

**Report To:** Inverclyde Integration Joint Board    **Date:** 30 January 2018

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Partnership (HSCP)    **Report No:**  
IJB/08/2018/HW

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**Subject:** PERFORMANCE EXCEPTIONS REPORT

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to present a sample of key performance exceptions data to the Integration Joint Board that reflects a balanced view of performance across the four Heads of Service areas of the HSCP. The report also provides an overview of how people in Inverclyde experience Health and Social Care Services

## **2.0 SUMMARY**

- 2.1 The measures have been carefully selected from our ongoing Quarterly Service Review (QSR) arrangements, to evidence areas of positive and negative performance and to highlight the remedial actions we plan to put in place in order to improve performance in those areas. The measures consist of health and social care delivery and span the Nurturing Inverclyde model of wellbeing categories which includes: safe, healthy, achieving, nurtured, active, respected and responsible and included.
- 2.2 The Performance Exceptions report is produced twice yearly and correlates to the Annual Performance Report which was produced in June 2017.

## **3.0 RECOMMENDATIONS**

- 3.1 Members are asked to note performance within the report along with the remedial actions suggested where performance is below the standard that we would expect.
- 3.2 Members are also asked to provide any relevant comments to assist in ongoing performance improvement and reporting of such to the Integration Joint Board (IJB).

**4.0 BACKGROUND**

- 4.1 The Integration Joint Board has a central function in respect of reviewing performance and scrutinising achievement of key outcomes. This report structure ensures that our efforts are focused on improving performance in line with our key commitments, as outlined in our Strategic Plan 2016 – 2019.
- 4.2 Our fully integrated system and process for the management of performance in the form of Quarterly Services Reviews (QSR) arrangements are now well embedded into our performance reporting framework and have proven to be successful in assisting services with the demands of all our local and national reporting requirements

**5.0 IMPLICATIONS**

None, however Members are asked to note performance within the report along with the remedial actions suggested, and to provide any relevant comments to assist in ongoing performance improvement and reporting.

**5.1 FINANCE**

There are no financial implications from this report.

**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 in respect of this report

**HUMAN RESOURCES**

- 5.3 There are no Human Resource implications in respect of this report

**EQUALITIES**

- 5.4 There are/are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
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X	NO –
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5.4.1 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.

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

The report provides 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.

5.4.1.2 **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

5.4.1.3 **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.

5.4.1.4 **People with protected characteristics feel included in the planning and developing of services.**

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.

5.4.1.5 **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.

5.4.1.6 **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.

5.4.1.7 **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

5.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

None applicable

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

When people need support, it is important that they are seen as early as possible in

order that they can begin to take control, look after and improve their own health. A national target has been set that states “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. Seeing people quickly gets them onto a journey of recovery sooner and we hope this will lead to better outcomes.

**5.6.2 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.**

Shift the balance of care to ensure more people receive support in their own homes. Between 2015/16 and 2016/17, there was a reduction in the total number of people over the age of 65 who are permanently residing in a long term care home.

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

SDS allows people to choose how their support is provided to them by giving them as much on-going control as they want over the individual budget spent on their support. 2,163 people in Inverclyde chose how they would like their care provided in 2015/16. We are currently working on further promoting Self Directed Support and the various options available to service users.

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

The measure is reflected in the Child and Adolescent Mental Health Services (CAMHS). Vulnerable Children and Young People with Mental Health conditions can access services with faster access to mental health services by delivering 18 weeks Referral To Treatment (RTT).

**5.6.5 Health and social care services contribute to reducing health inequalities.**

This is reflected in the measure Supporting People in Inverclyde to integrate back into the community. For the year ahead we will be looking to work one-to-one with more of our café members, to be in more of a position to offer tailored support. There will be a greater focus on skills development, meaningful activities and employability, as a major part of recovery is about individuals moving on with their lives and back into society. We are always striving to raise awareness of Recovery and to reduce the stigma attached to this.

**5.6.6 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 has continued to make progress locally through our interagency approach to supporting all carers. However, more work is required to ensure all carers have a healthy, active and fulfilling life of their own. Inverclyde HSCP is fully committed, working with carers as equal partners, to ensure this is achieved.

**5.6.7 People using health and social care services are safe from harm.**

Reduce the risks of death from drug / alcohol misuse. Our response to an ageing population of opiate users who have significant health issues will be considered in the current review of Addiction Services. This is recognised at a national level and will challenge services increasingly over time e.g. repeat admissions to inpatient care; need for long term care and treatment and increased likelihood of premature death.

The review of Addiction Services will also consider ways to build more resilience into services in light of rising demand.

**5.6.8 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.**

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

**5.6.9 Resources are used effectively in the provision of Health and Social Care**

This is reflected in the Immunisations measure. Vaccination programmes, delivered to children in Scotland, aim both to protect the individual and to prevent the spread of these illnesses within the population. Furthermore, children are protected through immunisation against many serious infectious diseases.

**6.0 CONSULTATION**

6.1 Not applicable

**7.0 LIST OF BACKGROUND PAPERS**

7.1 Inverclyde HSCP Annual Performance Report June 2017

# Performance Exceptions Report

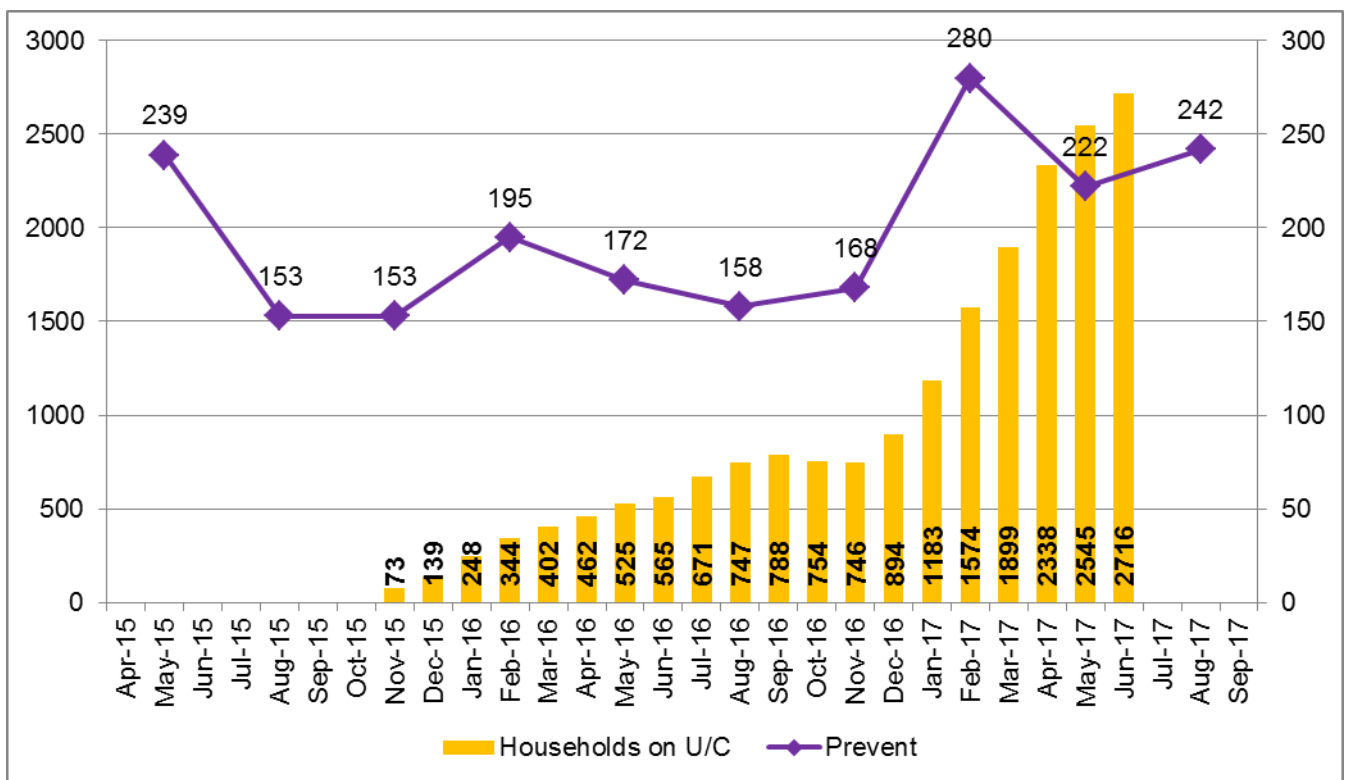
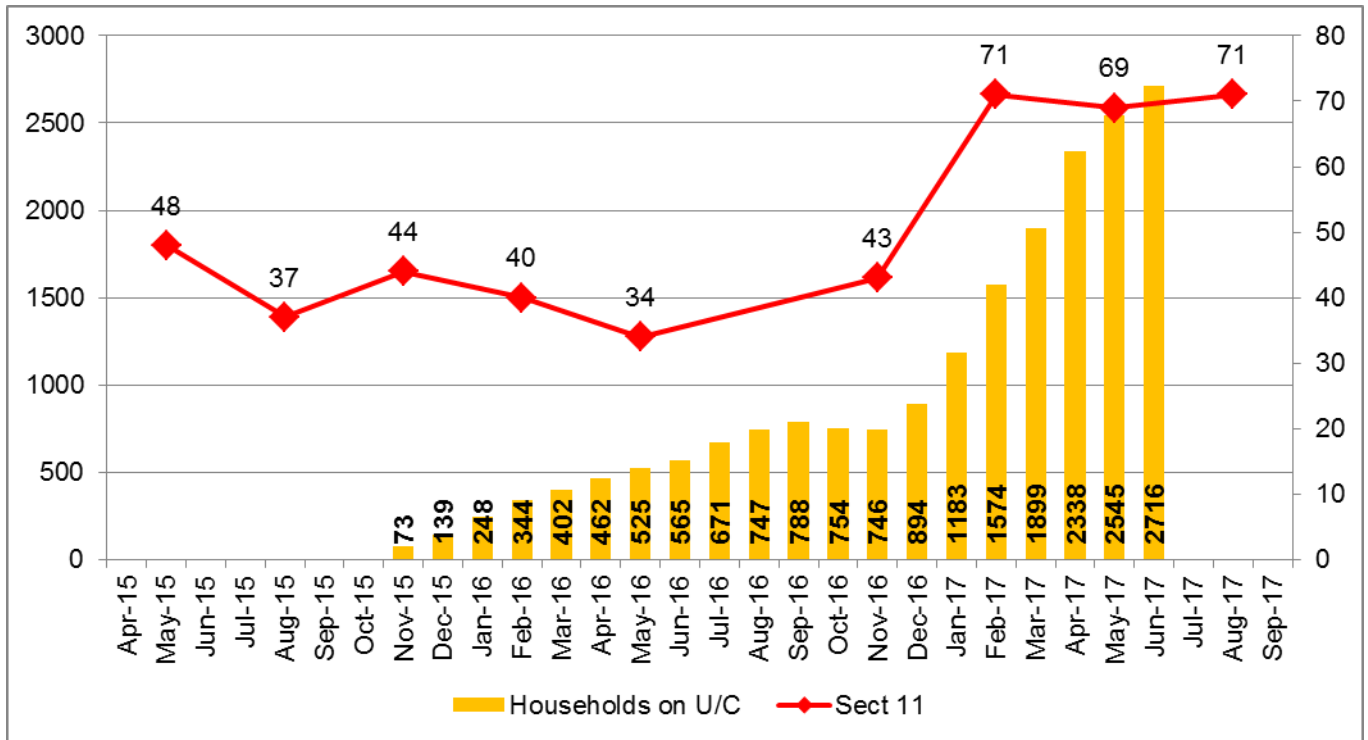
## January 2018

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# MHAH: Homelessness Section11s and Prevention work correlated with Universal Credit

<b>Objective</b>	Avoid homelessness by early intervention
<b>National Wellbeing Outcome</b>	(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
<b>Measure</b>	Number of Section11 referrals (where landlords advise of risk of eviction); number of prevention cases
<b>Current Performance</b>	Q2 17/18: 71 new section11 referrals; 242 new prevention cases





## **Commentary**

With the increase in households on Universal Credit we can see a definite correlation with the increase in notifications to the Homelessness Service (from November 2016).

There has been an average increase of 75% in the number of section11 referrals. This places a requirement on all Registered Social Landlords (RSL), private landlords, mortgage providers etc. to notify the Local Authority of any possible action that may lead to eviction or repossession.

