



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	29 March 2017
<b>Agenda Item</b>	7
<b>Title</b>	Performance and Exception Report – 2016/17 Quarter 3
<p><b>Summary</b></p> <p>This report provides Performance and Audit Committee with updates on performance indicators for the third quarter of 2016/17 (September 2016 – December 2016), it also includes updates on other data from 2016/17 where this has become available since the mid-year report to the Integration Joint Board. Exception reports are included, where performance is off course to meet targets, giving details of actions or improvement work underway.</p>	
<b>Presented by</b>	Candy Millard, Head of Strategic Services Ian Smith, Performance and Quality Officer
<p><b>Action Required</b></p> <p>Performance and Audit Committee is asked to note and comment on the performance and exception report and improvement actions.</p>	

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## EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

### PERFORMANCE & AUDIT COMMITTEE

29 March 2017

Report by Chief Officer

### PERFORMANCE AND EXCEPTION REPORT - 2016/17 QUARTER 3

#### **PURPOSE OF REPORT**

1. This report provides Performance and Audit Committee with updates on performance indicators for the third quarter of 2016/17 (September 2016 – December 2016), it also includes updates on other data from 2016/17 where this has become available since the mid-year report to the Integration Joint Board. Exception reports are included, where performance is off course to meet target, giving details of actions or improvement work underway.

#### **RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the performance and exception report and improvement actions.

#### **BACKGROUND**

3. Performance and Audit Committee receives an update on available performance data for the Strategic Plan and HSCP Implementation Plan at each meeting.
4. This report gives an overview of performance highlights with exception reporting for areas where the HSCP is at risk of not achieving the target. All updated data is included in the appendix - HSCP Health and Wellbeing Outcomes Quarter 3 2016-17 Update.

#### **REPORT**

##### **Children and Families**

5. The data reported at mid-year was for number of children reaching developmental milestones at 27-30 month child health review was not validated. We now have validated data that is slightly lower than the previously reported data; however performance is close to the target set. Health visitors are operating a new system and recording is not yet at optimal levels, but has shown considerable improvement over the last year.
6. Recently published data for 2015/16 showed that the percentage of obese children in Primary 1 has risen slightly but there has been a fall in the percentage of severely obese children.
7. MMR vaccination at 24 months has increased slightly and fallen slightly at 5 years. Both are on target

Exception Report

8. There has also been a slight decline in the percentage of mothers exclusively breastfeeding in our most deprived areas at 6 weeks. Performance is below target but in line with East Dunbartonshire. A test of change is underway to offer additional support to mothers in deprived areas. This will be evaluated and reported at a later date.

**Criminal Justice**

9. The percentage of unpaid work placement completions within Court timescales has risen to 100% this quarter. There has also been improvement in the percentage of new orders allocated within 24 hours now at 97%.

Exception Report

10. Eighteen of twenty nine orders commenced within 7 days in quarter 3. This is a fall in performance since mid-year. The off target Orders were due to a variety of reasons including care or work commitments, appeals or Orders waiting for existing Orders to end (new Orders can't commence until existing Orders are completed).

**National Health and Wellbeing Outcomes – Personal Outcomes**

11. There has been an improvement in a number of the personal outcome measures reported by people as being fully met this included 'staying as well as you can' ; 'living where you want to live' ; being respected ; 'seeing people'; 'quality of life for carer' and 'feeling safe' . This has meant that the target has been increased for these measures for next year 2017/18.

**National Health and Wellbeing Outcomes – Hospital Discharge and Care at Home**

12. Almost three quarters of people accessing the re-ablement service have reduced care needs. A paper on care at home is on the Integration Joint Board agenda.

