

Report To: Inverclyde Integration Joint Board **Date:** 14 May 2019

Report By: Louise Long
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Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/27/2019/HW

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Subject: PERFORMANCE EXCEPTIONS REPORT

1.0 PURPOSE

1.1 The purpose of this report is to present the Integration Joint Board with exceptions performance information, highlighting where performance differs from target by a margin that is greater than or equal to 5% (either positive or negative). This report is additional to the Annual Performance Report, and considers operational performance that can potentially support delivery of the National Wellbeing Outcomes.

2.0 SUMMARY

2.1 The measures have been selected based on the criteria outlined above, and our ongoing Quarterly Service Review (QSR) arrangements will ensure that the relevant services will be working to improve falling performance or sustain positive progress. The report also includes performance information relating to Oral Health and Musculoskeletal (MSK) Physiotherapy Waiting Times, which are hosted on our behalf (by East Dunbartonshire and West Dunbartonshire HSCPs, respectively).

2.2 The Performance Exceptions report will be produced for the IJB twice yearly.

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).

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

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 2019-24.
- 4.2 Our processes for monitoring and managing performance are embedded within our Quarterly Services Reviews (QSR), where services consider their performance in the context of all targets and agreed objectives. Where there is a variance from expected performance of 5% or more, either positively or negatively, the IJB will be alerted through the Performance Exceptions Report (PER). The PER also includes some service commentary describing proposed remedial actions or proposed actions to sustain good performance.

5.0 RECOMMENDATIONS

- 5.1 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.
- 5.2 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).

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 IMPLICATIONS

FINANCE

7.1

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

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

- 7.2 There are no legal implications arising from this report

HUMAN RESOURCES

7.3 There are no human resources implications arising from this report.

EQUALITIES

7.4 Has an Equality Impact Assessment been carried out?

✓

YES

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	Any drop in performance will potentially have an impact on people with protected characteristics, therefore performance must be monitored regularly.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Not applicable
People with protected characteristics feel safe within their communities.	Not applicable
People with protected characteristics feel included in the planning and developing of services.	Not applicable
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Not applicable
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Not applicable
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Not applicable

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 The drop in performance for MSK waiting times could potentially impact on other patient pathways. Implications will be explored further at the Clinical and Care Governance Group.

8.0 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
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People are able to look after and improve their own health and wellbeing and live in good health for longer.	Regular performance monitoring supports the effective management of clinical and care pathways.
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	Reducing delayed discharges ensures that people are supported back to independent living as soon as appropriate. Community alarms help increase confidence for people to remain at home.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	End of life care at home provides a responsive approach to a positive and dignified experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	All of the indicators highlighted in the PER contribute to this outcome to some extent.
Health and social care services contribute to reducing health inequalities.	Alcohol-related deaths are associated strongly with other inequalities.
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.	Not applicable
People using health and social care services are safe from harm.	Not applicable
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.	Not applicable
Resources are used effectively in the provision of health and social care services.	Not applicable

9.0 CONSULTATION

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

10.0 BACKGROUND PAPERS

10.1 None

Performance Exceptions Report May 2019

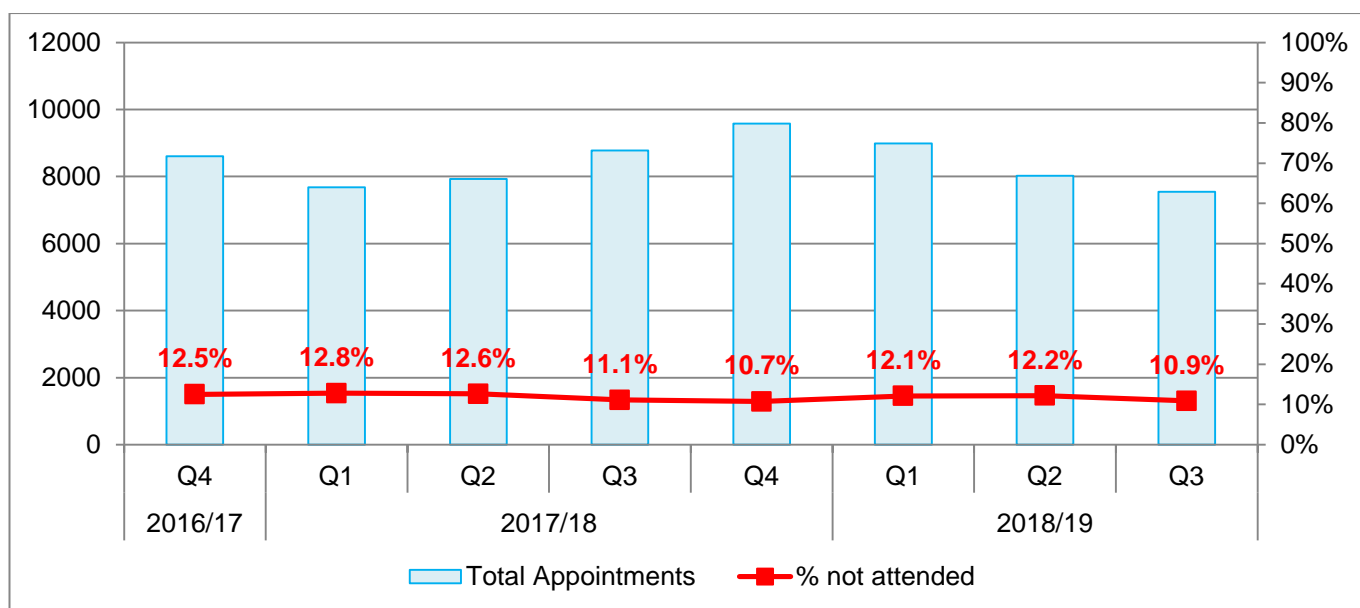
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MHAH: Non-Attendance for Adult Community Mental Health Team (CMHT) appointments

Objective	Reduce the Number of Non-Attendances
National Wellbeing Outcome	9. Resources are used effectively and efficiently in the provision of health and social care services
Measure	% of Adult CMHT appointments where service user did not attend
Current Performance	In 10.9% of all appointments the Service User failed to attend
Target	To reduce this to 10% by September 2019
Trend	There has been a gradual improvement in reducing the rate of non-attendance. This is unpublished data so it is not possible at this time to benchmark with other areas.

	2016/17	2017/18				2018/19		
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Total Appointments	8605	7678	7925	8777	9577	8992	8019	7546
Did Not Attend	1078	982	1001	976	1027	1090	977	823
% not attended	12.5%	12.8%	12.6%	11.1%	10.7%	12.1%	12.2%	10.9%



Commentary

Non-attendance can be wasteful, and can increase waiting times. We are continually working to reduce the number of non-attended appointments through various means such as:

- ✓ a text reminder that is sent to the Service User prior to the appointment
- ✓ home visits where practical
- ✓ scheduling appointments at a time that suits the Service User better

These actions have resulted in a reduced rate of non-attendance from a high of around 15% in 2015/16 to now below 11%.

Our Mental Health Strategy, which was approved by IJB in 20/01/2018, highlights how the service will develop going forward, to ensure a flexible, person-centred approach.

We would also wish to compare our performance against other areas, however non-attendance rates are no longer published nationally, meaning that it can be difficult to readily identify best practise and learning from other areas. However, we will be asking the Scottish National Benchmarking Network to develop a benchmarking framework for non-attendance. Given the complexity of reasons for non-attendance to CMHT appointments, it might be that the Network will begin with a more straightforward service area, however we will urge them to schedule mental health patients into their future programme of work.

