
To: Renfrewshire Integration Joint Board

On: 20 November 2015

Report by: Chief Officer

Subject: Renfrewshire HSCP Performance Management Report 2015/16

1. Summary

- 1.1. The Integration Joint Board will assume full responsibility for delegated services for the reporting year April 2016/March 2017. A performance framework is required to ensure we operate with informed, effective and efficient management of services and to provide a coherent picture of the outcomes achieved by the Partnership.
- 1.2. Clause 4.4 of the Integration Scheme requires that existing measures and targets from the service plans of the parent organisations are drawn together in preparation for the development of a performance framework as outlined above. These include national measures such as the NHS HEAT (Health Improvement, Efficiency, Access and Treatment) targets and agreed Community Planning arrangements and will provide a further basis for development in the Partnership.
- 1.3. This report provides an update on performance as per the proposals for interim performance reporting agreed at the Integration Joint Board on the 18th September 2015. A mid-year update on the agreed performance scorecard for 2015/16 is included (see Appendix 1) as well as an outline of the further work to be undertaken to develop a Performance Management Framework for 2016/17.

2. Recommendations

- 2.1. The Board notes the mid-year update on the 2015/16 performance scorecard presented in Appendix 1. The Integration Joint Board will receive a further performance update for year end (April 2015 – March 2016) in June 2016. It should be noted that the indicators in the scorecard are reported at a number of frequencies and that information may not always be available at the end of a reporting period. Updates will include all information available at that point.
- 2.2. The Outcomes and Performance Management Integration Work Stream takes forward the development of the HSCP 2016/17 Performance Management Framework as outlined in the report to the Integration Joint Board on the 18th

September 2015. A Performance Management Framework for 2016/17 will be brought to the Integration Joint Board in March 2016.

3. Background

3.1. Performance Reporting 2015/16

The scorecard is structured on the nine National Outcomes and shows which service area the performance measures cover. It also includes measures from the Core Indicators' set, incorporating some high level outcome indicators drawn from the annual Health and Care Experience Survey.

Work undertaken to establish the performance reporting structure for this financial year will provide the basis for development work on the full Performance Framework for 2016/17. Feedback from our performance reporting during 2015/16 will be taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures in 2016/17.

3.2 Summary of Red, Amber and Green Measures

National outcome	Red	Amber	Green	Data Only
National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	0	3	4	1
National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	3	1	7	8
National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected	1	1	5	5
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	4	4	6	2
National Outcome 5. Health and social care services contribute to reducing health inequalities	3	0	1	4
National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being	1	0	1	3
National Outcome 7. People who use health and social care services are safe from harm	0	0	2	2
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do	3	0	2	3
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	0	0	3	6
Total:	15	9	31	34

The summary chart shows 34 measures for information only; there are no specific targets for these measures.

Of the 55 measures that have performance targets, 56% are showing green (on or above target); 17% showing amber (within 10% variance of target); and red 27% (more than 10% variance of target).

3.3 Performance Improvements

Good progress continues to be made in older people's services in the reduction of bed days lost due to delayed discharge and the overall number of delays at census. Renfrewshire is performing in the top quartile of partnerships in this area and delays in complex cases such as Adults with Incapacity issues now account for the majority of delays. The number of hours of care at home delivered has also improved along with higher rates of services provided flexibly at the weekend or out of hours.

Access to services has improved with faster access to psychological therapies, and alcohol or drug referral to treatment waits of under 3 weeks. We have also seen a positive reduction in the rate of teenage pregnancies, particularly for those under 16 years of age. One of the HEAT targets, where performance has recently reached green status, is the increase in the percentage of pregnant women in each SIMD quintile that have booked for antenatal care by the 12th week of pregnancy. This is an important target for us as the earlier we engage with pregnant women the more we can support them to deliver a healthy baby, impacting also on the low birth weight, smoking in pregnancy and breastfeeding targets.

