



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	25 November 2015
Agenda Item	11
Title	Organisation Performance Report – Mid Year 2015/16
<p>Summary</p> <p>The purpose of this report is to give an overview of the performance of the HSCP for the period April 2015 - September 2015.</p>	
Presented by	Candy Millard, Head of Strategic Services
<p>Action required</p> <p>It is recommended that the Integration Joint Board notes and comments on the Organisational Performance Report.</p>	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Financial <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Efficient Government <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Property <input type="checkbox"/> IT </p>	

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD

25 November 2015

Report by Chief Officer

Organisation Performance Report – Mid Year 2015/16

PURPOSE OF REPORT

1. The purpose of this report is to give an overview of the performance of the HSCP for the period April 2015- September 2015.

RECOMMENDATION

2. It is recommended that the Integration Joint Board notes and comments on the Organisational Performance Report.

BACKGROUND

3. At its last meeting, the Integration Joint Board received a report on strategic planning. It noted that HSCP actions to improve health and wellbeing for 2015-16 flow from our commitments to East Renfrewshire's Outcome Delivery Plan and NHCGGC Local Delivery Plan. These are in their final year of completion having been areas of development for the Community Health and Care Partnership in previous years. The Strategic Plan stated that progress and performance in these areas should be reported for 2015-16 through the Organisational Performance Report.

REPORT

4. A full copy of the mid-year organisational performance report for the HSCP is attached. This report gives an overview of the performance of the HSCP for the period April 2015- September 2015.
5. The report follows the format of CHCP organisational performance reporting and is set out under the Community Planning Partnership Single Outcome Agreement Strategic Priorities, with a link to the NHSGGC Local Development Plan Priorities.

SOA 1 All Children in East Renfrewshire Experience a Stable and Secure Start to their Lives and are Supported to Succeed/Early Intervention and Preventing Ill-health

6. Work through the Early Years Collaborative continues to focus on those with the poorest health outcomes. This work has confirmed the value of working across the public sector with strong partnerships between the HSCP, Education and Environment at both frontline and strategic planning levels.
7. Through our collaborative, we are streamlining our existing parenting interventions, using the data from the 30-month assessment and Family First to target early support to families.

8. It is important to note that early intervention and prevention activity takes time to impact on high level outcomes.
9. Infant feeding practice is changing around the world and breastfeeding rates are falling. In East Renfrewshire, whilst we demonstrate better sustainability of breastfeeding rates in our more affluent areas we are struggling to improve local rates as are many other partnerships across Scotland. It is also worth noting that there is a noted increase in mixed feeding i.e. bottle and breast and that this is rising.
10. To promote and normalise breastfeeding In East Renfrewshire we have been taking a closer look at a range of areas where improvement is required: promoting breastfeeding acceptability in public places, offering support to mums who choose to breastfeed and increasing the focus in particular to support babies and families who live in our more deprived areas. Over 10 new peer supporters have been trained to support mums to breastfeed, offering support through the Baby Café and are looking to in-reach into maternity wards.
11. Smoking during pregnancy is a continued priority. Smoking rates in pregnancy at first antenatal booking are falling but remain higher in our more deprived communities. East Renfrewshire continues to work with specialist maternity cessation and we will be taking a closer look at data to support a targeted approach and implement a small test of change within booking clinics. We will also strengthen and develop partnership working with Family Nurse Partnership to identify pregnant women (under 20) and offer support.

SOA 4 Single Outcome Agreement 4 East Renfrewshire residents are Safe and Supported in their Community/Shifting the Balance of Care

12. As reported at the last meeting of the Integration Joint Board the work of the Alcohol and Drugs Partnership and HSCP services has made significant impact in supporting people to recovery. There are now less people waiting to move to a recovery service and so the target needs to be adjusted to reflect the lower demand.
13. The slight fall in performance in criminal justice services community payback orders was due to staffing issues. A new worker and sessional staff have been recruited to deal with the backlog and increased demand for this service.
14. The redesign of supported living services for people with a learning disability is progressing well and is on target to complete at the end of this year. This has increased people's choice and control over their lives and support arrangements. A similar partnership model will be applied to the redesign of day services with an emphasis on meaningful activity and increasing the range of opportunities available to people.
15. A new public protection score card is in development. This will support the Chief Officers in their oversight of Child Protection, Adult Support and Protection, Violence against Women and MAPP. A number of measures will be taken from this and reflected in future IJB reporting.

