



Item No: 18

Meeting Date: Wednesday 21st March 2018

Glasgow City Integration Joint Board

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HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 3 PERFORMANCE REPORT 2017/18

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 3 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 3 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.
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Provider Organisations:	None
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Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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Financial:	None
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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.
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Risk Implications:	None
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Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.
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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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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 3 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 3 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 3 of 2017/18.



CORPORATE PERFORMANCE REPORT (IJB)

**QUARTER 3
2017/18**





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PERFORMANCE SUMMARY









1. Key to the Report









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









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

2a. Summary

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








CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇌ Q3	New or Withdrawn Indicator at Q3
										
Older People (No. and %)	3 60%		2 40%		1 20%		4 80%		Red ⇌ Green 2.Number of people in supported living services 5 % of intermediate care users transferred home	AHP Waiting Times (MSK Physio, Podiatry, Dietetics) moved to Primary Care Section from Older People section
Primary Care (No. and %)			1 100%				1 100%		No changes in status for either existing or new indicators.	See above
Unscheduled Care (No. and %)	1 20%			4 80%	1 20%			4 80%	No changes in status for either existing or new indicators.	No new or withdrawn indicators.
Carers (No. and %)			1 100%				1 100%		No changes in status for existing indicators.	No new or withdrawn indicators.
Children's Services (No. and %)	1 17%		4 66%	1 17%	1 17%		4 66%	1 17%	No changes in status for existing indicators.	No new or withdrawn indicators.








CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇔ Q3	New or Withdrawn Indicator at Q3
										
Adult Mental Health (No. and %)	1 50%		1 50%		1 50%		1 50%		No changes in status for existing indicators.	No new or withdrawn indicators.
Alcohol & Drugs (No. and %)			1 100%				1 100%		No changes in status for existing indicators.	No new or withdrawn indicators.
Homelessness (No. and %)			2 100%				2 100%		No changes in status for existing indicators.	No new or withdrawn indicators.
Criminal Justice (No. and %)	1 50%		1 50%		2 100%				Green ⇔ Red 2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.	No new or withdrawn indicators.
Health Improvement (No. and %)	2 33%	1 17%	3 50%		2 33%		4 67%		Amber ⇔ Green 3. Women smoking in pregnancy – General Population	No new or withdrawn indicators.
Human Resources (No. and %)	2 100%				2 100%				No changes in status for existing indicators.	No new or withdrawn indicators.

















CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇌ Q3	New or Withdrawn Indicator at Q3
										
Business Processes (No. and %)	2 40%	1 20%	2 40%		2 40%		3 60%		Red ⇌ Green 3. % of SW Complaints responded to within timescales (Stage 1) Amber ⇌ Red _____ 2. NHS Complaints responded to within 20 working days (Stage 2)	No new or withdrawn indicators.
TOTAL (No. and %)	13 34.2%	2 5.3%	18 47.4%	5 13.1%	12 31.6%	0 0%	21 55.3%	5 13.1%	6 changes in status	










2b. Performance at a Glance











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




Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Older People				
1. Number of community service led Anticipatory Care Plans in Place.	720 for 2017/18	Q3	567 	▲
2. Number of people in supported living services.	650 by year end	Q3	773 	▲
3. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 10	77.0% (Hosp)  81.3% (Comm) 	▲ Hospital ▼ Community
4. Total number of Older People Mental Health patients delayed (including AWI patients).	0	4 Dec 17	14 	▲
5. Intermediate Care: Percentage of users transferred home.	>30%	Dec 17	34% 	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q2	 79.17%	▶

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 for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population.	Target TBC	Nov 16 - Oct 17	2,356 	▼
2i. Emergency Admissions – Numbers and Rates/1000 population by month (Aged 65+).	Target TBC	Nov 17	17,769/213 (Year to Date) 	▶
2ii. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	Target TBC	Nov 17	11,412/290 (Year to Date) 	▼
3. Adults and older people delayed (excluding Learning Disability and Mental Health patients).	20	4 Dec 17	52 	▼
4. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	Target TBC	Nov 17	993 	▼
5. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	Target TBC	Nov 17	186 	▼
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	Q3	485 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Children's Services				
1. Percentage of HPAs allocated by Health Visitors within 24 weeks.	95%	Oct 17	NE - 93%  NW - 96%  S - 96% 	NE  NW  S 
2. Access to CAMHS services - Longest wait (weeks).	<18 weeks	Nov 17	100% 	
3. Percentage of young people receiving an aftercare service who are known to be in employment, education or training.	75%	Q3	69% 	
4. Number of high cost placements	TBC	22 Dec 17	76 	
5i. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q2	94.6% 	
5ii. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q2	96.5% 	

