
To: Integration Joint Board

On: 18 September 2015

Report by: Chief Officer Designate

Heading: Renfrewshire HSCP Performance Management Arrangements for 2015/16

1. Summary

- 1.1. The Health and Social Care Partnership 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. The Scottish Government has developed National Health and Wellbeing Outcomes supported by a Core Indicator Set to provide a framework for Partnerships to develop their performance management arrangements. These have been drawn into a National Information Framework available in the List of Background Papers section at the end of this report. Existing measures and targets from the service plans of the parent organisations, national measures such as the NHS HEAT (Health Improvement, Efficiency, Access and Treatment) targets and agreed Community Planning arrangements will provide a further basis for development in the Partnership.
 - 1.3. This report sets out proposals for interim performance reporting arrangements for 2015/16 using a simple performance scorecard and also outlines the work to be undertaken to develop an HSCP Performance Management Framework for 2016/17.
-

2. Recommendations

- 2.1. That the scorecard presented in Appendix 1 is adopted for performance reporting in 2015/16. The Integration Joint Board will receive performance updates for mid-year (April – September 2015) in November 2015 and 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, building on the proposed 2015/16 reporting arrangements, feedback on these as the year progresses, national direction, the Partnership's Strategic Plan, locality and financial reporting arrangements.
- 2.3. 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

Clause 4.4 of the Integration Scheme requires the development of proposals for performance management based on the existing targets and measures of the parent organisations. For 2015/16 only, a joint performance scorecard has been prepared on this basis (see appendix 1) and is proposed as the HSCP's basis for performance reporting during this year.

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. Further details of these Core Indicators are available under the List of Background Papers section at the end of this report.

Although this performance scorecard reflects currently reported measures, there may be areas of delegated service where indicators have yet to be finalised e.g. acute services, housing aids and adaptations. Targets have been taken from those set out in the respective plans of the parent organisations. Moving forward, agreeing targets for the performance framework will be a key task, once the strategic priorities of the Partnership have been established.

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.

The parties have developed a list of targets and measures that relate to non-delegated functions which we will take into account when preparing the Strategic Plan. Our interface arrangements will support our influence on and contribution to these non-delegated functions.

Performance Management Framework 2016/17

Clause 4.4 of the Integration Scheme further states that the parties will jointly develop a Performance Management Framework (PMF) focused on the delivery of the outcomes set out in the Partnership's Strategic Plan and set out nationally by the Scottish Government. This will form the basis of performance reporting to the Integration Joint Board and the annual report to the Scottish Government.

The Partnership is committed to establishing its Performance Management Framework in the first year of the Integrated Joint Board and reviewing arrangements annually thereafter. An Outcomes and Performance Management Integration Work Stream has been set up to take forward the initial development work and will work with Heads of Service and other Managers to establish new performance arrangements for the Health & Social Care Partnership.

The following areas will provide the focus for development work to produce a Performance Management Framework from the basis of current reporting arrangements:

Local Outcomes – The local outcomes established in the Partnership's Strategic Plan will provide the specific focus for the new Framework. Work on the Framework should ensure that progress in delivering locally agreed outcomes is clearly articulated.

Localities – A performance report must include an assessment of performance in planning and carrying out functions in localities, including:

(a) a description of the arrangements made for the consultation and involvement of groups in decisions about localities.

(b) an assessment of how the arrangements described have contributed to provision of services in each locality.

Financial Reporting - The Scottish Government has indicated that reporting on the efficient use of resources is a key component of the Performance Framework. Discussions on how financial information is best used to build indicators while demonstrating best value from resources will be progressed with the Chief Financial Officer.

A full description of the Partnership's responsibilities on performance management is available in the Scottish Government Regulations in the List of Background Papers section at the end of this report.