SOA 5 Older people in East Renfrewshire are valued, their voices are heard and they are supported to enjoy full and positive lives for longer/Reshaping care for older people

16. This report demonstrates strong local performance in supporting older people to stay at home and to be discharged promptly from hospital when no longer needing acute care. Admission rates are not available for mid year but East Renfrewshire has consistently performed well in comparison to NHSGGC

17. Although the Reshaping Care for Older People Strategy has now completed, much of the prevention, re-ablement and community capacity building work continues through the Integrated Care Fund and Strategic Planning Group. This work now includes both older people and people with long term conditions.
18. Older people are able to engage in a range of community based activities that lead to positive outcomes such as reduced isolation, being more active and improved health and wellbeing. These activities have been developed working with communities themselves and through the contrition of the third sector.
19. Health and wellbeing has been improved through physical activity opportunities such as the walking programme where several new walks have been established across East Renfrewshire, chair based exercise sessions and strength and balance training. In addition a long term conditions group has been established to support self-management and peer support.
20. The impact of assessment and care management is monitored through the Talking Points personal outcomes. Previous reporting by the CHCP showed fully met and partially met together, whereas we are now reporting just fully met. This looks like a drop in performance, however a more detailed analysis shows that performance for feeling safe, living where you want and treated with respect have been maintained. There is a slight drop in quality of life for carer which requires further exploration.

FINANCE AND EFFICIENCY

21. Sickness absence for NHSGGC fell over the reporting period and was close to the 4% target at 4.7%. East Renfrewshire Council absence figures were slightly higher than the previous year but have fallen to 1.19 days lost per employee against a target of 0.8 days.
22. Performance on staff performance and development plans has increased considerably for East Renfrewshire Council employees.

CONSULTATION

23. Not applicable

PARTNERSHIP WORKING

24. A number of areas of performance have been achieved in partnership with our community planning partners.

IMPLICATIONS OF THE PROPOSALS

Policy

25. None

Staffing

26. Performance data in this report relates to PRD, e-KSF and absence

Legal

27. None

Property

28. None

Equalities

29. None

IT

30. None

CONCLUSIONS

31. The report shows progress on a number of significant actions and good performance for the majority of measures. Where performance is off target there is planned action to redress this.

RECOMMENDATIONS

32. It is recommended that the Integration Joint Board notes and comments on the Organisational Performance Report.

REPORT AUTHOR AND PERSON TO CONTACT

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16 November 2015

BACKGROUND PAPERS

[IJB Paper – October 2015 – Strategic Plan: Implementation and Performance Reporting](#)

KEY WORDS

Performance; OPR;

A report detailing the mid year performance of the HSCP.

East Renfrewshire HSCP -Organisational Performance Review Mid Year 2015-16



Report Type: Scorecard Report

Report Author: Ian Smith

Generated on: 13 November 2015

Organisational Performance Review Mid Year 2015-16

Section 1a: Single Outcome Agreement / Strategic Priorities






SOA 1: All children in East Renfrewshire experience a stable and secure start to their lives and are supported to succeed

SOA 2: East Renfrewshire residents are fit and active and have skills for learning, life and work

SP 1: Early intervention and preventing ill-health

A: Performance Measures

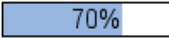


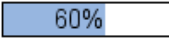
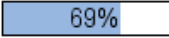
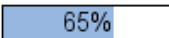
PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
INCREASE - 005.1A Male Life expectancy at birth	79.7	78.1	Green	↑	The most recent figure for male life expectancy at birth for 2011 - 2013 has changed little since the previous estimate, at 79.7 years. There has been an improvement in male life expectancy of 3.7 years over the past decade. Rank: 2 of 32, 1st quartile among Scottish Local Authorities
INCREASE - 005.1B Female life expectancy at birth	83	82.3	Green	↑	The most recent available figure for female life expectancy at birth has increased to 83 over 2011 - 2013. Over the past decade female life expectancy has improved by 1.9 years Rank: 2 of 32, 1st quartile among Scottish Local Authorities.

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths by 2015.	1.2	3.6	Green		There was one stillbirth in East Renfrewshire in 2014, compared to three in 2013. Still births for the calendar year 2014 was 1.2 per 1,000. For Scotland the rate for 2014 is 4.0 per 1,000
To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rate of infant mortality by 2015.	1.2		Data Only		There was one infant death in 2014 in East Renfrewshire, compared to four in 2013. Infant mortality for the calendar year 2014 was 1.2 per 1,000 - this compares favourably to the Scottish national rate of 3.6 per 1,000.
To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016.	80.5	85	Amber		80.5% of 836 children completing the 27 – 30 month health assessment met all core development milestones between the 1st of July 2013 and the 30th of June 2014. These figures are for the first year the developmental assessment has been in place and issues around operational procedures may have resulted in reduced accuracy. Improvement work with staff is being undertaken to ensure that assessments are completed in full and according to set guidelines from 2015.
Smoking in pregnancy	7.8%	8%	Green		Data for April 2014 to March 2015 indicates 7.8% of East Renfrewshire residents smoking at booking compared to 14.6% across NHS GGC area.
Smoking in pregnancy - deprived	30.8%	20%	Red		Data for April 2014 to March 2015 indicates 30.8% smoking at booking pregnancy in the most deprived areas of East Renfrewshire HSCP compared to 23% across NHS GGC area.

