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	Integration Joint Board
Held on	7 October 2015
Agenda Item	8
Title	Strategic Plan: Implementation and Performance Reporting

Summary

The purpose of this report is to give an overview of the current performance reporting arrangements for the HSCP and outline the next stages in developing streamlined implementation and performance reporting arrangements. For 2015-16, progress and performance will be reported for 2015-16 through the Organisational Performance Report. The Performance Data Directory details all current HSCP and previous CHCP performance indicators; however a more streamlined suite of key performance indicators is needed. The report highlights an opportunity, as the Community Planning Partnership starts work on its Outcome Improvement Plan, to use the same improvement approaches and tools to develop the HSCP Implementation Plan. The report also gives updates on improvement work focusing on unscheduled care and delayed discharge, through a new 'Safe and Supported' workstream, and locality planning preparations.

Presented by	Candy Millard, Head of Strategic Services

Action required

It is recommended that the Integration Joint Board:-

- Notes the current reporting arrangements as detailed in the Performance Data Dictionary
- Approve the development of a streamlined suite of key performance measures for reporting to the Integration Joint Board
- Agrees that the Performance and Audit Committee undertakes a more detailed scrutiny of performance
- Agrees that the Strategic Planning Group identifies the key Strategic Plan implementation activities for progress reporting to the Integration Joint Board. This will include progress reporting on locality planning.

Implications checklist – check box if applicable and include detail in report

☐ Financial	☐ Policy	☒ Legal	☒ Equalities
☐ Efficient Government	☐ Staffing	☐ Property	☐ IT

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD

7 October 2015

Report by Julie Murray, Chief Officer Designate

STRATEGIC PLAN: IMPLEMENTATION AND PERFORMANCE REPORTING

PURPOSE OF REPORT

1. The purpose of this report is to give an overview of the current performance reporting arrangements for the HSCP and outline the next stages in developing streamlined implementation and performance reporting arrangements.

RECOMMENDATION

2. It is recommended that the Integration Joint Board:-
   - Notes the current reporting arrangements as detailed in the Performance Data Dictionary
   - Approve the development of a streamlined suite of key performance measures for reporting to the Integration Joint Board
   - Agrees that the Performance and Audit Committee undertakes a more detailed scrutiny of performance
   - Agrees that the Strategic Planning Group identifies the key Strategic Plan implementation activities for progress reporting to the Integration Joint Board. This will include progress reporting on locality planning.

BACKGROUND

3. At its last meeting the Integration Joint Board approved the Partnership's Strategic Plan for the period 2015-18 with effect from 7 October 2015, subject to the completion of the Financial Due Diligence Report.

4. The Strategic Plan sets out East Renfrewshire's Strategic Priorities for ensuring delivery against National Outcomes sets in line with our Partnership's Vision ***Working together with the people of East Renfrewshire to improve lives"*** by:
   - Valuing what matters to people
   - Building capacity with individuals and communities
   - Focusing on outcomes, not services

5. In addition the Strategic Plan set out an approach to locality planning, providing a key mechanism for strong local clinical, professional and community leadership with:-
   - close alignment of health and care services with GP practices in localities based on practice populations
   - a focus on the different health and wellbeing outcomes in local areas
   - strong links and engagement with different communities within East Renfrewshire

REPORT

Performance Reporting

6. In the Strategic Plan we noted that many of the 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 will be reported for 2015-16 through the Organisational Performance Report. A copy of the final Organisational Performance Report for 2014-15 is attached. A mid-year progress report will be brought to the next meeting of the Integration Joint Board.

7. The Performance Data Directory sets out the wider reporting context for the Health and Social Care Partnership. It includes information about:-
   - National outcomes and indicators,
   - potential HSCP indicators,
   - previous CHCP reporting,
   - NHSGGC Board reporting,
   - NHSGGC management reporting on Reshaping Care for Older People.

8. The data directory shows a highly complex performance reporting and management landscape. Work is underway across partnerships within NHSGGC to understand what performance information and reporting will be useful for the future. Equally East Renfrewshire Council is keen to review its reporting requirements for the future linking performance reporting more closely with improvement activity. It is suggested that the Performance and Audit Committee be asked to scrutinise this work and oversee the development of a more streamlined suite of key performance indicators.

Implementation Plan

9. The Strategic Plan committed the HSCP to work with partners, in line with the integration planning principles, to identify new areas of development for 2016-17 and beyond, to be set out in an annual implementation plan.

10. East Renfrewshire Community Planning Partnership is commencing work on its new plan for 2016-2019, using improvement tools and approach to develop an Outcome Improvement Plan. The HSCP has been working to link our health and wellbeing outcomes to those in the Outcome Improvement Plan, so that there will be a clear link from the HSCP Strategic Plan to the Community Plan (*the golden thread*).

11. It is suggested that the Strategic Planning Group undertakes a workshop facilitated using the community planning improvement methods to review existing improvement activities, and to select current and future priorities for the implementation plan.

12. The Strategic Planning Group has already identified delayed discharge/unscheduled care as a priority area. Planning and improvement work has commenced with four 'Safe and Supported' workstreams looking at the areas of Prevention and Anticipatory Care, At Point of Possible Admission, During Inpatient Stay and Discharge. This work will feed into NHSGGC Winter Planning activity as well as developing proposals for the future management of unscheduled care.

Locality Planning

13. Preparations are underway for the next *'Lets Take time to Talk'* event in February 2016. This Locality Planning event brings together GPs with health and social care professionals, independent and third sector representatives, users and carers. This event will focus on unscheduled care and it is hoped that secondary care planners and clinicians will join the planning discussions.

14. Locality Planning activity will be reported via the Strategic Planning Group

FINANCE AND EFFICIENCY

15. The Strategic Plan is underpinned by HSCP financial planning.

CONSULTATION

16. An evening event is scheduled for 6 October with other independent contractors: optometry, community pharmacy and dentistry to discuss their future input into strategic and locality planning.

PARTNERSHIP WORKING

17. Strategic and implementation planning will be carried out as part of the Community Planning Partnership. The Strategic Planning Group is a partnership group with representation from all prescribed stakeholder groups.

IMPLICATIONS OF THE PROPOSALS

Policy
18. None

Staffing
19. None

Legal
20. The plan is in line with legislative requirements

Property
21. None

Equalities
22. The strategic is supported by an equality impact assessment

IT
23. None

CONCLUSIONS

24. The Strategic Plan has been revised in line with the requests of the Integration Joint Board. For 2015-16 planned activities flow from our commitments to East Renfrewshire's Outcome Delivery Plan and NHCGGC Local Delivery Plan. Progress and performance on these will be reported for 2015-16 through the Organisational Performance Report. A Performance Data Directory has been compiled giving all current HSCP and previous CHCP performance indicators. It is suggested that the Performance and Audit Committee be asked to scrutinise this work and oversee the development of a more streamlined suite of key performance indicators.

25. Work is underway to align the Strategic Plan and Health and Wellbeing Outcomes to the Community Planning Partnership Outcomes. There is an opportunity as the Community Planning Partnership starts work on its Outcome Improvement Plan to use the same improvement approaches and tools to develop the HSCP Implementation Plan. The HSCP has started some improvement work focusing on unscheduled care and delayed discharge through a new 'Safe and Supported' workstream.

RECOMMENDATIONS

26. It is recommended that the Integration Joint Board:-
    - Notes the current reporting arrangements as detailed in the Performance Data Dictionary
    - Approve the development of a streamlined suite of key performance measures for reporting to the Integration Joint Board
    - Agrees that the Performance and Audit Committee undertakes a more detailed scrutiny of performance
    - Agrees that the Strategic Planning Group identifies the key Strategic Plan implementation activities for progress reporting to the Integration Joint Board. This will include progress reporting on locality planning.

REPORT AUTHOR AND PERSON TO CONTACT

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16 September 2015

BACKGROUND PAPERS

Strategic Plan

Performance Data Dictionary

Organisational Performance Report 2014-2015

KEY WORDS

Strategic Plan; Localities; Performance

A report detailing the current performance reporting arrangements for the HSCP and outlining the next stages in developing streamlined implementation and performance reporting arrangements.

East Renfrewshire CHCP - Organisational Performance Review Year-End 2014/15

Report Type: Scorecard Report
Report Author: Ian Smith
Generated on: 14 May 2015

Outcome

Section 1a: Single Outcome Agreement / Strategic Priorities

Outcome

SP 1: Early intervention and preventing ill-health

Outcome

A: Performance Measures

Performance Indicator	Target	Current Value	Notes
INCREASE - 005.1A Male Life expectancy at birth	78.1	79.7	The figure for male life expectancy at birth for 2011 - 2013 has changed little since the previous estimate. 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	82.3	83	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.
INCREASE - 005.1E Male life expectancy at birth in 15 per cent most deprived communities	71.7	71.9	Latest available figures from NRS for three years ending 2011 show life expectancy for males in 15% most deprived of 71.9. This is above the target set for the SOA.
INCREASE - 005.1B Female life expectancy at birth in 15 per cent most deprived communities	78.1	78.8	Latest available figures from NRS for three years ending 2011 show life expectancy for females in 15% most deprived of 78.4. This is above the target set for the SOA.

