
Report To:	Inverclyde Community Health & Care Partnership Sub-Committee	Date: 13 January 2011
Report By:	Head of Planning, Health Improvement and Commissioning	Report No: CHCP/05/2011/L B/AM
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Subject:	CHCP Bi Annual Performance Improvement Report	

1.0 PURPOSE

- 1.1 The purpose of this report is to present to Members, in an integrated way, a range of performance measures used across the Community Health and Care Partnership. This report represents the first comprehensive presentation of this information in a single report, although there have been precedents set by way of the Joint Performance Report to the Community Care Joint Strategy Group and to the Council's Health and Social Care Committee around our previous work as single entities, to report jointly on the National Outcomes for Community Care.

2.0 SUMMARY

- 2.1 This report seeks to update Members of the performance of CHCP services and reflects the agreed corporate approach to performance reporting.
- 2.2 The time span of the indicators reported varies from indicator to indicator. This is as a result of bringing together two performance reporting arrangements and will be harmonised over time. It is intended to bring reports to this Sub-Committee on performance, bi-annually, with data for the previous quarters being presented and annual outturn data where necessary. Additional performance and management information is available to members as required.
- 2.3 Prior to the CHCP coming into being, Members would have been provided with an update on progress against the key strategic objectives and priorities in the Directorate Plan. For this committee meeting the report deals solely with quantitative performance indicators. It is intended that when the full CHCP Directorate Plan is produced in April 2011 a progress update will follow in the next issue of this report, in June 2011. A full planning and performance cycle for the CHCP is being devised for the approval of members, which will include the CHCP Annual Report and the NHS GG&C Organisational Performance Review.
- 2.4 Future reports to this Sub-Committee will be produced in this standard format and will highlight significant variations in performance and identify improvement action where appropriate.

3.0 RECOMMENDATION

- 3.1 It is recommended that Members scrutinise and comment on the performance information presented in this report.
- 3.2 Members are approve the intentions for future performance and business reporting and identify any further performance information they wish to see included in the next report to the Inverclyde Community Health and Care Partnership Sub-Committee.

Helen Watson
Head of Planning, Health Improvement and Commissioning

4.0 BACKGROUND

- 4.1 This report provides a performance summary for use by CHCP committee members on a range of key indicators. It is the first report of its kind and is presented to the first Community Health and Care Partnership (CHCP) Committee for approval in terms of content and format, and for scrutiny in terms of reported performance.
- 4.2 Members should note that quarterly figures may vary from the annual out-turn. This is due to the complexity of the operational processes which are being measured and to the intensity of data cleansing and resource commitment required to ensure absolute accuracy of data. The Performance Indicators (PIs) returned to the Scottish Government on an annual basis are the subject of robust internal and/or external processes prior to submission and the outturn figures confirmed by Council internal audit at this stage. Health services information is validated at Board level prior to being submitted to the national Information and Statistics Division (ISD).
- 4.3 This report highlights performance in relation to the following key indicators which are all included in the current Development and Directorate plans of the CHCP (both of which will be reviewed to create a CHCP Directorate Plan for 2011 - 2014).
- *Antidepressant prescribing*
 - *Inpatient bed days (older people)*
 - *Homelessness presentations*
 - *Community Learning Disability Team activity*
 - *Addictions waiting times for treatment*
 - *Allied Health Professions waiting times for service*
 - *Child and Adolescent Mental Health Services waiting times*
 - *Referrals to consultant lead treatment made electronically*
 - *Successful smoking cessation attempts (Community)*
 - *Breastfeeding*
 - *Sickness Absence (NHS Staff only)*
 - *Respite*
 - *Home Care*
 - *Discharge from Hospital*
 - *Social Background Reports to Children's Panel*
 - *Supervision Orders (Children)*
 - *Community Placements (looked after children)*
 - *Child Protection*
 - *Social Enquiry Report to Court*
 - *Probationer contact*
 - *Community Service Orders*
 - *Financial Inclusion*
 - *Complaints (social work services)*
- 4.4 A reporting format is being devised for updating members on progress against key plans and in key programme/project areas for inclusion in future versions of this report. The biennial Performance Improvement Report will provide members with an update on quantitative performance measures and updates on key deliverables of the CHCP Directorate Plan. In addition to this report members will receive the Social Work Services Annual Report (to be replaced with the CHCP Annual Report in (2010/11) as well as the submission and feedback for the Health Board Organisational Performance Review (OPR).
- 4.5 This report is not intended to provide a comprehensive analysis of all performance indicators throughout the services of the CHCP, rather to report on selected indicators that will act as a guide to members as to the information they may wish to interrogate and scrutinise. Members are invited to request further information as required.