3.4 Performance Concerns

As well as positive areas of performance, there are also a number of challenging areas, including smoking cessation; alcohol brief interventions (ABIs); sickness absence; and the 18-week waiting times target from assessment to appointment in the Speech and Language Therapy Community Paediatric Service. Regular performance review meetings are carried out with service managers to support the improvement of these key indicators.

Waiting times for OT services have also been a concern although waiting lists and waiting times have improved in recent months. The uptake of services for carers such as assessment and respite remains a concern and work continues with third sector agencies such as the Renfrewshire Carers' Centre to improve access and participation.

Further detail is contained within the attached Scorecard (Appendix 1).

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** - None
4. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

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Renfrewshire Integration Joint Board Scorecard 2015 / 16

PI Status		Direction of Travel
	Alert	 Improvement
	Warning	 Deterioration
	OK	 Same as previous reporting period
	Unknown	
	Data Only	

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/01 Percentage of adults able to look after their health very well or quite well	94 %	-	Not measured for Quarters			
Local Outcomes						
HSCP/HI/AD/02 Reduce smoking in pregnancy	14.3 %	13.6 %	13.9 %	20 %		
HSCP/HI/ANT/01 Breastfeeding exclusive for 6-8 weeks	19.3 %	21.8 %	21.3 %	21.4 %		
HSCP/HI/LS/01 Increase in the number of people who assessed their health as good or very good	77 %	-	Not measured for Quarters	80 %		
HSCP/HI/LS/02 Increase the percentage of people participating in 30 mins of moderate physical activity 5 or more times a week	53 %	-	Not measured for Quarters	32 %		

HSCP/HI/LS/03 Reduce the percentage of adults who smoke	19%	-	Not measured for Quarters	23%		
HSCP/HI/LS/04 Reduce the percentage of adults that are overweight or obese	49%	-	Not measured for Quarters	55%		
HSCP/HI/MH/01 Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	55.1	53.4	Not measured for Quarters	57%		

There are no indicators showing red status under National Outcome 1 'People are able to look after and improve their own health and wellbeing and live in good health for longer'.

Three indicators show a warning sign. Exclusive breastfeeding at 6-8 weeks has dropped from 21.8% for 2014/15 to 21.3% at quarter one of 2015/16, which is slightly below the 21.4% target. All health visitor staff are trained by NHSGGC infant feeding advisors to provide evidence based information to women in Renfrewshire.

In the Health and Wellbeing Survey 2014, respondents were asked to describe their general health over the last year on a five point scale (very good, good, fair, bad or very bad). Overall, just over three in four (77% - Target: 80%) gave a positive view of their health, with 33% saying their health was very good and 44% saying their health was good. However, 23% gave a negative view of their health.

The survey used the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) to assess positive mental health and wellbeing. This uses 14 positively worded questions. Scores are derived by summing responses to each of the 14 questions on a 1-5 Likert scale. Thus, the maximum score is 70 and the minimum score is 14. The scale is designed to allow the measurement of mean scores in population samples. The Scottish Health Survey has consistently shown the mean WEMWBS score for the Scottish adult population to be around 50, with the 2012 survey showing a mean score of exactly 50.0. The overall mean WEMWBS score for respondents in Renfrewshire in 2014 was 53.4 against a target of 57.

National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/02 Percentage of adults supported at home who agree that they are supported to live as independently as possible	80%	-	Not measured for Quarters			
HSCP/CI/HCES/19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population.			Not measured for Quarters			
Local Outcomes						
CHP/CF/DD/01 Number of acute bed days lost to delayed discharges (inc AWI)	5,835	5,325	Aug 15: 284	675		
CHP/CF/DD/02 Number of acute bed days lost to delayed discharges for Adults with Incapacity.	2,288	4,301	Aug 15: 217	89		
HPBS14b1 Number of PSHG awarded to disabled tenants to adapt private homes	123	109	Not measured for Quarters	Years		
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	98.6%	87.8%	Not measured for Quarters	99%		
HPCHARTER23 The average time to complete medical adaptation applications	60.6	64	Not measured for Quarters	Years		
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan.	-	649	467	440		
HSCP/AS/DD/02 The number of delayed discharges over 2 weeks	-	0	0	0		
HSCP/AS/DEM/01 Number of patients registered with dementia.	-	-	1,427	1,370		
HSCP/AS/DEM/02 People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	-	-	100%	100%		
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	84%	86%	86%	85%		
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target – 30%)	27%	28%	28%	30%		

HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	447	499	Not measured for Quarters	Years	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	99%	99%	Not measured for Quarters	Years	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight.	55%	59%	59%	Quarters	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	17.17	21.37	Not measured for Quarters	Years	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks	-	-	21%	7%	
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	-	-	252	200	

Performance with regard to delayed discharge remains strong both in terms of bed days lost and the number of delays recorded at census for mainstream discharges. Delays due to complex cases such as those concerning Adults with Incapacity issues remain an issue with the majority of bed days lost now accounted for by these instances.

Performance in care at home remains good with increasing numbers of hours delivered and a high percentage of cases delivered flexibly at the weekend or out of hours. The percentage of intensive cases looked after in the community remains below target but performance in this area is improving towards the national target of 30%.

Waiting times for OT assessment are below target. However significant improvement has been made recently, with the waiting list falling from 300 to 200. The total number of clients receiving telecare (75+) per 1,000 population increased in the last financial year with more clients now utilising telecare as part of care in the community packages.

National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

PI code & name	2013/14	2014/15	Q1 2015/16		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Outcomes							
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	75%	-	Not measured for Quarters				
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	83%	-	Not measured for Quarters				
Local Outcomes							
HSCP/AS/AE/01 A&E waits less than 4 hours	82%	91.9%	89.8%	95%			
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+) .	43.3%	46%	44.8%	48.2%			
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	41.6%	44.6%	43.6%	45%			
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	-	100%	100%	100%			
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-	-	94	Quarters			
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	-	88% of Audit of 70	Not measured for Quarters	Years			
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	-	1	Not measured for Quarters	Years			
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	-	-	97%	100%			
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	-	-	97%	90%			
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	93.7%	99.4%	99.6%	90%			

The indicator showing red status in Outcome 3 is A&E waits less than 4 hours. The target is for 95% of people to be seen within 4 hours and at August 2015, 89.8% were seen within 4 hours at the Royal Alexandra Hospital (RAH) in Paisley. Performance has improved since January 2015 when it showed 71.2%, however the target has not been reached over the last 17 months. Delays in A&E can be caused by inappropriate attendance at the A&E Dept. and also when there are other pressures within the hospital wards and departments. In order to avoid hospital admissions, the four Renfrewshire Development Programme projects will continue throughout the winter period. In particular, the older adults' assessment unit and the chest pain assessment unit will be supporting to prevent unnecessary admissions. We have also identified those care homes which have high levels of hospital admission and are offering additional support to them. In particular, we will use our pharmacy team, our care home liaison nurses and our older adults' liaison nurse to target those care homes.

Our district nurses will support the national campaigns offering advice to patients with chronic conditions and we will share information about community pharmacy services and times with Homecare staff and with the local A&E department.

The discharge lounge at the RAH is currently operational Monday to Friday. We will explore with acute colleagues the potential for extending this to the weekend, to make better use of some community services currently available 7 days per week.