Performance Indicator	Target	Current Value	Notes
Percentage of parents who report that universal Triple P Parenting Programme has met their needs.	90%	94%	Thirty-four of the 36 parents evaluated Triple P positively on this measure.
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.	3.6	1.2	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	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. The three year average in East Renfrewshire to 2014 is 3.6.
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.	85	100	For the most recent period available (Jan-Mar 2014) 100 per cent of eligible reviews had been recorded up on 76 per cent previously reported.83 per cent of completed meaningful reviews recorded no concerns across all domains. This is the first year of implementation and baselines will be developed on the basis of this initial experience.
Smoking in pregnancy	7.8%	6.7%	Latest figures for Jan-Dec 2014
Smoking in pregnancy - deprived	20%	22.6%	Latest figures for Jan-Dec 2014. Although the percentage of those smoking during pregnancy in the most deprived areas has been falling consistently over the past few years it is still remains above the 20% target.
Percentage of newborn children exclusively breastfed at 6 - 8 weeks.	36.8%	36.7%	Latest available local figures for Oct 2013 - Sept 2014. Scotland figure 27.1% (ISD October 2014)
Breastfeeding at 6-8 weeks most deprived SIMD data zones	27%	11.4%	11.4% figure is latest available (October 2013 - September 2014). A decline in the uptake of breastfeeding in our deprived communities is now clear. Scotland figure 15.1% (ISD October 2014)
Percentage of children looked after away from home who experience 3 or more placement moves	12%	4.05%	The stability of placement for looked after children, an important measure of attachment and future outcomes, has marginally improved on 2013/14 with those experiencing 3 or more placements falling to 4.05 per cent.
004.2 Percentage of obese children in primary 1		N/A	ACES Programme concluded, therefore figures no longer available for this indicator. However ISD's Primary 1 Body Mass Index Statistics for the school year 2013/14 estimate that 3.5% of East Renfrewshire P1 school children are at risk of obesity, compared to 8.9% and 10.1% for our benchmarking authorities and Scotland respectively.
Number of smokers supported to successfully stop smoking.	57	178	NHS GGC target of 2,823 quits at 3 months.

Performance Indicator	Target	Current Value	Notes
Cumulative number of East Renfrewshire smokers living in the most deprived communities supported to successfully stop smoking	36	12	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 then 18 weeks for access to psychological therapies	10	11.8	
Dental decay - P1 SIMD1	60%	52%	In 2012, 52% of P1 children resident in the most deprived communities of East Renfrewshire had no obvious signs of decay.
Dental decay - P1 SIMD5	60	86.6	In 2012, 86.6% of children living in the least deprived communities of East Renfrewshire had no obvious signs of decay.
Child & Adolescent Mental Health - longest wait in weeks at month end	20	15	
Percentage of child protection re-registrations within 12 months of de-registration.	18%	0%	Ten children were registered in Quarter 3, none had previously been on the Register in the last year.
Child healthy weight interventions - no. completions	87	128	
004.4 Low birth weight live singleton births as a % of total live singleton births	2.2%	5.6%	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. Discrepancies between local and national statistics need further exploration.

Outcome
B: Planned Activities

SHANARRI Link	Planned Action	Progress Update
	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	The work of the collaborative continues to be integrated within the children's planning structure in order to bring synergy and ensure that the outputs of the workstreams, parenting and early years strategy can be reported through this already established mechanism and process. Workstream leads in place and will ensure leadership across key work areas.
	Deliver local public health programmes in partnership with others -	**Smoking**: Work has been progressing to develop an inequalIties focussed appraoch with a Barrhead

SHANARRI Link	Planned Action	Progress Update
	smoking, alcohol, physical activity, healthy eating with a focus on deprivation and vulnerable groups	weekly drop in and Neilston community group, with a wider health focus inc quit smoking support. **Physical activity** – ongoing support for delivery of Live Active Referral programme and Vitality Courses. Ongoing support to trained existing staff to deliver chair based exercise for older adults and people with long term conditions. continue to develop and support 10 walking groups across East Renfrewshire using a community capacity building approach. Provided walk leader, first aid and heart start training for volunteers. Delivery of a block of 8 weekly sessions incorporating physical activity and community information in Kirkton Service. **Healthy eating/physical activity** Supported local community group 'Weigh to Go' to evaluate progress, develop committee skills and access grant funding to enable them to provide nutritional information and exercise classes on three days per week
	Progress Eastwood Health and Care Centre in partnership with key stakeholders.	Construction phase in progress, planned for completion Spring 2016.
Nurtured	Key partners will work together to embed *Getting it right for every child* 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	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. Training for Children and Families Teams is scheduled for summer 2015. The new 2015-16 GIRFEC Implementation Plan will have 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 Health Visiting team in Clarkston participated in the Early Adopter pilot of the National Practice Model and feedback from the team informed the evaluation which shaped the development of the final electronic version
Nurtured	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.	The current Girfec Implementation Plan has been completed and a new one for 2015-16 finalised by the Leadership Group. The main achievements have been the further roll out of the Child's Multi-agency Plan (C-Map) across the authority, agreement in relation to the named person and lead professional protocol, and an extensive multi-agency training programme across the workforce. The rollout of the Greater Glasgow and Clyde National Practice Model training will include the local East Renfrewshire CHCP GIRFEC Training Officer in order to ensure that there is synergy with any subsequent local multi-agency GIRFEC training including targeting training for staff that will be in the role of the named person with a focus on the universal services pathways and the links to multi-agency responses to wellbeing concerns.

Outcome
C: Actions Agreed at Previous OPR Incomplete

SHANARRI Link	Planned Action	Progress Update
	The Performance Team agreed to revisit the reporting format and content to ensure it reflects the strategic priorities of the CHCP and provides a more balanced view of performance.	The Acting Head of Performance for NHS Greater Glasgow and Clyde, the Policy and Improvement Manager for East Renfrewshire Council and the CHCP's Planning and Performance Manager met and liaised during January and February 2014 to revise the Organisational Performance Review template in light of the agreement at mid-year point.
	Access To Psychological Therapies/PCMHT Waits – you confirmed there was action in place and the required improvement would be delivered by the end of the financial year.	Waiting list and other initiatives employed throughout 2013/14 and target achieved by year end. Currently recruiting to mental health therapist post to continue to target waiting times (expected start date by end May 2014).
	Child Fluoride Varnishing Applications – you agreed to look at the SIMD breakdown of P1 dental decay.	Dental decay SIMD gradient examined. There remains a deprivation gradient in East Renfrewshire though this is not as steep as NHS Greater Glasgow & Clyde as a whole. For 3-4 year olds two or more fluoride varnishing applications stands at 4.9% through general dental services. The National Dental Improvement Programme (NDIP) results for 2012 have been analysed at individual school level. Analysis suggests a number of points for action: liaison with education to support tooth brushing activity specific establishments with higher than target level of decay; raise awareness of fluoride varnish programme in targeted establishments; develop structured oral health programmes in targeted areas; liaise with General Dental Practices (GDPs) in catchment areas; and work with partners to reduce did not attend (DNA) appointments in SIMD areas.
	CAMHS – the service went live on 4 November 2013 and the consultant psychiatrist post was scheduled to be advertised nationally within the next four weeks.	Consultant Child and Adolescent Psychiatrist took up post in July 2014. In addition a children and families social worker has been seconded to the CAMHS service for a one year period to support the establishment of links between the services and to ensure improved outcomes for families.
	Early Years Collaborative – we agreed to consider the outcomes of the programme of work in more detail at your year end performance review.	As a consequence of the recent changes to the management of the programme locally the workstreams and strategy outputs have been consolidated within the integrated children's planning structure and will be reported through this route.

Outcome
Section 1b: Single Outcome Agreement / Strategic Priorities

Outcome
SP 2: Shifting the balance of care

Outcome
A: Performance Measures

Performance Indicator	Target	Current Value	Notes
Drug-related deaths per 100,000	4.6	3.3	There were 3 drug related deaths across East Renfrewshire in 2013. (Two of these deaths were categorised as accidental

Performance Indicator	Target	Current Value	Notes
			poisonings, and the other was categorised as an intentional self-poisoning) Best Performing: 1st Quartile among Scottish local authorities. East Renfrewshire was ranked 4 of 32
Number of suicides per 100,000 population.	7.7	12	There were 11 deaths from suicide and undetermined intent during 2013, an increase of one from the previous year. The 5 year rate in East Renfrewshire stands at 9.8, which compares favourably to the rate of 14.3 per 100,000 experienced in Scotland 2nd Quartile among Scottish local authorities. East Renfrewshire was ranked 9 of 32.
Rate of alcohol related hospital admissions per 100,000 population.	490	415	Figures for the year to June 2014 show a reduction in alcohol related admissions per 100,000 population to 415 with absolute numbers currently at around 330 per annum. East Renfrewshire ranks 8th of 30 Alcohol and Drug Partnerships on rates of alcohol-related admissions.
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days - New Disposal baseline to be established in Y1.	80%	71.1%	A low completion figure in Qtr 3; due to some placements having to be suspended because of staff shortages, has caused the annual figure to fall below target. However, this has now been rectified and it is expected the annual outturn figure will rise above target when Qtr 4's outturn is included at 31 March.
Community Payback Orders - Percentage of unpaid work placement completions within 6 months - New Disposal baseline to be established in Y1.	80	85.5	The percentage of unpaid work completions remains consistently above target for the fourth year running.
Percentage of people involved in Adult Support and Protection reporting reduced risk at review (from April 2012)	67.5	70.5	
Percentage of repeat referrals to Domestic Abuse Referral Group (DARG).	33%	N/A	The target for this measure has been met. During 2013/14 the arrangements for inter-agency working on domestic abuse between Police Scotland and East Renfrewshire CHCP have been revised in line with the development of the hub model and new information systems for managing responses to vulnerable people. Revised measures will be developed.
Number of people self directing their care through receiving direct payments and other forms of self-directed support.	224	277	
Percentage of people with learning disabilities with an outcome-focused support plan	62%	N/A	No up-date at mid-year. Most recent annual figure for 2013/14 is 86%
People reporting 'quality of life for carers' needs fully met (%)	70.0%	74.8%	Of 155 responses 116 reported their needs fully met with a

Performance Indicator	Target	Current Value	Notes
			further 24 reporting their needs partially met.
% of service users moving from drug treatment to recovery service	11%	11.9%	Baseline position established for first full year of operation of recovery service with 10.3% moving from treatment to recovery service. Target for performance in future years agreed during 2013/14 with expected increase to 14 per cent by 2016. Current performance is 11.9% of people moving from drug treatment to recovery and this has exceeded the target for 2013/14 of 11%.