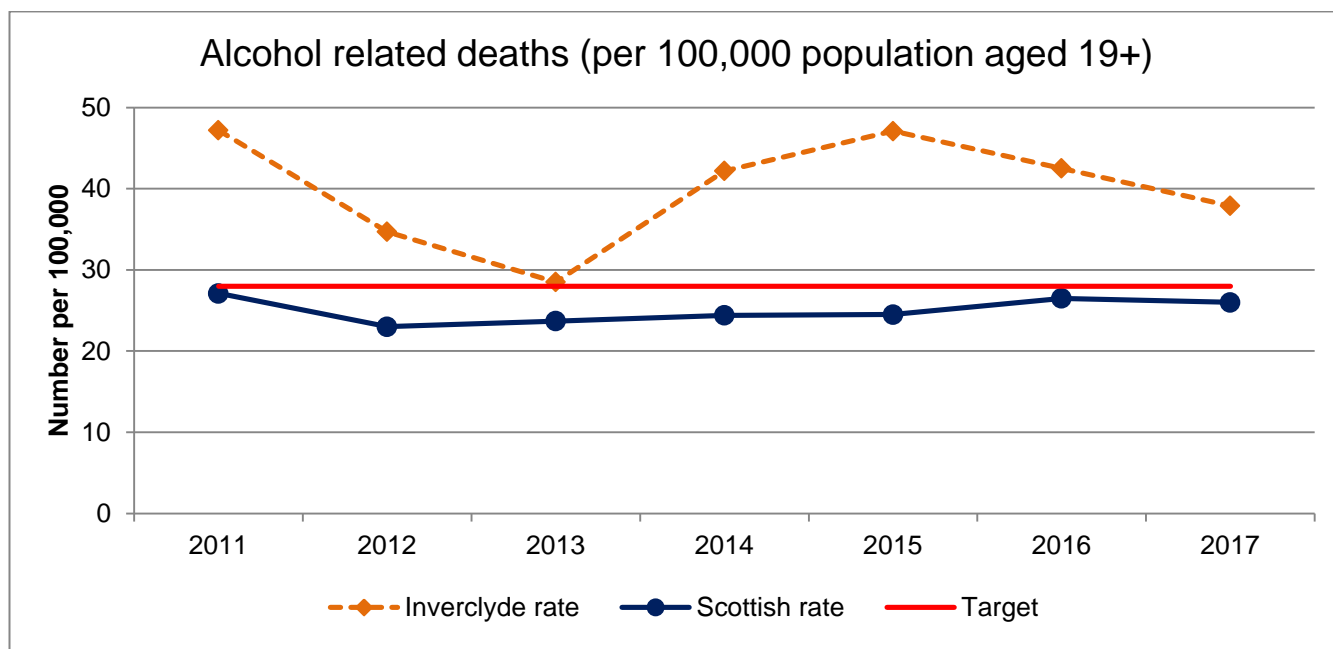
Actions

- 1) Continue to monitor performance in the MHAH QSR
- 2) Progress the Mental Health strategy
- 3) Work with the Scottish National Benchmarking Network to develop a workable benchmarking framework that supports identifying and learning from best practise.

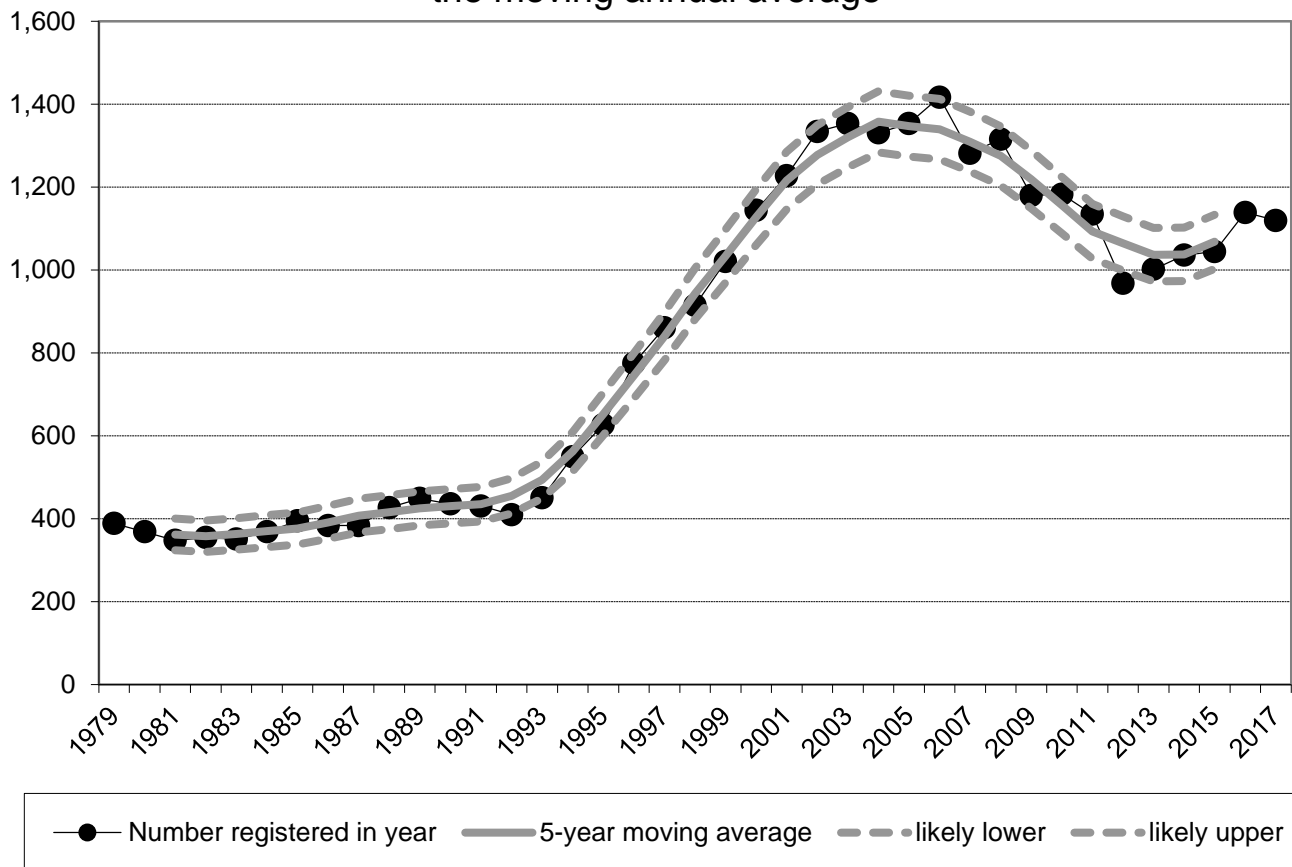
MHAH: Reduce Alcohol Related Deaths

Objective	Reduce Alcohol Related Deaths
National Wellbeing Outcome	7. People using health and social care services are safe from harm
Measure	Reduce alcohol related deaths (per 100,000 population aged 19 and over)
Current Performance	37.9 per 100,000 of the population who are age 19 and over
Target	28 per 100,000
Trend	From almost achieving our target in 2013 there was a 2 year rise followed by a 2 year reduction

Reduce alcohol related deaths (per 100,000 population aged 19+)							
	2011	2012	2013	2014	2015	2016	2017
Inverclyde rate	47.2	34.7	28.5	42.2	47.1	42.5	37.9
Scottish rate	27.1	23	23.7	24.4	24.5	26.5	26.0
Actual numbers (Inverclyde)	30	22	18	27	30	27	24



Alcohol-specific deaths (new National Statistics definition) registered in Scotland, 1979 to 2017, with 5-year moving annual average and showing the likely range of values around the moving annual average



Commentary

Alcohol related harm is a significant issue in Inverclyde. By most national measures Inverclyde experiences some of the highest prevalence rates and incidents of substance misuse related harm in Scotland. Significant advances have been made in tackling alcohol related harm in Inverclyde, however, there is considerable progress to be made in supporting the realisation of an environment where alcohol issues impact less on the achievement of better outcomes for individuals and communities in Inverclyde.