In a similar fashion there has been an average increase of 49% in the number of Prevention cases undertaken by the service.

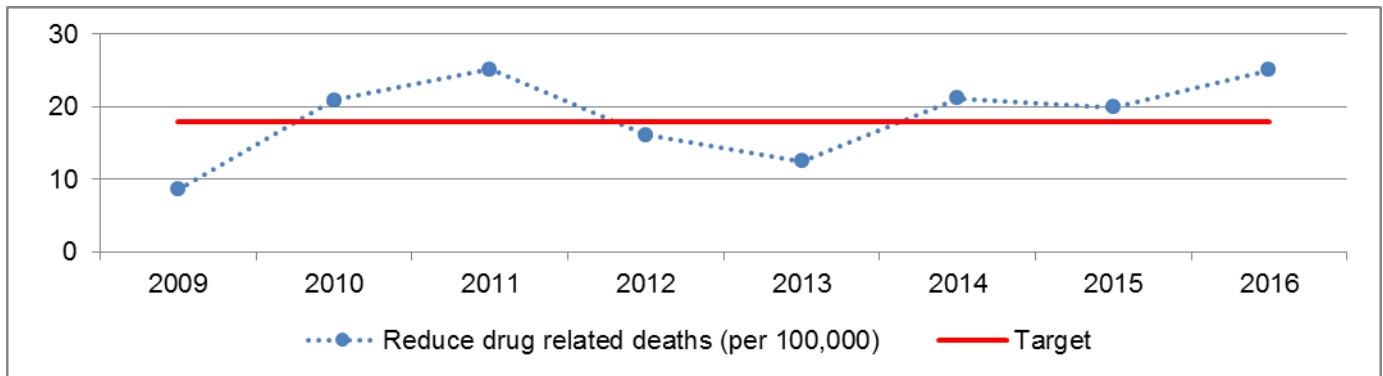
## **Actions**

1. Continue to monitor, review and record referrals and evaluate outcomes in terms of Homelessness Prevention and other pathways.
2. Continue to implement early intervention and prevention measures and scale up successful interventions.
3. Continue to build on partnership arrangements to augment Homelessness prevention efforts.
4. Continue to develop the Housing Options Service to prevent people from becoming homeless, by providing advice and assistance to people experiencing housing problems.

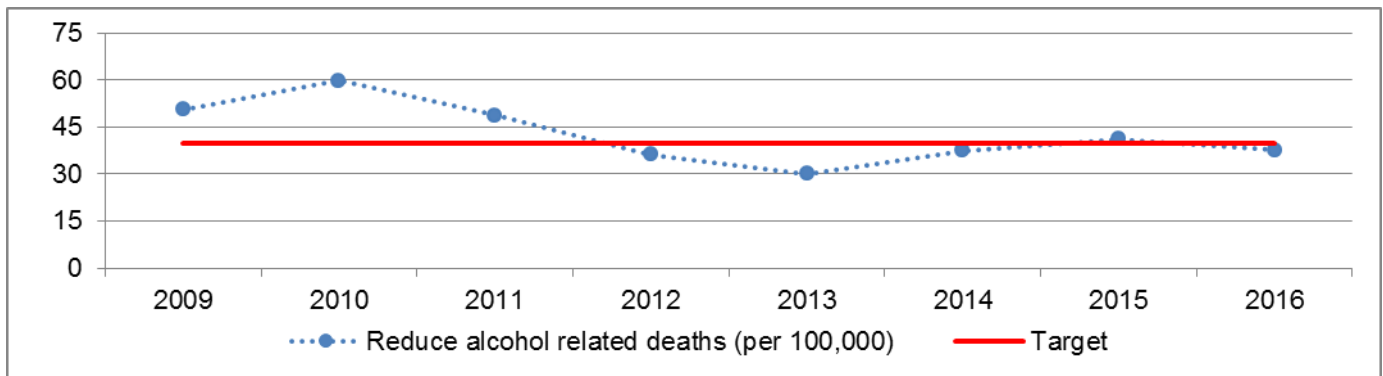
# MHAH: Drug and Alcohol Related Deaths

<b>Objective</b>	Reduce the risks of death from drug / alcohol misuse
<b>National Wellbeing Outcome</b>	(7) People using health and social care services are safe from harm
<b>Measure</b>	Reduce the number of drug or alcohol related deaths
<b>Current Performance</b>	Drug – 25 per 100,000 population. Alcohol – 37.6 per 100,000 population

<b>Drug related deaths</b>	2009	2010	2011	2012	2013	2014	2015	2016	Target
rate per 100,000 population	8.6	20.9	25.1	16.1	12.5	21.2	19.9	25.0	18
Actual Numbers	7	17	20	13	10	17	16	20	



<b>Alcohol related deaths</b>	2009	2010	2011	2012	2013	2014	2015	2016	Target
rate per 100,000 population	50.5	59.9	48.8	36.3	30.1	37.4	41.1	37.6	40
Actual Numbers	32	38	31	23	19	30	33	30	



## Commentary

A number of demographic factors contribute to continuing increases in drug deaths such as an aging drug-using population with related deteriorating health. Environmental factors include widespread availability of new more potent drugs which are synthetic.

Both drug and alcohol services have experienced rising referrals, without the possibility of increasing capacity in the current financial climate. This is monitored and reported in a

systematic way to ISD, and is monitored locally through our Quarterly Service Review. This issue has also been placed on the service Risk Register.

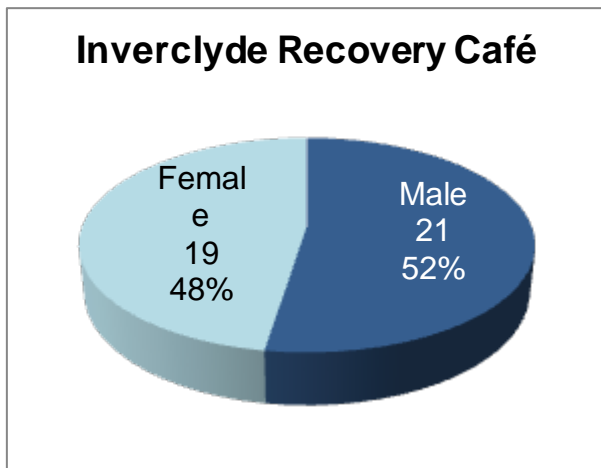
### **Actions**

1. Our response to an aging population of opiate users who have significant health issues will be considered in the current review of Addiction Services. This is recognised at a national level and will challenge services increasingly over time e.g. repeat admissions to inpatient care; need for long term care and treatment and increased likelihood of premature death.
2. The review of Addiction Services will also consider ways to build more resilience into services in light of rising demand.

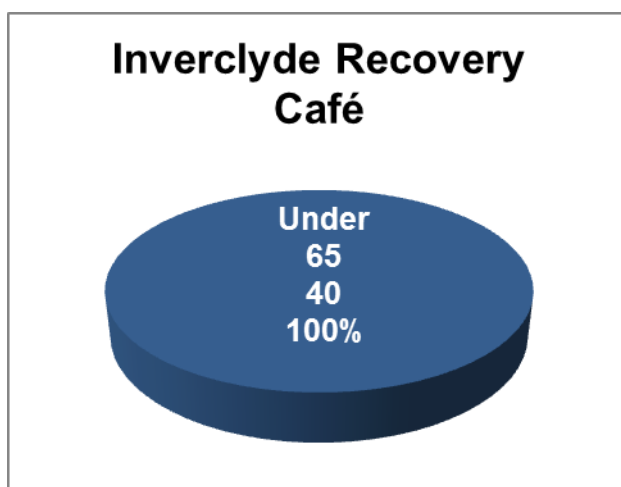
## MHAH: Referrals to Recovery Café or other 3<sup>rd</sup> Sector Services

<b>Objective</b>	Supporting people in Inverclyde to integrate back into the community
<b>National Wellbeing Outcome</b>	(5) Health and social care services contribute to reducing health inequalities
<b>Measure</b>	Number of people with mental health or addictions issues who are supported
<b>Current Performance</b>	Figures for the time period April 2017 to end of November 2017

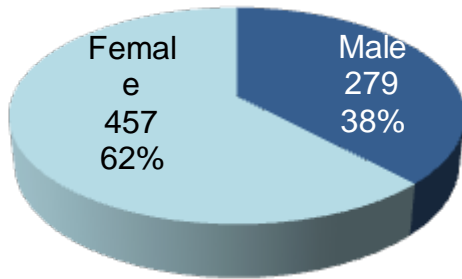
REFERRED TO	Male	Female	Under 65	Over 65
Inverclyde Recovery Café	21	19	40	0
Other Third Sector Organisations	279	457	326	410



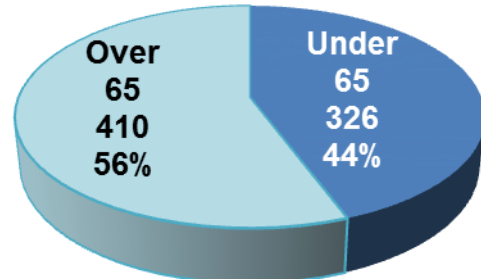
Totals	300	476	366	410
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### Other Third Sector Organisations



### Other Third Sector Organisations



#### Commentary

Inverclyde Recovery Café (IRC) was formed in January 2013, to assist with the development of a recovery community in Inverclyde. We looked to create a safe and comfortable environment, for people affected by addiction and alcohol issues to attend as a peer support group.

Over the years the Recovery Café has developed into something more, a steering group was pulled together which became the committee as the group was constituted. Now IRC is a café in its own right.

The café aims to incorporate a holistic approach to Recovery from addiction and alcohol issues, and has since opened criteria out to include Mental Health and those affected by all these issues. General activities include connecting through sharing of lived experiences, training and education/employability, complimentary and holistic therapies, art therapy and music therapy.

As well as making referrals to the Recovery Café, Mental Health and Addictions Services work closely with a range of Third Sector organisations, recognising that getting well and staying well needs to be built into lifestyles. Third Sector organisations help clients to build networks and peer support.

#### Actions

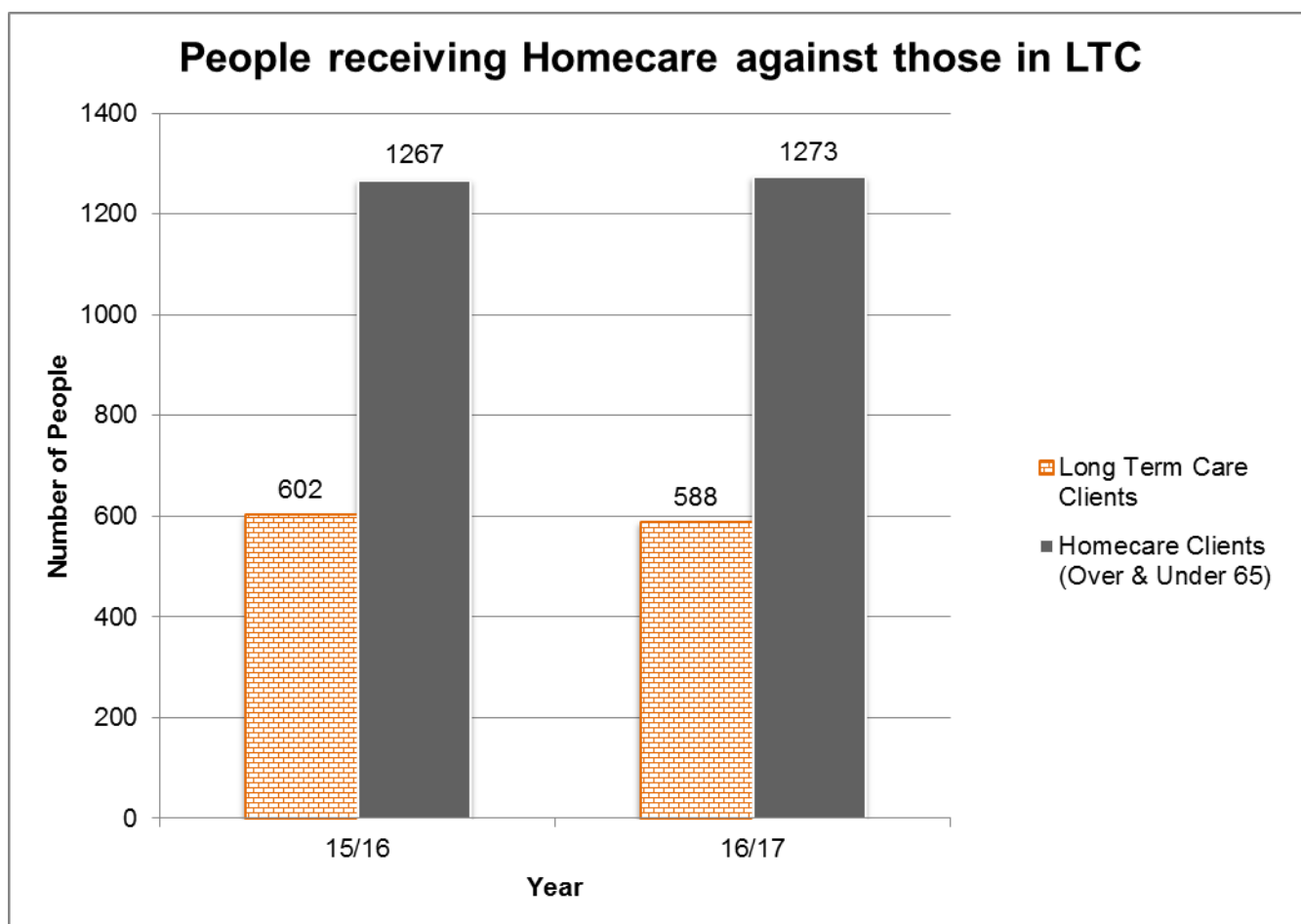
1. For the year ahead we will be looking to work one-to-one with more with our café members, to be in more of a position to offer tailored support. There will be a greater focus on skills development, meaningful activities and employability, as a major part of recovery is about individuals moving on with their lives and back into society. We are always striving to raise awareness of Recovery and to reduce the stigma attached to this.
2. The Addictions Service review, and the new 5 year Mental Health Strategy will include

the development of recovery approaches as a key focus.

