AGENDA ITEM No.8

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	28 November 2018
Agenda Item	8
Title	Mid-Year Performance Report 2018-19

Summary

This report provides Performance and Audit Committee with the performance measures developed to monitor progress in the delivery of the strategic priorities set out in the new HSCP Strategic Plan 2018-2021. Where data is available mid-year this is included. It also provides an update on the National Health and Wellbeing Indicators reported in the Annual Performance Plan 2017/18.

Presented by	Steven Reid, Senior Performance Management Officer

Action Required

Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Report 2018-19 and annexes.

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

PERFORMANCE AND AUDIT COMMITTEE

28 November 2018

Report by Chief Officer

MID-YEAR PERFORMANCE REPORT 2018-19

PURPOSE OF REPORT

1. This report provides Performance and Audit Committee with the performance measures developed to monitor progress in the delivery of the strategic priorities set out in the new HSCP Strategic Plan 2018-2021. Where data is available mid-year this is included. It also provides an update on the National Health and Wellbeing Indicators reported in the Annual Performance Plan 2017/18.

RECOMMENDATION

2. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Report 2018-19 and annexes

BACKGROUND

3. The last meeting Performance and Audit Committee discussed the report on the development of performance measures to monitor progress in the delivery of the strategic priorities set out in the new HSCP Strategic Plan 2018-2021.

REPORT

4. The attached report contains performance measures and actions set out under the new strategic priorities, with mid-year 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 including those that relate to the national indicator. *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.*

6. Annex 1 contains an update on the National Indicator measures for Integration Joint Boards

7. Annex2 contains a list of the performance measures that will be included in the end of year report for which mid-year data is not available.

RECOMMENDATIONS

8. Performance and Audit Committee is asked to note and comment on the Mid-Year Performance Report 2018-19 and annexes. .

REPORT AUTHOR AND PERSON TO CONTACT

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November 2018

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

HSCP Strategic Plan Report - Mid Year

ODP elements highlighted in blue

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Strategic Priority

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

NO(C&YP)1 - Our children have the best start in life and are ready to succeed
NO(C&YP)2 - Our young people are successful learners, confident individuals, effective contributors and responsible citizens
NO(C&YP)3 - We have improved the life chances for children, young people and families at risk

Outcome

1.1 Provide the appropriate and proportionate Mental Health responses for children and young people

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Take action to reduce CAMHS waiting times and ensure compliance with referral times for treatment at 18 weeks	01-Oct-2018	25%	31-Mar-2020	Arrangements are being finalised to ensure that East Renfrewshire CAMHS can be part of the new Centralised Choice Team and this is to ensure compliance with referral times for treatment at 18 weeks. It is anticipated that this new team will have the capacity to see children at the earliest opportunity. Additional resource from East Renfrewshire HSCP has been provided to augment the resource within the new team. Weekly performance meetings are in place with the team where cases are tracked and monitored and there is currently a review commencing to audit clinical effectiveness. Initial scoping has shown that the length of time cases have been opened and the frequency of the interventions is of a very good standard.
Ensure Children and Young People exiting CAMHS will have a Child's Plan in place.	01-Apr-2018	5%	31-Mar-2021	Initial work underway. Arrangements for implementation are due to be discussed with CAMHS and other partner services.
With a specialist third sector provider deliver a trauma recovery programme test of change in a locality with high demand for clinical mental health provision.	01-Apr-2017	30%	31-Mar-2020	Evaluation of outcomes at nine month stage of service operating indicated positive outcomes for children and families. Extension of service to a second year approved by HSCP in August. This includes widening scope of referrals to 6 GP practices. Future funding options being actively explored based on innovation and research.

Outcome

1.2 Increased confidence among parents most in need of support as a result of targeted interventions (ODP 1.2)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Implement the new Kinship Care duties from Children and Young People Act 2014 and the Kinship Care Assistance Order 2016.	17-Feb-2017	80%	31-Mar-2019	Kinship Care Guidance and Procedures were approved by the HSCP Children's Services Service and Team Manager meeting. There is a plan to work with staff and managers re the implementation and monitoring of the new

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
				processes. The Guidance and Procedures ensure that we meet our duties under legislation.
Deliver evidence based parenting support programme Cygnet for families of children with a diagnosis of autism	01-Apr-2017	45%	31-Mar-2020	All parents of children diagnosed since January 2014 who wished to participate in the Cygnet Programme have either completed the course or are currently participating. From October 2018 parents will have the offer of a place on a planned Cygnet Programme at the diagnostic feedback meeting. Additional staff have been trained in the programme which will support timely delivery.
Deliver effective parenting programmes that help families who need support in the early and teenage years.	01-Apr-2017	25%	31-Mar-2020	Now in the sustainability phase, POPP has been delivered in the east and west of the authority. 2 groups ran from Jan - June with a further 2 in progress from Sept - December.

Outcome
1.3 Improved maternal health and wellbeing (ODP 1.2)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Universal Pathway will be implemented within the health visiting service to support parents with children 0-5 years with targeted interventions for those with additional requirements.	01-Apr-2017	25%	31-Mar-2020	Implementation of the new Universal Pathway has not officially commenced as yet due to Licensing issues re Ages and Stages Assessment – Scottish Government aware and addressing this issue. There have been additional issues causing delay.
Implement the maternal and infant feeding plan encouraging breastfeeding, weaning and good nutrition.	01-Apr-2016	80%	31-Mar-2019	We achieved UNICEF gold accreditation in June 2018 – and are in a strong position to implement the UNICEF sustainability standards going forward. We have a robust plan Mother and Infant Feeding plan and report quarterly to the Improving Outcomes group against key indicators within plan all of which are on target.

Outcome
1.4 Strengthen family capacity through prevention and early intervention

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Offer Family Decision Making at the initial referral stage through Request For Assistance (section 12 duties).	01-Apr-2018	25%	31-Mar-2021	Family Group Decision Making (FGDM) is offered to all children and families who may meet the criteria for child protection - these are discussed at the weekly allocations meeting. A second strand of the work has recently started where FGDM is offered to children and families who do not meet the threshold for formal social work intervention. To date four families have been identified, with two of these actively involved in the initial stages of the process.

