	682	229 (G)		

Performance Trend
At Q1, the quarterly target has been met.
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Indicator	4. Access to 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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	Apr-16	Apr-17	Apr-18	Mar-19	Apr-19	May-19	Jun-19
Glasgow HSCP	100%	100% (G)	100% (G)	92.9% (R)	86.4% (R)	84.7% (R)	85.6% (R)	81.2% (R)
North East	100%				90.0% (R)	88.4% (R)	87.2% (R)	80.8% (R)
North West	100%				83.2% (R)	78.1% (R)	77.1% (R)	74.6% (R)
South	100%				86% (R)	87.3% (R)	92.2% (R)	87.8% (R)

Performance Trend

Variations exist across localities and over time. Performance remains RED across all localities.

Actions to Improve Performance

CAMHS aim to be within the 90% HEAT RTT Target threshold by the mid-2020 and are working to achieve this through the Quality Improvement Programme.

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

Further work is ongoing to help identify issues and improve the patient journey flow. We are about to launch a qualitative audit of children and young people's case notes to identify whether their patient journey through CAMHS was appropriate and efficient. We will assess the referral reasons and additional clinical data within the notes to assess the validity of conversion from assessment to treatment, or whether an alternative care plan would have been more suitable. This audit could have an impact in decisions relating to demand and capacity balance.

Other work is ongoing to help identify suitable alternatives to CAMHS, particularly around Tier 2 resources. A large project is currently underway in East Renfrewshire where a child or young people will have a community based alternative to CAMHS, within the GP setting, where their condition and needs permit. This will likely have a positive impact on CAMHS capacity, though is in its early stages.

Timeline for Improvement

Based on more recent (unconfirmed) figures, we anticipate month on month improvements. We forecast that by the end of December 2019 there will be a significant decrease in the longest waiting time and number of children waiting, with CAMHS meeting the RTT by then.

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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
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	
						% with review	Number <u>without</u> a Permanency Review
90%	City	76% (R)	80% (R)	81% (R)	75% (R)	75% (R)	26
90%	North East	81% (R)	94% (G)	97% (G)	85% (R)	89% (R)	5
90%	North West	57% (R)	88% (R)	83% (R)	68% (R)	65% (R)	7
90%	South	83% (R)	61% (R)	62% (R)	70% (R)	61% (R)	14

Performance Trend

Performance at city level remained at 75% between Q4 and Q1 with all localities continuing to fall below target (RED). In South performance fell significantly by 9 percentage points between Q4 and Q1.

At Q1 a total of 26 children (of 105 children under 5 looked after for 6 months or more) have not yet had a permanency review.

Actions to Improve Performance

We continue to treat this area of work as a priority. The Permanence Forums, for example, have been reviewing the outstanding work and seeking to establish timescales for completion. Local reviews have confirmed key areas which will require a sharp focus, specifically in relation to improving data recording and reducing cancelled and deferred meetings that have occurred as a consequence of outstanding parenting assessments and absent parents. Local arrangements and targeted approaches have ensured this area of work remains under constant scrutiny by senior managers and corrective action taken, 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.

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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 improving our forward planning of reviews and scrutinising cancellations – leading to culture change - which, in conjunction with approaches, such as Family Group Decision Making, have enabled a stronger focus on engaging with families at an early stage.

Staff turnover has presented us with challenges in delivering on this performance target with vacancies in both the North West and South for Service managers, team leaders and a number of qualified social workers. We have started a recruitment drive for new social workers but alongside this, cases have had to be reallocated to progress plans. The newly allocated workers are required to develop knowledge of the background and history of the families they are working with, in order to progress the permanence activity.

The Children’s Core Leadership intends to review this performance indicator with the intention of replacing it with an outcome focused measure as the “review” is part of the process and does not tell us whether any positive outcomes have been achieved for the child.

Timeline for Improvement

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

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Indicator	6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
Purpose	To monitor the proportion of looked after children who are receiving health assessments timeously as part of our corporate parenting duty for care experienced children and young people.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Age Group	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19- Mar 19	Apr 19- Jun 19	
100%	Under 5s	97.37% (A)	95.2% (A)	97.14% (A)	83.33% (R)	66.67% (R)	
100%	Aged 5-18	100% (G)	100% (G)	100% (G)	79.4% (R)	80% (R)	
Performance Trend							
This is a new indicator for 2018/19. Performance below target for both under 5s and 5-18s.							
Actions to Improve Performance							
This service is managed by Specialist Children's Services. Given the low number of referrals, if one patient is unable to be seen, for example, because of a lack of access to interpreter services or unavailability of doctor then this significantly reduces the percentage compliance. SCS is in the process of recruiting 2 specialist GP sessions to make up for the shortfall in medical sessions and has been liaising with the new interpreting service to ensure they can respond quickly in instances where an interpreter cancels and SCS has to wait a further 2 weeks to reappoint.							
Timeline for Improvement							
Staff recruitment is expected within a 6 month timeframe and thereafter improvements are expected. Back to Summary							

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Indicator	7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.
Purpose	To monitor the proportion of <u>new</u> (as opposed to review) reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted by the due date specified (by SCRA). This indicator was revised during Q1 & 2 18/19. Prior to this, the target for completion was within 20 working days of request being received.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
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	18/19 Quarters 1 - 4	19/20 Q1
60%	Glasgow	67% (G)	66% (G)	64% (G)	65% (G)	61% (G)	Not available	34% (R)
60%	North East	74% (G)	67% (G)	52% (R)	80% (G)	82% (G)		43% (R)
60%	North West	57% (R)	46% (R)	75% (G)	61% (G)	50% (R)		43% (R)
60%	South	65% (G)	81% (G)	59% (G)	52% (R)	44% (R)		24% (R)
Performance Trend								
<p>A new SCRA assessment form was rolled out across the city during the first 2 quarters of 2018/19 and we were unable to report performance during 2018/19. A revised reporting process has now been developed.</p> <p>At Q1 no locality met the 60% target for this indicator.</p>								
Actions to Improve Performance								
<p>There has been an increase in the number of requests over recent months. We believe this may be a result of a change in approach by Police Scotland in referrals related to children living in families where there have been incidences of domestic abuse. This has become particularly difficult for our teams during the summer holiday because we have fewer staff to respond to the report requests. A meeting will be arranged with representatives of the police service to investigate the reasons for the change and how we can address the reduction in performance.</p>								
Timeline for Improvement								
<p>A clearer assessment of how and when we will be able to improve performance will be made once we have met with members of Police Scotland.</p> <p>Back to Summary</p>								

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Indicator	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q1*	18/19 Q2*	18/19 Q3*	18/19 Q4*	19/20 Q1*
75%	Glasgow	61% (R)	67% (R)	68% (R)	76% (G)	74% (G)	74% (G)	71% (R)
75%	North East	65% (R)	77% (G)	73% (A)	92% (G)	85% (G)	83% (G)	80% (G)
75%	North West	49% (R)	50% (R)	62% (R)	60% (R)	62% (R)	63% (R)	62% (R)
75%	South	68% (R)	73% (A)	68% (R)	77% (G)	74% (G)	75% (G)	70% (R)

Notes

-The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017, this was 25% nationally and 50% for Glasgow.
 -From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems)

Performance Trend

Performance at city level and in South moved from GREEN to RED between Q4 and Q1. North East continued to exceed target (GREEN). North West remained below target (RED). At Q1 the proportion of non-recording increased across all localities; 11% in NE, 7% in NW, and 11% in South (City-wide = 10%).

Scottish Government statistics ([Children's Social Work Statistics 2016-2017](#)) indicate that the city has performed better than the national average. Nationally, at 31 July 2017, 47% of those receiving aftercare for whom current activity was known were in education, training or employment; compared to 61% for Glasgow. Performance in Glasgow has also improved over time, rising from 51% in 2011/12.

Actions to Improve Performance

The Children's transformation programme includes a range of work streams to support young people to engage with education and wider learning and we are working with Education Services to develop a Care Experienced Team to lead on this work. A report is due to go to the Finance and Scrutiny Committee that outlines the additional investment we are proposing to make to improve outcomes for care experienced children and young people. In addition, as part of our corporate parenting action plan we have active engagement with the college and university partners to help more young people access and sustain further and higher education.

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Timeline for Improvement

We are making steady improvement towards achievement of this target and sustaining it in the longer term as we progress our transformation programme.

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Indicator	9. Number of high cost placements
Purpose	To monitor the number of high cost placements. These include residential schools, secure units and specialist purchased resources. Reducing high cost placements is an objective for our Children's Transformation Programme
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Mar 15	Mar 16	Mar 17	Mar 18	Mar 19	2019/20 Target	Jun 19			
120	126	111	67	51	31 (reduction of 20 between year-end 18/19 & 19/20)	48 (R)			

Performance Trend

New target for 19/20 been introduced. Numbers have fallen by 3 over the first quarter, slightly below the pro-rata reduction required if the 19/20 year-end target is to be met (5 per quarter).