National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/07 Percentage of adults supported at home whoagree that their services and support had an impact in improving or maintaining their quality of life.	82%	-	Not measured for Quarters			
Local Outcomes						
HSCP/AS/ANT/04 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	79.26%	89.22%	88.9%	80%		
HSCP/AS/HA/03 Emergency admissions from care homes	539	508	100	480		
HSCP/AS/HA/04 Emergency bed days rate 65 +	290	305	Not measured for Quarters			
HSCP/HI/ADS/01 Alcohol brief interventions	1,325	1,067	Jun 15: 193	224		
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	2.41%	-	Not measured for Quarters	1.86		
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	-	140.9	Not measured for Quarters	130		
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	97.3%	98.5%	98.9%	91.5%		
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	4.5	-	Not measured for Quarters	5%		
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 100,000 population	10.5	10.1	Not measured for Quarters	8.9		
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.9%	6.7%	Not measured for Quarters	6%		
HSCP/CS/AX/01 Uptake rate of 30-month assessment		87.7%	76.4%	80%		

HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	-	-	100%	100%	
HSCP/CS/SPL/02 Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment	-	-	49	0	
HSCP/HI/GP/01 Number of patients accessing GP services within 48 hours/advance booking	-	94%	Not measured for Quarters	95%	
HSCP/HI/GP/01 Percentage of patients able to book an appointment with a GP in advance	-	90.3%	Not measured for Quarters	90%	

4 local indicators are showing red status in Outcome 4: Alcohol Brief Interventions (ABIs); the estimated prevalence of problem drug use amongst 15-64 year olds; the percentage of babies with a low birth weight; and paediatric Speech and Language Therapy assessment to appointment within 18 weeks.

ABIs for quarter 1 (April-June 2015) is 13.8% below target. 193 ABIs were carried out against a target of 224. A new Health Improvement Practitioner was appointed in July 2015, specifically to support GPs with the delivery of ABIs in Primary Care. We engage with the GP practices that show low or nil ABI returns and support them in the direct delivery of ABIs. We continue to deliver ABI training quarterly; a total of 26 practitioners have been trained since April 2015, a significant increase on last year's total of 9.

The Community Care, Health and Wellbeing Board made a response to the Licensing Board's consultation on overprovision in Renfrewshire. This focused on the availability of alcohol from off sales premises in some of the areas of Renfrewshire where alcohol related health outcomes are particularly poor. It also sought an extension of the existing on sales over provision area in the town centre. The Licensing Board did not support our representations and decided to keep only the existing over provision area in the town centre, for liquor and pub type premises. Following this, a series of conversations with the Licensing Board, the Licensing Forum and the Alcohol and Drugs Partnership have resulted in an agreement to develop a joint statement for partners to sign up to.

The CCH and WB Board also supported a series of events in early June to raise awareness in communities of the impact of alcohol abuse (Brighter Renfrewshire Alcohol Awareness Week – BRAWW). This aimed to encourage local people to have a healthier relationship with alcohol.

Estimated prevalence of problem drug use amongst 15-64 year olds - the reported prevalence rate of problem drug use in Renfrewshire at 2.41% (Target: 1.86%) has risen between 2009/10 and 2013/14, whilst the Scottish figure has fallen. There is some doubt about the accuracy of the 2009/10 figure for Renfrewshire, and although recording has improved over the three year period, Renfrewshire remains higher than the Scottish average of 1.68%. There are strong and clear links between poverty, deprivation, mental health and wellbeing, health inequalities, crime, and drug and alcohol problems. Evidence shows that individuals are more at risk where there are low employment opportunities, poor personal resources and weak family and social networks. Addressing wider inequalities such as housing, income, education and health can play an important role in reducing drug misuse.

Local work has focused on creating a 'system of care', addressing prevention, treatment and recovery:

- Prevention: campaigns underway which aim to raise awareness include Cannabis and Overdose Prevention. The provision of a Safe Bus in the centre of Paisley during the run up to Christmas offers support to individuals who are intoxicated
- Treatment: waiting times for drug and alcohol services have reduced significantly. 98.9% of patients wait less than three weeks to be treated in alcohol services (target 91.5%). 100% of patients wait less than 3 weeks to be seen in drugs services (target 91.5%).
- Recovery: initiatives such as the Sunshine Recovery Café, Network and the Addiction Worker Training Project aim to promote recovery and help individuals to move into training and employment.

