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**Report To:** Community Health & Care  
Partnership Sub-Committee

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**Report No:** CHCP/49/11/HW

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**Subject:** CHCP Biannual Performance Improvement Report

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## 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 a comprehensive presentation of this information in a single report.

## 2.0 SUMMARY

- 2.1 This report seeks to update members on the performance of selected 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, depending on what data are available and internal and external verification cycles.
- 2.3 It should be noted that this report deals solely with quantitative performance indicators. Work is underway to augment the range of qualitative performance indicators to better reflect the new quarterly service area performance review processes which have been set up across the CHCP. Progress against the key improvement actions included in our Directorate Plan will be reported to members separately, and principally through the CHCP Organisational Performance Review (OPR) return, making use of the project management module of the council's performance management system (QPR)
- 2.4 Future reports to the Sub-Committee will be produced in this standard format and will highlight significant variations in performance should they occur, and identify improvement action where appropriate.

## 3.0 RECOMMENDATIONS

- 3.1 It is recommended that Committee members scrutinise and comment on the performance information presented in this report.

- 3.2 Members are asked to 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 Community Health and Care Partnership Sub-Committee.

**Robert Murphy**  
**Corporate Director**  
**Inverclyde CHCP**

## 4.0 BACKGROUND

- 4.1 This report provides a performance summary for use by CHCP Sub-Committee members on a range of key indicators. This report is presented to the Community Health and Care Partnership (CHCP) Sub-Committee 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).

### **Directorate Plan Strategic Outcome 1 Educated Informed Responsible Citizens**

*Table 1 Academic Attainment (looked after children)*

### **Directorate Plan Strategic Outcome 2 Healthy, Caring Communities**

*Table 2 Inpatient bed days (older people)*

*Table 3 Addictions referral to assessment*

*Table 4 Child and Adolescent Mental Health Services waiting times*

*Table 5 Successful smoking cessation attempts (Community Smoke Free Services)*

*Table 6 Breastfeeding*

*Table 7 ACES Child Healthy Weight*

*Table 8 Respite*

*Table 9 Home Care*

*Table 10 Discharge from Hospital*

*Table 11 Homelessness discharge duty*

*Table 12 Homelessness presentations*

### **Directorate Plan Strategic Outcome 3 Safe, Sustainable Communities**

*Table 13 Child Protection*

*Table 14 Social Background Reports to Children's Panel*

*Table 15 Supervision Orders (Children)*

*Table 16 Community Placements (looked after children)*

*Table 17 Social Enquiry Report to Court*

*Table 18 Probationer contact*

*Table 19 Community Service Orders*

## **Directorate Plan Strategic Outcome 4**

### **A Thriving Diverse Community**

*Table 20 Financial Inclusion Money Matters*

*Table 21 Financial Inclusion Savings and Loans*

## **Directorate Plan Strategic Outcome 5**

### **A Modern, Innovative Organisation**

*Table 22 Sickness Absence (NHS Staff only)*

*Table 23 Sickness Absence(Inverclyde Council Staff only)*

*Table 24 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 biannual Performance Improvement Report will provide members with an update on quantitative performance measures and updates on key deliverables of the CHCP Directorate Plan.
- 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 complement 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
  - Primary Care and Family Health 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 are set out in our Directorate Plan which was published in August 2011 covering the period 2011 - 2014.
- 5.3 The following indicators demonstrate the CHCP's performance in relation to key service areas. Where the indicators show **+/- 5% variance** in performance from the previous quarter the performance status will be flagged either Red or Green; where it remains the same or below +/- 5%, Amber; and Target Met will be flagged either green for Yes or red for No, or Grey where no target has been set.

