

Report To: Inverclyde Integration Joint Board **Date:** 12 June 2017

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/25/2017/HW

Contact Officer: Helen Watson
Head of Service
Strategy and Support Services **Contact No:** 01475 715285

Subject: PERFORMANCE EXCEPTIONS REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to present a sample of performance exceptions data to the Inverclyde Integration Joint Board that reflects a balanced overview of performance across the four Heads of Service Areas of the HSCP.

2.0 SUMMARY

- 2.1 The measures have been selected from our quarterly performance service reviews to evidence areas of positive and negative performance and to highlight the actions we will put in place in order to improve performance in those areas.

3.0 RECOMMENDATIONS

- 3.1 Members of the Integration Joint Board are asked to note performance within the report acknowledging the actions planned to assist in continuous improvement.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Performance Exceptions Report presents a sample of performance data to the Inverclyde Integration Joint Board that reflects a balanced overview of performance across the four Heads of Service areas of the HSCP. The measures used have been related to the nine National Wellbeing Outcomes, so that this report can be regarded as supplementary to our progress reporting on those outcomes.
- 4.2 Due to the complexity of HSCP business, it is not possible to report on every aspect of our work, however IJB members can ask for specific reports if they would like to have a greater focus on any individual area.

5.0 IMPLICATIONS

FINANCE

There are no financial implications from this report.

5.1 Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

- 5.2 There are no legal implications from this report

HUMAN RESOURCES

- 5.3 There are no implications from this report

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO –

How does this report address our Equality Outcomes?

The intelligence contained in this report reflects on the performance of the HSCP against the equality outcomes.

- a) **People, including individuals from the above protected characteristic groups, can access HSCP services.**

The report provides both qualitative and quantitative data on contacts, presentations, referrals and activity on behalf of or directly with service users. This includes those with protected characteristics and people in our community who are harder to reach.

- b) **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

The same high standards are expected for services addressing the full range of vulnerabilities without discrimination or stigma

- c) **People with protected characteristics feel safe within their communities.**

The report demonstrates our performance in keeping service users safe from harm and providing support to enable people to feel safe in their communities and localities.

- d) **People with protected characteristics feel included in the planning and developing of services.**

The performance of the HSCP in relation to inclusion of people with protected characteristics is captured in the report. There are many campaigns and innovative ways to get people involved in the development of HSCP services. These include direct service involvement, the advisory networks surveys communications and policy and planning development. Service user, carer and partners and other stakeholders are represented on our Integration Joint Board, Strategic Planning Group and in all our planning forums across all service areas. Feedback is used continuously to improve overall planning and performance.

- e) **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.**

Quarterly Service Reviews are used to inform discussions around the delivery of services to people with protected characteristics.

- f) **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

This Performance Exception Report contains intelligence relating to all service user groups including people with protected characteristics.

- g) **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

The report includes the data on training and awareness raising which the HSCP has provided to promote positive behaviour toward the resettlement and of refugees.

5.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no clinical or care governance implications.

5.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes?

Throughout the report, service specific objectives are aligned to the relevant National Wellbeing Outcomes.

- a) **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

Inverclyde Integrated Alcohol services provide support to individuals experiencing alcohol related problems. The service also works with local groups, families, organisations and communities who are concerned with reducing harm caused by alcohol misuse.

- b) **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.**

The hospital discharge measure provides evidence that people are being supported to live at home or as independently as possible in their own community. The increase in Self Directed Support options one and two demonstrates that people are enabled by having choice, control and responsibility over how their support is achieved.

- c) **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

This is reflected in the measure for complaints not only being used to achieve the response within the agreed timeline but to improve the quality of response and reducing the level of appeals to the next stage of the complaints procedure.

- d) **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

This is reflected in the measure for the 30 Month Assessment. Although in its infancy Inverclyde has carried out more than the required number of reviews and has committed to further evaluating why some children are not meeting their development milestones.

- e) **Health and social care services contribute to reducing health inequalities.**

This measure is reflected in the Homelessness Housing Outcomes. The results of the commitment by the partners in Inverclyde can be evidenced by the biggest reduction in Scotland in the last 3 years.

- f) **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

Inverclyde HSCP recognises the invaluable contribution made by carers in providing care for family and friends and enabling many individuals to continue living in the community. The service recognises the importance of informal carers and works closely with the Inverclyde Carers Centre to provide this support for carers.

- g) **People using health and social care services are safe from harm.**

All policies and procedures across the HSCP support the Health and Safety of both staff and service users. The ethical values require that when generally recognised standards do not exist with respect to an emerging area of practice, social work staff should exercise careful judgment and take responsible steps to ensure the competence of their work and to protect clients from harm.

- h) **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.**

This is reflected in the measure for the total number of Freedom of Information Requests received during the period of this report.

- i) **Resources are used effectively in the provision of Health and Social Care.**

The measure for the number of involvements and days taken for a case to be allocated within Learning Disabilities Services highlights the benefit of reporting data activity for managers to monitor performance and resources.

6.0 CONSULTATION

6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers.

7.0 LIST OF BACKGROUND PAPERS

7.1 None.

Performance Exceptions Report

June 2017

Table of Contents

Service Area	Exceptions Measure	National Health and Wellbeing Outcome	Page
MHAH	Homelessness Housing Outcomes	(5)Health and social care services contribute to reducing health inequalities.	3
MHAH	Dementia Post Diagnostic Support – 5 Pillar outcomes	(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	6
MHAH	Alcohol Services – 1 st Referral to Treatment	(1)People are able to look after and improve their own health and wellbeing and live in good health for longer.	10
HCCPC	Learning Disabilities Waiting Times	(9)Resources are used effectively and efficiently in the provision of health and social care services	12
HCCPC	Inverclyde Discharges with a Social Care Support Package	(2)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.	14
SASS	Freedom Of Information	(8) 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.	16
SASS	Complaints	(3)People who use health and social care services have positive experiences of those services, and have their dignity respected.	18
CFCJ	Balance of Care – Placement Types	(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	22
CFCJ	30 Month Assessment	(4)Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	24
CFCJ	Community Payback Orders (CPO) Unpaid Work	(5) Health and Social Care Services contribute to reducing health inequalities	26