The past 2 reporting years have seen the number of alcohol related deaths reduce to bring us closer to the Scottish average and our target, however this is tempered by a larger increase in the preceding 2 reporting years. The 2nd chart helps demonstrate the challenge of reducing alcohol related deaths across Scotland

Our Recovery Orientated System of Care will support people to reach their potential and enable them to (for example):

- Access health and social care services which support their pathway to recovery
- Develop skills including life-long learning, confidence and self-esteem
- Live active lifestyles and have opportunities to be involved in communities
- Stay safe from the impact of substance misuse

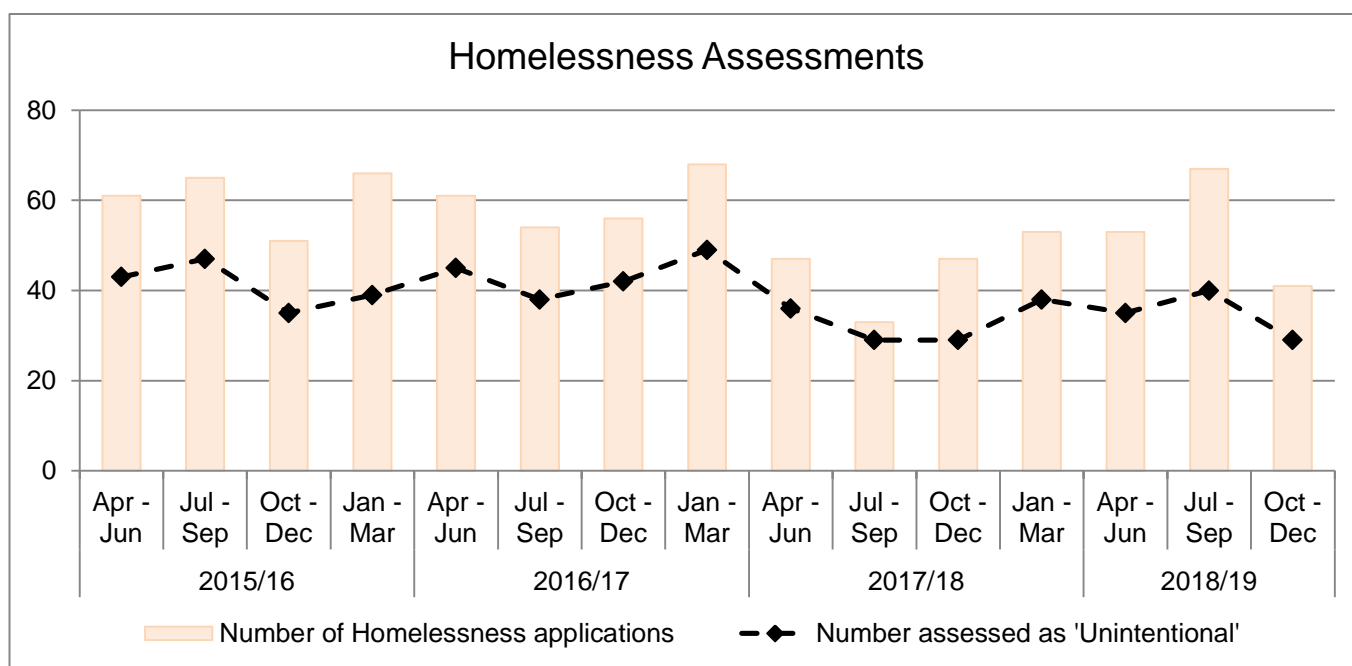
Actions

- 1) Continue to monitor performance in the MHAH QSR
- 2) Progress the addictions services review and implement the recommended changes including
 - Effective joint working with 3rd sector organisations
 - Easier access to support services
 - Improve recovery pathways and outcomes
 - Test approaches to increasing access to services over 7 days, including provision of home detoxification
 - Group established

MHAH: Unintentional Homelessness

Objective	Reduce the level of Homelessness in Inverclyde
National Wellbeing Outcome	3. People who use health and social care services have positive experiences of those services, and have their dignity respected
Measure	Households assessed as 'unintentionally homeless' or 'unintentionally threatened with Homelessness'
Current Performance	In the period October to December 2018, 41 households made a formal 'Homelessness application' to our services. Of these 41, it was assessed that 29 were 'unintentionally homeless', using the definition below.
Target	To reduce the number of households making a 'Homelessness application' by resolving any potential homelessness situations prior to this
Trend	There has been a reduction in the number of full homelessness assessments being undertaken, with the largest majority being assessed as 'Unintentionally homeless'.

	HL1(homeless) decisions based on the period when the HL1 assessment began														
	2015/16				2016/17				2017/18				2018/19*		
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec
Number of Homelessness applications	61	65	51	66	61	54	56	68	47	33	47	53	53	67	41
Number assessed as 'Unintentional'	43	47	35	39	45	38	42	49	36	29	29	38	35	40	29



Commentary

Section 24 of the Housing (Scotland) Act 1987 defines homelessness as follows:
'A person is homeless if he/ she has no accommodation in the UK or elsewhere. A person is also homeless if he/ she has accommodation but cannot reasonably occupy it, for example because of a threat of violence. A person is potentially homeless (threatened with homelessness) if it is likely that he/ she will become homeless within two months. A person is intentionally homeless if he/ she deliberately did or failed to do anything which led to the loss of accommodation which it was reasonable for him/ her to continue to occupy.'

All households approaching the service are first engaged with our 'Housing Options' (prevention) work which provides the necessary support to prevent homelessness occurring. We are able to resolve the vast majority of cases (approx. 73%) at this stage. We are aiming to further improve access to support at an earlier stage, in relation to people at risk of becoming homeless.

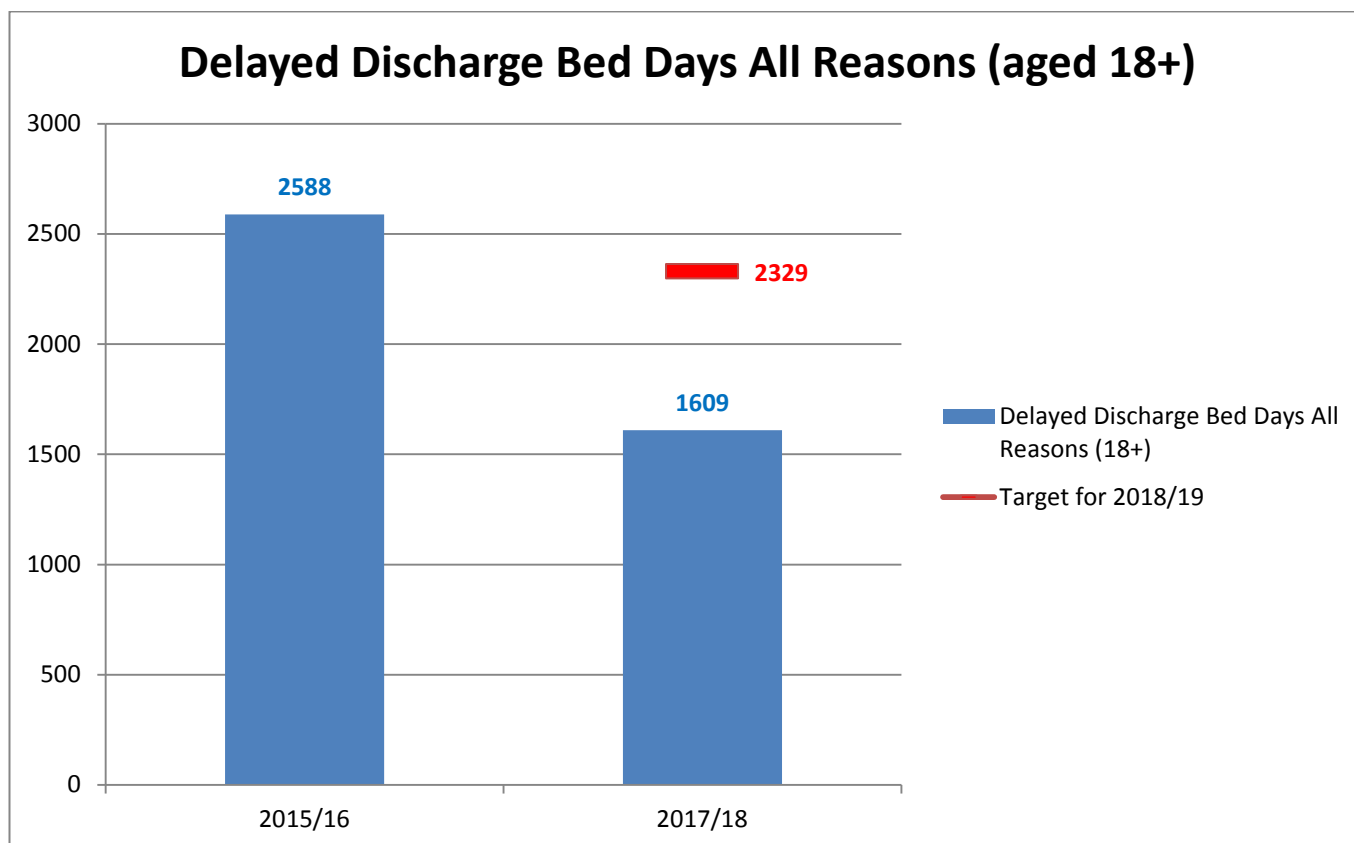
There has been a small reduction in the number of households that have progressed to the stage of making a 'Homeless application' to the service. Where this has happened the majority of these applications have been assessed as 'Unintentional' according to the Housing (Scotland) Act (approx. 65%). Throughout the assessment process, with some households we are able to support resolution of the homelessness situation prior to the formal decision made within the 28 day timescale.