Outcome
1.5 Improved support for vulnerable children (ODP 1.3)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
The PACE Programme will be fully implemented and the outcomes of small tests of change will inform future ways of working.	17-Feb-2017	90%	31-Mar-2019	Aim has been met 100% and we will continue to measure the stretch aim 2 to allow for consolidation of good practice. Improvement Activity: - New Permanence Planning Procedures completed. - New tracking document for all LAC in place. - Workshops on parenting capacity assessments and analysis December 2017 to March 2018. - First concurrent planning case. - New Kinship Care Guidance and Procedures completed - IFST changes to parenting assessments, working agreements and contact
Implement Child Protection Committee Improvement Plan	01-Apr-2018	5%	30-Mar-2020	A Child Protection Improvement Plan has been produced and agreed by the Child Protection Committee and Chief Officers.
Implement GIRFEC 'Wellbeing' provisions of Children and Young People Act 2014	01-Apr-2018	30%	31-Mar-2020	The Getting It Right For Every Child (GIRFEC) Leadership Group is the multi-agency delivery group tasked with implementing GIRFEC policy and duties. It is currently updating the guidance manual for all agencies and supporting the improvements in embedding chronologies within assessment and planning processes.

Outcome
1.6 (ODP) Improved outcomes through implementation of Children and Young People's Act 2014 duties

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Baseline data will be compiled and analysed to support the publication of our first Children's Rights Report (Part 1 Duties) and a Children's Rights and Well Being Impact Assessment audit tool will be developed to support this task.	01-Apr-2017	5%	31-Mar-2020	A focus group has been established to determine how we gather, record and report on Children’s Rights.
Implement the Corporate Parenting Plan which will improve outcomes for our care-experienced children and young people.	01-Apr-2016	85%	31-Mar-2019	The plan is reaching end of Year 2 and a report is being compiled to indicate progress. As the plan was the first plan it was to cover a two year period 2016-18. A new plan for 2019 onwards requires to be agree by local Corporate Parenting partners.

Indicator	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
Child & Adolescent Mental Health (CAMHS) - longest wait in weeks at month end	H1 2018/19	44	18	Red	↓	↓	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.
Percentage of positive response to Viewpoint question "Do you feel safe at home?"	2017/18	94%	90%	Green	↓	-	This figure is for children 8 years and above. Viewpoint participation is a high priority for Children & Family Teams and support is being made available to increase take up.
By December 2018, 75% of children under the age of 12 placed in kinship care after 1 August 2017 in East Renfrewshire will have waited no longer than 36 weeks of being placed to have legal permanence through a Kinship Care Order.	H1 2018/19	20%	75%	Red	-	-	As at 31/8/18, 20% of children under 12 in Kinship Care had a Kinship Care Order granted within 36 weeks of placement. The remaining 80% have been identified as requiring parallel planning to consider return to their birth parents and as such a permanence decision could not be made within the timescales set. The performance target is locally identified through the PACE group and is a stretch aim and as so is aspirational.
From 1st April 2017, any child accommodated will wait no longer than 6 months for a LAC review to make a permanence decision	2017/18	100%	100%	Green	-	-	During the financial year 17-18, all LAC away from home had a looked after child review within six months of becoming looked after, which made a permanence decision.
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral	H1 2018/19	78%	90%	Red	↓	↓	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.
% of children/ young people attending Family Wellbeing Service with improved emotional health at end of programme	2017/18	100%	100%	Green	-	-	All of the children/young people that completed the programme reported improved emotional wellbeing.
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.	2017/18	97%	100%	Amber	-	-	97% of parents of children who have received an autism diagnosis were provided with an offer to access the post diagnostic support programme.
% Mothers confirming they have received information about close and loving relationships from staff	H1 2018/19	100%	80%	Green	-	-	Unicef Baby Friendly accreditation is based on a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children's centres services. Of the 14 mothers who were audited by health visitors in East Renfrewshire, all reported receiving information the

Indicator	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
							importance of close and loving relationships with their baby.
Increase in improved outcomes for children after parent/carer completion of POPP	2018	81%	81%	Green			In measuring improved outcomes arising from Parenting Programmes the Strengths and Difficulties Questionnaire (SDQ) has been utilised. This is an emotional and behavioural screening questionnaire for children and young people. The SDQ score of individuals has decreased in comparison to this time last year leading to an improvement in performance.

Strategic Priority

2 - People are supported to stop offending and rebuild their lives through new community justice pathways (ODP 4.3)

NO(CJ)1 - Prevent and reduce further offending by reducing its underlying causes
NO(CJ)2 - Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all
NO7 - People using health and social care services are safe from harm

Outcome

2.1 The risk of offending is reduced though high quality person centred interventions

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Implement the whole systems approach and develop pathway between Youth Intensive Support Service and Criminal Justice Social Work Team.	01-Apr-2017	75%	31-Mar-2020	A whole systems approach (WSA) has been implemented across youth justice. We maintain strong links across both areas to support young people in transition and co-location of teams assist this process. Scottish Government have funded an extension of WSA support for young people up to 21, and up to 26 for care experienced young people.
Develop and promote trauma informed universal services.	01-Apr-2017	50%	31-Mar-2020	Trauma Training Needs Assessment and Review is being progressed to develop trauma awareness and trauma informed practice. This recognises the high prevalence of Complex Psychological Trauma in population groups using Homelessness, Addictions and Criminal Justice Services. All fieldwork is now complete and final report and dissemination of the findings due by end of November.
Develop stronger links with community services and programmes to provide greater access and support for desistance.	01-Apr-2017	50%	31-Mar-2020	We have assertively targeted activity to improve the justice pathway working with housing, financial inclusion, health, adult learning and education, and third sector. Clear pathway and partnership work exists between the services. We have implemented a 'test of change' – adult learning 'No Barriers

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
				Barrhead' focusing on pre- employment needs and literacy. We continue to work with a range of community and third sector services and encourage service users to maintain voluntary links with these services once their order is completed. Specific areas include Mellow Velo and local charities.
Use appropriate risk assessment tools to identify need and reduce the risk of further offending.	01-Apr-2017	40%	31-Mar-2020	Following discussions with the Risk Management authority we established a local plan to update risk assessments on an annual basis. Reporting is an issue. This has been raised with Community Justice Scotland.
Deliver accredited programmes aimed at reducing reoffending.	01-Apr-2016	70%	31-Mar-2019	All accredited programmes delivered to offenders subject to supervision within East Renfrewshire are currently delivered by our partners in Renfrewshire Criminal Justice Services this will continue until March 2019. Staff are currently completing Moving Forward Making Changes training will a view to delivery locally.

