



Item No: 15

Meeting Date: Wednesday 24th January 2018

Glasgow City Integration Joint Board

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HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 2 PERFORMANCE REPORT 2017/18

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2017/18.
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Background/Engagement:	The IJB have previously agreed that a Performance report would be produced and presented to them on a quarterly basis.
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Recommendations:	The Integration Joint Board is asked to: a) note the attached performance report for Quarter 2 of 2017/18.
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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 that performance management activity within the Partnership is outcomes focussed.
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Personnel:	None
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Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.	
Provider Organisations:	None	
Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.	
Financial:	None	
Legal:	The Integration Joint Board is required by statute to produce an Annual Performance Report within four months of the end of each financial year and to have routine performance management arrangements in place.	
Economic Impact:	None	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	None	
Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.	
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 The purpose of this report is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 2017/18.

2. Background

- 2.1 The Integration Joint Board noted an initial draft performance report on 21st March 2016, which brought together the performance indicators previously produced separately for Health and Social Work, within a single draft Joint Performance Report. This report captured the performance of the Health and Social Care Partnership, in relation to a range of key performance indicators across Health and Social Work Services.
- 2.2 At this meeting, it was suggested that indicators which were too operationally focused and those which are updated annually/biennially were removed from the framework of the Integration Joint Board performance report, which the Board felt should be more strategically focussed.
- 2.3 The first full Joint Performance report was then presented to the Integration Joint Board on the 21 September 2016, relating to the period Q1 2016/17. It was agreed that this would be produced on a quarterly basis going forward. The latest performance report for Quarter 2 of 2017/18 is now attached.
- 2.4 In addition to these Integration Joint Board Performance reports, Scottish Government Statutory Guidance makes it clear that Health and Social Care Partnerships are expected to have routine performance management arrangements in place, with regular performance reports produced for internal scrutiny by their respective management teams.
- 2.5 A more detailed Joint Performance report has, therefore, been developed in order to enable scrutiny of operational performance by Health and Social Care Partnership Management Teams and the Finance and Audit Committee. This is similar to the attached Integration Joint Board report, but includes a wider set of more operational performance indicators. It also contains detailed performance data for all indicators and localities, whereas the attached report summarises performance, then provides more detailed information on an exception basis for those indicators which are below target, and those which have changed their RAG (Red/Amber/Green) status in a positive direction.
- 2.6 It should be noted that these reports and performance management processes 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

2.7 It should also be noted that in addition to these quarterly performance reports, an Annual Performance Report - as required by the Public Bodies (Joint Working) (Scotland) Act 2014 – has now been published and is available on the Partnership website having been approved by the Integration Joint Board on the 21 June 2017.

3. Reporting Format

3.1 In the performance summary section of the attached report, a summary table is provided which for each care group, notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods and highlights those indicators which have changed status. A second table then lists all of the indicators and provides their current city wide RAG status and their direction of travel since the last reporting period.

3.2 Performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against

3.3 In the main body of the report, for those indicators which are AMBER or RED at a city level, a more detailed analysis including locality information and status; performance trends; improvement actions; and timelines for improvement are provided. Where indicators have changed status in a positive direction, actions which have been taken to improve performance are also summarised.

3.4 For all indicators, their purpose is described, along with an indication of which National Integration Outcome they most closely impact upon, and whether they have been defined at a local, corporate, or national level as outlined below:

- National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
- NHS Local Development Plan Standards/Indicators (specified nationally which replaced the HEAT targets/standards from 2015/16).
- Health Board/Council Indicators (specified by the parent organisations in respect to services which have been devolved to the Partnership)
- Local Health and Social Work Indicators (specified locally by the Partnership)

4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the attached performance report for Quarter 2 of 2017/18.



CORPORATE PERFORMANCE REPORT (IJB)

**QUARTER 2
2017/18**





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PERFORMANCE SUMMARY









1. Key to the Report









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









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

2a. Summary

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









CARE GROUPS/AREAS	Previous Period Reported RAG Rating				Latest Period Reported RAG Rating				Changes in Status
									
Older People (No. and %)	3 60%		2 40%		3 60%		2 40%		No changes in status.
Primary Care (No. and %)			1 100%				1 100%		No changes in status.
Unscheduled Care (No. and %)	1 17%			5 83%	1 17%			5 83%	No changes in status.
Carers (No. and %)		1 100%					1 100%		Amber ⇒ Green 1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Children's Services (No. and %)	1 17%		4 66%	1 17%	1 17%		4 66%	1 17%	No changes in status.