The Outcomes Star Tool was implemented in all drug and alcohol services to assist the Alcohol and Drug Partnership to evidence change. Most recent findings from the tool show that service users have demonstrated improvement in a number of key dimensions.

Low birth weight babies - the percentage of babies with a low birth weight (<2500g) was 6.7% at June 2015 against a target of 6%. The Renfrewshire rate is above the NHSGGC average of 5.9%. We achieved the 6% target at March 2015 and hope to achieve 6% later in the year. Mothers that smoke during pregnancy are twice as likely to give birth to low weight infants therefore supporting women to stop smoking during pregnancy is a high priority. As smoking rates are higher in more deprived areas, a small test of change offering one to one support to pregnant women who are smoking is currently taking place in Ferguslie. Learning from this will improve future practice. Our Family Nurse Partnership provides additional support to pregnant teenagers through pregnancy and we are optimistic that this will impact on low birth weight registers.

Although In Speech and Language Therapy we are meeting the triage target, the assessment to appointment target remains challenging due to two staff vacancies. One vacancy has been released for advert and the other has been recruited to, with an expected appointment at the end of October 2015. In addition, fixed term funds from Renfrewshire Council have been awarded to develop our universal/stage 1 services, which will allow us to train every nursery in the area and increase capacity in the wider children's workforce to support Speech, Language and Communication needs. We anticipate that this will allow greater throughput of cases, which should impact positively on the waiting times.

National Outcome 5. Health and social care services contribute to reducing health inequalities.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/11 Premature mortality rate.	449.1	-	Not measured for Quarters			
Local Outcomes						
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	-	-	28	43		
HSCP/HI/AD/03 Smoking in pregnancy (SIMD)	-	24.9	Not measured for Quarters	20%		
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	14.2%	14.8%	Not measured for Quarters	19.4%		
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services	-	-	878			
HSCP/HI/EQ/IA/03 Number of quality assured EQIAs carried out	-	-	0			
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	-	-	56			
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy in the communities of Renfrewshire (Bishopton and Ferguslie).	16.4 years	14.8 years	Not measured for Quarters	15.3		

Reducing health inequalities in Renfrewshire is challenging. While previously we have made good progress on some indicators across Renfrewshire as a whole – smoking cessation, smoking in pregnancy and breastfeeding – when we look at the data for the more deprived areas it shows a different picture. The smoking cessation target for 2015/16 has changed to the 'number quit at 3 months from the 40% most deprived areas'. Our target was 43 quits for April-June 2015 and our performance shows 28 (35% below target).

We continue to strive to improve our performance in this area and support many smokers to successfully quit. We have produced a new seasonal timetable for stop smoking groups (October to December), which is being distributed to all pharmacies, GP practices and community venues. We are promoting our 'Quit in October' campaign and working closely with the new social prescribing link worker in Johnstone and Linwood GP practices for them to make direct referrals into the service. Work is also targeted with secondary schools to encourage young people not to start smoking and support is offered to those who want to stop.

The smoking in pregnancy target is 20% for Renfrewshire including deprived areas. We know that rates of smoking are far higher in deprived areas (19% Renfrewshire; bottom 15% data zones 37%), so although we achieved the smoking in pregnancy target for the whole of Renfrewshire (target 20%; 13.6% for 2014/15), we are almost 5% over target in the deprived areas at 24.9%. Supporting pregnant women to successfully quit is a key priority in both the Community and Maternity Services. Smokefree Pregnancy Services have been reviewed across NHS Greater Glasgow and Clyde and a number of improvement measures are being tested, ensuring all stages of the process are tightened.

Similarly, increasing breastfeeding rates in the 15% most deprived areas is challenging. Although considerable work is carried out in Renfrewshire to encourage breastfeeding and support new mums to continue breastfeeding, we have not seen much improvement with this indicator over the past couple of years.

There have been no new EQIAs since April 2015. However, previous EQIAs are kept under review. An Equality Impact Assessment is currently underway on the HSCP Strategic Plan.