Outcome
2.3 Effective interventions are in place to protect people from harm (ODP 4.3)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Provide a range of services for women who experience domestic abuse including advice and information, outreach support and refuge accommodation services.	01-Apr-2016	50%	31-Mar-2019	East Renfrewshire Women' s Aid Service supported 173 women, children and young people in their three core services, an 11% increase on the same 6 month period from the previous year. 53% of new referrals came from partner agencies with a quarter coming from social work. The demand for the help line and drop in service continued with 386 contacts recorded. 68% of women and 90% of children and young people noted an improvement in progress in their outcomes overall.
Implement the East Renfrewshire Adult Support and Protection Improvement Plan	01-Apr-2018	40%	31-Mar-2019	Delivery of the Adult Protection Committee (APC) is on-going.
Working in collaboration to identify, empower and protect residents at risk of financial harm	01-Oct-2018	5%	31-Mar-2019	A financial arm sub group of the Adult Protection Committee (APC) is being developed to have a co-ordinated response in this area.

Outcome
2.4 Effective arrangements are in place to identify and manage risk (ODP 4.3)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Deliver multi agency arrangements with police, health and prisons which assess and manage sex offenders to include serious and violent offenders	01-Apr-2018	50%	31-Mar-2019	Ongoing. We have effective arrangements to identify, manage, support and protect people from harm for sexual and violent offenders. MAPPA awareness training delivered to criminal justice, health visiting, school nurses, police, education, adult care completed. MAPPA presentations delivered to both Child and Adult Protection Committees. MAPPA input planned for Public Protection Conference being held in November.

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Develop and implement a multi-agency risk assessment conference (MARAC) for high risk domestic abuse victims.	01-Apr-2017	50%	31-Mar-2019	Domestic abuse pathway mapping complete. Option appraisal completed and recommendations submitted to CMT/DMT and Chief Officers Public Protection. Safe Lives Risk Assessment training delivered across HSCP staff. Safe and Together half day overview held in March with practitioner training being delivered in May. Protocol for MARAC currently being developed.
Raise awareness within communities so they can identify adults' at risk of harm and have confidence to make a referral.	01-Apr-2016	40%	31-Mar-2019	A multi-agency development day took place in April 2018. Public information events held in Auchenback Community Centre and The Foundry to promote the work of the ASP Committee and how to share concerns. A further multi-agency public protection day will take place on 26th November to raise awareness across all strands of public protection. Further promotion of information relating to the risks of Financial Harm and the National "See Something – Say Something" Campaign. Local publicity materials are being updated.

Outcome
2.5 More people recover from alcohol and drugs due to participation in our programmes (ODP 4.5)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Increase the number of people referred to the drug and alcohol recovery program.	01-Apr-2018	50%	31-Mar-2019	Addiction and recovery services will be enhanced to specifically target and engage the most vulnerable including people dropping out treatment services, those most at risk of acute illness and early death, such as chaotic users, ageing cohort, those with multiple complex health needs and those less able to engage with specialist services or recovery oriented approaches. This will include assertive outreach, expanding nursing compliment to increase access to services and reduce waiting times, develop and embed peer support and enhanced leadership for recovery, family engagement and advocacy to support those affected by problem drug/alcohol use.
Implement the new alcohol and drug Recovery Outcome Web Tool which helps people plan for their recovery and charts their progress.	01-Apr-2016	70%	31-Mar-2019	The alcohol and drug recovery outcome web tool is being utilised in the service. This is still early in implementation and will be implemented fully nationally from March 2019. This will be reported via the new national drug and alcohol information system.
Promote and support access to mutual aid / peer support and development of recovery communities.	01-Apr-2016	80%	31-Mar-2019	We continue to actively support and promote the development of recovery communities and peer support/mutual aid. There is a strong and active relationship with PARTNER – People Achieving Recovery Together in East Renfrewshire'. PARTNER have established a new evening mutual aid group in Barrhead. They are working with Alcohol Focus Scotland on a new unique community engagement project called PHOTO Vox.

Indicator	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
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.	H1 2018/19	76%	80%	Amber	↓	↓	In the first six months of 2018/19 28 out of 37 Orders were completed within Court timescales. There has been a fall in performance in regard to placement completions on the same period last year (94%). This fall is due to client non-compliance, short time scales imposed by courts, and the increasing number of CPOs (90%) with unpaid work requirements.
% of service users moving from treatment to recovery service.	2017/18	12%	9%	Green	↑	↑	There was an increase in the percentage of people moving from treatment to recovery from 9% in 2016/17 to 12% in 2017/18. Current target achieved. Update will be provided end of year.
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending?	H1 2018/19	100%	100%	Green	-	-	Results of the fourteen completed survey forms from the first half of 2018/19 reveals a 100% positive response.
% Change in women's domestic abuse outcomes	2018/19	68%	70%	Amber	↑	↓	From April 2018 to September 2018, East Renfrewshire Women's Aid service reported a 68% improvement for women and 90% improvement children and young people across all reported outcomes.
People agreed to be at risk of harm and requiring a protection plan have one in place	H1 2018/19	100%	100%	Green	-	-	All residents identified as at risk of harm by the HSCP now have a bespoke protection plan in place.

Strategic Priority
3 - Wellbeing is improved in our communities that experience shorter life expectancy and poorer health
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer. NO5 – Health and social care services contribute to reducing health inequalities

Outcome
3.1 Health inequalities will be reduced by working with communities

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Support communities in Auchenback, Arthurlie, Dunterlie and Dovecothall to lead the development of Locality Plans for their areas.	01-Apr-2018	50%	31-Mar-2019	The HSCP has contributed to the development of locality plans to ensure a focus on health inequalities and wellbeing during consultation with communities. We continue to support our community planning partners to

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
				develop the LOIP 'Fairer East Ren' which addresses mental health, social isolation, employability and child poverty.