5.4

<b>Table 1</b>	
Service:	Children's Services
Indicator:	Academic Attainment of Looked After Children. Of those ceasing to be looked after in the reporting period, and eligible to leave school: the Number of children attaining at least 1 SCQF level 3 in any subject and those attaining English & Maths. This was previously an Audit Scotland Statutory Indicator.
Type of Indicator:	CHCP Corporate Key performance indicator
Relevance:	The indicator reflects how well Local Authorities provide for the educational needs of young people in their care.
Current Performance Level:	48.5% Any Subject Out-turn 09/10 63.6% Any Subject Out-turn 10/11  39% English & Maths Out-turn 09/10 45.5% English & Maths Out-turn 10/11
Source: Education Services and Social Workers case notes.	
Target Performance Level:	To be determined
Frequency of Monitoring:	Annual SG CLAS ; Quarterly (internal)
Analysis of Performance & Service Commentary	Performance has significantly improved in both counts of academic attainment of Looked After Children in 2010/11 compared with the previous reporting year up by <b>23.7%</b> and <b>14.3%</b> respectively. This indicator will continue to be monitored closely.
Performance Status	<b>Performance Improving</b>
Target Set	<b>None set</b>
External validation	Key Performance Indicator

<b>Table 2</b>	
Service:	Older People
Indicator:	Reduction in number of unplanned acute bed days for the 65+ population.
Type of Indicator:	Change Plan Indicator
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:	12,212 bed days Jul-Sep 2010 12,335 bed days Oct-Dec 2010 12,573 bed days Jan-Mar 2011 13,369 bed days Apr-Jun 2011
<b>Source: ISD (monthly stats)</b>	
Target Performance Level:	10,605 at end of each quarter (3535 at month end)
Frequency of Monitoring:	Quarterly
Analysis of Performance & Service Commentary	The actual number of bed days above shows a gradual increase in unplanned acute bed days in each quarter and a percentage change of <b>+6%</b> when measuring the latest 2 quarters reported. The monitoring of this indicator is being progressed through the Inverclyde Reshaping Care for Older People Change Plan, where there is a specific focus on reducing bed days for the over 65 age group.
Performance Status	<b>Performance deteriorating</b>
Target Met	<b>No</b>
External validation	NHS GG&C Organisational Performance Review (OPR)

<b>Table 3</b>	
Service:	Addictions
Indicator:	This indicator measures the length of time between <b>Referral to Assessment</b> and shows the percentage of clients who are seen within 21 days of referral.
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:	<p><b>Alcohol:</b>  82% Oct-Dec 2009  92.7% Jan-Mar 2010  82.1% Apr-Jun 2010  93% Jul-Sep 2010  89% Oct-Dec 2010  94% Jan-Mar 2011</p> <p><b>Drugs:</b>  86.4% Oct-Dec 2009  94.6% Jan-Mar 2010  100% Apr-Jun 2010  96% Jul-Sep 2010  97% Oct-Dec 2010  93% Jan-Mar 2011</p> <p>CHCP Source: Corporate share point</p>
Target Performance Level:	85% to be seen within 21 days
Frequency of Monitoring:	Quarterly
Analysis of Performance & Service Commentary	<p>The figures reported above show an improvement in Alcohol increasing to 94% (+5.3%) from the previous quarter however, drugs figures have slipped slightly from 97% to 93%, (-4.3%). Notwithstanding this both indicators have exceeded the target performance level set at 85%.</p> <p>Specific focus on improving waiting times will be monitored through the CHCP Mental Health, Addictions and Homelessness Quarterly Performance Reviews.</p>
Performance Status	<b>Alcohol – Performance Improving</b> <b>Drugs – Performance Deteriorating</b>
Target Met	<b>Yes</b>
External validation	NHS GG&C Organisational Performance Review (OPR)