Outcome
B: Planned Activities

SHANARRI Link	Planned Action	Progress Update
	Scope and commission hidden population research in relation to understanding barriers to accessing services and identify unmet need. Identify action required to improve engagement.	Hidden Population Needs Assessment complete. Action to address recommendations of the report were reviewed by a sub group of the Addiction Planning Implementation Group. Key actions were identified and will be implemented as part of the Addiction Services Quality Improvement Plan.
	Complete a review of the availability and impact of alcohol related harm on the community to inform the licensing board's new policy statement.	Final overprovision assessment report complete and signed off by the ADP, CHCP, Licensing Forum and Police Scotland. Report and recommendations presented to the East Renfrewshire Licensing Board. Awaiting response from the Board.
	Improve outcome focused interventions with women offenders and persistent offenders through public social partnership approach using the Reducing Re-offending Change Fund.	East Renfrewshire service users can access Public Social Partnership (PSP) programmes including the SHINE women offenders mentoring. In addition, partnership with Renfrewshire Council allows women involved in offending to access enhanced individual and groupwork support. The local 'No Barriers' offender literacy project supports women in East Renfrewshire to access literacy and employability services.
	Redesign day services for people with a learning disability to meet requirements of self directed support.	An assessment of the 'as is' service position has been completed. A carers survey was developed completed, analysed and the results disseminated. Research in to alternative options has been carried out. Remaining work to be taken forward during 2014/15.
	Continue rollout of self directed support refining equivalence model for individual budgets	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.
	Complete review of supported living and commence redesign using co-production and public social partnership approach.	Redesign progressing well, with majority of individuals successfully have had or are in process of having their service provision redesigned. Services are designed around outcome based supports, and we are seeing improved personal outcomes for individuals.

Outcome
C: Actions Agreed at Previous OPR Incomplete

SHANARRI Link	Planned Action	Progress Update
	Self Directed Support – the panel noted the significant amount of work around Self Directed Support and East Renfrewshire CHCP's comparative performance. You confirmed you expect to see an improvement in uptake which will see a shift into the second quartile.	Work has continued with policy and practice guidance developed, training delivered and supporting documentation revised. Finance modules are being implemented. An awareness raising video has been produced. National statistics show that East Renfrewshire is in the upper quartile of SDS users per head with a rate of 20.7 per 10,000 (upper quartile = 16.1; Scotland = 10.2).
	Alcohol Brief Interventions – you confirmed that you are embedding ABIs into Keepwell Health Checks and expect to see an improvement by the year end.	While Keepwell health check performance has been very good during 2013/14, embedding alcohol brief interventions in the programme has not delivered expected levels of ABIs. We are extending the settings in which we deliver ABIs - rolling out to Drug Treatment and Testing Order service and considering wider application in criminal justice.
	You confirmed the following in relation to outstanding issues from 2010-13 Development Plan: Alcohol and Drugs Partnership Commissioning Framework – you are awaiting the publication of the national framework to ensure compliance before publication; and Carers Future Commissioning Strategy – you have tested the marketplace and one other organisation has expressed an interest. You are currently discussing the degree of risk involved with Legal Services.	ADP Commissioning and Quality Improvement Framework will be revised to incorporate the publication of the new Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services. A review of service delivery against the quality standards to support a recovery orientated system of care was completed in conjunction with Scottish Drugs Forum Quality Improvement Team/ Addictions Staff and Service Users. Action to address implementation and monitoring of the new standards will progress as part of the addiction service improvement plan.

Outcome
Section 1c: Single Outcome Agreement / Strategic Priorities

Outcome
SP 3: Reshaping care for older people

Outcome
A: Performance Measures

Performance Indicator	Target	Current Value	Notes
Delayed discharge: people waiting more than 28 days to be	0	0	The number of people waiting more than 28 days for discharge

Performance Indicator	Target	Current Value	Notes
discharged from hospital into a more appropriate care setting			from hospital remains on target at zero for the second year running.
Delayed discharges bed days lost to delayed discharge	2,415	2,090	
People reporting 'having things to do' needs fully met (%)	70.0%	66.0%	Of a total of 794 responses, 527 reported their needs fully met with a further 208 (26%) reporting their needs partially met. a total of 59 (7%) respondents stated their needs were not being met in this regard this year.
People reporting 'staying as well as you can' needs fully met (%)	77.0%	79.0%	A total of 624 respondents reported their needs being fully met in regard to staying as well as they can. A further 135 (17%) stated their needs were partially met in this regard, with only 35 (4%) claiming their needs remained unmet this year.
People reporting 'feeling safe' needs fully met (%)	94.0%	82.0%	
People reporting 'seeing people' needs fully met (%)	75.0%	72.2%	Of 198 responses 143 reported their needs fully met with a further 47 reporting their needs partially met.
People reporting 'living where you want to live' needs fully met (%)	88.0%	79.8%	
People reporting 'being respected' needs fully met (%)	94.0%	95.8%	
Citizens' Panel % agree that their community supports older people		66%	This figure continues to increase year on year and is a significant increase on the 2010/11 baseline figure.
Percentage of those whose care need has reduced following re-ablement.	30	70.5	
Percentage of time in the last six months of life spent at home or in a homely setting.	91.6	90.6	This measure is a proxy for preferred place of death. The measure does indicate 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 in part results from initiatives under Reshaping Care for Older People, e.g., individualised action planning within care homes and anticipatory care work. Benchmarking is difficult as community hospital provision skew acute usage - especially in rural areas. Benchmarking is positive with urban comparators, e.g., NHS GGC = 89%.
Percentage of care home residents with care home as palce of death	77%	81.8%	The percentage of people supported to remain in care homes at end of life has increased from under 72% to almost 82%. This is linked to Reshaping Care for Older People work on putting in place Supportive Palliative Care Action Register (SPAR) in care homes.
Percentage of people aged 65+ who live in housing rather	97	96.6	There is continuing stability in the number of people living in

Performance Indicator	Target	Current Value	Notes
than a care home or hospital			housing rather than a care home or hospital with 594 in NHS continuing care or care homes of the total of 17,264 people aged 65 and over in East Renfrewshire.
Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population	4,692	4,226	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 4226. The national average is 4,698 and East Renfrewshire ranks 11th of 32 partnership areas
Mental health hospital admissions (as a rate per 1,000 population)	2.3	1.4	In the year ending March 2014, there were 128 mental health related hospital admission of East Renfrewshire residents. This is down on the position for 2012/13 and the rate per head of population continues to reduce.
Long-term Conditions COPD crude admission rate per 100,000		413.9	
Long-term Conditions Asthma crude admission rate per 100,000		185.1	
Long-term Conditions Diabetes crude admission rate per 100,000		96.5	
Long-term Conditions CHD crude admission rate per 100,000		1,420.2	
Long-term Conditions All LTCs crude admission rate per 100,000	1,941	2,138	
Long-term Conditions All LTCs bed days	9,640	7,379	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	19%	21.4%	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.

Outcome
B: Planned Activities

SHANARRI Link	Planned Action	Progress Update
	Phased implementation of Anticipatory Care Programme.	As before work continues to build on local improvement plans with Primary Care practices. Event being hosted March 2015, and staff continue to build links with services and third sector / community. HI directory continues to support the work and will be further updated over the coming year.

SHANARRI Link	Planned Action	Progress Update
	Work with partners to implement East Renfrewshire's Joint Strategic Commissioning Plan for Older People (2013-2022)	Our successful partnership group concluded it's meetings in late 2014, and strategic priorities identified by the group have been carried into the development of the new Health and Social Care Integration Strategic Plan.
	Roll-out the home care re-ablement service to provide focused support for people to enable them to regain confidence and previously lost skills.	Over 375 people have received reablement support to date with positive, with ongoing positive outcomes. A recent snapshot showed the majority being discharged with no ongoing service through improved independence, with a minority requiring a decreased level of service.
	Put in place anticipatory care planning to better support older people at home centred on working with Advanced Nurse Practitioners (ANPs) to identify older adults who are at high risk of admission to hospital.	Wider rollout of Anticipatory Care awareness and training on the Anticipatory Care Plan has taken place amongst health and social care staff and this will continue to be revisited and reinforced amongst the wider mainstream Rehabilitation and Enablement Service. The role of the Advanced Nurse Practitioners is also evolving to include nurse team lead responsibilities which will play a role in embedding anticipatory approaches in mainstream service delivery.
	Provide support for people with dementia and their carers using the post diagnostic service model based on Alzheimer Scotland's 5 pillar model.	Service has been operating well since 1st April 2014 and ongoing progress continues to be monitored through the local Dementia Steering Group, chaired by the Mental Health Service Manager with participation from wide range of partners including Alzheimer Scotland.

