



Item No. 7

Meeting Date: Wednesday 23rd October 2024

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

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HSCP Performance Report Q1/2 2024/25

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1/2 of 2024/25 for noting (for Primary Care and Health Improvement only). The Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Primary Care and Health Improvement.
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Background/Engagement:	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant Service Leads in attendance to discuss these areas. Full performance reports are produced quarterly. When the IJB Finance, Audit and Scrutiny Committee meeting dates fall before updated quarterly reports are available, it was agreed that interim performance reports would be produced. These provide the latest data available for those Service Areas being presented upon at that meeting. This interim report covers Primary Care and Health Improvement. While it includes updated Primary Care data, the Health Improvement data is the same as that presented to the Committee on 11th September, as no updates were available at the time of producing the report.
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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the attached performance report; b) Consider the exceptions highlighted in section 4.4; and c) Review and discuss performance with the Strategic Leads for Primary Care and Health Improvement.
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Relevance to Integration Joint Board Strategic Plan:
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focused.
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Personnel:	None
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Carers:	None
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Provider Organisations:	None.
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Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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Fairer Scotland Compliance:	N/A
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Financial:	None.
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Legal:	None.
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Economic Impact:	None.
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Sustainability:	None.
Sustainable Procurement and Article 19:	None.
Risk Implications:	None.
Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.

1. Purpose

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1/2 2024/25 (for Primary Care and Health Improvement only). The Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Primary Care and Health Improvement.

2. Background

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

3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.
- i. Local Health and Social Work Indicators (chosen locally by the Partnership).

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- ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes).
- iii. National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
- iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda).
- v. Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.

3.3 Along with the National Integration Indicators, a core set of strategic local indicators from this report are included in the HSCP's [Annual Performance Report](#) and are used to show trends over time. These are noted in Appendix 4.

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The report then provides details of recent performance for all indicators at city and locality levels over the last two years. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement.
- 4.3 Longer term trends are also displayed graphically for all KPIs within the service areas being presented upon at this meeting (Primary Care and Health Improvement).

Exceptions

- 4.4 At the time of producing this report, 6 indicators were GREEN (66.7%); and 3 RED (33.3%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

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Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	<u>12</u>
Health Improvement	
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	<u>16</u>
5. Exclusive Breastfeeding at 6-8 weeks (general population)	<u>20</u>

Changes in RAG Status

- 4.5 There has been no change in RAG status for the indicators included in this report since the last report presented to the Finance, Audit and Scrutiny Committee on [11th September 2024](#).

5. Recommendations

- 5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the attached performance report;
 - b) Consider the exceptions highlighted in section 4.4; and
 - c) Review and discuss performance with the Strategic Leads for Primary Care and Health Improvement.

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CORPORATE PERFORMANCE REPORT

**QUARTER 1/2
2024/25**

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1. PERFORMANCE SUMMARY

1. Key to the Report

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

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

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2a. Summary

The table below compares the overall RAG rating for each care group between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available. Table 2b provides the detail for each individual Key Performance Indicator.

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Health Improvement	2 (28.6%)		5 (71.4%)		2 (28.6%)		5 (71.4%)	
TOTAL No. and (%)	3 (33.3%)		6 (66.7%)		3 (33.3%)		6 (66.7%)	

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2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q1	73.46% 	▼
2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears)	At/Below NHSGGC average	Jun 24	£178.3 	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Q1	2,754 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1,224 for 23/24	Full Year 23/24	1,097 	▲
3. Women smoking in pregnancy (general population)	10%	Q1	6.4% 	▲
4. Women smoking in pregnancy (most deprived quintile)	14%	Q1	10% 	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q4	30.7% 	►

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4%	Q4	24.2% 	▲
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	29.5% for 23/24	Q4	21.4% 	▲

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1. 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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	2022/23				2023/24				2024/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	78%	76.17 (G)	76.54 (G)	76.89 (G)	76.41 (G)	75.80 (A)	71.88 (R)	72.9 (R)	73.52 (R)	73.46 (R)
NE		77.01 (G)	77.24 (G)	77.48 (G)	77.02 (G)	76.32 (G)	72.53 (R)	73.48 (R)	73.98 (R)	73.98 (R)
NW		75.45 (A)	75.85 (A)	76.37 (G)	75.87 (A)	75.18 (A)	71.48 (R)	72.39 (R)	72.96 (R)	72.87 (R)
S		75.92 (A)	76.50 (G)	76.79 (G)	76.32 (G)	75.85 (A)	71.63 (R)	72.82 (R)	73.56 (R)	73.48 (R)
NHSGGC		76.87	76.54	76.85	76.45	75.77	72.03	73.75	73.9	73.91

Performance Trend

During Q1, there was a slight decrease in performance at a city level and in the North West and South, with the North East remaining the same. All remained RED.

This indicator is reported one quarter in arrears.

Issues Affecting Performance

New (anticipated) Issue:

- As identified in the Q4 report, significant formulary changes were required to facilitate the 2024/2025 prescribing efficiencies programme. To facilitate the core programme, we have changed our first line anti-coagulant (Apixaban), first line COPD preventer inhaler (Tiogiva) and second line asthma preventer inhaler (Luforbec) on the formulary. The overall programme requires tens of thousands of patients to have their medicines safely switched alongside delivery of all existing work streams. Without these significant changes, formulary compliance would have improved overall.

Ongoing issues:

- In line with the board sustainability commitments, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler (MDI) to a dry powder inhaler (DPI) during 2023/2024. Early data suggests that appropriate review, engagement and counselling with patients is resulting in a reduction in salbutamol use following a switch to a DPI, which offsets additional costs per unit. We continue to proceed with a gradual transition with salbutamol MDI accounting for approximately 9% of non-preferred list prescribing.
- SGLT2 inhibitors are licensed for diabetes, and more recently also for heart failure and CKD (Chronic Kidney Disease) and their use is increasing. These are non-preferred list and so will be contributing to the trend in compliance. At Q1 2024/25, these now account for approximately 3% of non-preferred list prescribing.