Outcome
3.2 Health inequalities will be mitigated through targeted interventions

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Develop tailored health improvement programmes in communities with greater health inequalities.	01-Apr-2018	65%	31-Mar-2019	Specialist smoking cessation services are promoted across East Renfrewshire with particular emphasis on reaching those in our most deprived communities. A drop in service and support group continues to be delivered weekly in Barrhead Health and Care Centre and one to one support is also available for individuals either face to face or by telephone. Translation services are used to support people who do not use English as a first language. We have also promoted No Smoking Day in Barrhead and Neilston and promoted smoke free play areas in Auchenback. Delivered Bowel Cancer UKs 'Good Bowel Health' Screening Workshops to Learning Disability Teams and ran a communication campaign to promote bowel screening in April 2018 as part of bowel cancer awareness month. Strength and balance exercise sessions are being delivered in Dunterlie, walking groups have been set up in Barrhead and Neilston. Chair based exercise groups for older adults are also provided in Barrhead and other venues. The Live Active programme funded by ERHSCP and NHSGGC is being actively promoted in Barrhead to increase referrals and we have strengthened links with East Renfrewshire Culture and Leisure Trust (ERCLT) and other exercise providers to develop smooth referral pathways between services. East Renfrewshire HSCP provided funding for an active health and wellbeing manager within ERCLT. This post has been developing the 'ageing well brand' and has supported projects in Barrhead such as Dunterlie Tenancy Sustainability Project. Health Improvement staff have continue to provide information resources for community projects and events.
Target health improvement programmes in the workplace on our staff at particular risk.	01-Apr-2018	55%	31-Mar-2019	Due to the high uptake of health checks for manual staff (85 between Jan and March 2018), plans are in place to provide a further 80 appointments between January 2019 and March 2019. Previous rounds of health checks revealed several staff may be at risk of high blood pressure or raised cholesterol levels. These individuals were referred on to their GP. A campaign to promote mental health awareness day signposted staff to supports available such as employee counselling and other helplines. A video link was also promoted to staff where a local GP explained about help available for people experiencing mental health problems including low mood, anxiety and suicidal thoughts.

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Signpost and refer people to interventions and support such as money advice.	01-Apr-2018	50%	31-Mar-2019	Plans are in place for Scotwest Credit Union to visit Thornliebank Depot and Barrhead ERC offices to enable staff to access credit union services. Work is on-going across a range of partners to address money concerns. This includes Community Link Workers who support local people, HWL support for ERC and HSCP staff who have money problems by signposting to partners such as the ERC money advice and rights team and local credit union. Families are also supported via the mainstreaming of a money advice post from the previous Healthier Wealthier Children programme.

Indicator	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
Increase the number of smokers supported to successfully stop smoking in the 40% most deprived SIMD areas. (This measure captures quits at three months and is reported 12 weeks in arrears.)	Q1 2018/19	3	7	Red			Three people from SIMD 1 recorded as being quit after 3 months in Q1 2018/19. No data available for quarter 2 due to time lag. The management of the smoking cessation service will transfer to the Public Health Directorate at NHSGGC from 1st November however the smoking cessation adviser will remain based in East Renfrewshire HSCP. We will maintain close links with the service.

Strategic Priority

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

NO2 - 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

4.1 The people we work with have choice and control over their lives and the support they receive. (ODP 5.3)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Introduce a new method of calculating individual budgets for self-directed support. Establishing processes to ensure that we set appropriate individual budgets for people and they have access to the 4 SDS options.	01-Sep-2018	60%	31-Mar-2019	Have developed proposed model for calculating individual budgets for SDS taking account of approaches elsewhere in Scotland. Procedures and guidance have been redrafted and a new client questionnaire has been developed. We are currently testing the model and categories of support against client cases. We aim to go live with the new model in January 2019 and will review and refine the model if required as we roll out to new clients and review existing clients.

Outcome
4.2 More people stay independent and avoid crisis though early intervention work (ODP 5.3)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Set up 'Talking Points' where people can talk to a range of professionals, carer and community supports	01-Apr-2018	80%	31-Mar-2021	In October 2018 we held 5 Talking Points at various locations across ER. These were attended by 37 individuals with 1 person being forwarded for an HSCP service, which was a review of small adaptations by the Rapid Access Team. This referral was dealt with live at the Talking Point event using agile kit. All other 36 people were signposted to 'informal' supports. 12 further Talking Point dates/venues set for Nov/Dec. Outstanding issues for the Talking Points approach include: advertising campaign, branding Talking Points, set up and/or purchase training & equipment. Talking Points will be an ongoing events run on a monthly basis.
Set up an Initial Contact Team to provide fast access to information, advice and support	01-Apr-2018	30%	31-Mar-2019	Work to establish the Initial Contact Team (ICT) is ongoing. Accommodation has been identified in Barrhead HCC with a skeleton staff situated in Eastwood although no staff appointments have been made directly to the ICT yet. Agile kit and set hard-drive facilities are in situ and a Process manual for the ICT is now 75% complete.

Outcome
4.3 People can maintain health and wellbeing through a range of appropriate activities (ODP 5.2 & 5.3)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Continue to develop our Ageing Well programme in partnership with ER Culture & Leisure Trust	01-Apr-2018	50%	31-Mar-2019	ER culture and leisure trust are continuing to develop the 'Ageing Well' brand which promotes a range of activities and services to older adults. Activity includes Walking, Vitality Programme, Tai Chi, art and cultural activity, digital opportunities, swimming lessons and walking football.
Provide an integrated rehabilitation and re-ablement service	01-Apr-2018	5%	31-Mar-2021	A locality-based integrated rehabilitation and re-ablement service will be developed as part of the ongoing Fit for the Future programme at the HSCP.
Test health MOT to measure people's current health and fitness and signpost them to the most appropriate physical activities	01-Apr-2018	30%	31-Mar-2020	ERCLT has purchased equipment and trialled a health MOT using specially trained staff and now plan to roll this out.
Increase the number of physical activity opportunities including chair based exercise, strength and balance, vitality and walking programmes.	01-Apr-2018	50%	31-Mar-2019	We are working with ERCLT and other partners to increase the number of opportunities for chair based exercise by increasing the number of trainers in East Renfrewshire and developing a network of providers to ensure smooth pathways across services such as chair based exercise, vitality, and strength and balance. The Live Active service continues to perform well against targets and in comparison to other areas in NHSGGC. We will establish a baseline to monitor the increase in people walking and chair based exercise which will be reported quarterly with Live Active figures.