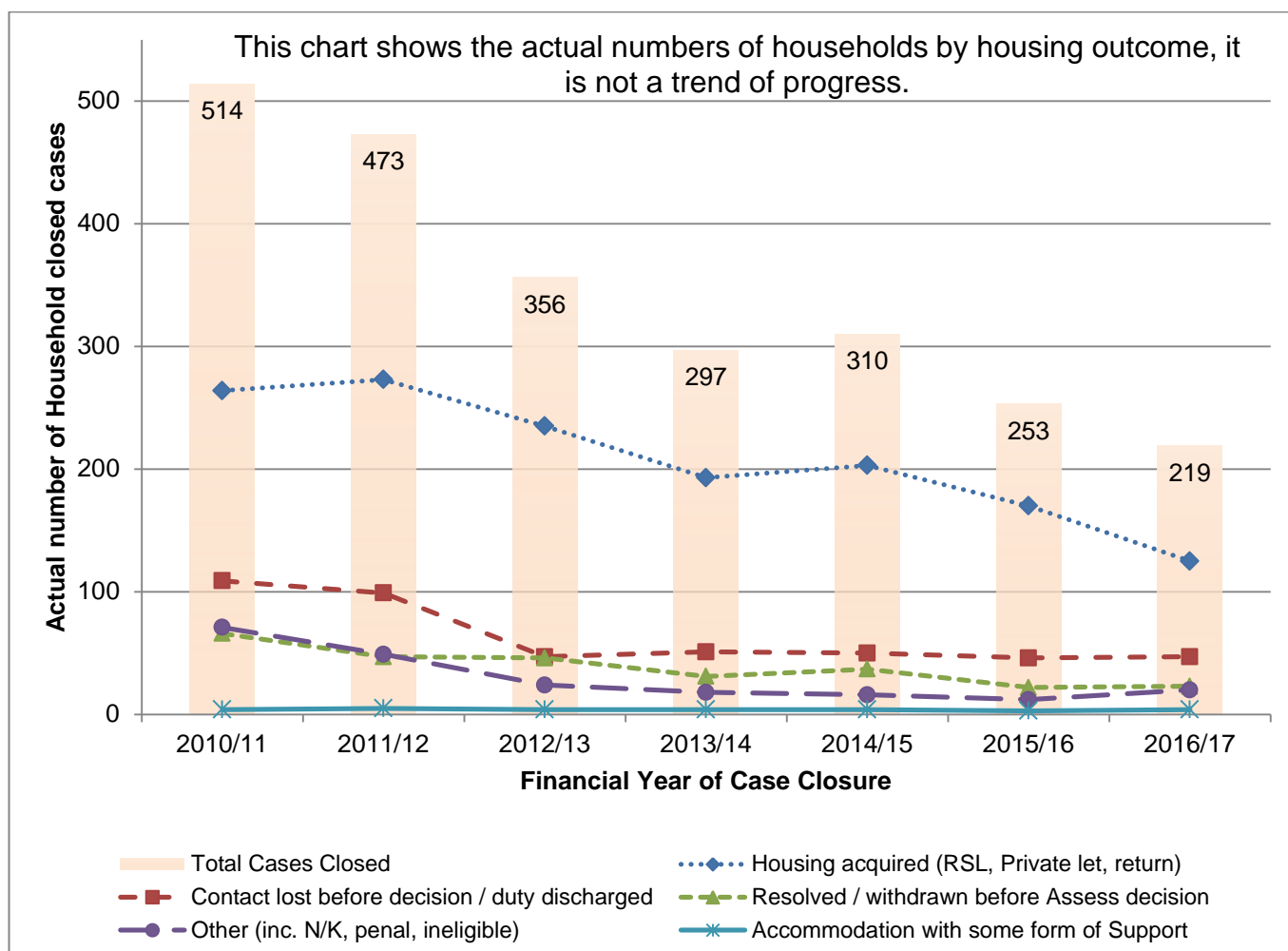
MHAH: Homelessness Housing Outcomes

Objective	Those in a homeless situation are settled into a permanent tenancy that they are able to maintain.
National Wellbeing Outcome	(5) Health and social care services contribute to reducing health inequalities.
Measure	Housing Outcomes of all cases closed – Duty Discharged
Current Performance	58.91% accommodated, 10% withdrawn, 21.46% lost contact, 9.13% other.

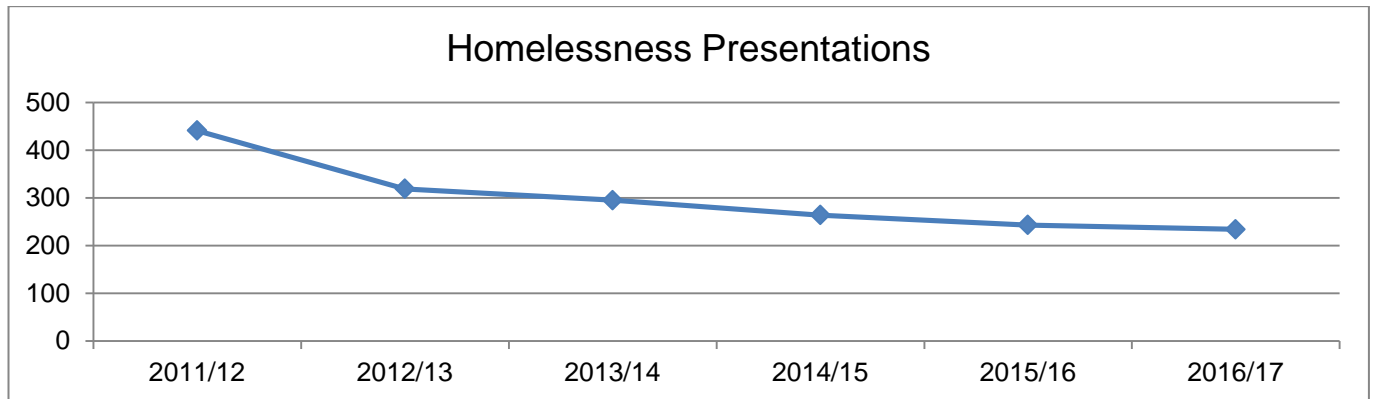
Housing Outcome of all cases closed (Duty Discharged) by Financial Year

Number of actual cases closed by housing outcome

Financial Year of Duty Discharged	Housing acquired (RSL, Private let, return)	Contact lost before decision / duty discharged	Resolved / withdrawn before Assess decision	Other (N/K, penal, ineligible)	Accommodation with some form of Support	Total Cases Closed
2010/11	264	109	66	71	4	514
2011/12	273	99	47	49	5	473
2012/13	235	47	46	24	4	356
2013/14	193	51	31	18	4	297
2014/15	203	50	37	16	4	310
2015/16	170	46	22	12	3	253
2016/17	125	47	23	20	4	219
Grand Total	1463	449	272	210	28	2422



Number of Homelessness Presentations					
2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
441	319	295	264	243	234



Commentary

The prevention and alleviation of homelessness and the provision of housing support services is a key priority for the Local Housing Strategy and links to the Inverclyde Council and community planning framework. The key local strategies and framework which underpin homelessness provision in Inverclyde are:

- Inverclyde Council Plan
- Single Outcome Agreement for Inverclyde
- Health and Homelessness Action Plan
- Health and Social Care Partnership Strategic Plan
- Inverclyde Integrated Children's Services Plan.

As Inverclyde is a stock transfer authority it has no housing stock to house homeless households. Therefore it uses powers under Section 5 of the Housing (Scotland) Act 2001 to require housing associations to give `reasonable preference` to homeless households and to provide accommodation for those households assessed as being unintentionally homeless and in priority need by the local authority.

Inverclyde has had the biggest fall in homelessness presentations (39%) across Scotland during the period 2012/13 to 2015/16.

Housing outcomes are recorded on closed cases only. For all cases closed in each financial year, consistently over 50% are housed within RSL let, private let and return to family home. An average 10% of all cases closed are resolved or withdrawn before the assessment decision.

Inevitably, there are instances where service users lose contact and this can be for a variety of reasons, including prison sentences, or independently sourcing accommodation.

Actions

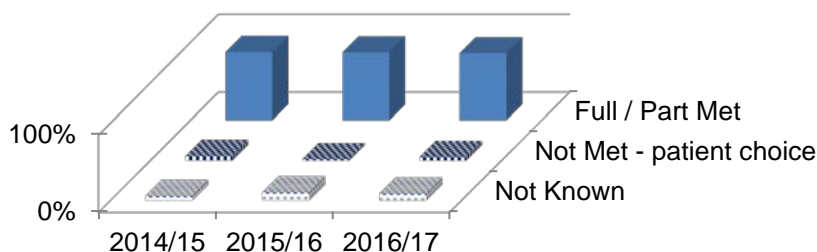
- 1.** The Homelessness Service will continue to monitor this performance on a quarterly basis through the Mental Health, Addictions and Homelessness Quarterly Service Review (QSR).
- 2.** The service continues to work with the Registered Social Landlords (RSLs) to access permanent accommodation for those in need via the Section 5 process highlighted in the commentary above.
- 3.** The service will monitor `lost contact` decisions and repeat applications to identify and address issues.
- 4.** The service will explore options with Community Planning Partners for joint commissioning of community support models and explore models of support and intervention to prevent Multiple Exclusion Homelessness (MEH).
- 5.** The service will explore ways to improve access to the Private Rented Sector to aid wider housing opportunities.
- 6.** The Housing Partnership Group will take forward actions within the Housing Contribution Statement, which forms part of the HSCP Strategic Plan.
- 7.** The service will increase the availability of Housing Options Advice in relation to the Private Rented Sector (PRS) and pursue financing opportunities to develop a Rent Deposit Guarantee Scheme.
- 8.** The service will strengthen existing partnerships to ensure people with complex needs are pro-actively supported in a consistent basis to sustain accommodation.
- 9.** The service will review cross-landlord housing options advice in response to published guidance.
- 10.** The service will work to mitigate the impact of welfare reform on the supply of temporary accommodation and ensure the most appropriate and affordable mix of temporary and supported accommodation is available to meet needs.
- 11.** The partners will improve the quality and consistency of joint efforts to address housing, health and social care needs of homeless people.

MHAH: Dementia – Post Diagnostic Support (PDS)

Objective	All people newly diagnosed with dementia will be allocated a link worker within twelve weeks of diagnosis and have a minimum of twelve months post-diagnostic support. Inverclyde works within a five pillar model of support and works with individuals and their families to achieve this within the twelve month period.
National Wellbeing Outcome	(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Measure	Dementia PDS - Outcome of Five Pillars for Patients / Service Users who completed the minimum 12 months support by financial year of date of completion of support.
Current Performance	The waiting time for individuals from point of referral being received is currently between 18 and 20 weeks. If taken from point of diagnosis an additional two to three weeks should be added to these time scales. Once people are allocated a link worker the 5 Pillars are met consistently, except for "Peer Support Status", however, this is predominantly due to patient choice.