CARE GROUPS/AREAS	Previous Period Reported RAG Rating				Latest Period Reported RAG Rating				Changes in Status
									
Adult Mental Health (No. and %)	1 50%			1 50%	1 50%		1 50%		Grey ⇌ Green 1. Psychological Therapies: % started treatment within 18 weeks of referral
Alcohol & Drugs (No. and %)			1 100%				1 100%		No changes in status
Homelessness (No. and %)	2 100%						2 100%		Red ⇌ Green 1. Number of households reassessed as homeless or potentially homeless within 12 months 2. Number of individual households not accommodated over last month of quarter.
Criminal Justice (No. and %)	1 50%		1 50%		1 50%		1 50%		No changes in status
Health Improvement (No. and %)	3 50%		1 17%	2 33%	2 33%	1 17%	3 50%		Red ⇌ Green 1. Alcohol brief intervention delivery Grey ⇌ Amber 3. Women smoking in pregnancy – General Population Grey ⇌ Green 4. Women smoking in pregnancy – most deprived quintile
Human Resources (No. and %)	2 100%				2 100%				No changes in status.








CARE GROUPS/AREAS	Previous Period Reported RAG Rating				Latest Period Reported RAG Rating				Changes in Status
									
Business Processes (No. and %)			4 100%		2 40%		3 60%		Following changes to procedures from April this year there have been changes to the reporting of both NHS and Social Work complaints; performance is now reported separately for Stage 1 and Stage 2 complaints.
TOTAL (No. and %)	13 33.3%	1 2.6%	15 38%	10 25.7%	13 33.3%	1 2.6%	19 48.7%	6 15.4%	7 change in status









2b. Performance at a Glance











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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Older People				
1. Number of community service led Anticipatory Care Plans in Place.	720 for 2017/18	Q2	385 	▲
2. Number of people in supported living services.	650 by year end	Q2	599 	▲
3. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 7	73.1% (Hosp)  83.2% (Comm) 	▼ Hospital ▲ Community
4. Total number of Older People Mental Health patients breaching the 72 hour discharge target (including AWI patients).	0	2 Oct 17	17 	▲
5. Intermediate Care: Percentage of users transferred home.	>30%	Sep 17	20% 	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q1	 79.27%	▼
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population.	Target TBC	Oct 16 - Sept 17	2,353 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2i. Emergency Admissions – Numbers and Rates/1000 population by month (Aged 65+).	Target TBC	Aug 17	11,032/132 (Year to Date) 	▼
2ii. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	Target TBC	Aug 17	7,116/181 (Year to Date) 	▼
3. Adults and older people breaching the 72 hour discharge target. (excluding Learning Disability and Mental Health patients).	20	2 Oct 17	40 	▲
4. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	Target TBC	Aug 17	4,254 (Year to Date) 	▼
5. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	Target TBC	Aug 17	959 (Year to Date) 	▲
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,650 per annum	Q2	454 	▼
Children's Services				
1. Percentage of HPIs allocated by Health Visitors within 24 weeks.	95%	Jul 17	NE - 99%  NW - 93%  S - 95% 	NE ▲ NW ▼ S ►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Access to CAMHS services - Longest wait (weeks).	<18 weeks	Aug 17	99.6% 	▶
3. Percentage of young people receiving an aftercare service who are known to be in employment, education or training.	75%	Q2	70% 	▲
4. Number of high cost placements	TBC	1 Sept 17	94 	▲
5i. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months	95%	Q1	94.4% 	▲
5ii. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q1	95.3% 	▼
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.	90%	Sep 17	All areas  NE 90.1%, NE 89.9%, South 93.4%	NE and NW ▲ South ▼
2. Total number of Adult Mental Health patients breaching the 72 hour discharge target	0	2 Oct 17	7 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q1	98% 	▲
Homelessness				
1. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q2	117 	▲
2. Number of individual households not accommodated in last month of quarter.	< 150	Q2	129 	▲
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q2	66% 	▼
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q2	84% 	▼
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5,066 to Q4	Q2	2495 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	347 to Q1	Q1 17/18	273 	▲
3. Women smoking in pregnancy – general population	13% for 17/18	Q1 17/18	13.5% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
4. Women smoking in pregnancy – most deprived quintile.	19% for 17/18	Q1 17/18	19.3% 	▲
5. Breastfeeding at 6-8 weeks (Exclusive).	Variable by locality	Q1 17/18	26.8% 	▲
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive).	18.2%	Q1 17/18	19% 	▶
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Sept 17	5.12% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.58 ADL (ave days lost) per employee	Q2	2.6 	▶
Business Processes				
1. NHS Complaints responded to within timescales (Stage 1) (%)	70%	Q1	100% 	N/A
2. NHS Complaints responded to within 20 working days (Stage 2) (%)	70%	Q1	76% 	N/A
3. SW Complaints responded to within timescales (Stage 1) (%)	70%	Q1	61% 	N/A
4. SW Complaints responded to within 20 working days (Stage 2) (%)	70%	Q1	21% 	N/A
5. % of elected member enquiries handled within 10 working days.	80%	Q2	92% 	▲