Outcome
4.4 Supporting more people through Telecare to live independently in their own homes for longer (ODP 5.3)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Modernise Telecare call-handling to develop digital capability to improve the service and enable better use of data to design prevention activities	01-Apr-2018	10%	31-Mar-2021	Work is underway (in partnership with Community Safety) to develop our digital capability to facilitate the shift away from analogue telephony. We have engaged with the Scottish Government and Scotland Excel on this issue. Capital funding has been established and IT and Procurement are considering procurement options for the shift to a fully digital system.
Ensure Technology Enabled Care (TEC) is more strongly embedded in all support provision	01-Nov-2018	20%	31-Mar-2021	Technology Enabled Care (TEC) is now embedded in hospital discharge planning. The HSCP now offers TEC for free for the first 6 weeks for all new clients. The TEC team provide support, guidance and training for staff on the uptake and use of TEC.
Work with Primary Care colleagues to upscale our home and mobile health monitoring system to link with 100% of GP practices.	01-Apr-2018	75%	31-Mar-2019	73% of GP practices in East Renfrewshire are now using Home & mobile health monitoring (HMHM) to support the management of Hypertension (target is 100%) Since going live date Sept 17, 456 patients have been enrolled to the service which has saved 1355 face to face appointments. Support now being given to GP's to introduce HMHM for patients on COPD care pathway.

Indicator	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
Number of people self directing their care through receiving direct payments and other forms of self-directed support.	H1 2018/19	391	300	Green	↑	↑	Preliminary figures from the Social Care Quarterly returns show a total of 391 people were in receipt of SDS 1 and 2 Option payments at the mid point of 2018/19. A further 527 people were covered under SDS Option 3.
Percentage of those whose care need has reduced following re-ablement.	2017/18	61.5%	50%	Green	↓	↓	The HSCP is currently in the process of establishing an integrated, locality-based rehabilitation and reablement service. This new model will increase the impact of reablement in reducing the care needs of local people.
Percentage of people aged 65+ who live in housing rather than a care home or hospital	H1 2018/19	96.5%	97%	Green	↑	-	There is continuing stability in the number of people living in housing rather than a care home or hospital. At Feb 2018 there were 649 East Renfrewshire residents (65 and over - 18,353 people, NRS Mid 2016 estimate) living in care homes.
People reporting 'living where you/as you want to live' needs met (%)	2018/19	88%	90%	Amber	↑	↑	In the first six months of the year of the total 449 valid responses 394 reported their needs met. The target for 2018/19 has been increased from 81% to 90% in line with performance over the last year.

Strategic Priority
5 - People who experience mental ill-health are supported on their journey to recovery
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome
5.1 People have the tools to manage their own mental health through recovery-oriented care

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Implement the priorities set out in the Greater Glasgow and Clyde Mental Health Strategy in East Renfrewshire	01-Apr-2018	5%	31-Mar-2021	Work to support implementation is underway. We are participating in the working groups to support implementation of the strategy.
Develop and deliver the programme of activity supported by Action 15 funding	01-Sep-2018	5%	31-Mar-2021	Plans for the use of Action 15 funding were submitted to the Scottish Government in October 2018. The Action 15 plan consists of a range of local East Renfrewshire and Greater Glasgow–wide activity.
Ensure appropriate access to primary Mental Health services	01-Apr-2018	10%	31-Mar-2021	In the first half of 2018/19 we have undertaken a range of activity to address ongoing staffing issues at the Primary Care Mental Health Team (including absence and vacancies). A temporary Band 5 worker came into post in June 2018 but left for a permanent post elsewhere in the Board area in early October. In June 2018, it was agreed to recruit four posts, two permanent and two on a temporary basis to support the reduction of waiting times. A 0.2 whole time equivalent (wte) CBT Therapist post was recruited and the post holder commenced at the beginning of November. A 1.0 wte Band 6 was recruited but the post holder declined the post after being successful. There were no other suitable candidates. A temporary 1.0 wte Band 6 post had a successful candidate who proceeded to take a permanent post elsewhere. The temporary 1.0 wte Band 5 post was successfully recruited and the post holder commenced at the beginning of November 2018. We still have 2.0 wte posts vacant and another recruitment process is underway. The two new staff members will run mood skills workshops for all those waiting for treatment (stopping the clock for treatment waiting times). Given the volume of those waiting this will take time as we are restricted by the numbers we can accommodate in a workshop and available group space within the health centre. We are looking into the possibility of running groups within other community facilities and are costing this. We are also reviewing the content of the CBT for Anxiety group and this will commence soon. New staff will also offer 1:1 intervention as appropriate. Part time staff within the PCMHT are offering to do extra hours and someone has been identified from the nurse bank who will help with telephone screening. Over the first half of the year we have also been encouraging GP Practices to

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
				refer patients to cCBT (Computerised Cognitive Behavioural Therapy) and a recent report indicated that there have been 256 referrals. Referrals to the PCMHT from GPs have dropped in the last three months as a result of this activity. It was agreed as part of Fit for the Future that the review of the Primary Care Mental Health Team would commence in November 2018.

Indicator	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
Percentage of people waiting no longer than 18 weeks for access to psychological therapies	H1 2018/19	49%	90%	Red			As at 30 Sep 2018 there were a total of 165 patients on the waiting list, 85 of these had been waiting more than 18 weeks. Across NHSGGC 1,994 patients on the waiting list; of these 22% (438) were waiting >18 weeks.
Primary Care Mental Health Team (Bridges) wait for referral to 1st appointment offered - within 4 weeks (% patients).	H1 2018/19	26%	100%	Red			The proportion of clients being referred for assessment within 4 weeks has been declining due to staffing issues in the service. This remains an area of focus for the HSCP and we are working to reduce absences and recruit staff to vacant posts. We have also put in extra posts to address waiting time issues.
Primary Care Mental Health Team (Bridges) wait for referral to 1st treatment appointment offered - within 9 weeks (% patients).	H1 2018/19	12%	100%	Red			The proportion of clients being referred to treatment within 9 weeks has been declining due to staffing issues in the service. This remains an area of focus for the HSCP and we are working to reduce absences and recruit staff to vacant posts. We have also put in extra posts to address waiting time issues.

Strategic Priority

6 - Unplanned admissions to hospital are reduced

NO2 - 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

6.1 We support people at greatest risk of admission to hospital.

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Work with clinical directors to ensure our prevention activity is focused on the top 6 reasons for unplanned admissions	01-Apr-2018	50%	31-Mar-2019	In first half of 2018-19 have been reviewing clinical director best practice recommendations and benchmarking with local activity. Aim to achieve best practice in East Renfrewshire by March 2019. Performance will be measured by a reduction in occupied bed days for each condition.
Support people who are frail through an effective Frailty Tool and Pathways	01-Apr-2018	40%	31-Mar-2019	By end of November training will be complete with staff group to initiate the use of the Rockwood Frailty Scoring Tool. Development of pathways to support individuals through their frailty journey to be developed and implemented by March 2019.
Develop and embed agreed Anticipatory Care Planning model in GP practices, community nursing, rehab and Older People's Mental Health	01-Apr-2018	50%	31-Mar-2019	East Renfrewshire led the development of the agreed ACP approach across Glasgow. Standardised ACP summary has been developed to improve quality of information being gathered. Transferring information to Key Information Summary (KIS) is vital. We undertook a small test of change extending ACP completion to one District Nursing team with a GP practice. By end of March community nursing rehab and OP MH will be proactively adopting this approach.