Exception Report

13. The new challenging target of 72 hours for delayed discharge was introduced in April 2016. Whilst East Renfrewshire has tended to perform well in bed days lost to delayed discharge, for the first time we are seeing some delays and we are not currently on track to maintain our low levels of bed days lost to delayed discharge.
14. The 10 delayed discharges was a January snapshot figure and is the highest since November when the figure was 12 including a number of complex discharges. On average this quarter the number of delayed discharges has been between 5 and 6. The majority of delays are at the Queen Elizabeth University Hospital (QEUEH) with very few in the RAH and other sites. The QEUEH is the focus of most of our Safe and Supported programme improvement activity.
15. Local Government Benchmarking information has recently become available for care at home. As highlighted in previous years, the LGBF indicators relating to the provision and costs for homecare do not take account of cases where multiple home carers are used to deliver care (i.e. 2 or more carers attending the client in one visit). As such, the figure for homecare costs (per hour) is an overstatement and would be significantly reduced if accounting for multiple carers. The LGBF

indicator, as it stands, can only be a starting point when considering homecare costs; further analysis is required to look at the use of multiple carers locally and nationally. We have raised our concerns with the Improvement Service and they are working to improve their adult social care indicators. The IJB is receiving a report on care at home at its meeting.

**National Health and Wellbeing Outcomes – Health and Health Inequalities**

16. East Renfrewshire was the only area in NHSGGC to be on target this quarter for the number of smokers in our most deprived areas supported to successfully stop smoking.

**Exception Report**

17. Physiotherapy is a hosted service managed by West Dunbartonshire. There were 1,340 referrals in quarter 3 2016/17. Of these just over half were seen within the 4 week waiting time target (Oct- 50%; Nov-51%; Dec- 54%.) All patients requiring an urgent appointment were seen within this time scale as well as some routine referrals. The maximum wait for a routine appointment in quarter 3 was 24 weeks.

**National Health and Wellbeing Outcomes – Workforce and Resources**

18. Performance on primary care prescribing is currently on track although the underspend is not as great as NHSGC as a whole.

**Exception Report**

19. Completion rates for PRD are around 90%.EKSF figures are currently at 50% Significant management activity is underway to complete eKSF reviews for the end of the financial and planning year and to ensure these are accurately reported.
20. Absence rates have risen this quarter. For Council employed staff rises are in the group with 3 or more absences in the rolling year. For NHS staff the issue is long term absences. The HR service has introduced absence clinics for NHS staff and we are looking to introduce absence panels to support managers.

**CONCLUSIONS**

21. This report gives an update on a number of areas where performance information has become available. Many indicators only have mid and/or end of year updates so the information in this report should not be seen as an overview of HSCP performance.

**RECOMMENDATIONS**

22. Performance and Audit Committee is asked to note and comment on the performance and exception report and improvement actions.

**REPORT AUTHOR AND PERSON TO CONTACT**

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March 2017

**BACKGROUND PAPERS**

None

**KEY WORDS**

Performance; data; improvement; target;

