

**Glasgow City IJB
 Finance and Audit Committee**

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PERFORMANCE REPORT

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| Purpose of Report: | The purpose of this report is to present the first Joint Performance Report for the Finance and Audit Committee and to provide an update on the ongoing work to develop integrated performance management processes across the Health and Social Care Partnership. |
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| Recommendations: | <p>The Finance and Audit Committee is asked to:</p> <ul style="list-style-type: none"> i. Note the attached performance report and indicate whether this meets their requirements. ii. Note the intention to produce this report on a quarterly basis. iii. Note the outstanding work required to finalise targets for inclusion within future performance reports; to bring in new indicators as and when information becomes available; and to adopt a single Red/Amber/Green classification system. |
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Implications for IJB:

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| Financial: | None |
| Personnel: | 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. The first report will be expected by the end of July 2017 and cover the financial year 2016/17. This will be wider than but include information from the attached report. |
| Economic Impact: | None |
| Sustainability: | None |
| Sustainable Procurement and Article 19: | None |
| Equalities: | 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 |
| Risk Implications: | None |

1. Purpose

- 1.1 The purpose of this report is to present the first Joint Performance Report for the Finance and Audit Committee and to provide an update on the ongoing work to develop integrated performance management processes across the Health and Social Care Partnership.

2. Background

- 2.1 The Integration Joint Board noted an initial 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, those which are updated annually or less frequently, and those which only give an indication of volume or demand rather than performance, were removed from the framework of the Integration Joint Board performance report, which they felt should be more strategically focused. A revised report has now been produced and will be brought to the September meeting of the Integrated Joint Board in line with the reporting template agreed by the Integration Joint Board at their meeting on the 24th June.
- 2.3 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 within their organisations, with regular performance reports produced for internal scrutiny by their respective management teams.
- 2.4 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 by the Finance and Audit Committee. It is a subset of this report, which will be reported to the Integration Joint Board.
- 2.5 The first version of this report is attached. It includes new and additional indicators which were identified as part of a review undertaken across care groups of the information being produced for performance management purposes, which aimed to ensure that the management information needs of HSCP management teams are being met.

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

3. Summary

3.1 The indicators are summarised at the start of the attached report in an overall Performance Summary. For each indicator, an indication is provided as to the direction of travel over the last 12 months, and its status in terms of whether it is classified as GREEN, AMBER, or RED is highlighted. For the purposes of this summary, we have made the assumption that the Finance and Audit Committee will primarily focus on the overall performance of the city, so have classified performance for Glasgow as a whole, rather than by individual sector, though sector level detail is provided in the subsequent sections of the report where available.

3.2 Performance information and trends are highlighted for all indicators within the main body of the attached report. For those indicators which are AMBER or RED, a more detailed analysis including trends, improvement actions and timeline for improvement is provided. More detailed analysis is also provided in relation to Bed Days lost to Delayed Discharges, Alcohol Brief Interventions and Smoking Cessation Quit rates. This has been provided in order to highlight areas where there has been considerable recent improvement and which have become GREEN, which was requested by the Integration Joint Board at their meeting on the 24 June.

3.3 As is noted in the attached report, performance in relation to a number of indicators is being adversely affected by some data quality issues which have been identified. These are being caused within the NHS by the introduction and rollout of a new information system – EMISWeb – within community health services. Work is also underway to address data quality issues which have been identified within Social Work services and the Carefirst 6 information system. It is expected that the accuracy of the data recorded will be improved over time as actions are being progressed to address these.

3.4 The attached report includes the following types of indicators.

- 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)
- 3.5 Only 'live' indicators i.e. those which are regularly updated, feature within the main body of the report. Those which are only updated annually, or even less frequently, have been included within Appendix 1. These include the National Health and Wellbeing Outcome Integration Indicators, as they are not produced frequently enough to meet the criteria discussed at 2.2 above. The intention is that these will be included within the Annual Performance Report as required by the Public Bodies (Joint Working) (Scotland) Act 2014. The first year for which Partnerships must produce a report is 2016/17, with the report requiring to be published by the 31 July 2017. A draft template for this Annual Performance report will be produced for the Integration Joint Board's approval at its October meeting. This will include a 2015/16 Performance Baseline, which will draw upon the indicators contained within this report.
- 3.6 Appendix 2 contains a number of indicators which were proposed by care groups as part of the review described at 2.5 above, but for which information was not yet available for inclusion at the time of writing this report. These include information in relation to sexual health services for which a revised performance framework is currently being produced. The intention is that these will be brought into future reports as and when information becomes available. Development work may be required to ensure information systems are in place to capture and report upon these indicators going forward. Work is also required to review some of the existing indicators and their historical targets, in order to ensure that they are still valid and are consistent with the aspirations set out in the HSCP's Strategic Plan.

4. Recommendations

- 4.1 The Finance and Audit Committee is asked to:
- i. Note the attached performance report and indicate whether this meets their requirements.
 - ii. Note the intention to produce this report on a quarterly basis.
 - iii. Note the outstanding work required to finalise targets for inclusion within future performance reports; to bring in new indicators as and when information becomes available; and to adopt a single Red/Amber/Green classification system.

PERFORMANCE SUMMARY

Key to the Report

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

| Key to Performance Status – Health Indicators | | Key to Performance Status – Social Work Indicators | Direction of Travel Relates to Same Period Previous Year | |
|---|---|---|--|---|
| RED | Outwith 5% of meeting trajectory | Performance misses target by 5% or more | ▲ | Improving |
| AMBER | Within 5% of meeting trajectory | Performance misses target by between 2.5% and 4.99% | ▶ | Maintaining |
| GREEN | Meeting or exceeding trajectory | Performance is within 2.49% of target | ▼ | Worsening |
| GREY | No current target or trajectory to measure performance against. | No current target or trajectory to measure performance against. | — | This is shown when no trend data is currently available or when the indicator is a reflection of volume/demand. |

Performance Summary At A Glance

The table below summarises overall performance in relation to those measures contained within the Combined Performance Report.

| CARE GROUPS | RED | AMBER | GREEN | GREY | TOTAL |
|---------------------|------------|--------------|--------------|-------------|--------------|
| Older People | 3 | 1 | 2 | 5 | 11 |
| Unscheduled Care | 2 | | 1 | 6 | 9 |
| Carers | | | 1 | | 1 |
| Children's Services | 5 | | 3 | 2 | 10 |
| Adult Services | | | 1 | 1 | 2 |
| Adult Mental Health | 3 | | | 3 | 6 |
| Addictions | | | 1 | | 1 |
| Homelessness | 6 | | | | 6 |
| Criminal Justice | 3 | | 1 | | 4 |
| Health Improvement | 3 | 4 | 8 | | 15 |
| Primary Care | 2 | | 3 | 1 | 6 |
| Human Resources | 5 | | | | 5 |
| Business Processes | | | 4 | | 4 |
| TOTAL | 32 | 5 | 25 | 18 | 80 |

| Indicator | What It Tells Us | Target | Period Reported | City Wide Status | Change In Previous Year |
|---|--|-------------------|-----------------|------------------|-------------------------|
| Older People | | | | | |
| 1. Home Care: Percentage of older people (65+) reviewed in the last 12 months | To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. It should be noted that this assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator. | 85% | Q1 | GREEN | ▲ |
| 2. Number of community service led Anticipatory Care Plans in Place | To monitor the extent to which services are introducing and rolling out the new community service led anticipatory care plans. It should be noted that these are separate from GP led anticipatory care plans which have been in place for longer but are not included here due to a lack of available information on their numbers. | 720 for year | Q1 | AMBER | ▲ |
| 3. Number of people in supported living services | 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 which seeks to shift the balance of care by enabling greater numbers of older people to be supported at home | 1200 for year | Q1 | RED | ▲ |
| 4. Number of supported living hours provided | To monitor the level of support being provided to supported living recipients with the aim of providing an average of 20 hours per recipient. | 20 hours per week | Q1 | RED | ▲ |

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| 5. Percentage of service users who receive a reablement service following referral for a home care service | All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who then receive a reablement service following screening. This assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator. | 75% | Q1 | RED | ▲ |
| 6. Number in receipt of basic and advanced telecare and percentage of people aged 75+ with a telecare package | To monitor the provision and uptake of telecare packages which involve the provision of technology based support to enable people to stay within their own homes. | TBC | Q1 | Target TBC | ▼ |
| 7. Intermediate Care : Percentage Occupancy | To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money. | TBC | June 16 | Target TBC | ▲ |
| 8. Intermediate Care : Average Length of stay (Days) | To monitor whether people are staying within intermediate care beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required. | TBC | July 16 | Target TBC | ▼ |
| 9. Intermediate Care:Percentage of users transferred home | To monitor the destinations of people leaving intermediate care with the aim of increasing those returning home. | 30% | July 16 | GREEN | ▲ |

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| 10. Social Work referrals from Acute Services | To monitor the referral numbers from acute services to social work relating to hospital discharge. This relates to complex discharges only as most do not require the involvement of social work and acute ward staff have access to Cordia directly if required. | TBC | July 16 | Target TBC | — |
| 11. Deaths in Acute Hospitals (65+ and 75+) | To monitor the numbers of people dying within acute settings. External factors may impact upon performance, but the HSCP has a role to work with partners in reducing numbers through enhancing community/care home based palliative care provision, and supporting the development and implementation of end of life plans which enable people to indicate where they would like to die. | TBC | Jul 15 – Jun 16 | Target TBC | ▲ |
| Unscheduled Care | | | | | |
| 1. New Accident and & Emergency Attendances for NHS Greater Glasgow and Clyde locations - crude rate per 100,000 by year | To monitor attendance at Accident and Emergency units. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare across areas but allow for comparisons over time within areas. | TBC | Jul 15 – Jun 16 | Target TBC | ▲ |

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| <p>2. New Accident and & Emergency Attendances for NHS Greater Glasgow and Clyde locations with a source of referral of a GP - crude rate per 100,000 by month by locality</p> | <p>To monitor attendance at Accident and Emergency units where the patients have been directly referred by a GP. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare across areas but allow for comparisons over time within areas.</p> | <p>TBC</p> | <p>Jun 16</p> | <p>Target TBC</p> | <p>▲</p> |
| <p>3. Emergency Admissions – Numbers (Aged 65+ and 75+) and Rates/1000 population by month</p> | <p>To monitor the extent to which people are being admitted to hospital in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare across areas but allow for comparisons over time within areas.</p> | <p>TBC</p> | <p>Jun 16</p> | <p>Target TBC</p> | <p>▲</p> |
| <p>4. Number of non-elective inpatient spells (Rolling Year - All Ages)</p> | <p>To monitor the number of non-elective inpatient spells. Partners are working together to reduce these over time and shift the balance of care towards the community. These are numbers only at the moment and are not standardised, so cannot be used to compare across areas, but allow for comparisons over time within areas.</p> | <p>TBC</p> | <p>Jul 15 – Jun 16</p> | <p>Target TBC</p> | <p>▼</p> |

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| 5. Emergency Acute Bed Days for Older People (Aged 65+ and 75+) (Rate per 1000 population) | To monitor the extent to which older people are occupying acute beds after being admitted as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. | TBC | Jun 16 | Target TBC | ▼ |
| Delayed discharge- > 72 hours 6. Adults (excluding Adults with Incapacity - AWI) 7. Older People (Aged 65+) | To monitor the extent to which people are being unnecessarily delayed in hospital beyond 72 hours with the aim that these are reduced. | 0 | Aug 16 | RED | ▼ |
| Delayed discharge- > 14 days 8. All Adults 9. Adult Mental Health. 10. Learning Disabilities | To monitor the extent to which people are being unnecessarily delayed in hospital beyond 14 days with the aim that that these are reduced. | 0 | Jun 16 | RED | ▼ |
| 11. Number of Acute Bed Days Lost to Delayed Discharge | To monitor the extent to which acute beds are occupied by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes all patients. | 26,555 (15/16 Target) | Jun 16 | GREEN (15/16 Target) | ▼ |
| 12. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) | To monitor the extent to which acute beds are occupied by people medically fit for discharge who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. Aim is to reduce these. | TBC | Jun 16 | Target TBC | ▼ |

| Carers | | | | | |
|---|---|-----------------------------------|---------------|--------------|---|
| 1.Number of Carers who have started an Assessment in quarter | To monitor the number of carer assessments completed during the reporting period. These will enable carers needs to be identified and appropriate support to be put in place as required. | Annual target of 700 per locality | Q1 | GREEN | ▲ |
| Children's Services | | | | | |
| 1. Ready to Learn Assessment (27 to 30 month assessment) – Percentage uptake between 30 and 32 months | To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme and they focus on each child's language, speech and emotional development as part of their preparation for nursery and then school. | 95% | Jun 16 | RED | ▲ |
| 2. Percentage of HPIs allocated by Health Visitor within 24 weeks | To monitor the extent to which Health Visitors are allocating Health Plan Indicators (HPIs) within the target of 24 weeks. The HPI classification provided informs future service provision and support plans. It involves an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing. | 100% | Jun 16 | RED | ▲ |
| 3. Access to CAMHS services - Longest wait (weeks) | To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and meet the national target of an 18 week maximum. | <18 weeks | Apr 16 | GREEN | ▶ |

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| 4. Percentage of looked after and accommodated children aged under 5 who have had a permanency review (who have been looked after for 6 months or more) | To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. | 90% | Q1 | RED | ▼ |
| 5. Percentage of children looked after at home with family/friends with a primary worker (Looked After Children [LAC]) | To monitor the proportion of children looked after at home with family/friends who have a primary worker recorded on careFirst. We aim to ensure that they all have a primary worker to enhance support and increase the likelihood of better outcomes. | 100% (To Be Reviewed) | Q1 | RED | ▶ |
| 6. Percentage of children looked after away from home with a Primary worker (Looked After and Accommodated [LAAC]) | To monitor the proportion of children looked after away from home who have a primary worker recorded on careFirst. We aim to ensure that they all have a primary worker to enhance support and increase the likelihood of better outcomes. | 100% | Q1 | GREEN | ▶ |
| 7. Number of new SCRA reports (offence and non-offence based) requested by the Reporter (Scottish Children's Reporter Administration) | To monitor the number of requests for reports received from SCRA. Children and young people are referred to SCRA because some aspect of their life is giving cause for concern. | TBC | Q1 | Target TBC | — |
| 8. Percentage of new SCRA reports submitted within 20 days/on time | To monitor the proportion of new reports requested by SCRA which are submitted within the 20 day deadline. | 55% | Q1 | GREEN | ▲ |

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| 9. Number of young people receiving an aftercare service. | To monitor the number of young people receiving an aftercare service when they move on from being 'looked after and accommodated'. Local authorities have a responsibility to provide advice, guidance and assistance to these young people up until they reach the age of 26. | TBC | Q1 | Target TBC | — |
| 10. Percentage of care leavers in employment, education or training. | 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. | 75% | Q1 | RED | ▶ |
| Adult Services | | | | | |
| 1. Number of open occupational therapy (OT) activities at assessment stage assigned to worker or team | To monitor the number of OT cases waiting to be assessed at the end of the quarter. This is used as a measure of the OT waiting list and we would look to reduce these numbers although higher demands/referrals to the service could increase the numbers waiting. | TBC | Q1 | Target TBC | ▲ |
| 2. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - Percentage over one year | To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that none take more than a year. | 0% | Q1 | GREEN | ▲ |

| Adult Mental Health | | | | | |
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| 1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral | To monitor waiting times for people accessing psychological therapy services, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people. | 90% | Jan – Mar 16 | RED | ▼ |
| 2. Primary Care Mental Health Team (PCMHT) – referral to 1st appointment – percentage within 28 days | To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for all patients to be seen for their first appointment within 28 days of referral. | 100% | Mar 16 | RED | ▲ |
| 3. Primary Care Mental Health Team (PCMHT) – referral to 1st treatment - percentage within 63 days | To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for patients to be treated within 63 days of referral. | 100% | Mar 16 | RED | ▲ |
| 4. Primary Care Mental Health Team (PCMHT) Did Not Attend (DNA) rates | To monitor attendance rates at Primary Care Mental Health Team appointments. The aim is to reduce non-attendances. | TBC | Mar 16 | Target TBC | ▼ |
| 5. Community Mental Health Team (CMHT) Did Not Attend (DNA) rates | To monitor attendance rates at Community Mental Health Team appointments. The aim is to reduce non-attendances. | TBC | Mar 16 | Target TBC | ▼ |
| 6. Mental Health Re-admissions within 28 days | To monitor the extent to which people are readmitted for mental health inpatient treatment within 28 days, with the aim being to reduce these. | TBC | Jun 16 | No Target | ▶ |

| Addictions | | | | | |
|--|---|-----|----|-------|---|
| 1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral | To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred. | 90% | Q4 | GREEN | ▲ |
| Homelessness | | | | | |
| 1. Percentage of decision notifications issued within 28 days of initial presentation: Settled accommodation | To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled (Permanent) Accommodation in these cases. | 95% | Q1 | RED | ▲ |
| 2. Percentage of decision notifications issued within 28 days of initial presentation: Temporary accommodation | To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation. | 95% | Q1 | RED | ▲ |

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| 3. Percentage of live homeless applications over 6 months (at quarter end) | To measure progress towards quicker throughput of homeless households to settled (permanent) accommodation. This indicator is a priority for the Scottish Housing Regulator (SHR). | <20% | Q1 | RED | ▼ |
| 4. Increase the provision of settled accommodation by social sector landlords (cumulative) | To measure progress made by Homelessness Services towards fulfilling agreed targets for the provision of settled (permanent) accommodation from Registered Social Landlords. This area is a very high priority for the Scottish Housing Regulator (SHR). | Annual target 3,000 | Q1 | RED | ▲ |
| 5. Number of households reassessed as homeless or potentially homeless within 12 months | To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed). | <300 | Q4 | RED | ▼ |
| 6. Number of individual households not accommodated | This indicator provides information on the number of households not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfil their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process. | < 150 | Q1 | RED | ▲ |

| Criminal Justice | | | | | |
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| 1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence. | To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. | 80% | Q1 | RED | ▼ |
| 2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days | 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. | 85% | Q1 | GREEN | ▲ |
| 3. Percentage of CPO 3 month Reviews held within timescale | To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary. | 75% | Q1 | RED | ▼ |
| 4. Percentage of Unpaid Work (UPW) requirements completed within timescale. | To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. | 70% | Q1 | RED | ▲ |

| Health Improvement | | | | | |
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| 1. Delivery of Alcohol Brief Interventions (ABIs) | To monitor the extent to which alcohol brief interventions are being delivered within primary and community settings. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above a safe range. | 2016/17 target required | Year End 2015/16 | GREEN | ▲ |
| 2. Smoking Quit Rates at 3 months from the 40% most deprived areas | 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. | 2016/17 target required | Year End 2015/16 | GREEN | ▲ |
| 3. Women smoking in pregnancy – general population | To monitor the extent to which women are smoking in pregnancy. The aim is to reduce rates and meet the target of a maximum of 15%. This relates to women across all areas. | 15% | Apr 15 – Mar 16 | GREEN | ▲ |
| 4. Women smoking in pregnancy – most deprived quintile | To monitor the extent to which women are smoking in pregnancy in the most deprived areas in the city, with the aim of reducing rates and meeting the target of a maximum of 20%. | 20% | Apr 15 – Mar 16 | GREEN | ▲ |