Actions

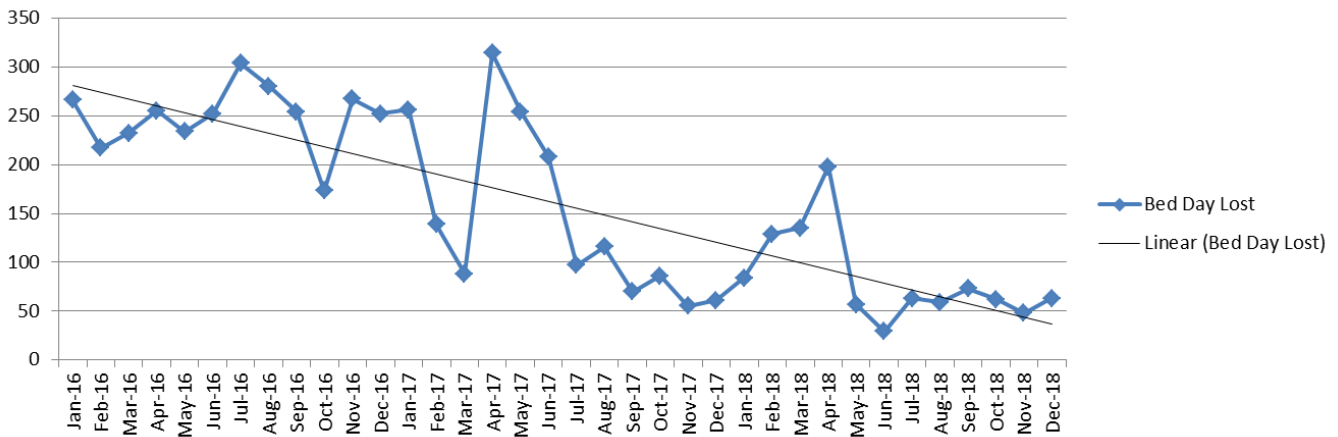
- 1) Continue to monitor performance at the Mental Health, Addictions & Homeless Quarterly Service Review.
- 2) Further development of housing options approach in partnership with RSLs and across HSCP to engage people at risk of homelessness.
- 3) Work to identify best practise for risk factors and early identification and support.

HCC: MSG Bed Days Lost to Delayed Discharge

Objective	Bed days lost to Delayed Discharge
National Wellbeing Outcome	9. Resources are used effectively and efficiently in the provision of health and social care services
Measure	Number of bed days lost when patients have been delayed in hospital when medically fit for discharge.
Current Performance	Inverclyde continues to perform well in regards to reducing bed days lost to delayed discharge. The target set for 2018/19 has already been exceeded. The percentage reduction in 2017/18 from the baseline is -37.8%.
Target	A reduction of 10% on the 2015/16 baseline data.
Trend	The long term trend (Figure 2) shows that Inverclyde continues to perform well in this area.



Long Term Trend - Bed Day Lost to Delayed Discharge (all ages, all reasons)



Commentary

Inverclyde continues to show a sustained good performance in relation to Delayed Discharge. The partnership has seen the level of bed days lost reduce year on year since the baseline year (2015/16) and continues the trend into 2019. The average number of bed days lost days per month for 2018 was 83.3 days.

This good performance is reflected in the other delayed discharge measures such as “Delays at Census” and the “number of delayed episodes within the month”.

Actions

To build on the success of our Home 1st approach and explore opportunities to involve other sectors to ensure future improvement in outcomes for people to stay at home or in a more homely setting.

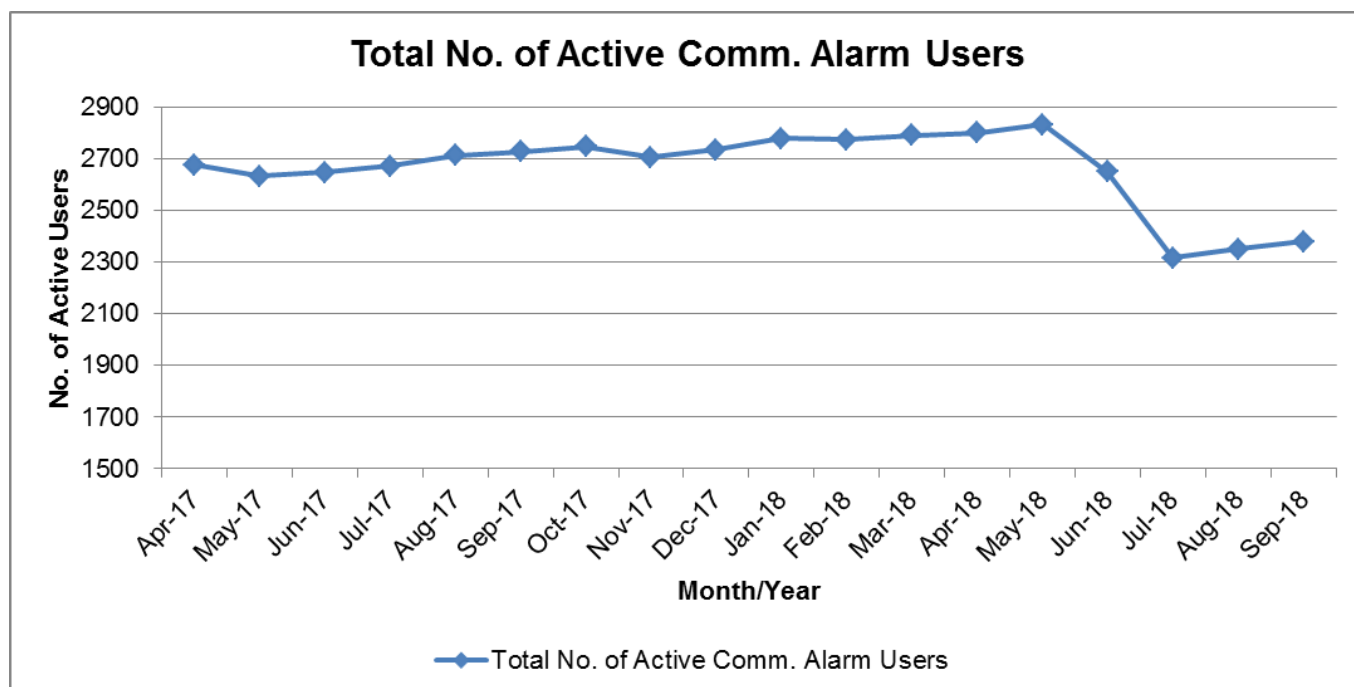
Identify further improvement in key processes, reduce duplication and eliminate waste within a LEAN environment.

Use data to inform current and future lines of enquiry in relation to the needs of those people with long term conditions.

Understand and implement interventions that better support people with Addiction issues.