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.	90%	Dec 17	NE 91.0%  NW 68.9%  South 95.9% 	NE and South▲ NW ▼
2. Total number of Adult Mental Health patients delayed	0	2 Oct 17	19 	▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q2	98% 	►
Homelessness				
1. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q3	107 	▲
2. Number of individual households not accommodated in last month of quarter.	< 150	Q3	103 	▲
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q3	67% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q3	67% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	3,546 to Q3	Q3	4,131 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	696 to Q2	Q2 17/18	618 	▲
3. Women smoking in pregnancy – general population	13% for 17/18	Q2 17/18	12.9% 	▲
4. Women smoking in pregnancy – most deprived quintile.	19% for 17/18	Q2 17/18	18.7% 	▲
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).	21.6%	Q1 17/18	19% 	▶
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Dec 17	6.33% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.58 ADL (ave days lost) per employee	Q3	3.2 ADL 	▼
Business Processes				
1. Percentage of NHS Complaints responded to within timescale (Stage 1)	70%	Q2	99% 	▶
2. Percentage of NHS Complaints responded to within timescale (Stage 2)	70%	Q2	61% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. % of SW Complaints responded to within timescales (Stage 1).	70%	Q2	70% 	▲
4. % of SW Complaints responded to within 20 working days (Stage 2)	70%	Q2	37% 	▲
5. % of elected member enquiries handled within 10 working days.	80%	Q3	84% 	▼

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	222	
North West	N/A	190	195	263	
South	N/A	221	232	288	
Glasgow	650 by year end	576 (R)	599 (R)	773 (G)	
Performance Trend					
<p>More accurate information systems were introduced at Q1 so figures are only available for 2017/18.</p> <p>Between Quarters 2 and 3 there was a dramatic increase of 29% in the number of people receiving supported living services; the year-end target of 650 was exceeded at Q3 (773, GREEN).</p> <p>A combination of more accurate recording of supported living for older people with continued care management focus on this service model as a viable alternative for older people has resulted in a continued increase of usage. It is hoped that this upwards trend will be continued in 2018/19 by the development of further 'clustered supported living' options for older people, thus offering individuals with high levels of frailty the opportunity to sustain individual tenancies through benefiting from shared support delivered across a close cluster of tenancies.</p>					

Indicator	4. Total number of Older People Mental Health patients delayed (including AWI patients).
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to 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	7 Aug 17	4 Sep 17	2 Oct 17	6 Nov 17	4 Dec 17
Over 65s Target = 0	NE	5 (R)	2 (R)	8 (R)	3 (R)	1 (R)	4 (R)	4 (R)
	NW	14 (R)	5 (R)	7 (R)	8 (R)	5 (R)	2 (R)	2 (R)
	South	4 (R)	12 (R)	7 (R)	8 (R)	11 (R)	8 (R)	8 (R)
	City	23 (R)	19 (R)	22 (R)	19 (R)	17 (R)	14 (R)	14 (R)
Performance Trend								
Numbers vary across localities and over time and have remained RED. Overall delays have reduced over the last 5 months. South has generally had the highest number of delays over this period.								
Actions to Improve Performance								
Our performance in this area remains a concern and revised improvement plans are being developed and implemented as part of the HSCP's older people transformation programme. There is a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. While this is a complex client group there has been significant progress towards meeting this target and work will continue to ensure the downward trajectory continues.								
Timeline for Improvement								
Further improvements towards meeting the target are anticipated by the end of Quarter 4.								