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| 5. Breastfeeding at 6-8 weeks (Exclusive) | To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding). | Variable target by locality | Jan 15 – Dec 15 | GREEN | ▲ |
| 6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive) | 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). | Variable target by locality | Jan 15 – Dec 15 | RED | ▲ |
| 7. Number of 0-2 year olds registered with a dentist | To monitor the extent to which children under 3 are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate. | 55% | 30 Sept 15 | AMBER | ▼ |

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| <p>8. Number of 3 – 5 year olds registered with a dentist</p> | <p>To monitor the extent to which children 3 and over are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate</p> | <p>90%</p> | <p>30 Sept 15</p> | <p>GREEN</p> | <p>▲</p> |
| <p>9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage uptake at 24 months</p> | <p>To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.</p> | <p>95%</p> | <p>Mar-16</p> | <p>AMBER</p> | <p>▼</p> |
| <p>10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage uptake at 5 years</p> | <p>To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.</p> | <p>95%</p> | <p>Year End 2015/16</p> | <p>GREEN</p> | <p>▲</p> |

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| 11. Percentage of P1 children with no decay experience | To monitor the rates of dental disease in P1 children. These can be impacted upon by external factors and by other partners, but HSCP services and primary care have a role in promoting good oral health and encouraging dental registration. | 60% | 2014 | AMBER | ▲ |
| 12. Percentage of P7 children with no decay experience | To monitor the rates of dental disease in P7 children. These can be impacted upon by external factors and by other partners, but HSCP services and primary care have a role in promoting good oral health and encouraging dental registration. | 60% | 2015 | GREEN | ▲ |
| 13. Abdominal Aortic Aneurysms Screening Rate (AAA) - Uptake rate | To monitor uptake of those invited to participate in the Abdominal Aortic Aneurysms Screening (AAA) programme. HSCP services and primary care are not responsible for delivering this programme but have a role in promoting awareness and encouraging uptake. This relates to men eligible for screening up until the 31 March 2014. | TBC | Mar 20146 | Target TBC | — |
| 14 Percentage of those invited who undertake bowel screening | To monitor uptake of those invited to participate in the bowel screening programme. HSCP services and primary care are not responsible for delivering this programme but have a role in promoting awareness and encouraging uptake. | 60% | 2013-15 | RED | ▲ |

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| 15. Percentage of those invited who undertake breast screening | To monitor uptake of those invited to participate in the breast screening programme. HSCP services and primary care are not responsible for delivering this programme but have a role in promoting awareness and encouraging uptake. | 70% | 2009-13 | AMBER | ▲ |
| 16. Percentage of those invited who undertake cervical screening | To monitor the uptake amongst women invited for a cervical screening test. HSCP services and primary care are not responsible for delivering this programme but have a role in promoting awareness and encouraging uptake. | 80% | Mar-16 | RED | ▶ |
| Primary Care | | | | | |
| 1. Prescribing Costs: Compliance with Formulary Preferred List | To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency. | 78% | Jan – Mar 16 | GREEN | ▲ |
| 2. Prescribing Costs: Annualised cost per weighted list size | To monitor prescribing costs. This indicator divides the total prescribing costs by the total practice populations after they have been adjusted for demographic factors. All patients on a practice list are included even if they have not received any prescriptions. This indicator does not provide information on the external factors that affect prescribing such as new drugs, guidelines or national drug shortages. | At or Below NHSGGC average | Apr 16 | GREEN | ▼ |

| | | | | | |
|---|--|---|--------------|---------------|---|
| 3. Prescribing Costs: Cost Per Treated Patient | To monitor prescribing costs. This indicator divides the total prescribing cost by the number of patients in a population who receive a prescription only. Approximately 75% of patients in NHSGGC received a prescription in the past financial year. This indicator does not provide information on the external factors that affect prescribing such as new drugs, guidelines or national drug shortages. | TBC | Jan – Mar 16 | Target TBC | ▼ |
| 4. Numbers of people with a diagnosis of dementia on dementia register and other equivalent sources | To monitor the numbers of people being placed on a dementia register in primary care. This gives an indication of whether dementia is being effectively diagnosed in order to enable appropriate interventions to be delivered. The targets are based upon population based prevalence estimates and give an indication of the numbers of people with dementia we would expect to find within a given area. | 4210 (HSCP) Target varies across localities) | Mar 16 | GREEN | ▲ |
| 5. Percentage able to make an appointment with a doctor 3 or more days in advance | To monitor access to primary care services. This indicator relates to whether patients can make an appointment to see a GP more than 48 hours in advance. The figures are taken from the national Health and Care Experience Survey. | 90% | 2015/16 | RED | ▼ |
| 6. Percentage able to speak to a doctor or nurse within 2 working days. | To monitor access to primary care services. This indicator relates to whether patients can access advice from a health professional within their practice within 48 hours. The figures are taken from the national Health and Care Experience Survey. | 90% | 2015/16 | RED | ▼ |

| Human Resources | | | | | |
|--|--|------|---------|-------|---|
| 1. NHS Sickness absence rate | To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. | <4% | Jun 16 | RED | ▼ |
| 2. Social Work Sickness Absence Rate | To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. | <5% | Q1 | RED | ▼ |
| 3. NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)). | To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%. | 80% | May 16 | RED | ▼ |
| 4. Percentage NHS staff with standard induction training completed within the deadline | To monitor the provision of standard induction training. The aim is to provide this within the agreed deadline. | 100% | Jun -16 | RED | ▶ |
| 5. Percentage NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the deadline | To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline. | 100% | Jun -16 | RED | ▶ |
| Business Processes | | | | | |
| 1. Percentage of NHS Complaints responded to within 20 working days | To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days). | 70% | Q1 | GREEN | ▲ |

| | | | | | |
|--|--|-----|----|-------|---|
| 2. Percentage of Social Work complaints handled within 15 working days (local deadline) | To monitor performance in relation to the locally agreed Social Work target time for responding to complaints. (15 days). | 65% | Q1 | GREEN | ▶ |
| 3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline) | To monitor performance in relation to the statutory Social Work target time for responding to complaints (28 days). | 85% | Q1 | GREEN | ▼ |
| 4. Percentage of elected member enquiries handled within 10 working days | To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days. | 80% | Q1 | GREEN | ▲ |

GLASGOW HSCP

FINANCE AND AUDIT COMMITTEE PERFORMANCE REPORT – SEPTEMBER 2016

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1. OLDER PEOPLE

Proactive Care and Support at Home

| | |
|-----------------------------------|--|
| Indicator | 1. Home Care: Percentage of older people (65+) reviewed in the last 12 months |
| Purpose | To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. The calculation is based on service users in receipt of a home care service for more than a year, and who have had a review activity completed within the last 12 months. It should be noted that this assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|------------|----------|----------|----------|----------|----------|
| 85% | North East | 88% (G) | 90% (G) | 87% (G) | 90% (G) | 91% (G) |
| 85% | North West | 78% (R) | 82% (A) | 81% (A) | 79% (R) | 79% (R) |
| 85% | South | 81% (A) | 81% (A) | 82% (A) | 82% (A) | 80% (R) |
| 85% | Glasgow | 82% (A) | 84% (G) | 83% (G) | 83% (G) | 83% (G) |
| Performance Trend | | | | | | |
| The city overall has moved to and remained GREEN over the past 12 months. Variations across areas with only North East consistently meeting this target. | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 2. Number of Community Services led Anticipatory Care Plans (ACPs) in Place |
| Purpose | To monitor the extent to which services are introducing and rolling out the new community service led anticipatory care plans. It should be noted that these are separate from GP led anticipatory care plans which have been in place for longer but are not included here due to a lack of available information on their numbers. |
| National/ Corporate/ Local | Health Board Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Locality | Target | Q1 | | | | | |
|--|--------------|--------|--|--|--|--|--|
| NE | 240 for year | 34 (A) | | | | | |
| NW | As above | 17 (A) | | | | | |
| South | As above | 10 (A) | | | | | |
| Glasgow | 720 for year | 62 (A) | | | | | |
| Performance Trend | | | | | | | |
| <p>The target of 720 is an estimate of the number of ACPs that might be generated by community nurses, rehabilitation team, respiratory teams, OPMH and intermediate care during the course of the full year. At present performance (based on a straight forward pro-rata basis) is under target at this stage, although the rate of uptake is expected to increase over the course of the year. We will look at profiling this target to reflect this for the next report, but in the meantime have classified performance as AMBER for this report.</p> | | | | | | | |
| Actions to Improve Performance | | | | | | | |
| <p>Initial efforts were concentrated on developing the appropriate documentation and delivering awareness training to over 600 staff across health, social work and other organisations. The implementation of the initiative is now being rolled out on a phased basis, with the initial focus on community nursing. Work is also now underway to roll it out in older people's mental health services as part of the dementia post diagnosis support initiative; within rehabilitation and respiratory services; and intermediate care.</p> | | | | | | | |
| Timeline for Improvement | | | | | | | |
| <p>It is not anticipated that the project will deliver the number of ACPs expected until this roll out is complete. A planning day is scheduled for September to ensure the ongoing development of the ACPs is sustainable, and will give consideration to future reporting arrangements.</p> | | | | | | | |

| | |
|---|---|
| Indicator | 3. Number of people in supported living services |
| Purpose | To monitor the number of people receiving supporting living packages. These are expected to increase over the course of the year in line with the longer term accommodation based strategy. This strategy seeks to shift the balance of care by enabling greater numbers of older people to be supported at home and reduce the numbers going into residential or nursing care. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Indicator | Target | Q1 16/17 | | | | |
|--|---------------------|---------------------|--|--|--|--|
| Number of people in supported living | Reach 1200 in 16/17 | 231 (R) | | | | |
| Performance Trend | | | | | | |
| Performance below what would be expected at the end of Quarter 1, though the rate of uptake is expected to increase over the course of the year. | | | | | | |
| Actions to Improve Performance | | | | | | |
| <p>Ongoing input and support from Older People's Commissioning teams is being provided to local care management teams and provider organisations in order to facilitate increased placements. Care management teams have also created structures to offer greater levels of support to staff when they are appraising all service options and to help them identify appropriate alternatives to care home provision.</p> <p>Some issues have been identified in respect of the implementation of the Provider Enquiry Report (PER) process aligned to the 2015 Framework agreement. A review of the process is underway in order to address these.</p> <p>We are also progressing a supported living service option from Cordia. Anticipated benefits of this model will include ease of access/referral, familiarity by care management staff, and potential significant provider capacity. Early implementation in one social work area is anticipated with city-wide roll out thereafter.</p> | | | | | | |
| Timeline for Improvement | | | | | | |
| This target is not now expected to be achieved until 2017/18. | | | | | | |

| | |
|-----------------------------------|---|
| Indicator | 4. Average number of supported living hours provided per recipient |
| Purpose | To monitor the level of support being provided to recipients of supported living packages with the aim of providing an average of 20 hours per recipient. This is being taken forward as part of the longer term accommodation based strategy which 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 (Older People) Jackie Kerr, Head of Operations (North West) |

| Indicator | Target | Q1 16/17 | | | | |
|---|-------------------|---------------------------|--|--|--|--|
| Average number of hours support per recipient | 20 hours per week | Actual 23.16 (RED) | | | | |
| Performance Trend | | | | | | |
| At present, users receiving on average 23.16 hours of support, so above target. | | | | | | |
| Actions to Improve Performance | | | | | | |
| Ongoing monitoring and corrective action is being taken as appropriate through local management arrangements. | | | | | | |
| Timeline for Improvement | | | | | | |
| It is anticipated that the target will be achieved by the end of the financial year 2016/17. | | | | | | |

| | |
|---|--|
| Indicator | 5. Percentage of service users who receive a reablement service following referral for home care. |
| Purpose | All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. It should be noted, however, that this assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Area | Target | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 15/16 | Q1 16/17 |
|--|--------|--------------|--------------|--------------|---------------|---------------|
| Indicator | 75% | 47.9% (R) | 43.5% (R) | 50.6% (R) | 59.36% (R) | 60.99% (R) |
| Performance Trend | | | | | | |
| The proportion has increased considerably over the course of the last year though remains below target. From quarter 2, this indicator will report separate figures for those moving home from hospital, and for community referrals | | | | | | |
| Actions to Improve Performance | | | | | | |
| Performance will continue to be monitored and discussed at the Cordia / Social Work Operational Meetings at which appropriate action will be agreed and implemented. | | | | | | |
| Timeline for Improvement | | | | | | |
| This target is not now expected to be achieved until 2017/18. | | | | | | |

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|---|---|
| Indicator | 6. Number in receipt of basic and advanced telecare and percentage of people aged 75+ with a telecare package |
| Purpose | To monitor the provision and uptake of telecare packages which involve the provision of technology based support to enable people to stay within their own homes. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Area | Target | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 15/16 | Q1 16/17 |
|--|---------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| i. Number in receipt of basic telecare | TBC | 6839 | 6946 | 6894 | 6821 | 6387 |
| ii. Number in receipt of advanced telecare | TBC | 1271 | 1276 | 1273 | 1302 | 1347 |
| iii. No. aged 75+ with a telecare package | TBC | 6678 | 5918 | 6894 | 5831 | 5782 |
| iv. % aged 75+ with a telecare package | TBC | 82% | 72% | 71% | 71% | 75% |
| Performance Trend | | | | | | |
| Numbers have fluctuated but basic telecare packages have decreased over the last year while advance telecare packages have increased. The numbers and proportion of those aged 75+ with a package has reduced. Targets to be agreed. | | | | | | |

Care at Times of Transition

| | |
|-----------------------------------|---|
| Indicator | 7. Intermediate Care : Percentage Occupancy |
| Purpose | To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Locality | Target | July-15 | Mar-16 | Apr-16 | May-16 | Jun-16 | |
|---|--------|---------|--------|--------|--------|--------|--|
| Glasgow | TBC | 83% | 85% | 88% | 88% | 92% | |
| North East | TBC | 78% | 96% | 94% | 89% | 92% | |
| North West | TBC | 78% | 79% | 75% | 83% | 90% | |
| South | TBC | 91% | 83% | 94% | 91% | 94% | |
| Performance Trend | | | | | | | |
| There has been an increase across the city over a 12 month period and over the last period shown. Targets to be agreed. | | | | | | | |

| | |
|---|---|
| Indicator | 8. Intermediate Care : Average length of stay (Days) |
| Purpose | To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Locality | Target | Jul 15 | Mar -16 | Apr -16 | May -16 | Jun -16 | Jul -16 |
|---|---------------|-------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Glasgow | TBC | 34 | 36 | 41 | 39 | 45 | 40 |
| North East | TBC | 30.6 | 30 | 36 | 39 | 43 | 46 |
| North West | TBC | 38.6 | 33 | 38 | 38 | 39 | 47 |
| South | TBC | 37 | 43 | 44 | 41 | 49 | 40 |
| Performance Trend | | | | | | | |
| Average lengths of stay have increased over the last 12 months across the city. Increase for North East and North West in the last period with a decrease for South and the city overall. Targets to be agreed. | | | | | | | |

| | |
|---|--|
| Indicator | 9. 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 (Older People) Jackie Kerr, Head of Operations (North West) |

| Locality | | Targets | Jul -15 | Mar- 16 | Apr -16 | May -16 | Jun -16 | Jul -16 |
|----------|--------------|------------|------------|------------|------------|------------|------------|------------|
| Glasgow | Home | 30% | 19% (R) | 25% (R) | 21% (R) | 31% (G) | 26% (A) | 38% (G) |
| | Res/Nursing | N/A | 59% | 61% | 52% | 44% | 52% | 50% |
| | Readmissions | N/A | 9% | 13% | 25% | 20% | 19% | 11% |
| | Deceased | N/A | 8% | 2% | 2% | 3% | 3% | 2% |
| NE | Home | 30% | 29% (A) | 17% (R) | 22% (R) | 22% (R) | 11% (R) | 28% (A) |
| | Res/Nursing | N/A | 52% | 67% | 39% | 56% | 61% | 28% |
| | Readmissions | N/A | 10% | 17% | 33% | 22% | 28% | 6% |
| | Deceased | N/A | 10% | 0% | 6% | 0% | 0% | 6% |
| NW | Home | 30% | 29% (A) | 25% (R) | 21% (R) | 40% (G) | 42% (G) | 40% (G) |
| | Res/Nursing | N/A | 52% | 67% | 57% | 35% | 32% | 45% |
| | Readmissions | N/A | 19% | 4% | 21% | 20% | 21% | 15% |
| | Deceased | N/A | 0% | 4% | 0% | 0% | 5% | 0% |
| South | Home | 30% | 11% (R) | 32% (G) | 21% (R) | 30% (G) | 24% (R) | 43% (G) |
| | Res/Nursing | N/A | 68% | 50% | 58% | 43% | 62% | 43% |
| | Readmissions | N/A | 11% | 18% | 21% | 17% | 10% | 13% |
| | Deceased | N/A | 7% | 0% | 0% | 9% | 5% | 0% |

Performance Trend

There has been an increase in the percentages going home over the last 12 months across the city as a whole. Variations across areas and over time with an increase in the percentages going home for South, North East and Glasgow as a whole in the last reporting period. North West slightly reduced but had the highest percentages returning home prior to this.