HCC: Community Alarm Users

Objective	People can stay at home safely by utilising technology
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	Number of Service Users who utilise the Community Alarm Service
Current Performance	The chart shows a drop in the number of service users after charging was introduced.
Target	6% increase per year, in line with pre-charging growth of use.
Trend	The trend pre charging policy was an increase month on month, equating to approximately 6% per year.



Commentary

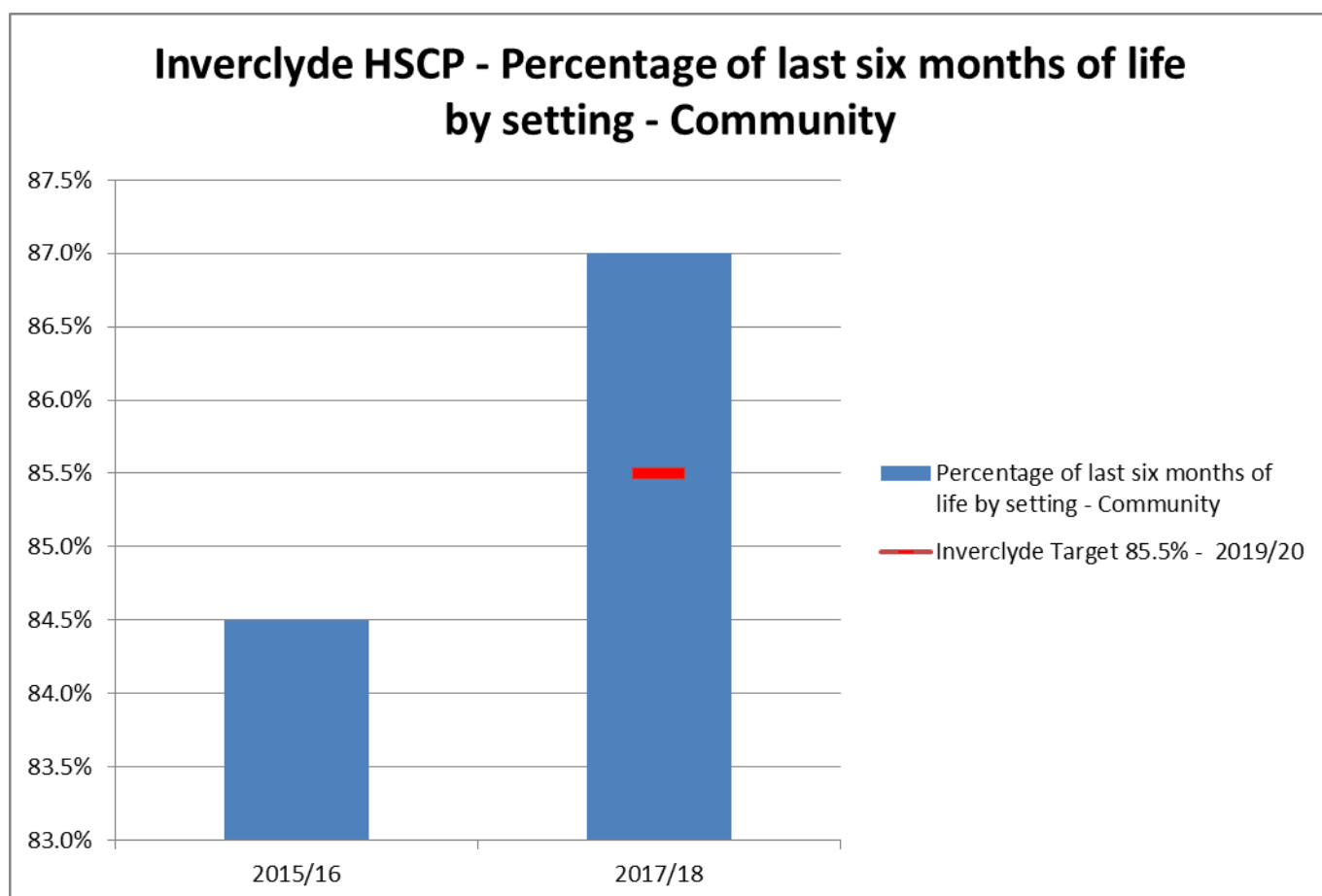
The chart shows a drop in the number of service users after charging was introduced on 1st July 2018. However the drop in users was not matched with any drop in performance in other key outcome areas, particularly in relation to unplanned hospital admissions. The numbers of community alarm users are beginning to increase again, indicating that service users value the reassurance provided by the alarm. Until 2018, the service continued to show a rise of 6% per year on year in community alarm service users (including withdrawals).

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 appropriate uptake and usage of technology, evaluating its progress and benefits to improve the outcomes for service users.
- 3) The Service will maintain its annual reviews of service by carrying out home visits and telephone calls (where appropriate) to collate this information.
- 4) Support continuous improvement of Technological Enabled Care (TEC) and ensure if it fully integrated and embedded in mainstream services.

HCC: MSG Percentage of last 6 months of life by Setting – Community

Objective	Improve End of Life Care
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	Increase the % of the last 6 months of life spent in a community setting.
Current Performance	Inverclyde exceeded the 2018/19 target, with 87.0% of the last 6 months of life spent in the community, against the target of 85.7%. The 2019/20 target set by the Ministerial Strategic Group is 86.5%.
Target	An increase of 3.5% of the 2015/16 baseline data (84.5%), aiming for 88% in 2019/20.
Trend	Inverclyde has seen the percentage rise in the 2 years since the baseline was established.



Commentary

This measure is an annual measure which generally only sees very small variances from year to year and this is reflected in the target set through the Ministerial Strategic Group (MSG) which was to increase the percentage of people in their last 6 months of life in a community setting by 1% per year.

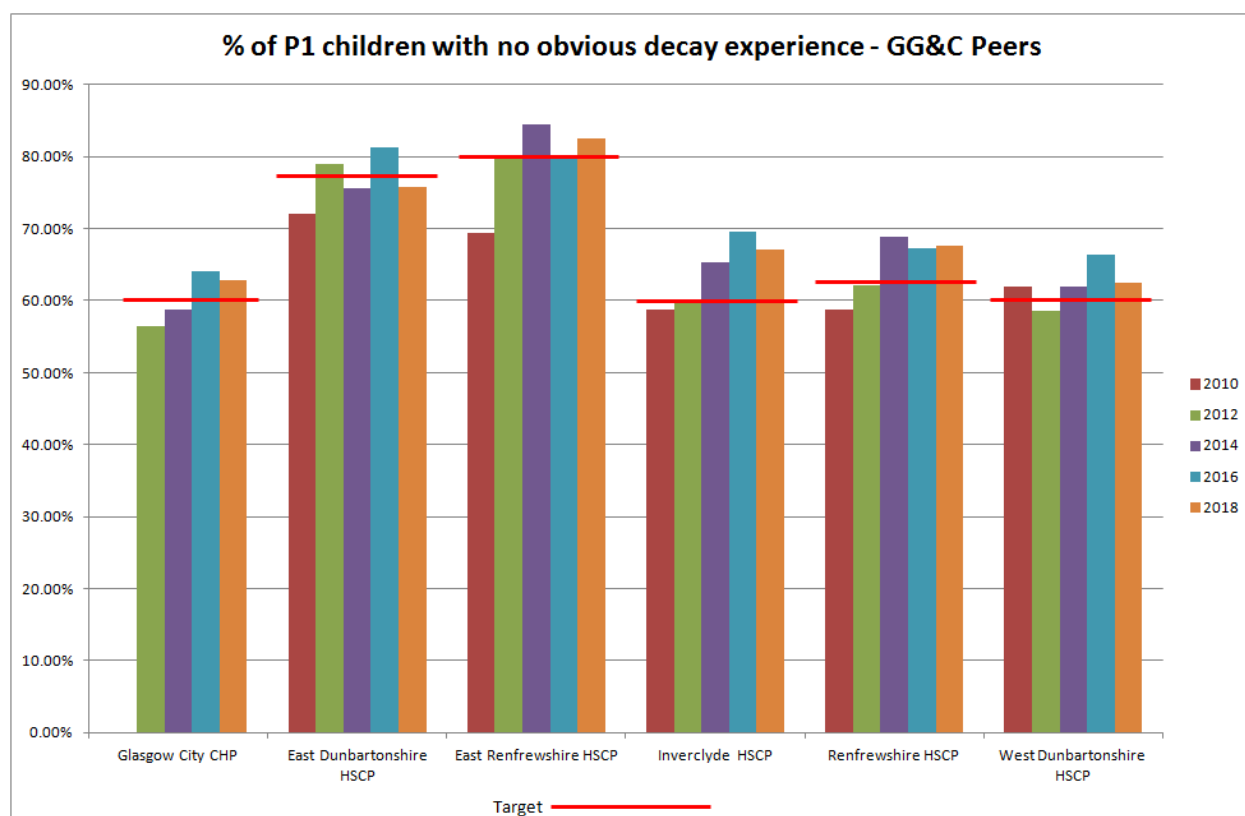
Inverclyde has achieved an increase of 2.5% from the 2015/16 baseline (84.5%) in relation to this indicator, exceeding the 2018/19 target by 1.5%. We aim to increase by another 1% during 2019/20.