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Improving/Ongoing

- The past shortages of carbomer eye products have required prescribers to switch between brands or prescribe hypromellose or hyaluronate products instead. There has been a significant improvement in preferred list prescribing for eye products (24% to 36%) but ongoing work is required.

Actions to Improve Performance

Ongoing actions/considerations:

- Pharmacy teams are working tirelessly to deliver the 2024/2025 prescribing efficiencies and this will be the focus of improvement through Q2 and Q3.
- The gradual transition from salbutamol MDI to dry powder (DPI) continues in a structured way.
- SGLT2 inhibitors are subject to preferred list adoption processes. No single SGLT2 inhibitor medication has a clear cost or clinical benefit at this time and so there is no preferred option.

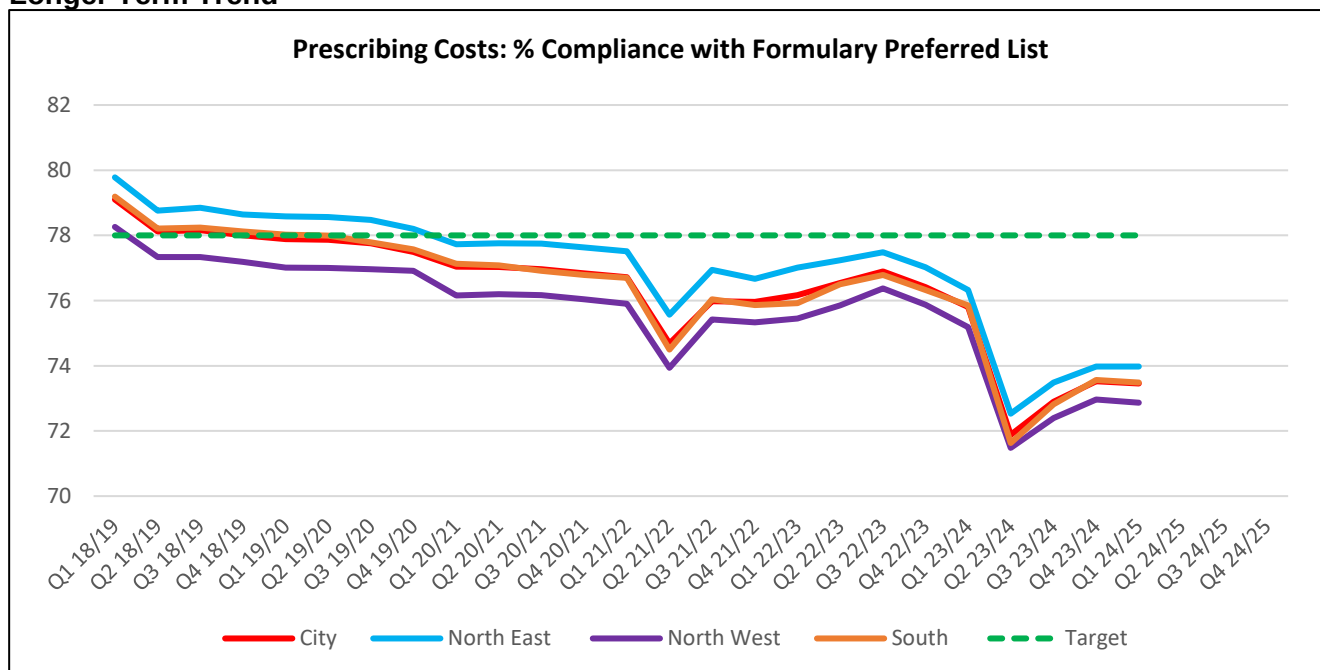
Timescales for Improvement

Luforbec, Tiogiva and Apixaban switches (alongside alogliptin switches and lidocaine deprescribing) will largely be delivered within the 2024/2025 financial year. At the time of writing, the majority of inhaler switches have been completed and should show progress in Q2 data.

Salbutamol will take a number of years to fully convert to DPIs. This work is being led by the Primary Care Sustainability (Climate) Group. Pilot work is being undertaken at several practice sites across the city however genuine culture change among clinicians and patients will take a number of years to embed.

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Longer Term Trend



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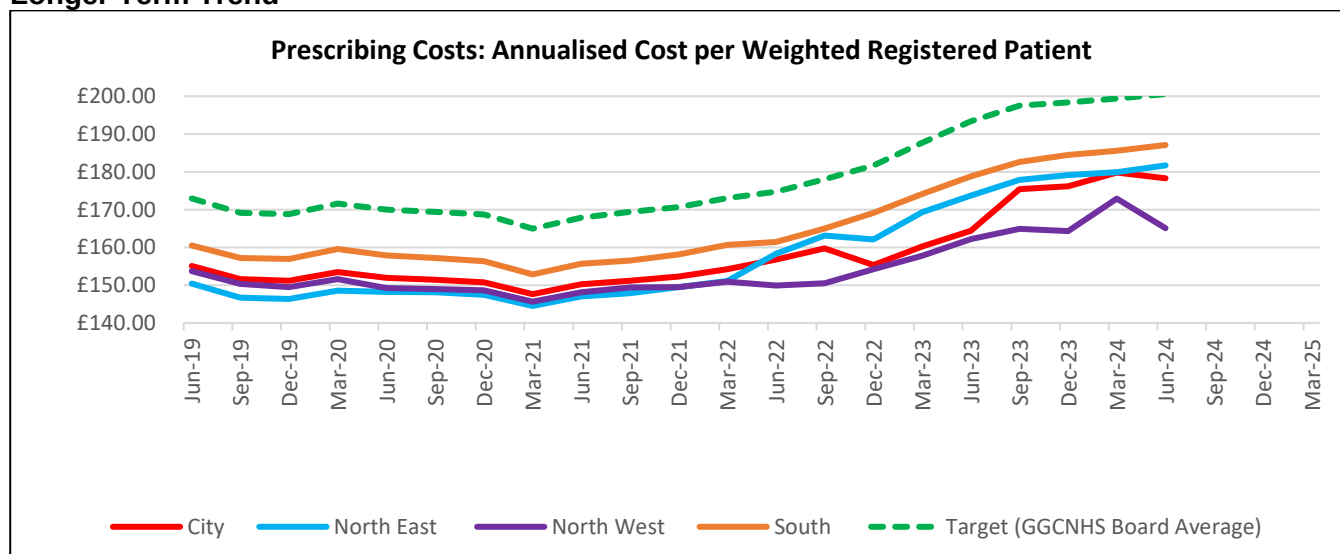
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Indicator	2. Prescribing Costs: Annualised cost per weighted registered patient
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices and are for the latest 12 months up until the end of the month shown. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	2022/23				2023/24				2024/25
		Jun	Sep	Q1	Mar	Jun	Sep	Dec	Mar	Jun
City	Cost below (or same) as Board average	£156.8 (G)	£159.7 (G)	£155.3 (G)	£160.2 (G)	£164.4 (G)	£175.4 (G)	£176.2 (G)	£179.8 (G)	£178.3 (G)
NE		£158.3 (G)	£163.1 (G)	£162.1 (G)	£169.3 (G)	£173.7 (G)	£177.9 (G)	£179.1 (G)	£179.9 (G)	£181.7 (G)
NW		£149.9 (G)	£150.5 (G)	£154.2 (G)	£157.8 (G)	£162.2 (G)	£164.9 (G)	£164.3 (G)	£172.9 (G)	£165.1 (G)
S		£161.4 (G)	£165.0 (G)	£169.1 (G)	£174.1 (G)	£178.8 (G)	£182.6 (G)	£184.5 (G)	£185.6 (G)	£187.1 (G)
NHSGGC		£174.7	£178.0	£181.7	£187.7	£193.4	£197.5	£198.3	£199.4	£200.6