Hospitals and Care Homes

| | |
|---------------------------------|---|
| Indicator | 10. Social Work referrals from Acute Services relating to Hospital Discharge |
| Purpose | To monitor the referral numbers from acute services to social work relating to hospital discharge. This relates to complex discharges only as most do not require the involvement of social work and acute ward staff have access to Cordia directly if required. |
| National/Corporate/Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Locality | Target | Jul -15 | Mar-16 | Apr -16 | May -16 | Jun -16 | Jul -16 |
|--|--------|---------|--------|---------|---------|---------|---------|
| Glasgow | TBC | 250 | 246 | 263 | 323 | 303 | 252 |
| North East | TBC | 86 | 76 | 97 | 109 | 98 | 67 |
| North West | TBC | 79 | 84 | 78 | 108 | 103 | 88 |
| South | TBC | 85 | 86 | 88 | 106 | 102 | 97 |
| Performance Trend | | | | | | | |
| Variations across areas and over time. Targets to be agreed. | | | | | | | |

| | |
|-----------------------------------|---|
| Indicator | 11. Deaths in Acute Hospitals (65+ and 75+) |
| Purpose | To monitor the numbers of people dying within acute settings. External factors may impact upon performance but the HSCP has a role to work with partners in reducing numbers through enhancing community/care home based palliative care provision and supporting the development and implementation of end of life plans which enable people to indicate where they would like to die. |
| National/ Corporate/ Local | Health Board Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Locality | Target | Apr 13- Mar14 | Apr14- Mar15 | Oct 14 - Sep 15 | Jan 15 - Dec 15 | Apr 15 - Mar 16 | Jul 15 - Jun 16 |
|---|---------------|------------------|-----------------|--------------------|--------------------|--------------------|--------------------|
| Glasgow | TBC | 46.4% | 45.7% | 45.8% | 45.4% | 44.2% | 42.2% |
| North East | TBC | 44.1% | 45% | 46.3% | 45.0% | 43.8% | 40.9% |
| North West | TBC | 46.5% | 46.5% | 44.4% | 44.1% | 42.8% | 42.3% |
| South | TBC | 48.4% | 45.6% | 46.6% | 46.7% | 46.0% | 43.3% |
| NHSGGC | TBC | 44.4% | 44.6% | 44.2% | 43.7% | 43.2% | 41.4% |
| Performance Trend | | | | | | | |
| Variations across areas and over time, but downward trend over the last 12 months and over the longer term. Targets to be agreed. | | | | | | | |

UNSCHEDULED CARE

A&E Activity

| | |
|-----------------------------------|--|
| Indicator | 1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population |
| Purpose | To monitor attendance at Accident and Emergency units. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas. |
| National/ Corporate/ Local | Health Board Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Locality | Target | Jul 14 - Jun 15 | Mar 15 - Feb 16 | Apr 15 - Mar 16 | May 15 - Apr 16 | Jun 15 - May 16 | Jul 15 - Jun 16 |
|---|--------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| North East | TBC | 2700 | 2615 | 2632 | 2627 | 2649 | 2656 |
| North West | TBC | 2394 | 2029 | 1992 | 1956 | 1935 | 1946 |
| South | TBC | 2890 | 2318 | 2265 | 2195 | 2185 | 2201 |
| Glasgow | TBC | 2669 | 2311 | 2284 | 2245 | 2240 | 2253 |
| Performance Trend | | | | | | | |
| Reduction overall across the city in this period. Variations across areas with North East generally highest and North West lowest over the last 12 months. Work required to obtain standardised rates to allow comparisons across areas. Targets also to be agreed. | | | | | | | |

| | |
|-----------------------------------|---|
| Indicator | 2. New Accident and Emergency (A&E) Attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations with a source of referral of a GP - crude rate per 100,000 population |
| Purpose | To monitor attendance at Accident and Emergency units where the patients have been directly referred by a GP. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Locality | Target | Jun-15 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 |
|--|--------|--------|--------|--------|--------|--------|--------|
| North East | TBC | 154 | 116 | 124 | 102 | 99 | 89 |
| North West | TBC | 94 | 86 | 83 | 62 | 68 | 57 |
| South | TBC | 90 | 107 | 94 | 70 | 74 | 80 |
| Glasgow | TBC | 111 | 103 | 100 | 77 | 80 | 75 |
| Performance Trend | | | | | | | |
| Reduction overall across the city in this period. Factors affecting this likely to include the closure of the Western General and Victoria A&Es and the opening of the IAU (Immediate Assessment Unit) in the Queen Elizabeth Hospital, all in May 2015. Since then GP referrals to this IAU would not count as Accident and Emergency attendances, with patients instead being classified as inpatients. Work required to obtain standardised rates to allow comparisons across areas. Targets also to be agreed. | | | | | | | |

Emergency Admissions & Readmissions

| | |
|---------------------------------|---|
| Indicator | 3. Emergency Admissions (Aged 65+ and 75+) – Numbers and Rates per 1000 population. |
| Purpose | To monitor the extent to which people are being admitted to hospital in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas. |
| National/Corporate/Local | HSCP Local Indicator. Linked to National Integration Indicator which is the emergency admission rate for all adults. |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Indicator | Target | 14/15 | 15/16 | Jun-15 | Apr-16 | May-16 | Jun-16 |
|---|--------|--------|--------|--------|--------|--------|--------|
| i. 65+Numbers | TBC | 26,237 | 27,891 | 2,353 | 2,462 | 2,467 | 2331 |
| ii. 65+ Rates/1000 pop | TBC | 315 | 334 | 28 | 29 | 30 | 28 |
| i. 75+Numbers | TBC | 16,530 | 17,844 | 1,462 | 1,499 | 1,489 | 1,444 |
| ii. 75+ Rates/1000 pop | TBC | 416 | 450 | 37 | 38 | 38 | 37 |
| Performance Trend | | | | | | | |
| <p>Numbers for 65+ increased between 14/15 and 15/16 from 26,237 to 27,981, having fallen in the two previous years (5% fall in 2013/14, followed by a 0.8% reduction in 2014/15). Monthly average so far of 2420 (65+) and 1477 (75+) which is slight reduction for 75+ and a slight increase for 65+ on last year's monthly averages (2324 & 1487 respectively). Work required to obtain standardised rates to allow comparisons across areas. Targets also to be agreed.</p> | | | | | | | |

| | |
|---|---|
| Indicator | 4. Number of non-elective inpatient spells (All Ages) |
| Purpose | To monitor the number of non-elective inpatient spells. Partners are working together to reduce these over time and shift the balance of care towards the community. These are numbers only at the moment and are not standardised, so cannot be used to compare across areas, only over time within areas. |
| National/ Corporate/ Local | Health Board Indicator. |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Locality | Target | Jul14- Jun15 | Mar15- Feb16 | Apr15- Mar16 | May15- Apr16 | Jun15- May16 | Jul15- Jun16 |
|--|---------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| North East | TBC | 48,130 | 50,843 | 51,283 | 51,344 | 51,720 | 51,932 |
| North West | TBC | 39,647 | 46,342 | 47,194 | 48,279 | 49,250 | 49,845 |
| South | TBC | 45,425 | 57,748 | 59,827 | 61,882 | 62,961 | 63,653 |
| Glasgow | TBC | 133,202 | 154,933 | 158,304 | 161,505 | 163,931 | 165,430 |
| Performance Trend | | | | | | | |
| Numbers have been increasing over all areas over the course of the last 12 months. Targets to be agreed. | | | | | | | |

Acute Bed Days Used

| | |
|-----------------------------------|--|
| Indicator | 5. Emergency Acute Bed Days for Older People (Aged 65+ and 75+) (Rate per 1000 population) |
| Purpose | To monitor the extent to which older people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. |
| National/ Corporate/ Local | HSCP Local Indicator. Linked to National Integration Indicator which is the emergency bed day rate for adults and is also a local Health Board Indicator. |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Indicator | Target | 14/15 | 15/16 | Jun-15 | Apr-16 | May-16 | Jun-16 |
|---|---------------|--------------|--------------|---------------|---------------|---------------|---------------|
| 65+ Numbers | TBC | 325,545 | 304,322 | 23,963 | 27,532 | 28,203 | 25,938 |
| 65+ Monthly Average | TBC | 27,128 | 25,360 | 287 | 330 | 338 | 311 |
| 75+ Numbers | TBC | 235,488 | 223,070 | 17,796 | 19,934 | 19,931 | 18,242 |
| 75+ Monthly Average | TBC | 19,624 | 18,589 | 448 | 506 | 506 | 463 |
| Performance Trend | | | | | | | |
| The total numbers have been on a downward trend since 2010/11. Monthly averages so far are, however, slightly higher than last year for both age groups (27,244 against 25,360 for 65+ and 19,369 against 18,589 for 75+). Targets to be agreed | | | | | | | |

Delayed Discharges

| | |
|-----------------------------------|--|
| Indicator | 6. Total number of adults (excluding Adults with Incapacity - AWI) breaching the 72 hour discharge by sector |
| Purpose | To monitor the extent to which people are being unnecessarily delayed in hospital, with the aim that these are reduced. This includes learning disability and mental health patients but excludes those classified as Adults with Incapacity (AWI) under the requirements of the Adults with Incapacity Act 2000. The 72 hour targets will replace the 14 day targets (see below) in future reports. |
| National/ Corporate/ Local | Local HSCP Indicator. Linked to National Integration Indicator which is the percentage of people who are discharged from hospital within 72 hours of being ready |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West) |

| TARGET | AREA | 16 Nov 15 | 14 Mar 16 | 18 Apr 16 | 16 May 16 | 20 Jun 16 | 18 Jul 16 | 15 Aug 16 |
|---|-------------|-----------|-----------|-----------|-----------|-----------|-----------|--------------|
| 0 | NE | 12 | 11 | 13 | 11 | 12 | 15 | 23(R) |
| | NW | 21 | 29 | 31 | 26 | 24 | 18 | 20(R) |
| | S | 30 | 29 | 23 | 28 | 36 | 34 | 30(R) |
| | HSCP | 63 | 69 | 67 | 65 | 72 | 67 | 73(R) |
| Performance Trend | | | | | | | | |
| Numbers fluctuate on a monthly basis. | | | | | | | | |
| Actions to Improve Performance | | | | | | | | |
| Work is currently underway to improve throughput in step down intermediate care services for over the 65 client group, and a tender is currently in progress to bring on stream new service provision. Other programmes are underway to target under 65s including mental health and learning disability client groups (see the narrative on the 14 week target below). | | | | | | | | |
| Timeline for Improvement | | | | | | | | |
| The aim is for improvement towards the end of 2016/17. | | | | | | | | |

| | |
|---|--|
| Indicator | 7. Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI)). |
| Purpose | To monitor the extent to which older people are being unnecessarily delayed in hospital with the aim that these are reduced. This relates to older people only but excludes those classified as AWI under the requirements of the Adults with Incapacity Act 2000, as well as adult mental health and learning disability patients. We will look to include separate performance data for adult mental health and learning disability in future reports. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West) |

| TARGET | AREA | 16 Nov 15 | 14 Mar 16 | 18 Apr 16 | 16 May 16 | 20 Jun 16 | 18 Jul 16 | 15 Aug 16 |
|--|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 0 | NE | 5 | 4 | 2 | 2 | 5 | 7 | 13(R) |
| | NW | 12 | 9 | 12 | 11 | 10 | 3 | 6(R) |
| | S | 10 | 9 | 8 | 11 | 18 | 16 | 9(R) |
| | HSCP | 27 | 22 | 22 | 24 | 33 | 26 | 28(R) |
| Performance Trend | | | | | | | | |
| Numbers fluctuate on a monthly basis. | | | | | | | | |
| Actions to Improve Performance | | | | | | | | |
| Work is underway to improve throughput in step down intermediate care for over 65 client group and a tender is currently in progress to bring on stream new service provision. | | | | | | | | |
| Timeline for Improvement | | | | | | | | |
| The aim is for improvement towards the end of 2016/17 | | | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 8. Delayed Discharges - > 14 days - Included Codes |
| Purpose | To monitor the extent to which people are being unnecessarily delayed in hospital. This relates to people whose delay is categorised as being for social care reasons, healthcare reasons, patient/carer/family reasons and 'other' reasons'. It excludes adults who are classified as having 'complex needs' and who are delayed due to awaiting a place in a specialist residential facility where no facilities exist or due to requirements of the Adults with Incapacity Act. |
| National/ Corporate/ Local | Health Board Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| HSCP | Jun-15 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Status |
|--|---------------|---------------|---------------|---------------|---------------|---------------|------------|
| North East Sector | 0 (G) | 2 (R) | 0 (G) | 0 (G) | 2 (R) | 0 (G) | Green |
| North West | 6 (R) | 10 (R) | 14 (R) | 11 (R) | 14 (R) | 7 (R) | Red |
| South Sector | 7 (R) | 3 (R) | 9 (R) | 17 (R) | 13 (R) | 11 (R) | Red |
| Glasgow City | 13 (R) | 15 (R) | 23 (R) | 28 (R) | 29 (R) | 18 (R) | Red |
| Target | 0 | 0 | 0 | 0 | 0 | 0 | |
| Performance Trend | | | | | | | |
| Performance remains above target and classified as RED for the city. Slight increase over the last 12 months. Variations across areas with North East consistently the lowest. The majority of these delays are with respect to learning disability and mental health beds rather than acute beds. | | | | | | | |
| Actions to Improve Performance | | | | | | | |
| This target will be replaced by the 72 hour target in future reports | | | | | | | |
| Timeline for Improvement | | | | | | | |
| This target will be replaced by the 72 hour target in future reports. | | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 9. Delayed discharge Adult Mental Health - > 14 days - Included Codes |
| Purpose | To monitor the extent to which adults with mental health issues are being unnecessarily delayed in hospital. This excludes older people's mental health and relates to people whose delay is categorised as being for social care reasons, healthcare reasons, patient/carer/family reasons and 'other' reasons'. It excludes those who are classified as having 'complex needs' and who are delayed due to awaiting a place in a specialist residential facility where no facilities exist or due to requirements of the Adults with Incapacity Act 2000. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Lead | David Walker, Head of Operations (South) |

| TARGET | AREA | Jun-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 |
|--------|------|----------|----------|----------|-----------|----------|----------|----------|
| 0 | NE | 0 (G) | 0 (G) | 0 (G) | 0 (G) | 0 (G) | 0 (G) | 0 (G) |
| | NW | 1 (R) | 1 (R) | 2 (R) | 3 (R) | 2 (R) | 1 (R) | 0 (G) |
| | S | 2 (R) | 1 (R) | 2 (R) | 7 (R) | 5 (R) | 6 (R) | 6 (R) |
| | HSCP | 3 (R) | 2 (R) | 4 (R) | 10 (R) | 7 (R) | 7 (R) | 6 (R) |

Performance Trend

Numbers fluctuate but remain very small.

Actions to Improve Performance

Discussion is underway re adopting for adult services a similar organisational approach to the management of delayed discharge that exists in older adult services.

Timeline for Improvement

To be confirmed in the context of process above. Subject to regular review locally.

| | |
|---|---|
| Indicator | 10. Delayed Discharge Learning Disabilities - >14 days |
| Purpose | To monitor the extent to which adults with learning disability are being unnecessarily delayed in hospital. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Lead | David Walker, Head of Operations (South) |

| TARGET | AREA | 16 Nov 15 | 14 Mar 16 | 18 Apr 16 | 16 May 16 | 20 Jun 16 | 18 Jul 16 | 15 Aug 16 |
|--|-----------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 0 | City-wide | 8(R) | 11(R) | 11(R) | 7(R) | 7(R) | 7(R) | 7(R) |
| Performance Trend | | | | | | | | |
| Numbers fluctuate but remain small. | | | | | | | | |
| Actions to Improve Performance | | | | | | | | |
| Social Workers currently assess all individuals who have a learning disability and who are delayed discharge in NHS GGC beds. It is important to note that most individuals' previous placements have broken down and cannot return to the same. This provides an overall commissioning challenge and commissioning officers are currently scoping available and potential options with providers. | | | | | | | | |
| Timeline for Improvement | | | | | | | | |
| All individual assessments will be complete by October 2016. A commissioning approach agreed by January 2017. | | | | | | | | |

| | |
|---|--|
| Indicator | 11. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65+). |
| Purpose | To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes all patients. |
| National/ Corporate/ Local | Health Board Indicator/Linked to National Integration Indicator which is the number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| AREA | 13/14 Total | 14/15 Total | 15/16 Total | Jun- 15 | Apr -16 | May- 16 | Jun -16 | 16/17 Target |
|--|-----------------------|-----------------------|-----------------------|---------------------|-------------|-------------|-------------|-----------------|
| HSCP | 39,929 (R) | 38,152 (R) | 21,288 (G) | 1153 (G) | 2359 | 2166 | 2155 | TBC |
| NE | 9203 | 8048 | 5777 | 646 | 540 | 614 | | TBC |
| NW | 13,000 | 15,884 | 8034 | 676 | 802 | 864 | | TBC |
| S | 17,726 | 14,220 | 7477 | 698 | 1017 | 688 | | TBC |
| Performance Trend | | | | | | | | |
| There was a significant reduction in 2015/16, although there has been a slight increase in the monthly average in 2016/17. Variations across areas with North East generally having the lowest bed days lost. Targets to be agreed for 2016/17 but based on last year's target, performance would be GREEN so this is shown here. | | | | | | | | |
| Actions to Improve Performance | | | | | | | | |
| Due to new recording arrangements Adults with Incapacity (AWI) patients are not now included on the information system which is the source of this data, so further reductions will occur. Actions are in hand to promote the use of intermediate care step down placements and increased links with Housing Options for older people / home care to promote earlier discharge home. | | | | | | | | |
| Timeline for Improvement | | | | | | | | |
| The aim is to return to the June 2015 levels by the third quarter of 2016/17 | | | | | | | | |

| | |
|---|---|
| Indicator | 12. Number of acute bed days lost to delayed discharge for Adults with Incapacity (Older People 65+). |
| Purpose | To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. Aim is to reduce these. |
| National/ Corporate/ Local | Health Board Local Indicator/Linked to National Integration Indicator which is the number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population |
| Integration Outcome | Outcome 2 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| AREA | 13/14 Total | 14/15 Total | 15/16 Total | Jun- 15 | Apr- 16 | May -16 | Jun -16 | 16/17 Target |
|---|----------------|----------------|----------------|------------|------------|------------|------------|-----------------|
| HSCP | 8936 (G) | 8987 (G) | 10,715 (R) | 752 (G) | 1286 | 1115 | 1127 | TBC |
| NE | 2235 | 1971 | 3590 | 247 | 366 | 329 | | TBC |
| NW | 3528 | 3806 | 3558 | 211 | 523 | 543 | | TBC |
| S | 3173 | 3210 | 3910 | 294 | 397 | 243 | | TBC |
| Performance Trend | | | | | | | | |
| Target to be agreed. Slight increase in 2015/16 and so far, monthly average for 2016/17 is above that experienced in 2015/16. Variations across the city with North East having the lowest bed days lost. These figures include the beds which the HSCP have commissioned and funded in partnership settings at Darnley Court and Quayside care homes, to which patients in acute settings have been transferred. | | | | | | | | |

CARERS SERVICES

| | |
|---|---|
| Indicator | 1. Number of Carers who have completed an Assessment during the quarter |
| Purpose | To monitor the number of carer assessments completed during the reporting period. These will enable carers needs to be identified and appropriate support to be put in place as required. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 6 |
| HSCP Leads | Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West) |

| Target | Locality | Cumulative Total for 2015/16 | 2016/17 Q1 | 2016/17 Q2 |
|---|------------|------------------------------------|------------|------------|
| 700 | North East | 905 (G) | 161 (R) | |
| 700 | North West | 927 (G) | 251 (G) | |
| 700 | South | 1,540 (G) | 491 (G) | |
| 2,100 | Glasgow | 3,372 (G) | 903 (G) | |
| Performance Trend | | | | |
| At the end of the first quarter, the city is on target. Variations across areas. North West and South are well on their way to meeting the annual target. North East is slightly below the target of at least 175 assessments completed at the end of Q1. | | | | |