Actions to Improve Performance

The reduction in our use of high cost placements has been a major success story with around £14.9m in savings being generated over the past year by shifting the balance of purchased foster care and out with authority placements and now provides us with an opportunity to re-invest in prevention and earlier intervention. At the same time we have seen a major decrease in the number of young people coming into care. It should be noted that this is a very ambitious programme and there are likely to be fluctuations in our performance as we radically re-design a complex system.

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"; re-designing our directly provided residential care and further improving our assessment, care planning and placement processes.

Timeline for Improvement

Further reductions are planned within our overall transformation programme and it is anticipated that the year-end target will be met.

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Indicator	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18	18/19			
		Q4	Q4	Q4	Q1	Q2	Q3	Q4
HSCP	95%	94.6% (G)	93.8% (G)	93.7% (G)	93.30% (G)	92.78% (G)	92.65% (G)	92.41% (A)
North East	95%	N/A	95.8% (G)	95.36% (G)	94.82% (G)	92.22% (A)	94.98% (G)	92.87% (G)
North West	95%	N/A	93.6% (G)	93.54% (G)	92.84% (G)	90.99% (A)	91.92% (A)	93.66% (G)
South	95%	N/A	92.6% (G)	92.70% (G)	92.51% (G)	94.74% (G)	91.41% (A)	91.21% (A)
Performance Trend								
Performance moved from GREEN to AMBER after a small decrease at a city wide level.								
Actions to Improve Performance								
Service managers are currently investigating the slight drop in uptake that has taken place in the South Locality and will report back as soon as possible.								
Timeline for Improvement								
At this point in time, it is not possible to advise whether the slight drop in the South Locality is a one-off incident or reflects the beginning of a trend. Once this is determined, actions will be taken to address the problem if required.								
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Indicator	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18	18/19			
		Q4	Q4	Q4	Q1	Q2	Q3	Q4
HSCP	Q1	95.9% (G)	96.4% (G)	95.86% (G)	95.51% (G)	95.81% (G)	95.15% (G)	95.85% (G)
North East	95%	N/A	96.6% (G)	96.90% (G)	95.97% (G)	97.85% (G)	96.71% (G)	97.54% (G)
North West	95%	N/A	95% (G)	95.03% (G)	95.0% (G)	94.72% (G)	93.10% (G)	94.53% (G)
South	95%	N/A	97.3% (G)	95.63% (G)	95.57% (G)	95.13% (G)	95.40% (G)	95.54% (G)
Performance Trend								
Performance remains GREEN. There has been a small increase in performance between Q3 and Q4 at a city wide level.								
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Other Annually Reported Indicators

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

OFFICIAL

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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral							
	HSCP Target	Apr 17	Apr 18	Feb 19	Mar 19	Apr 19	May 19	Jun 19
NE	90%	87.1% (A)	87% (A)	81.6% (R)	78.2% (R)	75% (R)	77.7% (R)	75.5% (R)
NW	90%	81.7% (R)	83.1% (R)	92.7% (G)	89.4% (G)	83.3% (R)	88.9% (G)	88.8% (G)
S	90%	96.5% (G)	94.7% (G)	93.1% (G)	97.6% (G)	96.1% (G)	91.3% (G)	98.2% (G)
Performance Trend								
Performance remains GREEN in the South and North West and RED in the North East.								
Actions to Improve Performance								
<p>The capacity to deliver psychological therapies is within relatively small Primary Care Mental Health Teams, or a small number of therapists within multi-disciplinary Community Mental Health Teams, Older People Mental Health Teams, Alcohol and Drug Recovery Services and Learning Disabilities Teams.</p> <p>The capacity to deliver psychological therapies, and significantly impact on the performance of teams, can be effected by relatively few clinical and/or admin vacancies, long term leave or retirals. Re-recruitment is a lengthy process and these factors are impacting on the PCMH and the Community Mental Health teams that provide a more specialist range of psychological interventions.</p> <p>The focus remains on addressing the recruitment to existing vacancies across all three localities. Teams continue to utilise short-term arrangements, flexing the limited remaining resource capacity, to provide a service within the target timeframes.</p>								
Timeline for Improvement								
Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place performance has improved. Addressing historical backlog may have a short-term impact on the proportion seen with the target								
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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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Mar 18	Apr 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19
28 days	Stobhill	20.7 (G)	26.5 (G)	33.6 (R)	32.5 (R)	28.3 (G)	29.4 (R)	28.6 (G)
28 days	Leverndale	22.9 (G)	29.4 (R)	25.5 (G)	31.9 (R)	34.1 (R)	26 (G)	28.7 (A)
28 days	Gartnavel	24.4 (G)	29.5 (R)	33.7 (R)	25.7 (G)	35.9 (R)	33.6 (R)	35.6 (R)

Performance Trend

Performance fluctuating over time and between hospitals. Leverndale moved from RED to AMBER since March while Stobhill remained GREEN and Gartnavel remained RED. No trend information before Mar 2018 shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used.

Actions to Improve Performance

Lengths of stay in adult acute lengths of stay remain complex and fluctuate month to month and annually. The average length of stay in the 12 month period to May 2019 is 28.4 across all the HSCPs within the GGC system. The current average length of stay indicates a fluctuating trend which continues to be monitored. Fluctuations month to month are not atypical. Transitional funding requests continue to be progressed to confirm additional resource requirements for a range of action including: a discharge co-ordination team, SPSP, acute inpatient pathway, AIMS accreditation processes, and MHOs. This activity continues to interlink to average length of stay, % bed occupancy and people being delayed in hospital.

Timeline for Improvement

The initial stretch target to put in place the identified changes and effect the change remains length of stay continues to be November 2019. The finalisation of transitional funding remains to be submitted to more formal approval processes and recruitment where authorised is less likely to occur by November 2019. A permanent impact on average length of stay is more likely to be realisable as a result for 2020. This work continues as part of an approach to deliver wider Mental Health Strategy and Moving Forward Together developments. Average length of stay will remain a means of checking the pressure under which inpatient services are operating.

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Target/Ref	3. Percentage 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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Mar 18	Apr 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19
<95%	Stobhill	95.6% (G)	93% (G)	98.4% (R)	100.7% (R)	100.8% (R)	101.8% (R)	100.6% (R)
<95%	Leverndale	96.8% (G)	95.3% (G)	98.2% (R)	101.3% (R)	102.2% (R)	98.8% (A)	99% (A)
<95%	Gartnavel	92.7% (G)	97.2% (G)	99.3% (R)	96.3% (G)	98.4% (A)	98% (A)	94.1% (G)

Performance Trend

Stobhill has remained RED since March while Leverndale moved from RED to AMBER and Gartnavel from AMBER to GREEN. No trend information pre 18/19 shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used.

Actions to Improve Performance

Percentage Bed Occupancy in the 12 month period to May 2019 was 95.8 % across all the HSCPs within the GGC system of bed management. The current percentage bed occupancy continues to reinforce a fluctuating trend which continues to be monitored. Fluctuations month to month are not atypical. Further transitional funding requirements linked to work associated with average length of stay and delayed discharges are being progressed to confirm the additional resource requirements for a range of action including: discharge co-ordinators, SPSP, acute inpatient pathway, AIMS accreditation processes, and MHOs. This activity continues to interlink to average length of stay, % bed occupancy and people being delayed in hospital.

Timeline for Improvement Updated Narrative required

The finalisation of transitional funding to impact on the target remains to be submitted to more formal approval processes and recruitment where authorised is unlikely to occur by November 2019. A permanent impact on average length of stay is more likely to be realisable as a result for 2020. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together developments. Average length of stay will remain a means of checking the pressure under which inpatient services are operating.
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Indicator	4. Total number of Adult Mental Health Delays
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 Health Board monthly census date and relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the Older People's section of this report and Acute patients are in the Unscheduled Care sections. Source of data is the monthly Health Board Census figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services)

	Target	Apr 17	Apr 18	Mar 19	Apr 19	May 19	Jun 19
North East		2	3	4	3	2	3
North West		1	8	4	3	4	3
South		1	7	3	6	7	5
Sub-Total (Included Codes)		4 (R)	18 (R)	11 (R)	12 (R)	13 (R)	11 (R)
North East		0	3	1	1	1	1
North West		3	4	0	0	0	0
South		0	0	1	1	1	2
Sub-Total (Complex Codes)		3 (R)	7 (R)	2 (R)	2 (R)	2 (R)	3 (R)
All Delays	0	7 (R)	25 (R)	13 (R)	14 (R)	15 (R)	14 (R)