Performance Trend
Costs at city level and in the North West decreased in the last quarter, with the North East and South increasing. All remained GREEN and are considerably below the Health Board average, which increased slightly. This indicator is reported one quarter in arrears.
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Longer Term Trend



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2. HEALTH IMPROVEMENT

Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

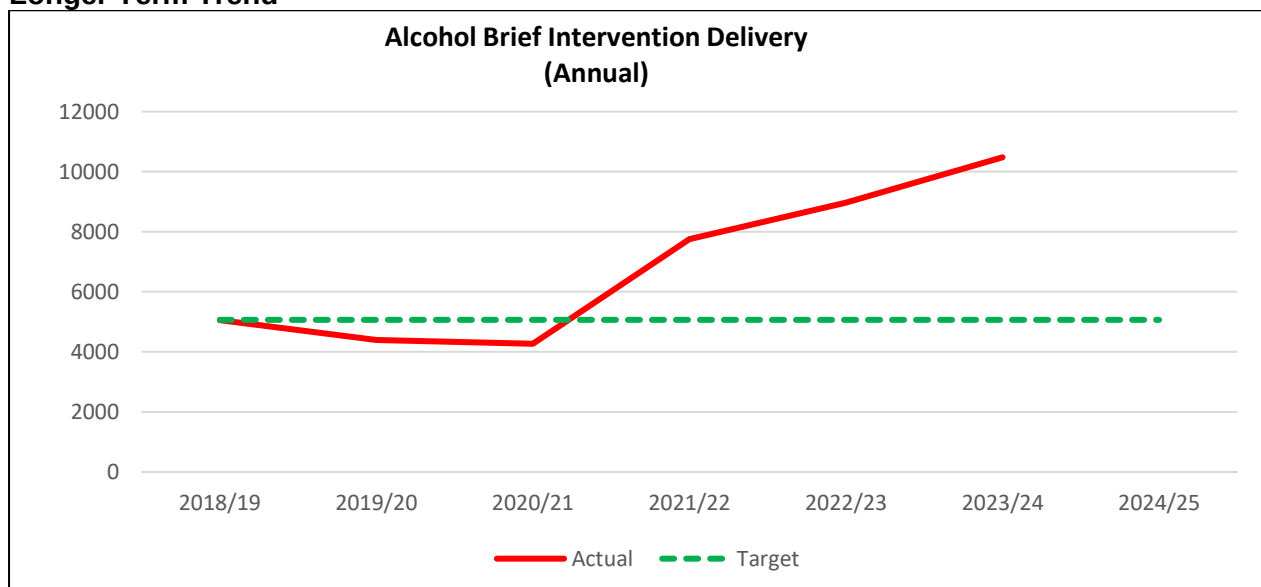
Locality	Annual Target	Quarterly Target	22/23 Total	23/24 Total	2024/25				
					Q1	Q2	Q3	Q4	Year to Date
City	5066	1267	8966 (G)	10,479 (G)	2,754 (G)				

Performance Trend

Performance for Q1 remains GREEN and significantly exceeds the quarterly target.

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Longer Term Trend



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Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	21/22 Total	22/23 Total	23/24 Total	Annual Target	23/24 Target Year to Date	2023/24 Cumulative Totals			
						Q1	Q2	Q3	Q4
City	1,260 (G)	1,050 (R)		1,224	1,224	231 (R)	511 (R)	753 (R)	1,097 (R)
NE	452 (R)	358 (R)		480	480	82 (R)	183 (R)	271 (R)	407 (R)
NW	411 (G)	303 (R)		388	388	76 (R)	159 (R)	237 (R)	338 (R)
S	456 (G)	389 (G)		356	356	73 (R)	169 (A)	245 (R)	352 (G)

Performance Trend

This indicator is reported in arrears and complete data for 2023/24 is now available and is shown above. Performance is below target and RED city wide and in the North East and North West. South has moved from AMBER to RED.

Issues Affecting Performance

This indicator includes all Quit Your Way (QYW) Services (Acute, Community, Maternity, Mental Health and Pharmacy), the majority of which are managed by the Board QYW Team. QYW Community Service for Glasgow City is included within the reported figures above and this service is managed locally.

The indicator is lower than expected due to a number of reasons including ongoing issues with pharmacy capacity and unavailability of several products including varenicline. This has now been unavailable since June 2021 and was the most popular and effective smoking cessation product.