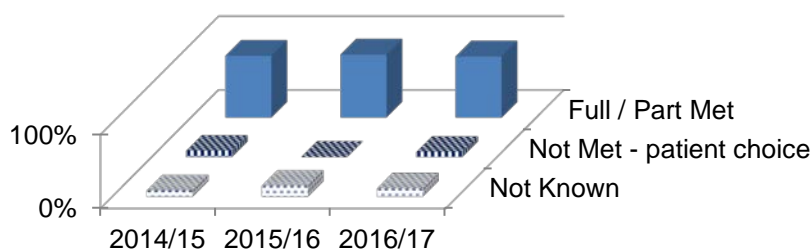
Understanding the illness and managing symptoms	2014/15	2015/16	2016/17
Full / Part Met	43	48	130
Not Met - patient choice	3	1	7
Not Known	3	6	14

% breakdown for 12months of completed PDS (manage illness)



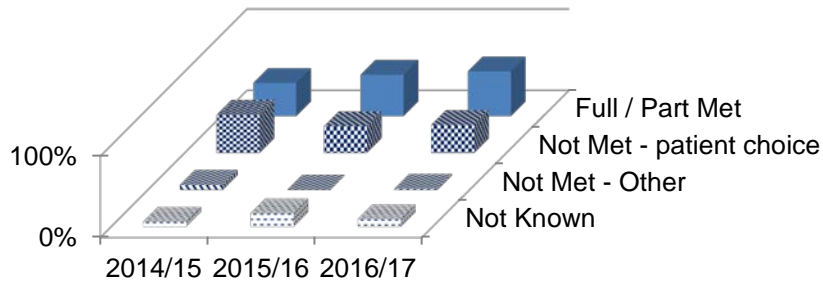
Planning for future care	2014/15	2015/16	2016/17
Full / Part Met	41	47	125
Not Met - patient choice	4		10
Not Known	4	8	16

% breakdown for 12months of completed PDS (future care)



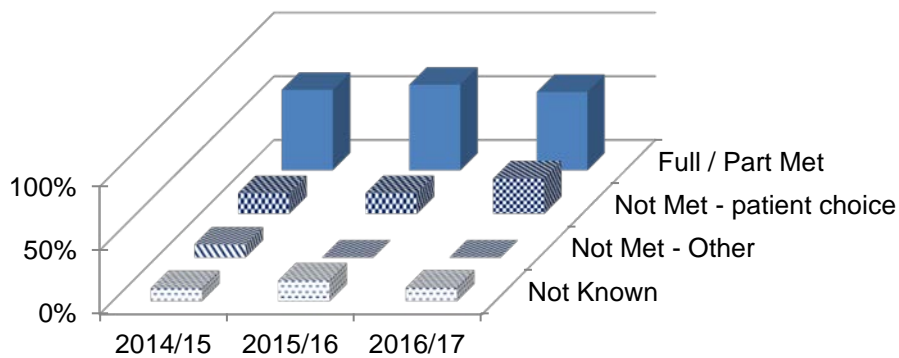
Peer support	2014/15	2015/16	2016/17
Full / Part Met	20	28	83
Other	3		2
Not Met - patient choice	23	18	52
Not Known	3	9	14

% breakdown for 12months of completed PDS (peer support)



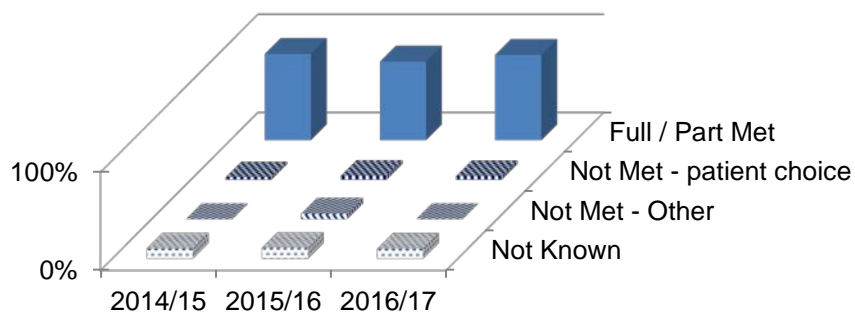
Supporting community connections	2014/15	2015/16	2016/17
Full / Part Met	31	37	93
Not Met - Other	5		
Not Met - patient choice	8	9	42
Not Known	5	9	16

% breakdown for 12months of completed PDS (community connect)



Planning for future decision-making	2014/15	2015/16	2016/17
Full / Part Met	43	44	131
Not Met - Other		3	
Not Met - patient choice	1	2	5
Not Known	5	6	15

% breakdown for 12months of completed PDS (decision making)



Commentary

Following a dementia diagnosis, a patient is referred to the PDS service by the Consultant Psychiatrist. The NHS Greater Glasgow and Clyde target is that all individuals should have their first contact with a link worker within twelve weeks of diagnosis. At present Inverclyde makes contact with individuals at approximately 23 to 24 weeks post diagnosis.

Individuals are allocated a Link Worker who will be available to them for a minimum of twelve months from point of first contact.

The twelve months support is structured to support individuals to achieve the goals identified within the Five Pillar model. This includes;

1. Understanding the diagnosis, and support to come to terms with the diagnosis and manage symptoms.
2. Planning for the future.
3. Peer Support.
4. Support from community connections.
5. Planning for future decision making.

The programme is centred on helping to maintain or improve the quality of life of people who are living with dementia. Cases are defined as active or inactive. Inactive cases would be individuals who have:-

- Refused the service at first point of contact. They can opt back into the service at any time over the next twelve months.
- Have achieved all of the Five Pillars.
- Have achieved some of the Five Pillars but have opted out of the rest.

Support to individuals is person-centred which enables some to achieve the Five Pillars well before the minimum twelve months is reached while others require ongoing support. The Peer Support Pillar graph indicates a higher number of "not met" however this is not met through patient choice. A recent development of the service has been the pilot of a 'drop in' clinic which is held twice per month at separate locations. All newly referred individuals are informed of this facility in a letter and this enables individuals and their carers to seek support prior to the allocation of a link worker or for open cases to make contact with a link worker should they wish to do so. If contact is made with a link worker their status will automatically become 'active'. It is hoped that this will ensure individuals who require support sooner are able to access it. It is also hoped that this will have a positive impact on the waiting list. Outcomes for this pilot will be reviewed within three months.

Between April 2016 and March 2017 there have been 172 referrals to the PDS service. At present there are

- 72 active cases
- 29 inactive cases
- 15 cases have been allocated but first contact has still to be made
- 45 unallocated cases

There is often a delay of three to four weeks between date of diagnosis and the service receiving the referral from the Consultant Psychiatrist.