<b>Table 4</b>	
Service:	Child and Adolescent Mental Health Service (CAMHS)
Indicator:	From March 2013, 90% of clients will wait no longer than 26 weeks from referral to treatment for specialist CAMHS services. The indicator measures the number of people waiting 'over 52 wks' or 'over 26 weeks' in the reporting period.
Type of Indicator:	HEAT Target
Relevance:	The indicator is designed to show that young people requiring CAMHS service are receiving a service more quickly
Current Performance Level:	<p>2 Oct- Dec 10/11 (over 52 wks)  0 Jan-Mar 10/11 (over 52 wks)</p> <p>33 Apr 2011 (over 26 weeks)  10 May 2011 (over 26 weeks)  3 Jun 2011 (over 26 weeks)  2 Jul 2011 (over 26 weeks)</p> <p>Source: Westward house information team</p>
Target Performance Level:	0 at 26 weeks by March 2012
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	<p>This indicator is set with a 3 year staged target achievement of 'over 52 weeks' by March 2011 and 'over 26 weeks' thereafter.</p> <p>The 'over 52 wks' target valid until March 2011, shows that in the last 3 months of that period the target was achieved.</p> <p>The 'over 26 weeks' target valid until March 2012, shows that although the target was narrowly missed significant improvement is evident, decreasing from 33 people in April 2011 to 3 people in 2011 (-50%). We are on trend to meet the target.</p>
Performance Status	<b>Performance Improving</b>
Target Met	<b>No</b>
External validation	NHS GG&C Organisational Performance Review (OPR)



<b>Table 5</b>	
Service:	Smoke Free Community Service
Indicator:	Through smoking cessation services, support *% of your Boards smoking population in successfully quitting (smoke free at one month post quit)
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 4 weeks post quit in our Smoke Free Community Service.
Source: GGC IT systems	<p><b>All SF services</b>  42.7% Jan-Mar 2011 (298/697)  29.0% Apr-Jun 2011 (51/170)</p> <p><b>Community Only</b>  74.4% Jan-Mar 2011 (93/125)  59% Apr-Jun 2011 (22/37)</p>
Target Performance Level:	April – June 2011 92 successful quits in quarter
Frequency of Monitoring:	Quarterly
Analysis of Performance & Service Commentary	<p>Use of the local database which was previously used to source the monthly data for this indicator has now ceased. Information is now sourced from a GGC Central IT system which produces the data in quarterly statistics.</p> <p>The figures show cessation rates for 'All Smoke Free Services' have deteriorated by <b>-47%</b> and those for Community Smoke Free Services have deteriorated by <b>-26%</b> when comparing both quarters reported here.</p> <p>We are presently working with the Health Board information services, to routinely obtain statistics on the number of people accessing the service. This will let us determine the gap between people accessing the service and those setting a 'quit date'.</p> <p>There has been a decline in the numbers of people setting a quit date. In addition, the service has experienced significant staffing difficulties reducing our ability to facilitate engagement in recent months. This is a specific area of priority for the CHCP Health Improvement Service.</p>
Performance Status	<b>Performance deteriorating both All and Community</b>
Target Met	<b>No</b>
External validation	NHS GG&C Organisational Performance Review (OPR)

<b>Table 6</b>	
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:	15.8% Jan10 to Dec10 15.4% Apr10 to Mar11 15.6% Jul10 to Jun11
Source: Corporate sharepoint	
Target Performance Level:	21.9%
Frequency of Monitoring:	Rolling Annual
Analysis of Performance & Service Commentary	<p>Information on breastfeeding rates are monitored on a rolling annual basis and the three periods reported in this table between January 2010 and June 2011 show a very slight percentage increase <b>(+1.3%)</b> when comparing the latest 2 annual periods.</p> <p>Inverclyde CHCP was the first in Scotland to achieve stage 3 UNICEF baby friendly award. All our health visiting staff has had extensive training in supporting breast feeding. We are working with Inverclyde breast feeding mums group as well as breast feeding network. We have employed (under CEL 36) a 0.6 WTE worker until March 2012 totally dedicated to support breast feeding. We have also trained peer supporters to assist mothers in the early days.</p> <p>This indicator will continue to be closely monitored.</p>
Performance Status	<b>Performance Improving</b>
Target Met	<b>No</b>
External validation	NHS GG&C Organisational Performance Review (OPR)