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** –
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 Risk** – None
10. **Risk** – None
11. **Privacy Impact** - None

List of Background Papers –

National Health and Wellbeing Outcomes Framework

<http://www.gov.scot/Publications/2015/02/9966/downloads>

National Core Suite of Integration Indicators

<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes/Indicators/Indicators>

Integration Scheme for Renfrewshire

<http://www.renfrewshire.gov.uk/wps/wcm/connect/991738fa-9967-4903-9e88-02555950db25/sw-RenfrewshireFinalIntegrationScheme.pdf?MOD=AJPERES>

The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014

http://www.legislation.gov.uk/ssi/2014/326/pdfs/ssi_20140326_en.pdf

Authors:

Clare Walker, Planning and Performance Manager

Danny McAllion, Senior Information and Research Analyst

Appendix 1

Renfrewshire Health & Social Care Partnership Scorecard 2015/16

PI Status		Long Term Trends		Short Term Trends	
	Alert		Improving		Improving
	Warning		No Change		No Change
	OK		Getting Worse		Getting Worse
	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	Service	Frequency
National Core Indicators		
1. Percentage of adults able to look after their health very well or quite well	Partnership	Annual
1.1. Premature mortality rate	Partnership	Annual
Local Indicators		
Reduce smoking in pregnancy	Health Improvement	Quarterly
Breastfeeding exclusive for 6-8 weeks	Health Improvement	Quarterly
Increase in the number of people who assessed their health as good or very good	Health Improvement	Annual
Increase the percentage of people participating in 30 minutes of moderate physical activity 5 or more times a week	Health Improvement	Annual
Reduce the percentage of adults who smoke	Health Improvement	3 Years
Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	Health Improvement	Annual
Reduce the percentage of adults that are overweight or obese	Health Improvement	3 Years

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	Service	Frequency
National Core Indicators		
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible	Partnership	Annual
19. Delayed discharge bed days	Partnership	Annual
Local Indicators		
The number of delayed discharges over 72 Hours	Adult Services	Quarterly
Number of acute bed days lost to delayed discharges (including Adults with Incapacity)	Adult Services	Quarterly
Number of acute bed days lost to delayed discharges for Adults with Incapacity (AWIs)	Adult Services	Quarterly
Percentage of clients accessing out of hours home care services (65+)	Adult Services	Quarterly
Total number of homecare hours provided as a rate per 1,000 population aged 65+	Adult Services	Quarterly
Percentage of homecare clients aged 65+ receiving personal care	Adult Services	Quarterly
Percentage of homecare clients aged 65+ receiving a service during evening/overnight.	Adult Services	Quarterly
Total number of clients receiving telecare (75+) per 1000 population	Adult Services	Quarterly
Percentage of clients on the OT waiting list allocated a worker within 4 weeks	Adult Services	Quarterly
The average number of clients on the Occupational Therapy waiting list	Adult Services	Quarterly
Number of patients registered with Dementia	Adult Services	Monthly
People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support	Adult Services	Annual
Number of older people with an Anticipatory Care Plan	Adult Services	Annual
Number of Private Sector Housing Grants awarded to disabled tenants to improve private homes	Aids & Adaptations	Annual
Percentage of approved applications for medical adaptations completed during the reporting year.	Aids & Adaptations	Annual
The average time to complete medical adaptation applications.	Aids & Adaptations	Annual

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	Service	Frequency
National Core Indicators		
3. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	Partnership	Annual
4. Percentage of adults receiving any care or support who rate it as excellent or good	Partnership	Annual
Local Indicators		
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	Children's Services	Monthly
Number of staff trained in Equality and Diversity Training	Partnership	Annual
Number of routine sensitive inquiries carried out	Partnership	Annual
Number of referrals made as a result of the routine sensitive inquiry being carried out	Partnership	Annual
Primary Care Mental Health Team waits: Percentage of patients referred to first appointment offered < 4 weeks Percentage of patients referred to first treatment appointment offered < 9 weeks	LD, MH and Addictions	Monthly
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	LD, MH and Addictions	Quarterly
A&E waits less than 4 hours	Acute	Monthly
Deaths in acute hospitals: % 65 + % 75 +	Acute	Quarterly