5.0 KEY PERFORMANCE INDICATORS

- 5.1 Inverclyde CHCP has a staffing compliment of approximately 1,249 WTE and a gross annual budget of approximately £120 million. It comprises the following functions and service areas
- Health and Community Care
 - Mental Health, Addictions and Homelessness
 - Children's Services
 - Criminal Justice Services
 - Planning, Health Improvement and Commissioning
 - Administration and general services
- 5.2 The operational arrangements for the CHCP are set out in the Scheme of Establishment agreed by Council and the NHS Board in August 2010. The vision, values and strategic direction for the CHCP will be set out in our first Directorate Plan which will be published in April 2011 covering the period 2011 - 2014.
- 5.3 The following indicators demonstrate the CHCP's performance in relation to key service areas.

5.4

Table 1	
Service:	Primary Care/Mental Health
Indicator:	Reduce the annual rate of increase daily defined dose (DDD) per capita of anti-depressants to zero by 2009/10 and put in place the required support framework to achieve a 10% reduction in future years.
Type of Indicator:	NHS GG&C Improvement target (Previously HEAT)
Relevance:	It is now considered to be good practice to ensure that people experiencing depression and/or anxiety are offered non-pharmacological intervention, thus there is a drive to increase the rate at which people are prescribed antidepressant medication.
Current Performance Level:	46.65 – Jan 09 to Dec 09 47.75 - Apr 09 to Mar 10 48.39 - Jun 09 to Jul 10
Target Performance Level:	Reduce rate of increase
Frequency of Monitoring:	Annualised
Analysis of Performance & Service Commentary	In common with the rest of the NHS GG&C area we have seen an increase in the level of prescribing of antidepressants, but have reduced the rate at which these drugs are being prescribed. An initial and follow up review of patients prescribed antidepressants resulted in a total cost efficiency of £14,380 in 2010/11 for the CHCP. This measure will continue to be monitored closely and a range of activities including the completion our Antidepressant Review Project in December 2010 are underway.
Trend	Performance improving
External validation	NHS GG&C Organisational Performance Review (OPR)

5.5

Table 2	
Service:	Older People
Indicator:	By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 20% compared with 2004/05.
Type of Indicator:	HEAT Target
Relevance:	Spending prolonged periods of time in hospital has been proven to lead to increased health and social needs amongst older people, thus less time spent in hospital and faster discharge is a key priority for health boards and partners.
Current Performance Level:	6412 - Dec09 5982 - Mar10 6678 - Jun10
Target Performance Level:	3535
Frequency of Monitoring:	Quarterly
Analysis of Performance & Service Commentary	The number of bed days occupied by people aged over 65 worsened between March 2010 and June 2010. Significant joint work with the acute sector continues to be undertaken by the CHCP services and we continue to push for early supported discharge where appropriate and have augmented local community services to help facilitate this.
Trend	Performance worsening
External validation	NHS GG&C Organisational Performance Review (OPR)

Table	
Service:	Homelessness
Indicator:	Average time taken to discharge duty on cases assessed as homeless or potentially homeless.
Type of Indicator:	Formally Statutory Performance Indicator
Relevance:	This indicator demonstrates efforts made to speed up processes to facilitate improved outcomes for people.
Current Performance Level:	12.6 weeks Apr-Jun 10/11 20.9 weeks Jul-Sep 10/11 17.79 weeks 09/10 Out-turn
Target Performance Level:	None (preferred reduced length of time – to be developed locally)
Frequency of Monitoring:	Monthly (internal)
Analysis of Performance & Service Commentary	There has been an improving trend in the average time taken to discharge duty on cases assessed as homeless or potentially homeless with a decrease in the latest quarter.
Trend	Performance worsening
External validation	Formally Audit Scotland