## HCC: People receiving Homecare vs those in Long Term Care

<b>Objective</b>	Shift the balance of care to ensure more people receive support in their own homes.
<b>National Wellbeing Outcome</b>	(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
<b>Measure</b>	Number of clients receiving Homecare against those placed into Long Term Care
<b>Current Performance</b>	Between 2015/16 and 2016/17, there was a reduction in the total number of people over the age of 65 who are permanently residing in a long term care home

	15/16	16/17
Homecare Clients (Over & Under 65)	1267	1273
Long Term Care Clients	602	588



## Commentary

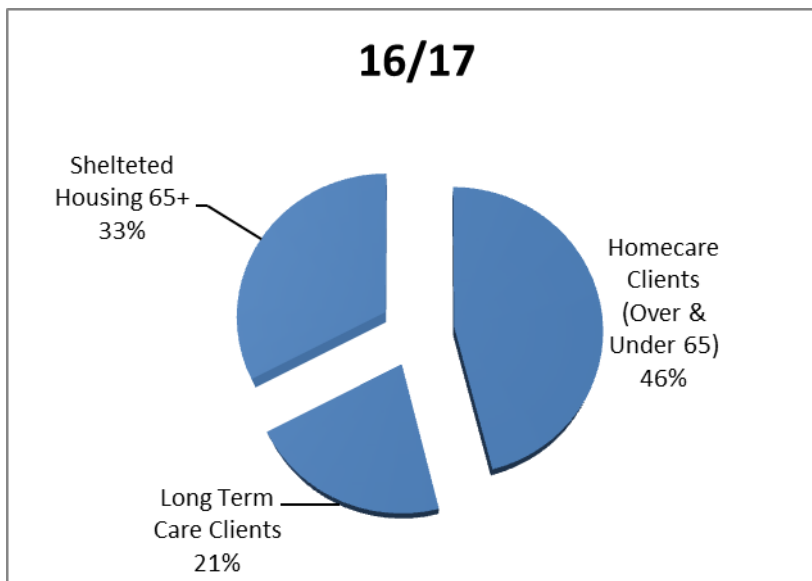
The strategic approach to shifting the balance of care to ensure more people receive support in their own homes is impacted upon by demographic factors such as an increasing older and frailer population requiring support.

The actual numbers of service users receiving home care has remained steady with a 6.5% increase from 2014 to 2017; this is in part due to the effectiveness of the Reablement service (which is designed to assist people to remain as independent as possible by supporting them to regain their daily living skills and confidence following a period of illness, accident or disability). Following Reablement, at least a third of service users do not require a support package in terms of ongoing service.

The Inverclyde HSCP works towards ensuring service users are able to live as independently as possible within their own homes. The effectiveness of this is evidenced by the number of individuals over 65 who live in a care home setting on a permanent basis.

Between 2015/16 and 2016/17, there was a reduction in the total number of people over the age of 65 who are permanently residing in a long term care home (as at 31 March each year) demonstrating the effectiveness of the strategic policy.

Some additional information for a fuller picture in relation to the figures shown above but incorporating clients living within a Sheltered Housing Establishment in Inverclyde in 2016/17 have been collected and presented in the undernoted pie chart.





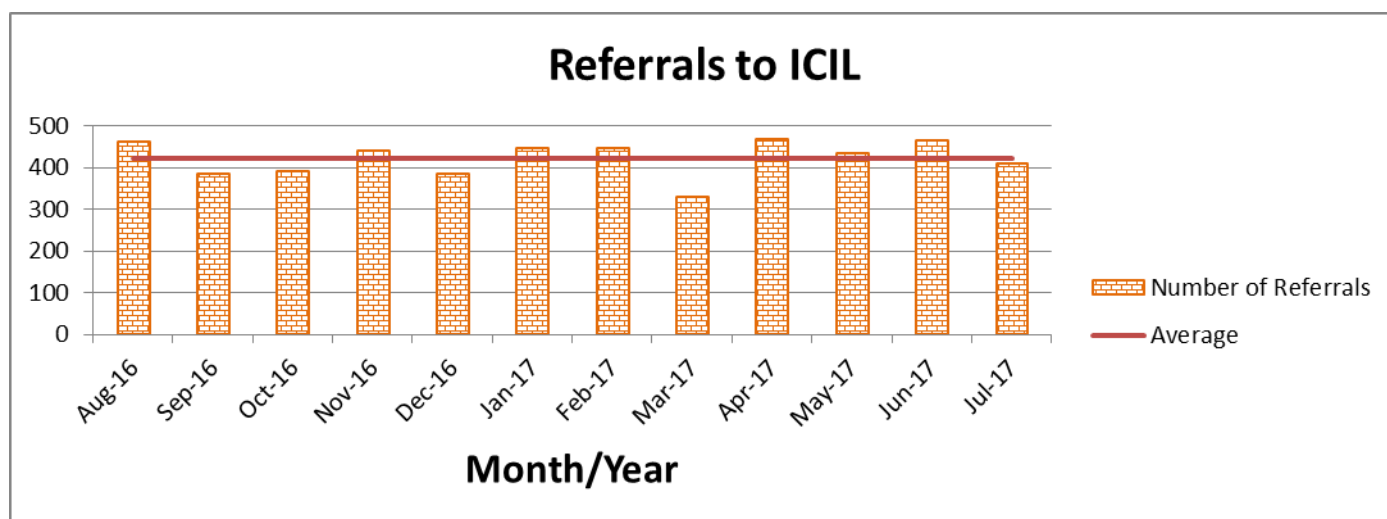
**Actions**

1. The Service will continually work on achieving an increase in the number of clients receiving support in their own homes as opposed to residential support.
2. The Service will continually work to develop domiciliary-based alternatives to residential care.

## HCC: Number of Referrals to Inverclyde Centre for Independent Living (ICIL)

<b>Objective</b>	Support to live independently
<b>National Wellbeing Outcome</b>	(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
<b>Measure</b>	Referrals to the Independent Living Service Single Point of Access
<b>Current Performance</b>	Referrals have remained relatively static in the last quarter

Month/Year	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Total
Number of Referrals	462	385	392	442	385	449	449	331	470	434	467	411	<b>5077</b>



### Commentary

From August 2016 to July 2017 there have been 5,077 referrals to the Independent Living Service Single Point of Access. This averages 425 referrals per month.

In the majority of these referrals the team has supported people to avoid admission to hospital; manage a decrease in their abilities, recover following an injury or manage an exacerbation of a long term illness. The service provides an intensive and rapid response to most new referrals. In the report period the team has supported 345 people to remain at home in these circumstances, rather than making a residential placement. The team has also supported 1,148 people leaving hospital to return home safely and regain abilities to live as independently as possible, contributing significantly to the performance of the HSCP around delayed discharge and length of stay reduction.

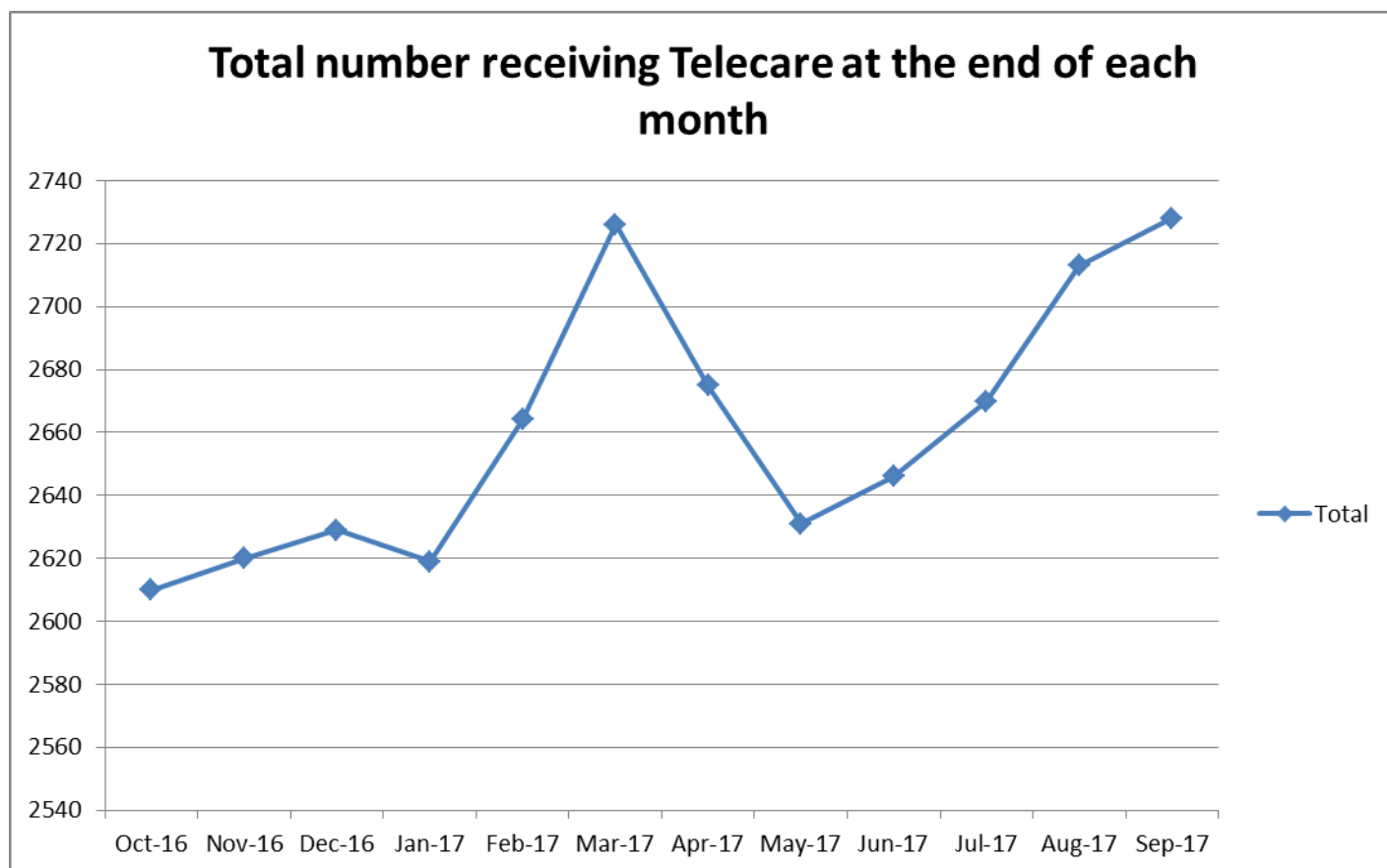
## **Actions**

1. The Independent Living Service continues to raise awareness of the range of supports available with our referrers (e.g. local GPs). A new service leaflet has been commissioned to share with referrers and the public, and the service encourages professional-to-professional liaison via the service Single Point of Access (SPOA) number, to encourage collaboration around cases and determine the best support available. Such supports may include equipment provision or a period of community rehabilitation at home to help prevent admission to hospital or care home. Action will continue to be in preventative and enabling solutions to care needs at home.