1. OLDER PEOPLE

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

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

Indicator	4. Total number of Older People Mental Health patients breaching the 72 hour discharge target (including AWI patients).
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

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

Indicator	5. Percentage of intermediate care users transferred home compared to those transferred to a residential or nursing home.
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

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

Performance Trend

Variations across localities and over time. The city, North East and North West all RED in September with the South AMBER.

Actions to Improve Performance

A number of actions are underway including the implementation of the Home is Best model as well as an overall service improvement programme which will aim to maintain and increase the level of patients returning home.

Timeline for Improvement

Although further scrutiny will be immediately established, sustainable improvements would be sought from March 2018. More recent operational data suggests improved performance which should be reflected in the next quarterly report.

UNSCHEDULED CARE

Indicator	3. Total number of adults and older people breaching the 72 hour discharge target
Purpose	To monitor the extent to which adults and older people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken and are for a number of patient categories. The target for 2017/18 is to have a maximum of 20 delays over 72 hours at any given time during the year across these categories
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy and Operations (Older People)

3 April 2017

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

5 June 2017

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

3 July 2017

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

7 Aug 2017

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

4 Sep 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	2	0	2	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	7	7	9	23	N/A
Under 65s (Excluding Mental Health)	6	13	6	25	N/A
Total				50 (R)	20

2 Oct 2017

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

Performance Trend

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

Actions to Improve Performance

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

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

Timescale for Improvement

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

CHILDREN'S SERVICES

Indicator	3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy and Operations (Children's Services)

Target	Locality	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
75%	North East	64% (R)	61% (R)	49% (R)	56% (R)	65% (R)	72% (A)	76% (G)
75%	North West	64% (R)	66% (R)	54% (R)	52% (R)	49% (R)	54% (R)	67% (R)
75%	South	75% (G)	71% (R)	67% (R)	66% (R)	68% (R)	67% (R)	67% (R)
75%	Glasgow	67% (R)	67% (R)	57% (R)	58% (R)	61% (R)	65% (R)	70% (R)

Performance Trend

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

Slippage during 2016/17 was found to be linked to a change in recording practice which increased the overall number of care leavers recorded. Fewer of these young people had their employability recorded and as a result we saw a reduction in the proportion in positive destinations. As this issue has been addressed performance has improved. There was further improvement in recording during Q2: the percentage of young people without a destination recorded at Q2 is NE 5%, NW 2%, and South 12% giving an overall Glasgow City figure of 6%.

Actions to Improve Performance

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

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

In the medium to longer term we expect to see improvements in the numbers of young people moving into positive destinations as this is a key objective of our "Transformation Programme" for children's services and our Corporate Parenting Action Plan.