Table 4	
Service:	Homelessness
Indicator:	Presentations to the Community Nurse for Homeless People
Type of Indicator:	Local CHCP Target
Relevance:	Health needs are high amongst people who are homeless – this indicator is designed to evidence responsiveness to health need by ensuring contact with a health professional upon presenting as homeless.
Current Performance Level:	Presentations to Nurse: 28 - Aug 10 17 – Sep 10 13 – Oct 10
Target Performance Level:	Increase the proportion of those presenting as homeless being seen by the community nurse for homeless people as part of an agreed care pathway.
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	The number of people seeing the homelessness nurse has decreased. This is disappointing given that a refined client pathway and opt-out model have been put in place. We will continue to work through our Health and Homelessness Action Group to rectify this situation
Trend	Performance Worsening
External validation	Not Applicable

Table 5	
Service:	Community Learning Disability Team
Indicator:	Number of Referrals, Cross Referrals and Discharges
Type of Indicator:	Local CHP Indicator
Relevance:	This indicator shows the level of activity in the service and is used for management purposes
Current Performance Level:	New Referrals: 21 – Sep 10 7 – Oct 10 11 – Nov 10 Cross Referrals 5 – Sep 10 9 – Oct 10 10 – Nov 10 Discharges: 1 – Sep 10 14 – Oct 10 17 – Nov 10
Target Performance Level:	Activity indicator only – no performance target
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	We continue to monitor the activity of this service to provide management information. It is intended that subsequent Biennial Performance Improvement Reports will contain data from the e-SAY return (Learning Disabilities) based on outcomes for people.
Trend	Performance stayed the same
External validation	Not applicable

Table 6	
Service:	Addictions
Indicator:	By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery. Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011.
Type of Indicator:	HEAT Target
Relevance:	It is evidence based practice to ensure speed when engaging people in drug or alcohol addiction treatment. This indicator shows the extent to which that speed is being delivered.
Current Performance Level:	Alcohol: 82% - Dec 09 92.7% - Mar 10 82.1% - Jun 10 Drugs: 86.4% - Dec 09 94.6% - Mar 10 100% - Jun 10
Target Performance Level:	85% to be seen within 21 days
Frequency of Monitoring:	Quarterly
Analysis of Performance & Service Commentary	There are data lag issues with this indicator due to both sets of teams moving to new premises in the last quarter, The target of 85% of new patients to be seen within 21 days was met in Drugs services in June 2010 and misses in Alcohol services. Work to improve administrative processes in alcohol services around appointment scheduling continues - we can expect to see an improvement in rates when quarter 4 data is produced as a result of this.
Trend	Alcohol – Worse Drugs - Better
External validation	NHS GG&C Organisational Performance Review (OPR)

Table 7	
Service:	Physiotherapy
Indicator:	Physiotherapy waiting times no greater than 5 weeks
Type of Indicator:	NHS GG&C Improvement target
Relevance:	It is intended that no one will wait longer than 9 weeks for a routine physiotherapy appointment (increased from 5 weeks which was the previous target)
Current Performance Level:	210 Sept 2010 170 Dec 2010
Target Performance Level:	0 waiting greater than 5 weeks
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	<p>The number of patients waiting over 5 weeks has reduced by 50% from 343 (626 total waiting list) in November 2009 to 170 (591 total waiting list) in November 2010.</p> <p>The maximum wait has reduced from 16 weeks in August 2010 to 12 weeks as at the end of November 2010. Various models have supported this reduction including the introduction of group sessions which has increasing throughput at the Port Glasgow site. The direct access model has now been in operation in Greenock Health Centre for almost 3 months. This model has generated a steady increase in the number of self referrals with a total of 199 patients self referring during the period of September - November. DNAs have improved from 258 in September reducing to 242 as at the end of October.</p> <p>We will continue to monitor DNAs across physiotherapy services to ascertain the expected positive impact of current actions. The direct access model will be rolled out to GP Practices in remaining areas including Kilmacolm, Gourock and Port Glasgow in March/April 2011. We will continue to monitor the impact that the direct access model has on the waiting list.</p>
Trend	Performance improving
External validation	Not applicable