Actions

- 1) Promote and encourage the use of Anticipatory Care Plans (ACPs)
- 2) Continue to monitor the number of completed of ACPs
- 3) Encourage the sharing of ACPs between professions within the HSCP
- 4) Improve information-sharing across professions
- 5) Promote and increase communities of understanding of end of life through Compassionate Inverclyde.

SASS: Hosted Service - Oral Health

Objective	Improve Children and Adult oral health.
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	Increase the percentage of children with no obvious signs of tooth decay for Primary 1 aged children.
Current Performance	Inverclyde is exceeding the target.
Target	60% of children in P1 with no obvious sign of tooth decay.
Trend	Inverclyde has shown significant gains since 2010.



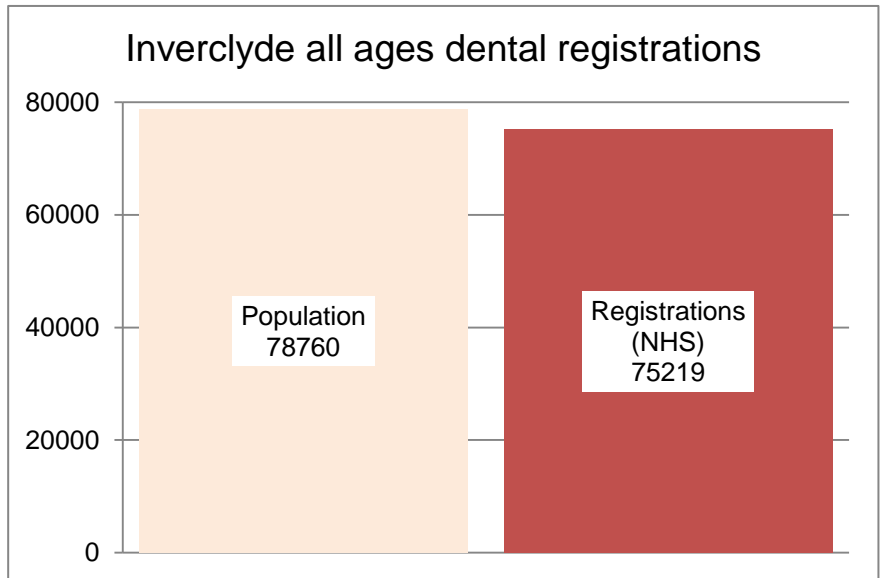
Commentary

Oral Health services are hosted on behalf of all of the Greater Glasgow and Clyde HSCPs, by East Dunbartonshire HSCP. The Inverclyde HSCP takes cognisance that NDIP (National Dental Inspection Programme) is a national programme and that our local dental practitioner's, schools and parents play a major role in helping this target to be achieved.

A comparison with our GG&C peers illustrates that Inverclyde has exceeded the target by the greatest margin for the last 2 reporting periods (in 2016, Inverclyde exceeded the target by 9.6% and in 2018 the target was exceeded by 7%).

Inverclyde residents registered with an NHS dentist as at 30th September 2018						
Age Range	0-2	3-5	6-12	13-17	18-64	65+
Number Registered	1178	2177	5817	4052	48088	13907

Approximately 95% of Inverclyde residents are registered with an NHS dentist. It should be noted that some of the population will be accessing private dental care and are, therefore, not included in these figures.