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	Sep 17	Oct 17	Nov 17	Dec 17
Glasgow	Home	30%	21% (R)	25% (R)	20% (R)	29% (G)	30% (G)	34% (G)
	Res/Nursing	N/A	52%	62%	57%	43%	51%	43%
	Readmissions	N/A	25%	10%	21%	21%	14%	15%
	Deceased	N/A	2%	1%	3%	5%	3%	8%
NE	Home	30%	22% (R)	30% (G)	11% (R)	36% (G)	23% (R)	38% (G)
	Res/Nursing	N/A	39%	59%	63%	36%	36%	43%
	Readmissions	N/A	33%	7%	26%	24%	27%	10%
	Deceased	N/A	6%	0%	0%	4%	9%	10%
NW	Home	30%	21% (R)	22% (R)	21% (R)	32% (G)	32% (G)	32% (G)
	Res/Nursing	N/A	57%	57%	58%	39%	60%	48%
	Readmissions	N/A	21%	17%	17%	18%	8%	16%
	Deceased	N/A	0%	4%	4%	11%	0%	4%
South	Home	30%	21% (R)	22% (R)	28% (A)	15% (R)	35% (G)	32% (G)
	Res/Nursing	N/A	58%	70%	48%	65%	57%	39%
	Readmissions	N/A	21%	7%	20%	20%	9%	18%
	Deceased	N/A	0%	0%	4%	0%	0%	11%

Performance Trend

Variations across localities and over time. Performance moved to GREEN across all localities and citywide in Q3. Good progress continues to be made over time with all localities performance now GREEN. Variations between Q2 and Q3 at a citywide level can be explained largely by the fact that the numbers are relatively small, so that the effects of changes in these numbers can appear magnified in percentage terms. For example, between July and December 2017, the average numbers of discharges in the North East was 23, with the average number going home over the same period 6.

UNSCHEDULED CARE

Indicator	3. Total number of adults and older people delayed
Purpose	To monitor the extent to which adults and older people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken and are for a number of patient categories. The target for 2017/18 is to have a maximum of 20 delays at any given time during the year across these categories
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

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

6 Nov 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	1	0	1	2	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	3	3	13	19	N/A
Under 65s (Excluding Mental Health)	6	10	3	19	N/A
Total				40 (R)	20

4 Dec 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	1	1	2	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	9	5	16	30	N/A
Under 65s (Excluding Mental Health)	5	9	6	20	N/A
Total				52 (R)	20

Performance Trend
Numbers vary across localities and over time. Having reduced in October (40) and November (40), numbers rose again in December (52).
Actions to Improve Performance
An improvement programme has been agreed backed up by a weekly operational meeting to review all delays and agree actions. Numbers have fluctuated throughout the year reflecting pressure in the system. October and November showed considerable improvement on previous months but numbers increased again in December. Action is being taken to reduce these figures.
Timescale for Improvement
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	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
75%	North East	61% (R)	49% (R)	56% (R)	65% (R)	72% (A)	76% (G)	71% (R)
75%	North West	66% (R)	54% (R)	52% (R)	49% (R)	54% (R)	67% (R)	66% (R)
75%	South	71% (R)	67% (R)	66% (R)	68% (R)	67% (R)	67% (R)	68% (R)
75%	Glasgow	67% (R)	57% (R)	58% (R)	61% (R)	65% (R)	70% (R)	69% (R)

Performance Trend

Performance at city level fell slightly during Q3 (69%, RED) with all localities remaining outwith the target range (RED).

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. There was a decline in recording during Q3: the percentage of young people without a destination recorded was NE 10%, NW 5%, and South 12% giving an overall Glasgow City figure of 9%.

Actions to Improve Performance

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

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

There is some evidence also that care leavers are undertaking positive activities but that this is not being recorded on careFirst 6 (the Social work information system). Work is underway to address this and to ensure arrangements are in place to more accurately record

the reasons why some young people are unable to engage with employability and training (such as pregnancy, mental/physical health problems and custody).

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

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 delayed
Purpose	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken. These relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the older people's section of this report.
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	7 Aug 17	9 Sep 17	2 Oct 17	6 Nov 17	4 Dec 17
Under 65s Target = 0	NE	3 (R)	2 (R)	0 (G)	0 (G)	0 (G)	5 (R)	7 (R)
	NW	5 (R)	6 (R)	2 (R)	2 (R)	4 (R)	5 (R)	9 (R)
	South	9 (R)	4 (R)	0 (G)	1 (R)	3 (R)	2 (R)	3 (R)
	City	17 (R)	12 (R)	2 (R)	3 (R)	7 (R)	12 (R)	19 (R)
Performance Trend								
Numbers vary across localities and over time and after reducing earlier in the year, they have been increasing since August.								
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)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
80%	North East	61% (R)	63% (R)	63% (R)	63% (R)	67% (R)	68% (R)
80%	North West	76% (R)	58% (R)	70% (R)	67% (R)	65%(R)	65% (R)
80%	South	65% (R)	69% (R)	63% (R)	75% (R)	67%(R)	66% (R)
80%	Glasgow	67% (R)	64% (R)	65% (R)	68% (R)	66%(R)	67% (R)

Performance Trend

At Q3 all localities remain RED with little variation between localities.

