





Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	25 September 2019
Agenda Item	8
Title	Performance Update Report - Quarter 1 2019-20

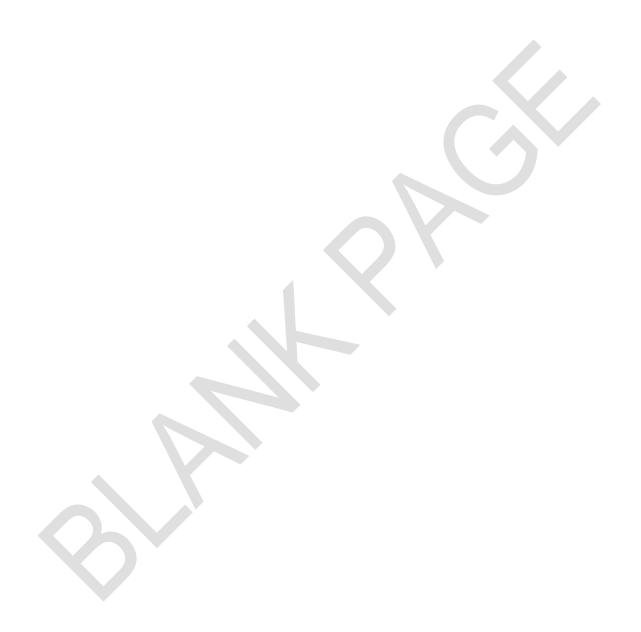
Summary

This report provides Performance and Audit Committee with an update on progress against our strategic performance measures for the period Quarter 1 2019/20. The performance measures were developed to monitor progress in the delivery of the priorities set out in the HSCP Strategic Plan 2018-2021. Where data is available for Quarter 1 this is included (along with any previously unavailable updates for earlier periods).

Steven Reid, Policy, Planning and Performance Manager
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Action Required

Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Report 2019-20.



EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

25 September 2019

Report by Chief Officer

PERFORMANCE REPORT - QUARTER 1 2019-20

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with an update on progress against our strategic performance measures for the period Quarter 1 2019/20. The performance measures were developed to monitor progress in the delivery of the priorities set out in the HSCP Strategic Plan 2018-2021. Where data is available for Quarter 1 this is included (along with any previously unavailable updates for earlier periods). Indicators included in our strategic performance framework but without data updates for Quarter 1 are listed at the end of the report (Annex 1).

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Report 2019-20.

BACKGROUND

3. The last meeting of the Performance and Audit Committee discussed the HSCP Annual Performance Report covering the financial year 2018-19.

REPORT

- 4. The attached report provides an update on the performance measures set out under our strategic priorities, with Quarter 1 data provided where available.
 - Mental wellbeing is improved among children, young people and families in need
 - People are supported to stop offending and rebuild their lives through new community justice pathways
 - Wellbeing is improved in our communities that experience shorter life expectancy and poorer health
 - People are supported to maintain their independence at home and in their local community.
 - People who experience mental ill-health are supported on their journey to recovery
 - Unplanned admissions to hospital are reduced
 - People who care for someone are able to exercise choice and control in relation to their caring activities
- 5. The final section contains a number of organisational indicators relating to customer feedback (including complaints performance), efficiency, and staffing performance.
- 6. Annex 1 contains a list of the performance measures for which Quarter 1 data is not available. These will next be reported on in our 2019/20 Mid-Year Performance Report.

RECOMMENDATIONS

7. Performance and Audit Committee is asked to note and comment on the Quarter 1 Performance Report 2019-20.

REPORT AUTHOR AND PERSON TO CONTACT

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September 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

HSCP Strategic Performance Report - Q1 2019-20

Report Author: Steven Reid, September 2019



Green	performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)

Trend arrows point upwards where there is <u>improved</u> performance (including where we aim to decrease the value).