Outcome
6.2 Work with local partners to reduce attendances and admissions

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Review and strengthen the care home liaison role/model	01-Apr-2018	50%	31-Mar-2019	Reviewing the current care home liaison role and comparing this to the role within Inverclyde HSCP. By end of March will have proposal in place for the role going forward.
Improve communication between hospitals and care homes through introduction of red bag scheme	01-Apr-2018	40%	31-Mar-2019	HSCP Locality Improvement Manager has been attending Care Home Forum to encourage collaborative working around the unscheduled care agenda. Distribution of Red Bags and awareness raising will take place during November and the scheme will go live in December 2018 across all care homes.
Engage with GP practices to reduce Emergency Dept attendances	01-Apr-2018	30%	31-Mar-2019	Emerging data on Emergency Department attendances shared with GP practices in July. Undertaking visits to individual GP practices to review data with a view to identifying improvement actions to prevent future ED attendances. Visits will be complete by December 18.

Outcome
6.3 Our services support rehabilitation and end-of-life care (ODP 5.3)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Develop Bonnyton House as step-down facility to aid hospital discharges.	01-Nov-2017	80%	31-Mar-2019	Learning from previous test of change has evolved thinking and a new proposal is being developed to develop space for a rehab facility to prevent

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
				admission and support discharge. We are also looking at the opportunity to develop palliative care bed to support end of life care closer to the community.
Develop more responsive care at home and Out-of-Hours services	01-Apr-2018	5%	31-Mar-2021	We have established a dedicated workstream and are currently looking at the future model. We are about to split our Out-of-Hours services on a locality basis.
Improve end of life care planning and service delivery	01-Oct-2018	50%	31-Mar-2019	Developing a proposal in collaboration with Prince and Princess of Wales and Accord Hospices. Palliative Care Group has been established and action plan developed. District Nurses are now doing an End of Life care survey gathering information on people's experiences including support from HSCP staff and other agencies.

Indicator	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
Delayed discharges bed days lost to delayed discharge rate per 1,000 for patients aged 75+	H1 2018/19	89	100	Green	↑	↓	This corresponds to an average of 15 days lost per 1,000 (75+ population) a month for the first six months of 2018/19.

See also National Indicators in Annex 1.

Strategic Priority

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

NO6 - People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing

Outcome

7.1 Staff are able to identify carers and value them as equal partners (ODP 5.4)

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Provide information and training to raise awareness of the impact of caring and requirements of Carers Act	01-Apr-2018	50%	31-Mar-2021	Ongoing by Carers Centre with support from third sector and Talking Points community. Opportunity identified to take this forward with Talking Points partners. We have commissioned Viewpoint to develop a young carers identification and assessment App to be promoted by schools, GPs, adult services and children's services.

Outcome

7.2 More carers have the opportunity to develop their own carer support plan

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Training advisers in a range of organisations who can develop plans with and for carers.	01-Apr-2018	50%	31-Mar-2021	Good Conversations with strength based planning tool now delivered to most third sector organisations incl training for trainers pack developed with VAER. Work undertaken with Carers Centre staff, with opportunities to shadow assessment and strength based planning with carers. Opportunity identified to take this forward with Talking Points partners.
Implementation of the Young Carers Statement within the GIRFEC Framework and Carers Act.	01-Apr-2017	15%	31-Mar-2020	A Young Carers Sub Group has been established comprising of key children's services representatives to ensure young carers are identified early and assessed at school and within universal services. The Viewpoint Young Carers App will be used to support staff in schools with this task.

Outcome
7.3 Carers can access accurate information about carers' rights, eligibility criteria and supports

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Develop and publicise a consistent and clear prioritisation framework (eligibility criteria) for support.	01-Apr-2018	50%	31-Mar-2021	The HSCP undertook a consultation exercise on eligibility for supporting carers and an eligibility criteria has been established. This has been agreed by the Integration Joint Board.
Ensure carers and support organisations are aware of respite care and short-break provision.	01-Apr-2018	25%	31-Mar-2021	Work is ongoing based on previous Carers Centre work on flexible short breaks and learning from redesign of day services. The HSCP is working with ER Carers based on the findings of the Care Collective and the strategic development work of the Carer's Act Implementation Group.
Work with carers to update our local carers' strategy in line with legislation	01-Apr-2016	90%	31-Mar-2019	The strategy is currently being finalised. We are awaiting input to specific sections from Greater Glasgow and Clyde Health Board. The HSCP, in partnership with ER Carers and VAER (Voluntary Action East Renfrewshire), established an implementation group to agree a range of preparatory activities to inform the implementation of the Act and to ensure all stakeholders are presented in the planning process. Our Care Collective has supported wide and extensive engagement across East Renfrewshire, to inform the development of the local strategy.

Strategic Priority
8 - Organisational outcomes

Outcome
8.1 Our customers
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Indicator	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
Percentage of HSCP (NHS) complaints received and responded to within timescale (5 working days Frontline, 20 days Investigation)	Q1 2018/19	33%	70%	Red			Of the three NHS complaints in quarter 1, one Frontline complaint was responded to within timescale (5 days) whilst both Investigation complaints were outwith the 20 days timescale.
Percentage of HSCP (local authority) complaints received and responded to within timescale (5 working days Frontline; 20 days Investigation)	Q1 2018/19	64%	100%	Red			Of the total twenty two ERC complaints in quarter 1, all nine Frontline complaint were responded to within timescale (5 days). Of the remaining Investigation complaints 5 were outwith the 20 days timescale.