Outcome
C: Actions Agreed at Previous OPR Incomplete

SHANARRI Link	Planned Action	Progress Update
	Bed Days Lost to Delayed Discharge – whilst there have been recent positive improvements in performance further sustainable improvements are required as there continue to be major pressures on the acute hospitals.	The good progress made in the first half of 2013/14 continued throughout the year with winter peaks lower than previous years and an overall reduction on the baseline year of 49 per cent. The 50 per cent target was missed by 31 days of delay due to Adults with Incapacity issues in the final month of the year.
	Dementia – you confirmed that early diagnosis has been a focus at GP Forums and features as part of the GP quality improvement visits.	At year end 485 people with dementia were recorded on GP registers. This is 73% of the expected 662 people with dementia. Considerable work has been undertaken in the second half of 2013/14 with a revised diagnosis communication system established and further planning for post-diagnostic support.
	Long Term Conditions – this remains a challenge and the Corporate Team agreed to do further work around the data.	Corporate team confirmed no change in reporting methodology. The local long term conditions group has reviewed detailed data across the main conditions by age group and planned/unplanned admission. Respiratory and heart-related conditions identified as primary drivers. We expect the range of interventions through Rehabilitation and Enablement Services, the Advanced Nurse Practitioners, Anticipatory Care Plans, self-management education and Prescribing Support Pharmacy to have an impact on this during 2014/15. We will conclude benchmarking with 'family group' areas to inform expected levels of performance.

Outcome

Outcome

Section 2: Effective Organisation

Outcome

SP4: Improving quality, efficiency and effectiveness

Outcome

A: Performance Measures

Performance Indicator	Target	Current Value	Notes
Citizens' Panel - Health and Social Care service for Children and Young People		69%	Figure has falled since last year however ratings based on <60 responses, results should be treated with caution.
Citizens' Panel - Health and Social Care service for Adults		86%	A large majority of Panel members were satisfied with health and social care for adults despite a slight decline since last year.
Percentage of CHCP (NHS) complaints received and responded to within timescale	70%		NHS GGC target 2015-16 updated (70% of complaints responded to within 20 days)
Percentage of CHCP (local authority) complaints received and responded to within timescale	100%	82.7%	Eight of eleven complaints received were responded to within timescale in the first half of 2014/15
Primary care performance - cost per patient (unweighted)		£150.00	
Primary care prescribing performance - cost per patient (weighted)		£167.00	Primary care cost per weighted patient has reduced from £174.19 in previous period to £167.00 in January 2013 (NHSGGC=160.96).
Primary care prescribing performance		£63,000.00	Forecast overspend of £63,000 on primary care prescribing budget for 2013/14 on budget of £13.3M (or 0.5%).
Absence: days lost per employee (all staff LA)	2.45	4.52	There were 3,006 lost working days in Qtr 3, 2,697 of these were medically certificated
Absence: days lost for long-term absence as percentage of all days lost (all staff LA)		77.3	
Absence: days lost for short-term absence as percentage of all days lost (all staff LA)		22.7	
Sickness absence (%) NHS	4	7.2	
Sickness absence - short-term (%) NHS		32.5%	
Sickness absence - long-term (%) NHS		67.5%	This measure has changed during 2013/14 and reporting will be revised for Q1 2014/15.

Performance Indicator	Target	Current Value	Notes
Percentage of NHS CHCP Staff with an e-KSF (Knowledge and Skills Framework) review in last 12 months	80%	55.8%	64% at Qtr 2 2014/15
Percentage of CHCP local authority staff with Performance Review and Development (PRD) plans in place	100%	57%	
The gross cost of "children looked after" in residential based services per child per week £		£5,663.46	
The gross cost of "children looked after" in a community setting per child per week £			
Balance of Care for looked after children: % of children being looked after in the Community			
Home care costs for people aged 65 or over per hour £			
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+			
% of people aged 65 or over with intensive needs receiving care at home			
Net Cost of Residential Care Services per Older Adult (+65) per Week			

Outcome
B: Planned Activities

SHANARRI Link	Planned Action	Progress Update
	Engage Public Partnership Forum in the development of the new Eastwood Health & Care Centre to enhance service delivery from a patient experience perspective	During 2013/14 the Public Partnership Forum (PPF) has engaged directly in the design and drafting of plans for Eastwood Health and Care Centre. PPF involvement has spanned pre-planning and consultation events. Stakeholders have been involved in key reference and planning groups and presentations have also been made to Community Councils during 2013/14.
	Build on co-production approach with the public & community e.g., Reshaping Care for Older People, redesign of the rehabilitation and enablement service	There has been considerable development in co-production work around the Early Years Collaborative work and scoping community assets with residents, in the ongoing local implementation of Reshaping Care for Older People through the Reference Group, in Community Addictions hidden populations work, in Community Alcohol Action in Neilston, in dementia post-diagnostic support, through the Big ShoutER and in public work undertaken by the Child Protection Committee. Consideration of approaches to locality planning during 2014/15 will further build on this work.
	Review of externally purchased CHCP services to ensure value for money and fit with self directed support.	Project is ongoing and due to conclude by end 2014/15. Local Public Social Partnership is being recognised by Scottish Government as performing well when compared with other programmes across Scotland. Out of area placements are being reviewed on incremental basis and best value is being

SHANARRI Link	Planned Action	Progress Update
		assessed as an integral part of individual review cycles. Some early progress on addressing this is being recorded.
	Redesign care at home to make the long term service as efficient and flexible as possible.	Preparation for the roll-out of the 2nd phase of reablement has taken place and is scheduled to begin in April 2014. The Statement of Requirements for electronic scheduling of home care has been reviewed and updated and phasing agreed. It is proposed that formal tendering for a redesigned care at home service will be undertaken in April 2015. Engagement with external providers has been taken forward on monitoring provision the vision for the future commissioning of services. The mapping of key business processes within home care was completed and work is now beginning to look at structure, job roles and alignment with new RES Clusters.
	Redesign of sheltered housing support arrangements	Specific projects looking at the redesign of sheltered housing services concluded in line with savings agreed. Extra care services will continue to be reviewed during 2014/15.

Outcome
C: Actions Agreed at Previous OPR Incomplete

SHANARRI Link	Planned Action	Progress Update
	GP Catchment Areas – we agreed on the need for a better understanding of the strategic benefits of achieving the target.	A number of practices have been actively reviewing their catchment areas.
	GP Prescribing – we confirmed that there will be an uplift in the prescribing budget to reflect the issue of short supply and you agreed to maintain a focus on outlying practices in order to stay within budget.	The projected outturn spend for GP prescribing is £63,000 over the £13,342,000 (or 0.5%). A range of targeted activity has been taken forward during 2013/14. This includes the extension of our medicines management review from vulnerable groups (e.g., dementia, Parkinson's, sheltered housing residents) to all people aged 65 and over. For the 100 visited to-date around one-third have been able to stop taking some medicines. This service is recognised as good practice in line with Prescription for Excellence. During 2014/15, Prescribing Support are proposing to run weekly prescribing support clinics within GP practices, alongside pilot work on asthma in Neilston and pending development in relation to diabetes. Following on from discussions on 'minor ailment' service and possible communication/translation issues it was found that Urdu and Punjabi leaflets required updating following the abolition of prescription charges. These were up-dated in partnership and a joint print run completed with distribution to all GPs. In terms of the antibiotic target, for the period Jun-Sep 2013 twelve of the fifteen East Renfrewshire practices were below the 1.91 items per 1,000 patients per day. Variance on the series of agreed measures has reduced and there is an overall positive direction of travel on these measures.
	Efficiencies Programme – you confirmed you were trying to bring forward some of the efficiency programmes and we agreed to focus on the joint health and social care programmes of work at your end of year review.	A number of the efficiency measures were brought forward during 2013/14. Specifically, these relate to early delivery of aspects of re-design and Public Social Partnership (PSP) activity.
	Five Capabilities – you confirmed that work is currently underway in	Digital resources have been a focus of work during 2013/14 with different media being used to

SHANARRI Link	Planned Action	Progress Update
	relation to each and in terms of the digital programme you are linking with the Glasgow South Sector to explore the potential use of an IT application that has been developed.	communicate positive messages about services and trail case stories and educational and awareness raising resources. E-learning has been further developed in conjunction with partners within the Clyde Valley group. Specific work on sharing information on community resources for older people has been progressed with a web-based resources hosted by Voluntary Action East Renfrewshire released. We have networked with Glasgow South Sector to learn from their experiences of a services app and its subsequent roll-out. Local development of an app is to be considered by the IT and Premises group early in 2014/15. The corporate Learning and Development Programme within East Renfrewshire Council for 2014/15 presents renewed opportunities for developing capabilities across the CHCP.
	Eastwood Health and Care Centre – you confirmed that the full business case has been submitted and scheduled to go to the December 2013 Board Committee. Both Eastwood and Maryhill will go through as a package for funding.	Full Business Case approved in principle on 11 March 2014. Financial close expected by early May 2014. Construction due to begin late May 2014, with completion scheduled for October 2015.
	IT Issues – you agreed to identify and resolve the IT barriers within East Renfrewshire CHCP.	Public Services Network (PSN) issues have impacted substantially during the third quarter of the year. However, agile working has now moved on apace. The information technology sub-group of the Transformation Programme has taken forward a number of issues. Work has also been undertaken to develop local operational information sharing protocols based upon the Scottish Accord for the Sharing of Personal Information (SASPI) framework building on the Corporate Information Sharing Protocol agreed between NHS Greater Glasgow & Clyde and the local authority in 2009. It is expected that this work will be taken forward early in 2014/15 enabling wider access to CareFirst. Further work has been taken forward related to mental health and system linkages are being explored during 2014/15. Some interface issues remain between partners related to PSN compliance.
	e-KSF/PRDs/Absence – you agreed to focus managers' attention on improving the uptake rate immediately and ensuring absence procedures are adhered to.	E-KSF and PRD are regularly covered as part of the Department Management Team agenda and other team meetings. Absence is also regularly discussed. While absence and PRD have shown improvement in 2013/14, though below target, there has been slippage in e-KSF. Absence triggers and rigorous application of policy have made a difference as has the senior management focus on PRD. The importance of e-KSF is being reinforced and the need to finalise 'in progress' reviews timeously reiterated.