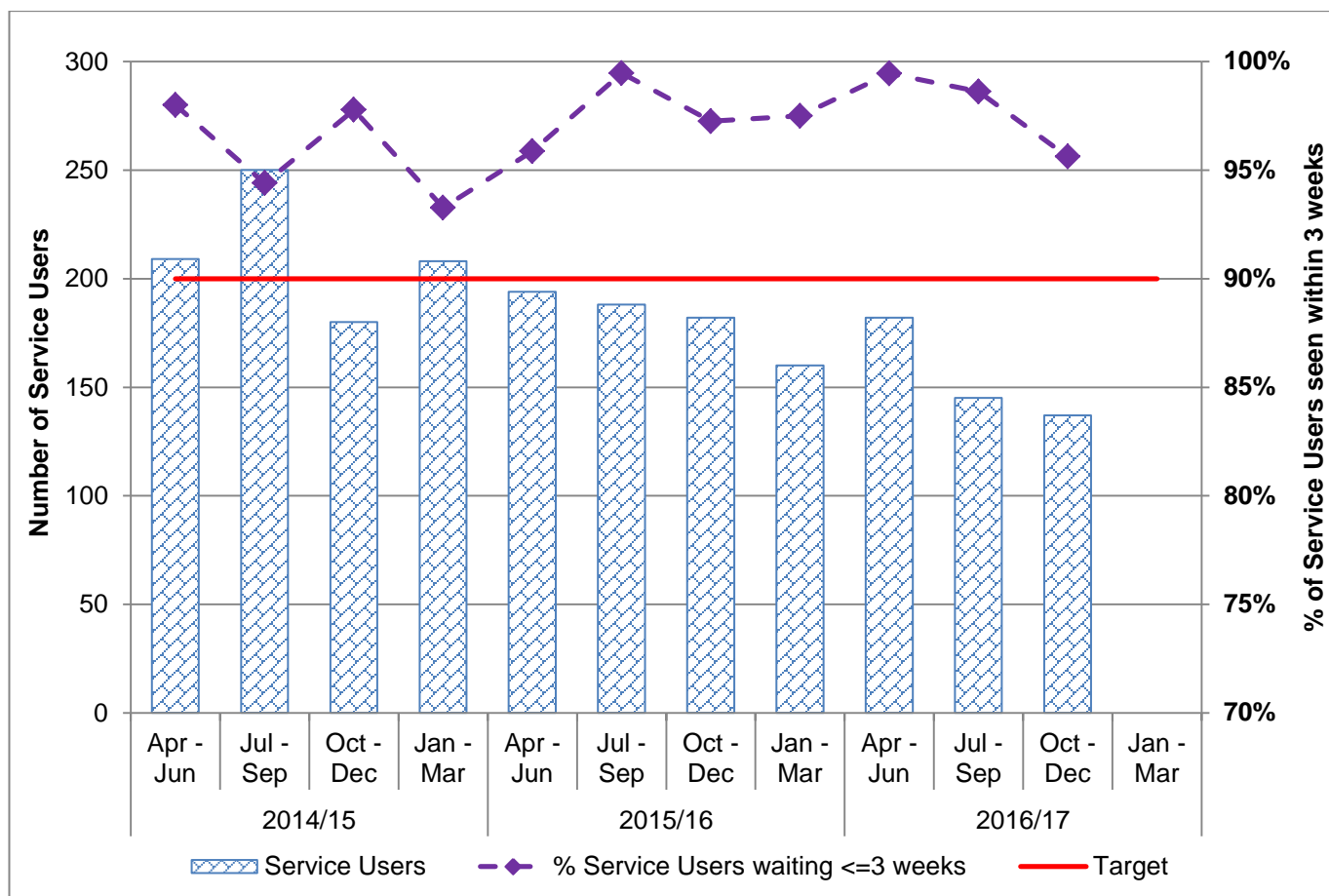
Actions

- 1.** The 'Drop In' clinic pilot has commenced and will be reviewed in July 2017 with consideration being given to level of uptake, the impact on the waiting list and the case loads of link workers.
- 2.** The service will explore and test options to reduce the time-scale between point of diagnosis and receiving of referral.
- 3.** Performance will continue to be monitored in the Mental Health, Addictions and Homelessness Quarterly Service Review (QSR).

MHAH: Alcohol Services – Referral to 1st Treatment

Objective	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
National Wellbeing Outcome	(1) People are able to look after and improve their own health and wellbeing and live in good health for longer.
Measure	Referral to 1 st Treatment: Alcohol Services - 90% of clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.
Current Performance	Oct 2016 to Dec 2016 – 95.62%.

Healthy	2014/15				2015/16				2016/17			
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
Service Users	209	250	180	208	194	188	182	160	182	145	137	
Clients waiting <=3 weeks	206	236	176	194	186	187	177	156	181	143	131	
% Service Users waiting <=3 weeks	98.00 %	94.40 %	97.78 %	93.27 %	95.88 %	99.47 %	97.25 %	97.50 %	99.45 %	98.62 %	95.62 %	
Clients waiting >3 weeks	3	14	4	14	8	1	5	4	1	2	6	



Commentary

The Scottish Government set a target that 90% of people who need help with their alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was previously one of the national Health Improvement, Efficiency, Access, Treatment (HEAT) targets and is now a Local Delivery Plan (LDP) standard.

The first stage in supporting people to recover from alcohol problems is to provide a wide range of services and interventions for individuals and their families that are recovery-focused, good quality and that can be accessed when and where required.

Over the last 3 years, Integrated Alcohol Services have consistently exceeded the waiting times target and this reflects the robust monitoring and management of referral, allocation and appointment processes.

The number of new referrals to the service has been steadily reducing over the timeframe reflected in the graph. We believe that this is a reflection of some of the successful preventative work that the team delivers, aimed at people whose alcohol consumption might be of concern, but have not reached a stage of needing therapeutic intervention.

Actions

1. Performance will continue to be monitored in the Quarterly Performance Service Review.

HCCPC: Learning Disabilities Waiting Times

Objective	To allocate involvements to the Community Care Cathcart Team to a worker within 10 working days.
National Wellbeing Outcome	(9) Resources are used effectively and efficiently in the provision of health and social care services.
Measure	Number of involvements and days taken to be allocated to a worker.
Current Performance	68% of involvements in 2016/17 still awaiting allocation or closure within SWIFT. 32% allocated within prescribed timeframe.

DEMAND and CAPACITY: Waiting Lists

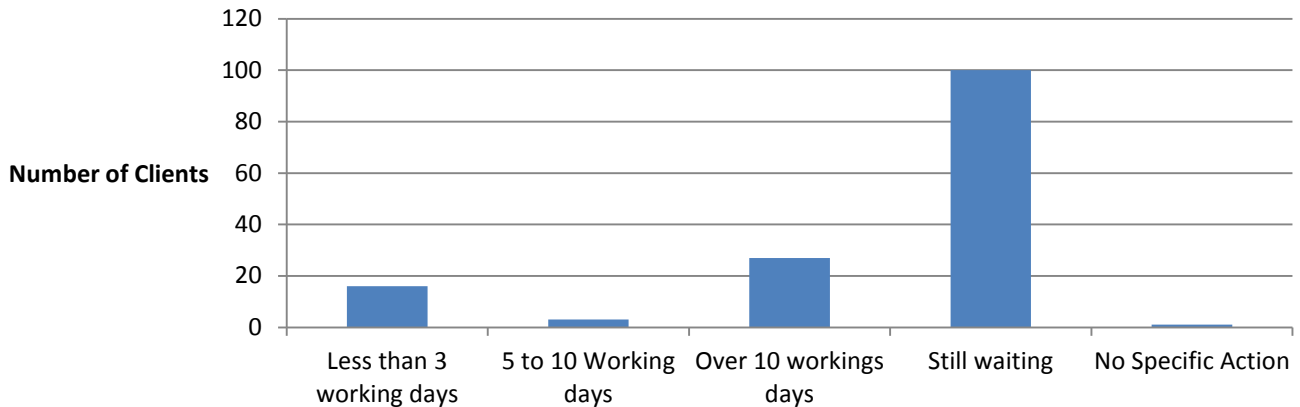
The SWIFT electronic data system records new referrals, how many requests for service have come in each month, and when they are allocated to a worker. The time period each referral is waiting is depicted below on the “still waiting” line showing how many have been waiting each month (not carried over).

This highlights that 100 individual referrals were made to the Learning Disabilities Team over the year from April 2016 to March 2017, with 27 of these waiting more than 10 working days to be allocated to a worker.

2016 / 2017

Waiting Period	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Still waiting	5	6	1	11	9	6	2	11	12	13	6	18
Less than 3 working days		4	5		2	1	1			1	1	1
No Specific Action			1									
5 to 10 Working days			1	1	1							
Over 10 workings days	6	4	5	4	4	1	1				2	
TOTAL Intake (Demand)	11	14	13	16	16	8	4	11	12	14	9	19

2016/17 Waiting Periods for Cathcart Team



Commentary

The “still waiting” figures are higher than we want them to be, with individual service users and families kept waiting longer than desired for allocation or feedback on why the referral to this team was not appropriate. Proactive action is being taken across the team to ensure waiting times are reduced.

The Integrated Learning Disability team is now holding joint referral/allocation meetings on a weekly basis and is striving to attend to all new referrals within 5 working days.

Although there is a backlog of old referrals which require to be addressed, individuals making referrals to the team are being contacted by telephone and dealt with promptly, to ensure there is clear and timely access to the service.

As some professions in the Community Learning Disability Team, such as psychology and psychiatry, carry waiting lists, there will be initial screening undertaken resulting in a period of waiting for less urgent referrals. This will be managed in a person-centred way.

Urgent referrals are being dealt with through the Duty Worker system with most queries responded to on the same day.