In addition, clients continue to present at the QYW Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. This requires an increased amount of time and intensity of intervention to provide holistic support for clients by signposting and referring to many local agencies and support services, which in turn causes capacity issues.

The service has also been significantly impacted with staff absences and vacancies across the City, which have affected all three locality teams. We are currently sitting with 2.8 WTE vacancies across the City which we are unable to fill due to the recruitment pause and tobacco service review.

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Actions to Improve Performance

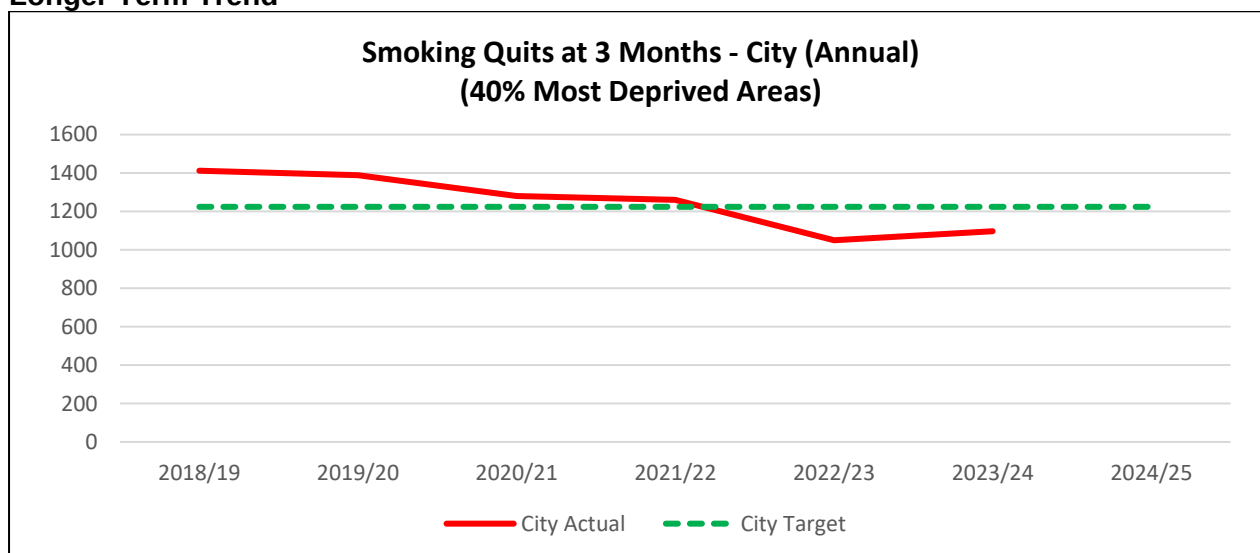
Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance and resolve current challenges. Face-to-face community clinics now operate in each of the three localities offering clients an opportunity to get support face-to-face and CO (carbon monoxide) monitoring. Most clinics take place in Health Centres but in some localities, a face-to-face clinic has been set up in a local Pharmacy to test out if this alternative venue helps to improve links with local Pharmacies as well as enabling clients to have easy access to one of our practitioners and collecting their cessation prescription. In total, there are 10 face-to-face clinics operating across the City. The teams have been piloting the use of a Smoke Free App to provide a digital support option for clients which is engaging and accessible. Initial uptake by clients across the City is positive.

Timescales for Improvement

Improvements will be monitored by the Tobacco PIG and City Tobacco Group on an ongoing basis.

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Longer Term Trend



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Indicator	3. Women smoking in pregnancy (general population).
Purpose	To monitor the extent to which women are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

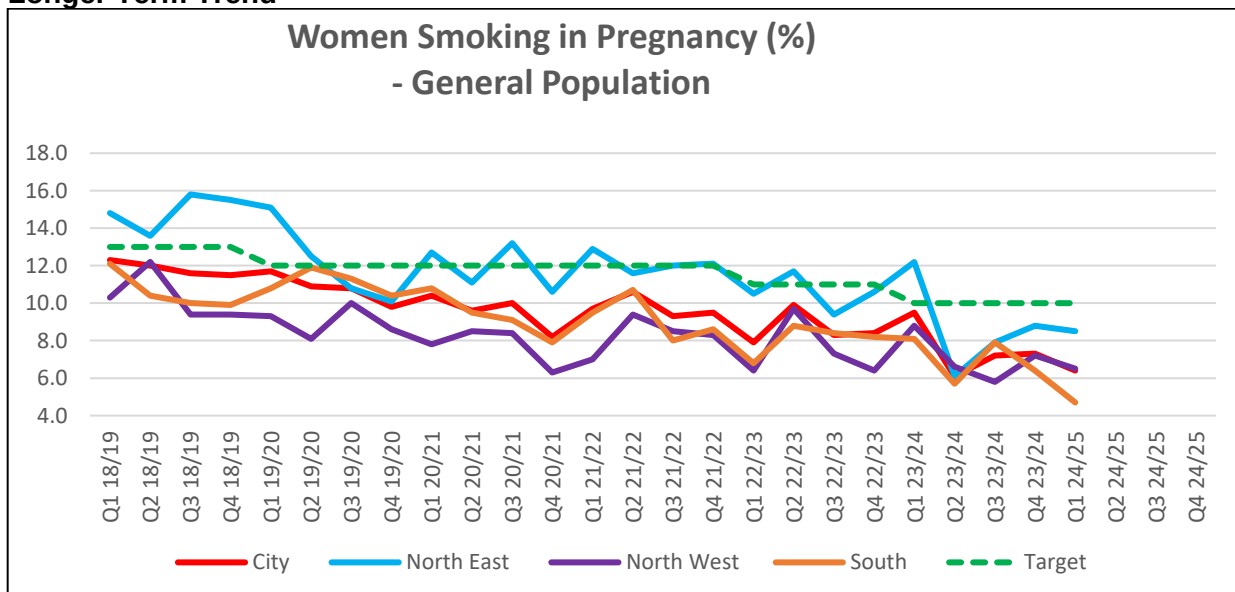
Locality	Target	2022/23				2023/24				2024/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Q3	10%	7.9% (G)	9.9% (G)	8.3% (G)	8.4% (G)	9.5% (G)	6.1% (G)	7.2% (G)	7.3% (G)	6.4% (G)
North East		10.5	11.7	9.4	10.6	12.2	6.1	7.9	8.8	8.5
North West		6.4	9.7	7.3	6.4	8.8	6.6	5.8	7.2	6.5
South		6.8	8.8	8.4	8.2	8.1	5.7	7.9	6.4	4.7

Performance Trend

Performance at city level improved between Q4 and Q1 and remained GREEN.