Outcome
Section 3: Tackling Inequalities

Outcome
A: Performance Measures

Performance Indicator	Target	Current Value	Notes
Number of staff undertaking routine sensitive enquiry		140	Baseline initial estimate includes community addictions, drug treatment and testing staff, children and families social workers,

Performance Indicator	Target	Current Value	Notes
			adult support and protection officers and primary care practice staff involved in pilot.
Number of referrals to advocacy services		92	There has been an increase in referrals for advocacy services between 2012/13 and 2013/14.
Access to psychological therapies among older people aged 65 and over	7	8	From baseline position of 4% of the primary care mental health caseload being aged 65 and over access has improved to 8 per cent in 2013/14.
First outpatient Did Not Attend (%)	8.1	8.6	
Did not attend outpatient appointment - male	8.6%	8.8%	Target of 8.6% set on 2011/12 baseline with current performance for year to date Dec 2013 of 8.8% DNA among males (NHSGGC=13.8%).
Did not attend outpatient appointment - female	8.1%	8.4%	Target of 8.1% set on 2011/12 performance current performance of 8.4% (NHSGGC=11.7%).
Did not attend outpatient appointment - SIMD1 Male	11.3%	16.7%	Men within the most deprived communities of East Renfrewshire have a higher than average DNA rate at 16.7%. The DNA rate among SIMD1 males has remained stable during 2012/13 and 2013/14 (NHSGGC=18.8%).
Did not attend outpatient appointment - SIMD Female	11.3%	15.1%	Women within the most deprived communities of East Renfrewshire have a higher than average DNA rate at 15.1%. The DNA rate among SIMD1 females has increased during 2012/13 and 2013/14 from 13 to 15% (NHSGGC=15.3%).
Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD1		100%	Refers to one person.
Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD5		10.5%	Refers to two people.
Cancer screening - bowel SIMD1	60%	40%	Period covers screening programme 2011-13.
Cancer screening - bowel SIMD5	60%	61.7%	Data covers screening programme 2011-13.
Cancer screening - bowel male SIMD1	60%	37.1%	Data covering screening programme 2011-13.
Cancer screening - bowel male SIMD5	60%	57.8%	Data refers to 2011-13 screening programme.
Cancer screening - bowel female SIMD1	60%	42.6%	Data refers to screening programme 2011-13.
Cancer screening - bowel female SIMD5	60%	65.3%	Data covers screening programme 2011-13.
Cervical screening - SIMD1	80%	73%	Cervical screening up-take for women in SIMD 1 communities has increased slightly between 2012/13 sand 2013/14 rising from 72 to 73%.
Cervical screening - SIMD5	80%	84.1%	The up-take of cervical screening for women in SIMD 5

Performance Indicator	Target	Current Value	Notes
			communities has increased slightly between 2012/13 and 2013/14 from 83.8 to 84.1.

Outcome
C: Actions Agreed at Previous OPR Incomplete

SHANARRI Link	Planned Action	Progress Update
	Systematic Programme of Work – a programme of work is underway to improve the understanding of the population in relation to protected characteristics, deprivation and hidden need and you agreed feedback how these are developing and contributing to closing the gap.	CIT engagement at end of 2013. Feedback from these sessions disseminated. Work on welfare reform, inequality and poverty strategy at local level. Follow-up meetings to be progressed with CIT regarding programme of work and support.
	Equality Outcomes – you agreed to cross check your programme of work against the equality milestones to ensure all actions are covered e.g. target increase in uptake of the equality e-module by 20%.	Local programme of work reviewed against milestones for equality outcomes and aligned where appropriate.
	Equality Group Engagement Sessions – the Corporate Inequalities Team (CIT) agreed to share the feedback of these sessions by the end of December 2013 to support the Equality Outcomes.	Local engagement sessions with Corporate Inequalities Team took place late 2013 and feedback from these sessions was disseminated.
	Fair Financial Decisions – this exercise needs to be carried out annually to assess the legal risk on financial savings in relation to protected characteristics. Areas of work which are identified for a full EQIA need to be connected with EQIAs submitted to CIT on service redesigns. You also agreed to submit all of your 2013-14 EQIAs to the CIT.	Efficiency and budget savings are screened for no, low, medium or high equality impact. Where savings and efficiency proposals are accepted, those with medium to high impacts are subject to a full Equality Impact Assessment to mitigate any potential impact. This approach has been in place since 2011/12. The focus of efficiency has to-date been largely on rent, staffing and management costs as well as cost reduction through revised contracting frameworks hence minimising direct impact on service users with protected characteristics.

Outcome
Section 4: Equality Outcomes

SHANARRI Link	Planned Action	Progress Update
	Identify specialist services where exemplary practice should be in place and assess for gaps.	A high-level scan of services areas has been undertaken together with a review of Equality Impact Assessments (EQIAs). In addition, self-evaluation at an operational team level has considered impact on the community - a theme of this being equalities. This process is supported by data on service use by protected characteristics. From these assessments, services recognise the need not to discriminate on grounds of protected characteristics. Services also demonstrate a recognition of the need to vary in accordance with different needs and to be pro-active in advancing equality, preventing discrimination

SHANARRI Link	Planned Action	Progress Update
		and promoting good relations between different groups. Services also work to support people with protected characteristics to overcome barriers. There are good examples of intergenerational work between schools and day services, sheltered housing complexes and people with dementia (e.g., Knitting Mania, Dot and the Mouse, intergeneration Quiz). We have a long-standing, faith-based, partnership with Jewish Care which provides a wide range of supports. A Reshaping Care for Older People Reference Group is in place and regularly considers developments. There are examples of anti-poverty work with vulnerable families through Healthier Wealthier Children, young people and families affected by disability in the Inclusive Support/ Holiday Programme, and in the securing of positive destinations for care leavers by the Throughcare service. Work through the Early Years Collaborative has great potential to address intransigent cycles of poverty and early tests of change have shown impact. In addition, self directed support and personalisation creates opportunities to meet personal outcomes in a more flexible way tailored to people's needs. This is underpinned by an outcomes-focused approach to assessment which identifies aspirations and barriers rather than functional deficits. Consideration of advocacy is a critical element in the local shared assessment as is ensuring that people have information on options and have been signposted to sources of independent information. A local framework is also in place to support risk enablement. CHCP has worked with the Environment Department Housing Services to put in place a protocol for vulnerable young people. Services have worked together to tackle risky behaviours among young people for example through a thematic review of pastoral support which have led to revised and standardised information on addictions. Specific work has been taken forward by the Big ShoutER and Isobel Mair school in relation to smoking among children with additional support needs. There is a local Equality Officers Working Group and a Multi-Agency Group which meets to address hate crime/ harassment. A consistent theme throughout service and strategy EQIAs relates to gaps in information on and the involvement of LGBT people.
	Identify discrimination faced by people with the identified protected characteristics in mainstream services.	A high-level scan of service areas and Equality Impact Assessments completed to-date has been undertaken. Further work is required to improve information on some protected characteristics and engagement to identify issues. An EQIA of mental health were found have age-based criteria which could not be objectively justified. This is being addressed in primary care mental health and access is improving. Services for people with learning disabilities have been identified as requiring fuller assessment and consideration. This will be taken forward during 2014/15.
	Identify services which are age based and objectively justify.	Full assessments will be undertaken on supported accommodation and day services for people with learning disabilities. These assessments will specifically consider issues of 'proportionality', achieving legitimate social policy aims, public interest and the public interest test. Detailed consideration will be given to the legitimacy of enabling peer activities, appropriate targeting of service on need, positive action to address historic discrimination and stigma and the costs and benefits of alternatives.
	Any services where no justification is found are opened up to an increased age range.	Primary care mental health service shows an increasing proportion of users aged 65 and over in line with previous Equality Impact Assessment (EQIA) work. Where objective justification is assessed as not present services will be accessible to an increased age range. The findings of the EQIA of day services and supported accommodation for people with learning disabilities will be considered and any required action plans developed.
	GBV leads maintain training programme for key groups of staff.	The range of GBV training available to practitioners locally is increasing with core programmes in Child

SHANARRI Link	Planned Action	Progress Update
		Protection and Adult Support and Protection Committees offering - understanding the dynamics of domestic abuse, child sexual exploitation (CSE) , female genital mutilation (FGM), and forced marriage. Specific multi-agency guidance has been produced on CSE and FGM and web-based resources and sources of support developed.
	Embed pathways and processes for supporting people affected by GBV.	Processes between Police Scotland and the Domestic Abuse Referral Groups (DARG) have been refined to reflect the hub model within Police Scotland and to improve the screening, triage and referral arrangements. The domestic abuse service is now recommissioned and work is underway to develop a local Violence Against Women strategy. The range of training to practitioners has been expanded.