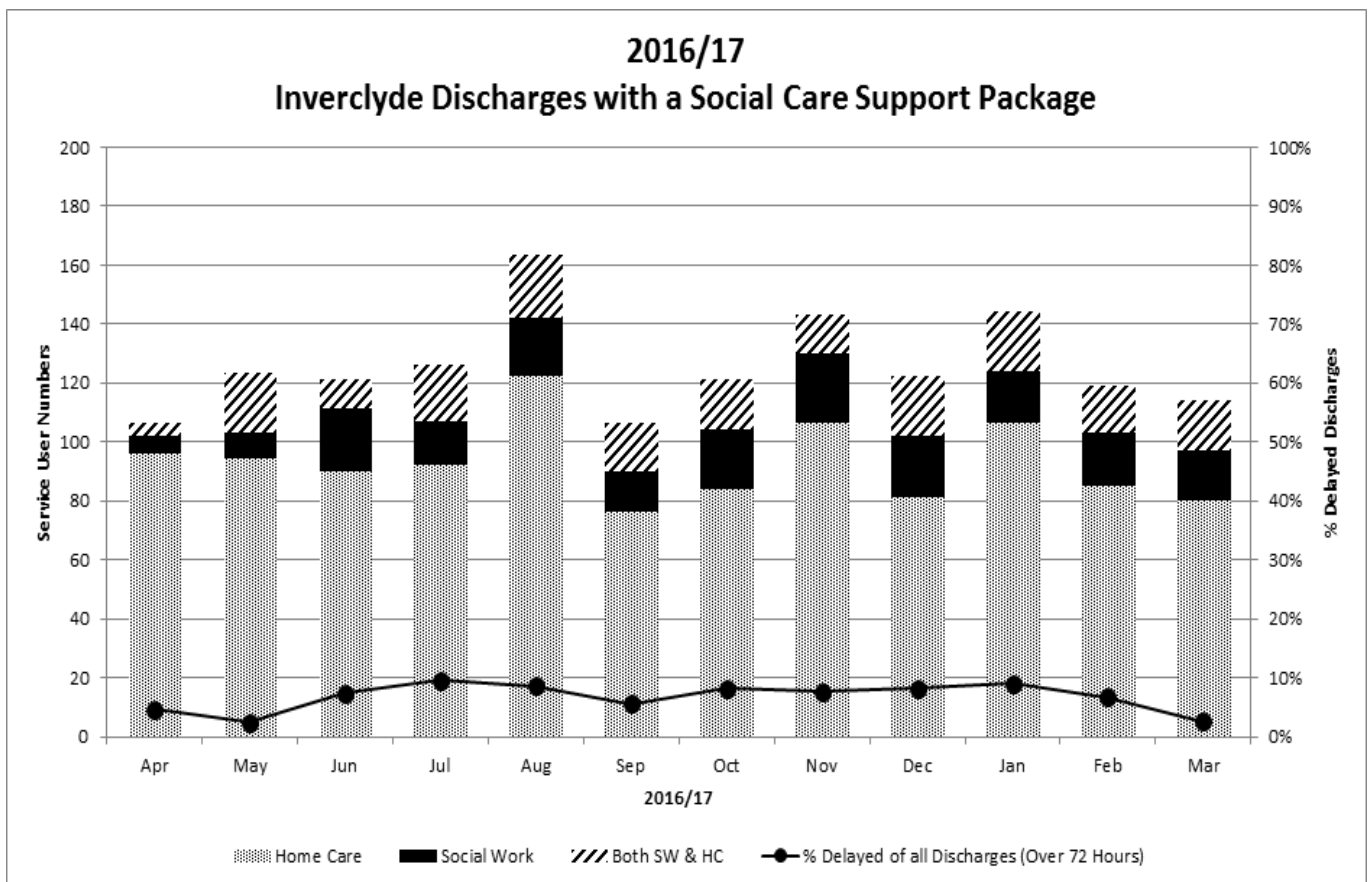
Actions

1. Team caseloads are now being reviewed by the new Integrated Operations Co-ordinator. This will allow prioritisation of allocation and monitoring of assessment and care management activity and capacity.

HCCPC: Inverclyde Hospital Discharges with a Social Care Support Package

Objective	Inverclyde residents are discharged from hospital with a social care support plan in place within 72 hours of being deemed medically fit.
National Wellbeing Outcome	(2) 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.
Measure	Total number of Inverclyde hospital discharges with a Social Care package and % delayed (over 72 hours).
Current Performance	For 2016/17 93.1% of discharges were either on the day of becoming medically fit or within 72 hours of this decision.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Home Care	96	94	90	92	122	76	84	106	81	106	85	80
Social Work	6	9	21	15	20	14	20	24	21	18	18	17
Both SW & HC	4	20	10	19	21	16	17	13	20	20	16	17
Delay (included above)	5	3	9	12	14	6	10	11	10	13	8	3
% Delayed of all Discharges (Over 72 Hours)	4.70%	2.40%	7.40%	9.50%	8.60%	5.70%	8.30%	7.70%	8.20%	9.00%	6.70%	2.60%



Commentary

There were 104 individuals whose hospital discharges were delayed in the year April 2016 to March 2017, mainly because of family or service users exercising choice over a care home; care home place of choice not being available or complications over the assessment and discharge process.

Inverclyde's performance around facilitating discharge has meant that in the reporting year 2016/17, 93.1% of these discharges were either on the day of becoming medically fit for discharge or within 72 hours of this decision. On a month by month basis we achieved discharge within 72 hours in over 90% of cases.

With staff working with colleagues at Inverclyde Royal Hospital, this continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge.

As a result, the majority of individuals are assessed and discharged home as soon as they are deemed medically fit, including those requiring a home care package and residential care placement.

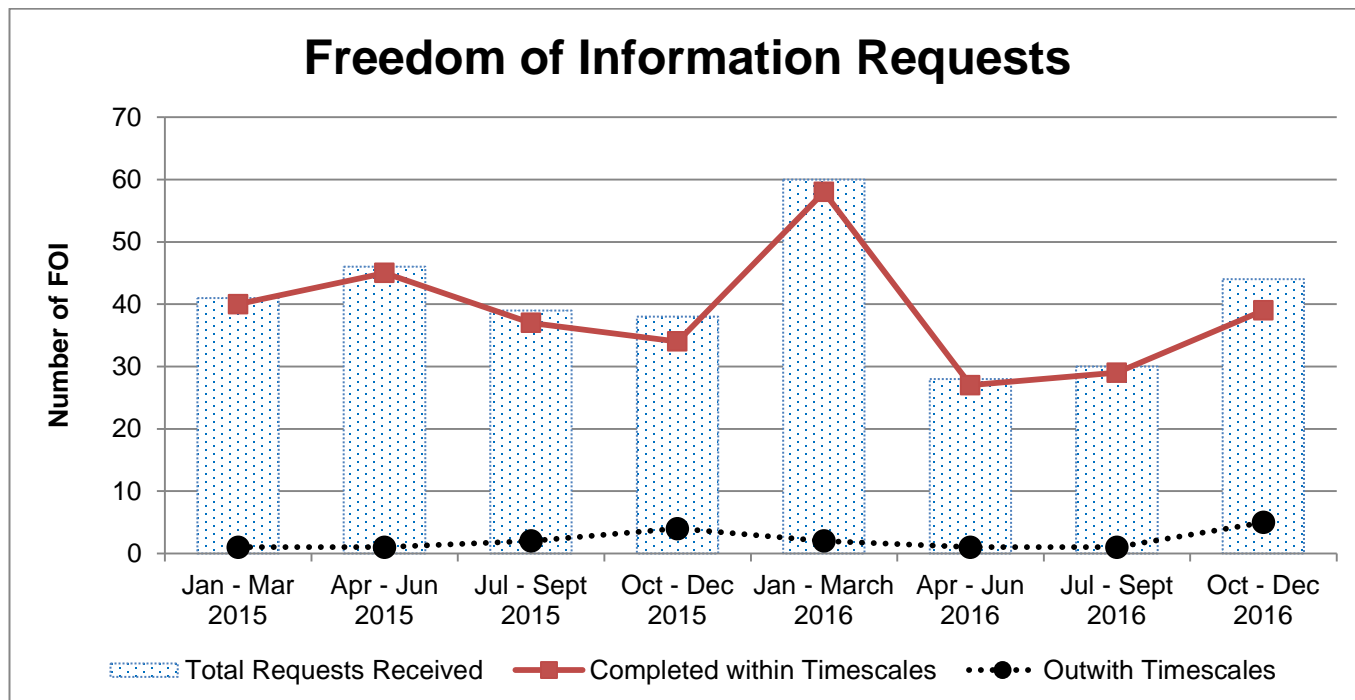
Actions

1. We will continue to record delayed discharges in line with the 72 hour target.
2. We will record actual bed days lost and the impact of such.
3. We will continue working with primary care and acute sector colleagues to address the number of inappropriate admissions to hospital including provision of a step up service, Elderly Care Assessment Nurse and Allied Health Professional In reach to Accident and Emergency through the 'Home First' methodology.