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Longer Term Trend



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Indicator	4. Women smoking in pregnancy (most deprived quintile)
Purpose	To monitor the extent to which women are smoking in pregnancy within the most deprived quintile of the population. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

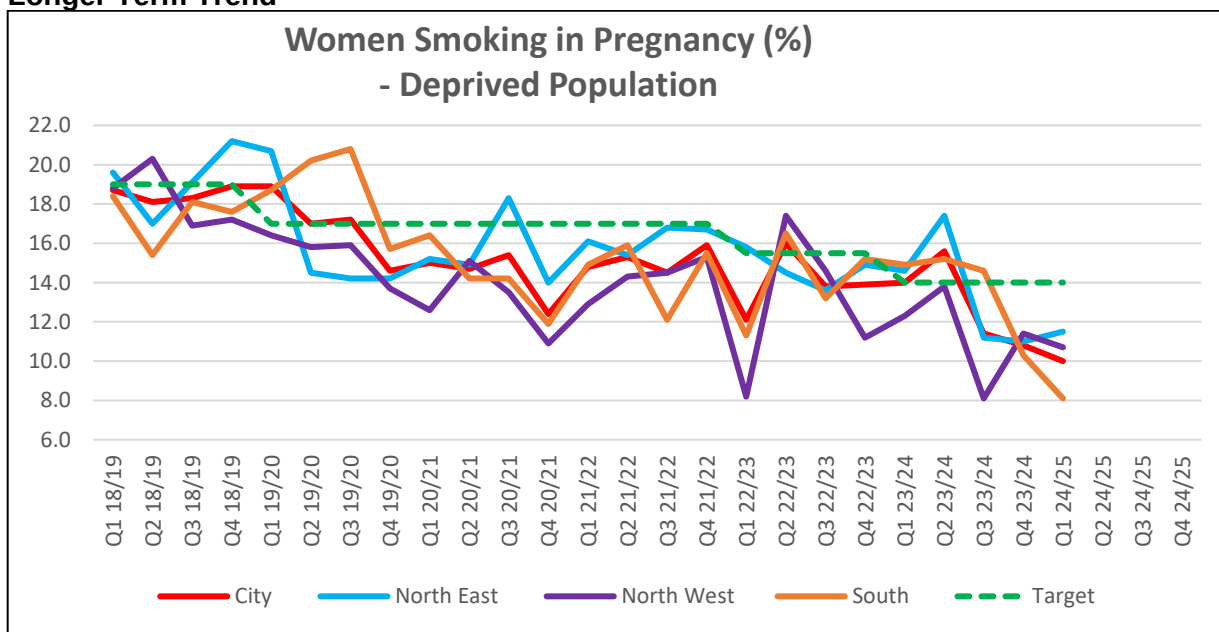
Locality	Target	2022/23				2023/24				2024/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	14%	12.1% (G)	16% (A)	13.8% (G)	13.9% (G)	14% (G)	15.6% (R)	11.4% (G)	10.8% (G)	10% (G)
North East		15.8	14.5	13.6	14.9	14.6	17.4	11.2	11.0	11.5
North West		8.2	17.4	14.6	11.2	12.3	13.8	8.1	11.4	10.7
South		11.3	16.5	13.2	15.2	14.9	15.2	14.6	10.3	8.1

Performance Trend

Performance at city level improved between Q4 and Q1 and remained GREEN.

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Indicator	5. Exclusive Breast feeding at 6-8 weeks (general population)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	21/22	22/23				23/24			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	33%	28 (R)	29.4 (R)	28.0 (R)	28.7 (R)	31.1 (R)	30.3 (R)	32.1 (G)	30.7 (R)	30.7 (R)
North East		22	24.3	20.3	21.0	23.3	22.6	24	21.7	24.5
North West		30.9	33.9	32.6	34.9	36	34.4	37.4	34.4	34.9
South		30.4	29.9	31.2	30.3	34	33.4	34.7	34.7	32.2

Performance Trend
Performance remained RED at a city level in the last quarter, with performance improving in the North East, while remaining the same in the North West and declining in the South.
Data is reported in arrears.
Issues Affecting Performance
August 2024: Staffing: There continues to be issues with reduced staffing across Health Visiting and Family Nurse teams in the City with activities such as the test of change in South continuing to be on hold. Staffing levels across Maternity Services are also very low which is impacting on the time staff have available to support breastfeeding. The Board Infant Feeding Teams across acute, and community continue to experience staffing shortages. Within maternity services, Infant Feeding Advisors are all part time workers and the staffing shortages for over the last 15 months have resulted in reduced capacity resulting in 7 day per week cover across units being unavailable. The community infant feeding team also continue to operate at 2/3 capacity due to the long-term absence of a full-time post. Training: Maternity Services continue to offer monthly training availability for Midwives, Maternity Care Assistants and Health Care Support Workers. Uptake at these is low as due to staffing shortages many staff are unable to be released to attend. Maternity Services do not have any breastfeeding mentors who will support recently trained staff to complete their workbooks and consolidate their learning as due to capacity; staff are unable to be released for training.

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Problem Solving Clinics: Increases in referral numbers to the Specialist Breastfeeding Problem Solving Clinic continue to be seen with approximately 20-24 referrals per week. The Community IFA currently have 8 appointments available per week and Maternity Services have 4 per week. The continued reduced capacity alongside increased referrals is likely to result in an increased waiting time for appointments in future.