## HCC: The Number of People Receiving Telecare at the end of each month

<b>Objective</b>	To provide Technology Enabled Care at home with a view to promoting independence and safety, thus allowing individuals to remain at home for as long as possible.
<b>National Wellbeing Outcome</b>	(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.
<b>Measure</b>	Number of people accessing Technology Enabled Care Services
<b>Current Performance</b>	Timescale from referral to installation of TEC is 3-7 days.

Age Group	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
0-17				1	2	2	2		1	1	1	1
18-64	394	402	411	417	419	431	429	419	421	424	430	432
65-74	416	415	415	407	415	433	428	424	426	431	436	430
75-84	952	947	957	937	958	978	947	932	944	950	965	980
85+	841	849	838	847	858	868	859	848	846	857	872	879
Unknown	7	7	8	10	12	14	10	8	8	7	9	6
<b>Total</b>	<b>2610</b>	<b>2620</b>	<b>2629</b>	<b>2619</b>	<b>2664</b>	<b>2726</b>	<b>2675</b>	<b>2631</b>	<b>2646</b>	<b>2670</b>	<b>2713</b>	<b>2728</b>



## Commentary

Technology Enabled Care (TEC), is defined as “where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality cost-effective care and support”. This includes the use of telecare, telehealth, video conferencing and mobile health and wellbeing”.

The Technology Enabled Care Service is delivered in line with the HSCP Joint Strategic Commissioning Plan for older people (2013-2023) and National Telehealth and Telecare Delivery Plan for Scotland, Scottish Executive’s Technology Enabled Care Programme 2014 and contributes to the National Health and Wellbeing Outcomes 1, 2, 3, 4 and 9.

Between October 2016 and September 2017 there were a total of 622 referrals to the service. Of the 2728 service users in September highlighted above, 320 also have bespoke telecare packages consisting of environmental and/or personal sensors accounting for over 1,000 pieces of equipment. There are also 30 service users using home health monitoring hubs which allow them to manage their COPD condition better, and 17 service users with Dementia using GPS technology as part of a current safer walking pilot in place.

Users of telecare equipment can activate this when they require assistance. Calls are answered at a call centre and operators will deploy the most appropriate help. In September, there were a total of 9,352 calls answered from Inverclyde service users. Of this number, 1,787 were physically assisted by our mobile response team.

## Actions

- 1) The service will continue to review the data and cross reference it against our ARC (Alarm Receiving Centre) to ensure figures are correct and there is no disparity with the data being collated and reported.
- 2) The Service will continue to monitor the uptake and usage of TEC in line with the funding arrangements from the Scottish Government’s Technology Enabled Care Programme to support the integration of Telecare and Telehealth.
- 3) We will continue to strengthen existing partnerships with whom we work closely (for example, Alzheimer’s Scotland, Fire Services, local nursing homes, housing providers and other HSCP colleagues) to ensure a joint approach to the application and uptake of technology and improve outcomes for service users.
- 4) Our service will continue to develop our asset management tool to provide clear accurate quarterly reports for the Scottish Government.
- 5) Asset tool development will allow us to project future service demands to enable us to align service requirements.
- 6) The service will continue yearly service quality reviews by face to face visits to all service users receiving tele-care.
- 7) Continue to develop TEC strategy by collaborating across the health and social care partnership to ensure sustainability with the latest technology being available to our service users.

8) We will continue to explore any future TEC funding that we believe will enhance our service and deliver better outcomes for the people who use our service.

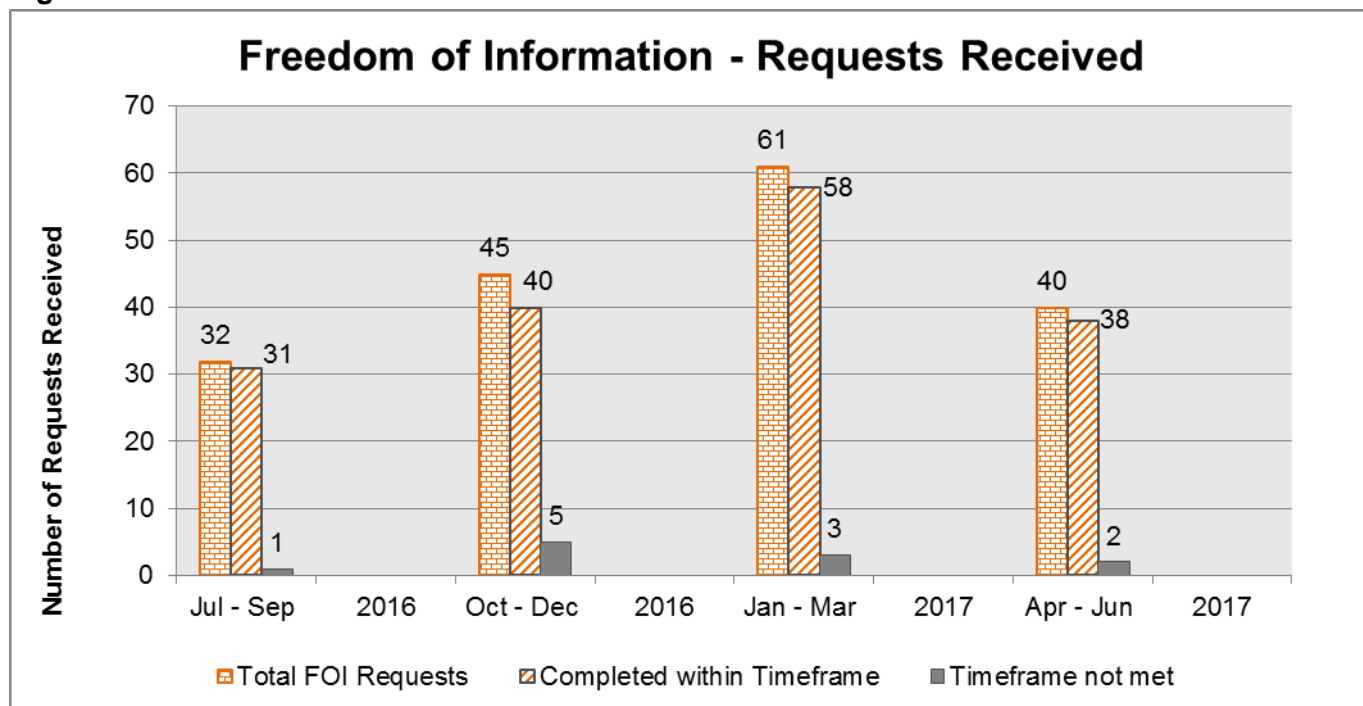
## SASS: Freedom of Information Requests (FOI)

<b>Objective</b>	To reply to all FOIs within statutory timescale (20 working days), demonstrating that we are open to providing information, and receiving comments and suggestions.
<b>National Wellbeing Outcome</b>	(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.
<b>Measure</b>	Total FOI requests received; numbers completed within and outwith timescales.
<b>Current Performance</b>	94% completed within prescribed timescale consistently in the mid to high 90s with the exception of the Oct – Dec 2016 where the figure dropped to 88%.

**Table 1**

<i>Quarter</i>	<i>Total FOI Requests</i>	<i>Completed within Timeframe (20 Working Days)</i>	<i>Timeframe not met</i>
Jul - Sep 2016	32	31	1
Oct - Dec 2016	45	40	5
Jan - Mar 2017	61	58	3
Apr - Jun 2017	40	38	2
<b>Total</b>	<b>178</b>	<b>167</b>	<b>11</b>

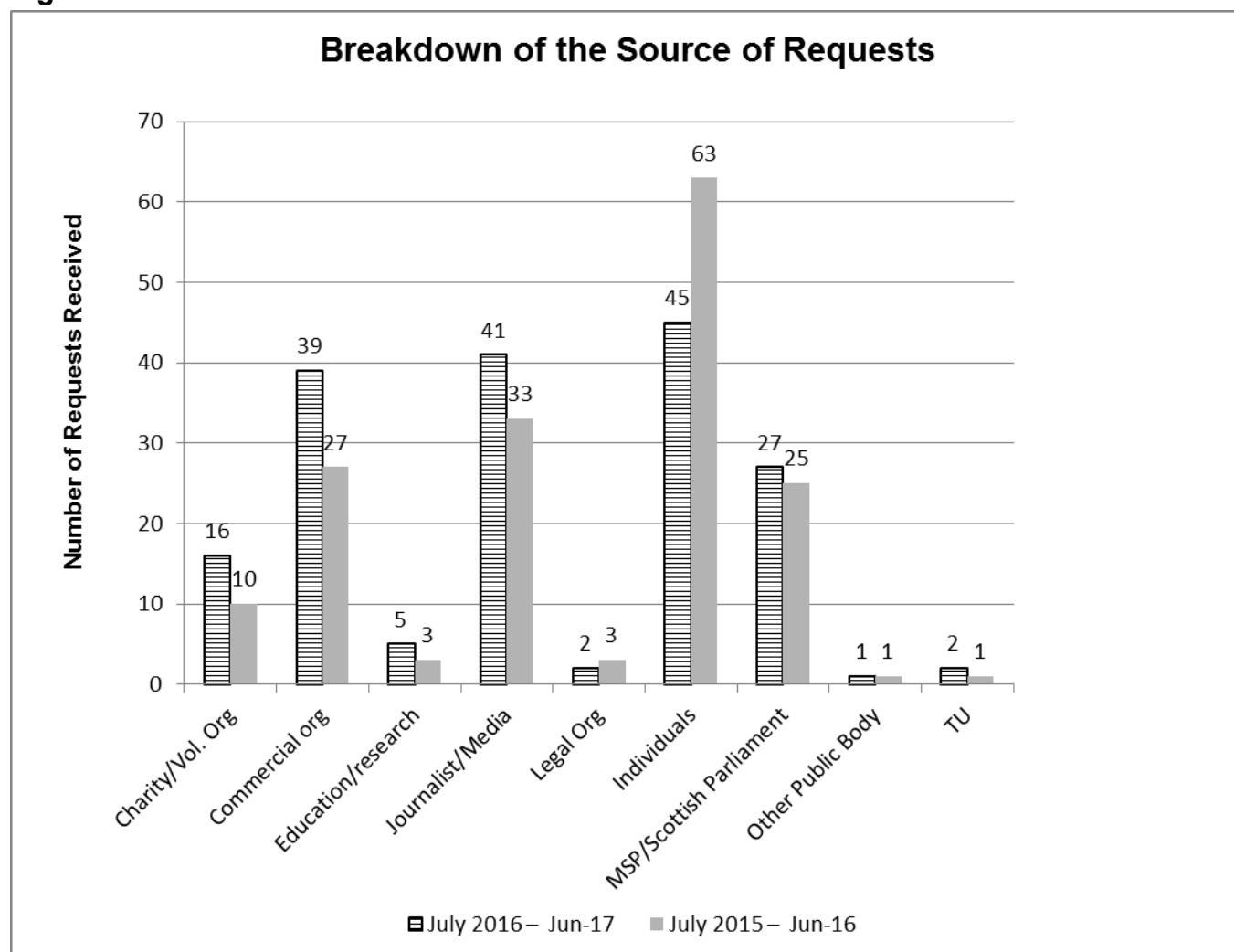
**Fig 1**



**Table 2**

Indicative Source of Request	July 2016 – Jun 17	July 2015 – Jun 16
Individuals	45	63
Journalist/Media	41	33
Commercial org	39	27
MSP/Scottish Parliament	27	25
Charity/Vol. Org	16	10
Education/research	5	3
Legal Org	2	3
TU	2	1
Other Public Body	1	1
<b>Total</b>	<b>178</b>	<b>166</b>