<b>Table 7</b>	
Service:	Children's Services : ACES
Indicator:	Agreed completion rates for child healthy weight intervention programme over 3 year ending March 2014
Type of Indicator:	HEAT Target
Relevance:	Obesity and overweight in children is a determinant of poor health. This indicator shows the number of children deemed to be overweight who successfully complete the ACES programme.
Current Performance Level:	Cumulative figures of children completing programme  68 2008-11 (up to March 2011)  18 Apr-Jun 2011  Source: Corporate sharepoint
Target Performance Level:	59 cumulative target 2008-11 23 cumulative target Apr-Jun 2011
Frequency of Monitoring:	Quarterly
Analysis of Performance & Service Commentary	The cumulative target for children completing the ACES programme for 2008-11 was 59; Inverclyde CHCP surpassed this target by <b>+15.5%</b> .  A new target has been set at 23 completions for the first quarter of 2011/12. Eighteen completions were achieved for this quarter however only 18 children were identified, as having an eligible 'BMI >91 <sup>st</sup> centile, from 94 children who participated. Therefore 100%of the children identified as eligible completed the programme.  Quarterly monitoring will continue to measure performance for this indicator.
Performance Status	<b>Activity Indicator</b>
Target Met	<b>Yes up to March 2011 - No for first Q 11/12</b>
External validation	NHS GG&C Organisational Performance Review (OPR)

<b>Table 8</b>	
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:	5979 overnight nights Out-turn 10/11 6048 overnight 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:	The quarterly gathering of this performance indicator has not been possible to produce for the last 3 reporting quarters, due to the complexity of the data, however annual out-turn figures show a decrease in overnight nights of respite in 2010/11 a reduction of 69 nights -1.2% compared with the 09/10 period.
Performance Status	<b>Performance deteriorating</b>
Target Met	<b>None set</b>
External validation:	Scottish Government

<b>Table 9</b>	
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:	(snapshot at last week of each quarter) Figures are calculated by rates per 1000 of 65+ population  772.21 Oct-Dec 2010/11 663.19 Jan-Mar 2010/11 630.98 Apr-Jun 2011/12  65+ pop <b>14,364</b> (Based on GRO MYE 2009)  761.8 Out-turn 2009/10 663.2 Out-turn 2010/11
Target Performance Level:	TBC
Frequency of Monitoring:	Quarterly (internal), Annual (Joint Improvement service) Annual (Audit Scotland)
Analysis of Performance and Service Commentary:	The annual comparison shows a decrease at the 10/11 outturn compared to the previous year. The figures show a <b>-5.1%</b> reduction in rates of people getting homecare when comparing the last 2 quarters.  The explanation for this decrease in hours (rate) in the annual figures is partly due to the removal of 60 Learning Disability clients, 16 of whom were over 65+ in receipt of non mainstream homecare who had erroneously been counted in this indicator in previous years. This is reflected in the annual outturn 2010/11 and the 3 quarters reported.  Two additional posts have been added to homecare services in order to carry out service reviews and this has resulted in a reduction in service at an earlier stage.
Performance Status	<b>Performance Deteriorating</b>
Target Met	<b>None Set</b>
External validation:	Audit Scotland

<b>Table 10</b>	
Service:	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 since April 2009 to date  0 person delayed as at (15/04/2010) Out-turn 0 person delayed as at (15/04/2011) Out-turn
Target Performance Level:	0
Frequency of Monitoring:	Monthly (internal, Health Board and Information Services Division NHS)
Analysis of Performance & Service Commentary	The Inverclyde Partnership, subsequently Inverclyde CHCP has maintained zero delayed discharges over 6 weeks since April 2009 to date.  Significant work is underway related to the Inverclyde change plan, to improve our reporting on delayed discharges. For the next performance report to committee the information will be shown in respect of patients delayed beyond the date at which they are deemed medically fit for discharge rather than the historical target point of 6 weeks
Performance Status	<b>No Performance Change</b>
Target Met	<b>Yes</b>
External validation	Monitored by Information Services Division (NHS)