Actions to Improve Performance

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:-

- 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.

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.
National/ Corporate/ Local	Criminal justice national standard
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Head of Strategy and Public Protection Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
85%	North East	81% (A)	78% (R)	88% (G)	98% (G)	86% (G)	68% (R)
85%	North West	80% (R)	81% (A)	98% (G)	90% (G)	73% (R)	65% (R)
85%	South	100% (G)	71% (R)	100% (G)	100% (G)	94% (G)	66% (R)
85%	City	89% (G)	76% (R)	97% (G)	98% (G)	84% (G)	67% (R)
Performance Trend							
There was a significant slip in performance across all localities (RED) and city-wide (RED) between Q2 and Q3.							
Actions to Improve Performance							
The poor performance is partly due to the time of year. Sickness rates tend to be higher and a larger number of staff are on annual leave with workers then retrospectively completing the return when they come back from annual leave. There was a similar dip (although not quite as big) last year.							
Timeline for Improvement							
We would expect performance to improve significantly next quarter.							

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 – Sep 17	Actual Apr 17 – Sep 17
North East	523	489 (R)	262	216 (R)
North West	407	346 (R)	204	194 (A)
South	458	415 (R)	230	208 (R)
Glasgow	1,388	1,250(R)	696	618 (R)
Performance Trend				
Performance below target. New target introduced in 2016-17 and carried forward to 2017/18 is 51% higher than in 2015/16, 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 identified a number of improvement actions which are continuing to be implemented. A new City Tobacco Group has been set up to develop a consistent, evidence based and cost effective approach for the delivery and development of tobacco work. The group has developed an action plan with clear priority areas to ensure consistency of delivery across the city.				
Timeline for Improvement				
Substantial efforts have been put in place to in Quarter 4 to increase numbers accessing specialist community groups such as "golden ticket" invites and facebook campaigns. Additional targeting of pharmacies and GP practices has also taken place in order to increase referrals. 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	Jan 16 – Dec 16	Apr 16- Mar 17	July 16 – Jun 17	Oct 16 – Sep 17
13% (New for 17/18)	NE	16.5%	15.8%	15.4%	15.6% (R)	14.5% (R)
13% (New for 17/18)	NW	12.5%	12.4%	12.1%	11.7% (G)	11.1% (G)
13% (New for 17/18)	S	12.7%	13.3%	12.7%	13.2% (G)	13.0% (G)
13% (New for 17/18)	HSCP	13.7%	13.8%	13.4%	13.5% (A)	12.9% (G)
Performance Trend						
New target for 2017/18 agreed as 13%. Performance at a city level has moved from AMBER to GREEN since the last reported period. North East RED with the other two areas GREEN.						

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	Sep-17	Oct- 17	Nov-17	Dec-17
HSCP Central	4%	5.5% (R)	7.24% (R)	3.95% (G)	4.12% (A)	4.39% (R)	5.37% (R)
North East	4%	5.8% (R)	6.51% (R)	5.11% (R)	6.28% (R)	6.94% (R)	6.48% (R)
North West	4%	6.0% (R)	6.45% (R)	6.09% (R)	6.8% (R)	6.33% (R)	6.5% (R)
South	4%	7.8% (R)	6.26% (R)	5.14% (R)	5.86% (R)	6.39% (R)	7.08% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	1.22% (G)	N/A	N/A	N/A
Glasgow City	4%	6.3% (R)	6.19% (R)	5.12% (R)	5.93% (R)	6.23% (R)	6.33% (R)

Performance Trend

Variations across areas and over time. The increase in absence across the HSCP for this quarter reflects the increased levels of absence across the wider board area. Some of this can be attributed to seasonal issues, but there has also been an increase in respiratory and flu like illnesses across our staffing groups.