Strategic Priority 1 - Mental we	Strategic Priority 1 - Mental wellbeing is improved among children, young people and families in need									
Description	Last Update	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Data Long Term Trend	Performance Data Short Term Trend Arrow	Notes & History Latest Note			
INCREASE - Percentage of positive response to Viewpoint question "Do you feel safe at home?"	Q1 2019/20	92%	91%	Green	•	-	Response rate in Q1 was low. Viewpoint participation is a high priority for Children & Family Teams and support is being made available to increase take up.			
INCREASE - Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	Q1 2019/20	74%	90%	Red	•	•	This was a 2% improvement from 72% in Q4 2018/19.			
DECREASE - Child & Adolescent Mental Health - longest wait in weeks at month end.	Q1 2019/20	40	18	Red	•	₽	Latest data at Qtr 1, the monthly average longest wait for April to June 2019 was 40 weeks although NHSGGC data shows that performance has improved for July and August. We continue to perform below the NHSGGC average on this measure. Improving access and waiting times for CAMHS remains a key area of focus for the HSCP.			

Strategic Priority 2 - People are supported to stop offending and rebuild their lives through new community justice pathways

Description		Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Term Trend	Data Short	Notes & History Latest Note
INCREASE - Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	Q1 2019/20	72%	80%	Red	•	7	72% completed within timescales set out by court. 13 out of a total of 18.
INCREASE - % Change in women's domestic abuse outcomes	Q1 2019/20	64%	70%	Green	•	•	In Q1 a total of 21 women showed an 81% improvement in domestic abuse outcomes. This is relates to users of both the refuge and outreach services. Improved outcomes related to safety, health and wellbeing, empowerment and self-esteem.

Strategic Priority 4 - People are supported to maintain their independence at home and in their local community.

Description	Last Update	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Term Trend	Data Short	Notes & History Latest Note
INCREASE - Number of people self-directing their care through receiving direct payments and other forms of self-directed support.	2018/19	514	600	Red			N.B. This is a provisional figure for 2018/19. A total of 514 people were in receipt of SDS 1 and 2 Option payments. A further 612 people were covered under SDS Option 3. (Source: Social Care Return 2018/19)
INCREASE - People reporting 'living where you/as you want to live' needs met (%)	Q1 2019/20	88%	90%	Green	•		In Qtr 1 of the 211 valid responses 185 respondents reported their needs met.

Strategic Priority 5 - People who experience mental ill-health are supported on their journey to recovery

Description		Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Short Term Trend Arrow	Notes & History Latest Note
INCREASE - Percentage of people waiting no longer than 18 weeks for access to psychological therapies	Q1 2019/20	59%	90%	Red	•	While we continue to perform below target there was an improving trend over the course of 2018-19. Performance dropped to 59% in Q1 (from 64% for the previous quarter) but the monitoring data is showing improved performance in Q2 (at 66%).

Strategic Priority 6 - Unplanned admissions to hospital are reduced

Description	Last Update	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Performance Data Short Term Trend Arrow	Notes & History Latest Note
DECREASE - people (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (ISD data)	Q1 2019/20	5	0	Red			Between April and June there were 8, 2 and 4 delayed discharges per month respectively.
DECREASE -Delayed discharges bed days lost to delayed discharge rate per 1,000 for patients aged 75+	Q1 2019/20	44	50	Green	•		This corresponds to an average of 15 days lost per 1,000 (75+ population) a month for quarter 1 of 2019/20.
DECREASE - Delayed discharges (ISD) bed days lost to delayed discharge (REDUCE)	Q1 2019/20	472	477	Green			Bed days lost to delayed discharge have been reducing and we are within target for Q1. Of the 472 days lost 428 (91%) were due to health and social care or patient and family reasons.
DECREASE - No. of A & E Attendances (NHSGGC data)	Q1 2019/20	6,245	4,583	Red	•	•	Data relates to NHSGGC figures – attendances at A&E and MIUs. Attendances increased by 3% from the previous quarter. We continue to work with GPs and care homes to reduce A&E attendances.
DECREASE - A & E Attendances from Care Homes (NHSGGC data)	Q1 2019/20	83	90	Green	•	•	A&E attendances from care homes continue to reduce with the figure falling from 108 in Q4 18/19 to 83 in Q1, now within our target.
DECREASE - Emergency Admissions from Care Homes (NHSGGC data)	Q1 2019/20	54	51	Amber	•	•	Annual emergency admissions from care homes fell from 69 in Q4 18/19 to 54 in Q1 and we are now close to meeting our target.
DECREASE - Number of Emergency Admissions: Adults (NHSGGC data)	Q1 2019/20	1,723	1,782	Green	•		Target for 2019/20 set at 7,124 (10% of 2015/16 baseline) approved by Integrated Joint Board. We are ahead of target for Q1 averaging 574 adult admissions per month for Apr-Jun 2019.
DECREASE - Occupied Bed Days (Adult – non-elective) (NHSGGC data)	Q1 2019/20	62,734	62,000	Green	•	₽	Data from NHSGGC covering Apr-Jun 2019.
DECREASE - No. of A & E Attendances: Adults	Q1 2019/20	5,212	4,584	Red	•	₽	Target revised for 2019/12 to 18,332 (10% of 2015/16 baseline) approved by Integrated Joint Board. For Q1 average of 1,737 adult attendances per month.