Performance Trend
Numbers vary across localities and over time. There has been a slight increase since March from 13 to 14.
Actions to Improve Performance Updated Narrative required
Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. The additional fortnightly meetings show an overall trend improvement in performance. The system remains in place to discuss lessons learned and improvements in the process for moving patients on from hospital based care. This activity is again interlinked with average length of stay, % bed occupancy and people being delayed in hospital.
Timeline for Improvement Updated Narrative required
The initial target to put in place the Strategy identified changes and effect the change remains into 2019. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together changes.
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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
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr - Jun 16	Apr 17 - Jun 17	Apr 18- Jun 18	Oct 18- Dec 18	Jan 19- Mar 19	Apr 19 - Jun 19
IUD							
10 working days	HSCP	21 (R)	24 (R)	26 (R)	32 (R)	31 (R)	33 (R)
	NE	21 (R)	24 (R)	27 (R)	31 (R)	29 (R)	33 (R)
	NW	20 (R)	21 (R)	26 (R)	33 (R)	32 (R)	34 (R)
	S	22 (R)	32 (R)	28 (R)	32 (R)	37 (R)	31 (R)
	GGC	19	21	25	31	30	35
Implants							
10 working days	HSCP	25 (R)	17 (R)	17 (R)	23 (R)	22 (R)	33 (R)
	NE	26 (R)	13 (R)	16 (R)	19 (R)	21 (R)	33 (R)
	NW	25 (R)	18 (R)	16 (R)	27 (R)	22 (R)	32 (R)
	S	24 (R)	25 (R)	20 (R)	20 (R)	28 (R)	36 (R)
	GGC	23	16	16	21	22	33
Performance Trends							
IUD - Target continues to be exceeded in all areas. Waiting times have increased at city level and in the North East and North West; but have decreased in the South. Implants - Target exceeded in all areas and waiting times have increased at a city level and across all areas.							
Actions to Improve							
<ul style="list-style-type: none"> • Additional funding secured for Saturday clinics has had limited impact as uptake by suitably trained staff has been slow; more Saturday clinics added for July and August. • Additional nursing staff being trained and as they become competent, additional lists will be added to increase capacity. • Additional appointments are required to bring waiting list down to 10 day standard and a minimum additional 5 clinical sessions a week required to maintain this. • Service review plans will alter LARC capacity by variable extent in each HSCP but overall increase expected. 							
Timeline for Improvement							
Six months. Back to Summary							

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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
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr 16- Jun 16	Apr 17- Jun 17	Apr 18- Jun 18	Oct 18- Dec 18	Jan 19- Mar 19	Apr 19- Jun 19
2 working days	HSCP	2 (G)	2 (G)	5 (R)	5 (R)	5 (R)	8 (R)
	NE	3 (R)	3 (R)	5 (R)	6 (R)	7 (R)	9 (R)
	NW	2 (G)	2 (G)	4 (R)	5 (R)	5 (R)	8 (R)
	S	4 (R)	4 (R)	7 (R)	6 (R)	7 (R)	10 (R)
	GGC	3	2	5	5	6	8

Performance Trend
Target continues to be exceeded and waiting times have increased at a city level and across all areas in the last quarter.
Actions to Improve Performance
<ul style="list-style-type: none"> Staff have now been identified to add additional booked PrEP clinics which will move some clients from urgent to routine booked appointments freeing up capacity of approximately 35 urgent care appointments per week, from mid-July. This will have modest positive effect on waiting times. The aspiration, as staff are recruited and trained, is to remove PrEP provision from urgent care which will further reduce waiting times within this service. PrEP clinical lead post has been advertised, to lead further development of this service Additional evening clinics for people with positive STI tests will be added from August 2019, which will provide approxy 15 additional appointments and have further modest effect. Sustained improvement requires a new service structure as outlined in the service review model, including recruitment of staff to offer 'express' STI testing. Centralisation of some medical staff will be phased in over next 3 months to provide SRH consultant support to the urgent care service; this will improve patient journey and may increase capacity Two new GUM consultants have been appointed, to start August and October 2019, who will increase GUM consultant support to urgent care and improve patient journey and potentially increase capacity STI rates and complexity of treatment continue to rise and the average person on PrEP requires 4-6 visits per year, which will continue to put pressure on this area of the service Service review model will offer additional capacity for nurse-delivered urgent care appointments in 'tier 2' locations across Board; final modelling of capacity increase is incomplete
Timeline for Improvement
Six months Back to Summary

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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
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Apr 17-Jun 17	Apr 18 – Jun 18	Oct 18-Dec 18	Jan 19-Mar 19	Apr 19-Jun 19
20 working days	HSCP	23 (R)	24 (R)	28 (R)	30 (R)	29 (R)	35 (R)
	NE	19 (G)	20 (G)	23 (R)	28 (R)	27 (R)	33 (R)
	NW	12 (G)	17 (G)	19 (G)	24 (R)	26 (R)	52 (R)
	S	24 (R)	25 (R)	28 (R)	29 (R)	32 (R)	35 (R)
	GGC	22	24	27	30	29	36

Performance Trend

Targets continue to be exceeded and have increased at a city level and across all areas in the last quarter.

Actions to Improve Performance

This area of the service has been sacrificed to allow maintenance of clinical safety and minimisation of waits in several key areas

- Urgent care – assessment and treatment of those with suspected and confirmed STIs
- Abortion care
- HIV care
- HIV prevention (PrEP and gay men’s health)
- Care of victims of sexual assault

There is no current capacity to improve performance in this area of the service and this will continue to create difficulties for patients and in general practice.

Innovations to improve performance within the service review framework (increase of capacity in other parts of service outlined above, online provision of testing and contraception, increased availability of services within community pharmacy) require investment of funding and training of staff before improvements can be made

Timeline for Improvement

Twelve months.

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Indicator	4. Proportion of male attendances at all Sandyford services who are Gay or Bisexual.
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
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Apr 17-Jun 17	Apr 18-Jun 18	Jul 18-Sep 18	Oct 18-Dec 18	Apr 19-Jun 19
10%	HSCP	31% (G)	35% (G)	42% (G)	42% (G)	43% (G)	44% (G)
	NE	18% (G)	20% (G)	23% (G)	18% (G)	18% (G)	14% (G)
	NW	35% (G)	46% (G)	53% (G)	53% (G)	54% (G)	55% (G)
	S	16% (G)	26% (G)	26% (G)	26% (G)	36% (G)	40% (G)
	GGC	28%	39%	45%	45%	46%	46%
Performance Trend							
Targets continue to be met and exceeded across all localities.							
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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
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr 16– Jun 16	Apr 17 – Jun 17	Apr 18- Jun 18	Oct 18- Dec 18	Jan 19- Mar 19	Apr 19- Jun 19
Under 17 Years							
18 weeks	GG&C	N/A	26.3 (R)	36.2 (R)	30 (R)	34 (R)	46 (R)
17 years and over							
18 weeks	GG&C	N/A	26.3 (R)	37.4 (R)	37 (R)	37 (R)	46 (R)

Performance Trend
Waiting time targets continue to be exceeded and have increased in the last quarter for under and over 17s.
Actions to Improve Performance
Gender waiting times continue to be a challenge for Sandyford services due to demand outstripping supply. We continue to have staff reductions in the service due to long term sickness absence and vacancies across both adult and Young People’s services. We have recruited a new psychologist for the adult service who will support the assessments for new patients - expected start date September. We have also recruited a specialty doctor for the Young People’ service - expected start date September.
Timeline for Improvement
Twelve months
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OFFICIAL

Indicator	6. Waiting times for access to TOPAR appointments
Purpose	To monitor waiting times for access to first appointment at TOPAR service
Data source	NaSH

TARGET	AREA	Dec18	Jan19	Feb19	Mar19	Apr19	May19	Jun19
5 working days	City	5	6	5	5	5	6	6
Performance Trend								
New indicator. Performance moved from GREEN to RED in the last quarter.								
Actions to Improve Performance								
The target of 5 days is regularly met. Over months April and May there were staff absences due to annual leave. To mitigate the impact of this we have put on Saturday clinics as well as changing capacity within existing resources to provide extra lists through the week. We will continue to monitor the TOPAR performance over the next few months due to the reduction of one of the consultants.								
Timeline for Improvement								
Improvements sought by the next quarter.								
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Other Annually Reported Indicators - See Appendix 1, Section 2

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

OFFICIAL

ALCOHOL AND DRUGS

Indicator	1. Percentage 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
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
90%	Glasgow	97% (G)	92% (G)	98% (G)	98% (G)	98% (G)	98% (G)
90%	North East	98% (G)	95% (G)	95% (G)	93% (G)	97% (G)	100% (G)
90%	North West	98% (G)	99% (G)	97% (G)	94% (G)	99% (G)	98% (G)
90%	South	99% (G)	88% (G)	94% (G)	93% (G)	90% (G)	88% (G)

Performance Trend

This indicator is reported one quarter in arrears.

At Q4 all localities met or exceeded the referral to treatment target (GREEN).