Table 8	
Service:	Podiatry
Indicator:	Podiatry waiting times no greater than 9 weeks
Type of Indicator:	NHS GG&C Improvement target
Relevance:	It is intended that no one will wait longer than 9 weeks for a routine podiatry appointment (increased from 6 weeks which was the previous target)
Current Performance Level:	103 – Jun 10 203 – Sep 10 65 – Dec 10
Target Performance Level:	0 waiting greater than 9 weeks
Frequency of Monitoring:	Quarterly
Analysis of Performance & Service Commentary	The sharp increase in numbers of patients waiting longer than 9 weeks for routine podiatry between June and September 2010 was due to significant staffing issues in the service, including a member of staff being redeployed and a freeze on recruitment. Staffing being brought back into balance has meant that we are starting to see significant improvements and anticipate the number of patients waiting longer than 9 weeks will reduce to 0 in January 2011.
Trend	Performance Improving
External validation	Not applicable

Table 9	
Service:	Dietetics
Indicator:	Dietetics waiting times no greater than 9 weeks
Type of Indicator:	NHS GG&C Improvement target
Relevance:	It is intended that no one will wait longer than 9 weeks for a routine dietetics appointment (increased from 5 weeks which was the previous target)
Current Performance Level:	2 – May 10 0 – Jun 10 1 – Sep 10
Target Performance Level:	0 waiting greater than 9 weeks
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	Latest figures show that there was a minor breach of the target waiting time by one patient in September 2010. The situation is being monitored closely within the service and anticipated figures for the 4 th quarter show we can expect performance to be brought back into balance.
Trend	Performance worsening
External validation	Not applicable

Table 10	
Service:	Child and Adolescent Mental Health Service (CAMHS)
Indicator:	By March 2013, 90% of clients will wait no longer than 26 weeks from referral to treatment for specialist CAMHS services (incremental target = 52 weeks by 31st March 2010)
Type of Indicator:	HEAT Target
Relevance:	The indicator is designed to show that young people requiring CHAMS service are receiving a service more quickly
Current Performance Level:	2 – Sep 10 1 – Oct 10
Target Performance Level:	0 at 52 weeks
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	The Choice and Partnership Approach (CAPA) has been implemented in CAMHS along side increased resources in staffing. We are beginning to see the results of this service improvement. There were 86 young waiting for service from CAMHS at October 2010. The shortest wait was 0 weeks, maximum wait was 52 weeks and average was 24 weeks. There were 20 referrals received in October and 13 cases discharged leaving an active caseload of 113.
Trend	Performance Improving
External validation	NHS GG&C Organisational Performance Review (OPR)

Table 11	
Service:	A&E attendances
Indicator:	To shift the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2007/08 and 2010/11
Type of Indicator:	HEAT Target
Relevance:	This indicator is designed to help measure that more people are being managed in primary care and not requiring to use accident and emergency
Current Performance Level:	2524 – Jul 10 2835 – Aug 10 2574 – Sep 10
Target Performance Level:	Reduce attendance
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	The numbers of people attending IRH Accident and Emergency reduced between August and September 2010. We will continue to work across primary and secondary care to develop processes to encourage needs to be met in primary care where appropriate leaving A&E for more acute cases. We will participate in work to 'educate' our local population on the appropriate use of health services (e.g. when A&E should not be used)
Trend	Performance Improving
External validation	NHS GG&C Organisational Performance Review (OPR)

Table 12	
Service:	Primary Care
Indicator:	To increase the percentage of new GP outpatient referrals into consultant led services that are triaged online for clinical priority and appropriate recipient service to 90% from December 2010
Type of Indicator:	HEAT Target
Relevance:	Making referrals to Consultant led service electronically speeds up the process for patients and contributes to the national 18 week waiting time target for non urgent diagnostic tests.
Current Performance Level:	85% - Jun 10 93% - Jul 10 91% - Aug 10
Target Performance Level:	Increase to 90% of all referrals being made though SCI gateway
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	Current data suggests that Inverclyde is on course to meet our target despite a recent downturn in performance – this has been in part due to processes of changing primary care IT systems from GPASS to EMISS. Outstanding performance issues have now been resolved and significant improvements in data quality are being seen.
Trend	Target met – performance worsening
External validation	NHS GG&C Organisational Performance Review (OPR)