Description	Last Update	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Data Long Term Trend	Performance Data Short Term Trend Arrow	Notes & History Latest Note
DECREASE - Number of Emergency Admissions: Adults	2018/19	7,256	8,748	Green		1	Full year figure for 2018/19 – previously unavailable at end year due to missing data. Target has been revised for 2019/20 to 7,124 (10% of 2015/16 baseline) approved by Integrated Joint Board.
Strategic Priority 7 - People wi	no care for some	one are able to	exercise choi	ce and control i	n relation to	their caring	activities
Description	Last Update	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Data Long Term Trend	Performance Data Short Term Trend Arrow	Notes & History Latest Note
INCREASE - People reporting 'quality of life for carers' needs fully met (%)	Q1 2019/20	87%	72%	Green	•		In Qtr 1 of the total 45 valid responses 39 reported their needs met

8 - Organisational outcomes

8.1 Our customers

Description	Last Update	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Data Long Term Trend	Performance Data Short Term Trend Arrow	Notes & History Latest Note
DECREASE - Average time in working days to respond to complaints at stage one (HSCP)	Q1 2019/20	3.9	5	Green			There has been continued improvement in our response times for HSCP complaints with the average response time for frontline complaints below 4 days. This is our best quarterly performance since Q2 2017/18.
DECREASE - Average time in working days to respond to complaints at investigation (stage 2 and esc combined) (HSCP)	Q1 2019/20	17.6	20	Green	•		Timescales for responding to investigation stage complaints have been improving and we are now responding within 18 days on average (ahead of target). This is our best quarterly performance since Q3 2017/18.
DECREASE - The total number of complaints received - HSCP	Q1 2019/20	42		Data Only	•	•	This equates to 0.4 complaints per 1,000 population.
INCREASE - Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline; 20 days	Q1 2019/20	100%	70%	Green			There were 3 frontline NHS complaints in Q1. Of these all were responded to within timescale with an average response time of four days. There were no investigations in Q1.

Description	Last Update	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light		Performance Data Short Term Trend Arrow	Notes & History Latest Note
Investigation)							
INCREASE - Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation)	Q1 2019/20	68%	100%	Red	•	₽	40 HSCP complaints received in total in Q1. Of the 16 frontline complaints received 14 (88%) were within timescale. Of the 24 Investigation complaints received 13 (54%) were responded to on time and 11 (46%) were responded to outwith timescale.

8.3 Our People

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Description	Last Update	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Data Long Term Trend	Performance Data Short Term Trend Arrow	Notes & History Latest Note		
DECREASE - Percentage of days lost to sickness absence for HSCP NHS staff	Q1 2019/20	6.8%	4.0%	Red			For NHS staff our absence remains above target of 4%. However the Q1 figure is 6.8% compared to 8.5% for Q4 18/19 - a reduction of 1.7% overall.		
DECREASE - Sickness absence days per employee - HSCP (LA staff)	Q1 2019/20	4.0	2.6	Red			This figure is an improvement from Quarter 4 (was at 4.97) however we are still missing our target. Absence panels continue and HR run an absence report on a weekly basis in order to ensure absence is tracked.		
INCREASE - Percentage of staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System	Q1 2019/20	48%	80%	Red		1	Performance has been improving for KSF compliance but the figure has plateaued during the summer months. The figure is particularly low for Health and Community Care and Learning Disability staff. Action plans are now in place to increase compliance.		
INCREASE - iMatter Response Rate - HSCP	2019/20	67%		Data Only	•	•	Decrease in performance from last year (71%). This was anticipated since care at home staff are now included. We expected a lower response from this group due to use of paper copies and the fact they had been asked to complete 3 surveys already this year.		
INCREASE - iMatter Employee Engagement Index (EEI) score - HSCP	2019/20	75%		Data Only	•		The EEI score declined slightly by 3% on the previous year. However, overall results are very positive with the majority of indicators showing green (only 3 were yellow and none red).		