Timeline for Improvement

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

ADULT MENTAL HEALTH

Indicator	2. Total number of Adult Mental Health patients breaching the 72 hour discharge target
Purpose	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken. These relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the older people's section of this report.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Jackie Kerr, Head of Strategy and Operations (Adult Services) David Walker, Head of Change

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

CRIMINAL JUSTICE

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

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2
80%	North East	62% (R)	61% (R)	63% (R)	63% (R)	63% (R)	67% (R)
80%	North West	73% (R)	76% (R)	58% (R)	70% (R)	67% (R)	65%(R)
80%	South	64% (R)	65% (R)	69% (R)	63% (R)	75% (R)	67%(R)
80%	Glasgow	70% (R)	67% (R)	64% (R)	65% (R)	68% (R)	66%(R)
Performance Trend							
All localities remain RED with little variation between localities at Q2.							
Actions to Improve Performance							
<p>The dip in performance on this indicator is disappointing given the level of emphasis it has received within the service by managers and staff. It remains the case as previously reported that the increase in level 1 orders which do not require a report has reduced the services ability to ensure that reporting instructions for the offender have been provided prior to court disposal. Hence the offender is less likely to attend promptly enough to achieve the indicator. Improved performance still relies on an ability to:-</p> <ul style="list-style-type: none"> • Continue to improve business processes • Scrutinise the increase in Level 1 orders i.e. service users who have not had a Criminal Justice Social Work (CJSW) report completed but are made subject of unpaid work 							
Timeline for Improvement							
Ongoing emphasis, should see an improved performance in the next quarter.							
The similarity between the performance across the three areas highlights that this is a city wide and not a locality focused issue. This indicator continues to be included in fortnightly performance reports provided to Locality Teams, and monitored at the Criminal Justice core leadership meeting.							

HEALTH IMPROVEMENT

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

Area	Target Apr 16 – Mar 17	Actual Apr 16 – Mar 17	Target Apr 17 – Jun 17	Actual Apr 17 – Jun 17
North East	523	489 (R)	131	100 (R)
North West	407	346 (R)	102	76 (R)
South	458	415 (R)	115	97 (R)
Glasgow	1388	1250 (R)	347	273 (R)

Performance Trend

Performance below target. New target for 2016-17 is 51% higher than previous year, with NE, NW and South targets increasing by 38%, 62%, and 48% respectively.

Actions to Improve Performance

A city wide review of the community cessation model during 2015-16 identified a number of improvement actions which are continuing to be implemented. These include an enhanced city wide perspective to key work areas and a more consistent approach to service delivery. Community Tobacco teams have recently implemented an agreed model of good practice across the city and have also developed more targeted ways of closer working with GP practices and pharmacies in our most deprived communities.

Timeline for Improvement

It is anticipated that improvements will be made during Quarter 4 2017/18. Due to the nature of the target, this will only become visible in later reports.

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

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

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

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

HUMAN RESOURCES

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

HSCP	Target	Mar-16	Mar-17	Jun-17	Jul-17	Aug-17	Sep-17
HSCP Central	4%	5.5% (R)	7.24% (R)	8.29% (R)	5.69% (R)	5.54% (R)	3.95% (G)
North East	4%	5.8% (R)	6.51% (R)	5.56% (R)	4.94% (R)	5.21% (R)	5.11% (R)
North West	4%	6.0% (R)	6.45% (R)	6.99% (R)	6.22% (R)	6.65% (R)	6.09% (R)
South	4%	7.8% (R)	6.26% (R)	6.33% (R)	6.1% (R)	5.93% (R)	5.14% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	2.48 (G)	1.34% (G)	1.22% (G)	1.22% (G)
Glasgow City	4%	6.3% (R)	6.19% (R)	6.11% (R)	5.41 (R)	5.58% (R)	5.12% (R)

Performance Trend

Variations across areas and over time but there has been an improvement in performance across the board in the last quarter. Performance remains RED across all areas with exception of mental health and HSCP central

Actions to Improve Performance

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

- People & Change Managers continue to support Senior Management Teams at locality level with provision of absence statistics, assisting in identifying patterns and trends to inform management actions and focused intervention where required.
- Through engagement with senior managers at locality SMTs, People & Change Managers continue to support local managers in accurate recording of absence on SSTS to correctly identify reasons for absence and to provide local reports as required. Detailed information is also provided on bank use within clinical service areas, ensuring there is an understanding of the rationale for and level of bank usage in place.
- Historically, inpatient service areas have areas of high absence and all HSCTPs are being asked to provide a more focussed approach to absence management for these service areas. This has already been a focus for Glasgow City and currently we are running a schedule of training