Table 13	
Service:	Smoking Free Community Service
Indicator:	Through smoking cessation services, support *% of your Boards smoking population in successfully quitting (at one month post quit) over the period 2008/09/10
Type of Indicator:	HEAT Target
Relevance:	Smoking is the single most avoidable cause of death in Scotland – encouraging more people to stop smoking is crucial. This indicator shows the cumulative number of people able to remain smoke free post quit in our Smoke Free Community Service.
	156 – Jul 10 167 – Aug 10 181 – Sep 10
Target Performance Level:	Increase number of successful quit attempts
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	Performance has declined in comparison with 2009 figures. Despite increased marketing and more group being on offer fewer people are engaging with the service and seeking to stop smoking – the increased levels of stress attributable to the economic situation are one possible explanation for this. Despite a reduction in the numbers of people engaging with our Smoke Free Community Services we have a higher than average smoking cessation rate, meaning more of those who do engage are able to stay smoke free at the 4 week post quit point (target point).
Trend	Performance Improving
External validation	NHS GG&C Organisational Performance Review (OPR)

Table 14	
Service:	Children's Services (Breastfeeding)
Indicator:	Increase the population of new born children exclusively breast fed at 6 – 8 weeks from 21% (Inverclyde target)
Type of Indicator:	HEAT Target
Relevance:	Breastfeeding is considered to be a determinant of good health in later childhood and into adulthood. This indicator shows the percentage of mothers who are exclusively breastfeeding their babies at 6 – 8 weeks post birth.
Current Performance Level:	12.75% - Dec 09 12.76% - Mar 10 15.91% - Jun 10
Target Performance Level:	21.9% at 6 – 8 weeks
Frequency of Monitoring:	Quarterly
Analysis of Performance & Service Commentary	There was a positive improvement in the percentage of babies being exclusively breastfed at 6 – 8 weeks between March 2010 and June 2010. We continue to have concerns around the timeousness of data about breastfeeding rates and are addressing this with colleagues in NHS GG&C Corporate Performance.
Trend	Performance improving
External validation	NHS GG&C Organisational Performance Review (OPR)

Table 15	
Service:	Sickness absence rates for CHCP (Health only)
Indicator:	NHS boards to achieve sickness/absence rate of 4% from 31 st of March 2009
Type of Indicator:	HEAT Target
Relevance:	This indicator shows the proportion of NHS employed staff in the CHCP who were absent due to sickness.
Current Performance Level:	5.23% - Jul 10 4.92% - Aug 10 5.00% - Sep 10
Target Performance Level:	4%
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	There was a minor increase in sickness absence between August and September 2010. This is disappointing and we continue to address sickness absence proactively. The sickness absence increase may be attributable to the increased levels of anxiety amongst staff at this time of significant change as we establish the CHCP and where there may be uncertainty for some groups of staff needing to be managed effectively.
Trend	Performance worsening
External validation	NHS GG&C Organisational Performance Review (OPR)

Table 16	
Service:	Respite
Indicator:	Number of Respite Bed nights for Adults
Type of Indicator:	Local Performance Indicator, Scottish Government Statistical Annual Return.
Relevance:	Respite or short break services are considered essential as part of the drive to support carers and maintain people in their own homes.
Current Performance Level:	1293 bed nights Apr–Jun 10/11 1661 bed nights Jul–Sep 10/11 6048 bed nights Out-turn 09/10
Target Performance Level:	Currently being developed
Frequency of Monitoring:	Quarterly (internal), Annual (Scottish Government)
Analysis of Performance and Service Commentary:	Performance in the second quarter of this reporting period has shown an increase. However; it is critical to note that this is an annual indicator and the data used, is taken at a specific period in time and may be subject to change at year end.
Trend:	Performance Improving
External validation:	Scottish Government