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Percentage of newborn children exclusively breastfed at 6 - 8 weeks.	35.2%	36.8%	Green	↑	Further improvement work in this area will be progressed through the early years planning group.
Breastfeeding at 6-8 weeks most deprived SIMD data zones	8.9%	27.7%	Red	↓	This target measures exclusive breastfeeding rates , which are falling across Scotland . Mothers who start breastfeeding are breastfeeding for longer however most are moving to mixed feeding (bottle and breast) rather than exclusive breastfeeding. East Renfrewshire has one of the lowest attrition rates (stopping breastfeeding) which should be noted as a positive.
Percentage of children looked after away from home who experience 3 or more placement moves	0.91%	11%	Green	↑	Only one of 110 children looked after away from home in the first six months of 2015-16 had experienced 3 or more placements. There were 228 LAC in total in this period.
Percentage of obese children in primary 1	3.5%	No Target Data Only		↓	Data from seven schools was not able to be entered within the set timescale and therefore is not included in the most recent publication. This equates to approximately 230 children. As a result the figures quoted school year 2013/14 should be treated with extreme caution.

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Cumulative number of East Renfrewshire smokers living in the most deprived communities supported to successfully stop smoking	12	36	Red	↓	Current reporting for April – Sept 2014 = Target 14 – Actual 9(-36%) – (NHSGGC -53%) The three month follow-up (12 week quit) target was set for year 1 of the new HEAT 6 in 2014/15 following many years of a one month follow-up target (4 week quit), the focus was on SIMD 1& 2 only. It was a very ambitious target and concerns were raised very early by all areas and reported back to Scottish Government
Percentage of people waiting longer than 18 weeks for access to psychological therapies	1.7	10	Green	↑	NHS GGC 2015/16 target amended (95% of patients starting treatment within 18 weeks of referral)
Dental decay - P1 SIMD1	57%	60%	Amber	↑	In 2013-14 57% of P1 children had no obvious decay experience in our most deprived areas
Dental decay - P1 SIMD5	78	60	Green	↓	In 2013/14 78% of P1 children had no obvious decay experience in our least deprived areas
Child & Adolescent Mental Health - longest wait in weeks at month end	17	18	Green	↓	Figure at end of March 2015, down from 20 weeks at end of January 2015.
Percentage of child protection re-registrations within 12 months of de-registration.	12.5%	17%	Green	↓	Twenty four children were registered in the first two Quarters of 2015-16. Three children (one family group) had previously been on the Register in the preceding 12 months.
Low birth weight live singleton births as a % of total live singleton births	5.6%	2.2%	Red	↓	The percentage of babies born with a low birthweight (under 2,500 grammes) fell around the end of calendar year 2011 (to around 2.4%) but has since then increased and for the year to end June 2013 stood at 5.6%. Reasons for low birthweight are complex and relate to both deprivation and maternal age.