<b>Table 11</b>	
Service:	Homelessness
Indicator:	Average time taken to <b>discharge duty</b> on cases assessed as homeless or potentially homeless.
Type of Indicator:	Formerly Statutory Performance Indicator
Relevance:	This indicator demonstrates efforts made to speed up processes to facilitate improved outcomes for people.
Current Performance Level:	<p>12.6 weeks Apr-Jun 2010/11  20.9 weeks Jul-Sep 2010/11  18.5 weeks Oct-Dec 2010/11  21.5 weeks Jan-Mar 2010/11  20.63 weeks Apr-Jun 2011/12</p> <p>17.79 weeks 09/10 Out-turn  18.69 weeks 10/11 Out-turn</p>
Target Performance Level:	Reduced length of time to be set once seasonal variations in service activity are understood
Frequency of Monitoring:	Quarterly
Analysis of Performance & Service Commentary	<p>Figures show a decrease of <b>-4.2%</b> comparing the latest 2 quarters, a slight improvement in the average time taken to discharge duty on cases assessed as homeless or potentially homeless.</p> <p>As a stock-transferred local authority, the Council is largely dependent on local RSLs responding to requests for housing homeless households under Section 5 of the Housing (Scotland) Act 2001. Despite persistent lobbying of the local RSLs in Inverclyde, the percentage figure of lets to homeless households remains lower than the Scottish average, and the resultant lack of offers has a direct effect on the length of time taken to discharge duty to those cases to whom the Council has a statutory duty to re-house in permanent accommodation. The Council is seeking to redress the imbalance in lets to homeless households by setting a quota of 50% of RSL lets to statutory homeless households in the draft Local Housing Strategy, which will be presented for committee approval in November 2011.</p> <p>This indicator will continue to be monitored closely.</p>
Performance Status	<b>Performance Improving</b>
Target Met	<b>None set</b>
External validation	Formally Audit Scotland

<b>Table 12</b>	
Service:	Homelessness
Indicator:	<b>Presentations</b> 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 needs by ensuring contact with a health professional upon presenting as homeless.
Current Performance Level:	Presentations to Nurse:  162 presentations Oct-Dec 2010/11  110 presentations Jan-Mar 2010/11  93 presentations Apr-Jun 2010/11  <small>Source: homelessness service (nurse)</small>
Target Performance Level:	Increase the number of those presenting as homeless being seen by the community nurse for homeless people as part of an agreed care pathway.
Frequency of Monitoring	Quarterly
Analysis of Performance & Service Commentary	The number of people seeing the homelessness nurse has decreased steadily since Oct-Dec 2010, and <b>-18.3%</b> comparing the last 2 quarters. This is disappointing given that a refined client pathway and opt-out model have been put in place. A possible explanation for the decrease, is that during the reporting period those presenting with either drug or alcohol issues with no other health problems, were dealt with by the homelessness community drugs or alcohol worker, whereas previously all clients would have been triaged through the nurse for an initial health assessment. This indicator will continue to be monitored closely through our Health and Homelessness Action Group to rectify this situation.
Performance Status	<b>Performance Deteriorating</b>
Target Met	<b>None set</b>
External validation	Not Applicable



<b>Table 13</b>	
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 2010/11 63% Jul-Sept 2010/11 53% Oct-Dec 2010/11 67% Jan-Mar 2011/11 65% Apr-Jun 2011/12  68.9% Out-turn 09/10 66% Out-turn 10/11
Target Performance Level:	75%
Frequency of Monitoring:	Quarterly (internal)
Analysis of Performance & Service Commentary	Performance shows a steady decrease in the first 3 quarters in 2010-11 however picks up in the final quarter and falls short of the previous outturn performance in 09/10. This is still below the desired target level of 75%, and <b>-3.1%</b> when comparing last two quarter.  Performance in the first reporting quarter in 2011/12 has worsened by almost 10% when compared to the same quarter of the previous year. Performance of this indicator will continue to be monitored.
Performance Status	<b>Performance deteriorating</b>
Target Met	<b>No</b>
External validation	SCRA (Information reported from Social Work systems)

<b>Table 14</b>	
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% Apr-Jun 2010/11 100% Jul-Sept 2010/11 87% Oct-Dec 2010/11 100% Jan-Mar 2010/11 94% Apr-Jun 2011/12  95% Out-turn 10/11 89% 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 2 of the 4 quarters of 2010-11 however overall the target was met in the annual outturn 2010/11. Performance has deteriorated in the latest quarter by <b>-6.4%</b> . This indicator will continue to be monitored.
Performance Status	<b>Performance deteriorating</b>
Target Met	<b>No</b>
External validation	SCRA (Information reported from Social Work systems)