Community Support: The Breastfeeding Telephone Support Service delivered by Breastfeeding Network on behalf of the city ceased as of 31/3/24 as no further funding was available to continue the service. Breastfeeding Network were also delivering face-to-face infant feeding groups in the city supported by a mix of paid and volunteer peer supporters. Funding from the HSCP for delivery of this ended on 31st March 2024. More of the groups are now led by unpaid peer volunteers due to reduced funding not allowing for as many paid staff hours. This has resulted in some cancellations of groups and other groups being offered term time only.

Actions to Improve Performance

August 2024:

Staffing: Maternity Services are interviewing for a 30-hour post which will contribute to increasing capacity in the team. All Maternity Services in GGC are due UNICEF reassessment next year.

Training: Maternity Services: The focus for maternity Services will be to continue to offer Monthly training dates for staff end to encourage attendance. The IFAs in acute have contacted the University to review the training package for pre-registration Midwifery Students and the focus going forward will be to ensure that all staff are up to date with training.

Community: Staff Training and updates continue to be offered and uptake of training from staff is good. Community IFAs have linked with the University to ensure pre-registration HV training is as up to date as possible.

Problem Solving Clinics: The board infant feeding team (community and maternity) continue to offer a minimum of 12 Appointments per week. All appointments are triaged by the Infant Feeding Coordinator and community IFA. To manage referral numbers, appointments in the community are offered via a mix of face-to-face, online and, when needed, home visits. With the aim of increasing skills and reducing the number of referrals to clinics from community staff, newly qualified as well as existing Health Visiting and Family Nurse Staff are encouraged to shadow at the Problem-Solving Clinics.

Community Support: As above, Breastfeeding Network (BFN) continue to offer the face-to-face groups in the city funded by the external funding they sourced. BFN continue to seek other sources of funding and Health Improvement are supporting this by signposting to funding sources and continuing to have discussions at senior management level re viable options for funding or exploring alternative methods of delivering this support in future.

The Breastfeeding Early Intervention Pilot in the North East of the city which targets families living in G21 area continues. Participants receiving an assigned Support Worker who provides an antenatal visit and then additional visits in the 1st 10 days and up to 6-8 weeks.

Health Improvement staff in the city continue to support activities to maintain UNICEF standards in communities including work to maintain the standards such as supporting Audit, WHO code audits, Roll out of the BF Scotland and BF Early years Scheme and provision of the breast pump Loan scheme. HI staff also coordinate and monitor community BF support activity.

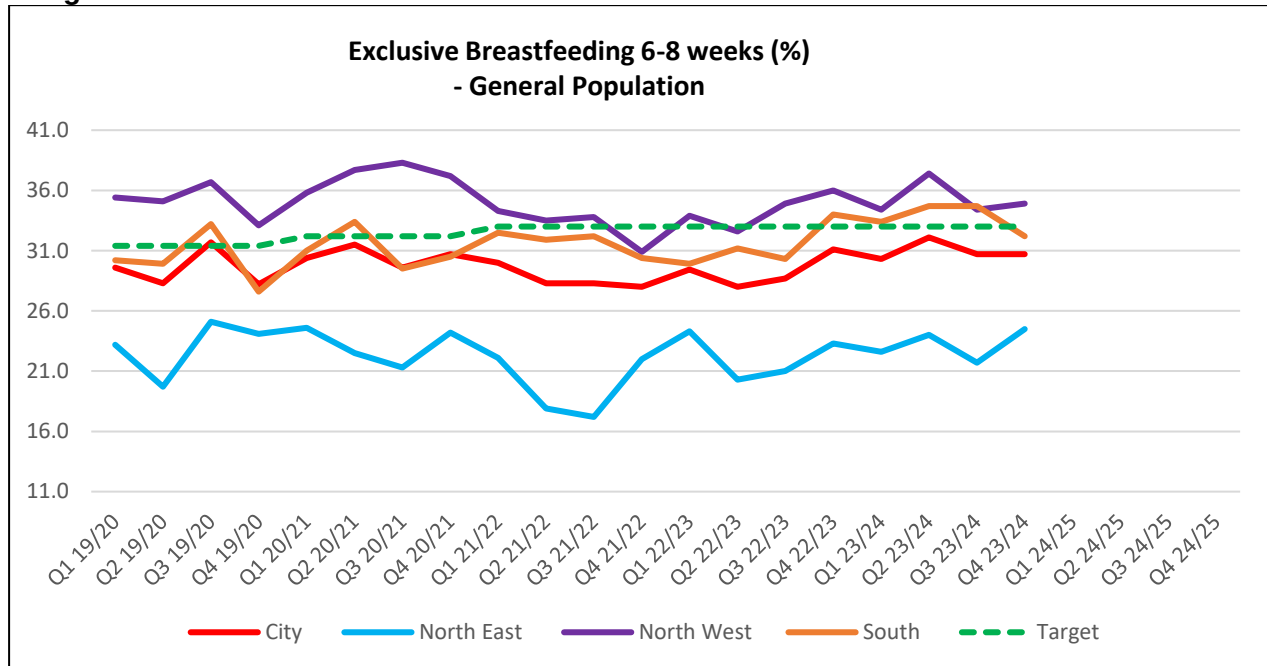
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Timescales for Improvement

It is difficult to give a precise timeline for improvement in relation to the impact of staffing capacity on this work. It is hoped that the post in Maternity services will increase capacity somewhat. With regards to funding, we will continue to explore opportunities for funding to sustain our face-to-face groups.