Table 17	
Service:	Home Care
Indicator:	Number of Homecare hours per 1000 population aged 65
Type of Indicator:	Local Improvement Target – Joint Performance Information and Assessment Framework Statutory Performance Indicator (SPI)
Relevance:	Home care is one of the most important services available to the Council to support people with community care needs to remain at home.
Current Performance Level:	866.2 Jul-Sep 10/11 884.9 Apr-Jun 10/11 761.8 Out-turn 09/10
Target Performance Level:	TBC
Frequency of Monitoring:	Quarterly (internal), Annual (Joint Improvement service) Annual (Audit Scotland)
Analysis of Performance and Service Commentary:	The service has shown an increase in performance since the out-turn position in 09/10 and a marginal decrease from the last quarterly report.
Trend:	Performance Improving
External validation:	Audit Scotland

Table 18	
Service:	Delayed Discharge from Hospital
Indicator:	Number of people delayed in hospital for more than six weeks
Type of Indicator:	Local Improvement Target -Joint Performance Information and Assessment Framework (National Outcome Framework)
Relevance:	Reduction in the number of people delayed in hospital beyond the period when they are considered clinically fit for discharge is a priority for the Scottish Government.
Current Performance Level:	0 person delayed as at (15/09/2010) 0 person delayed as at (15/06/2010) 0 person delayed as at (15/04/2010) Out-turn
Target Performance Level:	0
Frequency of Monitoring:	Monthly (internal, Health Board and Information Services Division NHS)
Analysis of Performance & Service Commentary	There has been 0 people delayed in hospital at the census point of the reporting quarters since the out-turn figure on the 15 th April 2010. This reflects partnership efforts to facilitate timely discharge and achievement of national target.
Trend	Performance stable
External validation	Monitored by Information Services Division (NHS)

Table 19	
Service:	Children's Services
Indicator:	Time taken to submit Social Background Reports to the Children's Panel.
Type of Indicator:	CHCP corporate reference (053ak; 053bk) Key performance indicator National Standard 3,
Relevance:	The national standard is that 75% of Social Background Reports are submitted within 20 days of receiving request. This indicator demonstrates efforts made to speed up processes.
Current Performance Level:	74% Apr-Jun 2010 63% Jul-Sept 2010 68.9% Out-turn 09/10
Target Performance Level:	75%
Frequency of Monitoring:	Quarterly (internal)
Analysis of Performance & Service Commentary	Performance in each quarter shows a steady decrease in the 2010-11 figures when compared to the outturn 09/10 figure of 69% however is still below the desired target level of 75%. Performance of this indicator will continue to be monitored.
Trend	Performance worsening
External validation	SCRA (Information reported from Social Work systems)

Table 20	
Service:	Children's Services
Indicator:	% Children made subject to a supervision order that were seen by a supervising officer within 15 working days
Type of Indicator:	CHCP corporate reference (still to be referenced) Key performance indicator National Standard 3,
Relevance:	This indicator measures how well councils meet the national target time for allocating a social worker and arranging for a visit to the child/family as the first step in the programme of work with the child.
Current Performance Level:	81.3% Apr-Jun 2010 100% Jul-Sept 2010 88.5% Out-turn 09/10
Target Performance Level:	95% - local target
Frequency of Monitoring:	Annual SG Quarterly (internal)
Analysis of Performance & Service Commentary	Performance did not reach the target level of 95%, in the first quarter of 2010-11 however exceeded the desired target in the second quarter of this reporting period. Performance of this indicator will continue to be monitored.
Trend	Performance Improving
External validation	SCRA (Information reported from Social Work systems)

Table 21	
Service:	Children's Services
Indicator:	Community Placements as a percentage of total placements for Looked after and accommodated children.
Type of Indicator:	CHCP corporate reference ((055ak;055bk) Key performance indicator Scottish Government CLAS Return
Relevance:	Balance of Care: This indicator demonstrates efforts made to maintain children within their own home or within a more homely environment. It demonstrates the Number of Children looked after in community placements as a percentage of all children looked after and accommodated: A Community placement may include the child's own home on supervision, with friends or family, or with Foster parents.
Current Performance Level:	88% Apr-June 2010 87% July- Sept 2010 88.0% Out-turn 09/10
Target Performance Level:	To be determined
Frequency of Monitoring:	Annual SG CLAS ; Quarterly (internal)
Analysis of Performance & Service Commentary	The percentage of community placements compared to residential placements for Looked After and Accommodated Children remains stable at the end of each period of these first two quarters albeit a slight drop by 1% in the second quarter in the reporting year 2010/11. Performance of this indicator will continue to be monitored.
Trend	Performance stable
External validation	Scottish Government CLAS Return