<b>Table 15</b>	
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% Oct-Dec 2010 87.5% Jan-Mar 2011 88.4% Apr-Jun 2011  88.0% Out-turn 09/10 87.5% Out-turn 10/11
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 around 88% in almost every quarter noted above for 2010/11. Performance in the first reporting quarter in 2011/12 has improved slightly when compared to the same quarter of the previous year. Performance of this indicator will continue to be monitored.
Performance Status	<b>Performance Improving - Activity indicator only</b>
Target Met	<b>None set</b>
External validation	Scottish Government CLAS Return

<b>Table 16</b>	
Service:	Criminal Justice
Indicator:	Percentage of Social Enquiry Reports (now includes the new CJ reports introduced to replace previous reports on 2 February 2011) 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 timeously.
Current Performance Level:	100% Apr-Jun 2010/11 100% Jul-Sept 2010/11 100% Oct-Dec 2010/11 100% Jan-Mar 2010/11 100% Apr-Jun 2011/12  100% Out-turn 10/11 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 all quarters in 2010/11 and a slight increased performance from 09/10. Performance will continue to be monitored.
Performance Status	<b>No Performance Change</b>
Target Met	<b>Yes</b>
External validation:	Scottish Government Justice Department

<b>Table 17</b>	
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 2010/11 100% Oct-Dec 2010/11 100% Jan-Mar 2010/11 100% Apr-Jun 2011/12  100% Out-turn 10/11 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 and has exceeded the target level of 95% in all quarters for 2010/11, resulting in an overall improvement in the annual outturn figure in 09/10. Performance will continue to be monitored.
Performance Status	<b>No Performance Change</b>
Target Met	<b>Yes</b>
External validation	Scottish Government Justice Department

<b>Table 18</b>	
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:	4.0hrs Apr-Jun 2010/11 5.0hrs Jul-Sept 2010/11 4.8hrs Oct-Dec 2010/11 4.0hrs Jan-Mar 2010/11 4.0hrs Apr-Jun 2011/12  3.7hrs Out-turn 09/10 4.4hrs Out-turn 10/11
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 the reporting period for 2010-11 and exceeded the local target currently set at 4hrs at year end. Performance will continue to be monitored.
Performance Status	<b>No Performance Change</b>
Target Met	<b>Yes</b>
External validation	Scottish Government Justice Department

<b>Table 19</b>	
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: Figures for money matter	Money Matters Referrals 149 Apr-June 2010 139 Jul-Sept 2010 117 Oct-Dec 2010 168 Jan-Mar 2011 124 Apr-Jun 2011  662 Out-turn 09/10 573 Out-turn 10/11
Target Performance Level:	To be agreed
Frequency of Monitoring:	Quarterly (internal) Annual Report to Committee
Analysis of Performance & Service Commentary	<p>The figures have decreased in Apr-Jun 2011 compared to the previous quarter, by <b>-35.5%</b>. This is also reflected in the annual out-turn figure decreased to 573 in 10/11 compared with 662 for 09/10. This decrease is mainly due to the FSF ending and consequent reduction in staffing (2 posts)</p> <p>A change in the nature of cases being dealt with has been noted by the service. New cases are increasingly more complicated to deal with.</p> <p>Quarterly monitoring will continue.</p>
Performance Status	<b>Performance deteriorating - Activity indicator only</b>
Target Met	<b>None Set</b>
External validation	Scottish Government Fairer Scotland Fund (FSF)