B: Planned Activities

Action Description	Status Progress Bar	Notes & History Latest Note
We will work through an Early Years Collaborative model to share good practice and take concerted action to shift towards early intervention, tackle inequalities and deliver positive outcomes for children	 70%	The Early Years collaborative workstreams leads now report directly via the Early Years planning group within our children's services planning structure to ensure clear dialogue with partner agencies. A series of community engagement events are underway in the Auchenback area of Barrhead with the focus on parenting. The collaborative is engaging with parents and carers on additional support needs and health, financial inclusion, attachment, play and safety and environment to inform future delivery of the work of the Collaborative in Auchenback.
Deliver local public health programmes in partnership with others - smoking, alcohol, physical activity, healthy eating with a focus on deprivation and vulnerable groups	 90%	A range of health improvement programmes for adults and older adults continues to be delivered and developed by HSCP health improvement team. These include smoking cessation, walking programme, men's shed, chair based exercise and a peer support group for older people with long term conditions. The team also develop and deliver a range of health improvement activities and information for Council and HSCP staff through the Healthy Working Lives group these are detailed in attached Health Improvement Team workplan. A new drop in group for people experiencing dementia is being supported in Barrhead.
Progress Eastwood Health and Care Centre in partnership with key stakeholders.	 80%	Construction continues on time, and focus now moving to internal layout including an emphasis on dementia friendly design concepts.
Key partners will work together to embed <i>Getting it right for every child</i> in the pre birth/maternity and early years setting in order to identify vulnerable parents and children at the earliest stage and put measures in place to reduce risk and improve outcomes	 60%	The GIRFEC National Practice Model is being rolled out across Greater Glasgow and Clyde in conjunction with the implementation of EMISweb, an NHS electronic single child's record. The new 2015-16 GIRFEC Implementation Plan has a primary focus on ensuring staff are fully conversant with the legal duties in terms of the role of the named person in the Children and Young People (Scotland) Act which will be implemented in 2016.
The Getting It Right For Every Child implementation plan will further embed cultural, systems, and practice change into children and young people's services with the introduction of the named person and lead professional roles and the one child, one plan approach.	 69%	Plans are well underway in Health and Education to develop the single agency child's plan and processes. We are reviewing our child's multi-agency plan to ensure that this is compliant with the Children and Young People (Scotland) Act 2014. A pilot will be undertaken using Viewpoint to gather the child's views in relation to setting and measuring individual outcomes.
Review parenting programmes including Triple P and put in place tiered evidence based interventions.	 65%	Following review of our parenting interventions we have secured funding for the Psychology of Parenting Programme which is a combination of Triple P level 4 and Incredible Years and targets 3 and 4 year olds with challenging behaviour. This forms part of our tiered approach to evidence based practice.

Section 1b: Single Outcome Agreement / Strategic Priorities

SOA 4: East Renfrewshire residents are safe and supported in their community


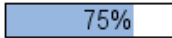
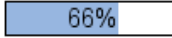

SP 2: Shifting the balance of care

A: Performance Measures

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Drug-related deaths per 100,000	3.3	4.6	Green	↑	There were 3 drug related deaths across East Renfrewshire in 2013. (Two of these deaths were categorised as accidental poisonings, and the other was categorised as an intentional self-poisoning). In comparison the national average over the same period was 10 deaths. 2014 data will be uploaded onto the ScotPHO website in December 2015. The time lag with this is due to the way in which National Records of Scotland (NRS) release the data – 2015 drug related deaths will not be released until August of 2016.
Number of suicides per 100,000 population.	5.5	7.7	Green	↑	The number of suicides are derived from ICD-10 codes relating to 'Intentional self-harm' and 'Events of undetermined intent'. Because it is thought that most of the deaths which are classified as being the result of 'events of undetermined intent' are likely to be suicides, it is conventional to combine them with the 'intentional self-harm' deaths to produce these statistics. However, this will over-estimate the true number of suicides, because some 'undetermined intent' deaths will not have been suicides - but their numbers are unknown. National Records of Scotland (NRS) use the date in which the death was registered for reporting purposes. Data for 2015 will not be available until late 2016.
Rate of alcohol related hospital admissions per 100,000 population.	397	490	Green	↑	Data from 2010/11 to 2014/15 revised to reflect latest SMR 01 information from ISD as supplied to ScotPHO. Absolute number for 2014/15 was 355 per annum.
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days - New Disposal baseline to be established in Y1.	47.5%	80%	Red	↓	Although the service experienced prolonged short-staffing to the end of 2014-15 and some impact may have continued to 2015-16, increased demand for placements has recently limited the ability for offenders to commence placements on the day after court as is usual practice, alongside some incidences of offenders' employment commitments. It is notable that 69 new unpaid work orders were made in the first six months since 1 April 2015, considerably higher than 2014-15, when 99 orders were made for the full financial year. To ensure improved performance in this area, however, a range of measures have already been implemented during 2015-16 including recruitment of a full time support worker with specific focus on unpaid work placements and increased use of sessional supervisors to increase availability of placements, particularly at weekends when demand is highest. Further measures to be implemented during quarters 3 and 4 include exploring improved performance reporting using Care First, specific case monitoring during quarter three (in addition to regular quality assurance checks) to ensure a high rate of placements are commenced within seven days of sentence and analysis of service capacity to determine whether additional supervisory staff, placement opportunities or transport access may further enhance access to placements within seven days of sentence.