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

- Drop in sessions for managers were held across the HSCP during September to demonstrate and discuss the HR Connect function and explain how this can support managers and staff. In addition discussions also focus on the requirement for OHS case conferences or where intervention from colleagues in L&E may be required.
- In conjunction with the HRSAU Cluster Team Leader targeted training was commissioned to support focused interventions in areas identified as having high levels of absence. This has already taken place with Mental Health Services and Addiction Inpatient Services. Plans are also in place to provide specific support to prison healthcare.
- The Attendance Management module of the 'People Management Programme' has been well attended and has a rolling programme which is signposted to managers by People and Change Managers where appropriate. This programme can be accessed as an introduction for new managers or as a refresher and update for existing managers with the aim of ensuring a consistent approach to Attendance Management.
- The main cause identified for sickness absence across the HSCP is stress/depression/mental health. Each locality has developed a working group to focus on the mental health of staff, involving representatives from a range of services and support from People & Change Managers and OD Advisors.

There has not been the expected decrease in absence levels that had been anticipated due to ongoing short term winter flu like absences. The trend across the localities has been consistent in the last quarter, with long term absence attributed to the vast majority of absence. Managers have now become familiar with the process to access support via the HR Support and Advice unit and that Attendance Management Clinics will assist to ensure staff are met with promptly and consistently.

Timeline for Improvement

Focus continues on absence management across the HSCP with planned dialogue with the HR support unit. Where required, specific resource has been pulled from the Support unit to increase focus in service areas. Currently, these areas include Prison Healthcare and a number of in-patient mental health sites.

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.

	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3
Average Days Lost (ADL)	Target 2.45	Target 2.58	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64
North East	3.7 (R)	3.3 (R)	2.6 (G)	3.4 (R)	1.9 (G)	2.9 (R)	4.0 (R)
North West	2.2 (G)	2.2 (G)	3.5 (R)	2.8 (R)	3.2 (R)	2.8 (R)	2.0 (G)
South	2.4 (G)	3.1 (R)	4.0 (R)	3.9 (R)	2.6 (R)	2.8 (R)	3.1 (R)
Glasgow City	2.5 (R)	2.8 (R)	3.3 (R)	2.7 (R)	2.6 (R)	2.6 (R)	3.2 (R)

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

BUSINESS PROCESSES

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

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

Performance Trend
Variations across localities and over time. The HSCP overall moved from AMBER to RED in the last period. New categorisations so no trend information shown.
Actions to Improve Performance
The variation in performance in the localities stems from the small numbers of stage 2 investigations that occur in localities. For example South only had 1 complaint in quarter 3, with the North East 7 and North West 16. These are by definition more complex complaints. Performance is best judged for the three localities across the year, as quarterly figures will continue to vary widely based on any issues with the handling of only a small number of cases in any given quarter.
Prison complaints are higher volume and drive the overall HSCP performance. The downturn in quarter two and three was largely based on a dip in the performance of one prison (Low Moss) which only cleared 46% (Q2) and 53% (Q3). This was as a result not only of higher complaint numbers overall but also specific staffing issues in that healthcare team.
Timeline for Improvement
An upward correction in quarter 4 is anticipated.

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). This indicator is reported one quarter in arrears.
National/Corporate/Local	National Indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

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

Performance Trend

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

There was significant improvement in this indicator between Q1 and Q2 as the new process (with shorter timescales) implemented on 01/04/2017 was bedded in. Performance was exceeded in North East and met in Glasgow overall. North West was near target (GREEN) and South was within the target range (AMBER).

There were issues with a small number of complaints dealt with at centre. Close analysis suggests a particular issue with one part of the service – residential children's care accounted for 6 of the 8 stage 1 complaints exceeding time for centre functions. These involved difficult issues with residents and neighbours best resolved locally, rather than by escalation to stage 2, but not easily resolvable in the required 5 days. This issue has been raised with head of service.

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). This indicator is reported one quarter in arrears.
National/Corporate/Local	National Indicator
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1			17/18 Q2		
		Stage of Complaint	No.	%	Stage of Complaint	No.	%
70%	Glasgow	Stage 2	29	21% (R)	Stage 2	30	37% (R)
Performance Trend							
This indicator is reported one quarter in arrears . Although at Q2 the 70% target was not met for this indicator (RED), performance improved significantly with an increase of 16 percentage points above the Q1 figure.							
Actions to Improve Performance							
Stage 2 complaints are not broken down by locality as all stage 2 complaints are executed by a small central complaints (rights and enquiries) team. The poor performance is indicative of resource pressures on that team, involving issues of staff absence and vacancy. Some improvement was however achieved in the second quarter despite ongoing difficulties.							
Timeline for Improvement							
Further improvement is expected in quarters 3 and 4. Preliminary results indicate over 50% of reviews completed on time in the third quarter.							