Table 22	
Service:	Child Protection
Indicator:	Children on the Child Protection Register and Child Protection Referrals
Type of Indicator:	CHCP corporate reference ((056ak;056bk;056ck) Not Applicable (monitoring activity)
Relevance:	Although there is no specific target set for Child Protection the information presented provides some measure of output and allows managers to closely monitor child protection activity
Current Performance Level:	Number On Register (snapshot) 24 at 30 June 2010 26 at 30 Sept 2010 35 at 31 Mar 2010 Out-turn 09/10 Number Child Protection Referrals (during reporting period) 47 Apr – Jun 2010 55 Jul – Sept 2010 209 Out-turn 09/10 % Referrals resulting in case conference 38.3% Apr-Jun 2010 36.4% Jul-Sept 2010 40.2% Out-turn 09/10
Target Performance Level:	Activity indicator only
Frequency of Monitoring:	Annual and Quarterly
Analysis of Performance & Service Commentary	Number of children on the register at the end of each quarter is lower than the out-turn figure 09/10. A snapshot of children on the register at the end of each quarter can fluctuate and can be dependent upon the number of children within each family registered and deregistered at any given point.
Trend	Activity indicator only
External validation	Scottish Government Annual Return

Table 23	
Service:	Criminal Justice
Indicator:	Percentage of Social Enquiry Reports Submitted to court by due date.
Type of Indicator:	Key Performance Indicator (033ak;033bk) National Standard
Relevance:	Provides a measure of the volume and efficiency of the service in getting relevant information into court timorously.
Current Performance Level:	100% Apr-Jun 2010/11 100% Jul-Sept 2010/11 99.9% Out-turn 09/10
Target Performance Level:	95% (local target)
Frequency of Monitoring:	Annual and Quarterly
Analysis of Performance & Service Commentary:	Consistent high performance which exceeded the target level of 95% in both quarters Apr-Sept 2010. Performance will continue to be monitored.
Trend:	Performance stable
External validation:	Scottish Government Justice Department

Table 24	
Service:	Criminal Justice
Indicator:	Percentage of Probationers seen by Social Work Services within one week of sentence
Type of Indicator:	Key Performance Indicator (034ak;034bk) National Standard
Relevance:	This indicator is a national standard and demonstrates efforts to speed up processes.
Current Performance Level:	100% Apr-Jun 2010/11 100 % Jul-Sept 2010/11 93.7% Out-turn 09/10
Target Performance Level:	95%
Frequency of Monitoring:	Annual and Quarterly (internal)
Analysis of Performance & Service Commentary	This shows a consistent high performance which exceeded the target level of 95% in both quarters Apr-Sept 2010. Performance will continue to be monitored.
Trend	Performance Improving
External validation	Scottish Government Justice Department

Table 25	
Service:	Criminal Justice
Indicator:	Average hours per week to complete Community Service Orders
Type of Indicator:	Key Performance Indicator (035ak;035bk) National Standard
Relevance:	This indicator is a national standard and demonstrates efforts by the Service to maximise the amount of time spent each week by the offender conducting their sentence. (E.g. the fewer hours completed in a week will increase the length of the period to complete the sentence; therefore we wish to see an increase in the average hours per week for this indicator).
Current Performance Level:	4hrs Apr-Jun 2010/11 5hrs Jul-Sept 2010/11 3.7hrs Out-turn 09/10
Target Performance Level:	4 hrs
Frequency of Monitoring:	Annual and Quarterly (internal)
Analysis of Performance & Service Commentary	Performance for this indicator shows an increase over each quarter in this new reporting period for 2010-11 and has now exceeded the local target currently set at 4hrs. Performance will continue to be monitored.
Trend	Performance Improving
External validation	Scottish Government Justice Department