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Community Payback Orders - Percentage of unpaid work placement completions within 6 months	79.5	80	Green	↓	The percentage of unpaid work completions (79%) has fallen marginally below target (80%) this quarter
Percentage of people involved in Adult Support and Protection reporting reduced risk at review	70.5	67.5	Green	↓	Data for this indicator is no longer collected in this format. This indicator is currently under review. New risk indicator to be advised through the development of the new public protection scorecard.
Number of people self directing their care through receiving direct payments and other forms of self-directed support.	384	274	Green	↑	The number of people self-directing their support has continued to increase during 2015/16 rising to 384 at mid-year from 279 at year end 2014/15.
Percentage of people with learning disabilities with an outcome-focused support plan	71%	62%	Green	↑	Of the 124 people in the Public Social Partnership redesign of supported living 88 had completed reviews at the mid year point. A further 10 reviews were in progress at the same point.
People reporting 'quality of life for carers' needs fully met (%)	68.9%	70.0%	Green	↓	Of 180 valid responses 118 reported their needs fully met with a further 42 reporting their needs partially met. 20 responses reported needs being unmet. Prior to 2014/15 data on 'fully met' and 'partially met' were reported under this indicator from Qtr 1 2014/15 data has been reported on fully met only. The HSCP is now looking to develop a more challenging stretch for this indicator.
% of service users moving from drug treatment to recovery service	7%	13%	Red	↓	We have seen positive improvement and increase in the numbers of individuals moving through treatment to recovery in the first two years of operation of the recovery service with 10.3% in 2012/13 and 11.9% 2013/14. The current position in 2014/15 is 7% this is short of the original target set. This is due to a high initial caseload of individuals who made positive progress in their recovery journey and were ready to move on to the new recovery service. The base position has stabilised and new 3 year targets are set against the new baseline. We are participating in a national pilot of the new Scottish Government Recovery Outcome Web Tool within community addiction and recovery services. This national pilot is due to conclude and report by October 2015. We will roll out the implement the recovery outcome tool following completion of the pilot across addiction and recovery from December 2015 to ensure compliance with Daisy by April 2016.

B: Planned Activities





Action Description	Status Progress Bar	Notes & History Latest Note
<p>Improve outcome focused interventions with women offenders and persistent offenders through public social partnership approach using the Reducing Re-offending Change Fund.</p>		<p>Funding to 31 March 2015 supported additionality to the No Barriers offender literacy project, provided in partnership with East Renfrewshire Adult Learning colleagues – whilst this funding will not continue to 2015-16, referrals will continue to be made to enable. The criminal justice team referred 14 new service users to No Barriers during 2014-15 in addition to existing clients from the 2013-14 financial year. Most individuals received support with employability-focused goals, literacy and confidence-building. No Barriers also provided support with meeting the criteria for claiming welfare benefits. Managers also support the North Strathclyde Community Justice Authority Area Plan 2014-17 which supports the provision of Public Social Partnerships to women offenders and persistent male offenders, provided by third sector organisations.</p>
<p>Redesign day services for people with a learning disability to meet requirements of self directed support.</p>		<p>Work continues to explore potential relating to social enterprise, leisure and learning opportunities.</p>
<p>Continue rollout of self directed support refining equivalence model for individual budgets</p>		<p>Significant progress has been made in putting in place arrangements for the practical implementation of Self Directed Support legislation. The Self Directed Support journey has been fully reviewed and the approach to individual budgets on the basis of equivalence rates developed. This has been taken forward through task and finish groups reporting to the Transformation Board with progress up-dates provided to CHCP Committee. Equivalence rates are the maximum that the CHCP will pay for supports and the upper limit and range for different types of support will be set out on an annual basis. Chartered Institute of Public Finance and Accountability (CIPFA) guidelines have been adopted.</p>
<p>Complete review of supported living and commence redesign using co-production and public social partnership approach.</p>		<p>Redesign now entering last 6 months. Continuing to work with individuals to redesign their services to improve their personal outcomes.</p>

Section 1c: Single Outcome Agreement / Strategic Priorities

SOA 5: Older people in East Renfrewshire are valued, their voices heard and they are supported to enjoy full and positive lives for longer

SP 3: Reshaping care for older people

A: Performance Measures

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Delayed discharge: people waiting more than 14 days to be discharged from hospital into a more appropriate care setting	0	0	Green		Indicator changed from April 2015 to 14 days from 28 days, further revision of this indicator will see this being further reduced to 72 hours from April 2016. There were two people waiting more than 14 days for discharge in April 2015 this reduced to zero in the last two months of the Quarter.
Delayed discharges bed days lost to delayed discharge	720	1,207	Green		Significantly 40% below target at mid-year point.
People reporting 'having things to do' needs fully met (%)	63.3%	70.0%	Amber		Of 498 responses received in the first six months of this year, 315 reported their needs fully met with a further 141 reporting their needs partially met. A further 42 (8.4%) reported their needs being unmet in this regard.
People reporting 'staying as well as you can' needs fully met (%)	80.4%	77.0%	Green		Of 500 responses received in the first six months of this year 402 reported their needs being fully met, a further 78 reported their needs being partially met. Twenty respondents (4%) reported their needs as being unmet in this regard.