CHILDREN'S SERVICES

| | |
|---|---|
| Indicator | 1. Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits - % uptake between 30 and 32 months |
| Purpose | To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme. Invitations are issued to all children when they are approximately 27 months old. The focus is on each child's language, speech and emotional development as part of their preparation for nursery and then school. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Leads | Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East) |

| TARGET | AREA | Aug 15 | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 | Jun 16 |
|--|------|--------|--------|--------|--------|--------|--------|--------|
| 95% | NE | 47%(R) | 66%(R) | 64%(R) | 72%(R) | 69%(R) | 73%(R) | 74%(R) |
| | NW | 58%(R) | 56%(R) | 58%(R) | 53%(R) | 55%(R) | 57%(R) | 50%(R) |
| | S | 1%(R) | 44%(R) | 67%(R) | 74%(R) | 75%(R) | 77%(R) | 77%(R) |
| Performance Trend | | | | | | | | |
| Variations across areas with North West the lowest over most of the period shown. Uptake increasing over time as the new community information system (EMISWeb) is rolled out, but all areas remain below target and RED. | | | | | | | | |
| Actions to Improve Performance | | | | | | | | |
| <p>There is an anomaly in the current reporting system from EMISWeb which is reducing the number of assessments shown as complete. A request has been made to the developers of the system to alter the report to take these into account, which should result in increases in the percentages shown above.</p> <p>In practice, however, where there are vulnerable families with complex issues, it can be difficult to complete the assessments within the above timescales. Assessments will be completed, but this can be when the child is older than 32 months, reducing the percentages shown. Monthly reporting arrangements are being put in place, however, for the Service Managers and team leaders to monitor progress and address these and any other issues affecting uptake.</p> | | | | | | | | |
| Timeline for Improvement | | | | | | | | |
| To achieve target by March 2017. | | | | | | | | |

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

| TARGET | AREA | Aug 2015 | Jan 16 | Feb 16 | Mar 16 | Apr 16 | May 16 | Jun 16 |
|--|------|------------|------------|------------|------------|------------|------------|------------|
| 100% | NE | 37% (R) | 95% (R) | 95% (R) | 95% (R) | 94% (R) | 86% (R) | 45% (R) |
| | NW | 42% (R) | 91% (R) | 92% (R) | 93% (R) | 89% (R) | 85% (R) | 65% (R) |
| | S | 60% (R) | 95% (R) | 97% (A) | 96% (A) | 94% (R) | 84% (R) | 97% (A) |
| Performance Trend | | | | | | | | |
| Variations across areas and over time. Rates in South consistently higher than the other areas over the period shown. | | | | | | | | |
| Actions to Improve Performance | | | | | | | | |
| <p>There are a number of reasons for the lower rate of allocation in North East and North West which are being addressed by the teams. HPIs have been recorded on the "assessment summary" in EMISWeb, but not on the caseload section. Furthermore, some children who have been transferred into the area have incomplete assessments, preventing allocation at 24 weeks. North East and North West have action plans in place to address the variations covering the following:</p> <ul style="list-style-type: none"> • Team Leaders to meet with all health visiting and family nurse practitioner staff to examine HPI allocation at 24 weeks and to take appropriate measures to rectify any identified gaps. This will be evidenced by staff during caseload supervision • The service manager is monitoring monthly with each team leader. • HPI allocation is now being discussed monthly as part of case management supervision. • The service manager will develop and distribute a monthly performance template for team leaders to report status at supervision meetings. | | | | | | | | |
| Timeline for Improvement | | | | | | | | |
| Improvements should be seen within 1 month. | | | | | | | | |

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|---|--|
| Indicator | 3. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services - Longest wait in weeks |
| Purpose | To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and meet the national target of an 18 week maximum. |
| National/ Corporate/ Local | NHS LDP Standard/Health Board Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Leads | Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East) |

| Area | Jun-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Status |
|--|--------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|
| North Glasgow | 18(G) | 18 (G) | 18 (G) | 18 (G) | 18 (G) | 17(G) | 15(G) | Green |
| South Glasgow | 14(G) | 9 (G) | 9 (G) | 9 (G) | 9 (G) | 10(G) | 12(G) | Green |
| East Glasgow | 17(G) | 18 (G) | 18 (G) | 18 (G) | 18 (G) | 18(G) | 18(G) | Green |
| West Glasgow | 9(G) | 12 (G) | 12 (G) | 12 (G) | 12 (G) | 11(G) | 8(G) | Green |
| Glasgow HSCP | 18(G) | 18 (G) | 18 (G) | 18 (G) | 18 (G) | 18(G) | 18(G) | Green |
| Indicative target | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 |
| Performance Trend | | | | | | | | |
| Performance has been consistently GREEN over the last year. Variations exist across areas and over time, with the lowest waiting times existing in South and West Glasgow. | | | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 4. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review |
| Purpose | To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 7 |
| HSCP Leads | Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---|------------|----------|----------|----------|----------|----------|
| 90% | North East | 84% (R) | 93% (G) | 86% (A) | 84% (R) | 76% (R) |
| 90% | North West | 72% (R) | 79% (R) | 83% (R) | 80% (R) | 85% (R) |
| 90% | South | 85% (R) | 85% (R) | 85% (R) | 75% (R) | 77% (R) |
| 90% | Glasgow | 81% (R) | 87% (A) | 84% (R) | 80% (R) | 79% (R) |
| Performance Trend | | | | | | |
| City-wide performance has decreased over the last year. Variations across areas and over time with only the North West increasing over this period. | | | | | | |
| Actions to Improve Performance | | | | | | |
| There will be a management focus over the next three months to review individual caseloads and ensure that time is allocated to review all of the cases involved. It should be recognised the percentages shown can fluctuate as a result of the relatively small numbers of children in this category. For example, approximately 160 children under 5 are currently being looked after and accommodated. On this basis, there would be 18 children outwith the target time period for Glasgow at the 16/17 Q1 performance level of 79%. | | | | | | |
| Timeline for Improvement | | | | | | |
| It is anticipated that improvements in performance will be evident by December 2016. | | | | | | |

| | |
|---|--|
| Indicator | 5. Percentage of children looked after at home with family/friends (Looked After Children [LAC]) with a primary worker |
| Purpose | To monitor the proportion of children looked after at home who have a primary worker recorded on careFirst. We aim to ensure that all looked after children have a primary worker to enhance support and increase the likelihood of better outcomes. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 7 |
| HSCP Leads | Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---|------------|-------------|-------------|-------------|-------------|-------------|
| 100% | North East | 99% (G) |
| 100% | North West | 92% (R) | 93% (R) | 94% (R) | 92% (R) | 93% (R) |
| 100% | South | 90% (R) | 98% (G) | 99% (G) | 96% (A) | 95% (R) |
| 100% | Glasgow | 93% (R) | 95% (R) | 96% (A) | 94% (R) | 93% (R) |
| Performance Trend | | | | | | |
| Only North East was within the target range at the end of Q1, with the city and the other localities below target and RED. Currently, there are approximately 1900 children within this category. On this basis, the Q1 performance of 93% means 133 children would not have a primary worker. | | | | | | |
| Actions | | | | | | |
| It is believed that the target of 100% requires to be re-examined. There will always be occasions when a 100% target is not achievable as a result of cases having to be transferred to new workers when staff leave the service. Work will be undertaken to review this target prior to the production of the next Performance Report. | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 6. Percentage of children looked after away from home (Looked After and Accommodated [LAAC]) with a Primary worker |
| Purpose | To monitor the proportion of children looked after away from home who have a primary worker recorded on careFirst. We aim to ensure all looked after children have a primary worker to enhance support and increase the likelihood of better outcomes. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 7 |
| HSCP Leads | Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 100% | North East | 100% (G) | 99% (G) | 100% (G) | 100% (G) | 100% (G) |
| 100% | North West | 100% (G) |
| 100% | South | 100% (G) |
| 100% | Glasgow | 100% (G) | 99% (G) | 100% (G) | 100% (G) | 99%* (G) |
| Performance Trend | | | | | | |
| *This figure includes teams other than those detailed above. All localities met the 100% target at Q1. | | | | | | |

| | |
|---------------------------------|---|
| Indicator | 7. Number of NEW SCRA (Scottish Children's Reporter Administration) reports (offence and non-offence based) requested by the Reporter. |
| Purpose | To monitor the number of requests for reports received from SCRA. Children and young people are referred to SCRA because some aspect of their life is giving cause for concern. |
| National/Corporate/Local | HSCP Local Indicator |
| Integration Outcome | Outcome 7 |
| HSCP Leads | Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 15/16 Full Year Total | 16/17 Q1 | 16/17 Q2 |
|---|------------|----------|----------|----------|----------|-----------------------|----------|----------|
| TBC | North East | 33 | 61 | 78 | 43 | 215 | 30 | |
| TBC | North West | 22 | 39 | 46 | 39 | 146 | 45 | |
| TBC | South | 68 | 79 | 49 | 40 | 236 | 28 | |
| TBC | Glasgow | 126 | 183 | 176 | 125 | 610 | 104 | |
| Performance Trend | | | | | | | | |
| The number of SCRA report requests has dropped significantly over the past 5 years (2,276 in 2011/12). This positive development is the result of robust area liaison with SCRA, coupled with the use of diversionary interventions as alternatives to SCRA referral. Targets to be agreed. | | | | | | | | |

| | |
|---------------------------------|--|
| Indicator | 8. Percentage of new SCRA (Scottish Children's Reporter Administration) reports submitted within 20 days. |
| Purpose | To monitor the proportion of new reports requested by SCRA which are submitted within the 20 day deadline. |
| National/Corporate/Local | HSCP Local Indicator |
| Integration Outcome | Outcome 7 |
| HSCP Leads | Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 55% | North East | 64%(G) | 66% (G) | 64% (G) | 60% (G) | 73% (G) |
| 55% | North West | 64%(G) | 51% (R) | 65% (G) | 64% (G) | 53% (A) |
| 55% | South | 57%(G) | 77% (G) | 67% (G) | 68% (G) | 82% (G) |
| 55% | Glasgow | 60%(G) | 68% (G) | 66% (G) | 64% (G) | 66% (G) |
| Performance Trend | | | | | | |
| Performance improved for the city as a whole over the last year. Variations across areas at Q1, with North West slightly below target. Target to be reviewed for 2016/17. 55% is local target, 75% is the national target. | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 9. Number of young people receiving an aftercare service |
| Purpose | To monitor the number of young people receiving an aftercare service when they move on from being 'looked after and accommodated'. Local authorities have a responsibility to provide advice, guidance and assistance to these young people up until they reach the age of 26. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 1 |
| HSCP Leads | Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---------------|---|-----------------|-----------------|-----------------|-----------------|-----------------|
| TBC | North East | 95 | 95 | 91 | 96 | 51 |
| TBC | North West | 134 | 128 | 120 | 118 | 119 |
| TBC | South | 102 | 105 | 106 | 97 | 105 |
| TBC | Homelessness/Young Unaccompanied Asylum Seekers | 24 | 24 | 25 | 24 | 28 |
| N/A | Glasgow | 355 | 352 | 342 | 335 | 303 |

Performance Trend

Reductions over the last year for the city as a whole. The number of young people receiving an aftercare service fell significantly (47%) in North East at Q1. This issue, which seems to be linked to the current reporting process, is currently being investigated. Targets to be agreed.

| | |
|-----------------------------------|---|
| Indicator | 10. Percentage of young people 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 (Children's Services) Ann-Marie Rafferty, Head of Operations (North East) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---|------------|------------|------------|------------|------------|------------|
| 75% | North East | 67% (R) | 65% (R) | 63% (R) | 64% (R) | 61% (R) |
| 75% | North West | 66% (R) | 63% (R) | 61% (R) | 64% (R) | 66% (R) |
| 75% | South | 66% (R) | 67% (R) | 70% (R) | 75% (G) | 71% (R) |
| 75% | Glasgow | 67% (R) | 65% (R) | 65% (R) | 67% (R) | 67% (R) |
| Performance Trend | | | | | | |
| At the end of Q1 all localities remained outwith the target range. Performance for the city as a whole has remained similar over the last year. | | | | | | |
| Actions to Improve Performance | | | | | | |
| There are difficulties with the recording of leaving care 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 care leavers in future, as indicated in the covering paper to this report. | | | | | | |
| Timeline for Improvement | | | | | | |
| Timescale to be agreed. | | | | | | |

ADULT SERVICES

| | |
|---------------------------------|---|
| Target/Ref | 1. Number of open occupational therapy (OT) activities at assessment stage assigned to a worker or team (snapshot at end of quarter). |
| Purpose | To monitor the number of outstanding OT cases waiting to be assessed at the end of the quarter. This is used as a measure of the OT waiting list and we would look to reduce these numbers although higher demands/referrals to the service could increase the numbers waiting. |
| National/Corporate/Local | HSCP Local Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | David Walker, Head of Operations (South) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--------|------------|----------|----------|----------|----------|----------|
| TBC | North East | 590 | 477 | 478 | 486 | 547 |
| TBC | North West | 579 | 535 | 529 | 455 | 483 |
| TBC | South | 1,743 | 1,211 | 930 | 552 | 513 |
| TBC | Glasgow | 2,925 | 2,251 | 1,942 | 1,621 | 1,564 |

Performance Trend

Targets to be agreed. The total numbers have been relatively consistent across North East and North West from Q1 15/16 to Q1 16/17, however South had a significantly higher waiting list through Q1, 2 and 3 of 15/16 which reduced the overall performance across Glasgow. The screening, allocations and assessments processes within South were reviewed and radical changes implemented, some additional support staff were realigned to the team to increase productivity. This involved assistance from the North West with steps being taken to standardise good practise, reduce duplication and introduce self-referral for handrails. Q4 15/16 and Q1 16/17 have shown South to be in line with the other two areas.

| | |
|---------------------------------|--|
| Target/Ref | 2. Open occupational therapy (OT) activities at assessment stage assigned to worker or team: % over one year |
| Purpose | To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that none take more than a year. |
| National/Corporate/Local | HSCP Local Indicator |
| Integration Outcome | Outcome 9 |
| HSCP Lead | David Walker, Head of Operations (South) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---|------------|----------|----------|----------|----------|----------|
| 0% | North East | 4% (R) | 0% (G) | 1% (A) | 0% (G) | 0% (G) |
| 0% | North West | 1% (A) | 3% (R) | 1% (A) | 0% (G) | 0% (G) |
| 0% | South | 23% (R) | 14% (R) | 5% (R) | 1% (A) | 0% (G) |
| 0% | Glasgow | 15% (R) | 8% (R) | 3% (R) | 1% (A) | 0% (G) |
| Performance Trend | | | | | | |
| <p>The proportion of assessments outstanding for more than a year has continued to drop in line with the larger piece of OT waiting list work carried out in South (see indicator directly above) and ongoing data cleansing work. North East and North West both reported low numbers of cases open for more than one year, with 0% being reported in both Q4 15/16 and Q1 16/17. South are also now meeting the target in Q1 16/17 and have significantly improved over the last 12 months.</p> | | | | | | |

ADULT MENTAL HEALTH

| | |
|-----------------------------------|--|
| Target/Ref | 1. Psychological Therapies: % of people who started treatment within 18 weeks of referral |
| Purpose | To monitor waiting times for people accessing psychological therapy services, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people. |
| National/ Corporate/ Local | NHS LDP Standard/Health Board Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | David Walker, Head of Operations (South) |

| | % of People who started treatment within 18 weeks of referral | | | | | Status |
|--|---|--------------------|--------------------|--------------------|--------------------|--------|
| | Jan 15 - Mar 15 | Apr 15 - Jun 15 | Jul 15 - Sep 15 | Oct 15 - Dec 15 | Jan 16 - Mar 16 | |
| NE | 96.6% (G) | 94.5% (G) | 91.2% (G) | 78.5% (R) | 65.1% (R) | Red |
| NW | 85.4% (R) | 82.7% (R) | 73.1% (R) | 83.4% (R) | 79.2% (R) | Red |
| S | 95.4% (G) | 96.3% (G) | 97.4% (G) | 95.7% (G) | 98.6% (G) | Green |
| HSCP Actual | 92.7% (G) | 91.7% (G) | 87.4% (A) | 87.3%(A) | 82.6%(R) | Red |
| HSCP Target | 90% | 90% | 90% | 90% | 90% | 90% |
| Performance Trend | | | | | | |
| At March, South was the only area GREEN. Following the transition to a new information system (Mental health services migrating from Pims to EMISWeb) reported performance has declined in the other areas. | | | | | | |
| Actions to Improve Performance | | | | | | |
| North East Primary Care Mental Health Team have moved premises and completed recruitment in March 2016, which has resulted in an improvement in performance. However, given the transition from Pims to EMISWeb, information will not be complete until late 2016. | | | | | | |
| Timeline for Improvement | | | | | | |
| HSCP will exceed 90% target by November 2016. | | | | | | |

| | |
|-----------------------------------|---|
| Target/Ref | 2. Primary Care Mental Health Teams – referral to 1 st appointment – percentage within 28 days |
| Purpose | To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for all patients to be seen for their first appointment within 28 days of referral. |
| National/ Corporate/ Local | Health Board Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | David Walker, Head of Operations (South) |

| TARGET | AREA | Nov 15 | Dec 15 | Jan 15 | Feb 16 | Mar 16 |
|---|------|---------|---------|---------|---------|---------|
| 100% | NE | 77% (R) | 81% (R) | 76%(R) | 80%(R) | 86%(R) |
| 100% | NW | 61% (R) | 63% (R) | N/A | N/A | N/A |
| 100% | S | 97% (A) | 98% (A) | 86% (R) | 94% (R) | 94% (R) |
| Performance Trend | | | | | | |
| At March, all areas were RED though no information was available for the North West. Reported performance being affected by the transition to a new information system (Mental Health services migrating from Pims to EMISWeb). | | | | | | |
| Actions to Improve Performance | | | | | | |
| As a result of the transition to EMIS Web, data will not complete for Glasgow City until late 2016. | | | | | | |
| Timeline for Improvement | | | | | | |
| All localities will be over 90% by November 2016. | | | | | | |