# Health & Social Care Partnership

## Health & Well-Being Outcomes Qtr 3 2016-17









Report Author: Ian Smith Generated on: 16 March 2017

### Children's Outcomes















PI Short Name	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
% of children reaching developmental milestones at 27-30 month child health review.	83%	85%	Green	↑	↑	The 27-30 month review was introduced in Scotland in April 2013. The 27-30 month review is universal and should be offered to every child reaching the appropriate age. Examples of information collected include: development (social, behavioural, communication, gross motor, vision, hearing), physical measurements (height and weight) and diagnoses / issues. Latest data (ISD Feb 2017) relates to number of reviews with meaningful developmental data (919) and number with no concerns recorded across all domains (758) (Update at Mar 2017)
Positive pregnancies - reduction of 15% in the rates of stillbirths.	3.4	3.6	Green	↓	↓	Preliminary figures from National Records of Scotland (March 2016) show the rate of still births for 2015 was 3.4 per 1,000. For Scotland the rate for 2015 is 3.8 per 1,000 (Update at Feb 2017)
Positive pregnancies - reduction of 15% in the rate of infant mortality	2.3	Data Only		↓	↑	Preliminary data from National Records of Scotland (March 2016) show the infant mortality rate for the 2015 was 2.3 per 1,000 - this compares favourably to the Scottish national rate of 3.2 per 1,000 (Update at Feb 2017)
Breastfeeding at 6-8 weeks most deprived SIMD data zones	14.5%	29.3%	Red	↑	↓	Latest available figure for Sep 2016 shows 14.5% of mothers exclusively breastfeeding at 6-8 weeks. Activity around this indicator has been reviewed and resource identified for coming year for targeted work to rectify performance. In comparison NHS GGC figure was 16.5% and East Dunbartonshire was 14.3% (Update at Mar 2017)
Percentage of obese children in primary 1	3.2%	Data Only		↑	↓	Latest data published Dec 2016 by ISD reports figures of 1.8% obese and 1.4% severely obese children in Primary 1 in 2015/16 (this compares to 2% and 1.1% respectively for 2014/15). (Update at Mar 2017)
Dental registration 3-5 years	88.7%	87.9%	Green	↓	↓	Latest available figures as at Jan 2017. NHSGGC value for same period is 92.4%, Scotland figure 90.9% (Update at Mar 2017)
MMR 24 months	97.5%	95.0%	Green	↑	↑	Latest data from ISD (Dec 2016) for Qtr 2 2016/17 shows 275 from a cohort of 282 receiving the MMR vaccination. (Update at Mar 2017)
MMR 5years	94.9%	95%	Green	↓	↓	Latest figures from ISD (Dec 2016) for Qtr 2 2016/17 show 298 from a cohort of 314 receiving the MMR Booster vaccination. (Update at Mar 2017)
Percentage of child protection re-registrations within 12 months of de-registration.	0%	17%	Green	↑	▬	Three children were registered in Qtr 3 2016/17, none had been on the Register in the previous twelve months. . (Update at Mar 2017)

**Criminal Justice Outcomes**





















PI Short Name	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days	62%	80%	Red			Eighteen of twenty nine Orders commenced within 7 days in Qtr 3. The off target Orders were due to a variety of reasons including care or work commitments, appeals or Orders waiting for existing Orders to end (new Orders can't commence until existing Orders are completed). (Update at Mar 2017)
Community Payback Orders - Percentage of unpaid work placement completions within Court timescales.	100.0%	80.0%	Green			This Quarter all sixteen completed Orders were completed within Court timescales. Three of these Orders had been extended by the Court. (Update at Mar 2017)
Community Payback Orders - Percentage of new Orders allocated within 24 hours	97%	100%	Green			Thirty one of thirty two new Orders were allocated within 24 hours in Qtr 3. The late allocation was due to a Court error where they had not transferred the case to East Renfrewshire. (Update at Mar 2017)