**Fig 2**

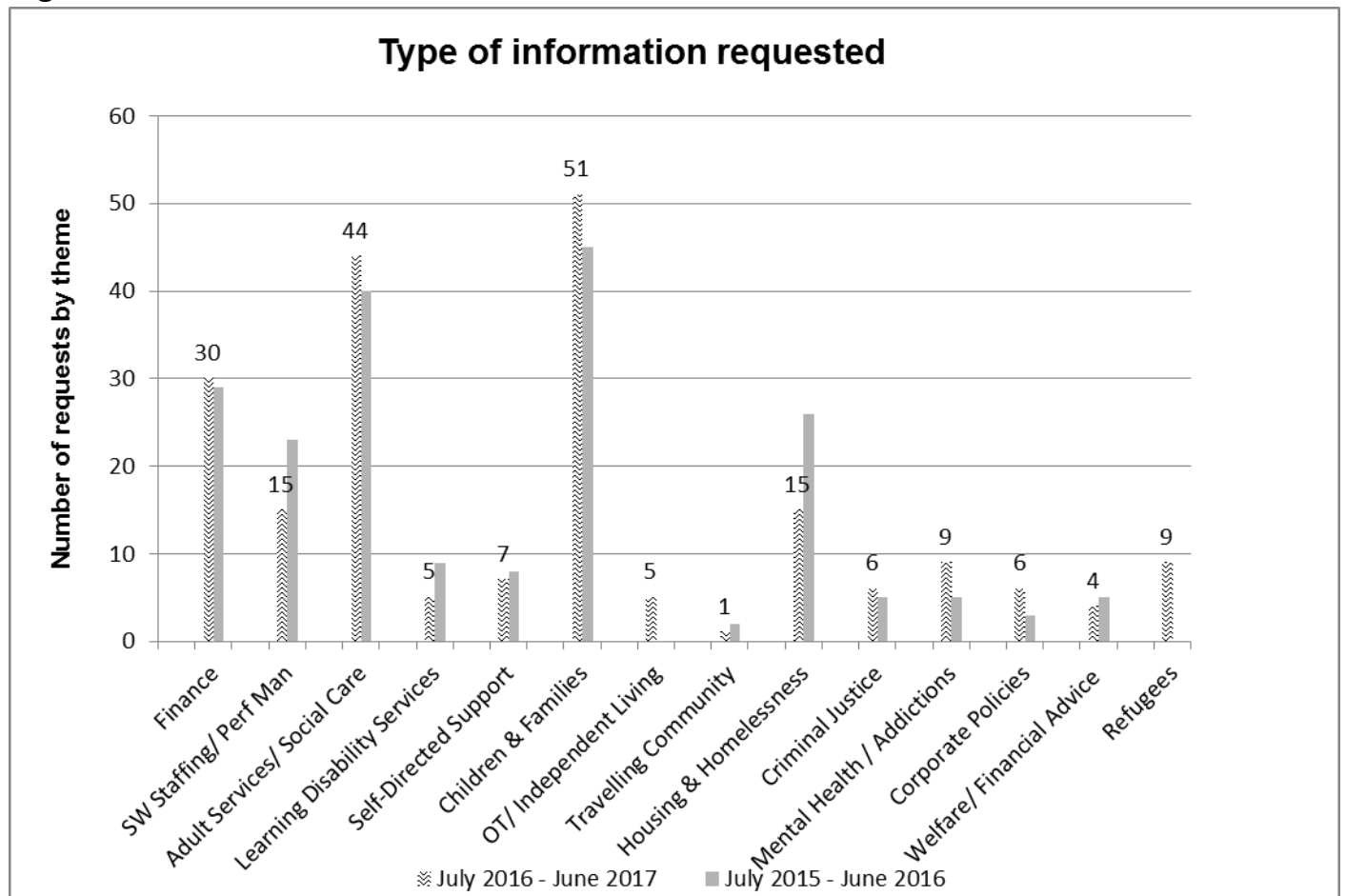




**Table 3**

Themes	July 2016 - June 2017	July 2015 - June 2016
Finance	30	29
Social Work Staffing/ Performance Management	15	23
Adult Services/ Social Care	44	40
Learning Disability Services	5	9
Self-Directed Support	7	8
Children & Families	51	45
Occupational Therapy/ Independent Living	5	0
Travelling Community	1	2
Housing & Homelessness	15	26
Criminal Justice	6	5
Mental Health / Addictions	9	5
Corporate Policies	6	3
Welfare/ Financial Advice	4	5
Refugees	9	0

**Fig 3**



## Commentary

Table 1 and Fig 1 show that 178 requests were responded to during 2016/17. Of these 167 (94%) were responded to within the requirement of 20 working days. All of the requests have come through the Council FOI system. This does not include local health FOI requests. Health requests are centrally co-ordinated at the Health Board, and generally relate to the whole Board area, rather than Inverclyde specifically.

Table 2 and Fig 2 provide a breakdown of the source of requests for information in respect of Freedom of Information. This shows the majority of requests come from individuals (25%), followed by requests from journalist/ media organisations (23%) and commercial organisations (22%). This information shows indicative source of requests from July 2016 – June 2017 alongside comparator data from 2015/16. The information shows a 7% increase in the number of FOIs received, going from 166 in 2015/16 to 178 in 2016/17. The increase is most notable in the number of requests received from commercial organisations (going from 27 in 2015/16 to 39 in 2016/17).

Table 3 and Fig 3 provides information in relation the type of information requested. The biggest increases in relation to the themes are noted around information requests about children and families particularly Looked After and Accommodated Children. Whilst we embrace the spirit of the Act, it should be noted that there is significant demand on staff with 178 requests from July 2016 to June 2017. We have issued 8 exemption notices during this period, both in respect of time and financial limits as this would have involved an excessive amount of staffing resource including front line practitioner resource to gather and return the information. To date no applicant has requested information which has been deemed exempt due to staff time and resource, therefore no charge for information has been issued by Inverclyde HSCP.

The majority of requests to Inverclyde HSCP come from individuals, journalists and commercial organisations, which we seek to address by working with the corporate functions of the Council to further develop the Scheme of Publication to help interested members of the public, and to reduce the amount of time required to respond to requests.

The Council has developed a Freedom of Information Working Group, which:

- Oversees the implementation of local guidance based on the Scottish Ministers Code of Practice on the discharge of functions by public authorities under the Freedom of Information (Scotland) Act 2002.
- Reviews current arrangements and make suggestions for better working and streamlining processes and consistency across the Council.
- Provides a forum for all staff with FOI remit to come together to share knowledge and expertise.
- Discusses the volume and types of requests received by the council, and amend the publication scheme as indicated.
- Monitors significant changes in access legislation and updates each other on developments in the law.
- Makes recommendations relating to the legislation when necessary and/or appropriate.
- Discusses performance with regard to FOIs.
- Reports to the Information Governance Steering Group.

## **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. Early considerations indicate that sometimes the request is not clear to us in terms of what the requester wants to know, or perhaps information is being requested that we don't actually hold, but we hold something else that is quite similar. In such cases, officers will liaise with the requester to try to agree what information would be most suitable. This process can build in short delays, but we believe that it helps us to provide a better service in terms of what is actually being sought.
- 2.** Specific analysis structured around the last quarter of each year to possibly put additional provisions in place for this quarter of 2017.
- 3.** We will continue to work to include as much information as possible on our website so that people can usually find the information they need without having to submit a FOI request.

## SASS: Immunisations

<b>Objective</b>	Vaccination programmes, delivered to children in Scotland, aim both to protect the individual and to prevent the spread of these illnesses within the population. Furthermore, children are protected through immunisation against many serious infectious diseases.
<b>National Wellbeing Outcome</b>	(9) Resources are used effectively in the provision of health and social care
<b>Measure</b>	<p>In Scotland, the target of the national immunisation programme is for 95% of children to complete courses of the following routine childhood immunisations by 24 months of age:</p> <ul style="list-style-type: none"> <li>• Diphtheria, Tetanus, Pertussis, Polio, Hib, Men C</li> <li>• Pneumococcal Conjugate Vaccine (PCV).</li> </ul> <p>An additional target of 95% uptake of one dose of Measles, Mumps and Rubella (MMR) vaccine by 5 years old (with a supplementary measure at 24 months) was introduced in 2006 to focus efforts to reduce the number of susceptible children entering primary school. The most recent figures on immunisation from September 2016 are shown in the following tables.</p>
<b>Current Performance</b>	

### 1. Percentage of completion of Primary & Booster course of Immunisations by Financial Year

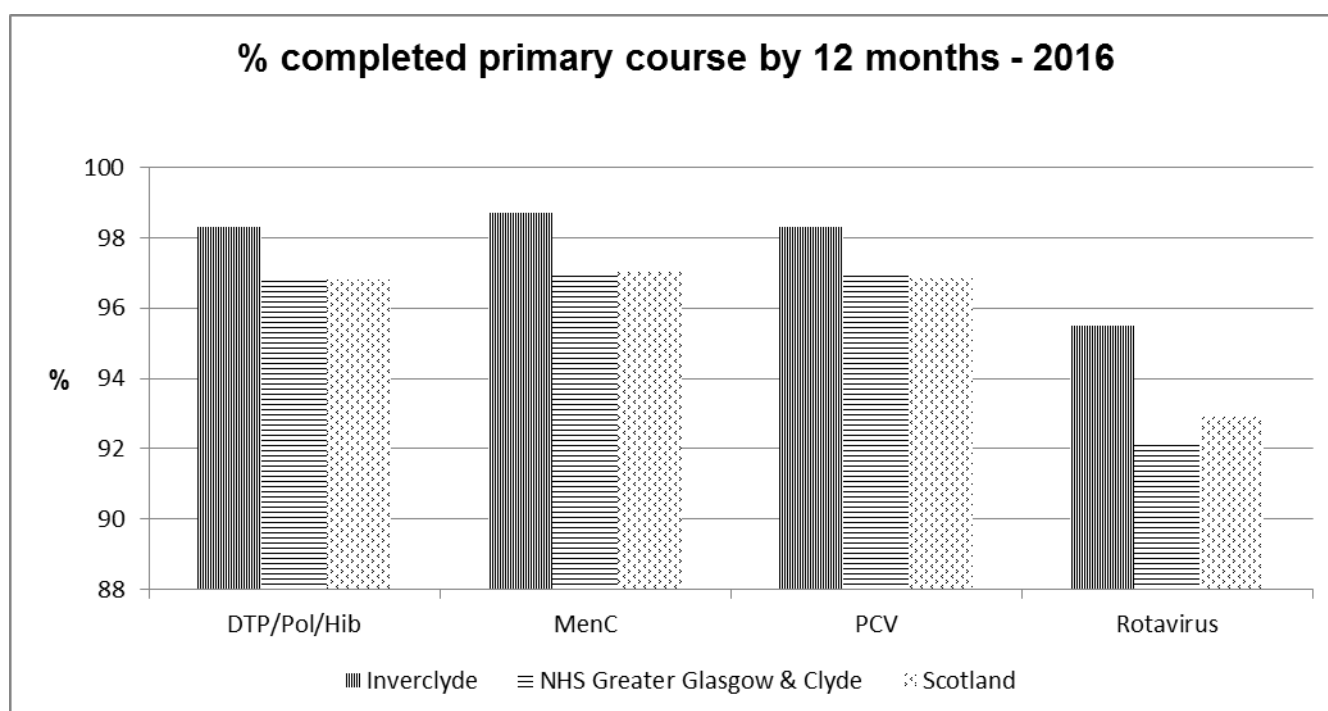


Figure 1: Percentage of children completed primary course of immunisations by 12 months of age in 2016. SOURCE ISD SCOTLAND