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|-----------------------------------|--|
| Target/Ref | 3. Primary Care Mental Health Teams (PCMHT) – referral to 1 st treatment – percentage within 63 days |
| Purpose | To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for all patients to be treated within 63 days of referral. |
| National/ Corporate/ Local | Health Board Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | David Walker, Head of Operations (South) |

| TARGET | AREA | Nov 15 | Dec 15 | Jan 16 | Feb 16 | Mar 16 |
|--|------|---------|----------|---------|---------|---------|
| 100% | NE | 21% (R) | 13% (R) | 10% (R) | 35%(R) | 29%(R) |
| 100% | NW | 31% (R) | 43% (R) | N/A | N/A | N/A |
| 100% | S | 97% (A) | 100% (G) | 88% (R) | 96% (R) | 91% (R) |
| Performance Trend | | | | | | |
| At March, all areas were RED though no information was available for the North West. | | | | | | |
| Actions to Improve Performance | | | | | | |
| Information system in transition from Pims to EMIS Web therefore data will not be complete for Glasgow City until late 2016. Head of Service is reviewing variance within City Localities. | | | | | | |
| Timeline for Improvement | | | | | | |
| March 2017 | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 4. Primary Care Mental Health Teams (PCMHT) – Did Not attend (DNA) rates |
| Purpose | To monitor attendance rates at Primary Care Mental Health Team appointments. The aim is to reduce non-attendances. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 9 |
| HSCP Lead | David Walker, Head of Operations (South) |

| TARGET | AREA | Mar-15 | Jan-16 | Feb-16 | Mar-16 | | | |
|---|------|--------|--------|--------|--------|--|--|--|
| TBC | NE | 18% | 17% | 17% | 24% | | | |
| | NW | 13% | N/A | N/A | N/A | | | |
| | S | 22% | 20% | 17% | 20% | | | |
| Performance Trend | | | | | | | | |
| Performance varies over areas and time. At March, no information was available for the North West as a result of the transition to EMIS Web. Targets to be agreed | | | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 5. Community Mental Health Teams (CMHT)– Did Not attend (DNA) rates |
| Purpose | To monitor attendance rates at Community Mental Health Team appointments. Aim is to reduce non-attendances |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 9 |
| HSCP Lead | David Walker, Head of Operations (South) |

| TARGET | AREA | Mar-15 | Jan-16 | Feb-16 | Mar-16 | | | |
|--|------|--------|--------|--------|--------|--|--|--|
| TBC | NE | 13% | 13% | 13% | 14% | | | |
| | NW | 15% | N/A | N/A | N/A | | | |
| | S | 13% | 14% | 13% | 14% | | | |
| Performance Trend | | | | | | | | |
| Performance varies over areas and time. At March, no information was available for the North West as a result of the transition to EMIS Web. Targets to be agreed. | | | | | | | | |

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|-----------------------------------|--|
| Target/Ref | 6. Adult Mental Health Re-admissions within 28 days (NHS Local Indicator) |
| Purpose | To monitor the extent to which people are readmitted for mental health inpatient treatment within 28 days, with the aim being to reduce these. |
| National/ Corporate/ Local | Local HSCP Indicator |
| Integration Outcome | Outcome 2 |
| HSCP Lead | David Walker, Head of Operations (South) |

| TARGET | AREA | Dec -15 | Jan -16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun -16 |
|--|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| No target | NE | 8 | 2 | 4 | 4 | 3 | 5 | 7 |
| | NW | 7 | 8 | 7 | 7 | 6 | 6 | 3 |
| | S | 8 | 5 | 14 | 12 | 11 | 14 | 13 |
| | HSCP | 23 | 15 | 25 | 23 | 20 | 25 | 23 |
| Performance Trend | | | | | | | | |
| Numbers vary across areas and over time. | | | | | | | | |
| Actions to Improve Performance | | | | | | | | |
| City wide bed management group are monitoring readmission position along with increasing demand for admission beds and will continue to monitor and review over the next 6 months. | | | | | | | | |

ADDICTIONS

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| Indicator | 1. % of clients commencing alcohol or drug treatment within 3 weeks of referral |
| Purpose | To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred. |
| National/ Corporate/ Local | NHS LDP Standard/Health Board Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | David Walker, Head of Operations (South) |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---|------------|-------------|-------------|-------------|-------------|-------------|
| 90% | North East | 99% (G) | 98% (G) | 97% (G) | 92% (G) | |
| 90% | North West | 99% (G) | 100% (G) | 100% (G) | 100% (G) | |
| 90% | South | 86% (A) | 89% (G) | 100% (G) | 93% (G) | |
| 90% | Glasgow | 94% (G) | 95% (G) | 98% (G) | 97% (G) | |
| Performance Trend | | | | | | |
| This indicator is reported one quarter in arrears. All localities exceeded the 90% target (GREEN) at Q3 and Q4. | | | | | | |

HOMELESSNESS

| | |
|----------------------------------|---|
| Indicator | 1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation |
| Purpose | To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled (Permanent) Accommodation in these cases. |
| National/ Corporate/ Local | SW Corporate Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Eric Steel, Head of Homelessness |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|--------------------------|-------------|-------------|-------------|-------------|-------------|
| 95% | City-wide figure only | 62% (R)* | 62% (R)* | 88% (R) | 77% (R) | 70% (R) |
| Performance Trend | | | | | | |
| Performance improved after the period of industrial action in Q1/Q2 2015/16, but has not been sustained into 2016/17. | | | | | | |
| Actions to Improve Performance | | | | | | |
| Citywide improvement plan put in place May 2016 and the number of decisions outwith the timescale was significantly reduced, but this has not been sustained by all teams. All teams have agreed to prioritise and sustain improvement against this indicator. | | | | | | |
| Timeline for Improvement | | | | | | |
| Ongoing work is expected to provide evidence of improvement from Q3 2016/17 onwards. | | | | | | |

| | |
|-----------------------------------|---|
| Indicator | 2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation |
| Purpose | To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation. |
| National/ Corporate/ Local | SW Corporate Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Eric Steel, Head of Homelessness |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---|-----------------------|----------|----------|----------|----------|----------|
| 95% | City-wide figure only | 40% (R)* | 33% (R)* | 73% (R) | 67% (R) | 57% (R) |
| Performance Trend | | | | | | |
| Performance improved after the period of industrial action in Q1/Q2 2015/16, but has not been sustained into 2016/17. | | | | | | |
| Actions to Improve Performance | | | | | | |
| This indicator relates to cases which may be more complex, and additional time may be required to make the decision. In Q1 2016/17, there were 35 decisions in this category, 20 of which were made within the required timescale. The 15 cases outwith the timescale are being audited, and feedback provided to teams on outcomes from analysis, including any recommendations on practice improvement. | | | | | | |
| Timeline for Improvement | | | | | | |
| Audit completed by end of Q2, with feedback to teams and further discussion around practice and processes. There may be a need to review this target in relation to complexity of cases / smaller number of these cases, and potentially reduce the target percentage. | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 3. Percentage of live homeless applications over 6 months duration at end of quarter |
| Purpose | To measure progress towards quicker throughput of homeless households to settled (permanent) accommodation. This indicator is a priority for the Scottish Housing Regulator (SHR). |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 9 |
| HSCP Lead | Eric Steel, Head of Homelessness |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|-----------------------|----------|----------|----------|----------|----------|
| Target reduced Was <30% (2015/16) Now <20% (2016/17) | City-wide figure only | 40% (R) | 45% (R) | 42% (R) | 44% (R) | 47% (R) |
| Performance Trend | | | | | | |
| The upper threshold was exceeded (RED) in each quarter, as overall caseload has been increasing and numbers of longer term cases have not reduced. | | | | | | |
| Actions to Improve Performance | | | | | | |
| The performance improvement plan reduced caseloads, however this has not been sustained by all teams. Guidance on caseload management has been drafted and will be signed off and implemented in order to improve throughput. It is recognised that additional resources may be required to assist where teams have staffing challenges which affect their ability to effectively move cases on. | | | | | | |
| Timeline for Improvement | | | | | | |
| Ongoing work to improve caseload management, and provision of resources to assist improvement is expected to deliver improved results from Q3 2016/17. | | | | | | |

| | |
|---------------------------------|--|
| Target/Ref | 4. Increase in provision of settled accommodation made available by social sector landlords (Section 5) - cumulative total to end quarter (citywide) |
| Purpose | To measure progress made by Homelessness Services towards fulfilling the targets for provision of settled (permanent) accommodation from the Wheatley Group and Registered Social Landlords as set out in a local Capacity Plan which was approved by the Housing Access Board in April 2015. This area is a very high priority for the Scottish Housing Regulator (SHR), as part of the voluntary intervention process. |
| National/Corporate/Local | HSCP Local Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Eric Steel, Head of Homelessness |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 2015/16 Annual Total | 16/17 Q1 |
|---|-----------------------|----------|----------|----------|----------|----------------------|----------|
| 3,000 annual target (750 per Quarter) | City-wide figure only | 434 | 370 | 506 | 432 | 1,742 | 455 (R) |
| Performance Trend | | | | | | | |
| The annual target of 3,000 units was not met in 2015/16. The Housing Access approach was in development through this period. Performance in the first quarter of 2016/17 is also below target. | | | | | | | |
| Actions to Improve Performance | | | | | | | |
| Targets contained within the Capacity Plan have been approved by the Housing Access Board. Local Lettings Plans have also been agreed citywide for 2016/17, and all partners are attending quarterly Local Lettings community meetings. Staff have been trained and work is ongoing to increase the number of resettlement plans to secure more settled accommodation from RSLs – all teams have been given a target to complete a minimum of 20 plans per week. The revised approach is still bedding in, and initial issues around management of provision of void properties are being resolved with RSLs. | | | | | | | |
| Timeline for Improvement | | | | | | | |
| Whilst Q1 performance did not meet the quarterly average of 750 lets, it is anticipated that additional lets will be progressed by Q4 to accelerate progress towards the overall target. | | | | | | | |

| | |
|-----------------------------------|---|
| Target/Ref | 5. Number of households reassessed as homeless or potentially homeless within 12 months |
| Purpose | To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed). |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 9 |
| HSCP Lead | Eric Steel, Head of Homelessness |

| Target | Locality | 14/15 Full Year Total | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 15/16 Full Year Total | 16/17 Q1 |
|---|-----------------------|-----------------------|----------|----------|----------|----------|-----------------------|----------|
| <300 (75 per Quarter) | City-wide figure only | 633 (R) | 67 | 102 | 112 | 114 | 395 (R) | 110 (R) |
| Performance Trend | | | | | | | | |
| Repeats for the year (395) exceed the target of 300 cases, but represent a reduction on the total for the previous year (633). Performance in Q1 2016/17 is similar to the previous 3 quarters and above target (maximum of 75 each quarter). | | | | | | | | |
| Actions to Improve Performance | | | | | | | | |
| Homelessness Services seek to prioritise a review of approach towards repeat cases, including an analysis of available data around individual repeat cases, and identification of areas where the HSCP can improve service delivery across the organisation to complex clients. | | | | | | | | |
| Timeline for Improvement | | | | | | | | |
| Work to start October 2016. | | | | | | | | |

| | |
|---------------------------------|---|
| Target/Ref | 6. Number of individual households not accommodated (last month of quarter). |
| Purpose | This indicator provides information on the number of households recorded in the last month of the quarter which were not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfil their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process. |
| National/Corporate/Local | HSCP Local Indicator |
| Integration Outcome | Outcome 7 |
| HSCP Lead | Eric Steel, Head of Homelessness |

| Target | Locality | 15/16 Q4 | 16/17 Q1 |
|--|--------------------------|-------------------------------------|-----------------------------------|
| Target reduced Was < 300 (2015/16) Now < 150 (2016/17) | City-wide figure only | 351 Households in March 2016 (R) | 225 Households in Jun 2016 (R) |
| Performance Trend | | | |
| City-wide target was not met at Q4 and Q1 (RED). Target was based on achievement of 3,000 lets and increase in Temporary Furnished Flats (TFFs) to 1,650 in 2015/16 (which were not met). | | | |
| Actions to Improve Performance | | | |
| The service has undertaken a multi-agency review, commissioned new services including new build emergency facilities, implemented a housing access strategy, and developed a coproduction agenda to work differently with people with multiple needs. Work is being prioritised across all teams to improve throughput for households in bed and breakfast, emergency and other temporary / interim accommodation to maximise use of resources. The service is also working with providers and our own residential services to reduce the number of unplanned discharges, and improve the approach to management of complex cases. Investment has been made in improvements to iWorld Information system to enable provision of data for Scottish Government statutory reporting on temporary / emergency accommodation. | | | |
| Timeline for Improvement | | | |
| Improvements resulting from increased throughput and access to additional lets is anticipated from Q4 2016/17. | | | |

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. |
| National/ Corporate/ Local | Criminal justice national standard and statutory return |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Sheena Morrison, Head of Public Protection and Quality Assurance |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---|------------|----------|----------|----------|----------|----------|
| 80% | North East | 74% (R) | 74% (R) | 79% (G) | 59% (R) | 62% (R) |
| 80% | North West | 79% (G) | 80% (G) | 72% (R) | 63% (R) | 73% (R) |
| 80% | South | 72% (R) | 72% (R) | 72% (R) | 64% (R) | 64% (R) |
| 80% | Glasgow | 77% (A) | 77% (A) | 77% (A) | 64% (R) | 70% (R) |
| Performance Trend | | | | | | |
| Although all areas are RED at Q1, there has been an improvement since Q4. | | | | | | |
| Actions to Improve Performance | | | | | | |
| An increase in Level 1 orders i.e. service users who have not had a Criminal Justice Social Work (CJSW) report carried out have contributed to the performance shown. This issue is being progressed via the Court business meeting. In addition, the review of Unpaid Work is underway. This indicator is included in fortnightly reports provided to Teams. | | | | | | |
| Timeline for Improvement | | | | | | |
| 3 monthly review of progress will take place. | | | | | | |

| | |
|---|--|
| 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 4 |
| HSCP Lead | Sheena Morrison, Head of Public Protection and Quality Assurance |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|------------|-------------|-------------|-------------|-------------|-------------|
| 85% | North East | 81% (A) | 89% (G) | 93% (G) | 91% (G) | 65% (R) |
| 85% | North West | 77% (R) | 80% (R) | 86% (G) | 92% (G) | 77% (R) |
| 85% | South | 91% (G) | 93% (G) | 95% (G) | 98% (G) | 100% (G) |
| 85% | Glasgow | 83% (G) | 88% (G) | 92% (G) | 94% (G) | 84% (G) |
| Performance Trend | | | | | | |
| There was significant slippage in North East and North West between Q4 and Q1 but the South and city overall remained GREEN. | | | | | | |

| | |
|-----------------------------------|---|
| Indicator | 3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale |
| Purpose | To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary. |
| National/ Corporate/ Local | Criminal justice national standard, |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Sheena Morrison, Head of Public Protection and Quality Assurance |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|------------|----------|----------|----------|----------|----------|
| 75% | North East | 58%(R) | 53% (R) | 57% (R) | 63% (R) | 53% (R) |
| 75% | North West | 75% (G) | 89% (G) | 70% (R) | 84% (G) | 65% (R) |
| 75% | South | 64%(R) | 64% (R) | 62% (R) | 79% (G) | 67% (R) |
| 75% | Glasgow | 65%(R) | 68% (R) | 62% (R) | 75% (G) | 62% (R) |
| Performance Trend | | | | | | |
| There was significant slippage across all localities at Q1 and all are now RED. | | | | | | |
| Actions to Improve Performance | | | | | | |
| This issue is being monitored by Service Managers at their monthly meetings using the fortnightly performance reports and also within the context of Team Leader supervision. An element of this underperformance is as a result of recording issues. Specific emphasis is being directed where the variation in performance is most marked. | | | | | | |
| Timeline for Improvement | | | | | | |
| An improvement in performance is expected to be reported at Quarter 2. | | | | | | |

| | |
|---|---|
| Indicator | 4. Percentage of Unpaid Work (UPW) requirements completed within timescale |
| Purpose | To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. |
| National/ Corporate/ Local | Criminal justice statutory return |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Sheena Morrison, Head of Public Protection and Quality Assurance |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---|------------|-------------|-------------|-------------|-------------|-------------|
| 70% | North East | - | - | 50% (R) | 58% (R) | 46% (R) |
| 70% | North West | - | - | 39% (R) | 56% (R) | 54% (R) |
| 70% | South | - | - | 47% (R) | 55% (R) | 66% (R) |
| 70% | Glasgow | - | - | 46% (R) | 54% (R) | 54% (R) |
| Performance Trend | | | | | | |
| This indicator was introduced to the framework in January 2016. No locality has yet met the 70% target. | | | | | | |
| Actions to Improve Performance | | | | | | |
| Given this is a newer indicator, benchmarking is being undertaken across localities in order to share learning and good practice with the aim of improving performance across the city. | | | | | | |
| Timeline for Improvement | | | | | | |
| Improvement in performance is expected within 3 months. | | | | | | |

HEALTH IMPROVEMENT

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

| Area | 2014/15 End of Year Status | 2015/16 End of Year Status | Target Apr 16 – Jun 16 | Actual Apr 16 – Jun 16 |
|---|----------------------------------|----------------------------------|---------------------------|---------------------------|
| North East Sector | No target | Green | 327 | 228 (R) |
| North West Sector | No target | Green | 317 | 354 (G) |
| South Sector | No target | Red | 369 | 240 (R) |
| City Wide (Non sector specific wider settings delivery) | No target | | No target | 339 |
| Glasgow City HSCP | Red | Green | 1013 | 1161 |

Performance Trend

Performance is on track at this point in the year. Target met previously for 2015/16. The target has been phased over the course of the year to deliver 20% in quarters 1 and 2 and 30% in quarters 3 and 4.