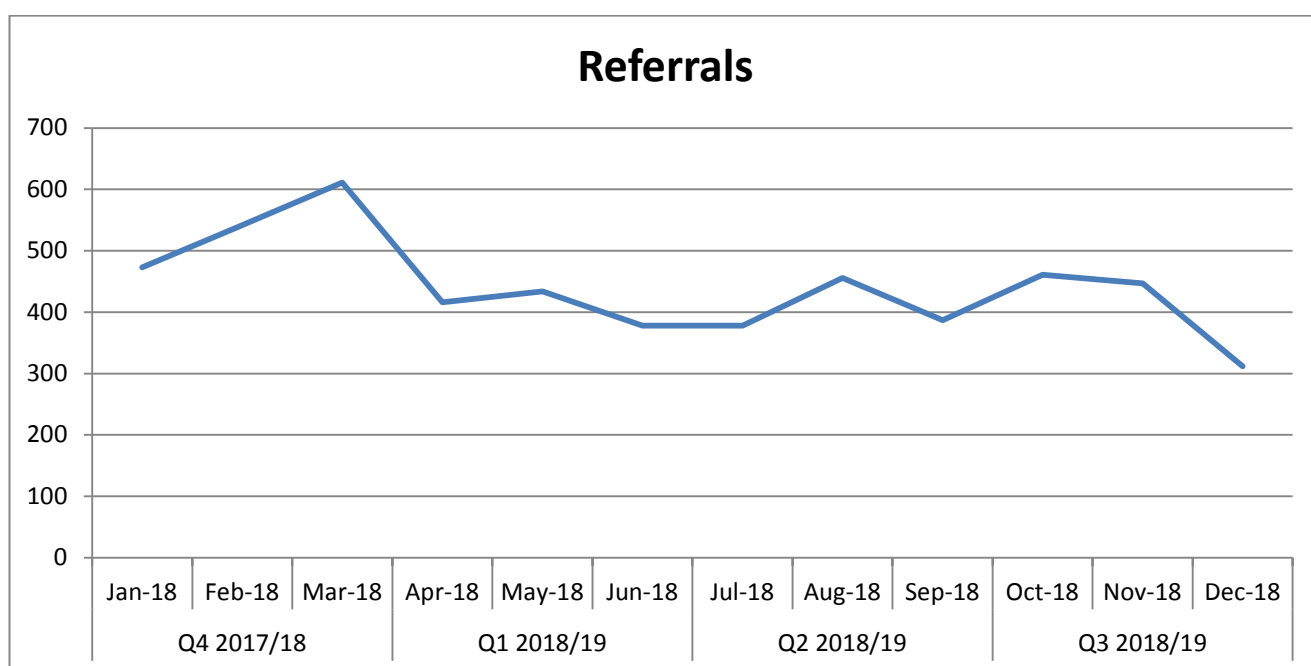


Actions

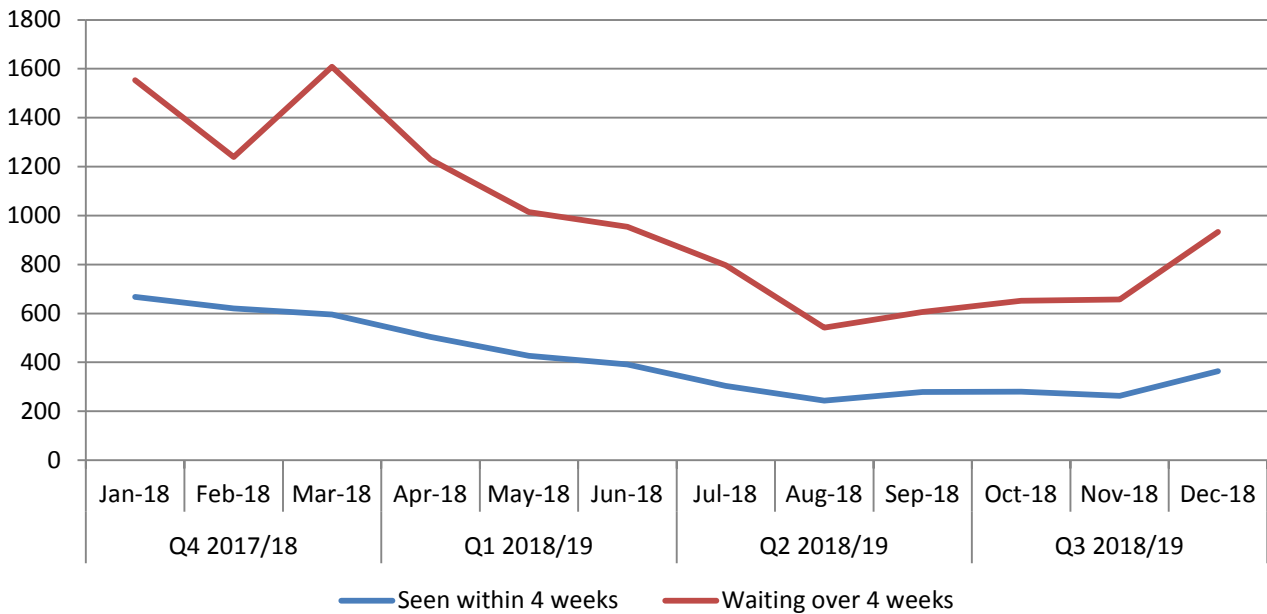
- 1) Continue to work with education and children and family teams to support Oral Health Improvement, including promoting breastfeeding, child dental registrations and fluoride varnishing.
- 2) In particular, continue to focus on increasing dental registration of 0-2 age group.
- 3) Support targeted work in those schools with higher levels of category A and B NDIP letters.
 - o Letter A : child should seek immediate dental care on account of severe decay or abscess
 - o Letter B : child should seek dental care in the near future due to one or more of the following: presence of decay, a broken or damaged front tooth, poor oral hygiene or may require orthodontics

SASS: Hosted Service: Musculoskeletal (MSK) Physiotherapy Waiting Times

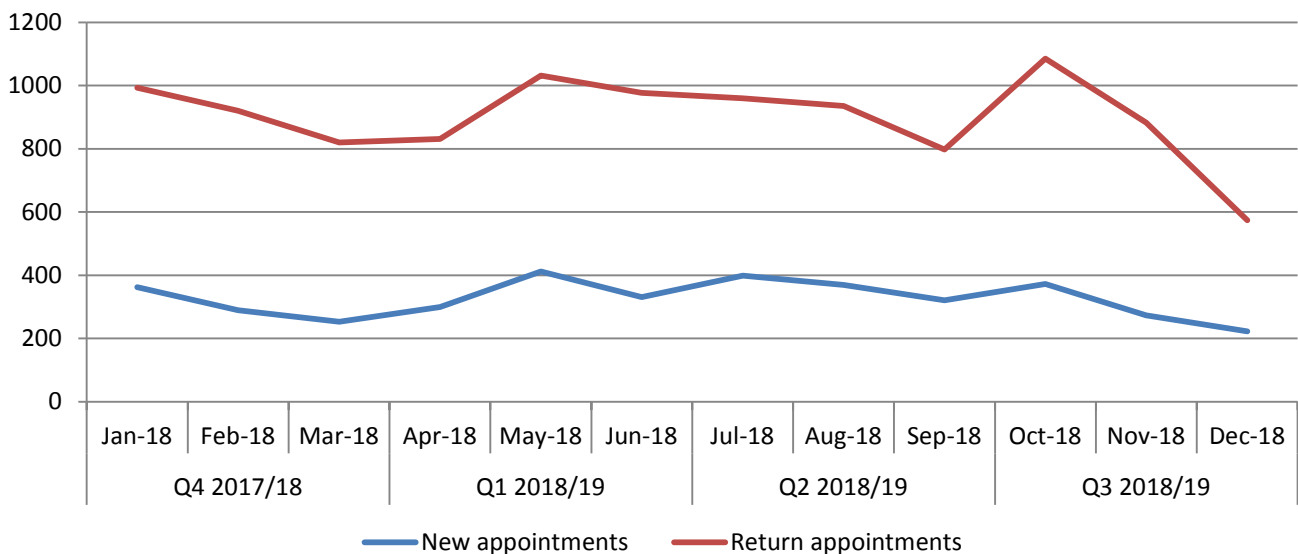
Objective	MSK Physiotherapy Waiting Times
National Wellbeing Outcome	4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Measure	Musculoskeletal (MSK) Physiotherapy Waiting Times
Current Performance	December 2018 - 39% of patients were seen within 4 weeks. All Inverclyde patients requiring an urgent appointment were seen within 4 weeks.
Target	90% of patients referred to physiotherapy are seen within 4 weeks.
Trend	Downward trend in the % of patients seen within 4 weeks from 43% in October and 40% in November 2018.



Seen within 4 weeks



Appointment types



Commentary

MSK Physiotherapy services are hosted on behalf of all of the Greater Glasgow and Clyde HSCPs, by West Dunbartonshire HSCP. The number of Inverclyde referrals to the MSK service each month has fallen from the high of 611 in March 2018 to 312 in December 2018. Within the same timeframe there has been a reduction in the number of people seen within 4 weeks, from 595 in March 2018 to 364 in December 2018. This indicates that the reduction in demand has not freed up sufficient capacity to improve waiting times performance for Inverclyde people. The reasons for both the drop in referrals and the drop in waiting times performance are being explored.

There may be a number of factors that influence this, including the availability of staff and

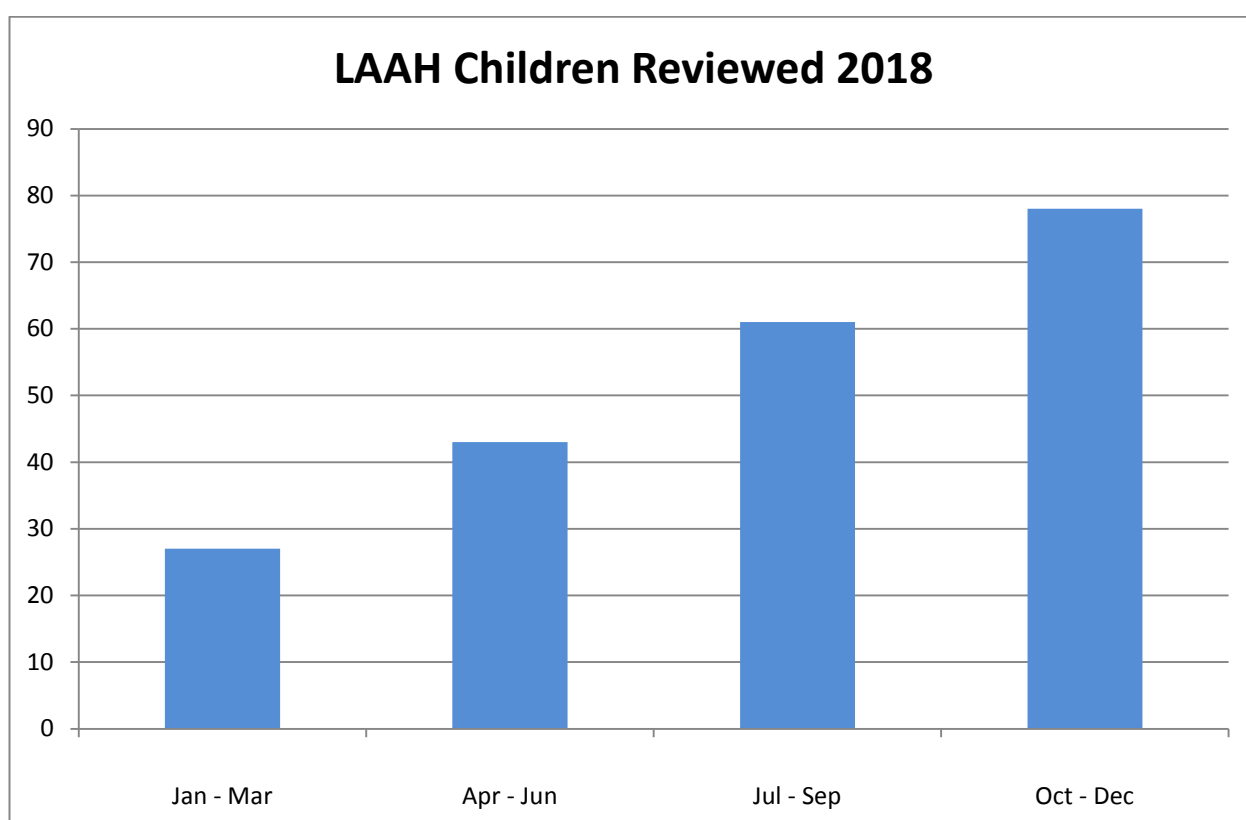
the severity of the presenting complaints during the time period. Further information from the service has been requested to ascertain what the key issues are, and proposed improvement actions.