Outcome
Section 5: Director's Overall Assessment of Performance

SHANARRI Link	Planned Action	Progress Update
	Director's summary statement of performance - brief summary of overall performance	**Positive Progress** We have seen good progress during 2014/15. This can be seen in: Consistent delivery of positive responses from children and adults to Viewpoint and Talking Points questions. Continued delivery of high standard Criminal Justice services e.g. Community Payback Orders performance Adult Support and Protection enquiries continue to be dealt with within target There remain zero delayed discharges over 28 days for the last three Quarters. The number of people self directing their care through receiving direct payments and other forms of self-directed support remains significantly above target. Fewer children looked after away from home are experiencing three or more placement moves. The level of Child Protection re-registrations within one year remain below target The work of our Alcohol and Drugs Partnership (ADP) in maintaining 100% delivery of recovery focused treatment in community addiction services. **Challenges** Challenges remain into 2015/16 relating to: Efficiency and savings required over the coming years in the context of budgetary constraints. Maximising attendance where we are still some way short of expected performance. Managerial and HR action is underway The number of alcohol brief interventions recorded as being delivered remains substantially outwith

SHANARRI Link	Planned Action	Progress Update
		the target of 490. This is despite the high level of screening being undertaken. Support is being offered to primary care practitioners. Ensuring that staff within the CHCP have up-to-date Performance Review and Development (PRD) and Knowledge and Skills Framework (KSF) plans and reviews, both are significantly below target.

Adult Health and Social Care		
No	**Outcome Area**	**Outcome Description**
1	***Healther Living***	*People are able to look after and improve their own health and wellbeing and live in good health for longer.*
2	***Independent living***	*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.*
3	***Positive Experiences & Outcomes***	*People who use health and social care services have positive experiences of those services, and have their dignity respected.*
4	***Maintained or Improved Quality of Life***	*Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.*
5	***Reduced Health Inequalities***	*Health and social care services contribute to reducing health inequalities*
6	***Carers are supported***	*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.*
7	***People are Safe***	*People using health and social care services are safe from harm.*
8	***Engaged Workforce***	*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.*
9	***Effective resource use***	*Resources are used effectively and efficiently in the provision of health and social care services.*

Children's Health and Social Care		
No	**Outcome Area**	**Outcome Description**
1	***Best start possible***	*Our children have the best start in life and are ready to succeed*
2	***Successful learners and responsible citizens***	*Our young people are successful learners, confident individuals, effective contributors and responsible citizens*
3	***Positive life chances***	*We have improved the life chances for children, young people and families at risk*

Criminal Justice		
No	**Outcome Area**	**Outcome Description**
1	***Community safety***	*Community safety and public protection*
2	***Re-offending***	*The reduction of re-offending*
3	***Social Inclusion***	*Social inclusion to support desistance from offending*

National Outcome Indicators - to be measured by national surveys every 2 years

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.*

National Indicators derived from organisational/system data most of which are already collected for other

11. Premature mortality rate.
12. Rate of emergency admissions for adults.*
13. Rate of emergency bed days for adults.*
14. Readmissions to hospital within 28 days of discharge.*
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.*
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*
23. Expenditure on end of life care.*

*The Scottish Government has highlighted these indicators are under development. More information on these indicators is available at: http://www.gov.scot/Resource/0047/00473516.pdf

No.	Service Area	Indicator Description	Covalent Code	Source	Hyperlink / Notes	Reported To					Reporting Level			
						ER CHCP	COG	ADP	ERC	NHS GGC	Level 1 : Statutory Return	Level 2 : Public Reporting	Level 3 : Corporate Management Information	Level 4 : Service / Team Management Information
1	HSCP - Governance	Number complaints received.	SPSO001a	LA MIS (LAGAN) / NHS (DATIX)		Yes			Yes	Yes		Yes	Yes	
2	HSCP - Governance	Average time in working days to respond to complaints at stage one (frontline resolution).	SPSO04a	LA MIS (LAGAN) / NHS (DATIX)		Yes			Yes	Yes		Yes	Yes	
3	HSCP - Governance	Average time in working days to respond to complaints at stage two (investigation).	SPSO04b	LA MIS (LAGAN) / NHS (DATIX)		Yes			Yes	Yes		Yes	Yes	
4	HSCP- Health Improvement	Proportion of adults who assess their general health as good or very good in the Scottish Health Survey		Scottish Health Survey	http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey					Yes				
5	HSCP- Health Improvemen	Numbers of deaths, with age-standardised mortality rates, by year of death registration for Stroke		Stroke Deaths	http://www.isdscotland.org/Health-Topics/Stroke/					Yes				
6	HSCP- Health Improvemen	Numbers of deaths, with age-standardised mortality rates, by year of death registration for Under 75s		Under 75 mortality	http://www.gro-scotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths					Yes				
8	Community Care	People reporting 'having things to do' needs fully met (%)	CHCP HCC065	Carefirst	Talking Points	Yes								
9	Community Care	People reporting 'staying as well as you can' needs fully met (%)	CHCP HCC067	Carefirst	Talking Points	Yes								
10	Community Care	People reporting 'feeling safe' needs fully met (%)	CHCP HCC064	Carefirst	Talking Points	Yes								
11	Community Care	People reporting 'seeing people' needs fully met (%)	CHCP HCC066	Carefirst	Talking Points	Yes								
12	Community Care	People reporting 'living where you want to live' needs fully met (%)	CHCP HCC068	Carefirst	Talking Points	Yes								
13	Community Care	People reporting 'being respected' needs fully met (%) (2009/10 values based on pilot period	CHCP HCC069	Carefirst	Talking Points	Yes								
14	Community Care	People reporting 'quality of life for carers' needs fully met (%)	CHCP HCC070	Carefirst	Talking Points	Yes						Yes		
15	Community Care	Citizen's Panel respondents reporting the we live in a community that supports older people.	OD2CHCP11-0101	LA MIS	Citizen's Panel				Yes					
16	Community Care	Citizens' Panel - Homecare services % of service users rating service as very good/good	CITPCESERV-13	LA MIS	Citizen's Panel				Yes					
17	Community Care	Citizens' Panel - Health and social care for adults % of service users rating service as very good/good	CITPCESERV-15	LA MIS	Citizen's Panel				Yes					
18	Community Care	Male life expectancy at birth in 15 per cent most deprived communities	SOA09PI - 005.1E	NRS										
19	Community Care	Female life expectancy at birth in 15 per cent most deprived communities	SOA09PI - 005.1F	NRS										
20	Community Care	Percentage of people with learning disabilities with an outcome-focused support plan.	CHCP HCC 28b											
21	Community Care	people waiting more than 28 days to be discharged from hospital into a more appropriate care setting	CHCP HCC013a	Delayed Discharges Census	http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/	Yes							Yes	
22	Community Care	Delayed discharges bed days lost to delayed discharge	CHCP HCC014e	Delayed Discharges Census	http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/									
23	Community Care	Number of people self directing their care through receiving direct payments and other forms of self-directed support.	CHCP HCC051	Carefirst										
24	Community Care	Percentage of those whose care need has reduced following re-ablement.	OD2CHCP6-0102	Carefirst										
25	Community Care	Percentage of time in the last six months of life spent at home or in a homely setting.	CHCP HCC080	Carefirst										
26	Community Care	Percentage of people aged 65+ who live in housing rather than a care home or hospital	CHCP HCC081											
27	Community Care	Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population	CHCP HCC082											
28	Community Care	Rates of domestic abuse incidents per 10,000 population	SOA09PI - 007.5						Yes					
29	Community Care	SW01: Older Persons (Over65) Home Care Costs per Hour	SW01	LGBF	SOLACE/Local Government Benchmarking Framework Publication	Yes	Yes		Yes		Yes		Yes	
30	Community Care	Direct payments spend on adults 18+ as a % of total social work spend on adults 18+	SW02	LGBF	SOLACE/Local Government Benchmarking Framework Publication	Yes	Yes		Yes		Yes		Yes	
31	Community Care	Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home.	SW03	LGBF	SOLACE/Local Government Benchmarking Framework Publication	Yes	Yes		Yes		Yes		Yes	
32	Community Care	% of adults satisfied with social care or social work services	SW04	LGBF	SOLACE/Local Government Benchmarking Framework Publication	Yes	Yes		Yes		Yes		Yes	
33	Community Care	The Net Cost of Residential Care Services per Older Adult (+65) per Week	SW05	LGBF	SOLACE/Local Government Benchmarking Framework Publication	Yes	Yes		Yes		Yes		Yes	
34	Community Care	Rate of emergency admissions to hospital for people aged 75+.		HEAT Target	http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/					Yes				
35	Community Care	Emergency inpatient bed day rates for people aged 75+		HEAT Target	http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/					Yes				
36	Children & Families	Percentage of parents who report that universal Triple P Parenting Programme has met their needs.	CSP053											