Table 26	
Service:	Financial Inclusion – Money Matters
Indicator:	Number of Clients who engaged with the service
Type of Indicator:	Money Matters (Fairer Scotland Fund (FSF))
Relevance:	Money Matters is now predominately a Money Advice Service, following the reduction in Fairer Scotland Funding (FSF) in April 2010. This indicator demonstrates the volume of users in the community that engage with the Service on a quarterly basis.
Current Performance Level:	Money Matters Referrals 139 Jul-Sept 2010 149 Apr-June 2010 662 Out-turn 09/10
Target Performance Level:	To be agreed
Frequency of Monitoring:	Quarterly (internal) Annual Report to Committee
Analysis of Performance & Service Commentary	We no longer have a Financial Education Officer or Child Trust Fund Officer. Thus the statistical information above now reflects the number of referrals we dealt with for money advice matters only. Quarterly monitoring will continue.
Trend	Activity indicator only
External validation	Scottish Government Fairer Scotland Fund (FSF)

Table 27	
Service:	Financial Inclusion
Indicator:	Number of Accounts Opened Number of Mentored Loans arranged
Type of Indicator:	Financial Inclusion Strategy
Relevance:	<p>In addition to money advice services the service also promotes the wider financial Inclusion Initiatives of Grand Central Savings (GCS) as well as the Mentored loans /Affordable Credit Scheme. GCS allows the most vulnerable people in Inverclyde access to banking facilities which the mainstream High Street Banks cannot offer them.</p> <p>Money matters in partnership with DWP and Scot west Credit Union can offer small low interest loans to people who would otherwise have no option but to use the many high cost lenders such as Payday loans.</p>
Current Performance Level:	<p>GSC Accounts opened 112 Apr - June 2010 145 Jul – Sept 2010 GSC only opened on 29th March 2010, so no out-turn for 2009/10.</p> <p>Mentored Loans 11 (£6000) Apr - June 2010 14 (£6100) Jul – Sept 2010 25 Loans £10700 Out-turn 09/10</p>
Target Performance Level:	500 new accounts opened in 1 st year (GCS Target) 150 Mentored Loans per year
Frequency of Monitoring:	Quarterly (internal) Annual Report to Committee
Analysis of Performance & Service Commentary	The quarterly figures for GSC accounts opened and the number and value of mentored loans arranged is noted above. The target for GSC Accounts opened is set by DWP at 500 per year and the first 2 quarters figures show that we are on the way to meeting this target for the 2010-11 periods. Figures for mentored loans fall significantly short of this target but show an increase from the annual outturn figure in 2009-10. Quarterly monitoring will continue.
Trend	Activity indicator only
External validation	DWP Growth Fund Loans (Newcastle)

Table 28	
Service:	Contracts and Complaints
Indicator:	Percentage of complaints acknowledged within 5 days of receipt.
Type of Indicator:	National Standard Statutory Performance Indicator (SPI)
Relevance:	This indicator demonstrates the responsiveness of the Service to reported complaints
Current Performance Level:	100% Jul-Sep 10/11 92.9% Apr-Jun 10/11 85.0% Out-turn 09/10
Target Performance Level:	100%
Frequency of Monitoring:	Quarterly (internal) Annual Report to Committee
Analysis of Performance & Service Commentary	The service achieved its target of 100% in the last quarter with an improving trend from the out-turn position. It should be noted that this indicator is based on a small number of complaints overall and includes all complaints received relating to local authority community care; children and families and criminal justice services.
Trend	Performance Improving
External validation	No

6.0 IMPLICATIONS

6.1 Legal:

None

6.2 Finance:

None

6.3 Personnel:

None

6.4 Equalities:

None

7.0 CONSULTATION

7.1 This report has been prepared by the ICHCP Strategic Planning and Performance section in consultation with key operational services and other management support.

8.0 LIST OF BACKGROUND PAPERS

- 8.1
- Inverclyde CHCP Scheme of Establishment August 2010;
 - Community Health and Care Partnership Directorate Plan 2010/11 (interim statement); and
 - Inverclyde CHP Development Plan 2010 - 13