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Indicator	2. 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
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
75%	Glasgow	77% (G)	81% (G)	84% (G)	89% (G)	79% (G)	80% (G)
75%	North East	74% (G)	78% (G)	80% (G)	87% (G)	83% (G)	87.5% (G)
75%	North West	86% (G)	72% (A)	71% (R)	82% (G)	86% (G)	68% (R)
75%	South	75% (G)	91% (G)	94% (G)	96% (G)	70% (R)	63% (R)

Performance Trend

The city and North East locality continued to exceed target during Q1 (GREEN). Performance in North West fell by 18 percentage points moving from GREEN to RED. Performance in South remained RED.

Note that the city figure includes performance by the Centre (85%) and Homelessness (80%) teams which has helped to keep the city performance figure as GREEN

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Indicator	3. 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
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
70%	Glasgow	65% (R)	73% (G)	73% (G)	not available	77% (G)	78% (G)
70%	North East	67% (A)	75% (G)	74% (G)	not available	77% (G)	78% (G)
70%	North West	64% (R)	74% (G)	77% (G)	not available	81% (G)	84% (G)
70%	South	73% (G)	76% (G)	74% (G)	not available	78% (G)	77% (G)
Performance Trend							
<p>A new assessment form was rolled out across the city during Quarter 3 and as a consequence we are unable to report accurate figures during this transition period. A revised reporting process has now been developed.</p> <p>All localities exceeded target (GREEN) at Q1.</p> <p>Back to Summary</p>							

Other Annually Reported Indicators - See Appendix 1, Section 2

- 12. Number of needles/ injecting equipment/foil dispensed
- 13. Number of naxolone kits dispensed

OFFICIAL

HOMELESSNESS

Indicator	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
Purpose	To monitor the proportion of homeless applications where a decision is made within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled Accommodation in these cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
95%	City-wide	91% (A)	86% (R)	81% (R)	90% (R)	89% (R)	88% (R)
	North East	90% (R)	83% (R)	91% (A)	94% (G)	88% (R)	82% (R)
	North West	94% (G)	94% (G)	93% (G)	95% (G)	86% (R)	91% (A)
	South	83% (R)	77% (R)	56% (R)	77% (R)	83% (R)	82% (R)
	Asylum & Refugee Team (ARST)	99% (G)	100% (G)	99% (G)	99% (G)	99% (G)	100% (G)

Performance Trend

Performance in North East, South and City-wide remained RED during Q1. Performance in North West moved from RED to AMBER over the same reporting period. The Asylum & Refugee Team (ARST) met target (GREEN).

Actions to Improve Performance

Performance across all three Community Homelessness Teams continues to be impacted by the high number of Social Care Worker vacancies across the sector. Recruitment for the 15 Social Care Worker vacancies and a Senior Homelessness has been completed and all new staff will be in post by first week in September. In addition to this the locality monthly performance meetings were also impacted by the Principal Officer and Senior Officer vacancies within the Planning & Performance Team. The Principal Officer post has been filled and regular performance meetings with each of the 4 Homelessness Teams are being re-established.

Timeline for Improvement

Recruitment for Homelessness Staff and the Senior Officer within performance team is complete and the revised framework for the monthly performance meetings has now been implemented with the first meetings took place end of Q1. It is expected that performance improvements will be made in Q2 with new staff in post and sustained throughout 2019/20.

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Indicator	2. Percentage of live homeless applications over 6 months duration at the end of the 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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
<20% (16/17) <40% (17/18 & 18/19)	City-wide	45% (R)	45% (R)	48% (R)	46% (R)	45% (R)	45% (R)	44% (R)	42% (R)
	North East	41% (R)	44% (R)	50% (R)	48% (R)	47% (R)	46% (R)	44% (R)	43% (R)
	North West	42% (R)	41% (G)	41% (G)	40% (G)	40% (G)	39% (G)	40% (G)	43% (R)
	South	48% (R)	46% (R)	51% (R)	47% (R)	46% (R)	48% (R)	47% (R)	46% (R)
	Asylum & Refugee Team (ARST)	57% (R)	50% (R)	51% (R)	46% (R)	40% (G)	41% (G)	37% (G)	30% (G)

Performance Trend

The Asylum and Refugee Team (ARST) met the target for this indicator at Q1 (GREEN). The other localities and city-wide were outwith the target range (RED).

Actions to Improve Performance

There has been a 2% reduction city wide in the percentage of Homeless Applications over 6 months, and a reduction of case over 6 months in 3 of the 4 teams. Work is ongoing to improve the approach to assessment and referral, with the South CHT piloting a revised homelessness prevention, housing options and assessment and resettlement service as part of the joint work with the Vanguard Organisation which went live on Thursday 8th August,

Timeline for Improvement

With Recruitment completed, vacancies filled by early September and the implementation of the Vanguard Pilot, It is expected that performance improvements will be made in Q3 with new staff trained and carrying caseloads and sustained throughout 2019/20

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Target/Ref	3. 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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Total	18/19 Q2	18/19 Q3	18/19 Q4	18/19 Total	19/20 Q1
4,000 per annum (1,000 per quarter)	City-wide figure only	3,016 (R)	864 (R)	1,076 (G)	871 (R)	3,593 (R)	848 (R)

Performance Trend

The number of new resettlement plans completed during Q1 did not meet the quarterly target (RED).
(NB Annual target increased from 3,200 to 4,000 in 2018/19).

Actions to Improve Performance

With recruitment completed and the new Social Care workers in posts early September, the revised total of 4000 resettlement plans should be achieved for 2019/20.

Timeline for Improvement

Revised targets are being set at Local Letting Community Forums and our performance meetings will assist to ensure the resettlement plans target will be met by end of Q4

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Target/Ref	4. 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
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	14/15 Full Year Total	15/16 Full Year Total	16/17 Full Year Total	17/18 Full Year Total	18/19 Full Year Total	19/20 Q1
<300 per annum (16/17) <480 per annum (17/18 & 18/19) (<120 per Q)	City-wide figure only	633 (R)	395 (R)	493 (R)	444 (G)	400 (G)	TBC

Performance Trend

Q1 data is not yet available from Scottish Government.

The full year data for 2018/19 has recently become available. In 2018/19 we continued to meet the annual target of <480 households per annum being reassessed as homeless (or potentially homeless) within 12 months. In addition, there was an improvement over the past 12 months with numbers falling from 444 (2017/18) to 400 (18/19).

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Target/Ref	5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
Purpose	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
100%	City-wide figure only	60.9%	72.1% (R)	73.6% (R)	65.5% (R)	58% (R)	68% (R)	83% (R)	61% (R)

Performance Trend

Following issues with this dataset the data for Quarters 1 to 4 2018/19 is now available. The target was not met in any quarter during 2018/19.

Actions to Improve Performance

A review of HL3 data for 2018/19 has shown a significant under recording of offers of temporary accommodation being made (343 offers). A further review of HL3 data for Q1 2019/20 is currently underway.

Timeline for Improvement

From 1st July 2019 a Senior Homelessness Worker from each of the 3 CHT reviews all HL3 data for accuracy on a weekly basis, supported by monthly meetings with Homelessness Service Manager.

The review of HL3 data for Q1 2019/20 will be completed mid Q2. Weekly Senior Homelessness Worker oversight will ensure HL3 data is accurate, and all offers of temporary accommodation made are recorded

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CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) unpaid 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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
80%	Glasgow	65% (R)	67% (R)	72% (R)	73% (R)	66% (R)	70% (R)
80%	North East	63% (R)	58% (R)	81% (G)	73% (R)	64% (R)	68% (R)
80%	North West	70% (R)	76% (R)	69% (R)	68% (R)	69% (R)	65% (R)
80%	South	63% (R)	65% (R)	66% (R)	77% (A)	64% (R)	78% (A)

Performance Trend

At Q1 North East, North West and the city remained below target (RED). Performance improved significantly in South moving from RED to AMBER during the reporting period.

Actions to Improve Performance

Following the reorganisation of a key provider there is now a renegotiated position with the provider to allow weekend placements to be promoted as a priority. It is envisaged that this will manage demand for weekend placements. Fast Track team continue to provide a presence in court with continued dialogue with Clerks office.

Quarterly meetings now in place with Sheriff Principal, CJ HOS and SM's to review court business and monitor performance. Planning is now underway to review CPO/UPW performance via a newly established 4 weekly CJ performance meeting reporting to Assistant Chief Officer, Public Protection & Complex needs.

Process is now in place with the provider that will refer clients directly to their local placement. New Principal Officer for Planning & Performance now in post and is restructuring performance meetings to 4 weekly with locality performance arrangements reviewed to reflect new arrangements. This will inform newly established 4 weekly performance meetings reporting to Assistant Chief Officer, Public Protection and Complex Needs.

Timeline for Improvement

We continue to place priority on the indicator and although it was envisaged improvement

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at next quarter changes have taken longer to implement although implementation is now in place.