Outcome
8.3 Our People
NO8 – 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

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Ensure managers are supported to ensure every staff member will have a PRD / TURAS review with clear key objectives and a personal development plan in place.	01-Apr-2016	90%	31-Mar-2019	To improve PRD completion training has been delivered to 24 managers on use of online system and PRD process and new guidelines are being rolled out to improve compliance. Dedicated support for large manual groups e.g. home care has also been developed. Briefing sessions were organised on the new KSF system in April / May, this will replace the old system. Additional work is now being carried out too ensure that the data is correct and that all managers are aligned correctly and are signposted for additional L&E support from the centre. For KSF / Turas, work is underway to correct erroneous manager alignments. The self service HR system eESS, when it is fully implemented, should support more accurate alignment data. Managers are directed to national eESS website for support in using eESS. Ongoing consultation with managers about support needs for KSF.
Staff are engaged in services changes and redesign and have the opportunity to influence the outcomes.	01-Apr-2018	90%	31-Mar-2019	The DMT ran a number of engagement sessions in early 2017/18 in relation to Fit For the Future to ensure staff are aware of service changes within their service area. Further sessions were held in September 2018 and additional sessions are scheduled for the end of the year.

Action Description	Planned Start Date	Status Progress Bar	Due Date	Latest Note
Ensure lone working policy is in place and staff support protection systems are monitored.	01-Apr-2017	60%	31-Mar-2019	Lone working risk assessment were carried out by services across HSCP. Lone worker (Reliance Protect) devices are being distributed to staff and a training session has been arranged to train trainers on the use of the devices. Roll out is due to take place from 1st December till 31st January. Intensive Services (Tele care and care at home) have been timetable to go live last as there are specific issues around 24/7 escalation procedures.

Indicator	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
Percentage of days lost to sickness absence for CHCP NHS staff	H1 2018/19	6.9%	4.0%	Red			Absence levels within the HSCP have remained above target. The long term trend, however, shows a movement downwards. The last 6 six months of 2017/18 had an average of 7.89% while the average figure for the first six months of 2018/19 is 6.9% so a reduction of 1%. It can be seen absence was significantly higher in September 2017 - 10.15% compared to 6.44% in September 2018. Over the last 12 months compliance with absence has been monitored by introducing absence support panels and a specific focus on absence within the LD specialist hosted service.
Sickness absence days per employee - HSCP (LA staff)	H1 2018/19	6.9	5.0	Red			Absence levels within the HSCP remained high during quarter 2 above target and performance. There are high numbers of long term absence cases mainly within intensive services (care at home). In addition here have been compliance issues with information at work (employees showing absent when retuned to work) however these are being addressed in terms managing non-compliance and providing additional training and support for managers. Absence support panels have now been re-introduced in order to ensure that the maximising attendance policy is adhered too and focus on ensuring return to work.
Percentage of staff with an electronic Knowledge and Skills Framework review.	H1 2018/19	37.7%	80%	Red			At the end of last year 77% of the 392 NHSGGC HSCP staff had a completed and signed off review at March 2018. In September 2018 the KSF figure sits at 37% the board wide figure is 41.6% The figure is low due to the period of time the system was not fully functional during 2018. However every effort is now being made in order to increase compliance to 80% target. This has been hampered by link NHS L&E advisor for East Renfrewshire leaving in August 2019 with no direct replacement. Other local HR employees have been focussing on iMatter action planning. HSCP L&E

Indicator	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
							focus onto ensuring KSF compliance moves towards target. Consultation is taking place with managers to identify obstacles and take remedial action. A closer look will be taken at the detail so that support can be targeted where it is most needed.
Percentage of HSCP local authority staff with a Performance Review and Development (PRD) plan in place.	2017/18	63%	100%	Red			To improve PRD completion training has been delivered to 24 managers on use of online system and PRD process and new guidelines are being rolled out to improve compliance. Dedicated support for large manual groups e.g. home care has also been developed. While performance increased in other services, it dropped overall due to difficulties completing for the large manual homecare population. A new manager has been appointed and more intensive support provided to ensure this is being addressed.
iMatter Response Rate - HSCP	2018/19	71%		Data Only			71% equates to 536 out of 752 staff - an increase of 5% on the previous year.
iMatter Employee Engagement Index (EEI) score - HSCP	2018/19	78%		Data Only			The EEI score improved by 2% on the previous year.
% of teams with an iMatter Action Plan in place - HSCP	2018/19	93%	80%	Green			We have significantly increased the level of action planning resulting from the iMatter survey - increasing from 51% in 2017/18.
% Staff who report 'I am given the time and resources to support my learning growth' in iMatter staff survey.	2018/19	76%	90%	Red			Based on 536 responses. iMatter Survey Report July 2018. While performance has risen this year (76% from 70% last year) the target has also increased from 80% to 90%.
Percentage of staff vaccinated against seasonal flu	Nov-2018	40.7%		Data Only			At November 2018 41% of staff had received the flu vaccination. This is not the final figure for uptake with drop-in vaccination clinics taking place at HSCP venues in November.
Compliance rate - statutory and mandatory training courses	Nov-2018	70.8%		Data Only			Across the 9 training courses the average compliance rate is 71%. Highest rates are for Fire Safety (83%), Health and Safety (82%) and violence and Aggression (80%).

Annex 1 - National indicators – East Renfrewshire HSCP Mid Year Report

Health improvement

Indicator	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
Health and Social Care Integration - Core Suite of Indicators NI-11: Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate)	2017/18	301		Data Only	↑	↑	In comparison Scotland rate in 2017 was 425 per 100,000. (Source: NRS) Latest data available at Sep 2018

Supporting independence

Indicator	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
Health and Social Care Integration - Core Suite of Indicators NI-1: Percentage of adults able to look after their health very well or quite well	2017/18	94%		Data Only	↓	–	Scotland figure for period 93%. Both East Renfrewshire and national figures down slightly on previous year (2015/16). Previous available years data also amended by ISD Sept 2018. Source: Health and Care Experience Survey 2017/18.
Health and Social Care Integration - Core Suite of Indicators 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.	2016/17	63%		Data Only	↑	↑	In comparison the Scotland figure for 2016/17 was 61%. (Source : Scottish Government). Latest data at Sep 2018

Health and Social Care Integration - Core Suite of Indicators NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	2017/18	74%		Data Only			Scotland figure for period 81%. Both East Renfrewshire and national figures down slightly on previous year (2015/16). Previous available years data also amended by ISD Sept 2018. Source : Health and Care Experience Survey 2017/18.
Health and Social Care Integration - Core Suite of Indicators NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2017/18	64%		Data Only			Scotland figure for period 76%. Both East Renfrewshire and national figures have fallen consistently year-on-year since 2013/14. Previous available years data also amended by ISD Sept 2018. Source : Health and Care Experience Survey 2017/18.
Health and Social Care Integration - Core Suite of Indicators 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	2017/18	76%		Data Only			Scotland figure for period 80%. Both East Renfrewshire and national figures have fallen consistently year-on-year since 2013/14. Previous available years data also amended by ISD Sept 2018. Source : Health and Care Experience Survey 2017/18