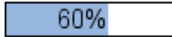
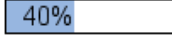
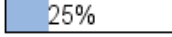
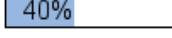
PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
People reporting 'feeling safe' needs fully met (%)	83.8%	94.0%	Red	↓	Of 232 valid responses 193 reported their needs fully met with a further 26 reporting their needs partially met. Thirteen responses reported unmet need in this regard. Prior to 2014/15 data on 'fully met' and 'partially met' were reported under this indicator from Qtr 1 2014/15 data has been reported on fully met only. The HSCP is now looking to develop a more challenging stretch for this indicator.
People reporting 'seeing people' needs fully met (%)	74.1%	75.0%	Green	↓	Of 233 valid responses 163 reported their needs fully met with a further 62 reporting their needs partially met. Eight respondents reported unmet need. Prior to 2014/15 data on 'fully met' and 'partially met' were reported under this indicator from Qtr 1 2014/15 data has been reported on fully met only. The HSCP is now looking to develop a more challenging stretch for this indicator.
People reporting 'living where you want to live' needs fully met (%)	78.1%	88.0%	Red	↓	Of 232 valid responses 172 reported their needs fully met with a further 42 reporting their needs partially met. Eighteen respondents reported unmet need in this regard. Prior to 2014/15 data on 'fully met' and 'partially met' were reported under this indicator from Qtr 1 2014/15 data has been reported on fully met only. The HSCP is now looking to develop a more challenging stretch for this indicator.
People reporting 'being respected' needs fully met (%)	96.5%	94.0%	Green	↑	Of 229 valid responses 220 reported having their needs fully met with a further 8 individuals stating their needs were partially met. One respondent recorded unmet need in this regard. Prior to 2014/15 data on 'fully met' and 'partially met' were reported under this indicator from Qtr 1 2014/15 data has been reported on fully met only. The HSCP is now looking to develop a more challenging stretch for this indicator.

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Percentage of those whose care need has reduced following reablement.	70.5	30	Green	↓	Improvement in the Indicator of Relative Need (IoRN) dependency score continues to be positive. While this year's figure is a reduction on previous performance, this reflects the further roll-out of the reablement approach and was anticipated.
Percentage of time in the last six months of life spent at home or in a homely setting.	90.9	92.1	Green	↑	This measure is calculated by subtracting the number of bed days spent in an acute hospital setting in the 6 months prior to death from the maximum number of bed days a patient could have spent in hospital in the 6 months prior to death. The measure is a proxy for preferred place of death. The measure indicates the extent to which end of life care is person centred and effective better support at home or closer to home reducing time spent in an acute setting. East Renfrewshire shows improvement from under 90 to almost 91 per cent. (This latest available data was published Aug 2015)
Percentage of people aged 65+ who live in housing rather than a care home or hospital	96.7	97	Green	↑	There is continuing stability in the number of people living in housing rather than a care home or hospital. At October 2015 there were 578 East Renfrewshire residents (65 and over) living in care homes.
Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population	4,119	4,692	Green	↑	Up-dated for final year-end 2013/14 position. The number of bed days per head of population aged 75 and over reduced in 20013/14 to 4,119.
Mental health hospital admissions (age standardised rate per 1,000 population)	2.92	2.3	Red	↓	Rates (age standardised) corrected for previous years November 2015. Data for 2014/15 not available until December 2015. Latest data for 2013/14 corresponds to 251 hospital admissions.
Long-term Conditions COPD crude admission rate per 100,000	457.9	No Target Data Only		↑	Apr 2014- Mar 2015 figure, previous year 386.9 per 100,000. NHS GGC 2014-15 rate was 960.6.