Actions to Improve Performance

Performance on ABI's has improved over the last three years with Glasgow City meeting its target last year. Over time, we have seen a downward contribution to ABI's from primary care services and an upward contribution from other settings, including contracted services. There will be continued monitoring and action planning throughout the year to embed and extend the opportunities to complete these interventions.

| | |
|-----------------------------------|--|
| 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 categories below indicate where the interventions are being delivered. Referrals are received from a number of sources including primary care. |
| National/ Corporate/ Local | NHS LDP Standard |
| Integration Outcome | Outcome 1 |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Inequality |

| April 15 - Mar 2016 | North East | North West | South |
|--|------------|------------|------------|
| ACUTE | 35 | 25 | 48 |
| COMMUNITY | 84 | 104 | 79 |
| MATERNITY | 12 | 11 | 5 |
| MENTAL HEALTH | 2 | 1 | 1 |
| PHARMACY | 387 | 188 | 247 |
| PRISONS | 0 | 0 | 0 |
| Actual Total (Acute, Community, Maternity and Pharmacy) | 520 | 329 | 380 |
| Target quits at 3 month follow-ups in the 40% most deprived | 380 | 251 | 310 |
| Variance from target | 36.8% | 31.1% | 22.6% |

| |
|--|
| Performance Trend |
| Data from quarter 1 of 2016/17 will not be available until November. Targets were met during 2015/16 with Greater Glasgow and Clyde delivering 44% more successful quits than the year before (40% above target). Glasgow City contributed very significantly to this, as the city accounts for 70% of the total Greater Glasgow and Clyde target due to our rates of deprivation. |
| Actions to Improve Performance |
| Improvements have been generated through changing working practices with selected pharmacies and general practice. Greater Glasgow and Clyde and Glasgow City are delivering above target in a way that is only being seen in one other health board area in Scotland – Shetland. This level of activity and success will contribute to reducing health inequalities within GGC and Glasgow City. The 2016/17 target has been increased further (GGC NHS target is 50% higher than last year), at a time where the income from the Scottish Government for smoking cessation and prevention has reduced by 7.5%. A tobacco review is currently being undertaken in Glasgow City to consider how we can achieve even more with even less. |

| | |
|-----------------------------------|--|
| Indicator | 3. Women smoking in pregnancy – General Population |
| Purpose | To monitor the extent to which women are smoking in pregnancy. The aim is to reduce rates and meet the target of a maximum of 15%. This relates to women across all areas. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 1 |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Inequality |

| TARGET | AREA | Apr 14- Mar 15 | Jul 14 - Jun 15 | Oct 14- Sep 15 | Jan 15 - Dec 15 | Apr 15- Mar 16 | Status |
|--|------|----------------|-----------------|----------------|-----------------|----------------|--------|
| 15% | NE | 17.6% (R) | 16.5% (R) | 16.3% (R) | 16.4% (R) | 16.6% (R) | Red |
| 15% | NW | 11.7% (G) | 11.3% (G) | 11.6% (G) | 10.9% (G) | 10.8% (G) | Green |
| 15% | S | 11.6% (G) | 11.2% (G) | 11.0% (G) | 10.5% (G) | 11.1% (G) | Green |
| 15% | HSCP | 13.4% (G) | 12.7% (G) | 12.6% (G) | 12.2% (G) | 12.5% (G) | Green |
| Performance Trend | | | | | | | |
| HSCP, North West and South consistently meeting target. North East remains below target and RED. Data not yet available for 2016/17. | | | | | | | |

| | |
|-----------------------------------|--|
| Indicator | 4. Women smoking in pregnancy – most deprived quintile |
| Purpose | To monitor the extent to which women are smoking in pregnancy in the most deprived areas in the city, with the aim of reducing rates and meeting the target of a maximum of 20%. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 5 |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Inequality |

| AREA | Target | Apr14-Mar15 | Jul 14 - Jun 15 | Oct 14-Sep 15 | Jan 15 - Dec 15 | Apr 15-Mar 16 | Status |
|---|--------|--------------|-----------------|---------------|-----------------|---------------|--------|
| NE | 20% | 20.2% (A) | 19.0% (G) | 18.9% (G) | 19.1% (G) | 20.3% (G) | Green |
| NW | 20% | 19.4% (G) | 17.8% (G) | 18.0% (G) | 16.1% (G) | 15.4% (G) | Green |
| S | 20% | 18.2% (G) | 17.9% (G) | 17.4% (G) | 16.1% (G) | 16.9% (G) | Green |
| HSCP | 20% | 19.3% (G) | 18.3% (G) | 18.1% (G) | 17.2% (G) | 17.8% (G) | Green |
| Performance Trend | | | | | | | |
| Performance remains GREEN in all areas. Rates have fallen in the North West and South in the last year but have increased slightly in the North East. Data not yet available for 2016/17. | | | | | | | |

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

| TARGET | AREA | Jan 14- Dec 14 | Apr14- Mar15 | July14- Jun 15 | Oct 14- Sep 15 | Jan 15- Dec 15 |
|---|-------------|----------------|--------------|----------------|----------------|----------------|
| 15.6% | NE | 17.5% (G) | 17.7% (G) | 17.7% (G) | 17.9% (G) | 18.7% (G) |
| 30.8% | NW | 30.4% (A) | 31.7% (G) | 32.7% (G) | 33.1% (G) | 32.4% (G) |
| 26.2% | S | 26.7% (G) | 27.4% (G) | 27.4% (G) | 25.9% (A) | 25.9% (A) |
| 24.0% | HSCP | 25.1% (G) | 25.7% (G) | 26.1% (G) | 25.6% (G) | 25.9% (G) |
| Performance Trend | | | | | | |
| Data not yet available for 2016. However, for the period shown, performance was GREEN for the HSCP. Glasgow City and Greater Glasgow and Clyde have seen an upward trend in overall breastfeeding rates which are not being mirrored in other parts of Scotland. Variations exist across areas with South the only area below target and AMBER and the only area to experience a reduction over the period shown. | | | | | | |

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|-----------------------------------|--|
| 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 Inequality |

| TARGET | AREA | Jan 14- Dec 14 | Apr14- Mar15 | July14- Jun 15 | Oct 14- Sep 15 | Jan 15- Dec 15 |
|--------|------|----------------|--------------|----------------|----------------|----------------|
| 18.0% | NE | 14.6% (R) | 14.3% (R) | 14.8% (R) | 15.1% (R) | 15.7% (R) |
| 21.4% | NW | 18.5% (R) | 21.0% (R) | 21.2% (A) | 22.8% (G) | 22.9% (G) |
| 21.3% | S | 19.4% (R) | 18.9% (R) | 18.9% (R) | 17.8% (R) | 17.7% (R) |
| 20.1% | HSCP | 17.2% (R) | 17.6% (R) | 17.9% (R) | 18.1% (R) | 18.2% (R) |

Performance Trend

Data not yet available for 2016. Performance RED for the HSCP with North West the only area meeting the target. Improvements have been achieved over the period shown in the North East, North West and for the city overall. Performance has declined in the South, with research suggesting this may be a reflection of varying breast feeding practices amongst different ethnic groups there who typically have much higher rates of mixed feeding.

Actions to Improve Performance

Evidence suggests the best practices to promote breastfeeding are the implementation of the UNICEF Baby Friendly standards. Each locality has UNICEF accreditation with external reassessment taking place this year. This reviews care for mothers and babies and identifies areas where targeted improvement is required. Each locality also has a programme of work which aims to reduce barriers and increase acceptability of breastfeeding, including the pilot 'baby café' approach in South Glasgow designed to engage and support minority ethnic mothers to continue to exclusively breastfeed.

Timeline for Improvement

Reassessments of UNICEF accreditation to take place during the course of 2016/17.

| | |
|---|---|
| Indicator | 7. Number of 0-2 year olds registered with a dentist |
| Purpose | To monitor the extent to which children under 3 are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration/ Outcome | Outcome 1 |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Inequality |

| TARGET | AREA | 30 Sep 13 | 31 Mar 14 | 30 Sep 14 | 31 Mar 15 | 30 Sep 15 |
|--------|------|--------------|--------------|--------------|--------------|--------------|
| 55% | HSCP | 51.9% (A) | 53.1% (A) | 51.4% (A) | 50.8% (A) | 51.7% (A) |
| 55% | GGC | 51.2% (R) | 51.5% (R) | 50.8% (R) | 50.5% (A) | 51.3% (A) |

Performance Trend

No data available for 2016. For the periods shown, registration rates have remained AMBER with performance remaining fairly static. Rates of dental registration for children aged 3-5 years of age are however, as shown above, in excess of the city target, showing that slower initial rates of registration are remedied by the time the child reaches school age.

Actions to Improve Performance

Currently dental registration is raised routinely at health visitor assessments as part of the universal pathway, and some mothers are referred to support staff to encourage early nutrition, good oral health and to support dental registration directly. Although dental registration is encouraged early, the stage of teething does influence parental actions.

The introduction of new universal contacts/assessments by health visitors when a child reaches 13-15 months provides an additional opportunity to influence earlier dental registration.

Timeline for Improvement

The national roll out of this new assessment is currently being planned on a phased basis, reflecting planned staffing changes in the health visiting workforce.

| | |
|---|--|
| Indicator | 8. Number of 3 – 5 year olds registered with a dentist |
| Purpose | To monitor the extent to which children 3 and over are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration/ Outcome | Outcome 1 |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Inequality |

| TARGET | AREA | 30 Sep 13 | 31 Mar 14 | 30 Sep 14 | 31 Mar 15 | 30 Sep 15 |
|---|------|--------------|-------------|-------------|-------------|--------------|
| 90% | HSCP | 94.4% (G) | 100% (G) | 100% (G) | 100% (G) | 98.5% (G) |
| 87.9% | GGC | 94.2 (G) | 95.0 (G) | 95.1 (G) | 95.9 (G) | 94.1% (G) |
| Performance Trend | | | | | | |
| Registration rates GREEN. No data available for 2016 yet. | | | | | | |

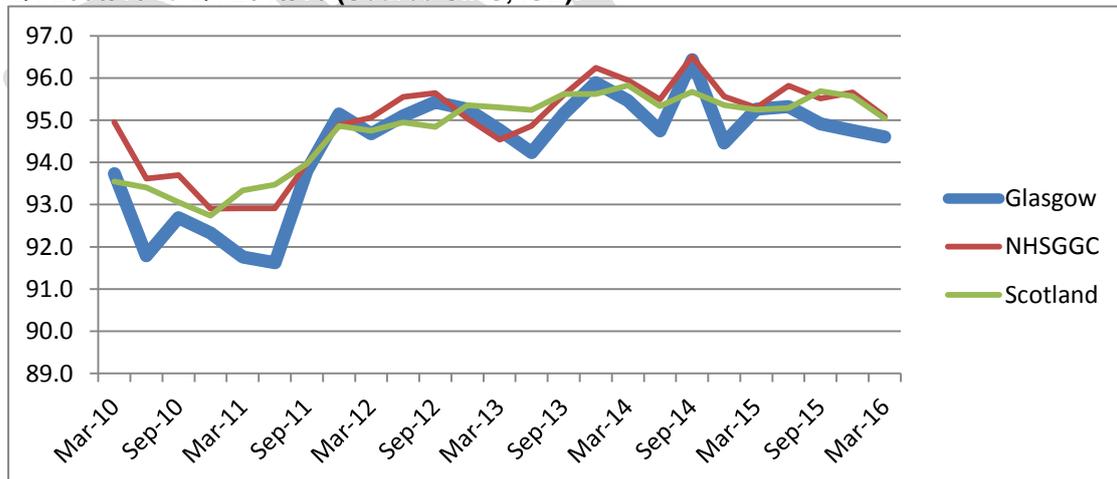
| | |
|-----------------------------------|---|
| Indicator | 9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months |
| Purpose | To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles,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

| TARGET | AREA | 2014/15 | | 2015/16 | | |
|--------|-------------|------------------|------------------|------------------|------------------|------------------|
| | | Q4 | Q1 | Q2 | Q3 | Q4 |
| 95% | NE | 96.1% (G) | | | | |
| 95% | NW | 94.4% (A) | | | | |
| 95% | S | 95.3% (G) | | | | |
| 95% | HSCP | 95.3% (G) | 95.3% (G) | 94.9% (A) | 94.8% (A) | 94.6% (A) |

Performance Trend

No data available for 2016/17 .Performance AMBER for the period shown. Overall, MMR uptake has improved markedly over the recent past since the safety of MMR has been confirmed. The trend data is shown below. Although there are slightly lower immunisation rates in Glasgow City, these are not statistically different from NHSGGC and Scotland.

Figure 1 Trends in MMR1 uptake at 24 months for Glasgow City, NHSGGC and Scotland for Q4 2009/10 to Q4 2015/16 (Source SIRS, ISD).



Actions to Improve Performance

Work will now be undertaken to examine uptake at sector and locality/neighbourhood level to identify nuances in local performance that may require a more targeted response.

Timeline for Improvement

Timeline for an analysis of data in sector and localities to be agreed with the Public Health Directorate (GGC NHS).

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

| TARGET | AREA | 2015/16 | | | | |
|--|-------------|------------------|------------------|-----------------|------------------|------------------|
| | | 2014/15 Q4 | Q1 | Q2 | Q3 | Q4 |
| 95% | NE | 97.1% (G) | | | | |
| 95% | NW | 95.4% (G) | | | | |
| 95% | S | 96.2% (G) | | | | |
| 95% | HSCP | 96.2% (G) | 97.5% (G) | 97.0 (G) | 96.3% (G) | 95.9% (G) |
| Performance Trend | | | | | | |
| Performance GREEN for the period shown. No data available for 2016/17 yet. | | | | | | |

PRIMARY CARE

| | |
|---|--|
| Indicator | 1. Prescribing Costs: Compliance with Formulary Preferred List |
| Purpose | To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency. |
| National/ Corporate/ Local | Health Board Indicator |
| Integration Outcome | Outcome 9 |
| HSCP Lead | Richard Groden, Clinical Director |

| AREA | TARGET | Jan- Mar15 | Apr- Jun15 | Jul- Sep 15 | Oct- Dec 15 | Jan- Mar 16 |
|--|--------|---------------|---------------|----------------|----------------|----------------|
| NE | 78% | 79.82% (G) | 79.26% (G) | 79.45% (G) | 79.67% (G) | 79.72% (G) |
| NW | 78% | 77.99% (A) | 77.36% (A) | 77.77% (A) | 78.09% (G) | 78.37% (G) |
| S | 78% | 78.35% (G) | 77.91% (A) | 78.14% (G) | 78.59% (G) | 79.01% (G) |
| NHSGGC | 78% | 78.56% (G) | 78.07% (G) | 78.33% (G) | 78.61% (G) | 78.69% (G) |
| Performance Trend | | | | | | |
| All areas GREEN. Compliance slightly increased for the city over the last 12 months. | | | | | | |

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

| AREA | Target | Apr 15 | Dec 15 | Jan 16 | Feb 16 | Mar 16 | Apr 16 |
|---------------|----------------------|------------|------------|------------|------------|------------|------------|
| NE | Below NHSGGC average | 153.58 (G) | 161.33 (G) | 162.67 (G) | 163.09 (G) | 163.79 (G) | 164.49 (G) |
| NW | Below NHSGGC average | 148.00 (G) | 154.53 (G) | 154.86 (G) | 155.78 (G) | 156.55 (G) | 157.37 (G) |
| S | Below NHSGGC average | 155.80 (G) | 162.36 (G) | 162.50 (G) | 163.46 (G) | 164.48 (G) | 165.43 (G) |
| NHSGGC | | 166.28 | 172.91 | 173.20 | 174.22 | 174.97 | 176.02 |

Performance Trend

All areas GREEN with variations across sectors. There is ongoing implementation of cost effectiveness initiatives to ensure cost minimisation. However, due to the external factor of global drug cost increases, the trend shows increasing cost across all sectors as well as NHSGGC in the last year.

| | |
|-----------------------------------|--|
| Indicator | 3. Prescribing Costs: Cost Per Treated Patient |
| Purpose | To monitor prescribing costs. This indicator divides the total prescribing cost by the number of patients in a population who receive a prescription only. Approximately 75% of patients in NHSGGC received a prescription in the past financial year. This indicator does not provide information on the external factors that affect prescribing such as new drugs, guidelines or national drug shortages. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 9 |
| HSCP Lead | Richard Groden, Clinical Director |

| AREA | TARGET | Jan-Mar15 | Apr-Jun15 | Jul-Sep 15 | Oct-Dec 15 | Jan-Mar 16 |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| NE | TBC | £88.03 | £94.67 | £96.85 | £100.01 | £93.52 |
| NW | TBC | £78.00 | £83.62 | £85.21 | £89.01 | £83.21 |
| S | TBC | £79.49 | £83.38 | £85.07 | £88.96 | £83.75 |
| NHSGGC | | £79.31 | £83.20 | £84.83 | £88.83 | £82.97 |

Performance Trend

Variations across sectors with North East higher than the other two areas. All areas increased over the last year and are above the NHSGGC average. Targets to be agreed.

Actions to Improve Performance

Due to the external factor of global drug cost increases, the cost / treated patient trend shows increasing cost across all sectors as well as NHSGGC. There is ongoing implementation of cost effectiveness initiatives to ensure cost minimisation and to reduce the differential between the NHSGGC average and the HSCP/Sector averages.

| | |
|-----------------------------------|---|
| Indicator | 4. Numbers of people with a diagnosis of dementia on dementia register and other equivalent sources |
| Purpose | To monitor the numbers of people being placed on a dementia register in primary care. This gives an indication of whether dementia is being effectively diagnosed in order to enable appropriate interventions to be delivered. The targets are based upon population based prevalence estimates and give an indication of the numbers of people with dementia we would expect to find within a given area. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Richard Groden, Clinical Director |

| AREA | TARGET | End Oct Mar | End Dec 2015 | End Jan 2016 | End Feb 2016 | End Mar 2016 |
|--|---------------|-------------|--------------|--------------|--------------|--------------|
| NE | 1218 | 1,316 (G) | 1961 (G) | 1496 (G) | 1530 (G) | 1,529 (G) |
| NW | 1395 | 1,042 (R) | 1304 (R) | 1325 (R) | 1326 (A) | 1,316 (R) |
| S | 1597 | 1,464 (A) | 1566 (A) | 1578 (A) | 1582 (A) | 1,571 (A) |
| HSCP | 4210 | 3,822 (A) | 4331 (G) | 4399 (G) | 4438(G) | 4,416 (G) |
| Performance Trend | | | | | | |
| Variations across localities but performance overall remains GREEN. The numbers on dementia registers have increased over the course of the last 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 8 |
| HSCP Lead | Carol Anne Keogh, Head of HR |

| HSCP | Jun-15 | Mar-16 | Apr-16 | May-16 | Jun-16 | Status |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-------------|
| North East | 5.8% (R) | 5.8% (R) | 5.2% (R) | 5.9% (R) | 6.0% (R) | Red |
| North West | 5.7% (R) | 6.0% (R) | 5.8% (R) | 7.1% (R) | 7.0% (R) | Red |
| South | 6.4% (R) | 7.8% (R) | 6.6% (R) | 7.3% (R) | 6.8% (R) | Red |
| Glasgow City | 6.0% (R) | 6.3% (R) | 5.6% (R) | 6.4% (R) | 6.4% (R) | Red |
| Target | 4.0% (R) | 4.0% (R) | 4.0% (R) | 4.0% (R) | 4.0% | 4.0% |
| SPLIT | AREA | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
| Short term - % absences | NE | 2.2% | 1.9% | 2.5% | 2.5% | 2.2% |
| | NW | 2.4% | 2.6% | 2.6% | 3.0% | 2.3% |
| | S | 2.5% | 2.6% | 3.0% | 3.4% | 2.9% |
| | HSCP | 2.3% | 2.2% | 2.6% | 2.7% | 2.4% |
| Long term - % absences | NE | 4.3% | 4.2% | 3.8% | 3.7% | 3.6% |
| | NW | 4.2% | 3.7% | 3.6% | 3.8% | 3.7% |
| | S | 4.1% | 4.1% | 4.2% | 4.8% | 4.9% |
| | HSCP | 4.2% | 4.1% | 3.9% | 4.2% | 3.9% |
| Performance Trend | | | | | | |
| Variations across areas and over time, with a slight increase between June 2015 and 2016. Performance remains RED across all areas. | | | | | | |
| Actions to Improve Performance | | | | | | |
| <p>The absence levels for the HSCP have historically remained above the national target. The recent inclusion of mental health directorates within GCHSCP have further impacted negatively on the absence figures. The current action plan to support managers in reducing absence include the following:-</p> <ul style="list-style-type: none"> • 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 them 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.