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	Service	Frequency
National Core Indicators		
6. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	Partnership	Annual
12. Emergency admission rate	Partnership	Annual
Local Indicators		
Alcohol brief interventions	Health Improvement	Quarterly
Reduction in the rate of alcohol related hospital admissions per 100,000 population	Health Improvement	Quarterly
Reduce general acute inpatient & day case discharges with a diagnosis of drug misuse in any position 3 year rolling average rates per 100,000	Health Improvement	Annual
Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	Health Improvement	Annual
Emergency bed days rate 75+	Acute	Monthly
Emergency admissions from care homes	Acute	Annual
Paediatric Speech and Language Therapy Wait Times: Triaged within 8 weeks Assessment to appointment within 18 weeks	Children's Services	Monthly
GP Access: 48 hour access Advance booking	Health Improvement	Annual
Uptake rate of 30-month assessment	Children's Services	Annual
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	Health Improvement	Quarterly
Reduce the percentage of babies with a low birth weight (<2500g)	Health Improvement	Quarterly
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	Health Improvement	Annual

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

PI code & name	Service	Frequency
National Core Indicators		
11. Premature mortality rate	Partnership	Annual
Local Indicators		
Smoking cessation – non smokers at the 3 month follow up in the 40% most deprived areas	Health Improvement	Quarterly
Reduce smoking in pregnancy (SIMD)	Health Improvement	Quarterly
Breastfeeding in deprived areas	Health Improvement	Quarterly
Number of quality assured EQIAs (Equality Impact Assessments) carried out	Health Improvement	Annual
Reduce the gap between minimum and maximum (male) life expectancy in the communities of Renfrewshire (Bishopton and Ferguslie)	Health Improvement	2 Years
Number of staff trained in Gender Based Violence (GBV)	Health Improvement	Annual
Number of referrals to financial inclusion and employability services	Health Improvement	Annual

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	Service	Frequency
National Core Indicators		
7. Percentage of carers who feel supported to continue in their caring role	Partnership	Annual
14. Percentage of adults with intensive care needs receiving care at home	Partnership	Annual
Local Indicators		
Number of carers' assessments completed for adults (18+)	Adult Services	Quarterly
Number of carers' self assessments received for adults (18+)	Adult Services	Quarterly
Number of carers reporting they are better supported in their caring role	Adult Services	Annual
Total number of weeks of respite care provided (all clients groups)	Adult Services	Annual

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

PI code & name	Service	Frequency
National Core Indicators		
8. Percentage of adults supported at home who agree they felt safe	Partnership	Annual
10. Suicide rate	Partnership	Annual
Local Indicators		
Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	Adult Services	Annual
Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	Children's Services	Annual

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	Service	Frequency
National Core Indicators		
10. Percentage of staff who say they would recommend their workplace as a good place to work	Partnership	Annual
Local Indicators		
No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	Corporate	Annual
No of SW employees, in the MTIPD process, with a completed IDP	Corporate	Annual
Sickness Absence rate	Corporate	Monthly
% of health staff with completed e-KSF/PDP	Corporate	Monthly
Induction Completion rates:		
% of Health Care Support Worker staff with mandatory induction completed within the deadline	Corporate	Monthly
% of Health Care Support Worker staff with standard induction completed within the deadline		
% of complaints responded to within 20 days	Corporate	Quarterly

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

PI code & name	Service	Frequency
National Core Indicators		
12. Readmission to hospital within 28 days	Partnership	Annual
20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Partnership	Annual
Local Indicators		
Care at home costs per hour (65 and over)	Chief Finance Officer	Annual
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	Chief Finance Officer	Annual
Net Residential Costs Per Week for Older Persons (over 65)	Chief Finance Officer	Annual
Operate within agreed revenue resource limit; and meet cash requirement	Chief Finance Officer	Annual
Prescribing variance from budget	Pharmacy	Annual
Formulary compliance	Pharmacy	Annual
Cost per weighted patient	Pharmacy	Annual
% of GPs participating in medicines management LES	Clinical Director	Annual