### National Health and Wellbeing Outcomes.-Personal Outcomes

PI Short Name	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
People reporting 'staying as well as you can' needs fully met (%)	76.8%	77.0%	Green			In Qtr 3 of the total 233 valid responses 179 reported their needs fully met with a further 46 reporting their needs partially met. Eight (3.4%) responses reported unmet need in this regard. Target reviewed for 2017/18 in consultation with Head of Health and Community Care, target uplifted to 78% from 77% (Update at Feb 2017)
People reporting 'living where you want to live' needs fully met (%)	79.2%	80.0%	Green			In Qtr 3 of the total 226 valid responses 179 reported their needs fully met with a further 38 reporting their needs partially met. Nine (4%) responses reported unmet need in this regard. Target reviewed for 2017/18 in consultation with Head of Health and Community Care, target uplifted to 81% from 80% (Update at Feb 2017)
People reporting 'having things to do' needs fully met (%)	66.4%	62.0%	Green			In Qtr 3 of the total 232 valid responses 154 reported their needs fully met with a further 58 reporting their needs partially met. Twenty (8.6%) responses reported unmet need in this regard. Target reviewed for 2017/18 in consultation with Head of Health and Community Care, target uplifted to 65% from 62% (Update at Mar 2017)
People reporting 'seeing people' needs fully met (%)	81.1%	75.0%	Green			In Qtr 3 of the total 233 valid responses 189 reported their needs fully met with a further 34 reporting their needs partially met. Ten (4.3%) responses reported unmet need in this regard. Target reviewed for 2017/18 in consultation with Head of Health and Community Care, target uplifted to 77% from 75% (Update at Mar 2017)
People reporting 'being respected' needs fully met (%)	96.00%	94.00%	Green			In Qtr 3 of the total 227 valid responses 218 reported their needs fully met with a further 8 reporting their needs partially met. One respondent (0.4%) reported unmet need in this regard. Target reviewed for 2017/18 in consultation with Head of Health and Community Care, target uplifted to 96% from 94% (Update at Mar 2017)
People reporting 'feeling safe' needs fully met (%)	85.8%	84.0%	Green			In Qtr 3 of the total 233 valid responses 200 reported their needs fully met with a further 24 reporting their needs partially met. Nine (3.9%) responses reported unmet need in this regard. Target reviewed for 2017/18 in consultation with Head of Health and Community Care, target uplifted to 85% from 84% (Update at Mar 2017)
People reporting 'quality of life for carers' needs fully met (%)	72.3%	70.0%	Green			In Qtr 3 of the total 184 valid responses 133 reported their needs fully met with a further 31 reporting their needs partially met. Twenty (10.9%) responses reported unmet need in this regard. Target reviewed for 2017/18 in consultation with Head of Health and Community Care, target uplifted to 72% from 70% (Update at Mar 2017)















**National Health and Wellbeing Outcomes.- Hospital Discharge and Care at Home**

PI Short Name	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
Delayed discharge: people waiting more than 3 days to be discharged from hospital into a more appropriate care setting	10	0	Red			January 2017 data published March 2017 (Update at Mar 2017)
Delayed discharges (rate per 1,000 pop) bed days lost to delayed discharge for patients aged 75+ (incl AWI's)	217	201	Amber			January 2017 data published March 2017 (Update at Mar 2017)
Delayed discharges bed days lost to delayed discharge for all patient age groups (incl AWI's)	302	201	Red			January 2017 data published March 2017 (Update at Mar 2017)
Percentage of those whose care need has reduced following re-ablement.	64.4%	50%	Green			Of the cumulative 295 Reablement discharges (Apr 2106-Jan 2017), 158 were discharged with no services and a further 32 were discharged with reduced services. This equates to 64.4% of service that has either stopped or decreased. (Update at Mar 2017)
Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population	4,158	4,510	Green			Data corrected from rate of 3,699 bed days to 4,158 bed days by October 2016 data release (ISD). (Update at Feb 2017)
Care home residents (total)	603	Data Only				Total care home residents at 31 Dec 2016 was 603, this has fallen slightly on the Qtr 2 figure (625) (Update at Mar 2017)
% of people aged 65 or over with intensive needs receiving care at home	20.4%	Data Only				ERC ranked 32nd in % of people aged 65 or over with intensive needs receiving care at home in 15/16, compared with 30th in 14/15. The measure does not take into account current policy aimed at increasing the focus on prevention, rehabilitation and re-ablement. (Update at Mar 2017)
Home care costs for people aged 65 or over per hour £	£25	Data Only				ERC ranked 22nd in Home care costs for people aged 65 or over per hour, compared with 18th in 14/15. ERC was £3.75 per hour above the Scottish average in 2015-16 (Update at Mar 2017)
Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+	5.7%	Data Only				ERC ranked 4th in SDS spend on adults 18+ as a % of total social work spend on adults 18+ in 15/16, no change from 14/15 (Update at Mar 2017)
Net Cost of Residential Care Services per Older Adult (+65) per Week	£332	Data Only				ERC ranked 6th in Net Cost of Residential Care Services per Older Adult (+65) per Week, compared with 11th in 14/15. ERC costs were £37 less than the national average in 2015-16. (Update at Mar 2017)