- The 'HR Connect' portal has been made available to all staff and management from May 2016 to provide support to managers in the form of policies, guidance, and templates. 'Drop in' sessions for managers and staff will be delivered from September 2016 within the main HSCP sites to promote the portal and encourage usage.
- From June 2016, the HR Support and Advice Unit commenced a programme of 'Attendance Management Clinics' providing HR support to managers requiring to meet with staff to address short term and long term absence. Attendance Management Policy awareness sessions for managers are also delivered locally by HR staff on an annual basis.
- A 'People Management Programme' will commence during late 2016 to support managers in developing people management skills including application of policies and procedures.

Timeline for Improvement

The restructure of the HR function in mid 2016 provides greater opportunity for managers to access the tools necessary to apply the principles of effective attendance management in their service areas. The introduction of the 'HR Connect' portal together with support available from the HR Support and Advice Unit now provides managers with the resources required to more effectively manage attendance. On this basis, a predicted reduction in absence levels is expected within the next 6 month period.

| | |
|-----------------------------------|---|
| 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 5% or below. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 8 |
| HSCP Lead | Christina Heuston, Head of Corporate Services |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--------|------------|-----------|-----------|-----------|-----------|----------|
| 5% | North East | 4.32% (G) | 5.01% (G) | 4.43% (G) | 5.36% (R) | 6.8% (R) |
| 5% | North West | 6.54% (R) | 5.18% (A) | 5.26% (A) | 4.56% (G) | 4.0% (G) |
| 5% | South | 6.92% (R) | 5.61% (R) | 4.97% (G) | 5.57% (R) | 4.1% (G) |
| 5% | Glasgow | 5.20% (A) | 4.75% (G) | 4.87% (G) | 5.4% (R) | 6.4% (R) |

Performance Trend

In Q1 North West and South were below the 5% upper threshold. Absence levels have increased since Quarter 1 in 2015/16 for the city as a whole and for the North East with reductions in the other areas.

Actions to Improve Performance

Actions being progressed in respect to social work staff include the following: -

- An early intervention strategy is in place which has already achieved reduced absence levels. This strategy will continue with targeted assistance for managers from HR. The strategy aims to reduce the length of absences by ensuring early support is in place for psychological and musculoskeletal illnesses, which together account for 80 % of absences.
- Ongoing promotion and implementation of the Healthy Working Lives initiative.
- Continued management training in managing absence and also in how to best support employees while they are at their work.

Timeline for Improvement

It is anticipated that improvements will be made by the end of December 2016.

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

| TARGET | AREA | Jun 15 | Mar 16 | Apr 16 | May 16 | Jun 16 |
|--------|------|---------------|--------------|--------------|---------------|---------------|
| 80% | HSCP | 55.63% (R) | 51.28 (R) | 50.06 (R) | 50.48% (R) | 52.44% (R) |

Performance Trend

Variations across areas and over time. Performance remains RED and has reduced slightly between June 2015 and 2016. Further analysis has highlighted variances between areas with 56% being achieved in the North East, 45% in North West, and mental health specialist areas achieving 70% compliance.

Actions to Improve Performance

In order to support improvement of compliance rates, Heads of People & Change, in collaboration with Senior Learning & Education Advisors, have agreed the following actions

- Senior Learning and Education Advisors with the support of People & Change Managers, will verify the information available on staff whose review is out of date, highlighting those staff who are not required to undertake KSF, and those staff who no longer work within the HSCP.
- Senior Learning and Education Advisors will identify those areas with greater opportunity to increase compliance and meet with Team Leaders to develop local action plans with targets and timescales agreed.
- Senior Learning and Education Advisors will look to identify any areas of concern, reviewing the manager's page on eKSF with the manager, and supporting them to identify any staff that do not have an outline assigned to them, and correcting this using the planning tool to assign review dates.
- Senior Learning and Education Advisors will encourage Team Leaders to discuss the action plan with their teams and engage with Service Managers / Senior Nurses /Heads of Service to support the initiative and monitor progress through regular one to one meetings. They will also update the Locality Management and Operational Management teams on progress and seek their support and ownership of the action plan to enable roll out.

Timeline for Improvement

Through effective implementation of the action plans improvement in compliance rates is anticipated by end of October 2016.

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

| TARGET | AREA | Jul-15 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 |
|--------|----------------------------|----------|---------|----------|---------|----------|----------|----------|
| 100% | Glasgow City HSCP Total | 75% (R) | 20% (R) | 29% (R) | 47% (R) | 67% (R) | 78% (R) | 43% (R) |
| 100% | Glasgow City South | 100% (G) | 40% (R) | 0% (R) | 67% (R) | 67% (R) | 100% (G) | N/A |
| 100% | Glasgow City North East | 100% (G) | 33% (R) | 33% (R) | 50% (R) | 73% (R) | 100% (G) | 50% (R) |
| 100% | Glasgow City North West | 100% (G) | 0% (R) | 33% (R) | 67% (R) | 33% (R) | 100% (G) | 0% (R) |
| 100% | Glasgow City Mental Health | 0% (R) | 0% (R) | 100% (G) | 50% (R) | 100% (G) | N/A | 0% (R) |
| 100% | Glasgow City HSCP Central | 33% (R) | 0% (R) | 0% (R) | 0% (R) | 0% (R) | 60% (R) | 100% (R) |

Performance Trend

Performance fluctuates across areas and over time with HCSP Central the only area GREEN in the last reporting period. Performance has declined since July last year for the city overall

Actions to Improve Performance

Following the implementation of the revised HR structure in mid-2016, it is expected that People & Change Managers will be in a position to provide further support to managers in improving completion rates by undertaking the following:-

- Identifying 'hotspots' where timescale breaches are likely to occur.
- Updating local managers on a monthly basis to review induction activity and agree required actions to ensure compliance with timescales.

Timeline for Improvement

The process will begin in September 2016 and will be reviewed in December 2016.

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

| TARGET | AREA | Jul-15 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 |
|--------|----------------------------|----------|---------|----------|----------|----------|----------|----------|
| 100% | Glasgow City HSCP Total | 67% (R) | 16% (R) | 27% (R) | 57% (R) | 44% (R) | 67% (R) | 27% (R) |
| 100% | Glasgow City South | 100% (G) | 40% (R) | 0% (R) | 43% (R) | 25% (R) | N/A | 0% (R) |
| 100% | Glasgow City North East | 50% (R) | 13% (R) | 8% (R) | 50% (R) | 63% (R) | 100% (G) | 20% (R) |
| 100% | Glasgow City North West | N/A | 0% (R) | 60% (R) | 100% (G) | 0% (R) | 0% (R) | 33% (R) |
| 100% | Glasgow City Mental Health | N/A | 0% (R) | 50% (R) | N/A | 100% (G) | 50% (R) | 100% (G) |
| 100% | Glasgow City HSCP Central | N/A | N/A | 100% (G) | 100% (G) | N/A | 80% (R) | N/A |

Performance Trend

Performance fluctuates across areas and over time with Mental Health the only area GREEN in the last reporting period. Performance has declined since July last year for the city overall

Actions to Improve Performance

Following the implementation of the revised HR structure in mid-2016, it is expected that People & Change Managers will be in a position to provide further support to managers in improving completion rates by undertaking the following:-

- Identifying 'hotspots' where timescale breaches are likely to occur.
- Updating local managers on a monthly basis to review induction activity and agree required actions to ensure compliance with timescales.
- Working with Senior Learning and Education Advisors to develop a process to retrospectively ensure that all appropriately identified staff undertake the relevant learning to enable them to sign off the Healthcare Support Worker Code of Conduct, which will also capture staff who have not completed the induction programme

Timeline for Improvement

Healthcare Support Worker Code of Conduct Programme starts in September 2016 for 6 months, with a review period scheduled anticipated end November 2016.

BUSINESS PROCESSES

| | |
|---|--|
| Indicator | 1. NHS Complaints responded to within 20 working days (%) |
| Purpose | To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days). |
| National/ Corporate/ Local | Health Board Indicator |
| Integration Outcome | Outcome 3 |
| HSCP Lead | Allison Eccles, Head of Business Development |

| TARGET | AREA | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|-------|--------------|-------------|--------------|--------------|--------------|
| 70% | NE | 100% (G) | 90% (G) | 85% (G) | 86% (G) | 43% (R) |
| 70% | NW | 91% (G) | 76% (G) | 64% (R) | 83% (G) | 86% (G) |
| 70% | S | 67% (A) | 100% (G) | 80% (G) | 100% (G) | 83% (G) |
| 70% | Corp. | 99.0% (G) | 97% (G) | 98% (G) | 96% (G) | 98% (G) |
| 70% | HSCP | 93.0% (G) | 85% (G) | 97.5% (G) | 95.5% (G) | 96.5% (G) |
| Performance Trend | | | | | | |
| HSCP, South and North West GREEN, with North East moving to RED in the last quarter. Performance has slightly improved since Quarter 1 in 2015/16. | | | | | | |

| | |
|---------------------------------|---|
| Indicator | 2. Percentage of Social Work complaints handled within 15 working days (local deadline) |
| Purpose | To monitor performance in relation to the locally agreed Social Work target time for responding to complaints. (15 days). |
| National/Corporate/Local | HSCP Local Indicator |
| Integration Outcome | Outcome 3 |
| HSCP Lead | Allison Eccles, Head of Business Development |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|--------------|----------|----------|----------|----------|----------|
| 65% | North East | 89% (G) | 92% (G) | 89% (G) | 87% (G) | 84% (G) |
| 65% | North West | 74% (G) | 72% (G) | 74% (G) | 69% (G) | 72% (G) |
| 65% | South | 57% (R) | 63% (A) | 54% (R) | 48% (R) | 62% (A) |
| 65% | Homelessness | 75% (G) | 100% (G) | 60% (R) | 55% (R) | 100% (G) |
| 65% | Centre | 85% (G) | 76% (G) | 78% (G) | 75% (G) | 78% (G) |
| 65% | Glasgow | 73% (G) | 72% (G) | 69% (G) | 66% (G) | 73% (G) |
| Performance Trend | | | | | | |
| All localities, with the exception of South exceeded the target at Q1, with South improving performance and moving from RED to AMBER. Performance was the same at Quarter 1 of 2015/16 and 2016/17 for the city overall. | | | | | | |

| | |
|---------------------------------|---|
| Indicator | 3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline) |
| Purpose | To monitor performance in relation to the statutory Social Work target time for responding to complaints (28 days). |
| National/Corporate/Local | Statutory Indicator and deadline |
| Integration Outcome | Outcome 3 |
| HSCP Lead | Allison Eccles, Head of Business Development |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 85% | North East | 96% (G) | 96% (G) | 93% (G) | 92% (G) | 91% (G) |
| 85% | North West | 91% (G) | 87% (G) | 91% (G) | 86% (G) | 90% (G) |
| 85% | South | 87% (G) | 90% (G) | 83% (G) | 77% (R) | 84% (G) |
| 85% | Homelessness | 75% (R) | 80% (R) | 80% (R) | 73% (R) | 100% (G) |
| 85% | Centre | 95% (G) | 91% (G) | 85% (G) | 85% (G) | 83% (G) |
| 85% | Glasgow | 91% (G) | 90% (G) | 87% (G) | 84% (G) | 88% (G) |
| Performance Trend | | | | | | |
| The 85% target was met in all localities at Q1 (GREEN). There was a slight reduction in performance between Quarter 1 of 2015/16 and 2016/17 for the city overall. | | | | | | |

| | |
|---------------------------------|--|
| Indicator | 4. Percentage of elected member enquiries handled within 10 working days |
| Purpose | To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days. |
| National/Corporate/Local | Council Corporate Indicator. |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Allison Eccles, Head of Business Development |

| Target | Locality | 15/16 Q1 | 15/16 Q2 | 15/16 Q3 | 15/16 Q4 | 16/17 Q1 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 80% | North East | 99% (G) | 100% (G) | 80% (G) | 97% (G) | 100% (G) |
| 80% | North West | 96% (G) | 93% (G) | 91% (G) | 97% (G) | 98% (G) |
| 80% | South | 91% (G) | 82% (G) | 85% (G) | 82% (G) | 86% (G) |
| 80% | Centre | 91% (G) | 96% (G) | 85% (G) | 94% (G) | 98% (G) |
| 80% | Glasgow | 93% (G) | 92% (G) | 90% (G) | 93% (G) | 94% (G) |
| Performance Trend | | | | | | |
| The target has been met across all localities (GREEN) each quarter and there was a slight increase in performance between Quarter 1 of 2015/16 and 2016/17. | | | | | | |

APPENDIX 1 – OTHER INDICATORS UPDATED ANNUALLY/BIENIALLY

1. NATIONAL INTEGRATION INDICATORS

A Core Suite of Integration Indicators was published in March 2015 by the Scottish Government to provide the basis against which Health and Social Care Partnerships measure their progress in relation to the National Health and Wellbeing outcomes. Further work is underway to develop and improve this indicator suite, and Partnerships are expected to report upon them in their 2016/17 Annual Performance Reports. The intention is that these will be derived from national data sources so that the measurement approach is consistent across all areas.

These Integration Indicators can be grouped into two types of complementary measures: indicators derived from Organisational/System data which is primarily collected for other reasons; and Outcome indicators based on feedback from the regular Health and Care Experience survey. The latest information in relation to both categories is summarised below:

i. Organisational/Systems Data

| Indicator | 1. Premature mortality rate (Per 100,000 population) | | | | |
|--------------|--|------|------|------|------|
| | 2010 | 2011 | 2012 | 2013 | 2014 |
| Glasgow City | 674 | 672 | 649 | 635 | 612 |
| Scotland | 467 | 456 | 445 | 438 | 423 |

| Indicator | 2. Rate of emergency admissions per 100,000 population for adults. | | | |
|--------------|--|---------|---------|---------|
| | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
| Glasgow City | 14,542 | 14,260 | 14,030 | 14,646 |
| Scotland | 11,582 | 11,741 | 11,846 | 12,165 |

| Indicator | 3. Rate of emergency bed day per 100,000 population for adults. | | | |
|--------------|---|---------|---------|---------|
| | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
| Glasgow City | 152,029 | 146,354 | 141,357 | 144,251 |
| Scotland | 124,294 | 117,830 | 113,790 | 119,920 |

| Indicator | 4. Readmissions to hospital within 28 days of discharge per 1,000 admissions. | | | |
|--------------|---|---------|---------|---------|
| | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
| Glasgow City | 92 | 92 | 92 | 89 |
| Scotland | 83 | 85 | 86 | 87 |

| Indicator | 5. Proportion of last 6 months of life spent at home or in a community setting | | |
|--------------|--|---------|---------|
| | 2011/12 | 2012/13 | 2013/14 |
| Glasgow City | 85 | 85 | 85 |
| Scotland | 88 | 87 | 87 |

| Indicator | 6. Falls rate per 1,000 population aged 65+ | | | |
|--------------|---|---------|---------|---------|
| | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
| Glasgow City | 25% | 25% | 26% | 26% |
| Scotland | 20% | 20% | 21% | 21% |

| Indicator | 7. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections |
|-----------|---|
| Glasgow | 81% |
| Scotland | 81.2% |

| Indicator | 8. Percentage of adults with intensive care needs receiving care at home | | | |
|--------------|--|---------|---------|---------|
| | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
| Glasgow City | 58% | 56% | 55% | 53% |
| Scotland | 59% | 59% | 60% | 60% |

| Indicator | 9. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population | | |
|--------------|--|---------|---------|
| | 2012/13 | 2013/14 | 2014/15 |
| Glasgow City | 1014 | 1090 | 1031 |
| Scotland | 886 | 922 | 1044 |

| Indicator | 10. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | | | |
|--------------|---|---------|---------|---------|
| | 2010/11 | 2011/12 | 2012/13 | 2013/14 |
| Glasgow City | 22% | 22% | 24% | 23% |
| Scotland | 22% | 22% | 23% | 23% |

| | |
|---|--|
| Other National Integration Indicators Under Development | 11. Percentage of people admitted to hospital from home during the year, who are discharged to a care home |
| | 12. Percentage of people who are discharged from hospital within 72 hours of being ready |
| | 13. Expenditure on end of life care, cost in last 6 months per death |

ii. Scottish Health and Care Experience Survey

This survey is the successor to the GP and Local NHS Services Patient Experience survey. The survey is postal and asks about people's experiences of their GP practice, out-of-hours services, and their outcomes from NHS treatments. The survey also now covers areas of care and help provided by local authorities and other organisations to support the national outcomes for health and social care proposed under The Public Bodies (Joint Working). There are also some questions aimed specifically at carers about their experiences of caring and support. The latest performance information for the 2015 survey is summarised below along with comparisons from the previous survey in 2013. The survey was undertaken using random samples of patients identified from GP practice lists, with the numbers aim of ensuring sufficient responses to achieve a reasonably reliable result for each practice. Within Glasgow, approximately 15,000 patients returned the survey.

| Indicator | Glasgow | | | | North East | North West | South |
|---|-------------|-------------|-------------------|----------------------------------|-------------|-------------|-------------|
| | 2013 Survey | 2015 Survey | Change from 13/14 | Difference from Scottish average | 2015 Survey | 2015 Survey | 2015 Survey |
| % of adults able to look after their health very well or quite well. | 90% | 91% | +1% | -3% | N/A | N/A | N/A |
| % of adults supported at home who agree they are supported to live as independently as possible | 85% | 84% | -1% | +1% | 82% | 86% | 85% |
| % of adults supported at home who agree that they had a say in how their help, care or support was provided | 84% | 81% | -3% | +2% | 82% | 82% | 79% |
| % of adults supported at home who agree that their health and care services seemed to be well co-ordinated | 79% | 72% | -7% | -3% | 76% | 65% | 76% |
| % of adults receiving any care or support who rate it as excellent or good | 84% | 82% | -2% | +1% | 83% | 82% | 82% |
| % of people with positive experience of care at their GP practice. | 89% | 88% | -1% | +2% | 86% | 90% | 89% |
| % adults supported at home who agree services/support had impact in improving or maintaining quality of life. | 86% | 84% | -2% | Same | 84% | 85% | 82% |
| % of carers who feel supported to continue in their caring role. | 48% | 40% | -8% | -1% | 40% | 40% | 40% |
| % of adults supported at home who feel safe. | 87% | 86% | -1% | +1% | 88% | 85% | 84% |
| % staff recommending their workplace as a good place to work | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

2. OTHER CORPORATE/LOCAL INDICATORS

There are a number of other indicators which services have identified as being important to monitor and review but which are only updated on an annual or biennial basis. These are summarised by care group below:

Primary Care

| | |
|-----------------------------------|--|
| Indicator | 1. Percentage able to make an appointment with a doctor three or more working days in advance |
| Purpose | To monitor access to primary care services. This indicator relates to whether patients can make an appointment to see a GP more than 48 hours in advance. The figures are taken from the national Health and Care Experience Survey. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Richard Groden, Clinical Director |

| Area | Target | % positive responses 15/16 | % positive responses 13/14 | Change from 13/14 | Difference from Scottish average |
|---------------------|------------|----------------------------|----------------------------|-------------------|----------------------------------|
| North East | 90% | 73% (R) | | | |
| North West | 90% | 77% (R) | | | |
| South | 90% | 83% (R) | | | |
| Glasgow City | 90% | 78% (R) | 80% (R) | -2% | +2% |

| |
|---|
| Performance Trend |
| Performance is below target and there has been a slight reduction since the last survey. Glasgow is above the Scottish average however. |

| | |
|-----------------------------------|---|
| Indicator | 2. Percentage able to see or speak to a doctor or nurse within two working days. |
| Purpose | To monitor access to primary care services. This indicator relates to whether patients can access advice from a health professional within their practice within 48 hours. The figures are taken from the national Health and Care Experience Survey. |
| National/ Corporate/ Local | Health Board Indicator |
| Integration Outcome | Outcome 4 |
| HSCP Lead | Richard Groden, Clinical Director |

| Area | Target | % positive responses 15/16 | % positive responses 13/14 | Change from 13/14 | Difference from Scottish average |
|---|---------------|-----------------------------------|-----------------------------------|--------------------------|---|
| North East | 90% | 82% (R) | | | |
| North West | 90% | 88% (R) | | | |
| South | 90% | 83% (R) | | | |
| Glasgow City | 90% | 84% (R) | 86% (A) | -2% | Same |
| Performance Trend | | | | | |
| Performance is below target and there has been a slight reduction since the last survey. Glasgow is the same as the Scottish average however. | | | | | |

Mental Health

| | |
|---|---|
| Indicator | 3. Deaths for which the underlying cause was classified as 'intentional self-harm' (crude rate per 100,000 population). |
| Purpose | To monitor rates and trends of deaths classified as intentional self-harm over time per 100,000 population. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas. These can be impacted upon by external factors and partners, but HSCP services and primary care have a role in promoting preventative messages in relation to positive mental and providing mental health services where required. |
| National/ Corporate/ Local | HSCP Local indicator. |
| Integration Outcome | Outcome 7 |
| HSCP Lead | David Walker, Head of Operations (South) |

| AREA | 2011 | 2012 | 2013 | 2014 | 2015 |
|-------------|-------------|-------------|-------------|-------------|------------|
| NE | 14.1 | 7.9 | 12.9 | 10.7 | 8.4 |
| NW | 13.2 | 17.7 | 14.6 | 14.6 | 7.5 |
| S | 12.3 | 10.9 | 8.6 | 10.4 | 11.7 |
| HSCP | 13.2 | 12.3 | 11.9 | 11.8 | 9.2 |
| GGC | 12.4 | 10.6 | 12.4 | 11.2 | 10.1 |

Performance Trend

Numbers and rates fluctuate but have reduced for the HSCP as a whole between 2011 and 2015. On a crude population basis, Glasgow was below the Health Board average in 2015.