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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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
85%	City	97% (G)	80% (R)	91% (G)	95% (G)	70% (R)	76% (R)	79% (R)
85%	North East	88% (G)	79% (R)	92% (G)	97% (G)	75% (R)	76% (R)	68% (R)
85%	North West	98% (G)	75% (R)	87% (G)	96% (G)	75% (R)	84% (G)	87% (G)
85%	South	100% (G)	84% (G)	94% (G)	93% (G)	62% (R)	73% (R)	81% (A)

Performance Trend

At Q1 North East and the city remained below target (RED). North West continued to meet target (GREEN) while South's performance improved moving from RED to AMBER over the reporting period.

Actions to Improve Performance

Recruitment is complete and the Principal Officer for Planning & Performance is now in post. 4 weekly locality performance meetings are now reinstated with revised reporting framework. Emphasis will be on dialogue with locality managers and whole system learning. This framework will inform and take guidance from newly structured performance meetings

New reporting framework and performance expectations have been communicated to and shared with locality staff. Unforeseen management pressures and temporary cover arrangements has impacted on ability to progress implementation as initially expected.

Timeline for Improvement

It is envisaged that improvement will be noted next quarter. Revised reporting framework and agenda for monthly performance meetings is re-established across the localities is underway with additional reporting to the 4 weekly performance meeting informing Head of Public protection & Complex Needs. Unforeseen management pressures and temporary cover arrangements has impacted on pace of expected improvements.

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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
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
75%	Glasgow	71% (R)	78% (G)	64% (R)	76% (G)	71% (R)	72% (A)	76% (G)
75%	North East	64% (R)	77% (G)	61% (R)	78% (G)	67% (R)	79% (G)	75% (G)
75%	North West	75% (G)	77% (G)	58% (R)	81% (G)	76% (G)	72% (A)	81% (G)
75%	South	72% (A)	80% (G)	73% (A)	70% (R)	70% (R)	66% (R)	74% (G)
Performance Trend								
At Q1 the target was met across all localities (GREEN). Performance in North West and the city moved from AMBER to GREEN during the reporting period, while performance in South moved from RED to GREEN.								
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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
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
70%	Glasgow	65% (R)	60% (R)	63% (R)	64% (R)	63% (R)	64% (R)	64% (R)
70%	North East	58% (R)	57% (R)	56% (R)	62% (R)	68% (A)	59% (R)	62% (R)
70%	North West	61% (R)	63% (R)	63% (R)	66% (R)	61% (R)	70% (G)	68% (A)
70%	South	75% (G)	60% (R)	69% (G)	64% (R)	60% (R)	62% (R)	63% (R)

Performance Trend

At Q1 performance in North East, South and the city remained below target (RED). Performance in North West decreased slightly dropping from GREEN to AMBER over the reporting period.

Actions to Improve Performance

Performance reports continue to be sent to Team Leaders every fortnight for them to scrutinise to improve performance in this area. A new reporting framework and engagement with Planning & Performance team is in place. Monthly Performance meetings are now reinstated across each locality. Locality staff are aware of revised arrangements recognising that this will inform new 4 weekly performance meeting reporting to Assistant Chief Officer, Public Protection and Complex Needs. The number of orders waiting a breach or review outcome via the court still remains an issue. This issue is now regularly discussed with Clerks Office and tabled at quarterly meeting with Sheriff Principal. This statistic will be looked at in more detail for the next Quarter.

Timeline for Improvement

It is envisaged improvements for next quarter although improvement is influenced by external factors out with CJ control. Monthly performance meetings now re-established across the localities with revised reporting framework underway that will inform newly established 4 weekly Performance meeting. It is expected that improvements will be made by the next quarter and then sustained throughout 2019/20.

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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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
80%	Glasgow	73% (R)	80% (G)	77% (A)	81% (G)	81% (G)	73% (R)
80%	North East	78% (A)	83% (G)	84% (G)	82% (G)	83% (G)	67% (R)
80%	North West	74% (R)	81% (G)	76% (R)	85% (G)	87% (G)	77% (A)
80%	South	69% (R)	78% (A)	73% (R)	78% (A)	77% (A)	77% (A)

Performance Trend

At Q1 the overall city performance moved from GREEN to RED; North East's performance also dropped from GREEN to RED while North West dropped from GREEN to AMBER over the reporting period.

Actions to Improve Performance

CJ Management have reviewed administrative process following dialogue and review of performance. Newly devised performance lodgement time for CJSWR now in place to reflect similar timeline noted at other courts. Weekly dialogue with Clerks office to monitor lodgement and also monitor appropriate timeframes to complete reports as in line with National Standards. Regular dialogue with Sheriff Principal now in place to monitor new arrangements. Locality managers and Principal Officer for Planning & Performance overseeing new arrangements.

Timeline for Improvement

Given changes to CJSWR lodgement times and performance review measures it is envisaged that improvements will be noted in next quarter.

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Indicator	6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison.
Purpose	It is important that post release 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
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
90%	Glasgow	100% (G)	93% (G)	93% (G)	97% (G)	90% (G)	95% (G)	100% (G)
90%	North East	100% (G)	100% (G)	100% (G)	100% (G)	86% (A)	100% (G)	100% (G)
90%	North West	100% (G)	100% (G)	100% (G)	93% (G)	100% (G)	100% (G)	100% (G)
90%	South	100% (G)	80% (R)	80% (R)	100% (G)	100% (G)	86% (A)	100% (G)
Performance Trend								
At Q1 the target was exceeded across all localities (GREEN). There was significant improvement in South with performance moving from AMBER to GREEN.								
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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
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	2016/17 End of Year Status	2017/18 End of Year Status	Actual Total 2018/19	Target 2019/20 (To Q1)	Actual 2019/20 (To Q1)
Glasgow City HSCP	7,400 (G)	6,470 (G)	5055 (G)	1266	1362 (G)
North East	1,156 (R)	1,312 (R)	1360 (R)	409	277 (R)
North West	1,399 (R)	1790 (G)	1277 (R)	396	272 (R)
South	739 (R)	674 (R)	1035 (R)	461	190 (R)
City Wide (Non sector specific wider settings delivery)	4,106	2694	1383		623

Performance Trend

At Q1 the target for Glasgow City is being met. Performance at locality levels are below their respective targets. It should be noted, however, that the city wide services are delivered in localities but are recorded at a city wide level.

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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
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Area	Actual 16/17	Actual 17/18	2018/19	
			Target	Actual
Glasgow	1,250(R)	1,398 (G)	1128	1412 (G)
North East	489 (R)	498 (A)	417	547 (G)
North West	346 (R)	431 (G)	342	427 (G)
South	415 (R)	469 (G)	369	438 (G)
Performance Trend				
The targets for the year have been met across the city and in all localities.				
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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 recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	TARGET (2019/20)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
HSCP	12.3% (G)	12% (G)	11.6% (G)	11.5% (G)	12%	11.7% (G)			
NE	14.8%	13.6	15.8%	15.5%	N/A	15.1%			
NW	10.3%	12.2%	9.4%	9.4%	N/A	9.3%			
S	12.1%	10.4%	10%	9.9%	N/A	10.8%			
Performance Trend									
Target been reduced from 13% to 12% for 2019/20. Performance at a city level remains GREEN.									
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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 recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

LOCALITY	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	TARGET (2019/20)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
HSCP	18.7% (G)	18.1% (G)	18.3% (G)	18.9% (G)	17%	18.9% (R)			
NE	19.6%	17.0%	19.1%	21.2%	N/A	20.7%			
NW	18.8%	20.3%	16.9%	17.2%	N/A	16.4%			
S	18.4%	15.4%	18.1%	17.6%	N/A	18.7%			

Performance Trend

Target been reduced from 19% to 17% for 2019/20. Performance remained the same but moved to RED in relation to this new target. New system introduced in November 2017 so no historical figures included.