**National Health and Wellbeing Outcomes – Health and Health Inequalities**

PI Short Name	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
Physiotherapy - % of people waiting over target time at end of month	48.3%	10%	Red			There were 1,340 referrals in Qtr 3 2016/17 of these 51.7% were seen within the 4 week waiting time target. All patients requiring an urgent appointment were seen within this time scale as well as some routine referrals. The maximum wait for a routine appointment in Qtr 3 was 24 weeks. (Update at Feb 2017)
The number of smokers in our most deprived areas (SIMD1) supported to successfully stop smoking at 12 weeks post quit date'	7	7	Green			East Renfrewshire was the only area at or above target across NHS GGC in Qtr 2. The 12 week quit rate locally equates to 33% compared to the NHS GGC figure of 18% (Update at Feb 2017)
Male Life expectancy at birth	79.3	78.1	Green			The most recent NRS figure for male life expectancy at birth for 2013 - 2015 has fallen marginally since the previous estimate of 79.8 years (2012-14). The national figure for the period is 77.1 years. (Update at Mar 2017)
Female life expectancy at birth	83.4	82.3	Green			The most recent NRS figure for female life expectancy at birth for 2013 - 2015 has increased marginally since the last estimate of 82.8 years (2012-14). The national figure for the period is 81.1 years. (Update at Mar 2017)
Male life expectancy at birth in 15 per cent most deprived communities	71.9	71.7	Green			Latest figures available from NRS are for 2009 - 2013, these show life expectancy for males in 15% most deprived areas as 71.9 years. This compares to 80.9 years in the least deprived areas of the authority. (Update at Mar 2017)
Female life expectancy at birth in 15 per cent most deprived communities	78.8	78.1	Green			Latest figures available from NRS are for 2009 - 2013, these show life expectancy for females in 15% most deprived areas as 78.8 years. This compares to 83.7 years in the least deprived areas of the authority. (Update at Mar 2017)

**National Outcomes – Staff/ Management Related**

PI Short Name	Current Value	Current Target	Traffic Light	Long Term Trend Arrow	Short Term Trend Arrow	Notes & History Latest Note
Percentage of NHS HSCP Staff with an e-KSF review in last 12 months	49.4%	80%	Red			Qtr 3 2016/17 data
Percentage of HSCP local authority staff with Performance Review and Development plans in place	91%	100%	Amber			Qtr 3 2016/17 data
Absence: average days lost per employee (all staff LA)	1.35	0.82	Red			Sickness absence has deteriorated this Qtr, from October to December it has increased from 1.27 days lost to 1.51 days lost. There were less employees absent long-term, down from 33 in October to 31 in December. The overall increase appears to have come from those employees who had 3 periods or more of absence within the rolling year, in October there were 36 and in December this had increased to 48. (Update at Mar 2017)
Absence: days lost for long-term absence as percentage of all days lost (all staff LA)	66.2%	Data Only				1,649 days lost to long term absence from a total of 2,491 total days lost in Qtr 3. (Update at Feb 2017)
Absence: days lost for short-term absence as percentage of all days lost (all staff LA)	33.8%	Data Only				842 days lost to short term absence from a total of 2,491 total days lost in Qtr 3 (Update at Feb 2017)
Sickness absence (%) NHS	7.6%	4.0%	Red			Absence for the NHS has increased slightly over the last month. As in previous months long term absences are the problem area with the HSCP and the HR SAU are involved in supporting several of these cases. The HR SAU has introduced the facility of absence clinics where managers can block book slots to hold review meetings with absentees. (Update at Feb 2017)
Primary care prescribing performance against budget	-£59,950	Data Only				NHS GGC Budget Performance April 2016 to December 2016 (using GGC Phasings as opposed to unadjusted ISD figures) has seen East Renfrewshire realising a 0.51% underspend in the first three quarters of the year compared to a Board-wide underspend of 0.72% in the same period. (Update at Mar 2017)