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Longer Term Trend



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Indicator	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

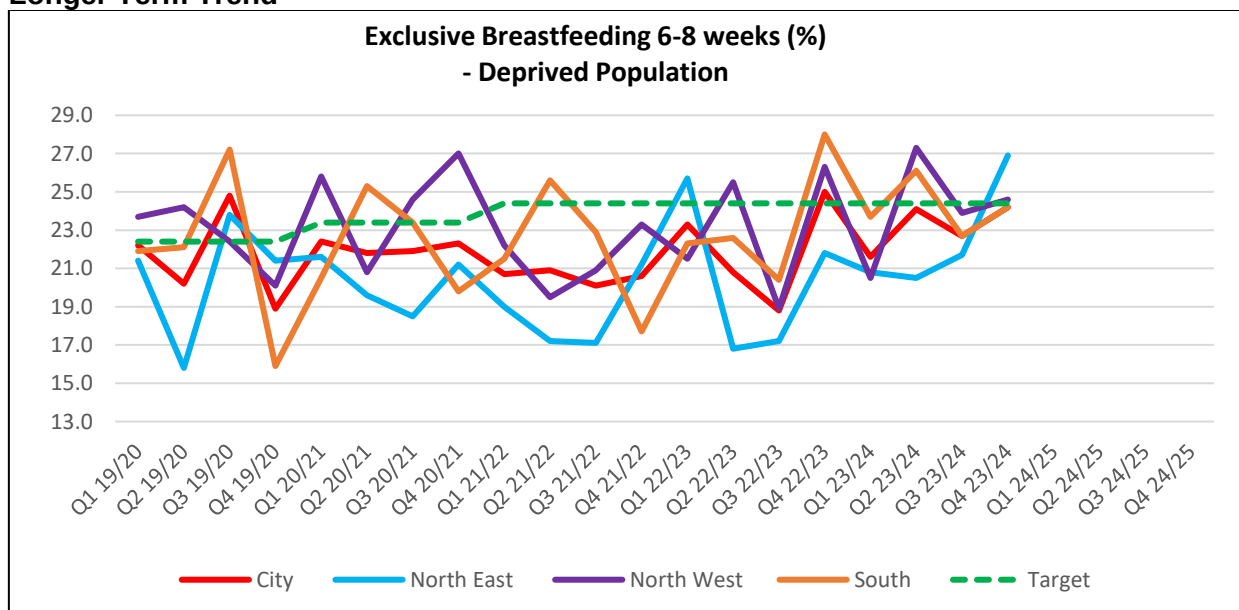
Locality	Target	21/22	22/23					23/24			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	24.4%	20.6 (R)	23.3 (A)	20.8 (R)	18.8 (R)	25.0 (G)	21.6 (R)	24.1 (G)	22.7 (R)	24.2 (G)	
North East		21.2	25.7	16.8	17.2	21.8	20.8	21.4	21.7	26.9	
North West		23.3	21.5	25.5	18.9	26.3	20.5	26.7	23.9	24.6	
South		17.7	22.3	22.6	20.4	28.0	23.7	25.3	22.7	24.2	

Performance Trend

Performance at city level moved from RED to GREEN in the last quarter, improving in all localities. Data is reported in arrears.

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Longer Term Trend



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Indicator	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks)
Purpose	To monitor the extent to which women are stopping breastfeeding in the period between their first visit by the Health Visitor and 6 weeks after birth. Health Visitors encourage women to continue breastfeeding in this period and the aim is to reduce drop off rates over time. This includes exclusive and mixed breastfeeding.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

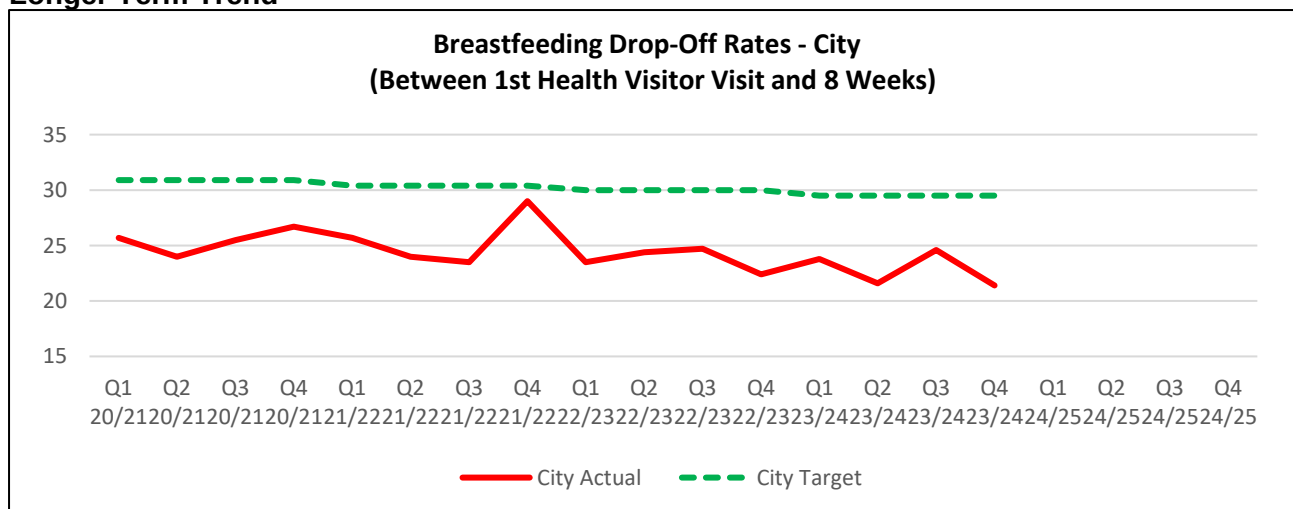
AREA	17/18 Drop Off Rates	23/24 Target	21/22	22/23				23/24			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HSCP	32.3%	29.5%	29.0 (G)	23.5 (G)	24.4 (G)	24.7 (G)	22.4 (G)	23.8 (G)	21.6 (G)	24.6 (G)	21.4 (G)
NE	39.9%	36.5%	37.7	28.0	29.2	28.5	26.9	27.0	23.9	31.9	17.2
NW	27.2%	24.9%	20.1	19.2	20.1	22.3	17.7	22.2	20.8	20.1	24.2
S	31.3%	28.6%	29.9	24.0	24.3	23.8	22.6	22.8	20.8	23.5	21.4

Performance Trend

Performance remains below the trajectory target for 2023/24 and GREEN at city and locality levels in Q4. Data is reported in arrears. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25.

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Longer Term Trend



APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on annually reported Ministerial Strategic Group Indicators; the Core Suite of 23 National Integration Indicators; and 'Other Indicators'. The latter are a mix of indicators which include those locally delivered but which are only annually/biennially reported; others which are delivered by external organisations; as well as population statistics which we seek to influence but which we do not have sole control over.