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Indicator	5. Exclusive Breastfeeding at 6-8 weeks (general population)
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
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	2016	2017	2018	2019				
				Target (end 2019/20)	Q1	Q2	Q3	Q4
HSCP	25.7% (G)	26.9% (G)	30.4% (G)	31.4%				
NE	18.3% (G)	19.7% (G)	24.4% (G)	N/A				
NW	30.7% (G)	33.8% (G)	35.3% (G)	N/A				
S	27.5% (G)	27.5% (G)	31.5% (G)	N/A				
Performance Trend								
<p>Data only recently become available again after issues with data quality. Data for 2019 will not be available until future reports so no RAG rating provided in summary for this indicator given new adjusted targets have been set for 2019/20. Targets have been adjusted and set at a city wide level for the next 3 years as follows (31.4% by end of 2019/20; 32.2% by end of 2020/21; and 33% by end of 2021/22).</p> <p>Back to Summary</p>								

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Indicator	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
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
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	2016	2017	2018	Target (end 2019/20)	Q1	Q2	Q3	Q4
HSCP	18.2% (R)	20.3% (R)	21.2% (G)	22.4%				
NE	16.2% (G)	18.4% (R)	20.2% (G)	N/A				
NW	18.2% (R)	22% (R)	21.9% (R)	N/A				
S	20.4% (G)	21.2% (R)	21.8% (A)	N/A				
Performance Trend								
Data only recently become available again after issues with data quality. Data for 2019 will not be available until future reports so no RAG rating provided in summary for this indicator given new adjusted targets have been set for 2019/20. Targets have been adjusted and set at a city wide level for the next 3 years as follows (22.4% by end of 2019/20; 23.4% end of 2020/21; and 24.4% for 2021/22).								
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Indicator	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)
Purpose	To monitor the extent to which women are stopping breastfeeding in the period between their first visit by the Health Visitor and 6 weeks after birth. Health Visitors encourage women to continue breastfeeding in this period and the aim is to reduce drop off rates over time.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	2018 Drop Off Rates	2019 Target	2019 Actual			
			Q1	Q2	Q3	Q4
HSCP	-17.7%	-17.0%				
NE	-19.7%	-18.9%				
NW	-15.1%	-14.5%				
S	-18.6%	-17.8%				
Performance Trend						
New indicator. Targets have been set to achieve reductions over the next 3 years. Data for 2019 will not be available until future reports.						
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Other Indicators for Ongoing Review - See Appendix 1, Section 2

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

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

- 17. Percentage of those invited who undertake bowel screening
- 18. Percentage of women invited who attend for breast screening.
- 19. Percentage of women invited who attend for cervical screening

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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
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

HSCP	Target	Mar -16	Mar -17	Mar-18	Feb-19	Mar -19	Apr-19	May-19	Jun-19
Glasgow City	4%	6.3% (R)	6.19% (R)	5.42% (R)	7.05% (R)	6.23% (R)	6.07% (R)	6.21% (R)	5.85% (R)
HSCP Central	4%	5.5% (R)	7.24% (R)	6.27% (R)	5.80% (R)	5.34% (R)	5.03% (R)	6.47% (R)	7.45% (R)
North East	4%	5.8% (R)	6.51% (R)	5.99% (R)	7.17% (R)	6.25% (R)	5.61% (R)	6.39% (R)	5.91% (R)
North West	4%	6.0% (R)	6.45% (R)	5.23% (R)	8.06% (R)	7.22% (R)	7.27% (R)	6.96% (R)	6.17% (R)
South	4%	7.8% (R)	6.26% (R)	5.59% (R)	6.56% (R)	5.76% (R)	5.91% (R)	5.5% (R)	5.57% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	1.41% (G)	3.59% (G)	3.10% (G)	3.84% (G)	3.92% (G)	3.56% (G)

Performance Trend

Variations across areas and over time. The levels of absence at a city level have decreased between December and March, having risen in January and February. This reduction has been seen in all areas.

Actions to Improve Performance

Whilst the reduction has been slow it is being maintained over the last 6mths and therefore the current action plan will be reviewed to ascertain what has been working and where our focus should be placed, to tackle the identified “Hotspot” areas. In addition the previously identified activities will continue:

- Detailed reporting to Locality Executive and Core Leadership Teams
- Individual Action Plans in place for long term absence cases
- Improved access for managers to absence information to allow local reporting
- Further training on absence and stress awareness and an action to local health and safety committees to re-run Stress Audits, reflecting the primary recorded reason for absence is stress related
- The Central Absence Support Team engaged with North East and North West inpatient areas as priority with relevant support provided.

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Timeline for Improvement

Absence management is a focus of on-going activity across the HSCP and is reviewed monthly. Monthly information is made available to all managers and management teams regarding their own service areas, the matter is routinely discussed and also training and tool kits are in place for managers to support their processes and interactions with staff. The figures are reviewed monthly.

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Indicator	2.Social Work Sickness Absence Rate (Average Days Lost)
Purpose	To monitor the level of sickness absence across care groups in 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
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

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

	19/20 P1*	19/20 P2	19/20 P3	19/20 P4
ADL Target (10.2 per year/0.2 per week)	0.4	0.8	0.8	0.8
Glasgow	0.5 (R)	1.0 (R)	1.0 (R)	1.1 (R)
Resources	0.4	0.7	0.7	0.9
Adult Services	0.6	1.2	1.0	1.0
Public Protection & Complex Care	0.3	0.6	0.6	0.6
Children's Services	0.5	1.0	0.9	1.1
Older People's Services	0.5	1.0	1.0	1.1
Care Services	0.7	1.2	3.2	1.2

*P 1 is 2, rather than 4, weeks long.

Performance Trend
From Q1 2019/20 performance is reported by Care Group and by Period, rather than Locality and Quarter. Performance at a city level remains RED and has increased slightly at P4.
Actions to Improve Performance
Long term absence continues to be the largest contributor to the Service's overall absence figures, with psychological and musculoskeletal absences being consistently high. Social Work continue to have a focus on attendance, addressing targeted areas where absence levels are consistently high. Yearly absence targets set continue to be challenging, however, Attendance Management Plans for 2019/2020 will be reviewed, with the overall aim of reversing the current absence trend and to bring levels nearer to absence reporting 2 years ago.
Timeline for Improvement
With the implementation of the revised action plan, it would be anticipated that a steady improvement may be achieved during 2019/20.
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Indicator	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (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
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

TARGET	AREA	Jul 18	Oct 18	Feb 19	Mar 19	Apr 19	May 19	Jun 19
80%	Glasgow City	45.79% (R)	33% (R)	20% (R)	24.41% (R)	28.01% (R)	31.7% (R)	34.3% (R)
80%	HSCP Central		28% (R)	6.6% (R)	8.9% (R)	9.38% (R)	10.53% (R)	16.77% (R)
80%	North East		35% (R)	30% (R)	36.66% (R)	41.24% (R)	45.6% (R)	46.5% (R)
80%	North West		34% (R)	15.6% (R)	21.26% (R)	25.25% (R)	28.7% (R)	31.9% (R)
80%	South		30% (R)	12.5% (R)	14.76% (R)	16.58% (R)	20.5% (R)	24.5% (R)
80%	Mental Health Central		27% (R)	8.2% (R)	8.9% (R)	12.7% (R)	15.1% (R)	17.1% (R)

Performance Trend

Performance RED across all areas though there have been improvements in the last quarter across the city. This information is taken from the new TURAS system for Knowledge & Skills Framework (KSF) recording so no information is shown prior to July 2018.

Actions to Improve Performance

Actions include the following:

- Each Leadership area to develop local service trajectories to reach the require target for TURAS figures to 80% by end of Oct 2019
- Learning & Education will provide regular updates through Leadership groups and service specific advice on planning to meet their trajectory
- Known reviewers will receive regular email updates to encourage participation and development of their own trajectories
- We will look to develop some good news stories from current staff using TURAS for the staff newsletter

Timeline for Improvement

It is anticipated that improvements will be seen with trajectories to reach the targets by the end of October 2019.

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Indicator	4. Percentage of NHS staff who have completed the standard induction training 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
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

TARGET	AREA	Mar 16	Mar 17	Mar 18	Mar 19	Apr 19	May 19	June 19
100%	Glasgow City HSCP Total	29% (R)	57% (R)	75% (R)	45% (R)	22% (R)	22% (R)	22% (R)
100%	Glasgow City HSCP Central	0% (R)	N/A	N/A	N/A			
100%	Glasgow City North East	33% (R)	75% (R)	75% (R)	33% (R)			
100%	Glasgow City North West	33% (R)	50% (R)	100% (G)	50% (R)			
100%	Glasgow City South	0% (R)	0% (R)	0% (R)	50% (R)			
100%	Mental Health Central	N/A	N/A	N/A	N/A			

Performance Trend

Performance fluctuates across areas and over time. Remains RED at a city level in March.

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.

The fall in performance is being monitored on a monthly basis to seek an urgent improvement. Remedial action has been identified to address outstanding activity from the last quarter and also previous months

Timescales for Improvement

This data is available and shared on a monthly basis for review. Given the detail shared with managers, the expectation is that this performance will improve going forward.

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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
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

TARGET	AREA	Mar 16	Mar 17	Mar 18	Mar 19	Apr 19	May 19	June 19
100%	Glasgow City HSCP Total	27% (R)	50% (R)	44% (R)	75% (R)	71% (R)	38% (R)	60% (R)
100%	HSCP Central	100% (G)	N/A	N/A	N/A			
100%	North East	8% (R)	33% (R)	33% (R)	N/A			
100%	North West	60% (R)	100% (G)	40% (R)	100% (G)			
100%	South	0% (R)	50% (R)	100% (G)	50% (R)			
100%	Mental Health Central	N/A	50% (R)	N/A	N/A			

Performance Trend

Performance fluctuates across areas and over time but remains RED overall

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. Small numbers of non-completion continue to have a significant impact on performance and a continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.

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

Timeline for Improvement

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

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compliance. Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. A continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.