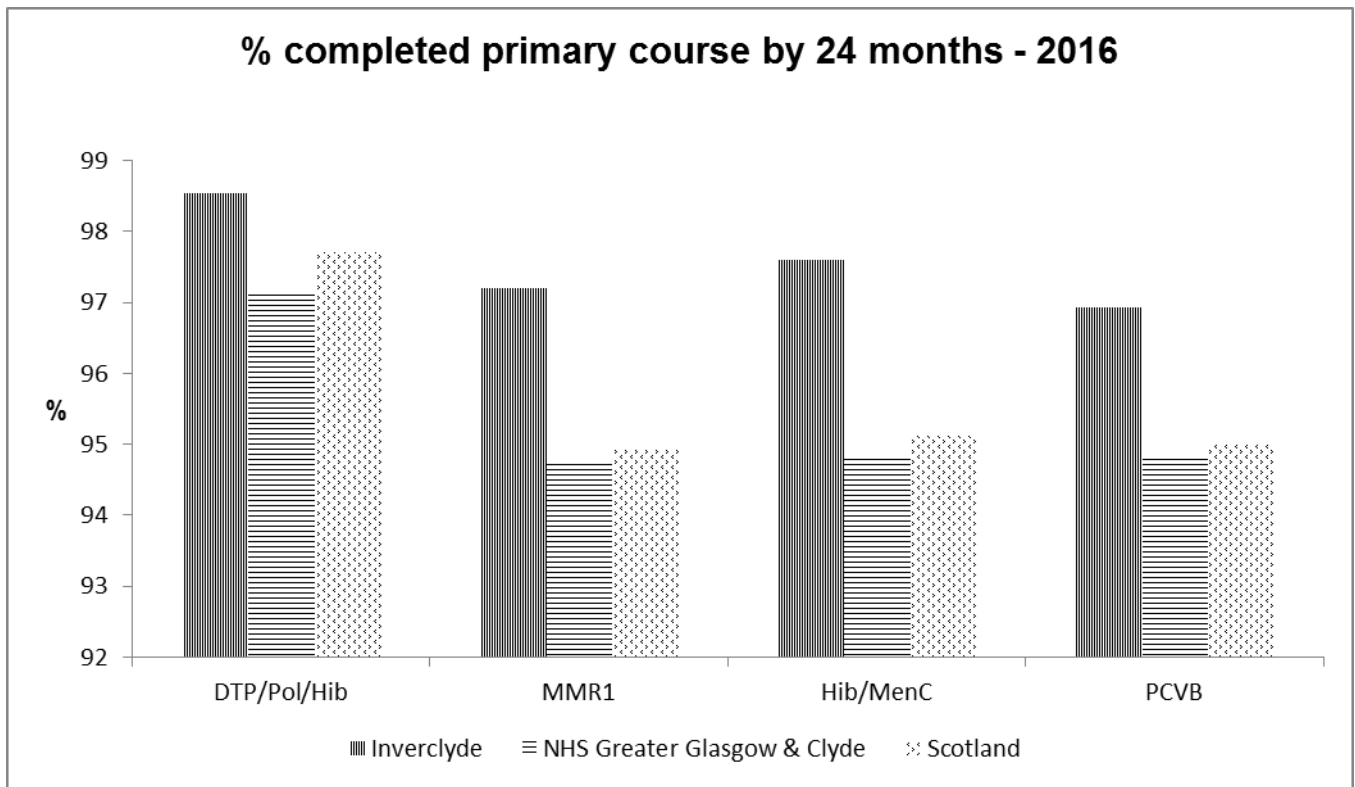


Figure 2: Percentage of children completed primary course of immunisations by 24 months of age in 2016. SOURCE ISD SCOTLAND

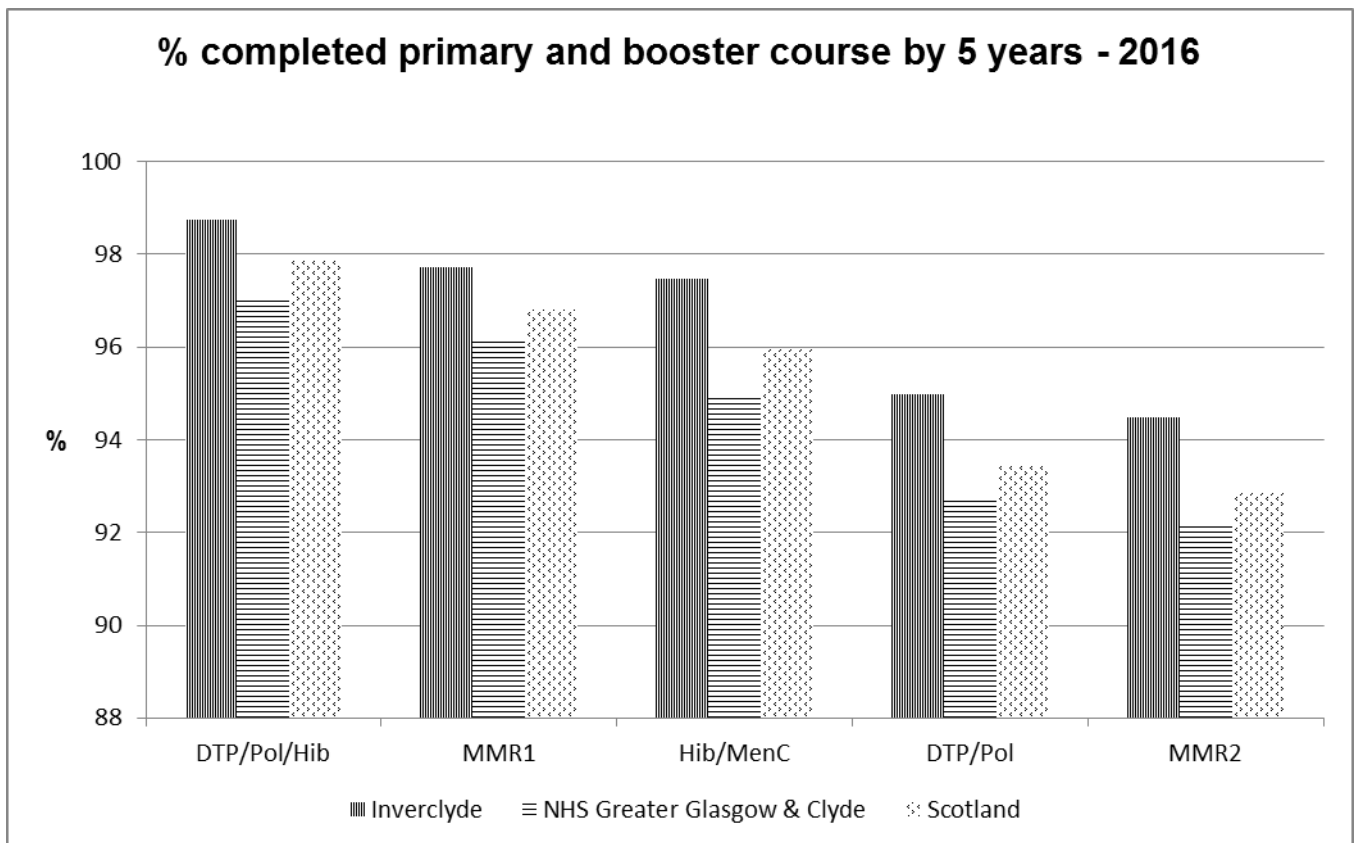


Figure 3: Percentage of Children completed primary & booster course of immunisations by 5 years of age in 2016. SOURCE ISD SCOTLAND

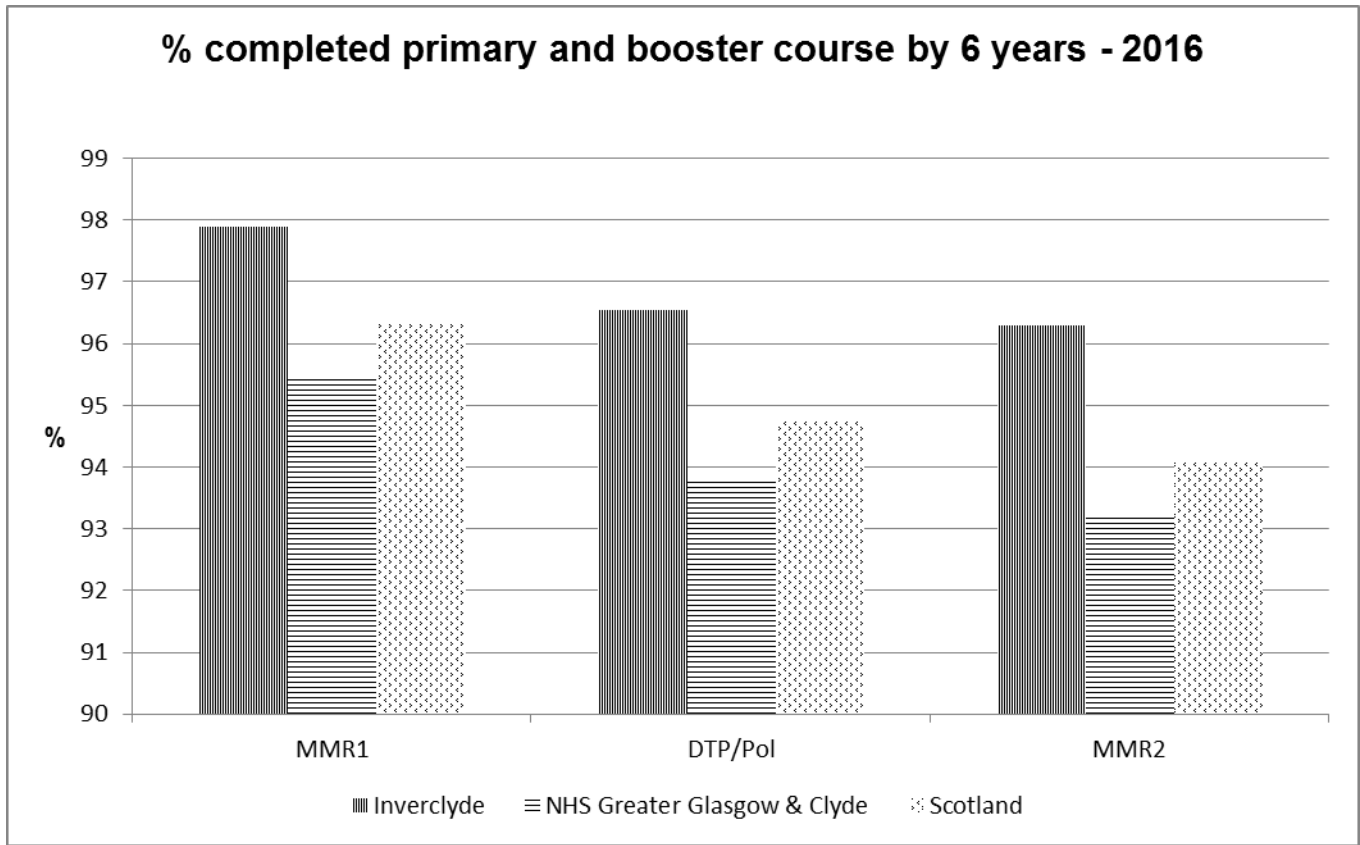


Figure 4: Percentage of children completed primary & booster course of immunisations by 6 years of age in 2016. SOURCE **ISD SCOTLAND**

#### Commentary

Figures 1 through 4 show Inverclyde has higher completion percentage at all age groups mentioned above (12 months, 24 months, 5 years and 6 years) compared to NHS Greater Glasgow & Clyde and Scotland and all are above the 95% target with the exception of MMR2 by 5 years of age which is 0.5% below target.