No.						ER CHCP	COG	ADP	ERC	NHS GGC	Level 1 : Statutory Return	Level 2 : Public Reporting	Level 3 : Corporate Management Information	Level 4 : Service / Team Management Information
37	Children & Families	Percentage of children looked after away from home who experience 3 or more placement moves	SOA09PI - 004.1	Carefirst		Yes	Yes				Yes		Yes	
38	Children & Families	Number of young families (with children 0-8 years) who can access a support group.	ODP-CP2.1.3	LA MIS					Yes					
39	Children & Families	The gross cost of "children looked after" in residential based services per child per week £	SCHN08a	LGBF	SOLACE/Local Government Benchmarking Framework Publication	Yes	Yes		Yes		Yes		Yes	
40	Children & Families	The gross cost of "children looked after" in a community setting per child per week £	SCHN08b	LGBF	SOLACE/Local Government Benchmarking Framework Publication	Yes	Yes		Yes		Yes		Yes	
41	Children & Families	Balance of Care for looked after children: % of children being looked after in the Community	SCHN09	LGBF	SOLACE/Local Government Benchmarking Framework Publication	Yes	Yes		Yes		Yes		Yes	
42	Children & Families	Citizens' Panel - Health and social care services for children and young people % of service users rating service as very good / good	CITPCESERV-14	LA MIS	Citizen's Panel				Yes					
43	Children & Families	Breastfeeding at 6-8 weeks most deprived SIMD data zones.	OD2CHCP4-0201d											
44	Children & Families	Achieve agreed completion rates for child healthy weight intervention programme	CHCP-H3											
45	Child Protection	Percentage of child protection re-registrations within 12 months of de-registration.	CSP007	Carefirst		Yes	Yes							
46	Adult Protection	Percentage of people involved in Adult Support and Protection reporting reduced risks at review of welfare plan.	ASPBSC1.13	Carefirst		Yes	Yes							
47	Adult Protection	Average time (working days) to complete adult support and protection enquiries.	ASPBSC3.01	Carefirst			Yes							
48	Adult Protection	Average number of working days taken to complete adult support and protection investigations.	OD2CHCP7-0301	Carefirst			Yes							
49	Substance Misuse	% of service users moving from treatment to recovery service	CHCP -ADP- 12					Yes						
50	Substance Misuse	Number of general acute inpatient & day case drug-related discharges (any position), age-sex standardised rates (EASR)		Scotpho	http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications_					Yes				
51	Substance Misuse	Alcohol Brief Interventions (ABIs)		ABIs	http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/_									
52	Telecare	Percentage of community alarm calls responded to and resolved on first point of contact.	OD2CE7-0501											
53	Telecare	% of Telecare clients stating Telecare has made them feel safer at home.	OD2012-02											
54	Criminal Justice	Community Payback Orders - Percentage of unpaid work placements commencing within 7 days - New Disposal baseline to be established in Y1.	CHCP-CJ-CPO-02			Yes								
55	Criminal Justice	Community Payback Orders - Percentage of unpaid work placement completions within 6 months.	CHCP-CJ-CPO-03			Yes								
56	Criminal Justice	Volume and rate of violent crimes, including sexual crimes, per 10,000 population	SOA09PI - 007.4			Yes			Yes					
57	Health	Numbers of deaths, with age-standardised mortality rates, by year of death registration for Cancer		ISD	http://www.isdscotland.org/Health-Topics/Cancer/Cancer-Statistics/All-Types-of-Cancer/_					Yes				
58	Health	LTC – Asthma, COPD, Diabetes, CHD		Long Term Conditions	http://www.isdscotland.org/Health-Topics/Hospital-Care/Diagnoses/_					Yes				
59	Health	Numbers of deaths, with age-standardised mortality rates, by year of death registration for CHD		CHD Deaths	http://www.isdscotland.org/Health-Topics/Heart-Disease/Publications/index.asp_	Yes				Yes				
60	Health Improvement	Percentage of Adult population who smoke		Ash Scotland	http://www.ashscotland.org.uk/ash/4320_									
61	Health Improvement	Estimated percentage of children in P1 at risk of obesity		Child Health	http://www.isdscotland.org/Health-Topics/Child-Health/Child-Weight-and-Growth/_					Yes				
62	Health Improvement	Percentage of babies exclusively breastfeeding at First Visit/6-8 week review by year of birth		Child Health	http://www.isdscotland.org/Health-Topics/Child-Health/Infant-Feeding/_					Yes				
63	Health Improvement	Percentage of Children in Primary 1 with no obvious Dental Caries		NDIP	http://www.isdscotland.org/Health-Topics/Dental-Care/National-Dental-Inspection-Programme/					Yes				
64	Health Improvement	Number of patients and % population registered with an NHS dentist		ISD	http://www.scottishdental.org/library/isd-scotland-dental-statistics-publications/									
65	Mental Health	Warwick-Edinburgh Mental Well-being Scale (WEMWBS)		NHS Health Scotland	http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx_					Yes				
66	NHS Staff	Percentage of staff survey respondents who say they feel supported to do their job as well as possible.		NHSAA Staff Survey	http://www.nhsaaa.net/media/124704/sp230311.pdf_					Yes				
67	NHS Staff	Percentage of staff survey respondents who would recommend their organisation as a good place to work.		NHSAA Staff Survey	http://www.nhsaaa.net/media/124704/sp230311.pdf_					Yes				
68	NHS Staff	Percentage Satisfaction with health services (H&C Experience Survey)		Health and care Experience Survey	http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey_					Yes				

CHCP Performance Indicators and Target Report

PI Short Name	ER Outcome Delivery Plan	CHCP Organisational Performance Report	CHCP Committee Quarterly Report
% of people aged 65 or over with intensive needs receiving care at home	Y	Y	
% of service users moving from drug treatment to recovery service	Y	Y	
004.2 Percentage of obese children in primary 1		Y	
004.4 Low birth weight live singleton births as a % of total live singleton births		Y	
Absence: days lost for long-term absence as percentage of all days lost (all staff LA)		Y	Y
Absence: days lost for short-term absence as percentage of all days lost (all staff LA)		Y	Y
Absence: days lost per employee (all staff LA)		Y	Y
Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD1		Y	
Access to psychological therapies - % starting treatment within 18 weeks of referral - SIMD5		Y	
Access to psychological therapies among older people aged 65 and over		Y	
Adult Support and Protection - Average time to enquiry completion	Y		Y
Alcohol brief interventions - Brief interventions delivered	Y		Y
ASW2a: % of care staff with appropriate qualifications in council residential homes for older people			Y
Average number of working days taken to complete adult support and protection investigations	Y		
Balance of Care for looked after children: % of children being looked after in the Community	Y	Y	
Breastfeeding at 6-8 weeks most deprived SIMD data zones		Y	Y
By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	Y		
Cancer screening - bowel SIMD1		Y	
Cancer screening - bowel female SIMD1		Y	
Cancer screening - bowel female SIMD5		Y	
Cancer screening - bowel male SIMD1		Y	
Cancer screening - bowel male SIMD5		Y	
Cancer screening - bowel SIMD5		Y	
Cervical screening - SIMD1		Y	
Cervical screening - SIMD5		Y	
Child & Adolescent Mental Health - longest wait in weeks at month end		Y	Y
Child healthy weight interventions - no. completions		Y	
Citizens' Panel - Health and Social Care service for Adults		Y	
Citizens' Panel - Health and Social Care service for Children and Young People		Y	
Citizens' Panel % agree that their community supports older people	Y	Y	
Community Payback Orders - Percentage of reports allocated within 24 hours	Y		Y
Community Payback Orders - Percentage of unpaid work placement completions within 6 months	Y	Y	Y
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days	Y	Y	Y
Cumulative number of East Renfrewshire smokers living in the most deprived communities supported to successfully stop smoking		Y	Y
Delayed discharge: people waiting more than 28 days to be discharged from hospital into a more appropriate care setting		Y	Y
Delayed discharges bed days lost to delayed discharge	Y	Y	Y
Dental decay - P1 SIMD1		Y	
Dental decay - P1 SIMD5		Y	
Dental registration 3-5 years			Y
Did not attend outpatient appointment - female		Y	
Did not attend outpatient appointment - male		Y	
Did not attend outpatient appointment - SIMD Female		Y	
Did not attend outpatient appointment - SIMD1 Male		Y	
Dietetics - % of people waiting over target time at end of month			Y
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+	Y	Y	
Drug-related deaths per 100,000		Y	
EC4b: Proportion of Children's Hearing system reports submitted within target time			Y
EC6: Proportion of children ceasing to be looked after that attained at least one SCQF level 3			Y
First outpatient Did Not Attend (%)		Y	
Free personal and nursing care delivery within 6 weeks of confirmation of 'critical' or 'substantial' need.			Y
Home care costs for people aged 65 or over per hour £	Y		
Home care costs for people aged 65 or over per hour £		Y	
INCREASE - 005.1A Male Life expectancy at birth		Y	
INCREASE - 005.1B Female life expectancy at birth		Y	
INCREASE - 005.1B Female life expectancy at birth in 15 per cent most deprived communities		Y	
INCREASE - 005.1E Male life expectancy at birth in 15 per cent most deprived communities		Y	
Long-term Conditions All LTCs bed days		Y	
Long-term Conditions All LTCs crude admission rate per 100,000	Y	Y	Y
Long-term Conditions Asthma crude admission rate per 100,000		Y	
Long-term Conditions CHD crude admission rate per 100,000		Y	
Long-term Conditions COPD crude admission rate per 100,000		Y	
Long-term Conditions Diabetes crude admission rate per 100,000		Y	
Mental health hospital admissions (as a rate per 1,000 population)		Y	
Net Cost of Residential Care Services per Older Adult (+65) per Week	Y	Y	
Number of people self directing their care through receiving direct payments and other forms of self-directed support.	Y	Y	Y
Number of referrals to advocacy services		Y	
Number of smokers supported to successfully stop smoking.	Y	Y	Y
Number of staff undertaking routine sensitive enquiry		Y	
Number of suicides per 100,000 population.		Y	
People reporting 'being respected' needs fully met (%)	Y	Y	Y
People reporting 'feeling safe' needs fully met (%)	Y	Y	Y