Addictions

| | |
|---|---|
| Indicator | 4. Number of drug related deaths (crude rate per 100,000 population). |
| Purpose | To monitor rates and trends of deaths classified as being related to drugs per 100,000 population. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas. These can be impacted upon by external factors and partners, but HSCP services and primary care have a role in promoting preventative messages in relation to drugs and providing addictions services where required. |
| National/ Corporate/ Local | HSCP Local indicator. |
| Integration Outcome | Outcome 4 |
| HSCP Lead | David Walker, Head of Operations (South) |

| TARGET | AREA | 2011 | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|------|------|
| N/A | HSCP | 19.7 | 20.3 | 17.3 | 19.0 | 25.9 |
| N/A | GGC | 15.9 | 15.9 | 12.1 | 16.5 | 19.2 |
| Performance Trend | | | | | | |
| Numbers and rates fluctuate but have increased for the HSCP as a whole between 2011 and 2015. On a crude population basis, Glasgow was above the Health Board average in 2015. | | | | | | |

| | |
|---|--|
| Indicator | 5. Number of alcohol related deaths (per 100,000 population) |
| Purpose | To monitor rates of deaths related to alcohol over time per 100,000 population. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare areas but allow for comparisons over time within areas. These can be impacted upon by external factors and partners, but HSCP services and primary care have a role in promoting preventative messages in relation to the use of alcohol and providing addictions services where appropriate. |
| National/ Corporate/ Local | HSCP Local indicator. |
| Integration Outcome | Outcome 4 |
| HSCP Lead | David Walker, Head of Operations (South) |

| TARGET | AREA | 2011 | 2012 | 2013 | 2014 | |
|---|-------------|-------------|-------------|-------------|-------------|--|
| N/A | NE | 73.7 | 44.7 | 45.2 | 48.4 | |
| N/A | NW | 40.0 | 39.6 | 35.6 | 32.3 | |
| N/A | S | 42.3 | 38.4 | 38.8 | 35.7 | |
| N/A | HSCP | 50.7 | 40.7 | 39.6 | 38.3 | |
| N/A | GGC | 43.6 | 35.4 | 33.6 | 35.0 | |
| Performance Trend | | | | | | |
| Numbers and rates fluctuate but there has been a downward trend over the period shown. On a crude population basis, North East has been consistently the highest and Glasgow has remained above the Health Board average. | | | | | | |

Health Improvement

| | |
|---|--|
| Indicator | 6. % of P1 children with no obvious decay experience |
| Purpose | To monitor the rates of dental disease in P1 children. These can be impacted upon by external factors and by other partners, but HSCP services and primary care have a role in promoting good oral health and encouraging dental registration. |
| National/ Corporate/ Local | HSCP Local indicator. |
| Integration Outcome | Outcome 1 |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Inequality |

| TARGET | AREA | 2010 | 2012 | 2014 | | |
|---|------|---------------|----------------------|----------------------|--|--|
| 60% | HSCP | - | 56.5% (A) | 58.8% (A) | | |
| 60% | GGC | 58.2% (R) | 63.2% (G) | 61.3% (G) | | |
| 60% | E | 42.93% (R) | | | | |
| 60% | N | 50.46% (R) | | | | |
| 60% | SE | 50.88% (R) | | | | |
| 60% | SW | 52.68% (R) | | | | |
| 60% | W | 58.48% (A) | | | | |
| Performance Trend | | | | | | |
| Performance has improved between 2012 and 2014 though performance remains below target and classified as AMBER. | | | | | | |

| | |
|---|--|
| Indicator | 7. % of P7 children with no obvious decay experience |
| Purpose | To monitor the rates of dental disease in P7 children. These can be impacted upon by external factors and by other partners, but HSCP services and primary care have a role in promoting good oral health and encouraging dental registration. |
| National/ Corporate/ Local | HSCP Local indicator. |
| Integration Outcome | Outcome 1 |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Inequality |

| TARGET | AREA | 2011 | 2013 | 2015 | | |
|---|------|---------------|--------------|--------------|--|--|
| 60% | HSCP | 55.33% (A) | 60.6% (G) | 70.2% (G) | | |
| Performance Trend | | | | | | |
| Performance has improved between 2013 and 2015 and remains GREEN. | | | | | | |

Health Screening

| | |
|---|---|
| Indicator | 8. Abdominal Aortic Aneurysms Screening Rate (AAA) - Uptake rate |
| Purpose | To monitor uptake of those invited to participate in the Abdominal Aortic Aneurysms Screening (AAA) programme. HSCP services and primary care are not responsible for delivering this programme but have a role in promoting awareness and encouraging uptake. This relates to men eligible for screening up until the 31 March 2014. |
| National/ Corporate/ Local | HSCP Local indicator. |
| Integration Outcome | Outcome 1 |
| HSCP Lead | Richard Groden, Clinical Director |

| | Number of Men Offered Appointments | Attended screening (uptake) | |
|--|------------------------------------|-----------------------------|-------------|
| | | N | % |
| Glasgow City Sectors | | | |
| Glasgow City - North East Sector | 1,706 | 1,319 | 77.3 |
| Glasgow City - North West Sector | 1,814 | 1,422 | 78.4 |
| Glasgow City - South Sector | 2,157 | 1,742 | 80.8 |
| Glasgow City | 5,677 | 4,483 | 79.0 |
| Target | | | TBC |
| Performance Trend | | | |
| Variations across sectors. This is the first time this has been reported against so no trend information is available. Targets to be agreed. | | | |

| | |
|---|---|
| Indicator | 9. Percentage of those invited who undertake bowel screening |
| Purpose | To monitor uptake of those invited to participate in the bowel screening programme. HSCP services and primary care are not responsible for delivering this programme but have a role in promoting awareness and encouraging uptake. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 1 |

| Sex/Area | 13-15 Total | 12-14 Total | 10-13 Total |
|--|------------------------|------------------------|------------------------|
| Male | | | |
| North East | 49.0% (R) | 46.8%(R) | 45.1%(R) |
| North West | 52.4% (R) | 50.0% (R) | 48.2% (R) |
| South Sector | 51.2% (R) | 48.9% (R) | 47.5% (R) |
| HSCP | 50.9% (R) | 48.6% (R) | 47.0%(R) |
| GGC | 55.9% (A) | 53.9% (R) | 52.3% (R) |
| Female | | | |
| North East | 45.2% (R) | 43.1% (R) | 41.0% (R) |
| North West | 46.4% (R) | 44.4% (R) | 42.3% (R) |
| South Sector | 46.1% (R) | 44.5% (R) | 42.3% (R) |
| HSCP | 45.9% (R) | 44.0% (R) | 41.9% (R) |
| GGC | 50.6% (R) | 48.9% (R) | 46.8%(R) |
| Total | | | |
| North East | 47.1% (R) | 45.0% (R) | 43.1%(R) |
| North West | 49.4%(R) | 47.2% (R) | 45.2%(R) |
| South Sector | 48.7%(R) | 46.7% (R) | 44.9%(R) |
| HSCP | 48.4%(R) | 46.3% (R) | 44.4%(R) |
| GGC | 53.3%(R) | 51.5% (R) | 49.6%(R) |
| Target | 60% | 60% | 60% |
| Performance Trend | | | |
| Uptake has been improving over time for both males and females. Performance remains below target, however, and below the Health Board average. | | | |

| | |
|---|--|
| Indicator | 10. Percentage of women invited who attend for breast screening. |
| Purpose | To monitor uptake of those invited to participate in the breast screening programme. HSCP services and primary care are not responsible for delivering this programme but have a role in promoting awareness and encouraging uptake. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 1 |

| TARGET | AREA | 2006-09 Round | 2009-13 Round | Status |
|--|-------------|------------------|------------------|--------------|
| 70% | NE | | 62.9% (R) | Red |
| 70% | NW | | 63.5% (A) | Amber |
| 70% | S | | 65.6% (A) | Amber |
| 70% | HSCP | 67.7% (A) | 64.2% (A) | Amber |
| 70% | GGC | 70.9% (G) | 69.1 | Amber |
| Performance Trend | | | | |
| Uptake has reduced slightly over the periods shown and performance remains below target and AMBER. Variations across areas with North East having the lowest uptake. | | | | |

| | |
|---|--|
| Indicator | 11. Percentage of women invited who attend for cervical screening |
| Purpose | To monitor the uptake amongst women invited for a cervical screening test. HSCP services and primary care are not responsible for delivering this programme but have a role in promoting awareness and encouraging uptake. |
| National/ Corporate/ Local | HSCP Local Indicator |
| Integration Outcome | Outcome 1 |

| TARGET | AREA | Mar 15 | 30 Jun 15 | Sep 15 | Dec 15 | Mar 16 | Status |
|---|-------------|------------------|------------------|------------|------------|------------|------------|
| 80% | NE | 71.6%(R) | 71.5%(R) | 71.1%(R) | 71.1%(R) | 71.2% (R) | Red |
| 80% | NW | 63.0% (R) | 62.7%(R) | 61.9%(R) | 61.3%(R) | 66.1% (R) | Red |
| 80% | S | 72.9% (R) | 72.6%(R) | 72.3%(R) | 72.0%(R) | 72.5% (R) | Red |
| 80% | HSCP | 68.8% (R) | 68.5% (R) | N/A | N/A | N/A | Red |
| Performance Trend | | | | | | | |
| Performance remains RED in all areas. North West has had the lowest uptake over the period shown. | | | | | | | |

APPENDIX 2 – INDICATORS FOR FUTURE INCLUSION

The indicators below are indicators which have been suggested by services for future inclusion in the main body of this report. They are not part of the current report because they either require further definition or ongoing work is required to develop reporting mechanisms.

OLDER PEOPLE

| | |
|-------------------|---|
| Indicators | Falls - exact local indicator would need to be defined (HSCP Local Indicator) |
| | Dementia Post Diagnosis Support (NHS LDP Standard/Health Board Indicator) |
| | Intermediate Care Step Up Beds Performance |

Day Care

| | |
|-------------------|---|
| Indicators | Occupancy Rates – Target of 100% |
| | Admissions/Source of Referral |
| | Reasons for Referral |
| | Age/ Gender/ Ethnicity |
| | Reason for discharge |
| | Percentage of day care service users with a care review carried out within timescale (within 6 months of last review) |

Residential Care

| | |
|-------------------|--|
| Indicators | Occupancy Rates |
| | Emergency Admissions to hospital- % come back/move on |
| | Emergency Admissions to hospital - Length of hospital stay following emergency admission |
| | Source of New Admissions |
| | Number of residents discharged from our units |
| | Number of Service Users dying in the care home/ Number of our service users dying in hospital. |
| | Percentage of residents with a care review carried out within timescale (within 6 months of last review) |

UNSCHEDULED CARE

| | |
|-------------------|--|
| Indicators | Emergency Admissions (All adults) – Numbers and Standardised rate per 1,000 population by month, by locality for the set aside specialties. |
| | New A&E Attendances for NHSGGC locations – standardised rate per 100,000 population by year by locality |
| | New A&E Attendances for NHSGG&C locations with a source of referral of a GP - standardised rate per 100,000 population by month by locality |
| | Emergency Acute Bed Days (All adults and Older People) – Numbers and Standardised rate per 1,000 population by month, by the set aside specialties |

CARERS SERVICES

| | |
|-------------------|--|
| Indicators | Source of Referrals to Carers Services |
| | Referrals by Client Group of those being cared for |

CHILDREN'S SERVICES

| | |
|-------------------|--|
| Indicators | % of children reaching all development milestones at 27-30 months (Target is 85%) (Health Board Indicator). |
| | 90% young people to commence treatment for CAMHS services within 18 weeks). (LDP Standard) |
| | % of children reaching all development milestones at entry to primary school |
| | Health checks for LAAC Children |
| | No. and % of Multi-agency child plans complete within timescale |
| | No. and % of Single child plans complete within timescale. |
| | % of sampled plans that show progress across the SHANARRI outcomes |
| | No. of parents/carers referred to financial inclusion services |
| | Number and % of places on schools vocational training programmes for young people who are school age and looked after by the authority |
| | No. of young people aged 16+ receiving continuing care |
| | No. of young people referred to SCRA on offence grounds |
| | Number of young people under 18 years, accessing services for alcohol or drug misuse |
| | No. of routine sensitive enquiries (domestic abuse) |
| | Viewpoint Questionnaires - Outcomes |

ADULT SERVICES

Allied Health Professional (AHP) Services

| | |
|-------------------|---|
| Indicators | Waiting Times for Dietetics (Health Board Indicator for Acute) |
| | Waiting Times for MSK Podiatry (Health Board Indicator for West Dunbartonshire) |
| | Waiting Times for Podiatry Services (Health Board Indicator for Renfrewshire) |
| | Waiting Times for Continence Services |
| | % Service Users with personalised services taking support in the form of a direct payment |

Learning Disability

| | |
|-------------------|---|
| Indicators | Number of supports needs assessments undertaken over last 2 years |
| | Number of outcome based support plans undertaken over last 2 years |
| | Number of people who are being monitored and reviewed on a 2 yearly basis |

ADULT MENTAL HEALTH

| | |
|-------------------|--|
| Indicators | CMHT referral to 1st appointment within 28 days |
| | Inpatient activity – waiting time for treatment > 12 weeks |
| | Internal boarding of patients |

OLDER PEOPLE'S MENTAL HEALTH

| | |
|--|--|
| Indicators | Referral rates to SW services from OPMH Acute and Complex Clinical Care units. |
| | Unscheduled Care |
| | Rates of 65+, 75+ emergency admissions to OPMH wards- Functional and organic |
| | OPMH Wards-Acute Function/Organic and Complex Clinical Care |
| | <ul style="list-style-type: none"> - Bed Days Used/Average Length of Stay/Occupancy Rates/Admissions/Discharges/Boarding (In existing bed reports). - Delayed Discharges - Bed days lost to Delayed Discharge and those classed as AWI - Readmission within 28 days of being discharged from OPMH or Acute Hospital Ward - No and % of patients who are detained/EDC v STDC within hours - % of patients admitted because no powers in place - % of patients where AWI is underway and how long since application for AWI |
| | OPMH Community |
| <ul style="list-style-type: none"> - Psychological heat targets - % >65 patients accessing Primary Care CMHT - CMHT referral nos/DNA rates | |

ADDICTIONS

| | |
|-------------------|--|
| Indicators | Percentage of Parental Assessments completed within 30 days of referral. |
| | No of individuals with current recovery Plan completed within 21 days |
| | Specialist Inpatients Delayed Discharges [Kershaw (Gartnavel Royal) and Eriskay (Stobhill) Inpatient] |
| | Reduce the rate of alcohol related emergency admissions (aged 16+ and per 1000 population) – Data already exists |

SEXUAL HEALTH

| | |
|---------------------|--|
| Indicators | % of termination procedures carried out at less than 9 weeks gestation (women aged 15-44 (NHS Statutory Reporting Requirement) |
| | Rate per 1,000 women aged (15-44) who have had a previous termination (NHS Statutory Reporting Requirement) |
| | Rate per 1,000 women (aged 15-49) provided with vLARC (NHS Statutory Reporting Requirement) |
| | Rates of attendances of young people aged under 16 and aged under 19 |
| | % MSM of all male attendances at all SF services by location |
| | Waiting times for access to Gender Identity service |
| | Waiting times for access to SCASS |
| Teenage Pregnancies | |

HOMELESSNESS

| | |
|------------------|---|
| Indicator | Percentage of all homeless applications where decision has been made on time (28 days or less) |
|------------------|---|

HEALTH IMPROVEMENT

| | |
|-------------------|---|
| Indicators | Children exposed to 2nd hand smoke at 30 month test |
| | % of Children with Healthy Weight at the 30 month check |
| | Young people engaged in resilience programmes |

PRIMARY CARE/CLINICAL GOVERNANCE

| | |
|-------------------|--|
| Indicators | Flu and Shingles Immunisations |
| | Vaccinations in Pregnancy - Whooping Cough |

EQUALITIES

| | |
|-------------------|--|
| Indicators | Number of referrals to financial inclusion and employability advice |
| | Additional income generated as a result of financial inclusion advice received |
| | Number of staff participating in inequalities learning programme |
| | Number of EQIAs undertaken |