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

Timeline for Improvement

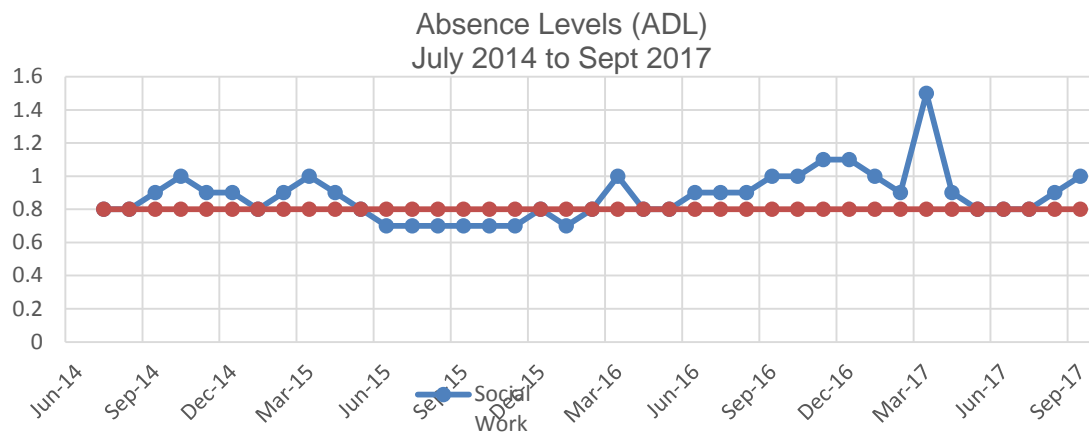
Focus continues on absence management across the HSCP with planned dialogue with the H R support unit to identify further specific resource to support absence management processes on an ongoing basis following completion of training processes currently underway.
Levels of absence are showing a downward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

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

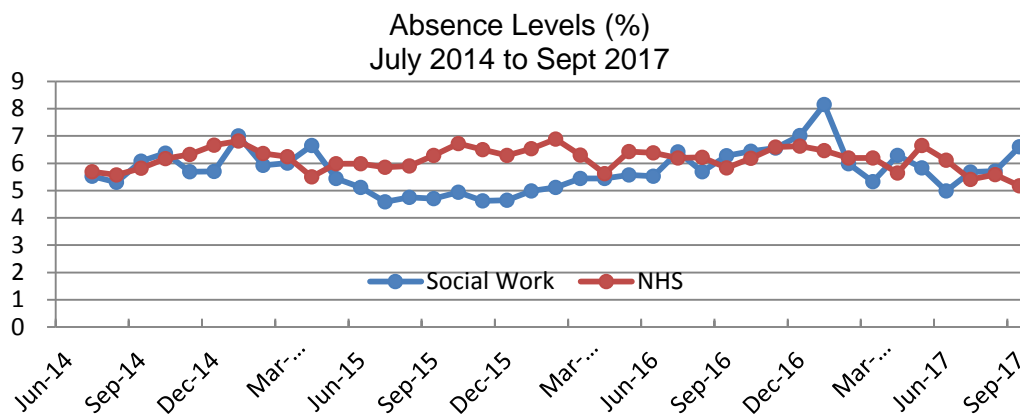
Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure as this reflects a more accurate position.

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

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



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



Performance Trend
Following a decrease thru last year Q4 into this year Q1 the trend is increasing through Q2
Actions to Improve Performance
<p>Whilst there has been a positive reduction in the total days lost due to back pain in 2017/18 compared to the same period last year, the occupational health category for Musculoskeletal reasons remains consistently high and therefore, the Service are looking at piloting a Musculoskeletal Programme in conjunction with Occupational Health. This will incorporate support interventions for employees and detailed advice and recommendations for managers that will help formulate more specific and realistic action plans.</p> <p>Absence performance within Residential Services for both Children’s Services and Older People is steadily on the increase. New local approaches, review of current processes and HR support to managers within these service areas will continue, to work towards reversing the current absence trend for these staff groups.</p> <p>Employees with consistently high absence levels will continue to be monitored across the service, with more robust measures implemented to address concerns.</p>
Timeline for Improvement
Monitoring of levels continues on a 4 weekly basis. It is expected that an increase will continue into Q3 as is normal for that time of year. It is expected however that levels remain below last year level with a decrease expect in Q4.

BUSINESS PROCESSES

Indicator	3. SW Complaints responded to within timescales (Stage 1) (%).
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).
National/Corporate/Local	National Indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

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

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

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