## 2. Immunisation Uptake Rates (MMR, DTP/Pol/Hib/ HPV)

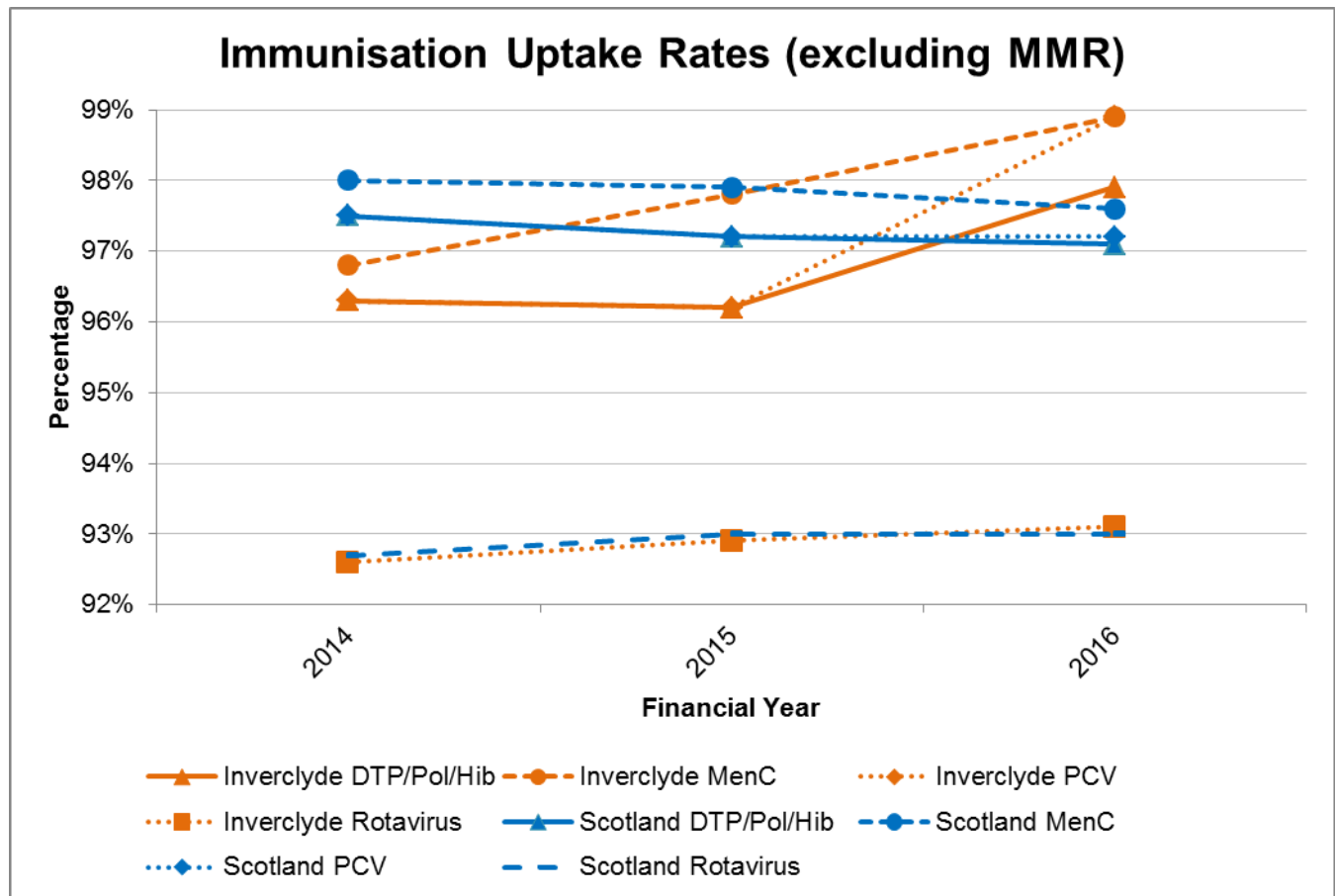


Figure 5: Percentage of Immunisation Uptake Rates (excluding MMR) for Inverclyde vs Scotland by Financial Year SOURCE **ISD SCOTLAND**

## MMR - Immunisation

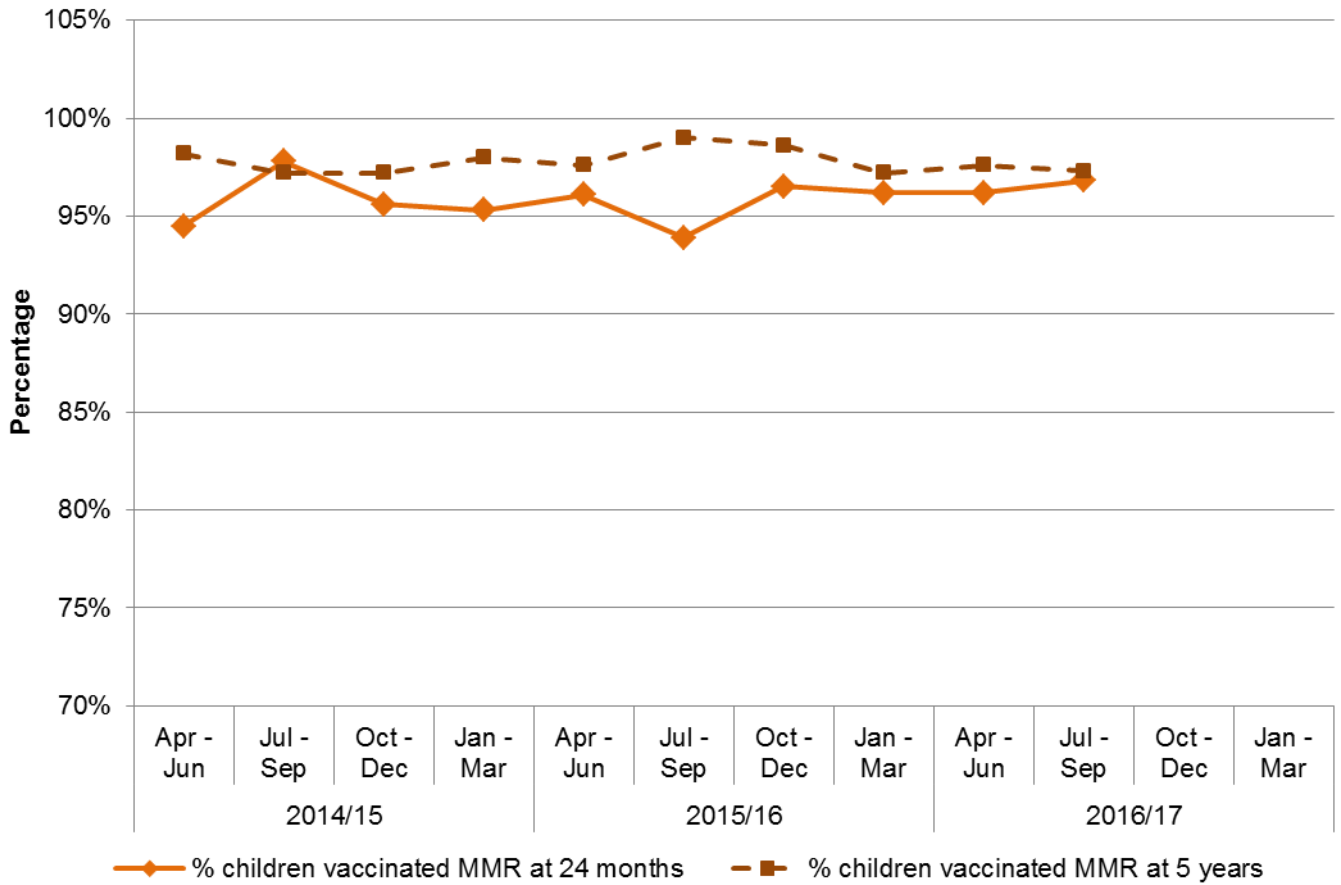


Figure 6: Percentage of Immunisation Uptake Rate for MMR ( Inverclyde vs Scotland by Financial Year) SOURCE **ISD SCOTLAND**

## HPV Immunisation uptake rates by end of the school year 2015/16 for S3 Girls

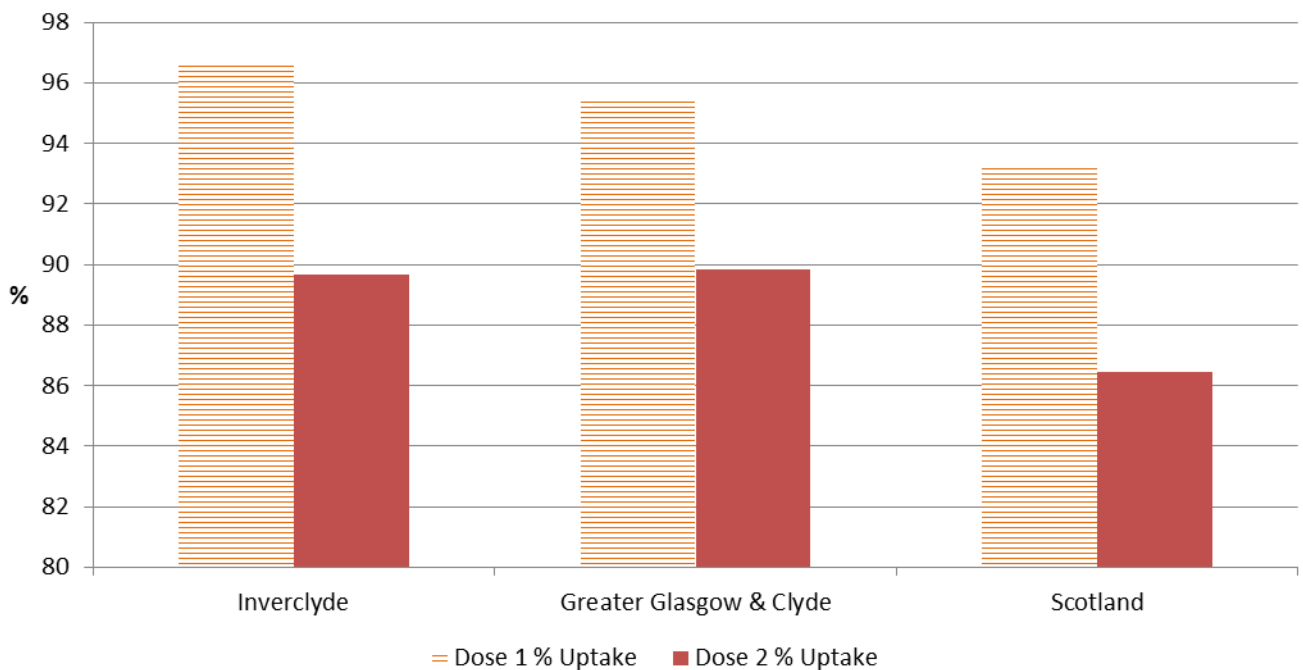


Figure 7: Percentage Uptake of HPV Immunisations rate by end of school year 15/16 for S3 girls. SOURCE **ISD SCOTLAND**



## Commentary

The percentage uptake rate is on the rise for Inverclyde Rotavirus, and we remained slightly above the Scottish average during 2016. Additionally, a rise of 1-2% has been noted for Immunisation uptake rates for DTP/Pol/Hib between 2015 and 2016 Financial Years. The Scotland rates can be seen to decline in the same period. The percentage of children vaccinated for MMR at 24 months has remained fairly steady since 2014/15 with only slight variation quarter on quarter. Since 2014/15, we have seen a 2% rise in uptake of MMR vaccinations noted at 5 years, from 94% to 96%. Inverclyde has a higher percentage rate uptake of Dose 1 than GG&C and Scotland with over 96%. Dose 2 percentage uptake is lower with just under 90% uptake, which is similar to GG&C, however slightly higher than Scotland.

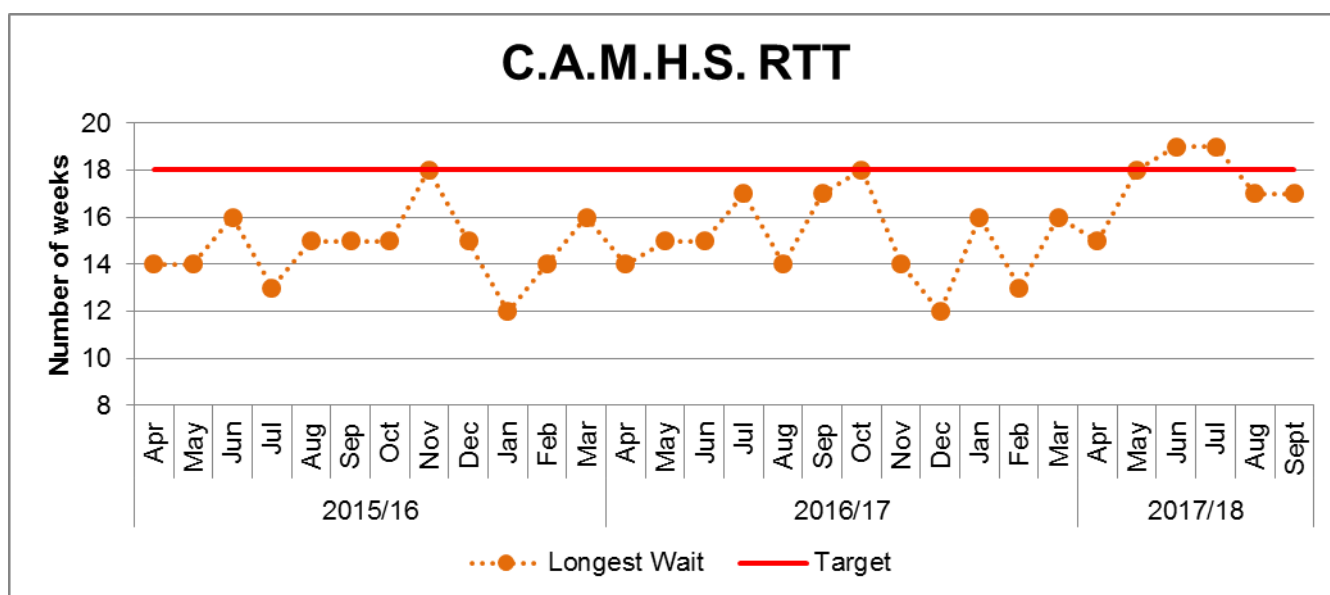
### Notes on HPV schedule

Routine HPV immunisation schedule	
September 2008 to August 2014	Three doses of vaccine: second dose given at least one month after the first dose, and third dose given at least three months after the second dose
From September 2014	Two doses of vaccine: second dose given no sooner than six months and no later than two years after the first dose

## CFCJ: Child and Adolescent Mental Health Services (CAMHS)

<b>Objective</b>	Vulnerable Children and Young People with Mental Health conditions can access services
<b>Wellbeing</b>	(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
<b>Measure</b>	Deliver faster access to mental health services by delivering 18 weeks Referral To Treatment (RTT) for specialist Child and Adolescent Mental Health Services (CAMHS).
<b>Current Performance</b>	17 weeks at September 2017

	Longest wait in weeks												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
2015/16	14	14	16	13	15	15	15	18	15	12	14	16	18
2016/17	14	15	15	17	14	17	18	14	12	16	13	16	18
2017/18	15	18	19	19	17	17							18



### Commentary

The target for 90% of young people referred to child and adolescent mental health to have begun their treatment within 18 weeks of referral has regularly been exceeded since the beginning of 2015, with just under 100% having commenced treatment within this timescale. There have been two exceptions to this over the past few years. In addition, more than 92% of those referred for psychological therapy started treatment within 18 weeks. Again this is in excess of the 90% target set for GGC.