People reporting 'having things to do' needs fully met (%)		Y	Y
People reporting 'living where you want to live' needs fully met (%)	Y	Y	Y
People reporting 'quality of life for carers' needs fully met (%)	Y	Y	Y
People reporting 'seeing people' needs fully met (%)	Y	Y	Y
People reporting 'staying as well as you can' needs fully met (%)		Y	Y
Percent positive Viewpoint responses to "Do you feel safe at home?" question.			Y
Percentage of care home residents with care home as palce of death		Y	
Percentage of carers of community care service users offered an independent carers assessment			Y
Percentage of CHCP (local authority) complaints received and responded to within timescale		Y	
Percentage of CHCP (NHS) complaints received and responded to within timescale		Y	
Percentage of CHCP local authority staff with Performance Review and Development (PRD) plans in place		Y	Y
Percentage of child protection re-registrations within 12 months of de-registration.	Y	Y	Y
Percentage of children looked after away from home who experience 3 or more placement moves		Y	Y
Percentage of clients waiting no longer than 3 weeks from referral received appropriate drug/alcohol treatment.			Y
Percentage of homecare clients aged 65+ receiving personal care			Y
Percentage of Licensed Premises passing Challenge 25 Integrity Test – Level 1	Y		
Percentage of newborn children exclusively breastfed at 6 - 8 weeks.		Y	Y
Percentage of NHS CHCP Staff with an e-KSF (Knowledge and Skills Framework) review in last 12 months		Y	Y
Percentage of parents who report that universal Triple P Parenting Programme has met their needs.	Y	Y	
Percentage of parents/carers reporting being kept informed during Child Protection investigation			Y
Percentage of parents/carers reporting that support and services had been helpful at Child Protection review			Y
Percentage of people aged 65+ who live in housing rather than a care home or hospital		Y	
Percentage of people aged 75 and over with telecare support		Y	
Percentage of people involved in Adult Support and Protection reporting reduced risk at review (from April 2012)	Y	Y	
Percentage of people waiting longer then 18 weeks for access to psychological therapies		Y	Y
Percentage of people with learning disabilities with an outcome-focused support plan	Y	Y	
Percentage of repeat referrals to Domestic Abuse Referral Group (DARG).	Y	Y	
Percentage of school pupils indicating an increase in their knowledge of gender based violence	Y		
Percentage of those whose care need has reduced following re-ablement.	Y	Y	
Percentage of time in the last six months of life spent at home or in a homely setting.		Y	
Physiotherapy - % of people waiting over target time at end of month			Y
Podiatry - % of people waiting over target time at end of month			Y
Primary care performance - cost per patient (unweighted)		Y	
Primary care prescribing performance		Y	
Primary care prescribing performance - cost per patient (weighted)		Y	
Proportion of new service users from black and minority ethnic communities			Y
Rate of alcohol related hospital admissions per 100,000 population.		Y	
Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population		Y	
Residents (%) dying in East Renfrewshire care homes as opposed to hospital	Y		
Sickness absence - long-term (%) NHS		Y	Y
Sickness absence - short-term (%) NHS		Y	Y
Sickness absence (%) NHS		Y	Y
Smoking in pregnancy		Y	
Smoking in pregnancy - deprived		Y	
The gross cost of "children looked after" in a community setting per child per week £	Y	Y	
The gross cost of "children looked after" in residential based services per child per week £	Y	Y	
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.		Y	
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.		Y	
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.		Y	

AT A GLANCE BOARD PERFORMANCE REPORT - 2015-16 LOCAL DELIVERY PLAN STANDARDS

PREVENTING ILL HEALTH AND EARLY INTERVENTION

Ref	Type	Local Delivery Plan Standard	MONTH, QTR or YTD	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
1	LDPS	Early diagnosis and treated in first stage cancer	Quarterly				29%		
2	LDPS	Suspicion of Cancer Referrals (62 days)	Monthly				95%		
3	LDPS	All Cancer Treatments (31 days)	Monthly				95%		
4	LDPS	***Alcohol Brief Interventions***	Quarterly				TBC		

SHIFTING THE BALANCE OF CARE

Ref	Type	Local Delivery Plan Standard	MONTH, QTR or YTD	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
5	LDPS	A&E max. 4 hours wait	Monthly				95%		
6	HSCI	***Delayed Discharge > 14 days***	Monthly				0%		
7	HSCI	***Delayed Discharge > 72 hours***	Monthly				TBC		
8	HSCI	***Acute bed days lost to delayed discharge***							
		All patients	Monthly				TBC		
		AWI patients	Monthly				TBC		
9	LDPS	***GP Access***	Annually				90%		
10	LDPS	***GP Advance Booking***	Anually				90%		

RESHAPING CARE FOR OLDER PEOPLE

Ref	Type	Local Delivery Plan Standard	MONTH, QTR or YTD	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
11	LDPS	**Number of people newly diagnosed with dementia in receipt of 1 years post diagnostic support**	Monthly				TBC		

IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS

Ref	Type	Local Delivery Plan Standard	MONTH, QTR or YTD	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
12	LDPS	18 Week Referral To Treatment (RTT)							
		Combined Admitted / Non Admitted	Month				90%		
		Combined Linked Pathway	Monthly				80%		
13	LDPS	12 week Treatment Time Guarantee (TTG)							
		Inpatient	Monthly				100%		
		Outpatient	Monthly				100%		
14	LKPI	Patient unavailability							
		Inpatient / Day Case	Monthly				N/A	GREY	
		Outpatient	Monthly				N/A	GREY	
15	LKPI	Number of patients waiting < 4 weeks for diagnostic test	Monthly				0		
16	LDPS	% of new outpatient appointments < 12 weeks	Monthly				95%		
17	LDPS	% of eligible patients commencing IVF treatment within 12 months	Quarterly				90%		
18	LDPS	***Specialist Child and Adolescent Mental Health Services***	Monthly				90%		
19	LDPS	***% patients waiting <18 weeks for referral to treatment for psychological therapies***	Monthly				90%		
20	LDPS	***Drug and Alcohol: % of patients waiting < 3 weeks from referral to appropriate treatment***	Quarterly				90%		
21	LDPS	SAB Infection rate (cases per 1,000 OBD)	Rolling Yr Qtr				0.24		
22	LDPS	C.Diff Infections (cases per 1,000 OBD)	Rolling Yr Qtr				0.32		
23	LDF	***Significant Clinical Incidents***	Quarterly						
24	LDF	***% of Complaints responded to with 20 working days***							
25	LDPS / LDF	***Financial Performance***	Monthly				Breakeven		
26	LDPS / LDF	***Sickness Absence***	Monthly				4%		
		Long Term	Monthly				N/A	GREY	
		Short Term	Monthly				N/A	GREY	

TACKLING INEQUALITIES

Ref	Type	Local Delivery Plan Standard	MONTH, QTR or YTD	As At	2014-15 Actual	2015-16 Actual	2015-16 Target	Perform Status	Dir of Travel
27	LDPS	***80% of pregnant women in each SIMD qintile have access to Antenatal Care at 12 week gestation***	Quarterly				80%		
28	LDPS	***Smoking Cessation - number of successful quitters at 12 weeks post quit (40% SIMD areas)***	Quarterly				TBC		

Key	
LDPS	Local Delivery Plan Standard
HSCI	Health and Social Care Indicator
LDF	Local Delivery Framework
LKPI	Local Key Performance Indicator

RED	On target or better
AMBER	Adverse variamce of up to 5%
GREEN	Adverse variance of more than 5%
GREY	No Target

Performance Measures
Number of acute bed days lost to delayed discharges (inc AWI)
Number of acute bed days lost to delayed discharges for Adults With Incapacity
Number of acute delayed discharges (within period)
Delayed Discharges (at census)
Delayed Discharge > 28 days
Delayed Discharge < 28 days
Delayed Discharge > 28 days exception codes
Delayed Discharge < 28 days exception codes
Delayed Discharges (at census)
Delayed Discharge > 14 days
Delayed Discharge < 3 days (72 hours)
Delayed Discharge > 14 days exception codes
Delayed Discharge < 3 days (72 hours) exception codes
Unplanned acute bed days (65 +)
Unplanned acute bed days 65 + rate / 1,000 pop
Unplanned acute bed days (75 +)
Unplanned acute bed days 75 + rate / 1,000 pop
Number of emergency admissions 65+
Emergency admissions 65+ Rate /1,000 pop
Number of unplanned admissions by SIMD:
SIMD Quintile 1
SIMD Quintile 2
SIMD Quintile 3
SIMD Quintile 4
SIMD Quintile 5