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Long-term Conditions Asthma crude admission rate per 100,000	167.2	No Target Data Only		↓	Apr 2014- Mar 2015 figure, previous year 177 per 100,000. NHS GGC 2014-15 rate was 221.7
Long-term Conditions Diabetes crude admission rate per 100,000	102.7	No Target Data Only		↓	Apr 2014- Mar 2015 figure, previous year 115.8 per 100,000. NHS GGC 2014-15 rate was 211.2
Long-term Conditions CHD crude admission rate per 100,000	1299.5	No Target Data Only		↓	Apr 2014- Mar 2015 figure, previous year 1,451.4 per 100,000. NHS GGC 2014-15 rate was 1,450.1
Long-term Conditions All LTCs crude admission rate per 100,000	2,027	1,941	Green	↓	Apr 2014- Mar 2015 figure, previous year 2,131 per 100,000. NHS GGC 2014-15 rate was 2,843
Long-term Conditions All LTCs bed days	7,379	9,640	Green	↓	After rising since late 2011/12 overall long-term conditions bed days per 100,000 have begun to reduce during 2013/14. The bed day rate for all LTCs fell from 7,691 to 7,379 during 2013/14 (NHSGG&C=9,050). East Renfrewshire has the second lowest bed-day rate for LTCs in NHSGGC.
Percentage of people aged 75 and over with telecare support	21.4%	19%	Green	↑	The percentage of people aged 75 and over with telecare support has increased from 19 to 20 per cent in the last two years from a baseline level of 14 in 2011/12.
Residents (%) dying in East Renfrewshire care homes as opposed to hospital	79.7%	80%	Green	↓	Supporting end of life care for people within care homes is preferred to transferring them from the home to hospital. Increased community support allows care homes to support their residents at home more effectively. Our place of death census reveals 137 residents died at home rather than hospital (35 deaths) in 2014/15. This corresponds to around 80% of deaths in total occurring at

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
					home, a figure which has been relatively stable over the past four years. Data is only available for this indicator at the end of year point, when quarterly figures are also calculated.

B: Planned Activities

Action Description	Status Progress Bar	Notes & History Latest Note
Build on co-production approach with the public & community e.g., Reshaping Care for Older People, redesign of the rehabilitation and enablement service		Co-production with older people to develop 'Men's Shed'. Group has approximately 25 community projects which members are currently working on.
The CHCP will contribute to the 'Home from Hospital' Better by Design initiative, led by Voluntary Action, to support our older people who do not have local and flexible family/carer supports, to return home and re-engage with their community following a period of time in hospital.		Learning from the Better by Design process is being considered as part of the cross-partnership conversation on 'Safe and Supported' programme of work to improve the complete home to hospital, hospital to home journey. This work is currently commencing the scoping phase which will conclude in December 2015 by reviewing a range of possible opportunities to improve the customer journey, which will be followed by subsequent phases of tests of change and implementation.
Ensure technology enabled care options are embedded within integrated care and support plans to improve personal outcomes and support individuals safely at home through increased awareness and uptake.		As part of year 1 of the project the partnership has completed and submitted an outline project plan to the Scottish Government, and begun the process of staff recruitment. Project governance has been established, and the project lead has begun wide stakeholder engagement.
Support timely and safe hospital discharge by building on our partnership infrastructure, through the awarded three-year delayed discharge funding.		Work on delayed discharges has been re-branded to a 'Safe and Supported' programme of cross-sector work to improve individuals journey to hospital where




Action Description	Status Progress Bar	Notes & History Latest Note
		necessary, and back to their home in a safe and timely manner. This is currently in the scoping phase where the cross-sector groups will be identifying gaps and opportunities to bring together at a stakeholder event in December 2015. A process of tests of change and implementation will follow thereafter in 2016.






Section 2: Effective Organisation

Customer, efficiency and people outcomes

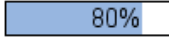
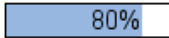
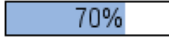
SP4: Improving quality, efficiency and effectiveness

A: Performance Measures

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Percentage of HSCP (NHS) complaints received and responded to within timescale	50%	70%	Red		Latest data available Quarter 2 2015, two complaints one overdue. NHS GGC target 2015-16 updated (70% of complaints responded to within 20 days)
Percentage of HSCP (local authority) complaints received and responded to within timescale	76.9%	100%	Red		Latest data relates to Qtr 2 2015, of the 13 complaints received ten met target
Absence: days lost per employee (all staff LA)	3.91	2.45	Red		There were 2,579 lost working days in Qtr 1, 2,360 of these were medically certificated. The HSCP has introduced a managing absence panel to support managers to support staff back to work.

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Absence: days lost for long-term absence as percentage of all days lost (all staff LA)	81.2	No Target Data Only			1,741 days lost to long term absence from a total of 2,144 total days lost in Qtr 2.
Absence: days lost for short-term absence as percentage of all days lost (all staff LA)	19.2	No Target Data Only			A total of 495 days were lost in Quarter 1 to short term absence from a total of 2,579 lost working days.
Sickness absence (%) NHS	5.3	4	Red		
Percentage of NHS HSCP Staff with an e-KSF (Knowledge and Skills Framework) review in last 12 months	55.8%	80%	Red		64% at Qtr 2 2014/15
Percentage of HSCP local authority staff with Performance Review and Development (PRD) plans in place	91.6%	100%	Amber		Across the HSCP PRD completion rates vary: Health & Community Care staff - 95%; Children & Families - 91%; and Strategic Services staff - 87%