Although waiting times do not describe the quality of service or the outcomes achieved by intervention, relatively long waiting times are recognised to be detrimental to the person who needs support. On that basis, the CAMHS Inverclyde Team has made a concerted

effort to reduce waiting times, but will work in the future to develop indicators that give a better description of the benefits achieved through engaging with the service.

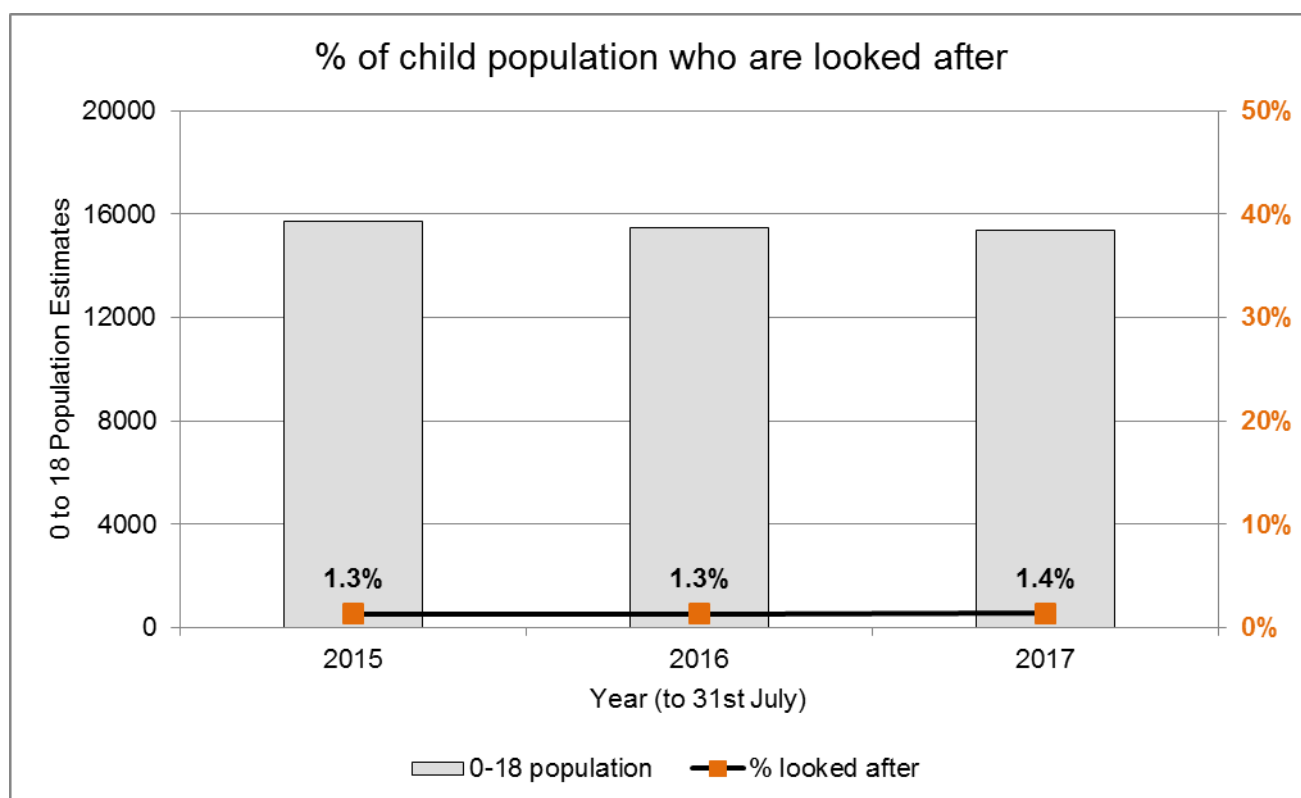
The team has experienced an increase in referrals, many of which have been identified as being 'more complex and multifaceted cases' with social complexities and vulnerabilities requiring to be seen for longer periods of time. This has impacted the "letting go" element of the service to free up capacity for the next patient. This is being monitored closely with development work being explored to identify better ways of working to improve outcomes for children and young people.

### **Actions**

- 1 Waiting Times: we will continue to monitor performance on waiting times as part of our established Quarterly Performance Service Reviews (QPSR).
- 2 Close monitoring and adjustment to staff changes: we will action a prompt replacement of staff that have left or are due to leave, and this will be actioned through the recruitment process.

## CFCJ: % Population of Looked After Children

<b>Objective</b>	Percentage Population of Inverclyde young people (under 18) who are Looked After
<b>Wellbeing</b>	(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
<b>Measure</b>	Percentage of Children Looked after, as a proportion of Inverclyde's under 18 population
<b>Current Performance</b>	1.4% (218 children looked after with an estimated population of *15374)  * National Records for Scotland 2014 mid-year population estimates.



### Commentary

The Children and Young People (Scotland) Act 2014 brought about extensive changes with specific focus on improving outcomes of 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 to 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 2017 there were 218 children and young people looked after by Inverclyde Council, with gender composition of 119 males and 99 females. Of this number of children 191 (88%) were residing within community settings and 27 (12%) were residing in a residential setting.

We strive to keep Inverclyde children in Inverclyde community settings whenever possible, as this has been shown to deliver better long-term outcomes for the children.

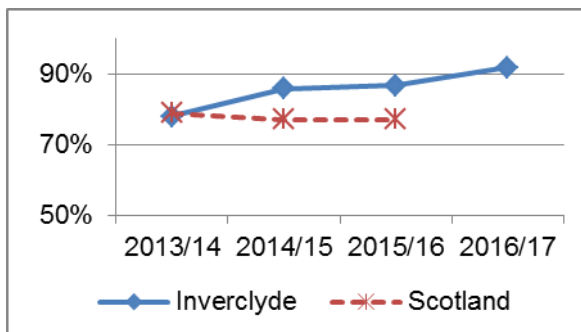
### **Actions**

- 1** We will continue to monitor the percentage of children being looked after in the community as part of our established Quarterly Service Reviews (QSR).
- 2** We will continue to address the inequalities between looked after children and their non-looked after peers by providing a stable and nurturing environment.
- 3** We will continue to ensure that all eligible young people have access to continuing care to enable them to leave care when they are fully prepared.
- 4** We will continue to monitor the timescales from becoming LAAC to permanency.
- 5** We are drafting an improvement plan arising from inspection which will cover this area.

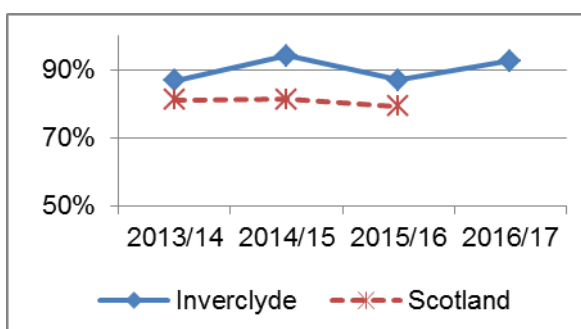
## CFCJ: CJ Community Payback Orders First Direct Contact, Induction and Unpaid Work started within specified timescales

<b>Objective</b>	Service users are seen promptly to support public and judicial confidence in community sentencing and to help them address and change behaviours which contribute to their offending.
<b>National Wellbeing Outcome</b>	(9) Resources are used effectively and efficiently in the provision of health and social care services
<b>Measure</b>	See Below
<b>Current Performance</b>	See Below

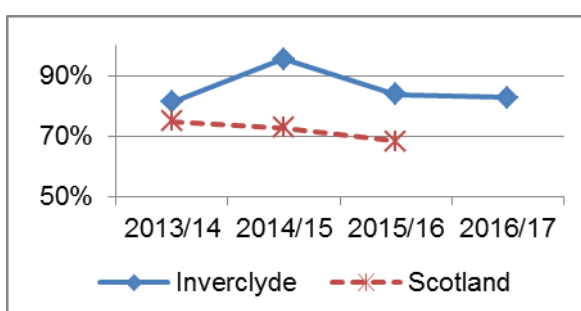
First direct contact within 1 working day of CPO being imposed by court					
	2013/14	2014/15	2015/16	2016/17	Target
Inverclyde	78%	88.5%	88.7%	91.9%	85%
Scotland	78.9%	77.2%	77.2%		



Induction took place within 5 working days of CPO being imposed by court					
	2013/14	2014/15	2015/16	2016/17	Target
Inverclyde	86.7%	94.1%	87%	92.7%	85%
Scotland	81.2%	81.4%	79.3%		



Unpaid work placement began within 7 working days of CPO being imposed by court					
	2013/14	2014/15	2015/16	2016/17	Target
Inverclyde	81.2%	95.5%	83.9%	82.8%	95%
Scotland	74.8%	72.7%	68.3%		



### Commentary

#### First Direct Contact

During 2016/17, 307 Community Payback Orders were made, approximately 16.3% being for courts outwith Inverclyde. For the purposes of our performance reporting, these Court Orders are discounted as the Service is required to wait for notification from the issuing courts before arrangements can be made to interview the individuals concerned. For locally issued Orders in 2016/17, performance was 91.9%. This is an improvement on last year's performance and exceeds the agreed target of 85%.

Moreover from the most recent published data, which relates to 2015/16, our performance also exceeds the Scottish average for this indicator which is 77.2%. This demonstrates that we are not complacent about achieving our targets, but rather, are driven by an ethos of continuous improvement.

### **Induction**

The indicator that measures inductions/first meetings pertains to both Supervision and Unpaid Work Requirements which can form part of a Community Payback Order (either individually or combined). Our performance is up on last year by 5.7% and is also above the agreed target of 85%. Again using the most recent published data, which relates to 2015/16, our performance exceeds the Scottish average for this indicator, which is 79.3%. Performance on this indicator can be impacted by factors within and outwith the Service's control. An example of the former would be staff availability and the latter nonattendance by the service user as a result of noncompliance.

### **Unpaid Work**

In 2016/17, 82.8% of service users began their work placements within 7 working days of the Court Order being imposed. Whilst this is an improvement on last year's performance, it remains below the target of 95%. However our performance does exceed the Scottish average of 68.3% which is again drawn from the most recent published data and pertains to 2015/16. This indicator can again be impacted by factors within and outwith the Service's control.

The above performance requires to be seen within the context where for the first four years following the introduction of Community Payback Orders (CPOs), which included 2015/16, there was a trebling of the number of CPOs imposed (i.e. from 99 to 347). It is only in 2016/17, that the Service has begun to see the tailing off of this trend with the numbers reducing to 307. Understandably, such a sustained period of increase has presented challenges for the Service in meeting its performance targets, thereby delivering better outcomes. Notwithstanding this, as can be seen from the above narrative in all instances where there are national comparatives for the indicators, the Service exceeded these and did so significantly.

### **Actions**

- 1** The Service is committed to continuous improvement and this is reflected in our efforts to develop a variety of bespoke tools (e.g. Demand Planning Tool, Work Placement Planner and Service User Attendance Management Tool) which will hopefully come on-line during 2017/18 and will further improve the performance and efficiency of our work.