National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role.	42%	-	Not measured for Quarters			
Local Outcomes						
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	155	147	Not measured for Quarters	185		
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	104	81	Not measured for Quarters			
HSCP/AS/CO/01 Number of carers reporting they are better supported in their caring role	85.6%	-	Not measured for Quarters			
HSCP/AS/RC/18 Total number of weeks of respite care provided (all clients groups)	3,517	4,233.4	Not measured for Quarters	4,150		

The Health and Social Care Partnership acknowledges the significant role carers play in supporting the people they care for, and in partnership with the Council and Carers' Centre have progressed a number of key developments and achievements for carers including:

- Increasing the number of carers assessments completed
- Enhancing the support provided to young carers and young adult carers
- Supporting early identification and better information for carers
- Increasing respite provision

As well as supporting these initiatives the Partnership will continue to plan for the implementation of the new duties and provisions in the Carers' Bill.

National Outcome 7. People who use health and social care services are safe from harm.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/09 Percentage of adults supported at home who agree they felt safe.	80%	-	Not measured for Quarters			
HSCP/CI/SR/24 Suicide rate	24	-	Not measured for Quarters			
Local Outcomes						
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	9.4%	11.4%	Not measured for Quarters	12%		
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	4.1%	2.7%	Not measured for Quarters	6%		

The Partnership is managing increasing numbers of Adult Protection referrals with the majority of cases passed on by Police Scotland. The Partnership participated in a public campaign over the summer raising awareness on Protection issues and highlighted the AP referral pathway.

The Partnership continues to work with other agencies on safeguarding and protection issues. Adult Protection is an important part of the locality Social Care

National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

PI code & name	2013/14	2014/15	Q1 2015/16		Target	Direction of Travel	Status
	Value	Value	Value				
National Outcomes							
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	80%	-	Not measured for Quarters				
Local Outcomes							
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	3	1	Not measured for Quarters				
SWPERSOD07b No of SW employees, in the MTIPD process, with a completed IDP	579	599	Not measured for Quarters				
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	-	-	Sep 15: 68.72		80%		
HSCP/CS/H&S/02 Health sickness absence rate	-	-	5.6%		4%		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	-	-	100%		100%		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	-	-	67%		100%		
HSCP/CORP/CMP/01 % of complaints responded to within 20 days	-	-	100%		100%		

Sickness absence for NHS staff in the HSCP has reduced to 5.6% in August 2015 from 6.4% in July 2015. The higher impact of this reduction is in the long term absence. A review team confirmed that managers were aware of their accountability and applied a consistent approach to actions and responsibilities detailed within the Attendance Management Policy. Development work is now underway to look at standardising the reporting of absence information across both partner employer organisations where this can be achieved.

Managers continue to work with staff to increase the % of eKSFs and PDPs. A large proportion of reviews and PDPs are due in the period December 2015 - March 2016, therefore we expect activity to increase during this period.

Induction training standard within deadline is showing red status. Reminders are issued to line managers responsible for induction to ensure compliance with organisation performance standards. There have been some IT issues around some logins and passwords so although the induction process is complete there has been a delay in the information being recorded on the system.

National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.

PI code & name	2013/14	2014/15	Q1 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Outcomes						
HSCP/CI/HCES/14 Readmission to hospital within 28 days.	-	-	Not measured for Quarters			
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	-	-	Not measured for Quarters			
Local Outcomes						
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£16.81	-	Not measured for Quarters			
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	1.3%	-	Not measured for Quarters			
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	381.9	-	Not measured for Quarters			
HSCP/GP/MM/01 % of GPs participating in Medicines Management LES	-	-	100%	100%		
HSCP/AC/PHA/01 Prescribing variance from budget			2.43% over budget			
HSCP/AC/PHA/02 Formulary compliance			78.2%	78%		
HSCP/AC/PHA/03 Prescribing cost per weighted patient			£15.15	£15.65		

The effective management of resources is a key priority within the Partnership's Strategic Plan and Performance Management Framework.