Actions

1. Work with the hosting Partnership to understand the reasons for both the drop in referrals and the drop in waiting times performance.
2. Work with the hosting Partnership to review referral and performance data for MSK Physiotherapy across all Partnerships for whom the service is hosted, to ascertain if this anomaly is peculiar to Inverclyde, or if it is system-wide.
3. Assess the potential risks and impacts of reduced access or extended waiting times in the delivery of our Big Actions.

CFCJ: Looked After at Home (LAAH) Reviews

Objective	Children Looked After at Home (LAAH) should have their circumstances reviewed regularly
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	Number of LAAH children who have a Looked After at Home Review within a reporting quarter
Current Performance	Over 90% of LAAH children were subject of a Review in the most recent reporting quarter
Target	All Looked After at Home Children to receive a Review of their circumstances twice per year.
Trend	Since the appointment of an additional Children's Planning and Improvement Officer, the number of Looked After at Home Review has steadily increased.



Commentary

The trend shows a significant increase in children looked after at home who have reviews in line with our care planning and procedures. This coincides with the appointment of an additional 2nd Children's Planning and Improvement Officer.

A small number of children may require reviews to be rescheduled for various reasons and there requires to be flexibility in the system for this to take place, however in the main we aim for all LAAH children to have their child's plan reviewed 6-monthly.

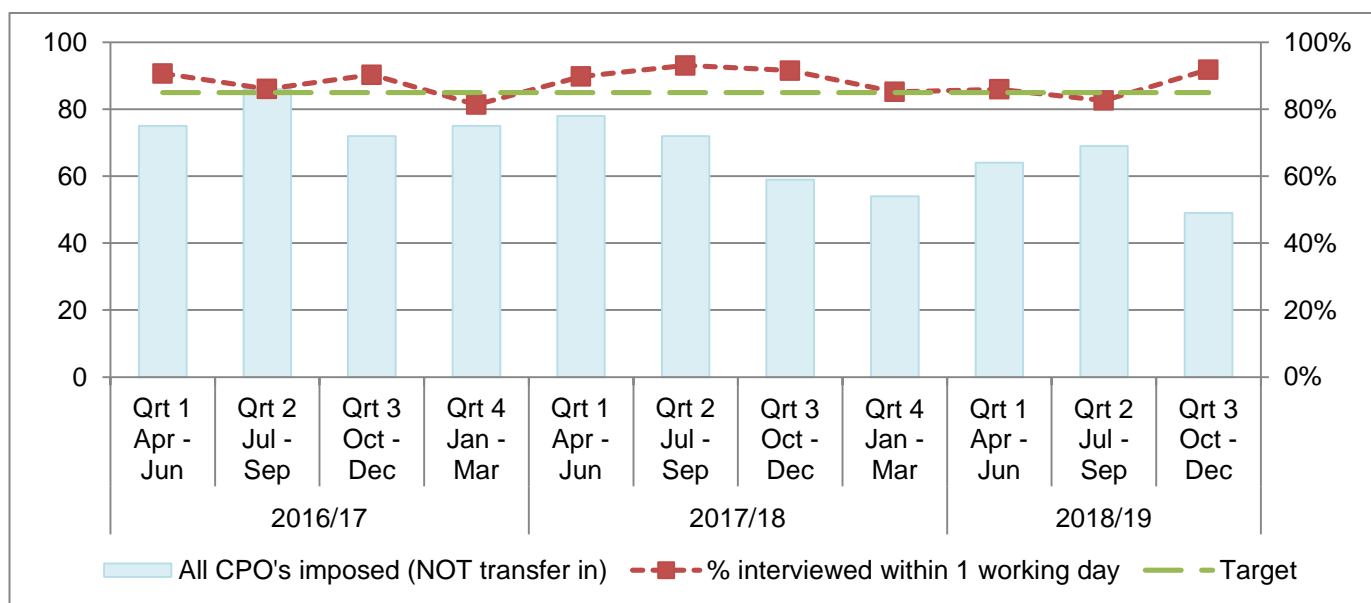
Actions

- 1) Currently awaiting recruitment of a 3rd Children's Planning and Improvement Officer. The expansion of this team will build more capacity in the system and ensure that the target of 100% will be met.
- 2) The expansion of this team will also create capacity to track and monitor all LAAH reviews.
- 3) The Children's Planning and Improvement Officer Team will lead development on improvement actions as outlined in the inspection improvement plan related to the quality of child's plans.

CFCJ: Service Users interviewed within 1 working day of Community Payback Order (CPO) imposed

Objective	To interview all offenders within 1 working day of a CPO being imposed
National Wellbeing Outcome	National Outcomes for Justice: <ul style="list-style-type: none"> • Community safety and public protection • The reduction of reoffending • Social inclusion to support desistance from offending.
Measure	% of service users interviewed within 1 working day of their Community Payback Order being imposed
Current Performance	91.8% of service users were interviewed within 1 working day of a CPO order imposed by court
Target	The service had a target of 85%, which was recognised as an appropriate stretch target, given that the Scottish average is 75.5%. Having exceeded the target, the service is currently reviewing its targets with a view to maintaining current high levels of performance.
Trend	Performance has remained at a high level, only occasionally dipping below our target

% service users interviewed within 1 working day of a CPO order imposed by court											
	2016/17				2017/18				2018/19		
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec
All CPO's imposed (NOT transfer in)	75	86	72	75	78	72	59	54	64	69	49
% interviewed within 1 working day	90.7%	86.0%	90.3%	81.3%	89.7%	93.1%	91.5%	85.2%	85.9%	82.6%	91.8%



Commentary

Of all the Community Payback Orders (CPOs), approximately 15% are imposed by Courts outwith Inverclyde. In these cases we rely on third parties for the communication of reporting instructions, with any delays impacting this indicator. It should be noted that there is no nationally agreed protocol on what should be counted.

Significantly not only have we again **exceeded** the local target of 85%, but have done so within a more rigorous reporting framework. In addition, when benchmarked against the most recently published national data (2016/17) our performance for this measure well exceeds the Scottish average of 75.5%

The above performance also requires to be seen within the context where approximately three quarters (75%) of all individuals sentenced to a Community Payback Order 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 the delivering Criminal Justice Social Work Services as these individuals are likely to be in greater need in terms of the support they require to both commence and successfully complete their Court orders.

The Service is committed to furthering its understanding of the impact of poverty and inequality and how this plays out in terms of an individual's ability to respond to the rigours of a Court Order. In 2017/18 it has worked in partnership with a number of agencies to better support such individuals and ensure a more holistic response to their needs and concerns.

Actions

- Continue to monitor performance in the CJ QSR
- further our understanding of the impact of poverty and inequality and how this plays out in terms of an individual's ability to respond to the rigours of a Court Order