<b>Table 20</b>	
Service:	Financial Inclusion
Indicator:	Number of Accounts Opened Number of Mentored Loans arranged
Type of Indicator:	Financial Inclusion Strategy
Relevance:	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.  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.
Current Performance Level:	<b>Mentored Loans</b> 11 (£6000) Apr-June 2010 14 (£6100) Jul-Sept 2010 36 (£16650) Oct-Dec 2010 12 (£6000) Jan-Mar 2011 18 (£7350) Apr-Jun 2011  73 Loans £34750 Out-turn 10/11 25 Loans £10700 Out-turn 09/10
Target Performance Level:	500 new accounts opened in 1 <sup>st</sup> year (GCS Target) 150 Mentored Loans per year
Frequency of Monitoring:	Quarterly (internal) Annual Report to Committee
Analysis of Performance & Service Commentary	The number of mentored loans has increased by <b>+33%</b> when comparing the latest 2 quarters reported, however still falls short of the annual target of 150 or 38 each quarter. Although the DWP Growth Fund has ended, we are still working in partnership with Scot West Credit Union, providing low cost credit loans to the most vulnerable groups, and helping to move them away from the high cost lenders and Money lenders.
Performance Status	<b>Performance Improving</b>
Target Met	<b>No</b>
External validation	DWP Growth Fund Loans (Newcastle)



<b>Table 21</b>	
Service:	Sickness absence rates for CHCP (Health only)
Indicator:	NHS boards to achieve sickness/absence rate of 4% from 31 <sup>st</sup> 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 2010 4.92% Aug 2010 5.00% Sep 2010 5.24% Oct 2010 4.91% Nov 2010 3.92% Dec 2010 5.13% Jan 2011 5.11% Feb 2011 3.28% Mar 2011 2.97% Apr 2011 4.78% May 2011 6.64% Jun 2011 5.20% Jul 2011
Target Performance Level:	4%
Frequency of Monitoring:	Monthly
Analysis of Performance & Service Commentary	<p>The figures show significant fluctuation in sickness absence rates over these months reported, however the 4% target was reached in 3 of the months and only narrowly missed in an additional 3 months. The rates ranged from low 2.97% in April 2011 and high 6.64% in June 2011.</p> <p>Since the establishment of the CHCP, managers new to the NHS Attendance management processes and tools have been supported, to increase their levels of knowledge to support staff.</p>
Trend	<b>Performance worse</b>
External validation	<b>NHS GG&amp;C Organisational Performance Review (OPR)</b>
Service:	Sickness absence rates for CHCP (Health only)

<b>Table 22</b>	
Service:	Sickness absence rates for CHCP (Social Work Services only)
Indicator:	Social Work Services to achieve sickness/absence rate of 5%.
Type of Indicator:	Key performance indicator
Relevance:	This indicator shows the proportion of social work services employed staff in the CHCP who were absent due to sickness.
Current Performance Level:	7.68% Jul-Sep 2010 5.95% Oct-Dec 2010 6.32% Jan-Mar 2011 6.69% Apr-Jun 2011
Target Performance Level:	5%
Frequency of Monitoring:	Quarterly Monthly
Analysis of Performance & Service Commentary	The quarterly trend percentages for SWS have fluctuated over the 4 quarters reported, and have increased in the last quarter by <b>+5.5%</b> . Performance will continue to be monitored for this indicator.
Performance Status	<b>Performance deteriorating</b>
Target Met	<b>No</b>
External validation	NHS GG&C Organisational Performance Review (OPR)

<b>Table 23</b>	
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:	92.9% Apr-Jun 10/11 100% Jul-Sep 10/11 100% Oct-Dec 10/11 100% Jan-Mar 10/11 100% Apr-June 11/12  85.0% Out-turn 09/10 97.9% Out-turn 10/11
Target Performance Level:	100%
Frequency of Monitoring:	Quarterly (internal) Annual Report to Committee
Analysis of Performance & Service Commentary	The service has maintained its target of 100% in the last 4 quarters with an improving trend from the out-turn position in 09/10. 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.
Performance Status	<b>No Performance Change</b>
Target Met	<b>Yes</b>
External validation	No

## 6.0 IMPLICATIONS

6.1 Legal: none

6.2 Finance: None

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

6.3 Personnel: None

6.4 Equalities: None

## 7.0 CONSULTATION

7.1 This report has been prepared by the CHCP 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)  
Inverclyde CHP Development Plan 2010 – 13