Annex 1 – Strategic indicators with no further update at Q1 2019/20

1 - Mental wellbeing is improved among children, young people and families in need

- Percentage of children looked after away from home who experience 3 or more placement moves
- Accommodated children will wait no longer than 6 months for a Looked After Review meeting to make a permanence decision
- % looked after children and care experienced young people accessing mental health supports
- % of children/ young people attending Family Wellbeing Service with improved emotional health at end of programme
- 100% of parents of children who have received an autism diagnosis have opportunity to access Cygnet post diagnostic programme within 12 months of receiving diagnosis.
- % Mothers confirming they have received information about close and loving relationships from staff
- Increase in improved outcomes for children after parent/carer completion of POPP
- Balance of Care for looked after children: % of children being looked after in the Community (LGBF)
- % Child Protection Re-Registrations within 18 months (LGBF)
- % Looked After Children with more than one placement within the last year (Aug-Jul) (LGBF)

2 - People are supported to stop offending and rebuild their lives through new community justice pathways

- Criminal Justice Feedback Survey Did your Order help you look at how to stop offending?
- % of service users moving from treatment to recovery service.
- % Change in individual drug and alcohol recovery Outcome Score
- % Increase in the number of people being referred through diversion from prosecution.
- % Positive employability and volunteering outcomes for people with convictions.
- People agreed to be at risk of harm and requiring a protection plan have one in place

3 - Wellbeing is improved in our communities that experience shorter life expectancy and poorer health

- Male life expectancy at birth in 15 per cent most deprived communities
- Female life expectancy at birth in 15 per cent most deprived communities
- NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate)
- Number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas.

4 - People are supported to maintain their independence at home and in their local community.

- NI-18: The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care.
- NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible.
- NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
- Percentage of those whose care need has reduced following re-ablement
- Percentage of people aged 65+ who live in housing rather than a care home or hospital
- % of people with an outcome-focused support plan
- Self-directed support spend on adults 18+ as a % of total social work spend on adults 18+ (LGBF)
- Percentage of people aged 65+ with intensive needs receiving care at home (LGBF)

5 - People who experience mental ill-health are supported on their journey to recovery

- Mental health hospital admissions (age standardised rate per 1,000 population)
- Primary Care Mental Health Team (Bridges) wait for referral to 1st appointment offered within 4 weeks (% patients).
- Primary Care Mental Health Team (Bridges) wait for referral to 1st treatment appointment offered within 9 weeks (% patients).

6 - Unplanned admissions to hospital are reduced

- Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population
- Delayed discharges bed days lost to delayed discharge for Adults with Incapacity (AWI)
- NI-12: Emergency admission rate (per 100,000 population) for adults.
- NI-13: Emergency bed day rate (per 100,000) for adults
- NI-14: Number of re-admissions to an acute hospital within 28 days of discharge per 1,000 admissions.
- NI-15: Proportion of last 6 months of life spent at home or in a community setting
- NI-16: Rate per 1,000 population of falls that occur in the population (aged 65 plus) who were admitted as an emergency to hospital.
- NI-19: The number of bed days due to delay discharge that have been recorded for people aged 75+ resident within the Local Authority area, per 1,000 population in the area.
- NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
- NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready

7 - People who care for someone are able to exercise choice and control in relation to their caring activities

- NI-8: Total combined % carers who feel supported to continue in their caring role.
- Number of young carers identified
- Percentage of identified Young Carers with a Young Carers Statement

8 - Organisational outcomes

- Percentage invoices paid within agreed period (30 days)
- NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
- NI-23: Expenditure on end of life care, cost in last 6 months per death
- NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
- NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
- NI-5: Total % of adults receiving any care or support who rated it as excellent or good.
- NI-6: Percentage of people with positive experience of the care provided by their GP Practice.
- NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
- NI-9: Percentage of adults supported at home who agreed they felt safe.
- NI-10: Percentage of staff who say they would recommend their workplace as a good place to work.
- Percentage of HSCP local authority staff with a Performance Review and Development (PRD) plan in place.
- % of teams with an iMatter Action Plan in place