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Other Annually Reported Indicators - See Appendix 1, Section 2

20. I-Matters Completion

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BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
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
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	TARGET	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4
HSCP	70%	96.6% (G)	97.7% (G)	95.6% (G)	96.2% (G)
NE	70%	97.3% (G)	91.2% (G)	86.7% (G)	87.5% (G)
NW	70%	87.5% (G)	86.7% (G)	82.6% (G)	90.6% (G)
South	70%	80% (G)	nil	100% (G)	0% (R)
Corporate (exc prisons)	70%	nil	nil	nil	nil
Prisons	70%	98.7% (G)	98.9% (G)	97.9% (G)	100% (G)

Performance Trend

HSCP remained GREEN and improved in the last reporting period, as did all areas with the exception of the South, although only 2 complaints were received in that area. The majority of complaints (72% in Q3) relate to prisons.

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Indicator	2. Percentage of NHS Stage 2 Complaints responded to within timescale.
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
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	TARGET	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4
HSCP	70%	60% (R)	64% (R)	67% (A)	70% (G)
NE	70%	40% (R)	75% (G)	75% (G)	50% (R)
NW	70%	64% (R)	73% (G)	52% (R)	73% (G)
South	70%	100% (G)	50% (R)	100% (G)	100% (G)
Corporate (exc prisons)	70%	100% (G)	nil	nil	nil
Prisons	70%	59% (R)	61.8% (R)	68.6% (R)	67.6% (A)

Performance Trend

The performance for GCHSCP as a whole has increased over the last two quarters and the target is now being met. The majority of the complaints (approximately 70% in Q4 arise in prisons). This is driven by the performance of the Prison Sector, where most complaints arise.

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Indicator	3. Percentage of 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
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q1		18/19 Q2		18/19 Q3		18/19 Q4	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	North East	31	71% (G)	19	89% (G)	15	80% (G)	15	60% (R)	14	93% (G)
70%	North West	22	52% (R)	11	55% (R)	15	73% (G)	9	44% (R)	19	79% (G)
70%	South	33	61% (R)	26	88% (G)	26	58% (R)	35	66% (R)	36	58% (R)
70%	Homelessness	n/a	n/a	9	89% (G)	10	60% (R)	9	56% (R)	12	42% (R)
70%	Centre	9	43% (R)	15	67% (A)	19	74% (G)	12	17% (R)	11	64% (R)
70%	City	95	61% (R)	80	69% (G)	85	68% (A)	80	54% (R)	92	67% (A)

Performance Trend

During Q4 performance in the North East and North West of the city moved from RED to GREEN with significant increases of 33 and 35 percentage points respectively. Although performance did not meet target there was also a marked increase in performance against timescale the Centre-based teams such as finance, families for children and residential care. The overall figure across the whole city consequently improved by 13 percentage points but did not reach target due to diminished performance in South and Homelessness.

Actions to Improve Performance

As noted in previous reports, the most important factor in stage 1 SW complaints not being concluded within required timescales is the failure of local managers to anticipate the need for, and then apply, an extension from 5 to 15 working days. This can be applied at local manager discretion where there are valid reasons for delay, so long as the complainer is notified in writing (they need not consent). Complaints that are too complex to investigate and resolve within even 15 days may be escalated for Stage 2 investigation, resolution or response by the central Complaints, Freedom of Information and Investigations Team (CFIT). Were these measures applied more appropriately, stage 1 targets would be met for all areas. South and Homelessness teams in particular should look to tighten up their management of stage 1 complaints and the use of extensions where appropriate. A more detailed analysis the degree to which this target was missed in 208-19 (in terms of number of days over-run) will be provided as part of the annual report to Finance and Audit Scrutiny Committee in August 2019.

Timeline for Improvement

If managers act upon this information with immediate effect then results should improve in the second quarter 2019/20.

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Indicator	4. Percentage of 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
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q1		18/19 Q2		18/19 Q3		18/19 Q4	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	Glasgow	37	29% (R)	30	27% (R)	33	58% (R)	28	46% (R)	41	46% (R)

Performance Trend

This indicator is reported **one quarter in arrears**. Performance was maintained at 46% during Q4 (RED) despite an increase of 46% in the number of Stage 2 complaints received.

Actions to Improve Performance

All stage 2 investigations are executed by the central CFIT team, which has been impacted throughout 2017-19 by rising demand, staff shortage and staff absence. Two new members of staff have joined the team in recent months and further recruitment currently ongoing. The team has prioritised the clearance of subject access requests in order to protect the HSCP from regulatory action and financial penalty, but projects an improvement in the stage 2 complaints handling performance during the first two quarters of 2019-20. This is a matter of capacity rather than process, as it continues to be the case that thorough investigation within the statutory timescale is a demanding task in terms of staff hours. A more detailed analysis of the degree of performance shortfall in stage 2 complaints will be provided as part of the annual report to Finance and Audit Scrutiny Committee in August 2019.

Timeline for Improvement

Target to be at least in Amber range by end of Quarter 2 2019-20.

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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
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q1		18/19 Q2		18/19 Q3		18/19 Q4	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	94	99% (G)	97	96% (A)	76	72% (R)	99	81% (R)	86	100% (G)

Performance Trend

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

Performance in relation to FOIs met target during Q4 (GREEN) despite the continuing high volume of requests received.

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Indicator	6. Percentage of Social Work Data Protection Subject Access Requests completed within the 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
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q1		18/19 Q2		18/19 Q3		18/19 Q4	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	58	75% (R)	127	46% (R)	118	40% (R)	84	50% (R)	93	69% (R)

Performance Trend

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

Although the target was not met at Q4 performance improved by 19 percentage points in spite of the high volume of subject access requests received.

Volumes of subject access requests have continued at previously unprecedented rates since the introduction of well-publicised new legislation (GDPR) in May 2018 and in the context of the high profile historic abuse enquiry. A large number of requests are from legal representatives of formerly looked after children.

Actions to Improve Performance

Staffing pressures are being addressed via ongoing recruitment. The team has prioritised the clearance of subject access requests in order to protect the HSCP from regulatory action and financial penalty. Feedback from the I.C.O and GCC Data Protection Officer suggests this has been successful so far. Some process improvements have also been instituted around acquisition of specialist redaction software, a high speed scanner and changes to the process of handling adoption records in particular.

Further improvement is known to have taken place in Q1 and Q2 of 2019-20 as, whilst the formal performance figures have not been collated across those period, weekly monitoring of backlogs has shown a trend of reduction. The team is also now in a position to apply formal extensions of time, as allowed under legislation. It is increasingly the case that where requests are out of time then the overrun is in terms of days, not weeks as was previously the case. Formal extensions could not be applied when the processing time was beyond even that extension period.

Timeline for Improvement

It is anticipated that the continuing application of measures referred to above will result in further incremental improvement in Quarters 1 and 2 of 2019-20 towards 80-90% of cases cleared within time and others subject only to short over-run. It is difficult to predict whether, or when, the 100% target might be met.

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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
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	
								no.	%
80%	Glasgow	92% (G)	94% (G)	91% (G)	89% (G)	88% (G)	88% (G)	350	87% (G)
80%	North East	100% (G)	100% (G)	99% (G)	99% (G)	100% (G)	99% (G)	97	100% (G)
80%	North West	95% (G)	93% (G)	92% (G)	85% (G)	72% (R)	91% (G)	74	77% (A)
80%	South	95% (G)	94% (G)	86% (G)	92% (G)	96% (G)	93% (G)	97	93% (G)
80%	Centre	83% (G)	86% (G)	85% (G)	78% (A)	86% (G)	73% (R)	82	76% (R)
Performance Trend									
The City, North East and South continued to exceed target (GREEN) at Q1. The Centre team remained below target (RED) while performance in North West dropped significantly moving from GREEN to AMBER.									
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APPENDIX 1 – OTHER INDICATORS

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

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	15/16	16/17	17/18	18/19 Actual	19/20 Target
MSG 5. % of Last 6 months of life spent in the Community	84.8%	85.5%	86.8%	Awaiting data	87.8% (Revised)
MSG 6. Percentage of the Population at Home - Supported and Unsupported (Aged 65+)	94.4%	94.6%	94.7%	Awaiting data	95.4% (Revised)

2. 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).