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	16/17	17/18	18/19	19/20	20/21	21/22	22/23	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.7%	87%	87.2%	87.4%	89.3% (G)	89.1% (G)	88%* (G)	87.8%
	Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.7%	89.1%	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.7%	95%	94.9%	94.9%	95.2% (G)	95.3% (G)	95% (G)	95.4%
	Scotland	95.8%	96%	96%	96.1%	96.4%	96.5%	96.3%	N/A

*Provisional

2. NATIONAL INTEGRATION INDICATORS

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships. The Integration Indicators are grouped into two types of measures. 9 are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which was undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city. The remaining 14 indicators are derived from partnership operational performance data. Of these Operational indicators, 10 are currently reported upon, with a further 4 indicators currently under development by NHS Scotland Information Services Division (ISD). Details of performance in relation to these indicators can be accessed in our [Annual Performance Reports](#) where comparisons are made over time and with the Scottish average.

3. OTHER INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Externally Delivered Services								
1. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Jun 24	37% (R)	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Decreased from 43% in March. Produced quarterly.
2. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q1	91.2% (G)	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Decreased slightly from Q4 when was 91.7%. Produced quarterly.
3. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Jun 24	99.5% (G)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Increased from 78.8% in March. Produced quarterly.
4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q1	97.3% (G)	98.3% (G)	98.6% (G)	95.7% (G)	This service is hosted by East Dunbartonshire HSCP. Figures for Q4 were 98.9% (City); 97.5% (NE); 99.37% (NW); 99.56% (S). Produced quarterly.
5. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	Local HSCP indicator Outcome 4	100%	Q1	88% (R) (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q4 were 86% (under 5s) and 96% (over 5s) so slight increase for under 5s and decrease for 5-18. Produced quarterly.
		100%	Q1	88% (A) Aged 5-18				

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Population Statistics								
6. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr21 to Mar23	55.6% (R)	55.2% (R)	56.2% (R)	55.3% (R)	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 2020-22 were 56.3% (citywide); NE 55.9%; NW 57.1%; S 56.1%. Next report due Dec 24.
7. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr 20 to Mar 23	64.1% (R)	61.2% (R)	62.7% (R)	67.9% (A)	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Last report was for Apr 19 to Mar 22 when was 65.3% (citywide); NE 62.5%; NW 63.7%; S 68.5%. Next report due Dec 24.
8. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2022/23	59.2% (R)	61% (R)	51.5% (R)	65.9% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 20/21 were 59.5% (citywide); NE 61.3%; NW 52.8%; S 65.3%. Next report due Dec 24.
9. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2022-23	76.2% (G)	75.3% (G)	76.4% (G)	76.6% (G)	From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 21/22 were 77.3% (citywide); NE 73.6%; NW 76.3%; S 80.9%. Next report due Dec 24.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 24	61.66 (G)	65.17 (G)	59.35 (G)	60.62 (G)	Provisional figures shown for Mar 24. Figures for Sep 23 are 40.94% (City); and for localities 45.23% (NE); 39.82% (NW); 38.51% (S) so all have increased.
11. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Sep 23	57.96 (R)	61.09 (R)	55.77 (R)	57.11 (R)	Provisional figures shown for Mar 24. Figures for Sep 23 are 72.75% (City); and for localities 75.14% (NE); 71% (NW); 72.14% (S) so all have decreased.
12. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2020	60.1% (G)				Performance below the Health Board average of 68.7% in 2020. A 2022 report has since been produced which is at Health Board level only due to Covid and shows a figure of 69.1%. Normally produced 2 yearly by Public Health Scotland, next one due 2024 not known when.
13. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2023 For 22/23	77.9% (G)				Performance has increased since 2019 when was 72.8%. Slightly below Health Board average of 78.6% which also rose from 73.1% in 2017. Produced 2 yearly by Public Health Scotland but Covid-19 meant that the current 2023 figure is the first update since 2019. Next due Oct 2025.

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APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

- Priority 1 Prevention, early intervention, and well-being
- Priority 2 Supporting greater self-determination and informed choice
- Priority 3 Supporting people in their communities
- Priority 4 Strengthening communities to reduce harm
- Priority 5 A healthy, valued and supported workforce
- Priority 6 Building a sustainable future

APPENDIX 4 – APR KPIs

The following core set of KPIs from this report are included in the HSCP's Annual Performance Report and are used to show trends over time, along with the National Integration Indicators.

1. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP
2. Number of Clustered Supported living tenancies offered
3. Percentage of service users who receive a reablement service following referral for a home care service
4. Number of Telecare referrals received by Reason for Referral
5. Total number of Adult Mental Health delays (Adults and Older People)
6. Intermediate Care: % Users Transferred Home
7. New Accident and Emergency Attendances (18+)
8. Number of Emergency Admissions (18+) (MSG Indicator)
9. Number of Unscheduled Hospital Bed Days (Acute and Mental Health) (MSG Indicator)
10. Total number of Acute Delays
11. Total number of Bed Days Lost to Delays (All delays and all reasons 18+) (MSG Indicator)
12. Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement
13. Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks

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14. % of young people currently receiving an aftercare service who are known to be in employment, education or training
15. Number of out of authority placements (children)
16. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months + 5 years)
17. Psychological Therapies: % of people who started treatment within 18 weeks of referral
18. % of clients commencing alcohol or drug treatment within 3 weeks of referral
19. Number of households reassessed as homeless/ potentially homeless within 12 months
20. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence
21. Percentage with a Case Management Plan within 20 days (CPOs; DTTOs; Throughcare Licences)
22. Alcohol Brief Intervention Delivery
23. Smoking Quit Rates at 3 months from the 40% most deprived areas
24. Women smoking in pregnancy (general population + most deprived quintile)
25. Exclusive Breastfeeding at 6-8 weeks (general population + most deprived quintile)
26. NHS Sickness Absence rate (%)
27. Social Work Sickness Absence Rate (Average Days Lost)

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