B: Planned Activities

Action Description	Status Progress Bar	Notes & History Latest Note
Engage Public Partnership Forum in the development of the new Eastwood Health & Care Centre to enhance service delivery from a patient experience perspective		Stakeholders have been involved in key reference and planning groups throughout the development phase of the project and will continue to input as the build comes to completion in 2016
Review of externally purchased CHCP services to ensure value for money and fit with self directed support.		Review of externally purchased services continues. Due to delays in implementation of Care Finance module estimated completion date now forecast as March 2016.
Redesign care at home to make the long term service as efficient and flexible as possible.		<p>The Care at Home Programme of Work was structured as a 5 year plan in line with budgetary planning cycles. Phase 1 is now complete and constitutes 3 years into the overall programme.</p> <p><u>Efficiency (Savings)</u></p> <ul style="list-style-type: none"> - 2013/14 - £70k - 2014/15 - £280k - 2015/16 - £90k <p><u>Customer - High Level Benefits</u></p> <ul style="list-style-type: none"> - Phases 1 and 2 of Reablement deployed – less people dependent on Care at Home Services. - Improved quality assurance of meeting Service User needs via monitoring management information in terms of visit times, service delivered and continuity of carer attending. - Supported Partners in deploying monitoring technology by extensive training and coaching sessions to benefit Service Users as per above. <p><u>People - High Level Benefits</u></p> <ul style="list-style-type: none"> - Upskilled employees in Phases 1 and 2 of Reablement to support Service Users to live as independently and safely as possible in their communities for as long as possible, involving them in assessment, planning and delivery of services and delivering services focused on maximising opportunities for recovery and enablement. - Deployed 200+ smartphones to employees and invested in training in technology to improve communication and to better meet needs of Service Users. - Put in place technology and training for managers to better support workforce and service delivery. <p><u>Next Steps</u></p> <ul style="list-style-type: none"> - Quality cross check on 15/16 £90k savings at end of financial year to be scheduled. - Begin Phase 2: 16 Project Briefs to be presented to H&SCP Oct / Nov 2015. Realise



Action Description	Status Progress Bar	Notes & History Latest Note
		another £370k of cashable savings by 31 March 2017.

Section 3: Tackling Inequalities

A: Performance Measures

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
First outpatient Did Not Attend (%)	7.9%	8.1%	Amber	↓	NHS GGC figure was 12.5% in 2014-15
Did not attend outpatient appointment – male	8.2%	8.6%	Green	↑	NHS GGC figure for 2014-15 was 13.9%
Did not attend outpatient appointment – female	7.7%	8.1%	Green	↓	NHS GGC figure for 2014-15 was 11.5%
Did not attend outpatient appointment - SIMD1 Male	15.8%	11.3%	Red	↓	NHS GGC figure for 2014-15 was 18.3%

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Did not attend outpatient appointment - SIMD Female	14.2%	11.3%	Red	↓	NHS GGC figure for 2014-15 was 15.1%
Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD1	92.2%	No Target Data Only		↓	NHS GGC figure for 2014-15 was 95.7%
Cancer screening - bowel SIMD1	43.8%	60%	Red	↑	NHS GGC figure for 2014-15 was 44.4% Data refers to Apr 2013 –Mar 2015
Cancer screening - bowel SIMD5	65.2%	60%	Green	↑	NHS GGC figure for 2014-15 was 64.6% Data refers to Apr 2013 –Mar 2015
Cancer screening - bowel male SIMD1	39.3%	60%	Red	↑	NHS GGC figure for 2014-15 was 42.7% Data refers to Apr 2013 –Mar 2015
Cancer screening - bowel male SIMD5	61.4%	60%	Green	↑	NHS GGC figure for 2014-15 was 61.1% Data refers to Apr 2013 –Mar 2015
Cancer screening - bowel female SIMD1	48%	60%	Red	↑	NHS GGC figure for 2014-15 was 46.1% Data refers to Apr 2013 –Mar 2015
Cancer screening - bowel female SIMD5	68.9%	60%	Green	↑	NHS GGC figure for 2014-15 was 67.8% Data refers to Apr 2013 –Mar 2015

PI Short Name	Performance Data Current Value	Performance Data Current Target	Performance Data Traffic Light	Performance Data Long Term Trend Arrow	Notes & History Latest Note
Cervical screening - SIMD1	69.5%	80%	Red		Data at 31 Mar 2015
Cervical screening - SIMD5	81.8%	80%	Green		Data at 31 Mar 2015