SASS: Freedom of Information Requests (FOI)

Objective	To reply to all FOIs within agreed timescale.
National Wellbeing Outcome	(8) 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.
Measure	Total FOI requests received; numbers completed within and outwith timescales.
Current Performance	% completed within prescribed timescale consistently in the high 90s – the 4th quarter of both 2015 & 2016 being the exception to this dropping to 90 and 89% respectively.

	Jan - Mar 2015	Apr - Jun 2015	Jul - Sept 2015	Oct - Dec 2015	Jan - March 2016	Apr - Jun 2016	Jul - Sept 2016	Oct - Dec 2016
Total Requests Received	41	46	39	38	60	28	30	44
Completed within Timescales	40	45	37	34	58	27	29	39
Outwith Timescales	1	1	2	4	2	1	1	5



Commentary

Inverclyde HSCP continually performs to a high standard when returning FOI requests within the prescribed timescales. Robust co-ordination of FOIs is a key element in ensuring such requests reach relevant staff within the desired services as early as possible.

Once received by the correct staff members, informed decisions can then be made to maximise the speed and accuracy of information supplied. Decisions such as:-

- Is the FOI request feasible? Do we have the information?
- If so, do we have the staff to resource it?
- If the staff resource is likely to be substantial should a charge be applied?
- Is the information being requested already published elsewhere? Can the person making the request be signposted to the relevant website/publication?

The drop in those requests completed within time in the 4th quarter of both 2015 and 2016 may be due to the time of year and as a result of staff sickness and annual leave. This will require to be analysed further, and the analysis will be reported to the IJB as part of our Freedom of Information Annual Report.

Actions

1. Analysis of the small numbers of 'completions outwith timescales' to ascertain if this is within a particular service or across services. This will help identify where additional assistance is required to ensure completion and compliance with future FOIs.
2. Specific analysis structured around the last quarter of each year to possibly put additional provisions in place for this quarter of 2017.

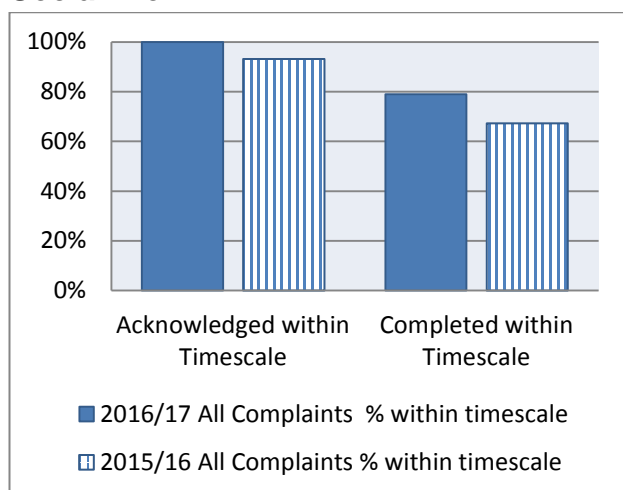
SASS: Complaints

Objective	We use complaints as a valuable feedback to improve service standards.
National Wellbeing Outcome	(3) People who use health and social care services have positive experiences of those services, and have their dignity respected.
Measure	Percentage of complaints received and investigated within timescales.
Current Performance	Social Work complaints acknowledged and completed within timescale has improved in 2016/2017 and likewise for NHS complaints completed within timescale; however there has been a slight decrease in NHS complaints acknowledged within timescale for 2016/2017.

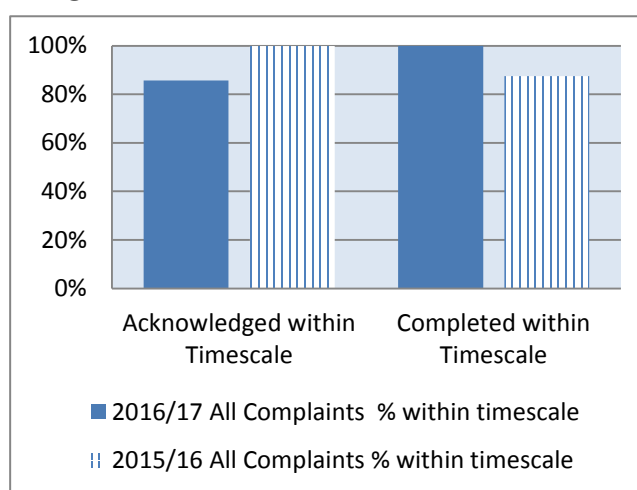
Inverclyde HSCP has received a total of 64 complaints from 01 April 2016 – 31 March 2017

		2016/17 All Complaints			2015/16 All Complaints		
		Met	Not Met	% within timescale	Met	Not Met	% within timescale
Social Work	Acknowledged within Timescale	57	0	100%	54	4	93.1%
	Completed within Timescale	45	12	78.9%	39	19	67.2%
NHS	Acknowledged within Timescale	6	1	85.7%	8	0	100%
	Completed within Timescale	7	0	100%	7	1	87.5%

Social Work



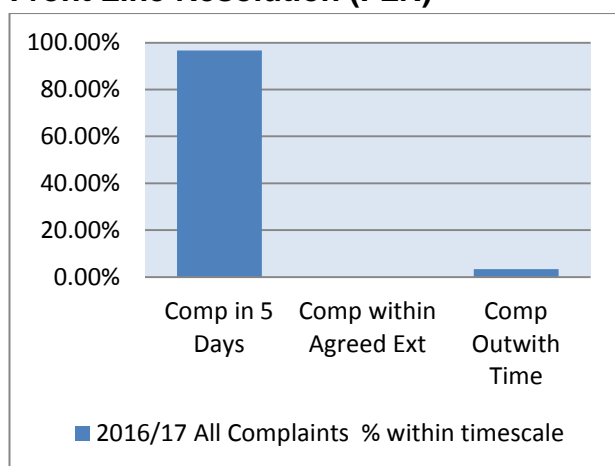
NHS



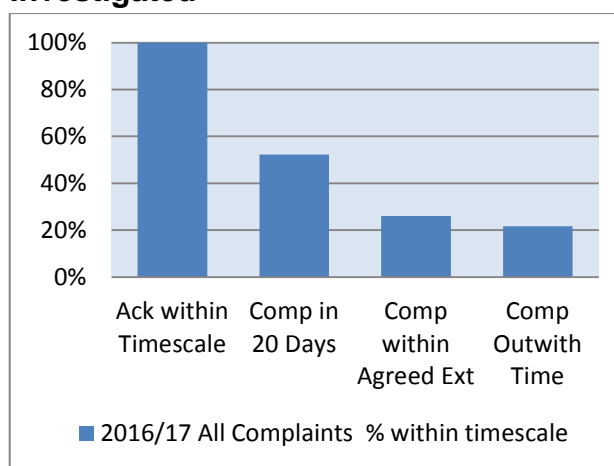
Breakdown of 2016/2017 Complaints

		2016/17 All Complaints	
		Met	% within timescale
Front Line Resolution	Completed in 5 Days	30	96.7%
	Completed within Agreed Extension	0	-
	Completed Outwith Timescale	1	3.3%
Investigated	Acknowledged within Timescale	23	100%
	Completed in 20 Days	12	52.2%
	Completed within Agreed Extension	6	26.1%
	Completed Outwith Timescale	5	21.7%

Front Line Resolution (FLR)



Investigated



Appeals

Social Work Complaints Review Committee (CRC)

Three complainants have submitted their case to the Social Work Complaint Review Committee (CRC) for appeal.

Two cases have been heard by the CRC.

- One related to mental health services whereby the Committee agreed with the service that no elements of the complaint should be upheld.
- The other case related to health and community care services. The complaint was partially upheld and a service improvement action plan is in place following the outcome.

The third case awaits an allocation date for the CRC.

Two complaints reported in 2015/2016 were submitted by the complainants to Scottish Public Service Ombudsman (SPSO) for appeal in 2016/2017.

The first complainant requested a review of social work practice which the SPSO was unable to consider as it was out with their remit. There were no issues relating to the administration of the complaints handling procedure.

The second complainant requested a review of care and treatment and about how their complaint was received and managed. The issues around care and treatment were not upheld. The issues relating to the administration of the procedure were upheld. The Ombudsman made two recommendations. These were:

- That staff are able to appropriately recognise and acknowledge a complaint made into the service and the model complaints handling procedure was adopted.
- Additional support and guidance was provided to the service in order to meet the recommendations.

Commentary

Inverclyde HSCP has operated an Integrated Complaints Procedure which combined the requirements of the NHS and Social Work response targets and appeals into an agreed formal process based on the Scottish Public Service Ombudsman Model Complaints Handling Process.

The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 abolishes the existing social work Complaint Review Committee and gives the SPSO authority to undertake the review procedure for Social Work Services Complaints from 01 April 2017. This will include reviewing the professional decision making in social work.