Unscheduled care

Indicator	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
Health and Social Care Integration - Core Suite of Indicators NI-12: Emergency admission rate (per 100,000 population) for adults.	2017/18	10,464		Data Only			In comparison the Scotland rate in 2017/18 was 12,256 (Source : ISD - Figures from Q1 2015/16 onwards amended Sep 2018)
Health and Social Care Integration - Core Suite of Indicators NI-13: Emergency	2017/18	113,446		Data Only			In comparison the Scotland figure for 2017/18 was 121,516 (Source: ISD Sep 2018)

bed day rate (per 100,000) for adults							
Health and Social Care Integration - Core Suite of Indicators NI-14: Number of re-admissions to an acute hospital within 28 days of discharge per 1,000 admissions.	2017/18	79		Data Only			Compared to Scotland figure of 101 re-admissions per 1,000 in 2017/18. (Source ISD - all previous data amended Sep 2018)
Health and Social Care Integration - Core Suite of Indicators NI-15: Proportion of last 6 months of life spent at home or in a community setting	2018/19	89%	92%	Green			Latest data at Sep 2018 (Source : ISD)
Health and Social Care Integration - Core Suite of Indicators 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.	Q1 2018/19	5		Data Only			Previous quarterly data amended by ISD Sep 2018
Health and Social Care Integration - Core Suite of Indicators 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.	Q1 2018/19	45		Data Only			
Health and Social Care Integration - Core Suite of Indicators NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Q1 2018/19	16%		Data Only			Data from Q1 2015/16 amended by ISD Sep 2018

Health and Social Care Integration - Core Suite of Indicators NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home	2017/18			Data Only	-	-	Indicator continues to remain under development by Scottish Government.
Health and Social Care Integration - Core Suite of Indicators NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready	2017/18			Data Only	-	-	Indicator continues to remain under development by Scottish Government

Supporting carers

Indicator	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
Health and Social Care Integration - Core Suite of Indicators NI-8: Total combined % carers who feel supported to continue in their caring role.	2017/18	37%		Data Only	↓	-	Scotland figure for period was also 37%. Both East Renfrewshire and national figures have fallen on last year. Previous available years data also amended by ISD Sept 2018. Source : Health and Care Experience Survey 2017/18

Organisational outcomes

Indicator	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
Health and Social Care Integration - Core Suite of	2017/18	88%		Data Only	↑	-	In comparison the Scotland figure was 85%. (Source: Care Inspectorate)

Indicators NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections							
Health and Social Care Integration - Core Suite of Indicators NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2017/18	60%		Data Only			Scotland figure for period 74%. Both East Renfrewshire and national figures have fallen consistently year-on-year since 2013/14. Previous available years data also amended by ISD Sept 2018. Source : Health and Care Experience Survey 2017/18.
Health and Social Care Integration - Core Suite of Indicators NI-5: Total % of adults receiving any care or support who rated it as excellent or good.	2017/18	77%		Data Only			Scotland figure for period 80%. Both East Renfrewshire and national figures have fallen consistently year-on-year since 2013/14. Previous available years data also amended by ISD Sept 2018. Source : Health and Care Experience Survey 2017/18
Health and Social Care Integration - Core Suite of Indicators NI-6: Percentage of people with positive experience of the care provided by their GP Practice.	2017/18	84%		Data Only			Scotland figure for period 83%. Both East Renfrewshire and national figures have fallen this year. Previous available years data also amended by ISD Sept 2018. Source : Health and Care Experience Survey 2017/18
Health and Social Care Integration - Core Suite of Indicators 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	2017/18	76%		Data Only			Scotland figure for period 80%. Both East Renfrewshire and national figures have fallen consistently year-on-year since 2013/14. Previous available years data also amended by ISD Sept 2018. Source : Health and Care Experience Survey 2017/18
Health and Social Care Integration - Core Suite of Indicators NI-9: Percentage of	2017/18	82%		Data Only			Scotland figure for period 83%. Both East Renfrewshire and national figures have remained constant on last year. Previous available years data

adults supported at home who agreed they felt safe.							also amended by ISD Sept 2018. Source : Health and Care Experience Survey 2017/18

Indicator	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
Health and Social Care Integration - Core Suite of Indicators NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Q1 2018/19	16%		Data Only			Data from Q1 2015/16 amended by ISD Sep 2018
Expenditure on end of life care, cost in last 6 months per death	2017/18			Data Only			Indicator continues to remain under development by Scottish Government.

Indicator	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
Health and Social Care Integration - Core Suite of Indicators NI-10: Percentage of staff who say they would recommend their workplace as a good place to work	2018/19	77%		Data Only			Indicator remains under development at September 2018. Data relates to iMatter Survey Report July 2018.

Annex 2 – indicators with no update at mid-year

ODP indicator

C&F

Percentage of newborn children exclusively breastfed at 6 - 8 weeks.
Breastfeeding at 6-8 weeks in 15% most deprived SIMD data zones.
Percentage of children looked after away from home who experience 3 or more placement moves
The gross cost of "children looked after" in residential based services per child per week £ (LGBF)
The gross cost of "children looked after" in a community setting per child per week £ (LGBF)
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)

Community Justice

% Positive employability and volunteering outcomes for people with convictions.
% Change in individual drug and alcohol recovery Outcome Score

Health improvement

Male life expectancy at birth in 15 per cent most deprived communities
Female life expectancy at birth in 15 per cent most deprived communities
Cancer screening - bowel SIMD1
Cancer screening - bowel SIMD5
Cervical screening - SIMD1
Cervical screening - SIMD5

Supporting independence

% of people with an outcome-focused support plan
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+
Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home.

Mental health and wellbeing

Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD1
Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD5
Mental health hospital admissions (age standardised rate per 1,000 population)

Unscheduled care

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)

Supporting carers

Number of young carers identified
People reporting 'quality of life for carers' needs fully met (%)
Percentage of identified Young Carers with a Young Carers Statement (by 2020 = 100%)
Work with carers to design and implement a new carers' support plan for use with individual carers.

Organisational outcomes

Payment of invoices: Percentage invoices paid within agreed period (30 days)

Additional LGBF

Older Persons (Over 65) Home Care Costs per Hour (LGBF)
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (LGBF)
Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (LGBF)
The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)