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i. Scottish Health and Care Experience Survey (2017/18)

National Integration Indicator	Outcome	Glasgow	North East	North West	South	Scotland
1. Percentage of adults able to look after their health very well or quite well	1	90	87.6	89.8	89.7	93
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	82	77.9	82.7	84.7	81
3. Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	3	80	77.2	80.3	81.5	76
4. Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	77	76.6	76.1	79.8	74
5. Percentage of adults receiving any care or support who rate it as excellent or good	3	79	77.3	76.4	82.5	80
6. Percentage of people with positive experience of the care provided by their GP practice	3	86	83.3	88.3	85.6	83
7. Percentage of adults supported at home who agree that their services/support had impact on improving/maintaining their quality of life.	4	80	76.7	76.3	84.0	80
8. Percentage carers who feel supported to continue in their caring role.	6	38	37.8	39.7	37.3	37
9. Percentage of adults supported at home who agreed they felt safe	7	85	84.0	82.7	87.5	83

i. Operational Performance Indicators

Indicator No. /Outcome	11. Premature mortality rate per 100,000 persons: by calendar year			
Outcome 1	2015	2016	2017	Direction of Travel 2016-17
Glasgow City	634	617	614	▲
Scotland	441	440	425	▲

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Indicator No. /Outcome	12. Rate of emergency admissions per 100,000 population for adults.					
Outcome 9	2015/16	2016/17	2017/18	2018/19 To Q3	Direction of Travel 15/16 to 18/19	Direction of Travel 17/18 to 18/19
Glasgow City	14,773	14,318	12,864	9778	▲	▼
Monthly Average	1231	1193	1072	1086	▲	▼
Scotland	12,281	12,255	12,192	N/A	-	-

Indicator No. /Outcome	13. Rate of emergency bed days per 100,000 population for adults.					
Outcome 9	2015/16	2016/17	2017/18	2018/19 To Q3	Direction of Travel 15/16 to 18/19	Direction of Travel 17/18 to 18/19
Glasgow City	146,636	146,617	139,490	99,959	▲	▲
Monthly Average	12,220	12,218	11,624	11,107	▲	▲
Scotland	128,630	126,945	123,610	N/A	-	-

Indicator No. /Outcome	14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions.					
Outcome 4	2015/16	2016/17	2017/18	2018/19 To Q3	Direction of Travel 15/16 to 18/19	Direction of Travel 17/18 to 18/19
Glasgow City	98	102	96	98	▶	▲
Scotland	98	101	103	N/A	-	-

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Indicator No. /Outcome	15. Proportion of last 6 months of life spent at home or in a community setting					
Outcome 9	2015/16	2016/17	2017/18	2018/19	Direction of Travel 15/16 to 18/19	Direction of Travel 17/18 to 18/19
Glasgow City	85%	86%	87%	89%	▲	▲
Scotland	87%	87%	88%	89%	▲	▲

Indicator No. /Outcome	16. Falls rate per 1,000 population aged 65+					
Outcome 7	2015/16	2016/17	2017/18	2018/19 To Q3	Direction of Travel 15/16 to 18/19	Direction of Travel 17/18 to 18/19
Glasgow City	28.9	31.1	30.7	22.5	▼	▲
Quarterly Average	7.2	7.8	7.7	7.5	▼	▲
Scotland	21.6	21.8	22.7	N/A	-	-

Indicator No. /Outcome	17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections*					
Outcome 9	2015/16	2016/17	2017/18	2018/19	Direction of Travel 15/16 to 18/19	Direction of Travel 17/18 to 18/19
Glasgow City	81%	86%	90%	86%	▲	▼
Scotland	83%	84%	85%	82%	▼	▼

Indicator No. /Outcome	18. Percentage of adults with intensive care needs receiving care at home			
Outcome 9	2015	2016	2017	Direction of Travel 2015 to 2017
Glasgow City	56%	55%	55%	▼
Scotland	61%	62%	61%	▶

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Indicator No. /Outcome	19. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population					
Outcome 9	2015/16	2016/17	2017/18	2018/19	Direction of Travel 15/16 to 18/19	Direction of Travel 17/18 to 18/19
Glasgow City	627	464	324	456	▲	▼
Scotland	915	842	762	805	▲	▼

Indicator No. /Outcome	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency					
Outcome 9	2015/16	2016/17	2017/18	2018/19	Direction of Travel 15/16 to 18/19	Direction of Travel 17/18 to 18/19
Glasgow City	25%	27%	26%	22%	▲	▲
Scotland	24%	24%	25%	22%	▲	▲

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. % of people admitted to hospital from home during the year, who are discharged to a care home	2
22.% of people who are discharged from hospital within 72 hours of being ready	9
23. Expenditure on end of life care, cost in last 6 months of life	9

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3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Older People								
1. Total number of patients who have been diagnosed with dementia	Local HSCP indicator Outcome 4	N/A	2018	509	131	146	232	Numbers shown are from Jan-Dec 2018.
Primary Care								
2. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	17/18	76% (R)				Performance below target but above the Scottish average (68%). This has reduced from the 2016/17 figure of 78%. From 17/18 Health & Care Experience Survey.
3. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	17/18	94% (G)				Performance above target and the Scottish average (93%). This has increased from the 2016/17 figure of 84%. From 17/18 Health & Care Experience Survey.
4. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	17/18	80.3% (G)	79.0% (G)	78.1% (G)	83% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). Annual screening report last produced Jan 2019
5. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 19		81.8% (G)	86.3% (G)	84% (G)	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. Figures in 2018 were 61.4% (NE); 72.5% (NW); 64% (S), so increased across all areas.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Children's Services								
6.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	As at Mar 19	51% (R)	56.3% (G)	51% (R)	47% (R)	Provisional data shown. Data now produced twice yearly locally and data shown was produced June 2019. ISD national report produced annually. Equivalent figures 6 months ago were 51.5% (City);56.9% (NE); 50.5% (NW); 48.1% (S)
7. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	As at Mar 19	90.5% (G)	89.4% (G)	91.5% (G)	90.6% (G)	Provisional data shown. Data now produced twice yearly locally and data shown was produced June 2019. ISD national report produced annually. Equivalent figures 6 months ago were 91.1% (City);89.6% (NE); 91.8% (NW); 91.6% (S)
8. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2018	62.8% (G)				Performance has declined from 64.1% in 2016. Below the Health Board average of 67.1% which also fallen from 68.2% in 2016. Produced 2 yearly.
9. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2017	69.1% (G)				Performance has declined from 70.2% in 2015. Below Health Board average of 73.1% which rose from 72.6% in 2015. Produced 2 yearly.
10. Number of families being discussed at Early Years Joint Support Teams	Local HSCP indicator Outcome 5	Maintain/ Increase Numbers each Year	2017/ 18	156				Reduction from 2016/17 when there were 219 families discussed at EYJSTs. Data available at end of each financial year.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Sandyford (Sexual Health)								
11. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17	Local HSCP indicator Outcome 1	13-15 (F) 58%	2018/ 19	31.06% (R)				Targets are based upon estimates of the numbers of young people in the city who are sexually active. Figures for 17/18 for 13-15 year olds were 31% (M) and 1% (F); and 38% (M) and 5% (F) for 15-17 year olds. So broadly similar except for 15-17 (F) which has reduced. Data available at end of each financial year.
		13-15 (M) 5%		1.04% (R)				
		15-17 (F) 64%		34.85% (R)				
		15-17 (M) 10%		5.91% (R)				
Alcohol and Drugs								
12. Number of needles/ injecting equipment/foil dispensed	Local HSCP indicator Outcome 7	1,093,228 (for 17/18)	17/18	1,089,750 (G)				Slightly below target but classified as GREEN. Data available at end of each financial year.
13. Number of naloxone kits dispensed	Local HSCP indicator Outcome 7	1500 (for 17/18)	17/18	1980 (G)				Above target and GREEN. Data available at end of each financial year.
Others								
14. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2018	99				Numbers increased from 88 in 2017. Figures published annually by ISD and those shown published June 2019. 2014-18 European age standardised figure is 14.4 (Scotland is 13.4).
15. Number of drug related deaths (crude rate per 100,000 population).	Local HSCP indicator Outcome 1	N/A	2018	45.1				Rates have increased for the HSCP as a whole from 27.6 in 2016 and 31.2 in 2017. Last updated July 2019.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
16. Number of alcohol related deaths (per 100,000 population)	Local HSCP indicator Outcome 1	N/A	2017	42.2	52.1	38	38.1	Reduced slightly at city level in the last year (from 42.6) with actual deaths falling from 208 to 206. Rates increased in the North East (from 46.6) and North West (from 31.5) and reduced in the South (from 50). Glasgow above the Health Board average which was 37 in 2017 (37.1 in 2016). Last updated July 2018.
17. Percentage of those invited who undertake bowel screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	60%	2016/18	51.9% (R)	52.9% (R)	51.6% (R)	52.3% (R)	Standardised uptake rates shown. HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan 2019.
18. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	2013-15 round	N/A	61.9% (R)	62.5% (R)	62.9% (R)	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. Annual screening report last produced Jan 2019
19. Percentage of women invited who attend for cervical screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	80%	2017/18	67.5% (R)	69.3% (R)	62.7% (R)	70.7% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan 2019.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Human Resources								
20. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2019		62% (G) Employment Engagement Index 77			Figures shown are for the annual survey undertaken in the Summer of 2019. Corresponding figure for 2018 was 56%.

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APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5	Health and social care services contribute to reducing health inequalities
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
Outcome 7	People using health and social care services are safe from harm
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

Priority 1	Early intervention, prevention and harm reduction
Priority 2	Providing greater self-determination and choice
Priority 3	Shifting the balance of care
Priority 4	Enabling independent living for longer
Priority 5	Public Protection