The NHS has also issued a new Model Complaints Handling Procedure. This brings the stages and timescales of health and social work complaints into closer alignment.

Actions

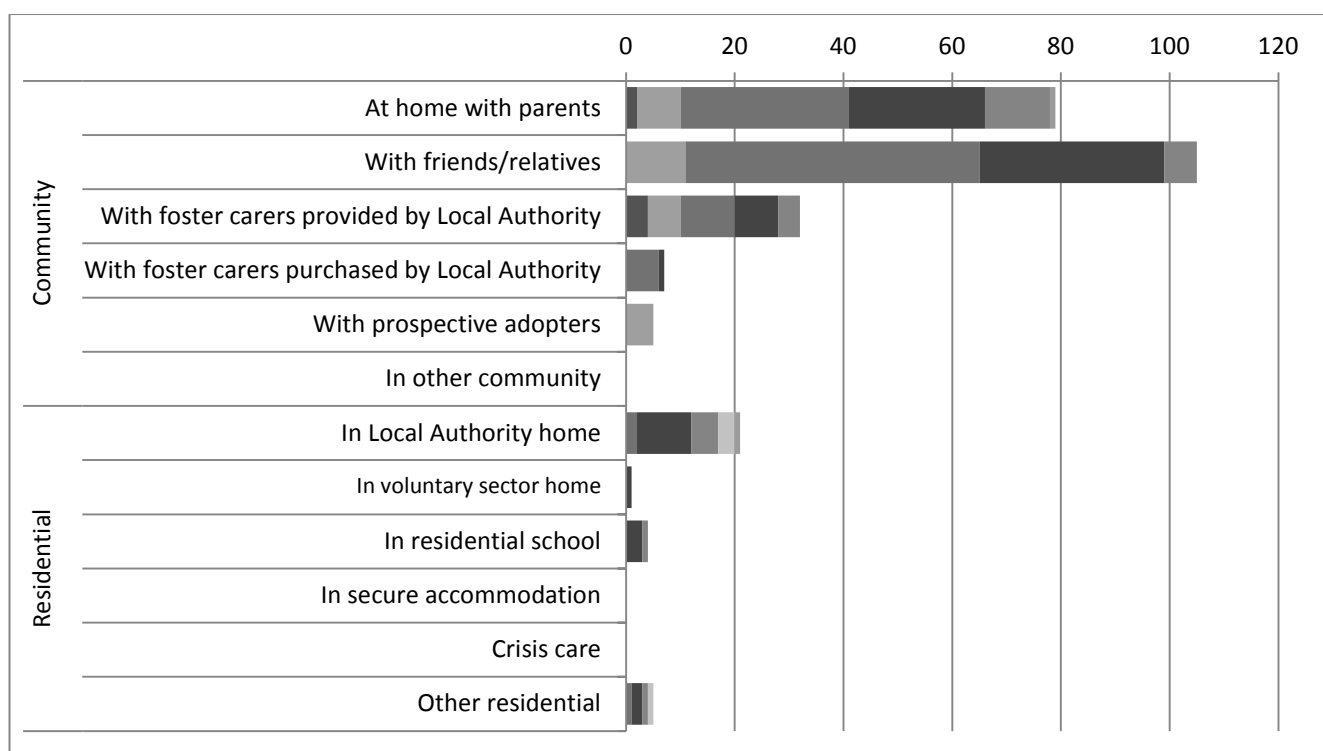
1. The new procedures have been rolled out across Inverclyde HSCP.
2. The associated documentation has been updated to take account of the new guidance.
3. Briefing sessions will be rolled out to staff and teams.
4. The draft procedure and compliance report have been submitted to the SPSO to ensure it meets requirements.
5. Heads of Service will be provided with monthly complaints registers to ensure service improvements/ learning points are actioned.
6. The draft procedure will need to be approved by the Integration Joint Board.

Progress on these actions will be reported to the IJB in the Annual Complaints Report, due to be presented in August 2017.

CFCJ: Balance of Care – Placement Types

Objective	Identify the percentage balance between young people (broken down into age group) placed in care within a community setting and those who are placed in a residential setting.
National Wellbeing Outcome	(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Measure	Balance of Care – % of community setting and residential setting for Looked After Children within Inverclyde.
Current Performance	88% of young people are looked after within a community setting, with 12% being looked after in a residential setting.

Accommodation Type/Age		00	01-04	05-11	12-15	16-17	18	19-21	Total
Community	At home with parents	2	8	31	25	12	0	1	79
	With friends/relatives	0	11	54	34	6	0	0	105
	With foster carers provided by Local Authority	4	6	10	8	4	0	0	32
	With foster carers purchased by Local Authority	0	0	6	1	0	0	0	7
	With prospective adopters	0	5	0	0	0	0	0	5
	In other community	0	0	0	0	0	0	0	0
Residential	In Local Authority home	0	0	2	10	5	3	1	21
	In voluntary sector home	0	0	0	1	0	0	0	1
	In residential school	0	0	0	3	1	0	0	4
	In secure accommodation	0	0	0	0	0	0	0	0
	Crisis care	0	0	0	0	0	0	0	0
	Other residential	0	0	1	2	1	1	0	5
Total		6	30	104	84	29	4	2	259



Commentary

Community settings include:-

- At home with parents;
- With friends/relatives (we have included Kinship Section 83 and Section 11 residence orders);
- With foster carers provided by Local Authority;
- With foster carers purchased by Local Authority;
- With prospective adopters.

The Children and Young People (Scotland) Act 2014 brought about extensive changes in enabling us to better meet the needs of our looked after population in conjunction with a strong emphasis on improved planning that provides security and stability from birth until adulthood. This includes children who are looked after at home subject of compulsory supervision orders, children in foster placements, residential placements, secure care, formal kinship placements and children affected by disability who are looked after.

As of 31st July 2016 there were 207 children and young people looked after by Inverclyde Council, with gender composition of 119 males and 88 females. Of this number of children 176 (85%) were residing within community setting and 31 (15%) were residing in a residential setting.

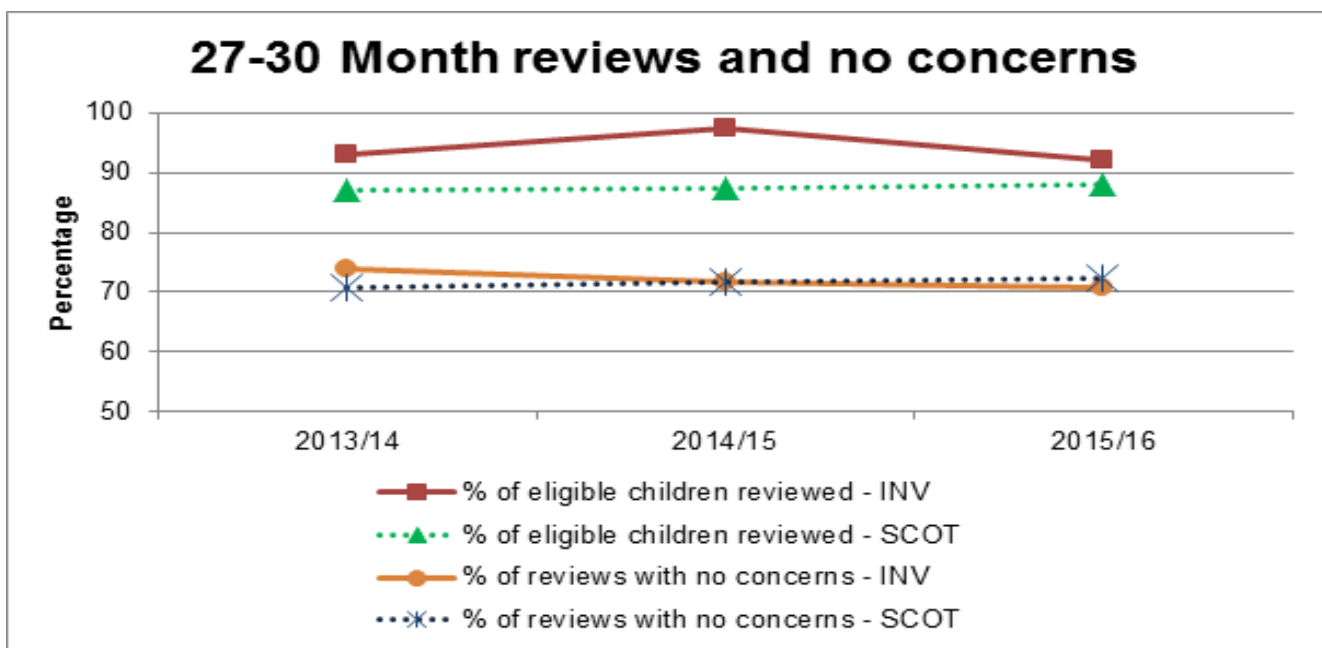
We aim to keep Looked After Children in a community setting if possible, as this is shown to produce better long-term outcomes for the children and young people themselves. Our exhibited ratios compare favourably with our benchmark local authorities.

Actions

1. We will ensure that all LAAC children and young people have their plans reviewed regularly.
2. Where it is in the best interest of the child/young person, community placements will remain the first option.
3. We will develop a commissioning strategy for young people with complex additional support needs from childhood through transition to adulthood.
4. We will increase recruitment and development of foster carers to meet needs of older young people from LAAC to continuing care.
5. We will further develop services to Kinship Carers, including assessment and approval processes.
6. We will continue to engage with children and young people and carers in shaping and improving services.

CFCJ: 30 Month Assessment

Objective	Identify areas of support at an early stage to meet developmental needs.
National Wellbeing Outcome	(4)Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Measure	% children meeting their developmental outcomes at 30 months.
Current Performance	Information from the 2 nd year evaluation of the 27-30 month assessment has shown that 71% of children across Inverclyde are meeting their developmental outcomes at 27-30 months. We aim to strive to meet the Scottish Government target of 85% as we embed this practice.



Commentary

Compared to the Scotland figure of percentage of eligible children reviewed, Inverclyde has had a higher rate of reviews since 2013.

The percentage of reviews where there have been no concerns has reduced slightly from 73.8% to 70.9% over the 3 year trend. Scotland figures have increased from 70.9% to 72.4%, therefore we are slightly below the Scotland figures for 2016. The increase could be related to the earlier identification of developmental concerns due to the introduction of this measure at this age.

The introduction of the assessment has supported early identification of support to meet development needs such as language acquisition and behaviour which supports readiness to learn.

All children under 5 years of age in Inverclyde have a Health Visitor/ Named Person.

Actions

1. Services will embed the universal pathway and work towards full implementation of the national model by 2019.

This will promote early identification and intervention using a range of assessment tools and supports to ensure that the optimum number of children are reaching developmental milestones by 27-30 month assessment.

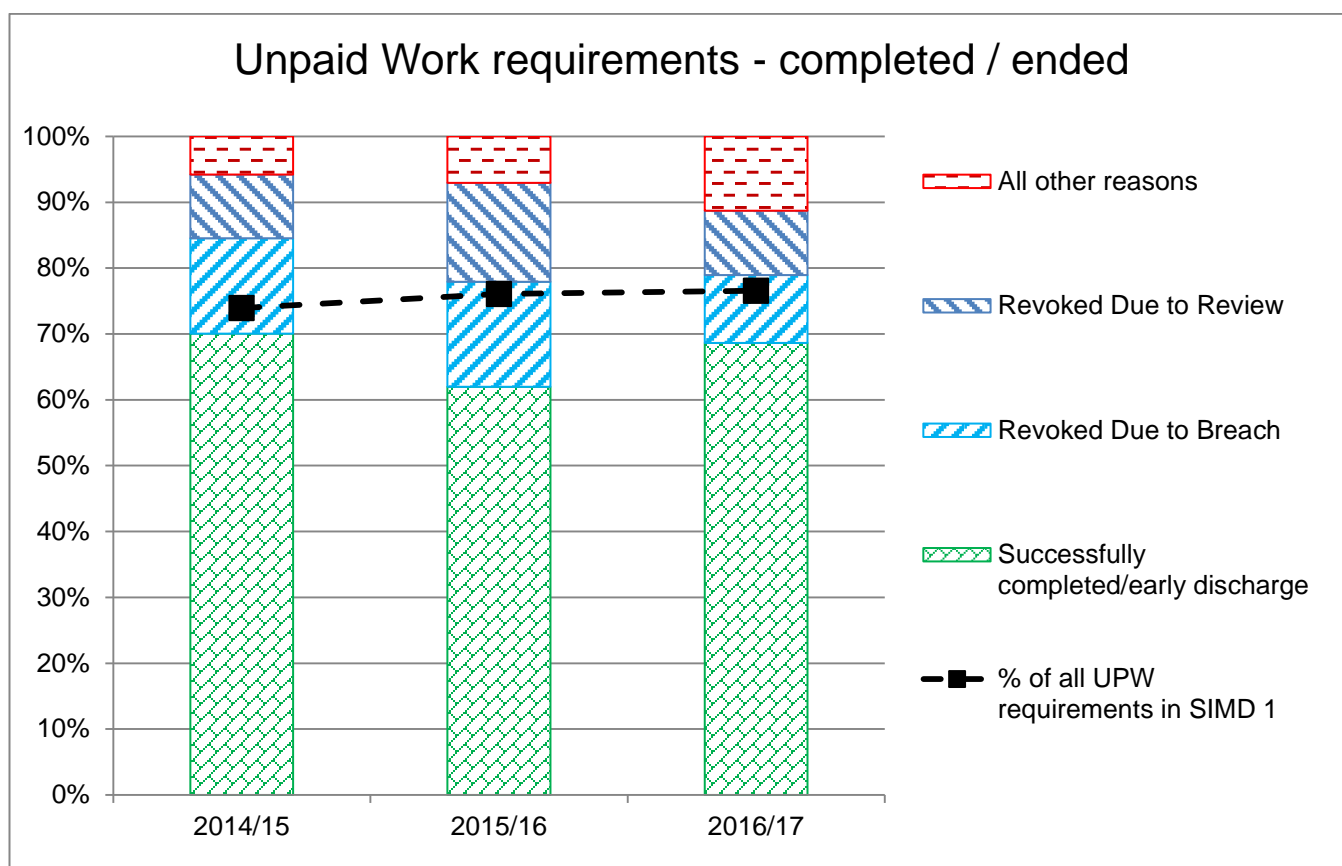
2. The service will undertake a review and evaluation of the data to review the 29% who are not meeting the nine developmental outcomes.
3. Support services are developing improved information around the developmental areas not being met and the data zones / SIMD and postcode to allow for targeted service improvements to be considered to address these areas and deliver improved outcomes.

CFCJ: Community Payback Orders (CPO) Unpaid Work (UPW)

Objective	A community sentence is designed to ensure that individuals who have offended payback to society, and to particular communities.
National Wellbeing Outcome	(5) Health and Social Care Services contribute to reducing health inequalities.
Measure	Completion of Unpaid Work Requirements of a Community Payback Order (CPO).
Current Performance	2016/17 = 69% of all completed Unpaid Work Orders were successfully completed.

	2014/15	2015/16	2016/17
All CPOs Imposed	292	347	307
Number of Unpaid Work Orders imposed	230	266	232
Total hours imposed	24,808	29,309	28,292

Successfully completed/early discharge	145	132	140
Revoked Due to Breach	30	34	21
Revoked Due to Review	20	32	20
Other reasons	53	71	23
Grand Total	207	213	204



Commentary

Approximately three quarters (75%) of all individuals sentenced to Unpaid Work within Inverclyde live in areas classified by the Scottish Index of Multiple Deprivation (SIMD) to be among the most deprived in Scotland i.e. SIMD 1. The SIMD measures a number of factors across seven domains including employment, income, health and education to give an overall score of deprivation. This is significant in terms of delivering Criminal Justice Social Work Services, as these individuals are likely to be in greater need in terms of the support they require to successfully complete their Court Orders.

Unpaid Work Requirements provide an opportunity for individuals to pay back to their community through participation in work placements organised by Criminal Justice Social Work Services. This can be particularly challenging for those individuals with little or no work experience and/or poor physical or mental health. In addition, the 'other activity' component of Unpaid Work enables Criminal Justice Social Work Services to support individuals with their interpersonal, educational and vocational skills with the aim of assisting them in their efforts to desist from further offending.

It is therefore worthy of note that, within Inverclyde, 69% of Unpaid Work Requirements completed in 2016/17 were completed successfully.

Actions

1. The service will continue to develop a Projection Tool to ascertain and respond to demand.
2. The service will monitor service user absence / non-attendance via traffic light warning system and integrate this into an updated Service Planning Tool. Supplementary to that, we will work to ascertain and resolve any key issues that lead to absence or non-attendance.
3. The service will continue to engage with Adult Literacy to address inequalities (health, employment and wellbeing) on behalf of our service users.
4. The service will continue to engage with Partner Agencies who facilitate 'Other Activity Hours'.